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	i-Motor W/O (Wi	thin: OD 2hrs, TP 4hrs)		
OD : TP-! Reporting Only	i-Photo Uploade	d		
	Assessment/Surve	y Report		
TP Insurer:	Ass't Report by Fr	ax / Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: A7	VGB.	INC()/Non-INC	()	
Owner / Driver: (Tel:		
	Period: () Cover Type: (
Confirmed by : (L	Date: Time		,
	[Note-Est. Status (WO): N: 0-20%; P: 21-79%	6. P: 80-100%	1
Year of Registration: ()	Warranty: YES ()	/NO()		
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT
Date Of Report	14/08/2020 14:48
Date Of Accident	14/08/2020 06:25
Exact Location Of Accident	787 MOUNTBATTEN RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMR1625S
Insured/Policyholder	
Name Of Registered Owner	CLARENCE LEE YEW HIANG
NRIC No	SXXXX358D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91169953
Alternative Phone No	OFFICE-91169953
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS ELEGANCE AUTO
Exact Purpose for which vehicle was being used time of accident	d at PRIVATE USE
Are you claiming under your own insurance polifor repair to your vehicle?	cy 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5116528249
Cover Note Number	
Driver	
Name of Driver	CLARENCE LEE YEW HIANG
NRIC No	SXXXX358D
Date Of Birth	16/10/1969
Occupation	INDOOR
Date Of Driving Pass	08/04/2002
Driving Experience	18 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91169953
Fax Number	
Contact Number	OFFICE-91169953
EMail Address	NOEMAIL

BLK 107 JALAN RAJAH Address #08-104 Postcode 320107 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 Type Of Accident COLLISION - HEAD TO REAR 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 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) 1 **Details of Police Action** Was the accident reported to the police? YES If Yes, Please state which Police Station TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address SINGAPORE TEL NO: 65470000 - FAX NO: Police Station Contact NO Was notice of intended Prosecution given? If Yes, against whom? Circumstances of Accident REFER TO POLICE REPORT - T/20200814/2041. Attachment(s) Are accident photos available for attachment? YES YES Was there any video captured by Car Camera? Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER Was there any audio recorded? NO

photon suniversity in the party	DETAILS OF OTHER VEHICLE PROPERTY 1						
Vehicle Registration Number	AT46B						
Vehicle Make/Model/Colour							
Details Of Properties							
Vehicle Category	MOTORCYCLE						
Name of Driver							
NRIC/Passport Number							
Contact Number							
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

Date & Time:

Driver's Signature

(If driver is not the policyholder)

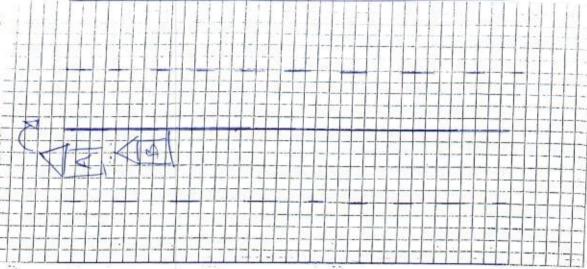
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

A -SMR16258S B - AT46B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

RESPONDE WERE MERIDIN
AT THE STATED DATE AND TIME, I WAS DRIVING ALONG MUNT BATTER ROAD IN MY VEHICLE BEARING NUMBER SMRIBTS. I CAME TO A 107A1 3TOP LOOKING OF FOR TRAFFIC AS I WAS PREPARATE TO MAKE A LEGAL U TURN WHEN ALL OF A SUPPEN, A MOTUR BIKE BEARING VEHICLE NUMBER ATHEB REAR ENDED MY VEHICLE FROM THE BACK CAUSING AN ACCIDENT. AFTER WHICH LETE I GUT DOWN FROM MY VEHICLE AND ASK BIKE RIDER TO EXCHANGE PAPTICULAR AND AISO CONTACT BUT RIDER REFUSED. 7RAFFIC POLICE AND ALSO AMBULANCE WERE CALL IN AND

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 .:

attent standardarteam was

Date of Accident	14
	: 100 2010 Accident Time: 6.26 (24-HR-Format)
Accident Place	: 787 MOUNT BATTEN RUAD
Vehicle Reg. No. (Car Plate No.)	:_ SMR 16253
Vehicle Make/Model	: TOYOTA ACTIS 1-6A
bisurance Company	: NTUC Policy No. 5116528249
Owner or Company Name /IC No.	: CHARENCE LEE YEW HIANG
Owner or Company Contact No.	Owner's Hp 9169973 Company Tel
DRIVER'S Name / IC No.	<u> </u>
DRIVER'S Date Of Birth	: 16 10/1969 DRIVER'S License Pass Date 08/9001/2002
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	: CLEAR & DRY \RAINING & WET \AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Dr	iver): 01 MALE
Was there any video Captured by car Exact purpose for which vehicle was	camera: YES\NO being used at the time of accident: Private use \ Work purpose
Other Pr	arty Driver's Particular (if any)
Vehicle Reg. No: M 46B	Vehicle Reg. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver;	
Driver's Contact & Add:	Driver's Contact & Add:





Date of Expiry:

1 of 3

Report No. T/20200814/2041

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:

Chinese Occupation:

TECHNICIAN

	ne Report I 020 13:19	Made:	Vide Report No.: G/20200814/0057	Station Diary No.:			
Informa	nt's Partic	ulars		No. 461 Burger Burger Brook W. Chief			
Name of Informant: CLARENCE LEE YEW HIANG			Address: APT BLK 107 JALAN RAJAH #08-104 RAJAH COURT SINGAPORE 320107				
ID Type / ID No.: NRIC NO / S6935358D			Contact No.: Home/Office: Mobile: 91169953				
Nationality: SINGAPORE CITIZEN			Email:				
Sex: Male	Age: 50	Date of Birth: 16/10/1969	Type of Informant: Driver				
Race:			Language:	Institution / School Name:			

Driving Licence Information:

Class: 3

Vide Report No.:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/08/2020 06:25	Type of Locatio		
Location: MOUNTBATT Weather: Clear	EN ROAD	Road Surface:	F	Road Speed Limit:		
Traffic Flow:		Traffic Control:		raffic Volume: No Traffic		
Type of Collis Between Mov	ion: ing Vehicles - Head To R	ear		Anyone conveyed by ambulance:		

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
AT46B	Motorcycle	PIAGGIO	VESPA SPRINT SPORT 150 ABS	Grey		0		
SMR1625S	Car	ТОУОТА	COROLLA ALTIS ELEGANCE AUTO	Silver		0		





2 of 3

Report No. T/20200814/2041

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance								
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date				
SMR1625S	NTUC Income Insurance Co-Operative Limited	5116528249	13/03/2020	12/03/2021				

Details of Person						En bled to a remove WAS to a least
No. of Pedestrian			Use of Ped	lestriar	Cross	ing: NA
Driver	AND SHIP OF	With the latest		SALES!		· 图图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 ·
Name	CLARENCE LEE YE	W HIANG		ID No		S6935358D
Related Vehicle	SMR1625S (Car)		Contact No.		91169953	
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disch		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME & LOCATION.

I WAS HEADING TO PICK UP ANOTHER PASSENGER, WHILE I WAS MAKING A U TURN. A SCOOTER HIT THE REAR OF MY VEHICLE, I STOPPED MY VEHICLE AND GOT OUT. I WENT TO HELP HIM UP AND HELP PUSH HIS SCOOTER TO THE SIDE OF THE ROAD. I THEN PROCEED TO MOVE MY VEHICLE TO THE SIDE ALSO. THEN I GOT OUT OF MY VEHICLE AND STARTED TALKING TO HIM. HE MENTIONED THAT HE IS GOING TO CALL HIS NTUC INSURANCE COMPANY PEOPLE TO COME DOWN BUT DUE TO COVID SITUATION THEY WERE NOT ABLE TO. HENCE HE DECIDE TO CALL THE POLICE WITHOUT INFORMING ME ANYTHING. THEN I ASKED TO EXCHANGE PARTICULARS BUT HE IS UNWILLING TO EXCHANGE PARTICULARS WITH ME.

AMBULANCE ARRIVED FIRST FOLLOWED BY TRAFFIC POLICE I WITNESS THE RIDER GOT CONVEYED BY THE AMBULANCE. TRAFFIC POLICE TOOK MY STATEMENT AND THE PASSENGER THAT I AM GOING TO PICK UP WITNESSED THE WHOLE INCIDENT AND AGREED TO BE THE WITNESS FOR THIS ACCIDENT. TRAFFIC POLICE ADVISED ME TO LODGE A POLICE REPORT. I AGREED AND DROVE BACK HOME.

THAT IS ALL.





3 of 3

Report No. T/20200814/2041

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

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: TP / WINSTON KOH WEN ZHONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/08/2020 13:19
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NG BEIFENG	Classification Of Case:
Contact No.: 65476415 Authentication Stamp NP168	SINGAPORE POLICE FORCE Signature:



Certificate of Insurance

Cover : drivo CLASSIC

: CLARENCE LEE YEW HIANG

: MR053REH604582275

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5116528249

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

4. Expiry Date of insurance

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

: SMR1625S

: 13 Mar 2020

: 12 Mar 2021

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)
 Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : \$\$2,000

EXCESS (SECTION 2) : \$\$1,500

WINDSCREEN EXCESS : \$\$100

ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO
INSURE WITH COE : YES
NCD PROTECTION : YES (FREE)
TRANSPORT ALLOWANCE : YES
EXCESS WAIVER : NO

PRIMARY DRIVER : CLARENCE LEE YEW HIANG

NAMED DRIVER (1) : N/A
NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : S9 CAPITAL PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: HUA YANG CREDIT PTE LTD (00000613824)

Date of Issue

: 10 Mar 2020 14:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

HUA YANG CREDIT PTE LTD 158 SIN MING ROAD #04-04 AMTECH BUILDING SINGAPORE 578625 TEL: 64585111 PAX: 64595111 ACRA: 188404112G

eBao Tech	General C						lClaim				
Hello, NAC_PAYA_UBI_80	0601				CONTRACTOR CONTRACTOR	CONTRACTOR OF THE PARTY OF THE	• Chang	je Languag	e • Chan	ge Password	+ Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	lo.				Date of Accident			14/08/2020 06:25		
	Vehicle	Vehicle No.(For Motor)		MR1625S		Certificate Number					
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5116528249		CLARENCE LEE YEW HIANG	S6935358D	GPC	drivo CLASSIC	SMR16255	SMR1625S	13/03/2020	12/03/2021
						Continue	1				

Policy No.	5116528249	Policyholder	CLADENCE	EE YEW HIANG	Policyholder	S6935358D		
Charles and	2110250543	Name	CLARCINCE D	EE TEW HIANG	NRIC	309333300		
Certificate No.								
Address	BLK 107 #08-104 JALAN RAJA	H SINGAPORE 3	20107					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy issue Date	10/03/2020	Effective Date	13/03/2020	00:00	Expiry Date	12/03/2021 2	3:59	
Excess Type	Per Accident	All Claims Excess						
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100		
Additional Excess	0	OS Premium	0					
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	g/Inexperience Driver Excess	
Agent	HUA YANG CREDIT PTE LTD	Agent Tel.	64585111		GST Flag	Υ		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
Policyh	older Mailing Address							
Address 1	BLK 107 #08-104	Addre	ss 2	JALAN RAJAH		Address 3	SINGAPORE 320107	
Address 4		Addre	ss Type	Singapore address		Post Code	320107	
Unit No.		Relate Numb	d Policy er	5116528249				
▶ Insured	d Object: SMR16255							
▽ Endors	ements							
Sequen	ce Date of Endorseme	nt	Endorsement	Type	Endorsement	Status	Endorsement Content	

Claim Handling										
Accident MT/1099942										
Policy No.	5116528249	Vehicle No.		5MR16255		- 5	GST Registration N	D.		
Certificate No.							000/45/2005/00/100			
Policyholder Name	CLARENCE LEE YEW HIANG					9	Policyholder NRJC		5597	5358D
Product Code	PRIVATE CAR INSURANCE	Cover Type		drivo CLAS	810		Loading			20000
Contact No.(Mobile)	91169953		Contact No. (Office)			Contact No.(Home)			0	
Email Address	31103333		Special Remark				eCode			7
KPK	® No ○ Yes	TCA		® No. ○Y	er.		eCode Reason		11110	
NCD Protection	Yes	NCD Entitlement(1	64	50			Private Hire		ves	
	71		76	-		8	rivate rise		162	
Report Date	14/08/2020 15:02	Accident Report W	INN M NO	Yes		50	Societare Tuna		Calle	on - Head to Rear
							Accident Type			
Date of Accident	14/08/2020	Time of Accident h	h:mm	96:25			Country of Accident	9	Singa	pare
Reporting Centre		Orange Force				22	ICM No.			
Accident Location	787 MOUNTBATTEN RD									
▼ Total Excess Applicable	100 mm									
Excess Type	Per Accident	Windscreen Excess			100.00					
CONTRACTOR OF THE PARTY OF THE		526								
DO Standard Excess	2,000.00	TP Standard Exces			1,500.00					
VIED OD Excess	0.00	VIED TP Excess		0.00		3	Driver is Covered?		Covered	
Additional Excess	0	200 (200 (100)								
Total OD Excess Applicable	2000.00	Total TP Escess Ap	pidable		1,500.00					
▽ Benefits										
Coverage Transport Allowance					n Insured 999999.99					
A STATE OF THE PARTY OF THE PAR	atton			995	72.7727.77					
→ GST Registered Inform GST Registered				1000						
GST Registration No.	No				Registration Data Status Verified		Yes			
Modification History				300	Souther Territor		,,,,,,			
ALERT AND DESIGN										
→ Policyholder Mailing Ac	Idress									
Address 1	BLK 107 #08-104	Address 2		IALAN RAU	u-i		Address 3		SING	APORE 320107
Address 4		Address Type		Singapore address			Post Code		320107	
Linet No.		Related Policy Nur		511652824			rust code		3200	2F. II
□ OI Driver Info		Mented Policy Nutr	ibar	311025054	(M.)					
Driver Name	CLARENCE LEE YEW HIANG	Driver Type		Main Driver						
Unnamed driver Name	CLARENCE LEE TEN HIANG	Driver NRIC		S69353580		33	Driver DOS		16/10	Y1989
	1107321									8,1303
Register Date of Driver License		Driver Age		50			Orlving Experience		18	
Contact No.(Mobile)	91169953	Contact No. (Office)		0			Contact No.(Home)		0	
Address 1	BLK 107	Address 2		JALAN RAJ			Address 3			APORE 320107
Address 4		Address Type		Singapore a	ddress	. 0	Post Code		32010	27
Unit No.	08-104									
Does he own a Singapore Registered car?	ed car? Yes ® No		Driver Vehicle No.				Oriver Insurer Comp	peny		
Declaration										
Breathalyser or Slood Test Reading?	0 mg	Any inpury?		○ Yes ® P	60					
Modification History										
Claim 001 New										
									(minute)	
Claim Type +	00-MX V	Insured Name		and the second second	LEE YEW HIANG		rsured NRIC		\$6935	5358D
Contact No. (Mobile)	91169953	Contact No.[Home]		67557916 SMR16255			Contact No. (Office)		-	
Email Address Claimant Type Claimant Type *	oselseysw@hotmail.com Please Select	DI Vehicle Number Type of Benefit *	10	Please Sele	et 🗸		IP Vehicle Number		AT466	
Claimant Name *		Claimant NRIC *	18	pricese Sen						
	>>	California result.								
Claimant Address										
Claim Description Preferred Workshop Contact	SMR16255 / AT468 ON 14 Aug 2020	32975 CATHERONIE				- 1	vame of Preferred V	Workshop		
No.		Insured Liability *		Not at Faul	· •					
Require Finalisation	Yes	Preferent Repair D	Option	Preferred V	Yorkshop, Name unknown	V 9	SIA report		Recei	ved 🔍
Date Registered	14/08/2020 15:03	Claim Clase Date					ate Received		14/08	/2020 00:00
Report Taken By	Jackson									
Print AK letter										
					and a					
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Attachment										
Silemen	Wilderson	30,757.00			227					
Academ No.	MT/1099942	Claim (100					
Last Doc. Received	● Yes ○ No	Upload	Date		14/08/2020 15:04					
1247	Path *				Category *	17171100	Confidential	Urgeno	y .	Oescription *
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