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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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
Date Of Report	13/08/2020 17:20
Date Of Accident	13/08/2020 08:30
Exact Location Of Accident	AYE TWDS CITY B4 LOWER DELTA EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGY8399H
Insured/Policyholder	
Name Of Registered Owner	BAN HONG LEONG
Co Reg No	5XXXX108M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96540960
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5112538696
Cover Note Number	
Driver	
Name of Driver	CHUA CHANG YUE
NRIC No	SXXXX453B
Date Of Birth	24/02/1974
Occupation	OUTDOOR
Date Of Driving Pass	03/05/1999
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96540960
Fax Number	
Contact Number	
EMail Address	NOEMAIL

472 MILTONIA CLOSE Address 768422 Postcode Was driver an employee of the Insured's Company NO OWNER 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 COLLISION - HEAD TO REAR Type Of Accident DRIZZLING Weather Conditions WET Road Surface Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident NO Was any body injured in the Accident? 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) Passenger 1 : UNKNOWN NAME: GENDER: : MALE **Details of Police Action** YES Was the accident reported to the police? If Yes, Please state which Police Station CHANGI N.P.C Police Station Name ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: Police Station Address SINGAPORE TEL NO: - FAX NO: Police Station Contact 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 NO Was there any video captured by Car Camera? NO Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1

	DETAILS OF OTHER VEHICLE I NOT EXT.	
Vehicle Registration Number	SMN8445U	
Vehicle Make/Model/Colour		
Details Of Properties		
Vehicle Category	PRIVATE CAR	
Name of Driver	GOLAM YAZDANY	
NRIC/Passport Number	SXXXX559E	
Contact Number		
Address		
	Posts	2 -4 24

Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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 Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

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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: hwy

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

2

NOTICE OF REPORTING

This is to confirm that <u>Chua Chang Yue NRIC/FIN: S7474453B</u>, residing at <u>472 Miltonia Close Singapore 768422 TEL: 96540960</u>, has reported to the Police, a non-injury traffic accident which occurred at <u>along AYE 1km before Lower Delta exit towards City on 13/08/2020</u> at <u>0830hrs</u> involving the following vehicles:

- i) SGY8399H (Complainant)
- ii) SMN8445U (Other party)
- If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/ Name of Issuing Officer: Sgt Hisyamuddin

Date: <u>13/08/2020</u> Time: <u>1515hrs</u>

Police Post/ Unit: Changi Neighbourhood Police Centre

Original - to be issued to informant Duplicate - to be submitted to Traffic Police Changi NPC No. 9 Simei Street 2 Singapore 529914 Tel: 1800-5872999

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY (ACRA)



INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Date: 28/11/2016 Business Profile (Business) of BAN HONG LEONG (53351108M) The Following Are The Brief Particulars of : Name of Business BAN HONG LEONG Former Name(s) if any Date of Change of Name Registration No. 53351108M Registration Date 28/11/2016 Commencement Date 28/11/2016 Status of Business Status Date 28/11/2016 Renewal Date Expiry Date 28/11/2019 Renewal via GIRO Constitution of Business Sole-Proprietor Principal Place of Business 472 MILTONIA CLOSE THE SHAUGHNESSY SINGAPORE (768422) Date of Change of Address **Principal Activities** PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR Activities (I) AND TRISHAWS) (49219) Description Activities (II) Description Particulars of Authorised Representative(s) Address Date of Address Nationality ID Name Appointment Source Existing Sole-Proprietor(s) / Partner(s) Address Date of Entry Address Nationality/Place of ID Name Source incorporation/Origin

Position



INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of BAN HONG LEONG (53351108M)

Date: 28/11/2016

Name	ID	Nationality/Place of	Address	Address	Date of Entry
		incorporation/Origin		Source	Position
CHUA CHANG YUE	S7474453B	MALAYSIAN	472 MILTONIA CLOSE	ACRA	28/11/2016
			THE SHAUGHNESSY SINGAPORE (768422)		Owner

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Name	ID	Nationality/Place of	Address	Address Source	Date of Entry	Date of Withdrawal
		incorporation/Origin		Course	Position	

Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

PLEASE NOTE THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS/TRANSACTIONS FILED WITH THE AUTHORITY

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES SINGAPORE

RECEIPT NO.

: ACRA161128157386

DATE

: 28/11/2016

This is computer generated. Hence no signature required.

GeneralClaim eBaoTech · Change Language · Change Password Hello, NAC_PAYA_UBI_800601 **Policy Query** My Desktop Notice of Loss 13/08/2020 16:58 Date of Accident Policy No. Certificate Number Vehicle No.(For Motor) SGY8399H Search Policyholder NRIC Vehicle No. Insured Object Commence Date Certificate Number Policyholder Name Expiry Date Product Cover Type Select Policy No. BAN HONG LEONG GPC Third Party SGY8399H SGY8399H 29/09/2019 13/09/2020 53351108M 5112538696 Continue

ACCIDENT STATEMENT

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Claim Handling Accident MT/1099841				00 800 180 80 80 81 81 90
Policy No.	5112538696	Vehicle No.	SGY8399H	GST Registrat
Certificate No.				
Policyholder Name	BAN HONG LEONG			Policyholder N
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading
Contact No. (Mobile)	96540960	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire
▽ Accident Details				
Report Date	13/08/2020 17:38	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/08/2020	Time of Accident hh:mm	08:30	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	AYE TWDS CITY B4 LOWER DELTA EXIT			
▽ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cove
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00	
▽ Benefits				
	ion			
	727		GST Registration Date	
GST Registered	No			
GST Registration No.		system changed GST Status Verified from No	GST Status Verified	Yes
GST Registration No.	13/08/2020 17:40:30 5		GST Status Verified o to Yes	
GST Registration No. Modification History	13/08/2020 17:40:30 5	Address 2	GST Status Verified to Yes THE SHAUGHNESSY	Address 3
GST Registration No. Modification History Policyholder Mailing Add	13/08/2020 17:40:30 S	Address 2 Address Type	GST Status Verified to to Yes THE SHAUGHNESSY Singapore address	
GST Registration No. Modification History Policyholder Mailing Add Address 1	13/08/2020 17:40:30 S	Address 2	GST Status Verified to Yes THE SHAUGHNESSY	Address 3
GST Registration No. Modification History Policyholder Mailing Add Address 1 Address 4	13/08/2020 17:40:30 \$ ress 472 MILTONIA CLOSE	Address 2 Address Type Related Policy Number	GST Status Verified to to Yes THE SHAUGHNESSY Singapore address 5112538696	Address 3
GST Registration No. Modification History Policyholder Mailing Add Address 1 Address 4 Unit No. OI Driver Info Driver Name	13/08/2020 17:40:30 S ress 472 MILTONIA CLOSE	Address 2 Address Type Related Policy Number Driver Type	GST Status Verified to to Yes THE SHAUGHNESSY Singapore address 5112538696 Unnamed Driver	Address 3 Post Code
GST Registration No. Modification History Policyholder Mailing Add Address 1 Address 4 Unit No. OI Driver Info Driver Name Unnamed driver Name	13/08/2020 17:40:30 S ress 472 MILTONIA CLOSE Unnamed Driver CHUA CHANG YUE	Address 2 Address Type Related Policy Number Driver Type Driver NRIC	GST Status Verified to to Yes THE SHAUGHNESSY Singapore address 5112538696 Unnamed Driver 57474453B	Address 3 Post Code Driver DOB
GST Registration No. Modification History Policyholder Mailing Add Address 1 Address 4 Unit No. OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License	13/08/2020 17:40:30 S FESS 472 MILTONIA CLOSE Unnamed Driver CHUA CHANG YUE 03/05/1999	Address 2 Address Type Related Policy Number Driver Type Driver NRIC Driver Age	GST Status Verified to to Yes THE SHAUGHNESSY Singapore address 5112538696 Unnamed Driver	Address 3 Post Code Driver DOB Driving Exper
GST Registration No. Modification History Policyholder Mailing Add Address 1 Address 4 Unit No. OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile)	13/08/2020 17:40:30 S FESS 472 MILTONIA CLOSE Unnamed Driver CHUA CHANG YUE 03/05/1999 96540960	Address 2 Address Type Related Policy Number Driver Type Driver NRIC Driver Age Contact No.(Office)	GST Status Verified to to Yes THE SHAUGHNESSY Singapore address 5112538696 Unnamed Driver \$7474453B 46	Address 3 Post Code Driver DOB
GST Registration No. Modification History Policyholder Mailing Add Address 1 Address 4 Unit No. OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1	13/08/2020 17:40:30 S FESS 472 MILTONIA CLOSE Unnamed Driver CHUA CHANG YUE 03/05/1999	Address 2 Address Type Related Policy Number Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2	GST Status Verified to to Yes THE SHAUGHNESSY Singapore address 5112538696 Unnamed Driver \$7474453B 46 # THE SHAUGHNESSY	Address 3 Post Code Driver DOB Driving Exper Contact No.()
GST Registration No. Modification History Policyholder Mailing Add Address 1 Address 4 Unit No. Pol Driver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1 Address 4	13/08/2020 17:40:30 S FESS 472 MILTONIA CLOSE Unnamed Driver CHUA CHANG YUE 03/05/1999 96540960	Address 2 Address Type Related Policy Number Driver Type Driver NRIC Driver Age Contact No.(Office)	GST Status Verified to to Yes THE SHAUGHNESSY Singapore address 5112538696 Unnamed Driver \$7474453B 46	Address 3 Post Code Driver DOB Driving Exper Contact No.() Address 3
Address 1 Address 4 Unit No. OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1	13/08/2020 17:40:30 S FESS 472 MILTONIA CLOSE Unnamed Driver CHUA CHANG YUE 03/05/1999 96540960	Address 2 Address Type Related Policy Number Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2	GST Status Verified to to Yes THE SHAUGHNESSY Singapore address 5112538696 Unnamed Driver \$7474453B 46 # THE SHAUGHNESSY	Address 3 Post Code Driver DOB Driving Exper Contact No.() Address 3
GST Registration No. Modification History Policyholder Mailing Add Address 1 Address 4 Unit No. OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No. (Mobile) Address 1 Address 4 Unit No. Does he own a Singapore	13/08/2020 17:40:30 5 FESS 472 MILTONIA CLOSE Unnamed Driver CHUA CHANG YUE 03/05/1999 96540960 472 MILTONIA CLOSE	Address 2 Address Type Related Policy Number Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type	GST Status Verified to to Yes THE SHAUGHNESSY Singapore address 5112538696 Unnamed Driver \$7474453B 46 # THE SHAUGHNESSY	Address 3 Post Code Driver DOB Driving Exper Contact No.() Address 3 Post Code
GST Registration No. Modification History Policyholder Mailing Add Address 1 Address 4 Unit No. OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car?	13/08/2020 17:40:30 5 FESS 472 MILTONIA CLOSE Unnamed Driver CHUA CHANG YUE 03/05/1999 96540960 472 MILTONIA CLOSE	Address 2 Address Type Related Policy Number Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type	GST Status Verified to to Yes THE SHAUGHNESSY Singapore address 5112538696 Unnamed Driver \$7474453B 46 # THE SHAUGHNESSY	Address 3 Post Code Driver DOB Driving Exper Contact No.(I Address 3 Post Code
GST Registration No. Modification History Policyholder Mailing Add Address 1 Address 4 Unit No. OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No. (Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	13/08/2020 17:40:30 S ress 472 MILTONIA CLOSE Unnamed Driver CHUA CHANG YUE 03/05/1999 96540960 472 MILTONIA CLOSE Yes No	Address 2 Address Type Related Policy Number Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type Driver Vehicle No.	GST Status Verified to to Yes THE SHAUGHNESSY Singapore address 5112538696 Unnamed Driver \$7474453B 46 # THE SHAUGHNESSY Singapore address	Address 3 Post Code Driver DOB Driving Exper Contact No.(() Address 3 Post Code
GST Registration No. Modification History Policyholder Mailing Add Address 1 Address 4 Unit No. OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	13/08/2020 17:40:30 S ress 472 MILTONIA CLOSE Unnamed Driver CHUA CHANG YUE 03/05/1999 96540960 472 MILTONIA CLOSE Yes No	Address 2 Address Type Related Policy Number Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type Driver Vehicle No.	GST Status Verified to to Yes THE SHAUGHNESSY Singapore address 5112538696 Unnamed Driver \$7474453B 46 # THE SHAUGHNESSY Singapore address	Address 3 Post Code Driver DOB Driving Exper Contact No.(I Address 3 Post Code
GST Registration No. Modification History Policyholder Mailing Add Address 1 Address 4 Unit No. OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New	13/08/2020 17:40:30 S ress 472 MILTONIA CLOSE Unnamed Driver CHUA CHANG YUE 03/05/1999 96540960 472 MILTONIA CLOSE Yes No	Address 2 Address Type Related Policy Number Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type Driver Vehicle No.	GST Status Verified to to Yes THE SHAUGHNESSY Singapore address 5112538696 Unnamed Driver \$7474453B 46 # THE SHAUGHNESSY Singapore address	Address 3 Post Code Driver DOB Driving Exper Contact No.() Address 3 Post Code Driver Insure
GST Registration No. Modification History Policyholder Mailing Add Address 1 Address 4 Unit No. OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	13/08/2020 17:40:30 S ress 472 MILTONIA CLOSE Unnamed Driver CHUA CHANG YUE 03/05/1999 96540960 472 MILTONIA CLOSE Yes No	Address 2 Address Type Related Policy Number Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type Driver Vehicle No.	GST Status Verified to to Yes THE SHAUGHNESSY Singapore address 5112538696 Unnamed Driver \$7474453B 46 # THE SHAUGHNESSY Singapore address Yes No	Address 3 Post Code Driver DOB Driving Exper Contact No.() Address 3 Post Code Driver Insured Name Contact
GST Registration No. Modification History Policyholder Mailing Add Address 1 Address 4 Unit No. OI Driver Info Driver Name Unnamed driver Name Register Date of Driver License Contact No. (Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New	13/08/2020 17:40:30 S ress 472 MILTONIA CLOSE Unnamed Driver CHUA CHANG YUE 03/05/1999 96540960 472 MILTONIA CLOSE Yes No	Address 2 Address Type Related Policy Number Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type Driver Vehicle No.	GST Status Verified to to Yes THE SHAUGHNESSY Singapore address 5112538696 Unnamed Driver \$7474453B 46 # THE SHAUGHNESSY Singapore address Yes No	Address 3 Post Code Driver DOB Driving Exper Contact No.(I Address 3 Post Code Driver Insure

SGY8399H / SMN8445U ON 13 Aug 2020 Claim Description Preferred Workshop, Name unknown
Option

Insured Liability
Fully at Fault
Preferred Workshop, Name unknown Preferred Workshop Bodukt No. Finalisation Yes GIA Received Claim Close Date 13/08/2020 17:41 Date Registered

Print AK letter

Report Taken By

LIEW SHAN HUI

Save Submit

