	ntre Services Met 1 Janios M		
Date in: 5/1/8-20:37	Job description	Date &Time Completed	Done by
Res No: NA INCIDO 2006124	SAS e-filing		
Veh No: JUH2122X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 3/11/18-17:00	i-Motor Claim Form	m 10185 78-001	5/1418 N:44
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2h	s, TP 4hrs)	
OD A Try Reporting Only	i-Photo Uploaded	1	
TP Insurer:	Assessment/Survey Report		
IF Insurer.	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:
TP Particulars: Veh No: JF	1868)E INC (	)/Non-INC( )	06
Owner / Driver: (		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: 30-1	00%]
Year of Registration: ( )	Warranty: YES ( ) / NO (	)	
Excess: (\$ ) Loading: \$	1,000 ( )/\$2,000 ( )		
General Remarks:		DOWNSAME TO C	Mar Salar
( ) Walk-In Customer : Customer's in	nformation strictly Confidential & St	rictly NO rafer of repairer	7.06.1 141.7 1 2
		nictly NO Taler of Tepatier.	
( ) Total Loss Case : to e-mail Inst		HH (1 (1)	
Drive-In ( )/ Towed-In ( ); Invo	pice: YES ( ) / NO ( ); T	owing Co: (	)
Remarks: (INC hotline: 6788 6616)	Post Chipper and Control of Control	Date&Time Completed	Done by
1) 4 1 6 7		1	
1) Apply for Transport Allowance ( )	/ Courtesy Car ( )	THE ST DESIGNATION AS	
	/ Courtesy Car ( )		
2) QC Check / Post Repair Inspection	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost>	( )		
2) QC Check / Post Repair Inspection	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( ) \$3000] ( )		
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( ) \$3000] ( )		RAGIOTIE.
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( ) \$3000] ( )		Page Places (SE)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( ) \$3000] ( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( ) \$3000] ( )		86. P.O.S. N.
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Oute/Time Actions	( ) \$3000] ( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Oute/Time: Actions	( ) \$3000] ( )	paration Checklist.	And (5) Am
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Oute/Time: Actions	( ) \$3000] ( )  Invoice Prc  1) AR: Accident	aration Checklist.	Ant (S) Am St Bill Add
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Oute/Time Actions  A\807^\9	( ) \$3000] ( )  Invoice Pre  1) AR: Accident 2) DA: Damage	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8	Ant (S) Am Ist Bill Add
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Oute/Time Actions  A 1807779	Invoice Pre	naration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$80);  See \$40,  Assessment Survey \$	Ant (S) Am Ist Bill Add
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Oute/Time Actions  Always  Aimant's Particulars:-  iver/Owner:	Invoice Pre	Paration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$80);  See \$40,  Brough Survey \$  Brough Survey (Resurvey)	Ant (\$) Am 15t Bill Add 0) 7545 1120 530
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Oute/Time: Actions  A 1807739  Aimant's Particulars:  iver/Owner:	Invoice Pre    Invoice Pre    1) AR: Accident     2) DA: Damage     3) TF: Towing F     4) FT: Follow-Ti     5) FT: Follow-Ti     For claiming as	Caration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$80);  See \$400;  Assessment (\$100); INC (\$80);  Assessment (\$100); INC (\$80);  Assessment (\$100); INC (\$80);  Assessment (\$100);  Assessment (\$	Ant (\$) Am 15t Bill Add 0) 7545 1120 530
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Oute/Time: Actions  A 1807739  Aimant's Particulars:  iver/Owner:	1 Invoice Pre 1 AR: Accident 2 DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For elaiming a 6) TR: Re-inspec 7) N1: Idac DA:	Caration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$80);  Incough Survey (\$200);  Incough Survey (Resurvey);  Incoinst INC Only (wef 10 Jan 2005);  Ition  SMRT Survey (\$200);	Ant (5) Am 1st Bill Add 0) 1st 45 1120 530
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time: Actions  A 1807 > 9  Aimant's Particulars:  iver/Owner:  maged Portion:  Checked by (Engr-In-Charge):	Invoice Pre    1) AR : Accident     2) DA : Darrage     3) TF : Towing F     4) FT : Follow-Ti     5) FT : Follow-Ti     For claiming a     6) TR : Re-inspec     7) N1 : Idae DA +     8) NTUC Additio     OD +     N5: Courtesy     N6: Repair Courtesy	Caration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$80);  INC (\$80)	345 (120 S30 S75 (160 S5) S10 S5)
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Onte/Time Actions	Invoice Pre    1) AR : Accident     2) DA : Darrage     3) TF : Towing F     4) FT : Follow-Ti     5) FT : Follow-Ti     For claiming a     6) TR : Re-inspec     7) N1 : Idae DA +     8) NTUC Additio     OD-*     *N5: Courtesy     *N6: Repair Co     *N7: Fost Repair Co     *N8: DV / Coll     TP (N11) : TP	Caration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); Assessment (\$100); INC (\$100); Assessment (\$1	35 S S S S S S S S S S S S S S S S S S S
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time: Actions  Actions  Language Particulars:  iver/Owner:  maged Portion:  Checked by (Engr-In-Charge):  chitors! Comments:	Invoice Pre    1) AR : Accident     2) DA : Darrage     3) TF : Towing F     4) FT : Follow-Ti     5) FT : Follow-Ti     For claiming a     6) TR : Re-inspec     7) N1 : Idac DA     8) NTUC Additio     OD     *N5: Courtesy     *N6: Repair Co     *N7: Fost Repair Co     *N7: Fost Repair Co     *N8: DV / Coll	Caration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); Assessment (\$100); INC (\$100); Assessment (\$1	375 375 375 375 370 375 370 375 370 375 375 375 375 375 375 375 375

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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 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.

  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	05/11/2018 20:37
Date Of Accident	03/11/2018 17:00
Exact Location Of Accident	PIE (CHANGI) ENG NEO EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH2127X
Insured/Policyholder	
Name Of Registered Owner	METRO CAR LEASING PTE LTD
Co Reg No	201810490D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100445677
Cover Note Number	
Driver	
Name of Driver	DING LEE CHUAN
NRIC No	S6805065J
Date Of Birth	10/02/1968
Occupation	OUTDOOR
Date Of Driving Pass	01/12/1993
Driving Experience	24 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90423922
Fax Number	

OFFICE-90423922

NOEMAIL

98 ST. FRANCIS ROAD Address

#07-04

Postcode 328074

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 - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

#### Other Information

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

Passenger 1

NAME:

GENDER: MALE

Passenger 2

NAME:

GENDER: : FEMALE

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

Was the accident reported to the police?

NO

3

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 SFJ8682E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

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.
- 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 loggment 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:
  - (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.

Policyholde ature Date & Time:

Driver's Signature (If driver is not the policyholder)

NRIC/FIN No .:

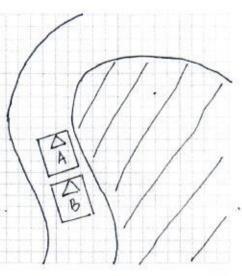
Date & Time:

Reporting Centre Persons s Signature Name

venue A. SLH2127 X

vehicle 6: ST8682E

PIECChangi), Eng Neo Exit



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

was trave	uling staigh	t along the	stated venue. As	there. was
an accio	dent ahead,	I slowed do	wn 8. stop my	Vehice.
inddenly,	I fut an	impact on	my vehicu's re	car portion.
				#3 LV #36 P
				***************************************
			,	

DECLARATION

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

-

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No :

## ACCIDENT STATEMENT

ACC	CIDENT DATE: ( 03 / 11 / 20 18 ) (DD/MM/YYYY), TIME: ( 14 : 00 ) HH:MM)	28
	CATION: PIE ( Changi), Eng. Neo Exit	
	1. DETAILS OF VEHICLE  d)VEHICLE NUMBER: SLH 2127 X  b)INSURANCE COMPANY: NIU (  c)POLICY NUMBER:  d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THÎRD PARTY FIRE &THEFT)  e)MAKE & MODEL: TOYOTO ALTIS:  f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)  g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  b)PURPOSE OF USING AT ACCIDENT TIME: WOYK.	i si
2.	i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) NAME: WOTO CAY LEASING PT. LTD (MALE / FEMALE)  b) NRIC/FIN/PASSPORT:	
440 of personga	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	107
(10duding driver)	b) NRIC/FIN/PASSPORT: 56005065J. CONTACT: 90423922 8467 CIADDRESS: 90 St. TMMUS ROAD #0704 S (3)8074)	4088
lmale, lfemale passenger	e)OCCUPATION: (INDOOR / OUTDOOR)	S4
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: #1/6/	
5.	b)ROAD SURFACE: (DRY / WET / OTHERS	
	WAS ANYBODY INJURED (YES / NO)  a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:	
Ho of passenger	THIRD PARTY VEHICLE  O) VEHICLE NUMBER: SFJ 8682 F MODEL:	
(01) 9.	C) NRIC/FIN/PASSPORT:CONTACT: THIRD PARTY VEHICLE  MODEL:	
No of passanger Including driver)	el DRIVER'S NAME:	
(_)		1

email =

fax =

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$6805065J



Name



### DING LEE CHUAN

邓莉鄄

Race

CHINESE

Date of Birth

Sex

10-02-1968

F

Country of Birth

SINGAPORE



# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S 6 8 0 5 0 6 5 J

Name:

**DING LEE CHUAN** 

Birth Date: 10 Feb 1968

Issue Date: 30 Apr 2009









NRIC No. S6805065J

Blood Group

Date of issue

AB+

11-11-1994

98 ST. FRANCIS ROAD #07-04 SINGAPORE 328074

NRIC No:

S6805065J

Date

11/05/2017

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

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 01 Dec 1993 of the driver; and other motor vehicles =< 2500kg

**NP 428A** 





Policy No.	5100445677	Policyholder Name	METRO CA	AR LEASING PTE LTD	Policyholder NRIC	201810490D	
Certificate No.					in Carron		
Address	210 TURF CLUB ROAD #LOTAS	THE GRANDST	AND SING	APORE 287995			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	03/05/2018	Effective Date	03/05/20:	18 00:00	Expiry Date	02/05/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	1500		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	1500	Outside Singapore TP Excess	1500			Young	g/Inexperience Driver Excess
Agent	TECK WEI CREDIT PTE, LTD.	Agent Tel.	64650020	null	GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
<ul><li>Policyl</li></ul>	holder Mailing Address						
Address 1	210 TURF CLUB ROAD	Addre	ss 2	#LOTAS THE GRAN	IDSTAND	Address 3	SINGAPORE 287995
Address 4		Addre	ss Type	Singapore address		Post Code	287995
Unit No.	LOTAS	Relate Numb	ed Policy er	5105166699			
D Insure	ed Object: SLH2127X						
	PC 11 0 10 10 10 10 10 10 10 10 10 10 10 1						
	sements						

	5100445677	Vehicle No.	SLH2127X	GST Registration No.	
rtificate No.					
cynoider Name	METRO CAR LEASING PTE LTD			Policyholder NR3C	2018104900
oduct Code	PRIVATE CAR INSURANCE	Cover Type	envo CLASSIC	Loading	0
tact No. (Mobile)	o.	Contact No.(Office)	0	Contact No.(Home)	0
ail Address		Special Remark		eCode	T V
c:	No ○ Yes	TCA	® No ○ Yes	eCode Reason	1-3
O Protection	No	NCD Entitlement(%)	0	Private Hire	Ves
Accident Details		8500.70700000000000000000000000000000000		25313848, 0315	762
jort Date	05/11/2018 21:43	Accident Report Within 24 hrs.	022	Market Class	
e of Acodent				Accident Type	Collision - Head to Rear
	09/11/2018	Time of Accident hit:mm	17:00	Country of Acodent	Singapore
porting Centre	22-12-07-24-07-24-07-07-0	Orange Force		JCM No.	
Stent Location	PIE (CHANGI) ENG NEO EXIT				
n damage Excess	1,500.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Outside Singapore DD Excess	1,500.00		
rd Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Informa	tion				
Registered	No		<b>GST Registration Date</b>		
Registration No.			OST Status Venfied	No	
Stication History					
The facility of the second					
Policyholder Mailing Adr					
dress t	210 TURF CLUB ROAD	Address 2	#LOTAS THE GRANDSTAND	Address 3	SINGAPORE 287995
drees 4		Address Type	Singapore address	Post Code	287995
t No.	LOTAS	Related Policy Number	5105166699		
DI Driver Info					
oer Name	Unnamed Driver	Driver Type	Unnamed Driver		
arned driver Name	DING LEE CHUAN	Driver NA3C	S68050651	Driver DDS	10/02/1968
ister Date of Driver License	01/12/1993	Driver Age	50	Driving Experience	24
nact No.(Mobile)	90423922	Contact No (Office)	٥	Contact No.(Home)	0
ivess t	98 ST. FRANCIS ROAD	Address 2	ST. FRANCIS LODGE	Address 3	51NGAPORE 328074
ress 4		Address Type	Singapore address	Post Code	329074
t No.:	07-04				
is he own a Singapore poterad car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
pater and carry				The second secon	
laration					
	Omg	Any injury?	○ Yes ® No		
atharyser or Brood Test		C. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	50 WEIGHT		
athalyser or Brood Test schog?					
rathblyser or Brood Test acting?					
athalyser or Brood Test ading? Affication History					
ding? fication History					
ding? fication History					
dng? fication History laim 001 New					
dng? fication History laim 001 New	ОО-МХ	Insured Name	METRO CAR LEASING PTE LTD	Insured NRIC	2018104900
ding?  fication History  laim 001 New  m Type *	GD-MX V 81119294	Insured Name Contact No.(Home)	METRO CAR LEASING PTE LTD	Insured NRIC Contact No.(Office)	201810490D NIL
drigg fication History laim 001 New m Type *			METRO CAR LEASING PTE LTD		And the second s
ing Memory  In Type *  Inc. No.(Mobrie)  Il Address		Contact No.(Home)		Contact No.(Office)	NIL
fication History  aim 001 New  In Type *  Inct No.(Mobrie)  Il Address  Trype Claimant Type *	91319294	Contact No.(Home) OI Vehicle Number	SUH2127X	Contact No.(Office)	NIL
fication History  aim 001 New  In Type *  Inct No.(Mobrie)  Il Address  Tant Type Claimant Type *  Tant Name *	81319294 Please Select	Contact No.(Home) Oil Vehicle Number Type of Benefit *	SUH2127X	Contact No.(Office)	NIL
in Type *  Internal Type *  Internal Type *  Internal Type Claimant Type *  Internal Name *	81319294 Please Select	Contact No.(Home) Oil Vehicle Number Type of Benefit *	SUH2127X	Contact No. (Office) TP Vehicle Number	NIL
in Type *  tact No.(Mobre)  In Type *  tact No.(Mobre)  In Address mant Type Claimant Type * mant Name * mant Address in Description	81119294 Please Select  >> >>	Contact No.(Home) Oil Vehicle Number Type of Benefit * Claimant NR3C *	SUH2127X Please Select	Contact No.(Office)	NIL
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