NATIONAL Assessment C	Centre Services	[we! 1 Jan'05]M]	VAIL 8139 606		
Date In: N   15   8 - 14: 15	Jeb description		Date & Time Completed	Don	e by
REFNO: NA INCROLATIVA	SAS e-filing				
Veh No: GIR 6662V	E-mail (within	Shrs, AIC 2hrs)			4
D.O.A : 16 18. K:00	i-Motor Clai	m Form	MT 1017423-001	77 10/18 I	5: 17
20 as as	i-Motor W/C	(Within: OD 2h	s, TP 4brs)		
OD (TP) Reporting Only	i-Photo Uplo	aded	1		
TD function	Assessment/St	irvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / Q	W: (		Tel:	Fax:	)
TP Particulars: Veh No:	SCR 1023R	. INC(	)/Non-INC( )		
Owner / Driver: (	W-24-24-24-24-24-24-24-24-24-24-24-24-24-		Tel:	)	
Policy No: ( )	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: (	%) [Note-Est. Status (\	WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: (	) Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading	g:\$1,000( )/\$2,000	( )			
General Remarks:-		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		33.00	2
( ) Walk-In Customer : Custome	r's information strictly Co	nfidential & St	rictly NO refer of repairer		
( ) Total Loss Case : to e-mail	Insurer URGENTLY.	100	* 4.2 H 3		
Drive-In ( )/ Towed-In ( ); I	Invoice: YES ( ) / N	NO( );T	owing Co: (		)
Remarks: (INC hotline: 6788 6	21200		Date&Time Completed	L. Carlon	a Shir
		78 (* 1860) `	Dates Hills Stelling St.	THE STATE OF	o <sub>j</sub> by
1) Apply for Transport Allowance (		)		<del> </del>	
2) QC Check / Post Repair Inspection		)			
3) Upload Resurvey Photo [Repair Co	st > \$3000] (	)			- Lincoln and - Co
Injury:					
Date/Time Actions		The state of the state of	·	SIL SIL	erra veri kiri t
1-519-990000			***	BEARGREE IN THE SE	4:
		- Cherry College St			
			Name of the last o		.6.
	-			- 8	
11 A 11- 11- 11- 11- 11- 11- 11- 1		Javoica Des	paration Checklist	Anit (S)	Amt (3)
NA 1806960 .				The Bill	Add Bill
laimant's Particulary:		1) AR : Acciden 2) DA : Damage		\$80)	
river/Owner:		3) TF : Towing I 4) FT : Follow-I		40/\$45 \$120	0.75.00.000
ontact No:		5) FT : Follow-T	hrough Survey (Resurvey)	\$30	
		6) TR: Re-inspe	gainst INC Only (wef 10 Jan 20)	Q5) \$75	
amaged Portion:		7) N1 : Idac DA	+ SMRT Survey	\$160	
		8) NTUC Additi	onal Services:-		-
C Checked by (Engr-In-Charge):		The second secon	Car / Tpt Allowance	\$5	
VIVI SPECIFICACE REMOVED AND A	Dec. Jugg Spirate Const. And Let	*N6: Repair C *N7: Fost Rep		\$10 \$25	+
uditors! Com nents :-		Annual Control of the	liset Excess Coordination	\$25	
ıt_1:	*11	TP (N11): TI 9) N12: Idao Mo	(Non INC) against INC	30	<u> </u>
1.2/3:		Invoice dated	Pee Charges	i	447.07
		Invoice dated	Fee Charge:	· SECTION	4

in per at 1 mm

#### 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 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.
- 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.
- 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.

aforesaid,	sent to the archiving of this report at the centre and to copies of the report being made available
A DESCRIPTION OF THE PROPERTY OF THE	ACCIDENT STATEMENT
Date Of Report	27/10/2018 14:25
Date Of Accident	26/10/2018 15:00
Exact Location Of Accident	TIONG BAHRU RD IN FRONT BLK 55 TIONG BAHRU
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF6662U
Insured/Policyholder	
Name Of Registered Owner	J P L T EXPRESS SERVICES
Co Reg No	52973076J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97309842
Alternative Phone No	OFFICE-97309842
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5097363968

Cover Note Number

Driver

 Name of Driver
 PHUA LIP TAT

 NRIC No
 \$1509326I

 Date Of Birth
 09/12/1961

 Occupation
 INDOOR

 Date Of Driving Pass
 25/03/1988

Driving Experience 30 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97309842

Fax Number

Contact Number OFFICE-97309842

EMail Address NOEMAIL

BLK 25 EUNOS CRESCENT Address

#05-3079 400025

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 CLEAR Road Surface DRY

#### Other Information

Postcode

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 3

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

1

#### **Details of Police Action**

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

## Circumstances of Accident

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

SLR1023R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

GBG4873K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

## SKETCH PLAN

## IMPORTANT NOTICE

- 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 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 companies.
- 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 interested parties.
- 7. 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 aforesald.
- 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) of:
  - (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 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
- 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:

JPLT Expre

Driver's Signature

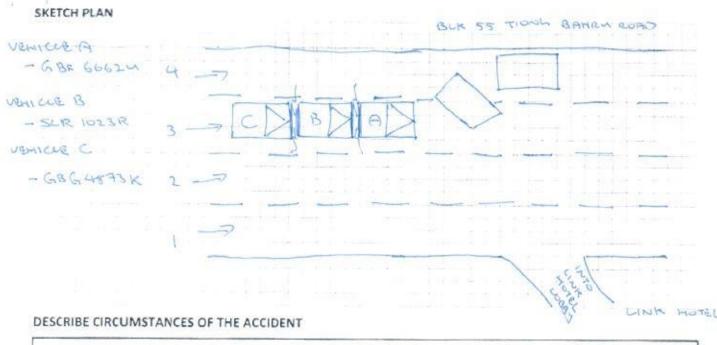
(If driver is not the policyholder)

Date & Time:

Reporting Centre Pers nel's Signature

Name:

NRIC/FIN No.:



I w	TRAVELLING ALONG TIONE BAHRN RUAD, TOWARDS THIS
Direct	THE CHIEF THE NO SEN I GOES HOLD ON THE
WHILE	TENVELLING STERICHT THEAD, AND WHEN COMING
Som	B WHERE IN - BETWEEN LINK HOTEL AND BUK 55 TIONS
BAH	M ROAD, SUDDENLY A VEHICLE SWERVED AND CAT
CIMI	MY LAND, SO IMMEDIATELY I APPLIED BRAINE
and	MANAGED TO STOP IN TIME, WHICH AFTER COUPLE
90	ECONDS I FELT A GREAT IMPACT FROM THE REAR
OF	my venicce.
VEHI	CLE WITH LICENCE PLATE NUMBER (5LR 1023R)
THA	T COLLIDED TO THE REAR OF MY VAMICUE. AND IT
WA-	A CHAIN COLLISION INJULIAN 3 VEHICLES.
VZHI	CIE A - CIBF 6662 M
VEHI	CUR B - SLR 1023 R
V8-W	CUE C - GBG 4873K

## DECLARATION

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

JPLT Express Services

Policyholder's Signature Date & Time:

Driver's Signafure

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Vehicle No.	CBF 66624 Model/Make TOGOTA MACE
Date of Accident	26/10/2018
Time of Accident	1500 HRS
Location of Accident	PLONE TIONE BAHRNED, INFRONT BUR 55 TIONE BAHRN
	ident worman Hour
Name of Owner	JPLT EXPLESS SERVICES
Telephone No.	H/P: 9430 9842 Home: Office:
NRIC	529730765
Address	5 JALAN BATU #05-163 5(431005)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUE
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5097 363 968
Name of Driver	As Above If No. Phys CIP TAT
NRIC .	SISO 93767 Any Passengers: NIL
Date of birth	DA DEC 1961
Occupation	Outdoor / Indoor
Driving License Pass Date	25 MAR 1988
Gender	Male / Female
Contact No.	H/P: 97309842 Home: Office:
Address	BCK 27 EUNOS CRECENT \$05-3079 S(400027)
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state Co. OWNER
Weather condition	Clear Raining Other
Road Surface	
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	No. If Yes, Where?
Police Report  Vehicle B No.	SLR 1023 R Any Passengers:
	Contact No. :
Name of Driver	GSG 4873 K Any Passengers:
Vehicle C No.	, , , ,
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers : Witness Contact :
Witness Name	
Accident Portion	REAR Vac Atto
Camera Recorder	Yes (No)
Email Address	BY LINKNOWN DEBSON SOLICITING /
OFFERING ACCIDENT CLAIMS	BY UNKNOWN PERSON SOLICITING / S ASSISTANCE? Yes / No
DADTICULAD WORKSHOP	
PARTICULAR WORKSHOP	TWINEAR ANTOMOTIVE PTR CTD
CONTACT DEPSON	6842 0051 / 6744 0510
CONTACT PERSON	NAME OF TAXABLE PARTY O
FAX NO	6741 0510

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$15093261





PHUA LIP TAT

3 堻 CHINESE

09-12-1961 SINGAPORE





Birth Date 09 Dec 1961

Issue Date: 14 May 2010

A0116249





NRC No S15093261

25-03-2002

APT BLK 25 EUNOS CRESCENT #05 – 3079 SINGAPORE 400025

NRIC No: \$15093261

Date: 27/05/2012 No: 6599938

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Class 2B Motorcycles =< 200 cc 07 Oct 1999
Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive 25 Mar 1988 of the driver, and other motor vehicles =< 2500kg

Licence No: \$1509326i

NP 428A



# Certificate of Insurance

ACTOR LIEUTING	ACT, 1987 (MALAYSIA)	HEC ADEO (MAAI AGE	IA)			
MOTOR VEHICLES  Certificate Numbe	(THIRD PARTY RISKS) RU	LES, 1939 (IVIALAYS		Comprehensive		
an an radio a member of		filabielo	: GBF666			
	d Registration Number o	i venue		P900215047		
Chassis Numbe				(PRESS SERVICES		
<ol> <li>Name of Policy</li> <li>Effective Date</li> </ol>			: 24 Jan 2			
Expiry Date of			: 23 Jan 2			
	insurance isses of Persons entitled !	to drive#	22 1011 4	042		
(a) The Policy		io ottrem				
CALLED THE STREET, STR	person who is driving or	n the Policyholder's	order or with	his/her permission	n.	
Provided t the Motor	hat the person driving is	permitted in accor permitted and is no	dance with th t disqualified	e licensing or othe by order of a Court	er laws or regulations to t of Law or by reason of	drive any
Limitations as						
					er's business or profession	on.
(b) Use for th	e carriage of passengers	or goods in connec	tion with the	Policyholder's busi	iness.	
his Policy does n	ot cover					
(a) Use for hi	re or reward.					
(b) Use for ra	cing, pace-making, reliat	ollity trial or speed-	torting			
			cesenig.			
# Limitation		t the towing of any by Section 8 of the f	one disabled Motor Vehicle	(Third Party Risks		ese
# Limitation Act (Chap headings.	s rendered inoperative l ter 189) and Section 95 (	t the towing of any by Section 8 of the f	one disabled Motor Vehicle	(Third Party Risks	and Compensation)	ese
# Limitation Act (Chap) headings.	s rendered inoperative iter 189) and Section 95	t the towing of any by Section 8 of the 1 of the Road Transpo	one disabled Motor Vehicle	(Third Party Risks	and Compensation)	ese
# Limitation Act (Chap headings.  EXCESS (SECTION EXCESS (SECTION WINDSCREEN EXC	s rendered inoperative iter 189) and Section 95 (	t the towing of any by Section 8 of the 8 of the Road Transpo \$\$600 N/A \$\$100	one disabled Motor Vehicle	(Third Party Risks	and Compensation)	iese
# Limitation Act (Chap headings.  EXCESS (SECTION EXCESS (SECTION WINDSCREEN EXC	s rendered inoperative iter 189) and Section 95 (	t the towing of any by Section 8 of the P of the Road Transport \$\$600 N/A	one disabled Motor Vehicle	(Third Party Risks	and Compensation)	iese
# Limitation Act (Chap headings.  EXCESS (SECTION EXCESS (SECTION WINDSCREEN EXC INSURE WITH COE HIRE PURCHASE C	s rendered inoperative iter 189) and Section 95 (  1) : ESS : OMPANY :	t the towing of any by Section 8 of the 9 of the Road Transpor  \$\$600 N/A \$\$100 YES N/A	one disabled Motor Vehicle ort Act, 1987 (	(Third Party Risks Malaysia), are not	and Compensation) to be included under th	iese
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# Limitation Act (Chap headings.  EXCESS (SECTION EXCESS (SECTION WINDSCREEN EXC INSURE WITH COS HIRE PURCHASE C SUM INSURED  //We hereby Certi Vehicles (Third Pa	s rendered inoperative iter 189) and Section 95 of the 189 and Section	s\$600 N/A S\$100 YES N/A MARKET VALUE O	one disabled  Motor Vehicle ort Act, 1987 (  PFINSURED VI elates is issue: 89) and Part	(Third Party Risks Malaysia), are not HICLE AT TIME OF	and Compensation) to be included under th  LOSS  th the provisions of the	Motor
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<b>eBao</b> Tech								No.	Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601				I PERSONAL PROPERTY.	• Change	Language	• Chang	e Password	Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Dati	e of Accident	26	5/10/2018 1	5:00	
	Vehicle No. (For Motor)	GBF66	62U		Cert	tificate Number				
					Search	1				
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5097363968		EXPRESS SERVICES	529730763	GCV	Comprehensive	GBF6662U	GBF6662U	24/01/2018	23/01/2019
				- 1	Continue					

Policy No.	5097363968	Policyholder Name	JPLTEX	PRESS SERVICES	Policyholder NRIC	529730763	
Certificate No.					MATC		
Address	BLK 25 #05-3079 EUNOS CRESO	ENT SINGAP	ORE 40002	5			
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy Issue Date	16/01/2018	Effective Date	24/01/20:	t8 00:00	Expiry Date	23/01/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	g/Inexperience Driver Excess
Agent	TAN HONG KHIN CATHERINE	Agent Tel.	62448712	(orr)	GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 25 #05-3079	Addre	ss 2	EUNOS CRESCENT		Address 3	SINGAPORE 400025
Address 4		Addre	ss Type	Singapore address		Post Code	400025
Unit No.		Relate Numb	ed Policy er	5097363968			
) Insure	d Object: GBF6662U						•
Con Marketon	sements						
♥ Endors							

Policy No.	5097363968	Vehicle No.	GBP6662U	GST Registration No.	
Certificate No.					
olicyholder Name	3 P L T EXPRESS SERVICES			Policyholder NRIC	529730761
roduct Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
oritact No.(Mobile)	97309842	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		éCode	NC V
×	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
port Date	27/10/2018 15:13	Acodem Report Within 24 hrs	Yes	Accident Type	Chain Collision
te of Accident	28/10/2018	Time of Accident nh:mm.	15:00	Country of Accident	Singapore
sorting Centre		Orange Porce		ICM No.	
cident Location	TIONG BAHRU RD IN FRONT BLK 55 TI	ONG BAHRU			
Excess					
n damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess			
nd Party Excess.	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Informa	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Venfied	No	
dification History					
Policyholder Mailing Ad					
dress 1	BLK 25 #05-3079	Address 2	EUNOS CRESCENT	Address 3	SINGAPORE 400025
dress 4		Address Type	Singapore address	Post Code	400025
t No.		Related Policy Number	5097363968		
OI Driver Infe	NAME OF STREET	O24 DOMESTIC	> CC - C - VEVING IN 2 - 111		
var Name	Unnamed Driver	Driver Type :	Unnamed Driver		
lamed driver Name	PHUA LIP TAT	Driver NRIC	\$15093261	Driver DOB	09/12/1961
gister Date of Driver License		Driver Age	56	Driving Expenence	30
mact No. (Mobile)	97309642	Contact No. (Office)	0	Contact No.(Home)	0
ivess 1	BLK 25	Address 2	EUNOS CRESCENT	Address 3	SINGAPORE 400025
31655 4		Address Type	Singapore address	Post Code	400025
it No.	05-3079				
es he own a Singapore pistered car?	○ Yes  ® No	Oriver Vehicle No.		Driver Insurer Company	
daration					
rathalyser or Slood Test ading?	D mg	Any injury?	○ Yes ® No		
dification History					
DESCRIPTION AND ADDRESS OF THE PARTY OF THE					
laim 001 New					
laim 001 New					
and a sale market and	GD-MX	Insured Name	1 P L T EXPRESS CONUMES	Secured NATE	\$20710767
m Type +	GD-MX V	Insured Name	3 P L T EXPRESS SERVICES	Insured NRIC	\$29730761
m Type + tact No.(Mobile)	97309842	Contact No.(Home)		Contact No.(Office)	NIL
m Type + tect No.(Mobile) iii Address	97309842	Contact No.(Home) Of Vehicle Number	GBF6662U		Variable
n Type * tect No.(Mobile) ii Address mant Type Claimant Type *	97309842 Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit *		Contact No.(Office)	NIL
m Type * tact No.(Mobile) iii Address mant Type Claimant Type * mant Name *	97309842	Contact No.(Home) Of Vehicle Number	GBF6662U	Contact No.(Office)	NIL
m Type + tact No.(Mobile) all Address mant Type Claimant Type * mant Name *	97309842  Please Select   ≥≥	Contact No.(Home) O2 Vehicle Number Type of Benefit * Claimant NRIC *	GBF6662U	Cortact No. (Office) TP Vehicle Number	NIL
m Type * tect No.(Molsile) iii Address mant Type Claimant Type * mant Name * mant Address m Description	97309842 Please Select	Contact No.(Home) O3 Vehicle Number Type of Benefit * Germant NRIC *	GBF6662U Please Select	Contact No.(Office)	NIL
m Type * tact No.(Mobile) all Address ment Type Claimant Type * ment Name * mant Address m Description	97309842  Please Select  >>>  GBF6662U / SLR1023R ON 26 Oct 2016	Contact No.(Home) O2 Vehicle Number Type of Benefit * Claimant NRIC *	GBF6662U	Cortact No. (Office) TP Vehicle Number	NIL
m Type * tact No.(Mobile) iii Address mant Type Claimant Type * mant Name * mant Address m Description sered Workshop Contact	97309842  Please Select   ≥≥	Contact No.(Home) O3 Vehicle Number Type of Benefit * Germant NRIC *	GBF6662U Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop	NIL
m Type * tact No.(Mobile) iii Address mant Type Claimant Type * mant Name * mant Address in Description sered Workshop Contact use Finalisation	97309842  Please Select   ≥≥  GBF6662u / SLA1023R ON 26 Oct 2016	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Labelity *	GBF6662U  Please Select  Mot at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop	INTL SLA 1023R
m Type * mart No.(Mobile) ii Address nant Type Claimant Type * nant Name * nant Address in Description timed Workshop Contact bire Finalisation Registered	97309842  Please Select  >>>  GBF6662u / SLR1023R ON 26 Oct 2016  Yes	Contact No.(Home) O3 Vehicle Number Type of Benefit * Clement NRIC *  Insured Liebsity * Preference Repair Option	GBF6662U  Please Select  Mot at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SLA1023R
m Type * tact No.(Mobile) iii Address mant Type Claimant Type * mant Address im Description terred Workshop Contact use Finalisation is Registered out Taken By	97309842  Please Select  >>>  GBF6662u / SLR1023R ON 26 Oct 2016  Yes  Ves  27/10/2018 15:17	Contact No.(Home) O3 Vehicle Number Type of Benefit * Clement NRIC *  Insured Liebsity * Preference Repair Option	GBF6662U  Please Select  Mot at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SLA1023R
m Type * tact No.(Mobile) iii Address mant Yupe Claimant Type * mant Address m Description erred Workshop Contact use Finalisation i Registered out Taken By	97309842  Please Select  >>>  GBF6662u / SLR1023R ON 26 Oct 2016  Yes  Ves  27/10/2018 15:17	Contact No.(Home) O3 Vehicle Number Type of Benefit * Claimant NRIC *  Insured Leability * Preference Repair Option Claim Close Date	SBF6662u  Please Select  Not at Fault  Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SLA1023R
m Type * text No.(Mobile) ii Address ment Type Claiment Type * mant Name * mant Address m Description terred Workshop Contact size Finalisation r Registered out Taken By Print AK letter	97309842  Please Select  >>>  GBF6662u / SLR1023R ON 26 Oct 2016  Yes  Ves  27/10/2018 15:17	Contact No.(Home) O3 Vehicle Number Type of Benefit * Claimant NRIC *  Insured Leability * Preference Repair Option Claim Close Date	GBF6662U  Please Select  Mot at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SLA1023R
m Type * text No.(Mobile) ii Address ment Type Claiment Type * mant Name * mant Address m Description terred Workshop Contact size Finalisation r Registered out Taken By Print AK letter	97309842  Please Select  >>>  GBF6662u / SLR1023R ON 26 Oct 2016  Yes  Ves  27/10/2018 15:17	Contact No.(Home) O3 Vehicle Number Type of Benefit * Claimant NRIC *  Insured Leability * Preference Repair Option Claim Close Date	SBF6662u  Please Select  Not at Fault  Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SLA1023R
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im Type *  thact No.(Mobile) all Address mant Type Claimant Type * mant Name * mant Name * mant Address mant Nadress mant Modress mant Modress mant Modress mant Address mant Name  *  **Total Address	97309842  Please Select	Contact No.(Home) O3 Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liebbly * Preference Repair Option Claim Close Date	Save Submit  Save Submit  001 27/10/2018 15:18 Category *	Contact No. (Office) To Vehicle Number  Name of Preferred Workshop  GIA report Date Received	Received 27/10/2018 00:00
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