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NATIONAL Assessment Co	entre Services	[we! Jan'05[M]	911910869	8 18	
Date In: 12/8/19-19:13	Job descript		Date & Time Completed	Doi	ne by
Res No: 49/14/19014046/24	SAS e-filin	ng			
Veh No: 57 (85384	E-mail (wit	thin Shrs, AIC 2hrs)			
DOA: 96 19-80:45		laim Form	M711057449-001	(alel a li	(0)
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OD / P Reporting Only	i-Photo U		1		
TP Insurer:		Survey Report		THE CONTRACT OF THE CONTRACT O	-
Transuler.		t by Fax/Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:			72070	ax:	~
TP Particulars: Veh No:	aschies.	. INC()/Non-INC()	ax.	3.41
Owner / Driver: (M3C6 VO 13		Tel:		
Policy No: ()	Period: ()	Cover Type: (
Confirmed by : (Date:	Time:)	77.5
Insured/Driver Liability: (9	6) [Note-Est. Status		0%; P: 21-79%. P: 80-1	00%1	
Year of Registration: () Warranty: YES ()		1102 0
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2) QC Check / Post Repair Inspection	/ Courtesy Car ()	-		
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3) Upload Resurvey Photo [Repair Cost	> \$3000] ()			
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Date/Time Actions				Same of the same of the same	100 g 700g
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		2) DA : Damage As	sessment (\$100); INC (\$80)		
iver/Owner:		3) TF : Towing Fee 4) FT : Follow-Thro		20	
ntact No:	(E) and	5) FT : Follow-Thro	ough Survey (Resurvey) \$	30	
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Checked by (Page 1- C)		8) NTUC Additional	Services:-	-	
Checked by (Engr-In-Charge):		*N5: Courtesy Co		\$5	
ditors! Comments :-	and a first state of the state	*N6: Repair Co-6 *N7: Fost Repair		25	
uitors Comments :-		+N8: DV / Collect	Excess Coordination	\$5	
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2/3;		Invoice dated	Fee Charged		may
		Invalce dated	Fee Charged	SECTION .	Z25

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 <u>truthful</u> and <u>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.
- 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 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	13/08/2019 19:13
Date Of Accident	09/08/2019 00:40
Exact Location Of Accident	BUKIT BATOK RD TWDS PIE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL8538G
Insured/Policyholder	
Name Of Registered Owner	TWINCAR RENTAL
Co Reg No	53092815M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68420051
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO

Fleet Policy NO

Policy Number 5084514433-02

Cover Note Number

Driver

 Name of Driver
 TAN HON NGAIK

 NRIC No
 \$7634649F

 Date Of Birth
 26/10/1976

 Occupation
 INDOOR

 Date Of Driving Pass
 04/02/1995

Driving Experience 24 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98519221

Fax Number

Contact Number OFFICE-98519221

EMail Address NOEMAIL

BLK 116 HO CHING ROAD Address

#05-27

Postcode 610116

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

2

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

NO

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBC6207S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Page 2 of 13

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

TAN HON NGAIK

BODY

SJL8538G

YES

NO

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

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

NRIC/FIN No.:

'ehicle No.	SJL 85384 Model/Make TOSUTO ALTIS
Date of Accident	9.8.2019
ime of Accident	HRS 12.40 AM
ocation of Accident	Bukit Bakot Rd Towards PIE @ Bukit Bakot west AVE 3
Exact purpose use during accid	
Name of Owner	VIWINCAR RENTAL PTE LTD.
Telephone No.	H/P: Home: Office: 68420051
VRIC	53092815M
Address	52 JALAN SENANY S(418343)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5084514433-02
THE PARTY OF THE P	
Name of Driver	As Above If No, TAN HON NGIAK
NRIC	S 7634649F ny Passengers: U
Date of birth	26/10/176
Occupation	Outdoor / Indoor
Driving License Pass Date	04 FEB 1995
Gender	Male / Female
Contact No.	H/P: 951921 Home: Office:
Address	BCK 116 HO CHING ROAD \$ 05-27 S(610116)
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	TAN HON NOIAK, 9851 9221
Name And Contact No.	100
Police Report	No, If Yes, Where?
Vehicle B No.	GBC 62075 Any Passengers:
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	REAR PORTION.
Camera Recorder	Yes / No
Email Address	
Email Address	
PARTICULAR WORKSHOP	N-51 AUTOMOTIVE PTE LTD
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	IAN
FAX NO	6741 0510

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7634649F



1134845

Name

TAN HON NGIAK







For LKK/NAC Use On

DRIVING LICENCE S7634649F

TAN HON NGIAK

Birth Date. 26 Oct 1976 Issue Date 27 Oct 2009

REPUBLIC OF SINGAPORE

26-10-1976 Country/Place of birth

CHINESE

SINGAPORE

For IVV/NIACTICO Only

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

Class 28 Motorcycles =< 200 cc Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

20-10-2015

APT BLK 116 HO CHING ROAD #05-27 SINGAPORE 610116

NP 428A





THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- 3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document. GST Reg No. M4-0003030-8

Policy Number

5084514433-02

The Policyholder

: TWINCAR RENTAL 52 JALAN SENANG SINGAPORE 418343

Period of Insurance

: 15 Dec 2018 To 14 Dec 2019

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: \$\$951.21

Interest Insured

Cover Type

: drivo CLASSIC

Primary Driver Named Driver (1) : N/A

Named Driver (2)

: N/A : N/A

Make/Model

: TOYOTA/COROLLA ALTIS

Capacity

: 1600cc

Registration Number

Registration Year : 2008

Chassis Number

: SJL8538G

Repair at Owner's Preferred Workshop: No

: MR053ZEE106123850

Off-peak Car Insure with COE : Yes

: No

Excess (Section 1)

: \$\$2,000

NCD Entitlement : 50%

Excess (Section 2)

: \$\$1,500

NCD Protection

: No

Windscreen Excess

: \$\$100

Loyalty Discount : 5%

Additional Excess

: N/A

Unnamed Driver Excess

: Please refer to Terms and Conditions

Hire Purchase Company

: N/A

Optional Cover Transport Allowance

: No

Excess Waiver

: No

Memo A: The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience.

1) The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience.

2) Section 1 clause 8 on Unnamed driver excess will not apply.

Endorsement Operative : N/A

Agency

GRANDE INSURANCE AGENCY (00000615026)

Date of Issue

: 23 Nov 2018 16:26 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5084514433-02

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

: SJL8538G

: 15 Dec 2018

: 14 Dec 2019

Cover : drivo CLASSIC

: MR053ZEE106123850

: TWINCAR RENTAL

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for the carriage of passengers for reward purposes.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

: \$\$2,000 EXCESS (SECTION 1) EXCESS (SECTION 2) : \$\$1,500 WINDSCREEN EXCESS : \$\$100 : N/A ADDITIONAL EXCESS UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP : NO : YES INSURE WITH COE . NO NCD PROTECTION : NO TRANSPORT ALLOWANCE **EXCESS WAIVER** + NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: N/A

Agency

: GRANDE INSURANCE AGENCY (00000615026)

Date of Issue

: 23 Nov 2018 16:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

HIRE PURCHASE COMPANY

Authorised Officer

Chief Executive

eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chang	e Password	Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy I	io.				Date	of Accident	0	9/08/2019 1	2:40	
	Vehicle	No.(For Motor)	SJL853	8G		Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5084514433- 02		TWINCAR RENTAL	53092815M	GPC	drivo CLASSIC	SJL8538G	SJL8538G	15/12/2018	14/12/2019
						Continue]				

Policy No.	5084514433-02	Policyholder Name	TWINCAR	RENTAL	Policyholder NRIC	53092815M	
Certificate No.							
Address	52 JALAN SENANG SINGAPORE	418343					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Ssue Date	23/11/2018	Effective Date	15/12/201	8 00:00	Expiry Date	14/12/2019 2	3:59
Excess Type		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	/Inexperience Driver Excess
Agent	GRANDE INSURANCE AGENCY	Agent Tel.	63650065		GST Flag	Y	
Co- insurance Flag Open Policy	No						
Info Certificate Info							
Policy	holder Mailing Address						
Address 1	52 JALAN SENANG	Addre	ss 2	SINGAPORE 41834	3	Address 3	teste and site
Address 4		Addre	ss Type	Singapore address		Post Code	418343
Jnit No.		Relate Numb	ed Policy er	5110524809			
	ed Object: SJL8538G	1-23000					
D Insure							
	sements						

Accident HT/1057449					
Policy No.	5084514433-02	Vehicle No.	SJL8538G	GST Registration No.	
Certificate No.	2734750427/55.	WHEN STATE OF THE	ACCUPATION .		
Policyholder Name	TWINCAR RENTAL			Policyholder NR3C	53092815M
Product Code	PRIVATE CAR INSURANCE	Course Tierra	Grivo CLASSIC		0
Contact No. (Mobile)		Cover Type		Loading	
	0	Contact No.(Office)	68420051	Contact No. (Home)	0
Email Address	2.79277	Special Remark	2002	eCode	M. Y
KFK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	13/08/2019 19:25	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
Sate of Accident	09/08/2019	Time of feedeat bloom	00:40	Water of Alberta	**************************************
	09/09/2019	Time of Accident hh:mm	00:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT BATOK RD TWOS PIE				
₩ Excess					
own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
innamed Oriver Escess		Outside Singapore OD Excess	2,000.00		
hird Perty Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
♥ Benefits					
GST Registered Inform	ation				
ST Registered	No		GST Registration Date		
ST Registration No.	4.0		GST Status Verified	Yes	
fodification History	13/08/2019 19:26:48 System	changed GST Status Verified from		TATAL STATE OF THE	
	1 2000				
Policyholder Mailing Ad					
Address 1	52 JALAN SENANG	Address 2	SINGAPORE 418343	Address 3	
Address 4		Address Type	Singapore address	Post Code	418343
unit No.		Related Policy Number	5110524809		
○ Of Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Innamed driver Name	TAN HON NGAIK	Driver NRIC	S7634649F	Driver DGB	26/10/1976
Register Date of Driver License	04/02/1995	Driver Age	42	Driving Experience	24
Contact No.(Mobile)	98519221	Contact No.(Office)	0	Contact No. (Home)	0
Address 1	BLK 116	Address 2	HO CHING ROAD	Address 3	HO CHING COURT
Address 4	SINGAPORE 610116				
	SINGAPORE 610116	Address Type	Singapore address	Post Code	610116
	05-27				
Does he own a Singapore	05-27 ○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car? Peclaration Breathalyser or Blood Test	○ Yes ® No:		· ·	Driver Insurer Company	5750-537
Does he own a Singapore Registered car? Peclaration Breathalyser or Blood Test		Driver Vehicle No. Any Injury?	● Yes ○ No	Driver Insurer Company	
Does he own a Singapore Registered car? Reclaration Breathalyser or Blood Test Reading?	○ Yes ® No:		® Yes ○ No	Driver Insurer Company	57.003N
Does he own a Singapore legistered car? Peclaration Breathalyser or Blood Test leading?	○ Yes ® No:		® ves ⊜ No	Driver Insurer Company	AVA0-33N
oes he own a Singapore legistered car? eclaration reathalyser or Blood Test leading?	○ Yes ® No:		® Yes ○ No	Driver Insurer Company	**************************************
oces he own a Singapore registered car? ectaration preathalyser or Blood Test reading? codification History Claim 001 New	○ Yes ® No:	Any injury?			\$309281 See
Does he own a Singapore registered car? ectaration breathalyser or Blood Test reading? Claim 001 New	○ Yes ● No: 0 mg	Any injury? Insured Name	TWINGAR RENTAL	Insured NNIC	53092815M
Does he own a Singapore legistered car? Peclaration Irreathalyser or Blood Test leeding? Individual History Claim 001 New Daim Type * Loncact No (Mobile)	○ Yes ® No:	Any injury? Insured Name Contact No.(Home)	TWINGAR RENTAL	Insured NATIC Contact No.(Office)	
Does he own a Singapore legistered car? ectaration breathalyser or Blood Test ceeding? Claim 001 New Daim Type * Consect No (Mobile) mail Address	O mg OD-MX 98869628	Any injury? Insured Name Contact No.(Home) Of Vehicle Number	TWINCAR RENTAL NIL SJUBSZBG	Insured NNIC	\$3092815M GBC6207S
Does he own a Singapore legistered car? ectaration breathalyser or Blood Test leeding? Claim 001 New Daim Type * Concact No (Mobile) Imail Address Jamant Type Claimant Type *	O mg OD-MX 9686628 Please Select ✓	Any injury? Insured Name Cornact No.(Home) OI Vehicle Number Type of Benefit *	TWINGAR RENTAL	Insured NATIC Contact No.(Office)	
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