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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
   This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
   By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available.

aforesaid.	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available
<b>基本的原则</b> 。100号的一位是被数据	ACCIDENT STATEMENT
Date Of Report	01/07/2020 14:18
Date Of Accident	30/06/2020 17:50
Exact Location Of Accident	CHANGI NORTH CRESCENT
Country/State of Loss	SINGAPORE
是是自由民族主义的政治的	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM5305B
Insured/Policyholder	
Name Of Registered Owner	LIM CHIN HUAT
NRIC No	SXXXX828G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83834671
Alternative Phone No	OTHERS-83834671
Vehicle Particulars	

NISSAN Manufacturer SYLPHY

Exact Purpose for which vehicle was being used at GRAB time of accident

Are you claiming under your own insurance policy for repair to your vehicle? THIRD PARTY If No, Please state action to be taken PRIVATE HIRE Vehicle Category

**Insurance Company** 

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage COMPREHENSIVE

NO Fleet Policy

Policy Number 5101866269-01

Cover Note Number

Driver

LIM CHIN HUAT Name of Driver NRIC No. SXXXX828G 20/06/1956 Date Of Birth OUTDOOR Occupation 05/07/1978 Date Of Driving Pass

Driving Experience 41 YEARS AND 11 MONTHS

Gender MALE

(LOCAL) +65-83834671 Mobile Number

Fax Number

OTHERS-83834671 Contact Number

**EMail Address** NOEMAIL

BLK 105 TAMPINES ST 11 Address

#11-53

521105 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions CLEAR Road Surface DRY

#### Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

2

NO

NO

YES

NO

NAME: : PASSENGER

GENDER: : MALE

#### **Details of Police Action**

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

## Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT

## Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO Was there any audio recorded?

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

SLU4282Z Vehicle Registration Number

Vehicle Make/Model/Colour

HONDA SHUTTLE

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MUHAMMAD BIN ABDUL KARIM

NRIC/Passport Number

SXXXX331F 90626967

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (c) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Poljeyholder's Signature

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

SINGAPOR	RE ACCIDENT STATEMENT
AC	CIDENT STATEMENT
Date Of Accident	* 3 6 2020 Time 1750 Hrs
Exact Location Of Accident	· Changi North Crescent
DETAILS O	FOWN VEHICLE (VEHICLE A)
Vehicle Registration Number	"SIM 5305 B
Inscrediblishing and the	PARTIES AND ADDRESS OF THE PARTIES AND ADDRESS O
Name of Registered Owner	· Ain Chin Hust .
NRIC/FIN/Passport Number	121300838 (2.)
Manual Constitution	
Manufacturer	2008
Model	Missen Sylphy
Exact Purpose for which vehicle was being	THE TANK THE
used at time of accident	* Private use Commercial use Hire & reward
	Others - please specify
Are you claiming under your own insura	nce
policy for repair to your vehicle?	* Yes No Others
If No, please state action to be taken	* Third Party Claim Reporting Only
Vehicle Category	* Private
Historian empiremy	
Name of Insurance Company	· NTUC.
Type of Coverage	· Diver e ass
Fleet Policy	Yes No
Policy Number	210186626901
Cover Note Number	
eriver to the second of the second	
Name of Driver	· LIM CHIN KUAT
NRIC/FIN/Passport Number	· \$120083X Cc
Date of Birth	17912000
Occupation	* Camp Driver.
Date of Driving Pass	84614050.
Gender	* Majo Semalo
Mobile Number	83854671
Address	BIK 105 A 11-53
	Tamelow St 11 (52/105)
Email Address	
Was driver an employee of the Insured's	
Company?	* Yes No
If no, Relationship of the Driver with the	
Insured	

1 PASSENGER

SAS 1

Vehicle Registration Number of Driver's Own Vehicle (if applicable) Insurance Company of Driver's Own Vehicle (if applicable)	
General Information of the Acquent	
Type of Accident	· ISIDE TO SIDE
Weather Conditions	* Clear Raining Others
Road Surface	
Other Information	" Dry Wet Others
Was any body injured in the Accident?	Yes No
Was any other material or property damaged?	
Details of Injured Revious	
Name	* The state of the
Address	
Approximate Age	. —
Injuries Sustained	
If vehicle Occupants, state in which vehicle?	
	* Yes No
Was injured conveyed to hospital by	Yes No
ambulance?	* Yes No
Details of Police Action	
Was the Accident reported to the Police?	Yes No
If Yes, please state which Police Station	
Was notice of intended Prosecution given?	Yes No
If Yes, against whom?	
DETAILS OF OTHER VE	HICLE(S) / PROPERTIES (VEHICLE B)
	SLY 4282 [2]
Vehicle Make / Model / Colour	Horac Shuttle White]
Detail Of Properties	THE MANY OF
Name of Driver	Muhammad Bin Abdul Kerim
NRIC/Passport Number	58435331F]
Contact Number	906764(7)
Email Address	1-4-0 107
Address	
Insurance Company Name	
Nature of Damage	
Defails of Witness	
Name	
Phone Number	
Email Address	

SAS 2



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5101866269-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJM5305B

Chassis Number

: JN1BAAG11Z0107214

2. Name of Policyholder

3. Effective Date of Insurance

: LIM CHIN HUAT

4. Expiry Date of Insurance

: 09 Jul 2019

: 08 Jul 2020

Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

#### This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : S\$2,000 EXCESS (SECTION 2) : \$\$1,500 WINDSCREEN EXCESS : S\$100 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** 

: NO PRIMARY DRIVER : LIM CHIN HUAT

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: CH INSURANCE AGENCY PTE. LTD. (00000615369)

Date of Issue

: 06 Jul 2019 11:36 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

**Chief Executive** 



Transfer Of Vehicle Ownership (Acknowledgement)

Validate Of Ve	enicle Ownership (Acknow	wledgement)	
Vehicle Details			
Vehicle No.:	SJM5305B		
Vehicle Type:	P10 - Passenger Motor Car	Vehicle Scheme:	Normal
Vehicle Make:	NISSAN	Vehicle Model:	SYLPHY 1.5 4AT
Chassis No.:	JN1BAAG11Z0107214	Engine No.:	HR15068672B
Motor No.:		Trailer Chassis No.:	
Propellant:	Petrol	Passenger Capacity:	4
Engine Capacity:	1498 cc	Power Rating:	
Unladen Weight:	1175 kg	Maximum Laden Weight:	1520 kg
Primary Colour:	Black	Secondary Colour:	
IU Label No.:	1123647795	Maximum Power Output:	80.0 kW (107 bhp)
First Registration Date:	07 Jan 2009	Original Registration Date:	07 Jan 2009
Manufacturing Year:	2008	Open Market Value:	\$20,572.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$9,768.00
No. of Transfer:	2	Actual ARF Paid:	\$19,536.00
Owner Particula	rs		
Owner Name:	LIM CHIN HUAT		
Owner ID Type:	Singapore NRIC		
Owner ID:	S1200828G		
Registered Address Type:	Private Residential (Condo Apr	t or House) / Shopping /	Office Complexes
Registered Block House No.:	120		
Registered Street Name:	TAMPINES STREET 11		
Registered Unit	#10-298		
Registered Building Name:	2		
Registered Postal Code:	521120		
COE No./Expiry Date:	2009010101003158N / 06 Jan	2019	
OE Bid Category:	A - Car (1600cc & below)		
QP Paid:	\$5,605.00		

# Transaction Details

Business

Transaction Ref.

20180630133029902339

No.:

Business

Transaction Date:

30 Jun 2018

Business

Transaction Time:

13:30:29

## Message .

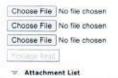
Vehicle has been successfully transferred to LIM CHIN HUAT (S1200828G).

Please note that \$367.00 will be deducted from your GIRO account.

The notification delivery date will be subject to validation of address with source agency.

## Claim Handling

Accident MT/1095840								
Policy No.	5101806209-01		Vehicle No.	5JMS305B		GST Reg	stration No.	
Certificate No.								
Policyholder Name	LIM CHIN HUAT					Policyhol	der NRIC	\$120082
Product Code	PRIVATE CAR INSU	RANCE	Cover Type	drive CLASSIC		Loading		0
Contact No.(Mobile)	63834671	1000000	Contact No.(Office)	0			No.(Home)	
Email Address	0.000,000		Special Remark	.05			AG-(Horrie)	0
KFK	No. No.			Ale Man		eCode		No v
	No Yes		TCA	No Yes		eCode Re		
NCD Protection	No		NCD Entitlement(%)	10		Private H	tire	Yes
Accident Details								
Report Date	01/07/2020 17:33		Accident Report Within 24 hrs	Yes		Acodent	Туре	Side Swi
Date of Accident	30/06/2020		Time of Accident hh:mm	17:50		Country	of Accident	Singapor
Reporting Centre			Orange Force			ICM No.		11/1/10/10/10
Accident Location	CHANGI NORTH CR	FSCENT						
▼ Total Excess Applicable								
	may management		Canada Ca					
Excess Type	Per Accident		Windscreen Excess		100.00			
00 Standard Excess		2,000.00	TP Standard Excess		1,500.00			
VIED OD Excess		0.00	YIED TP Excess			96.000.000.000	*******	
Additional Excess			TIED IP Excess		0.00	Oriver is	Covered?	Covered
		.0.00						
Total OD Excess Applicable		2,000.00	Total TP Excess Applicable		1,500.00			
→ Benefits								
	tion				100000			
3ST Registered	1	No		GST Regist	ration Date			
SST Registration No.				GST Status	Verified		Yes.	
fodification History								
Policyholder Mailing Add	ress							
Address 1	NIL		Address 2			Address 3	3	
Address 4			Address Type	Singapore address		Post Code	-11	999990
Unit No.	10-298		Related Policy Number	5101866269-01				
→ OI Driver Info								
Ortver Name	LIM CHEN HUAT		Driver Type	Main Driver				
Jonamed driver Name	550.00000000000000000000000000000000000		Driver NRIC	51200828G		Driver DO	so.	20.000.00
Register Date of Driver License	05/07/1978		Driver Age					20/06/1
Contact No.(Mobile)				04			xperience	41
	93834671		Contact No.(Office)	0		Contact N	lo.(Home)	0
			12.22.23.25.22.2					
	BLK 105		Address 2	TAMPINES STREET	11	Address 3	1	SINGAP
	BCK 105		Address Type	TAMPINES STREET Singapore address	11	Address 3 Post Code		SINGAPO 521105
Address 4 Unit No.	#11-53				11			
Address 4 Unit No. Does he own a Singapore					11	Post Code		
Address 4 Unit No. Does he own a Singapore	#11-53		Address Type		11	Post Code		
Address 4 Unit No. Does he own a Singapore Registered car?	#11-53		Address Type		n	Post Code		
Address 4  Unit No.  Does he own a Singapore  Registered car?	#11-53 Yes # No		Address Type Driver Vehicle No.	Singapore address	ti	Post Code		
Address 4  Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test	#11-53		Address Type		ii	Post Code		
Address 4  Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test	#11-53 Yes # No		Address Type Driver Vehicle No.	Singapore address	ii	Post Code		
Address 1 Address 4 Unit No. Dues he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?  foolification History	#11-53 Yes # No		Address Type Driver Vehicle No.	Singapore address	ii	Post Code		
Address 4  Unit No.  Does he own a Singapore Registered car?  Reclaration  Breathalyser or Blood Test Reading?	#11-53 Yes # No		Address Type Driver Vehicle No.	Singapore address	ii	Post Code		
Address 4  Unit No.  Does he own a Singapore Registered car?  Reclaration  Breathalyser or Blood Test Reading?	#11/53 Yes # No 0 mg		Address Type Driver Vehicle No.	Singapore address	ii	Post Code		
Address 4  Unit No.  Does he own a Singapore  legistered car?  Reclaration  Breathalyser or Blood Test  leading?	#11/53 Yes # No 0 mg		Address Type Driver Vehicle No.	Singapore address	ii	Post Code		SINGAPC 521105
Address 4  Unit No.  Does he own a Singapore  legistered car?  Reclaration  Breathalyser or Blood Test  leading?  Codification History  Claim 001 OD-MX  New	#11/53 Yes # No 0 mg		Address Type Driver Vehicle No.	Singapore address		Post Code	surer Company	521105
Address 4  Unit No.  Does he own a Singapore Registered car?  Declaration Breathalyser or Blood Test Reading?  Foodfication History  Claim 001 OD-MX  New	#11/53 Yes # No 0 mg		Address Type Driver Vehicle No.	Singapore address	OD-MX	Post Code  Driver Ins		521105
Address 4  Unit No.  Does he own a Singapore  Registered car?  Reclaration  Breathalyser or Blood Test  Reading?  Claim 001 OD-MX  New  Claim 17pe *	#11/53 Yes # No 0 mg		Address Type Driver Vehicle No.	Singapore address	ОО-МХ	Post Code  Driver Int  Linsured Name Contact	surer Company  LEM CHIN HUAT	521105
Address 4  Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Codification History  Claim 001 OD-MX  New  Liam Type *	#11/53 Yes # No 0 mg		Address Type Driver Vehicle No.	Singapore address		Post Code  Driver Insured Insured No (Home)	surer Company	521105
Address 4  Unit No.  Does he own a Singapore  legistered car?  Reclaration  Breathalyser or Blood Test  leading?  Claim 001 00-MX  New  Claim Type *  Contact No.(Mobile)	#11/53 Yes # No 0 mg		Address Type Driver Vehicle No.	Singapore address	ОО-МХ	Post Code  Driver Int  Insured Name  Contact No. (Home) OI	surer Company  LEM CHIN HUAT	521105
Address 4  Unit No.  Does he own a Singapore  legistered car?  Reclaration  Breathalyser or Blood Test  leading?  Claim 001 00-MX  New  Claim Type *  Contact No.(Mobile)	#11/53 Yes # No 0 mg		Address Type Driver Vehicle No.	Singapore address	ОО-МХ	Post Code  Driver Insured Insured No (Home)	surer Company  LEM CHIN HUAT	521105
Address 4  Unit No.  Dues he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Codification History  Claim 001 OD-MX New  Claim Type *  Contact No.(Mobile)	#11/53 Yes # No 0 mg		Address Type Driver Vehicle No.	Singapore address	OD-MX 98781682	Post Code  Driver Insured Name Contact No. (Home) OI Vehicle Number	surer Company  LEM CHIN HUAT	521105
Address 4  Unit No.  Does he own a Singapore  legistered car?  Reciaration  Breathalyser or Blood Test  leciaration History  Claim 001 OD-MX  Text  Contact No.(Mobile)  Email Address  Claim Description	#11/53 Yes # No 0 mg		Address Type Driver Vehicle No.	Singapore address	ОО-МХ	Post Code  Driver Insured Name Contact No. (Home) OI Vehicle Number	surer Company  LEM CHIN HUAT	521105
Address 4  Unit No.  Does he own a Singapore  legistered car?  Reclaration  Breathalyser or Blood Test  leading?  Claim 001 OD-MX  New  Claim Type *  Contact No.(Mobile)  Imail Address  Claim Description  Preferred	#11-53 Yes No	red Liability Now at Each	Address Type  Driver Vehicle No.  Any injury?	Singapore address	OD-MX 98781682	Post Code  Driver Insured Name Contact No. (Home) OI Vehicle Number	surer Company  LEM CHIN HUAT	521105
Address 4  Unit No.  Does he own a Singapore lagistered car?  Reclaration  Breathalyser or Blood Test leading?  Codification History  Claim 001 OD-MX New  Claim Type *  Contact No.(Mobile)  Imal Address  Claim Description  Preferred  Norkshop  Sequence No. Very No	Yes No	Mot at roun	Address Type  Driver Vehicle No.  Any injury?	Singapore address	OD-MX 98781682	Post Code  Driver Insured Name Contact No. (Home) OI Vehicle Number Z ON 30 Jun 2020	surer Company  LEM CHIN HUAT	521105
Address 4  Unit No.  Dues he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Codification History  Claim 001 OD-MX New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Norkshop Schukk No.   Yes	#11-53 Yes No	red Liability Not at Pault 5 Preferred Workshop, Na	Address Type  Driver Vehicle No.  Any injury?	Singapore address  Yes No	DD-MX 98781682 SJM53058 / SLU42823	Post Code  Driver Insured Name Contact No. (Home) OI Vehicle Number Z ON 30 Jun 2020	surer Company  LEM CHIN HUAT	521105
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?  foolification History	Yes No  O mg	Mot at roun	Address Type  Driver Vehicle No.  Any injury?	Singapore address  Yes No	OD-MX 98781682	Post Code  Driver Insured Name Contact No. (Home) OI Vehicle Number Z ON 30 Jun 2020	surer Company  LEM CHIN HUAT	
Address 4  Unit No.  Dues he own a Singapore  Registered car?  Declaration  Breathalyser or Blood Test  Reading?  Claim 001 OD-MX  New  Claim 1990 *  Contact No.(Mobile)  Email Address  Claim Description  Preferred  Workshop Sequikt No.  Pinalisation  Date Registered	Yes No  O mg	Mot at roun	Address Type  Driver Vehicle No.  Any injury?	Singapore address  Yes No	DD-MX 98781682 SJM53058 / SLU42822 01/07/2020 17:39	Post Code  Driver Insured Name Contact No. (Home) OI Vehicle Number Z ON 30 Jun 2020  Claim Close Date Workshop	LEM CHIN HUAT  NIL  SJM53058	521105
Address 4  Unit No.  Dues he own a Singapore  Registered car?  Declaration  Breathalyser or Blood Test  Reading?  Claim 001 OD-MX  New  Claim 1990 *  Contact No.(Mobile)  Email Address  Claim Description  Preferred  Workshop Sequikt No.  Pinalisation  Date Registered	Yes No  O mg	Mot at roun	Address Type  Driver Vehicle No.  Any injury?	Singapore address  Yes No	DD-MX 98781682 SJM53058 / SLU42823	Post Code  Driver Insured Name Confact No. (Home) OI Venicle Number Z ON 30 Jun 2020  Claim Close Date	LEM CHIN HUAT  NIL  SJM53058	521105
Address 4  Unit No.  Does he own a Singapore  Registered car?  Reclaration  Breathalyser or Blood Test  Reading?  Claim 001 OD-MX  Text  Contact No.(Mobile)  Email Address  Claim Description  Perferred  Norkshop  Settle No.  Claim Settle No.  Cla	Yes No  O mg	Mot at roun	Address Type  Driver Vehicle No.  Any injury?	Singapore address  Yes No	DD-MX 98781682 SJM53058 / SLU42822 01/07/2020 17:39	Post Code  Driver Insured Name Contact No. (Home) OI Vehicle Number Z ON 30 Jun 2020  Claim Close Date Workshop	LEM CHIN HUAT  NIL  SJM53058	521105
Address 4  Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Codification History  Claim 001 OD-MX New  Claim 001 OD-MX New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred  Morishop  Sequist No.  Ves  Cate Registered  Report Taken By	Yes No  O mg	Mot at roun	Address Type  Driver Vehicle No.  Any injury?	Singapore address  Yes No	DD-MX 98781682 SJM53058 / SLU42822 01/07/2020 17:39	Post Code  Driver Insured Name Contact No. (Home) OI Vehicle Number Z ON 30 Jun 2020  Claim Close Date Workshop	LEM CHIN HUAT  NIL  SJM53058	521105
Address 4  Unit No.  Does he own a Singapore lagistered car?  Reclaration  Breathalyser or Blood Test leading?  Codification History  Claim 001 OD-MX New  Claim 1001 OD-MX New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred  Morkshop  Statuket No.  Ves  Cate Registered  Report Taken By	Yes No  O mg	Mot at roun	Address Type  Driver Vehicle No.  Any injury?	Singapore address  Yes No	DD-MX 98781682 SJM53058 / SLU42822 01/07/2020 17:39	Post Code  Driver Insured Name Contact No. (Home) OI Vehicle Number Z ON 30 Jun 2020  Claim Close Date Workshop	LEM CHIN HUAT  NIL  SJM53058	521105
Address 4  Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Codification History  Claim 001 OD-MX New  Claim 001 OD-MX New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred  Morishop  Sequist No.  Ves  Cate Registered  Report Taken By	Yes No  O mg	Mot at roun	Address Type  Driver Vehicle No.  Any injury?	Singapore address  Yes ■ No	DD-MX 98781682 SJM53058 / SLU42822 01/07/2020 17:39	Post Code  Driver Insured Name Contact No. (Home) OI Vehicle Number Z ON 30 Jun 2020  Claim Close Date Workshop	LEM CHIN HUAT  NIL  SJM53058	521105
Address 4  Unit No.  Dues he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Codification History  Claim 001 OD-MX New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Norkshop Schukk No.   Yes	Yes No  O mg	Mot at roun	Address Type  Driver Vehicle No.  Any injury?	Singapore address  Yes No	DD-MX 98781682 SJM53058 / SLU42822 01/07/2020 17:39	Post Code  Driver Insured Name Contact No. (Home) OI Vehicle Number Z ON 30 Jun 2020  Claim Close Date Workshop	LEM CHIN HUAT  NIL  SJM53058	521105
Address 4  Unit No.  Dues he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Codification History  Claim 001 OD-MX New  Claim 1 No. (Mobile)  Email Address  Claim Description  Preferred  Workshop  Sequict No. (Yes  Date Registered  Report Taken By	Yes No  O mg	Mot at roun	Address Type  Driver Vehicle No.  Any injury?	Singapore address  Yes ■ No	DD-MX 98781682 SJM53058 / SLU42822 01/07/2020 17:39	Post Code  Driver Insured Name Contact No. (Home) OI Vehicle Number Z ON 30 Jun 2020  Claim Close Date Workshop	LEM CHIN HUAT  NIL  SJM53058	521105
Address 4  Unit No.  Does he own a Singapore Registered car?  Peclaration  Breathalyser or Blood Test Reading?  Codification History  Claim 001 OD-MX New  Claim 001 OD-MX New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred  Morishop  Satukt No.  United Statistics  Preferred  Morishop  Date Registered  Report Taken By  Print AK letter	Yes No  O mg	Mot at roun	Address Type  Driver Vehicle No.  Any injury?	Singapore address  Yes ■ No	DD-MX 98781682 SJM53058 / SLU42822 01/07/2020 17:39	Post Code  Driver Insured Name Contact No. (Home) OI Vehicle Number Z ON 30 Jun 2020  Claim Close Date Workshop	LEM CHIN HUAT  NIL  SJM53058	521105
Address 4  Unit No.  Does he own a Singapore lagistered car?  Reclaration  Breathalyser or Blood Test leading?  Claim 001 OD-MX New  Claim 001 OD-MX New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred  Morkshop  January No.  January	Yes No  O mg	Mot at roun	Address Type  Driver Vehicle No.  Any injury?	Singapore address  Yes ■ No	DD-MX 98781682 SJM53058 / SLU42822 01/07/2020 17:39	Post Code  Driver Insured Name Contact No. (Home) OI Vehicle Number Z ON 30 Jun 2020  Claim Close Date Workshop	LEM CHIN HUAT  NIL  SJM53058	521105
Address 4  Joit No.  Joes he own a Singapore begistered car?  Peciaration  Breathalyser or Blood Test leading?  Claim 001 OD-MX New  Claim 17pe *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Satuk No.  Joinel Registered  Report Taken By  Print AK letter  Attachment	Yes No  Yes No  Omg	Mot at roun	Address Type  Driver Vehicle No.  Any injury?	Save Submit	OD-MX 98781682 SJM53058 / SLU42822 01/07/2020 17:39 ROSLINDA	Post Code  Driver Insured Name Contact No. (Home) OI Vehicle Number Z ON 30 Jun 2020  Claim Close Date Workshop	LEM CHIN HUAT  NIL  SJM53058	521105
Address 4  Joit No.  Joes he own a Singapore begistered car?  Peciaration  Breathalyser or Blood Test teading?  Claim 001 OD-MX New  Claim 1001 OD-MX New  Contact No.(Mobile)  Email Address  Claim Description  Perferred  Norkshop  Late Registered  Report Taken By  Print AK letter  Attachment  Pecident No.	FILESS  Yes No  O mg  Preference Repair Option  MT/IO9584D	Preferred Workshop, Na	Address Type  Driver Vehicle No.  Any injury?  GIA Received report Received	Save Submit	00-MX 98781682 SJM53058 / SLU42822 01/07/2020 17:39 ROSLINDA	Post Code  Driver Insured  Name Contact No. (Home) OI Vehicle Number Z ON 30 Jun 2020  Claim Close Date Workshop	LEM CHIN HUAT  NIL  SJM53058	521105
Address 4  Joit No.  Joes he own a Singapore begistered car?  Peciaration  Breathalyser or Blood Test teading?  Claim 001 OD-MX New  Claim 1001 OD-MX New  Contact No.(Mobile)  Email Address  Claim Description  Perferred  Norkshop  Late Registered  Report Taken By  Print AK letter  Attachment  Pecident No.	Yes No  Yes No  Omg	Preferred Workshop, Na	Address Type  Driver Vehicle No.  Any injury?  GIA Received	Save Submit	DD-MX 98781682 SJM53058 / SLU42822 01/07/2020 17:39 ROSLINDA	Post Code  Driver Int  Insured Name Contact No. (Home) OI Vehicle Number Z ON 30 Jun 2020  Claim Close Date Workshop Repairer	LEM CHIN HUAT  NIL  S3M53058	521105
Attachment  Attachment  Attachment  Attachment  Attachment  Attachment  Joes he own a Singapore  Jones he own a Singapore	FILESS  Yes No  O mg  Preference Repair Option  MT/IO9584D	Preferred Workshop, Na	Address Type  Driver Vehicle No.  Any injury?  GIA Received report Received	Save Submit	00-MX 98781682 SJM53058 / SLU42822 01/07/2020 17:39 ROSLINDA	Post Code  Driver Int  Insured Name Contact No. (Home) OI Vehicle Number Z ON 30 Jun 2020  Claim Close Date Workshop Repairer	LEM CHIN HUAT  NIL  SJM53058	521105
Address 4  Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Claim 001 OD-MX  Claim 001 OD-MX  New  Claim 1001 OD-MX  Claim	FILESS  Yes No  O mg  Preference Repair Option  MT/IO9584D	Preferred Workshop, Na	Address Type  Driver Vehicle No.  Any injury?  GIA Received report Received	Yes No	DD-MX 98781682 SJM53058 / SLU42822 01/07/2020 17:39 ROSLINDA	Post Code  Driver Int  Insured Name Contact No. (Home) OI Vehicle Number Z ON 30 Jun 2020  Claim Close Date Workshop Repairer	LEM CHIN HUAT  NIL  S3M53058	521105
Address 4  Unit No.  Does he own a Singapore begistered car?  ectaration  breathalyser or Blood Test leading?  Claim 001 OD-MX New  Claim 1001 OD-MX New  Contact No. (Mobile)  Imal Address  Claim Description  Preferred  Workshop  Begistered  Report Taken By  Print AK letter  Attachment  Woodent No.  ast Doc. Received	FILESS  Yes No  O mg  Preference Repair Option  MT/IO9584D	Preferred Workshop, Na	Address Type  Driver Vehicle No.  Any injury?  GIA Received report Received	Save Submit	DD-MX 98781682  SJM53058 / SLU42822  01/07/2020 17:39  ROSLINDA  01 1/07/2020 00:00 Category *	Post Code  Driver Int  Insured Name Contact No. (Home) OI Vehicle Number Z ON 30 Jun 2020  Claim Close Date Workshop Repairer	LEM CHIN HUAT  NIL  S3M53058	521105
Address 4  Unit No.  Does he own a Singapore begistered car?  ectaration  breathalyser or Blood Test leading?  Claim 001 OD-MX New  Claim 1001 OD-MX New  Contact No. (Mobile)  Imal Address  Claim Description  Preferred  Workshop  Begistered  Report Taken By  Print AK letter  Attachment  Cident No.  ast Doc. Received  Choose File No file chosen	FILESS  Yes No  O mg  Preference Repair Option  MT/IO9584D	Preferred Workshop, Na	Address Type  Driver Vehicle No.  Any injury?  GIA Received report Received	Save Submit	01/07/2020 00:00  Category * Please Select	Post Code  Driver Insured Name Contact No. (Home) OI Vehicle Number Z ON 30 Jun 2020  Claim Close Date Workshop Repairer	LEM CHIN HUAT  NIL  SJM53058  Infidential Urger  V Normal	521105





Please Select	٧	NO:	~	Normal	
Please Select	¥	NO	¥	Normal	٠
Please Select	~	NO:	¥	Normal	v

	Uploaded By/Date	Folder Date		File Name		P Source
Video List						
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ttachment	Uploaded By/Da	te	Category	9	Urgency	Description

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