Date In: 12 1/18- 17:25	Jeb description	Date & Time Completed	Done	e by
Ref No: NA) INCIR DOY73/24	SAS e-filing			
Veli No: JEWJOGSE	E-mail (within Shrs, AIC 2)	hre)		
D.O.A: 1/11/18 - 13:00	i-Motor Claim Form		(11, 10.	
	i-Motor W/O (Within: O	M7 10 19455 -001	12/11/18	71.09
OD (TP) Reporting Only	i-Photo Uploaded	D 2nts, 11 vitts)		4) # - 14
TP Insurer:	Assessment/Survey Rep Ass't Report by Fax / H			
Preferred Wksp / INC Assign Wksp / QW: (ax:	
TP Particulars: Veh No: CI	N NEWZ	IC()/Non-INC()		
Owner / Driver: (-110	Tel:)	
Policy No: () F	Period: () Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est Status (WO): N:	0-20%; P: 21-79%. P: 80-10	100/1	
Year of Registration: ()	Warranty: YES ()/NO		7070]	
	,000 ()/\$2,000 ()	()		
General Remarks:	0.00 ()/32,000 ()	Notice to the second of the se		
			Control of	
() Walk-In Customer: Customer's int		& Strictly NO refer of repairer.		
() Total Loss Case : to e-mail Insu	rer URGENTLY.	42 - 1		
Drive-In ()/ Towed-In (); Invoid	ce: YES () / NO ()	; Towing Co: ()
Remarks: (INC bottone: 6788 6616)	Contract of the contract of th	The land of the land	75 7 7 7 7 7 W	V. 111
1) 1 1 2 2	Court of Court	Date&Time Completed	Done	by
Apply for Transport Allowance ()/	Courtesy Car ()	Date&Time Completed	Done	by
Apply for Transport Allowance ()/ QC Check / Post Repair Inspection	()	Date&Time Completed	Done	by
Apply for Transport Allowance ()/	()	Date&Time Completed	Done	by
Apply for Transport Allowance ()/ QC Check / Post Repair Inspection	()	Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()	Date&Time Completed	Done	by
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1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Onte/Time Actions aimant's Particulars:- iver/Owner: intact No: Imaged Portion: Checked by (Engr-In-Charge): ditors! Comments:-	Invoice	Preparation Checklist dent Reporting (\$30); age Assessment (\$100); INC (\$80) age Assessment (\$100); INC (\$100) age Assessment (\$	Ant (\$) fat Bill 45 20 30 75 50 00 135	Amt(3
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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 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.
- 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.

MESSER MESSER AND STREET STREET	ACCIDENT STATEMENT
Date Of Report	12/11/2018 17:23
Date Of Accident	12/11/2018 13:00
Exact Location Of Accident	UBI RD 3 TWDS UBI AVE 1
Country/State of Loss	SINGAPORE
现在是September 1995年1995年1995年1995年1995年1995年1995年1995	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW5090E
Insured/Policyholder	
Name Of Registered Owner	PLATINUM MOTORING
Co Reg No	53356190J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97659745
Alternative Phone No	OFFICE-97659745
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5088310646-01
Cover Note Number	
Driver	
Name of Driver	WONG ZHEN ZHONG, BENJAMIN
NRIC No	S9016498H
Date Of Birth	16/05/1990
Occupation	INDOOR
Date Of Driving Pass	28/10/2009
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90699095
Fax Number	

OFFICE-90699095

NOEMAIL

BLK 779 PASIR RIS STREET 71 Address

#13-570 510779

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

NO

NO

NO

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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 2

Was any body injured in the Accident? YES

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.

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?

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 CB5472S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

Name of Driver EDDY HERNI BIN HASNAN

NRIC/Passport Number S7621777G Contact Number 98729180

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name WONG ZHEN ZHONG, BENJAMIN Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SKW5090E

YES

NO

SKETCH PLAN

MPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This form must be completed by the Pollcyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wiful misrapresentation or withdolding 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.
- 5. Any faise 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)

t 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monstery 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 actident and/or my claims:
 - (Ril) carrying out and/or dealing with my instructions or responding to any enquirles 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 low in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) ell 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 Perposes; 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 lawyars/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (ii) my Personal Enformation will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future daims.
- (a) 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

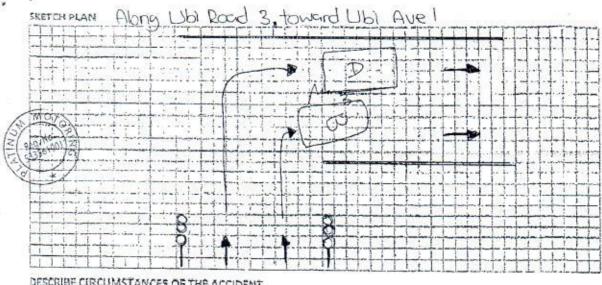
(ii) for complying with requirements under any regulations, laws or court orders.

Date & Time:

Policyholder's Signatura Data & Time: Oriver's Signature (If driver is not the policyholder) Reporting Centre Parsonnel's Signature Name:

NRIC/FIN No.:

Vehicle A: SKW5090E vehicle B: CB5472S



DESCRIBE CI	CUMSTANCES OF THE ACCIDENT
	On 12 Nov 2018 around 13:00 , Along Ubi Road
3, to	ards Ubi Ave I, vehicle A (SKW5090E) was
makin	a right turn on the outer lare out of a
2 lar	2 turn junction. Vehicle B (CB 54725) was
on the	inner lane:
(1901) E	s vehicle A (skw5090E) completing the turn,
* Ver	cle B (CB 54725) was a bus couldn4 complete
the to	n in its own lane thus filter into Vehicle A
(skw	5090E) lane collided into vehicle A (Skw50906
driver	side rear wheel arc.
ail	5

DECLARATION

I/We deplot the love gins portsculars are true in every respect.

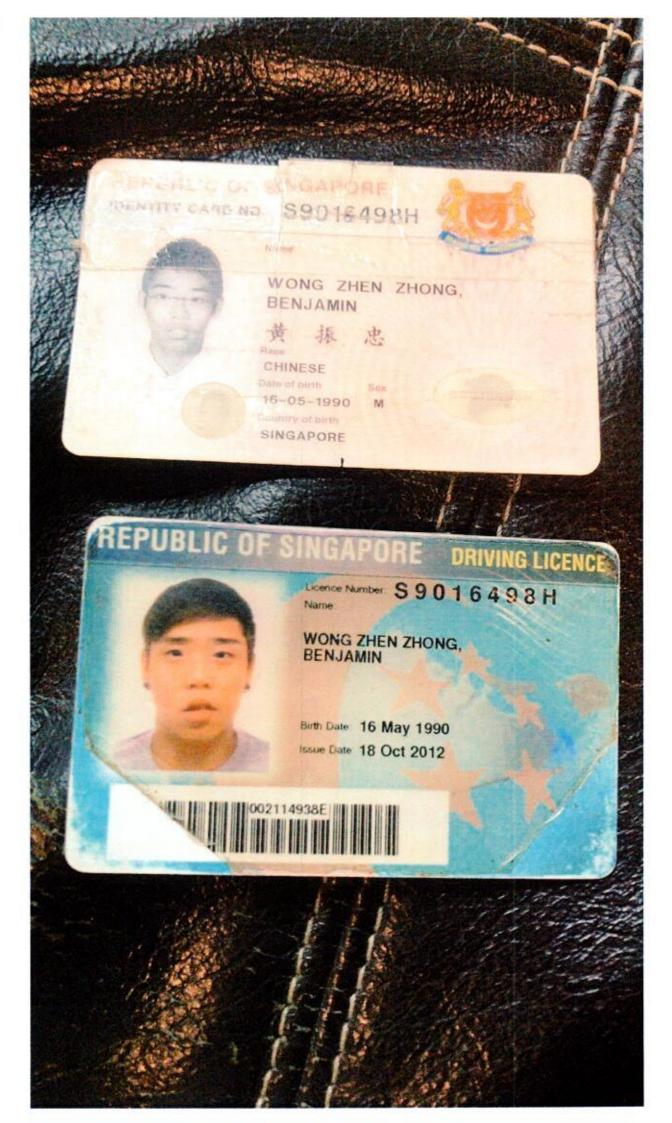
Policyholder's Signature Date & Time:

Orivor's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Date of Accident	: 12 NOV 18 A	ccident Time: 13:00 (2	4-HR-Format)			
Accident Place	: Along Ubi Road 3, towards Libi Ave 1					
Vehicle Reg. No. (Car Plate No.)	:SKW 5090E					
Vehicle Make/Model	:MAZDA 3	***************************************				
Insurance Company	: NTUC	Policy No				
Owner or Company Name /IC No.	: Platinum M	Natoring	Hall 28.			
Owner or Company Contact No.		Owner's Hp				
DRIVER'S Name / IC No.	: WONG ZHEN	J ZHONG , BENJAM	[N			
DRIVER'S Date Of Birth	: 16/05/1990 DRIVER'S License Pass Date 28 Oct 200					
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee \ Others:					
DRIVER'S Address	: APT BLK 779	PASIR RIS STREET				
DRIVER'S Contact No./ Alt No.	:1)9069909	52)	5510779			
DRIVER'S Occupation	NDOOR OUTDO	OOR (e.g. working inside or ou	itside office)			
Email Address	: weiyuan 0317	2 agrail.com				
Weather & Road Surface	CLEAR & DRY R	AINING & WET \ AFTER R	AIN & WET			
Reporting Type	: Reporting Only Cl	aim Other Party) Claim Own	Insurance			
Number of Passengers (Including D	river):	Ten and the second				
Was there any video Captured by co Exact purpose for which vehicle wa	ar camera: YES NO as being used at the tim	e of accident Private use W	ork purpose			
Other	Party Driver's Partic	ular (if any)				
Vehicle Reg. No: CB 5472	3	Vehicle Reg. No:				
Vehicle Make\Model:		Vehicle Make\Model:				
Name Driver: EDDY HERNI	BIN HASNAN	Name Driver:				
IC No. Driver: S7621779 IC No. Driver:						
Driver's Contact & Add: 9872	9180	Driver's Contact & Add:				





Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

Certificate Number: 5088310646-01

Cover : Third Party

1. Index mark and Registration Number of Vehicle

N/A

Any Motor Vehicle the property of the Policyholder or in their custody or control. All steam-driven vehicles are excluded.

Name of Policyholder

: PLATINUM MOTORING

Effective Date of Insurance

: 01 Mar 2018

Expiry Date of Insurance

: 28 Feb 2019

5. Persons or Classes of Persons entitled to drive*

Refer to List Attached

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

- 6. Limitations as to Use*
 - (a) Use only for Motor Trade purposes.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use solely for 'Breakdown' purposes is not deemed to be use for hire or reward.
 - Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third- Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

POLICY TYPE

: MOTOR-TRADE INSURANCE

TYPE OF TRADE/BUSINESS

: CAR DEALERS

TOTAL NUMBER OF AUTHORISED DRIVER(S)

: 4

DETAILS OF AUTHORISED DRIVER(S)

: REFER TO LIST ATTACHED

EXCESS (SECTION I) EXCESS (SECTION II)

SUM INSURED

: N/A : N/A N/A

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

: ASSURE (SINGAPORE) PTE. LTD. (00000615327)

Date of Issue

: 07 Feb 2018 11:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

· Change Language

· Change Password

Log Out

My Desktop Notice of Loss

Policy Query

Vehicle Na.(For Motor)

Policy No.

5088310646-

01

Select

Policy No. 5088310646-01

Date of Accident

Cover Vehicle

No.

Certificate Number

12/11/2018 13:00

Commence Expiry Date

Insured Object

FREDERICK NG JUN
MING/S9400462D_WONG
ZHEN ZHONG
BENJAMIN/S9016498H_MAX
01/03/2018 28/02/2019

OH QIN SHENG/S9331584G_TAN PAN WEI BENJAMIN/S9346954B

Continue

GMT

Search

Туре

Third

Party

Certificate Policyholder Policyholder Product Number Name NRIC Product

53356190J

PLATINUM MOTORING

		Policy Information	on		
ation	Bornello L Marie Sonale 1990	United the section of the section	www.nuseners.nuseners	30000000000000000000000000000000000000	
5088310646-01	Policyholder Name	PLATINUM MOTORING	Policyholder NRIC	53356190)	
33 UBI AVENUE 3 #01-24 VERTEX :	SINGAPORE 408868				
MOTOR TRADE INSURANCE	Plan		Group Policy Flag	N	
07/02/2018	Effective Date	01/03/2018 00:00	Expiry Date	28/02/2019 23:59	
0	Own damage Excess	0	Windscreen Excess		
	OS Premium	0			
	Outside Singapore TP Excess				
ASSURE (SINGAPORE) PTE, LTD	Agent Tel.	68038751	GST Flag	Y	
No					
ing Address					
33 UBI AVENUE 3	Address 2	#01-24 VERTEX	Address 3	SINGAPORE 408868	
	Address Type	Singapore address	Post Code	408868	
01-24	Related Policy Number	5088310646-01			
REDERICK NG JUN MING/59400462	D_WONG ZHEN ZHONG	BENJAMIN/S9016498H_MA	X OH QIN SHENG/S9331584G	TAN PAN WEI BENJAMIN/S9346954	
Date of Endorsement	Endorsement '	Type E	ndorsement Status	Endorsement Content	
26/07/2018 00:00	Basic Information Endor	sement Underwriting R	kejected	Thank you for giving us the opportunity to serve you. We confirm that from 26 Jul 2018, the following amendment(s) is/are made to this policy: INCLUSION OF NAME DRIVER 1. ON KHUAN HONG In view of it amendment, an additional premium of \$169.01 (inclusive of GST) is payable und your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate if you could make payment to us within 1 days from the date of this letter. For cheq payment, please issue the cheque in favo of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.	
	S088310646-01 33 UBI AVENUE 3 #01-24 VERTEX MOTOR TRADE INSURANCE 07/02/2018 0 ASSURE (SINGAPORE) PTE, LTD No Ing Address 33 UBI AVENUE 3 01-24 REDERICK NG JUN MING/S9400462	S088310646-01 Policyholder Name 33 UBI AVENUE 3 #01-24 VERTEX SINGAPORE 408868 MOTOR TRADE INSURANCE Plan 07/02/2018 Effective Date 0 Own damage Excess OS Premium Outside Singapore TP Excess ASSURE (SINGAPORE) PTE, LTD Agent Tel. No Ing Address 33 UBI AVENUE 3 Address 2 Address Type 01-24 Related Policy Number REDERICK NG JUN MING/S9400462D_WONG ZHEN ZHONG I	### Substitute	S088310646-01: Policyholder Name PLATINUM MOTORING Policyholder NRIC 33 UBI AVENUE 3 #01-24 VERTEX SINGAPORE 408868 MOTOR TRADE INSURANCE Plan Group Policy Flag 07/02/2018 Effective Date 01/03/2018 00:00 Expiry Date 0 Own damage Excess 0 Windscreen Excess 0S Premium 0 Outside Singapore TP Excess ASSURE (SINGAPORE) PTE, LTD Agent Tel. 08038751 GST Flag No Ing Address 33 UBI AVENUE 3 Address 2 #01-24 VERTEX Address 3 Address Type Singapore address Post Code 01-24 Related Policy Number 5088310646-01 REDERICK NG JUN MING/S9400462D_WONG ZHEN ZHONG BENJAMIN/S9016498H_MAX OH QIN SHENG/S9331584G Date of Endorsement Endorsement Type Endorsement Status	

Continue Cancel

Claim Handling

Policy No. Certificate No.								
Certificate No.	5088310646-01	Vehicle No.			GST Registration	96		
Policyhelder Name	PLATINUM MOTORING				Policyholder NRIC	5	3356190)	
Product Code	MOTOR TRADE INSURANCE	Cover Type	Third Party		Loading	0		
Motor Trade Plate No.	SKW500DE	Hotor Trade Oriver Name	WONG ZHEN ZHO	NG, BENJAMIN	Motor Trade Drive		H8016408H	
Contact No.(Mobile)	90699095	Contact No.(Office)	0		Contact No.(Home			
Ermail Address		Special Remark			eCode	-	Vo *	
KER	- No Yes	TCA	- No Yes		eCode Reason	No.	Ninesal .	
NCD Protection	No	NCD Entitlement(%)	10		Private Hire	N	D.	
W Accident Details					97.07 ST.	3.35	2	
Aupart Date	12/11/2018 21:01	Accident Report Within 24 hrs	Yes		Accident Type	- 0	ollision - Chang	a 2 Cours Inna
Date of Acodent	12/11/2018	Time of Accident hh:mm	13:00					E / Cross serie
Reporting Centre		Drange Force	33.00		Country of Accide ICM No.	16 50	ngapore	
Accident Location	UBI RD 3 TWDS UBI AVE 1	Constraint of the constraint o			ILM No.			
U. Excuse								
Own damage Excess	:0.00	Additional Excess			Construction of the Constr			
Unnamed Driver Excess	10000	Outside Singapore OD Excess			Windscreen Exces	3		
Third Party Dycoss	0.00	Outside Singapore TP Excess						
□ Benefits								
GST Registered Informat	tion							
OST Registered	No		CIST Suci	stration Date				
OST Registration No.				us Venified	No			
Hodification History								
Policyholder Mailing Add		74724797	District Control					
Address 4	33 UNI AVENUE 3	Address 2	#01-24 VERTEX		Address 3	51	MGAPORE 4080	168
	12/20	Address Type	Singapore address	88	Post Code	40	08868	
Unit No.	01-24	Related Policy Number	5088310646-01					
♥ 01 Driver Into			10000000					
Unnamed driver Name	WONG ZHEN ZHONG BENJAMIN	Driver Type Driver NRIC	Named Driver		Digas Actions			
Royster Date of Driver License	28/10/2009		S9016498H		Driver DOS		6/05/1990	
Contact No (Mobile)		Driver Age	29		Driving Experience			
Address 1	90699095	Contact No.(Office)	0		Contact No.(Home			
Address 4	9LK 779	Address 2	PASIR RIS STREET		Address 3		MGAPORE 510)	779
Unit No.	13-570	Address Type	Singapore address	155	Post Code	51	0779	
Does he own a Singapore								
Registered car?	Yes = 740	Driver Vehicle No.			Driver Insurer Car	прелу		
Decker above								
Breathalyser or Blood Test Reading?	0 mg	Any injury?	e Yes No					
Breathalyser or Blood Test	Dimg	Any Injury?	e Yes No					
Broothalyser or Blood Test Roading? Postfication History	D mg	Any Injury?	x Yes U No	OD-MX	▼ Insured PLATIN	UM MOTORING	Insured	5135619D
Breathalyser or Blood Test Reading? Full ficiation History Claim 601 New Claim Type *	D mg	Any Injury?	x Yes ∪ No		Insured PLATIN	ILIM MOTORING	MRIC	533561903
Streethalyser or Blood Test Reading? Full fication History Claim 601 New Claim Type *	Đmg	Any Injury?	ic Yes ∪ No	OD-MX 93668262	Contact No.	UM MOTORING	Contact No.	53356190J
Scathalyser or Blood Test Reading? Claim 601 New Claim Type * Contect No. (Mobile)	0 mg	Any injury)	ic Yes ∪ No		Contact No. (Home)	LIM MOTORING	NACIC Contact No. (Office)	NE.
Scathalyser or Blood Test Reading? Claim 601 New Claim Type * Contect No. (Mobile)	0 mg	Any injury)	ic Yes ∪ No		No. (Home)	LIM MOTORING	NAC Contact No. (Office) TP Vehicle Number	NIL. C854725
threathalyser or Blood Test Reading? Coding 601 New Claim 601 New Claim 7/90 * Contact No. (Mobile) Email Address	0 mg	Any injury)	« Yes U No	93668262	Contact No. (Home) OI Vehicle Number	UM MOTORING	NAME OF THE NAME O	NIL CB50725
threathalyser or Blood Test Reading? Multification History Claim 601 New Claim 7ge * Contect No. (Mobile) Email Address Claim Description		Any Injury)	« Yes U No		Contact No. (Home) OI Vehicle Number	LIM MOTORING	NAC Contact No. (Office) TP Vehicle Number	NII. CB5472S
Treathalyser or Blood Test Reading? Claim 601 New Claim 7yse * Contect No. (Moske) Email Address Claim Description Preferred Workshop	Insured Lipbility Not at Fi	wit *	1 200799-0.754388	93669262 / CB54735 ON 12 Nov 2	Contact No. (Home) OI Vehicle Number	UM MOTORING	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred	NII. CB5472S
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