	Jeb description	Date & Time Completed	Done by
Ref No: 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SAS e-filing		
Ref No: 14 14 Chol3377 174	E-mail (within 8hrs, AIC 2hrs)		
Veh No: Jtx2764	i-Motor Claim Form		11-1-5-
D.O.A: 7/12-19:35	i-Motor W/O (Within: OD 2	m/11/24/5001	4117 12:00
OD TP)' Reporting Only	i-Photo Uploaded	ints, 1P 40rs)	
TP Insurer:	Assessment/Survey Report		
Preferred Wksp / INC Assign Wksp / QW: (	Ass't Report by Fax / Han		Fax:
	7.19317 INC		
TP Particulars: Veh No: Je7 Owner / Driver: (	<u> </u>	Tel:	· · · · · · · · · · · · · · · · · · ·
	Period: (	Cover Type: (	_ <del></del>
Confirmed by : (	Date:	Time:	)
	[Note-Est. Status (WO): N: 0	-20% P: 21-79% P: 80-	100%]
Year of Registration: ( )	Warranty: YES ( ) / NO (	)	
Excess: (\$ ) Loading: \$1			
General Remarks:	,000 ( ) / \$2,000 ( )		
	formation estable Confidential 8	<u></u>	
( ) Walk-In Customer: Customer's int ( ) Total Loss Case : to e-mail Insu		Strictly NO Taler of repailer.	
		T-1-C-1	
Drive-In ( )/ Towed-In ( ); Invoid	ce: YES( ) / NO( );	Towing Co: (	,
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by
1) Apply for Transport Allowance ( )/	Courtesy Car ( )		
	,		
2) QC Check / Post Repair Inspection	( )		
	( ) \$3000] ( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	( )		
3) Upload Resurvey Photo [Repair Cost > 5	( ) \$3000] ( )		
3) Upload Resurvey Photo [Repair Cost > 5	\$3000] ( )		es e
3) Upload Resurvey Photo [Repair Cost > 5	( ) \$3000] ( )		
3) Upload Resurvey Photo [Repair Cost > 5	( ) \$3000] ( )		
3) Upload Resurvey Photo [Repair Cost > 5	( ) \$3000] ( )		
3) Upload Resurvey Photo [Repair Cost > 5	( )		
Onte/Time Actions	( )		
Date/Time Actions	1	eparation Checklist.	Ant (S) Amt (Tit Bill Add B
Injury: Onte/Time Actions	Invoice P	eparation Checklist entReporting (\$30);	Ant (S) Amil Ist Bill Add B
Injury:  Onte/Time Actions  Actions  Actions  Almant's Particulars:	Inveice P	eparation Checklist; ent Reporting (\$30); ge Assessment (\$100); INC (\$	Ant (S) Amil Ist Bill Add B
Injury:  Onte/Time Actions  Actions  Actions  Actions  Actions  Actions  Actions	Invoice P  1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow	cparation Checklist ent Reporting (\$30); ge Assessment (\$100); INC (\$ g Fee \$4 -Through Survey	Ant(S) Amt(
Upload Resurvey Photo [Repair Cost > 5  Injury: Date/Time Actions  LA 1006 77  Lumant's Particulars:	1 Invoice P  1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow	cparation Checklist ent Reporting (\$30); ge Assessment (\$100); INC (\$ g Fee \$4 -Through Survey -Through Survey (Resurvey)	Ant (5) Amt (
Injury:  Onte/Time Actions  Actions  Actions  Actions  iver/Owner:  ntact No:	Invoice P  1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-ins	ceparation Checklist ent Reporting (\$30); ge Assessment (\$100); INC (\$ g Fee \$4 -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 200 pection	Ant((S)) Amt((S)) Amt((S)) Amt((S)) Add B  80) Ant((S)) Add B  80) Ant((S)) Amt((S))
Injury:  Onte/Time Actions  Actions  aimant's Particulars: iver/Owner: ntact No:	1 Invoice P  1) AR: Accid 2) DA: Darna 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-ins 7) N1: Idao D	cparation Checklist ent Reporting (\$30); ge Assessment (\$100); INC (\$ g Fee \$4 -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 200 pection A + SMRT Survey	Ant((5)) Amt((8)) Amt((8)) Add B  80) (0/\$45
Date/Time Actions  Actions  LA 2006 73  Aumant's Particulars:- iver/Owner:  ntact No:  maged Portion:	Invoice P  1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-ins 7) N1: Idae D 3) NTUC Add OD*	cparation Checklist ent Reporting (\$30); ge Assessment (\$100); INC (\$ g Fee \$4 -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 200 pection A + SMRT Survey itional Services:	Ant (5) Amt ( 5t Bill Add B  80) 0/\$45 \$120 \$30 \$575 \$160
Date/Time Actions  Ac	Invoice Position 1	cont Reporting (\$30); ge Assessment (\$100); INC (\$ ge Assessment (\$ ge Assess	Ant(S) Amt(S) Amt(S) Amt(S) Amt(S) Add B  80)
Injury:  Date/Time Actions  Actions  Actions  aimant's Particulars: iver/Owner: intact No: maged Portion:  Checked by (Engr-In-Charge):	Invoice P  1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-ins 7) N1: Idac D  3) NTUC Add OD'* *N5: Courte *N6: Repair *N7: Fost F	contraction Checklist contraction (\$30); ge Assessment (\$100); INC (\$ ge Assessment (\$	Ant (\$) Amt (\$)  Fit Bill Add B  80)  0/\$45  \$120  \$30  \$75  \$160  \$53  \$510  \$525
Injury:  Onte/Time Actions  MALON 7  Actions  Actions  iver/Owner:  ntact No:  maged Portion:  Checked by (Engr-In-Charge):	Invoice P  1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-ins 7) N1: Idac D 8) NTUC Add OD* *N5: Courte *N6: Repair *N7: Fost F *N8: DV / 6	ceparation Checklist cent Reporting (\$30); ge Assessment (\$100); INC (\$ ge Assessment (\$ ge Assessment (\$100); INC (\$ ge Assessment	\$0) Ant(\$) Amt(\$)  \$0) Ant(\$) Add B  \$0) Ant(\$) Add B  \$0) Ant(\$) Add B  \$120
Injury:  Onte/Time Actions  Actions  Actions  iver/Owner:  ntact No:  maged Portion:  Checked by (Engr-In-Charge):	Invoice P  1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-ins 7) N1: Idac D 8) NTUC Add OD* *N5: Courte *N6: Repair *N7: Fost F *N8: DV / 6	Eparation Checklist  ent Reporting (\$30); ge Assessment (\$100); INC (\$ ge Assessment (\$100); INC (\$ ge Fee \$4  -Through Survey (Resurvey) gegainst INC Only (wef 10 Jan 200 pection A + SMRT Survey itional Services:	Ant (\$) Amt (\$)  Fit Bill Add B  80)  0/\$45  \$120  \$30  \$75  \$160  \$53  \$510  \$525

SN0920C4000A / National Assessment Centre Services [408933] ENTRY DATE & TIME: 04/12/2020 14:57 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (04/12/2020 14:57 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- 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

04/12/2020 14:57 (SGT) Date of Submission Date of Accident 03/12/2020 19:35 (SGT) Exact Location of Accident PIE, Singapore TWDS CHANGI SLIP RD TO BEDOK NORTH AVE 3 Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKX2761S

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner CHAI CHEE KIAN SXXXX302C NRIC No. Email Address cheekianchai@yahoo.com.sg Mobile Phone No (Phone) +65-91804436 Alternative Phone No

#### VEHICLE PARTICULARS

Honda Manufacturer Vezel Model Variant 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?

Vehicle Category

No - Claiming third party

Private car

#### INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive ...... Fleet Policy Policy Number 5119337259 Cover Note Number

### DRIVER

CHAI CHEE KIAN Name of Driver SXXXX302C NRIC No Date Of Birth 22/10/1958 Occupation Indoor

Date Of Driving Pass	23/12/1991
Driving experience	29 YEARS
Gender	Male
Mobile Number	(Phone) +65-91804436
Alt. Phone Number	+
Email Address	cheekianchai@yahoo.com.sg
Address	BLK 109 BEDOK NORTH ROAD
Address complement	#04-2320
Postcode	460109
s 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	
O of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet
Toda ounded	,,,,,
OTHER INFORMATION	
A 200 A 100 A	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	No
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
10/22 the assistant reported to the police?	No
Was the accident reported to the police?	No 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?	No
Was there any audio recorded?	No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	SKZ1931P
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	<b>₽</b>
Vehicle Colour	•
Vehicle Category	Private car
Name of Driver	•
Contact Number	
Address	
Address complement	• 1
Postcode	2
Insurance Company Name	

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

## INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	CHAI CHEE KIAN
Address	-
Address Complement	-
Post Code	_
Approximate Age Years Old	_
Injuries Sustained	<b>NECK &amp; BACK</b>
Injured person in which vehicle?	SKX2761S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	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:
- 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.
- 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)

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:
  - (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, involces, 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

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

NRIC/FIN NO.

PIE towards Changi Airport Slip road to Bedok North Red. SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Iwas PIE towards Changi Airport Slip ROAD travelling Bedok North Ave 3. The traffic was traffic light was red. So I slow down stop felt huge impact from the rear vehicle-I got down and see, vehicle had hM onto vehide. my DECLARATION I/We declare the foregoing particulars are true in every respect. Policyhol er's Stanature Driver's Signature Reporting Centre Personnel's Signature (If driver is not the policyholder) Date & Time: Name:

NRIC/FIN No.:

Date & Time:

LUMBER Ship de Maneron en 192

## SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

- Complete and submit this form to the individual insurance authorised reporting centre.

  Please report correctly on the details of the accident to speed up the claim process.

  This form must be filled up by the policy holder and/or authorised driver.

  Information provided must be as fruitful 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.

Any false reporting may be referred to the traffic police department for investigation.

## **Accident details**

Date and time of accident	Date: 0312 20	(DD/MM/YY) Time: /9 3 2 · (HH:MM)
Exact location of accident	PIE towards	Changi Airport Slip road to Beack north

## Details of vehicle

Vehicle registration number	SKX Z	7615.			
Vehicle make and model	VEZEL				
Type of vehicle	Saloon	MPV 🗆	CRV 🗆		· <del>-</del>
	Lorry 🗆	Bus 🗆	Motor	cycle 🗆	Others:
Vehicle category	Private 2	Comme	ercial 🗆	Motorcy	rcle n
Purpose of using at said time	PRIVATO	E			
Are you claiming under your own insurance company?	Yes □ Third part c	No 🗆	if no, plea: Reporting		

### **Insurance information**

Insurance company	NTUC .		
Policy number			<del></del>
Type of policy	Comprehensive of	Third party fire & theft	TP only 🗆

## Insured / Policy holder

Name	CHAI CHEE KIAN '	Male	Female 🗆
NRIC / Fin / Passport number	52609302E.		
Contact	9180 4436.		
Address	APT BLK 109 BEDOK NORTH BUR	0#64-2 5 460 10	

### **Driver**

# Same as insured above ✓ (skip to D.O.B)

Name	Male o	Female D
NRIC / Fin / Passport number		
Contact		
Address		
Email address	cheekian chai Qyahoo. com. sq 22101968.	
Date of birth	22101968.	
Occupation	Indoor Outdoone	•
Driving date pass	23121991	

# General information of the accident

Was driver an employee of	Yes 1 No.0
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	
Weather condition	Clear  Raining Others:
Road surface	Dry  Wet 2
No of passenger	(Inclusive of driver
Passenger 1	
Name	CHAI CHEE KIBN
Gender	Male d Female
Passenger 2	
Name	
Gender	Male   Female
Passenger 3	
Name	
Gender	Male   Female   Femal
Passenger 4	
Name	
Gender	Male   Female
Passenger 5	
Name	
Gender	Male  Female
Passenger 6	
Name	
Gender	Male   Female
Other information	
	/es,æ No 🗆
	/es 🗷 No 🗆
Details of police action	
Reported to police?	es  No lif yes, please state which police station.
Police station name	7 First state William Police Station.

# Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SK21931P.
Vehicle make model	
Third party vehicle 2	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 3	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 4	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 5	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 6	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Witness 1

Name	
Witness 2	
Name	

# Injured person 1

Name	CHAI CHEE KIAN.
Injuries sustained	BACK AND NECK.
Which vehicle person in?	5k×27615.
Were seat belts worn?	Yes No D
Was injured conveyed to hospital by ambulance?	Yes D No D

## Injured person 2

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes O No O

## Injured person 3

Name				
Injuries sustained				
Which vehicle person in?		and the state of t		
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆		

## Injured person 4

Name		The state of the s
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes D No D	
Was injured conveyed to hospital by ambulance?	Yes D No D	

<b>eBao</b> Tech					GeneralClain					lClaim
Hello, NAC_PAYA_UBI_80	0601	A PROPERTY OF THE PARTY OF THE				· Change	Language	• Chang	ge Password	· Log Out
My Desktop	Policy Query									•
Notice of Loss	Policy No.				Date o	f Accident	0:	3/12/2020 1	9:35	
	Vehicle No.(For Motor)	SKX2761	S		Certific	ate Number				
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5119337259		CHAI CHEE KIAN	S2609302C	GPC	drivo CLASSIC	SKX2761S	SKX2761S	02/12/2020	01/12/2021
				C	Continue					

Certificate No.							
		COAD CTA	CARORE 460	100			
Address	BLK 109 #04-2320 BEDOK NO	RTH ROAD SIN	GAPORE 460	109	Group		
Product Name	PRIVATE CAR INSURANCE	Plan			Policy Flag	N	
Policy ssue Date	13/10/2020	Effective Date	02/12/2020	0 00:00	Expiry Date	01/12/2021 23	:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	INSMART (INSURANCE) AGEN	IC' Agent Tel.	68420766		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 109 #04-2320	Addr	ess 2	BEDOK NORTH RO	DAD	Address 3	SINGAPORE 460109
		Addr	ess Type	Singapore address	5	Post Code	460109
Address 4	04-2320	Rela Num	ted Policy ber	5119337259			
	04-2320						
Address 4 Unit No.  Insure	ed Object: SKX2761S						
Unit No.	ed Object: SKX2761S						

aim Handling					
ident MT/1112418	5110227750	Vehicle No.	SKX2761S	GST Registration No.	
SA.	5119337259	Vehicle No.	wronk/ Vaw	- www.dandern = weekl@EnthinenTife	
tificate No.	PRINCE MANAGEMENT AND RESERVED.			Policyholder NRIC	S2609302C
No.	CHAI CHEE KIAN	(upplication resignation)	drivo CLASSIC	Loading	0
	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Contact No.(Home)	0
ntact No.(Mobile)	91804436	Contact No.(Office)	0	eCode	Nc V
nail Address		Special Remark			
K	● No ○ Yes	TCA	No ○Yes	eCode Reason	No.
D Protection	No	NCD Entitlement(%)	50	Private Hire	No
Accident Details					W
port Date	04/12/2020 14:58	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ate of Accident	03/12/2020	Time of Accident hh:mm	19:35	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	PIE				
7 Total Excess Applicable					
	Per Accident	Windscreen Excess	100.00		
1,70					
Standard Excess	0.00	TP Standard Excess	0.00		
ED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
dditional Excess	0				
ital OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
P Benefits					
overage			Sum Insured		
verage cess Waiver			9999999.99		
GST Registered Informa	tion				
	No		GST Registration Date		
ST Registered ST Registration No.			GST Status Verified	Yes	
odification History					
- 1000 Miles					
Policyholder Mailing Ad		Address 3	BEDOK NORTH ROAD	Address 3	SINGAPORE 460109
ddress 1	BLK 109 #04-2320	Address 2		Post Code	460109
ddress 4		Address Type	Singapore address	Fost Code	
nit No.	04-2320	Related Policy Number	5119337259		
OI Driver Info					
river Name	CHAI CHEE KIAN	Driver Type	Main Driver	Driver DOB	22/10/1958
nnamed driver Name		Driver NRIC	S2609302C		
egister Date of Driver License	23/12/1991	Driver Age	62	Driving Experience	28
ontact No.(Mobile)	91804436	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 109	Address 2	BEDOK NORTH ROAD	Address 3	SINGAPORE 460109
Address 4		Address Type	Singapore address	Post Code	460109
Jnit No.	04-2320				
Does he own a Singapore	○ Yes   No	Driver Vehicle No.		Driver Insurer Company	
Registered car?	0.120.11				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	● Yes ○ No		
Modification History  Claim 001 New					
Claim Type *	OD-MX	Insured Name	CHAI CHEE KIAN	Insured NRIC	S2609302C
Contact No.(Mobile)	91804436	Contact No.(Home)		Contact No.(Office)	
mail Address		OI Vehicle Number	SKX2761S	TP Vehicle Number	SKZ1931P
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	SKX2761S / SKZ1931P ON 3 Dec 2020			Name of Preferred Workshop	
Preferred Workshop Contact	5.5.2.7013 / 5.6.2.5317 0.4 5 5.6.2.520	Insured Liability *	Not at Fault		
No.				GIA report	Received
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	Markey Catherine Catherine	04/12/2020 00:00
Date Registered	04/12/2020 15:00	Claim Close Date		Date Received	
Report Taken By	Jackson				
Print AK letter					
Attachment			Save Submit		
₩					
Accident No.	MT/1112418	Claim No.	001		
Last Doc. Received	● Yes ○ No	Upload Date	04/12/2020 15:02		
	Path *		Category *	Confidential Urge	ency * Descripti
		Brows	se Clear Please Select	NO V Normal	<u> </u>
		Brows	se   Clear   Please Select	NO V Normal	<b>▽</b>
		Brows		NO V Normal	▼
		Brow		V NO V Normal	
		Brow	DO   MIGGIE   PIEGSE DEIECT	- I I I I I I I I I I I I I I I I I I I	

