Date In: (6/8/18 - 11:59	Jeb description	W. P. W. S.	Date &Time Completed	Done	pi
Ref No: NA INCIDO 149X /24	SAS e-filing				
Veh No: Jup 3 6x	E-mail (within	Shrs, AIC 2hrs)			•
D.O.A: K/5/18- 19:05	i-Motor Clair	m Form	M11007479-001	16/8/18 17	0.5
	i-Motor W/O	(Within: OD 2hr			
OD / TP / Reporting Only	i-Photo Uplo				
	Assessment/Su	irvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand	to Owner/Wksp		70.7.T.C. (
Preferred Wksp / INC Assign Wksp / QW: (Fax:	
TP Particulars: Veh No: XE		INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (V	WO): N: 0-2	0%; P: 21-79%. P: 30-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
	1,000 ()/\$2,000	()			
General Remarks;-				17575 C 17	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

- 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.
- 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	16/08/2018 11:59
Date Of Accident	15/08/2018 19:05
Exact Location Of Accident	ALONG BKE TWDS WOODLANDS
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP36X
Insured/Policyholder	
Name Of Registered Owner	EHB LIMOUSINE PTE LTD
Co Reg No	201536531R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH 1.8 CVT
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5075309111-02
Cover Note Number	
Driver	
Name of Driver	KAMALDIN BIN ABDUL KADER
NRIC No	S1506509E
Date Of Birth	08/02/1961

OUTDOOR

02/03/1990

MALE

NOEMAIL

28 YEARS AND 5 MONTHS

(LOCAL) +65-92210786

OFFICE-92210786

BLK 320 YISHUN CENTRAL Address

#03-341 760320

NO

NO

NO

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 - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

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

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

ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 2

Number of Passengers (Including Driver)

Passenger 1 NAME:

> 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?

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 XE4218C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 17

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
- 3. 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.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false reporting may be referred to the Police for Investigation.
- 6. 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
- 7. By the ladgment 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)

Lunderstand, 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)
 - (i) 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 enquines 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
- 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 reasography required for the purposes stated, or

with requirements under any regulations, law for court orders.

Policyhelder's Signature

Date & Time:

Driver's Signature

If driver is not the policyholder

Date & Tim

Reporting Centre Personnel's Signature

Name.

NRIC/FIN No.:

lua dlands SKETCH PLAN A: SLP36x B: XE4218C Small Real of PIE BKE DESCRIBE CIRCUMSTANCES OF THE ACCIDENT was travelling along PIE Slip Road Exiting towards DIKE towarks After Signalling woodlands filter Highway out vehicle from BKE - refuse omo my car DECLARATION I/We declare the long particulars are true in every r Policyholder Gig Driver's Signature (If guiver is not the policyholder) Reporting Centre Personnel's Signature Date & Time: Name: NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

	ACCIDENT DETAILS	
Date of accident	15/08/18	(DD/MM/YY)
Time of accident	1905	(HH:MM)
Exact location of accident	BKE towards woodland	

	DI	ETAILS OF	/EHICLE
Vehicle registration number			LP36×
Vehicle make and model			Toyota Wish
Type of vehicle	Saloon Lorry		CRV □ Van □
Vehicle category	Private 🗆	Comm	ercia⊬ Motorcycle □
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes □ Third part o	No ₽⁄ claim □	if no, please select: Reporting only

	INSURANCE IN	FORMATION	
Insurance company		NTUC	
Policy number	(575309111-02	
Type of policy	Comprehensive	Third party fire & theft □	TP only □

	INSURED / POLICY HOLDER		
Name	EHB LIMOUSINE PTE LTD	Male □	Female 🗆
NRIC / Fin / Passport number	201536531R		
Contact			
Address	70 UBI CRESCENT #01-12 UBI TECH PARK SINGAPORE 408570		

DRIVER	SAME AS INSURED ABOVE = (SKIP TO D.O.B)
Name	Kamaldin Bin Abdul kader Male & Female =
NRIC / Fin / Passport number	51506509E
Contact	92210786
Address	BIK 320 Yishun (entral #03-341 = (760320)
Email address	
Date of birth	68/02/1961
Occupation	Indoor Outdoor
Driving date pass	02 (03) (990

	ENERAL IN	FORMATION (OF THE ACCIDENT	
Was driver an employee of	Yes 🗆	No 🗹	11/20	
the insured's company?	If no, rela	ationship of the	e driver and insured: Hile	
Accident captured by camera?	Yes 🗆	No 🗹		
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry 🗷	Wet □		
No of passenger		_	(1	nclusive of driver)
			· · · · · · · · · · · · · · · · · · ·	
		PASSENGE	R1	
Name				
Gender	Male □	Female 🗷		
		PASSENGE	R 2	PACIFICAL PROPERTY.
Name	11		The second secon	
Gender	Male 🗆	Female □		
		STORING CHARLES		
	1	PASSENGE	R 3	
Name				
Gender	Male 🗆	Female 🗆		
				Control of the Contro
		PASSENGE	R 4	A STATE OF THE STA
Name				
Gender	Male 🗆	Female		
		PASSENGE	R 5	
Name				
Gender	Male □	Female		
		PASSENGE	R 6	
Name				
Gender	Male 🗆	Female	7	
		OTHER INFORM	MATION	A SECTION OF THE PERSON OF THE
Was anybody injured?	Yes 🗆	Nod		
Was other vehicle damaged?	Yes 🗸	No□		
	-	TAILS OF POLIC		AND STATE OF
Reported to police?	Yes 🗆	No ✓ If	yes, please state which police s	tation.
Police station name				
	- De la contrata	No westernoon		
		WITNESS		Decision of the last of the la
Name				
		WITNESS	2	
Name				

	THIRD PARTY VEHICLE 1
Vehicle registration number	XE4218C
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	The state of the s
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
And the same of th	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Market St. Company of the Company	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

		INJURED PERSON 1
Name		The state of the s
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes □	No 🗆
hospital by ambulance?		and Section 197
是 (1) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	THE PARTY OF	INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes □	No 🗆
hospital by ambulance?		
		INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No □
Was injured conveyed to	Yes□	No 🗆
hospital by ambulance?	9.5786.50	
		INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes□	No 🗆
Was injured conveyed to	Yes□	No 🗆
hospital by ambulance?	13,010,05704	
ALTO SERVICE AND S	300 (300 (300	INJURED PERSON 5
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	(87/25877-25530)	
		INJURED PERSON 6
Name		MJORED I ENJOR O
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes□	No 🗆
		THE
	-	
Was injured conveyed to hospital by ambulance?	Yes□	No 🗆







KAMALDIN BIN ABDUL KADER

كالملدين بن ابدول كادير

INDIAN Date of Britis

08-02-1961

Country of Briti

SINGAPORE





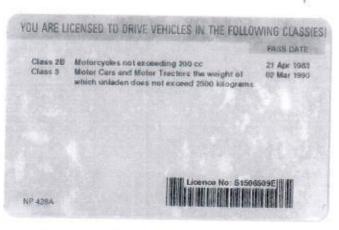
DRIVING LICENCE

Lines Ferritor S 1 5 0 6 5 0 9 E

KAMALDIN BIN ABBUL KADER

Both Date 08 Feb 1961 Issue Date 14 Aug 2003







Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5075309111-02

Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle

: SLP36X

Chassis Number

: JTDGG20W6QJ008690

2. Name of Policyholder

: EHB LIMOUSINE PTE LTD

3. Effective Date of Insurance

: 26 Apr 2018

4. Expiry Date of Insurance

: 25 Apr 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

EXCESS (SECTION 2)

WINDSCREEN EXCESS

: N/A

ADDITIONAL EXCESS

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: YES : YES

INSURE WITH COE

NCD PROTECTION

: NO

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: N/A

NAMED DRIVER (1)

: N/A : N/A

NAMED DRIVER (2)

: LAKE-VIEW CREDIT PTE LTD

HIRE PURCHASE COMPANY SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: Marsh (Singapore) Pte Ltd (00000690300)

Date of Issue

: 23 Oct 2017 14:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



Policy No.	5075309111-02	Policyholder Name	EHB LIM	DUSINE PTE LTD	Policyholder NRIC	201536531	3
Certificate lo.		MICHEL S			- 19097S		
ddress	70 UBI CRESCENT #01-12 SIM	NGAPORE 4085	70				
roduct lame	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Pate	23/10/2017	Effective Date	01/11/20	17 00:00	Expiry Date	31/10/2018	23:59
xcess ype		All Claims Excess					
hird		Own			Windscreen		
arty xcess	1000	damage Excess	1000		Excess	100	
xcess	0	OS Premium	23397.94	1			
Outside Singapore OD Excess	1000	Outside Singapore TP Excess	1000			You	ng/Inexperience Driver Excess
Agent	Marsh (Singapore) Pte Ltd	Agent Tel.	6327768	37	GST Flag	Υ	
Co- nsurance Flag Open	No						
Policy Info Certificate							
Info							
→ Policyl	nolder Mailing Address						
Address 1	70 UBI CRESCENT	Addre	rss 2	#01-12	39	Address 3	SINGAPORE 408570
Address 4		Addre	ss Type	Singapore address	39	Post Code	408570
Unit No.	01-12	Relate Numb	ed Policy er	5074680813-02			
D Insure	d Object: SLP36X						
	sements						
Sequen	Date of Endorsement	Endorseme	nt Type	Endorsement Number	Endorser	ment Status	Endorsement Content 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. SLL60X 08-11-2017 \$1,321.84 In view of this amendment, an additional premium of \$1,321.84 (inclusive of GST) is payable under your policy, Please
	09/11/2017 00:00	Basic Informa Endorsement	tion	000001286689224	Endorseme Effective	nt Take	ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque favour of "NTUC Income" with you name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches becash or NETS. Thank you for giving us the
2	09/11/2017 00:00	Basic Informa Endorsement	tion	000001286691817	Endorseme Effective	ent Take	opportunity to serve you. We confirm that the following 1 vehicl have been deleted from this policy VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GS 1. SKL9024D 01-11-2017 1,347.6 In view of this amendment, a refund of \$1,347.68 (inclusive of GST) will be adjusted against the

ocident MT/1007479					
acy No.			SCHOOL STATES	services exercise	
	5075309111-02	Vehicle No.	SLP36X	GST Registration No.	
rtificate No.					
Acytholder Name	EHB LIMOUSINE PTE LTD			Policyholder NRIC	201536531R
odut, Code	PLEET INSURANCE	Cover Type	drive PREMIUM	Loading	0
ontact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	NO. N.
nc.	No ○ Yes	TCA	® No ○Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
port Date	16/08/2018 15:03	Accident Report Within 24 hrs	Yes	Acodent Type	Collision - Change / Cross lane
he of Academ	15/08/2018	Time of Accident hh:mm	19:05	Country of Accident	Singagore
porting Centre		Orange Farce		ICM No.	
odent Location	ALONG SKE TWDS WOODLANDS	2000,000,000			
Benefits					
Excess					
en damage Excess	1,000.00	Additional Excess	D	Windscreen Excess	100.00
	4,500			ernoucten cacess.	100,00
named Driver Excess		Outside Singapore OD Excess	1,000.00		
PD Party Excess	1,000,00	Outside Singapore TP Excess	2,000.00		
7 GST Registered Informa					
T Registered	No		GST Registration Date		
IT Registration No.			GST Status Venfied	Yes	
dification History					
Policyholder Mailing Ad	idress				
		Address 2	801.12	Address 1	SINGADORG ADESTO
dress I	70.UB) CRESCENT		#01-12 Seconds address	Address 3	SINGAPORE #08570
Idress 4		Address Type	Singapore address	Post Code	408570
Ht No.	01-12	Related Policy Number	5074680813-02		
OI Driver Info	s de reconstruir de cons	410 or 2070y	MANAGE LANCE		
iver Name	Unnamed Oriver	Driver Type	Unnamed Driver	2 22	
named driver Name	KAMALDIN BIN ABOUL KADER	Driver NRIC	\$1506509E	Driver DDB	08/02/1961
gister Date of Driver License		Driver Age	57	Driving Experience	28
mact No.(Mobile)	92210786	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 320	Address 2	YISHUN CENTRAL	Address 3	SINGAPORE 760320
Idress 4		Address Type	Singapore address	Post Code	760320
nt No.	03-341				
oes he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Marie Carlo					
claration					
eathalyser or Blood Test lading?	0 mg	Any injury?	○ Yes ® No		
100					
San San Carrier					
dification History					
1.00					
1.00					
Claim 001 New					
Claim 001 New	CO-MX	Insured Name	EHB LIMOUSINE PTE LTD	Insured NRIC	201536531R
Claim 001 New	CO-MX V	Insured Name Contact No.(Home)	EHB LIMOUSINE PTE LTD.	Insured NRIC Contact No.(Office)	201536531R +
claim 001 New	parameter (America)				201536531R + XE4218C
im Type + ktact No. (Mobile) all Address	66991313 benjemin@ehblimousine.com.s;	Contact No.(Home)	NIL	Contact No.(Office)	+
im Type + text No.(Mobile) all Address imant Type Calmant Type +	86991313 benjemin@ehblimousine.com.s;	Contact No.(Home) Oil Vehicle Number	MIL SLP36X	Contact No.(Office)	+
im Type * ntact No.(Mobile) all Address imant Type Calmant Type *	86991313 penjemin@ehbimousne.com.s; Please Select	Contact No.(Home) Oil Vehicle Number Type of Benefit *	MIL SLP36X	Contact No.(Office)	+
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claim OD1 New sim Type + ntact No. (Mobile) nai Address simant Type Colmant Type + sim Description referred Workshop Contact , quire Finalisation rie Registared pert Taken By j Pric AK letter Attachment p cident No.	86991313 benjamin@enbimousne.com.s; Please Select \$22 \$L\$2084 / XE4218C ON 15 aug 2018 Yes 16/08/2018 15:05 Jackson HT/1007429	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date * Claim No.	Fully at Pauli Preferred Workshop, Name unknown Seve Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	* XE4218C
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