Date In: Allola - 12	, Jentie	Services wel Jamos M	IA 1.8 177700	1
Ref No: Appliance	1	Job description	Date & Time Completed	
Veh No: JW833L	5/24	SAS e-filing	Completed	Done b
D.O.A : 12/10/18 - 2017		E-mail (within Shrs, AIC 2hrs)	-	
X 101- 81 (0) X		i-Motor Claim Form		
OD (TP) Reporting Or	nly	i-Motor W/O (Within: OD 2hrs,	101-13451-001	17/10/18 19:0
		i-Photo Uploaded	TP 4hrs)	
TP Insurer:		Assessment/Survey Report		
Professorial		Ass't Report by Fanda		
Preferred Wksp / INC Assign		Ass't Report by Fax / Hand to		
TP Particulars:	Veh No: 36773 612	l Die		ax:
Owner / Driver: (Policy No: (-	. INC()/Non-INC().	
The state of the s) Period:	(Tel:)
Confirmed by : (_	Data	Cover Type: ()
Insured/Driver Liability: ((%) [Note-]	Est Status (WO): N: 0-20%	Time:)
Year of Registration: () Warran	nty: YES ()/NO()	; P: 21-79%. P: 80-10	0%]
Excess: (\$	Loading: \$1,000 (nty: YES ()/NO ())/\$2,000 ()		
General Remarks	A STATE OF THE PARTY OF THE PAR	ACCOUNT OF THE PARTY OF THE PAR	100000000000000000000000000000000000000	
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() Total Loss Case	a a mornation	n strictly Confidential & Strictle	V NO spens	10/19 P
Drive-In ()/ Tower In	o e-mail Insurer URO	GENTLY.	13 Taler of repairer.	Constant of the Constant of th
Dive-In ()/ Towed-In (); Invoice: YES		Water Park A	All a line line line line line line line line
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Remarks: (INC horlines 1) Apply for Transport Allows 2) QC Check / Post Repair Ins 3) Upload Resurvey Photo [Re Injury: Pate/Time Actions MAROBER imant's Particulars:- cer/Owner:	6788 6616) ance () / Courtesy	Invoice Preparati 1) AR: Accident Reportin 2) DA: Damage Assessm 3) TF: Towing Fee	on Checklist sg (\$30); ent (\$100); INC (\$80)	Anc (S) Anc (S
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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.
- 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 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 companies.

5. Any false reporting may be referred to the Police for investigation.

- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

aforesaid.	and to copies of the report define and to copies of the report deing made available
Control of the second of the second	ACCIDENT STATEMENT
Date Of Report	15/10/2018 12:54
Date Of Accident	12/10/2018 20:25
Exact Location Of Accident	CHIN SWEE RD
Country/State of Loss	SINGAPORE
AND THE RESIDENCE OF THE PARTY	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCV833L
Insured/Policyholder	
Name Of Registered Owner	ONG JEUN MIN
NRIC No	S7940609J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96737711
Alternative Phone No	OFFICE-96737711
Vehicle Particulars	
Manufacturer	NISSAN
Model	MURANO 2.5
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096521733
Cover Note Number	
Driver	
Name of Driver	ONG JEUN MIN (WANG JUNIMING)

Name of Driver ONG JEUN MIN (WANG JUNMING)

NRIC No S7940609J Date Of Birth 29/12/1979 Occupation INDOOR Date Of Driving Pass 15/04/2009

Driving Experience 9 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96737711

Fax Number

Contact Number OFFICE-96737711

EMail Address NOEMAIL

BLK 46 JALAN BUKIT HO SWEE Address

#08-878

Postcode 160046

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 CHAIN COLLISION

Weather Conditions DRIZZLING Road Surface WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident 3

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

ambulance?

NO

NO

Was any other material or property damaged? YES

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

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME: : GUO FENG GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

YES

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20181014/7007.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera? YES

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGT7361Z

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

LIM KAH SIEW VINCENT

NRIC/Passport Number

S0017163H

Contact Number

91693980

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKJ3154L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

HO JUN JIE, TERENCE

NRIC/Passport Number

S8211106I

Contact Number

98357395

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

NO

DETAILS OF INJURED PERSON 1

Name ONG JEUN MIN (WANG JUNMING)

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SCV833L
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance? Address

Postcode

DETAILS OF INJURED PERSON 2

Name GUO FENG

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SCV833L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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)

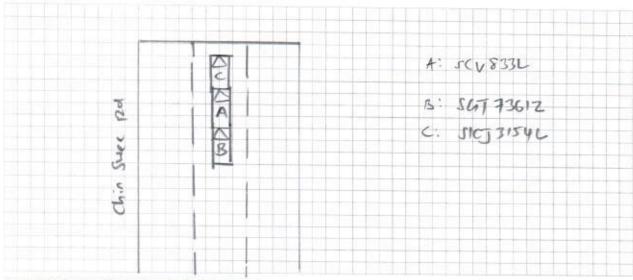
I understand, acknowledge, agree and consent that:

- (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:
 - 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

Refle to police ubold - 1/2018/10/14/2017.
75 75,16 17 914 5 17 51875117 4304.

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.:





1 of 4

Report No. T/20181014/7007

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT O	FA	TRAFFIC	ACCIDENT
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	ate/Time Report Made: 4/10/2018 17:20		Vide Report No.:	Station Diary No.:
Informa	nt's Particu	ulars		THE WAY OF STREET
Name of ONG JE	Informant: JN MIN		Address: APT BLK 46 JALAN BUKIT HO 160046	O SWEE #08-878 SINGAPORE
	ID Type / ID No.: NRIC NO / S7940609J		Contact No.: Home/Office:	Mobile: 96737711
National SINGAP	ty: ORE CITIZ	EN	Email: jimmyong@live.com.sg	()-N
Sex: Male	Age:	Date of Birth: 29/12/1979	Type of Informant: Vehicle Owner	
Race: Chinese			Language: English	Institution / School Name:
Occupation: DIRECTOR			Driving Licence Information: Class: 3 Date of Expiry:	

	mation of the Accid	Drink	Date/Time of	Type of Location:
Type of Accident:	Others	Drive: No	Accident: 12/10/2018 20:25	Flyover
Location:				
CHIN SWEE	ROAD			
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Traffic Control: One Way Not Controlled			Traffic Volume: Moderate	
	sion:			Anyone conveyed by

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SCV833L	Car	NISSAN	MURANO	Black	Seriously Damaged	1
SGT7361Z	Car	HYUNDAI	Avante	Silver	Seriously Damaged	185
SKJ3154L	Car	TOYOTA	Yaris	Red	Slightly Damaged	0

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 4 Report No. T/20181014/7007

CONTINUATION OF REPORT

	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Cffoothing	
SCV833L NTUC Inco	NTUC Income Insurance Co-Operative		Effective	Expiry Date
	Limited	5096521733	24/12/2017	23/12/2018

Any Pedestrian	on Involved Involved: No				
No. of Pedestria	ns Injured: NII	III			
Vehicle Owner	Marca: MIE	Use of Pe	destria	n Cros	sing: NA
Name	ONG JEUN MIN				
	ONG SEON MIN		ID No).	S7940609J
Related Vehicle	SCV833L (Car)		Conta	act No.	96737711
Hospital/Clinic	NIL		Class Drivin Licen	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Data Dis-			
No. of Days gran	ted Medical Leave NIL	Date Disc	narge	NIL	
Passenger	THE RESERVE THE PARTY OF THE PA	Degree of	injury	NIL	
Name	guo feng		ID No		G6958467K
Related Vehicle	SCV833L (Car)		Conta	ct No.	93977877
Hospital/Clinic	CI ENEACI EQUICADITA				
	GLENEAGLES HOSPITAL		Class Driving Licence Expiry	g e &	Class: NIL Date of Expiry: NIL
Date Treatment	12/10/2018	Date Disch			10040
No. of Days grant	ted Medical Leave 05	Degree of	Date Discharge 14/10/2018 Degree of Injury Serious		
Driver		Degree of	injury	эепои	JS
Name	lim kah siew vincent	and the surplishing fund	ID No.		S0017163H
Related Vehicle	SGT7361Z (Car)		Contac	et No.	91693980
Hospital/Clinic	NIII				TO A STATE OF THE
тозрікал Сппіс	NIL		Class of Driving Licence	e &	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Expiry		
		Date Disch	arge		
	ed Medical Leave NIL	Date Disch Degree of I	arge njury	NIL NIL	





T/20181014/7007

3 of 4

Report No. T/20181014/7007

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Driver					E 37 65	
Name	ho jun jie, terence			ID No.	10	S8211106I
Related Vehicle	SKJ3154L (Car)		Conta	ct No.	98357395	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Sells District	Date Disc	charge	NIL	
	ted Medical Leave	NIL	Degree o	f Injury	Sligh	t

Brief Details.

I was with my wife in the vehicle. I was in a stationary position while waiting for Traffic light to turn Green. A vehicle SGT 7361Z just hit my vehicle from behind and pushed my vehicle to hit the vehicle in front bearing a carplate SKJ 3154L. i have the video of the accident.





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

4 of 4 Report No. T/20181014/7007

CONTINUATION OF REPORT

Sketch Plan

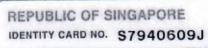
Authentication Stamp

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/10/2018 17:20
Officer In Charge Of Case: TP / TPHQ / YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:









ONG JEUN MIN (WANG JUNMING)

俊铭

CHINESE Date of both Se 29-12-1979 M

29-12-1979 M Country of birth SINGAPORE 67743**60**3J

4703308

ARCHICENSEST OF URINE VEHICLES IN THE SOLLOWING CLASSIEST

Class 3 Motor Cars=< 3000 kg with =<7 passengers, exclusive 15 Apr 2009 of the driver; and other motor vehicles =< 2600 kg

115 Licence No: 57940609.

NHC No. S7940609J

05-04-2011

APT BLK 46 JALAN BUKIT HO SWEE #08-878 SINGAPORE 160046

Hello, NAC_PAYA_UBI_80	0601		2111515000	THE RESERVE				RI HISTORIA		Gener	alClaim
							Change	Languag	e • Char	ge Password	· Log Ou
My Desktop Notice of Loss	Poli	cy Query									
Modice of Loss	Policy N	io,				Date	of Accident		12/10/2018	20:25	
	Vehicle	No.(For Motor)	SCV83:	3L		Certif	icate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096521733		ONG JEUN MIN	S7940609)	GPC	drivo CLASSIC	SCV8331		24/12/2017	23/12/2018

Policy No.	5096521733	Policyholder Name	ONG JEUN	MIN	Policyholder NRIC	579406093	
Certificate No.					ANAMATS.		
Address	BLK 46 #08-878 JALAN BUKIT H	HO SWEE SIN	GAPORE 1600	046			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	12/12/2017	Effective Date	24/12/2017	7 00:00	Expiry Date	23/12/2018	23:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Your	ng/Inexperience Driver Excess
Agent Co- insurance Flag	CAR INNS INSURANCE AGENCY	Agent Tel.	64587787		GST Flag	Y	
Policy Info Certificate							
Policy Info Certificate Info	holder Mailing Address						
Policy Info Certificate Info Policy		Addr	ress 2	JALAN BUKIT HO S	SWEE	Address 3	SINGAPORE 160046
Policy Info Certificate Info Policy Address 1	holder Mailing Address		ress 2 ress Type	JALAN BUKIT HO S Singapore address		Address 3 Post Code	SINGAPORE 160046 160046
Policy Info Certificate Info Policy Address 1	holder Mailing Address	Addr	ress Type ted Policy			120000000000000000000000000000000000000	5000000 ISS
Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	holder Mailing Address	Addr Rela	ress Type ted Policy	Singapore address		100000000000000000000000000000000000000	5000000 ISS
Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	BLK 46 #08-878	Addr Rela	ress Type ted Policy	Singapore address		100000000000000000000000000000000000000	5000000 ISS
Address 1 Address 4 Unit No. Insure	BLK 46 #08-878 ed Object: SCV833L	Addr Rela Num	ress Type ted Policy	Singapore address 5096521733		Post Code	160046 Endorsement Content
Policy Info Certificate Info Policy Address 1 Address 4 Unit No. Insure Endors	BLK 46 #08-878 ed Object: SCV833L	Addr Rela Num nt	ress Type ted Policy iber	Singapore address 5096521733 at Type	-IME	Post Code	160046
Policy Info Certificate Info Policy Address 1 Address 4 Unit No. Insure Endors	BLK 46 #08-878 ed Object: SCV833L sements nce Date of Endorseme	Addr Rela Num nt Basic Endo	ress Type ted Policy sber Endorsemen	Singapore address 5096521733 at Type Endors	Endorsement	Post Code	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 24 Dec 2017, the Hire Purchase Company is amended as follows: HIRE PURCHASE COMPANY: TAI THONG

kcyholder Name	ONG JEUN MIN				
lust Code	PRIVATE CAR INSURANCE	Court Work	5702322	Policyholder NRIC	\$79406091
tact No.(Mobile)	96737711	Cover Type	drivo CLASSIC	Loading	0
M Address	3003174	Contact No. (Office) Special Remark	0	Contact No.(Home)	0
	® No ○Yes	TCA	® No ⊜Yes	eCode eCode Reason	(n. v)
Protection	No.	NCD Entitlement(%)	30	Private Hire	40
Accident Details				Private rive	No
ort Date	15/10/2018 19:48	Accident Report Within 24 hrs	Yes	Accident Type	Chein Collision
of Accident	12/10/2018	Time of Accident hh:mm	20:25	Country of Accident	Singapore
orting Centre		Orange Force		ICH No.	501. 6 16.000
dent Location	CHIN SWEE AD				
Excess					
damage fixcess	600.00	Additional Excess	0	Windscreen Excess	100.00
emed Driver Excess J Party Excess	0.00	Outside Singapore OD Excess	600.00		
Benefits	0.00	Outside Singapore TP Excess	0.00		
GST Registered Informa	ation				
Registered	No		GST Registration Date		
Registration No.	331		GST Status Verified	Yes	
fication History					
Bellevhelder Halling Adding	6000				
Policyholder Hailing Ad	BLK 46 #08-878	Address 2	Market and the second	711	
Y855 4	TO FORWARD	Address Type	IALAN BUKIT HO SWEE Singapore address	Address 3 Post Code	SINGAPORE 160046
t No.		Related Policy Number	5096521733	POST Code	160046
OI Driver Info		a entrance summers			
er Name	DNG JEUN MIN	Driver Type	Main Driver		
amed driver Name		Driver NRIC	\$79406093	Driver DOB	29/12/1979
ister Date of Driver License		Driver Age	38	Driving Experience	8
dect No. (Mobile)	96737711	Contact No. (Office)	0	Contact No. (Home)	0
treas 1	BLK 46	Address 2	MALAN BUKIT HO SWEE	Address 3	SINGAPORE 160046
iress 4		Address Type	Singapore address	Post Code	160046
t No. es he own a Singapore	08-978				
jistered car)	☐ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
laration:					
athalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
4	(CC) 500 E	San Est Adea To	w.160.010		
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incabon History	[ор-их	Insured Name	ONG 3EUN MIN	Insured NRIC	579406093
ding?	ОD-МХ У 96737711	Insured Name Contact No.(Home)	04G 3EJN MIN 62726985	Insured NRDC Contact No.(Office)	579406093
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incabon History New Maim 001 New Type * Tact No.(Mobile) III Address mant Type Claimant Type * mant Name *	96737711	Contact No.(Home) Of Vehicle Number	62726985 SCV833L	Contact No.(Office)	
incation History Incation History In Type * Inct No. (Mobile) Int Address Inter Type Claimant Type * Inter Name * Inter Address Inter Address	96737711 Please Select ≥≥	Contact No. (Home) Of Vehicle Number Type of Benefit *	62726985 SCV833L	Contact No.(Office)	
incaban History Helm 001 New	96737711 Please Select	Contact No. (Home) Of Vehicle Number Type of Benefit * Cleimant NRIC *	62726985 SCV833L Please Select	Contact No.(Office)	
incation History Italim 001 New Im Type * Inact No.(Mobile) Inil Address Imant Type Chamant Type * Imant Name * Imant Address Im Description Intered Wierkahop Contact	96737711 Please Select 22 SCV833L / SGT7361Z ON 12 Oct 2018	Contact No.(Home) Of Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability *	62726985 SCV833L Please Select Mot at Fault	Contact No. (Office) TP Vehicle Number TP Name of Preferred Workshop	SG17361Z
in Type * Interest No.(Mobile)	96737711 Please Select ≥2 SCV833L / SGT7361Z ON 12 Oct 2018 Yes	Contact No.(Home) Of Vehicle Number Type of Benefit * Calment NRIC * Insured Liability * Preferenced Repair Option	62726985 SCV833L Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SGT23612 Received
incobon History Italim 001 New In Type * Italim No.(Mobile) Italim Address Imant Type Claimant Type * Imant Name * Imant Address Im Description Internet Vioreshop Contact Italian Finalisation e Registered	96737711 Please Select >2 SCV833L / SGT73612 ON 12 Oct 2018 Yes 15/10/2018 19:50	Contact No.(Home) Of Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability *	62726985 SCV833L Please Select Mot at Fault	Contact No. (Office) TP Vehicle Number TP Name of Preferred Workshop	SG17361Z
incobon History Islim 001 New In Type * Interference of the service of the ser	96737711 Please Select ≥2 SCV833L / SGT7361Z ON 12 Oct 2018 Yes	Contact No.(Home) Of Vehicle Number Type of Benefit * Calment NRIC * Insured Liability * Preferenced Repair Option	62726985 SCV833L Please Select Mot at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SGT23612 Received
incobon History Islim 001 New In Type * Interference of the service of the ser	96737711 Please Select >2 SCV833L / SGT73612 ON 12 Oct 2018 Yes 15/10/2018 19:50	Contact No.(Home) Of Vehicle Number Type of Benefit * Calment NRIC * Insured Liability * Preferenced Repair Option	62726985 SCV833L Please Select Mot at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SGT23612 Received
incabon History Islam 001: New Type * Tack No. (Mobile) Isl Address mant Type Claimant Type * mant Name * mant Address in Description erred Workshop Contact urrs Finishadron e Registered ort Taken by Print AK letter	96737711 Please Select >2 SCV833L / SGT73612 ON 12 Oct 2018 Yes 15/10/2018 19:50	Contact No.(Home) Of Vehicle Number Type of Benefit * Calment NRIC * Insured Liability * Preferenced Repair Option	62726985 SCV833L Please Select Mot at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SGT23612 Received
in Type * Interest Windows Interest Workshop Contact Interest Workshop	96737711 Please Select >2 SCV833L / SGT73612 ON 12 Oct 2018 Yes 15/10/2018 19:50	Contact No.(Home) Of Vehicle Number Type of Benefit * Calment NRIC * Insured Liability * Preferenced Repair Option	52726985 SCV833L Please Select V Mot at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SGT23612 Received
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