LIGHT ALL LINE IS AS	Jeb description	Date & Time Completed	Done	by
Date In: 9/1/18-1343		- Date to Timo designation		
Ref No: NA NE 8020359/24	SAS e-filing			
Veh No: 5]48205T	E-mail (within Shrs, AIC 2hrs)			,
D.O.A: 9/11/12-12:00	i-Motor Claim Form	M711019146-001	9/1/18 18:	74
OD TP Preporting Only	I-Motor W/O (Within: OD 2hr	s, TP 4hrs)		
OB ().ceparang only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
This area.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	ax:).
TP Particulars: Veh No: 6	1278216 . INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: (Period: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
	(Note-Est Status (WO): N: 0-2		00%]	
	Warranty: YES ()/NO ()		
	\$1,000 ()/\$2,000 ()	A STANDARD A AND THE STANDARD		
General Remarks :-		Teachers and the second	April 1	- 1
() Walk-In Customer: Customer's		rictly NO refer of repairer.		
() Total Loss Case : to e-mail Ins	surer URGENTLY.			
Drive-In ()/ Towed-In (); Inve	oice: YES() / NO(); T	owing Co: ()
Remarks; (INC hotline: 6788 6616	5)	Date&Time Completed	Done	by
1) Apply for Transport Allowance () / Courtesy Car ()			
The state of the s				
2) QC Check / Post Repair Inspection	()	and the same of th		
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >]	> \$3000] ()	- 4.	107	
3) Upload Resurvey Photo [Repair Cost >	()			
3) Upload Resurvey Photo [Repair Cost > Injury :	() >\$3000] ()			T. C. M. D. C.
3) Upload Resurvey Photo [Repair Cost > Injury :	() > \$3000] ()	**************************************	ESCOLUE.	
3) Upload Resurvey Photo [Repair Cost > Injury :	() > \$3000] ()	***	Maloine.	
3) Upload Resurvey Photo [Repair Cost > Injury :	() > \$3000] ()		TARRODANA".	
3) Upload Resurvey Photo [Repair Cost > Injury :	() > \$3000] ()		Mario in vi	
3) Upload Resurvey Photo [Repair Cost > Injury :	() > \$3000] ()			
3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	1	regretion Chroklist	Anit (5)	Aint (3)
3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Invoice Pre	paration Checklist	Ant (5)	Amt (3)
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions HA 18 07349	Invoice Pre 1) AR: Accident 2) DA: Damage	Reporting (\$30); Assessment (\$100); INC (\$8	fit Bill 0)	
3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing I	Reporting (\$30); Assessment (\$100); INC (\$8	firBill	
3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions HAIR 07349 Inimant's Particulars :-	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing If 4) FT: Follow-T 5) FT: Follow-T	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 hrough Survey 3 hrough Survey (Resurvey)	75t Bill 0) 7545 5120 530	
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3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD* *N5: Courtesy	Reporting (\$30); Assessment (\$100); INC (\$8) lee \$40 through Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) ction + SMRT Survey anal Services:- Car / Tpt Allowance	fitBill 0) /545 8120 \$30) \$75	
3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing It 4) FT: Follow-T 5) i*T: Follow-T For cleiming at 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep	Reporting (\$30); Assessment (\$100); INC (\$3 tee \$40 through Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) ction + SMRT Survey 1 chal Services:- Car / Tpt Allowance co-ordination mir Inspection	fitBill 0) /545 5120 530 575 1160 \$55 510 \$25	
3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing If 4) FT: Follow-T 5) FT: Follow-T For cleiming s 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD!* *N5: Courlesy *N6: Repair C *N7: Fost Rep *N8: DV / Co	Reporting (\$30); Assessment (\$100); INC (\$8: Lee S40. Assessment (\$100); INC (\$8: Assessment (\$100);	51.Bill	
3) Upload Resurvey Photo [Repair Cost > Injury :	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing If 4) FT: Follow-T 5) FT: Follow-T For cleiming s 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD!* *N5: Courlesy *N6: Repair C *N7: Fost Rep *N8: DV / Co	Reporting (\$30); Assessment (\$100); INC (\$8) lee S40 hrough Survey (Resurvey) gainst INC Only (wef 10 Jen 2005) ction + SMRT Survey onal Services:- Car / Tpt Allowance o-ordination nir Inspection licet Excess Coordination (Non INC) against INC	51.Bill 0) /545 5120 530 0 575 5160 525 530 520 30	

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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.
- 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.
- 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.

MARIE I STORY AND ADMINISTRATION OF THE	ACCIDENT STATEMENT
Date Of Report	09/11/2018 17:43
Date Of Accident	09/11/2018 12:00
Exact Location Of Accident	681 HOUGANG AVE 8 CAPRARK
Country/State of Loss	SINGAPORE
Part of the second of the seco	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG8205T
Insured/Policyholder	
Name Of Registered Owner	LIM WEE CHENG
NRIC No	S8714587E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97317041
Alternative Phone No	OFFICE-97317041
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS 1.6 AUTO
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	5104044925
Cover Note Number	
Driver	
Name of Driver	LIM WEE CHENG (LIN WEIQING)
NRIC No	S8714587E
Date Of Birth	24/05/1987
Occupation	OUTDOOR
Date Of Driving Pass	30/01/2009
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97317041
Fax Number	

OFFICE-97317041

NOEMAIL

BLK 16 TOH YI DRIVE Address

#13-47

Postcode 590016

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

NO

Weather Conditions RAINING Road Surface WET

Other Information

Was any foreign vehicle involved in this accident?

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) soliciting/offering accident claims assistance.

NO 0

NO.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

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

GZ7821G

Vehicle Registration Number

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)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as 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.
- 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)

understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: (If driver is

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

NRIC/FIN No.:

SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT vehicle parked was Possole Harkin 681 Avenue heed rous Lence Coat Danewger alighted bekind. and went noticed rehacle (6) Who Davleed 10+ rext my right was about honce close door Smaller. However, vehicle (6) whole He lof and collected onto door 4 Sance House Paw relacle (B) mounted anto Gerb. DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature

Description of the same

Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature 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 and time of accident	Date: 9 11 2018	(DD/MM/YY) Time: 200	pm	(HH:MM)
Exact location of accident	681 Haugang- Are 8	Camparte	W 100 - 1	

Details of vehicle

Vehicle registration number	55482557		
Vehicle make and model	Dyda Alit	2	
Type of vehicle	Saloon Lorry	MPV 🗆	1.00 (
Vehicle category	Private Ø	Comm	nercial Motorcycle
Purpose of using at said time	Pavorte		The second of th
Are you claiming under your own insurance company?	Yes Third part of	No □	if no, please select: Reporting only □

Insurance information

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

Insured / Policy holder

Name	Lim we dung	Male d	Female
NRIC / Fin / Passport number	SEHREFE		
Contact	97317041		
Address	Block 16 70th 4: Dare #13-47 Penjapare Strolf.		

Driver

Same as insured above of (skip to D.O.B)

Name	Male □ Female
NRIC / Fin / Passport number	
Contact	
Address	
Email address	Tucastin 24 @gnail com
Date of birth	24 05 1987
Occupation	Indoor Outdoor Outdoor
Driving date pass	30/01/2009

General information of the accident

Was driver an employee of the insured's company?	Yes If no, rela	No 🗹	driver and insured:	ower
Accident captured by camera?		Nop		
Weather condition	Clear 🗆	Raining of	Others:	
Road surface	Dry 🗆	Wet Ø	9)	
No of passenger	0			(Inclusive of driver)

Passenger 1

Name		
Gender	Male Female	

Passenger 2

Name		
Gender	Male Female	

Passenger 3

Name		
Gender	Male Female	

Passenger 4

Name			
Gender	Male 🗆	Female	

Passenger 5

Name			
Gender	Male 🗆	Female	

Passenger 6

Name			
Gender	Male 🗆	Female	

Other information

Was anybody injured?	Yes 🗆	No.p	
Was other vehicle damaged?	Yes	No 🗆	

Details of police action

Reported to police?	Yes 🗆	No	If yes, please state which police station.
Police station name			

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	6278219
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name					
Contact number					
NRIC / Fin / Passport number					
Vehicle registration number					
Vehicle make model					

Witness 1

Name	
Witness 2	
Witness 2	
Name	
Injured person 1	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to	Yes 🗆 No 🗆
hospital by ambulance?	
Injured person 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	
Injured person 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	
Injured person 4	
Name	
njuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to nospital by ambulance?	Yes - No -





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES) Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 30 Jen 2009 of the driver; and other motor vehicles =< 2500kg NP 428A



eBao Tech							XI Se			Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					Consultation of the Consul	• Change	Language	• Chan	ge Password	• Log Out
	Poli	cy Query									,
	Policy !	No.				Date	of Accident	0	9/11/2018	12:00	
	Vehicle	No.(For Motor)	SJG820	ST .		Certif	icate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0	5104044925		LIM WEE CHENG	S8714587E	GPC	drivo CLASSIC	SJG8205T	SJG8205T	26/09/2018	25/09/2019
						Continue	J				

Sequer	nce Date of Endorsem	ent	Endorsement Type			Status	Endorsement Content
□ Endors	sements						
) Insure	d Object: SJG8205T						
Init No.		Relate Numb	ed Policy er	5104044925			
Address 4	SINGAPORE 590016	Addre	ss Type	Singapore address		Post Code	590016
ddress 1	BLK 16 #13-47	Addre	ess 2	TOH YI DRIVE		Address 3	TOH YI GARDENS
□ Policy!	holder Mailing Address						
Certificate nfo							
Open Policy Info							
nsurance lag	No						
Agent Co-	ABWIN PTE LTD	Agent Tel.	68423301		GST Flag	Υ	
xcess	ARWIN OTE LTO	TP Excess	CO. (0.000.)		12 200 100 11		
Outside Singapore OD	608	Outside Singapore	0			Young	/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Party Excess	0	damage Excess	600		Windscreen Excess	100	
Type Third		Excess			WAR TO MISS STORY		
xcess		All Claims					
Policy ssue Date	26/09/2018	Effective Date	26/09/201	8 00:00	Expiry Date	25/09/2019 23	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 16 #13-47 TOH YI DRIVE	TOH YI GARDE					
Certificate No.					Wile		
Policy No.	5104044925	Policyholder Name	LIM WEE (CHENG	Policyholder NRIC	S8714587E	

ccident MT/1019146					
		100110100	155000 C	1000	
Hick No.	5104044925	Vehicle No.	\$3G8205T	GST Registration No.	
mhrate No.					
Ricyholder Name	LIM WEE CHENG			Policyholder NRIC	58714587E
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	ū
ontact No.(Mobile)	97317041	Contact No.(Office)	0	Contact No.(Home)	8
nail Address		Special Remark		eCode	NI V
K.	No ○ Yes	TCA	® No ○ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details		WASHING ALMANDA			1.000
port Date	09/11/2018 18:32	Acodent Report Within 24 hrs	Yes	Accident Tone	Damaged white carried
				Accident Type	Damaged whist parked
te of Academ	09/11/2018	Time of Accident hhomm	12:00	Country of Accident	Singapore
porting Centre		Grange Force		IOM No.	
oldent Location	001 HOUGANG AVE 8 CAPRARK				
Excess					
in damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	0.00	Outside Singapore OD Excess	600.00		
nd Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefita					
GST Registered Inform	ation				
T Registered			was produced to the		
T Registration No.	No		GST Registration Date	27	
diffication History			GST Status Verified	Yes	
- Control Control &					
Policyholder Mailing Ad	dress				
		Target A	Constitution and the constitution of the const	(Variable National)	THE TO STREET
dress 1	BLK 15 #13-47	Address 2	TOH YE DRIVE	Address 3	TOH YE GARDENS
dress 4	SINGAPORE 590016	Address Type	Singapore address	Post Code	590016
it No.		Related Policy Number	5104044925		
OI Driver Info					
usir Narrei	LIM WITE CHENG	Onver Type	Main Driver		
named driver Name		Driver NR3C	587145878	Driver DDB	24/05/1987
gister Date of Driver License	30/01/2009	Driver Age	31	Driving Experience	9
ntact No.(Mobile)	97317041	Contact No.(Office)	0	Contact No.(Home)	0
dress I	BLK 16	Address 2	TOH YI DRIVE	Address 3	TOH YE GARDENS
dress 4:	SINGAPORE 590016	Address Type	Singapore address	Post Code	590016
rt No.	13-47	Post Car Type	Trigopore moderns	POSI SIME	590010
set he own a Sunganore					
es he own a Singapore pistered car?	O Yes ® Nα	Driver Vehicle No.		Driver Insurer Company	
gistered car?		Driver Vehicle No.		Driver Insurer Company	
gistered car?		Driver Vehicle No.		Driver Insurer Company	
gistered car? cleration cathalyser or Blood Test		Onver Vahide No.	○ Yes ® No	Driver Insurer Company	
gistered car? claration eathalyser or Blood Text	○ Yes ® No		○ Yes ® No	Driver Insurer Company	
nes he own a Singapore opstiered (air) citieration eathfulyser or Blood Test adding?	○ Yes ® No		○ Yes ® No	Driver Insurer Company	
gstiered car? cleneunn eathalyser or Blood Test ading?	○ Yes ® No		○ Yes ® No	Driver Insurer Company	
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pstered car? Innation athlyser or Blood Test ading? afication History	○ Yes ® No		○ Yes ® No	Driver Insurer Company	
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psteined (air) isotalyser of Blood Test ading? affication History Claim 001 New	○ Yes ® No	Any injury? Insured Name	() YES ® No	Insured NRIC	S8714587E
psteined (air) isotalyser of Blood Test ading? affication History Claim 001 New	○ Yes ® No	Any injury?			\$8714587E
incation africation History claim 601 New im Type * Vact No. (Mobile)	○ Yes ® No	Any injury? Insured Name		Insured NRIC	\$8714587E G27821G
interior description of the state of the sta	○ Yes ® No D mg	Any injury? Insured Name Contact No.(Home)	LIM WEE CHENG	Insured NRIC Contact No. (Office)	
interior car? interior stood Test dog? interior History claim 601 Nex im Type * vact No (Mobile) ai Address imart Type Claimam Type *	○ Yes ® No D mg	Any injury? Insured Name Contact No.(Home) Of Vehicle Number	LIM WEE CHENG SJG8205T	Insured NRIC Contact No. (Office)	
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