NATIONAL Assessment Cer	ntre Services part 1 Janes	DENTE PILAHMI	1
Date In: 4 119 - 16:09	Job description	Date & Time Completed	Done by
Ref No: HA   HC 19309882   W	SAS e-filing		
Veh No: GBESYYY	E-mail (within Shrs, AIC 2hr	s)	İ -
D.O.A: 3/6/19 -15:15	i-Motor Claim Form	M7 1 27 581-001	alu.
OD / TP) Reporting Only	i-Motor W/O (Within: OD		4/6/19 16:30
Traporting Only	i-Photo Uploaded	<u> </u>	
TP Insurer:	Assessment/Survey Repor	rt	
	Ass't Report by Fax / Har	nd to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (			Fax:
TP Particulars: Veh No: 64	Kagisa Inc		7 40.
Owner / Driver: (		Tel:	
Policy No: ( )	Period: (	) Cover Type: (	
Confirmed by : (	Date:	Time:	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0		100%1
Year of Registration: ( )	Warranty: YES ( )/NO (	)	15076]
Excess: (\$ ) Loading: \$1			
Canada Dala Maria	SUPERIOR SCHOOL PROCESSOR AND ADDRESS OF THE PARTY OF THE		
( ) Walk-In Customer : Customer's in			
( ) Total Loss Case : to e-mail Insu Drive-In ( )/ Towed-In ( ); Invoi		Towing Co: (	- 3
Remarks: (INC hotline: 6788 6616)			
11.	A business of the second section of the second property of the second se	Date&Time Completed	Done by
1) Apply for Transport Allowance ( )/	Courtesy Car ( )	•	
2) QC Check / Post Repair Inspection	( )		
<ol> <li>Upload Resurvey Photo [Repair Cost &gt; 5</li> </ol>	[00083		W D D D D D D D D D D D D D D D D D D D
Injury:		reserved to the second	
Date/Time Actions			
71 CHOINS	on Product Propagation Constitution		ROP CHILL
1.0			Interespendent state
	1		
121	Testing the		TOTAL AGENCY STREET
VAIY 9157	Invoice Pr	eparation Checklist	Amt (5) Amt ( fit Bill Add E
aimant's Particulars :-	1) AR : Accider		
iver/Owner:	3) TF : Towing	E Assessment (\$100); INC (\$80 Fee . \$40/	
ntact No:			120
	For cleiming	against INC Only (wof 10 Jan 2005)	530
maged Portion;	6) TR : Re-inspe	ection	\$75
	3) NTUC Additi		160
Checked by (Engr-In-Charge):	0.754		The second secon
	OD.		
CVIDE COMPANIES AND AND ADDRESS OF THE PROPERTY OF THE PROPERT		y Car / Tpt Allowance Co-ordination	\$5 510
2012 23 CHENNY DE PROPERTO DE PROPERTO DE LA CONTRACTOR D	*N5: Courtes *N6: Repair C *N7: Fost Rep	Co-ordination pair Inspection	\$10 \$25
2012 23 CHENNY DE PROPERTO DE PROPERTO DE LA CONTRACTOR D	* N5: Courtes * N6: Repair C * N7: Fost Rep * N8: DV / Co	Co-ordination pair Inspection ellect Excess Coordination	\$10
ditors' Comments :-  1: 2/3:	* N5: Courtes  * N6: Repair C  * N7: Fost Rep  * N8: DV / Co  TP (N11): Ti  9) N12: Idae Mo	Co-ordination pair Inspection bleet Excess Coordination P (Non INC) against INC bile	510 525 53 520 30
1:	* N5: Courtes  * N6: Repair C  * N7: Fost Rep  * N8: DV / Co  TP (N11): TF	Co-ordination pair Inspection ellect Excess Coordination P (Non INC) against INC	510 525 53 53

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.

atoresaid,	edicular (diculativa diculativa) (Line instituta di Parinta in di Cura di Andreas di Cura in inclusione in inclusi
22 profesional and alleger of the	ACCIDENT STATEMENT
Date Of Report	04/06/2019 15:08
Date Of Accident	03/06/2019 15:15
Exact Location Of Accident	JUNC EUNOS LINK & BEDOK RESERVOIR RD
Country/State of Loss	SINGAPORE
and the second second second second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE5449G
Insured/Policyholder	
Name Of Registered Owner	AKK TH3X (S) PTE LTD
Co Reg No	201508045W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	FIAT
Model	DOBLO 1.3MJTD
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	5079445207-03
Cover Note Number	
Driver	
Name of Driver	SIMON LEE SHIN LOONG
NRIC No.	C7641533A

Name of Driver	SIMON LEE SHIN LOONG
NRIC No	S7641533A
Date Of Birth	16/12/1976

 Date Of Birth
 16/12/1976

 Occupation
 OUTDOOR

 Date Of Driving Pass
 17/04/2006

Driving Experience 13 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-90404044

Fax Number

Contact Number OFFICE-90404044

EMail Address NOEMAIL

BLK 130 KIM TIAN ROAD Address

#02-147

160130

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

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions DRIZZLING

Road Surface WET

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?

YES

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

BUKIT MERAH WEST NPC

Police Station Address

ROAD: 500 BUKIT MERAH VIEW #01-01, POSTCODE: 159682,

COUNTRY: SINGAPORE

Police Station Contact Was notice of intended Prosecution given?

TEL NO: - FAX NO: NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190603/2221.

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

SGK7923A

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

Contact Number

**OSMANITA** 

NRIC/Passport Number

98731968

Address

Postcode

Insurance Company Name

Page 2 of 28

Nature Of Damage

No. Of Passenger (Including Driver)

5

Passenger 1

NAME:

are the even

GENDER:

Passenger 2

NAME:

GENDER:

Passenger 3

NAME:

AME:

GENDER:

Passenger 4

NAME:

GENDER:

# **DETAILS OF INJURED PERSON 1**

Name

SIMON LEE SHIN LOONG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBE5449G

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

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.
- 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:
  - 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:

Reg. No.

201508045W

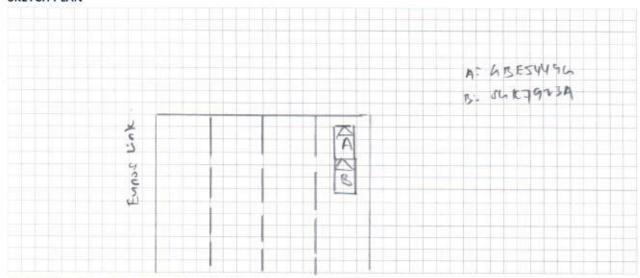
Driver's Signature (If driver is not the policyholder)

250

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to potice	report- Thougowy 2221.	

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 Personne's Signature Name:

NRIC/FIN No.:





1 of 3

Report No. T/20190603/2221

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Tel No: 1800-3779999

# REPORT OF A TRAFFIC ACCIDENT

	ne Report N 019 23:51	Made:	Vide Report No.:	Station Diary No.: 138	
Informa	nt's Partic	ulars	OF THE PARTY OF	MARKET BURNESS OF STREET	
	f Informant: LEE SHIN I		Address: APT BLK 130 KIM TIAN	ROAD #02-147 SINGAPORE 160130	
	/ ID No.: D / S76415	33A	Contact No.: Home/Office:	Mobile: 90404044	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 42	Date of Birth: 16/12/1976	Type of Informant: Driver		
Race: Chinese			Language: Institution / School Na		
Occupation: Driver		Driving Licence Informat Class:	ion: Date of Expiry:		

General Infor	mation of the Acci	dent			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/06/2019 15:15	Type of Location: Straight Road	
EUNOS LINK  Junction of E	oad 1 and Road 2	Commence and the commen			
<b>5</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Road Surface: Wet		Road Speed Limit:	
1020		Traffic Control: Traffic Light - Wo	orking	Traffic Volume:	
Type of Collis Between Mov	ion: ring Vehicles - Head	l To Rear		Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBE5449G	Van	FIAT	DOBLO 1.3MJTD	Beige	Slightly Damaged	0
SGK7923A	Car	SUZUKI	APV 1.6 AT	Grey	Slightly Damaged	4

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





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682 2 of 3 Report No. T/20190603/2221

Tel No: 1800-3779999

#### CONTINUATION OF REPORT

Driver	ALL THE RESERVE			4		
Name	SIMON LEE SHIN LOONG			ID No	11.00	S7641533A
Related Vehicle	GBE5449G (Van)			Conta	ct No.	90404044
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	03/06/2019		Date Disc	harge	03/06	5/2019
No. of Days gran	ted Medical Leave	05	Degree of	Injury	Slight	
Driver						
Name	Osmanita			ID No	<u>.</u>	SGK7923A
Related Vehicle	NIL			Conta	ct No.	98731968
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	-y	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	fInjury	NIL	

## Brief Details.

On the above mentioned date, time and place, I was travelling along Eunos Link, in my company van, registration plate GBE5449G, and approaching the junction. Upon reaching the junction, the traffic light turned amber so I jammed brake to prevent myself from dashing across the red light. The vehicle behind me, bearing registration SGK7923A, did not stop in time despite seeing the change in traffic light colour. The vehicle behind me, collided onto my rear bumper and the reflective light below my bumper were both cracked, rear bumper had slight dents and scratches. The other vehicle's front grill was damaged. There were no injuries on the opposite party. However, I went to Mount Alvernia Hospital for a check up.

The doctor said that I have sprained my shoulder and slight swelling on my left waist. I was given 05 days of MC from 03/06/2019 to 07/06/2019.

I wish to state that I am also lodging this report for insurance claim.





3 of 3

Report No. T/20190603/2221

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Tel No: 1800-3779999

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:
Sgt 2 DANIEL HO WEI CONG	
Signature Of Interpreter: Not applicable	Date/Time: 03/06/2019 23:51
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No. 65472076	Classification Of Case:
authentication Stamp	SN 45





# For LKK/NAC Use Only







Policy No.	5079445207-03	Policyholder Name	AKK TH3X (	(S) PTE. LTD.	Policyholder NRIC	201508045W	
ertificate lo.		Hame			NRIC		
Address	50 GAMBAS CRESCENT #03-08	PROXIMA@G/	MBAS SING	APORE 757022			
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy Issue Date	26/03/2019	Effective Date	21/04/2019	00:00	Expiry Date	20/04/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	NET LINK COMMERCIAL PTE. LT	Agent Tel.	66599463		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	50 GAMBAS CRESCENT	Addre	ess 2	#03-08 PROXIM	A@GAMBAS	Address 3	SINGAPORE 757022
Address 4		Addre	ss Type	Singapore addre	ss	Post Code	757022
Jnit No.	03-08	Relat Numb	ed Policy er	5079445207-03			
Jine 140.	1011						
Seesan .	d Object: GBE5449G						
Seesan .	00000000000000000000000000000000000000						

ccident MT/1047581					
Hicy No.	5079445207-03	Vehicle No.	GBE5449G	GST Registration No.	201508045W
rtificate No.				C-9C-9C-7 #	
Hcyholder Name	AKK THIX (S) PTE, LTD.			Policyholder NRIC	201508045W
roduct Code	COMMERCIAL VEHICLE INSURA:	Cover Type	Comprehensive	Loading	0
ontact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	The V
rk.	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	- Com/SS
CD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
eport Date	04/06/2019 15:28	Accident Report Wallen 24 hrs	Yes	Acoders Type	Collision - Head to Rear
ate of Accident	03/06/2019	Time of Accident hh:mm	15:15	Country of Accident	Singapore
oporting Centre		Orange Force		1CM No.	
cident Location	JUNC EUNOS LINK & BEDOK RESERVOIR	IRD			
▼ Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
D Standard Excess					
ED OD Excess	600.00	TP Standard Excess	0.00		
		YIED TP Excess		Driver is Covered?	
dditional Excess etal OD Excess Applicable		5.0000000000000000000000000000000000000			
9 Benefits		Total TP Excess Applicable			
ST Registered Inform	ation				
ST Registered	Yes		GST Registration Date		
ST Registration No.	201508045W		GST Status Ventied	11/05/2015 Yes	
diffication History	04/06/2019 15:29:27 Sy	stem changed GST Status Verified from		166	
<ul> <li>Policyholder Mailing Ad</li> </ul>	dress				
idress 1	50 GAMBAS CRESCENT	Address 2	#03-08 PROXIMA/#GAMBAS	Address 3	SINGAPORE 757022
dress 4		Address Type	Singapore address	Post Code	757022
Nt No.	03-08	Related Policy Number	5079445207-03	March 1995	737022
OI Driver Info					
tver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	SIMON LEE SHIN LOONG	Driver NRIC	S7641533A	Driver DOB	16/12/1976
gister Date of Driver License	17/04/2006	Driver Age	42	Driving Experience	12
ntact No.(Mobile)	90404044	Contact No. (Office)	0	Contact No.(Home)	0
Mress 1	BLK 130	Address 2	KIM TIAN ROAD	Address 3	KIM TIAN VISTA
Idreas 4	SINGAPORE 160130	Address Type	Singapore address	Post Code	160130
Nt No.	02-147				
oes he own a Singapore registered car?	○ Yes ® Ng	Driver Vehicle No.		Driver Insurer Company	
claration eathelyser or Blood Test					
ading?	0 mg	Any injury?	® Yes ○No.		
dification History					
Claim 001 New					
			NAME OF THE OWN ASSESSMENT		201508045W
im Type *	OD-MX	Insured Name	AKK THIX (S) PTE, LTD.	Insured NRIC	CALL STREET, S
	00-MX ▼ 98711456	Insured Name Contact No.(Home)	ARK THUR (S) PTE. LTD.	Insured NRIC Contact No.(Office)	
ntact No.(Mobile)	and the same of th		GRESHARS	Insured NRIC Contact No. (Office) TP Veticle Number	SGK7923A
ntact No.(Mobile) all Address	98711456	Contact No.(Home)		Contact No. (Office)	5GK7923A
ntact No. (Mobile) eli Address mant Type Claimant Type+	96711456 ADMIN@TH2X:COM.SG	Contact No.(Home) Of Vehicle Number	G065449S	Contact No. (Office)	SGK7923A
ntact No.(Mobile) ell Address mant Type Claimant Type * mant Name *	98711456  ADMINISTRIZICOM.SG  Please Select	Contact No.(Home) Of Vehicle Number Type of Benefit *	G065449S	Contact No. (Office)	SGK7923A
itact No. (Mobile) ell Address mant Type Claimant Type * mant Name * mant Address	98711456  ADMINISTRIZICOM.SG  Please Select	Contact No.(Home) Of Vehicle Number Type of Benefit *	G065449S	Contact No. (Office) TP Verticle Number	SGK7923A
ntact Nn. (Mobile) ell Address mant Type Claimant Type + mant Name  * imant Address im Description	98711456   ADMINGTH2X.COM.SG     Please Select   >≥	Contact No.(Home) Of Vehicle Number Type of Benefit *	CBES449G Please Select	Contact No. (Office)	SGK7923A
stact No. [Mobile) all Address mant Type Claimant Type * mant Name * mant Address m Description ferred Workshop Contact	98711456   ADMINGTH2X.COM.SG     Please Select   >≥	Contact No.(Home) GE Vehicle Number Type of Benefe * Claimant NRIC *	C0E5449G Please Select.	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	
ntact No. (Mobile) all Address imant Type Claimant Type * imant Name * imant Address im Description ferred Workshop Contact ture Finalisation	98711456   ADMINISTHEEL COM.SG     Please Select   ✓     ≥≥     GBE5449G / SGK2923A QN 3 Jun 2019     Yes   ✓	Contact No. (Home) GE Vehicle Number Type of Benefe * Claimant NRIC *  Insured Liability * Preference Repair Option	C0E5449G Please Select.	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GSA report	Received.
ntact No. [Mobile) all Address imant Type Claimant Type * imant Name * imant Address im Description ferred Workshop Contact ture Finalisation e Registered	98711456  ADMINGTH2X.COM.SG  Please Select  ≥≥  GBE5449G / SGK2923A ON 3 Jun 2019  Yes  04/06/2019 15:30	Contact No.(Home) GE Vehicle Number Type of Benefe * Claimant NRIC *	C0E5449G Please Select.	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	
ntact No. [Mobile) all Address imant Type Claimant Type * imant Name * imant Address im Description ferred Workshop Contact jure Finalisation ie Registered oort Taken By	98711456   ADMINISTHEEL COM.SG     Please Select   ✓     ≥≥     GBE5449G / SGK2923A QN 3 Jun 2019     Yes   ✓	Contact No. (Home) GE Vehicle Number Type of Benefe * Claimant NRIC *  Insured Liability * Preference Repair Option	C0E5449G Please Select.	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GSA report	Received.
ntact No. [Mobile) sell Address smant Type Claimant Type * smant Name * smant Address im Description ferred Workshop Contact jure Finalisation te Registered oort Taken By	98711456  ADMINGTH2X.COM.SG  Please Select  ≥≥  GBE5449G / SGK2923A ON 3 Jun 2019  Yes  04/06/2019 15:30	Contact No. (Home) GE Vehicle Number Type of Benefe * Claimant NRIC *  Insured Liability * Preference Repair Option	C0E5449G Please Select.	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GSA report	Received.
ntact No. [Mobile) nall Address smant Type Claimant Type * smant Nome * simant Address im Description riferred Workshop Contact user Finalisation te Registered port Taken By	98711456  ADMINGTH2X.COM.SG  Please Select  ≥≥  GBE5449G / SGK2923A ON 3 Jun 2019  Yes  04/06/2019 15:30	Contact No. (Home) GE Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferent Repair Option Claim Close Date	C0E5449G Please Select.	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GSA report	Received.
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