NATIONAL Assessment Centr	e delinices mel 1 72	LINE HARAGE	Done by	i
Date In 75 17 15 15	Jeb description	Date &Time Completed	Dolle ox	-
	SAS e-filing			
Ref No: NAJMC 200 DXASALY	E-mail (within Shrs, Ale			•
D.O.A: 19 [M23-15:42	i-Motor Claim For	m MJ11100pvt-001	20/8/20 16:41	
D.O.A: 19 1820-15:40	i-Motor W/O (Within	n: OD 2hrs, TP 4hrs)		
OD TP Reporting Only	i-Photo Uploaded			
	Assessment/Survey F	Report		-
TP Insurer:	Ass't Report by Fax	/ Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Yeh No: JU	মপ্র	INC()/Non-INC().		
Owner / Driver: (VI.J	Tel:		
	eriod: () Cover Type: (
0.0.11.1	Da)	
Insured/Driver Liability: (%)	white the same of	N: 0-20%; P: 21-79%. F: 80	-10070]	
Year of Registration: ()	11 011 011	NO()		
Excess: (\$) Loading: \$1	,000 ()/\$2,000 ()	775 T.	-
General Remarks:-		Marie Company		
() Walk-In Customer : Customer's in	formation strictly Confider	ntial & Strictly NO refer of repaire	ır.	
() Total Loss Case : to e-mail Insu	rer URGENTLY.			
Drive-In ()/ Towed-In (); Invoi	ce: YES () / NO (); Towing Co: ()
		Date&Time Completed	Done by	
Remarks: (INC hotline: 6788 6616)	/ Courtesy Car ()			
Apply for Transport Allowance () QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost>	\$30001 ()			
3) Opload Resurvey Photo [Repair Cost-				
Injury:			SEC. 150 (17)	CO. P.S.
Date/Time Actions		42.02.40	Wistanio Jake	
	8 5			
	1			
	1		X ALEMANY X TO REPORT TO	+ / / / / / / / / / / / / / / / / / / /
	20900	voice Preparation Checklist.	X ALEMANY X TO REPORT TO	+ / 123
NA7204730 :	1)/	AR : Accident Reporting (\$30);	A STATE OF THE STA	+ / 123
NA7204730 :	1) A 2) I	AR: Accident Reporting (\$30); DA: Damage Assessment (\$100); IN TF: Towing Fee	Tat Bill C (\$80) \$40/\$45	+ / / / / / / / / / / / / / / / / / / /
NADOUTS ': Inimant's Particulars :-	1) A 2) I 3) T 4) I	AR: Accident Reporting (\$30); DA: Damage Assessment (\$100); IN TF: Towing Fee FT: Follow-Through Survey TF: Sulvey-Through Survey (Resurvey)	Tat Bill C (\$80) \$40/\$45 \$120 \$30	+ / 123
NA1204330 ': Claimant's Particulars':- Oriver/Owner:	1) A 2) I 3) 7 4) 3 5) A	AR: Accident Reporting (\$30); DA: Darrage Assessment (\$100); IN TF: Towing Fee FT: Follow-Through Survey FT: Fullow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan	Tat Bill C (\$80) \$40/\$45 \$120 \$30	+ / / / / / / / / / / / / / / / / / / /
NA 1204750 ': Claimant's Particulars': Oriver/Owner: Contact No:	1) A 2) I 3) 7 4) 3 5) A 1 6) 7	AR: Accident Reporting (\$30); DA: Darrage Assessment (\$100); IN TF: Towing Fee FT: Follow-Through Survey FT: Fullow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jar TR: Re-inspection N1: idae DA + SMRT Survey	C (\$80) \$40/\$45 \$120 \$30 12005)	+ / / / / / / / / / / / / / / / / / / /
NA1204350 ': Claimant's Particulars': Oriver/Owner: Contact No:	1) A 2) I 3) T 4) I 5) A I 6) T 7) T 8)	AR: Accident Reporting (\$30); DA: Darrage Assessment (\$100); IN TF: Towing Fee FT: Follow-Through Survey FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jar TR: Re-inspection N1: Idae DA + SMRT Survey NTUC Additional Services	C (\$80) \$40/\$45 \$120 \$30 \$2005)	+ / 123
HA1204750 : Claimant's Particulars :- Driver/Owner: Contact No: Darnaged Portion:	1) A 2) I 3) 7 4) 3 5) A I 6) 7) 3 8)	AR: Accident Reporting (\$30); DA: Darrage Assessment (\$100); IN TF: Towing Fee FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jar TR: Re-inspection N1: Idae DA + SMRT Survey NTUC Additional Services QD* *NS: Courtesy Car / Tpt Allowance	Tat Bill C (\$80) \$40/\$45 \$120 \$30 \$2005) \$75 \$5160	+ / 123
NATAO 47350 ': Claimant's Particulars :- Driver/Owner: Contact No: Darnaged Portion:	1) A 2) I 3) 7 4) 2 5) A I 6) 7) 7 3 8)	AR: Accident Reporting (\$30); DA: Darrage Assessment (\$100); IN TF: Towing Fee FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jar TR: Re-inspection N1: Idae DA + SMRT Survey NTUC Additional Services OD.* *N5: Courtesy Car / Tpt Allowance *N6: Repair Co-ordination	Tat Bill C (\$80) \$40/\$45 \$120 \$30 \$2005) \$75 \$5160	+ / / / / / / / / / / / / / / / / / / /
Claimant's Particulars: Oriver/Owner: Contact No: Darmaged Portion: QC Checked by (Engr-In-Charge):	1) / (2) I 3) 7 4) 2 5) 3 1 6) 7 7) 3 8)	AR: Accident Reporting (\$30); DA: Darrage Assessment (\$100); IN TF: Towing Fee FT: Follow-Through Survey FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jar TR: Re-inspection N1: Idae DA + SMRT Survey NTUC Additional Services OD* *NS: Courtesy Car / Tpt Allowance *N6: Repair Co-ordination *N7: Fost Repair Inspection *N8: DV / Collect Excess Coordination	Tac Bill C (\$80) \$40/\$45 \$120 \$30 \$2005) \$75 \$5160 \$55 \$10 \$225 \$35	+ / / / / / / / / / / / / / / / / / / /
NA1204759 : Claimant's Particulars :- Contact No: Carnaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :-	1) / (2) I 3) 7 4) 1 5) / (1) 1 6) 7 7) 3 8)	AR: Accident Reporting (\$30); DA: Darrage Assessment (\$100); IN TF: Towing Fee FT: Follow-Through Survey FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jar TR: Re-inspection N1: Idae DA + SMRT Survey NTUC Additional Services OD!* *NS: Courtesy Car / Tpt Allowance *N6: Repair Co-ordination *N7: Fost Repair Inspection *N8: DV / Collect Excess Coordination TP (N11): TP (N:n INC) against INC	\$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100	Add Bil
	1) / 2) I 3) 7 4) 1 5) 6 1 (6) 7) 7 3 8)	AR: Accident Reporting (\$30); DA: Darrage Assessment (\$100); IN TF: Towing Fee FT: Follow-Through Survey FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jar TR: Re-inspection N1: Idae DA + SMRT Survey NTUC Additional Services OD* *NS: Courtesy Car / Tpt Allowance *N6: Repair Co-ordination *N7: Fost Repair Inspection *N8: DV / Collect Excess Coordination	\$40/\$45 \$40/\$45 \$120 \$30 \$200 \$75 \$160 \$25 \$10 \$25 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30	Amt (3)

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.
- 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.

Bester and the second of the second of the second	ACCIDENT STATEMENT
Date Of Report	20/08/2020 15:53
Date Of Accident	19/08/2020 15:40
Exact Location Of Accident	MARINA BLVD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLG6078H
Insured/Policyholder	
Name Of Registered Owner	TAN AI NGOH
NRIC No	SXXXX704G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98506599
Alternative Phone No	OFFICE-98506599
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.6L VTI AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106130255-01
Cover Note Number	
Driver	
Name of Driver	ADELINE TAN AI NGOH
NRIC No	SXXXX704G
Date Of Birth	11/01/1964
Occupation	OUTDOOR
Date Of Driving Pass	13/11/1984
Driving Experience	35 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98506599
Fax Number	
Contact Number	OFFICE-98506599
EMail Address	NOEMAIL

BLK 19 BEDOK SOUTH ROAD Address #23-21 460019 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 - CROSS JUNCTION 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) involved in the accident Was any body injured in the Accident? YES 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. Number of Passengers (Including Driver) 2 Passenger 1 NAME: : TEE SEE PENG GENDER: : MALE **Details of Police Action** Was the accident reported to the police? NO If Yes, Please state which Police Station NO Was notice of intended Prosecution given? 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 **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

SCU819J

MERCEDES GLA180

PRIVATE CAR

THANDA PAHI S/O P MARIMUTHU

SXXXX210C

Address Postcode

Insurance Company Name

Nature Of Damage

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 ADELINE TAN AI NGOH

BODY

SLG6078H

YES

NO

DETAILS OF INJURED PERSON 2

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

TEE SEE PENG

BODY

SLG6078H

YES

NO

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy liability.
- 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:
 - (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 com(plying 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:

MRIC/FIN No .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated time a	and date,
I was travelling on 1	my venicle on marina. Blud. Upon reachin
the function, I was	slowly making the letti turn. In the midst
of the left turn, venil	le B dashed straight ahead and crashed
onto my vehicle. 1	alignted and checked that vehicle B is
travelling on a turn	left only lane but he has not complied
and went straight ab	nead.
ARATION	

I/We declare the loregoing particulars are true intevery 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.:

actions should appropriate

Date of Accident	: 19 08 2020 Accident Time: 3. 40pm . (24-HR-Format)
Accident Place	: Manna boulevard.
Vehicle Reg. No. (Car Plate No.)	: 51660784
Vehicle Make/Model	: Honda CIVIC.
bisurance Company	: NTUC . Policy No
Owner or Company Name /IC No.	: Adeline Tan Ai Ngon.
Owner or Company Contact No.	: 98506599 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: <u>\$1653704G</u>
DRIVER'S Date Of Birth	: 11 01 1964 . DRIVER'S License Pass Date
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: Bik 19 Bedok south Road #23-21 \$460019:
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 D	priver): 2 (female and male)
Was there any video Captured by ca Exact purpose for which vehicle wa	ar camera: YES\NO is being used at the time of accident: Private use\Work purpose
Other)	Party Driver's Particular (if any)
Vehicle Reg. No: SCU 819]	Vehicle Reg. No:
Vehicle Make Wodel: Merc GLA	Vehicle Make\Model:
Name Driver Thanda Pahi	10 P Marimuthu. Name Driver:
IC No. Driver: 50223210C	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:

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GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF REPORT OF RESIDENCE ASSOCIATION OF RES

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

		ADDEN	DUM	
(A)				
	Original Report No : MID 120	x07116V	Vehicle Registration No:SLG 607814	
	Name(as shown in NRIC): Adeline	tan Ai Ngth	NRIC/FIN/Passport No:	
	(*Vehicle Driver / Vehicle Owner			
	Address : BIK 19	Bedok South	Road # 23-21 \$460019 Singapore1)
	Contact (Tel) :		Mobile No.:_ 98566599	
	Email Address :		*	
	Date of Accident : 19)8/10		Time of Accident :	
	Place of Accident : Marina	Blvd		
	Insurance Company:			
(B)	I have made a report on the above make the following amendments Injunes for drivers per Tee See peng G 287686 Adeline Tan Ac Ngol	rementioned accides: assenger 27 - Boo	1	9 singapore(199 yo dditional information or
	Policyholder / Driver sagnature Date:		Reporting Centre Personnel's Signatur Name: NRIC/FIN NO.3 Date:	·e

Great addendur thinks

a. .

eBao Tech								Genera	alClaim	
Hello, NAC_PAYA_UBI_800601			Date of Accident 19/08/2020 15:40 O.(For Motor) SLG6078H Certificate Number Search Policy No. Certificate Number NRIC Product Cover Type Vehicle Insured Commence Expiry Date Number NRIC Product Cover Type No. Object Date Expiry Date Other Other Name NRIC CALSSIC SLG6078H SLG6078H 07/12/2019 06/12/2020							
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date o	f Accident	1	9/08/2020 1	5:40	
	Vehicle No.(For Motor)	SLG60	78H		Certific	cate Number				
				8	Search					
	Select Policy No.		The state of the s		Product	Cover Type				Expiry Date
	O 5106130255- 01		TAN AI NGOH	S1653704G	GPC		\$LG6078H	5LG6078H	07/12/2019	06/12/2020
				C	continue					

Sequen	ce Date of Endorseme	ent E	ndorsement	Туре	Endorsement	Status	Endorsement Content
♥ Endors	ements						
▶ Insured	d Object: SLG6078H						
Init No.		Relate Numbe	d Policy er	5106130255-01			
Address 4			ss Type	Singapore address		Post Code	460019
Address 1	BLK 19 #23-21	Addres	ss 2	BEDOK SOUTH ROA	AD .	Address 3	SINGAPORE 460019
→ Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
Co- nsurance Flag	No						
lgent	CHESSA INSURANCE AGENCIE	:5 Agent Tel.	68424331		GST Flag	Y	
Singapore OD Excess	0	Singapore TP Excess	0				n/Inexperience Driver Excess
Additional Excess Dutside	0	Premium Outside	0				
Third Party Excess	0	damage Excess OS	0		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess Own					
Policy ssue Date	05/12/2019	Effective Date	07/12/2019	00:00	Expiry Date	06/12/2020 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 19 #23-21 BEDOK SOUTH	ROAD SINGAPO	DRE 460019				
Certificate No.							
Policy No.	5106130255-01	Policyholder Name	TAN AI NGC)H	Policyholder NRIC	S1653704G	

Claim Handling Accident MT/1100624										
Policy No.	5106130255-01		200120	21020000						
Certificate No.	5106130255-01		Vehicle No.	SLG6078H			GST Registration	No.		
Policyholder Name	TAN AT NGCH									
Froduct Code	PRIVATE CAR INSURANCE		2000/200	35 888	200		Policyholder NR3C		\$165	53704G
Contact No.(Mobile)	98506599		Cover Type	drivo CLASI	SIC		Loading		0	
Email Apdress	20000022		Contact No.(Office)	0			Contact No. (Home	2)	0	
KPK	® No ○ Yes		Special Remark				eCode		40.0	<i>E</i> :
NCD Protection	No No Tres		TCA.	® No ○ Ye	4		eCode Reason			
Accident Details	No.		NCD Entitlement(%)	20			Private Hire		No	
	8200000000000000									
Report Date	20/08/2020 16:42		Accident Report Within 24 i	hrs Yes			Acodent Type		Colks	ion - Cross Junction
Pate of Accident	19/08/2020		Time of Accident hhimm.	15:40			Country of Accide	M.	Sings	ipare
eporting Centre			Orange Force				JCM No.			
codent Location	MARINA BLVD									
 Total Excess Applicable 	•									
xcess Type	Per Accident		Windspreen Excess		100.00					
D Standard Excess	ò	.00	TP Standard Excess		0.00					
IED DO Excess).0	.00	VIED TP Excess		0.00		Driver is Covered?		Cover	ed
ddisonal Excess		0								
nai OD Excess Applicable	0	00	Total 19 Excess Applicable		0.00					
₹ Benefits										
sverage				Sum	Insured					
ccess Waiver				999	99999.99					
 GST Registered Inform 	etion									
ST Registered	No			GST	Registration Date					
ST Registration No.				GST	Status Venified		Yes			
odification History										
Policyholder Mailing Ac										
dress I	BLK 19 #23-21		Address 2	BEDOK SOU	TH ROAD		Address 3		SING	APORE 460019
idress 4			Address Type	Singapore ac	Idress		Post Code		4600	19
nit No.			Related Policy Number	5106130255	10-01					
OI Driver Info										
iver Name	TAN AT NGOH		Driver Type	Main Driver						
named driver Name			Driver NRIC	S16537040			Driver DOB		11/01	/1964
gister Date of Driver License	13/11/1984		Driver Age	56			Driving Experience		35	5570574
ntact No.(Mobile)	98506599		Contact No.(Office)	0			Contact No.(Home		0	
Mress 1	BLX 19		Address 2		Tu boso			K		
idress 4				BEDOK SOU			Address 3			APORE 460019
	2.2		Address Type	Singapore ad	ldress		Post Code		46001	9
nt No. ses he own a Singapore	23-21									
gistered car?	○ Yes (®) No		Driver Vehicle No.				Driver Insurer Com	pany		
100.00										
claration eathalyser or Blood Test			AN CONTROL OF							
ading?	0 mg		Any injury?	O Yes ® No						
diffication History										
Claim 001 New										
1000-1001										
2020272	C-270	-	94 00 0 WOYGE		1					
im Type *		y	Insured Name	TAN AT NGO			Insured NRIC		51653	704G
nact No.(Mobile)	98506299		Contact No.(Home)	NIL			Contact No.(Office)			
eli Address			OI vehicle Number	9L06078H			TP vehicle Number		SCU81	90
imant Type Claimant Type •	Please Select S	7	Type of Benefit *	Please Select	t Y					
mant Name. •		22	Claimant NRIC +							
imant Address										
im Description	SLG6076H / SQUB193 ON 19 /	Aug 2028					Name of Preferred	Workshop		
ferred Workshop Contact		7	Impured Elability *	Not at Fault	V				-7.	
puire Finalisation	Yes	7	Preferered Repair Option		rkshop, Name unknown	V	GIA report		Receiv	
e Registered	20/98/2020 16:44		Claim Close Date	1 55 60 100	The state of the s					
ort Taken By	Jackson	-	- ann cross traffit				Date Received		20/08/	2020 00:00
	Jackson	-								
Print AK letter										
				Based Ferre	61					
ittachment				Save Submi	-					
ő.										
ident No.	MT/1100624		Claim No.		201					
Doc. Received					001					
INVESTIGATED	● Yes ○ No		Upload Date		20/08/2020 16:45					
	Path •				Category *		Confidential	Urgen	cy *	Descriptio
			Brows	e Clear P	Sease Select	¥	(a) V	Normal	v	
			Brows	e Clear I	Tease Select	v	NO V	Normal	V	
			Brows	e Clear p	Tease Select	v	nd V	Normal	v	
			Brows		Yease Select	v	NO V	Normal	v	
			Dions	The second secon	THE RESIDENCE			Total Control of the last		

