Date In: na ho - 11:10	Jeb description	Date &Time Completed	Doi	ie by
Ref No.	SAS e-filing			
Ref No: NA INC 1337500 124	E-mail (within Shrs, AIC 2hrs)			
Veh No: 018898c	i-Motor Claim Form	M1109747-001	20 20 /20	11:10
D.O.A: 21/2/20-05-15			71712	11.08
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2	lirs, TP 4hrs)		
	i-Photo Uploaded	_		
TP Insurer:	Assessment/Survey Report			
Preferred Wksp / INC Assign Wksp / QW: (ax:	-
TP Particulars: Vch No: W19	INC	()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Peri	iod: () Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [N	lote-Est. Status (WO): N: 0-	-20%; P: 21-79%. P: 80-1	00%]	
Year of Registration: () W	Varranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,00	0()/\$2,000()			
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() Total Loss Case : to e-mail Insurer			*	
Drive-In ()/ Towed-In (); Invoice:	TIRRY \ \ ATO / \ \.			1
zarre-in ()/ / diven-in (); invoice:	YES()/NO();	Towing Co: (
	YES()/NO();		Don	e by
Remarks: (INC hotline: 6788 6616)		Date & Time Completed	Don	e by
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co			Don	s by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection	ourtesy Car ()		Don	e by
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Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions aimant's Particulars:- iver/Owner:	Invoice Pr 1	Cparation Checklist at Reporting (\$30); te Assessment (\$100); INC (\$8 Through Survey Through Survey (Resurvey) against JNC Only (wef 10 Jan 2005) section	Ant (\$) /\$45 \$120 \$30 \$75	(Amt (3)
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Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions August Particulars: iver/Owner: ontact No: amaged Portion:	Inveice Pr	Cparation Checklist at Reporting (\$30); the Assessment (\$100); INC (\$8 Through Survey (Resurvey) against INC Only (well 0 Jan 2005) section A + SMRT Survey tional Services:- sy Car / Tpt Allowance Co-ordination	Ant (S) Ist Bill 0) /S45 S120 S30) \$75 S160 \$5 S10	Amt(5)
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Fireport at 1, 20

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly 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.
- 6. 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.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of the

By the lodgement of this report to the insurers, you hereby con- aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
and the second of the second	ACCIDENT STATEMENT
Date Of Report	21/07/2020 11:12
Date Of Accident	21/07/2020 08:45
Exact Location Of Accident	KPE TWDS ECP
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL8698C
Insured/Policyholder	
Name Of Registered Owner	WONG HUALUN
NRIC No	SXXXX141G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93283889
Alternative Phone No	OFFICE-93283889
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	C-HR HYBRID 1.8S CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5114839141

Cover Note Number

Driver

Name of Driver WONG HUALUN NRIC No SXXXX141G Date Of Birth 01/06/1987 INDOOR Occupation Date Of Driving Pass 05/08/2006

Driving Experience 13 YEARS AND 11 MONTHS

Gender

Mobile Number (LOCAL) +65-93283889

Fax Number

Contact Number OFFICE-93283889

EMail Address NOEMAIL

BLK 233B SUMANG LANE Address

#15-317

Postcode 822233

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 CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by NO 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

NAME: : HU YUNYI, AMY

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

6

YES

NO

2

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMT194P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver **TEOH XUEBIN**

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGM8768P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SGL8455Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SFL7313S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number SMC2661J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Page 3 of 21

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name WONG HUALUN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJL8698C

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name HU YUNYI, AMY

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJL8698C

Were seat belts worn? YES

Was this injured conveyed to hospital by

ras tris injured conveyed to nospital by

ambulance?

ulance?

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The Issue and acceptance of this Form by Insurance companies is not an admission of policy liability on the part of the insurance companies.
- Anv false reporting may be referred to the Police for Investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance 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, provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the 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.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) 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.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

	- Marian
	A) SZL8698C
	B) SMT 194P
	E) SGM 8768P
	D) SGL 8455 Y
	E) 5F4 73185
	F) 5mc 26615

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ALONG KPE TUDDEL TOWARDS ECP. THE UEH INFLORT OF ME SLOW SOUND AND BRAKE, I MANAGED TO BRAKE IN TIME. SLOWSDENLY, I FELT AN IMPACT ON THE REAR POPTION OF MY UEH AND THE IMPACT CAUSED MY UEH TO HIT THE FRONT UEH	ON 2	1 JULY	2020 Ga	ABOUT	0845 HRS	S, I WAS	TRAVELLUG
SUEDENLY, I FELT AN IMPACT ON THE REAR PORTION OF M	LOUG	KYE T	UNDEL TOU	ARTS EC	P. THE ,	WELL WIFEON	T OF ME
THE REAR POPTION OF MY	show.	DOMO !	IND BATTLE	II M	AUAGED -	TO BRAKE	IN TIME
MY VEH TO HIT THE HEAT VEH	COSE	014	- FELT AA	1 IMPACT	ON THE	REAR PO	ATION OF MY
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				medicinal describes			- MANAGE CHICAP TO APPLICATE TO THE CONTROL OF THE
	24.50						
				-9(100)			

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



HS AUTOMOTIVES PTE LTD

Bik 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921. TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotivespl@gmail.com

VEHICLE NO: 55	L8698C	MAKE/MODEL:	TOYUTE	of CHIC	2	
DATE OF ACCIDENT	DAY/MONTH/YEAR	O8			(AM) PM	
LOCATION OF ACCIDENT	KPE T	NONET	BUTCAUCE	TOWA	ADS ECP	
EXACT PURPOSE USE DU	RING ACCIDENT	MORK				
CAR OWNER						
NAME OF CAR OWNER	WODG HUALL	N.				
CONTACT NO	9328 3889					
NRIC	58715141G					
CLAIM TYPE)D	THIRD PAR	TY.	REPORTING ONLY	
INSURANCE COMPANY	Muc					
TYPE OF COVERAGE		OMPREHENSIVE	THIRD PART	TY	THIRD PARTY FIRE & THEFT	
POLICY NO	5114839141					
ACCIDENT DRIVER		S ABOVE	IF NOT- KIN	IDLY FILL IN BE	LOW	
NAME OF DRIVER			GV =====000			
NRIC	*		NO OF PASSENG	S. Co. C. S. Co.	FEMALE	
DATE OF BIRTH	01.06.1987			Ha	YUDYI, AMY	588 60 12337
OCCUPATION	MAUAGER	20	OUTDOOR		INDOOR	
DATE OF DRIVING PASS	05/08/2006					
GENDER			MALE		FEMALE	
CONTACT NO	9328 3889					
ADDRESS	BLK 2338 SU	MANG L	AUE #15-	317 5	5(822233)	
DRIVER OWN ANY VEHIC	NO/ IF YES- REGISTRATION	NO				
RELATIONSHIP EMPLO	YEE/SPOUSE IF NOT:					
WEATHER CONDITION		CLEAR	RAINING	OTHER:		
ROAD SURFACE		DRY]WET	OTHER:		
ANY INJURIES	NO/ I	F YES- NAME:	WOOR H		144	
CONTACT NO	~~		HU YUN	MY I AM	11	
POLICE REPORT		F YES- LOCATION:				
VIDEO FOOTAGE	NO/(res)				
3RD PARTY INFO	5000 51.0				1	
VEHICLE B NO	SMT 194P		NO OF PASSEN	GER/S	COKOOON	
NAME	TEOH XUEBIN					
CONTACT NO				8	l	
VEHICLE C NO	SGM 87688		NO OF PASSEN	GER/S	CORDONO	
VEHICLE D NO	SGL 84554		NO OF PASSEN	GER/S	(m (m)	
VEHICLE E NO	5FL73135		NO OF PASSEN	GER/S	anonam	
VEHICLE F NO	5mc26613		NO OF PASSEN	GER/S	no known	
ANY WITNESS	13-		-8			
WITNESS CONTACT NO						



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)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

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

Certificate Number: 5114839141

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJL8698C

Chassis Number

: ZYX102085085

2. Name of Policyholder

: WONG HUALUN

3. Effective Date of Insurance

: 13 Jan 2020

4. Expiry Date of Insurance

: 12 Jan 2021

5. 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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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\$600

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: \$\$100 : N/A

ADDITIONAL EXCESS 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

: WONG HUALUN

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

. N/A

HIRE PURCHASE COMPANY

: STANDARD CHARTERED BANK (SINGAPORE) LIMITED

SUM INSURED

: 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)

: DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue

: 17 Dec 2019 17:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech						NEW YORK			Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					· Change	Language	e · Chan	ge Password	· Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date o	of Accident	E	21/07/2020 (08:45	
	Vehicle No. (For Motor)	S3L8698	BC .		Certifi	cate Number	[
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5114839141		WONG HUALUN	S8715141G	GPC	drivo CLASSIC	SJL86980	SJL8698C	13/01/2020	12/01/2021
				C	Continue					

Policy No.	5114839141	Policyholder Name	WONG HUA	LUN	Policyholder NRIC	S8715141G	
Certificate No.					220020A		
Address	BLK 233B #15-317 SUMANG LA	NE MATILDA C	OURT SING	APORE 822233			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	17/12/2019	Effective Date	13/01/2020	00:00	Expiry Date	12/01/2021 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young)/Inexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Υ	
Co- Insurance Flag	No						
Open Policy Info							
Certificate Info							
	nolder Mailing Address						
Address 1	BLK 233B #15-317	Addre	ss 2	SUMANG LANE		Address 3	MATILDA COURT
Address 4	SINGAPORE 822233	Addre	ss Type	Singapore address		Post Code	822233
Unit No.		Relate Numb	d Policy er	5114839141			
	d Object: SJL8698C	22,700,000					
) Insure							
□ Insure □ Endors □	ements						

Claim Handling					
Accident MT/1097447					
Policy No.	5114839141	Vehicle No.	53L8698C	GST Registration No.	
Certificate No.					
Policyholder Name	WONG HUALUN			Policyholder NR3C	587151416
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	d
Contact No.(Mobile)	93283889	Contact No.(Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode:	Di V
KFK	® No ○ Yen	TCA	No Yes	eCode Reason	A110300
		NCO Entitlement(%)	20	Private Hine	No
NCD Protection	No.	WCD entitlement(W)	20	Province Petro	(89)
Accident Details					
Report Date	21/07/2020 11:26	Accident Report Within 24 hrs	Yes	Accident Type	Chain Colision
Date of Accident	21/07/2020	Time of Academ thi:mm	08:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KPE TWO'S ECP				
Total Excess Applicable					
	Per Accident	Windscreen Excess	100.00		
Excess Type	Per Accident	Warner sent a scene	100.00		
OD Standard Excess	500.00	TP Standard Excess	0.00		
VIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	q		,500	AND STREET STREET, STREET STREET, STRE	
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NAMED IN COL	W- 500		
♥ Benefits					
□ GST Registered Information					
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
⇒ Policyholder Mailing Ad	dress				
Address 1	BLK 2338 #15-317	Address 2	SUMANG LANE	Address 3	MATILDA COURT
Address 4	SINGAPORE 822213	Address Type	Singapore address	Post Code	822233
Link No.		Related Policy Number	\$114839141		
OI Driver Info					
Driver Name :	WONG HUALUN	Driver Type	Hain Oriver		
Unnamed driver Name		Driver NR3C	58715141G	Driver DDB	01/06/1987
Register Date of Oriver License	05/08/2006	Driver Age	33	Driving Experience	13
Contact No. (Mobile)	93283889	Contact No.(Office)		Contact No.(Home)	0
Appress 1	BCK 533B	Address 2	SUMANG LANE	Address 3	MATILDA COURT
Address 4	SINGAPORE B22233	Address Type	Singapore address	Post Code	822233
Unit No.	15-317				
Does he own a Singapore	C) Yes (No	Driver Vehicle No.		Driver Insurer Company	
Registered car?	T12200T0004				
Declaration					
Breathalyser or Blood Test	0 mg	Any injury?	Yes ○ No		
Reading?	****	Co. d. reference	SECULIAR III		
Modification History					
Company of the Asset					
Claim 001 New					
Claim Type *	OD-MX	Insured Name	WONG HUALUN	Insured NR3C	58715141G
			the state of the s		001200100
Contact No.(Mobile)	93283889	Contact No.(Home)	67815779	Contact No.(Office)	Particular
Email Address	WONGHUALUN#GMAIL.COM	OI Vehicle Number	SJL8698C	TP Vehicle Number	SMT194P
Claimant Type Claimant Type •	Please Select	Type of Benefit *	Please Select		
Claimant Name *	22	Claimant MRJC +			
Claimant Address					
Claim Description	SJL8698C / SMT194P ON 21 Jul 2020			Name of Preferred Workshop	
Preferred Workshop Contact		Insured Liability *	Not at Fault		
No. Require Finalisation	Yes V	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
				Date Received	21/07/2020 00:00
Date Registered	21/07/2020 11:28	Claim Close Date		- Date Navel Sand	To the country of the last
Report Taken By	Jackson				
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Accident No.	MT/1097447	Claim No.	001		
Last Doc. Received	® Yes □ No	Upload Date	21/07/2020 11:30		
	Path. *		Category *	Confidential Urgen	cy * Description *
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	C PAYA UBI BDOSDS(NATIONA	2020 11:29					
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3	C_PAYA_UB1_800601(NATIONA						
*	CES) on 21 Jul	L ASSESSMENT CENTRE SERVI 2020 11:29	Photos		Normal	Photos 2020-7-21	
S 14	CES) on 21 Jul	L ASSESSMENT CENTRE SERVI 2020 11:29	Photos		Normal	Photos 2020-7-21	
MONTH IN	CES) on 21 Jul	L ASSESSMENT CENTRE SERVI 2020 11:29	Photos		Normal .	Photos 2020-7-21	
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2 M	CES) on 21 Jul	L ASSESSMENT CENTRE SERVI 2020 11:29	Photos		Normal	Photos 2020-7-21	
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*	CES) on 21 Jul	L ASSESSMENT CENTRE SERVI 2020 11:30	Photos		Normal	Photos 2020-7-21	
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NA NA	CES) on 21 Jul	L ASSESSMENT CENTRE SERVI 2020 11: 10	Photos		Normal	Photos 2020-7-21	
100	C_PAYA_UBL_800601(NATIONA CES) on 21 Jul	L ASSESSMENT CENTRE SERVI 2020 31:30	SAS		Normal	SAS 2020-7-21	
NA NA	C_PAYA_UBI_B00601(NATIONA CES) on 21 Jul	L ASSESSMENT CENTRE SERVI 2020 11:30	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-21	
TOTAL NA	C_PAYA_UBI_800601(NATIONA CES) on 21 Jul		NRIC/ Driving License	Υ.	Normal	NRIC/ Driving License 2020-7-21	
Attachment	Uploaded 8	ly/Date	Category	9	Urgency	Description	Mag Sent? (CO)