NATIONAL Assessment Co	entre Services. wei Jamos	MNA118086556				
Date In: 5/4/8 - 10/7	Jeb description	Date & Time Completed	Don	e by		
Ref No: NA/INC8012234/24	SAS e-filing					
Veh No: JUISTD	E-mail (within Shrs, AIC 2hrs	s) (
D.O.A: 3/7/18-09:05	i-Motor Claim Form	MT/1001741-001	5/7/18	11:43		
	i-Motor W/O (Within: OD					
OD / TP / Reporting Only	i-Photo Uploaded					
TRI	Assessment/Survey Repor	rt				
TP Insurer:	Ass't Report by Fax / Har	nd to Owner/Wksp				
Preferred Wksp / INC Assign Wksp / QW	: (Tel: F	Fax:			
TP Particulars: Veh No:	FBE 29 10K . INC	C()/Non-INC()	24			
Owner / Driver: (Tel:)			
Policy No: ()	Period: () Cover Type: ().			
Confirmed by: (Date:	Time:)			
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0	0-20%; P: 21-79%. P: 30-1	100%]	,		
Year of Registration: () Warranty: YES ()/NO ()				
	\$1,000()/\$2,000()					
General Remarks:-	TAKE TO SEE SYSTEM	· 1000000000000000000000000000000000000	THE REPORT OF			
() Walk-In Customer : Customer's	s information strictly Confidential &	Strictly NO refer of repairer.				
() Total Loss Case : to e-mail Ir		N				
		; Towing Co: ()		
		- 4	**************************************	August 1 mm		
Remarks:- (INC horline: 6788 661		Date&Time Completed	Don	ру		
)/Courtesy Car ()	-		300000000000000000000000000000000000000		
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost	:>\$3000] ()			ligeres -		
Injury:						
Date/Time Actions		and region	DESCRIPTION OF	**********		
Actions.			MONTH TO THE			
	*					
	1					
	18:0000	100	Anit (S)	Amt (3		
41804220	Invoice P	reparation Checklist	fá Bill	Add Bil		
nimant's Particulars :-		ent Reporting (\$30);	0			
	2) DA : Dame 3) TF : Towin	ge Assessment (\$100); INC (\$8	0/545			
iver/Owner:	4) FT : Follow	v-Through Survey	\$120			
ntact No:	5) FT : Follow For claimin	5) iT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005)				
maged Portion:	6) TR : Re-iu	spection	\$75			
		OA + SMRT Survey	\$160			
Character to	OD*	intonal Solvices.				
Checked by (Engr-In-Charge):	*N5: Court	csy Car / Tpt Allowance	\$5			
CVD 2 SECTION BOLD OF THE BOARD		r Co-ordination Repair Inspection	\$10 \$25			
ditors! Comments :-	*N8: DV /	Collect Excess Coordination	\$5			
1:	TP (N11):	TP (Non INC) against INC Mobile	30	*-		
2/3:	Invoice dated		77	35 FT 78		
213.	Invoice eated	A 100 CO	SAMY.			

i agent to the

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.
 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

	ACCIDENT STATEMENT
Date Of Report	05/07/2018 11:17
Date Of Accident	05/07/2018 09:05
Exact Location Of Accident	LAGUNA FLYOVER TWDS ECP (CITY)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU157D
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED 1.5G HYBRID A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	5096000515
Cover Note Number	
Driver	
Name of Driver	TOH KOK SHONG (ZHUO GUOXIONG)
NRIC No	S7823457A
Date Of Birth	20/08/1978
Occupation	OUTDOOR
Date Of Driving Pass	24/07/1998
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97550405
Fax Number	
Contact Number	OFFICE-97550405
EMail Address	NOEMAIL

BLK 672B YISHUN AVENUE 4 Address

#12-548 762672

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

Postcode

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

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)

Passenger 1

NO

2

NAME:

GENDER: : FEMALE

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 1 LAGUNA FLYOVER TWDS ECP (CITY). SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

Are accident photos available for attachment?

YES NO

Was there any video captured by Car Camera? Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBE2910K

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE

Vehicle Category Name of Driver

JAHABAR SALIN THAMEEM ANSARI

NRIC/Passport Number

G5075127P

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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.
- 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:
 - (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.

201611527N

Co. Reg. No

Chees

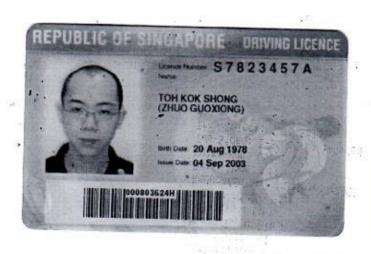
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

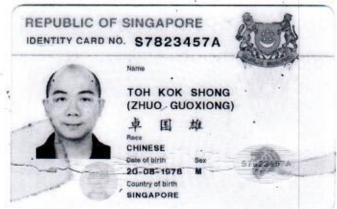
NRIC/FIN No.:

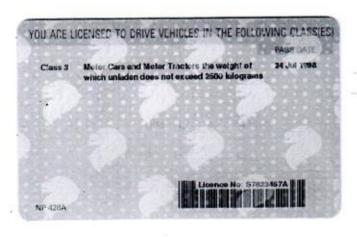
Date & Time:

(If driver is not the policyholder) Date & Time:

Name: NRIC/FIN No.:











Policy No.	5096000515	Policyholder Name	RELIABLE R	IDES PTE LTD	Policyholder NRIC	201611527N	i
Address	8 KAKI BUKIT AVENUE 4 #05-50 PREMIER @ KAKI BUKIT SINGAPORE 415875						
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	17/11/2017	Effective Date	20/11/2017	00:00	Expiry Date	19/11/2018	23:59
Excess Type		All Claim Excess					
Third Party Excess	1500	Own damage Excess	1000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	3000	Outside Singapore TP Excess	3000			Your	ng/Inexperience Driver Excess
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Y	
No.							
Co- insurance Flag	No						
insurance	No						
Insurance Flag Open Policy	No						
nsurance Flag Open Policy Info Certificate Info	No holder Mailing Address						
nsurance Flag Open Policy Info Certificate Info Policy		Addre	PSS 2	#05-50 PREMIER @	⇒ KAKI BUKIT	Address 3	SINGAPORE 415875
nsurance Flag Open Policy Info Certificate Info Policy Address 1	holder Mailing Address		ess 2 ess Type	#05-50 PREMIER @		Address 3 Post Code	SINGAPORE 415875 415875
Insurance Flag Open Policy Info Certificate Info	holder Mailing Address	Addre	ess Type ed Policy				
nsurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	holder Mailing Address 8 KAKI BUKIT AVENUE 4	Addre Relat	ess Type ed Policy	Singapore address			
nsurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	holder Mailing Address 8 KAKI BUKIT AVENUE 4 05-50 dd Object: SLU157D	Addre Relat	ess Type ed Policy	Singapore address			
nsurance Flag Dpen Policy Info Certificate Info Policy Address 1 Address 4 Jnit No. Insure	nolder Mailing Address 8 KAKI BUKIT AVENUE 4 05-50 d Object: SLU157D sements	Addre Relat Numl	ess Type ed Policy	Singapore address 5092811441-01		Post Code	

Accident MT/1001741			900598	CONTRACTOR VALUE	
Policy No.	5096000515	Vehicle No.	SLU157D	GST Registration No.	
Policyholder Name	RELIABLE RIDES PTE LTD			Policyholder NR3C	201611527N
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	٥	Contact No. (Home)	0
Email Address		Special Remark		eCode	No. V
KPK	® No ○Yes	TCA	No ○Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	05/07/2016 11:41	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Acodent	05/07/2019	Time of Acoident his min	09:05	Country of Academ	Singapore
Reporting Centre		Orange Force		IOM No.	
Accident Location	LAGUNA FLYOVER TWOS ECP (CITY)			part that	
⇒ Benefits	DODAN'E COLON (NOS EST (EST))				
₩ Excess					
Own damage Excess	1,000.00	Additional Excess	0	*****	10000
Unnamed Driver Excess	1,000,00	Outside Singapore OD Excess	3,000.00	Windscreen Excess	100.00
Third Party Excess	. Top 40	9 0.93			
	1,500.00	Outside Singapore TP Excess	3,000.00		
GST Registered Inform					
GST Registered GST Registration No.	No		GST Registration Date GST Status Verified	Ne	
Modification History			and and a service	No	
Paramatan Transca					
Policyholder Mailing Ac	ddress				
Address 1	B KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Apdress 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Unit No.	05-50	Related Policy Number	5092811441-01		75000
w OI Driver Info		wester carry accord	3032011441-01		
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TOH KOK SHONG (ZHUO GUOX	Driver NRIC	57523457A	Driver 008	20/08/1978
Register Date of Driver License		Driver Age	39		19
Contact No. (Mobile)	97550405	Contact No.(Office)	0	Driving Experience	
				Contact No.(Home)	0
Address 1	BLK 6728	Address 2	YISHUN AVENUE 4	Address 3	VINE GROVE @ YISHUN
Address 4	SINGAPORE 762672				
		Address Type	Singapore address	Post Code	762672
Unit No.	12-548	Address Type	Singapore address	Post Code	762672
		Address Type Driver Vehicle No.	Singapore address	Post Code Driver Insurer Company	762672
Unit No. Does he own a Singapore Registered car?	12-548		Singapore address		762672
Unit No. Does he can a Singapore Registered car? Declaration Breathalyser or Bisod Test	12-548		Singapore address ○ Yes ®No		762672
Unit No. Does he own a Singapore Registered car? Declaration	12-548 ○ Yes ® No	Driver Vehicle No.	BE-0007273-276		762672
Unit No. Does he can a Singapore Registered car? Declaration Breathalyser or Bisod Test	12-548 ○ Yes ® No	Driver Vehicle No.	BE-0007273-276		762672
Unit No. Does he cam a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History	12-548 ○ Yes ® No	Driver Vehicle No.	BE-0007273-276		762672
Unit No. Does he den a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	12-548 ○ Yes ® No	Driver Vehicle No.	BE-0007273-276		762672
Unit No. Does he den a Singapore Registered car? Declaration Breatharyser or Blood Test Reading? Modification History Claim 001 New	12-548 ○ Yes ® No 0 mg	Driver Vehicle No. Any injury?	○ Yes ® No	Oriver Insurer Company	
Unit No. Does he dan a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type *	12-548 ○ Yes ® No	Driver Vehicle No. Any injury? Insured Name	BE-0007273-276	Oriver Insurer Company Insured NRJC	201611527N
Unit No. Does he den a Singapore Registered cer? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Covim Type * Contact No.(Mobile)	12-548 ○ Yes ® No 0 mg	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home)	○ Yes ® No	Driver Insurer Company Insured NRIC Contact No.(Office)	201611527N 66351820
Unit No. Does he dam a Singapore Registered car? Declaration Breath-alyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Modile) Email Address	12-548 'Yes ® No D mg	Driver Vehicle No. Any injury? Insured Name	○ Yes ® No	Oriver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number	201611527N 663S1820 FBE2910K
Unit No. Does he cam a Singapore Registered car? Declaration Breath-alyser or Blood Test Reating? Modification History Claim 001 New Chim Type * Contact No.(Mobile) Email Address Claim Description	12-548 ○ Yes ® No 0 mg	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home)	○ Yes ® No	Driver Insurer Company Insured NRIC Contact No.(Office)	201611527N 663S1820 FBE2910K
Unit No. Does he dwn a Singapore Registered car? Declaration Breatharyser or Bisod Test Reading? Modification History Claim 001 New Coim Type * Comact No.(Modife) Email Address Galm Description Preferred Workshop Contact	12-548 'Yes ® No D mg	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home)	○ Yes ® No	Oriver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number	201611527N 663S1820 FBE2910K
Unit No. Does he dam a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile) Email Address Caim Description Perfermed Workshop Contact No.	12-548 'Yes ® No D mg	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Oil Vehicle Number	O Yes ® No RELIABLE RIDES PTE LTD SLUISTO	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksho	201611527N 663S1820 FBE2910K
Unit No. Does he cam a Singapore Registered car? Declaration Breathalyser or Bisos Test Reading? Modification History Claim 001 New Caim Type * Contact No. (Mobile) Email Address Oalm Description Preferred Workshop Contact	12-548 ○ Yes (♠ No 0 mg OO-MX ▼ SLU157D / P8E2910K ON 5 Jul 2018	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability +	O Yes ® No RELIABLE RIDES PTE LTD SLUIS7D Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksho	201611527N 66351920 F8E2910K
Unit No. Does he dam a Singapore Registered car? Declaration Breath-alyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Caim Description Preferred Workshop Contact No. Require Finalization	12-548 Yes (*) No O mg OO-MX SLU157D / P822910K ON 5 Jul 2018 Yes	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability + Preferend Repair Option	O Yes ® No RELIABLE RIDES PTE LTD SLUIS7D Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksho	201611527N 663S1820 FBE2910K
Unit No. Does he dam a Singapore Registered car? Declaration Breath-alyser or Blood Test Reading? Modification History Claim 001 New Chaim Type * Contact No. (Mobile) Email Address Chaim Description Preferred Workshop Contact No. Require Finalization Date Registered	12-548 Yes (*) No D mg DO-MX SLU157D / P8E2910K ON 5 Jul 2018 Yes D5/07/2018 11:43	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability + Preferend Repair Option	O Yes ® No RELIABLE RIDES PTE LTD SLUIS7D Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksho	201611527N 663S1820 FBE2910K
Unit No. Does he dam a Singapore Registered car? Declaration Breath-alyser or Blood Test Reading? Modification History Claim 001 New Chaim Type * Contact No. (Mobile) Email Address Caim Description Preferred Workshop Contact No. Require Finalization Date Registered Report Taken By	12-548 Yes (*) No D mg DO-MX SLU157D / P8E2910K ON 5 Jul 2018 Yes D5/07/2018 11:43	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	O Yes ® No RELIABLE RIDES PTE LTD SLUIS7D Proferred Workshop, Name unknown	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksho	201611527N 663S1820 FBE2910K
Unit No. Does he dam a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile) Email Address Caim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Final AK letter	12-548 Yes (*) No D mg DO-MX SLU157D / P8E2910K ON 5 Jul 2018 Yes D5/07/2018 11:43	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	O Yes ® No RELIABLE RIDES PTE LTD SLUIS7D Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksho	201611527N 663S1820 FBE2910K
Unit No. Does he dam a Singapore Registered car? Declaration Breath-alyser or Blood Test Reading? Modification History Claim 001 New Chaim Type * Contact No. (Mobile) Email Address Caim Description Preferred Workshop Contact No. Require Finalization Date Registered Report Taken By	12-548 Yes (*) No D mg DO-MX SLU157D / P8E2910K ON 5 Jul 2018 Yes D5/07/2018 11:43	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	O Yes ® No RELIABLE RIDES PTE LTD SLUIS7D Proferred Workshop, Name unknown	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksho	201611527N 663S1820 FBE2910K
Unit No. Does he dam a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile) Email Address Caim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Final AK letter	12-548 Yes (*) No D mg DO-MX SLU157D / P8E2910K ON 5 Jul 2018 Yes D5/07/2018 11:43	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	O Yes ® No RELIABLE RIDES PTE LTD SLUIS7D Proferred Workshop, Name unknown	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksho	201611527N 663S1820 FBE2910K
Unit No. Does he cam a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Colim Type * Contact No. (Mobile) Email Address Oalm Description Preferred Workshop Contact No. Require Pinalisation Date Registered Report Taken By Fig. Print AK letter	12-548 Yes (*) No D mg DO-MX SLU157D / P8E2910K ON 5 Jul 2018 Yes D5/07/2018 11:43	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	O Yes ® No RELIABLE RIDES PTE LTD SLUIS7D Proferred Workshop, Name unknown	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksho	201611527N 663S1820 FBE2910K
Unit No. Does he cam a Singapore Registered car? Declaration Breathanyser or Blood Test Reading? Claim 001 New Claim 1ype * Contact No. (Mooile) Email Address Coim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Sir Print AK letter	12-548 O Yes (No O mg SLU157D / F862910K GN 5 Jul 2018 Yes Ves SSC07/2018 11:43 Jackson	Driver Vehicle No. Any Injury? Insured Name Contact No.(Hisme) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	Save Submit	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksho	201611527N 663S1820 FBE2910K
Unit No. Does he cam a Singapore Registered car? Declaration Breathanyser or Blood Test Reading? Claim 001 New Claim 19pe * Contact No. (Mooile) Email Address Oalm Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Fig. Point AK letter Attachment	12-548 O Yes (*) No D mg SLU157D / F862910K GN 5 Jul 2018 Yes Ves W/ D5/07/2018 11:43 Jackson MT/1001741 (*) Yes O No	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OS Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No.	Save Submit	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksho GSA report Date Received	201611527N 663S1820 FBE2910K 0 Received 05-07/2018 00:00
Unit No. Does he cam a Singapore Registered car? Declaration Breathanyser or Blood Test Reading? Claim 001 New Claim 19pe * Contact No. (Mooile) Email Address Oalm Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Fig. Point AK letter Attachment	12-548 O Yes (*) No D mg SLU157D / F862910K ON 5 Jul 2018 Yes Ves D5(07/2018 11:43 Dackson MT/1001741	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OS Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Uplead Date	O Yes ® No ARLIAGUE RIDES PTE LTD SLU157D Not at Fault Preferred Workshop, Name unknown Oot O5/07/2018 11/45 Category •	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksho GSA report Date Received Confidential Urg	201611527N 66331820 FBE2910K 0 Received 05/07/2018 00:00
Unit No. Does he cam a Singapore Registered car? Declaration Breathanyser or Blood Test Reading? Claim 001 New Claim 19pe * Contact No. (Mooile) Email Address Oalm Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Fig. Point AK letter Attachment	12-548 O Yes (*) No D mg SLU157D / F862910K GN 5 Jul 2018 Yes Ves W/ D5/07/2018 11:43 Jackson MT/1001741 (*) Yes O No	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OS Vehicle Number Insured Liability + Preferend Repair Option Claim Close Date Claim No. Upload Date Browse.	O Yes ® No ARLIARLE RIDES PTE LTD SLU157D Not at Fault Preferred Workshop, Name unknown O01 O5/07/2018 11 45 Category * Cheer Please Select	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksho GSA report Date Received Confidential Urg	201611527N 66331820 F862910K 0 Received 05:07/2018 00:00
Unit No. Does he own a Singapore Registered car? Declaration Breathanyser or Blood Test Reading? Claim 001 New Claim 001 New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	12-548 O Yes (*) No D mg SLU157D / F862910K GN 5 Jul 2018 Yes Ves W/ D5/07/2018 11:43 Jackson MT/1001741 (*) Yes O No	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OS Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date Browse. Browse.	Save Submit O1 O5/07/2018 11 A5 Cheer Please Select Cheer Please Select	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksho GSA report Date Received Confidential Urg Norms Norms Norms Norms	201611527N 66331820 FBE2910K Received 05/07/2018 00:00
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♥ Video List	Uploaded By/Date	Folder Date	File Name	8		