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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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 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.

	ACCIDENT STATEMENT
Date Of Report	27/05/2019 19:56
Date Of Accident	26/05/2019 23:00
Exact Location Of Accident	JUNC CLEMENTI RD & COMMONWEALTH AVE WEST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLZ1223M
Insured/Policyholder	
Name Of Registered Owner	PASUNI B MAULAN
NRIC No	S1107920B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90047819
Alternative Phone No	OFFICE-90047819
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT 1.3GF CVT
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 CAR
Insurance Company	STATE OF THE PROPERTY OF THE PARTY OF THE PA
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109078467
Cover Note Number	
Driver	
Name of Driver	PASUNI BIN MAULAN
NRIC No	S1107920B
Date Of Birth	17/10/1945
Occupation	INDOOR
Date Of Driving Pass	01/01/2009
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90047819
Fax Number	OBBINITIES CONTRACTOR SECURITOR SECU
Contact Number	OFFICE-90047819
	or regularity to pre-BANE profit

NOEMAIL

BLK 45 WOODLANDS STREET 32 Address

#03-206

Postcode 730345

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

Type Of Accident COLLISION - HEAD TO REAR

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

YES NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: SITI ZALIHA BTE MAT AMIN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

YES

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190527/7013.

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

GBH5206A

Vehicle Make/Model/Colour.

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

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

1

SKETCH PLAN

IMPORTANT NOTICE

- 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 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 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)

l 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.:

Which A. SLZ 1223M revicle B: GBH 5206A. DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Poliu peport -

DECLARATION

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

licyhelder's Signature

Bate & Time:

Driver's Signature

.

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

Reporting Centre Personnel's Signature

NRIC/FIN No.:

ACCIDENT STATEMENT

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Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20190527/7013

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 019 13:04	/lade:	Vide Report No.: D/20190526/0142	Station Diary No.:		
Informa	nt's Partic	ulars	The second second second	the Production of the last		
	Informant: BIN MAUL		Address: APT BLK 345 WOODLANDS SINGAPORE 730345	STREET 32 #03-206		
ID Type / ID No.: NRIC NO / S1107920B			Contact No.: Home/Office: Mobile: 90047819			
National SINGAP	ity: ORE CITIZ	EN	Email: p_maulan@yahoo.com			
Sex: Male	Age: 73	Date of Birth: 17/10/1945	Type of Informant: Driver			
Race: Javanese			Language: English	Institution / School Name:		
Occupation: Retiree			Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/05/2019 23:00	Type of Location X-Junction
Location: CLEMENTI R Weather: Clear	OAD	Road Surface:		Road Speed Limit:
Traffic Flow:		Dry Traffic Control: Traffic Light - Wo	rking	Traffic Volume:
One Way		Traine Light - VVC		

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
GBH5206A	Lorry				Slightly Damaged	0		
SLZ1223M	Car	HONDA	FIT 1.3GF CVT	Grey	Seriously Damaged			

Details of Vehicle Insurance								
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date				
SLZ1223M	NTUC Income Insurance Co-Operative Limited	5109078467	24/04/2019	23/04/2020				





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20190527/7013

CONTINUATION OF REPORT

Details of Perso	n Involved	A CONTRACTOR OF THE PARTY OF TH	THE REAL PROPERTY.	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	HOME	
Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL		Use of Ped	destriar	Cross	sing: NA
Driver	THE RESIDENCE	72159/43	Water Branch	SAN CAN	STREET, STREET	
Name	PASUNI BIN MAUL	AN		ID No	48	S1107920B
Related Vehicle	SLZ1223M (Car)	SLZ1223M (Car)			ct No.	90047819
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

ON 26/05/2019, AT ABOUR 23:00HR, I WAS DRIVING MY VEHICLE - SLZ1223M, ALONG CLEMENTI ROAD ALONG WITH MY WIFE - SITI ZALIHA BTE MAT AMIN, NRIC: S2003616H. I WAS STATIONARY AT THE TRAFFIC LIGHT FOR A WHILE WHEN VEHICLE NUMBER - GBH5206A, HIT ONTO MY STATIONARY VEHICLE'S REAR PORTION.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190527/7013

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/05/2019 13:04
Officer In Charge Of Case: TP / TPIB / YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:
Authentication Stamp	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1107920B



Name



PASUNI BIN MAULAN

باسوني بن مولان

Race

JAVANESE

Date of Birth

Sex

17-10-1945

..

Country of Birth

SINGAPORE



1196217





NRIC No. S1107920B

Blood Group

Date of issue

.

11-08-1993

Address

APT BLK 345 WOODLANDS STREET 32 #03-206 SINGAPORE 2573





1 of 2

Report No. L/20190527/7014

POLICE REPORT (NP322)

Police Station Of Origin Woodlands Division HQ 1 Woodlands Street 12 SINGAPORE 738622 Tel No:1800-4660000

Date/Time Report Made 27/05/2019 12:53	Vide Report No.			Station Diary No.	
Name Of Informant PASUNI BIN MAULAN	Address APT BL SINGAR	T 32 #03-206			
ID Type / ID No. NRIC NO / S1107920B	Contact Home/C	2707	Mobile: 90047819		
Nationality SINGAPORE CITIZEN	Email A				
Occupation	Sex Male	Age 73	Date of Birth 17/10/1945	Race Javanese	
Institution/School Name	Language English			Javanoo	
Date/Time Of Incident 27/05/2019 00:00 - 27/05/2019 00:00	Location Of Incident APT BLK 345 WOODLANDS STREET 32 #03-206 SINGAPORE 730345				
Brief details.					

When I was getting ready to do the accident report pertaining to the accident my vehicle got involved with on 26/05/2019, I then realised that my Driver's License was missing.

Property Information								
S/N Item	Туре	Brand	Model	Serial No/	Quantit y	Value	Description	
Signature Of Office Not applicable	er Recording The	e Report:		The ider	as been a	e person authentic	making this ated by required.	
Signature Of Interp Not applicable	reter:			Date/Time: 27/05/2019 12:53				
Officer In-Charge C L / Woodlands Poli PNG QIN HUI, AID Contact No.: 67360	ce Divisional Inv AN	estigation l	Branch	Classific	ation Of	Case:		
Authentication Stamp					FUPO	hotline n	umber: 6842964	





POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. L/20190527/7014

FUPO hotline number: 68429645

1	1 Licence Lost	Provision	1		
			al Driving		
			Licence		

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/05/2019 12:53
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch PNG QIN HUI, AIDAN Contact No.: 67360126	Classification Of Case:
Authentication Stamp	FUPO hotline number: 68429645

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						+ Change	e Language	+ Chan	ge Password	Log Ou
My Desktop	Poli	cy Query									0
Notice of Loss	Policy 1	No.			10	Date	of Accident	1	26/05/2019	23:00	
	Vehicle	: No.(For Motor)	SLZ12	23M		Certi	ficate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109078467		PASUNI B MAULAN	S1107920B	GPC	drivo CLASSIC	SLZ1223M	SLZ1223M	24/04/2019	23/04/2020
					1	Continue					

Policy No.	5109078467	Policyholder Name	PASUNI B N	MAULAN	Policyholder	S1107920B	
Certificate No.		wame		10 10 10 10 10 10 10 10 10 10 10 10 10 1	NRIC	-3207 3200	
Address	BLK 345 #03-206 WOODLANDS	STREET 32 S	INGAPORE 7	30345			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	23/04/2019	Effective Date	24/04/2019	00:00	Expiry Date	23/04/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	ASOKA INVESTMENT PTE LTD	Agent Tel.	65525555		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
	BLK 345 #03-206	Addre	ess 2	WOODLANDS STE	REET 32	Address 3	SINGAPORE 730345
Address 1		Adde	ss Type	Singapore address	s	Post Code	730345
Address 1 Address 4		Auure					
Address 4			ed Policy er	5109078467			
Address 4 Jnit No.	ed Object: SLZ1223M	Relati		5109078467			
Address 4 Jnit No.	AND THE PARTY OF T	Relati		5109078467			

Claim Handling					
pilcy No.	5109078467	Vehicle No.	SLZ1223M	GST Registration No.	
ertificate No.				The state of the s	
licyholder Name	PASUNI B MALILAN			Policyholder NR3C	S11079208
educt Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ritact No.(Mobile)	90047819	Contact No. (Office)	0	Contact No.(Home)	0
ail Address		Special Remark		eCode	N. V
K	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	16221
D Protection	Yes	NCD Entitlement(%)	40	Private Hire	No
Accident Details					
port Date	27/05/2019 22:24	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ts of Accident	26/05/2019	Time of Accident hh:mm.	23:00	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	JUNC CLEMENTI RD IS COMMONWEALTH AV	E west			
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
Standard Excess	600.00	TP Standard Excess	0.00		
ED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Applicable
ditional Excess	0,00				
tal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
7 Benefits	02031				
F GST Registered Informatic T Registered	ation No				
T Registration No.	No		GST Registration Date GST Status Verified		
dification History			GST Status verned	Yes	
Policyholder Hailing Ad	dress				
dress 1	BLK 245 #03-206	Address 2	WOODLANDS STREET 32	Address 3	SINGAPORE 730345
dress 4		Address Type	Singapore address	Post Code	730345
€ No.		Related Policy Number	5109078467		1077616
OI Driver Info					
ver Name	PASUNI BIN MAULAN	Driver Type	Main Driver		
named driver Name		Driver NRIC	\$11079208	Driver DOS	17/10/1945
gister Date of Driver License	01/01/2009	Driver Age	73	Driving Experience	10
ntact No.(Mobile)	90047819	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLX 345	Address 2	WOODLANDS STREET 32	Address 3	SINGAPORE 730345
dress 4		Address Type	Singapore address	Post Code	730345
it No.	03-206				
oes he own a Singapore gistered car?	○ Yes No	Oriver Vehicle No.		Driver Insurer Company	
claration					
eathalyser or Blood Test ading?	0 mg	Any injury?	☐ Yes ® No		
dification History					
10 March 16					
Claim 001 New					
		Charles and American		1-000 70-1 42025	511079208
im Type *	00-MX	Insured Name	PASUNI B MAULAN	Insured NRIC	
	00-MX V	Contact No.(Home)	NIL.	Contact No. (Office)	
ntact No.(Mobile)	Control Street Contro				GBH5206A
rtact No.(Mobile) ail Address	90047819	Contact No.(Home)	ND.	Contact No.(Office)	GBHS206A
itact No.(Mobile) ail Address imant Type Claimant Type+	90047819	Contact No.(Home) OI Vehicle Number	NIL. 5L21223M	Contact No.(Office)	GBH5206A
ntact No.(Mobile) all Address imant Type Claimant Type * imane Name *	90047819 Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit *	NIL. 5L21223M	Contact No.(Office)	GBH5206A
ract No. (Mobile) all Address imans Type Claimans Type * imans Name * imans Address im Description	90047819 Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit *	NIL. 5L21223M	Contact No.(Office)	GBH5206A
nact No. (Mobile) ai Address umant Type Claimant Type * umant Mame. * umant Address im Description ferred Workshop Contact	90047819 Please Select ✓	Contact No. (Home) OI Vehicle Number Type of Benefit *	NIL. 5L21223M	Coreact No. (Office) TP Vehicle Number	GBH5206A
tact No.(Mobile) al Address imart Type Claimant Type + imart Name + imart Address im Description ferred Workshop Contact	90047819 Please Select ✓	Contact No.(Home) OI Vehicle Number Type of Seneft * Cleiment NRIC *	NIL SLZ1223M Please Select V Not at Fault V	Coreact No. (Office) TP Vehicle Number	GBH5206A
ntact No. (Mobile) all Address imant Type Claimant Type * imant Address im Description femed Workshop Contact quire Finalisation	90047819 Please Select ≥≥ \$1,21223M / GBH5206A ON 26 May 2019	Contact No.(Home) OI Vehicle Number Type of Senefs * Claimant NRIC * Insured Liability *	NIL SL2123M Please Select	Coreact No. (Office) TP Vehicle Number Name of Preferred Workshop	
react No. (Mobile) had Address limant Type Claimant Type * limant Address limant Address limant Address ferred Workshop Contact quire Finalisation lis Registered	90047819 Please Select ≥≥ SLZ3223M / GBH5206A ON 26 May 2019 Yes	Contact No.(Home) OI Vehicle Number Type of Senefs * Claiment NRIC * Insured Liability * Preferenced Repair Option	NIL SL2123M Please Select	Cordact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	Received V
nact No. (Mobile) as Address imant Type Claimant Type + imant Address im Description ferred Workshop Contact quire Finalisation is Registered port Taken By	90047819 Please Select ≥≥ \$1,23223M / GBH5206A ON 26 May 2019 Yes 27/05/2019 22-25	Contact No.(Home) OI Vehicle Number Type of Senefs * Claiment NRIC * Insured Liability * Preferenced Repair Option	NIL SL2123M Please Select	Cordact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	Received V
react No. (Mobile) all Address imant Type Claimant Type + imant Address im Description ferred Viborishop Contact quere Finalisation is Registered port Taken By	90047819 Please Select ≥≥ \$1,23223M / GBH5206A ON 26 May 2019 Yes 27/05/2019 22-25	Contact No.(Home) OI Vehicle Number Type of Senefit * Claimant NRIC * Insured Liability * Praferend Repair Option Claim Close Date	NIL SL2123M Please Select	Cordact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	Received V
react No. (Mobile) had Address limant Type Claimant Type * limant Address limant Address lim Description ferred Workshop Contact quire Pinalisation its Registered port Taken By Print AK letter	90047819 Please Select ≥≥ \$1,23223M / GBH5206A ON 26 May 2019 Yes 27/05/2019 22-25	Contact No.(Home) OI Vehicle Number Type of Senefit * Claimant NRIC * Insured Liability * Praferered Repair Option Claim Close Date	NIL SL2323M Please Select Not at Fault Prefarred Workshop, Name unknown	Cordact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	Received V
HIM Type * Intact No. (Mobile) Intal Address HIMMAT Type Claimant Type * HIMMAT Address HIMMAT A	90047819 Please Select ≥≥ \$1,23223M / GBH5206A ON 26 May 2019 Yes 27/05/2019 22-25	Contact No.(Home) OI Vehicle Number Type of Senefit * Claimant NRIC * Insured Liability * Praferered Repair Option Claim Close Date	NIL SL2323M Please Select Not at Fault Prefarred Workshop, Name unknown	Cordact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	Received V
innact No. (Mobile) had Address immare Type Claimant Type + immare Name + immare Address imm Description inferred item/shop Contact quire Finalisation is Registered port Taken By Print AK letter Attachment	S0047819	Contact No.(Home) OI Vehicle Number Type of Senefs * Claimant NRIC * Insured Liability * Preferenced Repair Option Claim Close Date	NIL SL2123M Please Select Please Select Not at Fault Preferred Workshop, Name unknown Save Submit	Cordact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	Received V
react No. (Mobile) had Address ilmant Type Claimant Type * ilmant Address ilmant	90047819 Please Select ≥≥ \$1,23223M / GBH5206A ON 26 May 2019 Yes 27/05/2019 22-25	Contact No.(Home) OI Vehicle Number Type of Senefit * Claimant NRIC * Insured Liability * Praferered Repair Option Claim Close Date	NIL SL2323M Please Select Not at Fault Prefarred Workshop, Name unknown	Cordact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	Received V

