NATIONAL Assessment Co	entre Services	el 1 Janos M NAJ 18	098754		
Date In: 31/3/8-11:14	Jeb description	Dat	e &Time Completed	Done	př.
Ref No: NA INC180 17885 124	SAS e-filing	i	1		
Veh No: PS77496	E-mail (within Shr	rs, AIC 2hrs)			
D.O.A: 29/7/8-16-30	i-Motor Claim	Form M	1/1005367-00,	31/7/8 1	y: 17
	i-Motor W/O (Within: OD 2hrs, TP 4h	пъ)		414.9
OD TP Reporting Only	i-Photo Upload	led			8
TDI	Assessment/Surv	ey Report			
TP Insurer:	Ass't Report by]	Fax / Hand to Own	ner/Wksp		
Preferred Wksp / INC Assign Wksp / QW	/: (Tel	: 1	Fax:)
TP Particulars: Veh No:	ж. 838.2 г.	, INC(,)/	Non-INC()	20	
Owner / Driver: (To	d:)	
Policy No: ()	Period: () Cov	er Type: ()	
Confirmed by : (Date:	Time:	3	
Insured/Driver Liability: (%) [Note-Est. Status (WC)): N: 0-20%;	P: 21-79%. F: 80-	100%]	
Year of Registration: () Warranty: YES ()/NO()			
	:\$1,000()/\$2,000()		***	- Jacobs - Charles
General Remarks:		SECTION FOR		Store St.	
() Walk-In Customer : Customer	s information strictly Confi	dential & Strictly N	NO refer of repairer.		
() Total Loss Case : to e-mail I	nsurer URGENTLY.		*		
Drive-In ()/ Towed-In (); In	voice: YES () / NO	(); Towing	g Co: (')
Remarks:- : (INC hotline: 6788 66	16)	Dat	e& Time Comple of	Done	by
1) Apply for Transport Allowance (•	A	-
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost	t>\$3000] ()				
Indiana .					
Injury:				27.54.10(\$1.51) T. 161	
Date/Time Actions			Productive (Contribute)	PERFECTIVE.	
	AC ALL COLOR DE LA				
		Missey w — existence			
	188		NAMES OF THE PARTY	Anit (S)	Amt (1)
Nagoyen	1	nvoice Preparat	ion Checklist	fir Bill	Add Bill
Jaimant's Particulars :-) AR : Accident Report		900	
) DA : Damage Assessr) TF : Towing Fee		10/\$45	
Priver/Owner:	4) FT : Follow-Through) FT : Follow-Through	Survey (Passersey)	\$120 \$30	
Contact No:	we to see the company of the company	For claiming against 1	NC Only (wef 10 Jan 200	5)	
armaged Portion:) TR : Re-inspection) N1 : Idao DA + SMR	T Survey	\$160	
) NTUC Additional Ser			
C Checked by (Engr-In-Charge):		*NS: Courtesy Car / T	ot Allowance	\$5	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•N6: Repair Co-ordin	ation	510	
uditors' Comments :-		*N7: Fost Repair Insp *N8: DV / Collect Ex		\$25	
at. 1:	2. 3 de 2017 5 de 1645 1. 40 (1. 6. 8. 2. 5. 5)	TP (N11) : TP (Non I		\$20	
100) N12: Idac Mobile	Fee Charged	30	aria jen
nt. 2 / 3:	100	nvoice dated	Fee Charged	Marketon Co. Co.	

in prost 1.20

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.
- Information provided must be as <u>truthful and 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

	ACCIDENT STATEMENT
Date Of Report	31/07/2018 12:14
Date Of Accident	29/07/2018 16:30
Exact Location Of Accident	NAPIER RD TWDS HOLLAND RD
Country/State of Loss	SINGAPORE
Application of the complete of	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FS7749G
Insured/Policyholder	
Name Of Registered Owner	NG KAI BENG
NRIC No	S7824954D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82107908
Alternative Phone No	OFFICE-82107908
Vehicle Particulars	
Manufacturer	HONDA
Model	ST1100Y
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5015959855-12
Cover Note Number	
Driver	

Name of Driver	NG KAI BENG (HUANG KAIMING)
NRIC No	S7824954D
Date Of Birth	29/08/1978
Occupation	OUTDOOR
Date Of Driving Pass	07/03/2006
Driving Experience	12 YEARS AND 4 MONTHS

Driving Experience 12 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82107908

Fax Number

Contact Number OFFICE-82107908

EMail Address NOEMAIL

BLK 21 HOLLAND DRIVE Address

#03-411

Postcode 271021

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2 YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME: : TAN KOK YONG

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name COMMONWEALTH NEIGHBOURHOOD POLICE POST

ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX), POSTCODE: Police Station Address

140111, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4749999 - FAX NO: 64715297

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20180730/2047.

Attachment(s)

Are accident photos available for attachment?

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

YES NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGH858S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

TEY CHEE LIN JASON Name of Driver

NRIC/Passport Number S7503490C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

Passenger 1

NAME:

GENDER:

Passenger 2

NAME:

GENDER:

DETAILS OF INJURED PERSON 1

Name

NG KAI BENG (HUANG KAIMING)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FS7749G

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

TAN KOK YONG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FS7749G

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

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.

Policyholder's Signature

Date & Time:

Driver's Signature

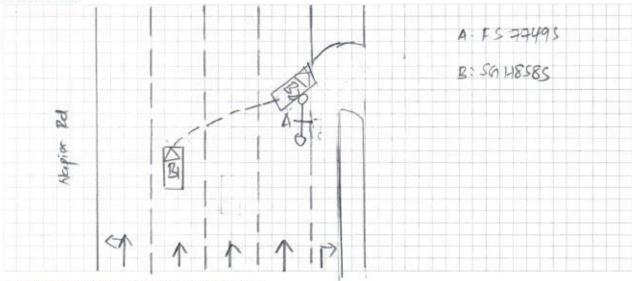
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	plice report-1/2018 0720/2042.	
	Provide the second	
11.57		
	7)	

DECLARATION

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

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

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT	DATE: (29 / 7 / 18)	(DD/MM/YYYY), TI	ME:(16:30)(HH:MM)
LOCATION	Napier Rd twds	Apland Rd.	
1. DET	AILS OF VEHICLE		
	EHICLE NUMBER: FS 774	196	
	SURANCE COMPANY: 47		
	OLICY NUMBER: 50/59398		
	OLICY TYPE: (COMPREHENSI		THIRD PARTY FIRE &THEFT)
	IAKE & MODEL:		,
	PE:(SALOON / COUPE / MPV	//VAN/LORRY/N	MOTORCYCLE / OTHERS)
	EHICLE CATEGORY: (PRIVATE		
	URPOSE OF USING AT ACCIE		
i) AR	RE YOU CLAIMING UNDER YO	OUP OWN INSURAN	ICE (YES/NO)
IF I	NO, PLEASE STATE (THIRD PA	RTY CLAIM / REPOR	RTING ONLY)
	JRED / POLICY HOLDER		
	AME: Na Ica Beng		(MALE) FEMALE)
			CONTACT: 82/07908
c)Al	DDRESS: BILC > MILAND	Drive \$ 03-41	1 (27(021)
29 200 (30)		74	
	ONTINUE TO 3.d IF DRIVER AL	SO POLICY HOLDE	R
Ho of passengs DRIN			// / / E / FEN/A ! E \
LINCILIZIONA ALLONA	AME: RIC/FIN/PASSPORT:	-	(MALE / FEMALE)
	DDRESS:		SONIACI
	JONESOU.		
* mak .	DATE OF BIRTH: (24/8 /	193 8 1/DD/MM	/YYYYI
an lose young elos	CCUPATION: (INDOOR / OU	TOODR)	12 St 88 V
f)YE/	ARS OF DRIVING EXPRERIENCE	73 206	(class).
4. WAS	DRIVER AN EMPLOYEE O	F THE INSURED'S	COMPANY? (YES / NO)
	O, RELATIONSHIP OF THE		1000 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	EATHER CONDITION: (CLEAR		ERS
	DAD SURFACE: DRY WET		1
	ANYBODY INJURED (YES) N		
	PORTED TO POLICE (YES / N		5
	'ES, PLEASE STATE WHICH/PC D PARTY VEHICLE	DLICE STATION:	
the of passager of	VEHICLE NUMBER: SG H858		MODEL:
(Late to b)	DRIVER'S NAME TOU CHI	Lin 16,600	IODEL
(anduaing driver)	DRIVER'S NAME: 744 Chic	2000	CONTACT:
(<u>3</u>) 9. THIRE	PARTY VEHICLE		
611. d) d)	VEHICLE NUMBER:	N	IODEL:
This of passinger of 1	DRIVER'S NAME:		
(Including driver) f)	VEHICLE NUMBER: DRIVER'S NAME: NRIC/FIN/PASSPORT:		CONTACT:
	76		and an

email = speedyengine @ hotmail.com





T/20180730/2047

1 of 4

Report No. T/20180730/2047

Police Station Of Origin: Commonwealth NPP 111 Commonwealth Crescent (Annex) #01-288A SINGAPORE 140111

Tel No: 1800-4749999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 018 12:31	/lade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of NG KAI	f Informant: BENG		Address: APT BLK 21 HOLLAND DRIV	/E #03-411 SINGAPORE 271021	
ID Type / ID No.: NRIC NO / S7824954D			Contact No.: Home/Office: Mobile: 82017908		
National SINGAP	lity: PORE CITIZ	EN	Email:		
Sex: Male	Age: 39	Date of Birth: 29/08/1978	Type of Informant: Vehicle Owner		
Race: Chinese			Language:	Institution / School Name:	
Occupation: COMPANY DRIVER		Ř	Driving Licence Information: Class: Date of Expiry:		

General Inform	mation of the Accident				
Type of Accident:	Injury Conveyed By Ambula	nce Drink Drive: No	Type of Location		
Location: Along Road 1 NAPIER ROA TOWARDS H					
Weather: Clear	10	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	á	Traffic Control:	Traffic Volume:		
Type of Collis	ion:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
FS7749G	Motorcycle	110000				1	
SGH858S	Car					2	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 4

Report No. T/20180730/2047

Police Station Of Origin: Commonwealth NPP 111 Commonwealth Crescent (Annex) #01-288A SINGAPORE 140111

Tel No: 1800-4749999

CONTINUATION OF REPORT

Pillion					
Name	TAN KOK YONG	11	ID No.		S7200888Z
Related Vehicle	FS7749G (Motorcycle)	C	Conta	ct No.	97667566
Hospital/Clinic	SINGAPORE GENERAL HOS	L L	Class Driving Licence Expiry	9	Class: NIL Date of Expiry: NIL
Date Treatment	29/07/2018	Date Discha	rge	29/07	/2018
No. of Days gran	ted Medical Leave 03	Degree of In	njury	Serio	us
Vehicle Owner					
Name	NG KAI BENG	1	ID No.		S7824954D
Related Vehicle	FS7749G (Motorcycle)	(Contact No.		82017908
Hospital/Clinic	SINGAPORE GENERAL HOS	I L	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	29/07/2018	Date Discha	and the local division in which the	madesonicities of the later of	7/2018
	ted Medical Leave 04	Degree of Ir	njury	Serio	us
Driver					
Name	TEY CHEE LIN JASON	1	D No.		S7503490C
Related Vehicle	SGH858S (Car)	(Conta	ct No.	NIL
Hospital/Clinic	NIL	I L	Class Driving Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discha		NIL	
	ted Medical Leave NIL	Degree of Ir	_	NIL	

Brief Details.

On the 29/07/2018 at about 1630hrs, I was riding along Napier Road going towards Holland Road. I was with my friend whom is the pillion. As I was riding on the 1st lane, out of a sudden the said car just cut through two lanes and wanted to go to the U-turn bay. He came from the 3rd lane. I jammed brake and could not stop in time and hit his car (right driver side near to the front tyre).

Both of us fell from the bike and had injury all over our body. The ambulance then came and we were conveyed to SGH.





3 of 4

Report No. T/20180730/2047

Police Station Of Origin: Commonwealth NPP 111 Commonwealth Crescent (Annex) #01-288A SINGAPORE 140111 Tel No: 1800-4749999

CONTINUATION OF REPORT





Police Station Of Origin: Commonwealth NPP 111 Commonwealth Crescent (Annex) #01-288A SINGAPORE 140111 Tel No: 1800-4749999 4 of 4 Report No. T/20180730/2047

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: D / Staff Sgt FIRDAUS BIN NOR SIMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/07/2018 12:31
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt YUS MASTARI I KHAZALI Contact No.: 65476214	Classification Of Case:
Authentication Stamp	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7824954D





NG KAI BENG (HUANG KAIMING)

凯明

CHINESE

Date of birth 29-08-1978

Country of birth SINGAPORE



4273796



No. S7824954D

03-09-2008

APT BLK 21 HOLLAND DRIVE #03-411 SINGAPORE 271021

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)



eBao Tech	The second secon								GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601						Change	Language	• Chan	ge Password) Log Out
My Desktop	Polic	y Query									930
Notice of Loss	Policy No).				Date	of Accident	2	9/07/2018	16:30	
	Vehicle N	No.(For Motor)	FS7749	9G		Certif	icate Number				
					1	Search					
	Select	Palicy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0 5	015959855- 12		NG KAI BENG	S7824954D	GMC	Third Party	FS7749G	FS7749G	15/05/2018	14/05/2019
					100	Continue	I				



oolicy No. 5015959855-12 bertificate No. NG KAI BEING. oolicyholder Name NG KAI BEING. roduct Code MOTGRCYCLE INSURANCE oolicyholder Name 82107906	Vehicle No.			
intificate No. Ecyholder Name NG KAI BENG . BEUT Code MOTORCYCLE INSURANCE . MACK No. (Mobile) 82107906	Vehicle No.			
cytoider Name AG KAI BENG . duct Code MCTCRCYCLE INSURANCE (Eact No. (Mobile) 82107906		F57749G	GST Registration No.	
tuct Clide MOTORCYCLE INSURANCE Eact No. (Mobile) 82107906				
act No.(Mobile) 82107906			Policyholder NRIC	87824954D
	Cover Type	Third Party	Loading	0
# Address	Contact No. (Office)	0	Contact No. (Home)	0
	Special Remark		eCode	9: V
® No ○ Yes	TCA	® No ○Yes	eCode Reason	
Protection No.	NCD Entitlement(%)	20	Private Hire	No
Accident Details				
	World Street William Street Street	Modern	TATAL DE MINISTER	
	Accident Report Within 24 hrs		Accident Type	Collision - Change / Cross lane
of Accident 29/07/2018	Time of Accident hhimm	16:30	Country of Acadent	Singapore
orting Centre	Grange Force		ICM No.	
dent Location NAPSER RD TWDS HOLLAND RD				
Benefits				
Excess				
damage Excess 0.00	Additional Excess		Windscreen Excess	0.00
amed Driver Excess	Outside Singapore OD Excess			
d Perty Excess 0.00	Outside Singapore OD Excess			
GST Registered Information	Course Singapore in excess			
		CCT Basterilla Basterilla		
Registered No		GST Registration Date GST Status Ventiled	2548	
Registration No.		GST Status ventied	Yes	
dification History				
Policyholder Hailing Address				
Poscynology Halling Address Poss 1 Stx 21 #03-411	Address 2	HOLLAND DRIVE	Address 3	SINGAPORE 271021
tress 4		Singapore address		
	Address Type	1 (F) (C) (1 (F) (F) (F) (F)	Post Code	271021
OF Delegation	Related Policy Number	5015959855-12		
OI Driver Info	2.600.2000			
er Name NG KAI BENG	Driver Type	Main Driver		
amed driver Name	Driver NRIC	57824954D	Driver DOB	29/08/1978
ister Date of Driver License 07/03/2005	Driver Ape	39	Driving Experience	12
tact No.(Mobile) 82107908	Contact No.(Office)	0	Contact No.(Home)	0
reas 1 BLK 23	Address 2	HOLLAND DRIVE	Address J	SINGAPORE 271021
fress 4	Address Type	Singapore address	Post Code	271021
t No. 03-411	0.00750.020	A VOICE OF STATE OF S	AND SECTION S.	557651367.0
is he own a Singapore	warrangers new		200000000000000000000000000000000000000	
ostered car? ○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
taration				
athalyser or Blood Test	Any injury?	® Yes ○ No		
ding?		E 120		
dan salam sama aran				
dification History				
laim 001 New				
DATE OF STREET				
	Innuced Name	NO PAT GRAP	The state of the second	030340040
Ton to	Insured Name	NG KAI BENG	Insured NR3C	57824954D
tatt No. (Mobile) 82017908	Contact No.(Home)		Contact No.(Office)	
ract No. (Mobile) 8201,7908 If Address SPEEDYENGINESHOTMAIL, COM	Contact No.(Home) Of Vehicle Number	FS7749G		SGH8585
tact No. (Mobile) 8201.7906 If Address SPEEDYENGINESHOTMAIL.COM		FS7749G Please Select	Contact No. (Office)	SG-MSBS
ract No. (Mobile) 82017908 iii Address SPEEDYENGINESHOTMAIL.COM mant Type Claimant Type* Please Select	Of Vehicle Number		Contact No. (Office)	SGHESES
act No. (Mobile) 82017908 If Address SPEEDVENGINESHOTMAIL.COM mant Type Claimart Type* Please Select and Name *	Of Vehicle Number Type of Benefit * Claimant NRIC *		Contact No. (Office)	SGHISES
ract No. (Mobile) 82017906 if Address SPEEDYENGINESHOTMAIL.COM mant Type Claimant Type* mant Name * If Dearnington P577496 / SCH8565 ON 29 Jul 2018	Of Vehicle Number Type of Benefit, * Claimant MRIC *	Please Select	Centact No.(Office) TP Vehicle Number	SGMISES
tact No. (Mobile) 82017908 # Address SPEED/ENGINESHOTMAIL.COM mant Type Claimant Type * Please Select mant Name * # Description P57749G / SGH8585 ON 29 Jul 2018 # P57749G / SGH8585 ON 29 Jul 2018	Of Vehicle Number Type of Benefit, * Claimant NRIC * Insured Uability *	Please Select Not at Fault	Centact No. (Office) TP Vehicle Number Name of Preferred Workshop	
tact No. (Mobile) 82017908 sh Address SPEEDYENGINESHOTMAIL.COM mane Type Claimane Type * Please Select mane Name * Description P57749G / SGH8585 ON 29 Jul 2018 erred Workshop Contact une Finalisation Yes V	Of Vehicle Number Type of Benefit, * Claimant NRIC * Insured Uability * Preference Repair Option	Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	Received 💌
ract No. (Mobile) ### Address #### SPEEDYENGINESHOTMAIL.COM ###################################	Of Vehicle Number Type of Benefit, * Claimant NRIC * Insured Uability *	Please Select Not at Fault	Centact No. (Office) TP Vehicle Number Name of Preferred Workshop	
act No. (Mobile) # Address # Address # SPEEDYENGINESHOTMAIL.COM # Please Select # Description # P577496 / SGHB585 ON 29 3ul 2018 # Pered Workshop Contact ###################################	Of Vehicle Number Type of Benefit, * Claimant NRIC * Insured Liability * Preference Repair Option	Please Select Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	Received 💌
act No. (Mobile) 82017908 I Address SPEEDVENGINESHOTMAIL.COM none Type Claimane Type * Please Select In Description P577496 / SGH8585 ON 29 3ul 2018 are Finalisation P48 Registered 31/07/2018 14:17 rd Taken By Jackson	Of Vehicle Number Type of Benefit, * Claimant NRIC * Insured Liability * Preference Repair Option	Please Select Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	Received 💌
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