| NATIONAL Assessment Cen | tre Services | 1 Jan'os MHALL | 908750 | , , | |
|---|-------------------------|--|----------------------------|----------------|------------|
| Date In: 20/6/9-11:18 | Jeb description | | ne &Time Completed | Don | e by |
| Ref No: NA INCIGOTION THE | SAS e-filing | | | | |
| Veh No: 13 Q 54647 | E-mail (within Shrs, | , AIC 2hrs) | | - | |
| D.O.A: 22/6/19-04:42 | i-Motor Claim F | | M1050382-001 | 20/6/19 | 12.03 |
| OD TP ! Reporting Only | i-Motor W/O (w | | | | |
| OD 19 Reporting Only | i-Photo Uploade | d l | | | |
| TP Insurer: | Assessment/Surve | y Report | | | NAS-SINDES |
| · · · · · · · · · · · · · · · · · · · | Ass't Report by Fr | ax/Hand to Ov | mer/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | Т | ol: Fa | ax: |) |
| TP Particulars: Veh No: 5 | ण्डा देशह . | . INC() | /Non-INC() | | |
| Owner / Driver: (| | Т | el: |) | |
| Policy No: () | Period: (|) Co | ver Type: (|) | |
| Confirmed by : (| D | ate: | Time: |) | |
| | [Note-Est. Status (WO) | : N: 0-20%; | P: 21-79%. P: 80-10 | 00%] | 19 |
| Year of Registration: () | Warranty: YES () | /NO() | | | |
| Excess: (\$) Loading: \$1 | ,000 ()/\$2,000 (|) | * | | |
| General Remarks: | ALC: OF THE SECOND | | PERSONAL PROPERTY. | Stephen | |
| () Walk-In Customer: Customer's in | | | | | |
| () Total Loss Case : to e-mail Insu | | | | | |
| | ce: YES () / NO (|) ; Towin | g Co: (| |) |
| P. W. St. | Garage and a second | | | 1274982 | |
| Remarks; (INC hotline: 6788 6616) | | Da | te&Tirris Completed | Done | by |
| | Courtesy Car () | | | | |
| 2) QC Check / Post Repair Inspection | () | | | | |
| 3) Upload Resurvey Photo [Repair Cost > 5 | [00083 | | | | |
| Injury: | | | | | |
| Date/Time Actions | | | is axxiin si | Margaret are | |
| 1750909 | OC. Profile to A. M. S. | i di kacamatan ilan | | BYSCHILL | |
| | 1.2 | | | per south text | |
| | | | | | |
| | | | | | |
| | 1 | | | | |
| 524 | Till | | | Anit (S) | Amt(\$) |
| NA1004653: | lny | voice Preparat | ion Checklist | Int Bill | Add Bill |
| laimant's Particulars :- | | R : Accident Report | | | |
| river/Owner: | | A: Damage Assess: F: Towing Fee | nent (\$100); INC (\$80) | - | |
| | | T : Follow-Through | | 20 | |
| ontact No: | | T : Follow-Through or claiming against] | NC Only (wef 10 Jan 2005) | 30 | |
| maged Portion: | 6) T | R: Re-inspection | | 75 | |
| | | 1 : Idao DA + SMR TUC Additional Scr | | 60 | |
| Checked by (Engr-In-Charge): | Q | D | | | |
| | | NS: Courtesy Cos / T No: Repair Co-ordin | | 55 | |
| iditors! Comments :- | ·1 | N7: Post Repair Insp | ection 5 | 25 | |
| 1: | | N8: DV / Collect Exc P (N11) : TP (Non II | | 20 | |
| 2/3; | 9) N | 12: Idao Mobile | | 30 | |
| | | ice dated ice dated | Fee Charged Fee Charged | ME IIN | aria Jak |
| | | | | | |

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 <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.
- 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.

| THE RESERVE OF CHISCOPIE COURT | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 22/06/2019 11:18 |
| Date Of Accident | 22/06/2019 04:40 |
| Exact Location Of Accident | TPE (PIE) BEFORE KPE EXIT |
| Country/State of Loss | SINGAPORE |
| SAPERING SERVICE OF THE PROPERTY OF THE PROPER | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SJQ5969P |
| Insured/Policyholder | |
| Name Of Registered Owner | DOMINIC LER KENG HSIANG |
| NRIC No | S9711581H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97736458 |
| Alternative Phone No | OFFICE-97736458 |
| Vehicle Particulars | |
| Manufacturer | MITSUBISHI |
| Model | LANCER 1.6 GLX 5MT AIRBAG 2WD 4DR |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE HIRE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5109358586 |
| Cover Note Number | |
| Driver | |
| Name of Driver | DOMINIC LER KENG HSIANG |
| NRIC No | S9711581H |
| Date Of Birth | 05/04/1997 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 03/01/2017 |
| Driving Experience | 2 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97736458 |
| Fax Number | 2014-14-14-15-15-15-15-15-15-15-15-15-15-15-15-15- |
| Contact Number | OFFICE-97736458 |
| PART A COLUMN TO THE COLUMN TH | and the second of the second o |

NOEMAIL

Address BLK 562 PASIR RIS STREET 51

#09-257

Postcode 510562

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

88

Insurance Company of Driver's Own Vehicle

1

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

4

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

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)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. MY CAR WAS STRANDED AFTER IT RAN ACROSS A LARGE PIECE OF METAL DEBRIS, WHICH WAS TRAPPED UNDER MY CAR, RENDERING IT IMMOVABLE. I GOT OUT OF THE CAR, LOOKED UNDER THE CAR, AND SAW THE DEBRIS STUCK UNDERNEATH. TO WARN APPROACHING VEHICLES, I TOOK 3 MEASURES. 1. TURN ON THE HAZARD LIGHT. 2. OPEN THE CAR BOOT. 3. HUNG A FLASHLIGHT ON STROBE MODE FROM THE BOOT. ALL 3 WERE DONE IN ORDER TO WARN OTHER MOTORISTS TO AVOID THE LANE I WAS IN. I THEN PROCEEDED TO CALL THE LTA HOTLINE, AND EMAS WAS ACTIVATED TO VISIT THE SITE OF BREAKDOWN. WHILE WAITING FOR EMAS AND LTA OUTRIDER TO ARRIVE, I WENT TO THE FRONT OF MY CAR, TO INSPECT THE UNDERCARRIAGE FURTHER. SUDDENLY, THE OTHER PARTY COLLIDED ONTO THE REAR OF MY CAR, DESPITE HAVING DISPLAYED 3 OBVIOUS WARNING INDICATORS TO SHOW THAT THERE IS A HAZARD AHEAD. MY OWN CAR HIT MY LEGS UPON IMPACT FROM THE REAR, AND I FALL AGAINST THE FRONT BONNET OF MY OWN CAR. SUSTAINING INJURY TO MY LEFT LEG TOO. THE REAR OF MY CAR WAS SMASHED, MY FRONT BONNET WAS DENTED BECAUSE I FALL AGAINST IT UPON IMPACT. MY LEFT BEGAN TO FELT PAIN GRADUALLY. AFTER EMAS PERSONNEL REMOVED THE DEBRIS FROM UNDERNEATH MY CAR, I KEPT THE DEBRIS AS EVIDENCE, AND I WAS ABLE TO DRIVE BACK MY NEIGHBOURHOOD MSCP, AND ARRANGE FROM TOWING SERVICE TO TOW MY CAR TO A WORKSHOP. THE OTHER PARTY HAS A DASHCAM INSTALLED AT THE FRONT OF HER CAR, IT CONTAINS EVIDENCE, KINDLY NOTE.

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

SJU5590B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

TOH WING SIE, CLARISSA

S9304785J

8

DETAILS OF INJURED PERSON 1

Name

DOMINIC LER KENG HSIANG

Approximate Age

Injuries Sustain

LEFT LEG

Injured person in which vehicle?

SJQ5969P

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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:
 - 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.:

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:

Name: NRIC/FIN No.: A: 1705 369P

22/6/2019 0H-40AM SJQ5969P #± HP97736458

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REPUBLIC OF SINGAPORE

DENTITY CARD NO. S9711581H



DOMINIC LER KENG HSIANG



CHINESE 05-04-1997

SINGAPORE

For LKK/NAC U

Laurice Number S 9 7 1 1 5 8 1 H

DOMINIC LER KENG HSIANG

Bem Date: 05 Apr 1997 Dam: 03 Jan 2017





4857482

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

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

For LKK/NAC Use Only

24-04-2012

APT BLK 562 PASIR RIS STREET 51 #09-257

SINGAPORE 510562

NP 428A

| eBao Tech | | | | | | | | 學學是 | Genera | alClaim |
|------------------------|------------------------|-----------------------|-------------------------------|----------------------|----------|------------------|----------------|-------------------|-------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601 | | | | | • Change | Language | + Chang | ge Password | + Log Out |
| My Desktop | Policy Query | | | | | | | | | |
| Natice of Loss | Policy No. | | | | Date | of Accident | 2 | 2/06/2019 (| 04:40 | |
| | Vehicle No.(For Motor) | S3Q596 | 9P | | Certifi | icate Number | | | | |
| | | | | - 1 | Search | | | | | |
| | Select Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence | Expiry Date |
| | O 5109358586 | | DOMINIC LER KENG HSIANG | S9711581H | GPC | drivo CLASSIC | SJQ5969F | SJQ5969P | 06/05/2019 | 18/05/2020 |
| | | | | - | Continue | 1 | | | | |

| Policy No. | 5109358586 | Policyholder | DOMINIC LER KE | NG HSTANG | Policyholder | S9711581H | |
|---|------------------------------|-----------------------------------|------------------|---------------|----------------------|-----------------|---|
| Certificate | 3103336360 | Name | DOMINIC LER KE | NG HSIANG | NRIC | 59/11581H | |
| Address | BLK 562 #09-257 PASIR RIS ST | REET 51 SING | SAPORE 510562 | | | | |
| roduct | | | AL-Shewer | | Group | | |
| Name | PRIVATE CAR INSURANCE | Plan | | | Policy Flag | N | |
| Policy ssue Date | 06/05/2019 | Effective Date | 06/05/2019 00:0 | 0 | Expiry Date | 18/05/2020 2 | 23:59 |
| Excess Type | Per Accident | All Claims Excess | | | | | |
| Third Party Excess | 1500 | Own damage Excess | 2000 | | Windscreen Excess | 100 | |
| Additional Excess | 0 | OS Premium | 0 | | | | |
| Outside | | | | | | | |
| Singapore OD Excess | 2000 | Outside Singapore TP Excess | 1500 | | | Young | g/Inexperience Driver Excess |
| Agent | DICKSON INSURANCE AGENCY | Agent Tel. | 63447667 | | GST Flag | Y | |
| Co- insurance Flag Open Policy Info Certificate | No | | | | | | |
| | nolder Mailing Address | | | | | | |
| Address 1 | BLK 562 #09-257 | Addr | see 2 DAS | IR RIS STREET | E1 | Address 3 | SINGAPORE 510562 |
| Address 4 | | | | | | 1615-651/651/64 | |
| Jnit No. | 09-257 | | ed Policy | apore address | | Post Code | 510562 |
| | d Object: SJQ5969P | Numl | per 510 | 9358586 | | | |
| 2000 9500 | | | | | | | |
| ♥ Endors | | | | | | | |
| Sequer | 07/05/2019 00:00 | | Endorsement Type | | Endorsement | | Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 06 May 2019 TO 18 May 2020 In view of this amendment, an additional premium of \$90.03 (inclusive of GST) is payable under your policy Please ignore this premium payment request if you have sincimade payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter-for cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. |

| Claim Handling | | | | | | |
|--|---|--------------------------------|---|--|---|--|
| ccident MT/1050082 | | | | | | |
| oficy No. | 5109358586 | | Vehicle No. | SJQ5969P | GST Registration No. | |
| ertificate No. | | | | | | |
| olicyholder Name | DOMINIC LER KEN | VG HSJANG | | | Policyholder NR3C | 59711581H |
| roduct Code | PRIVATE CAR INS | URANCE | Cover Type | drive CLASSIC | Loading | 0 |
| contact No. (Mobile) | 97736458 | | Contact No.(Office) | 0 | Contact No. (Home) | 0 |
| mail Address | | | Special Remark | | eCode | G: V |
| (FK | No ○ Yes | | TCA | ® No ⊜Yes | eCode Reason | |
| CD Protection | No | | NCD Entitlement(%) | a . | Provate Hire | Ves |
| Accident Details | | | | | | |
| eport Date | 22/06/2019 12:0 | 1 | Accident Report Within 24 hrs. | Yes | Accident Type | Collision - Head to Rear |
| ste of Acodent | 22/05/2019 | | Time of Accident hh:mm | 04:40 | Country of Accident | Singapore |
| eparting Contro | | | Orange Force | | ICM No. | |
| ccident Location | TPE (PIE) BEFORE | E KPE EXIT | | | | |
| ▼ Total Excess Applicable | | | | | | |
| xcess Type | Per Accident | | Windscreen Excess | 100.00 | | |
| | | | | | | |
| D Standard Excess | | 2,000.00 | TP Standard Excets | 1,500.00 | | |
| ED OD Excess | | 0.00 | Y1EO TP Excess | 0.00 | Driver is Covered? | Covered |
| oditional Excess | | 0 | | | | |
| orar OD Excess Appricable | | 2000.00 | Total TP Excess Applicable | 1,500.00 | | |
| ⇒ Benefits ⇒ GST Registered Inform: | ation | | | | | |
| ST Registered Informa | | No. | | GGT Bankrostics Page | | |
| ST Registration No. | | 20 | | GST Registration Date GST Status Verified | Yes | |
| Indification History | | | | | | |
| | | | | | | |
| Policyholder Mailing Ad | Idress | | | | | |
| sidress 1 | BLK 562 #09-257 | 7 | Address 2 | PASIR RIS STREET \$1 | Address 3 | SINGAPORE 510562 |
| ddress 4 | | | Address Type | Singapore address | Post Code | 510562 |
| nit No. | 09-257 | | Related Policy Number | 5109358586 | | |
| ○ OI Driver Info | | | | | | |
| river Name | DOMINIC LEA KEY | NG HEIANG | Driver Type | Main Driver | | |
| nnamed driver Name | | | Driver NRIC | S9711581H | Driver DOB | 05/04/1997 |
| egister Date of Driver License | | | Driver Age | 22 | Driving Experience | 2 |
| ontact No.(Mobile) | 97738458 | | Contact No.(Office) | 0 | Contact No.(Nome) | 0 |
| ddress i | BLK 562 | | Address Z Address Type | PASIR RIS STREET SI | Adoress 3 | SINGAPORE 510562 |
| nit No. | 09-257 | | Abbress Type | Singapore address | Post Code | 510562 |
| loes he own a Singapore | ○ Yes ® No | | Postar Materia De | | Barrellan and Barrellan | |
| legistered car? | C. res (grad | | Driver Vehicle No. | | Driver Insurer Company | |
| eclaration | | | | | | |
| Ireathalyser or Blood Test | 0 mg | | And Service Co. | 8 m On | | |
| teading? | o mg | | Any injury? | ® Yes ○ No | | |
| | | | | | | |
| lodification History | | | | | | |
| Claim 001 New | | | | | | |
| | | | | | | |
| | | | | | | |
| | -200000 | | | | | ************************************** |
| | 00-Mx | ~ | Insured Name | DOMINIC LER KENG HSTANG | Insured NRIC | S9711581H |
| ontact No.(Mobile) | OO-Mx | V | Contact No.(Home) | 63447667 | Contact No.(Office) | |
| ontact No.(Mobile) mail Address | | | Contact No.(Home) OI Vehicle Number | 63447667 51Q5969P | | S)u55908 |
| ontact No.(Mobile) mini Address alimant Type Claimant Type * | | X | Contact No.(Home) OI Vehicle Number Type of Benefit • | 63447667 | Contact No.(Office) | |
| ontact No.(Mobile) mini Address laimant Type Claimant Type * siment Name * | | | Contact No.(Home) OI Vehicle Number | 63447667 51Q5969P | Contact No.(Office) | |
| ontact No. (Mobile) mail Address almant Type Clemant Type * simant Name * almant Address | Please Select | ¥ 22 | Contact No.(Home) OI Vehicle Number Type of Benefit • | 63447667 51Q5969P | Contact No.(Office) TP Vehicle Number | |
| ontact No. (Mobile) ned Address simant Type Cleimant Type * simant Name * simant Address sim Description | Please Select | X | Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * | 63447667 SIQS969P Please Select | Contact No.(Office) | |
| ontact No. (Mobile) med Address almant Type Cleimant Type * almant Name * almant Address alm Description effored Workshop Contact b. | Please Select | 22 5908 ON 22 Jun 2019 | Contact No.(Horne) OI Vehicle Number Type of Bonefit * Claimant NRIC * | 63447667 SIQI966P Please Select Not at Fault | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop | S3u55908 |
| ontact No. (Mobile) mell Address laimant Type Claimant Type * laimant Name * laimant Address laim Description referred Workshop Contact o. equire Finalisation | Please Select SIQS969P / SIUS | 22 1908 CN 22 Jun 2019 | Contact No.(Horne) OI Vehicle Number Type of Bonefit * Claimant NRIC * Insured Liability * Preference Repair Option | 63447667 SIQS969P Please Select | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report | SJUSS908 |
| ontact No. (Mobile) mell Address laimant Type Claimant Type * laimant Name * laimant Address laim Description referred Workshop Contact o, equire Finalisation ote Registered | Please Select | 22 1908 CN 22 Jun 2019 | Contact No.(Horne) OI Vehicle Number Type of Bonefit * Claimant NRIC * | 63447667 SIQI966P Please Select Not at Fault | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop | S3u55908 |
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| ontact No. (Mobile) med Apdress almort Type Cleimant Type * almort Name * almort Address alm Description effermed Workshop Contact origine Finalisation are Registered apper Taken By | Please Select | 22 1908 CN 22 Jun 2019 | Contact No.(Horne) OI Vehicle Number Type of Bonefit * Claimant NRIC * Insured Liability * Preference Repair Option | 63447667 SIQI966P Please Select Not at Fault | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report | SJUSS908 |
| ontact No. (Mobile) med Apdress isimant Type Cleimant Type * isimant Name * isimant Address isim Description referred Workshop Contact or require Finalisation one Registered sport Taken By | Please Select | 22 1908 CN 22 Jun 2019 | Contact No.(Horne) OI Vehicle Number Type of Bonefit * Claimant NRIC * Insured Liability * Preference Repair Option | 83447667 STQ\$969P Please Select V | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report | SJUSS908 |
| ontact No. (Mobile) med Address isimant Type Cleimant Type * isimant Name * isimant Address isim Description referred Workshop Contact or equire Finalisation ote Registered eport Taken By Print AK letter | Please Select | 22 1908 CN 22 Jun 2019 | Contact No.(Horne) OI Vehicle Number Type of Bonefit * Claimant NRIC * Insured Liability * Preference Repair Option | 63447667 SIQI966P Please Select Not at Fault | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report | SJUSS908 |
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