	re Services			r	one by	1
Date In: 2 8 22-12/15	Jeb description		Date & Time Completed		ZONO O,	
Ref No: Hallychoogywhy	SAS e-filing			-		
Veh No: 68433872	E-mail (within Shr	s, AIC 2hrs)				•
D.O.A: DIMY-07:00	i-Motor Claim	Form	m1110087 -001	2019	D WY	6
	i-Motor W/O (Within: OD 2hrs,	TP 4hrs)			
OD : TP Reporting Only	i-Photo Upload	led	1			
	Assessment/Surv	ey Report		ļ		
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp	<u></u>	-	
Preferred Wksp / INC Assign Wksp / QW: (He ACA	Tel:	Fax:		
TP Particulars: Veh No: (4)	92984 .	. INC()/Non-INC()			
Owner / Driver: (Tel:)	
	Period: ()	Cover Type: (<u>, </u>	
G. Governat house (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (W	O): N; 0-20	%; P: 21-79%. F: S	0-100%]		
Year of Registration: ()	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1	1,000 ()/\$2,000 ()		* *****		
DATES. (4				AS 12.09	100	
General Remarks:- () Walk-In Customer: Customer's in	oformation strictly Con	fidential & St	rictly NO refer of repair	er.		
() Walk-In Customer : Customer's in	IDCENTI V					.012
() Total Loss Case : to e-mail Ins	ice: YES () / N	O():T	owing Co: (18)
Drive-In ()/ Towed-In (); Invo	nice: YES () / No	0 (),,	3-1	78 17 7 7 6 8 F	Done by	,
Remarks:- (INC hotline: 6788 6616) } _		Date&Time Complete		(DORO,)	,
	/ Courtesy Car ()				
2) QC Check / Post Repair Inspection	()			_		
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()			4	076
150 MK - 2 - 3 - 3				-		
Injury:			7 7 7		CANE.	COLES.
					ETTER DANKE	
	9					
		99.000			Cocky 8.P.	
					O.C. S.E.	
					Const.	
Date/Time Actions	1				Anit (S)	Amt (3)
Date/Time Actions	1	Invoice Pr	eparation Checklist		Anit (S)	Amt (3)
Date/Time Actions	1	Invoice Pr	eparation Checklist.	NC (\$80)	33. 38. 259.	
Date/Time Actions	1	Invoice Pr 1) AR: Accide 2) DA: Darray 3) TF: Towing	eparation Checklist. nt Reporting (\$30); c Assessment (\$100); If	C (\$80) \$40/\$45	33. 38. 259.	
Date/Time Actions JA1224348 Claimant's Particulars:	1	Invoice Pr 1) AR: Accide 2) DA: Dame; 3) TF: Towing	eparation Checklist. IntReporting (\$30); In Assessment (\$100); Fee Through Survey	NC (\$80)	33. 38. 259.	
Date/Time Actions NA122 4348 Claimant's Particulars:- Oriver/Owner:		Invoice Pr 1) AR: Accide 2) DA: Darray 3) TF: Towing 4) FT: Follow 5) FT: Fullow For claiming	eparation Checklist; at Reporting (\$30); c Assessment (\$100); Fee Through Survey Through Survey (Resurvey); against INC Only (wef 10 Ja	CC (\$80) \$40/\$45 \$120 \$30 n 2005)	33. 38. 259.	
Date/Time Actions JA123 4348 Elaimant's Particulars:- Oriver/Owner:	1	Invoice Pr 1) AR: Accide 2) DA: Darray 3) TF: Towing 4) FT: Follow 5) FT: Fullow For claiming 6) TR: Re-ins	cparation Checklist; nt Reporting (\$30); to Assessment (\$100); In Fee Through Survey Through Survey (Resurvey) to against INC Only (wef 10 Jagection	NC (\$80) \$40/\$45 \$120 \$30	33. 38. 259.	
Date/Time Actions JA123 4348 Elaimant's Particulars:- Oriver/Owner:		Invoice Pr 1) AR: Accide 2) DA: Darray 3) TF: Towing 4) FT: Follow 5) FT: Fullow For claiming 6) TR: Re-ins 7) N1: Idae D	cparation Checklist; nt Reporting (\$30); to Assessment (\$100); In Fee Through Survey Through Survey (Resurvey) to against INC Only (wef 10 Jagection A + SMRT Survey	NC (580) \$40/\$45 \$120 \$30 n 2005) \$75	33. 38. 259.	
Date/Time Actions NATAN M348 Claimant's Particulars:- Oriver/Owner: Contact No: Damaged Portion:	1	Invoice Pr 1) AR: Accide 2) DA: Darney 3) TF: Towing 4) FT: Follow 5) FT: Follow For cleimin 6) TR: Re-ins 7) N1: Idae D 8) NTUC Add OD*	cparation Checklist. nt Reporting (\$30); c Assessment (\$100); In Fee Through Survey Through Survey (Resurvey) c against INC Only (wef 10 Jacobion A + SMRT Survey itional Services.	NC (580) \$40/\$45 \$120 \$30 n 2005) \$75	33. 38. 259.	100 mg
Date/Time Actions NA123 4348 Claimant's Particulars:- Oriver/Owner: Contact No: Damaged Portion:		Invoice Pr 1) AR: Accide 2) DA: Darney 3) TF: Towing 4) FT: Follow 5) FT: Follow For cleimin 6) TR: Re-ins 7) N1: Idae D 8) NTUC Add OD* *N5: Court *N6: Repai	cparation Checklist. Int Reporting (\$30); In Assessment (\$100); In Fee Through Survey Through Survey (Resurvey) It against INC Only (wef 10 Jacobion A + SMRT Survey Itional Services: Say Car / Tpt Allowance If Co-ordination	NC (\$80) \$40/\$45 \$120 \$30 n 2005) \$75 \$160	33. 38. 259.	
Date/Time Actions UA123 4348 Claimant's Particulars:- Oriver/Owner: Contact No: Damaged Portion: OC Checked by (Engr-In-Charge):		Invoice Pr 1) AR: Accide 2) DA: Darney 3) TF: Towing 4) FT: Follow 5) FT: Follow For cleimin 6) TR: Re-ins 7) N1: Idao D 8) NTUC Add OD: *N6: Repair *N6: Repair	eparation Checklist. Int Reporting (\$30); In Assessment (\$100); In Fee Through Survey (Resurvey) It against INC Only (wef 10 Jacobion A + SMRT Survey Itional Services: Interpretation Interpretation	NC (\$80) \$40/\$45 \$120 \$30 n 2005) \$75 \$160	33. 38. 259.	
Date/Time Actions UA122 4348 Claimant's Particulars:- Oriver/Owner: Contact No: Damaged Portion: OC Checked by (Engr-In-Charge):		Invoice Pr 1) AR: Accide 2) DA: Darney 3) TF: Towing 4) FT: Follow 5) FT: Follow For cleimin 6) TR: Re-ins 7) N1: Idae D 8) NTUC Add OD: *N5: Court *N6: Repa *N7: Fost I *N8: DV /	eparation Checklist. Int Reporting (\$30); In Assessment (\$100); In Fee Through Survey Through Survey (Resurvey) It against INC Only (wef 10 Jacobion A + SMRT Survey Itional Services: It Co-ordination Repair Inspection Collect Excess Coordination	NC (\$80) \$40/\$45 \$120 \$30 n 2005) \$75 \$160 \$35 \$10 \$25 \$3	fit Bill	
Date/Time Actions		Invoice Pr 1) AR: Accide 2) DA: Darney 3) TF: Towing 4) FT: Follow 5) FT: Follow For cleimin 6) TR: Re-ins 7) N1: Idae D 8) NTUC Add OD: *N5: Court *N6: Repa *N7: Fost I *N8: DV /	eparation Checklist. IntReporting (\$30); to Assessment (\$100); In Fee Through Survey (Resurvey) against INC Only (wef 10 Jacobion A + SMRT Survey itional Services. to Co-ordination tepair Inspection Collect Excess Coordination TP (Non INC) against INC Mobile	SC (\$80) \$40/\$45 \$120 \$30 \$2005) \$75 \$160 \$510 \$25 \$3 \$20 30	fit Bill	

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	20/08/2020 12:15
Date Of Accident	20/08/2020 07:00
Exact Location Of Accident	UPP SERANGOON RD
Country/State of Loss	SINGAPORE
provide the contract of the co	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH3387Z
Insured/Policyholder	
Name Of Registered Owner	EMAC PTE LTD
Co Reg No	1XXXXX873G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96624565
Alternative Phone No	OFFICE-96624565
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA 150 5MT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108405880-01
Cover Note Number	
Driver	
Name of Driver	CHIA KIAT NYIK
NRIC No	SXXXX338B
Date Of Birth	19/10/1955
Occupation	OUTDOOR
Date Of Driving Pass	25/09/1981
Driving Experience	38 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97252086
Fax Number	
Contact Number	OFFICE-97252086
EMail Address	NOEMAIL

BLK 83 MACPHERSON LANE Address #10-247 360083 Postcode Was driver an employee of the Insured's Company YES 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 - CHANGE/CROSS LANE Type Of Accident 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? Was any other material or property damaged? YES 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? 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) YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO Was there any audio recorded? NO

Vehicle Registration Number Vehicle Make/Model/Colour KIA **Details Of Properties** PRIVATE CAR Vehicle Category TAN LEE SIM ANNIE Name of Driver SXXXX981I

96269033

SLP9098H

DETAILS OF OTHER VEHICLE PROPERTY 1

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.
- 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.
- 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

Strate Chapterford and One

Date & Time:

Driver's Signature

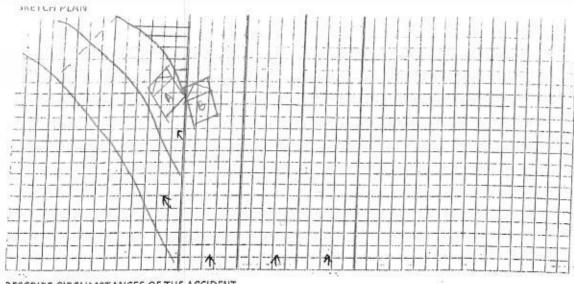
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

HRIC/FIN No .:

venrcie A: GBH33872 venicle B: SLP9698H



on the stated time and date,
I was driving on my vehicle bearing carplate number GBH 33872,
upon reaching the slip road, I was waiting for the traffic to
clear before proceeding ahead. Suddenly I felt an impact from
the rear right side.
I alignted to realise vehicle B was trying to cut into the
susp road via the chevron and should have misjudged hence
ausing the collision.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

Driver's Signature (If thiver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

attential adults done or a

Date of Accident	20 09 2020 Accident Time: 70M (24-HR-Format)
Accident Place	: Upper Serangoon.
Vehicle Reg. No. (Car Plate No.)	- GBH 33872
Vehicle Make/Model	Toyota Dyna
Insurance Company	NTUC. Policy No.
Owner or Company Name /IC No.	EMAC PTE LTD .
Owner or Company Contact No.	: 96624565 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: (hia klat Nyik.
DRIVER'S Date Of Birth	: 19 10 2020 - DRIVER'S License Pass Date 28 April 1995
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address	: Bik 93 Mapherson (ane \$10-247.
DRIVER'S Contact No./ Alt No.	:1) 9725786 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 I	Driver): 1.
Was there any video Captured by a Exact purpose for which vehicle w	ar camera: YES VNO as being used at the time of accident: Private use \ Work purpose
	Party Driver's Particular (if any)
Vehicle Reg. No: SLP 9098H	Vehicle Reg. No:
Vehicle Make\Model: Ma.	Vehicle Make\Model:
Name Driver: TON LOO SIN ANNI	R - Name Driver:
IC No. Driver: 56906981 I	IC No. Driver:
Driver's Contact & Add: 96269	Driver's Contact & Add:

4 A



Certificate of Insurance

	E AND COMPENSATION	OND ACT ICUA	0750 1001
MOTOR VEHICLES (THIRD PARTY RISK			
MOTOR VEHICLES (THIRD PARTY RISK		JN) KULES, 15	160
ROAD TRANSPORT ACT, 1987 (MALAY			
MOTOR VEHICLES (THIRD PARTY RISK	S) RULES, 1959 (MAL)		
Certificate Number: 5108405880		Cove	r : Comprehensive
 Index mark and Registration Num! 	per of Vehicle	: GBH	3387Z
Chassis Number		: JTFA	T35Y10K210274
Name of Policyholder		: EMA	C PTE LTD
Effective Date of Insurance		: 25 Ap	or 2019
Expiry Date of Insurance		: 24 Ap	or 2020
5. Persons or Classes of Persons enti	tled to drive#		
(a) The Policyholder.			
(b) Any other person who is driving			
			the licensing or other laws or regulations to drive
			ed by order of a Court of Law or by reason of any
enactment or regulation in the	at benan from onving	g tile iviotor v	emcie.
6. Limitations as to Use#		l la cassactio	n with the Policyholder's business or profession.
(b) Use for the carriage of passen			
	gers or goods in conf	nection with t	ne Policyholder's business.
This Policy does not cover			
(a) Use for hire or reward.			
(b) Use for racing, pace-making, r			7 1 2 2 2 2 2
(c) Use whilst drawing a trailer ex	cept the towing of ar	ny one disable	ed mechanically propelled vehicle.
H 11 H 11 1 11	ing by Continue Bufah	a Matau Walai	icle (Third Party Risks and Compensation)
			7 (Malaysia), are not to be included under these
headings.	22 01 110 11000 11011		· V
EXCESS (SECTION 1)	: S\$600		
EXCESS (SECTION 2)	: N/A		
WINDSCREEN EXCESS	: S\$100		
INSURE WITH COE	: YES		
HIRE PURCHASE COMPANY	: N/A		
SUM INSURED	: MARKET VALUE	OF INSURED	VEHICLE AT TIME OF LOSS
= 0	A CONTRACTOR OF THE CONTRACTOR		11
			ued in accordance with the provisions of the Moto
Vehicles (Third Party Risks and Compe	nsation) Act (Chapter	r 189) and Par	rt IV of the Road Transport Act, 1987 (Malaysia)
	INCC DE LEO (0000)	2642024)	
	INGS PTE LTD (00000	0613934)	
Date of Issue : 28 Mar 20	19 12:23 hrs		**
		Fo	NTUC INCOME INSURANCE CO-OPERATIVE LIMIT
	1	(0	f constitution
7.	/	-5	\sim
May have	PTE L	111	(m
110	Provisional Section	923,00	
12 Page 12 Pag	15 UN 15 15 16 16 1		
Countersigned By:	6		
Aut	horised Officer		Chief Executive

eBao Tech										Genera	IClaim
Hello, NAC_PAYA_UBI_800	601				- CONTRACTOR		· Change	Language	• Change	Password	· Log Out
My Desktop	Polic	y Query									
Notice of Loss	Policy N	0.				Date	of Accident	20/	08/2020 07	:00	
	Vehicle No.(For Motor) GBH33		387Z Certificate Number								
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108405880- 01		EMAC PTE LTD	199408873G	GCV	Comprehensive	GBH3387Z	GBH3387Z	25/04/2020	24/04/2021
					0.0	Continue					

Sequen	ce Date of Endorsement		ndorsement	Tuna	Endorsement	Statue	Endorsement Content
■ Endors	ements						
) Insure	d Object: GBH3387Z		3				
nit No.	03-18	Related Numbe		5108405880-01			
ddress 4		Address	s Type	Singapore address	9	Post Code	415934
ddress 1	1 KAKI BUKIT ROAD 1	Addres	s 2	#03-18 ENTERPRIS	E ONE	Address 3	SINGAPORE 415934
	older Mailing Address						
Certificate nfo							
Open Policy Info							
lag	99.50						
Co- nsurance	No						
gent	KHC HOLDINGS PTE LTD	Agent Tel.	62538288		GST Flag	Υ	
Singapore OD Excess		Singapore TP Excess				Young	/Inexperience Driver Excess
xcess Outside		Premium Outside					
dditional		os	0				
hird Party xcess	0	Own damage Excess	600		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	27/03/2020	Date	25/04/2020	00:00	Expiry Date	24/04/2021 23	3:59
Product Name	COMMERCIAL VEHICLE INSURAL				Group Policy Flag	N	
Address	1 KAKI BUKIT ROAD 1 #03-18 E	NTERPRISE ON	IE SINGAPOI	RE 415934	23		
Certificate No.							
Policy No.	5108405880-01	Policyholder Name	EMAC PTE L	TD	Policyholder NRIC	199408873G	

Claim Handling					
Accident MT/1100584 Policy No.	5108405880-01	Vehicle No.	GBH03872	GST Registration No.	
Certificate No.	320040300000	4610-6146	- ABPRODUCE	and the particular rest	
Policyholder Name	EMAC PTE LTD			Policyholder NR3C	199408873G
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
Cornect No.(Motrile)	96624565	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	To v
KFK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
NCD Protection	No :	NCD Entitlement(%)	9	Private Hire	No
→ Accident Details					
Report Date	20/08/2020 12:24	Accident Report Within 24 hrs		Accident Type	Collision - Change / Cross lane
Date of Academ;	20/08/2020	Time of Acodem hh:mm	67:00	Country of Accident	Singapore
Reporting Centry		Orange Force		ICM No.	
Accident Location Total Excess Applicable	UPP SEKANGOON RD				
Excess Type	Per Accident	Windscreen Excess	100.00		
Excess type	Per Accident	Windscreen excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
VIED OD Excess	0.00	VIED TP Excess		Oriver is Covered?	
Additional Excess					
Total CO Excess Applicable	600.00	Total TP Excess Applicable			
♥ Benefits	stice				
♥ GST Registered Informa GST Registered	Yes		GST Registration Date	01/02/1995	
GST Registration No.	M201295670		GST Status Verified	Yes	
Modification History	20/08/2020 12:25:50 Syste 20/08/2020 12:25:50 Syste 20/08/2020 12:25:50 Syste	im changed GST Registered from 1 im changed GST Registration No. f im changed GST Registration Date	to 10 Yes Yorn Yull to M201295670 From Yull to 01/02/1995		
→ Policyholder Mailing Ad					
Address 1	1 KAKI BUKIT ROAD 1	Address 2	#03-18 ENTERPRISE ONE	Address 3	SINGAPORE 415934
Address 4		Address Type	Singapore address	Post Code	415934
Unit No.	03-18	Related Policy Number	5108405880-01		
⊕ OI Driver Info	200000000000000000000000000000000000000		10000002000		
Unnamed driver Name	Unnamed Driver CHIA KIAT NYIK	Driver Type Driver NR3C	unnamed Driver 526273388	Oriver DOB 1	19/10/1955
Register Date of Driver License		Driver Age	64	Driving Experience	18
Contact No.(Mobile)	97252086	Contact No. (Office)	0	Contact No.(Home)	0
Address 1	BUK 83	Address 2	MACPHERSON LANE	Address 3	MACPHERSON VIEW
Address 4	SINGAPORE 360083	Address Type	Singapore address	Post Code	360083
Unit No.	10-247				
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration Breathalyser or Blood Test	904	722.723.00	TV 000 90 00		
Reading?	0 mg	Any injury?	○ Veis ⑥ No		
Modification History					
Claim 001 New					
Claim Type *	OD-MK	Insured Name	BMAC PTE LTD	Insured NRIC	199408873G
Contact No.(Mobile)		Contact No. (Home)		Coreact No (Office)	67487270
Ernail Address	[mail: mail:	Of Vehicle Number Type of Benefit *	GBH3387Z	TP Vehicle Number	SLP9098H
Claimant Type Claimant Type * Claimant Name *	Please Select ✓	Operant NRIC *	Please Select:		
Claimant Address	164				
Claim Description	GBH33872 / SLP9098H ON 20 Aug 2020			Name of Preferred Workshop	
Preferred Workshop Contact		Insured Liebility *	Not at Pault		
No. Require Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received V
Date Registered	20/08/2020 12:26	Claim Close Date		Date Received	20/08/2020 00:00
Report Taken By	Jackson				
Print AK letter					
			Save Submit		
Attachment			3713.		
w.					
Accident No.	MT/1100584	Claim No.	001		
Last Doc. Received	® Yes □ No .	Upload Date	20/08/2020 12:27		
	Path *	16037750004	Category •	Confidential Urgen	cy * Description *
		Browse		Normal	v
		Browse		Normal V Normal	V
		Browse		Y Normal	V
		Browse	a Dear Please Select	No V Normal	V
		Browse	t Clear Please Select	Ø V Normal	<u> </u>
		Para de	Mary Paris Comp	7 Company	Tu f

