	Jeb description	on	Date & Time Complete	d Don	e by
Ref No: Halincrosadolla	SAS e-filing	7			
Veh No: JMS87M		in Shrs, AIC 2hrs)			
	i-Motor Cla		M7/098523-021	11/5/2 10	· Je
D.O.A: 30/2/2-11:05		O (Within: OD 2hr	IC.	1101210	.49
OD TP Reporting Only	i-Photo Upl		s, 17 4ars)		100
				-	
TP Insurer:		Survey Report	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Asstrepore	of Pax/ Hand	Tel:	Fax:	
TP Particulars: Veh No: 6	n contract	INC (90 M 900	
Owner / Driver: (3082445		Tel:	,	
	Period: (1	Cover Type: (
Confirmed by : (Date:	Time:		
	[Note-Est. Status (0%; P: 21-79%. F: 80	-100%]	
Year of Registration: ()	Warranty: YES (The state of the s)		
Excess: (\$) Loading: \$1	,000 ()/\$2,000				
General Remarks:-	CHARLES AND				Service Cons
() Walk-In Customer : Customer's in	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	the contract of the second section is a second section of the second section is a second section of the second	Maria Carlo	Section 2 to the second	
			ictly NO 131er of repairer		
() Total Loss Case : to e-mail Insu					
Drive-In ()/ Towed-In (); Invoi	ce: YES()/	NO();T	owing Co: ()
Remarks: (INC hotline: 6788 6616)			Date&Time Completed	Done	by
1) 4 1 6 77				1	
Apply for Transport Allowance ()/	Courtesy Car ()		-	
Apply for Transport Allowance ()/ QC Check / Post Repair Inspection	Courtesy Car ()			
	()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > 5]	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	()		Table Service	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	()		A A A COLLAGE	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	(
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions	(aration Checklist	Ant (S)	Amt (3)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions	(Invoice Prep	varation Checklist Reporting (\$30);	Anit (\$) Ist Bill	Amt (3)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions laimant's Particulars:-	(Invoice Prep 1) AR: Accident 2) DA: Damage /	aration Checklist Reporting (\$30); Assessment (\$100); INC (Anit (\$) Ist Bill	Amt (3)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions laimant's Particulars:-	(Invoice Prep 1) AR: Accident 2) DA: Darrage A 3) TF: Towing Fe 4) FT: Fellow-Th	raration Checklist. Reporting (\$30); Assessment (\$100); INC (\$100); Section	7st Bill (5) 7st Bill (5) 580) 40/545 5120	Amt (3)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions Inimant's Particulars:-	(Invoice Prep 1) AR: Accident 2) DA: Darrage A 3) TF: Towing For 4) FT: Follow-Th	raration Checklist Reporting (\$30); Assessment (\$100); INC (\$500); INC (\$500	Anit (\$) fet.Bill \$80) 40/\$45 \$120 \$30	Amt (3)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions laimant's Particulars:- river/Owner:	(Invoice Prep 1) AR: Accident 2) DA: Damage / 3) TF: Towing Fe 4) FT: Follow-Th For claiming as 6) TR: Re-inspec	aration Checklist Reporting (\$30); Assessment (\$100); INC (Tough Survey Tough Survey (Resurvey) ainst INC Only (wef 10 Jan 200) tion	Amir (\$). Tet Bill 580) 40/\$45 \$120 \$30 55) \$75	Amt (3)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions laimant's Particulars:- river/Owner:	(Invoice Prep 1) AR: Accident 2) DA: Damage / 3) TF: Towing For 4) FT: Follow-The For claiming age 6) TR: Re-inspec 7) N1: Idae DA +	Caration Checklist Reporting (\$30); Assessment (\$100); INC (See Serough Survey rough Survey (Resurvey) ajust INC Only (wef 10 Jan 200) SMRT Survey	7st Bill (5) 7st Bill (5) 40/545 5120 530	Amt (5)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions laimant's Particulars:- river/Owner: ontact No: amaged Portion:	(Invoice Prep 1) AR: Accident 2) DA: Damage / 3) TF: Towing For 4) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA + 8) NTUC Addition OD*	Caration Checklist Reporting (\$30); Assessment (\$100); INC (See Serough Survey rough Survey (Resurvey) ainst INC Only (wef 10 Jan 200) ition SMRT Survey hal Services.	7st Bill 580) 40/\$45 5120 530 55) \$75 \$160	Amt (\$)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions laimant's Particulars:- river/Owner: ontact No: amaged Portion:	(Invoice Prep 1) AR: Accident 2) DA: Damage / 3) TF: Towing For 4) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA + 8) NTUC Addition QD* *N5: Courtesy	Caration Checklist Reporting (\$30); Assessment (\$100); INC (Size Survey) rough Survey (Resurvey) oinst INC Only (wef 10 Jon 200) ition SMRT Survey nal Services Car/Tpt Allowance	Amir (\$). Tet Bill 580) 40/\$45 \$120 \$30 55) \$75	Amt (\$)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions laimant's Particulars:- iver/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	(Invoice Prep 1) AR: Accident 2) DA: Darrage / 3) TF: Towing Fe 4) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idac DA + 8) NTUC Additio OD* *N5: Courtesy *N6: Repair Co *N7: Fost Repa	raration Checklist Reporting (\$30); Assessment (\$100); INC (Se	7st Bill 1580) 15t Bill 1580) 160/545 150	Amt (\$)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions Inimant's Particulars:- river/Owner: Ontact No: Imaged Portion: C Checked by (Engr-In-Charge): Inditors' Comments:-	(Invoice Prep 1) AR: Accident 2) DA: Damage / 3) TF: Towing For 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA + 8) NTUC Addition QD* *N5: Courtesy *N6: Repair Co *N7: Fost Repair Co *N7: Fost Repair Co *N7: Fost Repair Co *N8: DV / Coll	Caration Checklist Reporting (\$30); Assessment (\$100); INC (\$100	7st Bill (5) 7st Bill (5) 7st Bill (5) 880) 40/\$45 \$120 \$30 \$5) \$75 \$160	Amt (5)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions	(Invoice Prep 1) AR: Accident 2) DA: Damage / 3) TF: Towing For 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA + 8) NTUC Addition QD* *N5: Courtesy *N6: Repair Co *N7: Fost Repair Co *N7: Fost Repair Co *N7: Fost Repair Co *N8: DV / Coll	Caration Checklist Reporting (\$30); Assessment (\$100); INC (\$100	\$80) \$10,545 \$120 \$30 \$5,5 \$160 \$5,5 \$10 \$25 \$3,5 \$20 \$3,0	Amt (\$)

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 aforesaid.

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	01/08/2020 10:38
Date Of Accident	30/07/2020 21:05
Exact Location Of Accident	50 GAMBAS CRESCENT CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMS875M
Insured/Policyholder	
Name Of Registered Owner	LIM MUI PENG (LIN MEIPING)
NRIC No	SXXXX957C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93396686
Alternative Phone No	OFFICE-93396686
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CLA180 AMG SPORT AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5115882780
Cover Note Number	
Driver	
Name of Driver	DENZEL GOH KAI ZHE
NRIC No	TXXXX613Z
Date Of Birth	26/05/2000
Occupation	INDOOR
Date Of Driving Pass	11/02/2019
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91892378
Fax Number	PEDER HOLD AND AND AND AND AND AND AND AND AND AN
Contact Number	OFFICE-91892378
EMail Address	NOEMAIL

Address 19 NIM TERRACE Postcode 804369 Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured CHILDREN Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle General Information of the Accident Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Weather Conditions CLEAR Road Surface DRY Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident Was any body injured in the Accident? NO Was any injured conveyed to hospital by ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 0 **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 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 GBC8549S Vehicle Make/Model/Colour TOYOTA DYNA **Details Of Properties** Vehicle Category COMMERCIAL VEHICLE Name of Driver ONG WEI KYAN NRIC/Passport Number GXXXX598X Contact Number 82662233 Address Postcode Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

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:
 - 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

Driver's Signature

(If driver is not the policyholder)

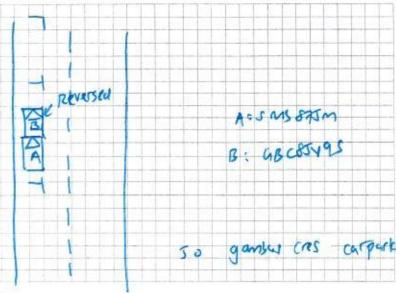
DANN

Date & Time:

Reporting Centre Personnel Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

In stated date and time, my vehicle was Hotionag pa							
carpade by	Vehicle	is reversed	and wy	unto my	Hot. on ory	vehicle	
And portion							
					U.		

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

ĄC	CIDENT DATE: (30 / 7 / 10)(DD/MM/YYYY), TIME:(21:05)(HH:MM)
LO	CATION: 50 Gambas Creccent Ore	pack
	1. DETAILS OF VEHICLE a) VEHICLE NUMBER: SMS 875M b) INSURANCE COMPANY: NTUE c) POLICY NUMBER: C115 887	1780
	d)POLICY TYPE: (COMPREHENSIVE) THIRD PAR e)MAKE & MODEL: f)TYPE: (SALOON) COUPE / MPV /V AN / LORRY g) VEHICLE CATEGORY: (PRIVATE) / COMMERCI. h)PURPOSE OF USING AT ACCIDENT TIME: l) ARE YOU CLAIMING UNDER YOUR OWN INSUI	Y / MOTORCYCLE / OTHERS) AL / MOTORCYCLE)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM) RE 2. INSURED / POLICY HOLDER	PORTING ONLY)
	b) NRIC/FIN/PASSPORT: S7525957C C) ADDRESS: 19 Nim Terma SCRO42	CONTACT: 433 460 6
54 Bi	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	NDEB
4Ho of passenge Clinduding drive (0)	3. DRIVER Denzel Soh Kai Zhi	CONTACT: 01893338
8 5	*d)DATE OF BIRTH: (36/5/2000) (DD/M e)OCCUPATION: (NDOOR) OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 14/5	
	 WAS DRIVER AN EMPLOYEE OF THE INSURE IF NO, RELATIONSHIP OF THE DRIVER WITH JWEATHER CONDITION: ICLEAR / RAINING / C 	H INSURED: Son
	b)ROAD SURFACE: (DRY / WET / OTHERS	
He of harronner	B. THIRD PARTY VEHICLE GBC P5495	MODEL Toyota Dyna
Inducting driver	c) DRIVER'S NAME: On Wei Tegan	CONTACT: 82662233
No of passenge	. THIRD PARTY VEHICLE d) VEHICLE NUMBER:	_MODEL:
Induding drive	e) DRIVER'S NAME:	_CONTACT:
(_)		
· · · · · · · · · · · · · · · · · · ·	e v	i.
25	Cimail =	
	0 /74502-7	10

Pax = 67429003

VIDEO =

eBao Tech								7		Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						Change	Language	e • Chan	ge Password	→ Log Out
My Desktop	Policy (Query									13
Notice of Loss	Policy No.					Date o	/ Accident	1	30/07/2020 2	21:05	
	Vehicle No.((For Motor)	SMS87	5M		Certific	cate Number	[
					90	Search					
	Select Po	olicy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 511	15882780		(LIN MEIPING)	\$7525957C	GPC	drivo CLASSIC	SMS875M	SM5875M	03/02/2020	02/02/2021
					C	Continue	8				

E	05/0	2/2020 00:00	Basic I Endors	nformation ement	Endors	ement Take Eff	ective	PURCHASE COMPANY: DBS BANK LTD CHASSIS NUMBER: WDD1173422N271471 ENGINE NUMBER: 27091030770883 VEHICLE REGISTRATION NUMBER SMS875M ORIGINAL REGISTRATION DATE: 08 Jul 201
Sequen	ce	Date of Engorsemen		ndorsement	Туре	Endorsement	Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 05 Feb 2020, the following policy details are amended as follows: HIRE
CARROLL STATE	-10	Date of Endorsemen			T		c	20411000000287887
□ Endorse □	CONTRACTOR OF STREET	riad/ari						
	f Object: S	MC875M	Numbe	er.	3113002700			
Jnit No.			Relate	d Policy	5115882780			
Address 4	100	MANUSCREEN THE !		s Type	Singapore address		Post Code	804369
Address 1	5/4/	NIM TERRACE	Addres	s 2	NIM COLLECTION		Address 3	SINGAPORE 804369
Certificate info Policyh	older Maili	ng Address						
olicy Info								
lag Open								
nsurance	No							
Agent Co-	DICKSON	INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Υ	
Singapore OD Excess	600		Singapore TP Excess	0				ng/Inexperience Driver Excess
Excess	0		Premium Outside	0				
Excess Additional			Excess			Excess		
Third Party	0		Own damage	600		Windscreen	100	
Excess	Per Accide	nt	All Claims Excess					
Policy ssue Date	03/02/202	0	Effective Date	03/02/2020	00:00		02/02/2021	23:59
Product Name	PRIVATE C	AR INSURANCE	Plan			Group Policy Flag	N	
Address	19 NIM TE	RRACE NIM COLLECTI	ON SINGAPOR	E 804369				
Certificate Vo.			warne			NRIC		
Policy No.	51158827	80	Policyholder Name	LIM MUI PE	NG (LIN MEIPING)	Policyholder	S7525957C	

Claim Handling											
Accident MT/1098523											
Policy No.	5115882780		Vehicle No.		SM8875M			GST Registration No.			
Certificate No.											
Policyholder Name	LIM MUI PENG (LIN MEIPING)							Policyholder NR3C		97525957C	
Product Code	PRIVATE CAR INSURANCE		Cover Type		drivo CLA	isic		Loading		a	
Contact No.(Mobile)	93396686		Contact No.(Office)		0			Contact No.(Home)		0	
Email Address	AND THE RESERVE OF		Special Remark					eCode		10.00	
KFK	® No ○ Yes		TCA		® No ○	res		eCode Reason			
NCD Protection	No		NCD Entitlement(%	1	0			Private Hine		No	
 Accident Details 											
Report Date	01/08/2020 10:47		Accident Report Wil	thin 24 hrs	Yes			Acadent Type		Damaged whilst parke	50
Date of Accident	30/07/2020		Time of Accident his	n:mm	21:05			Country of Accident		Singapore	
Reporting Centre			Grange Force					1CM No.			
Accident Location	50 GAMBAS CRESCENT CARPA	RIC .									
Total Excess Applicable											
Excess Type	Per Accident		Windscreen Excess			100.00					
OD Standard Excess	600.0	ò	TP Standard Excess			0.00					
VIED OD Excess	0.0	0	YIED TP Excess					Driver is Covered?			
Additional Excess											
Total DO Excess Applicable	600.0		Total TP Excess App	dicable							
▽ Benefits			March Control								
GST Registered Informa	ation										
GST Registered	No				GS:	F Registration Date					
GST Registration No.						T Status Verified		Yes			
Modification History											
	2768										
Policyholder Mailing Ad											
Address 1	19 NIM TERRÁCE		Address 2		NIM COLL			Address 3		SINGAPORE 804369	
Address 4			Address Type		Singapore			Post Cone		804369	
Unit No.			Related Policy Numb	ber	51158827	10					
Driver Name	Unnamed Driver		Driver Tone		(biobourd)	Notice of the last					
Unnamed driver Name	DENZEL GOH KAL ZHE		Driver Type Driver NRIC		Unnamed (T0017613;			Driver DOB		26/05/2020	
Register Date of Driver License			Driver Age		0	ě.		Driving Experience		1	
Contact No.(Mobile)	91892378		Contact No.(Office)		0			Contact No.(Home)		0	
Address 1	19 NIM TERRACE		Address 2		NIM COLLE	ECTION		Address 3		SINGAPORE 804369	
Address 4	CONTRACTOR OF THE PARTY OF THE		Address Type		Singapore			Post Code		804369	
Unit No.											
Does he own a Singapore	○ Yes ® No		Driver Vehicle No.					Driver Insurer Compa	TW.		
Registered car?								arrige filosoft damage	292		
Declaration											
Breathalyser or Blood Test	0 mg		Any injury?		○ Yes ⑥	No :					
Reading?											
Modification History											
Prodrication History											
Claim 001 New											
10100.000000000000000000000000000000000											
Owm Type *	OD-MX Y	1	Insured Name	3	LTM MUT P	ENG (LIN MEIPING)		Insured NRIC		S7525957C	
Contact No.(Mobile)	93396686	i	Contact No.(Home)	. 7	21177747	The same of the sa		Contact No. (Office)			
Email Address	PRETTYAHNIA@YAHDO.COM	í	DI venice Number		SMS875H			TP Vehicle Number		GBC8549S	
Claimant Type Claimant Type *	Please Select V	Í	Type of Benefit *	100	Please Sel	ect V				000000000000000000000000000000000000000	
Claimant Name +	AND THE RESERVE OF THE PARTY OF	22	Claiment NRIC +								
Claimant Address											
Claim Description	5MS875M / G8C85495 ON 30)	ui 2020						Name of Preferred Wo	erkshop		
Preferred Workshop Contact		1	Insured Liability *		Not at Fau						
No. Require Finalisation	Yes V	í	Preferered Repair O			Workshop, Name unknown	V	GIA report		Received	101
Date Registered	01/08/2020 10:49	ĥ	Claim Close Date	,000	Prenemad !	rorkanop, warne ditendent	100	Date Received		01/08/2020 00:00	- 12
Report Taken By	Jackson	í	CION BOSINGS	7.6						1203110311313131	
Print AK letter											
				S	lave Sub	mit					
Attachment											
9											
	MYCLOSOFTE		44000			001					
Accident No.	MY/1098523		Claim N			001					
Lash Doc. Received	● Yes ○ No		Upload	Dete:		01/08/2020 10:51					
	Path *				Longon	Category *		Confidential	Urgency	and the same of th	escription *
				Browse		Please Select	0		Vormai	U L	
				Browse	_	Please Select	V		Vormal	v	
				Browse	Clear	Please Select	-	No V	Vontrali	•	
				Browse	Oear	Please Select	¥	[NO V	Vormal	•	
				Browse	Gear	Please Select	¥	[10 V [1	Vormal	<u> </u>	
				Browse	Deer	Please Select	v	RE VIE	Vormal	V	

	Uploaded By/Date	Folder Date	F	e Name		9	Source	Ac
lideo List	NAC_PAYA_UBL_800601(N CES) on	ATIONAL ASSESSMENT CENTRE SERVI 01 Aug 2020 10:49	Photos		Normal		Photos 2020-8-1	
	CES) on	ATIONAL ASSESSMENT CENTRE SERVI 01 Aug 2020 10:49	Priorios		Riormali		Photos 2020-8-1	
	NAC_PAYA_UB1_800601(N CES) on	ATIONAL ASSESSMENT CENTRE SERVI 01 Aug 2020 10:49	Photos		Normal	ì	Photos 2020-8-1	
2	NAC_PAYA_UBI_800601(N CES) on	ATIONAL ASSESSMENT CENTRE SERVI 01 Aug 2020 10:49	Photos		Normal		Photos 2020-8-1	
-	NAC_PAYA_UBI_B00601(N CES) on	ATIONAL ASSESSMENT CENTRE SERVI 01 Aug 2020 10:49	Photos		Normal		Photos 2020-8-1	
3	NAC_PAYA_UB1_800601[N CES) on	ATIONAL ASSESSMENT CENTRE SERVI 01 Aug 2020 10:49	Photos		Normal		Photos 2020-8-1	
3	NAC_PAYA_UBI_800601(N CES) an	ATIONAL ASSESSMENT CENTRE SERVI 01 Aug 2020 10:49	Photos		Normal		Photos 2020-8-1	
24	NAC_PAYA_UBI_800601(N CES) on	ATIONAL ASSESSMENT CENTRE SERVI 01 Aug 2020 10:49	Photos		Normal		Photos 2020-8-1	
	NAC_PAYA_UB1_800601(N CES) on	ATIONAL ASSESSMENT CENTRE SERVI 01 Aug 2020 10:49	Photos		Normal		Photos 2020-8-1	
3	NAC_PAYA_UBI_800601(N CES) on	ATIONAL ASSESSMENT CENTRE SERVI 01 Aug 2020 10:49	Photos		Normal		Photos 2020-8-1	
	NAC_PAYA_UB1_800801(N CES) on	IATIONAL ASSESSMENT CENTRE SERVI 01 Aug 2020 10:49	Photos		Normal		Photos 2020-8-1	
21	NAC_PAYA_UBI_800601 N CES) on	IATIONAL ASSESSMENT CENTRE SERVI 01 Aug 2020 10:49	Photos		Normal		Photos 2020-8-1	
	NAC_PAYA_UBI_BODGOT(N	IATIONAL ASSESSMENT CENTRE SERVI 01 Aug 2020 10:50	Photos		Normal		Photos 2020-8-1	
	NAC_PAYA_UBI_800601 N CES) on	IATIONAL ASSESSMENT CENTRE SERVE D1 Aug 2020 10:50	Photos		Normal		Photos 2020-8-1	
	NAC_PAYA_UB1_B00G01(N CES) on	IATIONAL ASSESSMENT CENTRE SERVI 01 Aug 2020 10:50	SAS		Normai		SAS 2020-8-1	
, c	NAC_PAYA_UBI_800605(N CES) on	IATIONAL ASSESSMENT CENTRE SERVI 01 Aug 2020 10:51	NRIC/ Driving License	٧	Normal	NRIC/ I	Oriving License 2020-8-1	
	NAC_PAYA_UBI_800601(N CES) bn	ATTONAL ASSESSMENT CENTRE SERVI 01 Aug 2020 10: S1	NRIC/ Driving License	Y	Normal	NRIC/ I	Driving License 2020-8-1	
1	NAC_PAYA_URI_#00601(N CES) on	MATIONAL ASSESSMENT CENTRE SERVI 101 Aug 2020 10:51	NRIC/ Driving License	٧	Normal	NR3C/1	Driving License 2020-8-1	
1 5	NAC_PAYA_UBI_800601(A CES) or	MATIONAL ASSESSMENT CENTRE SERVI 01 Aug 2020 10:51	NRIC/ Driving License	y	Normal	MRIE/	Driving License 2020-8-1	10000
		loaded By/Date	Category	1	Urgency		Description	Msg Sent? (CD)