| NATIONAL Assessment Centre S | services. we | 1 Jan'05] [N | 5920 (40006 | | | |
|--|--|---------------------------------|---------------------------|--|----------------------|-------------------|
| Date In: 16112-15-14 | Jcb description | | Date & Time Comple | ted | Done | by: |
| Rel No: 49 (1452001987 /24 | SAS e-filing | | | ! | | |
| Veh No: DMGIL | E-mail (within 8hrs, | AIC 2hrs) | | | | • |
| D.O.A: 5/N/2-18:45 | i-Motor Claim F | orm | m11113904-0 | 01 161 | 12/20 | 15:47 |
| | i-Motor W/O (Wi | thin: OD 2hrs, | | | | |
| OD : (TP)' Reporting Only | i-Photo Uploade | d | | | | |
| TD. | Assessment/Survey | Report | | | | |
| TP Insurer: | Ass't Report by Fa | x/Hand to | Owner/Wksp | | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | | Tel: | Fax: | |) |
| TP Particulars: Veh No: SKDSS | 76 | . INC(|)/Non-INC(|). | | |
| Owner / Driver: (| | • | Tel: | |) | |
| Policy No: () Period | : (|) | Cover Type: (| |) . | |
| Confirmed by : (| D | ate: | Time: | |) | |
| Insured/Driver Liability: (%) [Note | e-Est. Status (WO) | : N: 0-20 | %; P: 21-79%. P: | 80-1009 | 6] | |
| Year of Registration: () War | ranty: YES () | /NO(|) | | | |
| Excess: (\$) Loading: \$1,000 (|)/\$2,000(|) | | | | |
| General Remarks:- | | and the second | | | | |
| () Walk-In Customer: Customer's information | tion strictly Confide | ential & Stri | ctly NO refer of repa | irer. | | |
| () Total Loss Case : to e-mail Insurer U | RGENTLY. | • | , , , , , , , | | | |
| Drive-In ()/ Towed-In (); Invoice: Y | ES () / NO (|) ; To | wing Co: (| | , |) |
| Remarks: (INC hotline: 6788 6616) | | | Date&Time Comple | ad V | Done | by |
| | tesy Car () | 5.3154569681946.2° | | | - Lili-1 | |
| 2) QC Check / Post Repair Inspection | () | | | 1 | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000 |) () | - 3 | | | · | |
| Injury: | | | | | | |
| Date/Time Actions | | | | | Mariana. | |
| 7750000 | | | | ************************************** | | |
| | | | | | | |
| | | | • | | | |
| | | | | | | |
| , | | | | | | |
| MUNUOIOO | In | voice Prep | aration Checklist | | Anit (S) Ist Bill | Amt (\$) Add Bill |
| Claimant's Particulars:- | | R : Accident I | | NC (\$30) | | |
| Driver/Owner: | 3) T | F : Towing Fe | e . | \$40/\$45 | | |
| | 5) F | T : Follow-Th T : Follow-Th | rough Survey (Resurvey) | 530 | | |
| Contact No: | | or claiming ag R: Re-inspect | ainst INC Only (wef 10 Ja | <u>n 200</u> 5) \$ 75 | | |
| Damaged Portion: | 7) 1 | 11 : Idac DA + | SMRT Survey | . \$160 | | |
| 1 | | TUC Addition | nal Services:- | | | |
| QC Checked by (Engr-In-Charge): | 1 | NS: Courtesy | Car / Tpt Allowance | \$5 | | |
| 7 (5 (27 to 2 to | and the second control of the second control | N6: Repair Co N7: Post Repa | | \$10 \$25 | | |
| Auditors' Comments := | · · | N8: DV / Coll | ect Excess Coordination | \$5 | | |
| <u> </u> | | P (N11): TP (112: Idae Mob | Non INC) against INC | 30 | - | |
| 2at. 2 / 3; | | ics dated | Fee Che | argea | | and Jak |
| to the state of th | Inve | oice dated | Fee Ch | arged | SHIP | L |

a part of the



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

Date of Submission 16/12/2020 15:44 (SGT) Date of Accident 15/12/2020 18:45 (SGT) Exact Location of Accident BKE, Singapore Additional Location Information twds woodlands after pie Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJM61L

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner RAYNER ONG CHENG HOCK NRIC No SXXXX012F Email Address raynerong@singaporeshipping.com.sg Mobile Phone No (Phone) +65-92956126 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Harrier 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? No - Claiming third party Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5099520792-02 Cover Note Number

DRIVER

Name of Driver RAYNER ONG CHENG HOCK NRIC No SXXXX012F Date Of Birth 01/06/1979 Occupation Indoor

Date Of Driving Pass 15/04/1999 Driving experience 21 YEARS AND 8 MONTHS Gender Male Mobile Number (Phone) +65-92956126 Alt. Phone Number Email Address raynerong@singaporeshipping.com.sg Address BLK 225 ANG MO KIO AVENUE 1 Address complement #11-569 Postcode 560225 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 GENERAL INFORMATION OF THE ACCIDENT Type of Accident Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 KOK KIT LAI Name Gender Female PASSENGER 2 Name HU SHU WAN, YVONNE Gender Female PASSENGER 3 Name LEE WEI EN, RYAN Gender Male PASSENGER 4 Name MELONY OH SIEW CHING Gender Female PASSENGER 5 MIKAELA ONG YUN JIE Name Gender Female 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? | No |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| Vehicle Registration Number Vehicle Manufacturer Vehicle Model | SKD5357L Toyota Wish |
|--|----------------------------|
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 2 |

DETAILS OF OTHER VEHICLE PROPERTY 2

| Vehicle Registration Number | SLS5280H |
|---|-------------|
| Vehicle Manufacturer | Toyota |
| Vehicle Model | Previa |
| Vehicle Variant | _ |
| Vehicle Colour | _ |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | |
| Address | 8- |
| Address complement | |
| Postcode | - |
| 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 | RAYNER ONG CHENG HOCK |
|---|--|
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | BODY |
| Injured person in which vehicle? | SJM61L |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |
| INJURED 2 | |
| Name of injured person | KOK KIT LAI |
| Address | Participation and the second s |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | BODY |
| Injured person in which vehicle? | SJM61L |
| injured percent in third territory | SJIVIOTE |

| Were seat belts worn? | |
|---|----------------------|
| Was this injured conveyed to hospital by ambulance? | No |
| INJURED 3 | |
| Name of injured person | HU SHU WAN, YVONNE |
| Address | |
| Address Complement | - |
| Post Code | |
| Approximate Age Years Old | - |
| Injuries Sustained | |
| Injured person in which vehicle? | |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |
| INJURED 4 | |
| Name of injured person | LEE WEI EN, RYAN |
| Address | - |
| Address Complement | |
| Post Code | |
| Approximate Age Years Old | |
| Injuries Sustained | |
| Injured person in which vehicle? | |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |
| INJURED 5 | |
| Name of injured person | MELONY OH SIEW CHING |
| Address | |
| Address Complement | |
| Post Code | |
| Approximate Age Years Old | ± |
| Injuries Sustained | BODY |
| Injured person in which vehicle? | SJM61L |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |
| NJURED 6 | |
| Name of injured person | MIKAELA ONG YUN JIE |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | |
| Injuries Sustained | BODY |
| Injured person in which vehicle? | SJM61L |
| Were seat belts worn? | No |
| Was this injured conveyed to hospital by ambulance? | No |

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.
- 3. 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.
- 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.
- 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:
 - (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.:

| BKE (Woodlands) | | $C \rightarrow SLS 5280 H$ $A \rightarrow SJM 61 L$ |
|------------------------|-------|---|
| 15/12/2020 G 6-45PM | 1 1 C | B → SkD 5357L |
| | | |

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| On the stated time & date, I was travelling on my vehicle, bearing |
|--|
| (SJM 61 L). As infront vehicle braked, I followed suit. Suddenly, |
| I delt a huge impact from the rear, causing my vehicle to surge, |
| forward and collided on to the front vehicle. I alighted from |
| My vehicle and realised vehicle 0, (SKO 5357 L) hit onto |
| the rear portion of my vehicle which caused me to hit on |
| vehicle C, (SLS 5280 H). We exhanged particulars and |
| decided to proceed with insurance claims. |
| |
| |
| |
| |

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

Name:

NRIC/FIN No.:

e Personnel's Signature

SINGAPORE ACCIDENT STATEMENT

| Accident Details | | | |
|--|--------------------------|----------------------------------|---------------|
| Date of Accident: | 15/12/2020 | | |
| Time of Accident: | 6:45 | | (AM / RM) |
| Location of Accident: | BKE (Woodlands) | after PIE | |
| Country/State of Loss: | Singapore | | |
| Type of Accident: | Chain Collision | | |
| Weather Condition: | Clear / Raining / Not in | n List | |
| If Not in List, please spec | | | |
| Road Surface: | Dry / Web/ Not in List | | |
| If Not in List, please spec | | | |
| Are you claiming under y policy for repair to your v | | Yes/No | |
| If No, please state action | to be taken | Third Party / R | eporting Only |
| Was any foreign vehicle i | nvolved in accident? | Yes / No | |
| If yes, please state Vehic | le No: | | |
| Type of Vehicle: | | | |
| No. of vehicles Involved i | n the accident (include | e own vehicle) | 3 |
| Has the driver been appraccident claims assistance | | erson(s) soliciting/ Yes / No | offering |
| Was the accident reporte | ed to the police? | Yes/No | |
| If yes, police station nam | ne: | | |
| Was notice of Prosecution | on given? | Yes No | |
| If ves. against whom? | | | |

Driver's Information

| Is the driver the policy hol | der? Yes / No |
|--|--|
| Name of Driver: | Rayner Ong Cheng Hock |
| Gender: | Male / Female |
| ID Type: | NRIG / Passport or FIN / Work Permit |
| Driver's ID: | S7915012F |
| Date of Birth: | 01-06-1979 |
| Driving Pass Date: | 15-04-1999 |
| Mobile No: | 92956126 |
| Email: | raynerong a singaporeshipping. com. sq |
| Address 1: | BIK 225 Ang Mo kio, Ave 1 #11- 569 |
| Address 2: | |
| Postal Code: | singapore \$60225 |
| Occupation: | Indoor / Outdoor |
| Driver Owner Relationship | |
| Does Driver own other ve | hicles? Yes / No |
| If yes, please provide Veh | icle Registration No: |
| Handling Insurer: | |
| | |
| TP Vehicle or Property | |
| Was there any other vehic | cle or property damaged? |
| If yes, please provide: | |
| (i) Vehicle Registra (ii) Vehicle Category (iii) No. of passenge | |

| eBao Tech | | | | | | | Genera | alClaim |
|------------------------|------------------------|--|----------------------|-------------|------------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601 | and the second s | | | Change Langua | ge Cha | nge Password | → Log Out |
| My Desktop | Policy Query | | | | | | | • |
| Notice of Loss | Policy No. | | | Date of Ac | cident | 15/12/2020 | 18:45 | |
| | Vehicle No.(For Motor) | SJM61L | | Certificate | Number | | | |
| | | | | Search | | | | |
| | Select Policy No. | Certificate Policyholder Number Name | Policyholder NRIC | Product Co | ver Type Vehicle | Insured Object | Commence Date | Expiry Date |
| | O 5099520792- | RAYNER ONG CHENG HOCK | | | drivo SJM61 | L SJM61L | 21/05/2020 | 20/05/2021 |
| | | | | Continue | | | | |

| Policy No. | 5099520792-02 | Policyholder Name | RAYNER (| ONG CHENG HOCK | Policyholder NRIC | S7915012F | |
|-----------------------------------|----------------------------|---------------------------------------|-----------------|-------------------|--|--------------|------------------------------|
| Certificate No. | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | VII. (18.176.75) | | |
| Address | BLK 225 #11-569 ANG MO KIO | AVENUE 1 SI | NGAPORE 5 | 60225 | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | | Group Policy Flag | N | |
| Policy ssue Date | 06/05/2020 | Effective Date | 21/05/20 | 20 00:00 | Expiry Date | 20/05/2021 2 | 23:59 |
| Excess Type | Per Accident | All Claims Excess | | | | | |
| Third Party Excess | 0 | Own damage Excess | 600 | | Windscreen Excess | 100 | |
| Additional Excess | 0 | OS Premium | 0 | | | | |
| Outside Singapore OD Excess | 600 | Outside Singapore TP Excess | 0 | | | Young | g/Inexperience Driver Excess |
| Agent | TECK WEI CREDIT PTE. LTD. | Agent Tel. | 64650020 | null | GST Flag | Y | |
| Co- nsurance Flag | No | | | | | | |
| Open Policy Info | | | | | | | |
| Certificate Info | | | | | | | |
| Policyh | older Mailing Address | | | | | | |
| Address 1 | BLK 225 #11-569 | Addre | ess 2 | ANG MO KIO AVE | NUE 1 | Address 3 | SINGAPORE 560225 |
| Address 4 | | Addre | ess Type | Singapore address | | Post Code | 560225 |
| Unit No. | 11-569 | Relat Numb | ed Policy er | 5099520792-02 | | | |
| ▶ Insure | d Object: SJM61L | | | | | | |
| ▽ Endors | ements | | | | A PER VIVIA DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DE LA COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DEL COMPANIO DE LA COMPANIO DE LA COMPANIO DEL C | | |
| | ce Date of Endorsemer | | Endorseme | nt Tuna | Endorsement | Chabina | Endorsement Content |

| Accident MT/1113904 | | | | | |
|---|--|--|---|--|------------------------------|
| | 1946/00/2000/00/2000/00/2000/00/2000/00/2000/00/ | | A CONTRACT OF THE PARTY OF THE | | |
| olicy No. | 5099520792-02 | Vehicle No. | SJM61L | GST Registration No. | |
| ertificate No. | | | | | |
| olicyholder Name | RAYNER ONG CHENG HOCK | | | Policyholder NRIC | S7915012F |
| roduct Code | PRIVATE CAR INSURANCE | Cover Type | drivo CLASSIC | Loading | 0 |
| ontact No. (Mobile) | ct No.(Mobile) 92956126 Conta | | 0 | Contact No.(Home) | 0 Nc 💙 |
| mail Address | | | | | |
| | 00 | Special Remark | 8 6 | | |
| FK | No ○ Yes | TCA | No Yes | eCode Reason | |
| CD Protection | No | NCD Entitlement(%) | 50 | Private Hire | No |
| Accident Details | | | | | |
| eport Date | 16/12/2020 15:46 | Accident Report Within 24 hrs | Yes | Accident Type | Chain Collision |
| Pate of Accident | 15/12/2020 | Time of Accident hh:mm | 18:45 | Country of Accident | Singapore |
| eporting Centre | | Orange Force | | ICM No. | |
| | | Orange Force | | TCFI NO. | |
| ccident Location | BKE | | | | |
| Total Excess Applicable | | | | | |
| xcess Type | Per Accident | Windscreen Excess | 100.00 | | |
| | | | | | |
| D Standard Excess | 600.00 | TP Standard Excess | 0.00 | | |
| IED OD Excess | 0.00 | YIED TP Excess | 0.00 | Driver is Covered? | Covered |
| dditional Excess | 0 | an and the trade along the state of the stat | | AND AND THE PROPERTY OF THE PARTY OF THE PAR | |
| otal OD Excess Applicable | | Total TP Excess Applicable | 0.00 | | |
| | 600.00 | Total IP Excess Applicable | 0.00 | | |
| ♥ Benefits | | | | | |
| GST Registered Informa | | | | | |
| ST Registered | No | | GST Registration Date | | |
| ST Registration No. | | | GST Status Verified | Yes | |
| odification History | | | | | |
| | | | | | |
| Policyholder Mailing Ad | dress | | | | |
| ddress 1 | BLK 225 #11-569 | Address 2 | ANG MO KIO AVENUE 1 | Address 3 | SINGAPORE 560225 |
| address 4 | | Address Type | Singapore address | Post Code | 560225 |
| | | | 5099520792-02 | 7 031 0000 | SUCEES |
| Init No. | 11-569 | Related Policy Number | 5099520792-02 | | |
| OI Driver Info | | | | | |
| river Name | RAYNER ONG CHENG HOCK | Driver Type | Main Driver | | |
| nnamed driver Name | | Driver NRIC | S7915012F | Driver DOB | 01/06/1979 |
| egister Date of Driver License | 15/04/1999 | Driver Age | 41 | Driving Experience | 21 |
| ontact No.(Mobile) | 92956126 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| ddress 1 | BLK 225 | Address 2 | ANG MO KIO AVENUE 1 | Address 3 | SINGAPORE 560225 |
| | DEN 223 | | | | |
| ddress 4 | | Address Type | Singapore address | Post Code | 560225 |
| Jnit No. | 11-569 | | | | |
| oes he own a Singapore registered car? | ○ Yes 	 No | Driver Vehicle No. | | Driver Insurer Company | |
| registered curr | | | | | |
| eclaration | | | | | |
| Breathalyser or Blood Test | 0.00 | Any introv2 | ● Yes ○ No | | |
| eading? | 0 mg | Any injury? | © Tes O No | | |
| | | | | | |
| | | | | | |
| odification History | | | | | |
| odification History | | | | | |
| Claim 001 New | | | | | |
| | | | | | |
| | | | | | |
| Claim 001 New | OD-MX 🔽 | Insured Name | RAYNER ONG CHENG HOCK | Insured NRIC | S7915012F |
| Claim 001 New | OD-MX | Insured Name Contact No.(Home) | RAYNER ONG CHENG HOCK | Insured NRIC Contact No.(Office) | S7915012F |
| Claim 001 New | | | RAYNER ONG CHENG HOCK SJM61L | | \$7915012F |
| Claim 001 New | 92956126 RAYNERONG@SINGAPORESHIP | Contact No.(Home) OI Vehicle Number | SJM61L | Contact No.(Office) | |
| claim 001 New itaim Type • ontact No.(Mobile) mail Address laimant Type Claimant Type • | 92956126 RAYNERONG@SINGAPORESHIP Please Select | Contact No.(Home) OI Vehicle Number Type of Benefit * | | Contact No.(Office) | |
| claim 001 New laim Type * ontact No.(Mobile) mail Address laimant Type Claimant Type * laimant Name * | 92956126 RAYNERONG@SINGAPORESHIP | Contact No.(Home) OI Vehicle Number | SJM61L | Contact No.(Office) | |
| claim 001 New laim Type * ontact No.(Mobile) mail Address laimant Type Claimant Type * laimant Name * | 92956126 RAYNERONG@SINGAPORESHIP Please Select ≥≥ | Contact No.(Home) OI Vehicle Number Type of Benefit * | SJM61L | Contact No.(Office) TP Vehicle Number | |
| claim 001 New laim Type * ontact No.(Mobile) mail Address laimant Type Claimant Type * laimant Name * laimant Address laim Description | 92956126 RAYNERONG@SINGAPORESHIP Please Select | Contact No.(Home) OI Vehicle Number Type of Benefit * | SJM61L | Contact No.(Office) | |
| laim Type * ontact No.(Mobile) mail Address laimant Type Claimant Type * laimant Name * laimant Address laim Description referred Workshop Contact | 92956126 RAYNERONG@SINGAPORESHIP Please Select ≥≥ | Contact No.(Home) OI Vehicle Number Type of Benefit * | SJM61L | Contact No.(Office) TP Vehicle Number | |
| claim 001 New laim Type * contact No.(Mobile) mail Address laimant Type Claimant Type * laimant Name * claimant Address laim Description referred Workshop Contact o. | 92956126 RAYNERONG@SINGAPORESHIP Please Select ≥≥ S3M61L / SKD5357L ON 15 Dec 2020 | Contact No. (Home) OI Vehicle Number Type of Benefit • Claimant NRIC • Insured Liability • | SJM61L Please Select V Not at Fault | Contact No.(Office) TP Vehicle Number Name of Preferred Workshop | SKD5357L |
| iaim Type * ontact No.(Mobile) mail Address laimant Type Claimant Type * laimant Address laim Description referred Workshop Contact oc. equire Finalisation | 92956126 RAYNERONG@SINGAPORESHIP Please Select ≥≥ SJM61L / SKD5357L ON 15 Dec 2020 Ves Ves | Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option | SJM61L Please Select | Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report | SKD5357L |
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