Date In: 8)19 - 17: 2	Jeb description		Date & Time Com	pleted	Done	pi.
Rei No: NA 111 (1920 0 46 6 /24	SAS e-filing					
Veh No: STR1390D.	E-mail (within 8	Shrs, AIC 2hrs)				**
1	i-Motor Clain	m Form	MT[1826950-	00, [8]	119 1811	6
D.O.A: 61/19 - 22:70	i-Motor W/O	(Within: OD 2hr				
OD / TP Reporting Only	i-Photo Uplos	aded	1			
	Assessment/Sur	rvey Report				
TP Insurer:	Ass't Report by	y Fax / Hand	to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax	:	
TP Particulars: Veh No: 500	120h	INC ()/Non-INC().	54	
Owner / Driver: (NA PA		Tel:	8.)	2//2020
Policy No: () P	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (W	VO): N: 0-2	0%; P: 21-79%.	P: 80-100	0%]	
Year of Registration: ()	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1,	,000 ()/\$2,000	and a root of the contract of	A		3 - 1	
General Remarks:			Access to the	ak Kassi	or Sign	8. O
() Walk-In Customer: Customer's inf	formation strictly Cor	nfidential & St	rictly NO refer of re	pairer.		
() Total Loss Case : to e-mail Insu		*				
		10/ \.7	Cowing Co: (7	+:)
Drive-In ()/ Towed-In (); Invoi	ce: YES () / N	0 (),.		1	#1X 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	W.P.
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SINGAPORE ACCIDENT STATEMENT

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 witholding 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 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.
- 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.

aforesaid,	
	ACCIDENT STATEMENT
Date Of Report	08/01/2019 17:02
Date Of Accident	06/01/2019 22:30
Exact Location Of Accident	JALAN SULTAN ISKANDAR TWDS SG
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR1390D
Insured/Policyholder	
Name Of Registered Owner	TRIPLE AAA GENERAL SERVICES
Co Reg No	53365504L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87499509
Alternative Phone No	OFFICE-87499509
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1K21G5
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092340858-01
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD RIZAL BIN MOHD RASHED
LIBIO NI	\$70354497

S7935449Z NRIC No 10/11/1979 Date Of Birth OUTDOOR Occupation 08/07/2008 Date Of Driving Pass 10 YEARS AND 5 MONTHS Driving Experience

MALE

Gender

(LOCAL) +65-87499509 Mobile Number

Fax Number

OFFICE-87499509 Contact Number

NOEMAIL **EMail Address**

BLK 109 BUKIT BATOK WEST AVENUE 6 Address

#06-18

650109 Postcode

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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) 2

involved in the accident

NO Was any body injured in the Accident?

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.

3 Number of Passengers (Including Driver)

Passenger 1 NAME: 3 5

GENDER: : MALE

Passenger 2 NAME:

> : FEMALE GENDER:

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

JOHOR BAHRU Police Station Name

ROAD: JOHOR , POSTCODE: NA , COUNTRY: MALAYSIA Police Station Address

NO

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT

Attachment(s)

Are accident photos available for attachment? YES NO

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SJP6170A Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

GENDER:

2

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.
- 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.
- 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 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 ladgment 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:
 - 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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (06 / 01 / 2019) (DD/MM/YYY), TIME: (33 : 30)(HH:MM
LOCATION: Jalan Sultan Istandar (CIQJB > SG)
1. DETAILS OF VEHICLE SJR1590 D
CIVETICE TOTAL
DINSURANCE COMPANY.
CIPOLICY NUMBER: CIPOLICY NUMBER:
DIPOLICY NUMBER:
F)TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS)
CIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCIOLE)
LIBURDOSE OF USING AT ACCIDENT TIME:
HARE YOU CLAIMING LINDER YOUR OWN INSURANCE (1557)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
a HIGHER / POLICY HOLDER
AND TIPLE TANK CONTROL TO THE TANK OF THE
HORDERS HORE CHOU ENG KUNG
Jingapore 683 400
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
DRIVER MOHAMMAN RIZAL BIN MOHA RASHED (MALE / FEMALE)
(Indudina shirer) WARESTONE 879354497 CONTACT:
(Induding shiver) b)NRIC/FIN/PASSPORT: 879354497 CONTACT: 109 Bukit Botok West Thence 6, #06-18
(03) c/ADDRESS: 104 BUX14 BUILD (650109)
and C female
CILIDATE OF DIRTH.
1 male ejoccupation: (INDOOR / OUTDOOR) years
HYEARS OF DRIVING EXPRERIENCE: 194013 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: ##
5. GIWEATHER CONDITION: (CLEAR / RAINING / OTHERS
b)ROAD SURFACE: (DRY / WET / OTHERS
6. WAS ANYBODY INJURED (YES / 10)
7. GIREPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
8 THIRD PARTY VEHICLE
The of passenger a) VEHICLE NUMBER: JUP61704 MODEL:
DI DRIVER'S NAME
(Induding diriver) b) DRIVER'S NAME:
THIRD PARTY VEHICLE
d) VEHICLE NUMBER:MODEL:
NO of passenger of DRIVER'S NAME:
(Induding driver) f) NRIC/FIN/PASSPORT:CONTACT:

email =

lav =





1 of 2

Report No. L/20190107/7026

POLICE REPORT (NP299)

Police Station Of Origin Woodlands Division HQ 1 Woodlands Street 12 SINGAPORE 738622 Tel No:1800-4660000

Date/Time Report Made 07/01/2019 16:34	Vide Re	port No.		Station Diary No.		
Name Of Informant MOHAMMAD RIZAL BIN MOHD RASHED	Address APT BLK 109 BUKIT BATOK WEST AVENUE 6 SINGAPORE 650109					
ID Type / ID No. NRIC NO / S7935449Z	Contact No. Home/Office: Mobile: 87499509					
Nationality SINGAPORE CITIZEN	Email Address miruigah@gmail.com					
Occupation	Sex	Age	Date of Birth	Race		
Taxi driver	Male	39	10/11/1979	Malay		
Institution/School Name	Language English					
Date/Time Of Incident 06/01/2019 22:30	Location Of Incident JALAN SULTAN ISKANDAR (CIQ JB TOWARDS SG					
			100			

Brief details.

ON 06/01/2019, AT ABOUT 22:30HR, I WAS DRIVING MY VEHICLE - SJR1390D, ALONG MALAYSIA - JALAN SULTAN ISKANDAR TOWARDS SINGAPORE. DUE TO HEAVY TRAFFIC, VEHICLES WERE SLOW MOVING. WHEN MY VEHICLE WAS STATIONARY, VEHICLE NUMBER - SJP6170A, HIT ONTO MY VEHICLE'S REAR PORTION. I THEN ALIGHTED AND TOLD THE DRIVER OF SJP6170A, TO SHIFT FORWARD TO THE SIDE TO EXCHANGE PARTICULARS, BUT HE MOVED OFF.

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this		
Not applicable	report has been authenticated by SingPass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 07/01/2019 16:34		
Officer In-Charge Of Case:	Classification Of Case:		

Authentication Stamp





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20190107/7026

Victim	MOULAND DIZAL DINIMOLI	D DAGUED	
Person Name	MOHAMMAD RIZAL BIN MOH		
ID Type	NRIC NO	ID No	S7935449Z
Gender	Male	Age	39
Race	Malay	Language	English
Occupation	Taxi driver	Address Type	
Address	APT BLK 109 BUKIT BATOK WEST AVENUE 6 #06-18 SINGAPORE 650109	Mobile No	87499509
Is Informant A Victim?	Yes		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/01/2019 16:34
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai

: TRAFIK JOHOR BAHRU(S)

Pegawai Penyiasat : R112169

Daerah

: J/BAHRU SELATAN

Kontinjen

: JOHOR

No Repot

: TRAFIK JOHOR BAHRU(S)/000655/19

Tarikh

: 07/01/2019

Waktu

: 2254 PM

Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot

Nama: MUHAMMAD RAZIS BIN RUSHAIDI

No Personel: R186022

Pangkat: L/KPL

Butir-butir Jurubahasa (Jika Ada)

Nama : ---

No K/P (Baru) : ---

No Polis/Tentera: ---

No Paspot: ---

Bahasa Asal : ---

Alamat: ---

Butir-butir Pengadu

Nama: MOHAMMAD RIZAL BIN MOHD RASHED

No K/P (Baru): ---

No Polis/Tentera: ---

No Paspot: K0133310E

No Sijil Beranak : ---

Jantina: Lelaki

Tarikh Lahir: 10/11/1979

Umur: 39 tahun 1 bulan

Keturunan : Melayu

Warganegara: Singapore

Pekerjaan: PEMANDU GRAB

Alamat Tempat Tinggal: APT BLK 109 BUKIT BATOK WEST AVENUE 6 #06-18, SINGAPORE, 650109

Alamat Ibu/Bapa: ---Alamat Pejabat : ---

No Tel (Rumah): ---

No Tel (Pejabat): ---

No Tel (HP): 87499509

Emel : ---

Pengadu Menyatakan:-

PADA 06/01/2019 JAM LEBIH KURANG 2230HRS SAYA MEMANDU SEBUAH M/KAR NO SJR1390D DARI PANDAN HENDAK MENUJU KE SINGAPORE, PADA KETIKA ITU, SEMASA SAYA SAMPAI DI KASTAM TAMBAK JOHOR. KEADAAN JALAN RAYA AGAK SESAK. SAYA BERGERAK SECARA PERLAHAN. TIBA TIBA ADA SEBUAH M/KAR NO SJP6170A DATANG DARI ARAH BELAKANG MELANGGAR M/KAR SAYA DI BAHAGIAN BELAKANG. SAYA TIDAK CEDERA. KEROSAKKAN PADA M/KAR SAYA IALAH : CALAR DI BAHAGIAN BUMPER BELAKANG. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

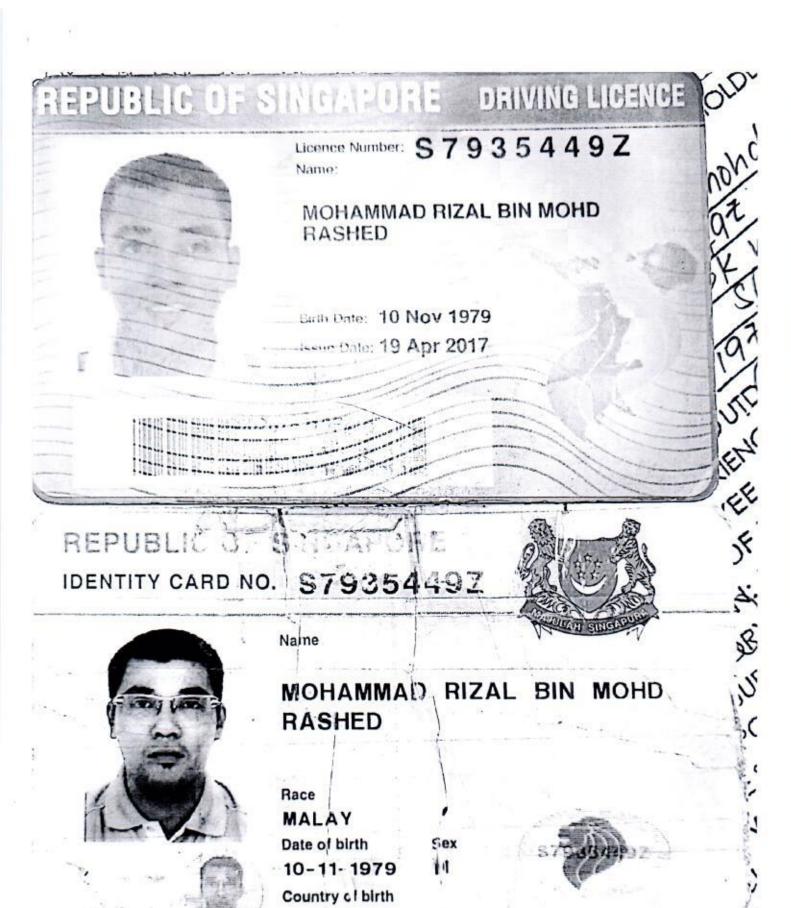
Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

SALINAN YANG DISAHKAN BENAR

KETUA TRAFIK DAERAH, JOHOR BAHRU, JOHOR TIDAK BOLEK DIGUNAKAN UNTUK TUJUAN PERBICARAAN



SINGAPORE

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

EFFECTIVE DATE

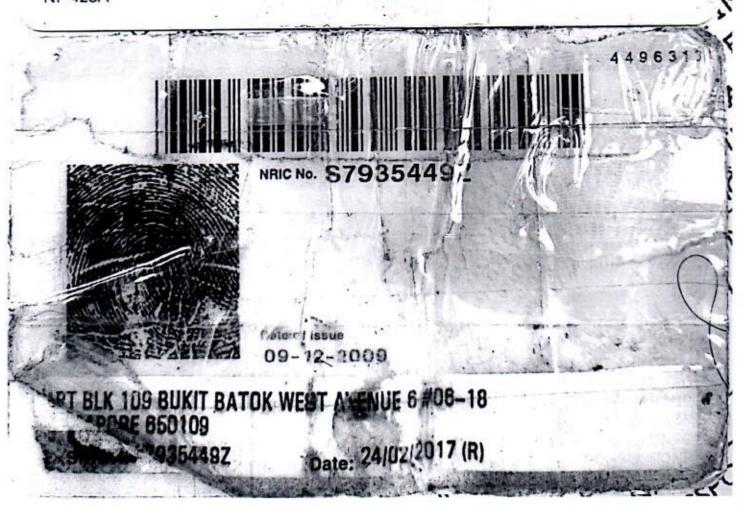
Class 3

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

08 Jul 2008

NP 428A





eBao Tech									Genera	IClaim
Hello, NAC_PAYA_UBI_800	0601					· Change La	nguage	• Change	Password) Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident	06/	01/2019 22	2:30	
	Vehicle No.(For Motor)	SJR139	0D		Certif	ficate Number				
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5092340858- 01		TRIPLE AAA GENERAL SERVICES	53365504L	GCV	Comprehensive	S)R1390D	SJR1390D	30/06/2018	09/06/2019
				10	Continue	1				

Policy No.	5092340858-01	Policyholder Name	TRIPLE AAA	GENERAL SERVICES	Policyholder NRIC	53365504L	
ertificate lo.		MARKET					
Address	BLK 488C #07-165 CHOA CHU K	ANG AVENUE	5 SUNSHINE	GARDENS SINGAPO	RE 683488		
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy ssue Date	07/06/2018	Effective Date	30/06/2018	00:00	Expiry Date	09/06/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	2000	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	AON SINGAPORE PTE LTD	Agent Tel.	62397608		GST Flag	Υ	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 488C #07-165	Addre	ess 2	CHOA CHU KANG A	VENUE 5	Address 3	SUNSHINE GARDENS
Address 4	SINGAPORE 683488	Addre	ess Type	Singapore address		Post Code	683488
Unit No.	07-165	Relat Numl	ed Policy per	5105403562			
) Insure	ed Object: SJR1390D						
□ Endor	sements						
Constitution Co.	nce Date of Endorsemer		Endorsement	Tunn	Endorsement	Ctatue	Endorsement Content

Accident MT/1026950					
Yokey No.	5092340858-01	Vehicle No.	\$3R1390D	GST Registration No.	
Certificate No.				- 5	
Olicyholder Name	TRIPLE AAA GENERAL SERVICES			Policyholder NRIC	53365504L
Yoduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
ontact No.(Mobile)	87499509	Contact No.(Office)	0	Contact No.(Home)	0
imai Address		Special Remark			(2)
:FK	® No ⊜ Yes	TCA	8 ***	eCode	No.
ICD Protection	No.		® No ○Yes	eCode Reason	200.00
Accident Details	No	NCD Entitlement(%)	20	Private Hire	Yes
	100000000000000000000000000000000000000				
eport Date	08/01/2019 18:14	Accident Report Within 24 hrs	res	Accident Type	Collision - Head to Rear
race of Accident	06/01/2019	Time of Accident hin.mm	22:30	Country of Acodent	Outside Singapore
eporting Centre		Orange Force		3CM No.	
coident Location	JALAN SULTAN ISKANDAR TWDS SG				
♥ Excess					
wn damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
innamed Driver Excess		Outside Singapore OD Excess			
hird Party Excess	2,000.00	Outside Singapore TP Excess			
9 Benefits					
GST Registered Informa	ation				
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status Venfied	No	
hodification History					
Policyholder Mailing Ad		V-ANNOSAW			100000111111111111111111111111111111111
Address 1	BLK 488C #07-165	Address 2	CHOA CHU KANG AVENUE 5	Address 3	SUNSHINE GARDENS
Address 4	SINGAPORE 683488	Address Type	Singapore address	Post Code	683488
ine No.	07-165	Related Policy Number	5105403562		
□ OI Driver Infe					
Priver Name	Unnemed Driver	Driver Type	Unnamed Driver		
innamed driver Name	MOHAMMAD RIZAL BIN MOHO F	Driver NRIC	579354492	Driver DOS	10/11/1979
egister Date of Driver License	08/07/2008	Driver Age	39	Driving Experience	10
ontact No.(Mobile)	87499509	Contact No.(Office)	0	Contact No.(Home)	0
vadress 1	BLK 109	Address 2	BUKIT BATOK WEST AVENUE 6	Address 3	SINGAPORE 650109
ddress 4		Address Type	Singapore address	Post Code	650109
Init No.	06-18				
Opes he own a Singapore	☐ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
tegistered car?	i e i me m	anter remote no.		Driver mader Company	
eclaration					
reathalyser or Blood Test eading?	0 mg	Any injury?	○ Yes ® No		
todification History					
Landania Di Bara N					
Claim 001 New					
Claim 001 New					
	[00-MX	Insured Name	TRIPLE AAA GENERAL SERVICES	Insured NRIC	53365504L
laim Type •	[CO-MX ♥]	Insured Name Contact No. (Home)	TRIPLE AAA GENERAL SERVICE	Insured NRIC Contact No.(Office)	
Taim Type * preact No.(Mobile)	A COLUMN TO THE PARTY OF THE PA			Contact No.(Office)	NDL
Jaim Type * ontact No.(Mobile) meil Address	97691327	Contact No.(Home) DI Vehide Number	SJR1390D		
laim Type * ontact No.(Mobile) mea Address laimant Type Claimant Type *	97691327 Please Select	Contact No.(Home) D1 Vehide Number Type of Benefe. •		Contact No.(Office)	NDL
laim Type * ontact No. (Mobile) mail Address laimant Type * laimant Type *	97691327	Contact No.(Home) DI Vehide Number	SJR1390D	Contact No.(Office)	NDL
laim Type * ontact No. (Motile) mail Address laimant Type Claimant Type * laimant Address	97691327 Please Select ≥≥≥	Contact No.(Home) D1 Vehide Number Type of Benefe. •	SJR1390D	Contact No.(Office) TP Vehicle Number	NDL
laim Type * * contact No. (Mobile) mel Address laimant Type Claimant Type * laimant Name * laimant Address laim Description referred Workshop Contact	97691327 Please Select	Contact No.(Home) DI Vehide Number Type of Benefit: * Claimant NRIC *	SIR13900 Please Select	Contact No.(Office)	NDL
Daim Type * contact No. (Motile) mail Address laimant Type Claimant Type * laimant Address laimant Address laim Description referred Workshop Contact o	97691327 Please Select ≥≥ SJR13900 / SJP6170A ON 6 Jan 2019	Contact No.(Home) D1 vehide Number Type of Benefe. * Claimant NRIC * Insured Liability *	SIR13900 Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	NIL SJP6170A
Daim Type * contact No. (Motile) mail Address Taimant Type Claimant Type * Taimant Address Taimant Address Taim Description referred Workshop Contact e equire Finalisation	97691327 Flease Select ≥2 SJR13900 / SJP6170A ON 6 Jan 2019 Yes	Contact No.(Home) D1 Vehide Number Type of Benefe * Claimant NRIC * Insured Liability * Preference Repair Option	SIR13900 Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GJA report	NIL SJP6170A
Daim Type * contact No. (Motile) mail Address Taimant Type Claimant Type * Taimant Address Taimant Address Taim Description referred Workshop Contact c. equire Finalisation ate Registered	97691327 Please Select ≥2 SJR13900 / SJP6170A ON 6 Jan 2019 Ves OB/01/2019 18/16	Contact No.(Home) D1 vehide Number Type of Benefe. * Claimant NRIC * Insured Liability *	SIR13900 Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	NIL SJP6170A
Daim Type * Dontact No. (Motelle) mail Address Taimant Type Claimant Type * Taimant Address Taimant Address Taim Description referred Workshop Contact of equire Frightsation ate Registered eport Taken By	97691327 Flease Select ≥2 SJR13900 / SJP6170A ON 6 Jan 2019 Yes	Contact No.(Home) D1 Vehide Number Type of Benefe * Claimant NRIC * Insured Liability * Preference Repair Option	SIR13900 Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GJA report	NIL SJP6170A
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Claim Type * Contact No. (Mobile) Contact No. (Mobile) Claimant Address Claimant Name * Claimant Address Desim Description referred Workshop Contact Io- Gourre Finalisation late Registered eport Taken By Z #nim AK letter	97691327 Please Select ≥2 SJR13900 / SJP6170A ON 6 Jan 2019 Ves OB/01/2019 18/16	Contact No.(Home) DI Vehide Number Type of Benefic * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	SIR13900 Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GJA report	NIL SJP6170A
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Datam Type * Contact No. (Mobile) mel Address Lamant Type Claimant Type * Lamant Address Part Address Attachment	97691327 Please Select ≥2 SJR13900 / SJP6170A ON 6 Jan 2019 Yes OB/01/2019 18:16 Jackson	Contact No.(Home) D1 vehide Number Type of Benefe * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	SIRL5900 Please Select Not at Fault Preferred Workshop, Name unknown Seve Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GJA report	NIL SJP6170A
Datam Type * Contact No. (Mobile) mel Address Lamant Type Claimant Type * Lamant Address Lamant Address Lamant Address Lamant Address Lamant Address Attachment Lamant Address Attachment Lamant Address Lamant	97691327 Please Select ≥2 S1813900 / S396170A ON 6 Jan 2019 Yes OB/01/2019 38116 Jackson	Contact No.(Home) D1 vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	SIR13900 Please Select Not at Fault Preferred Workshop, Name unknown Seve Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GJA report	NIL SJP6170A
Datam Type * Contact No. (Mobile) mel Address Lamant Type Claimant Type * Lamant Address Lamant Address Lamant Address Lamant Address Lamant Address Attachment Lamant Address Attachment Lamant Address Lamant	97691327 Please Select ≥2 S1813900 / S396170A ON 6 Jan 2019 Yes OB/05/2019 18116 Jackson NT/1026950 Yes ○ No	Contact No.(Home) D1 vehide Number Type of Benefe * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	SIR13900 Please Select Not at Fault Preferred Workshop, Name unknown Seve Submit 001 06/01/2019 18:16	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GJA report Date Received	Received 08/01/2019 00:00
taim Type * portact rea_(Mobile) mel Address taimant Type Claimant Type * taimant Name * taimant Address taimant Address taimant Address taim Description referred Workshop Contact e- e- quire Finalisation ate Registered teport Taken By ### Print AK letter Attachment #### codent No.	97691327 Please Select ≥2 S1813900 / S396170A ON 6 Jan 2019 Yes OB/01/2019 38116 Jackson	Contact No.(Home) DI Vehide Number Type of Benefe * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date	SIR13900 Please Select Not at Fault Preferred Workshop, Name unknown Save Submit 001 08/01/2019 18:18 Category *	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urgene	Received 08/01/2019 00:00 Description *
taim Type * portact rea_(Mobile) mel Address taimant Type Claimant Type * taimant Name * taimant Address taimant Address taimant Address taim Description referred Workshop Contact e- e- quire Finalisation ate Registered teport Taken By ### Print AK letter Attachment #### codent No.	97691327 Please Select ≥2 S1813900 / S396170A ON 6 Jan 2019 Yes OB/05/2019 18116 Jackson NT/1026950 Yes ○ No	Contact No.(Home) DI Vehide Number Type of Benefe * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date Browse.	SIR15900 Please Select Not at Fault Preferred Workshop, Name unknown Save Submit 001 08/01/2019 18:18 Category *	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GSA report Date Received Confidential Urgen Normal	Received 08/01/2019 00:00 Oy * Description *
Claim Type * Contact No. (Mobile) Contact No. (Mobile) Claimant Address Claimant Name * Claimant Address Desim Description referred Workshop Contact Io- Gourre Finalisation late Registered eport Taken By Z #nim AK letter	97691327 Please Select ≥2 S1813900 / S396170A ON 6 Jan 2019 Yes OB/05/2019 18116 Jackson NT/1026950 Yes ○ No	Contact No.(Home) DI Vehide Number Type of Benefe * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date	SIRLISPOD Please Select Not at Fault Preferred Workshop, Name unknown Save Submit Coll Coll/2019 18:16 Category * Chest Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urgeni	Received 08/01/2019 00:00 Description *

