NATIONAL Assessment Centre	Jeb description		Date &Time Completed	Der	ie by
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Veli No: 63437472	-		-	<u> </u>	
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TP Insurer:		Survey Report		<u> </u>	
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Preferred Wksp / INC Assign Wksp / QW: (	GENERAL ENERGINETE		Tel:	Fax:	
TP Particulars: Yeh No: EAZE		. INC(	)/Non-INC()		
Owner / Driver: (			Tel:	)	-22
	iod: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %) [N	lote-Est. Status (	(WO): N: 0-20	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: ( ) W	arranty: YES (		)		in an
Excess: (\$ ) Loading: \$1,00	0()/\$2,000	0()			WATERS
General Remarks:-				395 7. 17	
( ) Walk-In Customer: Customer's inform	nation strictly C	opfidential a Co	in NO set and	PROMOT G.L.	
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#### SINGAPORE ACCIDENT STATEMENT

#### 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 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.

aforesaid.		aramaere .
BEST ONL THE WAY	ACCIDENT STATEMENT	
Date Of Report	08/04/2019 16:03	
Date Of Accident	06/04/2019 12:05	
Exact Location Of Accident	IRAS BUILDING CARPARK EXIT	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH3797Z	
Insured/Policyholder		
Name Of Registered Owner	G L D BUILDER PTE LTD	
Co Reg No	201716543C	
Email Address	NOEMAIL	
Mobile Dhone No		

Mobile Phone No

Alternative Phone No OFFICE-67450987

Vehicle Particulars

 Manufacturer
 TOYOTA

 Model
 DYNA 150 5MT

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?

YES

If No, Please state action to be taken

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5100471195

Cover Note Number

Driver

 Name of Driver
 SHAN WU PING

 Passport No/FIN
 G7706676X

 Date Of Birth
 08/02/1977

 Occupation
 INDOOR

 Date Of Driving Pass
 21/07/2017

Driving Experience 1 YEAR AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-85946032

Fax Number

Contact Number OFFICE-85946032

EMail Address NOEMAIL

9 TAGORE LANE Address #04-03 9 @ TAGORE

Postcode 787472

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 COLLISION - CHANGE/CROSS LANE

NO

NO

1

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) 2

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

**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?

Was there any video captured by Car Camera? NO

Was there any audio recorded?

NO DETAILS OF OTHER VEHICLE PROPERTY 1 EA2E

YES

Vehicle Registration Number

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)

## 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 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.
- 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 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:
  - (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)

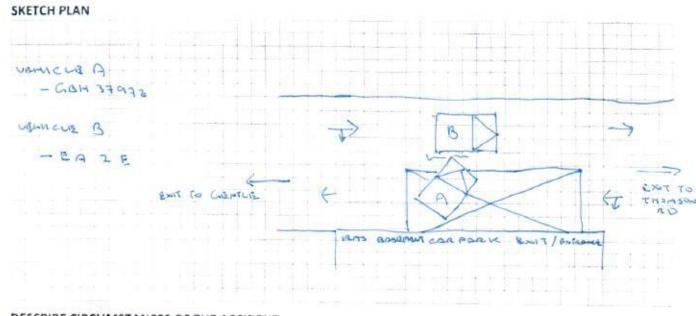
Date & Time:

Reporting Centre Persons

s Signature

NRIC/FIN No .:

Name:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was	EXITING FROM THE BASEMENT CORPORE OF 1805 BUILDIN
WHEN I	Made A RIGHT, DUR TO THERE WAS A VIEHICLE
Browning	M WEN, I NOT ABLE TO SEE IN THERE WAS
AND ON.	- GOING UNMICAS. AND SO I TRIED TO INCH MY
	FURTHER AMERIC. BUT WHILE DUING 32 SUPPRING A
vomenie	DRIVING OF THE DRIVEWAY, WHICH MY FROM LIET
	DECIDENTALLY LIST UN THE RIGHT STOR OF LECTICLE
CEAZE	
vances	A - CBH 3797 Z
Camera	0 - 10 26
	)

DECLARATION

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

Alan was pag.
Policyholder Signature 1

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Senature

Name:

NRIC/FIN No .:

GBH 3797 7 Model/Make TOYMA
06/04/19
1205 HRS
IRAS BUNDING CARPAR EXIT.
ent Pawara USE
CILD BUILDER PTR LTD
H/P: Home: Office: 6745 0987
2017165436
or ta home LANE HO4-03 altacome S(787492)
QD THIRD PARTY REPORTING ONLY
NTIME
Comprehensive Third Party Third Party / Fire / Theft
5106471195
As Above If No, Shan wapinh
ムコマッピをチレ × Any Passengers: NIL
US FEB 1497
Outdoor / Indoor
Male / Female
H/P: 85 94 6072 Home: Office:
No, If yes, Reg No.
Employee, If no, state
Clear Raining Other
Dry Wet Other
No. If Yes, Who?
No, If Yes, Where?
EA 2 E Any Passengers :
Contact No. :
Any Passengers :
Any Passengers :
Any Passengers :
Any Passengers :
Any Passengers :
Witness Contact:
FRONT LEKT PORTION
Yes / No



S PASS

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

CHENG JI BUILDER PTE, LTD.

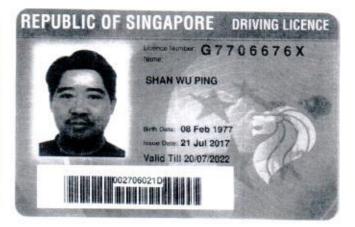


SHAN WUPING

0 56940707

CONSTRUCTION

K0540436



VISIT PASS

Immigration Regulations

J9-06-20%

SHAN WUPING



G7706676X

08-02-1977

CHINESE

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 3

Motor cars with unladen weight =< 3000kg with << 7 21 Jul 2017 passengers, exclusive of driver; and other motor vehicles with unladen weight << 2500kg

NP 428A





## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY	RISKS AND (	COMPENSATION)	ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY	RISKS AND O	COMPENSATION)	RULES, 1960
ROAD TRANSPORT ACT, 1987 (M.	ALAYSIA)		

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5100471195

Cover : Preferred Workshop Plan

1. Index mark and Registration Number of Vehicle

GBH37972

Chassis Number 2. Name of Policyholder /TFAT35YX0K210404

3. Effective Date of Insurance

G L D BUILDER PTE LTD

4. Expiry Date of Insurance

10 May 2018

5. Persons or Classes of Persons entitled to drive#

09 May 2019

(a) The Policyholder.

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

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

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

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

\$\$600

EXCESS (SECTION 2)

N/A

WINDSCREEN EXCESS

INSURE WITH COE

\$\$100

YES

HIRE PURCHASE COMPANY

N/A

SUM INSURED

MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS.

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: ABWIN PTE LTD (00000614234)

Date of Issue

08 May 2018 13:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

ABWIN PTE LTD

32 Fax: 6842 3301 (Admin 05kg)

Countersigned By:

Authorised Officer

Chief Executive

									Genera	alClaim
601						+ Chang	e Language	: Chang	THE REAL PROPERTY.	
Poli	cy Query									
Policy N	No.				Date	of Accident		06/04/2019 1	12:05	- 1
Vehicle	No.(For Motor)	GBH3	797Z		Cert	ficate Number	- [			
					Search					
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
0	5100471195		G L D BUILDER PTE LTD	201716543C	GCV	Preferred Workshop Plan	GBH3797Z	008384708	10/05/2018	09/05/2019
	Policy I Vehicle Select	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No.	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No. Certificate Number	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No. Certificate Number Name G L D BUILDER PTE	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No.  Certificate Number Number  G L D  BUILDER PTE 201716543C	Policy Query  Policy No.  Vehicle No.(For Motor)  Search  Select Policy No.  Certificate Number  Number  Select Policy No.  Certificate Number  Select Number  Select Policy No.  Certificate Number  Select Number  Select Number  Select Policy No.  Select Policy No.  Select Number  Select Num	Policy Query  Policy No.  Vehicle No. (For Motor)  Select Policy No.  Certificate Number  Number  Number  Policyholder Name NRJC  Product Cover Type  G L D  BUILDER PTE 201716543C GCV  Workshop	Policy Query  Policy No.  Vehicle No. (For Motor)  Select Policy No.  Certificate Number  Number Name NRJC Product Cover Type No.  Select Policy No.  Select Policy No.  Certificate Number Name NRJC Product Cover Type No.  Select Policy No.	Policy Query  Policy No.  Date of Accident  O6/04/2019 1  Vehicle No. (For Motor)  GBH3797Z  Certificate Number  Search  Select Policy No.  Certificate Number  Name NRIC  Product Cover Type No.  O5100471195  BUILDER PTE 201716543C  GCV  Workshop GBH3797Z  GBH3797Z  Preferred Workshop GBH3797Z  GBH3797Z  O8/04/2019 1	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No.  Certificate Number  Name NRIC  Select Policy No.  Select Policy No.  Certificate Number  Name NRIC  Select Policy No.  Select Policy No.  Certificate Number  Name NRIC  Select Policy No.  Select Policy No.  Select Policy No.  Select Policy No.  Certificate Number  Name NRIC  Select Policy No.  Select Pol

Policy No.	5100471195	Policyholder	G L D BUIL	DER PTE LTD	Policyholder	201716543	С
Certificate No.		Name	10710-71000007		NRIC	201710343	
Address	9 TAGORE LANE #04-03 9 @ TA	GORE SINGA	PORE 787472				
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy ssue Date	08/05/2018	Effective Date	10/05/2018	00:00	Expiry Date	09/05/2019	23:59
xcess Type		All Claims Excess					
hird Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				You	ng/Inexperience Driver Excess
gent	ABWIN PTE LTD	Agent Tel.	68423301		GST Flag	Y	
o- nsurance lag pen	No						
nfo Certificate nfo	holder Mailling Address						
nfo ertificate nfo Policyl	holder Mailing Address 9 TAGORE LANE	Addre	nee 7	#04.03 Q @ TAGO	DE .	Address 2	CINCADORS TOTAL
nfo Certificate nfo Policyl ddress 1	holder Mailing Address 9 TAGORE LANE	Addre		#04-03 9 @ TAGO		Address 3	SINGAPORE 787472
nfo Certificate nfo Policyl ddress 1	SCHOOL WE LESSON	Addre	ess Type ed Policy	#04-03 9 @ TAGO Singapore address 5107554875		Address 3 Post Code	SINGAPORE 787472 787472
nfo certificate nfo Policyl ddress 1 ddress 4 nit No.	9 TAGORE LANE	Addre	ess Type ed Policy	Singapore address			
ertificate info Policyl ddress 1 ddress 4 init No. Insure	9 TAGORE LANE 04-03 d Object: GBH3797Z	Addre	ess Type ed Policy	Singapore address			
Address 1 Address 4 Unit No.	9 TAGORE LANE 04-03 od Object: GBH3797Z seements	Addre Relate Numb	ess Type ed Policy	Singapore address 5107554875		Post Code	

Certificate No. Policyholder Name G.L.	0471195				
ertificate No.  olicyholder Name G.L.  roduct Code COM  ontact No. (Mobile) 0		Vehicle No.	G8H3797Z	GST Registration No.	
olicyholder Name G L I roduct Code COM ontact No (Mobile) 0		To the same	86137372	Got Registration No.	
roduct Code COM ornact No. (Mobile) 0	D BUILDER PTE LTD				
ornact No. (Mobile) 0				Policyholder NRIC	201716543C
	MERCIAL VEHICLE INSURA	Cover Type	Preferred Workshop Plan	Loading	0
mari Address		Contact No.(Office)	67450987	Contact No.(Home)	0
		Special Remark		eCode	11 V
K ⊕ M	lo () Yes	TCA	® No ○Yes	eCode Reason	(Manager)
CD Protection No.		NCD Entitlement(%)	0	Private Hire	No
Accident Details		In Chatter of Section State		(10000000000000000000000000000000000000	
port Date DB/C	4/2019 20:13	**************************************			
		Accident Report Within 34 hrs	Yes	Accident Type	Collision - Change / Cross rane
	4/2019	Time of Accident hitemm	12:05	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location IRAS	BUILDING CARPARK EXIT				
Excess					
m damage Excess	600.00	Additional Excess		Windscreen Eccess	100.00
named Oriver Excess		Outside Singapore OD Excess			200000
ind Party Excess	0.00	Outside Singapore TP Excess			
Benefits		Salare angelore in Escass			
GST Registered Information					
	No.				
T Registered T Registration No.	Yes		GST Registration Date	20/09/2017	
	201716543C		GST Status Verified	Yes	
dification History	08/04/2019 20:14:27 Sys	item changed GST Registered from Ni item changed GST Registration No. fr	om out to 2017165430		
	08/04/2019 20:14:27 5ys	tem changed GST Registration Date f	from null to 20/09/2017		
Policyholder Mailing Address					
dress 1 9 TA	GORE LANE	Address 2	#04-03 9 @ TAGORE	Address 3	SINGAPORE 787472
dress 4		Address Type	Singapore address	Post Code	787472
HI No. 04-0	3	Related Policy Number	5107554875		100,110
OI Driver Infe			000000000000000000000000000000000000000		
ver Name Unna	med Driver	Driver Type	Unnamed Driver		
named driver Name SHA	WU PING	Driver NRIC	G7706676X	Driver DOB	
	7/2017	Onver Age			08/02/1977
		5 75 10 10 10 10 10 10 10 10 10 10 10 10 10	42	Driving Experience	1
		Contact No. (Office)	0	Contact No. (Home)	0
fress 1 9 TA	GORE LANE	Address 2	9 @ TAGORE	Address 3	SINGAPORE 787472
dress 4		Address Type	Singapore address	Post Code	787472
it No. 04-0	3				101472
es he own a Singapore	- 70.40	VESSES 0055 NEWS			
pistered car?	ns ® No	Driver Vehicle No.		Driver Insurer Company	
Seretion					
Ministration of Black Test		HOUSE CENTROL	S 100 C 500 C		
aching? O mg		Any injury?	C) Yes (® No		
Sification Higgsry					
Affication History					
100 C 100 C 100 C 100 C					
The state of the s					
laim 001 New					
Taim 001 New	10	Insured Name	G L D BUILDER PTE LTD	Insured NRIC	201716543C
Talm 001 New OD-1	10	Insured Name Contact No. (Home)	© L D BUILDER PTE LTD		201714543C
m Type * OD-1	10		NDL	Contact No.(Office)	
m Type • OD-1 flact No.(Mobile)		Contact No. (Home) OI Vehicle Number	NIL G8H3797Z		201716543C
m Type * OD-1 lact No.(Mobile) lill Address mant Type Claiment Type * Pleat	e Salect	Consact No. (Home) Of Vehicle Number Type of Benefit *	NDL	Contact No.(Office)	
m Type * OD-1 nact No.(Mobile) nii Address mant Type Cleiment Type * Piear mant Name *		Contact No. (Home) OI Vehicle Number	NIL G8H3797Z	Contact No.(Office)	
m Type * OD-1 nact No.(Mobile) all Address mant Type Clamant Type * Pleat mant Name *	e Select V	Consact No. (Home) Of Vehicle Number Type of Benefit *	NIL G8H3797Z	Contact No.(Office)	
m Type * OD-1 nact No.(Mobile) sii Address mant Type Clement Type * Pleat mant Name * mare Address m Description GBH1	e Salect	Consact No. (Home) Of Vehicle Number Type of Benefit *	NIL G8H3797Z	Contact No.(Office)	
im Type * OD-1 mack No.(Mobile) all Address imant Type Claiment Type * Pleat imant Address im Description GBH1 ferred Workshop Contact	e Select 22.	Consact No. (Home) Of Vehicle Number Type of Benefit *	NIL G8H3797Z	Contact No.(Office) TP Vehicle Number	EA2E
m Type * OD-1 nact No.(Mobile) all Address mant Type Clament Type * Pleas mant Name * mant Address m Description ferred Workshop Cortect 6842	e Select 22.	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability *	NIL GBH3797Z Please Select  Fully at Faux	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop	EAZE N-S1 AUTOMOTIVE PTE LTD
m Type * OD-1 flact No.(Mobile) all Address mant Type Claimant Type * Pleat mant Name * mare Address m Description erred Workshop Cortact use Finalisation Ves	e Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimart NRIC *  Insured Liability * Preferered Repair Option	NIL GBH3797Z Please Select  Fully at Faux	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	EAZE  N-SS AUTOMOTIVE PTE LTD.  Received
m Type * OD-1 lact No (Mobile) ell Address mant Type Claiment Type * Pleat mant Name * mant Address m Description GBH1 ered Workshop Cortect use Pinalisation Yes Registered OB/Os	e Select	Contact No. (Home) OI Venicle Number Type of Benefit * Claimant NRIC * Insured Liability *	NIL GBH3797Z Please Select  Fully at Faux	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop	EAZE N-S1 AUTOMOTIVE PTE LTD
alm 001 New  In Type * OD-1 lact No. (Mobile) If Address nant Type Claimant Type * Pleat nant Name * nam Address In Description seried Workshop Cortect sers Finalisation Fee Registered OB/04 Int Taken By Jacks	e Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimart NRIC *  Insured Liability * Preferered Repair Option	NIL GBH3797Z Please Select  Fully at Faux	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received	EAZE  N-SS AUTOMOTIVE PTE LTD.  Received
m Type * OD-1 lact No (Mobile) eli Address mant Type Claiment Type * Pleat mant Name * mark Address m Description GBH1 erned Workshop Cortact use finalisation Yes Registered OB/04 ert Taken By Jacks	e Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimart NRIC *  Insured Liability * Preferered Repair Option	NIL GBH3797Z Please Select  Fully at Faux	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  OD Excess Collected by	EAZE  N-SS AUTOMOTIVE PTE LTD.  Received
m Type * OD-1 lact No (Mobile) eli Address mant Type Claiment Type * Pleat mant Name * mark Address m Description GBH1 erned Workshop Cortact use finalisation Yes Registered OB/04 ert Taken By Jacks	e Select	Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preferenced Repair Option Claim Cloise Date	NIL GBH3797Z  Please Select  Fully at Fault Income to assign workshop	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received	EAZE  N-SS AUTOMOTIVE PTE LTD.  Received
m Type * OD-1 lact No. (Mobile) lei Address mant Type Claimant Type * Pleat mant Name * mant Address m Description certed Workshop Cortact user Finalisation te Registered OR/Of art Taken By Jacks	e Select	Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preferenced Repair Option Claim Cloise Date	NIL GBH3797Z Please Select  Fully at Faux	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  OD Excess Collected by	EAZE  N-SS AUTOMOTIVE PTE LTD.  Received
m Type * OD-1 flact No.(Mobile) ell Address mant Type Clement Type * Pleat mant Name * mare Address m Description GBH1 erred Workshop Cortact use Finalisation e Registered oR/O art Taken By Jacks	e Select	Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preferenced Repair Option Claim Cloise Date	NIL GBH3797Z  Please Select  Fully at Fault Income to assign workshop	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  OD Excess Collected by	EAZE  N-SS AUTOMOTIVE PTE LTD.  Received
m Type * OD-1  m Type * OD-1  mlact No.(Mobile)  all Address  mant Type Claimant Type * Pleat  mant Address  m Description GBH1  ferred Workshop Contact  8842  were Finalisation Yes  e Registered OB/04  ort Taken By Jacks  Print AK letter	e Select	Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preferenced Repair Option Claim Cloise Date	NIL GBH3797Z  Please Select  Fully at Fault Income to assign workshop	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  OD Excess Collected by	EAZE  N-SS AUTOMOTIVE PTE LTD.  Received
im Type * OD-1 mact No.(Mobile) all Address imant Type Claiment Type * Pleas imant Address imant Address imant Address imant Address imant Address imare Add	22 27972 / EAZE ON 6 Apr 2019 20051	Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preferenced Repair Option Claim Cloise Date	NIL GBH3797Z  Please Select  Fully at Fault Income to assign workshop	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  OD Excess Collected by	EAZE  N-SS AUTOMOTIVE PTE LTD.  Received
m Type * OD-1 mark No.(Mobile) all Address mant Type Clamant Type * Pleat mant Name * mark Address m Description ferred Workshop Cortect see Registered on Taken By Dacks Prior AK letter	e Select	Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preferenced Repair Option Claim Cloise Date	NIL GBH3797Z  Please Select  Fully at Fault Income to assign workshop	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  OD Excess Collected by	EAZE  N-SS AUTOMOTIVE PTE LTD.  Received
m Type * OD-1  mark No.(Mobile)  all Address  mant Type Claimant Type * Pleas  mant Name *  mark Address  m Description  ferred Workshop Cortect  8842)  we Finalisation  Yes  Registered  OB/Os  ort Taken By  Jacks  Mark Ak letter  Stachment	22 27972 / EAZE ON 6 Apr 2019 20051	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimart NRIC *  Insured Liability * Preference Repair Option Claim Close Date	NIL GBH3797Z Please Select  Fully at Faux Income to assign workshop  Save Submit  Oot	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  OD Excess Collected by	EAZE  N-SS AUTOMOTIVE PTE LTD.  Received
m Type * OD-1  mark No.(Mobile)  all Address  mant Type Claimant Type * Pleas  mant Name *  mark Address  m Description  ferred Workshop Cortect  8842)  we Finalisation  Yes  Registered  OB/Os  ort Taken By  Jacks  Mark Ak letter  Stachment	22 7972 / EAZE ON 6 Apr 2019	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimart NRIC *  Insured Liability * Preference Repair Option Claim Cloide Date	NIL GBH3797Z  Please Select  Fully at Faux Income to assign workshop  Save Submit  Oot OB/O4/2019 20:16	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  OD Excess Collected by Workshop	EAZE  N-51 AUTOMOTIVE PTE LTD.  Received  08/04/2019 00:00
m Type * OD-1 mack No. (Mobile) all Address mant Type Claimant Type * Pleat mant Name * mant Address m Description GBH1 erred Workshop Cortect see Pleatisedon Yes Registered OB/04 ort Taken By Jacks Macking Address Macking	22 7972 / EAZE ON 6 Apr 2019 20051 20072 2019 20:15	Contact No. (Home) OI Vehicle Number Type of Benefe * Claimart NRIC *  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date	NIL  GBH3797Z  Please Select  Fully at Faux  Income to assign workshop  DOI  DB/D4/2019 20:16  Category *	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  OD Excess Collected by Workshop  Contidential Urgens	Received V 08/04/2019 00:00
m Type * OD-1 fact No (Mobile) ell Address mant Type Claiment Type * Pleat mant Name * mare Address m Description GBH1 erred Workshop Cortect use Finalisation Yes Registered OB/04 set Taken By Jacks tachment fent No.	22 7972 / EAZE ON 6 Apr 2019	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimart NRIC *  Insured Liability * Preference Repair Option Claim Cloide Date	NIL GBH3797Z  Please Select  Fully at Faux Income to assign workshop  Save Submit  Oot OB/O4/2019 20:16	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  OD Excess Collected by Workshop	EAZE  N-51 AUTOMOTIVE PTE LTD.  Received  08/04/2019 00:00
tim Type * OD-1 mixet No. (Mobile) mixet Andress mixet Andress mixet Andress mixet Andress mixet Andress mixet Andress mixet No. (Mobile) Mixet No	22 7972 / EAZE ON 6 Apr 2019	Contact No. (Home) OI Vehicle Number Type of Benefe * Claimart NRIC *  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date	NIL  GBH3797Z  Please Select  Fully at Faux  Income to assign workshop  DOI  DB/D4/2019 20:16  Category *	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received  OD Excess Collected by Workshop  Contidential Urgens	Received V 08/04/2019 00:00

