NATIONAL Assessment Cel	ntre Services	we! 1 Jan'06	1000c V2009		
Date In: 4/12/120-14: 7	Jeb description		Date & Time Completed	Done	s by
Ref No: 44/18(20)373/24	SAS e-filing				
Veh No: 5/647/23/6	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 3/1/2-12:20	i-Motor Clair	m Form	100-FCY-11/1/M	14/12/21	4:26
	i-Motor W/O	(Within: OD 2hr			
OD : TP)! Reporting Only	i-Photo Uplo	aded			19
TD.	Assessment/Su	rvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(	Control of the Contro	Tel:	Fax:	)
TP Particulars: Veh No: Y	PYMANS	. INC(	)/Non-INC( ).		
Owner / Driver: (			Tel:	)	
Policy No: ( )	Period: (	)	Cover Type: (	) .	
Confirmed by : (	AND THE RESIDENCE OF THE PARTY	Date:	Time:	)	
Insured/Driver Liability: ( %	Note-Est. Status (V	VO): N: 0-2	0%; P: 21-79%. F: 80-	100%]	
	Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$	\$1,000 ( )/\$2,000	( )		5498 C 14 14 15	
General Remarks:-					<u> </u>
( ) Walk-In Customer: Customer's		nfidential & St	rictly NO refer of repairer		
( ) Total Loss Case : to e-mail Ins				. <u> </u>	
Drive-In ( )/ Towed-In ( ); Inv	oice: YES ( ) / N	O();T	owing Co: (		
Remarks:- (INC hotline: 6788 6616	i) :		Date&Time Completed	Done	by
1) Apply for Transport Allowance (	/ Courtesy Car (	)			
2) QC Check / Post Repair Inspection	( )			2	
3) Upload Resurvey Photo [Repair Cost	> \$3000] (	)		<u></u>	
Injury:		<del></del>			
Date/Time Actions					
				*	
					- Control of the Cont
	,				
•					T-1000 25 17
M2306774		Invoice Pre	paration Checklist	Ant (S) fst Bill	Amt (3)
		1) AR : Accident			
laimant's Particulars :-		2) DA: Damage 3) TF: Towing F	Assessment (\$100); INC (\$	\$80) 40/ <b>\$</b> 45	
river/Owner:		4) FT : Follow-T	hrough Survey	\$120	
ontact No:		5) FT : Follow-T	hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 200	\$30 Q5)	†
amaged Portion:		6) TR: Re-inspect		\$75 \$160	<del></del>
	3	8) NTUC Addition			
C Checked by (Engr-In-Charge):		OD* *N5: Courtesy	Car / Tpt Allowance	\$5	
		*N6: Repair C	o-ordination	\$10 \$25	-
uditors! Comments ::			lect Excess Coordination	35	ļ
<u>t. 1:</u>		TP (N11): TP 9) N12: Idac Mo	(Non INC) against INC	30	
t. 2/3;		Invoice dated	Fee Charges	MONESON YSTAN	aka jak
		Invoice dated	Fee Charges		A

in part of 1 and

SN0920C40009 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 04/12/2020 14:21 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (04/12/2020 14:21 (SGT))



# **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver
- 3 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate
- 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 Submission 04/12/2020 14:21 (SGT) Date of Accident 03/12/2020 10:20 (SGT) Exact Location of Accident 3017 Bedok North Street 5, Singapore 486132 Additional Location Information **GOURNET EAST KITCHEN #04-07** Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKH7123K

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **NEO CHYE TUAN** NRIC No SXXXX801A Email Address nchyetuan@gmail.com Mobile Phone No (Phone) +65-97258787 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer **BMW** Model X3 Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Private car

## INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5094028702-03 Cover Note Number

# DRIVER

Name of Driver **NEO CHYE TUAN** NRIC No SXXXX801A Date Of Birth 19/07/1961 Occupation Indoor

Date Of Driving Pass	16/12/1978
Driving experience	42 YEARS
Gender	Male
Mobile Number	(Phone) +65-97258787
Alt. Phone Number	(Filolie) +03-37238787 +
Email Address	
Address	nchyetuan@gmail.com
	BLK 103 TECK WHYE LANE
Address complement	#09-436
Postcode	680103
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	•
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
	•
Insurance Company of Other Vehicle Owned by Driver	<del>-</del>
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry
	ы
OTHER INFORMATION	
Was any faraign vahiala involved in the agaidant?	Al-
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	•
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
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
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
DETAILS OF STILL	VEHICLE I NO. EITH I
Vehicle Registration Number	YP4292S
Vehicle Manufacturer	1742925
	•
Vehicle Model	•
Vehicle Variant	
Vehicle Colour	5
Vehicle Category	Commercial vehicle
Name of Driver	ABDUL RASHEED MUSTHAFA
Contact Number	(Phone) +65-98990974
Address	-
Address complement	· · · · · · · · · · · · · · · · · · ·
Postcode	•
Insurance Company Name	

Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) 2

# SKETCH PLAN

# IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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>.
- 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.
- 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 aforesald.
- 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 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:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

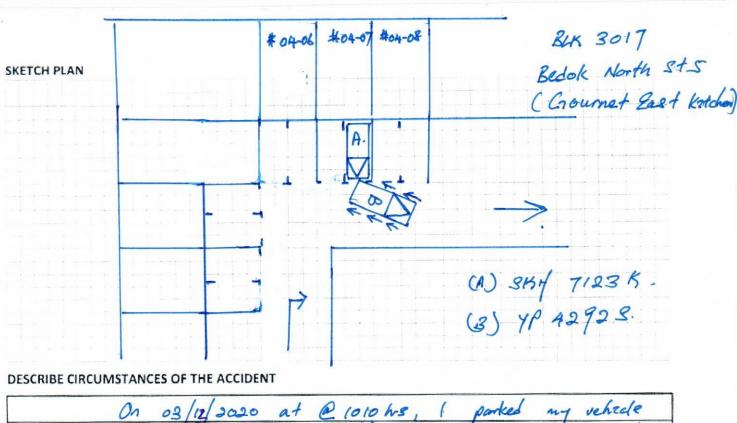
(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



On 03/12/2020 at @ 1010 hrs, I parked my vehicle
(SKH 7123K) infrant of my office in the parking lot
On 03/12/2020 at @ 1010 hrs, I parked my vehicle  (SKH 7123K) infrant of my office in the parking lot  of BLK 3017, Bedok North St 5 (Gournet East Kitchen) unit
# 04-07, and went to work. At around 1025 hs the driver
of (YP 42923) came to my office and informed me that he had reversed and collided onto my car.
he had reversed and collided onto my car.

## 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 .:

ehicle No.	3K4 TIJ3 K Model/Make BMW X3.
ate of Accident	03/12/2020.
ime of Accident	(0)0° HRS
ocation of Accident	BLK 3017 Bedok North St. S (Gournet East Katchen
xact purpose use during a	1 100 4 4 01 - 67
lame of Owner	Neo Chye Tuan.
elephone No.	H/P: 9725 8787. Home: Office:
IRIC	\$ 150 1801 A.
ddress	BLK TO Bedok South Road #16-288 (8) 460070
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTAC.
ype of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	
(5	As Above 15 No,
Name of Driver	Any Passengers: N. A.
NRIC	Ally I distrigers !
Date of birth	
Occupation	Outdoor / Indoor
Priving License Pass Date	10 /-
Sender	010
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehi	
Relationship	Limpio you,
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	YP 42 92 3: Any Passengers: 01 (m).
Name of Driver	Abdul Rasheed Musthafa. Contact No.: 98990974.
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact: N-A.
Accident Portion	Front Portion .
Camera Recorder	Yes / No
Email Address	nchyetuan @ gmall. com
PARTICULAR WORKSHO	P Twincar.
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	JOSEPH TAN,
FAX NO	6741 0510
	ess sales @ n51. com. 59



## Certificate of Insurance

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: 5094028702-03

SKH7123K

1. Index mark and Registration Number of Vehicle

Chassis Number

: WBAWX72060LK69756

Cover : drivo PREMIUM

2. Name of Policyholder

NEO CHYE TUAN

3. Effective Date of Insurance

: 30 Oct 2020

4. Expiry Date of Insurance

: 29 Oct 2021

- 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.
- 6. Limitations as to Use#
  - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

### This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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.

: \$\$600 **EXCESS (SECTION 1)** : N/A **EXCESS (SECTION 2)** : \$\$100 WINDSCREEN EXCESS : \$\$500 ADDITIONAL EXCESS

: PLEASE REFER OVERLEAF **UNNAMED DRIVER EXCESS** 

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

: NEO CHYE TUAN PRIMARY DRIVER : NEO XINYA SALLY NAMED DRIVER (1)

NAMED DRIVER (2) : N/A

: UNITED OVERSEAS BANK LIMITED HIRE PURCHASE COMPANY

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

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

: H & H INSURANCE AGENCY PTE. LTD. (00000572651)

Date of Issue

: 01 Oct 2020 14:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

**Chief Executive** 

<b>eBao</b> Tech									Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			ASSESSMENT OF THE PARTY OF THE		· Chang	e Language	c + Chan	ge Password	· Log Out
My Desktop	<b>Policy Query</b>									•
Notice of Loss	Policy No.				Date	of Accident	[0	03/12/2020 1	0:20	
	Vehicle No.(For Motor)	SKH712	3K		Certif	icate Number	[			
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5094028702-		NEO CHYE TUAN	S1501801A	GPC	drivo PREMIUM	SKH7123K	SKH7123K	30/10/2020	29/10/2021
					Continue					

Policy No. 5094028702-03		Policyholder Name NEO CHYE TUAN		Policyholder NRIC	S1501801A			
Certificate No.								
Address	BLK 103 #09-436 TECK WHYE L	ANE SINGAPO	RE 680103					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy ssue Date	01/10/2020	Effective Date	30/10/202	20 00:00	Expiry Date	29/10/2021 2	3:59	
Excess Type	Per Accident	All Claims Excess						
Third Party 0 Excess		Own damage Excess	600		Windscreen Excess	100		
Additional Excess	500	OS Premium	0					
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	n/Inexperience Driver Excess	
Agent	H & H INSURANCE AGENCY PTE	Agent Tel.			GST Flag	Y		
Co- nsurance Flag Open Policy Info Certificate	No							
Policyh	older Mailing Address							
Address 1	BLK 103 #09-436	Addre	ss 2	TECK WHYE LANE		Address 3	SINGAPORE 680103	
Address 4		Addre	ss Type	Singapore address		Post Code	680103	
Jnit No.		Relati Numb	ed Policy er	5094028702-03				
<b>▶</b> Insure	d Object: SKH7123K							
<b>▽</b> Endors	ements							
		t		nt Type	Endorsement		Endorsement Content	

olicy No.	5094028702-03	Vehicle No.	SKH7123K	GST Registration No.		
rtificate No.						
licyholder Name	NEO CHYE TUAN			Policyholder NRIC	S1501801A	
	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0	
			0	Contact No.(Home)	0	
	e) 97258787 Contact No. (Office)  Special Remark			eCode	No V	
mail Address	8		● No ○Yes	eCode Reason	NC V	
	No ○ Yes	TCA				
	Yes	NCD Entitlement(%)	50	Private Hire	No	
Accident Details						
eport Date	04/12/2020 14:22	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked	
ate of Accident	03/12/2020	Time of Accident hh:mm	10:20	Country of Accident	Singapore	
eporting Centre		Orange Force		ICM No.		
ccident Location	3017 Bedok North Street 5					
	3017 Dedok Horar Street 3					
▼ Total Excess Applicable			100.00			
xcess Type	Per Accident	Windscreen Excess	100.00			
D Charlest France	600.00	TP Standard Excess	0.00			
DD Standard Excess					C	
TED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered	
Additional Excess	500					
otal OD Excess Applicable	1100.00	Total TP Excess Applicable	0.00			
→ Benefits						
GST Registered Informat	ilon			LDIS TWO AND		
ST Registered	No		GST Registration Date			
ST Registration No.			GST Status Verified	Yes		
odification History						
The second second						
Policyholder Mailing Add	ress					
	BLK 103 #09-436	Address 2	TECK WHYE LANE	Address 3	SINGAPORE 680103	
	Sun 203 #03-430	Address Type	Singapore address	Post Code	680103	
Address 4				Post Code	080103	
Init No.		Related Policy Number	5094028702-03			
OI Driver Info						
Driver Name	Neo Chye Tuan	Driver Type	Main Driver			
Innamed driver Name		Driver NRIC	S1501801A	Driver DOB	19/07/1961	
tegister Date of Driver License	16/12/1978	Driver Age	59	Driving Experience	41	
Contact No.(Mobile)	97258787	Contact No.(Office)	0	Contact No.(Home)	0	
	BLK 103	Address 2	TECK WHYE LANE	Address 3	SINGAPORE 680103	
	BEX 103			Post Code	680103	
Address 4		Address Type	Singapore address	Post Code	680103	
Jnit No.	09-436					
Does he own a Singapore	○ Yes   No	Driver Vehicle No.		Driver Insurer Company		
Does he own a Singapore Registered car?	○ Yes <b>③</b> No	Driver Vehicle No.		Driver Insurer Company		
ooes he own a Singapore legistered car?	○ Yes <b>®</b> No	Driver Vehicle No.		Driver Insurer Company		
opes he own a Singapore legistered car?	○ Yes <b>②</b> No	Driver Vehicle No.  Any injury?	○ Yes  ● No	Driver Insurer Company		
opes he own a Singapore degistered car?  eclaration  breathalyser or Blood Test			○ Yes <b>②</b> No	Driver Insurer Company		
ooes he own a Singapore Registered car? Reclaration			○ Yes <b>③</b> No	Driver Insurer Company		
ooes he own a Singapore legistered car? reclaration Sreathalyser or Blood Test leading?			○ Yes <b>③</b> No	Driver Insurer Company		
ooes he own a Singapore legistered car? lectaration sreathalyser or Blood Test leading?			○ Yes <b>®</b> No	Driver Insurer Company		
ooes he own a Singapore legistered car? reclaration Sreathalyser or Blood Test leading?			○ Yes <b>③</b> No	Driver Insurer Company		
ooes he own a Singapore legistered car? eclaration breathalyser or Blood Test leading?			○ Yes <b>③</b> No	Driver Insurer Company		
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coes he own a Singapore legistered car? eclaration breathalyser or Blood Test leading? codification History Claim 001 New	0 mg	Any injury?  Insured Name	NEO CHYE TUAN	Insured NRIC	\$1501801A	
coes he own a Singapore legistered car? eclaration breathalyser or Blood Test leading? codification History  Claim 001 New Claim Type * Contact No. (Mobile)	0 mg	Any injury?  Insured Name Contact No.(Home)	NEO CHYE TUAN 67642017	Insured NRIC Contact No.(Office)	67414498	
coes he own a Singapore egistered car?  eclaration  reathalyser or Blood Test eading?  colification History  Claim 001 New  liaim Type *	0 mg	Any injury?  Insured Name	NEO CHYE TUAN	Insured NRIC		
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coes he own a Singapore egistered car?  eclaration  ireathalyser or Blood Test leading?  collination History  claim 001 New  Claim Type *  Contact No.(Mobile)  Ismail Address  Claimant Type Claimant Type *  Claimant Name *	OD-MX 97258787 nchyetuan@gmail.com Please Select	Any injury?  Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit *	NEO CHYE TUAN 67642017 SKH7123K	Insured NRIC Contact No.(Office)	67414498	
coes he own a Singapore egistered car?  eclaration  reathalyser or Blood Test leading?  collin 001  New  Claim 001  New  Claim Type *  Contact No.(Mobile)  Imail Address  Claimant Type Claimant Type *  Claimant Name *	OD-MX 97258787 nchyetuan@gmail.com Please Select	Any injury?  Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit *	NEO CHYE TUAN 67642017 SKH7123K	Insured NRIC Contact No.(Office)	67414498	
coes he own a Singapore legistered car?  eclaration  reathalyser or Blood Test leading?  colification History  claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Laimant Type Claimant Type *  Claimant Name *  Claimant Name *  Claimant Address  Claimant Address  Claimant Address  Claimant Address  Claimant Contact No. (Mobile)  Preferred Workshop Contact	O mg  OD-MX  97258787  nchyetuan@gmail.com  Please Select  >>>	Any injury?  Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	NEO CHYE TUAN 67642017 SKH7123K Please Select	Insured NRIC Contact No.(Office) TP Vehicle Number	67414498	
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