NATIONAL Assessment Centre	Jeb description	E. 1 Januar MIN	Date & Time Completed	Do	ne by
Date In: 10/1/4-16:20					
Rel No: Ha   140 1900 655   24	SAS e-filing				
Veh No: JUBTUSEM	E-mail (within 8h		-	<del>                                     </del>	
D.O.A: 10/1/19 = 00:10	i-Motor Claim	Form	M7/102 748 200	10/1/10	20:24
OD TR. Penorana Only	i-Motor W/O	Within: OD 2hrs,	TP 4hrs)		
OD : TP:/ Reporting Only	i-Photo Uploae	ded	1	-	
	Assessment/Sur	vey Report	<u> </u>		
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp	1	
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	
TP Particulars: Veh No: 655 30	5985	INC (	)/Non-INC( ).		
Owner / Driver: (			Tel:	)	
Policy No: ( ) Perio	od: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %) [No	ote-Est. Status (W		0%; P: 21-79%. F: 80	-100%]	
	arranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1,000	0()/\$2,000(	)	Commence of the Street Street	3 K 93 C 197, 197	<del></del>
General Remarks:-					7
) Walk-In Customer: Customer's inform	nation strictly Con	idential & Str	rictly NO refer of repairer	r	
) Total Loss Case : to e-mail Insurer	URGENTLY.				
Drive-In ( )/ Towed-In ( ); Invoice:	YES ( ) / NO	O( );T	owing Co: (		)
Remarks;- (INC horline: 6788 6616)			Date&Time Completed	Do	neby
	urtesy Car ( )	-			no versions
2) QC Check / Post Repair Inspection	( )				
Upload Resurvey Photo [Repair Cost > \$30	00] ()		T		
					-SING-HARV
Injury:			h 1925	34372600	agent constraints
ate/Time Actions	ie – i			MEROMONIC	19-,-
	1				
				Ant (	Amt (
1419202021			paration Checklist	MBi	M Add B
timant's Particulars:-		1) AR : Accident	Reporting (\$30); Assessment (\$100); INC	(\$80)	
iver/Owner:		3) TF : Towing F	ice .	\$120	
vel/Owster.		4) FT : Follow-T	hrough Survey (Resurvey)	\$30	-
ntact No:		For claiming a	gainst INC Only (wef 10 Jan 20	(005) \$75	
maged Portion:		6) TR : Re-inspe 7) N1 : Idac DA		\$160	
		8) NTUC Addition			-
Checked by (Engr-In-Charge):		OD.	Car / Tpt Allowance	\$5	
	The second secon	*N5: Courtes)	Car / Tpt Anowande	The second secon	
	· · · · · · · · · · · · · · · · · · ·	*N6: Repair C	Co-ordination	\$10 \$25	
ditors! Comments :-		*N6: Repair C *N7: Fost Rep *N8: DV / Co	Co-ordination nair Inspection Nect Excess Coordination	\$25 \$3	
THE RELATIONS ASSESSED ASSESSED AND THE PROPERTY OF THE PROPER		*N6: Repair C *N7: Fost Rep *N8: DV / Co TP (N11): TF	Co-ordination nair Inspection Nect Excess Coordination (Non INC) against INC	\$25	
iditors' Comments :: 1: 2/3:		*N6: Repair C *N7: Fost Rep *N8: DV / Co	Co-ordination nair Inspection Nect Excess Coordination (Non INC) against INC	\$25 \$3 \$20 30	

Layer of Fact

### 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.
- 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.	
	ACCIDENT STATEMENT
Date Of Report	10/01/2019 16:20
Date Of Accident	10/01/2019 06:10
Exact Location Of Accident	JUNC REPUBLIC AVE & BEACH RD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLB5258M
Insured/Policyholder	
Name Of Registered Owner	PRESTIGE LEASING PTE LTD
Co Reg No	201723326H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97984296
Alternative Phone No	OFFICE-97984296
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA AXIO 1.5X A
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5094838100-01
Cover Note Number	

	-	G.		-
D		•	Δ	•

Name of Driver TAN KEE BOON DERRICK

NRIC No S7124546B Date Of Birth 08/06/1971 Occupation OUTDOOR Date Of Driving Pass 18/11/1988

Driving Experience 30 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-83330222

Fax Number

OFFICE-83330222 Contact Number

EMail Address NOEMAIL

BLK 106 POTONG PASIR AVENUE 1 Address

#03-460 350106

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

YES 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.

Number of Passengers (Including Driver)

Passenger 1

NAME:

2

NO

NO

3

GENDER: : MALE

Passenger 2

NAME:

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

YES

NO

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190110/2081.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera?

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

**GBF3598S** 

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver LIM WEI CHIN

Page 2 of 21

NRIC/Passport Number

G2908029T

Contact Number

83479365

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

## **DETAILS OF INJURED PERSON 1**

Name

TAN KEE BOON DERRICK

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLB5258M

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address

Postcode

#### SKETCH PLAN

## IMPORTANT NOTICE

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

NRIC/FIN No.:

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

20/05 1 2/05 20 1/1/2/05/12/2005	
Refer to price report - 1/20190110/2081.	
	14

# DECLARATION

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

Policyholder Signatur Date & Time:

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

Name: NRIC/FIN No.:





1 of 3

Report No. T/20190110/2081

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 119 15:31	fade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partice	ulars			
	Informant: E BOON DI		Address: APT BLK 106 POTONG PAS SINGAPORE 350106	SIR AVENUE 1 #03-460	
ID Type / ID No.: NRIC NO / S7124546B			Contact No.: Home/Office: Mobile: 83330222		
National	ity:		Email:		
Sex: Male	Age:	Date of Birth: 08/06/1971	Type of Informant: Driver		
Race:		<del>1 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - </del>	Language:	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:	

General Infor	mation of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/01/2019 06:10	Type of Location: Straight Road	
Location: Along Road 1 CRAWFORD BEACH ROA					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
C101		Traffic Control: Traffic Light - Working		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance:	

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge		
GBF3598S	Lorry					0		
SLB5258M	Car		_			2		

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





T/20190110/2081

2 of 3

Report No. T/20190110/2081

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

### CONTINUATION OF REPORT

Driver			Healt		
Name	LIM WEI CHIN		ID No.		G2908029T
Related Vehicle	GBF3598S (Lorry)			ct No.	83479365
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	scharge NIL		
No. of Days gran	Degree of I	njury	NIL		
Driver					
Name	TAN KEE BOON DERRICK		ID No.		S7124546B
Related Vehicle	SLB5258M (Car)		Contact No.		83330222
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Disch	arge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of I	njury	NIL	

### Brief Details.

ON THE ABOVE MENTIONED TIME, DATE AND LOCATION.

I WAS AT THE JUNCTION AT THE MENTIONED LOCATION. THE TRAFFIC LIGHT WAS RED. I WAS STATIONARY WAITING FOR TRAFFIC LIGHT TO TURN GREEN. WHILE WAITING, THE LORRY MENTIONED ABOVE CAME FROM BEHIND AND COLLIDED INTO THE REAR OF MY VEHICLE. TRAFFIC POLICE AND AMBULANCE ATTENDED TO THIS ACCIDENT. I WAS NOT CONVEYED BY AMBULANCE AS THE PAIN WAS NOT SO BAD AT THE TIME. THE POLICE ADVISED US TO PROCEED WITH INSURANCE REPORT AS NO ONE WAS INJURED. HOWEVER, HE MENTIONED IF I WENT FOR CHECKUP AND RECEIVED MC FOR 3 DAYS OR MORE THAT I CAN LODGE A POLICE REPORT FOR THIS CASE. I WENT TO TAN TOCK SENG HOSPITAL AT AROUND 10 AM. AFTER THE CHECK UP I WAS GIVEN 5 DAYS MC.

I HAVE IN-CAR CAMERA FOOTAGE THAT DID NOT CAPTURE THE ACCIDENT. BUT THE FOOTAGE SHOWS THE CAMERA FALL OFF DUE TO THE IMPACT. I HAVE A WITNESS AS WELL. , THE DRIVER WAS DRIVING VEHICLE NO.SGL5991K.

THAT'S ALL.





3 of 3

Report No. T/20190110/2081

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

## CONTINUATION OF REPORT

# Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:

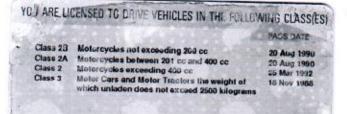
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Informant:

TP / KHALED AMR HASSAN MOHSSEN	lo Der
Signature Of Interpreter: Not applicable	Date/Time: 10/01/2019 15:31
Officer In Charge Of Case:	Classification Of Case:
SI THABAGESH JEYATHESH Contact No.: 65476232	SINGAPORE POLICE FORCE
Authentication Stamp	TO TOUR E PORTE







NP 428A

4311814 NRIC No. S7124546B 24-11-2008 APT BLK 106 POTONG PASIR AVENUE 1 #03-460 SINGAPORE 350106

<b>eBao</b> Tech									G	eneralC	laim
Hello, NAC_PAYA_UBI_80	0601						· Change La	inguage	Change Pa	assword	Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date of	Accident	10/0	1/2019 06:10		
	Vehicle	No.(For Motor)	SLB525	8M		Certifica	ate Number				
					S	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5094838100- 01		PRESTIGE LEASING PTE. LTD	201723326H	GFT	Third Party, Fire & Theft	SLB5258M	SLB5258M	05/10/2018	
					Co	ntinue					

Policy No.	5094838100-01	Policyholder Name	PRESTIG	E LEASING PTE. LTD	Policyholder NRIC	201723326	н
ertificate lo.					0.0000000000000000000000000000000000000		
ddress	53 UBI AVENUE 1 #05-44 PAYA	UBI INDUSTR	IAL PARK	SINGAPORE 408934			
roduct lame	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy sue ate	05/10/2018	Effective Date	05/10/20	18 00:00	Expiry Date	04/10/2019	23:59
xcess ype		All Claims Excess					
hird arty xcess	1500.00	Own damage Excess	0.00		Windscreen Excess	0.00	
dditional xcess	0	OS Premium	72995.86				
outside lingapore D xcess	0.00	Outside Singapore TP Excess	1500.00			You	ng/Inexperience Driver Excess
gent	ANIKA INS BROKERS & CONSUL	Agent Tel.	66729988	3	GST Flag	Υ	
nsurance Flag Open Policy Info Certificate	No						
<ul><li>Policyl</li></ul>	holder Mailing Address						
ddress 1	53 UBI AVENUE 1	Addre	ess 2	#05-44 PAYA UBI I	NDUSTRIAL I	Address 3	SINGAPORE 408934
ddress 4		Addre	ss Type	Singapore address	1	Post Code	408934
Init No.	01-62	Relate Numb	ed Policy er	5094838100-01			
) Insure	ed Object: SLB5258M						
	sements						
Sequer	nce Date of Endorsement	Endorseme	nt Type	Endorsement Numbe	r Endorser	nent Status	Endorsement Content
L	1157111720118 (111-111)	Basic Informa Endorsement	tion	000001286917206	Endorseme Effective	nt Take	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. SFT970Z 05-10-2018 \$2,061.02 In view of this amendment, an additional premium of \$2,061.02 (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 if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque favour 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 or NETS.
							Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(shas/have been deleted from this

rificate No.	5094838100-01:	Vehicle No.	SLB5258M	GST Registration No.	
100000000000000000000000000000000000000					
sicyholder Name	PRESTIGE LEASING PTE, LTD			Policyholder NRIC	201723326H
oduct Code	PLEET INSURANCE	Cover Type	Trind Party, Fire & Thert	Loading	0
ontact No.(Mobile)	97984296	Contact No (Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	N. Y
rk .	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
port Date	10/01/2019 20:22	Academt Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ete of Accident	10/01/2019	Time of Accident hh:mm	06:10	Country of Acadent	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	JUNC REPUBLIC AVE & BEACH RD				
Excess					
wn damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
nnamed Driver Excess		Outside Singapore OD Excess	0.00		
nird Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
7 Benefits					
F GST Registered Inform			00250 \$25,000 Mark 24		
ST Registered ST Registration No.	No		GST Registration Date GST Status Verified	Yes	
dification History			THE RESERVE OF THE PARTY OF THE	11000	
Policyholder Mailing Ad	ldress				
dress 1	53 UBI AVENUE 1	Address 2	#05-44 PAYA UBI INDUSTRIAL I	Address 3	SINGAPORE 408934
dress 4		Address Type	Singapore address	Post Code	408934
na No	01-62	Related Policy Number	5094838100-01		
OI Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
names driver Name	TAN KEE BOON DERRICK	Driver NRIC	S7124546B	Driver DOB	08/06/1971
egister Date of Driver License	18/11/1988	Driver Age	47	Driving Experience	30
intact No.(Mobile)	#3330222	Contact No. (Office)	•	Contact No.(Home)	0
dress 1	BLK 106	Address 2	POTONG PASIR AVENUE 1	Address 3	SINGAPORE 350106
idress 4		Address Type	Singapore address	Post Code	350106
nit No. oes he ewn a Singapore	03-460				
gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
deretion					
eathalyser or Blood Test		Any injury?	® Yes ○ No		
THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 1 WHEN THE PERSON NAMED IN COLUMN 1 WINDOWS NAMED IN COLUMN 1 WIND					
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adno?  dification History  Claim 001 New  Im Type *  ntact No.(Mobile)	55 1730	Insured Name Contact No.(Home)	PRESTIGE LEASING PTE, LTD	Contact No. (Office)	NIL
adno?  Claim 001 New  Im Type *  Intact No.(Mobile)	DD-MX V 91449265	Insured Name Contact No.(Home) 03 Vehicle Number	PRESTIGE LEASING PTE, LTD		
ading?  Sistem 001 New  Im Type *  Itact No.[Mobile)  all Address Imant Type Calmant Type *	OD-MIX 91449265 Please Select	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	PRESTIGE LEASING PTE, LTD	Contact No. (Office)	NIL
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adno?  Claim OO1 New  Im Type * ntact No.(Mobile) hall Address hamit Type Claimant Type * himant Name *	OD-MIX 91449265 Please Select	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	PRESTIGE LEASING PTE, LTD	Contact No. (Office) TP vehicle Number	NIL
ading?  Claim 001 New  Im Type *  Intact No.(Mobile)  Itali Address  Intact Type Claimant Type *  Intact Name *  Intact Address  Intact Address  Intact Type Claimant Type *  Intact Address  Intact Type Claimant Type *  Intact Address  Intact Type Claimant Type *  Intact Address  Intact	©D-MX   91449265  Please Select   ≥≥	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claiment NRIC *	PRESTIGE LEASING PTE, LTD  SLB5258M  Please Select	Contact No. (Office)	NIL
ading?  Claim 001 New  Im Type *  Intact No.(Mobile)  Inal Address  Immant Type Calmare Type *  Immant Address  Immant Address	DD-MX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claiment NRIC *	PRESTIGE LEASING PTE, LTD  S.B5258M  Please Select  Mot at Fault	Contact No. (Office) TP vehicle Number  Name of Preferred Workshop	NIL GBF35965
dification History  Claim 001 New  Interpret  Interpret	DD-MX   V   91,449265   Please Select   V   2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Insured Name Contact No.(Horne) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Lability * Preferered Repair Option	PRESTIGE LEASING PTE, LTD  S.B5258M  Please Select  Mot at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Wörkshop  GIA report	NIL GBF35985
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