NATIONAL Assessment Ce	ntre Services wet 13			
Date In: 3/1/19-16:08	Jeb description	Date & Time Con	ipleted [Done by
Ref No: NA / INC (9000 288 /24	SAS e-filing	i		
Veh No: JPhiga	E-mail (within Shrs, Al	(C 2hrs)		
D.O.A: 4/1/19, 201/3	i-Motor Claim For	m M11026779 =	11/15 / 10/1	9 19:15.
OD / TP / Reporting Only	i-Motor W/O (withi	in: OD 2hrs, 7P 4brs)		
	Assessment/Survey I	Report		
TP Insurer:	Ass't Report by Fax	/ Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW	: (Tel:	Fax:	
TP Particulars: Veh No:	SLV72467	INC()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (Dat	te: Time:)
	%) [Note-Est. Status (WO):	N: 0-20%; P: 21-79%.	P: 80-100%]	
Year of Registration: () Warranty: YES ()/1	NO()	E41500 E7003	
	:\$1,000()/\$2,000()		
General Remarks:-				
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:	()			
Date/Time Actions				\$\\\P.'
A190222	Invi	pice Preparation Checkli	CARL CONTRACTOR OF THE PARTY OF	C(S) Ami (S
aimant's Particulars :-		: Accident Reporting (\$30);	INC (\$80)	
	3) TF	: Damage Assessment (\$100); : Towing Fee	\$40/\$45	
iver/Owner:	4) FT	: Follow-Through Survey : Follow-Through Survey (Resurv	\$120 sy) \$30	
ntact No:	For	claiming against INC Only (wef)	0 Jan 2005)	0)
maged Portion:	7) N1	: Re-inspection : Idao DA + SMRT Survey	575 . 5160	
Checked by (Engr-In-Charge):	•N	UC Additional Services: 5: Courtesy Car / Tpt Allowanse 6: Repair Co-ordination	\$5 \$10	
iditors' Comments :-	·N	7: Fost Repair Inspection 8: DV / Collect Excess Coordination	\$25 on \$3	
1;	TP	(N11): TP (Non INC) against INC	\$20	
		2: Idac Mobile	Charged 30	artery.
2/3;			Charged	E VIII

1 1 per et 1 22

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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	07/01/2019 16:08
Date Of Accident	04/01/2019 20:10
Exact Location Of Accident	LOR MARZUKI OUTSIDE KIARA TEN
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP6119A
Insured/Policyholder	
Name Of Registered Owner	AURORA CAR RENTAL & LEASING SINGAPORE
Co Reg No	53353787L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90229995
Alternative Phone No	OFFICE-90229995
Vehicle Particulars	

SUZUKI Manufacturer

Model GRAND VITARA 2.0 5DOOR 2WD AT ABS AIRBAG

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL USE

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken REPORTING ONLY PRIVATE HIRE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage THIRD PARTY

Fleet Policy YES

5100196759-01 Policy Number

Cover Note Number

Driver

Name of Driver TAN SONG KANG (CHEN SONGJIANG)

NRIC No S7711625G Date Of Birth 04/05/1977 OUTDOOR Occupation Date Of Driving Pass 07/10/2005

13 YEARS AND 2 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-92993994 Mobile Number

Fax Number

OFFICE-92993994 Contact Number

NOEMAIL EMail Address

BLK 99 ALJUNIED CRESCENT Address

#02-399

Postcode 380099

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 - OPENING DOOR OF VEHICLE

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

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

NO

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

. .

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

GEYLANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: Police Station Address SINGAPORE

TEL NO: 1800-8486999 - FAX NO: 68486799 Police Station Contact

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190105/2071.

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

SLV7048J

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)

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (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: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to price report - 7/20190105/2071.	
/	
CLAR HENTAL	

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

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

ACCIDENT STATEMENT

4.2000	7.55	/MM/YYYY), TIME:(20 : 12)(HH:MM)
LOC	CATION: Lot MOSTURE on Iside	KINTS TED.
	1. DETAILS OF VEHICLE	4
	a) VEHICLE NUMBER: SP6119 4	
	b)INSURANCE COMPANY: NTVC	
	C)POLICY NUMBER: 5100196757	
	C C C C C C C C C C C C C C C C C C C	
	e)MAKE & MODEL:	THIRD PARTY FIRE &THEFT)
	f)TYPE:(SALOON / COUPE / MPV / VA g) VEHICLE CATEGORY: (PRIVATE / CO h) PURPOSE OF USING AT ACCIDENT i) ARE YOU CLAIMING UNDER YOUR O IF NO, PLEASE STATE (THIRD PARTY O	TIME: 6 MMICCI 911.
	2. INSURED / POLICY HOLDER	
	A)NAME: AMIDIA CAT RED 191 b)NRIC/FIN/PASSPORT: 5335787L	CONTACT: 9022 995.
	c)ADDRESS:	
	2	
	* CONTINUE TO 3.d IF DRIVER ALSO P	OLICY HOLDER
Alc of passenga	DRIVER	
(Including driver	J GINAME: IN SONG MANG	
(2)	DINKIC/FIN/FASSFORI. 37710	
	CIADDRESS: DK 99 My ard (W (M) \$ 02-399 (382)99/.
male.	*ADATE OF DIDTULA III A F. A.C.	7 1/55/11/15/00/0
	*d)DATE OF BIRTH: (4/5/1937	
	e)OCCUPATION: (INDOOR / OUTDO	
0.3	f) YEARS OF DRIVING EXPRERIENCE:	
4	. WAS DRIVER AN EMPLOYEE OF TH	16.30
· E	IF NO, RELATIONSHIP OF THE DRI	VER WITH INSURED.
3	b)ROAD SURFACE: (DRY) / WET / OTHE	
4	WAS ANYBODY INJURED (YES / NO)	EK3
	a)REPORTED TO POLICE (ES/ NO)	= 1-150 #
5.5	IF YES, PLEASE STATE WHICH POLICE	MOITATE
я	THIRD PARTY VEHICLE	. Oranon.
No of passenaer	a) VEHICLE NUMBER JULY 2018 T.	MODEL:
Industry I to	b) DRIVER'S NAME:	
- mulading anver	C) NRIC/FIN/PASSPORT:	CONTACT
() 9	b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE	CONTACT
· · · · · ·	d) VEHICLE NUMBER	MODEL
t No ef passenger	el DRIVEP'S NAME	MODEL:CONTACT:
Including driver	f) NRIC/FIN/PASSPORT	CONTACT
(1	, Timorrian Audi Oiti.	CONTACT.
(200	
	* (· · · · · · · · · · · · · · · · · · ·

email =

fax =

VIDEO =





Report No. T/20190105/2071

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/01/2019 13:53			Vide Report No.:	Station Diary No.: 38		
Informa	nt's Partici	ulars				
Name of Informant: TAN SONG KANG			Address: APT BLK 99 ALJUNIED CRESCENT #02-399 SINGAPOR 380099			
ID Type / ID No.: NRIC NO / S7711625G			Contact No.: Home/Office:	Mobile: 92993994		
National SINGAP	ity: ORE CITIZ	EN .	Email:			
Sex: Male	Age: 41	Date of Birth: 04/05/1977	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupat ASSIST	ion: ANT MANA	GER	Driving Licence Information: Class: 3,4A Date of Expiry:			

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 04/01/2019 20:10	Type of Location Straight Road	
Location: Along Road 1 LORONG MA INFRONT OF Weather: Clear		Road Surface:		Road Speed Limit:	
Traffic Flow: Traff		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Two Way				Anyone conveyed by	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SJP6119A	Car	SUZUKI	GRAND VITARA 2.0 5DOOR 2WD AT ABS AIRBAG	Grey	Slightly Damaged	1
SLV7048J	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Black	Slightly Damaged	0





Police Station Of Origin: Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

CONTINUATION OF REPORT

2:of 4 Report No. T/20190105/207

Any Pedestrian Ir	volved: No		4				
No. of Pedestrian		120000000000000000000000000000000000000	Use of Peo	destrian	Cross	ing: NA	
Passenger	MANAGE CONTRACTOR					The state of the s	3120
Name	LEE JEKAI			ID No	-	S9720389G	
Related Vehicle	SJP6119A (Car)			Conta	ct No.	97823233	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	**
Date Treatment	NIL		Date Discl	harge	NIL		N.
	ted Medical Leave	NIL	Degree of		NIL		
Driver							
Name	TAN SONG KANG	ST LOUIS THE STATE OF THE	Head to the second at the second	ID No		S7711625G	1.17.11
Related Vehicle	SJP6119A (Car)			Contact No.		92993994	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3,4A Date of Expiry: NIL	
Date Treatment	NIL	VV	Date Discl	harge	NIL	Carles Services	
	ted Medical Leave	NIL	Degree of		NIL		VIIC/100
Driver		STATE OF THE			CHEVEL		
Name	LEE ENG ANN			ID No	-8	S1639789Z	139
Related Vehicle	SLV7048J (Car)			Contact No.		97210924	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Discl		NIL		
	ted Medical Leave	NIL	Degree of		NIL		

Brief Details.

On 04/01/2019 at 2210hrs, I was dropping off a Grabhitch passenger at 56 Lorong Marzuki. As it was a two way road at a private residential area, there were some cars parked parallel on the side of the road. As there was a rubbish bin on the left side of my car, my passenger who was seated at the back, opted to exit from the rear right passenger door. As he was opening the door, I heard a short but loud sound coming from the rear right passenger door. I then saw a car applying its emergency brake about half a car length ahead of me. I then turned around and checked if my passenger was okay. That's when I realized that the driver of the said car was taking photos of the accident and subsequently moving his vehicle to the left lane about 1 to 2 car lengths away from where he had emergency braked.





Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014

Report No. T/20190105/2071

3 of 4

Tel No: 1800-8486999

CONTINUATION OF REPORT

I then exited my vehicle and exchanged particulars with him. I also requested for the photo that the driver had taken however he refused to do so. My passenger and his dad has also requested for the photos from the other driver however he did not send all the photos which leads us to believe that he has purposely kept other more self-damaging photos. Due to the extent of the damage on his car, it can be assumed that he was travelling at a rather fast speed. I am lodging this report for insurance claims purposes as it is a rental vehicle. That is all.





4 of 4

Report No. T/20190105/2071

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999 CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 3 MOHAMAD AKMAL BIN MOHD ROSLAN	Signature Of Informant:	9
Signature Of Interpreter: Not applicable	Date/Time: 05/01/2019 13:53	
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:	36 36
Contact No.: 65476151 Authentication Stamp		









eBao Tech									C	eneralC	laim
Hello, NAC_PAYA_UBI_80	0601						· Change La	nguage	Change Pa	ssword	Log Out
My Desktop	Polic	cy Query									•
Notice of Loss	Policy N	lo.			- 8	Date of A	Accident	04/01	/2019 20:10		
	Vehicle	No.(For Motor)	S)P6119	A	- 3	Certificat	te Number				
					Se	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5100196759- 01		AURORA CAR RENTAL & LEASING SINGAPORE	53353787L	GFT	Third Party	SJP6119A	SJP6119A	25/10/2018	ĝ
				33035350100	Co	intinue					

olicy No.	5100196759-01	Policyholder Name	AURORA C	AR RENTAL & LEASIN	Policyholder NRIC	53353787L	
ertificate lo.		VAC 25 55 55 50					
ddress	BLK 79B #29-17 TOA PAYOH	CENTRAL CENTR	AL HORIZO	N SINGAPORE 312079			
roduct lame	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy sue ate	29/10/2018	Effective Date	25/10/201	8 00:00	Expiry Date	24/10/2019	23:59
xcess ype		All Claims Excess					
hird arty excess	1500.00	Own damage Excess	0.00		Windscreen Excess	0.00	
dditional xcess	0	OS Premium	739.40				
Outside Singapore OD Excess	0.00	Outside Singapore TP Excess	1500.00			Your	ng/Inexperience Driver Excess
Agent	ALPINE CREDIT PTE LTD	Agent Tel.	65113025		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						STATE OF THE PARTY
Address 1	BLK 79B #29-17	Addr	ess 2	TOA PAYOH CENTR	AL	Address 3	CENTRAL HORIZON
Address 4	SINGAPORE 312079	Addr	ess Type	Singapore address		Post Code	312079
Jnit No.	29-17	Relat Num	ed Policy ber	5100196759-01			
D Insure	d Object: SJP6119A						
	sements						
Seque	Date of Endorsement 29/10/2018 00:00	Endorsem Basic Inform Endorsemen	ation	Endorsement Number	r Endorse Endorsem Effective	ment Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJM6904R 29-10-2018 \$904.82 In view of this amendment an additional premium of \$904.82 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment.
							Otherwise, we would appreciate it you could make payment to us within 14 days from the date of th letter. For cheque payment, pleasissue the cheque in favour of "NTI Income" with your name and polic number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS. Thank you for giving us the opportunity to serve you. We confirm that this policy is extended.
2	15/11/2018 00:00	Basic Inform Endorsemen		000001286943931	Endorsem Effective	ent Take	to cover the following vehicle(s) a follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJL3502S 25-10-2018 \$914.85 In view of this amendme an additional premium of \$914.85 (inclusive of GST) is payable under the state of the stat

cident MT/1026739 Nev No.	not been collected				
VIII (150)	5100196759-01	Vehicle No.	51P6119A	GST Registration No.	
rtificate No.					
cyholder Name	AURORA CAR RENTAL & LEASING SINGAPORE			Policyholder NR3C	\$3353787L
duct Code	PLEET INSURANCE	Cover Type	Third Party	Loading	0
tact No.(Mobile)	90229995	Contact No.(Office)	0	Contact No.(Home)	0
aii Address		Special Remark		eCode	THE V
c c	® No ○Yes	TCA	® No ○ Yes	eCode Reason	
O Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
ort Date	07/01/2019 19:13	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
e of Acodem	04/01/2019	Time of Accident hhumm	20:10	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	
ident Location	LOR MARZUKI OUTSIDE KIARA TEN				
Excess					
n damage Expess	0.00	Additional Excess	0	Windscreen Excess	0.00
named Driver Excess		Outside Singapore OD Excess	0.00		
d Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Informa					
Registered	No.		GST Registration Date GST Status Verified	Yes	
F Registration No. Offication History			Gal scales ventied	yes.	
ancestor residiy					
Policyholder Mailing Ad	dress				
iress 1	8LK 798 #29-17	Address 2	TOA PAYOH CENTRAL	Address 3	CENTRAL HORIZON
tress 4	SINGAPORE 312079	Address Type	Singapore address	Post Code	312079
t No.	29-17	Related Policy Number	5100196759-01		80346
OI Driver Info		and the same			
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	TAN SONG KANG (CHEN SONG)	Driver NRIC	57711625G	Driver DOB	04/05/1977
sater Date of Driver License	07/10/2006	Driver Age	41	Driving Expenence	13
rtact No.(Mobile)	92993994	Contact No. (Office)	0	Contact No.[Home]	0
fress 1	BLK 99	Address 2	ALJUNIED CRESCENT	Address 3	SINGAPORE 380099
iress 4		Address Type	Singapore address	Post Code	380099
t No.	02-399				
es he own a Singapore gistered car?	○ Yes (♠ No	Driver Vehicle No.		Driver Insurer Company	
laration					
atharyser or Blood Test string?	0 mg	Any injury?	○ Yes ® No		
offication History					
m Type *	OD-MX	Insured Name	AURORA CAR RENTAL & LEASIN	Insured NRIC	53353767L
itact No. (Mobile)		Contact No. (Home)	MIL.	Contact No.(Office)	
		Oli Vehicle Number		Make the Residence Additional Property of the Parket State of the	
	G		53P6119A	TP Vehicle Number	SLV70483
mant Type Claimant Type •		Type of Benefit *	Please Select V	TP Vehicle Number	SLV70483
mant Type Claimant Type * mant Name *	Please Select ✓	Type of Benefit + Claimant NRIC +		TP Vehicle Number	SLV70481
mant Type Claimant Type * mant Name * mant Address	>>				SLV70483
mant Type Claimant Type * mant Name * mant Address m Description		Claimant NR3C *	Please Salect	TP Vehicle Number	SLV70483
emant Type Claimant Type * emant Name * emant Address emant Address em Description ferred Workshop Contact	≥≥ SIP61194 / SLV70483 ON 4 7an 2019	Claimant NRIC * Insured Liability *	Please Salect	Name of Preferred Workshop	
imant Type Claimant Type * imant Mame * imant Address im Description ferred Workship Contact puire Finalisation	≥≥ S1P6119A / SLV70481 ON + Jan 2019 Ves. □	Claimant MRIC * Insured Liability * Preferend Repair Option	Please Salect	Name of Preferred Workshop	Received 🔻
mant Type Claimant Type * Imant Mame * Imant Address Im Description Improved Workshop Contact Jure Finalisation e Registered	≥≥ SIP61194 / SLV70483 ON 4 7an 2019	Claimant NRIC * Insured Liability *	Please Salect	Name of Preferred Workshop	
mant Type Claimant Type * mant Name * mant Address in Description irred Workshop Contact uire Finalisation Registered	≥≥ S1P6119A / SLV70481 ON + Jan 2019 Ves. □	Claimant MRIC * Insured Liability * Preferend Repair Option	Please Salect	Name of Preferred Workshop	Received V
mant Type Claimant Type * imant Marie * imant Address im Description ferred Workshop Contact user Finalisation e Registered ort Taken By	≥≥ S196119A / SLV70481 ON + Jan 2019 Yes	Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	Please Salect	Name of Preferred Workshop	Received V
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