Date In: 1/18/19-18-11	Ich description		Date &Time Completed	Done	py
Ref No: HA INCIGOILI WAY	SAS e-filing				
Veh No: JULYTYE	E-mail (within 8	Shrs, AIC 2hrs)			
D.O.A: 1~ 819-14:00	i-Motor Clair	m Form	M7 1057705-001	11/8/19 18	. 23
	i-Motor W/O	(Within: OD 2h			
OD TP Reporting Only	i-Photo Uplo:	aded			
	Assessment/Su	rvey Report			al share
TP Insurer:	Ass't Report by	y Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (	(		Tol:	Fax:	
TP Particulars: Veh No:		. INC (	)/Non-INC( ).		
Owner / Driver: (			Tel:	)	_
Policy No: ( )	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %	) [Note-Est. Status (V	VO): N: 0-2	20%; P: 21-79%. F: 80	-100%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
	\$1,000 ( )/\$2,000				
General Remarks;			and the second second		n Ne
( ) Walk-In Customer: Customer's					
( ) Total Loss Case : to e-mail Ins			N	- Miles - III	
		10/	Towing Co: (		)
Drive-In ( )/ Towed-In ( ); Invo	oice: YES ( ) / N	10 ( );	Towing Co. (		10.111
Remarks;- (INC hotline: 6788 6616	Other Adams		Date&Time Completed	Done	by
		)	Date&Timb Completed	Done	by
Apply for Transport Allowance ( )	) / Courtesy Car (	)	Date & Tirrie Completed	Done	by
Apply for Transport Allowance (     QC Check / Post Repair Inspection	) / Courtesy Car (	)	Date&Tirnit Completed	Done	by
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > ]	) / Courtesy Car (	)	Date & Tarrib Completed	Done	by
Apply for Transport Allowance (     QC Check / Post Repair Inspection	) / Courtesy Car (	)	Date&Tarrib Completed	Done	by
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	) / Courtesy Car (	)	Date & Tarris Completed	Done	by
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	) / Courtesy Car (	)	Date&Tarris Completed	Done	by
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	) / Courtesy Car (	)	Date & Tarrib Completed	Done	by
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1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury :  Date/Time Actions	) / Courtesy Car (	CONTRACTOR A	eparation Checklist		Amu
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1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  Laimant's Particulars :	) / Courtesy Car (	1) AR : Accide 2) DA : Darrag 3) TF : Towing 4) FT : Fellow 5) FT : Follow	cparation Checklist  Introduce (\$100); INC  Fee Through Survey Through Survey (Resurvey)	Anit(S) fitBill (\$80) \$40/\$45 \$120 \$30	Amu
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### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

EMail Address

- 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 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.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT
Date Of Report	14/08/2019 18:11
Date Of Accident	12/08/2019 14:00
Exact Location Of Accident	JUNC PASIR RIS DR 3 & PASIR RIS DR 6
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS454E
Insured/Policyholder	
Name Of Registered Owner	JUN EXPRESS GROUPS PTE LTD
Co Reg No	201420728H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81383333
Alternative Phone No	OFFICE-81383333
Vehicle Particulars	
Manufacturer	тоуота
Model	ALLION 1.5 A BI-FUEL
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5109407575
Cover Note Number	
Driver	
Name of Driver	GOH GEOK KOON (WU YUJUN)
NRIC No	S7315270D
Date Of Birth	19/04/1973
Occupation	OUTDOOR
Date Of Driving Pass	28/01/2003
Driving Experience	16 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83381811
Fax Number	

OFFICE-83381811

NOEMAIL

**BLK 840 YISHUN STREET 81** Address

#09-380

Postcode 760840

Was driver an employee of the Insured's Company NO

OTHER - HIRER 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 DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

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)

YES

NO 1

YES

NO

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190813/7008.

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? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJL8073E Vehicle Make/Model/Colour LANCER

Details Of Properties

PRIVATE CAR Vehicle Category

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 2**

Vehicle Registration Number

SLQ2803E

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 GOH GEOK KOON (WU YUJUN)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJS454E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### SKETCH PLAN

## IMPORTANT NOTICE

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

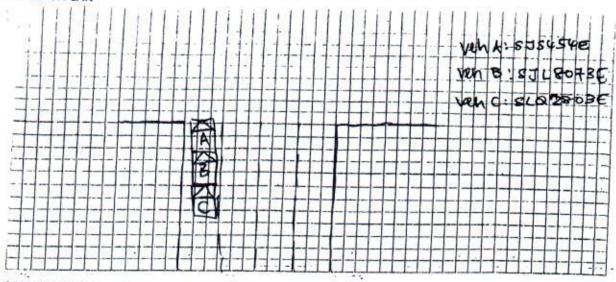
Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



- perfer	to	Police	Report -
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(1)			
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W. Color			
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DECLARATION

I/VS PRESSIVE foregoing particulars are true in every respect,

Dale & Time.

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No :

Date of Accident	Accident Time: 1PM (24-HR-Format)
Accident Place	: Pasir Ris Drive 3 + Pasir ris Drive 6
Vehicle Reg. No. (Car Plate No.)	SJS454E
Vehicle Make/Model	: Toyota Allion
Insurance Company	: NTUC Policy No. 5109407575
Owner or Company Name /IC No.	: Jun Express
Owner or Company Contact No.	. 9138 338 3 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Goh Geok koon S73152700
DRIVER'S Date Of Birth	: 19 - Apr - 1973 DRIVER'S License Pass Date 28-Jan - 2003
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Penta
DRIVER'S Address	: 840 Yishun street 81 #09-380 s'(760840)
DRIVER'S Contact No./ Alt No.	(1) 83381811 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: Admin @ Mycar.sg
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including I	Driver): 1 3days MC
Was there any video Captured by c Exact purpose for which vehicle wa	ar camera: YES \ NO as being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if anv)
Vehicle Reg. No: 371 8073E	Vehicle Reg. No: S(Q 280 ≥ E
Vehicle Make Wodel: Lancer	
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	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/20190813/7008

# REPORT OF A TRAFFIC ACCIDENT

Date/Tim 13/08/201	e Report N 19 11:25	Made:	Vide Report No.:	Station Diary No.:
Informan	t's Partici	ilars		
GOH GE	Informant: OK KOON		Address: APT BLK 840 YISHUN STRE 760840	ET 81 #09-380 SINGAPORE
ID Type / NRIC NO	ID No.: / S73152	70D	Contact No.: Home/Office:	Mobile: 83381811
Nationalit SINGAPO	y: ORE CITIZ	EN	Email: jenngoh73@gmail.com	
Sex: Female	Age: 46	Date of Birth: 19/04/1973	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation SELF EM	n: PLOYED		Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/08/2019 14:00	Type of Location X-Junction
Location: PASIR RIS D	RIVE 3	Road Surface:		Road Speed Limit:
Weather: Clear		Dry		
Clear Traffic Flow: One Way		Dry Traffic Control: Traffic Light - Wor	2007	50 Km/h Traffic Volume: Moderate

Details of V	ehicle invo	ved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJL8073E	Car	Anna la la companya da la companya d				0
SJS454E	Car	TOYOTA	Allion		Slightly Damaged	0
SLQ2803E	Car					0

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





Police Station Of Origin: Traffic Police

Report No. T/20190813/7008

2 of 3

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

### CONTINUATION OF REPORT

Driver			RESERVE TO A STATE OF THE PARTY.	Service All		TALL PROPERTY AND ADDRESS.
Name	GOH GEOK KOON			ID No	).	S7315270D
Related Vehicle	SJS454E (Car)		To the second	Conta	ct No.	83381811
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	03	Degree of		Slight	

### Brief Details.

On the stated time and date,
I was driving my vehicle SJS454E at pasir ris drive 3
I was stationary at the cross junction. Suddenly I felt a great impact and realise SJL8073E had collided to my rear,
Then I realise I was involve in a chain collision.
3rd car plate number is SLQ2803E
I felt uncomfortable and consult a doctor and was given 3 days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190813/7008

CONTINUATION OF REPORT

Sketch F	lan
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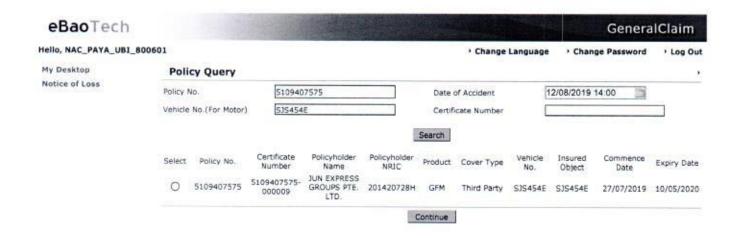
NP168

Informant is not able to provide sketch plan

ne: 19 11:25
ation Of Case:
-







Policy No.	5109407575	Policyholder Name	JUN EXPR	ESS GROUPS PTE, LTE	Policyholder NRIC	201420728H	
Certificate No.	5109407575-000009				210A:13:574		
Address	68 KAKI BUKIT AVENUE 6 #02	08 ARK@KB S	INGAPORE	417896			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	07/05/2019	Effective Date	11/05/20	19 00:00	Expiry Date	10/05/2020 23	:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1000	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1000			Young/	Inexperience Oriver Excess
Agent	YAN XUDONG MAX	Agent Tel.	62221889		GST Flag	Y	
Co- insurance	YAN XUDONG MAX	Agent Tel.	62221889		GST Flag	Y	
Co- insurance Flag Open Policy		Agent Tel.	62221889		GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate		Agent Tel.	62221889		GST Flag	Y	
Co- nsurance Flag Open Policy Info Certificate Info		Agent Tel.	62221889		GST Flag	Y	
Co- Insurance Flag Open Policy Info Certificate Info Policy	No		30.00000991176	#02-08 ARK@KB	300 - 100 -	Y Address 3	SINGAPORE 417896
Co- insurance Flag Open Policy Info Certificate Info Policy Address 1	No holder Mailing Address	6 Addre	30.00000991176		A A	Address 3 Post Code	SINGAPORE 417896 417896
Agent Co- insurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	No holder Mailing Address	6 Addre	ess 2 ess Type ed Policy	#02-08 ARK@KB	A A	Discontinuos (non	NUMBER OF STREET
Co- Insurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	No holder Mailing Address 68 KAKI BUKIT AVENUE	6 Addre Addre Relate Numb	ess 2 ess Type ed Policy	#02-08 ARK@KB Singapore address	A A	Discontinuos (non	NUMBER OF STREET
Co- Insurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	nolder Mailing Address 68 KAKI BUKIT AVENUE 01-16 ad Object: 5109407575-00000	6 Addre Addre Relate Numb	ess 2 ess Type ed Policy	#02-08 ARK@KB Singapore address	A A	Discontinuos (non	NUMBER OF STREET
Co- nsurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	holder Mailing Address  68 KAKI BUKIT AVENUE  01-16  od Object: 5109407575-00000	6 Addre Addre Relate Numb	ess 2 ess Type ed Policy er	#02-08 ARK@KB Singapore address		Discontinuos (non	NUMBER OF STREET
Co- Insurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No. Insure Endors Sequen	holder Mailing Address  68 KAKI BUKIT AVENUE  01-16  od Object: 5109407575-00000	6 Addre Addre Relate Numb	ess 2 ess Type ed Policy er	#02-08 ARK@KB Singapore address 5110489690		Post Code	417896

Claim Handling					
Policy No.	5109407575	Vehicle No.	SIS454E	GST Registration No.	
Certificate No.	5109407575-000009			STATE OF THE PARTY OF THE	
Policyholder Name	DUN EXPRESS GROUPS PTE, LTD.			Policyholder NR3C	201420728H
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No. (Mobile)	81383333	Contact No.(Office)	0	Contact No. (Home)	0
mas Address		Special Remark		eCode	The V
PK:	® No ⊜Yes	TCA	® No ⊜Yes	eCode Reason	/
ICD Protection	No	NCD Entitlement(%)	0	Private Pire	Yes
Accident Details	-	tree a stretterit, tey	24	Surgice	
	700202000000000000000000000000000000000	120001021-000000000	0200	1750000000	1129879288898
eport Date	14/08/2019 18:21	Accident Report Within 24 hrs		Accident Type	Chain Collision
ate of Accident	12/08/2019	Time of Accident hh:mm	14:00	Country of Accident	Singapore
eporting Centre		Drange Force		ICM No.	
codent Location	JUNC PASIR RIS DR 3 & PASIR RIS DR 6				
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	0.00		
D Standard Excess	0.00	We designed former	1 200 20		
		TP Standard Excess	1,000.00	611111	
ED OD Excess	0.00	VIED TP Excess		Driver is Covered?	
intional Excess	900				
etal OD Excess Applicable	0.00	Total TP Excess Applicable			
<b>▽</b> Benefits	1000				
GST Registered Informa					
ST Registered	No.		GST Registration Date	0.2	
T Registration No.	14/08/2019 18:23:11 6:4	tem changes GST Status Verified from	GST Status Verified	Yes	
endann distriy	hannologia tacetti phil	annual year don practis ventred from			
Policyholder Mailing Ad	Money				
oress 1	68 KAKI BUKIT AVENUE 6	Address 9	202 02 101/002	400000	Chicanona Albert
	DO KARI BUKIT AVENUE 6	Address 2	#02-06 ARKIBKB	Address 3	SINGAPORE 417896
ddress A		Address Type	Singapore address	Post Code	417898
nit No	01-16	Related Policy Number	5110469690		
OI Driver Info	Unnamed Driver	CHOOSENS	Contraction with the		
named driver Name		Driver Type Driver NRIC	Unnamed Driver \$7315270D	Driver DOB	10/04/1077
	GOH GEOK KOON (WU YUJUN)				19/04/1973
igister Date of Driver License		Driver Age	46	Driving Experience	16
ontact No.(Mobile)	83381811	Contact No.(Office)	0	Contact No.(Home)	0
odness 1	BLK 840	Address 2	YISHUN STREET 81	Address 3	SINGAPORE 760840
dress 4		Address Type	Singapore address	Post Code	760840
nic No.	09-380				
oes he own a Singapore igistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Claration					
eathalyser or Blood Test sading?	0 mg	Any injury?	® Yes ○ No		
adification History					
dification History					
2012/17 Sept. 2017/19 12					
201012104000000000000000000000000000000					
Claim 001 New	ар-мх	Insured Name	THE EVER FOR CREATING OVER 1 THE	Too year NETC	2014202286
Claim 001 New	GD-MX ▼	Insured Name	JUN EXPRESS GROUPS PTE, LTC	Insured NRIC	201420728H
Claim 001 New Im Type * Intact No. (Mobile)	81383333	Contact No.(Home)	MIL	Contact No.(Office)	66778899
Claim 001 New  Im Type * Intact No. (Mobile) Intail Address	81383333 junexpressgroups@gmeil.com	Contact No.(Home) Of Vehicle Number	NIL 8384546		
com Type * mact No (Mobile) sell Address smant Type Claimant Type *	81383333 Junespressgroups@gmei.com Please Select	Contact No. (Home) Of Vehicle Number Type of Benefit *	MIL	Contact No.(Office)	66778899
craim 001 New  Im Type * Intect No (Nobie) Intel Address Imant Type Claimant Type * Imant Name *	81383333 junexpressgroups@gmeil.com	Contact No.(Home) Of Vehicle Number	NIL 8384546	Contact No.(Office)	66778899
im Type * ntact No (Nobie) will Address what Type Claimant Type + imant Name * imant Address	81383333  Juneapressgroups@gmel.com  Please Select	Contact No. (Home) Of Vehicle Number Type of Benefit *	NIL 8354546	Contact No.(Office) TP Vehicle Number	66778899
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in Type * intact No. (Mobile) iail Address imant Type Claimant Type * imant Address imant Address imant Address im Description ferred Workshop Contact	81383333  Juneapressgroups@gmel.com  Please Select	Contact No. (Home) Of Vehicle Number Type of Benefit *	NIL 8354546	Contact No.(Office) TP Vehicle Number	66778899
tim Type * Intect No (Mobile) Intel No (Mobile)	81383333  Juneapressgroups@gmel.com  Please Select	Contact No. (Home) Of Vehicle Number Type of Benefit + Claimant NRIIC +	NIL S35454E Please Select	Contact No.(Office) TP Vehicle Number	66778899
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im Type * intect No (Mobile) ail Address imant Type Claimant Type * imant Address imant Address im Description ferred Workshop Coreact sure Finalisiation ie Registered	81383333  Junespressgroups@gmeil.com  Please Select  22  535454E / SJL8073E ON 12 Aug 2019  Yes	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	NIL S35454E Please Select  Not at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report	66778899  S3L8073E
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main Address smant Type Claimant Type + smant Type Claimant Type + smant Address smant Address smant Address sm Description ordered Workshop Contact - curre Finalisation te Registered port Taken by	81383333  Junespressgroups@gmeil.com  Please Select  22  535454E / SIL8073E ON 12 Aug 2019  Yes 14/08/2019 18:23	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	NIL S35454E Please Select  Not at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report	66778899  S3L8073E
arm Type * intact No. (Mobile) nail Address armant Type Claimant Type * intant Name * intant Name * intant Address into Description orderned Workshop Contact iouve Finalisation te Registered port Taken by	81383333  Junespressgroups@gmeil.com  Please Select  22  535454E / SIL8073E ON 12 Aug 2019  Yes 14/08/2019 18:23	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Regain Option Claim Close Date	NIL S35454E Please Select  Not at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report	66778899  S3L8073E
em Type * intect No. (Nobile) nail Address simant Type Claimant Type * simant Nome * simant Address sim Description referred Warkshop Coreact in Registered goor Taken by  ] Print AK letter	81383333  Junespressgroups@gmeil.com  Please Select  22  535454E / SIL8073E ON 12 Aug 2019  Yes 14/08/2019 18:23	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Regain Option Claim Close Date	NIL 8:5454E Please Select V Not at Fault Preferred Workshop, Name unknown V	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report	66778899  S3L8073E
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win Type * Intact No (Mobile) In	81383333  Junespressgroups@gmeil.com  Please Select  22  535454E / SIL8073E ON 12 Aug 2019  Yes 14/08/2019 18:23	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Regain Option Claim Close Date	NIL 8:5454E Please Select V Not at Fault Preferred Workshop, Name unknown V	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report	66778899  S3L8073E
aim Type * intect No. (Nobile) nail Address aimant Type Claimant Type + inmant Name * inmant Address inm Description offerred Workshop Corract course Finalisation re Registered port Taken By   Print AK letter	81383333  Junespressgroups@gmeil.com  Please Select  22  535454E / SIL8073E ON 12 Aug 2019  Yes 14/08/2019 18:23	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Regain Option Claim Close Date	NIL 8:5454E Please Select V Not at Fault Preferred Workshop, Name unknown V	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report	66778899  S3L8073E
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