Date In: 7/5/19 - 20:42	Jeb description	Date &Time Completed	Don	e by
Res No: MA LINE 190000 6/24	SAS e-filing			
Veh No: 17272073	E-mail (within Shrs, AIC 2hrs)	T		-
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OD TP/ Reporting Only	i-Photo Uploaded	1		
TDI	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (The same of the sa		ax:	
TP Particulars: Veh No: JF	PUTURIC INC)/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: (Period: (Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-2	0%: P: 21-79% P: 80-1	00%1	
Year of Registration: ()	Warranty: YES ()/NO (1	3070	
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Remarks: (INC hotline: 6788 6616)			SAN TOP RECEIVE	(i)x iv.
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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.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 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	07/05/2019 20:42
Date Of Accident	06/05/2019 12:40
Exact Location Of Accident	51 UBI AVE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJZ7207U
Insured/Policyholder	
Name Of Registered Owner	UIWES ENGINEERING (S) PTE LTD
Co Reg No	199201787G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER EX 2.0L GT CVT ABS D/AB 2WD HID
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
If No, Please state action to be taken	THIRD PARTY

COMMERCIAL VEHICLE

Insurance Company

Vehicle Category

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number 5108681237

Cover Note Number

Driver

 Name of Driver
 LAM ZHENG HUI

 NRIC No
 \$8726855A

 Date Of Birth
 02/09/1987

 Occupation
 OUTDOOR

 Date Of Driving Pass
 06/08/2009

Driving Experience 9 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96516688

Fax Number

Contact Number OFFICE-96516688

EMail Address NOEMAIL

BLK 861 JURONG WEST STREET 81 Address

#12-602

Postcode 640861

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

3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? 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?

Was there any video captured by Car Camera?

YES NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SFU5481E

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GY6261J

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)

COMMERCIAL VEHICLE

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder 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.
- 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.

UNIWES ENGINEERING(S) PTE LTD

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time: SKETCH PLAN Cantry A SJZ 72074 B SF4 5481 E C 97 6261 J

DECLARATION

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

UNIWES ENGINEERING(S)
Policy Holder's signature

Date & time:

Driver's signature

(if driver is not policy holder) Date & time:

reporting centre personnel's Signature

Name:

NRIC/FIN No.:

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.

			ACCIDENT DETAILS	
Date of accident	06	05	2019	(DD/MM/YY)
Time of accident	: در	40 1	Om .	(HH:MM)
Exact location of accident	The state of the s	-	Ave I , Paya Ubi Industrial Part	•

是2000年,1940年的 2 000年,1940年	DETAILS OF VEHICLE			
Vehicle registration number	SJZ 7207 U			
Vehicle make and model	Lancer EX			
Type of vehicle	Saloon MPV CRV Van Lorry Bus Motorcycle Others:			
Vehicle category	Private Commercial Motorcycle			
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			

THE PARTY OF THE PARTY.	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

INSURED / POLICY HOLDER					
Name	Uniwes	Engineering (s)	Pte Ltd	Male □	Female
NRIC / Fin / Passport number		0 3			
Contact					
Address					

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)					
Name	Lam Zheng Hui Malex	Female				
NRIC / Fin / Passport number	S8726855A					
Contact	9651 6688					
Address	Apt Bik 861 Jurong West Street 81 # 12-602 \$ (640 861)					
Email address						
Date of birth	02/09/1987					
Occupation	Indoor Outdoor					
Driving date pass	06/08/2009.					

	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes 🗷 No 🗆
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes D No.2
Weather condition	Clear Raining Others:
Road surface	Dry Ø Wet 🗆
No of passenger	(Inclusive of driver)
	PASSENGER 1
Name	
Gender	Male Female
	PASSENGER 2
Name	
Gender	Male D Female D
11:	
Name of the Party	PASSENGER 3
Name	PASSENGENS
Gender	Male D Female D
- Constant	Time of Tenance
	PASSENGER 4
Name	PASSENGER 4
Gender	Male D Female D
Gender	A Male D Pellale D
	PACCENCEDE
Name	PASSENGER 5
Gender	Male Female
Gender	Male Female
	PASSENGER 6
Name Gender	Male Female
Gender	Male Female
	OTHER MISORIAL TION
Managed Asia in the Asia	OTHER INFORMATION
Was anybody injured?	Yes D No.
Was other vehicle damaged?	Yes, d No a
	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No No If yes, please state which police station.
Police station name	
THE REAL PROPERTY.	WITNESS 1
Name	
Mark India at the property of	WITNESS 2
Name	

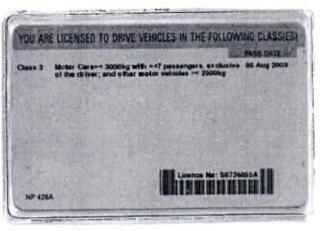
22)	В
	THIRD PARTY VEHICLE 1
Vehicle registration number	SFU 5481 E
Vehicle make model	31 4 370/ L
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	GY 6261 J
Vehicle make model	Q7 6241 3
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
AND DESCRIPTION OF THE PERSON NAMED IN COLUMN	TUIDD DADTY VEHICLE 2
Vehicle registration number	THIRD PARTY VEHICLE 3
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THE CAST VICTOR
V-bi-l	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
TO THE STREET	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model /	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

		INJURED PERSON 1	
Name		INJUNED PERSON I	·
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes□	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	and the second		/
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Name			
Injuries sustained			
Which vehicle person in?			1
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
加速速度等的特殊	-	INJURED PERSON 3	No constitution of the second
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
THE REAL PROPERTY.		INJURED PERSON 4	
Name		/	
Injuries sustained		/	
Which vehicle person in? Were seat belts worn?	Yes 🗆	No	
		No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗹	No 🗆	
nospital by ambulance:	1		
March Victoria School Control	-	INJURED PERSON 5	
Name	/	INJURED PERSON 5	the second section is a second section of the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a section in the second section in the section is a section section in the section is a section section in the section is a section section in the section section in the section section is a section section in the section section in the section section is a section sectio
THE RESIDENCE OF THE PARTY OF T			
Injuries sustained			
Injuries sustained Which vehicle person in?			
Which vehicle person in?	Yes 🗆	Non	
Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆	
Which vehicle person in?	Yes 🗆 Yes 🗆	No a	
Which vehicle person in? Were seat belts worn? Was injured conveyed to			
Which vehicle person in? Were seat belts worn? Was injured conveyed to		No 🗆	
Which vehicle person in? Were seat belts worn? Was injured conveyed to			
Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?		No 🗆	
Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name		No 🗆	
Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained		No 🗆	
Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes 🗆	No INJURED PERSON 6	











Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

Certificate Number: 5108681237-000002

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

: SJZ7207U

Chassis Number

: JMYSTCY4A9U002788

2. Name of Policyholder

: UNIWES ENGINEERING (S) PTE LTD

3. Effective Date of Insurance

4. Expiry Date of Insurance

: 05 Apr 2019

: 04 Apr 2020

5. Persons or Classes of Persons entitled to drive#

(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.

This Policy does not cover

EXCESS (SECTION 1)

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

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.

: 5\$600

EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100 **ADDITIONAL EXCESS** : N/A UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : N/A NAMED DRIVER (1)

NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

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)

: N/A

Agency

: NLE INSURANCE AGENCIES PTE LTD (00000614580)

Date of Issue

: 04 Apr 2019 15:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



Policy Information Policyholder Policy No. Policyholder NRIC 5108681237 UNIWES ENGINEERING (S) PTE 199201787G Certificate 5108681237-000002 Address 53 UBI AVENUE 1 #03-13 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934 Product Group FLEET MASTER INSURANCE Plan Name Policy Flag Policy Effective 04/04/2019 issue 05/04/2019 00:00 Expiry Date 04/04/2020 23:59 Date Date Excess All Claims Per Accident Туре Excess Third Own Windscreen Party Excess damage 100 Excess Excess Additional os 0 0 Excess Premium Outside Outside Singapore OD Singapore TP Excess Young/Inexperience Driver Excess Excess NLE INSURANCE AGENCIES PTE Agent Tel. Agent 65673612 Coinsurance No Flag Open Policy Info Certificate Info Policyholder Mailing Address Address 1 53 UBI AVENUE 1 Address 2 #03-13 PAYA UBI INDUSTRIAL | Address 3 SINGAPORE 408934 Address 4 Address Type Singapore address Post Code 408934 Related Policy Unit No. 5108882298 Number Insured Object: 5108681237-000002 Tendorsements Sequence Date of Endorsement **Endorsement Type Endorsement Number Endorsement Status Endorsement Content** Certificate Endorsements Sequence Date of Endorsement **Endorsement Type** Endorsement Number **Endorsement Status** Endorsement Content Continue Cancel

Accident MT/1043413					
Policy No.	5108681237	Makiria Pi-	erroon.		S000010025
		Vehicle No.	\$1Z7207U	GST Registration No.	M201060699
Gertificate No.	5106681237-000002				
Policyholder Name	UNIWES ENGINEERING (5) PTE LTD			Policyholder NRIC	199201787G
Product Code Contact No.(Mobile)	PLEET MASTER INSURANCE 0	Cover Type	drive GLASSIC	Loading	0
	0.	Contact No.(Office)	0	Contact No.(Home)	0
Email Address	200000000	Special Remark		eCode	NI V
CF K	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
→ Accident Details					
Report Date	07/05/2019 21:36	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
late of Accident	06/05/2019	Time of Accident thromm	12:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	51 UBI AVE 1				
→ Total Excess Applicable					
xcess Type	Per Accident	Windscreen Excess	100.00		
00 Standard Excess	445.46	(1575-050) (1565-07)			
	600.00	TP Standard Excess			
TEO OO Excess		YIED TP Excess		Driver is Covered?	
edditional Excess	0.00				
Total OD Excess Applicable		Total TP Excess Applicable			
♥ Benefits					
GST Registered Inform					
SST Registered SST Registration No.	Yes		GST Registration Date	01/04/1994	
fodification History	M201060699		GST Status Verified	Yes	
Transcator restory					
Policyholder Mailing Ad	Mraca.				
ddress 1	53 UBI AVENUE 1	Address 2	#03-13 PAYA UBI INDUSTRIAL I	Address 3	SINGAPORE 408934
ddress 4		Address Type	Singapore address	Post Code	408934
Init No.		Related Policy Number	5108882298		
OI Driver Info					
Oriyer Name	Unnamed Driver	Driver Type	Unnamed Driver		
Innemed driver Name	LAM ZHENG HUS	Driver NRIC	S8726855A	Driver DOB	02/09/1987
egister Date of Driver License	06/08/2009	DriverAge	21	Driving Experience	9
Contact No.(Mobile)	96516688	Contact No. (Office)	0	Contact No.(Home)	0
Address I	BLK 861	Address 2	JURONG WEST STREET B1	Address 3	SINGAPORE 640861
ddress 4		Address Type	Singapore address	Post Code	640861
Init No.	12-602				
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
ecerecion			0		
breathalyser or Blood Test	0 mg	Any injury?	1 1 Yes (#0 No		
Breathalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
dreathalyser or Blood Test Reading?	0 mg	Any injury?	U res ⊚ No		
Breathalyser or Blood Test	0 mg	Any injury?	U Yes ⊕ No		
reathalyser or Blood Test leading? lodification History	0 mg	Any injury?	U Yes ⊚ No		
reathalyser or Blood Test leading?	0 mg	Any injury?	U Yes ⊚ No		
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reathalyser or Brood Test eading? oddfication History Claim 001 New	0 mg	Any injury? Insured Name	UNIWES ENGINEERING (S) PTE	Insured NR1C	199201787G
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reathalyser or Brood Test eading? Odification History Claim 001 New Jaim Type * ontact No.(Mobile) meil Address	GO-WX	Insured Name Contact No.(Home)	UNIWES ENGINEERING (S) PTE	Contact No.(Office)	68441096
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reathalyser or Blood Test eading? Claim 001 New Saim Type * contact No.(Mobile) mail Address Samant Type Claimant Type * Samant Name * Samant Name *	CO-MX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	UNIWES ENGINEERING (S) PTE	Contact No.(Office)	68441096
reathalyser or Brood Test eading? Claim 001 New Islim Type * contact No. (Mobile) moli Address Lamant Type claimant Type * lamant Name * lamant Name *	CO-MX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	UNIWES ENGINEERING (S) PTE SIZ7207U Please Salect	Contact No. (Office) TP Vehicle Number	68441096
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reathalyser or Blood Test leading? Claim 601 New Islam Type * contact No. (Mobile) and Address Islamant Name * Islamant Name * Islamant Address Islamant	CO-MX	Insured Name Contact No.(Home) Of Vahicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option	UNIWES ENGINEERING (S) PTE SIZ7207U Please Salect	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	68441095 [SFUS481E
Claim 001 New Claim 001 New Claim 001 New Claim Type * Contact No.(Mobile) Small Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claimant Mobile Claimant Name * Claimant Mobile Claimant Name * Cl	CO-MX	Insured Name Contact No.(Home) Of Vahicle Number Type of Benefit * Claimant NRIC *	UNIWES ENGINEERING (S) PTE SJ27207U Please Select Mot at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	68441095 [SFUS481E
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Claim 001 New Claim 001 New Claim 001 New Claim Type * Contact No.(Mobile) Small Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claimant Mobile Claimant Name * Claimant Mobile Claimant Name * Cl	CO-MX	Insured Name Contact No.(Home) Of Vahicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option	UNIWES ENGINEERING (S) PTE SJ27207U Please Select Mot at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	68441095 [SFUS481E
Intelligence or Blood Test leading? Claim 001 New Claim 1001 New Claim Type * Contact No. (Mobile) Intelligence or Blood Test Claim Type * Contact No. (Mobile) Intelligence or Blood Test Claim Type Claimant Type * Claimant Name * Claimant Name * Claimant Address Claimant Address Claimant Address Claimant Address Claimant Mobile Claimant Address Claimant Mobile Claimant Type Claimant Type * Claimant Type Claiman	CO-MX	Insured Name Contact No.(Home) Of Variote Number Type of Benefit * Claimant NR3C * Insured Liability * Preference Repair Option Claim Close Date	UNIWES ENGINEERING (S) PTE S127207U Please Select Mot at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	68441095 [SFUS481E
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reathalyser or Blood Test leading? Claim 001 New Claim 001 New Laim Type * Contact No. (Mobile) Imail Address Laimant Name * Laimant Name * Laimant Address Laimant Address Laimant Address Laimant Address Laimant Address Laimant Registered aport Taken By	CO-MX	Insured Name Contact No.(Home) Of Variote Number Type of Benefit * Claimant NR3C * Insured Liability * Preference Repair Option Claim Close Date	UNIWES ENGINEERING (S) PTE S127207U Please Select Mot at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	68441095 [SFUS481E
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Ireathalyser or Blood Test leading? Claim 001 New Liam Type * Contact No. (Mobile) Ireal Address Liamant Liamant Liamant Liamant Liamant Liamant Liamant Lia	CO-MX	Insured Name Contact No.(Home) Of Variote Number Type of Benefit * Claimant NR3C * Insured Liability * Preference Repair Option Claim Close Date	UNIWES ENGINEERING (S) PTE S127207U Please Select Mot at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	68441095 [SFUS481E

