THE PARTY OF THE P	Jeb description	Date &Time Completed	Done by
Date In:19 7 18 - D:14	SAS e-filing		
Ref No: NA IN C180/3/17/24		+	
Veh No: 179702	E-mail (within Shrs, AIC 2hrs)	+	
D.O.A:187/18-19:00	i-Motor Claim Form	MT 1003660-001	19/18 17:47
OD TP Reporting Only	i-Motor W/O (Within: OD 2h)	rs, TP 4hrs)	
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report	<u>i</u>	
	Ass't Report by Fax / Hand		
Preferred Wksp / INC Assign Wksp / QW		212501	Fax:)
TP Particulars: Veh No:	hS2720J . INC ()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: (Cover Type: () .
Confirmed by : (Date:	Time:)
	%) [Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 30-	100%]
) Warranty: YES ()/NO ()	
	\$1,000()/\$2,000()	- No. 400 at 100 at	PERSONAL THE WASTER TO THE PERSONAL PROPERTY.
General Remarks:-	The state of the s	deal constant in	
	s information strictly Confidential & St	trictly NO refer of repairer.	
() Total Loss Case : to e-mail In	nsurer URGENTLY.	**********	
Drive-In ()/ Towed-In (); In	voice: YES() / NO(); T	Towing Co: (.)
Remarks:- (INC hotline: 6788 661	6))) -	Date&Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		Maria de la companya della companya della companya della companya de la companya della companya
2) QC Check / Post Repair Inspection	()		Messanane and Assemble
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()	-	
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Injury:			
			A STATE OF THE STA
			A.P.O.S.
			98585C4.38
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Date/Time Actions			And Colonial Colonia
Date/Time Actions		paration Checklist	Anit (5) Amt (5)
Date Time Actions	Invoice Pre 1) AR: Accident	Reporting (\$30);	fir Bill Add Bill
NAI80VC6	Invoice Pre 1) AR: Accident 2) DA: Damage	Reporting (\$30); Assessment (\$100); INC (\$	fir Bill Add Bill
Date/Time Actions	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing I	Reporting (\$30); Assessment (\$100); INC (\$ fee \$4 hrough Survey	78.Bill Add Bill 80) 0/545 \$120
NAI80VC6	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Fullow-T	Reporting (\$30); Assessment (\$100); INC (\$700)	78.Bill Add.Bill 80) 0/\$45 \$120 \$30
NAI80VC6 Laimant's Particulars:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing If 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspe	t Reporting (\$30); Assessment (\$100); INC (\$ fee \$4 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 200) ction	60) 0/545 5120 530 5) 575
NAI80VC6 Laimant's Particulars:- river/Owner:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing If 4) FT: Follow-T 5) FT: Follow-T For claiming a	t Reporting (\$30); Assessment (\$100); INC (\$ ce \$4 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 200) ction + SMRT Survey	60 Add Bill (80) (97545 S120 S30 S)
NAI80VC6 Inimant's Particulars:- river/Owner: ontact No: nmaged Portion:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing If 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspe 7) N1: Idae DA 3) NTUC Addition	t Reporting (\$30); Assessment (\$100); INC (\$ fee \$4 hrough Survey hrough Survey (Resurvey) seajnst INC Only (wef 10 Jan 200) ction + SMRT Survey onal Services	18.Bill Add Bill 880) 0/545 \$120 \$30 \$75 \$160
NAI80VC6 Inimant's Particulars:- river/Owner: ontact No: nmaged Portion:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing If 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspe 7) N1: Idae DA 2	t Reporting (\$30); Assessment (\$100); INC (\$ see \$4 hrough Survey hrough Survey (Resurvey) seainst INC Only (wef 10 Jan 200) ction + SMRT Survey anal Services. Car / Tpt Allowence	\$6.Bill Add Bill 80) 0/\$45 \$120 \$30 \$) \$75 \$160 \$5
NAISOUCH Inimant's Particulars: river/Owner: ontact No: nmaged Portion: C Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing If 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspe 7) N1: Idae DA 3 NTUC Addition OD* *N5: Courtesy N6: Repair C *N7: Fost Rep	t Reporting (\$30); Assessment (\$100); INC (\$ see \$4 hrough Survey hrough Survey (Resurvey) seainst INC Only (wef 10 Jan 200) ction + SMRT Survey anal Services. Car / Tpt Allowance co-ordination air Inspection	\$6.Bill Add Bill 80) 0/545 \$120 \$30 \$75 \$160
NAI804C6 NAI804C6 Inimant's Particulars: river/Owner: ontact No: amaged Portion: C. Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming S 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co TP (N11): TP	Reporting (\$30); Assessment (\$100); INC (\$ See \$4 hrough Survey hrough Survey (Resurvey) against INC Only (wef 10 Jan 200) ction + SMRT Survey onal Services. Car / Tpt Allowance to-ordination air Inspection liket Excess Coordination (Nan INC) against INC	\$6.Bill Add Bill 80) 0/\$45 \$120 \$30 \$575 \$5160 \$53 \$510 \$525 \$53 \$520
NAI804Ch	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing If 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspe 7) N1: Idae DA 3 NTUC Addition OD* *N5: Courtesy N6: Repair C *N7: Fost Rep *N8: DV / Co	Reporting (\$30); Assessment (\$100); INC (\$ See \$4 hrough Survey hrough Survey (Resurvey) against INC Only (wef 10 Jan 200) ction + SMRT Survey onal Services. Car / Tpt Allowance to-ordination air Inspection liket Excess Coordination (Nan INC) against INC	\$6.Bill Add Bill 80) 0/\$45 \$120 \$30 \$575 \$5160 \$55 \$510 \$525 \$55

repart for

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 <u>truthful</u> and <u>accurate</u> 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

Marine the letters of the	ACCIDENT STATEMENT
Date Of Report	19/07/2018 12:14
Date Of Accident	18/07/2018 19:05
Exact Location Of Accident	JUNC LANGSAT RD & EVERITT RD NORTH
Country/State of Loss	SINGAPORE
C	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SFT970Z
Insured/Policyholder	
Name Of Registered Owner	PRESTIGE LEASING PTE LTD
Co Reg No	201723326H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97984296
Alternative Phone No	OFFICE-97984296
Vehicle Particulars	
Manufacturer	HONDA
Model	AIRWAVE 1.5M 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 THIRD PARTY FIRE AND/OR THEFT

Fleet Policy YES

Policy Number 5094838100

Cover Note Number

Driver

Name of Driver TENG HEONG CHEONG

NRIC No. S1398313E Date Of Birth 13/11/1959 Occupation OUTDOOR Date Of Driving Pass 11/10/1978

Driving Experience 39 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90286198

Fax Number

Contact Number OFFICE-90286198

EMail Address NOEMAIL

BLK 636 BEDOK RESERVOIR ROAD Address

#13-27

Postcode 410636

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

NO

NO

NO

General Information of the Accident

COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR Road Surface DRY

Other Information

Type Of Accident

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?

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

NAME: : KRISIY CASTLETON

GENDER: : FEMALE

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

ON STATED DATE AND TIME I WAS TRAVELLING ALONG LANGSAT RD. SUDDENLY VEHICLE B COMING FROM MINOR ROAD AND HIT ONTO MY VEHICLE FRONT 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 Witness 1

Name KRISIY CASTLETON

Phone Number 90520520

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGS2720J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver **HUYNH THIEN TAM**

NRIC/Passport Number S8277550A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name TENG HEONG CHEONG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & BACK

SFT970Z

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 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.
- 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.

Policyholders Signature Date & Time:

Driver's Signature

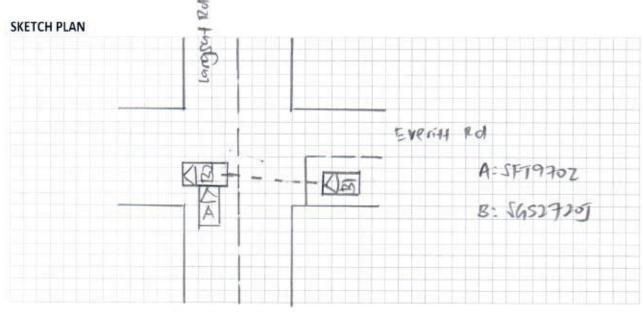
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	statement.	

DECLARATION

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

Policyholder's Signature Date & Time:

STIG

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. \$1398313E





TENG HEONG CHEONG

CHINESE

13-11-1959 Country/Place of birth

SINGAPORE

S1398313E TENG.HEONG CHEONG Best Date: 13 Nov 1959 23 Jun 2015

5960082



18-06-2018

APT BLK 636 BEDOK RESERVOIR ROAD #13-27 SINGAPORE 410636

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

EFFECTIVE DATE

eBao Tech							Gen	GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601			- Annual Strategy			Change Lar	guage	· Change Passwi	ord • Log Out
My Desktop	Poli	cy Query								,
Notice of Loss	Policy N	lo.				Date of Ac	cident	18/0	7/2018 19:05	in .
	Vehicle	No.(For Motor)	SFT970Z							0.5
					1	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5094838100	PRESTIGE LEASING PTE. LTD	201723326H	GFT	Third Party, Fire & Theft	SFT970Z		08/01/2018	
					E	Continue				

□ Poli	cy Information						
Policy No.	5094838100	Policyholder Name	PRESTIGE	LEASING PTE. LTD	Policyholder NRIC	201723326	н
Address	25 KAKI BUKIT ROAD 4 #01-62	SYNERGY @	KB SINGAPO	ORE 417800			
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	05/10/2017	Effective Date	05/10/20	17 00:00	Expiry Date	04/10/2018	23:59
xcess ype		All Claim Excess					
hird Party excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional excess	0	OS Premium	2350.53				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	ANIKA INS BROKERS & CONSUI	Agent Tel.	66729988		GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate Info	No						
	nolder Mailing Address						
Address 1	25 KAKI BUKIT ROAD 4	Addre	ess 2	#01-62 SYNERGY (⊕ KB	Address 3	SINGAPORE 417800
Address 4		Addre	ess Type	Singapore address		Post Code	417800
Jnit No.	01-62	Relate	ed Policy	5098811203			
D Insure	d Object: SFT970Z						
□ Endors	sements						
Sequen	nce Date of Endorsement	Endorseme	nt Type	Endorsement Numbe	r Endorser	ment Status	Endorsement Content
2	09/10/2017 00:00	Basic Informa Basic Informa Endorsement	tion	000001286669470 000001286678219	Endorseme Effective	ent Take	amend coverage- no change in premium Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJJ1142X 23-10-2017 \$981.89 In view of this amendmen an additional premium of \$981.89 (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 you could make payment to us within 14 days from the date of thi letter. For cheque payment, please issue the cheque in favour of "NTU Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you coul also make payment at any of our branches by cash or NETS.
3		Basic Informa Endorsement	tion	000001286685132	Endorseme Effective	ent Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJJ2361Z 02-11-2017 \$1,049.19 In view of this amendment, an additional premium of \$1,049.19 (Inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made

cident MT/1003660	not been collected.						
ficy No.	5094838100	Vehicle No.	SFT970Z	GST Registration No.			
olicyholder Name	PRESTIGE LEASING PTE, LTD		N = 5,435	Policyholder NRIC	201723326H		
roduct Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0		
ontact No. (Mobile)	97984296	Contact No. (Office)	0	Contact No.(Home)	a		
mail Address		Special Remark		eCode	THE V		
FK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason			
CD Protection	No	NCD Engitiement(%)	0	Private Hire	Ves		
v. Accident Details							
port Date	19/07/2018 13:44	Academ Report Within 24 hrs	Yes	Acodent Type	Collision - Major Minor Road		
ate of Acodent	18/07/2018	Time of Accident hh:mm	19:05	Country of Accident	Singapore		
eporting Centre		Orange Force		ICM No.	J. Garage		
ccident Location	JUNC LANGSAT RD & EVERITT RD NORTH			555(199)			
₩ Benefits							
P Excess							
nn damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00		
named Driver Excess		Outside Singapore OD Except	0.00		69000		
and Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00				
GST Registered Inform	ation						
IT Registered	No		GST Registration Date				
T Registration No.			GST Status Venified	Yes			
dification History							
7 Policyholder Mailing Ad	dress						
dress 1	25 KAKI BUKIT ROAD 4	Address 2	#01-62 SYNERGY @ KB	August w	****		
idress 4	THE PARTY NAME OF	Address Type		Address 3	SINGAPORE 417800		
nit No.	01-62		Singapore address	Post Code	417800		
OI Driver Info	(METABLE)	Related Policy Number	5098811203				
Iver Name	Unnamed Driver	Driver Type	Unnamed Driver				
named driver Name	TENS HEONS CHEONS	Driver NR3C	\$1398313E	Driver DOB	13/11/1959		
gister Date of Driver License		Driver Age	58	Driving Experience	39		
WEACT No.(Mobile)	90286198	Contact No.(Office)	0	Contact No.(Home)	0		
Mress 1	BLK 636	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS TENAGA VILLE		
idress 4	SINGAPORE 410636	Address Type	Singapore address	Post Code	410636		
nt No.	13-27		DANGE CONTROL OF CONTR	constant diffe	NON- OC		
oes he own a Singapore egistered car?	☐ Yes ® No	Driver Vehicle No.		Driver Insurer Company			
eathelyser or Blood Test	Omg	Any injury?	® Yes ◯ No				
eathelyser or Blood Test	Omg	Any injury?	® Yes ○ No				
mathalyser or fillood Test sading?	Отц	Any injury?	® Yes ○ No				
eathelyser or fillood Test ading?	0 mg	Any injury?	® Yes ○ No				
nathalyser or Blood Test ading? diffication History	0 mg	Any injury?	® Yes ○ No				
nathalyser or Blood Test ading? diffication History	0 mg	Any injury?	® Yes ○ No				
eathelyser or filood Test eding? diffication Hittory Claim 001 New		0.100.000000	25E. NO. 7.2004	Insured NAM	201723336		
eathelyser or Blood Test eding? dification Hittory Claim 001 New		Any injury? Insured Name Contact No.(Hume)	® Yes ○ No PRESTIGE LEASING PTE. LTD	Insured NRIIC Contact No (Office)	201723326H N3L		
eathelyser or Blood Test eding? dification Hittory Claim 001 New Intrope * Hact No.(Mobile)		Insured Name	25E. NO. 7.2004	Contact No.(Office)	NIL		
eathelyser or filood Test eding? dification History Claim 001 New mm Type * Mact No.(Mobile)		Insured Name Cordact No.(Home)	PRESTIGE LEASING PTE. LTD				
eathelyser or Blood Test eding? Claim 001 Nex Im Type * react No.(Mobile) self Address tem Description recreed Workshop Contact	ОО-МХ	Insured Name Cordact No.(Home)	PRESTIGE LEASING PTE_LTD	Contact No.(Office) TP Vehicle Number	NIL		
eathelyser or Blood Test eading? dification History Claim 001 New Inn Type * Hact No. (Mobile) Half Address with Description Herered Workshop Centact	OD-MX SFT9702 / SG52720J DN 18 Jul 2018	Insured Name Contact No. (Home) OI Vehicle Number Insured Liability •	PRESTIGE LEASING PTE_LTD SFT9702 Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	N1L \$0327203		
eathelyser or Blood Test eading? dification History Claim 001 New Inn Type * Intact No. (Mobile) Intal Address Interned Workshop Centact Quire Fingisation	OD-MX	Intured Name Contact No. (Home) OI Vehicle Number	PRESTIGE LEASING PTE_LTD	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	N3L S0327202		
eathelyser or Blood Test rading? diffication History Claim 001 New and Type * inflact No. (Mobile) nail Address sem Description effermed workshop Contact quire Finerisation de Registered	OD-MX	Insured Name Corsact No. (Home) OI Vehicle Number Insured Liebility * Preferered Repair Option	PRESTIGE LEASING PTE_LTD SFT9702 Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	N1L \$0327203		
eathelyser or filood Test eding? Claim 001 New Interpretation Hata Type * Hata(No.(Mobile) Hata Address Interpretation Herred Workshep Contact quire Findication te Kegishered port Taken By	OD-MX	Insured Name Corsact No. (Home) OI Vehicle Number Insured Liebility * Preferered Repair Option	PRESTIGE LEASING PTE_LTD SFT9702 Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	N3L S0327202		
hathelyser or filood Test eding? Claim 001 New Interpret Profession (Mark No. (Mobile) and Address or Description ferred Workshop Contact quire Findisation (in Registered port Taken By	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Insured Liebliky * Preferend Repair Option Claim Close Oate	PRESTIGE LEASING PTE. LTD SFT9702 Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	N3L S0327202		
athelyser or Blood Test eding? Infration History Italien 001 Nex Italie	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Insured Liebliky * Preferend Repair Option Claim Close Oate	PRESTIGE LEASING PTE_LTD SFT9702 Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	N3L S0327202		
athelyser or Blood Test eding? Infration History Italien 001 Nex Italie	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Insured Liebliky * Preferend Repair Option Claim Close Oate	PRESTIGE LEASING PTE. LTD SFT9702 Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	N3L S0327202		
nathelyser or fillood Test eding? Chalm 001 New Inn Type * Hact No. (Mobile) all Address om Description ferred Workshop Contact quere Finalisation the Registered port Taken By Print AK letter	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Insured Liebliky * Preferend Repair Option Claim Close Oate	PRESTIGE LEASING PTE. LTD SFT9702 Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	N3L S0327202		
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