Date In: 23/3/2-15:37	Jeb description	Date &Time Completed	Done by					
Rei No: 4 4 14c 2007615/24	SAS e-filing		5					
Veh No: 56266048	E-mail (within Shrs, AIC 2hrs)							
D.O.A: 2/7/2-17:15	i-Motor Claim Form	M11097749001	23/3/20 15:57					
	i-Motor W/O (Within: OD 2hrs, TP 4hrs)							
OD / TP / Reporting Only	i-Photo Uploaded							
	Assessment/Survey Report							
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp						
Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	ax:					
TP Particulars: Veh No: 1	(Z137)(C INC ()/Non-INC()						
Owner / Driver: (Tel:)					
Policy No: ()	Period: ()	Cover Type: ()					
Confirmed by : (Date:	Time:)					
Insured/Driver Liability: (%	Note-Est Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]					
Year of Registration: ()	Warranty: YES () / NO ()						
Excess: (\$) Loading: \$	\$1,000 ()/\$2,000 ()							
General Remarks:-								
() Walk-In Customer : Customer's	The state of the s		A. A. and					
() Total Loss Case : to e-mail Ins	surer URGENTLY.							
Drive-In ()/ Towed-In (); Invo	oice: YES() / NO();T	owing Co: ()					
Remarks;- (INC hotline: 6788 6616		Date&Time Completed	Done by					
Remarks:								
1) Apply for Transport Allowance ()								
Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ()							
1) Apply for Transport Allowance ()	/ Courtesy Car ()							
Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ()							
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	() () >\$3000] ()							
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >	() () >\$3000] ()							
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	() () >\$3000] ()							
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	() () >\$3000] ()							
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	() () >\$3000] ()							
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	() () >\$3000] ()							
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1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	() -\$3000] ()	paration Checklist						
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	() ()	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8	Am((S) Am(S) fit Bill Add Bill 10)					
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	Invoice Pro	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8	Ant(S) Am(S) Fit Bill Add Bill 10) 1545 5120					
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions laimant's Particulars:- river/Owner:	Courtesy Car ()	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 Per \$40	Ams(s), Amt(3) fit Bill Add Bill Add Bill					
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions laimant's Particulars:- river/Owner: ontact No:	Invoice Pre	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8 See \$40 Perough Survey Prough Survey (Resurvey) Reginst INC Only (wef 10 Jan 2005) ction	Ant (5) Amt (3) fit Bill Add Bill 0) 7545 5120 530) 575					
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1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date Time Actions Laimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice Pre	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 Per Strong Survey (Resurvey) Reginst INC Only (wef 10 Jan 2005) Contine + SMRT Survey Conal Services: Control Allowance Control Inspection	Anit (S) Anit (3) fit Bill Add Bill 0) /545 5120 530) 575 5160 55 510 525					
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Laimant's Particulars :- river/Owner: ontact No: amaged Portion:	Invoice Production	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$30)	Ant (5) Amt (1) fie Bill Add Bill 0) (545 5120 530) 575 5160					

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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.
- 5. 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 this report at the centre and to copies of the report being made available.

 By the loagement of this report to the insurers, you hereby consaforesaid. 	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	23/07/2020 15:37
Date Of Accident	22/07/2020 17:15
Exact Location Of Accident	HOUGANG ST 91
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLZ6609B
Insured/Policyholder	
Name Of Registered Owner	QUAN FENG LEASING (SINGAPORE) PTE LTD
Co Reg No	2XXXXX907C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90966056
Alternative Phone No	OFFICE-90966056
Vehicle Particulars	
Manufacturer	BMW
Model	118I AT ABS D/AIRBAG 2WD HID 5DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken REPORTING ONLY PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

5115484471 Policy Number

Cover Note Number

Driver

HO WEI QUAN Name of Driver NRIC No SXXXX495A Date Of Birth 04/11/1992 Occupation OUTDOOR 28/05/2019 Date Of Driving Pass

1 YEAR AND 1 MONTH Driving Experience

Gender MALE

(LOCAL) +65-86555333 Mobile Number

Fax Number

OFFICE-86555333 Contact Number

NOEMAIL EMail Address

BLK 108 ANG MO KIO AVENUE 4 Address

#09-82

OTHER - HIRER

560108 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

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

CLEAR Weather Conditions Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

YES

NO

1

NO

NO

Was any body injured in the Accident? NO

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)

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?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKZ1376S

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 2

Vehicle Registration Number

SDM5725T

Page 2 of 13

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

SKETCH PLAN

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.
- 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.
- 5. 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.
- (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:

EASING

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN VEHKLE: A: S126609B B: SKZ13765 C: SDM 57257 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT ON THE STATED DATE TIME AND LOCATION DOING PROZEN DRIVING BEMDE VEHICLE SUDDEN VEHKLE ALL OF COLLIDED COULD NOT TimE VEHICL E STOP 0000 PANIC KOD AND RECAUSE PANCE DNTO COLLIDED VEHICLE "B". DECLARATION ding particulars are true in every respect. 201925907C Policyholder's Signature Driver's lignature Reporting Centre Personnal's Signature

Date & Time:

(If driver is not the policyholder)

Date & Time:

Name: NRIC/FIN No.:

attenzi statelati attenzi Mili

Date of Accident	22 07 8000 Accident Time: 1715HPS (24-HR-Format)
Accident Place	HOUGANG ST 91
Vehicle Reg. No. (Car Plate No.)	: SLZ6609B
Vehicle Make/Model	: BMW 118 (PETROL)
lasurance Company	NTUC Policy No. 5115484471
Owner or Company Name /IC No.	: GUAN FENG LEASING (SINGAPORE) PTE. LTO
Owner or Company Contact No.	Owner's Hp 9096 6056 Company Tel
DRIVER'S Name / IC No.	HO WEI BUAN S9240495A
DRIVER'S Date Of Birth	: 04 Nov 1992 DRIVER'S License Pass Date 28 MAy 2019
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: DRNER
DRIVER'S Address	: 108 ANG MO KIO AVE 4 #09-82 5560+0
DRIVER'S Contact No./ Alt No.	:1) 8655 5333 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including I	Oriver): ©1
Was there any video Captured by c Exact purpose for which vehicle was	ear camera: YES NO as being used at the time of accident: Private use \ Work purpose
	Party Driver's Particular (if any)
Vehicle Reg. No: 3KZ 137	Vehicle Reg. No. S. S. S. S. S. T.
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver	Name Driver:
IC No. Driver:	
Driver's Contact & Add:	

DECEMBER 18 CONTRACTOR

4, 4, 4



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: 5115484471

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLZ6609B

Chassis Number

: W8A1A32000J067415

2. Name of Policyholder

: QUAN FENG LEASING (SINGAPORE) PTE, LTD.

3. Effective Date of Insurance.

: 21 Jan 2020

4. Expiry Date of Insurance

: 30 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 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) : SS2,000 EXCESS (SECTION 2) · S\$1 500 WINDSCREEN EXCESS · \$\$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 : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : QUAN FENG INVESTMENTS (SINGAPORE) PTE LTD 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)

Agency

: INSURE LINK PTE LTD (00000614836)

Date of Issue

20 Jan 2020 12:31 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Insure Link Pte Ltd 2 Kallang Avenue #08-16 CT Hub S(339407)

Off: 6444 4644 Fax: 6444 0040

eBaoTech								Genera	alClaim		
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	ło.		Date of Accident		2	2/07/2020 1				
	Vehicle	No.(For Motor)	SLZ6609B			Certificate Number					
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5115484471		QUAN FENG LEASING (SINGAPORE) PTE. LTD.	201925907C	GPC	drivo CLASSIC		SLZ6609B	21/01/2020	30/01/2021
					C	ontinue					

Sequen	ce Date of Endorseme	nt £	ndorsemen	t Type	Endorsement	Status	Endorsement Content
♥ Endors	ements						
) Insure	d Object: SLZ6609B						
Jnit No.	08-16	Relate Numbe	d Policy er	5116353680			
Address 4		Addres	ss Type	Singapore address		Post Code	387298
Address 1	2 SIMS CLOSE	Addres	s 2	#01-02 GEMINI @	SIMS	Address 3	SINGAPORE 387298
	older Mailing Address						
Certificate Info							
Open Policy Info							
nsurance lag	No						
Agent Co-	INSURE LINK PTE LTD	Agent Tel.	64444644		GST Flag	Y:	
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Youn	g/Inexperience Driver Excess
Additional excess	0.	OS Premium	0.				
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	20/01/2020	Effective Date	21/01/202	0 00:00	Expiry Date	30/01/2021 2	23:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	2 SIMS CLOSE #01-02 GEMINI	@ SIMS SING	APORE 3872	98			
Certificate No.		Name			WALL		
Policy No.	5115484471	Policyholder Name	QUAN FEN	G LEASING (SINGAPC	Policyholder NRIC	201925907C	

Claim Handling										
Accident MT/1097729										
Policy No.	5115484471	Vehicle No.		SLZ66098			GST Registration No.			
Certificate No.										
Policyholder Name	QUAN FENG LEASING (SINGAPORE) PTE. LTD.						Policyholder NRIC	25907C		
Product Code	PRIVATE CAR INSURANCE	Cover Type drivo CLASSIC					Loading		0	
Contact No.(Mobile)	90966056	Contact No. (Office)	Contact No. (Office) 0				Contact No.(Home)		0	
Email Address		Special Remark					eCode			
KPK	⊕ No ○ Yes	TCA		® No □	res		eCode Reason			
NCD Protection	No	NCD Entitlement(%	Enottement(%) 0				Private Hire			
→ Accident Details										
Report Date	23/07/2020 15:53	Acoders Report Within 24 hrs. Yes					Accident Type	Collision		
Date of Acodem	22/07/2020	Time of Accident his	:mm	17:15			Country of Accident	pore		
Reporting Centre		Orange Force					ICM No.			
Accident Location	HOUGANG ST 91									
▼ Total Excess Applicable										
Excess Type	Per Accident	Windscreen Excess			100.00					
1111	The Property of the Park of th	Tribación Excess			100.00					
OD Standard Excess	2,000.00	TP Standard Excess			1,500.00					
YIED OD Excess	0.00	YIED TP Excess					Driver is Covered?			
Additional Excess	o									
Total OD Excess Applicable	2000.00	Total TP Excess App	ilicable							
▽ Benefits										
□ GST Registered Inform	ation									
GST Registered	No			08	T Registration Date					
GST Registration No.				08	T Status Verified		Yes			
Modification History	23/07/2020 15:56:58 System	changed GST Status	Verified from	n No ta Yes						
⇒ Policyholder Hailing Ad	Mress									
Address 1	2 SIMS CLOSE	Address 2		#01-02 G	TMINT & STHS		Address 3		SINGA	APORE 387298
Address 4		Address Type		Singapore	address		Post Code		38729	a .
Une No.	OG-16	Related Policy Numb	per	51163536	80					
OI Driver Info										
Driver Name	Unnamed Driver	Driver Type		Unnamed (Driver					
Unnamed driver Name	HO WEI QUAN	Driver NRIC 59240495A			A		/1992			
Register Date of Driver License	28/05/2019	Driver Age 27					Driving Experience		-1	
Contact No.(Mobile)	86555333	Comect No.(Office)		D			Contact No.(Home)		D	
Address 1	BLK 108	Address 2		ANG MO KIO AVENUE 4			Address 3		KEBUN BARU HEIGHTS	
Address 4	SINGAPORE SEGIOR	Address Type		Singapore	Singapore address		Post Code		56010	в
Unit No.	09-82									
Does he own a Singapore	○ Yes Œ No	Driver Vehicle No.	Onver Vehicle No.				Driver Insurer Compan	Nu.		
Registered car?	12.00.000000						-970 00000000000000000000000000000000000	500		
Deciaration										
Breathalyser or Blood Test	0 mg	Any injury?		○ Yes ④	No					
Reading?		A 200 CO CO								
Modification History										
Claim 001 New										
Claim out										
Claim Type *	00-MX ¥	Insured Name		QUAN FEN	G LEASING (SINGAPO		Insured NRIC		20192	5907C
Contact No. (Mobile)		Contact No.(Home)		NIL			Contact No.(Office)		NIL	
Email Address		OI venide Number		SLZ6609B			TP Vehicle Number		SK213	1765
Claimant Type Claimant Type *	Please Select	Type of Benefit * Please Select 💙								
Claimant Name *	22	Claimant NRIC *								
Claimant Address										
Claim Description	SLZ6609B / SKZ1376S ON 22 Jul 2020						Name of Preferred Wor	rkshop		
Preferred Workshop Contact No.		Insured Liability *		Fully at Fa	uk 🗸					
Require Finalisation	Yes	Preferend Repair Op	ption	Preferred 1	Workshop, Name unknown	V	GIA report		Receiv	red V
Date Registered	23/07/2020 15:58	Claim Close Date				-	Date Received			2020 00:00
Report Taken By	Jackson								The same	
Print AK letter										
(v) Print Air letter										
				Save Sub	mit					
Attachment										
Mary Stranger College										
· ·										
Accident No.	nt No. HT/1097729 Chaire No.				001					
Last Doc. Received	● yes ○ No	Upload I				23/07/2020 15:59				
	Path *				Category *		Confidential	Urgeno	y *	Description *
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			Browse.	Clear	Please Select	~	V N	OULTER	V	

