Date Inc. data in	tre Services pure savios	Date &Time Completed	Done	· hv
Date In: 1/2/18-18:00	Jeb description	Date & Time Completed	Done	20,
Ref No: NA MCIPO >068/24	SAS e-filing	1		<u> </u>
Veh No: SW3128M	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 1/2/18-11:05	i-Motor Claim Form	M7 0980572	1/2/18 19:	20
OD TP Reporting Only	i-Motor W/O (Within: OD 2hr	s, TP 4hrs)		
OB . (1) Reporting Only	i-Photo Uploaded	1		19 81
TP Insurer:	Assessment/Survey Report		Mark Company	
ir msurer.	Ass't Report by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	111.00
TP Particulars: Veh No: 506	8207 U INC ()/Non-INC()	20	
Owner / Driver: (Tel:)	HEXTEN TO THE REAL PROPERTY.
Policy No: () P	eriod: (Cover Type: ().	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-26	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
	000(,)/\$2,000()			
General Remarks:-			1000 S	
() Walk-In Customer: Customer's inf				
() Total Loss Case : to e-mail Insur	rer URGENTLY.	A		
Drive-In ()/ Towed-In (); Invoice	:e: YES() / NO(); To	owing Co: ()
Remarks:- (INC hotline: 6788 6616)		Date& Time Completed J	77767 1801	ik.
		Datese turio confine or	NEW YEAR	by
2) QC Check / Post Repair Inspection	Courtesy Car ()			_
3) Upload Resurvey Photo [Repair Cost > \$	30001			
	3000) ()			
Injurý:				==77.F-64.C
ate/Time Actions			TOTAL PROPERTY OF THE	
	0.00		54000 1001 C 101 C 1	
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VALENZI II	Invoice Pren	aration Checklist	And (S)	Am (3)
VA1500713	200 300 200 200	aration Checklist	Ant (5)	4000
MA あっている imant's Particulars :-	1) AR : Accident I 2) DA : Damage A	Reporting (\$30); Assessment (\$100); INC (\$8	(16.B)(I	4000
VA1500713	1) AR : Accident 2) DA : Damage A 3) TF : Towing Fe	Reporting (530); Assessment (5100); INC (58 6 540	76 Bill 10) 1/545	4000
VA(มิงการ umant's Particulars :- ver/Owner:	1) AR : Accident I 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th	Reporting (\$30); Assessment (\$100); INC (\$8 cough Survey rough Survey (Resurvey)	16: Bill 10) 1/545 5120 530	Amu(3)
umant's Particulars:- ver/Owner: ntact No:	1) AR : Accident 1 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th For claiming as	Reporting (\$30); Assessment (\$100); INC (\$8 rough Survey rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005)	16: Bill 10) 1/545 5120 530	4000
VA(มิงการ umant's Particulars :- ver/Owner:	1) AR : Accident 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th For claiming as 6) TR : Re-inspect 7) N1 : Idao DA +	Reporting (\$30); Assessment (\$100); INC (\$8 rough Survey rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005) ion SMRT Survey	16.Bill 10) 1/545 \$120 \$30)	Acres de la constante de la co
umant's Particulars :- ver/Owner: ntact No: naged Portion:	1) AR : Accident 2) DA : Damage A 3) TF : Towing Re 4) FT : Follow-Th 5) i*T : Follow-Th For claiming as 6) TR : Re-inspect 7) N1 : Idao DA + 8) NTUC Addition	Reporting (\$30); Assessment (\$100); INC (\$8 rough Survey rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005) ion SMRT Survey	16. Bill 10) 1/545 \$120 \$30) \$75	4000
umant's Particulars:- ver/Owner: ntact No:	1) AR: Accident 2) DA: Damage A 3) TF: Towing Re 4) FT: Follow-Th 5) i*T: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idao DA + 8) NTUC Addition OD* *N5: Courtesy (Reporting (\$30); LSSESSMENT (\$100); INC (\$8 • \$40 rough Survey rough Survey (Resurvey) sinst INC Only (wef 10 Jan 2005) ion SMRT Survey hal Services Car / Tpt Allowance	16.Bill 100) 1/545 5120 530) \$75 \$160	Acres de la constante de la co
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Umant's Particulars:- ver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge): ditors' Comments::- 1:	1) AR : Accident 1 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th 5) i*T : Follow-Th For claiming as 6) TR : Re-inspect 7) N1 : Idao DA + 8) NTUC Addition OD* *N5: Courtesy 6 *N6: Repair Co *N7: Fost Repair *N8: DV / Colli-	Reporting (\$30); ISSESSMENT (\$100); INC (\$8 S40 rough Survey rough Survey (Resurvey) sinst INC Only (wef 10 Jan 2005 ion SMRT Survey hal Services Car / Tpt Allowance -ordination ir Inspection set Excess Coordination Nun INC) against INC	55 510 525 55 520 30 30 30 30 30 30 30 30 30 30 30 30 30	4000
Umant's Particulars:- ver/Owner: ntact No: naged Portion: Checked by (Engr-In-Charge): ditors' Comments:-	1) AR : Accident 2) DA : Damage A 3) TF : Towing Re 4) FT : Follow-Th 5) FT : Follow-Th For claiming as 6) TR : Re-inspect 7) N1 : Idao DA + 8) NTUC Addition OD* *N5: Courtesy (*N6: Repair Co *N7: Post Repair *N8: DV / Colle TP (N11) : TP (9) N12: Idao Mobi	Reporting (\$30); Assessment (\$100); INC (\$8 Frough Survey Frough Survey (Resurvey) Frough Survey (Resurvey) Frough Survey (Resurvey) Frough Survey Fr	\$100 100	Add Bill

SINGAPORE ACCIDENT STATEMENT

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 truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 ladgement 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 STATEMEN

	ACCIDENT STATEMENT
Date Of Report	01/02/2018 18:00
Date Of Accident	01/02/2018 11:00

Exact Location Of Accident ALONG PAYA LEBAR RD BESIDE SHELL PETROL STATION

COMMERCIAL

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

SLV3128M Vehicle Registration Number

Insured/Policyholder

RELIABLE RIDES PTE LTD Name Of Registered Owner

Co Reg No 201611527N NOEMAIL Email Address

Mobile Phone No

Alternative Phone No. OFFICE-89999999

Vehicle Particulars

Manufacturer HONDA

Model

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy NO

Name of Insurance Company

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken PRIVATE HIRE

Vehicle Category

Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5096971135 Policy Number

Cover Note Number

Driver

MOHAMMAD SALLEH BIN SIDEK Name of Driver

S1165543B NRIC No Date Of Birth 28/11/1955 OUTDOOR Occupation 13/10/1976 Date Of Driving Pass

41 YEARS AND 3 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-90294300 Mobile Number

Fax Number

OFFICE-90294300 Contact Number

NOEMAIL EMail Address

Address

BLK 101 BEDOK RESERVOIR ROAD

#07-454

Postcode

470101

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO 2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

.0

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1 *

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TAMPINES NORTH NEIGHBOURHOOD POLICE POST

ROAD: BLK 461 TAMPINES STREET 44 #01-56, POSTCODE: 520461,

COUNTRY: SINGAPORE

Police Station Address
Police Station Contact

TEL NO: 1800-7818999 - FAX NO: 67838603

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20180201/2116.

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

SLG8222U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

4

DETAILS OF INJURED PERSON 1

Name

MOHAMMAD SALLEH BIN SIDEK

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

NECK & BACK

SLV3128M

YES

NO

SKETCH PLAN

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.
- 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>.
- 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 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:
 - 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.:

TCH PLAN		
96	A PARTO	A: SCV3128M
Daya lesar Rd	1 1	
CRIBE CIRCUMSTANC	ES OF THE ACCIDENT	
efor to police	report - 7/20/800 01/21	16.
	* /	
	*	
9		

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder)

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:





T/20180201/2116

1 of 3

Report No. T/20180201/2116

Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE 520461

Tel No: 1800-7818999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/02/2018 15:51			Vide Report No.: Station Diary No. 41				
Informa	nt's Partic	ulars					
	Informant: MAD SALL	EH BIN SIDEK	Address: APT BLK 101 BEDOK RESER SINGAPORE 470101	RVOIR ROAD #07-454			
ID Type / ID No.: NRIC NO / S1165543B			Contact No.: Home/Office:	Mobile: 90294300			
National	ity: ORE CITIZ	EN	Email:	*			
Sex: Male	Age: 62	Date of Birth: 28/11/1955	n: Type of Informant: Driver				
Race: Malay			Language: English	Institution / School Name:			
Occupation: GRAB Driver			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:			

General Inform	mation of the Accide	ent		
Type of Accident: Non-Injury Others		Drink Drive: No	Date/Time of Accident: 01/02/2018 11:00	Type of Location: Straight Road
Location:				
PAYA LEBAR	ROAD	4		
Along Paya L	ebar Road		I	and Canad Limit:
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		raffic Volume: Moderate
Type of Collis	sion: ving Vehicles - Head	To Rear∘	a	Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLG8222U	Car	MERCEDES BENZ	CLA180 SB (R18 BI)	Black		0
SLV3128M	Car	HONDA	FREED 1.5G HYBRID AUTO	White		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20180201/2116

Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE 520461

Tel No: 1800-7818999

CONTINUATION OF REPORT

Driver						211255125
Name	MOHAMMAD SALL	EH BIN SI	DEK	ID No		S1165543B
Related Vehicle	SLV3128M (Car)			Conta	ct No.	90294300
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY			Class Drivin Licent Expiry	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	01/02/2018	Date Disc	harge	01/02	2/2018	
	ted Medical Leave	03	Degree o	Degree of Injury NIL		

Brief Details.

On 01/02/2018 at about 1100hrs, I was driving my GRAB car (SLV3128M) along Paya Lebar Road on lane 2 near the Shell Petrol Station/CISCO HQ building.

Out of sudden, I felt an impact coming from behind. I realised the car (SLG8222U) travelling on lane 1 changed lane abruptly and collided on the rear of my car which resulted to damage.

No injury and I did not exchange particulars with the driver. I took photos of the accident scene using my mobile phone. I have in-car CCTV installed and captured the accident footage.

After the accident, I felt unwell thus seek medical treatment at a private clinic and was given 3 days of medical leave from 01/02/2018 to 03/02/2018.





3 of 3

Report No. T/20180201/2116

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461 CONTINUATION OF REPORT

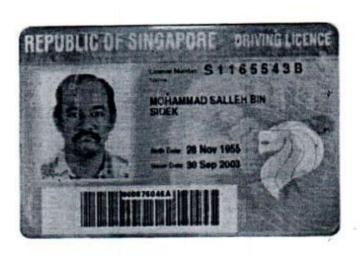
Tel No: 1800-7818999

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 2 MUHAMMAD ISA BIN MD RASHID	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/02/2018 15:51
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	









eBao Tech	1								Gene	eralClaim
Hello, NAC_PAYA_UB	1_800601						Change Lar	nguage '	Change Passwo	ord • Log Out
My Desktop	P	olicy Query								
Notice of Loss		cy No. icle No.(For Moto	SLV3128M	*		Date of Acc	cident	01/02	2018 11:00	
	Sele	ect Policy No.	Policyholder Name	Policyholder NRIC	Product		Vehicle No.	Insured Object	Commence Date	Expiry Date
	C	509697113	RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLV3128M	SLV3128M	27/12/2017	26/12/2018
						Continue				

Polic	y Information		T.			
Policy No.	5096971135	Policyholder Name	RELIABLE RIDE		Policyholder NRIC	201611527N
Address	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKIT SING	GAPORE 415875		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N
Policy Issue Date	26/12/2017	Effective Date	27/12/2017 00:	00	Expiry Date	26/12/2018 23:59
Third Party Excess	1500	Own damage Excess	1000		Windscreen Excess	100
Additional Excess	0	OS Premium	1400.00			
Outside Singapore OD Excess	3000	Outside Singapore TP Excess	3000			
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Υ
Co- insurance Flag	No		6			
Open Policy Info Certificate Info						
▽ Policyl	nolder Mailing Address					
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMI	ER @ KAKI BUKI1	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore addr	ess	Post Code	415875
Unit No.	05-50	Related Policy Number	5097501986			
) Insure	d Object: SLV3128M					
▽ Endors	sements					
Sequen	ce Date of Endorsement	Endors	ement Type	Endorsemen	nt Status	Endorsement Content
1	27/12/2017 00:00	Basic Infor Endorseme		Endorsement Tak	e Effective	Thank you for giving us the opportunity to serve you. We confirm that from 27 Dec 2017, the following amendment(s) is/are made to this policy: 1. PERIOD OF INSURANCE: 27 Dec 2017 TO 26 Dec 2018 2. ORIGINAL REGISTRATION DATE: 27 Dec 2017 3. VEHICLE REGISTRATION NUMBER: SLV3128M
						Thank you for giving us the opportunity to serve you. We

CONTRACTOR STATE	concentration and the second				
premium on this policy has ri dent MT/0980572	at been collected.				
cy No.	5096971135	Venicle No.	SLV3128M	GST Registration No.	
yholder Name	RELIABLE RIDES PTE LTD			Policyholder NRIC	201611527N
uct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
	0	Contact No.(Office)	0	Contact No.(Home)	0
act No.(Mobile) II Address		Special Remark		eCode	To ~
Address .	® No ○ Yes	TCA	® No ∵Yes	eCode Reason	
2019/2003		NCD Entitlement(%)	0	Private Hire	Yes
Protection	No				
Accident Details		Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Change / Cross lane
ort Date	01/02/2019 18:58			Country of Accident	Singapore
of Accident	01/02/2018	Time of Accident Nicimm	11:00		
orting Centra		Orange Force		ICM No.	
dent Location	ALONG PAYA LEBAR RO BESIDE SHELL PETE	IGL STATION			
Benefits		order and the second			
Excess					
damage Excess	1,000.00	Additional Excess	0.00	Windscreen Excess	100.00
arned Driver Excess		Outside Singapore OD Excess	3,000.00		
6 Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
GST Registered Informa	tion				
Registered	No.		GST Registration Date		
Registration No.			GST Status Verified	No	
ification History					
Policyholder Hailing Ade	dress				
iress 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-SD PREMIER @ KAKI BUKI)	Address 3	SINGAPORE 415875
iress 4		Address Type	Singapore address	Post Code	415075
t No.	05-50	Related Policy Number	5097501986		
OI Driver Info					
ver Name	Unnamed Oriver	Driver Type	Unnamed Driver		
named driver Name	MOHAMMAD SALLEH BIN SIDEK	Driver NRJC	S1165543B	Driver DOB	28/11/1955
ester Date of Driver License	13/10/1976	Driver Age	62	Driving Experience	41
stact No.(Mobile)	90294300	Contact No.(Office)	0	Contact No.(Home)	0
iress 1	BLK 101	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS VISTA
	SINGAPORE 470101	Address Type	Singapore address	Post Code	470101
dress 4		Address Type	3.1,2,5		
it No.	07-454			The state of the s	
				Driver Insurer Company	
	○ Yes ® No	Driver Vehicle No.			
	○ Yes ® No	priver venicle no.			
gistered car?		ě			
gistered car? claration esthalyser or Blood Test	○ Yes ® No O mg		® Yes ○ No		
gistered car? claration eathalyser or Blood Test		ě	® Yes ○ No		
use he own a Singapore gistered car? claration eschalyser or Brood Test landing?		ě	₩ Yes ○ No		
gistered car? Jaration recharger or Blood Test ading?		ě	₩ Yes ○ No		
issered car? Isration enhalyser or Blood Test iding?		ě	® Yes ○ No		
issered car? Isration enhalyser or Blood Test iding?		ě	® Yes ○ No		
Jacation Jac	ô mg	ě	Yes ○ No RELIABLE RIDES PTE LTD	Insured NRIC	201611527N
deration der		Any injury? Insured Name			201611527N 66351820
Jaration Jar	ô mg	Any injury? Insured Name Contact No.(Home)	RELIABLE RIDES PTE LTD	Insured NRIC	
Jaration Jar	OD-MX	Any injury? Insured Name		Insured NRIC Contact Ne. (Office) TP Vehicle Number	66351820 \$LG8222U
deration der	ô mg	Any injury? Insured Name Contact No.(Home)	RELIABLE RIDES FTE LTD	Insured NRIC Contact Ne.(Office)	66351820 \$LG8222U
Jeration Jer	OD-MX	Any injury? Insured Name Contact No.(Home)	RELIABLE RIDES PTE LTD	Insured NRIC Contact No. (Office) YP Vehicle Number Name of Preferred Worksh	\$4351820 \$448222U
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Attachment L	Uploaded By/Date	Category	P urgency	Description	Mag Sent? Actio (CO)
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