Dute In:	services.   wet a Jamos M	HD 119025718 -		
Date In: 7 3 19- 14:01	Job description	Date & Time Completed	Done	py.
Ref No: NA INCHOUSED TY	SAS e-filing			j
Veli No: Gy HAZM	E-mail (within Shrs, AIC 2hrs)			*
D.O.A: 16/19-16-15	i-Motor Claim Form	M1/1024202-001	4/3/19/19	hir.
OD : TP)! Reporting Only	i-Motor W/O (Within: OD 2hr			
OB . 1) resporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
Transurer.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel: Fa	ix:	
TP Particulars: Veh No: 484 4219	, INC (	)/Non-INC( )		
Owner / Driver: (		Tel:	)	
Policy No: ( ) Period:	:( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [Note	e-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-10	0%]	
	ranty: YES ( ) / NO (	)		
Excess: (\$ ) Loading: \$1,000 (				
General Remarks:		2000 Sept. (5)	3 S S S S S S S S S S S S S S S S S S S	
( ) Walk-In Customer : Customer's informat	tion strictly Confidential 8 St	rieth NO safas of sanakas	Com at a con	
( ) Total Loss Case : to e-mail Insurer U		nouy NO Taler of Tepaller.		
Drive-In ( )/ Towed-In ( ); Invoice: YE	ES( )/NO( );T	owing Co: (		
Remarks:- (INC hotline: 6788 6616)	San	Date&Time Completed	Done	by
1) Apply for Transport Allowance ( )/ Court	tesy Car ( )		37440	
2) QC Check / Post Repair Inspection	( )	The second secon		
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$3000]	( )	<del>                                     </del>		
3) Upload Resurvey Photo [Repair Cost > \$3000]	( )			
	( )			
3) Upload Resurvey Photo [Repair Cost > \$3000]	( )			4-12-12
3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:	( )			
3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:				
3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:				
3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:				
3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:				
3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:			Anc (S)	Aint(3)
3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions	Invoice Prej	paration Checklist	Anit (S)	Amt(3)
3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time: Actions	Invoice Prej	Reporting (\$30);	W Bill	CALL THE RESIDENCE
3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  Actions  Lamant's Particulars:	Invoice Prej  1) AR: Accident 2) DA: Darrage 3) TF: Towing F	Reporting (\$30); Assessment (\$100); INC (\$80) ee \$40/5	di Bill	CALL THE RESIDENCE
3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  Appload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  Injury:  Injury	Invoice Pre	Reporting (\$30); Assessment (\$100); INC (\$80) ee \$40/5 brough Survey \$1	19t Bill 45 20	CALL TO A STATE OF THE
3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  Actions  Lamant's Particulars:	Invoice Pre	Reporting (\$30); Assessment (\$100); INC (\$80) ee \$40/5 brough Survey \$1	19. Bill 45	CALL TO A STATE OF THE
3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  Appload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  Injury:  Injury	Invoice Prej  1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec	Reporting (\$30);   Assessment (\$100);   INC (\$80)	6 Bill 45 20 30 75	CALL TO A STATE OF THE
3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  Appload  Analysis Particulars:  river/Owner:	Invoice Prej  1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as	Reporting         (\$30);           Assessment         (\$100);         INC (\$80)           ce         \$4005           arough Survey         \$1           arough Survey (Resurvey)         \$2           tesinst INC Only (wef 10 Jan 2005)         \$1           tion         \$3           SMRT Survey         \$1	6 Bill 45 20 30	CALL THE RESIDENCE
3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  HAMOLON  Inimant's Particulars:  river/Owner:  ontact No:  amaged Portion:	Invoice Prej  1) AR: Accident  2) DA: Darrage a  3) TF: Towing F  4) FT: Follow-Ti  5) FT: Follow-Ti  For claiming as  6) TR: Re-inspec  7) N1: Idao DA  8) NTUC Additio	Reporting (\$30);  Assessment (\$100); INC (\$80)  see \$40/5  arough Survey \$1  arough Survey (Resurvey) \$5  arough Survey (Resurvey) \$5  arough Survey (Resurvey) \$5  arough Survey (Resurvey) \$5  arough Survey (\$7  arough Survey (\$7  arough Survey \$1  arough Survey \$5  arough Survey \$1  arough Survey \$1  and Services:-	15 Bill 45 20 30 75 60	CALL THE RESIDENCE
3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  Appload  Analysis Particulars:  river/Owner:	Invoice Prej	Reporting (\$30); Assessment (\$100); INC (\$80) see \$40/5 arough Survey \$1 arough Survey (Resurvey) \$5 arough Survey (Resurvey) \$5 arough Survey (Resurvey) \$5 arough Survey (\$60 Jan 2005) arough Survey \$1	19t Ball 45 20 30 75 60	CALL THE RESIDENCE
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3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  Halfolby  Inimant's Particulars:  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):	Invoice Prej  1) AR: Accident 2) DA: Darrage 3) TF: Towing F. 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idao DA: 8) NTUC Additio OD: *N5: Courtesy *N6: Repair Co *N7: Fost Repr *N8: DV / Coll	Reporting (\$30); Assessment (\$100); INC (\$80) see \$40/5 arough Survey \$1 arough Survey (Resurvey) \$2 ainst INC Only (wef 10 Jan 2005) stion \$3 SMRT Survey \$1 and Services:-  Cer / Tpt Allowanne coordination \$5 air Inspection \$5 leet Excess Coordination (Non INC) against INC \$5	75 60 55 10 25 55 20 30	CALL THE RESIDENCE

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#### 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	02/03/2019 14:01
Date Of Accident	01/03/2019 16:15
Exact Location Of Accident	HOLLAND RD TWDS ADAM RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GY1173M
Insured/Policyholder	
Name Of Registered Owner	LIVING STREET SERVICES
Co Reg No	53352145M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83152297
Alternative Phone No	OFFICE-83152297
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used time of accident	d at WORKING
Are you claiming under your own insurance poli for repair to your vehicle?	<sup>cy</sup> NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5106632567
Cover Note Number	
Driver	
Name of Driver	FARUK KABIR
Passport No/FIN	G8415490W
Date Of Birth	28/02/1986
Occupation	OUTDOOR
Date Of Driving Pass	25/02/2015
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83152297
ax Number	
Contact Number	OFFICE-83152297
EMail Address	NOEMAIL

Address 894C WOODLANDS DRIVE 50

#01-09

3

NO

YES

NO

1

NO

NO

Postcode 732894

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

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?

Was any injured conveyed to hospital by

was any injured conve ambulance?

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)

**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?

NO

Was there any audio recorded?

NO

GBH4317U

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

COMMERCIAL VEHICLE

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

SKA1954E

Page 2 of 16

Vehicle Make/Model/Colour Details Of Properties Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

# SKETCH PLAN

# IMPORTANT NOTICE

- 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 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
- 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:

- (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)
  - (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.

FARUK = 02/03/19 = 10:20 am

's Signature Date & Time:

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

Reporting Centre Personnel's Signature

NRIC/FIN No.:

# HOLLAND RD TOWARDS ADAM RD BEFORE EMPRESS PD

A-641173M B-GBH43170

C-SKA1954F



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

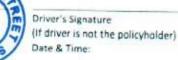
LVAVAC	TRAVELLING ALONG HOLLAND DE TOUARDE ARANGE PER PER
WAS	TRAVELLING ALONG HOLLAND RD TOWARDS ADAM RD BEFORE
	ESS RD. VEHICLE AHEAD SLOWED DOWN AND I FOLLOWED SUIT.
	NTS LATER, VEHICLE C REAR-ENDED VEHICLE B AND THE IMPACT
FORCE	ED VEHICLE B TO SURGE FORWARD TO HIT MY VEHICLE. THERE
WERE	A TOTAL 3 VEHICLES INVOLVED IN THIS CHAIN COLLISION.

# DECLARATION

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

FARUK = 02/03/19 10:20am

Policyholder's Signatur Date & Time:



Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SME

EHICLENO: G'	Y1173M		Modu: NISSAN CABSTA
ATE OF ACCIDENT		1/3/2019	
IME OF ACCIDENT		1615 HRS	AM / PM
OCATION OF ACCID	ENT	HOLLAND RD TOWARDS AL	DAM RD BEFORE EMPRESS RD
xact Purpose use du	White the same of		
AME OF OWNER		LIVING STREET SERVICE	ES
ELP NO		83152297	
RIC		53352145M	
CLAIM TYPE	_	OD / THIRD PARTY / Reporting Onl	ly THIRD PARTY
NSURANCE CO.		NTUC	
TYPE OF CAVERAGE		Comprehensive / Third Party / Third	Party Fire & Theft
OLICY NO.			
NAME OF DRIVER		FARUK KABIR As above / If No:	
NRIC		G8415490W	Any passengers: 0
TE OF BIRTH		ž l	
OCCUPATION		Outcoor / Indoor	
DATE OF DRIVING P	ASS	1 1	
GENDER		Mala / Female	
CONTAC NO.		83152297 Office:	Home:
ADDRESS		894C WOODLANDS DRIVE 50 #1-	09 S(732864)
DRIVER HAVE ANY	OWN Vehicle	NO / If yes : Reg No. 11	
RELATIONSHIP		Employee / If No:	
WEATHER CONDITI	ON /	Offear / Raining / Other: CL	EAR
ROAD SURFACE	_	DR Other: DR	RY
ANY INJURIES	0	Mid / If yes : Who? 17,	
CONTAC NO.			
POLICE REPORT		Ng / If yes : Where?	MARKET MA
VEHICLE B NO.	_	GBH4317U	Any Passenger:
AME	Annual Control of the		
CONTAC NO.		The second secon	
VEHICLE C NO.		SKA1954E	Any Passenger :
VEHICLE D NO.			Any Passenger :
VEHICLE E NO.			Any Passenger:
VEHICLE F NO.			Any Passenger
ANY WITNESS		4	
WITNESS CONTAC	T NO.		
PARTICULAR WOR	KSHOP	Ryder Auto Pte Ltd	
TELP NO		The second secon	#02-19 AutoHub @ Kaki Bukit,
CONTACT PERSON	Į.	Singapore 417921	(let)
FAX NO.		ryderautoworkshop@	gmail.com
		-	
je.		The second secon	

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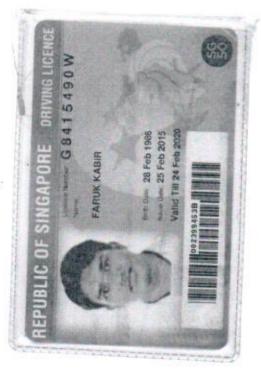
VOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSESS

Class 3 Motor Cars=< 3000kg with ==7 passengers, exclusive 25 Feb 2015

Of the driver; and other motor verticles == 2500kg

MP 428A





<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			The second second	THE REAL PROPERTY.	A STATE OF THE PARTY OF THE PAR	• Change	Language	• Chan	ge Password	- Carrier
My Desktop	Poli	cy Query									
Notice of Loss	Policy !	No.				Date	of Accident	0	1/03/2019	16:15	
	Vehicle	No.(For Motor)	GY117	3M		Certif	icate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5106632567		LIVING STREET SERVICES	53352145M	GCV	Third Party	GY1173M	020000	20/01/2019	30/11/2019
						Continue					

Policy No.	5106632567	Policyholder Name	LIVING STR	EET SERVICES	Policyholder NRIC	53352145M	
Certificate No.		THE THE			HILL		
Address	BLK 893A #10-127 WOODLAND	DRIVE 50 S	NGAPORE 7	80893			
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy issue Date	26/12/2018	Effective Date	20/01/2019	00:00	Expiry Date	30/11/2019 23	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	NET LINK COMMERCIAL PTE. LT	Agent Tel.	66599463		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policy	holder Mailing Address				=		
	BLK 893A #10-127	Addre	ss 2	WOODLANDS DRI	VE 50	Address 3	SINGAPORE 730893
Address 1							
		Addre	ss Type	Singapore address		Post Code	730893
Address 4	10-127		ed Policy	Singapore address 5106632567		Post Code	730893
Address 4 Unit No.		Relati	ed Policy	ASSOCIATION CONTINUE		Post Code	730893
Address 1 Address 4 Unit No.  D Insure	10-127 ed Object: GY1173M	Relati	ed Policy	ASSOCIATION CONTINUE		Post Code	730893

State   Stat	Claim Handling coldent MT/1034302					
Control Market   1999   STREET SERVICES   1999   Control Triang Parket   1999   Control Tr	Policy No.	5105632567	Vehicle No.	GY1173M	GST Registration No.	
Commercial process   Commerc	Certificate No.					
March Commerce (MISCADE REGION MARCH COMMERCE C	Olicyholder Name	LIVING STREET SERVICES			Dalloubolder NDV*	E33E314EM
Control to (Control to (Cont	roduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Third Party		
Second	ontect No.(Mobile)					
March   Mar	mail Address			*		
Marchest	'K	® No.□ Yes		@ No Chan		In V
Processing Section   Process	D Protection					
According   School		1000	and contames (as)	10	Private Hire	No :
March   Marc		22.002.004.0.12.14				
Compage Force   Compage Forc				Yes	Acodent Type	Chain Collision
Policy   P		01/03/2019		16:15	Country of Accident	Singapore
Manage		The state of the s	Orange Force		ICM No.	
Marie Decision		HOLLAND RD TWDS ADAM RD				
March Excess						
Class   Companies   Companie		0.00	Additional Excess		Windscreen Excess	0.00
Marcial Of Part Parighinate Informations	named Driver Excess		Outside Singapore OD Excess			
Part	rd Party Excess	0.00	Outside Singapore TP Excess			
Signature   No	Benefits					
Registron No.	GST Registered Inform	ation				
Patrichinalize Mailling Aldersas		No		GST Registration Date		
Part				GST Status Venified	No	
March   Marc	Ification History					
March   Marc	Policyholder Mailies Ad	Maria.				
Mode   Marker   Mar			Address 2	WOOD AND DARK CO.	2223.2	-250,000,000,000,000,000
10.   10-127   Poster Price   Subdicises						
Different June   Diff		10-127			Post Code	730893
Driver   D		10.121	Acidica Folicy Number	5106632567		
Samed Control Name		Unnamed Oriver	Dimens Tuna			
Section   Sect					2000022	
Contact No. (Office)						28/02/1988
Address 7						4
Address Type  Driver Inquier Company  Finance And Inquirer  O'ver ® No  Driver Inquier Company  Finance Any Inquiry?  O'ver ® No  Driver Inquier Company  Finance Any Inquiry?  O'ver ® No  Driver Inquier Company  Finance Any Inquiry?  O'ver ® No  Driver Inquier Company  Finance Any Inquiry?  O'ver ® No  Driver Inquier Company  Finance Any Inquiry?  O'ver ® No  Driver Inquier Company  Finance Any Inquiry?  O'ver ® No  Driver Inquier Company  Finance Any Inquiry?  O'ver ® No  Driver Inquier Company  Finance Any Inquiry?  O'ver ® No  Driver Inquier Company  Finance Any Inquiry?  O'ver ® No  Driver Inquier Company  Finance Any Inquiry?  O'ver ® No  Driver Inquier Company  Finance Any Inquiry Compa					Contact No.(Home)	0
No. 01-09  Interest and Singapore  One One of Venice No. One One of Venice No. One o		BUX 894C		WOODLANDS DRIVE 50	Address 3	SINGAPORE 732894
There is no one is Singapore street and it is street and			Address Type	Singapore address	Post Code	732894
Any Injury Any Connect Company  and Modern  Type * OCHEK V Insured Name Living STREET SERVICES Insured Natic  Contact No (Horize) Connect No (Office) Nst.  And Modern  Type * OCHEK V Insured Name Living STREET SERVICES Insured Natic  Contact No (Horize) Connect No (Office) Nst.  And Address OCHER No (Office) Nst.  The Vehicle Number Office Number Office Natic  Threath Name * Decreased V Type of Benefit * Press Select V Type of Benefit * Press Select V Type of Benefit * No. 14 Fault V Type o		01-09				
Any injury?  Omg Any injury?  Orac ® No  Industry  Inflation Nature  Inflation Naturey  Inflation Naturey  Inflation Naturey  Inflation Naturey  Inflation Naturey  Inflation Nature  Inflation	is he own a Singapore. sistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Any injury?						
Initiation Nature  Initiatia Nature						
Type * OD-MX	athalyser or Blood Test ding?	0 mg	Any injury?	○ Yas ® No		
Trype * OD-MX						
Insured Name   Contact No.(Note)   Note   C	Ification History					
Insured Name   Contact No.(Note)   Note   C	0.00					
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