| NATIONAL Assessment Ce   | ntre Services.   wet   Jamos   | 10- 100(00 PLIA HA   | alai I  |
|--|--|--|---|
| Date In: 15/19 - In ay   | Jeb description  | Date &Time Completed   | Done by   |
| Res No: 49 (INC14226536)24   | SAS e-filing   |  |   |
| Veh No: YP8998M  | E-mail (within Shrs, AIC 2hrs)   |  |   |
| D.O.A : 14/5/19-14:00  | i-Motor Claim Form   | 100-20 PUPOLILW  | 11 Ju 17: ~>                                    |
| 02 120 2   | i-Motor W/O (Within: OD 2  |  | 14/4/19 77-77                                   |
| OD / TD// Reporting Only   | i-Photo Uploaded   | !  |   |
| PACE PACE AND  | Assessment/Survey Report   |  | -109 2  |
| TP Insurer:  | Ass't Report by Fax / Hand   |  |   |
| Preferred Wksp / INC Assign Wksp / QW:   |  |  | Fax:  |
| TP Particulars: Veh No:  | IKUS380T INC   |  |   |
| Owner / Driver: (  |  | Tel:   | )   |
| Policy No: ( )   | Period: ( )  | Cover Type: (  | <del></del>                                     |
| Confirmed by : (   | Date:  | Time:  | )   |
| Insured/Driver Liability: ( 9  | %) [Note-Est. Status (WO): N: 0-   | 20%; P: 21-79%. P: 80-   | 100%]   |
|  | ) Warranty: YES ( )/NO(  | )  | -   |
| Excess: (\$ ) Loading:   | \$1,000( )/\$2,000( )  |  |   |
|  |  | A STREET STATES OF THE STREET  | 1885 V/C 17                                     |
| ( ) Walk-In Customer's   | lefo motion of the Control of the Co | b at whice the process of the ball of the  | N.099 . 51                                      |
| ( ) Total I C.   | miorifiation strictly Confidential & S   | trictly NO rater of repairer.  |   |
| ( ) Total Loss Case : to e-mail In   |  |  | *   |
| Drive-In ( )/ Towed-In ( ); Inv  | roice: YES( ) / NO( );   | Towing Co: (   |   |
| Remarks: (INC horline: 6788 661  |  | 3  | MEZIKWEWZE OWOJE I                              |
| 1)   |  | Date&Time Comple od  | Done by   |
|  | )/Courtesy Car ( )   |  |   |
| 2) QC Check / Post Repair Inspection   | ( )  |  |   |
| <ol> <li>Upload Resurvey Photo [Repair Cost:</li> </ol>  | > \$3000] ( )  |  |   |
| Injury:  |  | B 55 75  |   |
|  |  |  |   |
| Date/Time Actions  |  | The state of the state of  | 12.00 P. C. |
|  |  | SEP CACORDOR DE DESCRIPTION DE LA CACORDO DE | SEACH CONTRACTOR                                |
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| NA 1903610   | Javoice Pro  | paration Checklist   | Anit (S) Am                                     |
| COOK OF White accounts account to the contract of the contract |  |  | in Bill Add                                     |
| nimant's Particulars :-  | 1) AR : Acciden  | Reporting (\$30); Assessment (\$100); INC (\$8)  | m   |
| river/Owner:   | 3) TF : Towing I   |  | /545  |
|  | 4) FT : Follow-T   | hrough Survey  | 120   |
| ntact No:  |  | THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME | \$30  |
| maged Portion:   | 6) TR : Re-inspe   | gainst INC Only (wef 10 Jan 2005)  | \$75  |
| maged Portion:   | 7) N1 : Idao DA  |  | 160   |
|  | 8) NTUC Addition   |  |   |
| Checked by (Engr-In-Charge):   | OD.  |  |   |
|  | *N5: Courtesy *N6: Repair C  | Car / Tpt Allowance  | \$5   |
| iditors! Comments :-   | •N7: Fost Rep  | nir Inspection   | \$25  |
| _l:  | *N8: DV / Col  | lect Excess Coordination   | 55  |
| miles:   | 9) N12: Idao Mol   |  | 30  |
| 2/3;   | Invoice dated  | Pee Charged  | 30  |
| W COMM.  | Invoice dated  | Fee Charged  | SE DN   |

#### 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.
- 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.
- 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   | 15/05/2019 11:04                       |
| Date Of Accident   | 14/05/2019 19:00                       |
| Exact Location Of Accident   | TAMPINES AVE 10                        |
| Country/State of Loss  | SINGAPORE                              |
| D  | ETAILS OF OWN VEHICLE                  |
| Vehicle Registration Number  | YP8998M                                |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | NEW EMINENT CONSTRUCTION PTE LTD       |
| Co Reg No  | 201216618N                             |
| Email Address  | NOEMAIL                                |
| Mobile Phone No  | (LOCAL) +65-93225775                   |
| Alternative Phone No   | OFFICE-93225775                        |
| Vehicle Particulars  |  |
| Manufacturer   | MITSUBISHI                             |
| Model  | CANTER 3.0 DIESEL MANUAL               |
| Exact Purpose for which vehicle was being used at time of accident           | WORKING                                |
| 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   | COMMERCIAL VEHICLE                     |
| Insurance Company  |  |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage   | COMPREHENSIVE                          |
| Fleet Policy   | NO                                     |
| Policy Number  | 5106443346                             |
| Cover Note Number  |  |
| Driver   |  |
| Name of Driver   | DEVISIGAMANI ASHOK KUMAR               |
| Passport No/FIN  | G2100601M                              |
| Date Of Birth  | 20/12/1992                             |
| Occupation   | OUTDOOR                                |
| Date Of Driving Pass   | 23/05/2017                             |
| Driving Experience   | 1 YEAR AND 11 MONTHS                   |
| Gender   | MALE                                   |
| Mobile Number  | (LOCAL) +65-86731594                   |
| Fax Number   |  |
| Contact Number   | OFFICE-86731594                        |
| EMail Address  | NOEMAIL                                |

Address

10 JALAN BESAR #07-02 SIM LIM TOWER

Postcode

208787

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 - MAJOR/MINOR RD

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

24

Passenger 1

NAME:

: RAHIM MD KAMRAN GOLAM

GENDER:

: MALE

Passenger 2

NAME:

: SARKER MANZUR

GENDER: : MALE

Passenger 3

NAME:

: ISLAM MOHAMMAD JAHURUL

GENDER: : MALE

Passenger 4

NAME:

: MIAH SOHAG

GENDER:

: MALE

Passenger 5

NAME:

: ISLAM MD ASHRAFUL

GENDER:

MALE

Passenger 6

NAME: GENDER:

97.4

Passenger 7

MALE

NAME: GENDER:

: MALE

Passenger 8

NAME:

GENDER:

: MALE

20

Passenger 9

NAME:

GENDER: : MALE

Passenger 10

NAME: GENDER:

: MALE

Passenger 11

NAME: GENDER:

800

Passenger 12

NAME:

: MALE

GENDER:

: MALE

Passenger 13

NAME: GENDER:

: MALE

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Passenger 14

NAME:

GENDER: : MALE

Passenger 15

NAME:

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Passenger 16

GENDER: : MALE

NAME:

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GENDER: MALE

Passenger 17

NAME:

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GENDER:

: MALE

Passenger 18

NAME:

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GENDER:

: MALE

Passenger 19

NAME:

GENDER: : MALE

Passenger 20

NAME:

: -

Passenger 21

GENDER: NAME:

: -

Passenger 22

GENDER: : MALE

. .

: MALE

GENDER: : MALE

Passenger 23

NAME:

NAME:

3 2

GENDER: : MALE

### **Details of Police Action**

Was the accident reported to the police? If Yes, Please state which Police Station

YES

Police Station Name

WHAMPOA NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 29 JALAN BAHAGIA, POSTCODE: 320029, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2507999 - FAX NO: 63554314

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190515/2113.

### 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** 

Vehicle Registration Number SKW5380T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver ZHANG JUNHONG

NRIC/Passport Number S2646652J Contact Number 81831229

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name DEVISIGAMANI ASHOK KUMAR

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? YP8998M
Were seat belts worn? YES
Was this injured conveyed to hospital by

ambulance?

Address Postcode

**DETAILS OF INJURED PERSON 2** 

Name RAHIM MD KAMRAN GOLAM

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

**DETAILS OF INJURED PERSON 3** 

Name SARKER MANZUR

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? YP8998M
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

**DETAILS OF INJURED PERSON 4** 

Name ISLAM MOHAMMAD JAHURUL

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? YP8998M
Were seat belts worn? YES
Was this injured conveyed to hospital by

ambulance?

NO

Postcode

# **DETAILS OF INJURED PERSON 5**

Name

MIAH SOHAG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

YP8998M

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

# **DETAILS OF INJURED PERSON 6**

Name

ISLAM MD ASHRAFUL

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

YP8998M

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address

Postcode

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

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

I understand, acknowledge, agree and consent that:

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

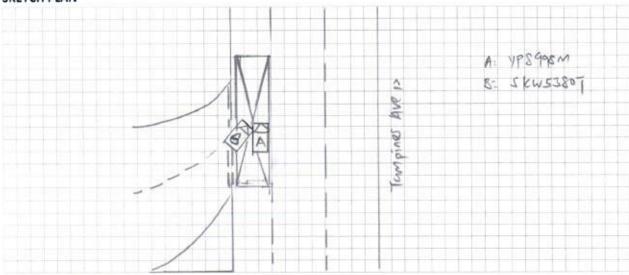
Policyholder's Signature Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| Relar to price report- 7 hay 0515/2113. |
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#### DECLARATION

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

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





1 of 3

Report No. T/20190515/2113

Police Station Of Origin: Whampoa NPP 29 Jalan Bahagia #01-368 SINGAPORE

Tel No: 1800-2507999

# REPORT OF A TRAFFIC ACCIDENT

| 15/05/2019 14:52  |                         |                           | Vide Report No.:                         | Station Diary No.:         |        |  |  |  |  |
|-------------------|-------------------------|---------------------------|--|----------------------------|--------|--|--|--|--|
| Informa           | nt's Partic             | ulars                     |  |                            |        |  |  |  |  |
|                   | Informant:<br>IGAMANI A | ASHOK KUMAR               | Address:                                 |                            |        |  |  |  |  |
|                   | / ID No.:<br>/ G2100601 | 1M                        | Contact No.:<br>Home/Office:             | Mobile: 86731594           |        |  |  |  |  |
| National INDIAN   | CONTRACTOR OF           |                           |  |                            | Email: |  |  |  |  |
| Sex:<br>Male      | Age:<br>26              | Date of Birth: 20/12/1992 | Type of Informant:<br>Driver             |                            |        |  |  |  |  |
| Race: Lan         |                         |                           | Language:<br>English                     | Institution / School Name: |        |  |  |  |  |
| Occupat<br>Driver | ion:                    |                           | Driving Licence Information:<br>Class: 3 | Date of Expiry:            |        |  |  |  |  |

| Type of<br>Accident:                                    | Injury<br>Others   | Drink<br>Drive:<br>No                   | Date/Time of<br>Accident:<br>14/05/2019 19:00 | Type of Location X-Junction |  |
|---|--|---|---|-----------------------------|--|
| TAMPINES A<br>TAMPINES IN<br>Junction of Ta<br>Weather: | DUSTRIAL AVENUE  | e 5 and Tampines Ave<br>Road Surface:   | 10.   | Road Speed Limit:           |  |
| Traffic Flow: Tra                                       |  | Wet Traffic Control: Traffic Light - Wo | ricina  | Traffic Volume:             |  |
| Two Way   | Type of Collision: Between Moving Vehicles - Side Swipe - Sa |   | rking   | Heavy                       |  |

| Vehicle No. | Type  | Make   | Model |       |           |                 |
|-------------|-------|--------|-------|-------|-----------|-----------------|
|             | -     | iviake | Model | Color | Condition | No of Passenger |
| SKW5380T    | Car   |        |       |       |           | 0               |
| YP8998M     | Lorry |        |       | -     |           |                 |
|             |       |        |       |       |           | 23              |

| Details of Person Involved      |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |





Police Station Of Origin: Whampoa NPP 29 Jalan Bahagia #01-368 SINGAPORE 320029 2 of 3 Report No. T/20190515/2113

Tel No: 1800-2507999

#### CONTINUATION OF REPORT

| Driver                                |                   |                        |   |             |                                   |                                 |
|---------------------------------------|-------------------|------------------------|---|-------------|-----------------------------------|---------------------------------|
| Name                                  | Zhang Junhong     |                        |   | ID No.      |                                   | S2646652J                       |
| Related Vehicle                       | SKW5380T (Car)    |                        |   | Contact No. |                                   | 81831229                        |
| Hospital/Clinic                       | NIL               |                        | Class of<br>Driving<br>Licence &<br>Expiry Date |             | Class: NIL<br>Date of Expiry: NIL |                                 |
| Date Treatment                        | NIL               | Date Disc              | -   | NIL         |                                   |                                 |
| No. of Days granted Medical Leave NIL |                   |                        | Degree of                                       |             | NIL                               |                                 |
| Driver                                |                   |                        |   | SOLT TOP    | 2005 Mil.                         | Maria Navina                    |
| Name                                  | DEIVASIGAMANI A   | SHOK KUM               | MAR   | ID No.      |                                   | G2100601M                       |
| Related Vehicle                       | YP8998M (Lorry)   |                        |   | Contact No. |                                   | 86731594                        |
| Hospital/Clinic                       | ACCESS MEDICAL    | ACCESS MEDICAL WHAMPOA |   |             | of<br>g<br>ce &<br>/ Date         | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                        | 15/05/2019        |                        | Date Disc                                       | charge      | 15/05                             | 5/2019                          |
| No. of Days gran                      | ted Medical Leave | 02                     | Degree o  |             | Sligh                             | t                               |

#### Brief Details.

On the 14 May 2019 at about 7pm, I was driving my lorry together with my colleague along Tampines ave 10 on the left lane. As I was going towards TPE and was about to pass Tampines Industrial Ave 5, a vehicle bearing license plate number SKW5380T did not heed the give way line and went forward I tried to avoid the vehicle however it still collided into the left side of my lorry.

I immediately stopped my vehicle and came down to check on the other vehicle, the driver came down and started accusing me of driving too fast however the light was in my favour and how fast could a lorry accelerate within such a short distance. The driver did not pay attention to traffic and dashed out of the give way line. After we had exchanged particulars we both went our separate ways after agreeing to settle the matter through insurance.

There were colleagues who were injured due to the impact but have yet to see a doctor. I had gone to see a doctor as my neck and right hand hurts from the accident. I am lodging this report for insurance claims.





Police Station Of Origin: Whampoa NPP 29 Jalan Bahagia #01-368 SINGAPORE 320029

3 of 3 Report No. T/20190515/2113

Tel No: 1800-2507999

CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

| Signature Of Officer Recording The Report:   | Signature Of Informant:     |
|--|-----------------------------|
| Staff Sgt LEE CHONG TAT, TIMOTHY   | - rehole /_                 |
| Signature Of Interpreter:<br>Not applicable  | Date/Time: 15/05/2019 14:52 |
|  |                             |
|  | Classification Of Case:     |
| Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMES SINGAPORE Contact No.: 65472076 | Classification Of Case:     |



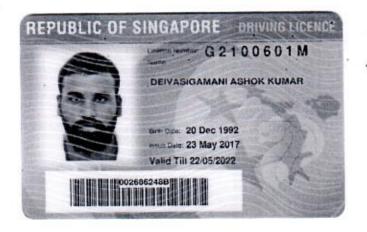
# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580

Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: \$66\$\$0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

|    | ADDENDL   | IM  |                         |
|----|---|---|-------------------------|
| A) | PARTICULARS OF PERSON MAKING THE AMENDMENTS   | :   |                         |
|    | Original Report No : MNA 19063005 .   | _Vehicle Registration No: _                       | Y8998M                  |
|    | Name (as shown in NRIC): 18 W Eminent Construction Pte                                |   |                         |
|    | (*Vehicle Driver / Vehicle Owner) (*) Please delete as ap                             | propriate   |                         |
|    | Address :   |   | Singapore( )            |
|    | Contact (Tel)   | _Mobile No. :                                     |                         |
|    | Email Address :   |   |                         |
|    | Date of Accident : IV KIG   | _Time of Accident :                               | ! ນາ                    |
|    | Place of Accident : Tampin & Ave 10   |   |                         |
|    | Insurance Company: 1110   |   |                         |
| B) | ADDITIONALINFORMATION / AMENDMENTS:   |   |                         |
|    | I have made a report on the above mentioned accident a make the following amendments: | nd would like to include add                      | ditional information or |
|    | Add in injureds   |   |                         |
|    | 1. Ruhim Md Kamran Golam  |   |                         |
|    | 2. Surker Munzur  |   |                         |
|    | A 12 A A A A A A A A A A A A A A A A A A  |   |                         |
|    | 4. Mah Shag   |   |                         |
|    | S-klum md Ashraful  |   |                         |
|    |   |   |                         |
|    | DAShol L  |   |                         |
|    | Policyholder / Driver's Signature Date:   | Reporting Centre Person<br>Name:<br>NRIC/FIN No.: | nnel's Signature        |

Date:



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

EFFECTIVE DATE

Class 3

Motor cars with unladen weight =< 3000kg with =< 7 23 May 2017 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A



13-11-2017 Download SGWork Pass App to check status YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU. MULTIPLE JOURNEY VISA ISSUED Immigration Regulations VISIT PASS Sex Date of Birth 20-12-1992 FIN G2100601M Name DEIVASIGAMANI ASHOK KUMAR Nationality INDIAN

| Halla MAC DAVA URL OR  |                         |                       | THE REAL PROPERTY.                     | STREET, SQUARE,      |          |               | State of       |                   | Control of the last | lClaim      |
|------------------------|-------------------------|-----------------------|--|----------------------|----------|---------------|----------------|-------------------|---------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601                    |                       |  |                      |          | · Change La   | nguage         | · Chang           | e Password          | Log Ou      |
| My Desktop             | <b>Policy Query</b>     |                       |  |                      |          |               |                |                   |                     | -           |
| Notice of Loss         | Policy No.              |                       |  |                      | Date o   | of Accident   | 14             | 05/2019 1         | 9:00                |             |
|                        | Vehicle No. (For Motor) | YP899                 | 8M                                     |                      | Certific | cate Number   |                |                   |                     |             |
|                        |                         |                       |  | 1                    | Search   |               |                |                   |                     |             |
|                        | Select Policy No.       | Certificate<br>Number | Policyholder<br>Name                   | Policyholder<br>NRIC | Product  | Cover Type    | Vehicle<br>No. | Insured<br>Object | Commence<br>Date    | Expiry Date |
|                        | O 5106443346            |                       | NEW EMINENT<br>CONSTRUCTION<br>PTE LTD | 201216618N           | GCV      | Comprehensive | YP8998M        |                   | 19/12/2018          | 18/12/2019  |

|                                      | 5106443346                           | Policyholder<br>Name              | NEW EMIN             | IENT CONSTRUCTION                      | Policyholder         | 201216618N             |                             |
|--------------------------------------|--------------------------------------|-----------------------------------|----------------------|--|----------------------|------------------------|-----------------------------|
| Certificate<br>No.                   |                                      | wame                              |                      |  | NRIC                 | COLLIGORON             |                             |
| Address                              | 10 JALAN BESAR #07-02 SIM LI         | M TOWER SIN                       | GAPORE 20            | 08787                                  |                      |                        |                             |
| Product<br>Name                      | COMMERCIAL VEHICLE INSURAI           | Plan                              |                      |  | Group<br>Policy Flag | N                      |                             |
| Policy<br>ssue<br>Date               | 19/12/2018                           | Effective<br>Date                 | 19/12/201            | 8 00:00                                | Expiry Date          | 18/12/2019 23          | 3:59                        |
| Excess<br>Type                       |                                      | All Claims<br>Excess              |                      |  |                      |                        |                             |
| Third<br>Party<br>Excess             | 0                                    | Own<br>damage<br>Excess           | 600                  |  | Windscreen<br>Excess | 100                    |                             |
| Additional<br>Excess                 |                                      | OS<br>Premium                     | 0                    |  |                      |                        |                             |
| Outside<br>Singapore<br>OD<br>Excess |                                      | Outside<br>Singapore<br>TP Excess |                      |  |                      | Young                  | /Inexperience Driver Excess |
| Agent                                | TAI THONG LEE TRADING PTE L          | Agent Tel.                        | NIL                  |  | GST Flag             | Y                      |                             |
| Co-<br>insurance<br>Flag             | No                                   |                                   |                      |  |                      |                        |                             |
| Open<br>Policy<br>Info               |                                      |                                   |                      |  |                      |                        |                             |
| Certificate<br>Info                  |                                      |                                   |                      |  |                      |                        |                             |
|                                      | holder Mailing Address               |                                   |                      |  |                      |                        |                             |
| → Policy!                            |                                      |                                   |                      |  |                      | Contract Contract      |                             |
| C15-1-1-26-10                        | 10 JALAN BESAR                       | Addre                             | ss 2                 | #07-02 SIM LIM TO                      | WER                  | Address 3              | SINGAPORE 208787            |
| Policyl Address 1 Address 4          | 10 JALAN BESAR                       |                                   | ss 2<br>ss Type      | #07-02 SIM LIM TO<br>Singapore address |                      | Address 3<br>Post Code | SINGAPORE 208787<br>208787  |
| Address 1                            | 10 JALAN BESAR                       | Addre                             | ss Type<br>ed Policy |  |                      |                        | COACINO UNIDOUS CORRESIONS  |
| Address 1<br>Address 4<br>Unit No.   | 10 JALAN BESAR<br>ad Object: YP8998M | Addre<br>Relate                   | ss Type<br>ed Policy | Singapore address                      |                      |                        | COACINO UNIDOUS CORRESIONS  |
| Address 1<br>Address 4<br>Unit No.   | d Object: YP8998M                    | Addre<br>Relate                   | ss Type<br>ed Policy | Singapore address                      |                      |                        | COACINO UNIDOUS CORRESIONS  |

| ocident MT/1044705<br>okcy No.   |  |                                       |   |  |  |                              |
|--|--|---------------------------------------|---|--|--|------------------------------|
|  | 5105443346   |                                       |   |  |  |                              |
| rtificate No.  | 3100443340   |                                       | Vehicle No.   | YP5995M  | GST Registration No.   |                              |
| cyholder Name  | NEW EMINENT CONSTRUCT  | TOM DIE L'EN                          |   |  | 12/12/20/20/20/20/20   | reprostructo                 |
|  |  |                                       |   |  | Policyhalder NR3C  | 201216618N                   |
| duct Code  | COMMERCIAL VEHICLE INS   |                                       | Cover Type  | Comprehensive  | Loading  | 0                            |
| ntact No. (Mobile)   | 93225775   |                                       | Contact No.(Office)   | 0  | Contact No.(Home)  | 0                            |
| al Appress   | 9E: B  |                                       | Special Remark  |  | eCode  | hi: V                        |
|  | ® No ○ Yes   |                                       | TCA   | ® No ○ Yes   | eCode Reason   |                              |
| O Protection   | No   |                                       | NCD Entitlement(%)  | 0  | Private Hire   | No                           |
| Accident Details   |  |                                       |   |  |  |                              |
| ort Date   | 15/05/2019 17:21   |                                       | Accident Report Within 24 hrs   | Yes  | Accident Type  | Collision - Major Minor Road |
| e of Accident  | 14/05/2019   |                                       | Time of Accident hh:mm  | 19:00  | Country of Landaus   | Constant                     |
| orting Centre  |  |                                       | Orange Force  | 15.00  | Country of Accident  | Singapore                    |
| ident Location   | TAMPINES AVE 10  |                                       | or ange ruice   |  | ICM No.  |                              |
| Excees   | INVESTIGATION OF TO  |                                       |   |  |  |                              |
|  | 850  |                                       |   |  |  |                              |
| n damage Excess  | 60   |                                       | Additional Excess   |  | Windscreen Excess  | 100.00                       |
| named Driver Excess  |  |                                       | Outside Singapore OD Excess   |  |  |                              |
| nil Party Excess   | 30   | 0.00                                  | Outside Singapore TP Excess   |  |  |                              |
| Benefits   |  |                                       |   |  |  |                              |
| GST Registered Inform  | ation  |                                       |   |  |  |                              |
| Registered   | Yes  |                                       |   | GST Registration Date  | 01/12/2014   |                              |
| Registration No.   | 201216618  |                                       |   | GST Status Verified  | Yes  |                              |
| Ification History  | 15/05/2019   | 17:22:45 System of 17:22:45 System of | langed GST Registered from No<br>langed GST Registration No. fr   | o to Yes   |  |                              |
|  | 15/05/2019   | 17:22:45 System d                     | ranged GST Registration No. fr<br>ranged GST Registration Date (  | rom null to 01/12/2014   |  |                              |
| Policyholder Halling Ad  |  |                                       |   |  |  |                              |
| iress i  | 10 JALAN BESAR   |                                       | Address 2   | #07-02 SIM LIM TOWER   | Address 3  | SINGAPORE 208787             |
| tress 4  |  |                                       | Address Type  | Singapore address  | Post Code  | 208787                       |
| t No.  |  |                                       | Related Policy Number   | 5106443346   |  | more with                    |
| Of Driver Info   |  |                                       |   |  |  |                              |
| ver Name   | Unnamed Driver   |                                       | Driver Type   | Unnamed Driver   |  |                              |
| named driver Name:   | DEVISIGAMANI ASHOK KUN   |                                       | Driver NRIC   | G2100601M  | Driver DOB   | 20/12/1992                   |
| ister Date of Oriver License   |  |                                       |   |  |  |                              |
|  |  |                                       | Driver Age  | 26   | Driving Experience   | 2                            |
| stact No.(Mobile)  | 86731594   |                                       | Contact No.(Office)   | 0  | Contact No.(Home)  | 0                            |
| iress I  | 10 JALAN BESAR   |                                       | Address 2   | SIM LIM TOWER  | Address 3  | SINGAPORE 208787             |
| iress 4  |  |                                       | Address Type  | Singapore address  | Post Code  | 208787                       |
| t No.  | 07-02  |                                       |   |  |  |                              |
| es he own a Singapore  | ○ Yes ® No   |                                       | Driver Vehicle No.  |  | Driver Insurer Company   |                              |
| gistered car?  | S. C.  |                                       |   |  | The state of the s |                              |
|  |  |                                       |   |  |  |                              |
| deration   |  |                                       |   |  |  |                              |
| athaiyser or Blood Test  | 0 mg   |                                       | Any insury?   | ® Yes ○ No   |  |                              |
| athaivser or Blood Test  | 0 mg   |                                       | Any injury?   | ® Yes ○ No   |  |                              |
| claration<br>pathalyser or Blood Test<br>ading?  | 0 mg   |                                       | Any injury?   | Yes ○ No   |  |                              |
| eathaivser or Blood Test   | 0 mg   |                                       | Any injuny?   | ® Yes □ No   |  |                              |
| athalyser or Blood Test<br>ding?<br>dification History   | 0 mg   |                                       | Any injury?   | ® Yes □ No   |  |                              |
| athalyser or Blood Test<br>ding?<br>ification History  | 0 mg   |                                       | Any injury?   | ® Yes □ No   |  |                              |
| athervier or Blood Test<br>ding?<br>ification History  | 0 mg   |                                       | Any injury?   | ® Yes □ No   |  |                              |
| athalyser or Blood Test<br>ding?<br>ification History  | 0 mg   | _                                     | Any injury?   | ® YES ○ NO  NEW EMIMENT CONSTRUCTION   | Insured NRIC   | 201216618N                   |
| nathalyser or Blood Test<br>ading?<br>diffication History  |  | y .                                   | Insured Name  |  |  | 2012166184                   |
| nathalyser or Blood Test ading?  infection History  Claim 001 New  Im Type *  Intot No. (Mobile)   | ОБ-МХ  | <u>v</u>                              | Insured Name<br>Contact No.(Home)   | MEW EMINENT CONSTRUCTION   | Contact No. (Office)   |                              |
| athalyser or Blood Test ding?  Infrasion History  Italm 001 New  Im Type * Itack No.(Mobile) all Address.  | OD-MX<br>92479358  | v                                     | Insured Name<br>Contact No.(Home)<br>DE Vehicle Number  | MEW EMINENT CONSTRUCTION  YP8998M  |  | 201216618N<br>SKW5380T       |
| athalyser or Blood Test ding?  Infrasion History  Italm 001 New  Im Type * Itact No.(Mobile) all Address. Imant Type Claimant Type *   | OD-MX<br>92479358  | <u> </u>                              | Insured Name<br>Contact No.(Home)<br>DE Vehicle Number<br>Type of Benefit *   | MEW EMINENT CONSTRUCTION   | Contact No. (Office)   |                              |
| athalyser or Blood Test ding?  Infrastion History  Infrastion History  In Type * tact No.(Mobile) III Address IIII Type Claimant Type * III Name *   | OD-MX<br>92479358  | V V                                   | Insured Name<br>Contact No.(Home)<br>DE Vehicle Number  | MEW EMINENT CONSTRUCTION  YP8998M  | Contact No. (Office)   |                              |
| athalyser or Blood Test ding?  Infrastion History  Inim 001 New  In Type * Itact No.(Mobile)  In Address  In Type Claimant Type * In Address   | OD-MX<br>92479358<br>Please Select   | V 22                                  | Insured Name<br>Contact No.(Home)<br>DE Vehicle Number<br>Type of Benefit *   | MEW EMINENT CONSTRUCTION  YP8998M  | Contact No. (Office) TP Vehicle Number   |                              |
| athalyser or Blood Test sting?  Infrasion History  Italm 001 New  In Type * Itact No. (Mobile) all Address ment Type Claimant Type * Imant Address In Description  | OD-MX<br>92479358  | V 22                                  | Insured Name<br>Contact No.(Home)<br>DE Vehicle Number<br>Type of Benefit *   | MEW EMINENT CONSTRUCTION  YP8998M  | Contact No. (Office)   |                              |
| nathalyser or Blood Test acting?  infication History  Claim 001 New  | OD-MX<br>92479358<br>Please Select   | ≥≥ 4 May 2019                         | Insured Name<br>Contact No.(Home)<br>DE Vehicle Number<br>Type of Benefit *   | MEW EMINENT CONSTRUCTION  YP8998M  | Contact No. (Office) TP Vehicle Number   |                              |
| athalyser or Blood Test school  infrastion History  Italm 001 New  In Type * Italt No.(Mobile)  all Address Imant Type Claimant Type * Imant Name * Imant Address Imant Ad | OD-MX<br>92479358<br>Please Select   | ≥≥<br>4 May 2019                      | Insured Name<br>Contact No.(Home)<br>DE Vehicle Number<br>Type of Benefit *<br>Claimant NRIC *  | MEW EMINENT CONSTRUCTION  YP8998M  Please Select   | Contact No. (Office) TP Vehicle Number   |                              |
| athalyser or Blood Test sing?  Infection History  Italm 001 New  In Type * Itact No. (Mobile) III Address Imant Type Claimant Type * Imant Name * Imant Address Imant Addr | OD-MX<br>92479358<br>Please Select<br>YP6996M / SKW5380T ON 3  | ≥≥ 4 May 2039                         | Insured Name Contact No.(Home) DE Vehicle Number Pype of Benefit * Claiment NRIC *  | MEW EMINENT CONSTRUCTION  YP8998M  Please Select  Not at Fault   | Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report   | Skw5380T                     |
| athalyser or Blood Test sing?  Infection History  Infection History  Infection History  In Type *  tact No.(Mobile)  Int Address  Internat Type Claimant Type *  Internat Address  Internat Address  Internat Address  In Description  Internat Workshop Contact  Unive Finalisation  In Registered  | OD-MX<br>92479358<br>Please Select<br>YP8998M / SKW5380T ON 3  | ≥≥ 4 May 2039                         | Insured Name Contact No.(Home) DE Vehicle Number Fype of Benefit * Claimant NR3C * Insured Liability * Preferenced Repair Option  | MEW EMINENT CONSTRUCTION  YP8998M  Please Select  Not at Fault   | Contact No. (Office) TP Vehicle Number  The Number  Name of Preferred Workshop   | SKW5380T                     |
| inhalyser or Blood Test prog 2  fication History  laim 001 New  In Type *  tact No. (Mobile)  Ill Address  mant Type Claimant Type *  mant Name *  mant Address  in Description  are Small Address  in Description  in Registered  pr. Taken By  | OD-MX<br>92479358<br>Please Select<br>VP8998M / SKWS380T ON 3<br>Ves<br>15/05/2019 17:23                       | ≥≥ 4 May 2039                         | Insured Name Contact No.(Home) DE Vehicle Number Fype of Benefit * Claimant NR3C * Insured Liability * Preferenced Repair Option  | MEW EMINENT CONSTRUCTION  YP8998M  Please Select  Not at Fault   | Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report   | Skw5380T                     |
| athalyser or Blood Test ding?  fication History  faim 001 New  m Type * tact No.(Mobile) all Address mant Type Claimant Type * mant Name * mant Address in Description areas Workshop Contact use Finalisation a Registered on Taxen By  | OD-MX<br>92479358<br>Please Select<br>VP8998M / SKWS380T ON 3<br>Ves<br>15/05/2019 17:23                       | ≥≥ 4 May 2039                         | Insured Name Contact No.(Home) DE Vehicle Number Fype of Benefit * Claimant NR3C * Insured Liability * Preferenced Repair Option  | MEW EMINENT CONSTRUCTION  YP8998M  Please Select  Not at Fault   | Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report   | Skw5380T                     |
| athalyser or Blood Test ding?  fication History  faim 001 New  m Type * tact No.(Mobile) all Address mant Type Claimant Type * mant Name * mant Address in Description areas Workshop Contact use Finalisation a Registered on Taxen By  | OD-MX<br>92479358<br>Please Select<br>VP8998M / SKWS380T ON 3<br>Ves<br>15/05/2019 17:23                       | ≥≥ 4 May 2039                         | Insured Name Contact No.(Home) DE Vehicle Number Fype of Benefit * Claimant NR3C * Insured Liability * Preferenced Repair Option  | MEW EMINENT CONSTRUCTION  YP8998M  Please Select  Not at Fault   | Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report   | Skw5380T                     |
| inthalyser or Blood Test prop *  fication History  aim 001 New  In Type *  tack No. (Mobile)  If Address mant Type Claimant Type *  mant Madress in Description seried Workshop Contact use Finalisation  It Registered put Taxen By  Print AK letter  | OD-MX<br>92479358<br>Please Select<br>VP8998M / SKWS380T ON 3<br>Ves<br>15/05/2019 17:23                       | ≥≥ 4 May 2039                         | Insured Name Contact No.(Home) DE Vehicle Number Fype of Benefit * Claimant NR3C * Insured Liability * Preferenced Repair Option  | NEW EMINENT CONSTRUCTION  (YP8998M  Please Select  Not at Fault  Preferred Workshop, Name unknown.   | Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report   | Skw5380T                     |
| athalyser or Blood Test ding?  fication History  laim 001 New  In Type * tack No. (Mobile) all Address mant Type Claimant Type * mant Name * mant Address in Description erried Workshop Contact user Finalisation a Registered out Taken By Print AK letter   | OD-MX<br>92479358<br>Please Select<br>VP8998M / SKWS380T ON 3<br>Ves<br>15/05/2019 17:23                       | ≥≥ 4 May 2039                         | Insured Name Contact No.(Home) DE Vehicle Number Fype of Benefit * Claimant NR3C * Insured Liability * Preferenced Repair Option  | NEW EMINENT CONSTRUCTION  (YP8998M  Please Select  Not at Fault  Preferred Workshop, Name unknown.   | Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report   | Skw5380T                     |
| athalyser or Blood Test school  ification History  Italm 001 New  In Type * Itack No. (Mobile) all Address Imant Type Claimant Type * Imant Address Imant Ad | OD-MX<br>92479358<br>Please Select<br>VP8998M / SKWS380T ON 3<br>Ves<br>15/05/2019 17:23                       | ≥≥ 4 May 2039                         | Insured Name Contact No.(Home) DE Vehicle Number Fype of Benefit * Claimant NR3C * Insured Liability * Preferenced Repair Option  | NEW EMINENT CONSTRUCTION  (YP8998M  Please Select  Not at Fault  Preferred Workshop, Name unknown.   | Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report   | Skw5380T                     |
| athalyser or Blood Test soling?  Infrasion History  Itlaim 001 New  Im Type *  Itack No. (Mobile)  Ill Address Imant Type Claimant Type *  Imant Address Ima | OD-MX 92479358 Please Select  YP8998M / SKW5380T ON 3  Ves 15/05/2019 17:23  Jackson                           | ≥≥ 4 May 2039                         | Insured Name Contact No.(Home) DE Vehicle Number Pype of Benefit * Claiment NRIC *  Insured Lability * Preferend Repair Option Claim Close Date                                 | NEW EMINENT CONSTRUCTION  YP8998M  Please Select  Not at Fault  Preferred Workshop, Name unknown.  | Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report   | Skw5380T                     |
| athalyser or Blood Test sing?  Infeation History  Inim 001 New  In Type *  Itack No.(Mobile)  In Address Insent Type Claimant Type *  Inim Address Insent In | OD-MX<br>92479358<br>Please Select<br>YP8998M / SKW5380T ON 3<br>Ves<br>15/05/2019 17:23<br>Jackson            | ≥≥ 4 May 2039                         | Insured Name Contact No.(Home) DE Vehicle Number Pype of Benefit * Claimant NR3C *  Insured Liablity * Preference Repair Option Daim Close Date  Claim No.                      | NEW EMINENT CONSTRUCTION  YP6996M  Please Select  Not at Fault  Preferred Workshop, Name unknown  Save Submit  | Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report   | Skw5380T                     |
| athalyser or Blood Test sing?  Infeation History  Inim 001 New  In Type *  Itack No.(Mobile)  In Address Insent Type Claimant Type *  Inim Address Insent In | OD-MX 92479358 Please Select  YP8998M / SKW5380T ON 3  Ves 15/05/2019 17:23  Jackson                           | ≥≥ 4 May 2039                         | Insured Name Contact No.(Home) DE Vehicle Number Pype of Benefit * Claiment NRIC *  Insured Lability * Preferend Repair Option Claim Close Date                                 | NEW EMINENT CONSTRUCTION  YP8998M  Please Select  Not at Fault  Preferred Workshop, Name unknown.  | Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report   | Skw5380T                     |
| athalyser or Blood Test ding?  fication History  faim 001 New  m Type * tact No.(Mobile) all Address mant Type Claimant Type * mant Address mant Address m Description erred Workshop Contact uire Finalisation a Registered out Taken By Print AK letter  ttachement dent No.   | OD-MX<br>92479358<br>Please Select<br>YP8998M / SKW5380T ON 3<br>Ves<br>15/05/2019 17:23<br>Jackson            | >> >> 4 May 2039                      | Insured Name Contact No.(Home) DE Vehicle Number Pype of Benefit * Claimant NR3C *  Insured Liablity * Preference Repair Option Daim Close Date  Claim No.                      | NEW EMINENT CONSTRUCTION  YP6996M  Please Select  Not at Fault  Preferred Workshop, Name unknown  Save Submit  | Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report   | Received 15/05/2019 00:00    |
| athalyser or Blood Test sing?  Interest on History  | OD-MX 92479358  Please Select  YP8998M / SKW5380T ON 3  Ves 15/05/2019 17:23  Jackson  MT/1044705  15 Yes ○ No | >> >> 4 May 2039                      | Insured Name Contact No.(Home) DE Vehicle Number Pype of Benefit * Claimant NR3C *  Insured Liablity * Preference Repair Option Daim Close Date  Claim No.                      | New EMINENT CONSTRUCTION  YP9998M  Please Select  Not at Fault  Preferred Workshop, Name unknown  5ave Submit  15/05/2019 17:24  Category *                            | Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report  Date Received  | Received 15/05/2019 00:00    |
| athalyser or Blood Test sing?  Interest on History  | OD-MX 92479358  Please Select  YP8998M / SKW5380T ON 3  Ves 15/05/2019 17:23  Jackson  MT/1044705  15 Yes ○ No | >> >> 4 May 2039                      | Insured Name Contact No.(Home) DE Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Close Date  Claim No. Uplead Date        | New EMINENT CONSTRUCTION  YP6996M  Please Select  Not at Fault  Preferred Workshop, Name unknown  15/05/2019 17:24  Cetegory *  Cear Please Select                     | Confidential Urger   |                              |
| athalyser or Blood Test soling?  Infrasion History  Italim 001 New  Im Type *  Itack No. (Mobile)  all Address Imment Type Claimant Type *  Imment Address Im Description  ferred Workshop Contect  bure Finalisation  a Registered  bort Taken By  Print AK letter  | OD-MX 92479358  Please Select  YP8998M / SKW5380T ON 3  Ves 15/05/2019 17:23  Jackson  MT/1044705  15 Yes ○ No | >> >> 4 May 2039                      | Insured Name Contact No.(Home) DE Vehicle Number Pype of Benefit * Claimant NRIC *  Insured Liablity * Preference Repair Option Daim Close Date  Claim No. Upload Date  Browse. | New EMINENT CONSTRUCTION  YP6996M  Please Select  Not at Fault  Preferred Workshop, Name unknown  15/05/2019 17:24  Cetegory *  Cear Please Select  Cear Please Select | Confidential Urger   | Receives                     |

