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Date In: (9/2/18-17:42	Jeb description		Date &Time Comple	ted	Done	př.
Re[No: NA IN(1806 7181) 24	SAS e-filing					
Veh No: 15K 18254	E-mail (within	Shrs, AIC 2hrs)	M7/2982739 00	18 2	0/8/18	.+
D.O.A : 14/2/18-18:30	i-Motor Clai	m Form	L			
	i-Motor W/C	O (Within: OD 2hrs	TP 4hrs)			
OD / TP / Reporting Only	i-Photo Upic	aded	1			
TD	Assessment/Si	arvey Report				
TP Insurer:	Ass't Report b	y Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: JC	ugyyJx .	. INC ()/Non-INC(),		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ().	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (NO): N: 0-20	%; P: 21-79%. F:	80-100%	6]	
Year of Registration: ()	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1		()				
Seneral Remarks				200	9	
() Walk-In Customer : Customer's in	formation strictly Co	nfidential & Str	ictly NO refer of repa	irer.		
) Total Loss Case : to e-mail Insu	rer URGENTLY.					
Drive-In ()/ Towed-In (); Invoi	ce: YES () / N	NO () ; To	owing Co: ()
Kemarks:- (INC horline: 6788 6616)			Date&Time Complet	34 6 7 7	Done	nv .
) Apply for Transport Allowance ()/)		200	1	-
OC Check / Post Repair Inspection	Courtesy Car (,	 			
) Upload Resurvey Photo [Repair Cost > :	((((((((((((((((((((-		+
Optobad Resurvey Photo (Repair Cost >)	33000] (
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141801026	1	Invoice Prep	Reporting (\$30);	42.7.G-0.73	Ant (5)	
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umant's Particulars :-	1	1) AR : Accident 1 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th	Reporting (\$30); Assessment (\$100); If cough Survey	NC (\$80) \$40/\$45 \$120	THE RESERVE OF STREET	
IAICO (006 umant's Particulars :- ver/Owner:	1	1) AR : Accident I 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th	Reporting (\$30); Assessment (\$100); If cough Survey rough Survey (Resurvey)	NC (\$80) \$40/\$45 \$120 \$30	THE RESERVE OF STREET	
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to post at 1.75

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate 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 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

CONTROL DESIGNATION OF THE PARTY OF THE PART	ACCIDENT STATEMENT	
Date Of Report	19/02/2018 17:40	
Date Of Accident	14/02/2018 18:30	
Exact Location Of Accident	JUNC SENGKANG E RD & SENGKANG E WAY	
Country/State of Loss	SINGAPORE	
A PERSON NO. AND A PERSON NO. AND A PERSON NO. AND A PERSON NO.	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJK2825Y	
Insured/Policyholder		
Name Of Registered Owner	AUTOBAHN RENT A CAR PTE LTD	
Co Reg No	201607970Z	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-89999999	
Vehicle Particulars		
Manufacturer	тоуота	
Model	ALLION 1.5 A	
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	
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	YES	
Policy Number	5079864471-01	
Cover Note Number		
Driver		
Name of Driver	TAN SHI YI, JOSEPH	
NRIC No	S8513411F	
Date Of Birth	26/04/1985	
Occupation	INDOOR	
Date Of Driving Pass	25/01/2016	
Driving Experience	2 YEARS AND 0 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-85222053	
Fax Number		
Contact Number	OFFICE-85222053	
EMail Address	NOEMAIL	
		Dec. 4 -400

Address

BLK 270A SENGKANG CENTRAL

#12-243

Postcode

541270

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?

NO

Number of vehicles involved in the accident

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) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 2 JUNC OF SENGKANG E RD. I MISJUDGED AND MERGED ONTO LANE 3. IN A RESULT MY VEHICLE HIT ONTO VEHICLE B REAR RIGHT 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

SKQ9445X

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

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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:
 - (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 .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to 1	ferto mend.		
771111111111111111111111111111111111111			
		/	
	/		
			N I C I I C

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.:



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8513411F





TAN SHI YI, JOSEPH

亿 Race CHINESE Date of birth

26-04-1985 Country/Place of birth SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Class 3 25 Jan 2016

NP 428A

5686407



19-12-2016

APT BLK 270A SENGKANG CENTRAL #12-243 SINGAPORE 541270

•BaeToch									Gene	ralClaim
eBaoTech Hello, NAC_PAYA_UBI_80	0601			BAISING	G PS IN HE	The second second	Change Lan	guage	· Change Passwo	
My Desktop Notice of Loss	Policy N	oy Query No.(For Motor)	S)K2B25Y			Date of Acc	ident	14/02	2/2018 18:30	
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Search Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5079864471- 01	AUTOBAHN RENT A CAR PTE, LTD.	201607970Z	GFT	drivo CLASSIC	SJK2825Y	S3K2825Y	26/04/2017	
					1	Continue				

olicy No.	5079864471-01	Policyholder Name	AUTOBAHN RENT A CAR PT	TE. LT Policyholder NRIC	201607970Z
ddress	NIL	Nome			
roduct Jame	FLEET INSURANCE	Plan		Group Policy Flag	N
olicy ssue Date	21/04/2017	Effective Date	26/04/2017 00:00	Expiry Date	25/04/2018 23:59
hird arty xcess	3000.00	Own damage Excess	3500.00	Windscreen Excess	100.00
dditional xcess	o	OS Premium	0		
Outside Singapore OD Excess	3500.00	Outside Singapore TP Excess	3000.00		
Agent	HAMILTON AUTOHUB PTE. LT	D. Agent Tel.	64751946	GST Flag	Y
Co- nsurance Flag Open Policy Info Certificate Info	No				
Policyl	nolder Mailing Address	100000000000000000000000000000000000000		Address 2	
Address 1	NIL	Address 2		Address 3	
Address 4		Address Type Related	Singapore address	Post Code	999999
Unit No.	LOT38	Policy Number	5079864471-01		
□ Insure □ Endors □ Endors	d Object: SJK2825Y				
Endors	W620 003		Endorsement		
Sequen	Endorsement	ndorsement Type	Number	indorsement Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the following 1 vehicle have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND
1	26/04/2017 00:00 En	dorsement	000001286547733 E	ffective	PREMIUM (INCL GST) 1. SKF4489K 26-04-2017 \$440.5 In view of this amendment, a refund of \$440.55 (inclusive of GST) will be adjusted against the outstanding premium.
2		sic Information dorsement	m (all	Inderwriting Rejected	Thank you for giving us the opportunity to serve you.
3	20/06/2017 00:00	sic Information dorsement	000001306600430	endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 28 Jun 2017 the Vehicle Number SKB438E amended as follows: VEHICLE REGISTRATION NUMBER: SGM37T
					Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 3 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1.

ccident MT/0982739		Same and the same	12742428	GST Registration No.		
Policy No.	5079864471-01	Vehicle No.	S1K2825Y	Policyhelder NRIC	20160	7970Z
Policyholder Name	AUTOBAHN RENT A CAR PTE, LTD.				0	ri prati
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0	
Contact No. (Mobile)	0	Contact No. (Office)	۰	Contact No.(Hame)		-
tmail Address		Special Remark		eCode	100.0	
OFK.	® No ⊜Yes	TCA	® No ○ Yes	eCode Reason	(0.58)	
WCD Protection	No	NCD Entitlement(%)	0	Private Hire	Ves	
Accident Details						
teport Date	20/02/2016 00:16	Accident Report Within 24 hrs.	Yes	Accident Type	Collisi	on - Change / Cross lane
Date of Acodem	14/02/2018	Time of Accident hh:mm	18:30	Country of Accident	Singa	pore
Reporting Centre		Orange Force		ICM No.		
	JUNC SENGKANG E RD & SENGKANG E WAY					
locident Location	JUNC SENGRANG E NO & SENGRANG C WAY					
□ Benefits						
♥ Excess	2.500.00	Additional Excess	0.00	Windspreen Excess		100.00
Own damage Excess	3,500,00		3,500.00			
innamed Oriver Excess	200000000	Outside Singapore OD Excess				
Third Party Excess	2,000.00	Outside Singapore TP Excess	3,000.00			
GST Registered Informa			***************************************			
ST Registered	No		GST Registration Date GST Status Verified	Yes		
SST Registration No.			day states vernes	Control of the Contro		
Addition History						
▽ Policyholder Mailing Ad	dress					
Address 1	NIL.	Address 2		Address 3		
Address 4	103/20	Address Type	Singapore address	Post Code	9999	99
	LOT38	Related Policy Number	5079864471-01			
Unit No. © OI Driver Info	COTSE	nature rancy and an				
	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	TAN SHI YI, JOSEPH	Driver NRIC	S8513411F	Driver DOB	26/0	4/1985
		Driver Age	32	Driving Experience	2	
Register Date of Driver License		Contact No.(Office)	0	Contact No.(Home)	0	
Contact No.(Mobile)	85222053			Address 3	TIVE	A.
Address 1	BLK 2704	Address 2	SENGKANG CENTRAL			
					E415	
Address 4	SINGAPORE \$41270	Address Type	Singapore address	Post Code	5412	79
	12-243	Address Type	Singapore address	Post Code	5412	74
Address 4 Unit No. Does he own a Singapore Registered car?		Driver Vehicle No.	Singapore address	Driver Insurer Compa		74
Unit No. Does he own a Singapore Registered car?	12-243		Singapore address			
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	12-243		Singapore address ○ Yes No			
Unit No. Does he own a Singapore Registered car? Declaration Breathalyter or Blood Test Reading?	12-743 ○ Yes ® No	Driver Vehicle No.				
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History	12-743 ○ Yes ® No	Driver Vehicle No.				
List No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading?	12-743 ○ Yes ® No	Driver Vehicle No.				
Unit No. Does he own a Singapore Registered cair? Declaration Seeathalyser or Blood Test Reading? Modification History Claim 901 New	12-243	Driver Vehicle No.	○ Yes ® No		any	02920Z
Linit No. Does he own a Singapore Registered car? Declaration Seeathalyser or Blood Test Reading? Claim 001 New	12-243	Driver Vehicle No. Any Injury? Insured Name		Oriver Insurer Compa	any	079702
Liet No. Does he own a Singapore Registered car? Declaration Seeathalyser or Blood Teet Reading? Claim 003 New Claim 1998 * Contact No.(Mobile)	12-243 Yes No O mg CD-MX 88380101	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home)	○ Yes No AUTOBAHN RENT A CAR PTE. LT	Oriver Insurer Compa	2016 6475	079702
Liet No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Text Reading? Claim 903 New Claim 1998 * Contact No. (Mobile) Email Address	12-243 ○ Yes No 0 = 9 GD-MX 88380101 INSURANCEHAMILTONAUTOHUE	Driver Vehicle No. Any Injury? Insured Name	○ Yes ® No	Driver Insurer Compa Insured NRIC Contact No. (Office) TP Vehicle Number	2016 6475 SkQ	87970Z
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description	12-243 Yes No O mg CD-MX 88380101	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home)	O Yes ® No AUTOBAHN RENT A CAR PTE. LT SJK2825Y	Driver Insurer Compa Insured NRIC Contact No.(Office)	2016 6475 SkQ	87970Z
Linit No. Does he own a Singapore Registered car? Declaration Breathalyear or Blood Test Reading? Chaim 003 New Chaim 004 New Chaim 504 Preferred Workshop Contact Preferred Workshop Contact	12-243 ○ Yes No 0 = 9 GD-MX 88380101 INSURANCEHAMILTONAUTOHUE	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home)	○ Yes No AUTOBAHN RENT A CAR PTE. LT	Driver Insurer Compa Insured NRIC Contact No. (Office) TP Vehicle Number	2016 6475 SkQ	07970Z 1946 9445X
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 003 New Claim 799e * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No.	12-243 ○ Yes No 0 = 9 GD-MX 88380101 INSURANCEHAMILTONAUTOHUE	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number	O Yes ® No AUTOBAHN RENT A CAR PTE. LT SJK2825Y	Driver Insurer Compa Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W	2016 6475 SkQ	87970Z 11946 9445X
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History	12-243 ○ Yes No 0 = g OD-MX 88380101 INSURANCEHAMILTONAUTOHUE 5:X2825Y / SKQ9445X ON 14 Feb 2018	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability *	O Yes ® No AUTOBAHN RENT & CAR PTS. LT SIK28257 Fully at Fault	Driver Insurer Compa Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W	2016 6475 SKQ	87970Z 11946 9445X
Linit No. Does he own a Singapore Registered carr? Declaration Breathalyser or Blood Text Reading? Modification History Claim 003 New Claim 004 New Claim 505 Preferred Workshop Contact No. Require Finalisation Date Registered	12-243 O yes ® No O =g OD-MX 88380101 INSURANCEHAMILTONAUTOHUE 5:X28257 / SKQ9445X ON 14 Feb 2018 Yes Yes Yes Yes	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option	O Yes ® No AUTOBAHN RENT & CAR PTS. LT SIK28257 Fully at Fault	Driver Insurer Compa Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W	2016 6475 SKQ	07970Z 1946 9445X
Linit No. Does he own a Singapore Registered carr? Declaration Seathalyser or Blood Test Reading? Modification History Claim 003 New Claim 004 New Claim 5 Professor Contact No. Require Finalisation Dete Registered Report Taxen By	12-243 O yes No No O = 9 OD-MX 88380101 INSURANCEHAMILTONAUTOHUE S:X28257 / SKQ9445X ON 14 Feb 2018 Yes Y	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option	O Yes ® No AUTOBAHN RENT & CAR PTS. LT SIK28257 Fully at Fault	Driver Insurer Compa Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W	2016 6475 SKQ	07970Z 1946 9445X
Linit No. Does he own a Singapore Registered carr? Declaration Breathalyser or Blood Text Reading? Modification History Claim 003 New Claim 004 New Claim 505 Preferred Workshop Contact No. Require Finalisation Date Registered	12-243 O yes ® No O =g OD-MX 88380101 INSURANCEHAMILTONAUTOHUE 5:X28257 / SKQ9445X ON 14 Feb 2018 Yes Yes Yes Yes	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option	O Yes ® No AUTOBAHN RENT A CAR PTE. LT SJK2825Y Fully at Fault Preferred Workshop, Name unknown	Driver Insurer Compa Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W	2016 6475 SKQ	07970Z 1946 9445X
Linit No. Does he own a Singapore Registered Carr? Peciaration Breathalyear or Blood Test Reading? Claim 001 New Claim 001 New Claim Mype * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Paralisation Desc Registered Report Taken By Princ AK letter	12-243 O yes ® No O =g OD-MX 88380101 INSURANCEHAMILTONAUTOHUE 5:X28257 / SKQ9445X ON 14 Feb 2018 Yes Yes Yes Yes	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option	O Yes ® No AUTOBAHN RENT & CAR PTS. LT SIK28257 Fully at Fault	Driver Insurer Compa Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W	2016 6475 SKQ	07970Z 1946 9445X
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Linit No. Does he own a Singapore Registered car? Declaration Breathalyear or Blood Test Reading? Modification History Claim 001	12-243 O Yes No D mg OD-MX B8380101 INSURANCEHAMILTONAUTOHUE SIX2825Y / SKQ9445X ON 14 Feb 2018 Yes Ves Ves Ves No/02/2018 00:18 Jackson MT/0992239 Ves No	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Oil Vehicle Number Insured Dablity * Preferend Repair Option Claim Close Date	AUTOBAHN RENT A CAR PTE. LT SIK2825f Fully at Fault Preferred Workshop, Name unknown Save Submit 001 20/02/2018 00:19	Driver Insurer Compa Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report Date Received	2016 6475 5xQ orkshop	02920Z 51946 9445X evved V
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Video List	NAC_PATA_USI_SUUSUI(NATIO	b 2018 00:18	Photos		Normali	Photos 2018-2-20	3
		DIAL ASSESSMENT CENTRE SERVICES) on 20 Fe b 2018-00:18 DIAL ASSESSMENT CENTRE SERVICES) on 20 Fe	Photos		Normal	Photos 2018-2-20	
	NAC_PAYA_USI_800G03(NATIO	MAL ASSESSMENT CENTRE SERVICES) on 20 Fe 5 2018 00:18	Photos		Normal	Photos 2018-2-20	
8	NAC_PAYA_UBI_B00601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 20 Fe is 2018 00:18	Photos		Normal	Photos 2018-2-20	
OF S	NAC_PAYA_UBI_800601(NATK	NAL ASSESSMENT CENTRE SERVICES) on 20 Fe b 2018 00:18	Photos		Normal	Photos 2018-2-20	
3	NAC_PAYA_UBI_800601[NATK	NAL ASSESSMENT CENTRE SERVICES) on 20 Fe b 2018 00:18	Photos		Normal	Photos 2018-2-20	
9	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on JO Fe b JOLE 00:19	Photos		Normal	Photos 2018-2-20	
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1	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 20 Fe b 2019 00:19	Photos		Normal	Photos 2018-2-20	
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	NAC_PAVA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 20 Fe b 2018 00:19	Photos	10	Normal	Photos 2018-2-20	
107	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 20 Fe b 2018 00:19	Photos	10	Normal	Photos 2018-2-20	
4	NAC_PAYA_UB1_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 20 Fe b 2018 00:19	Photos	88	Normal	Photos 2018-2-20	
AND THE	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 20 Fe 5 2018 00:19	Photos	25	Normal	Proces 2018-2-20	
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es er	NAC_PAYA_UBI_800601[NATIO	NAL ASSESSMENT CENTRE SERVICES) on 20 Fe b 2018 00:19	NR3C/ Driving License		Normal	NRIC/ Driving License 2018-2-20	
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