NATIONAL Assessment Ce	ntre Services. met 13	30051 MNA 19 064645		
Date In: 14/1/19-14: 13	Jeb description	Date &Time Complete	d Done	by
Ref No: NA INCIGORATO TH	SAS e-filing			
Veh No: SUM 3980R	E-mail (within Shrs, Al	C 2hrs)	i	-
D.O.A : 131/19-11-17	i-Motor Claim For		1	
	i-Motor W/O (Within	11104434 001	14/1/19 18	144
OD / TP / Reporting Only	i-Photo Uploaded	a: OD 2hrs, 17 4hrs)		
1878.79	Assessment/Survey R		-	
TP Insurer:		Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:				
TP Particulars: Veh No: F		Tel:	Fax:	
Owner / Driver: (76166	INC()/Non-INC()		
Policy No: (Period: (Tel:		
Confirmed by : (Date) Cover Type: (70-
		7: Time: N: 0-20%; P: 21-79%. P: 30)	
Year of Registration: ()			7-100%]	
Excess: (\$) Loading: \$	The state of the s	0()		11 - 52.5
General Remarks	7,,000 ()/32,000 ()	V2. N. S. C. H. S. C.	3433 C 434 C	
			13 NOW 18	. Ť.
() Walk-In Customer : Customer's	information strictly Confidenti	al & Strictly NO refer of repaire	τ,	
() Total Loss Case : to e-mail Ins	surer URGENTLY.			
Drive-In ()/ Towed-In (); Invo	pice: YES () / NO (); Towing Co: (1
Parada		•		,
Remarks:- (INC horline: 6788 6616	Control of the Contro	Date&Time Completed	Done b	y
	/ Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()			
Injury:				
				100
Date/Time Actions		1000年1月2日	100 A	
TALL CONTROLS			38.45905-124.242.35	
				
Vis.			***************************************	-
141907606	Inveio	e Preparation Checklist	Transferred Transferred to the	Amt (3
laimant's Particulars :-	1) AR : A	Accident Reporting (530);	heBill	Add Bi
	2) DA : I	Damege Assessment (\$100); INC (
river/Owner:		owing Fee . S ollow-Through Survey	40/\$45 \$120	10.00
ontact No:		ollow-Through Survey (Resurvey)	\$30	
nate of the second seco		iming against INC Only (wef 10 Jan 200	The same of the sa	
arnaged Portion:		dae DA + SMRT Survey	\$160	-
		Additional Services:-	3100	
C Checked by (Engr-In-Charge):	OD.			
		courtesy Car / Tpt Allowance	\$5	
iditors! Comments :-		ost Repair Inspection	\$10	
1:	*N8: D	V / Collect Excess Coordination	22	
10000 1 4 3 3		1): TP (Non INC) against INC	30	
. 2 / 3;	77		~~	
	Invoice de	oted Fee Charged	235	结了是

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 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 ladgement 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	14/05/2019 14:55
Date Of Accident	13/05/2019 11:15
Exact Location Of Accident	SLIP RD BKE TWDS PIE (CHANGI)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM3982K
Insured/Policyholder	
Name Of Registered Owner	LE MOTOR CAR RENTAL PTE LTD
Co Reg No	201401553D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93866708
Alternative Phone No	OFFICE-93866708
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	REPORTING ONLY
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	5108696925
Cover Note Number	
Driver	
Name of Driver	LIEW CHON BU
NRIC No	S8463126D
Date Of Birth	21/02/1984
Occupation	OUTDOOR
Date Of Driving Pass	27/02/2016
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96797392
Fax Number	teenth-choosington associated personal debelored
Contact Number	OFFICE-96797392

NOEMAIL

Address BLK 217 TAMPINES STREET 23

#09-01

Postcode 520217

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Drivers Own

Insurance Company of Driver's Own Vehicle

venicie

General Information of the Accident

Type Of Accident NO COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? NO

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

Number of Passengers (Including Driver)

Passenger 1

NAME:

\$ 1 m

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?

NO

2

3

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?

...

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBF4910S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Contact Number

MOTORCYCLE

Name of Driver

WEN MINGYANG

NRIC/Passport Number

G2062645W 90739123

Address

Postcode

Page 2 of 19

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 <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 Date & Time:

MOTON

RE

Driver's Signature (If driver is not the policyholder)

Date & Time:

5.30pm

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

				Veh A SLM3982K
	A		Ψ	Veh B: FBF 4910 S
	8	Change)	Cuas	
	18 A 1	3	5	
	I Al	Nay	Š	
		1 5	35	
	1	Express	Gepress	
	1:1	PIE	27.6	
	1717/		0.	
	lane / lane 2	1		

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

was driving along BKE exiting to PIE. A motorcyclist was ahead of me. I had
impletely avertook the motorcyclist when I heard a horn from bohind-I move back
the land in front of the motorcyclist. Next second, I heard a sound and drive my car
o the roadside. I found that the motorcyclist had fallen from his bike. I went over
o assist him and found that he was injured. I seal him to the hospital for treatment.
slayed with him until the doctor confirmed that he substained bruises and was
scharged after treatment. There was no damage to my car as there was no contac
tween our vehicles.

DECLARATION

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

Policyholor Signat Date & Time 81 A TY

MOTO

Driver's Signature

(If driver is not the policyholder) Date & Time: 13 100 1219

Reporting Centre Personne's Signature Name:

NRIC/FIN No.:

VEHICLE NO: 5LM3		ODEL: Honda Vezel
Date of Accident	13/05/2019 Time: 11:15	Foreign Veh Involved YES //NO
Location of Accident	slip road from BRE towards PIE	Foreign Veh No
Country of Loss	and changi	
Vehicle Damaged		No. of Veh Involved : * /
Claim Tune	00 / 70 / 50	
Claim Type	OD / TP / REPORTING	Was There Any Witness YES / NO
INSURANCE CO	MUC Intomé	Name of Witness :
Coverage	Comprehensive/TPFT/Third Party Only	Contact No :
Policy No	510,8696,925	
Fleet Policy	ÝES / NO	
OWNER / CO. NAME	LE Motor (ar Rental Pte Ltd	OTHER VEHICLES
NRIC / Co's Reg No.	261401553D	VEHICLE B : FBF49105
Address	50 East Coast Road #01-89 Roxy	Category :
Address		Driver's Name : WEN MENGYANG
Contact / Mobile No	Square Singapore 428769	NRIC NO FIN NO : 672062645 CM
Email Address	edu lemeter agmail com	Contact No : 90739123
Date of Birth	Con temple Cogman Con.	No. of Passenger :
Gender	M/F	VEHICLE
DRIVER'S NAME	Liew Chan Bu	VEHICLE C :
NRIC No	584631260	Category : Driver's Name :
Address	Apt Blk 217 Tampires Street 23	NRIC No :
	#09-01 Sing apare 52027	Contact No :
Contact / Mobile No	91797392	
Email Address	maplebulu a genail-com	No. of Passenge:
Date of Birth	21/02/1984	VEHICLE D
Gender	M/F	VEHICLE D Category :
LICENSE PASSED DATE	27/02/2016	Driver's Name :
		NRIC No :
Occupation	Indoor / Outdoor	Contact No :
Relation with Owner	Hirer	No. of Passenger :
		ivo. or russenger .
Does Driver Own Any	Other Veh ? YES /NO	
Vehicle Reg No		
Insurance Co		
Weather Condition	Clear / Raining / Others	Video Captured : Yes / No
Road Surface	Dry/ Wet / Others	
NILLBED	WEST NO	
Name of Injured	: (YES) NO : WEN MINYANG	0.1.0
	Ambulance : YES / NO	Police Report : YES/NO
convey to muspital by	Ambulance : YES/NO	If YES, Where :
NO. OF PASSENGERS	: 2F	
Name of Passenger	NINKYOWA	M/F INJURED? YES/NO
Name of Passenger	: UNENDWN	M/E INJURED? YES/NO
Name of Passenger	•	M / F INJURED? YES/NO
Name of Passenger		M / F INJURED? YES/NO
		110,110
REMARKS	SUCCESS UNITED PTE LTD	
Name of Workshop	Z Kaki Bukit AutoHub Kaki Bukit Ave 2, #01-33/#02-29	Contact No :
Address	Singapore 417921	Email :



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8463126D





Name

LIEW CHON BU









CHINESE

3846;

Date of hirth 21-02-1984 Country/Place of birth

MALAYSIA

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

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

27 Feb 2016

Licence No:S8463126D



MALAYSIAN

17-09-2015

APT BLK 217 TAMPINES STREET 23 #09-01 SINGAPORE 520217

NRIC No: \$8463126D

Date: 18/12/2016

NP 428A



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: 5108696925 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SLM3982K

Chassis Number : RU11210634

2. Name of Policyholder : LE MOTOR CAR RENTAL PTE LTD

3. Effective Date of Insurance : 05 Apr 2019 4. Expiry Date of Insurance : 05 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 or Hirer's business.

This Policy does not cover

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

EXCESS (SECTION 1) : S\$2,000 EXCESS (SECTION 2) : S\$1,500 WINDSCREEN EXCESS : 5\$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) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : DICKSON CAPITAL 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)

: DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue

: 05 Apr 2019 11:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_8006	501						• Chang	e Language) Chang	ge Password	Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date	of Accident	1	13/05/2019 1	11:15	
	Vehicle	No.(For Motor)	SLM39	82K		Certi	ificate Number	. [
						Search	ĺ.				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108696925		LE MOTOR CAR RENTAL PTE LTD	201401553D	GPC	drivo CLASSIC	SLM3982K	SLM3982K	05/04/2019	05/04/2020

Policy No.	5108696925	Policyholder Name	LE MOTOR	CAR RENTAL PTE LTD	Policyholder	201401553D	
Certificate		rvame			NRIC	2341020000	
Address	50 EAST COAST ROAD #01-89	ROXY SOUARE	SINGAPORI	E 428769			
Product Name	PRIVATE CAR INSURANCE	Plan			Group	N	
Policy issue Date	05/04/2019	Effective Date	06/04/201	9 00:00	Policy Flag Expiry Date	SEAL OF SERVICE AND THE	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Oriver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Υ	
Co- insurance Flag	No				0100 1010 0		
Open Policy Info							
Certificate Info							
Policy!	holder Mailing Address						
Address 1	50 EAST COAST ROAD	Addre	ss 2	#01-89 ROXY SQUA	ARE	Address 3	SINGAPORE 428769
Address 4		Addre	ess Type	Singapore address		Post Code	428769
Jnit No.	01-89	Relate Numb	ed Policy er	5108697379			
) Insure	d Object: SLM3982K		orace.				
	sements						

ecident MT/1044528					
plicy No.	5100696925	Vehicle No.	SLM3082K	GST Registration No.	
ertificate No.					
xicyholder Name	LE MOTOR CAR RENTAL PTE LTD			Policyholder NRIC	2014015530
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		
intact No. (Mobile)	93866708	Contact No. (Office)	0	Loading	0
nali Addresa		Special Remark	*	Contact No.(Home)	0
PK .	® No ○Yes	TCA	Ø 10 CW0	eCode	ne. 🗸
ID Protection	No.		® No ○Yes	eCode Reason	
Accident Details	3.	NCD Entitlement(%)	10	Private Hire	Yes
port Date	14/05/2019 18:42	Accident Report Within 24 hrs	Yes	Accident Type	No collision
ite of Accident	13/05/2019	Time of Accident hhimm	11:15	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	SLIP RD BKE TWDS PTE (CHANGE)				
Total Excess Applicable	E-coron man				
cess Type	Per Accident	Windscreen Excess	100.00		
ED UNE DE COME					
Standard Excess	2,000.00	TP Standard Excess	1,500.00		
O OO Excess		YTED TP Excess		Driver is Covered?	
titional Excess	0.00				
al OD Excess Applicable		Total TP Excess Applicable			
Denefits					
GST Registered Informa	ation				
T Registered	No		GST Registration Date		
Registration No.			GST Status Venfied	Yes	
dification History	14/05/2019 18:43:43 Sys	tem changed GST Status Verified from	n No to Yes		
Tel. 840 700					
Policyholder Mailing Ad					
IVess 1	SO EAST COAST ROAD	Address 2	#01-89 ROXY SQUARE	Address 3	SINGAPORE 428769
dress a		Address Type	Singapore adoress	Post Code	428769
t No	01-89	Related Policy Number	\$108697379		
Of Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	LIEW CHON BU	Driver NRIC	\$8463126D	Driver DOB	21/02/1984
ister Date of Driver License	27/02/2016	Driver Age	35	Driving Experience	3
rtact No.(Mobile)	96797392	Contact No.(Office)	0	Contact No.(Home)	0
tress 1	BLK 217	Address 2	TAMPINES STREET 23	Address 3	STNGAPORE 520217
dress 4		Address Type	Singapore address	Post Code	
it No.	09-01	100000000000000000000000000000000000000	on gapes a soul said.	Post Code	520217
es he own a Singapore	○ Yes ® No	Driver Vehicle No.		11001010101012011100	
pritered car?		Office vehicle rec.		Driver Insurer Company	
Jaration					
athalyser or Blood Test	0 mg	100121017	0		
ding?	O Mg	Any injury?	○ Yes ® No		
Sification History					
100000000000000000000000000000000000000					
aim 001 New	ор-мх	Insured Name	LE MOTOR CAR RENTAL PTE LTI	Insured NR3C	201401553D
m Type •	ов-мх		LE MOTOR CAR RENTAL PTE LTE	Insured NRIC	201401553D
m Type • sact No.(Mobile)	ОВ-МХ	Contact No.(Home)		Contact No.(Office)	*
m Type * sact No.(Mobile) ii Address		Contact No.(Home) Of Vehicle Number	SLM3982K		201401553D + FBP4910S
m Type * sect No.(Mobile) iii Address mant Type Clarment Type *	Please Select	Contact No.(Home) Of Vehicle Number Type of Benefit *		Contact No.(Office)	*
m Type * tect No.(Mobile) iii Address mant Type Clament Type * mant Name *		Contact No.(Home) Of Vehicle Number	SLM3982K	Contact No.(Office)	*
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m Type * sact No.(Mobile) si Address mant Type Claimant Type * mant Name * mart Address m Description	Please Select	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIIC *	SLM3982K Please Select	Contact No.(Office)	*
m Type * lact No.(Mobile) il Address mant Type Clament Type * mant Name * mant Address m Description erred Workshop Contact	Please Select ≥≥ SLM3982X / FBF4910S ON 13 May 2019	Contact No.(Home) Of Vehicle Number Type of Benefit * Cleimant NRIC *	SLM3982K Please Select V Not at Fault	Contact No.(Office) TP Vehicle Number	*
m Type * (act No./Mobile) iii Address mant Type Claiment Type * mant Address in Description erred Workshop Contact sine Finalisation	Please Select	Contact No.(Home) Of Vehicle Number Type of Benefit * Cleimant NRIC * Insured Liability * Preferend Repair Option	SLM3982K Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	*
m Type * tact No.(Mobile) til Address mant Type Claimant Type * mant Address m Description erred Workshop Contact uire Finalisation Registered	Please Select	Contact No.(Home) Of Vehicle Number Type of Benefit * Cleimant NRIC *	SLM3982K Please Select V Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	* FBF49106
m Type * fact No.(Mobile) sli Address mant Type Clament Type * mant Address m Description ferred Workshop Contact size Finalisation e Registered	Please Select	Contact No.(Home) Of Vehicle Number Type of Benefit * Cleimant NRIC * Insured Liability * Preferend Repair Option	SLM3982K Please Select V Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	FDF4910S
in Type * thack No.(Mobile) sil Address mant Type Clarment Type * mant Name * mant Address in Description ferred Workshop Contact touire Finalisation e Registered ort Taken By	Please Select	Contact No.(Home) Of Vehicle Number Type of Benefit * Cleimant NRIC * Insured Liability * Preferend Repair Option	SLM3982K Please Select V Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	FDF4910S
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in Type * Itact No.(Mobile) sii Address mant Type Clament Type * mann Name * mann Name * mann Name s mann Name to the second to	Please Select	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	SLM3982K Please Select V Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	FDF4910S
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