NATIONAL Assessment Cen	itre Services	1000 MNA 1180 6990	9		
Date In: 30/5/18-12:35	Jeb description	Date &Time	Completed	Done	py.
Res No: NA   NC 8009786/24	SAS e-filing				
Veh No: 569547A	E-mail (within Shrs, A	IC 2hrs)		- 22-22/15-70/1-	
D.O.A: 30/5/18-09:T5	i-Motor Claim Fo	rm M/ 099654	0-001 3	811210	19:20
	i-Motor W/O (With	in: OD 2hrs, TP 4hrs)			
OD TP Reporting Only	i-Photo Uploaded				
	Assessment/Survey	Report			
TP Insurer:	Ass't Report by Fax	/ Hand to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:		)
TP Particulars: Veh No: 5	J42014L	INC( )/Non-IN	C( ).		
Owner / Driver: (		Tel:		)	
Policy No: ( )	Period: (	) Cover Type:	(	)	
Confirmed by : (	Da	te: Tin	ie:	)	
Insured/Driver Liability: ( %	) [Note-Est Status (WO):	N: 0-20%; P: 21-79	%. P: 80-1009	<b>%</b> ]	- 0
Year of Registration: ( )	Warranty: YES ( )/	NO( )		01-20	
Excess: (\$ ) Loading: \$	1,000 ( )/\$2,000 (	)			
General Remarks:-		NY PART AND PART		¥ 51.	
( ) Walk-In Customer : Customer's i					
( ) Total Loss Case : to e-mail Ins				E.	
	pice: YES ( ) / NO (	); Towing Co: (	r		)
Dive-in ( ) / / owed-in ( ), inve	nee. TES ( ) / NO (			ARREAS VA	<u> </u>
Remarks:- (INC hotline: 6788 6616		Date&Timb (	omple'sd	Done	by
1) Apply for Transport Allowance ( )	/ Courtesy Car ( )				
2) QC Check / Post Repair Inspection	( )				
3) Upload Resurvey Photo [Repair Cost >	\$3000] ( )		1.7		
· Injury :					
		14004-00-00-00-00-00-00-00-00-00-00-00-00	28 CS04 (VENSCTEZ)	1277 S. C.	Try this Pala
Date/Time Actions		1		escarie.	
		(4)		<del>State the</del>	
				1100-1100	
•			Principle of the Control of the Cont	Anit (S)	Amt (3)
A180 3385	Inv	oice Preparation Che	klist	fit Bill	Add Bill
laimant's Particulars :-		: Accident Reporting (\$30)			
		: Damage Assessment (\$100 : Towing Fee	); INC (\$80) \$40/\$45	5	
river/Owner:	4) FT	: Follow-Through Survey	\$120	-	
ontact No:	5) FT	: Follow-Through Survey (Re claiming against INC Only (	survey) \$30 wef 10 Jan 2005)		
		: Re-inspection	\$75	1	
amaged Portion:	7) N1	: Idao DA + SMRT Survey	\$160		
	3) NT QI	UC Additional Services:-			
C Checked by (Engr-In-Charge):	*N	5: Courtesy Car / Tpt Allower.			
The Property of the State of th		6: Repair Co-ordination 7: Post Repair Inspection	\$10		
uditors' Comments :-	*N	8: DV / Collect Excess Coordi	nation 5:	5	
(.1:		(N11): TP (Non INC) agains 2: Idac Mobile	1NC \$20	0	24
2/3;		ce dated	Fee Charged		way je
and the state of t	Invoi	ce dated	Fee Charged	SAULY.	

F - par 41 1.30

#### 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.

5. 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

aroresaid.	
THE RESIDENCE OF THE PARTY OF T	ACCIDENT STATEMENT
Date Of Report	30/05/2018 12:35
Date Of Accident	30/05/2018 09:55
Exact Location Of Accident	JUNC SIMS AVE & SIMS WAY
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG9547A
Insured/Policyholder	
Name Of Registered Owner	DISTIME RENTAL
Co Reg No	53353659J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93881027
Alternative Phone No	OFFICE-93881027
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8L 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	THIRD PARTY
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	5090569248
Cover Note Number	
Driver	
Name of Deliver	SEE KLIENG HENG (SHI KLINYING)

Name of Driver SEE KUENG HENG (SHI KUNXING)

 NRIC No
 \$8200208A

 Date Of Birth
 04/01/1982

 Occupation
 OUTDOOR

 Date Of Driving Pass
 29/04/2004

Driving Experience 14 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-87822207

Fax Number

Contact Number OFFICE-87822207

EMail Address NOEMAIL

Address BLK 167 YISHUN RING ROAD

#02-755

Postcode 760167

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 RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

d? YES

NO

NO

NO

1

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SJH2014L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MUHAMMAD BIN MAHMOOD

NRIC/Passport Number

S1615334F

Contact Number

97107221

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name

SEE KUENG HENG (SHI KUNXING)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SHOULDER, NECK & LOWER BACK

SJG9547A

YES

NO

#### SKETCH PLAN

#### 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.
- 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.

10 PM 533536

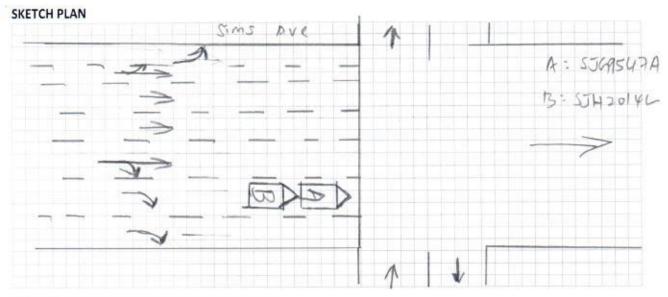
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



## DECLARATION

I/We declare the force s 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.:

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG LANE 2 AS THE TRAFFIC LIGHT WAS RED. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

# ACCIDENT STATEMENT

	DENT DATE: 30/5/18 (DD/MM/YYYY)	), TIME: ( 69:55 ) (HH:MM)	
ACCI			
LOCA	TION: JUNC SIMS AVE O	ims way	
		9	
1.	DETAILS OF VEHICLE STA 9547A	mile.	. S.
11.	DIVERICLE NUMBER	1.	
-	DINSURANCE COMPANY: NTO		
85	C)POLICY NUMBER: 5090569248	THE STATE OF STATE STATES	(4)
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PAR	RTY / THIRD PARTT FIRE &THEN	t)
	- ILLAND & MODEL:		
	f)TYPE:(SALOON / COUPE / MPV /VAN / LORR	Y / MOTORCYCLE / OTHERS)	
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCI	AL / MOTORCTCLE)	¥0
	DIPURPOSE OF USING AT ACCIDENT TIME:	Com mar city	
	HARE YOU CLAIMING UNDER YOUR OWN INSU	RANCE (YES/NO)	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / RE	EPORTING ONLY)	
2.	INSURED / POLICY HOLDER	(5514415)	54
	A)NAME: DIStime Kental.	(MALE / FEMALE)	
62	b) NRIC/FIN/PASSPORT: 5 53 5 564 9 7	CONTACT: 93021024	N HO of
	c)ADDRESS:		bassenger
10		NOTE .	. (Including d
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	DLDER	(1)
3.	DRIVER	(MALE / FEMALE)	
	a) NAME: See Kheng Heng (Shi Kunxin	CONTACT: 878 1 22 07	16
	DINKIC/FIN/FASSFORT.		
	CIADDRESS: Blk 137 yishun Ling Roy		53
	*dIDATE OF BIRTH: ( 4/1 / 982)(DD/	MM(YYYY)	70 19
<b>3</b>	e)OCCUPATION: (INDOOR / OUTDOOR)		
	EVENDS OF DRIVING EXPRERIENCE: 39 4 30	ou vo	£0.
	WAS DRIVER AN EMPLOYEE OF THE INSUR	ED'S COMPANY? (YES / NO)	*2 III
4.	IF NO, RELATIONSHIP OF THE DRIVER WIT	H INSURED: Hirer	-
5	DIWEATHER CONDITION: (CLEAR / RAINING /	OTHERS	<u> </u>
٠.	b)ROAD SURFACE: (DRY / WET / OTHERS		_)
6.	WAS ANYBODY INJURED (YES ) (10) Show Id	er, Necle & lawer back.	33 (2)
7.	GIREPORTED TO POLICE (YES / NO)	•0	*
	IF YES, PLEASE STATE WHICH POLICE STATION	:	
. 8.	THIRD PARTY VEHICLE		0
	a) VEHICLE NUMBER: SHOOL L		-*Ho of passo
	b) DRIVER'S NAME: MULA MAGINAGO	Mahmood	- Clududing du
	c) NRIC/FIN/PASSPORT: 5 1615 53 9 F	CONTACT: 97107221	( ( )
9.	THIRD PARTY VEHICLE	International provider	(
	d) VEHICLE NUMBER:	MODEL:	- * Ho of passi
	e) DRIVER'S NAME:		(Including d
1	f) NRIC/FIN/PASSPORT:	CONTACT::-	
	140		() .
		24 St. 10	

email = LIC tan 888@ live com sg

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8200208A



SEE KUENG HENG (SHI KUNXING)

抽

CHINESE

04-01-1982

SINGAPORE



NRIC No. S8200208A

02-04-2012

APT BLK 167 YISHUN RING ROAD #02-755 SINGAPORE 760167

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Motor Cars=< 9000kg with =<7 passangers, exclusive of the driver; and other motor vehicles =< 2500kg

\*Motor vehicles which are constructed to carry load or passangers and the unladen weight > 2500kg

\*Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg

Motor vehicles so to constructed to carry any load and the unladen weight < 7250kg

19 Nov 2010 lead and the unladen weight > 7250kg

NP 428A



<b>eBao</b> Tech									Gen	eralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lar	nguage	Change Passwo	ord · Log Out
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	lo:				Date of Acc	dent	30/05	/2018 09:55	3
	Vehicle	No.(For Mator)	S3G9547A							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0	5090569248	DISTIME RENTAL	533536593	GPC	drivo CLASSIC	SJG9547A	SJG9547A	20/04/2017	21/07/2018
					0	Continue				

Policy No.	5090569248	Policyholder Name	DISTIME R	ENTAL	Policyholder NRIC	533536593	
Address	40 SOMMERVILLE ROAD SINGA	PORE 358273			77772		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	20/04/2017	Effective Date	20/04/201	7 00:00	Expiry Date	21/07/2018 2	3:59
Excess Type		All Claim Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777		GST Flag	Y	
Co-					85		
Flag Open Policy	No						
Flag Open Policy Info Certificate	No						
Flag Open Policy nfo Certificate nfo	No older Mailing Address						
Flag Open Policy nfo Certificate nfo Policyh		Addres	ss 2	SINGAPORE 358273	3 /	Address 3	
insurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4	older Mailing Address		ss 2 ss Type	SINGAPORE 358273 Singapore address		Address 3	358273
Flag Open Policy nfo Certificate nfo Policyh	older Mailing Address	Addres	s Type d Policy				358273
Plag Open Policy Info Policy Policy Address 1 Address 4 Init No.	older Mailing Address	Addres Relate	s Type d Policy	Singapore address			358273
Plag Open Policy Info Policy Policy Address 1 Address 4 Init No.	older Mailing Address  40 SOMMERVILLE ROAD  1 Object: SJG9547A	Addres Relate	s Type d Policy	Singapore address			358273

cident MT/0996540						
icy No.	5090569248	Vehicle No.	\$3G9547A	GST Registration No	i.	
cyholder Name	DISTIME RENTAL	Taraca do	33457179	Policyholder NRIC		533536591
	PRIVATE CAR INSURANCE	TQ20004756	77237002000			333330301
duct Code		Cover Type	drivo CLASSIC	Loading		0
ntact No.(Mobile)	93881027	Contact No. (Office)	0	Contact No.(Home)		
nail Address	(ALS) (AS)	Special Remark	groupers.	eCode		W 0
K	® No ○ Yes	TCA	® No ⊜ Yes	eCode Reason		
D Protection	No	NCD Emidlement(%)	0	Private Hire	,	NO.
Accident Details						
port Date	30/05/2018 19:18	Accident Report Within 24 hrs	Yes	Accident Type		Collision - Head to Rear
ite of Accident	30/05/2018	Time of Accident Inhumm	99:55	Country of Acadent		Singapore
sporting Centre		Grange Force		ICM No.		
cident Location	JUNC SIMS AVE & SIMS WAY					
Benefits .						
7 Excess						
vn damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	10	00.00
named Driver Excess		Outside Singapore OD Excess	2,000.00			
ird Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00			
GST Registered Inform		94				
T Registered	No		GST Registration Date			
T Registration No.			GST Status Verified	No		
odification History						
Policyholder Halling Ad	Idress					
Sdress 1	40 SOMMERVILLE ROAD	Address 2	SINGAPORE 358273	Address 3		
30ress 4		Address Type	Singapore address	Post Code	9	358273
nit No.		Related Policy Number	5094087407			
OT Driver Info						
river Name	Unnamed Driver	Driver Type	Unnamed Driver			
named driver Name	SEE KUENG HENG (SHI KUNXIN	Driver NRIC	582002084	Driver DOB	9	04/01/1982
egister Date of Driver License	29/04/2004	Driver Age	36	Driving Experience		14
ontact No. (Mobile)	87822207	Contact No. (Office)	0	Contact No.(Home)		0
ddress 1	BLK 167	Address 2	YISHUN RING ROAD	Address 3	· a	SINGAPORE 760167
ddress 4		Address Type	Singapore address	Post Code		760167
	02-755					-
nd No.						
des the own a Simpapore		Douge Valletta No.		Daving Tonium Comer	2.24	
des the own a Simpapore	∵Yes ® No	Driver Vehicle No.		Driver Insurer Comp	pany	
des the own a Singapore agritished car?		Driver Vehicle No.		Onver Insurer Comp	pany	
es he own a Singapore gestered car? claration eathalyser or Blood Test	○ Yes <b>®</b> No		® Yes ○ No	Driver Insurer Comp	pany	
ses he own a Singapore spictured car? claration reathalyser or Blood Test		Driver Vehicle No.  Any injury?	Yes ○ No	Driver Insurer Comp	pany	
nd No. des he own a Singapore egistered car? ediaration reachalyser or Blood Test eading?	○ Yes <b>®</b> No		® Yes ○No-	Driver Insurer Comp	pany	
ses he own a Singapore agritured car? Interation reachalyser or Blood Test	○ Yes <b>®</b> No		Yes ○No	Driver Insurer Comp	pany	
les he own a Singapore gestered car? daration exhalyser or Blood Test ading? dification History	○ Yes <b>®</b> No		No. Yes ○ No.	Driver Insurer Comp	pany	
es he own a Singapore genered car? deration sechalyser or Blood Test admy?	○ Yes <b>®</b> No		Nes ○ No	Driver Insurer Comp	pany	
les he own a Singapore gestared car? claration eachalyser or Blood Test addrigt dification History Claim 001 New	○ Yes  ® No	Any mjuny?		Stundowskie		
les he own a Singapore gestered car?  claration eachalyser or Blood Test addrigt  dification History  Claim 001 New  sim Type *	○ Yes ● No  o mg	Any injury? Insured Name	® Yes ○ No  DISTIME RENTAL	Insured NRIC		533536592
des he own a Singapore signification deschaluser or Blood Test addrigt diffication History Claim 001 New aim Type + intact No. [Mobile]	○ Yes  ® No	Any injury? Insured Name Contact No.(Home)	DISTIME RENTAL	Insured NRIC Contact No.(Office)		NIL
des he own a Singapore rigistered car?  claration eachalyser or Blood Test adding?  dification History  Claim 001 New  aim Type +  intact No.[Mobile) hall Address	O mp  GD-Mx  S5881688	Any injury? Insured Name		Insured NRIC Contact No.(Office) TP Vehicle Number		
ces he own a Singapore operation (Arrivation) eachalyser or Blood Test adding?  citation History  Citaim 001 New  aim Type + what No. (Mobile) half Address aim Description	○ Yes ● No  o mg	Any injury? Insured Name Contact No.(Home)	DISTIME RENTAL	Insured NRIC Contact No.(Office)		NIL
ces he own a Singapore genered Car?  claration eachalyser or Blood Test adding?  Claim 001 New  sim Type * intact No. [Mobile] neil Address aam Description eferred Workshop Contact	O mp  GD-Mx  S5881688	Any injury? Insured Name Contact No.(Home)	DISTIME RENTAL	Insured NRIC Contact No.(Office) TP Vehicle Number		NIL
es he own a Singapore gestered car?  claration eachalyser or Blood Test ading?  discation History  Claim 001 New  sim Type + ntact No. (Mobile) tail Address sim Description eferred Workshop Contact	O mp  GD-Mx  S5881688	Any injury?  Insured Name  Contact No.(Home)  Of Vehicle Number	DISTIME RENTAL S309547A	Insured NRIC Contact No.(Office) TP Vehicle Number	[ ] [ ] [ ] [ ] [ ] [ ]	NIL
es he own a Singapore gestered car?  deration eachalyser or Blood Test adding?  dification History  Claim 001 New  him Type * intact No. [Mobile] neil Address are Description eferred workshop Contact inquire Finalsetion	O mg  O mg  O mg  SS81688  S109547A / SIH2D14L ON 30 May 2018	Any mjury?  Insured Name  Contact No. (Home)  Of Vehicle Number  Insured Liability *	DISTIME RENTAL S309547A  Not at Fault	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred V	[]	NIL \$3H2014L
ces he own a Singapore agestered car?  claration  eachayser or Blood Test sading?  claim 001 New  aim Type +  intact No. (Mobile)  neil Address  aim Description  efferred Workshop Contact  organe Finalsation  site Registered	O mp  O mp  O mp  O mp  O mp  S5881688  S109547A / S1HQ014L ON 30 May 2018  Yes	Any mjury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Liability * Preference Repair Option	DISTIME RENTAL S309547A  Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report	[]	NIL SIH2014L Received
deration eachalyser or Blood Test adding?  distriction History  Claim 001 New  aim Type * intact No. (Mobile) hall Address aim Description eferred Workshop Contact order Finalisation ine Registered port Taken By	O mp  O mp  OD-MX  S5801688  S1G9547A / S1HQQ14L ON 30 May 2018  Yes  Yes  ✓ 30/05/2018 19:20	Any mjury?  Insured Name Contact No. (Home) Of Vehicle Number  Insured Liability * Preference Repair Option	DISTIME RENTAL S309547A  Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report	[]	NIL SIH2014L Received
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