| NATIONAL Assessment Cur                           | itre Services.   wet 13       |   |                         | -   | lave                      |
|---|-------------------------------|---|-------------------------|---|---------------------------|
| Date In: 16/1/19-17:15                            | Jeb description               | Date & Time Con   | npleted                 | Done  | oi.                       |
| Ref No: NA / 141 C 1930 1222/14                   | SAS e-filing                  | 1   |                         |   |                           |
| Veh No: 140 79662                                 | E-mail (within Shrs, Al       | C 2hrs)   |                         |   |                           |
| D.O.A : (1)/19 - 15:35                            | i-Motor Claim For             | m m 1028522   | -001                    | 11/197  | p:32.                     |
| (A) = (1)   | i-Motor W/O (Withi            | n: OD 2hrs, TP 4hrs)  |                         |   |                           |
| OD / TP / Reporting Only                          | i-Photo Uploaded              |   |                         |   |                           |
|   | 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: Sp                        | · V 89187                     | INC( )/Non-INC(   | ).                      |   |                           |
| Owner / Driver: (                                 |                               | Tel:  | 4                       | )   |                           |
| Policy No: ( )                                    | Period: (                     | ) Cover Type: (   |                         | )   |                           |
| Confirmed by : (                                  | Dat                           |   |                         | )   |                           |
| Insured/Driver Liability: ( %                     | Note-Est. Status (WO):        |   | P: 30-100%              | 6]  |                           |
| Year of Registration: ( )                         | Warranty: YES ( )/1           | 40( )   |                         |   |                           |
|   | 51,000 ( )/\$2,000 ( )        | )   |                         | - VIII - |                           |
| General Remarks:                                  |                               |   |                         | 8,4.5   | 10.                       |
| ( ) Walk-In Customer: Customer's                  | information strictly Confiden | tial & Strictly NO refer of r   | epairer.                |   |                           |
| ( ) Total Loss Case : to e-mail Ins               |                               |   |                         |   | 15 Pa 4 Day 1 Day 1 Day 1 |
|   | oice: YES ( ) / NO (          | ); Towing Co: (   | of.                     | *   | )                         |
|   |                               |   | \$ 100 may 270          | N 1864 11   | P. P                      |
| Remarks: (INC hotline: 6788 6616                  |                               | Date&Taris Con  | ple od                  | Done  | by                        |
| Apply for Transport Allowance (     )             | / Courtesy Car ( )            |   | *                       |   |                           |
| 2) QC Check / Post Repair Inspection              | ( )                           |   |                         |   |                           |
| 3) Upload Resurvey Photo [Repair Cost >           | > \$3000] ( )                 |   |                         |   |                           |
| Injury:   |                               |   |                         | 100   |                           |
|   |                               | in the second   | assines ()              | A   | 70 g 7m, 227,             |
| Date/Time Actions                                 | 100                           | Carry Comment of the | <u> Pricht Prich</u>    | TICKERF.  |                           |
|   |                               |   |                         |   |                           |
|   |                               |   |                         |   |                           |
|   |                               |   |                         |   |                           |
|   |                               |   | ·                       |   |                           |
|   |                               |   | 2022 2022               | Anit (S)  | Amt (3)                   |
| HA1900 578'                                       | Inve                          | ice Preparation Checkli   | st                      | fit Bill  | Add Bill                  |
| laimant's Particulars :-                          |                               | : Accident Reporting (\$30);  |                         |   |                           |
|   |                               | : Damage Assessment (\$100);<br>: Towing Fee  | INC (\$80)<br>\$40/\$45 |   |                           |
| river/Owner:                                      | 4) FT                         | Follow-Through Survey   | \$120                   |   |                           |
| ontact No:  | 5) FT                         | : Follow-Through Survey (Resurv<br>claiming against INC Only (wef   | (0 Jan 2005)            | -   |                           |
| arriaged Portion                                  | 6) TR                         | : Re-inspection   | \$75                    |   |                           |
| amaged Portion:                                   |                               | : Idao DA + SMRT Survey UC Additional Services:-  | \$160                   |   |                           |
|   | 8) NT<br>QD                   |   |                         |   |                           |
| C Checked by (Engr-In-Charge):                    | *N:                           | : Courtesy Car / Tpt Allowance  | \$5<br>\$10             | The second  |                           |
| C. Vore and C. Person and C. Person and C. Person | ·N                            | Repair Co-ordination<br>Fost Repair Inspection  | \$25                    |   |                           |
| uditors' Comments ::-                             | ·NI                           | : DV / Collect Excess Coordination  |                         |   |                           |
| <u>t. 1:</u>                                      |                               | (N11) : TP (Non INC) against INC<br>2: Idae Mobile  | 30                      |   |                           |
| 1. 2/3;   |                               | e dated Fe  | Chargea                 | SE IN   | 特有了对                      |
| 550560012   | Invoice                       | e dated Fe  | : Charged               | 100   |                           |

apa d tar

#### 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.
- Information provided must be as <u>truthful and accurate</u> 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.
- 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  | 18/01/2019 12:15                        |
| Date Of Accident  | 18/01/2019 10:35                        |
| Exact Location Of Accident  | PIE (CHANGI) AFTER LOR 6 TOA PAYOH EXIT |
| Country/State of Loss   | SINGAPORE                               |
| D   | DETAILS OF OWN VEHICLE                  |
| Vehicle Registration Number   | SGU7966Z                                |
| Insured/Policyholder  |   |
| Name Of Registered Owner  | RELIABLE RIDES PTE LTD                  |
| Co Reg No   | 201611527N                              |
| Email Address   | NOEMAIL                                 |
| Mobile Phone No   |   |
| Alternative Phone No  | OFFICE-89999999                         |
| Vehicle Particulars   |   |
| Manufacturer  | ТОУОТА                                  |
| Model   | WISH 1.8 A                              |
| Exact Purpose for which vehicle was being used at<br>time of accident           | COMMERCIAL USE                          |
| Are you claiming under your own insurance policy<br>for repair to your vehicle? | NO                                      |
| f No, Please state action to be taken   | REPORTING ONLY                          |
| 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   | 5091303879-01                           |

## Driver

Cover Note Number

 Name of Driver
 TANG JUN KAI

 NRIC No
 \$9241930D

 Date Of Birth
 17/11/1992

 Occupation
 OUTDOOR

 Date Of Driving Pass
 17/07/2012

Driving Experience 6 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81887345

Fax Number

Contact Number OFFICE-81887345

EMail Address NOEMAIL

Address 14A GALISTAN AVENUE

Postcode 669692

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 - HEAD TO REAR

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

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) 4

Passenger 1 NAME: ; -

GENDER: : FEMALE

Passenger 2 NAME: : -

GENDER: : FEMALE

Passenger 3 NAME: : -

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE. I BRAKE MY VEHICLE HOWEVER DUE TO ROAD SURFACE WAS WET AND SKIDDED. AS A RESULT, MY VEHICLE HIT ONTO VEHICLE B REAR PORTION.

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 SFU8918T

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)

GOH SECK WEE

S1758408A

1

#### 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

| zeter to | Hutement.      |         |  |
|----------|----------------|---------|--|
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### DECLARATION

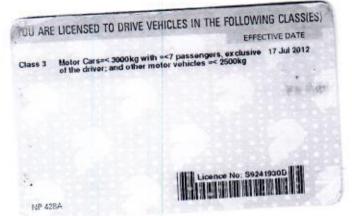
I/We declare the foregoing particulars are true in every respect.

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

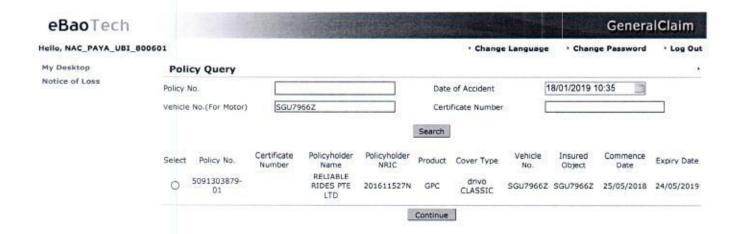
Name: NRIC/FIN No.:











| Policy No.               | 5091303879-01                | Policyholder         | RELIABLE         | RIDES PTE LTD                                | Policyholder | 201611527N               |                             |
|--------------------------|------------------------------|----------------------|------------------|--|--------------|--------------------------|-----------------------------|
| Certificate              |                              | Name                 |                  |  | NRIC         | us/stres-strikkens/fill/ |                             |
| Address                  | 8 KAKI BUKIT AVENUE 4 #05-5  | O PREMIER @          | KAKI BUKIT       | SINGAPORE 41587                              | 5            |                          |                             |
| Product                  |                              | THE THEFT            | Trinia Dollar    | J. 11307                                     | Group        |                          |                             |
| Name                     | PRIVATE CAR INSURANCE        | Plan                 |                  |  | Policy Flag  | N                        |                             |
| Policy<br>ssue<br>Date   | 25/04/2018                   | Effective<br>Date    | 25/05/201        | 8 00:00                                      | Expiry Date  | 24/05/2019 2             | 3:59                        |
| Excess<br>Type           |                              | All Claims<br>Excess |                  |  |              |                          |                             |
| Third                    | 4500                         | Own                  |                  |  | Windscreen   |                          |                             |
| Party<br>Excess          | 1500                         | damage<br>Excess     | 1000             |  | Excess       | 100                      |                             |
| Additional<br>Excess     | 0                            | OS<br>Premium        | 0                |  |              |                          |                             |
| Outside                  |                              | Outside              |                  |  |              |                          |                             |
| Singapore<br>OD          | 3000                         | Singapore            | 3000             |  |              | Young                    | /Inexperience Driver Excess |
| Excess                   |                              | TP Excess            |                  |  |              |                          |                             |
| Agent                    | TAN INSURANCE BROKERS PTE    | Agent Tel.           | NIL              |  | GST Flag     | Y                        |                             |
| Co-<br>Insurance<br>Flag | No                           |                      |                  |  |              |                          |                             |
| Open<br>Policy<br>Info   |                              |                      |                  |  |              |                          |                             |
| Certificate<br>Info      |                              |                      |                  |  |              |                          |                             |
| Policy                   | holder Mailing Address       |                      |                  |  |              |                          |                             |
| Address 1                | 8 KAKI BUKIT AVENUE          | Addr                 | ess 2            | #05-50 PREMIER                               | @ KAKI BUKIT | Address 3                | SINGAPORE 415875            |
|                          |                              | Addr                 | ess Type         | Singapore addres                             | s            | Post Code                | 415875                      |
| Address 4                |                              |                      |                  | 12-12/20/20/20/20/20/20/20/20/20/20/20/20/20 |              |                          |                             |
| Address 4<br>Unit No.    | 05-50                        | Relat                | ed Policy<br>per | 5106937496                                   |              |                          |                             |
| Jnit No.                 | 05-50<br>ed Object: SGU7966Z |                      |                  | 5106937496                                   |              |                          |                             |
| Unit No.                 | ed Object: SGU7966Z          |                      |                  | 5106937496                                   |              | P 2011                   |                             |

| olicy No.<br>ertificace No.  |  |   |   |  |  |   |
|--|--|---|---|--|--|---|
| ertificace No.   | 5091303879-01  |   | Vehicle No.   | SGU7966Z   | GST Registration No.   |   |
|  |  |   |   |  |  |   |
| olicyholder Name   | RELIABLE RIDES   | PTELTD  |   |  | Policyholder NRIC  | 201611527W  |
| roduct Code  | PRIVATE CAR IN   | SURANCE   | Cover Type  | drivo CLASSIC  | Loading  | 0   |
| ontact No. (Mobile)  | a  |   | Contact No.(Office)   | 0  | Contact No.(Home)  | 0   |
| mail Address   |  |   | Special Remark  |  | eCode  | 7st V   |
| DK:  | ® No ○ Yes   |   | TCA   | ® No ○Yes  | eCode Reason   |   |
| CD Protection  | No   |   | NCD Entitlement(%)  | 0  | Private Hire   | Yes   |
| Accident Details   |  |   |   | 10   | The Control of the   | 100   |
| port Date  | 18/01/2019 20:   | 70  | Accident Report Within 24 hrs.  | Was  | ryouzhawene-   | CACAGO DE CACAGO A CONTRA DE CACAGO |
|  |  | 290   |   |  | Accident Type  | Collision - Head to Rear  |
| ate of Accident  | 16/01/2019   |   | Time of Accident hh:mm  | 10:35  | Country of Accident  | Singapore   |
| sporting Centre  |  |   | Orange Force  |  | ICM No.  |   |
| odent Location   | PIE (CHANGI) AF  | FTER LOR 6 TOA PAYOH  | EXIT  |  |  |   |
| ♥ Excess   |  |   |   |  |  |   |
| wn damage Excess   |  | 1,000.00  | Additional Excess   | 0  | Windscreen Excess  | 100.00  |
| memed Driver Excess  |  |   | Outside Singapore OD Excess   | 3,000.00   |  |   |
| and Party Excess   |  | 1,500.00  | Outside Singapore TP Excess   | 3,000.00   |  |   |
| Benefits   |  |   |   |  |  |   |
| GST Registered Inform  | ation  |   |   |  |  |   |
| T Registered   |  | No  |   | GST Registration Date  |  |   |
| T Registration No.   |  |   |   | GST Status Verified.   | No   |   |
| dification History   |  |   |   |  |  |   |
|  |  |   |   |  |  |   |
| Policyholder Halling Ad  | Idress   |   |   |  |  |   |
| Idness 1   | 6 KAKI BUKIT AV  | VENUE 4   | Address 2   | #05-50 PREMIER @ KAKI BUKIT  | Address 3  | \$3NGAPORE 415875   |
| odness 4   |  |   | Address Type  | Singapore address  | Post Code  | 415875  |
| VE No.   | 05-50  |   | Related Policy Number   | 5106937496   | 1 Amount Act of  | I CONTRACT  |
| OI Driver Info   | 200  |   | 1000000000000000  |  |  |   |
| iver Name  | Unnamed Driver   |   | Driver Type   | Unnamed Driver   |  |   |
| named driver Name  | TANG JUN KAI   |   | Oriver NRIC   | 59241930D  | Driver DOB   | 17/11/1992  |
| gister Date of Driver License  |  |   | Driver Age  | 26   | Driving Experience   | 6   |
| intact No.(Mobile)   | 81887345   |   | Contact No.(Office)   | 0  |  | UT.   |
| dress 1  |  | NA COMPANY OF THE PARK OF THE |   |  | Contact No.(Home)  | 0   |
|  | 14A GALISTAN A   | VENUE   | Address 2   | SINGAPORE 669692   | Address 3  |   |
| idress 4   |  |   | Address Type  | Singapore address  | Post Code  | 669692  |
| Nt No.   |  |   |   |  |  |   |
| ses he own a Singapore<br>gistered car?  | ○ Yes ® No   |   | Driver Vehicle No.  |  | Driver Insurer Company   |   |
|  |  |   |   |  |  |   |
| claration  |  |   |   |  |  |   |
| eathalyser or Blood Test<br>ading?   | 0 mg   |   | Any injury?   | ○ Yes ® No   |  |   |
| 50105001   |  |   |   |  |  |   |
| and the same of th |  |   |   |  |  |   |
| odification History  |  |   |   |  |  |   |
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| Claim 001 00-HX Nev  | -  |   |   |  |  |   |
| Claim 001 00-HX Nex  |  |   | GOWN AND  |  |  |   |
| -1-4   | P  | ~   | Insured Name  | And the second s |  |   |
| um Type *  | OD-MX  |   | Insured Hame  | RELIABLE RIDES PTE LTD   | Insured NRIC   | 201611527N  |
| um Type *  | OO-MX  |   | Contact No.(Home)   | RELIABLE RIDES PTE LTD   | Insured NRIC<br>Contact No.(Office)  | 201611527N<br>66351820  |
| um Type * ntact No.(Mobile)  | СО-МХ  |   |   | SGU7966Z   |  | process and the second  |
| im Type * itact No.(Mobile)  |  | V   | Contact No.(Home)   |  | Contact No.(Office)  | 66351820  |
| im Type * itact No.(Mobile) all Address imant Type Claimant Type *   |  | V 22  | Contact No.(Home) Ol Vehicle Number   | SGU7966Z   | Contact No.(Office)  | 66351820  |
| im Type * stact No.(Mobile) all Address iment Type Claimant Type * mant Name *   |  |   | Contect No.(Home) OS Vehicle Number Type of Benefit *   | SGU7966Z   | Contact No.(Office)  | 66351820  |
| im Type * itact No.(Mobile) all Address iment Type Claimant Type * mant Name * mant Address  | Please Select  |   | Contect No.(Home) OS Vehicle Number Type of Benefit *   | SGU7966Z   | Contact No.(Office) TP Vehicle Number  | 66351820  |
| im Type *  ntact No. (Mobile)  all Address  imant Type Claimant Tyge *  imant Address  imant Address  im Description  ferred Workshop Contact  | Please Select  | 22  | Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C *   | SGU79662 Please Select   | Contact No.(Office)  | 66351820  |
| um Type *  ntact No.(Mobile)  sail Address simant Type Claimant Type *  emant Name *  simant Address im Description  ferred Workshop Contact   | Please Select  | 8918T ON 18 Jan 2019  | Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C *   | SGU79662 Please Select   | Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop   | 66351820<br> SPUR938T   |
| um Type *  ntact No. (Mobile)  sail Address simant Type Claimant Type *  emant Name *  emant Address im Description  ferred Workshop Contact  gues Finalisation  | Please Select SGU7966Z / SFU                               | ≥≥<br>69187 ON 18 Jan 2019  | Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C *  Insured Liability * Preference Repair Option   | SGU75662 Please Select   | Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report   | 66351820<br>SFL893RT  |
| im Type *  intact No. (Mobile)  all Address imant Type Claimant Type * imant Name * imant Address im Description ferred Workshop Contact ture Finalisation le Registered   | Please Select SGU79662 / SFU                               | ≥≥<br>69187 ON 18 Jan 2019  | Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C *  Insured Liability * Preference Repair Option Claim. Close bate   | SGU79662 Please Select   | Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received   | 66351820<br> SPUR938T   |
| im Type *  intact No. (Mobile)  all Address imant Type Claimant Type * imant Name * imant Address im Description ferred Workshop Contact ture Finalisation le Registered   | Please Select SGU7966Z / SFU                               | ≥≥<br>69187 ON 18 Jan 2019  | Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C *  Insured Liability * Preference Repair Option   | SGU79662 Please Select   | Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report   | 66351820<br>SFL893RT  |
| im Type * itact No. (Mobile) all Address imant Type Claimant Type * imant Name * imant Address imant | Please Select SGU79662 / SFU                               | ≥≥<br>69187 ON 18 Jan 2019  | Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C *  Insured Liability * Preference Repair Option Claim. Close bate   | SGU79662 Please Select   | Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received   | 66351820<br>SFL893RT  |
| im Type * itact No. (Mobile) all Address imant Type Claimant Type * imant Name * imant Address imant | Please Select SGU79662 / SFU                               | ≥≥<br>69187 ON 18 Jan 2019  | Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Repair Option Claim Close Date Workshop Repairer   | SG079662  Please Select  Fully at Fault  Preferred Workshop, Name unknown  | Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received   | 66351820<br>SFL893RT  |
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