NATIONAL Assessment Cen	tre Services we	1 1 Jan 05 M AK			F .	
Date In: 38 72-16:00	Jeb description		Date & Time Comple	ted	Done b	ΣŽ.
Rei No: NM) INC 2008 085) AZY	SAS e-filing					
Veh No: 10173864	E-mail (within 8hr	s, AIC 2hrs)				•
D.O.A: 4/8/10- 20:15	i-Motor Claim	Form	M7 109908-00	11 7/8	12 17	20:
	i-Motor W/O (V	Within: OD 2hrs, 7	P 4brs)			
OD (TP)' Reporting Only	i-Photo Upload	ed				
1200	Assessment/Surv	ey Report				
TP Insurer:	Ass't Report by 1	Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: (1)	ANNA	. INC()/Non-INC()		
Owner / Driver: (Tel:)	*********
Policy No: ()	Period: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (WC)): N: 0-20%	%; P: 21-79%. F:	80-100%)	
Year of Registration: ())/NO()				
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()	all the state of t	GART STEELS		
LES PRODUCES DE CUE EN 19 POR MANDE SUPERING DOPPE LIBER BADORISES IN EL LARE NOTA AL SULVERNANCE NA LA CALLA DE LA CALLA DELIGIA DE LA CALLA DEL CALLA DE LA CALLA DE LA CALLA DEL CALLA DE LA CALLA DEL CALLA DE LA CALLA DEL LA CALLA DEL CALLA DE LA CALLA DE LA CALLA DE			Carrier Carrier		21000	<u> </u>
() Walk-In Customer : Customers i	nformation strictly Confi	dential & Stric	tly NO refer of repo	pirer.		
() Total Loss Case : to e-mail Ins	urer URGENTLY.		1/11			
Drive-In ()/ Towed-In (); Invo	oice: YES () / NO	(); To	wing Co: ()
Remarks:- (INC hotline: 6788 6616	Yes-1		Date&Time Comple	be	Done	by
THE PROPERTY OF THE PARTY OF TH	/ Courtesy Car ()	50800000000000000000000000000000000000				
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()			Section 1		
Injury:				CONTRACT CONTRACT	(BC) 2-60	TOTAL ASS
Date/Time / Actions			Para Carro		BOALLE.	
			-		8-	
	1					
,				254222	Anit (S)	Amil (3)
FICHCRAN STOPCORN			aration Checklist	a side to	in Bill	Add Bill
laimant's Particulars :-	1) AR : Accident P	Reporting (\$30); ssessment (\$100);	INC (\$80)		
river/Owner:	13) TF : Towing Fee	6	\$40/\$45 \$120		
	4 5	FT : Follow-The	rough Survey (Resurvey)	\$30		
ontact No:		For claiming ago TR: Re-inspect	sinst INC Only (wef 10 J	an 2005) \$75		
amaged Portion:	7	7) N1 : Idac DA +	SMRT Survey	\$160		
	3 8	OD*	nal Services:-			
C Checked by (Engr-In-Charge):		*N5: Courtesy C	Car / Tpt Allowance	\$5	-	
1, 1330	The Particular Land State of S	*N6: Repair Co *N7: Fost Repair	ordination ir Inspection	\$10 \$25		
uditors! Comments :-		+N8: DV / Colle	ect Excess Coordination	\$5 \$20		
it. 1:	+	TP (N11): TP (9) N12: Idae Mob	(Non INC) against INC	320	Comment of the last	
at 2/3;		Invalce dated	Fee C	harged harged		nation for
	17	Invoice dated	Fee C	harged	PORTAL PROPERTY.	

per 1 1 22

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.

	ACCIDENT STATEMENT
Date Of Report	05/08/2020 16:00
Date Of Accident	04/08/2020 20:15
Exact Location Of Accident	JUNC NORTH BRIDGE RD & PARLIAMENT PLACE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV7386G
Insured/Policyholder	33773003
Name Of Registered Owner	NG KIM CHWEE
NRIC No	SXXXX861G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97228080
Alternative Phone No	OFFICE-97228080
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being us time of accident	PRIVATE USE
Are you claiming under your own insurance po for repair to your vehicle?	olicy NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5118432237
Cover Note Number	
Driver	
Name of Driver	NG KIM CHWEE
NRIC No	SXXXX861G
Date Of Birth	26/06/1966
Occupation	INDOOR
Date Of Driving Pass	28/02/1985
Driving Experience	35 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97228080
Fax Number	SALE TO REAL TO SELECT SECURITY SECURIT
Contact Number	OFFICE-97228080
EMail Address	NOEMAIL
	PROPERTY AND

BLK 8B UPPER BOON KENG ROAD Address #28-524 382008 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 - CROSS JUNCTION Type Of Accident Weather Conditions CLEAR Road Surface DRY Other Information NO Was any foreign vehicle involved in this accident? Number of vehicles (including own vehicle) 2 involved in the accident YES Was any body injured in the Accident? Was any injured conveyed to hospital by NO ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1 Number of Passengers (Including Driver) **Details of Police Action** YES Was the accident reported to the police? If Yes, Please state which Police Station ROCHOR NEIGHBOURHOOD POLICE CENTRE Police Station Name ROAD: 11 KAMPONG KAPOR ROAD, POSTCODE: 208678, COUNTRY: Police Station Address SINGAPORE TEL NO: 1800-2949999 - FAX NO: 63918583 Police Station Contact Was notice of intended Prosecution given? NO If Yes, against whom? Circumstances of Accident REFER TO POLICE REPORT - T/20200805/2031. Attachment(s) YES Are accident photos available for attachment? Was there any video captured by Car Camera? YES VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons: NO Was there any audio recorded?

	DETAILS OF OTHER VEHICLE PROPERTY 1	the second second second
Vehicle Registration Number	SLA7421A	
Vehicle Make/Model/Colour		
Details Of Properties		
Vehicle Category	PRIVATE CAR	
Name of Driver		
NRIC/Passport Number		
Contact Number		
Address		
Postcode		
		Page 2 of 20

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

NG KIM CHWEE

BODY

SJV7386G

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. 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.
- 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. 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.
- 7. 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)
 - (i) 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 Name

NRIC/FIN No .:

efor to	police r	4pr4 - 7/2	220802 221.

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.:

Parliment Pl North Bridg RD AICHT ÁIR

No.

ACCIDENT STATEMENT

ACCIDENT DATE: 4 8 20)(D	DD/MM/YYYY), TIME: (2 : 15)(HH:MM)
LOCATION: JMC North BAG	ge Rd & parliameny Pla
DETAILS OF VEHICLE	
a) VEHICLE NUMBER: 50	13866
bJINSURANCE COMPANY:	11721
c)POLICY NUMBER:	NVC
	/ THIRD PARTY / THIRD PARTY FIRE &THEFT)
	: / THIRD PARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL:	
	VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE /	
h)PURPOSE OF USING AT ACCIDE	
i) ARE YOU CLAIMING UNDER YOU IF NO, PLEASE STATE (THIRD PART)	
2. INSURED / POLICY HOLDER	CLAIM / REPORTING ONLY)
ANAME: NG 14 Chwee	(MALE / FEMALE)
	CONTACT: 97228080
c)ADDRESS:	
J/NOOKEOS.	
* CONTINUE TO 3.d IF DRIVER ALSO	POLICY HOLDER
the of passanges DRIVER	or other motoric
Charles al NAME:	(MALE / FEMALE)
(Including driver) DINRIC/FIN/PASSPORT:	
() c)ADDRESS:	
1 040 Sagar and 1 1/2 Care and 1 1/2	
*d)DATE OF BIRTH: (//_)(DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTD	
f) YEARS OF DRIVING EXPRERIENCE	The second secon
	THE INSURED'S COMPANY? (YES / NO)
	RIVER WITH INSURED: OWNER
5. a) WEATHER CONDITION: (CLEAR /	RAINING / OTHERS
b) ROAD SURFACE: (DRY / WET / O'	
6. WAS ANYBODY INJURED (YES / NO)
 a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE 	
8. THIRD PARTY VEHICLE	CESTATION:
No of passinger o) VEHICLE NUMBER: SUA 747	MODEL:
b) DRIVER'S NAME	MODEL:
Inducting drivery b) DRIVER'S NAME: C) NRIC/FIN/PASSPORT:	CONTACT:
9. THIRD PARTY VEHICLE	CONTACT
	MODEL:
No of prosenger of DRIVER'S NAME	MODEL
No of passanger d) VEHICLE NUMBER:	CONTACTO
()	CONTACT.
	* * *
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1 of 4

Report No. T/20200805/2031

Police Station Of Origin: Rochor N.P.C

11 Kampong Kapor Road SINGAPORE

208678

Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 020 11:48	/lade:	Vide Report No.: Station Di 53		
Informa	nt's Partic	ulars		"在我们的现在是这种的。"	
	f Informant: CHWEE		Address: APT BLK 8B UPPER BOO SINGAPORE 382008	N KENG ROAD #28-524	
ID Type / ID No.: NRIC NO / S1755861G		61G	Contact No.: Home/Office: Mobile: 97228080		
National SINGAF	ity: PORE CITIZ	EN .	Email:		
Sex: Male	Age: 54	Date of Birth: 26/06/1966	Type of Informant: Driver		
Race: Chinese			Language: Institution / School Na Mandarin		
Occupation: MACHINE OPERATOR		TOR	Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Infor	mation of the Accident				
Type of Accident: Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 04/08/2020 20:10	Type of Location X-Junction	
Location: Junction of RepARLIAMEN' NORTH BRID Weather: Clear		Road Surface:		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate	
Type of Collis Between Mov	sion: ring Vehicles - Head On			Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJV7386G	Car	ТОУОТА	COROLLA ALTIS 1.6 AUTO	Silver	Seriously Damaged	100
SLA7421A	Car	TOYOTA		White	Slightly Damaged	0

Details of V	ehicle Insurance	Service Residual Contraction of the Service Se		CHARLES IN COLUMN
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





2 of 4

Report No. T/20200805/2031

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

Tel No: 1800-2949999

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJV7386G	NTUC Income Insurance Co-Operative Limited	5118432237	03/08/2020	07/08/2021

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No		AW I STATE OF THE			
No. of Pedestrian	ns Injured: NIL		Use of	Pedestriar	Cross	sing: NA
Driver						
Name	NG KIM CHWEE			ID No		S1755861G
Related Vehicle	SJV7386G (Car)			Conta	ct No.	97228080
Hospital/Clinic	CENTRAL 24 HR C	CLINIC (BE	DOK)	Class Drivin Licend Expiry	g	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	04/08/2020		Date D	ischarge	04/08	3/2020
No. of Days gran	ted Medical Leave	03	Degree	e of Injury	Sligh	t
Driver						
Name	LIM SIAK CHIAN			ID No	t:	S7044822Z
Related Vehicle	SLA7421A (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date D	ischarge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree	e of Injury	NIL	

Brief Details.

On 04/08/2020 at about 8.10pm. I was driving vehicle "SJV7386G" along Parliament Place. When reaching the traffic light at the junction of North Bridge Road, the light was "Green" in colour for me. As such, I continues to drive forward. However, when my vehicle was in the said junction, a vehicle "SLA7421A" appeared on my left and hit onto my vehicle. The said vehicle was travelling on the 2nd lane from the right on North Bridge Road. After the accident, both vehicle had stopped. Driver had alighted to make a check. Photo was taken for the damage portion. There was in car camera in my vehicle. Both driver spoken and agreed for insurance claim. Traffic Police and ambulance did came down to scene but I refused to be convey to hospital. However, at the later part of the day, I felt pain at my neck and back. As such, had seek medical treatment at "Central 24 HR Clinic (Bedok) and was given 3 days of medical leave. Damage to my vehicle was at the left front wheel portion and bumper.



T/20200905/2024

T/20200805/2031

3 of 4

Report No. T/20200805/2031

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

Tel No: 1800-2949999

CONTINUATION OF REPORT





4 of 4

Report No. T/20200805/2031

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999

CONTINUATION OF REPORT

02270YO/07	200-0-200	NAME OF	
Clea	tah		-
Ske	ICH		an

NP168

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: A / Sr Staff Sgt KHOO CHOON HUA	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/08/2020 11:48
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:
Authentication Stamp	

eBaoTech	331	GeneralClaim										
Hello, NAC_PAYA_UBI_800601				A STATE OF THE PARTY OF			· Change	Language	· Chan	ge Password	• Log Out	
My Desktop	Polic	cy Query									38	
Notice of Loss	Policy N Vehicle	lo. No.(For Motor)	SJV738	SJV7386G			Date of Accident Certificate Number			04/08/2020 20:15		
	Select	Palicy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Search Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5118432237		NG KIM CHWEE	S1755861G	GPC	drivo CLASSIC	SJV7386G	SJV7386G	03/08/2020	07/08/2021	
					C	ontinue						

▽ Poli	cy Information						
Policy No.	5118432237	Policyholder Name	NG KIM CH	HWEE	Policyholder NRIC	S1755861G	
No.							
Address	NIL						
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	03/08/2020	Effective Date	03/08/202	0 00:00	Expiry Date	07/08/2021 23:	59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	2578.79				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/I	nexperience Driver Excess
Agent	KHC HOLDINGS PTE LTD	Agent Tel.	62538288		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate info							
→ Policyho	older Mailing Address						
Address 1	BLK 8B #28-524	Address	2	UPPER BOON KENG	ROAD A	Address 3	KALLANG TRIVISTA
Address 4	SINGAPORE 382008	Address	Туре	Singapore address	ı	Post Code	382008
Init No.	28-524	Related Number		5118432237			
▶ Insured	Object: SJV7386G						
□ Endorse	ments						
Sequenc	e Date of Endorseme	arr w	dorsement			Status	The second secon

Continue Cancel

Claim Handling									
The premium on this policy has Accident MT/1099038	not been collected.								
	5116432237	Vehicle No.	51v71860		CCT BASINGS AND NO				
Policy No. Certificate No.	5116432237	Vehicle No.	21073990	K) 83	GST Registration No	2			
	NG KIM CHWEE				Deliver of the Party		W. 2500		
Policyholder Name Product Code	PROVATE CAR INSURANCE	Cover Type	driva CLA	cere	Policynoider NRJC Loading		S1755861G		
Contact No. (Mobile)	97228080	Contact No.(Office)	O CLA	3510	Contact No.(Home)		0		
Email Address	7720000	Special Remark			eCode		Tiev		
KPK	® No ○ Yes	TCA	® No ○	Ves	eCode Reason		110.00		
NOD Protection	Nu	NCD Entitlement(%)	0		Private Hare		Yes		
Accident Details		120%					142		
Report Date	05/08/2020 17:02	Accident Report Within 24 hrs	Yes		Accident Type		Collinor	- Cross Junction	
Date of Accident	04/08/2020	Time of Accident hnomin	20:15		Country of Acadent		Singepore		
Reporting Centre	74-34-4-	Orange Force			IOM No.		aingepore		
Accident Location	JUNC NORTH BRIDGE RO & PARLIAMENT PU				DEPT FEE.				
** Total Excess Applicable									
Excess Type	Per Accident:	Windscreen Excess		100.00					
SMM1052				10000000					
00 Standard Excess	2,000,00	TP Standard Excess		1,500.00					
YIED OD Excess	0.00	VIED TP Excess		0.00	Driver is Covered?		Covered		
Additional Excess	0								
Total OD Excess Applicable	2000.00	Total TP Excess Applicable		1,500.00					
♥ Benefits									
→ GST Registered Informa	ation								
GST Registered	No.			T Registration Date					
GST Registration No.			G5	T Status Venfied	Yes				
Modification History									
Policyholder Malling Ad	idense								
200		The same of the sa	Timere an	OF MANY BOAR	VALUE OF		20000000	Description of the second	
Address 1	BLK 8B #28-524	Address 2		ON KENG ROAD	Address 3		KALLANG TRIVISTA		
Address 4	SINGAPORE 382008	Address Type	Singapore		Post Code	Post Code 382008			
Unit No.	28-524	Related Policy Number	51184322	37					
OI Driver Info	NOT ONLY PLANET		****						
Oriver Name Unnamed driver Name	NG KIM CHWEE	Driver Type Driver NRIC	Main Driver S1755861G		Driver DOB		78.000.000		
	(Charles Index)			Lee			26/06/1966		
Register Date of Driver License		Driver Age	54		Driving Experience		35		
Contact No.(Mobile)	97228080	Contact No.(Office)	0	Lesson Control	Concact No. (Home)		0		
Address I	BFK 8B	Address 2		ON KENG ROAD	Address 3		KALLANG TRIVISTA		
Address 4	SINGAPORE 382008	Address Type	Singapore	address	Post Code		382008		
Unit No. Opes he own a Singapore	28-524								
Registered car?	U Yes ® No	Driver Vehicle No.			Driver Insurer Comp	any			
Declaration									
Breathalyser or Blood Test	0 mg	Any injury?	® ves ○	No					
Heading?		The result	0.00						
Modification History									
Claim 001 New									
	process and the second		Commence				parameter		
Claim Type *	ОD-МX	Insured Name	NG KIM O	WEE	Insured NAIC		\$1755861G \$1A7421A		
Contact No. (Mobile)		Contact No.(Home)			Contact No.(Office)				
Email Address		OI Venicle Number	SJV7386G		TP Vehicle Number				
Claimant Type Claimant Type •	provide an include the same of	Type of Benefit +	Please Sel	ect 💟					
Claimant Name *	22	Claiment NR3C *							
Claimant Address	Grand and the second and the second					osme un			
Claim Description Preferred Workshop Contact	STV7386G / SLA7421A ON 4 Aug 2020				Name of Preferred W	orkshop	-		
No.		Insured Liebility *	Not at Fau	at V			44		
Require Finalisation	Yes 🔻	Preferend Repair Option	Preferred	Workshop, Name unknown	GIA report		Received 🔻		
Date Registered	05/08/2020 17:04	Claim Cose Date			Date Received		05/08/2	020 00 00	
Report Taken By	Jackson								
Print AK letter									
			Save Sut	arret I					
Attachment			2019 200	or and a second					
nateriment.									
∀									
Accident No.	MT/1099038	Claim No.	001						
Last Doc. Received				05/08/2020 17:05					
	Pach *	Upload Date		Category *	Confidential	Urgen	cy *	Description *	
	5.50058	Browse.	Clear		10 (0.00 MO 0.00 M)	Normal	V	-200	
		Browse.		Marian Company	No.	Normal	V		
		Browse.				Normal	V		
		Browse.				Normal	v		
						Normai			
		Browse	C 18 30	Please Select	V F	sanowa Si	100		

