NATIONAL Assessment Centre Serv	vices. well s Jamos M	H#19019796	M 				
	lescription	Date & Time Completed	Done	pi.			
	S e-filing						
	nail (within Shrs, AIC 2hrs)						
	otor Claim Form	m1) 1021244-021	14/4/9	18: 49			
i-M	otor W/O (Within: OD 2						
OD TP: Reporting Only	hoto Uploaded			Trees			
	essment/Survey Report						
TP Insurer:	t Report by Fax / Hand	to Owner/Wksp					
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:				
TP Particulars: Veh No: Sprange.	. INC	()/Non-INC()					
Owner / Driver: (Tel:)				
Policy No: () Period: ()	Cover Type: (),				
Confirmed by : (Date:	Time:)				
Insured/Driver Liability: (%) [Note-Est	L Status (WO): N: 0-	20%; P: 21-79%. F: 80-1	00%]	·			
Year of Registration: () Warranty	Y: YES ()/NO ()					
)/\$2,000()		CIVE : IM				
General Remarks:-	(2)		1.00° 8.1.1.1				
() Walk-In Customer: Customer's information	strictly Confidential & S	Strictly NO refer of repairer.					
() Total Loss Case : to e-mail Insurer URG	ENTLY.		100				
Drive-In ()/ Towed-In (); Invoice: YES ()/NO();	Towing Co: ()			
temarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	by			
1) Apply for Transport Allowance ()/ Courtesy			(10) (10)				
2) QC Check / Post Repair Inspection	()	-					
3) Upload Resurvey Photo [Repair Cost > \$3000]	()	+					
	7			0			
Injury:				** t t t t t t t t t t t t t t t t t t			
ate/Time / Actions	1		ASPONIE				
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544.	Invoice Pr	eparation Checklist	Ant (5)	Amt (3			
a ciclopl A	1) AR : Accide	CHARLES OF PROCESS OF STANSFER WEST AND STANSFER	200 Strengthe:	A LOSI CO			
aimant's Particulars :-	2) DA : Dames	c Assessment (\$100); INC (\$8	(0) (/\$45				
iver/Owner:	3) TF : Towing 4) FT : Follow	-Through Survey	\$120				
ntact No:	5) FT : Follow	Through Survey (Resurvey) against INC Only (wef 10 Jan 2005	330				
maged Portion:	6) TR : Re-ius	pection	\$75	<u> </u>			
maged Fordon:	7) N1 : Idao D. 8) NTUC Add	A + SMRT Survey	\$160				
Charled by Charles	OD.	OD* .					
Checked by (Engr-In-Charge):	*N5: Courte	sy Car / Tpt Allowance Co-ordination	\$5 510				
	•N7: Fost R	epair Inspection	\$25				
ditors' Comments :-		Collect Excess Coordination TP (Non INC) against INC	\$20				
1:	9) N12: Idao N	fobile	30	2010年			
2/3:	Invoice dated	Fee Charged Fee Charged	SEE DIX				

Figure 1 to 100

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

	ACCIDENT STATEMENT
Date Of Report	12/02/2019 17:30
Date Of Accident	01/01/2019 18:00
Exact Location Of Accident	PIE (CHANGI) BEFORE KALLANG BAHRU EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA828U
Insured/Policyholder	
Name Of Registered Owner	TAN WAN MUI
NRIC No	S7527265J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96633844
Alternative Phone No	OFFICE-96633844
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C 180
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
f No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100186833
Cover Note Number	
Driver	
Linear Co. Co.	

Name of Driver TAN WAN MUI (CHEN WANMEI)

 NRIC No
 \$7527265J

 Date Of Birth
 10/09/1975

 Occupation
 INDOOR

 Date Of Driving Pass
 20/01/1999

Driving Experience 19 YEARS AND 11 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96633844

Fax Number

Contact Number OFFICE-96633844

EMail Address NOEMAIL

Address 736 BEDOK RESERVOIR ROAD

#08-28

Postcode 479264

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

-

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? N

Number of vehicles (including own vehicle)

2

involved in the accident
Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

1

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

REFER TO STATEMENT.

Attachment(s)

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

Details of Witness 1

Name KENNETH TEO KAI JUN

Phone Number 81003505

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SFF9199Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name

TAN WAN MUI (CHEN WANMEI)

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SMA828U

Were seat belts worn?

YES

Was this injured conveyed to hospital by

000000

ambulance?

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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 aforesald.
- 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:

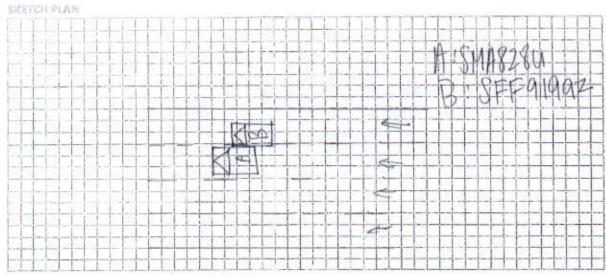
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Sition of			SOFIR									
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hotor	N	ralla	IUA	VPKIT	10	3 fr	ma th	le Fil	cst	lane	Clat	INT
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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.:

GIARMC StetchFlanForm_V3

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process. This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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 traffic police department for investigation.

THE PROPERTY OF THE PROPERTY	ACCIDENT DETAILS	发生多路外
Date of accident	01 Jan 2019	(DD/MM/YY)
Time of accident	6:00PM	(HH:MM)
Exact location of accident	PIE towards Changi before Kallang	7/2

A STATE OF THE STA	DETAILS OF VEHICLE
Vehicle registration number	3HU828 SMA828U
Vehicle make and model	MITC C180 COUPC
Type of vehicle	Saloon MPV CRV Van C
Vehicle category	Private D Commercial D Motorcycle D
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No ☑ if no, please select: Third part claim ☑ Reporting only □

	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive D	Third party fire & theft □	TP only

中国 化甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	INSURED / POLICY HOLDER		CHARLES THE
Name	TAN WAN MU	Male 🗆	Female_
NRIC / Fin / Passport number	97537265T	- Carrotte	
Contact	9633844		
Address	736 BEDOK RESERVOUR POAD #08-28	(6) 47	1264

DRIVER		SAM	E AS INSURED ABOVE (SKIP TO D.O.B)	
Name		Land Company	Male 🗆	Female □
NRIC / Fin / Passport number				
Contact				
Address				
Email address				
Date of birth	10	SUPT	1979	
Occupation	Indoor	P	Outdoor	
Driving date pass				

THE PROPERTY OF THE PARTY OF TH	Yes 🗆	No g	- Anna print			
las criver an employee of ne insured's company?	If no, rela	ationship of th	e driver	and Insured:		_
ccident captured by camera?	Yes 🗆	No 12				
/eather condition	Clear	Raining D	Ot	hers:		-
oad surface	Dry	Wetn				-
lo of passenger	1				(Inclusive of dr	iver
io or passengor						-
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Gender	Male	Female 🗆				
201001						-
	THE NAME OF STREET	PASSENG	ER 2		THE REPARE LEADING	
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Sender .	Male D	Female 🗆		Silver I		
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Vame				Here Delegation		
Gender	Male 🗆	Female C	1			_
	NAME OF THE OWNER, WHEN					THE REAL PROPERTY.
CALL THE RESERVE THE PARTY OF T		PASSENG	ER 4			
Name			1			_
Gender	Male 🗆	Female c	3 /			
	240100000000000000000000000000000000000					BIE
A STATE OF THE STA	-ANDS SE	PASSENC	SER 5	NAME OF THE OWNER, OWNE	NU DELINAMENTA CONTRA	-
Name				1		
Gender	Male 🗆	Female r]	_		_
*			Company of the last	THE REAL PROPERTY.		
THE RESERVE OF THE PERSON NAMED IN		PASSEN	SER 6	A CONTRACTOR	ACCOUNT OF THE PARTY OF THE PAR	
Name					-	
Gender	Male 🗆	Female		-	1	
	THE REAL PROPERTY.	CONTRACTOR INTO	DEADTIC	NU SHINGSON		
A STATE OF THE PARTY OF THE PAR		OTHER INFO	RIVIATIC	/N	THE REAL PROPERTY.	
Was anybody injured?	Yes,	No 🗆				
Was other vehicle damaged?	Yes	No 🗆				
			LICE AC	TION		N. P.
	THE PERSON NAMED IN	ETAILS OF PO	If yes n	lease state w	hich police station.	
Reported to police?	Yes 🗆	No p	ii yes, p	nease state vi	men pense	
Police station name						11/2 ES
	N = -	WITNE	SS 1	ALL DESCRIPTIONS	The second second	40
	The state of the s			Kai Jun	(81003505)	
Name		1000	10		L DIOVO	
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		WITNE	:33 Z	SALES OF THE PARTY OF		

	THIRD PARTY VEHICLE 1
	SFF9199Z
Vehicle registration number	3111112
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
THE PARTY OF THE P	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
The state of the s	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
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Contact	
	THIRD PARTY VEHICLE 4
At It Is a sisteration number	
Vehicle registration number Vehicle make model	
Name NRIC / Fin / Passport number	
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Contact	
	THIRD PARTY VEHICLE 5
in the state of th	The state of the s
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
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	THIRD PARTY VEHICLE 6
	THIRD PARTI VEHICLE O
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Vehicle make model	
Name	
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NAME OF THE OWN PARTY.	
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Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	. \
Contact	N .

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Name		TAN WAN MUI
njuries sustained		Well & wall
Which vehicle person in?		SMA 828U
Were seat belts worn?	Yes.	No ti
Was injured conveyed to	Yes 🗆	No.
nospital by ambulance?		
A STATE OF THE STA	Life Course	INJURED PERSON Z
Name		The state of the s
Injuries sustained		
Which vehicle person in?		
Were seat-belts worn?	Yes □	No 🗆
Was injured conveyed to	Yes a	No 🗆
hospital by ambulance?		A PROPERTY.
		INJUDED DEDSON 2
A STATE OF THE SAME OF THE SAM		INJURED PERSON 3
Name		
Injuries sustained	1	
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No o
Was injured conveyed to	Yes	No D
hospital by ambulance?		\
		INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No D
nospital by emission		
HE RESERVED BY THE RES	建設置建設性	INJURED PERSON 5
Name	_	
Injuries sustained		
Which vehicle person in?	Yes□	No D
Were seat belts worn?		No D
		NO LI
Was injured conveyed to hospital by ambulance?	Yes 🗆	1
Was injured conveyed to	Yes	
Was injured conveyed to	Yes 🗆	INJURED PERSON 6
Was injured conveyed to	Yes	INJURED PERSON 6
Was injured conveyed to hospital by ambulance? Name	Yes	INJURED PERSON 6
Was injured conveyed to hospital by ambulance?	Yes	
Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes	INJURED PERSON 6







ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

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

Class 3

PASS DATE 20 Jan 1999 Licence No. S7527265.

NRIC No. S7527265J Date: 24/09/2018

NP 428A

eBaoTech										Genera	alClaim	
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chan	ge Password	+ Log Out	
My Desktop Notice of Loss	Poli	cy Query										
	Policy N	No.				Date of Accident 01/			1/01/2019	1/01/2019 18:00		
	Vehicle	No (For Motor)	SMA82	SMA828U			Certificate Number					
						Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5100186833		TAN WAN MUI	\$75272653	GPC	drivo CLASSIC	SMA828U	SMA828U	05/05/2018	04/05/2019	
						Continue						

	5100186833	Policyholder Name	TAN WAN M	IUI	Policyholder NRIC	S7527265J	
Certificate No.		0.00010719			- Total		
Address	BLK 63 #08-1168 NEW UPPER	CHANGI ROAD	SINGAPORE	461063			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	03/05/2018	Effective Date	05/05/2018	00:00	Expiry Date	04/05/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			You	ing/Inexperience Driver Excess
Agent	SININS AGENCY PTE. LTD.	Agent Tel.	69503050		GST Flag	Υ	
Co- nsurance Flag	No						
Open							
Policy Info							
Policy							
Policy info Certificate info	older Mailing Address						
Policy nfo Certificate nfo Policyh	nolder Mailing Address BLK 63 #08-1168	Addre	ess 2	NEW UPPER CHA	NGI ROAD	Address 3	SINGAPORE 461063
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Policy Info Certificate Info Policy Address 1 Address 4 Unit No. Insure	BLK 63 #08-1168 d Object: SMA828U ements	Addre Relati Numb	ess Type ed Policy	Singapore addres		Post Code	

Hicy No.	5100186833	Vehicle No.	SMAR28U	GST Registration No.	
ertificate No.	CONTRACTOR OF THE CONTRACTOR O	A TOTAL COMPANY OF THE PARTY OF	The state of the s	The state of the s	
licyholder Name	TAN WAN MUI			Date Acides MDDC	\$75272651
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Policyholder NRJC Loading	0
ntact No.(Mobile)	96633844	Contact No.(Office)	0	Contact No.(Home)	0
ar Address	300,000	Special Remark	•		No. of
er Hodress	® No ○Yes	TCA	® No ○ Yes	eCode eCode Reason	Libera
D Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details		and the state of t	-	1.0000000000000000000000000000000000000	278.5
ort Date	12/02/2019 18:28	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
e of Accident	01/01/2019	Time of Accident hhomm	18:00	Country of Accident	Singapore
arting Centre		Drange Force	20100	ICM No.	Singapore
ident Location	PIE (CHANGI) BEFORE KALLANG BAHRU EXT	- Constitution of the cons		, me tomo	
Excess					
n damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	0.00	Outside Singapore OD Excess	600.00		
nd Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits			1,7075		
erage			Sum Insured		
essory			1000		
GST Registered Inform	stion				
Registered	No		GST Registration Date		
Registration No. Mication History			GST Status Verified	Yes	
and regards					
Policyholder Hailing Ad	dress				
iress 1	BLK 63 #00-1169	Address 2	NEW UPPER CHANGI ROAD	Address 3	SINGAPORE 461063
ress 4		Address Type	Singapore address	Post Code	461063
t No.		Related Policy Number	5100186833		1007555
OI Driver Info			22320-3123		
rer Name	TAN WAN MUS	Driver Type	Main Driver		
named driver Name		Driver MRIC	\$75272653	Driver DOB	10/09/1975
pater Date of Driver License	20/01/1999	Driver Age	43	Driving Experience	19
tact No.(Mobile)	70533844	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	736 BEDOK RESERVOIR ROAD	Address 2	WATERFRONT ISLE	Address 3	SINGAPORE 479264
dress 4		Address Type	Singapore address	Post Code	479264
t No.	08-28				
es he own a Singagore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
aration othalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
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aration ithalyser or Blood Test ding? fication History	0 mg	Any injury?	® Yes ○ No		
aration sthalyser or Blood Test ding? fication History	0 mg	Any injury?	Yes ○ No TAN WAN MUI	Insured NRIC	\$75272653
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