Date & Time Completed Done by Cahrs
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Report / Hand to Owner/Wksp Tel: Fax: INC()/Non-INC() Tel:) Cover Type: () E: Time:) N: 0-20%; P: 21-79%. P: 30-100%] NO() tial & Strictly NO refer of repairer.); Towing Co: (')
Report / Hand to Owner/Wksp Tel: Fax: INC () / Non-INC () Tel:) Cover Type: () e: Time:) N: 0-20%; P: 21-79%. P: 30-100%] NO () tial & Strictly NO refer of repairer.); Towing Co: (')
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Date&Time Completed Done by
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ice Preparation Checklist. Anit (5) Amit (5) Add
Accident Reporting (\$30);
: Damage Assessment (\$100); INC (\$80)
Towing Fee \$40/\$45 Follow-Through Survey \$120
Follow-Through Survey (Resurvey) \$30
claiming against INC Only (wef 10 Jan 2005)
Re-inspection \$75 Idao DA + SMRT Survey \$160
JC Additional Services:-
Courtesy Cer / Tpt Allowance \$5
Courtesy Cer / Tpt Allowance \$5 Repeir Co-ordination \$10 Fost Repair Inspection \$25
Courtesy Cer / Tpt Allowance \$5
Courtesy Cer / Tpt Allowance \$5 Repeir Co-ordination \$10 Fost Repair Inspection \$25

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

in the world injury to sometime that it are thinks	ACCIDENT STATEMENT
Date Of Report	22/06/2019 16:28
Date Of Accident	21/06/2019 22:00
Exact Location Of Accident	TANJONG KATONG RD TWDS DUNMAN LANE
Country/State of Loss	SINGAPORE
Landing and the party of the D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBM6641T
Insured/Policyholder	
Name Of Registered Owner	YAPP TING SHIUNG
NRIC No	\$7685950G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97729566
Alternative Phone No	OFFICE-97729566
Vehicle Particulars	
Manufacturer	YAMAHA
Model	JUPITER MX (HC)
Exact Purpose for which vehicle was being used at time of accident	
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5098500223-01
Cover Note Number	
Driver	
Name of Driver	YAPP TING SHIUNG
NRIC No	S7685950G
Date Of Birth	04/03/1976
Occupation	OUTDOOR
Date Of Driving Pass	27/09/2008
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97729566
Fax Number	
Contact Number	OFFICE-97729566
EMail Address	NOEMAIL

Address BLK 424 BEDOK NORTH AVENUE 1

#09-248

Postcode 460424

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 - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident

YES

Was any body injured in the Accident?

-5.43

Was any injured conveyed to hospital by ambulance?

YES

Was any other material or property damaged?

YES

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

NO 1

Number of Passengers (Including Driver)

Details of Police Action

YES

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190622/7014.

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

SJU794M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Postcode

Name YAPP TING SHIUNG Approximate Age Injuries Sustain BODY Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This form must be completed by the Policyholder and/or the Authorised Differ.
- Information provided must be as <u>truthful and accurate as possible</u>. Any writed misrepresentation or withholding of material facts may allow insurance companies to repudiate policy flability.
- 4. The issue and acceptance of this Form by incurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false recording may be referred to the Police for Investigation.
- 5. The report will be forwarded by the Insurers of the GIA Records Management Control 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
- 7. By the lodgment of this report to the insurers, you hereby the sent to the architing of this report at the centre and to copies of the report being made available aforesaid.
- f. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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/jaw firms, the Monetary Authority of Singapore and any relevant government agency/suthority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my dains 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 enquines by me;
 - (iv) administering my claims (including the maling 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 dains. (collectively the "Purposes")
- (b) ell insurer(s) who have insured vehicle(s) involved in this accident and the insurers' iswyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- my Personal Information may/ran be disclosed by any of the insurers and/or GIA to their third party service providers pr agents (including their lawyers) are firms), which may be steet outside of Singaporo, for one or more of the above Purposes.
- my Personal Information will also be collected and used to compile claims history for die purpose of freed 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.

Policytology's Sig Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

KRIC/FIN No.:

NRIC/FIN No.:

Date & Time:

Date of Accident	: 21 June 2019 Accident Time: 10 pm (24-HR-Format)
Accident Place	: Tunjong katong Rd > Dunman Lane
Vehicle Reg. No. (Car Plate No.	FBM 6641T
Vehicle Make/Model	Jupiter
bisurance Company	:_ NTUCPolicy No
Owner or Company Name /IC N	The state of the s
Owner or Company Contact No.	97729566 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: Yapp Ting Shinng 17685950G
DRIVER'S Date Of Birth	: 04-03-1976 DRIVER'S License Pass Date 27 sep 2008
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: \ Wn \
DRIVER'S Address	: 424 Bedok North Ave 1 #09-248 5 (460424)
DRIVER'S Contact No. Alt No.	:1) 97779566 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: Admin EMycar. sq
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including	Driver): 1
Was there any video Captured by Exact purpose for which vehicle v	car camera: YES \NO vas being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: 2Ju794M	Vehicle Reg. No:
Vehicle Make\Model:	
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	





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

1 of 3

Report No. T/20190622/7014

REPORT	OF A TRAFFI	C ACCIDENT		
Date/Tir 22/06/20	me Report N 019 12:24	Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		THE REPORT OF THE PARTY OF THE
Name of YAPP T	f Informant: ING SHIUN		Address: APT BLK 424 BEDOK NORT SINGAPORE 460424	'H AVENUE 1 #09-248
ID Type NRIC N	/ ID No.: O / S76859	50G	Contact No.: Home/Office:	Mobile: 97729566
National SINGAP	ity: ORE CITIZ	EN	Email: vincentyapp@yahoo.com	
Sex: Male	Age: 43	Date of Birth: 04/03/1976	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupat			Driving Licence Information:	Date of Evolus

Type of Accident: Injury Attended by Police		Drink Date/Time of Accident: 21/06/2019 22		Type of Location Straight Road
Location: TANJONG KA Weather: Clear	ATONG ROAD	Road Surface: Wet	F	Road Speed Limit:
0.00,		Traffic Control:	1	raffic Volume:
Traffic Flow: One Way		Not Controlled		ight

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBM6641T	Motorcycle	YAMAHA	JUPITER MX (HC)	Purple	Slightly Damaged	0
SJU794M	Car					0

THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	ehicle Insurance	16.12	A +44.5	A COLUMN
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM6641T	NTUC Income Insurance Co-Operative Limited	5098500223-01	14/05/2019	13/05/2020





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

2 of 3 Report No. T/20190622/7014

CONTINUATION OF REPORT

Details of Perso	n Involved	SERVICE CONTRACTOR	OR OTHER	450×374	AND SHALL BUILD	
Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL	Use of Peo	destriar	Cross	sing: NA	
Rider	以及		THE STREET			
Name	YAPP TING SHIUNG		ID No.		S7685950G	
Related Vehicle	FBM6641T (Motorcycle)			ct No.	97729566	
Hospital/Clinic	TAN TOCK SENG HOSPITAL			of g ce & / Date	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Date Disch	narge	NIL		
No. of Days gran	ted Medical Leave 08	Degree of		Serio	us	

Brief Details.

On the stated time and date, I was riding my vehicle bearing carplate number FBM6641T Along tanjong katong rd towards dunman

lane on lane 1,
Suddenly vehicle B bearing carplate number SJU794M travelling on lane 2, switched lane to the first lane
where i was travelling straight, collided head to side of my vehicle which caused me to be flung away from
my vehicle. I was conveyed by the ambulance after the accident due to the injuries that i have sustained
and was given a 8 days MC. I was diagnosed with fracture on my left arm and several abrasion on my limbs.





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

3 of 3 Report No. T/20190622/7014

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

NP168

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 22/06/2019 12:24
Classification Of Case:



CHINESE

04-03-1976 Country/Place of birth MALAYSIA



876859500



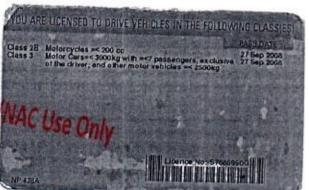


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APT BLK 424 BEDOK NORTH AVENUE 1 #09-248 BINGAPORE 460424



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eBao Tech									Genera	alClaim
Hello, NAC_PAYA_UBI_80				A SECTION AND ADDRESS OF THE PARTY OF THE PA		• Change	Languag	c > Chan	ge Password	• Log Ou
My Desktop Notice of Loss	Policy Query Policy No. Vehicle No.(For Motor)	FBM66	41T			of Accident	§	21/06/2019 :	22:00	
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Search Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5098500223- 01		YAPP TING SHIUNG	S7685950G	GMC	Third Party, Fire & Theft	FBM66417	32	14/05/2019	13/05/2020
			2005102		Continue		00001430048	PENNSHORA)	Market Market	0.000.000

Policy No.	5098500223-0	1	Policyholder	YAPP TING	SHIUNG	Policyholder		
Certificate No.			Name	TAPP TING	SHIUNG	NRIC	S7685950G	
Address	BLK 424 #09-2	48 BEDOK NORTH	H AVENUE 1 9	SINGAPORE 4	60424			
Product Name	MOTORCYCLE I		Plan			Group Policy Flag	N	
Policy issue Date	12/04/2019		Effective Date	14/05/2019	00:00	Expiry Date	13/05/2020 2	3:59
Excess Type	Per Accident		All Claims Excess					
Third			Own					
Party Excess	0		damage Excess	0		Windscreen Excess		
Additional Excess			OS Premium	0				
Outside Singapore OD Excess			Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	YEW HENG CRE	DIT ENTERPRISE	Agent Tel	67437030		GST Flag		
Co- Insurance Flag				07437030		GST Flag	Υ	
Open Policy Info								
Certificate Info								
Policyl	holder Mailing A	Address						
ddress 1	BLK 424	#09-248	Addre	ss 2	BEDOK NORTH	AVENUE 1	Address 3	SINGAPORE 460424
Address 4			Addre	ss Type	Singapore addre	ss	Post Code	460424
1001633 4			Relate	d Policy er	5098500223-01		out schildistik	condition (
Init No.	d Object: FBM6	641T	21,51353					
Init No.		641T	212335					

Policy No.	5098500223-01	Vehicle No.	FBM6641T	GST Registration No.	
Terrificate No.			2.000000000	wall wegistration No.	
Olicyholder Name	YAPP TING SHOUNG			212.000.000.000.00000	22000000000000000000000000000000000000
roduct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Policyholder NR3C	\$7685950G
ontact No. (Mobile)	97729566	Contact No.(Office)		Loading	0
mail Address			0	Contact No.(Home)	ů.
7K	® No ○ Yes	Special Remark	0.2000.2000	eCode	No. V
CD Protection		TCA	® No ○ Yes	eCode Acason	
	No	NCD Entitlement(%)	10	Private Hire	No
Accident Details					
éport Date	22/06/2019 16:41	Accident Report Within 24 hrs.	Yes	Academ Type	Patiente Characteria
ate of Accident	21/06/2019	Time of Accident hh:mm	22:00		Collision - Change / Cross lane
eporting Centre		Orange Force	24.50	Country of Accident	Singapore
ocident Location	TANDANG PATCAGE DE TURA			ICM No.	
F Yotal Excess Applicable	TANJONG KATONG RD TWDS DUNMAN L	AME			
coess Type					
coas type	Par Accident	Windscreen Excess			
D Standard Excess	8.00	TP Standard Excess	0.00		
ED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered
dicional Excess					6.033/4.050075-16
rtel OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
Benefits			W. 1970.		
GST Registered Inform	ation				
T Registered	No		GST Benefits Service		
T Registration No.			GST Registration Date GST Status Verified		
diffication History			us i status venhed	Yes	
Policyholder Mailing Ad	dress				
dress 1	BLK 424 #09-248	WWW.			
01/05/20	erry and amb. Sad	Address 2	BEDOK NORTH AVENUE 1	Address 3	53NGAPORE 460424
dress 4		Address Type	Singapore address	Post Code	460424
it No.		Related Policy Number	5098500223-01		22/2011
OI Driver Info					
var Name	YAPP TING SHOUNG	Driver Type	Main Driver		
named driver Name		Driver NRIC	S7685950G	Driver DOB	D4.00044.004
gister Date of Driver License	27/09/2008	Oriver Age	43		04/03/1976
ntact No.(Mobile)	97729566	Contact No.(Office)	0	Driving Experience	10
dress 1	BLK 424	Address 2	The way of the second second	Contact No.(Home)	0
dress 4			BEDOK NORTH AVENUE 1	Address 3	SINGAPORE 460424
t No.	122/2011	Address Type	Singapore address	Post Code	460424
es he own a Singapore	09-248				
gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Weetion					
athalyser or Blood Test	Omg	Any insuran	B		
athalyser or Blood Test	Omg	Any injury?	® Yes ○ No		
Seration Sthalyser or Blood Test eding?	omg	Any injury?	® Yes ○ No		
athalyser or Blood Test iding?	omg	Any injury?	® Yes ○ No		
athalyser or Blood Test ding? Ification History	Omg	Any injury?	® Yes ○No		
athalyser or Blood Test ding? Ification History	Omg	Any injury?	® Yes ○ No		
athalyser or Blood Test ding? fication Habory	Omg	Any injury?	® Yes ○ No		
Sthalyser or Blood Test iding? Ification History					
Mhalyser or Blood Test ding? Fication History Islam 001 New	OD-MX ▼	Insured Name	® Yes ○ No VAPP TING SHOUNG	Insured NRIC	576859500
Mhalyser or Blood Test ding? ffication History laim 001 New m Type •		brisured Name Contact No.(Home)	YAPP TING SHOUNG	Insured NRIC Camacs No.(Office)	576829500
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Minalyser or Blood Test rding? Ification History Islim 601 New Type * Isot No.(Mobile) Ill Address mant Type Claiment Type+	OD-MX 97729566	brisured Name Contact No.(Home) OI Vehicle Number	YAPP TING SHOUNG	Contact No.(Office)	
athalyser or Blood Test dog? If Cation History Inim 001 Naw In Type * Lact No. (Mobile) Ill Address mant Type Claiment Type + mant Name *	OD-MX 97729566	brisured Name Contact No.(Home) OI Vehicle Number	VAPP TING SHOUNG	Contact No.(Office)	
athalyser or Blood Test dog? If Cation History Inim 001 New Type * Lact No. (Mobile) Ill Address mant Type Claiment Type + mant Name *	OD-MX	brisured Name Contact No. (Home) Of Vehicle Number Type of Benefit +	VAPP TING SHOUNG	Contact No.(Office)	
Minalysis or Blood Test closs (fication History Islam 001: Msw Type * Islam No. (Mobile) Ill Address mant Type Claiment Type + mant Address in Description	OD-MX 97729566 Phoase Select	brisured Name Contact No. (Home) Of Vehicle Number Type of Benefit +	VAPP TING SHOUNG	Comact No.(Office) TP Vehicle Number	
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Minalysis or Blood Test ding? Ification History Islam 001 Mess In Type * Isoc No. (Mobile) Ifild Address mant Type Claiment Type + mant Address In Description Erred Workshop Contact	OD-MX 97729566 Please Select	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit + Claimant NRIC +	VAPP TING SHOUNG FBM6641T Please Select Not at Fault	Comact No.(Office) TP Vehicle Number	
Minalyser or Blood Test rding? Ification Helicity Islam 001 Mess In Type * Islam 001 Mess In Type * Islam Norte In Type Claiment Type + mant Address In Description Berned Workshop Contact size Finelisation	OD-MX 97729566 Please Select	Insured Rame Contact No. (Home) Of Vehicle Number Type of Benefit + Claimant NRIC + Insured Liability + Preferend Repair Option	VAPP TING SHOUNG FBM6641T Please Select Not at Fault	Comact No.(Office) TP Vehicle Number	
Athalyser or Blood Test clog? If Cation History Inim 001: Msw In Type * Inact No. (Mobile) Init Address Inant Type Claiment Type + Inact Address In Description In Engistered	OD-MX 97729566 Please Select	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit + Claimant NRIC +	VAPP TING SHOUNG FBM6641T Please Select Not at Fault	Comact No. (Office) TP Vehicle Number Name of Preferred Workshop	SJU794M
Minalysis or Blood Test ding? Ification History Infire 001 Mew In Type * Loct No. (Mobile) Ifil Address mant Type Claiment Type + mant Name * mant Address in Description pressiption pressiption Registered	OD-MX 97729566 Please Select	Insured Rame Contact No. (Home) Of Vehicle Number Type of Benefit + Claimant NRIC + Insured Liability + Preferend Repair Option	VAPP TING SHOUNG FBM6641T Please Select Not at Fault	Comact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SJU794M
athalyser or Blood Test clog? If Cation History Inim 001 Msw In Type * Inc. No. (Mobile) Ini Address Inim Type Claiment Type * Inim Name * Inim Address In Description In Escription In Registered Int Taken by	OD-MX 97729566 Please Select PBM5643T / SJU794M ON 21 Jun 2019 Yes 22/06/2019 16:43	Insured Rame Contact No. (Home) Of Vehicle Number Type of Benefit + Claimant NRIC + Insured Liability + Preferend Repair Option	VAPP TING SHOUNG FBM6641T Please Select Not at Fault	Comact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SJU794M
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Athalyser or Blood Test riding? Incation History Inim 001 Mass In Type * Inact No. (Mobile) Ini Address In Mart Type Claiment Type + Inact Address In Description Erred Workshep Contact urre Finelisation Registered out Taken By Print AK letter	OD-MX 97729566 Please Select PBM5643T / SJU794M ON 21 Jun 2019 Yes 22/06/2019 16:43	Insured Name Contact No.(Home) C3 Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	VAPP TING SHOUNG FBM6641T Please Select Not at Fault	Comact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SJU794M
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403	NAC_PAYA_UB1_800801(N CES) on	SAS		Normal		SAS 2019-6-22					Edit	
1	NAC_PAYA_UBI_BD0001(NATIONAL ASSESSMENT CENTRE SEKVI CES) on 22 Jun 2019 10:44		Photos		Normal		Photos 2019-6-22					Edit
(1)	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jun 2019 16:44		Photos		Normal		Photos 3019-6-22					Edit
18	NAC_PAYA_UBI_R00601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 22 Jun 2019 16:44		Photos		Normal		Photos 2019-6-22					Edit
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Linds W3	CES) on 22 Jun 2019 16:43		Photos		Normal		Photos 2019-6-22					Edit
4	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jun 2019 16:43		Photos		Normal		Photos 2019-6-22					Edit
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