and the second s		169910811AHM	1000
Date In: 9/3/18 - 10: 29	Jeb description	Date & Time Completed	Done by
Re[No: NA]/NC1800 2651/24	SAS e-filing		
Veh No: 5928334P	E-mail (within Shrs, AIC 2hrs)		•
D.O.A: 8/2/18-14:40	i-Motor Claim Form	MT/0981677	9/2/18 11:57
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2	Control of the Contro	T. T.
OD : 1P Reporting Only	i-Photo Uploaded	1	
TP Insurer:	Assessment/Survey Report		
TF Insurer.	Ass't Report by Fax / Hane	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:
TP Particulars: Veh No: 5746	lop INC	( )/Non-INC( )	
Owner / Driver: (	# # # # # # # # # # # # # # # # # # #	Tel:	)
Policy No: ( ) Per	riod: (	Cover Type: (	) .
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %) [1	Note-Est. Status (WO): N: 0-	20%; P: 21-79%. F: 30-1	00%]
Year of Registration: ( ) V	Warranty: YES ( ) / NO (	)	
	00()/\$2,000()		
General Remarks:			
( ) Walk-In Customer : Customer's infor	rmation strictly Confidential & S	Strictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insure	r URGENTLY.	No. of the second second	
Drive-In ( )/ Towed-In ( ); Invoice:	: YES( )/NO( );	Towing Co: (	. )
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	24.94 ST
		Datese time Comple, 3d	Section and Dy
1) Apply for Transport Allowance ( )/Co	ourtesy Car ( )	1 1	
	( )		
	( )		
	( )		
3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	( )		
	( )		
3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	( )		A Constitution of the Cons
3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	( )		Rock of the control o
3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	( )		
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3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions	•		Ant (3)
3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions	Invoice Pr	eparation Checklist.	
3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions	Invoice Pro	paration Checklist:	Ant (5) Ant (5)
3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  NA 1200879  Almant's Particulars:	Invoice Pr	eparation Checklist. at Reporting (\$30); assessment (\$100); INC (\$8)	Ant (5) Amt (1)  The Bill Add Bill
3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Actions  Limant's Particulars:	Invoice Pro  1) AR: Accider 2) DA: Damage 3) TF: Towing 4) FT: Follow-	paration Checklist.  It Reporting (\$30);  Assessment (\$100); INC (\$80);  Fee \$400	Amr (5) Amr (5)  76 Bill Add Bill  0)  545
Jumant's Particulars:	Invoice Pri  1) AR: Accider  2) DA: Damage  3) TF: Towing  4) FT: Follow-  5) FT: Follow-  For claiming	eparation Checklist  At Reporting (\$30); Assessment (\$100); INC (\$80); Fee \$40, Through Survey \$ Through Survey (Resurvey) Against INC Only (wef 10 Jan 2005)	7 Amr (5) Amr (5) 7 Bill Add Bill 0) 545 120 530
July:  Date/Time Actions  Actions  Sumant's Particulars:  iver/Owner:	Invoice Pro  1) AR: Accident 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-inspec	eparation Checklist  A Reporting (\$30);  Assessment (\$100); INC (\$80);  Fee \$400;  Chrough Survey \$50;  Chrough Survey (Resurvey)  Against INC Only (wef 10 Jan 2005)	76:Bill Add Bill 0) 545 120 530
July 2 Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Simant's Particulars:  iver/Owner:	Invoice Pri  1) AR: Accider  2) DA: Damage  3) TF: Towing  4) FT: Follow-1  5) FT: Follow-1  For claiming  6) TR: Re-iuspe  7) N1: Idae DA  8) NTUC Addits	eparation Checklist  At Reporting (\$30);  Assessment (\$100); INC (\$80);  Fee \$400;  Through Survey \$50;  Through Survey (Resurvey)  Against INC Only (wef 10 Jan 2005)  Botton  + SMRT Survey \$50;	Anit (5) Anit (3)  Tit Bill Add Bill  0)  745 120 530 575
July:  Date/Time Actions  Actions  Sumant's Particulars: iver/Owner: ntact No: maged Portion:	Invoice Pro  1) AR: Accider 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insper 7) N1: Idae DA 8) NTUC Additi	eparation Checklist.  At Reporting (\$30); Assessment (\$100); INC (\$80); Fee \$400; Through Survey \$50; Through Survey (Resurvey) Assainst INC Only (wef 10 Jan 2005) Botton + SMRT Survey \$50; Through Services:	7 Ant (5) Ant (1) 7 18 Bill Add Bill 0) 7 45 120 5 30
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July:  Date/Time Actions  Actions  Mapposta  Actions  Actions  Actions  Mapposta  Actions  Actions  Actions  Checked by (Engr-In-Charge):  ditors Comments:	Invoice Pro  1) AR: Accidented 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insper 7) N1: Idac DA 8) NTUC Addition OD*  *N5: Courtes  *N6: Repair ( *N7: Fost Rep  *N8: DV / Co	eparation Checklist  At Reporting (\$30);  Assessment (\$100); INC (\$86  Fee \$40  Through Survey (Resurvey)  Assessment (\$100); INC (\$86  Through Survey (Resurvey)  Assessment (\$100); INC (\$86  Through Survey (\$80  Assessment (\$100); INC (\$86  Through Survey \$90  Assessment (\$100); INC (\$86  Through Survey \$90  Assessment (\$100); INC (\$86  Assessment (\$100); INC (\$100); INC (\$86  Assessment (\$100); INC (\$100);	3 Amt (5) Amt (1)  7 in Bill Add Bill  0)  545 120 530 575 160 55
3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions	Invoice Pro  1) AR: Accidented 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insper 7) N1: Idac DA 8) NTUC Addition OD*  *N5: Courtes  *N6: Repair ( *N7: Fost Rep  *N8: DV / Co	cparation Checklist:  It Reporting (\$30);  Assessment (\$100); INC (\$80);  Fee \$40/ Chrough Survey (Resurvey)  against INC Only (wef 10 Jan 2005)  botton  + SMRT Survey \$  y Car / Tpt Allowance  co-ordination  pair Inspection  llect Excess Coordination  P (Non INC) against INC	7 Amr (5) Amr (1) 7 15 Bill Add Bill 7 15 120 7 160 7 160 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy 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.
- Any false reporting may be referred to the Police for investigation.
- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

aforesaid,	and the copies of the report being made available				
	ACCIDENT STATEMENT				
Date Of Report	09/02/2018 10:29				
Date Of Accident	08/02/2018 14:40				
Exact Location Of Accident	ALONG HOUGANG AVE 3 BEFORE JUNC TAMPINES RD				
Country/State of Loss	SINGAPORE				
	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SGZ8334P				
Insured/Policyholder					
Name Of Registered Owner	RELIABLE RIDES PTE LTD				
Co Reg No	201611527N				

Email Address 201611527N NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-89999999

Vehicle Particulars

 Manufacturer
 TOYOTA

 Model
 WISH 1.8 A

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken REPORTING ONLY
Vehicle Category PRIVATE HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5095964878

Cover Note Number

Driver

Name of Driver RANJENDRAN S/O G SELAMUTHU

 NRIC No
 \$1354093D

 Date Of Birth
 18/02/1959

 Occupation
 OUTDOOR

 Date Of Driving Pass
 27/04/1992

Driving Experience 25 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93731765

Fax Number

Contact Number OFFICE-93731765

EMail Address NOEMAIL

BLK 328 UBI AVENUE 1 Address

#03-607

400328

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 - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

### Other Information

Postcode

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2 Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

#### **Details of Police Action**

Was the accident reported to the police? NO

Was notice of intended Prosecution given?

If Yes, Please state which Police Station

NO

1

1

If Yes, against whom?

### Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG HOUGANG AVENUE 3 AND IT WAS CONGESTED. SUDDENLY VEHICLE B E-BRAKE OF HIS VEHICLE. I COULDN'T BRAKE IN TIME OF MY VEHICLE AND HIT ONTO VEHICLE B REAR PORTION.

#### 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 SJH610D

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver FARIZAH BINTI SHAHARI

NRIC/Passport Number S1482631I

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

## IMPORTANT NOTICE

- 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.
- 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.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - 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.

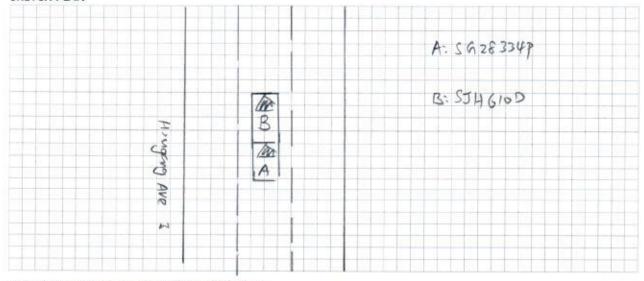
Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refor to	Statement.	

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

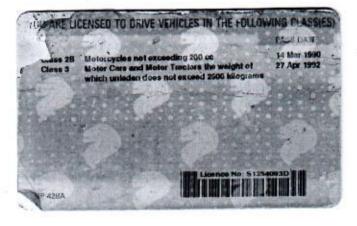
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:









<b>eBao</b> Tech									Gen	eralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lar	nguage	Change Passw	ord + Log Out
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	ło.	The same			Date of Acc	ident	08/02	2/2018 14:40	
	Vehicle	No.(For Motor)	5GZ8334P	8						
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095964878	RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SGZ8334P	SGZ8334P		18/11/2018
						Continue				

Sequenc	e Date of Endorsement	Endorser	ment Type Endorsemen	t Status	Endorsement Content					
▼ Endors	ements									
▶ Insured	d Object: SGZ8334P									
Jnit No.	05-50	Related Policy Number	5097501986							
Address 4		Address Type	Singapore address	Post Code	415875					
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875					
Info	older Mailing Address									
Policy Info Certificate										
Open										
Co- insurance Flag	No									
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL	GST Flag	Υ					
Outside Singapore OD Excess	3000	Outside Singapore TP Excess	3000							
Additional Excess	0	OS Premium	1411.51							
Third Party Excess	1500	Own damage Excess	1000	Windscreen Excess	100					
Policy issu <del>e</del> Date	16/11/2017	Effective Date	16/11/2017 00:00	Expiry Date	18/11/2018 23:59					
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N					
Address	8 KAKI BUKIT AVENUE 4 #05-50 PREMIER @ KAKI BUKIT SINGAPORE 415875									
Policy No.	5095964878	Policyholder Name	RELIABLE RIDES PTE LTD	Policyholder NRIC	201611527N					

e premium on this policy has	THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O				
ident MT/0981677					
cy No.	5095964878	Vehicle No.	SGZ833AP	GST Registration No.	
yholder Name	RELIABLE RIDES PTE LTD			Policyholder NRJC	201611527N
Just Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
tact No. (Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
ari Address		Special Remark		eCode	THE V
	⊕ No ○ Yes	TCA	® No ○ Yes	eCode Resson	
D Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
ort Date	09/02/2018 11:54	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
e of Accident	08/02/2018	Time of Accident hh:mm	14:40	Country of Accident	Singapore
orting Centre		Orange Force		3CM No.	
dent Location	ALONG HOUGANG AVE 3 BEFORE JUNC TA	MPINES RD			
Benefits					
Excess					
damage Excess	1,000.00	Additional Excess	0.00	Windscreen Excess	100.00
arned Driver Excess		Outside Singapore OD Excess	3,000.00		
d Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
GST Registered Informa		20/4			
Registered	No		GST Registration Date		
Registration No.	977		GST Status Verified	Yes	
ification History					
Policyholder Mailing Ad	dress				
ress 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKTI	Address 3	S3NGAPORE 415875
tress 4		Address Type	Singapore address	Post Code	415875
t No.	05-50	Related Policy Number	5097501986		
OI Driver Info		10-0-10-0-10-0-10-0			
er Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	RANJENDRAN S/O G SELAMUTH	Driver NR3C	513540930	Driver DOB	18/02/1959
jeter Date of Driver License	27/04/1992	Onver Age	58	Driving Experience	25
rtact No.(Motive)	93731765	Coreact No.(Office)	0	Contact No.(Home)	0
tress t	BLK 328	Address 2	UBI AVENUE 1	Address 3	KAMPUNG UBI ESTATE
			AME LABORE 1	Address 3	WALL DATE DE LES LA LE
tress 4	SINGAPORE 400328	Address Type	Singapore address	Post Code	400328
	SINGAPORE 400328 03-607	Address Type			
t No. es he own a Singapore	03-607	Address Type  Driver Vehicle No.			
t No. es he own a Singapore				Post Code	
t No. es he own a Singapore jistered ¢ar <sup>3</sup>	03-607			Post Code	
t No. es he own a Singapore gistered (ar? laration athalyser or Blood Text	03-607			Post Code	
t No. es he own a Singapore gistered (ar? laration athalyser or Blood Text	03-607 ○ Yes <b>®</b> No	Driver Vehicle No.	Singapore address	Post Code	
it No, es he own a Singapore gistered car? Slanation sathalyser or Blood Test ading?	03-607 ○ Yes <b>®</b> No	Driver Vehicle No.	Singapore address	Post Code	
i No, es he own a Singapore gistered car? laration laration athalyser or Blood Test iding?	03-607 ○ Yes <b>®</b> No	Driver Vehicle No.	Singapore address	Post Code	
No. s he own a Singapore stered (ar? aration athalyser or Blood Test ding?	03-607 ○ Yes <b>®</b> No	Driver Vehicle No.	Singapore address	Post Code	
No, s he own a Singapore stered (air) aration whalyser or Blood Test ding?	03-607 ○ Yes <b>®</b> No	Driver Vehicle No.	Singapore address	Post Code	
No, s he own a Singapore stered car? aration sthalyser or Blood Test ding? Acadon History	03-607 ○ Yes ® No 0 mg	Driver Vehicle No.  Any Injury?	Singapore address  ○ Yes  No	Post Code  Driver Insurer Company	400328
No, is he own a Singapore sistered car? laration athalyser or Blood Test ding?  Acadom History laim 001 New	03-607 ○ Yes <b>®</b> No	Driver Vehicle No.  Any Injury?  Insured Name	Singapore address	Post Code  Driver Insurer Company  Insured NRIC	400328 201611527N
No. s he own a Singapore stered car? aration athalyser or Blood Test ding?  Acason History Iaim 001 New	03-607 ○ Yes ® No 0 mg	Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home)	Singapore address  ☐ Yes   No  RELIABLE RIDES PTE LTD	Post Code  Driver Insurer Company  Insured NRIC  Contact No. (Office)	400328 201611527N 66351820
No, s he own a Singapore stered car? aration sthalyser or Blood Test ding? fication History laim 001 New m Type * act No.(Mobile)	03-607 ○ Yes ® No 0 mg	Driver Vehicle No.  Any Injury?  Insured Name	Singapore address  ○ Yes  No	Post Code  Driver Insurer Company  Insured NRIC	400328 201611527N
No, s he own a Singapore stered (ar) aration sthalyser or Blood Test ding?  Acabon History aim 001 New Type * cact No. (Mobile) is Address	03-607 ○ Yes ® No 0 mg	Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home)	Singapore address  ☐ Yes   No  RELIABLE RIDES PTE LTD	Post Code  Driver Insurer Company  Insured NRIC  Contact No. (Office)	201611527N 66351820 SJH610D
No, ss he own a Singapore sistered car? saration sathalyser or Blood Test ding? sf.cabon History lailm 001 New m Type * cact No. (Mobile) sis Address m Description	03-607	Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home)	Singapore address  ☐ Yes   No  RELIABLE RIDES PTE LTD	Post Code  Driver Insurer Company  Insured NRIC  Contact No. (Office)  TP Vehicle Number	201611527N 66351820 SJH610D
No, s he own a Singapore stered (ar) aration whalyser or Blood Test ding?  Acas on History laim 001 Msw  m Type * tect No. (Mobile) will Address m Description served Workshop Contact	03-607	Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) OI Vehicle Number	Singapore address  ○ Yes ® No  RELIABLE RIDES PTE LTD  SG28334P	Post Code  Driver Insurer Company  Insured NRIC  Contact No. (Office)  TP Vehicle Number	201611527N 66351820 SJH610D
No, s he own a Singapore stered (ar) aration whalyser or Blood Test drig?  Acabon History laim 001 New  Trype * cact No. (Mobile) iii Address iii Description erred Workshop Coreact	03-607  ○ Yes ® No  0 mg.  CO-MX  SG28334P / SH610D ON 8 Feb 2018	Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability *	Singapore address  ○ Yes ® No  RELIABLE RIDES PTE LTD  SGZ8334P  Fully at Fault	Post Code  Driver Insurer Company  Insured NRIC  Contact No. (Office)  TP Vehicle Number  Name of Preferred Workst	201611527N 66351820 53H610D
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chment		Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)

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