NATIONAL Assessment Centre Services. Wet 1 Jamos MNAMO 6449 Date In: 7/3/4- 11:3] Date &Time Completed Done by Jcb description Ref No: MAI (NC 2007687 /W SAS e-filing E-mail (within Shrs, AIC 2hrs) Veh No: SUSSTOUT D.O.A: 24/7/2-19:05 i-Motor Claim Form 27/7/20 12/03 160-189FPG11CM i-Motor W/O (Within: OD 2hrs. TP 4hrs) OD : TR ! Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Preferred Wksp / INC Assign Wksp / QW: (Tel: Veh No: YM 4889L)/Non-INC (TP Particulars: INC (Owner / Driver: (Tcl: Cover Type: () Policy No: (Period: (Time: Confirmed by : (Date: %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: (Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000(General Remarks:-) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES (); Towing Co: (Date&Time Completed Done by Remarks:-(INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection) 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Amt (3) Ant(S) Invoice Preparation Checklist Add Bill Tu Bill MAZOSY104 1) AR : Accident Reporting (\$30); Claimant's Particulars :-INC (\$80) 2) DA : Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: 4) FT : Follow-Through Survey \$120 \$30 5) FT : Follow-Through Survey (Resurvey) Contact No: For claiming against INC Only (wef 10 Jan 2005) 6) TR : Re-inspection Damaged Portion: 7) N1 : Idao DA + SMRT Survey \$160 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): \$5 *N5: Courtesy Cor / Tpt Allowance \$10 *N6: Repair Co-ordination \$25 *N7: Post Repair Inspection Auditors' Comments :-*N8: DV / Collect Excess Coordination 35 TP (N11): TP (Non INC) against INC \$20 Cat. 1: 9) N12: Idac Mobile Fee Charged Involce dated at. 2/3: Fee Charged Involce dated

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

ACCIDENT STATEMENT
27/07/2020 11:51
24/07/2020 19:05
AMK AVE 6
SINGAPORE
DETAILS OF OWN VEHICLE
SLS8504T
WANG EE LIANG
SXXXX844H
NOEMAIL
(LOCAL) +65-93693079
OFFICE-93693079
HONDA
SHUTTLE 1.5G CVT
t PRIVATE USE
NO
THIRD PARTY
PRIVATE CAR
NTUC INCOME INSURANCE CO-OPERATIVE LTD
COMPREHENSIVE
NO
5094908885-02

Driver

WANG EE LIANG Name of Driver SXXXX844H NRIC No 15/01/1957 Date Of Birth INDOOR Occupation 31/03/1983 Date Of Driving Pass **Driving Experience**

37 YEARS AND 3 MONTHS

MALE Gender

(LOCAL) +65-93693079 Mobile Number

Fax Number

OFFICE-93693079 Contact Number

NOEMAIL EMail Address

BLK 356B ADMIRALTY DRIVE

#15-98

752356 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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions Road Surface DRY

Other Information

Address

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

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

NO

3

Number of Passengers (Including Driver)

NAME:

: LOW KIA LENG

GENDER:

: FEMALE

Passenger 2

Passenger 1

NAME:

: WANG WEN RONG

: FEMALE GENDER:

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

YES

SEMBAWANG NEIGHBOURHOOD POLICE CENTRE Police Station Name

ROAD: 4 SEMBAWANG CRESCENT, POSTCODE: 757633, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-5549999 - FAX NO: 68522499 Police Station Contact

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200725/2060.

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

YM4889L

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category REVIN S/O RAJAGOPAL Name of Driver

Page 2 of 16

NRIC/Passport Number

SXXXX538F

Contact Number

88600312

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

DETAILS OF INJURED PERSON 1

Name

WANG EE LIANG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLS8504T

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

LOW KIA LENG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLS8504T

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name

WANG WEN RONG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLS8504T

Were seat belts worn?

YES

NO

Was this injured conveyed to hospital by

ambulance?

Address Postcode

dress

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 <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.
- 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

A: SIS8504T B: YM4889L

AMIC AVE 6

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer	to plice	april-1/200725/260.	
	A	· ·	
	100		
	HE ELECTRON		
CLADATIO			11000

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 .:

ACCIDENT STATEMENT

ACCI	DENT DATE: () / 17 / 12) (DD/MM/YYYY),	TIME: (19:05.) (HH:MM)
LOCA	TION: AMIC AVE 6	(Se)
1.	DETAILS OF VEHICLE a) VEHICLE NUMBER: SUSSOUT. b) INSURANCE COMPANY: NTUC c) POLICY NUMBER:	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PART	
	F)TYPE:(SALOON / COUPE / MPV / VAN / LORRY g) VEHICLE CATEGORY: (PRIVATE / COMMERCIA h) PURPOSE OF USING AT ACCIDENT TIME:	AL / MOTORCYCLE)
	i) ARE YOU CLAIMING UNDER YOUR OWN INSUR IF NO, PLEASE STATE (THIRD PARTY CLAIM / REI	RANCE (YES/NO) .
2.	INSURED / POLICY HOLDER A) NAME:	(MATE) FEMALE)
	b)NRIC/FIN/PASSPORT:c)ADDRESS:	_CONTACT: 9369337
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	LDER
(Including driver)	DRIVER a)NAME:	(MALE / FEMALE)
(2)	b]NRIC/FIN/PASSPORT: c)ADDRESS:	CONTACT
2 Amale	*d)DATE OF BIRTH: (/)(DD/N	MM/YYYY)
Www was wer Rong,	f) YEARS OF DRIVING EXPRERIENCE:	D'S COMPANY? (YES / NO
	DIROAD SURFACE: (DRY / WET / OTHERS	OTHERS
6. 7.	WAS ANYBODY INJURED (YES / NO) 1 20 MG a) REPORTED TO POLICE (YES) NO IF YES, PLEASE STATE WHICH POLICE STATION:	A STATE OF THE STA
4 No of passenger	THIRD PARTY VEHICLE a) VEHICLE NUMBER: 1048890	MODEL:
(7)	b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE	CONTACT:
* No of passenger	d) VEHICLE NUMBER:	_MODEL:
(Induding driver	f) NRIC/FIN/PASSPORT:	CONTACT:
()	84	

email = shiow@icloud.com/ patrickwanger Lisola fax =





1 of 4

Report No. T/20200725/2060

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Tel No: 1800-5549999

REPORT	OF A	TRAFFIC	ACCIDENT

	ne Report M 20 13:31	lade:	Vide Report No.:	Station Diary No. 38	
Informa	nt's Particu	ılars	Control of the Control		
Name of Informant: WANG EE LIANG			Address: APT BLK 356B ADMIRALTY DRIVE #15-98 SINGAPORE 752356		
ID Type / ID No.: NRIC NO / S1264844H			Contact No.: Home/Office: Mobile: 93693079		
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age: 63	Date of Birth: 15/01/1957	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupat	tion: E COUNSE	EL.	Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/07/2020 19:05	Type of Location Straight Road	
Location: Along Road 1 ANG MO KIO Ang Mo Kio A Weather:	AVENUE 6	Road Surface:	Road, near bus stop, B	55171 Road Speed Limit:	
Clear		Dry	7	Troffic Volume:	
		T - (C - O 4 1		roffic Volume	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Wo	NA	raffic Volume: Moderate	

Details of Volume Vehicle No.	1	Make	Model	Color	Condition	No of Passenge
SLS8504T	Car	HONDA	SHUTTLE 1.5G CVT	Silver	Seriously Damaged	2
YM4889L	Lorry				Slightly Damaged	2

Details of Vehicle Insurance								
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date				
SLS8504T	NTUC Income Insurance Co-Operative Limited	5094908885-02	09/10/2019	08/10/2020				





State of the Space Cartes

2 of 4

Report No. T/20200725/2060

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 Tel No: 1800-5549999

CONTINUATION OF REPORT

Details of Perso					Winds.	
Any Pedestrian Ir	The state of the s					
No. of Pedestrian	s Injured: NIL		Use of Pe	edestrian	Cross	ing: NA
Passenger						TANKS IN
Name	LOW KIA LENG			ID No.	88	S1256467H
Related Vehicle	Vehicle SLS8504T (Car) Contact No.		ct No.	96224856		
Hospital/Clinic	HEALTHWERKZ M SEMB MRT	Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL		
Date Treatment	25/07/2020		Date Dis	charge	25/07	/2020
	ted Medical Leave	03	Degree o			
Driver						Continue to the
Name	WANG EE LIANG			ID No	9	S1264844H
Related Vehicle	SLS8504T (Car)			Conta	ct No.	93693079
Hospital/Clinic	HEALTHWERKZ MEDICAL CENTRE @ SEMB MRT			Class Drivin Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	25/07/2020		Date Dis	The second secon		//2020
	ted Medical Leave	03	Degree o		_	
Passenger						
Name	WANG WEN RONG	3		ID No	10	S9003064G
Related Vehicle	SLS8504T (Car)			Contact No.		81112607
Hospital/Clinic	HEALTHWERKZ MEDICAL CENTRE @ SEMB MRT			RE @ Class of Driving Licence & Expiry Dat		Class: NIL Date of Expiry: NIL
Date Treatment	25/07/2020		Date Dis	charge		7/2020
	ted Medical Leave	03		of Injury	Sligh	





T/20200725/2060

3 of 4

Report No. T/20200725/2060

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Tel No: 1800-5549999

CONTINUATION OF REPORT

Driver					A STATE				
Name	REVIN S/O RAJAG	OPAL		ID No.		S9635538F			
Related Vehicle	YM4889L (Lorry)			YM4889L (Lorry)		YM4889L (Lorry) Contact No		ct No.	88600312
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL			
Date Treatment	NIL Date			harge	NIL				
	ted Medical Leave	NIL	Degree o	f Injury	NIL				

Brief Details.

On 24/7/2020 at about 1905hrs, I was driving in my vehicle SLS8504T, with my wife in the front passenger seat and my daughter behind her. We were driving along Ang Mo Kio Avenue 6, towards the direction of Sembawang as we were returning home. Along Ang Mo Kio Avenue 6, there was moderate traffic and we came to a stop briefly. We were not sure whether the light in front had turned red or the traffic was heavy. I was then driving in the second lane at the time. There were several cars in front of me at the time. My car was in drive mode but my feet was on the foot brake.

When the cars in front started to move forward, I was about to move off when I felt a strong impact from the back. That was when I realized a lorry behind had hit onto the back of my vehicle. I checked on my family members and they looked alright, so I got down from the vehicle and spoke to the other driver. The other driver claimed that he was distracted by his son, which caused him to not pay attention to the road. The lorry driver did not sustain any visible injuries.

His vehicle had a slight dent at the front number plate area. I recall seeing 2 passengers in the lorry but they did not come down. My vehicle's rear window was completely smashed, and there were several dents all over the back of my vehicle. I exchanged the particulars with the other driver and got my vehicle towed away. The other party initially wanted to settle privately but I wanted to go by claiming insurance.

The following day, my passengers and myself experienced neck and upper back pain due to the whiplash arising from the accident. We went to Healthwerkz Medical Centre at Sembawang MRT and was given 3 days MC each.





4 of 4

Report No. T/20200725/2060

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 Tel No: 1800-5549999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: L / Sgt 2 NG YU KIT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/07/2020 13:31
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:
Authentication Stamp	

eBao Tech			NAME OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,					Genera	lClaim	
Helio, NAC_PAYA_UBI_80	0601			of the later of the later of		+ Change	Language	· Chan	ge Password	· Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date o	of Accident		24/07/2020	19:05	
	Vehicle No.(For Moto	r) SLS850	4T		Certifi	cate Number				
				1	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5094908885 02		WANG EE	51264844H	GPC	drivo CLASSIC	SL585041	SLS8504T	09/10/2019	08/10/2020
				(Continue					

Policy No.	5094908885-02	Policyholder Name	WANG EE LI	IANG	Policyholder NRIC	S1264844H	
Certificate No.							
Address	BLK 356B #15-98 ADMIRALTY D	RIVE SINGAP					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	02/10/2019	Effective Date	09/10/2019	00:00	Expiry Date	08/10/2020 2	3:59
xcess 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	JIA LEONG TRADING ENTERPRIS	Agent Tel.	68415997		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policyh	older Mailing Address						
Address 1	BLK 3568 ±15-98	Addre	ss 2	ADMIRALTY DRIVE		Address 3	SUN BLISS
Address 4	SINGAPORE 752356	Addre	ss Type	Singapore address		Post Code	752356
Unit No.	15-98	Relate Numb	ed Policy er	5094908885-02			
) Insure	d Object: SLS8504T						
▽ Endors	ements						
	nce Date of Endorsemen	v .	Endorsement	000 CVA/2	Endorsement	ALC: COLO	Endorsement Content

laim Handling					
ocident MT/1097961					
olicy No.	5094908885-02	Vehicle No.	SLS-8504T	GST Registration No.	
ertificate No.					
sticyholder Name	WANG EE LIANG			Policyholder NR3C	S1264844H
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	q
viact No. (Moose) 93693079		Consact No.(Office)	0	Contact No.(Home)	0
ail Address		Special Remark		eCode	To V
K	® No ○Yes	TCA		eCode Reason	CAC-SAT
D Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
	ves	MCD Entitlement(-w)	30	Private rive	ND
Accident Details	5000000000	Accident Report Within 24 hm	92	STATE	
oort Date:	on Date: 27/07/2020 12:02		Yes	Accident Type	Colleion - Head to Rear
e of Academ 24/07/2020		Time of Accident hh.mm 19:05		Country of Accident	Singapore
porting Centre		Orange Force		JCM No.	
idem Location	AMK AVE S				
Total Excess Applicable	Ŷ.				
ess Type	Per Accident	Windscreen Excess	100.00		
Standard Excess	600.00	TP Standard Excess	0.00		
D OD Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
ditional Dicess	bonal Excess				
OD Excess Applicable 600.00		Total TP Excess Applicable 0,00			
Benefits					
GST Registered Informa	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status verified	Yes	
Affication History					
Policyholder Mailing Ad	ldress				
dress 1	BLK 3568 #15-98	Address 2	ADMIRALTY DRIVE	Address 3	SUN BLISS
dress 4	SINGAPORE 752356	Address Type	Singapore address	Post Code	752356
t No.	15-98	Related Policy Number	5094905885-02		
OI Driver Info	(Children)				
	WANG EE LIANG	Driver Type	Main Driver		
ver Name	WANG EE LIANG	Driver NRIC	\$13648444	Driver DOB	15/01/1957
named driver Name					
gister Date of Driver License		Driver Age	63	Driving Experience	37
ntact No.(Mobile)	93693079	Contact No.(Office)	0	Comect No.(Home)	0
iress I	BLK 356B	Address 2	ess 2 ADMIRALTY ORIVE		SUN BLISS
dress 4	SINGAPORE 752356	Address Type	s Type Singapore address		752356
t No.	15-98				
es he own a Singapore	Clives ⊕ No	Driver Vehicle No.		Driver Insurer Company	
gatered car?					
claration					
eathalyser or Blood Test	D mg	Any injury?	® Yes ○ No		
ading?	555		WEST STORY		
diffication History					
Market San					
Claim 001 New					
	OR MY	Age and the same of	WANG EE LIANG	Insured NRIC	S1264844H
m Type *	00-MX <u>\</u>	Insured Name	A STATE OF THE PARTY OF THE PAR		
tact No (Mobile)	93693079	Contact No.(Home)	67537556	Corract No. (Office)	64560587
ari Address	patrickwangei@gmail.com	Of Vehicle Number	SLS8504T	TP Vehicle Number	YM4889L
mant Type Claimant Type •	Please Select V	Type of Benefit *	Please Select		
imant Name +	25	Claimant NR3C *		-	
ment Address					
im Description	SLS8504T / YM4889L ON 24 Jul 2020			Name of Preferred Workshop	
ferred Workshop Contact		Insured Lieblity *	Not at Fault		
quire Finalisation	Yes: V	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
			The state of the s		27/07/2020 00:00
e Registered	27/07/2020 12:03	Claim Close Date		Date Received	Environment out of
ort Taken By	Jackson				
Print AK letter					
			Care Commit		
			Save Submit		
Attachment					
*					
cident No.	MT/1097961	Claim No.	001		
A Doc Received	Yes □ No .	Upload Date	27/07/2020 12:07		
	Path *		Category *	Confidential Urger	cy * Description
		Browse	20-54-001-00-00-00-00-00-00-00-00-00-00-00-00	V Normal	▼
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		Browse		V Normal	2
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