NATIONAL Assessment C	entre Services wet 1 Jani	WP ICPIIALM 120	
Date In: 7/5/19-12:0	Jeb description	Date &Time Completed	Done by
Ref No: 44/14C 19008 058/14	SAS e-filing		
Veh No: [7]471936	E-mail (within Shrs, AIC 2	thrs)	
D.O.A : 6/5/19-17:15	i-Motor Claim Form	166-21 YCHO11HM	7/7/19 21:57
63	i-Motor W/O (Within:	OD 2hrs, TP 4hrs)	
OD / TP)! Reporting Only	i-Photo Uploaded		1
	Assessment/Survey Rep	port	
TP Insurer:	Ass't Report by Fax / I	Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QV	W: (Tel:	Fax:
TP Particulars: Veh No:	170 yoru 1	NC()/Non-INC().	4:
Owner / Driver: (У П	Tel:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. Status (WO): N	N: 0-20%; P: 21-79%. F: 80	-100%]
Year of Registration: () Warranty: YES ()/NO)()	
Excess: (\$) Loading	g:\$1,000()/\$2,000()		
General Remarks -	Bergin Dahmara North America		<u> </u>
La seria priva de la respessora portanti de Andrea es activatorioren pueda.	Magally Cont. There's the State		
() Walk-In Customer : Customer	rs information strictly Confidentia	& Strictly NO rater of repaire	Г.
() Total Loss Case : to e-mail	Insurer URGENTLY.		10
Drive-In ()/ Towed-In (); I	Invoice: YES () / NO (); Towing Co: (.)
			15-7-7-X (0-7-0) - 7-00-10 - 10-
Remarks: (INC hodine: 6788 66	616)	Date& Time Completed	Done by
1) Apply for Transport Allowance ()/Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Co.			
Injury:		2 18 S	1
Tilyary:			
Date/Time Actions	a Contract of the Contract of		A SOM CANE
7.	(9-10)		
·			
		Participation of the street management of the street	
No 1402474	Inveic	e Preparation Checklist	Ant (5) Ant (5)
laimant's Particulars :-	AN TOTAL COLOR SECTION CONTRACTOR AND ADDRESS OF THE SECTION CO.	ocident Reporting (\$30);	
	2) DA : E	Damage Assessment (\$100); INC	(S80) 40/S45
river/Owner:	4) FT : Fo	ollow-Through Survey	\$120
ontact No:		ollow-Through Survey (Resurvey)	\$30
and I Back		iming against INC Only (wef 10 Jan 20 e-inspection	\$75
arnaged Portion:	7) N1 : Id	lao DA + SMRT Survey	\$160
		Additional Services:-	
C Checked by (Engr-In-Charge):	OD*	ourtesy Car / Tpt Allowance	\$5
		Repair Co-ordination	\$10
uditors! Comments :-	'N7:F	ost Repair Inspection	\$25
TO THE PERSON AND DESCRIPTIONS AND ADDRESS OF THE PERSON O	AND THE PARTY OF T	V / Collect Excess Coordination	55
<u>1. 1:</u>	3 3 4 5 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5		The second secon
	TP(N	11): TP (Non INC) against INC	\$20 30
1 2/3:	TP(N	11): TP (Non INC) against INC dae Mobile	\$20 30

i special topic

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 <u>truthful and accurate</u> 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.
- 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

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Date Of Report 07/05/2019 20:13
Date Of Accident 06/05/2019 17:15

Exact Location Of Accident YISHUN AVE 3 TWDS YISHUN RING RD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJH2193C

Insured/Policyholder

Name Of Registered Owner LEE CHUN LOONG (LI JUNLONG)

NRIC No S7621046B
Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-96675823

 Alternative Phone No
 OFFICE-96675823

Vehicle Particulars

Manufacturer TOYOTA

Model ISIS 1.8LX A

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

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 5103551798

Cover Note Number

Driver

Name of Driver LEE CHUN LOONG (LI JUNLONG)

 NRIC No
 \$7621046B

 Date Of Birth
 16/07/1976

 Occupation
 OUTDOOR

 Date Of Driving Pass
 06/10/2015

Driving Experience 3 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96675823

Fax Number

Contact Number OFFICE-96675823

EMail Address NOEMAIL

BLK 283 YISHUN AVENUE 6 Address

#12-152

760283 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions 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

NO

3

NO

NO

NO Was any body injured in the Accident?

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)

Passenger 1 NAME:

> GENDER: : FEMALE

Passenger 2 NAME:

> GENDER: ; FEMALE

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

DETAILS OF OTHER VEHICLE PROPERTY 1

SJD902H Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 16

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly on the details of the accident to speed up the claims process.
- 2) 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>.
- 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) 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.

Policy holder's signature

Date time:

Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT was stationary along yichun Avenue 3, waiting for the traffic to before mains on Suddenly I impact from the Vehicle. When I got down Z reclice a accident. DECLARATION I/We declare the foregoing particulars are true in every respect.

SKETCH PLAN

Policy holder's signature

Date & time:

Driver's signature

Date & time:

(if driver is not policy holder)

Page 6

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	6/5/2019	(DD/MM/YY)					
Time of accident	5:15 Pm	(HH:MM)					
Exact location of accident	Yishun Avenues towards J	unction of Yishun ring					

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_ D	ETAILS OF	VEHICLE	Tan Pin		
Vehicle registration number	SJH2193	3C				
Vehicle make and model	tou ota	1515				
Type of vehicle	Saloon, Lorry 🗆	MPV ≠ Bus □		□ Var orcycle □	Others:	
Vehicle category	Private	Comme	ercial 🗆	Motorcy	/cle □	
Purpose of using at said time						
Are you claiming under your own insurance company?	Yes Third part c	No,	if no, ple Reportir	ase select: g only \Box		

INSURANCE INFORMATION									
Insurance company	NTUC								
Policy number	789800								
Type of policy	Comprehensive	Third party fire & theft □	TP only □						

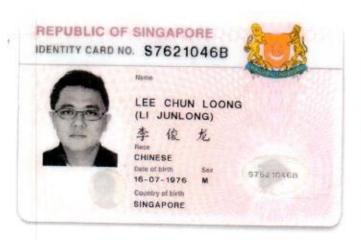
INSURED / POLICY HOLDER								
Name	Lee Chun Loung	Male Female 🗆						
NRIC / Fin / Passport number	576210468							
Contact	9667 5823							
Address	BIK 283 YISHUN AVENUE 6 #12-15	52 S(760283)						

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Name	Male □	Female 🗆
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	1617 1976	
Occupation	Indoor Outdoor	
Driving date pass	6/10/2015	

	GENERAL	INFORMAT	ION OF THE	ACCIDENT		
Was driver an employee of	Yes 🗆	No				
he insured's company?		ationship of	the driver a	and insured:	Owner	
Accident captured by camera?	Yes 🗆	No 🗆				
Weather condition	Clear	Raining	Oth	ers:		- 575-111-12-
Road surface	Dry	Wet □				
No of passenger	2	11000			(Inclu	sive of driv
to or pusseinger					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		DACCE	NCED 4			
	Comple		NGER 1			
Name	Grab	passenge				
Gender	Male 🗆	' Female	2			
			NGER 2	1 2 7 1		
Name	6rab					
Gender	Male 🗆	Female				
	- 6	PASSE	NGER 3	He He		
Name						
Gender	Male 🗆	Female t				
	477	PASSE	NGER 4	E VAN	17115	-
Name						
Gender	Male 🗆	Eemale 1				
	· ·	/				
		PASSE	NGER 5	NAME OF TAXABLE PARTY.	***********	PASTOR
Name	7	I ASSE	MOLING			
Gender /	Male 🗆	Female 1				
Gender	iviale 🗆	remale	Ц			
		DACCE	THEFR C			
		PASSE	NGER 6	CO KONTE	ER SOCIETATION	
Name	NA-1	Familia :	en e			
Gender	Male 🗆	Female				
	-					
	THE REAL PROPERTY.		FORMATION			
Was anybody injured?	Yes 🗆	No.				
Was other vehicle damaged?	Yesz	No □				
		112-				
	DETAI	LS OF POLIC	CE STATION	ACTION	以	Spiller Town
Reported to police?	Yes 🗆	Noz	If yes, plea	se state whi	ch police station.	
Police station name						
		WIT	NESS 1		A STATE OF THE STA	
Name						
10711117		/				
	-	WIT	NESS 2		1000 SALVES	MONEYA

	THIRD PARTY VEHICLE 1
Vehicle registration number	SJ D902H
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
/ -	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	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	
0751/4751	
	THIRD PARTY VEHICLE 7
Vehicle registration number	THIRD PARTY VEHICLE?
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	

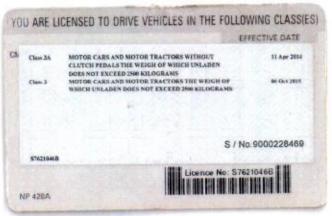
•		INJURED PER	SON 1		THE PARTY OF THE P
Name					
Injuries sustained			V2=		
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?	1. 4.4.00				
1	WENE	INJURED PER	ON 2		
Name		INJUNED PER	ON 2		
Injuries sustained					
Which vehicle person in? Were seat belts worn?	V			/	
	Yes 🗆	No 🗆		/	
Was injured conveyed to	Yes □	No 🗆	/		
hospital by ambulance?					
		INJURED PERS	SON 3		
Name					
Injuries sustained					
Which vehicle person in?					
Were seat belts worn?	Yes □	No 🗆			
Was injured conveyed to	Yes □	No 🗆			
hospital by ambulance?					
		INJURED PERS	ON 4		
Name	1.7				
Injuries sustained					
Which vehicle person in?					
Were seat belts worn?	Yes □	/No □			
Was injured conveyed to	Yes 🗆 /	No 🗆			
hospital by ambulance?	/				
, , , , , , , , , , , , , , , , , , , ,					
	Name of Street	INILIDED DED	ONE	NEW COLUMN	
A STATE OF THE PARTY OF THE PAR					
Namo	7	INJURED PERS			
Name Injuries sustained		INJURED PER			
Injuries sustained		INJURED PERS			
Injuries sustained Which vehicle person in?	Vos D				
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆			
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆 Yes 🗆				
Injuries sustained Which vehicle person in? Were seat belts worn?		No 🗆			
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No 🗆 No 🗆			
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?		No 🗆			
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name		No 🗆 No 🗆			
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained		No 🗆 No 🗆			
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes 🗆	No □ No □ INJURED PERS			
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?		No 🗆 No 🗆			
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes 🗆	No □ No □ INJURED PERS			











This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description Issue Date

13 PRIVATE HIRE CAR VL 16/10/2018

eBao Tech		100		2000						Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chang	e Password	Log Out
My Desktop	Policy	Query									
Notice of Loss	Policy No.					Date	of Accident	O	6/05/2019 1	7:15	
	Vehicle No	(For Motor)	SJH219	3C		Certif	icate Number				
					1	Search					
	Select I	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 51	103551798		LEE CHUN LOONG (LI JUNLONG)	S7621046B	GPC	drivo CLASSIC	SJH2193C	SJH2193C	07/09/2018	06/09/2019
				115500000000000000000000000000000000000		Continue	I.				

	5103551798	Policyholder Name	LEE CHUN	LOONG (LI JUNLONG	Policyholder	S7621046B	
Certificate No.		Name		0.000.000.000.000.000.000	NRIC	5.0210100	
Address	BLK 283 #12-152 YISHUN AVE	NUE 6 SINGAP	ORE 76028	3			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	10/09/2018	Effective Date	07/09/20:	18 00:00	Expiry Date	06/09/2019 23	::59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	1500	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/	Inexperience Driver Excess
Agent	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020	null	GST Flag	Y	
Co- insurance Flag Open Policy Info	No						
Certificate Info							
Policyl	holder Mailing Address						
- roney	BLK 283 #12-152	Addre	ss 2	YISHUN AVENUE 6		Address 3	SINGAPORE 760283
	DLN 203 #12-132						
Address 1	DLR 263 #12-152	Addre	ss Type	Singapore address		Post Code	760283
Address 1 Address 4 Unit No.	12-152		d Policy	Singapore address 5103551798		Post Code	760283
Address 1 Address 4 Unit No.		Relate	d Policy			Post Code	760283
Address 1 Address 4 Unit No.	12-152 nd Object: SJH2193C	Relate	d Policy			Post Code	760283

icy No.					
	5103551798	Vehicle No.	S1H2193C	GST Registration No.	
eroficate No.					
olicyholder Name	LEE CHUN LOONG (LI JUNLONG)			Policyholder NRIC	S76210468
roduct Code	PRIVATE CAR INGURANCE	Cover Type	drive CLASSIC	Loading	0
ontact No. (Mobile)	96675823	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	No. V
PK.	® No ○Yes	TCA	® No ⊜ Yes	eCode Reason	
CO Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
gort Date	07/05/2019 21:50	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
rte of Accident	06/05/2019	Time of Accident Normm	17:15	Country of Accident	Singapore
adorting Centre		Orange Force		ICM No.	Singapore
cident Location	YISHUN AVE 3 TWDS YISHUN RING RD	0-000 * 00-0000		JCP NO.	
P Excess					
vn damage Excess	2,000.00	Additional Excess	1500	Windscreen Excess	100.00
named Driver Excess	0.00	Outside Singapore OD Excess	2,000.00	William Excess	100.00
and Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
→ Benefits		1990	4,300.00		
GST Registered Inform	ation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
odification History			The second second	163	
Policyholder Mailing Ad					
dress 1	BLK 283 #12-152	Address 2	YISHUN AVENUE 6	Address 3	SINGAPORE 760283
dress 4		Address Type	Singepore address	Point Code	760293
it No.	12-152	Related Policy Number	5103551798		
OI Driver Info					
iver Name	LEE CHUN LOONG (LI JUNLONG)	Driver Type	Main Driver		
mamed driver Name		Oriver NR3C	\$7621046B	Driver DOB	16/07/1976
gister Date of Driver License	06/10/2015	Driver Age	42	Driving Experience	3
ritact No.(Mobile)	96675823	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 283	Address 2	YISHUN AVENUE 6	Address 3	SINGAPORE 760283
Oresa 4		Address Type	Singapore address	Post Code	760283
iii No.	12-152				
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
es he own a Singapore gistered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
gistered car? claration eatheryser or Blood Tesa	○ Yes	Driver Vehicle No. Any injury?	○ Yes ® No	Driver Insurer Company	
egistered car? claration eethelyser or Blood Tesi			○ Yes ® No	Briver Insurer Company	
ues he dwn a Singappre opisioned car? claration resthanyser or Blood Tess sading?			○ Yes ® No	Driver Insurer Company	
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istered car? isration esthalyser or Blood Test ding?			○ Yes ® No	Driver Insurer Company	
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disration disration destheryser or Blood Test ading? disfration History Claim 001 hess	ô mg	Any injury?	○ YES ® NO	Insured MildC	576210468
deration introducer or Blood Test ading? intration History Claim 001 New Im Type * react No.(Mobile)	0 mg	Any injury? Insured Name	LEE CHUN LOONS (LI NUNLONG	Insured NRIC Contact No.(Office)	
deration stindiviser or Blood Test ading? Infration History Claim 001 Hew Im Type * React No. (Mobile) all Address	0 mg	Any injury? Insured Name Contact No.(Home)	LEE CHUN LOONS (LI RUNLONG SJH2199C	Insured MildC	\$7621046@ \$30902H
isration rethelyser or Blood Test soing? ification History claim 001 New im Type * react No.(Mobile) ail Address imant Type Claimant Type *	0 mg	Any injury? Insured Name Contact No.(Home) OI Vehicle Number	LEE CHUN LOONS (LI NUNLONG	Insured NRIC Contact No.(Office)	
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