NATIONAL Assessment Ce.	ntre Services.	wet i Jan'os) A	426640611411		Televille.
Date In: 4/4/19-10:39	Job description		Date & Time Completed	Done	by
Rel No: HA INC 1900 59 6474	SAS e-filing				- State
Veh No: JUS 74668	E-mail (withi	a Shrs, AIC 2hrs)			-
D.O.A : 3/4/14 - 18:17	i-Motor Cla		my 1038762-001	ut also lice	n
	i-Motor W/	O (Within: OD 2hr:		41/19 11:4	,
OD TP Reporting Only	i-Photo Upl		1		22.723
		Survey Report			
TP Insurer:	-		o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:		-y succession		Fax:	
TP Particulars: Veh No: 61	1	INC (		·ax:	
Owner / Driver: (	. בפולו היי	, mel	Tel:	· \	
Policy No: (	Period: (		Cover Type: (		
Confirmed by : (		Date:	Time:		
	Note For Ctore (		Control of the contro	)	ones y
Year of Registration: ( )	100000		0%; P: 21-79%. P: 80-1	100%]	
		)/NO(	)		
The state of the s	1,000 ( )/\$2,000	)( )			
General Remarks;-			dead to the control of the control o	3000	- 7
( ) Walk-In Customer : Customer's in	nformation strictly Co	nfidential & Stri	ictly NO rafer of repairer.		51 551
( ) Total Loss Case : to e-mail Ins	urer URGENTLY				
7, 76 Wed-In ( ); Invo	oice: YES ( ) / I	NO(); To	owing Co: (		)
Remarks:- (INC hotline: 6788 6616	) · ·		In a company of the Const	77000	Ci.
- \ -	Carlo according to the control of th		Date&Time Completed	Done	y.
	/ Courtesy Car (	)			
2) QC Check / Post Repair Inspection	( )	)	*		
3) Upload Resurvey Photo [Repair Cost >	\$3000] (	)		18	
Injury:	0 59/60-0-55/6	- are a line sone			_
Date/Time Actions	1.1	11 142 1	and the stable s	32.24( A. C. A. C. C.	s (190)
	Control Control of the Control of th			SBRECKNIF,	
	9				
					RES 16
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	949				-
					-
141902447		Invoice Pren	aration Checklist	Anit (S)	Amt
umant's Particulars :-		1) AR : Accident R		The Bill	Add E
	mercial Agreement	2) DA : Damage As		0)	E HIT
ver/Owner:		3) TF : Towing Fee	. \$40/	\$45	
ntact No:		4) FT : Follow-Thre		120	7/31
	∑. 7e		inst INC Only (wef 10 Jan 2005)	\$30	
maged Portion:		6) TR : Re-inspection		\$75	
	- 1	7) N1 : Idao DA + 8	The second secon	160	
Charled by (S. Y. S.		8) NTUC Additions OD*	al Services:-		-
Checked by (Engr-In-Charge):	A	The second secon	or / Tpt Allowance	25	
EVera special manual and an analysis		*N6: Repair Co-c	ordination	510	XXX.
ditors' Comments :-		*N7: Fost Repair		\$25	
1:	NAMES OF PROPERTY OF STREET, S		t Excess Coordination	\$20	-
2/3:		9) N12: Idne Mobile		30	1000
E 1 3		Invoice dated	Fee Charged		the f
		Invoice dated	Fee Charged	100 Care 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

#### 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.
- 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.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	04/04/2019 10:39
Date Of Accident	03/04/2019 18:15
Exact Location Of Accident	JUNC TAMPINES AVE 5 & TAMPINES AVE 4
Country/State of Loss	SINGAPORE
i i	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS7466B
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	HONDA
Model	VEZEL HYBRID 1.5X AUTO
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 5094680775-01

Cover Note Number

Driver

Name of Driver LEE CHOON SENG (LI JUNCHENG)

NRIC No S7311497G Date Of Birth 31/03/1973 Occupation OUTDOOR Date Of Driving Pass 19/04/2000

Driving Experience 18 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94790846

Fax Number

Contact Number OFFICE-94790846

EMail Address NOEMAIL Address BLK 164B RIVERVALE CRESCENT

#16-296 542164

Was driver as employee of the leaves do O----- NO

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

OTHER - HIRER

.

Insurance Company of Driver's Own Vehicle

•

#### General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

#### Details of Police Action

Was the accident reported to the police?

Number of Passengers (Including Driver)

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, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS TRAFFIC JUNCTION WAS RED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE 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?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

**GBA7318J** 

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

LIM YAN HUAT S2537904G

NRIC/Passport Number

Contact Number

Name of Driver

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 22

# **DETAILS OF INJURED PERSON 1**

Name

LEE CHOON SENG (LI JUNCHENG)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

BACK

SLS7466B

YES

NO

Postcode

# SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

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

Reporting Centre Personne is Sig Name:

NRIC/FIN No.:

Date & Time:

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

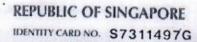
Refer to	Hatement.			
	20 1			
		/		

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 Personnella Signature Name: NRIC/FIN No.:

GIARME SketchPlanForm, VI

2







LEE CHOON SENG (LI JUNCHENG)

李 俊 成

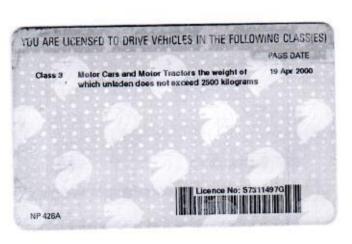
CHINESE

31-03-1973

SINGAPORE









Policy No.	5094680775-01	Policyholder Name	RELIABLE	RIDES PTE LTD	Policyholder NRIC	201611527N	
Certificate No.					- 40000		
Address	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKI	SINGAPORE 41587	5		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	01/10/2018	Effective Date	03/10/201	18 00:00	Expiry Date	02/10/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	1000		Windscreen Excess	100	
Additional Excess	Ö	OS Premium	0				
Outside Singapore OD Excess	3000	Outside Singapore TP Excess	3000			Young	/Inexperience Driver Excess
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	8 KAKI BUKIT AVENUE 4	Addr	ess 2	#05-50 PREMIER	@ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Addr	ess Type	Singapore addres	s	Post Code	415875
	05-50	Relat	ted Policy ber	5106937496			
Unit No.	M350/67/2						
	ed Object: SLS7466B						
Unit No.  ▶ Insure  □ Endor	ed Object: SLS7466B						

Tcy No.					
	5094680775-01	Vehicle No.	SLS7466B	GST Registration No.	
rtificate No.					
Ecyholder Name	RELIABLE RIDES PTE LTD			Policyholder NRIC	201611527N
sduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ntact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
ail Address		Special Remark		eCode	Ni 🗸
K	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
port Date	04/04/2019 11:42	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
te of Accident	03/04/2019	Time of Accident hhomm	18:15	Country of Accident	
sorting Centre		Orange Force		ICM No.	Singapore
cident Location	JUNC TAMPINES AVE 5 & TAMPINES AVE 4			ILM NO.	
Excess	THE STATE OF THE S				
n damage Excess	1,000.00	Additional Excess			
named Driver Excess	1,000.00		0	Windscreen Excess	100.00
	29666	Outside Singapore OO Excess	3,000.00		
nd Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
Benefits GST Registered Informs	dina				
Registered Information	No.		COS B.		
Registration No.	NO		GST Registration Date	160	
dification History	04/04/2019 11:43:12 Syst	em changed GST Status Verified fro	GST Status Verified	Yes	
consider control Ri	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	The second section 119	more of 198		
Policyholder Hailing Ad	dress				
tress 1	B KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
dress 4		Address Type	Singapore address	Post Code	
nit No.	05-50	Related Policy Number		F001 5.00E	415875
OI Driver Info	1.000	Service Punty Number	5106937496		
ver Name	Unnamed Driver	Driver Tyge	Urinamed Driver		
named driver Name	LEE CHOON SENS (LE )UNCHEN	Driver NRIC	57311497G	Driver DOS	31/03/1973
gister Date of Oriver License		Driver Age	46		
ntact No.(Mobile)	94790840	Contact No.(Office)	0	Driving Experience	18
dress 1	BLK 1649	Address 2	RIVERVALE CRESCENT	Contact No.(Home) Address 3	
dress 4	SINGAPORE S42164				RIVERVALE DELTA
it No.	16-296	Address Type	Singapore address	Post Code	542164
ses he own a Singapore					
igntered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
eathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
claration reathalyser or Blood Test reading?	0 mg	Any injury?	<b>®</b> Yes ○ No		
eathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
oathalyser or Black Test ading? diffication History	2	Any injury?	<b>®</b> Yes ○ No		
athelyser or Blood Test ading?	2	Any injury?	® Yes ○ No		
nethelyser or Blood Test ading?  diffication History  Claim 001 OD-MX Nece	h	1 Carlo 2 To 100	- The Control of The		
nethalyser or Blood Test adding?  diffication History  Claim 001 OD-MX  New	2	Insured Name	® Yes ○ No	Insured MRIC	201611527N
nethalyser or Blood Test adding?  diffication History  Claim 001 OD-MX  New	h	1 Carlo 2 To 100	- The Control of The	Insured WRIC Comact No (Office)	201611527N 66351820
hatthalyser or Blood Test adding?  diffication History  Claim 001 OD-MX New  New Type *  ntact No. (Mobile)	ос-ик	Insured Name	- The Control of The		
osthalyser or Blood Test acting?  Infication History  Claim 001 OD-MX  Nate  Info Type *  Intact No (Mobile)  all Address	ОБ-МХ	Insured Name Contact No.(Home)	RELIABLE RIDES PTE LTD	Contact No.(Office)	66351820
esthelyser or Blood Test acting?  Sification History  Claim 001 OD-MX  Nate  Inter No. [Mobile]  all Address  Imant Type 1	ос-ик	Insured Name Contact No.(Home) OI Vehicle Number	RELIABLE RIDES PTE LTD SLS74665	Contact No.(Office)	66351820
athelyser or Blood Test cling?  Infration History  Italm 001 OD-MX  In Type * Intact No.[Mobile]  Bit Address Imant Type Claimant Type * Imant Name *	Об-мх V	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	RELIABLE RIDES PTE LTD SLS74665	Contact No.(Office)	66351820
athelyser or Blood Test cling?  Effication History  Claim 001 OD-MX  New  In Type *  Intact No.(Mobile)  all Address  Imant Type Claimant Type *  Imant Name *  Imant Address	Об-мх V	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	RELIABLE RIDES PTE LTD SLS74665	Contact No.(Office)	66351820
athelyser or Blood Test dding?  Inflication History  Italim 001 OD-MX  Nate  In Type *  Italim No.(Mobile)  Italim Address  Imant Type Claimant Type *  Imant Address	OG-MX V Please Select V	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	RELIABLE RIDES PTE LTD SLS74665	Contact No.(Office) TP Vehicle Number	66351820
in Type * imant Address im Description ferred Workshop Contact.	OG-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NR3C *	RELIABLE RIDES PTE LTD  SLS74668  Please Select  Not at Fault	Contact No (Office) TP Vehicle Number  Name of Preferred Workshop	66351820 GRAZJ183
setheliver or Blood Test ading?  Sification History  Chalm 001 OD-MX  New  Inter No.(Mobile)  Inter No.(Mobi	OG-MX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C *	SLS74668 Please Select	Contact No (Office) TP Vehicle Number  Name of Preferred Workshop	66351820 GRA7)183
sethelyser or Blood Test ading?  Effication History  Claim 001 OD-MX  New  Interface to the set of	OG-MX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C *  Insured Liabrity * Preferend Repair Option Claim Close Date	RELIABLE RIDES PTE LTD  SLS74668  Please Select  Not at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received	66351820 GRAZJ183
in Type * Iman Address Iman Add	OG-MX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C *	RELIABLE RIDES PTE LTD  SLS74668  Please Select  Not at Fault	Contact No (Office) TP Vehicle Number  Name of Preferred Workshop	66351820 GRA7)183
in Type * Immat Address Immat	OG-MX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C *  Insured Liabrity * Preferend Repair Option Claim Close Date	RELIABLE RIDES PTE LTD  SLS74668  Please Select  Not at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received	66351820 GRA7)183
in Type * Immat Address Immat	OG-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NR3C *  bissured Liaberty * Preference Repair Option Claim Close Date Workshop Repairer	RELIABLE RIDES PTE LTD  SLS74668  Please Select  Not at Fault	Contact No (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received	66351820 GRA7)183
athalyser or Blood Test claim?  In Type *  Intact No. (Mobile)  all Address Immant Type Claimant Type *  Immant Address Immant	OG-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NR3C *  bissured Liaberty * Preference Repair Option Claim Close Date Workshop Repairer	RELIABLE RIDES PTE LTD  SLS74666  Please Select  Not at Pault  Preferred Workshop, Name unknown	Contact No (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received	66351820 GRA7)183
sathalyser or Blood Test ading?  chaim 001 OD-MX  New Type * Intact No. (Mobile) Issil Address Ismant Type Claimant Type * Ismant Address Ism	OG-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NR3C *  bissured Liaberty * Preference Repair Option Claim Close Date Workshop Repairer	RELIABLE RIDES PTE LTD  SLS74666  Please Select  Not at Pault  Preferred Workshop, Name unknown	Contact No (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received	66351820 GRA7)183
eathelyser or Blood Test ading?  dification Hissory  Claim 001 OD-MX  Nexe  with Type *  orbact No. (Mobile)  nall Address  with	OG-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NR3C *  bissured Liaberty * Preference Repair Option Claim Close Date Workshop Repairer	RELIABLE RIDES PTE LTD  SLS74666  Please Select  Not at Pault  Preferred Workshop, Name unknown	Contact No (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received	66351820 GRA7)183
cethalyser or Blood Test ading?  diffication History  Claim 001 OD-MX  New  Interface No. (Mobile)  Intel Address  Interface No. (Mobile)  Intel Address  In	OG-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NR3C *  bissured Liaberty * Preference Repair Option Claim Close Date Workshop Repairer	RELIABLE RIDES PTE LTD  SLS74666  Please Select  Not at Pault  Preferred Workshop, Name unknown	Contact No (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received	66351820 GRA7)183
continuous or Blood Test ading?  diffication History  Claim 001 OD-MX  New  Inter No. (Mobile)  Inter No.  No.  No.  No.  No.  No.  No.  No.	OG-MX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C *  Insured Liabetty * Preferend Repair Option Claim Close Date Workshop Repairer	PELIABLE RIDES PTE LTD  SLS74668  Please Select  Not at Fault  Preferred Workshop, Name unknown  Save Submit	Contact No (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received	66351820 GRA7)183
athialyser or Blood Test ding?  Inflication History Italm 001 OD-MX  Name white Type * stact No-(Mobile) sil Address mant Type Claimant Type * mant Name * mant Address in Description terred Workshop Contact usive Finalisation e Registered out Taken By  Print AK letter  Ittachment Ident No.	OG-MX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C *  Insured Liability * Preferend Repair Option Claim Close Date Workshop Repairer	PELIABLE RIDES PTE LTD  SLS74668  Please Select  Not at Fault  Preferred Workshop, Name unknown  001 04/04/2015 12:20	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received Total Loss but Repaired	66351820 GRA73183 Received  04/04/2019 11:51
athalyser or Blood Test ding?  Inflication History  Inflication  I	OD-MX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRDC *  Insured Liabrity * Pyreferened Repair Option Claim Close Date Workshop Repairer  Claim No. Upload Date	RELIABLE RIDES PTE LTD  SLS74668  Please Select  Not at Fault  Preferred Workshop, Name unknown  001  04/04/2019 12:20  Category *	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received Total Loss but Repaired  Confidential Urgeni	66351820  GRA73183  Received  04/04/2019 11:51
athialyser or Blood Test ding?  Inflication History Italm 001 OD-MX  Name white Type * stact No-(Mobile) sil Address mant Type Claimant Type * mant Name * mant Address in Description terred Workshop Contact usive Finalisation e Registered out Taken By  Print AK letter  Ittachment Ident No.	OG-MX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRDC *  Insured Liability * Pyreferened Repair Option Claim Close Date Workshop Repairer  Claim No. Upload Date  Browse.	RELIABLE RIDES PTE LTD  SLS74668  Please Select  Not at Fault  Preferred Workshop, Name unknown  001  04/04/2015 12:20  Category *  Cear Please Select	Confact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received Total Loss but Repaired  Confidential Urgen	66351820  GRA73183  Received  04/04/2019 11:51
eathalyser or Blood Test ading? diffication History	OG-MX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRDC *  Insured Liabrity * Pyreferened Repair Option Claim Close Date Workshop Repairer  Claim No. Upload Date	RELIABLE RIDES PTE LTD  SLS74668  Please Select  Not at Fault  Preferred Workshop, Name unknown  001  04/04/2019 12:20  Category *  Clear Please Select  Clear Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received Total Loss but Repaired  Confidential Urgeni	66351820  GRA73183  Received  04/04/2019 11:51

