NATIONAL Assessment Centr	e services.		H114100000	-		
Date In: 31 31 59 - 18:38	Jeb description		Date & Time Con	npleted	Don	ne by
ROTNO: HA NC 1903465 FM	SAS e-filing					
Veh No: GDG18244	E-mail (within 8	ihrs, AIC 2hrs)				
D.O.A: 317/19-15:15	i-Motor Clain	n Form	m/1055923	100	31/7/19 1	4:10
	i-Motor W/O	(Within: OD 2hrs				
OD / TP Reporting Only	i-Photo Uplos	ided	1			
Thi	Assessment/Sur	rvey Report				
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	F	ax:	-
TP Particulars: Veh No: JUHG	664 R	. INC()/Non-INC().		
Owner / Driver: (Tel:)	111000000000000000000000000000000000000
Policy No: () Per	riod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [1	Note-Est. Status (W	O): N: 0-20	%; P: 21-79%.	P: 30-1	00%]	
Year of Registration: () V	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1,00	00 ()/\$2,000 ()				
General Remarks:-	2 - 7 - 2 - 6	~ \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		1872	San Good	
() Walk-In Customer : Customer's infor	mation strictly Con					20 30 30
() Total Loss Case : to e-mail Insure		ilidential & Stri	cuy NO 13ler U. le	paller.		
				,,		
Drive-In ()/ Towed-In (); Invoice:	YES () / NO) () ; 10	wing Co: ()
						-
Remarks:- (INC hotline: 6788 6616)	and the second		Date&Time Comp	letsd b	Don	by
	ourtesy Car ()		Date&Tirris Comp	de Sd %b	Don	b by
	ourtesy Car ()		Date& Tirrie Coinn	de:5d	Don	b hy
1) Apply for Transport Allowance ()/Co	()		Date&Time Comp	le sd	Don	bhy
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30]	()		Date&Time Comp	le sd b	Don	s by
Apply for Transport Allowance ()/Co QC Check / Post Repair Inspection	()		Date&Time Comp	letad **	Don	s by
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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.
- 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.

- 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 ladgement 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

By the lodgement of this report to the insurers, you hereby consaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
Giptower to the second	ACCIDENT STATEMENT
Date Of Report	31/07/2019 18:58
Date Of Accident	31/07/2019 15:15
Exact Location Of Accident	PIE (TUAS) AFTER STEVEN RD EXIT
Country/State of Loss	SINGAPORE
Pelapharente de la marcha de la como de la c	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG1824Y
Insured/Policyholder	
Name Of Registered Owner	ARICAN CONSTRUCTION & TRANSPORTATION PTE LTD
Co Reg No	201223293M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5MT 5DR EURO V
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
	COLUMN TO THE CO

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

5101540840-01 Policy Number

Cover Note Number

Driver

ESWARAN S/O ARUMUGAM Name of Driver

NRIC No S8510483G 03/04/1985 Date Of Birth OUTDOOR Occupation Date Of Driving Pass 16/10/2014

4 YEARS AND 9 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-98003975 Mobile Number

Fax Number

OFFICE-98003975 Contact Number

NOEMAIL EMail Address

BLK 105 TOWNER ROAD Address

#10-414

321105 Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

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

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : MALE

Passenger 2

NAME:

NO

NO

YES

NO

YES

NO

3

: MUNIYANDI NATCHIAPPAN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

NO

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLH9664R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Page 2 of 21

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHD1093J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLU9198B

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)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SGV1018U

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)

DETAILS OF INJURED PERSON 1

Name ESWARAN S/O ARUMUGAM

Approximate Age

Injuries Sustain NECK & BACK Injured person in which vehicle? GBG1824Y

Were seat belts worn? YES

NO

Address

Postcode

DETAILS OF INJURED PERSON 2	
MUNIYANDI NATCHIAPPAN	
NECK & BACK	
GBG1824Y	
YES	
NO	
	MUNIYANDI NATCHIAPPAN NECK & BACK GBG1824Y YES

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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>.
- 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) 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

840 NC 201 223293M 49-2899 * 011

Policy holder's signature Date / time: Driver's signature

(if driver is not policy holder)

Date / time:

reporting centre personnel's Signature

Date / time:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE towards Tuas after Steven Road on the middle lane. As I saw there was an accident in front of me, I started to stop my vehicle. I was able to stop in time without any contact with the vehicle in front of me. Out of sudden, I felt a huge impact from my rear causing me collided onto vehicle in front of me. Total 5 vehicles involved in this accident.

DECLARATION

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

Policy holder's signature Date & time:

Driver's signature (if driver is not policy holder)
Date & time:

reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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 traffic police department for investigation.

			ACC	IDENT DETA	ILS			
Date of accident	31	107	12019					(DD/MM/YY)
Time of accident	15	:18						(HH:MM)
Exact location of accident	B	long	PIE	towards	Tuas	after	Steven	Road

	DETAILS OF VEHICLE
Vehicle registration number	GBG 1824 Y
Vehicle make and model	Nissan NV 350
Type of vehicle	Saloon
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only

TVI TO THE N	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number	200000000000000000000000000000000000000		
Type of policy	Comprehensive	Third party fire & theft \square	TP only

	INSURED / POLICY HOLDER	Famala -
Name	Arican Construction & Transportation Ple Ltd Male	Female 🗆
NRIC / Fin / Passport number	2012 2 3 2 9 3 M	
Contact		
Address		

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Name	Eswaran s/o Arumugam Males	Female 🗆
NRIC / Fin / Passport number	38510483 G	
Contact	9800 3975	
Address	BIK 105 Towner Road #10-414 S(321105)	
Email address		
Date of birth	03/04/1985	
Occupation	Indoor D Outdoor	
Driving date pass	18/10/2014	

的复数形式 医 中毒性 医多亚氏	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes No a
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes No D
Weather condition	Clear Raining Others:
Road surface	Dry Wet a
No of passenger	3 (Inclusive of drive
	PASSENGER 1
Name	Muniyandi Natchiappan
Gender	Male Female
	PASSENGER 2
Name	Worker
Gender	Male Female
的知识是不是的是对于 证明的	PASSENGER 3
Name	
Gender	Male D Female D
	THREE TENNES
	PASSENGER 4
Name	PASSENGER 4
Gender	Male - Female -
Ciliaci	Water Fernance
	PASSENGER 5
Name	PASSENGER 3
Gender	Male Female
Gender	IMale Felliale
Name and Administration of the Control of the Contr	
	PASSENGER 6
Name	Mala a Cample a
Gender	Male Female
	OTUES INFORMATION
	OTHER INFORMATION
Was anybody injured?	Yes No D
Was other vehicle damaged?	Yes No D
	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No If yes, please state which police station.
Police station name	
20 00年5月1日	WITNESS 1
Name	
在 经验是1967年,1967年,1967年	WITNESS 2
Name	

可以在今次 中最后,这种是有。	THIRD PARTY VEHICLE 1	THE PROPERTY OF THE PARTY OF TH
Vehicle registration number	SLH 9664R	
Vehicle make model	187.547	
Name	*	
NRIC / Fin / Passport number		
Contact		
Contact	4	
	THIRD PARTY VEHICLE 2	
Vehicle registration number	SHD 1093 J	
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
A SECTION OF THE SEC	THIRD PARTY VEHICLE 3	
Vehicle registration number	SLU 9198B	
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
- Process Advantage March		
。	THIRD PARTY VEHICLE 4	
Vehicle registration number	SGV 1018 U	
Vehicle make model	3	
Name		
NRIC / Fin / Passport number		
Contact		
111		,
	THIRD PARTY VEHICLE 5	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
	THIRD PARTY VEHICLE 6	建筑建筑和建筑
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
Metal Restauration of the	THIRD PARTY VEHICLE 7	经 对流生色 其实社会
Vehicle registration number		
Vehicle make model		
Name		
NRJC / Fin / Passport number		
Contact		

Name	Eswaran slo Arumugam
Injuries sustained	Back and neck
Which vehicle person in?	GBG 18244
Were seat belts worn?	Yes No D
Was injured conveyed to hospital by ambulance?	Yes D No

INJURED PERSON 2					
Name	Muniyandi Natchiappan Back and neck				
Injuries sustained	Back and neck				
Which vehicle person in?	GBG 1824Y				
Were seat belts worn?	Yes No 🗆				
Was injured conveyed to hospital by ambulance?	Yes D No.				

		INJURED PERSON 3	亚科斯共和国市民国共和国的地方
Name			/
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No □	

	INJURED PERSON 4
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes No
Was injured conveyed to hospital by ambulance?	Yes D No D

and the second second	INJURED PERSON 5
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes No D
Was injured conveyed to hospital by ambulance?	Yes D No D

		INJURED PERSON 6
Name /		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆



ESWARAN S/O ARUMUGAM

ஈஸ்வரன்

Face INDIAN Date of birth 03-04-1985 Country/Place of birth SINGAPORE For LKK/NAC

License Framer: S 8 5 1 0 4 8 3 G

License Framer: S 8 5 1 0 4 8 3 G

RESWARAN S/O ARUMUGAM

Birth Dale: 03 Apr 1985
isour-Date: 16 Oct 2014



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 16 Oct 2014 of the driver; and other motor vehicles =< 2500kg

USE ONLY

NP 428A

eBao Tech						NAME OF			Genera	Claim
Hello, NAC_PAYA_UBI_80	0601			and the second		· Change L	anguage	• Change	Password	• Log Out
My Desktop	Policy Qu	ery								
Notice of Loss	Policy No.				Date	of Accident	31/	07/2019 15	:15	
	Vehicle No.(For	r Motor) GBC	51824Y		Certi	ficate Number				
				E	Search					
	Select Policy	No. Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 510154	0840-	ARICAN CONSTRUCTION & TRANSPORTATION PTE LTD	201223293M	GCV	Comprehensive	GBG1824Y	GBG1824Y	20/06/2019	19/06/2020
				(Continue					

Policy No.	5101540840-01	Policyholder Name	ARICAN CO	NSTRUCTION & TRAI	Policyholder NRIC	201223293M		
Certificate No.					W. 100 Table 1			
Address	6001 BEACH ROAD #19-07 GOL	DEN MILE TO	WER SINGAP	ORE 199589				
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N		
Policy ssue Date	18/06/2019	Effective Date	20/06/2019	00:00	Expiry Date	19/06/2020 23:	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/I	Inexperience Driver Excess	
Agent	PRO-LINK INSURANCE AGENCY	Agent Tel.	65672149		GST Flag	Υ		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
Policyl	holder Mailing Address							
Address 1	6001 BEACH ROAD	Addre	ess 2	#19-07 GOLDEN M	ILE TOWER	Address 3	SINGAPORE 199589	
Address 4		Addre	ess Type	Singapore address		Post Code	199589	
Unit No.	02-02	Relat Numi	ed Policy per	5101540840-01				
D Insure	d Object: GBG1824Y							
	ements							
	sements						Endorsement Content	

Claim Handling Accident MT/1055923						
Policy No.	5101540840-01		Vehicle No.	GBG1824V	GST Registration No.	
Dertificate No.					40	
Folicyholder Name	ARICAN CONSTRUCTIO	ON & TRANSPORTA	ITION PTE LTD		Pakcyholder NRIC	201223293M
rroduct Code	COMMERCIAL VEHICLE	I INSURAL	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0		Contact No.(Office)	0	Contact No.(Home)	0
mail Address			Special Remark		eCode	Nr. V
FK	® No ○ Yes		TCA	® No ○Yes	eCode Reason	
ICD Protection	No		NCD Entitlement(%)	10	Private Hire	No
eport Date	31/07/2019 19:08		Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
time of Acodem	31/07/2019		Time of Accident Nn:mm	15:15	Country of Accident	Singapore
Reporting Centre			Orange Force		ICM No.	
codent Location	PIE (TUAS) AFTER STE	EVEN RD EXIT				
 Total Excess Applicable 						
ховая Туре	Per Accident		Windscreen Excess	100.00		
		2004240				
OD Standard Excess		600,00	TP Standard Excess	0.00	727 52 72	
TED OD Excess		0.00	VIED TP Excess		Driver is Covered?	
Additional Excess Foral CO Excess Applicable		600.00	Total TP Excess Applicable			
W Benefits		400.00	Total TV CXCess Appacable			
♥ GST Registered Informa	ation					
ST Registered Informa	ation No			GST Registration Date		
ST Registration No.	100			GST Status Venfied	Yes	
todification History	31/07/	2019 19:09:33 Sy	stem changed GST Status Verified from		0.554	
Policyholder Mailing Ad	dress					
doress 1	5001 BEACH ROAD		Address 2	#19-07 GOLDEN MILE TOWER	Address 3	SINGAPORE 199589
ddress 4			Address Type	Singapore address	Post Code	199589
Mrt. No.	02-02		Related Policy Number	5101540840-01		
OI Driver Info				11 / AND 1980 No. / A AND 1980		
criver Name	Unnamed Driver		Driver Type	Unnamed Driver		
Innamed driver Name	ESWARAN S/O ARUMU	GAM	Driver NRIC	585104836	Driver DOB	03/04/1985
egister Date of Driver License ontact No. (Mobile)	16/10/2014 98003975		Driver Age	34	Driving Experience	4
			Contact No.(Office)		Contact No.(Home)	0
ddress 1	BLK 105		Address 2	TOWNER ROAD	Address 3	SINGAPORE 321105
iddress 4 mit No.	10-414		Address Type	Singapore address	Post Code	321105
one so. Soes he own a Singapore			86210000000001.00A			
legistered car?	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
eclaration						
Ireathalyser or Blood Test	20%		58,000,000			
leading?	0 mg		Any injury?	® Yas ○ No		
odification History						
Claim 001 New						
THE REAL PROPERTY.						
	OD-MX	V	Insured Name	ARICAN CONSTRUCTION & TRA	Ensured NRIC	201223293M
laim Type *			Contact No.(Home)		Contact No. (Office)	65674755
ornact No.(Mobile)						SLH9664R
omact No.(Mobile) mail Address			OI Vehicle Number	GBG1824Y	TP Vehicle Number	DL13004N
ortact No.(Mobile) mail Address Jaimant Type Claimant Type's	Please Salect	V	Type of Benefit *	GBG1824Y Please Select	TP Vehicle Number	36730048
omact No.(Mobile) mai: Address Iaimant Type Claimant Type'* Iaimant Name *	Please Select	>>			TP Vehicle Number	3L73904h
orract No. (Mobile) mair Address laimant Type Claimant Type* laimant Name * laimant Address		>>	Type of Benefit *			3L13004h
omact No. (Mobile) mai: Address laimant Type Claimant Type * laimant Name * laimant Address laim Description	Please Select GBG1824Y / SLH9664R	>>	Type of Benefit * Claimant NRIC *	Please Select	TP Vehicle Number	3L17804h
omact No. (Mobile) mair Address laimant Type Claimant Type* laimant Address laimant Address laimant Description referred Workshop Contact o,	G8G1824Y / SUH9664R	≥≥ R ON 31 Jul 2019	Type of Benefit * Claiment NRIC * Insured Liability *	Please Select		
ornact No. (Mobile) main Address laimant Type * laimant Type * laimant Address laim Description * seferred Workshop Contact opequire Privateation	GBG1824Y / SUH9664R	>>	Type of Benefit * Claimant NRIC * Insured Liability * Preferened Repair Option	Please Select	Name of Preferred Workshop GSA report	Received
omact No. (Mobile) mair Address Jaimant Type Claimant Type * Jaimant Name * Jaimant Address Jaim Description referred Workshop Contact o, equire Finalsaction vite Registered	GBG1824Y / SLH9664R Yes 31/07/2019 19:10	≥≥ R ON 31 Jul 2019	Type of Benefit * Claiment NRIC * Insured Liability *	Please Select	Name of Preferred Workshop	
omact No. (Mobile) mair Address Jaimant Type Claimant Type * Jaimant Name * Jaimant Address Jaim Description referred Workshop Contact o, equire Finalisation vite Registered apprt Taken By	GBG1824Y / SUH9664R	≥≥ R ON 31 Jul 2019	Type of Benefit * Claimant NRIC * Insured Liability * Preferened Repair Option	Please Select	Name of Preferred Workshop GSA report	Received
ornact No. (Mobile) mair Address laimant Type Claimant Type * laimant Address laim Description referred Workshop Contact of Contact	GBG1824Y / SLH9664R Yes 31/07/2019 19:10	≥≥ R ON 31 Jul 2019	Type of Benefit * Claimant NRIC * Insured Liability * Preferened Repair Option	Please Select	Name of Preferred Workshop GSA report	Received
omact No. (Mobile) mair Address Jaimant Type Claimant Type * Jaimant Name * Jaimant Address Jaim Description referred Workshop Contact o, equire Finalisation vite Registered apprt Taken By	GBG1824Y / SLH9664R Yes 31/07/2019 19:10	≥≥ R ON 31 Jul 2019	Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date	Please Select	Name of Preferred Workshop GSA report	Received
ornact No. (Mobile) mair Address laimant Type Claimant Type * laimant Address laim Description referred Workshop Contact o, opeure Finalisation ate Registered aport Taken By Print Ait letter	GBG1824Y / SLH9664R Yes 31/07/2019 19:10	≥≥ R ON 31 Jul 2019	Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date	Please Select	Name of Preferred Workshop GSA report	Received
ornact No. (Mobile) mair Address laimant Type Claimant Type * laimant Address laim Description referred Workshop Contact o, opeure Finalisation ate Registered aport Taken By Print Ait letter	GBG1824Y / SLH9664R Yes 31/07/2019 19:10	≥≥ R ON 31 Jul 2019	Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date	Please Select	Name of Preferred Workshop GSA report	Received
Daim Type * Corract No. (Mobile) mai Address Daimant Type Claimant Type * Laimant Name * Laimant Address Laimant Address Laim Description referred Workshop Contact or, lequire Finalisetion wite Registered seport Taken By Finit Act letter Attachment	GBG1824Y / SLH9664R Yes 31/07/2019 19:10	≥≥ R ON 31 Jul 2019	Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date	Please Select	Name of Preferred Workshop GSA report	Received
ontact No. (Mobile) main Address Daimant Type Claimant Type * Taimant Name * Taimant Address Taim Description referred Workshop Contact to equire Finalsaction wite Registered apport Taken By If Innt AK letter Attachment	GBG1824Y / SLH9664R Yes 31/07/2019 19:10	≥≥ R ON 31 Jul 2019	Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date	Please Select	Name of Preferred Workshop GSA report	Received
ontact No. (Mobile) main Address Daimant Type Claimant Type * Taimant Name * Taimant Address Taim Description referred Workshop Contact to equire Pinatsation wite Registered aport Taken By Finat Act letter Attachment	GBG1824Y / SLH9664R Yes 31/07/2019 19:10 Jackson	≥≥ R ON 31 Jul 2019	Type of Senerit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	Prease Select Not at Fault Preferred Workshop, Name unknown Save: Submit	Name of Preferred Workshop GSA report	Received

