NATIONAL Assessment Centre	Services	wef 1 Jan'05! Mil	A 1110 005811		A).	
Date In: W 19-10:36	Jeb description		Date &Time Co	ompleted	Done	ρλ
Reino: Ma Inicipososto hy	SAS e-filing					
Veh No: 174 67757	E-mail (within S	hrs, AIC 2hrs)				
D.O.A: 17/1/4-18:05	i-Motor Clair	n Form	M1/10277771	100	11/19 2	118.
	i-Motor W/O	(Within: OD 2hrs	, TP 4brs)			
OD TP Reporting Only	i-Photo Uploa	nded				
TD.	Assessment/Su	rvey Report				g water thank
TP Insurer:	Ass't Report by	Fax/Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tol:	Fax:)
TP Particulars: Veh No: 47	81 R.	. INC()/Non-INC	().	8	
Owner / Driver: (10	Tel:	14.)	
Policy No: () Perio	od: ()	Cover Type: ()	
Confirmed by : (Date:	Time)	
	ote-Est. Status (V		0%; P: 21-79%	. F: 80-1009	(0)	
The street is a sign of the street of the st	arranty: YES ()/NO()			
Excess: (\$) Loading: \$1,000		The second second	& January 18 S. Folk C.	A GREET PROS.		
	C. III				4 3 - 5	. 7.1
() Walk-In Customer: Customer's inform		nfidential & Str	ictly NO refer of	repairer.		
() Total Loss Case : to e-mail Insurer				2	·	
Drive-In ()/ Towed-In (); Invoice:	YES()/N	0();1	owing Co: (1		/
Remarks: (INC horline: 6788 6616)			Date&Time Co	mpte od	Done	by
1) Apply for Transport Allowance ()/Co	urtesy Car ()	,			
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$30	00] ()				
Injury:						
Date/Time Actions				5 - 18 T - 2 C	Michiele.	
	<u>C.</u>		***************************************	MANAGEMENT OF SIGNATURE		
•				CONTRACTORY	Anit (5)	Amt (1)
MAKE 00374 :	540	Invoice Pre	paration Check	list	The Bill	Add Bill
laimant's Particulars :-		1) AR : Accident		INC (\$80)		
		3) TF : Towing F	Assessment (\$100);	\$40/\$45		
river/Owner:		4) FT : Follow-T	hrough Survey hrough Survey (Resu	\$120 (rvey) \$30		
ontact No:	+1	For claiming a	gainst INC Only (we	(10 Jan 2005)		
amaged Portion:	11	6) TR : Re-inspec 7) N1 : Idao DA	+ SMRT Survey	\$75	-	
A		8) NTUC Addition	onal Services:-			
C Checked by (Engr-In-Charge):		OD* N5: Courtesy	Car / Tpt Allowance	\$5		
Transportation Company (Company Company)	1856 Selection 8 8 5 - 45	*N6: Repair C *N7: Post Rep		\$10 \$25	-	
uditors' Comments :-		+N8: DV / Col	lect Excess Coordina	tion 55		
<u>t. 1:</u>	V (1)	TP (N11): TP 9) N12: Idea Mo	(Non INC) against li bile	NC \$20		
1.2/3:		Invoice dated	14	ee Charged	NAMES OF THE OWNER, OWN	計画了時
1		Invoice dated	2	ee Charged	SCHOOL STATE	1000

Figure 1 1 are

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	14/01/2019 12:36
Date Of Accident	12/01/2019 18:05
Exact Location Of Accident	BLK 310 BUKIT BATOK ST 32 CARPARK ENTRANCE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJA6775J
Insured/Policyholder	
Name Of Registered Owner	RIVERLI
Co Reg No	53358656M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90288480
Alternative Phone No	OFFICE-90288480
Vehicle Particulars	

Manufacturer HONDA

AIRWAVE 1.5M A Model

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 COMPREHENSIVE

Fleet Policy NO

Policy Number 5095819163-01

Cover Note Number

Driver

Name of Driver KOH ENG ANN NRIC No S1630031D Date Of Birth 12/12/1964 Occupation OUTDOOR Date Of Driving Pass 18/08/1983

Driving Experience 35 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90288480

Fax Number

Contact Number OFFICE-90288480

EMail Address NOEMAIL Address BLK 370 BUKIT BATOK STREET 31

#08-221

2

NO

NO

1

Postcode 650370

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

55 66

General Information of the Accident

Type Of Accident SIDE SWIPE
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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

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? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGJ8781R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver LOH XIN YI

NRIC/Passport Number

Contact Number 98458355

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 7. 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)

Lunderstand, acknowledge, agree and consent that:

- 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)
 - (i) 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:

rsonnel's Signature Reporting Centre

Name:

NRIC/FIN No.:

BIR STO SKETCH PLAN BUTY ROTOK ST 32 A-STALTASJ B- 567 8781 R DESCRIBE CIRCUMSTANCES OF THE ACCIDENT RUEA Ratole ST 32 Street RIK eniroccheel Tho T ZEERS ALL - A 567 BX 81R

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

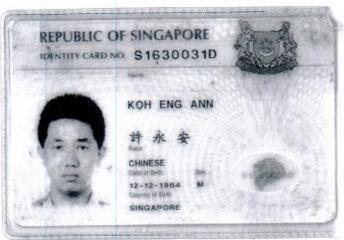
Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

DIVERLY

Vehicle No.	STA 6775 J Model/Make toda A
Date of Accident	12/1/19
Time of Accident	6.05 pm HRS
ocation of Accident	Carpark Enterce of BIKE BAAK ST32, Frat BIK 310
xact purpose use during ac	cident (sumerical es (ese time)
Name of Owner	Riverti
Telephone No.	H/P: 90288480 Home: Office:
NRIC	5335865Wm
Address	BK 370, BKT Ratol ST S, 408-221, S(650570)
Claim type	OD (THIRD PARTY) REPORTING ONLY
Insurance Company	PTUC
Type of Coverage	Comprehensive) Third Party Third Party / Fire /Theft
Policy No.	5095819163-01
Name of Driver	As Above If No, Kuh Eng Ans
NRIC	SILZOUZIO Any Passengers: W
Date of birth	121,2/1964
Occupation	(Outdoor) / Indoor
Driving License Pass Date	18 19 1983
Gender	Male / Female
Contact No.	H/P: 90288480 Home: Office:
Address	to com
Driver have any own vehicle	
Relationship	Employee, If no, state and sman
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	SAJ BABIR Any Passengers: NAI
Name of Driver	Lon x5 5 Contact No.: 98458355 (YT 490)
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Right Rear Rossin
Camera Recorder	Yes Y No
Email Address	Kelvinkuh370 e gnail in 19
Entan Address	Levinano i de granto da
PARTICULAR WORKSHOP	Partier Anthropie
CONTACTNO	6842 0051 / 6744 0510
CONTACT NO.	
CONTACT PERSON	ET HIVEXED







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 killograms

18 Aug 1983

NP 428A



Certificate of Insurance

C221

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:	5095819163-01	Cover :	drivo C	ASSIC

1. Index mark and Registration Number of Vehicle : SJA6775J

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. 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.

: GJ11203414

: 17 Dec 2018

: 16 Dec 2019

: RIVERLI

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

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.

EXCESS (SECTION 1) : \$\$2,000 EXCESS (SECTION 2) : \$\$1,500 WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE YES NCD PROTECTION : YES TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : KOH ENG ANN NAMED DRIVER (1) : LUI AI MEI NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

: LQ INSURANCE AGENCY PTE LTD (00000613125)

Date of Issue

: 05 Dec 2018 09:54 hrs

SURANCE AGENCY PTE LTD 80B BENCOOLEN STREE #04-01 THE BENGOOLEN SINGAPORE 189848 TEL: 6-334-0783 FAX: 6-334-082 Co. Reg. No: 199005500W

Countersigned By:

Authorised Officer

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_800	601						· Change	Language	• Chan	ge Password	• Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	10.				Date	of Accident	[1	2/01/2019	18:05	
	Vehicle	No.(For Mator)	S)A677	53		Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095819163- 01		RIVERLI	53358656M	GPC	CLASSIC	SJA67753	SJA6775J	17/12/2018	16/12/2019
						Continue	1				

olicy No.		Policyholder			Dollardrolder		
Certificate	5095819163-01	Name	RIVERLI		Policyholder NRIC	53358656M	
Vo.							
Address	BLK 370 #08-221 BUKIT BATO	K STREET 31 S	INGAPORE 6	50370			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	05/12/2018	Effective Date	17/12/2018	8 00:00	Expiry Date	16/12/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	g/Inexperience Driver Excess
Agent	LQ INSURANCE AGENCY PTE L	Ti Agent Tel.	63340783		GST Flag	Υ	
Co-	No						
Flag Open Policy Info Certificate Info							
Flag Open Policy Info Certificate Info	nolder Mailing Address	Addra	ss 2	BUKIT BATOK STD	FFT 31	Address 3	SINGAPORE 650370
Flag Open Policy Info Certificate Info Policyh Address 1		Addre	Terromotore 1	BUKIT BATOK STRI		Address 3	SINGAPORE 650370
Flag Open Policy Info Certificate Info Policy	nolder Mailing Address	Addre Relate	ss Type	BUKIT BATOK STRI Singapore address 5095819163-01		Address 3 Post Code	SINGAPORE 650370 650370
Plag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	nolder Mailing Address BLK 370 #08-221	Addre	ss Type	Singapore address		a week to keep to the con-	
Policy of Certificate onfo Policy of Policy Address 1 Address 4 Juit No.	nolder Mailing Address BLK 370 #08-221 08-221 d Object: SJA6775J	Addre Relate	ss Type	Singapore address		a week to keep to the con-	

ocident MT/1027771						
telicy No.	5095819163-01	£ :	Vehicle No.	SIA6775)	GST Registration No.	53358656M
Certificate No.						
olicyholder Name	RIVERU				Policyholder NR3C	53358656M
roduct Code	PRIVATE CAR IN	ASURÁNCE	Cover Type	prive CLASSIC	Loading	0
ontact No.(Mobile)	90288480		Contact No.(Office)	0	Contact No.(Home)	0
mail Address.			Special Remark		eCode	10: 🗸
PK	® No ○Yes		TEA	® No ○ Yes	eCode Reason	
CD Protection	Ves		NCD Entitlement(%)	50	Private Hire	Yes
Accident Details			A DESCRIPTION OF THE PROPERTY			
eport Date	14/01/2019 20:	42	Accident Report Within 24 hrs	Yes	Actidore Toron	Cida Como
					Acodent Type	Side Swipe
te of Accident	12/01/2019		Time of Accident hh mm	18 05	Country of Accident	Singapore
porting Centre			Orange Force		ICM No.	
cident Location	BFK 310 BRKIL	BATOK ST 32 CARPARK E	INTRANCE			
Excess						
in damage Excess		2,000.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess			Outside Singapore OD Excess	2,000.00		
rd Party Excess		1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits				33.410.00-		
	223					
GST Registered Inform	ation				Personal	
Registered		7es 53358656M		GST Registration Date GST Status Verified	17/03/2017 No	
T Registration No.		23338000M		Gal atacus verned	red	
dification History						
Policyholder Mailing Ad	idraes					
			A4000-A	Notice Banks France &	*****	CILIFORN COLOR
idress 1	BLK 370 #08-2	а	Address 2	BUKIT BATOK STREET 31	Address 3	SINGAPORE 650370
Idress 4			Address Type	Singapore address	Post Code	650370
Nt No.	08-221		Related Policy Number	5095819163-01		
OI Driver Info						
ver Name	KOH ENG ANN		Driver Type	Main Driver		
named driver Name			Driver NRIC	\$16300310	Driver DOB	12/12/1964
gister Date of Driver License	18/08/1983		Driver Age	54	Driving Experience	35
ritact No.(Mobile)	90288480		Contact No. (Office)	0	Contact No.(Home)	0
dress 1	BLK 370		Address 2	BUKIT BATOK STREET 31	Address 3	SINGAPORE 650370
	BUX 370				Post Code	
Idress 4	1000		Address Type	Singapore address	Post Code	650370
HT No.	08-221					
ses he own a Singapore egistered car?	Yes ® No		Driver Vehicle No.		Oriver Insurer Company	
deration						
eathalyser or Blood Test	0.mg		Any injury?	○ Yes ® No		
neuring.						
eading?						
dification History						
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dification History						
Sification History						
Distriction History	[СО-МХ	V	Insured Name	etvea.;	Insured NRIC	\$33\$8656M
Shiration History Dalm 001 New	ОО-МХ	V	Insured Name Contact No.(Home)	RIVERLI	Insured NAIC Contact No.(Office)	S33SB6S6M NIL
Daine 003 New Im Type *	[CD-MX	V		RIVERLI SIA67751		
Sification History Zalim 001 New Im Type * Itact No. (Mobile) ait Address			Contact No.(Plome) D3 Vehicle Number	SJA67753	Contact No. (Office)	NIL
Sification History Zalim 601 New Im Type * Itact No. (Mobile) aif Address Imnant Type Claimant Type *		V	Contact No.(Home) D3 Vehicle Number Type of Benefit *		Contact No. (Office)	NIL
Sfication History Zaim 003 New Im Type * Itact No.(Mobile) all Address Imant Type Calmant Type * Imant Name *			Contact No.(Plome) D3 Vehicle Number	SJA67753	Contact No. (Office)	NIL
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Sification History Zalim 001 New Im Type * Ittact No. (Mobile) ait Address Imment Type Calimant Type * Imment Address Imment	Please Select	22	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability *	SJA67753	Contact No. (Office) TP vehicle Number	NIL
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im Type * imate No.(Mobile) air Address imant Type Claimant Type * imant Mame * imant Address im Description ferred Workshop Contact quire Fineksation	Please Select S1A67753 / SGJ	E781R ON 12 Jan 2019	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability *	SJA6775J Please Select	Contact No. (Office) TP vehicle Number Name of Preferred Workshop	NIL SG38781R
im Type * Intert No. (Mobile) air Address Immat Type Claimant Type * Immat Address Imm	Please Select S1A67753 / SG3	E781R ON 12 Jan 2019	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferent Repair Option	SJA6775J Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL SG38781R
im Type * ntact No.(Mobile) ail Address imant Type Calimant Type * imant Address imant Address im Description ferred Workshop Contact quire Finalsation te Registered port Taken By	Please Select SJA67753 / SQJ Yes 14/01/2019 20:	E781R ON 12 Jan 2019	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferent Repair Option	SJA6775J Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL SG38781R
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ofication History Chaim 001 New Im Type * Intact No.(Mobile) Intact	Please Select SJA67753 / SQJ Yes 14/01/2019 20:	E781R ON 12 Jan 2019	Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	SIA67751 Please Select Wot at Pault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL SG38781R
im Type * ntact No.(Mobile) all Address ament Type Claimant Type * ament Mame Mament Mandress Mament Mament Mament Mament Mament Mament Mament Mament Ma	Please Select SJA67753 / SQJ Yes 14/01/2019 20:	E781R ON 12 Jan 2019	Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	SIA67751 Please Select Wot at Pault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL SG38781R
craim 001 New Im Type * Intact No. (Mobile) I	Please Select SJA67753 / SQJ Yes 14/01/2019 20:	E781R ON 12 Jan 2019	Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	SIA67751 Please Select Wot at Pault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NIL SG38781R
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