Doubles 1 1		Date & Time Completed	Done b	V.
Date In: 104/18 - 10155	Jeb description	Date & Time completed		
Ref No: NA MC 1800 65 68 24	SAS e-filing	-	<u> </u>	
Veh No: 5767597	E-mail (within Shrs, AIC 2hrs)			- 4
D.O.A .: 9/1/8-20:05	i-Motor Claim Form	MT/0989713	10/4/18 11:	41
00 170 / 0 - 0 - 0 - 1	i-Motor W/O (Within: OD 2)	hrs, TP 4hrs)		
OD / TP / Reporting Only	i-Photo Uploaded	1.		
TRI	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(	Tel: F	Fax:	
TP Particulars: Veh No: St	Q9833 B INC	( )/Non-INC( )		
Owner / Driver: (		Tel:	)	
Policy No: ( )	Period: (	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %	6) [Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 30-	100%]	
Year of Registration: ( )	Warranty: YES ( )/NO (	)		
	\$1,000( )/\$2,000( )	WAR THE STREET AND THE STREET	PROFESSION OF THE PERSON OF TH	
Remarks: (INC horline: 6788 6610  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost:  Injury:	) / Courtesy Car ( )			₹%4.8K
Date/Time Actions				
Date/Time Actions	1			
	100 X 200 X	eparation Checklist	Ant (5)	Am((\$)
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NA 80 >190 laimant's Particulars:-	1) AR : Accid 2) DA : Dame 3) TF : Towin 4) FT : Follow 5) FT : Follow	ent Reporting (\$30); ge Assessment (\$100); INC (\$ g Fee \$ -Through Survey -Through Survey (Resurvey)	580) 40/\$45 \$120 \$30	A STATE OF THE STA
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NAISO 2190 :: laimant's Particulars :- river/Owner:	1) AR : Accid- 2) DA : Darns 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idao D	ent Reporting (\$30); ge Assessment (\$100); INC (\$ g Fee \$6 -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 200 pection A + SMRT Survey	\$80) 40/\$45 \$120 \$30 025)	The state of the s
NAISO 219 0 Inimant's Particulars:- river/Owner: ontact No: amaged Portion:	1) AR : Accid 2) DA : Darra 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idae D 8) NTUC Add OD!* *N5: Court	ent Reporting (\$30); ge Assessment (\$100); INC (\$ ge Fee \$6 -Through Survey -Through Survey (Resurvey) g egainst INC Only (wef 10 Jan 20) pection A + SMRT Survey litional Services  csy Car / Tpt Allowance	\$80) 40/\$45 \$120 \$30 \$53 \$75 \$160	A STATE OF THE PARTY OF THE PAR
NAISO 219 0 Inimant's Particulars: river/Owner: ontact No: amaged Portion: C. Checked by (Engr-In-Charge):	1) AR : Accid- 2) DA : Darra 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idae D  8) NTUC Add OD*  *N5: Court  *N6: Repair  *N7: Fost I	ent Reporting (\$30); ge Assessment (\$100); INC (\$30); ge Fee \$50 -Through Survey -Through Survey (Resurvey) ge against INC Only (wef 10 Jan 200 pection A + SMRT Survey litional Services  csy Car / Tpt Allowance r Co-ordination Repair Inspection	\$80) 40/\$45 \$120 \$30 25) \$75 \$160 \$55 \$10 \$25	The state of the s
NAISO 219 0 Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C. Checked by (Engr-In-Charge):	1) AR : Accid 2) DA : Darra 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idae D 3	ent Reporting (\$30); ge Assessment (\$100); INC (\$3 g Fee \$5 co. Through Survey ("Through Survey (Resurvey) gegoinst INC Only (wef 10 Jan 20) pection A + SMRT Survey hitional Services  csy Car / Tpt Allowance r Co-ordination Repair Inspection Collect Excess Coordination	\$80) 40/\$45 \$120 \$30 \$53 \$75 \$160	A STATE OF THE STA
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#### SINGAPORE ACCIDENT STATEMENT

#### 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.
- 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.
- 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.

10/04/2018 10:55 Date Of Report 09/04/2018 20:05 Date Of Accident

JUNC JLN BINCHANG & BISHAN RD Exact Location Of Accident

SINGAPORE Country/State of Loss

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

SJJ6759J Vehicle Registration Number

Insured/Policyholder

SHL MOTOR PTE LTD Name Of Registered Owner

201611814M Co Reg No NOEMAIL Email Address

Mobile Phone No

OFFICE-62826184 Alternative Phone No

Vehicle Particulars

TOYOTA Manufacturer

COROLLA ALTIS 1.6 AUTO Model

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?

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

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

THIRD PARTY Type Of Coverage

YES Fleet Policy

5080551065-01 Policy Number

Cover Note Number

Driver

ALBERT SEE PANG PHOON Name of Driver

S1317719H NRIC No 24/03/1958 Date Of Birth OUTDOOR Occupation 24/09/1977 Date Of Driving Pass

40 YEARS AND 6 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-98338455 Mobile Number

Fax Number

OFFICE-98338455 Contact Number

NOEMAIL EMail Address

Address BLK 129 BUKIT BATOK WEST AVENUE 6

#05-366 650129

Postcode 650

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

cle

-

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

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

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) soliciting/offering accident claims assistance.

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, MY VEHICLE WAS STATIONARY STOPPED ALONG JUNC JLN BINCHANG. I RECEIVED A CALL FROM PASSENGER AS I OVERTURN. SO I REVERSED MY VEHICLE I DID NOT NOTICED VEHICLE B WAS AT THE BACK MY VEHICLE. IN A RESULT, MY VEHICLE SLIGHTLY TOUCH VEHICLE B FRONT PORTION.

### Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLQ9823B

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.
- 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:

OR

UEN NO.

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

Date & Time:

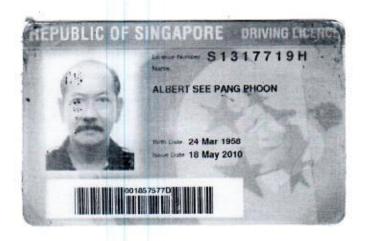
Reporting Centre Personnel's Signature

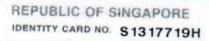
Name:

NRIC/FIN No.:

KETCH PLAN	
	CP2F3CC2:A
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	D-5CQ9803B
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ESCRIBE CIRCUMSTANCES C	THE ACCIDENT
Refer to statemen	4.
NAME OF TAXABLE PARTY.	
DECLARATION	
DECLARATION  I/We declare the foregoing partic	ulars are true in every respect.
DECLARATION  I/We declare the foregoing partic	ulars are true in every respect.
I/We declare the foregoing partic	ulars are true in every respect.
I/We declare the foregoing partic	A Am
I/We declare the foregoing partic	Driver's Signature (If driver is not the policyholder)  Reporting Centre Personnel's Signature Name:

Garage Color System of the London Villa









ALBERT SEE PANG PHOON

CHINESE Date of birth Country of birth SINGAPORE

24-03-1958



4575264

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

NP 428A

Class 28 Motorcycles =< 200 cc
Class 2A Motorcycles >= 400 cc
Class 2 Motorcycles >= 400 cc
Class 3 Motorcycles >= 400 cc
Class 3 Motor Cars =< 3000kg with =<7 passengers exclusive
of the driver; and other motor vehicles =< 2500kg
"Motor Vehicles which are constructed to carry
load or passengers and the unidaden weight > 2500kg
"Motor vehicles which are not constructed to
carry lead and the unidaden weight < 7250kg

PASS DATE

Licence No: S1317719H

No. S1317719H

17-05-2010

APT BLK 129 BUKIT BATOK WEST AVENUE 6 #05-366 SINGAPORE 650129

NRIC No: \$1317719H

Date: 04/03/2015

<b>eBao</b> Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage	Change Passwor	d Dog Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	lo,				Date of Ac	cident	09/04	/2018 20:05	3
	Vehicle	No.(For Motor)	S3367593		- 3					
					1	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5080551065- 01	SHL MOTOR PTE, LTD.	201611814M	GFT	Third Party	S3367593	\$3367593	19/03/2018	
					0	Continue				

		Policyholder	DOMESTIC PARTY OF THE PARTY OF	Policyholder	20161101111
Policy No.	5080551065-01	Name	SHL MOTOR PTE. LTD.	NRIC	201611814M
Address	51 UBI AVENUE 1 #01-0	9 PAYA UBI INDUSTRIA	AL PARK SINGAPORE 408933		
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	19/05/2017	Effective Date	23/05/2017 00:00	Expiry Date	22/05/2018 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	819.24		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		
Agent	ONE STOP INSURANCE	AGENCY Agent Tel.	67475667	GST Flag	Y
Co- insurance Flag Open Policy Info Certificate Info					
Policyh	nolder Mailing Address			Control of the Contro	
Address 1	51 UBI AVENUE 1	Address 2	#01-09 PAYA UBI INDUSTR	IAL   Address 3	SINGAPORE 408933
Address 4		Address Type	Singapore address	Post Code	408933
Unit No.	01-09	Related Policy Number	5088714402-01		
D Insure	d Object: SJJ6759J				
□ Endors	sements				
Sequent 1	Date of Endorsement  23/05/2017 00:00	Endorsement Type  Basic Information Endorsement	000001286564146 Enc	dorsement Status  dorsement Take ective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 2 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SGX285K 23-05-2017 \$1,319.31 In view of this amendment, an additional premium of \$2,638.62 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC
					Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
					Thank you for giving us the

remium on this policy has n dent MT/0989713	of been collected.					
	5080551065-01	Vehicle No.	\$1)67591	GST Registration No.		
y No.				Policyholder NR3C	201611814M	
	SHL MOTOR PTE. LTD.	form fire	These Rest.	Loading		
et Code	FLEET INSURANCE	Cover Type	Third Party	The state of the s	0	
rct No. (Mobile)	0	Contact No. (Office)	62826184	Contact No. (Home) eCode	THE VI	
Address.		Special Remark	00	eCode Reason	100.50	
	® No ○ Yes	TCA	® No CYES	Private Hire	Yes	
Protection	No	NCO Entitlement(%)	0	Private rice		
Accident Details				5-211000-712000	Collision - Head to Rear	
rt Date	10/04/2018 11:15	Accident Report Within 24 hrs	Yes	Accident Type		
of Accident	09/04/2018	Time of Accident hh;mm	20:05	Country of Accident	Singapore	
rting Centre		Grange Force		ICM No.		
ent Lucation	JUNC JUN BINCHANG & BISHAN RD					
Benefits						
Excess						
damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	0.00	
		Outside Singapore OD Excess	0.00			
ried Driver Excess	0.000000	Outside Singapore TP Excess	1,500.00			
Perty Excess	1,500.00		100000000			
GST Registered Informa			GST Registration Date			
egistered	No		GST Status Verified	Yes		
legistration No.						
cation History						
Policyholder Hailing Adv	tress					
	\$1 URI AVENUE 1	Address 2	#01-09 PAYA USI INDUSTRIAL	Address 3	SINGAPORE 408933	
ess 1	and Ayunval 1	Address Type	Singapore address	Post Code	408933	
ess 4			5088714402-01	Total Access		
Mo.	01-09	Related Policy Number	2000114605-01			
OI Driver Info		CASTAGE AND DOC	To be a second of the second			
r Name	unnamed Driver	Driver Type	Unnamed Driver 51317719H	Driver DOB	24/03/1958	
med driver Name	ALBERT SEE PANG PHOON	Driver NRIC		Driving Experience	60	
ster Date of Driver License	24/09/1977	Driver Age	60			
acs No.(Mobile)	96336455	Contact No. (Office)	0	Contact No.(Home)	0	
910 1	BUK 129	Address 2	BUKIT BATOK WEST AVENUE 6	Address 3	\$INGAPORE 650129	
		Address William	William Control of the Control of th	Married State State		
ess a		Address Type	Singapore address	Post Code	650129	
	05-366	Address Type	Singapore appress	Post Code	620173	
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yo. The own a Singapore tored car? Treston Thalyser or Blood Test Ing? Castion History Time Oos Shaw	○ Yes ® No	Driver Vahicle No.			201611814M	
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No. The own a Singspore stered car? Testion Thelese or Blood Test ing? Incation History Type * Type * Type *	○ Yes ® No O mg	Driver Vehicle No.  Any Injury?  Insured Name	○ Yes ® No	Driver Insurer Company  Insured NRIC		
No. The own a Singapore stered car?  retion Thalyser or Blood Test ing?  ication History In Type * In Type * In Type * I Address	O mg  O mg  O my	Driver Vehicle No.  Any Injury?  Insured Name Cornect No.(Home)	○ Yes ® No  SHL MOTOR PTE. LTD.	Driver Insurer Company  Insured NRIC  Contact No.(Office)	201611814M + 5LQ9623B	
No. The own a Singapore stored car?  Tration Thal-ser or Blood Test ling?  Ication History aim 003   New  In Type 4 act No. [Mobile] 4 Address In Description	○ Yes ® No O mg	Driver Vehicle No.  Any Injury?  Insured Name  Cornect No.(Home)  Of Vehicle Number	○ Yes ® No  SHL MOTOR PTE. LTD.	Driver Insurer Company  Insured NRIC  Contact No.(Office)  TP Venicle Number	201611814M + 5LQ9623B	
No. The own a Singapore stored car?  Tration Thal-ser or Blood Test ling?  Ication History aim 003   New  In Type 4 act No. [Mobile] 4 Address In Description	O mg  OD-MX  ✓  S1367691 / SLQ96228 CN 9 Apr 2018	Driver Vehicle No.  Any injury?  Indured Name Cornect No.(Home) Of Vehicle Number  Insured Liability.*	O Yes ® No  SHL MOTOR PTE. LTD.  \$1367593  Fully at Fault	Insured NRIC Contact No.(Office) TP Venicle Number Name of Preferred Workshop	201611814M + 5LQ9623B	
No. The own a Singapore stored car?  Trailon  Thalyser or Blood Tess  Incation History  aim 001   Masw  In Type *  act No. [Mobile]  I Address  In Description  Tred Workshop Contact	O mg  O mg  O my	Driver Vehicle No.  Any Injury?  Insured Name  Cornect No.(Home)  Of Vehicle Number	O Yes ® No  SHL MOTOR PTE. LTD.  \$3367693	Insured NRIC Contact No.(Office) TP Venicle Number Name of Preferred Workshop	201611814M * SLQ9623B  Received	
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ro own a Singapore tored car?  rotion halyser or Blood Test ng?  cation History  lim 001   heave  Type *  vot No. (Mobile) Address Description med Workshop Contact re finalisation Registered of Taken By	O mg  OD-MX  ▼  S1367690 / SLQ96228 CN 9 Apr 2018  Ves  ▼  10/04/2018 11:43	Insured Name Corract No.(Home) Of Vehicle Number Insured Liability * Preferenced Repair Option	O Yes ® No  SHL MOTOR PTE. LTD.  \$1367593  Fully at Fault	Insured NRIC Contact No.(Office) TP Venicle Number Name of Preferred Workshop	201611814M * SLQ9623B  Received	
No. The own a Singapore tored car?  retion Inalyser or Blood Test ing?  Ication History Initial Market In Type * In Type * In Address In Description Irred Workshop Contact Inter Finalisation Registered Int Taken By	O mg  OD-MX  ▼  S1367690 / SLQ96228 CN 9 Apr 2018  Ves  ▼  10/04/2018 11:43	Insured Name Corract No.(Home) Of Vehicle Number Insured Liability * Preferenced Repair Option	O Yes ® No  SFE, MOTOR PTE, LTD.  S1367803  Fully at Fault  Preferred Workshop, Name unknown	Insured NRIC Contact No.(Office) TP Venicle Number Name of Preferred Workshop	201611814M * SLQ9623B  Received	
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No. The own a Singapore stored car?  Inalyser or Blood Test ling?  Ication History  Islam 003 New  In Type *	O mg  OD-MX  SJ367691 / SLQ08228 CN 9 Apr 2018  Ves  Ves  J0/04/2018 11:43  Dackson  MT/0989713	Driver Vehicle No.  Any Injury?  Insured Name Contect No. (Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date	SHL MOTOR PTE. LTD.  \$1367593  Fully at Fault  Preferred Workshop, Name unknown  Save Submit	Insured NRIC Contact No.(Office) TP Venicle Number Name of Preferred Workshop	201611814M * SLQ9623B Received	
rocion nalyser or Blood Test ng? cation History lim 001 New Type * set No. [Mobile] Address Description med Workshop Contact ere final-sacion Registered et Taken By your AK latter	O mg  OD-MX  S3367693 / SLQ08328 CN 9 Apr 2018  Ves  yes  Jackson  Dackson	Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	SH, MOTOR PTE, LTD.  \$1367603  Fully at Fault  Preferred Workshop, Name unknown  001 10/04/2016 11:42	Driver Inquirer Company.  Linsured NRTC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop  GIA report Date Received	201611814M * SLG9623B  Received 10/04/2018 00:00	
No.  The own a Singapore tored car?  Totalon  Thelyser or Blood Test ing?  Cation History  In Type *  Sect No. (Mobile)  I Address  In Description  Tred Workshop Contact.  Teer final-sacion  Registered  If Taken By  Now AK latter  Sect No.	O mg  OD-MX  SJ367691 / SLQ08228 CN 9 Apr 2018  Ves  Ves  J0/04/2018 11:43  Dackson  MT/0989713	Driver Vehicle No.  Any Injury?  Insured Name Contect No. (Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date	SHL MOTOR PTE. LTD.  S1967603  Fully at Fault  Preferred Workshop, Name unknown  001 10/04/2016 11:42 Category *	Driver Insurer Company  Lisured NRTC Contact No. (Office) TP Venicle Number Name of Preferred Workshop  GIA report Date Received  Confidential Urger	201611814M  * SLQ96238  Received 10/04/2016 00:00	
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No. Income a Singapore Income a Singapore Income Cer? Income Cer? Income Cere	O mg  OD-MX  S3367593 / SLQ08328 CN 9 Apr 2018  Ves  Ves  J0/ON/2018 11:43  Dackson  MT/0989713  € Yes ○ No	Driver Vehicle No.  Any Injury?  Insured Name Corriect No. (Home) Of Vehicle Number  Insured Liability * Preference Repair Option Claim Close Date  Claim No. Upload Date	SH, MOTOR PTE. LTD.  S1967E03  Fully at Fault  Preferred Workshop, Name unknown  10/04/2018 11:42  Category *  Citear   Picase Select	Driver Insurer Company  Lisured NRTC Contact No. (Office) TP Venicle Number Name of Preferred Workshop  GIA report Date Received  Confidential Urger	201611814M  * SLG9623B  Received 10/04/2018 00:00	
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