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Veh No: JLG 3442	E-mail (within	Shrs, AIC 2hrs)			
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OD : TP ! Reporting Only	i-Motor W/0	O (Within: OD 2hrs,		and a description of the second	
0,	i-Photo Uple	oaded			
TP Insurer:	Assessment/S	urvey Report			-
	Ass't Report 1	by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		n	Tel: F	ax:	THE REAL PROPERTY.
TP Particulars: Veh No: 1	1840°	. INC (	)/Non-INC( )		
Owner / Driver: (			Tel:	)	
Policy No: ( )	Period: (	)	Cover Type: (	)	
Confirmed by: (		Date:	Time:	)	
Insured/Driver Liability: (%)	Note-Est. Status (\	WO): N: 0-20	%; P: 21-79%. P: 80-1	00%]	
Year of Registration: ( )	Warranty: YES (	)/NO( )	)		
Excess: (\$ ) Loading: \$	1,000 ( )/\$2,000	( )			-
General Remarks		4853177577554		1845 17. 17.	
	ice: YES ( ) / N		wing Co: (		)
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Drive-In ( ) / Towed-In ( ); Invoided:  Remarks:- (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( ) /  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  Actions  Injury:  Checked by (Engr-In-Charge):  ditors! Comments::	ice: YES ( ) / N / Courtesy Car ( ( ) \$3000] ( )	Invoice Prepa.  1) AR: Accident Re 2) DA: Damege Ass 3) TF: Towing Fee 4) FT: Follow-Three 5) FT: Follow-Three 5) FT: Follow-Three 6) TR: Re-inspection 7) N1: Idae DA + SN 8) NTUC Additional OD*  *N5: Courtesy Car  *N6: Repair Co-or  *N7: Fost Repair I  *N8: DV / Collect	Dates Time Completed  Partial Checklist  porting (\$30);  essment (\$100); INC (\$80)  \$40/5  agh Survey (Resurvey)  \$1  StINC Only (wef 10 Jan 2005)  MRT Survey \$1  Services.  / Tpt Allowance dination \$5  nspection \$5  Excess Coordination in INC) against INC \$5	Ant (5) 6 Bill 30 30 75 60 85 10 25 55 20 30	Amil

#### 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 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 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	16/08/2019 14:37
Date Of Accident	15/08/2019 18:00
Exact Location Of Accident	HOUGANG ST 93
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLG3442J
Insured/Policyholder	
Name Of Registered Owner	NEO AUTO LEASING PTE LTD
Co Reg No	201814915N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91449265
Alternative Phone No	OFFICE-91449265
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X A
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

Insurance Company

Vehicle Category

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

PRIVATE HIRE

Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy YES

Policy Number 5103424803

Cover Note Number

Driver

Name of Driver SHAIFUL ANUAR BIN MOHAMAD SEDIK

 NRIC No
 S9225341D

 Date Of Birth
 22/07/1992

 Occupation
 OUTDOOR

 Date Of Driving Pass
 08/07/2011

Driving Experience 8 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-98296083

Fax Number

Contact Number OFFICE-98296083

EMail Address NOEMAIL

Address BLK 204A COMPASSVALE DRIVE

#04-441

Postcode 541204

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 - 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)

involved in the accident

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

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** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name SENGKANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE:

545025, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800 - 3438999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190816/2008.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

VIDEO FOOTAGE WITH DRIVER

Remarks/ Reasons: Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

PC2184J

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

BUS

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	SHAIFUL ANUAR BIN MOHAMAD SEDIK
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLG3442J
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.
- 3. 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.
- 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. 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.
- 7. 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:
  - (i) 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.
- 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:
  - (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

complying with requirements under any regulations, laws or court orders.

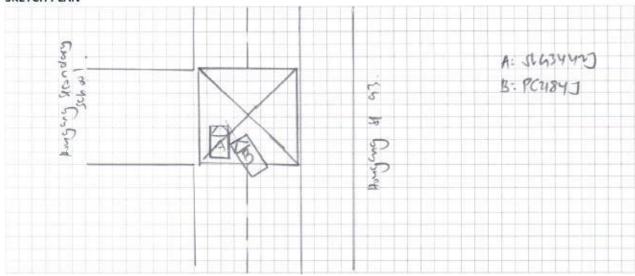
Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Person l's Signature Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refor fo	place	464 -1)~	3190816 2008.		
	,	J = 23 - 950			

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personner's Signature Name:

NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 15 /8 / 19. 1(DD	/MM/YYYY) TIME: [8 : 0 ] 1/1/1/1/1/1
LOCATION: Houging of 93.	(HH:MM
1. DETAILS OF VEHICLE	
CIVELICIE ANNO COLO	
DINSUPANCE OUR OF LONG	
DINSURANCE COMPANY: HTVC	
CIPOLICY NUMBER: 5103424807	
a)POLICY TYPE: (COMPREHENSIVE /	THIRD PARTY / THIRD PARTY FIRE &THEFT)
TITYPE: (SALOON / COUPE / MPV /VA	N/LORRY / MOTORCYCLE / OTHERS)
TO THE COLUMN TO A LATE OF THE CASE OF THE	
MAKE YOU CLAIMING LINDER YOUR	NAME OF THE PARTY
THE PARTY C	LAIM / REPORTING ONLY
TOLIC I HOLDER	
A)NAME: No Auto legging Pte	(MALE / FEMALE)
b)NRIC/FIN/PASSPORT:	CONTACT: 914965
CJADDRESS:	
* CONTINUE TO A	28 - 40 at 40 at 10 at 1
+ CONTINUE TO 3.d IF DRIVER ALSO PO	DLICY HOLDER
(Including driver) alNAME: The Las M Annac Din	Canada Company and Canada and Anna and
(Including driver) alname: that I m Annar Din blackfin/PASSPORT: SqutyiD.	I TO THE PERSON OF THE PERSON
CIADDRESS: DIC wya comprosurate	CONTACT: 78 196083.
21/10 21/2007 - 1/2 MAR (20 har) ( 1/2)	( Drive \$104- WI (Dylvoy)
*d)DATE OF BIRTH: ( ) 1992	
DOCCUPATION: (INDOOR / OUTPOOR	_)(DD/MM/YYYY)
f) YEARS OF DRIVING EXPREDIENCE	۲)
4. WAS DRIVER AN EMPLOYEE OF THE	Chall
4. WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRIVE	INSURED'S COMPANY? (YES / NO)
5. a) WEATHER CONDITION OF AR / BANK	WITH INSURED: MAC
CINCOL SURFACE: (IDRY / WET / OTLIEDA	MING / OTHERS
O. WAS ANYBODY IN HIPED (VEC) ( ) (	3)
" DIREPORTED TO POLICE (NEW / NO.)	
IF TES, PLEASE STATE WHICH POLICE ST	ATIONI
O. HIND PARIT VEHICLE	A11011
No of passenger a) VEHICLE NUMBER: PC1847	MODEL
including driver) D) DRIVER'S NAME:	MODEL:
C) NRIC/FIN/PASSPORT:  9. THIRD PARTY VEHICLE	CONTACT
9. THIRD PARTY VEHICLE	CONTACT:
No of paccadas of Actions NAMBER:	MODEL:
Indudina down @ DRIVER'S NAME:	MODEL:
Induding driver ) DRIVER'S NAME:	CONTACT
	CONTACT:
1900	
120 gr	
email =	500 50000

email = fax =





Report No. T/20190816/2008

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 119 02:17	/lade:	Vide Report No.: F/20190815/0145	Station Diary No.: 19
Informa	nt's Partic	ulars		
	Informant: L ANUAR E	BIN MOHAMAD	Address: APT BLK 204A COMPASS 541204	VALE DRIVE #04-441 SINGAPORE
ID Type	/ ID No.: O / S92253	41D	Contact No.: Home/Office:	Mobile: 98296083
National SINGAP	ity: ORE CITIZ	EN.	Email:	
Sex: Male	Age:	Date of Birth: 22/07/1992	Type of Informant: Driver	
Race: Malay			Language:	Institution / School Name:
Occupat SELF-E		(GRAB DRIVER)	Driving Licence Information Class: 3	Date of Expiry:

General Infor	mation of the Accident				
Type of Accident:	Injury Attended by Police	Drink   Date/Time of   Accident:   No   15/08/2019 18:0		Type of Location: Straight Road	
Location: Along Road 1 HOUGANG S  Along Houga Weather:		ang Street 91 Road Surface:		Road Speed Limit:	
Clear		Dry	1		
		Traffic Control:		Traffic Volume:	
Type of Collis Between Mov	sion: ving Vehicles - Head To Sid	de	a	Anyone conveyed by ambulance: No	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
PC2184J	Bus/Coach/Mi nibus					0
SLG3442J	Car					0

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





Report No. T/20190816/2008

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

#### CONTINUATION OF REPORT

Driver					Selecting.	
Name	SHAIFUL ANUAR B	IN MOHAMA	AD SEDIK	ID No		S9225341D
Related Vehicle	SLG3442J (Car)			Conta	ct No.	98296083
Hospital/Clinic	SENGKANG GENER LTD.	RAL HOSPI	TAL PTE.	Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	15/08/2019		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	05	Degree of	Injury	NIL	
Driver						
Name	DHALIWAL TALWIN	IDER SING	1	ID No		G2528329K
Related Vehicle	NIL			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	NIL	

### Brief Details.

On 15/08/2019 at about 1800hrs, I was driving my vehicle registration plate number SLG3442J along Hougang Street 93 towards Hougang Street 91. I was filtering out from single lane road into a two lane road. I was travelling along the left of two lanes road. I observed that one white school bus registration plate number PC2184J whom was in front of my vehicle went to the right lane and was signaling left. As I was travelling straight, I assume that the bus PC2184J left signal was for his initial filtering lane. I then just continue to drive straight. The bus PC2184J then suddenly made a left turn into Hougang Secondary School. The said road is a school zone road.

The bus PC2184J then collided onto my vehicle right rear. Due to the impact, I was unable to control my vehicle. I then drove forward and collided onto the railing along the road side. The bus PC2184J then continued and drove into the school. The driver of PC2184J then parked his vehicle in the school and came to me. I then called for police assistance.

My in-built CCTV media card was handover to the traffic police. I am not sure the number of passengers in the bus.

During the accident, no one required at medical attention. After the incident, I then went to Sengkang General Hospital for medical check and was given 5 days' medical leave.





Report No. T/20190816/2008

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

CONTINUATION OF REPORT





Report No. T/20190816/2008

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999

CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Informant:
Date/Time: 16/08/2019 02:17
Classification Of Case:





APT BLK 204A COMPASSVALE DRIVE #04-441 SINGAPORE 541204 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

< 7 08 Jul 2011

For LKK/NAC Use Only

NP 428A





olicy No.	5103424803	Policyholder Name	NEO AUT	O LEASING PTE LTD	Policyholder NRIC	2018149150	V .
Certificate No.		003511175					
ddress	BLK 31 #17-204 EUNOS CRESCE	NT EUNOS C	OURT SING	GAPORE 400031			
roduct lame	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	30/08/2018	Effective Date	25/09/20	018 00:00	Expiry Date	24/09/2019	23:59
Excess		All Claims Excess					
hird arty	1500.00	Own damage	0.00		Windscreen Excess	0.00	
xcess Additional	0	OS Premium	0				
xcess Outside Singapore		Outside	7.00207607				
DD Excess	0.00	Singapore TP Excess	1500.00			You	ng/Inexperience Driver Excess
Agent	ANIKA INS BROKERS & CONSUL	Agent Tel.	6672998	8	GST Flag	Υ	
Co- Insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	BLK 31 #17-204	Addr	ess 2	EUNOS CRESCENT		Address 3	EUNOS COURT
Address 4	SINGAPORE 400031	Addr	ess Type	Singapore address		Post Code	400031
	SINGAPORE 400031 17-204		ess Type ed Policy ber	Singapore address 5104798553		Post Code	400031
Unit No.		Relat	ed Policy	STOCKER CHOOK OF T		Post Code	400031
Unit No.	17-204 ed Object: SLG34423	Relat	ed Policy	STOCKER CHOOK OF T		Post Code	400031
Address 4 Unit No.  Insure Endors Sequer	17-204 ed Object: SLG3442J sements	Relat	ed Policy ber	STOCKER CHOOK OF T		Post Code	400031  Endorsement Content

rolley No.					
SHERI BURE	5103424803	Vehicle No.	SLG34421	GST Registration No.	
rtificate No.					
licyholder Name	NEO AUTO LEASING PTE LTD			Policyholder NR3C	201814915N
oduct Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
roact No.(Mobile)	91449265	Contact No.(Office)	0	Contact No.(Home)	0
nali Address		Special Remark	2.3%		
×	® No ○ Yes	TCA	* L- O	éCode	N. V
CD Protection			No ○ Yes	eCode Reason	
Accident Details	No	NCD Entitlement(%)	0	Private Hire	Yes
port Date	16/08/2019 14:50	Acodent Report Within 24 hrs	ves	Accident Type	Collaion - Change / Cross lane
ite of Accident	15/08/2019	Time of Accident nnimm	18:00	Country of Academ	Singapore
corting Centre		Orange Force		DOM No.	
cident Location	HOUGANG ST 93				
Excess					
vn damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
named Driver Excess		Outside Singapore OD Excess	0.00		
ind Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Inform	ation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
dification History			and distance and distance	766	
Policyholder Mailing Ad	idress				
dress 1	BLK 31 #17-204	Address 2	EUNOS CRESCENT	Address 3	EUNOS COURT
dress 4	SINGAPORE 400031	Address Type	Singapore address	Post Code	eUNOS COURT 400031
HE NO.	17-294	Related Policy Number	5104798553	Post Code	400031
OI Driver Info	307,470	retailed restly squares	3104/38333		
ver Name	Unnames Driver	Driver Type	Unnamed Driver		
named driver Name	SHAIFUL ANUAR BIN MOHAMAD	Driver NR3C	592253410	Driver DOS	22/02/4002
gister Date of Driver License		Driver Age	27		22/07/1992
ritact No.(Mobile)	98296083			Driving Experience	8
		Contact No.(Office)	D	Contact No.(Home)	0
dress I	BLX 204A	Address 2	COMPASSVALE DRIVE	Address 3	SINGAPORE 541204
dress 4		Address Type	Singapore address	Post Code	541204
it No.	04-441				
es he own a Singapore gistered car?	☐ Yes  ® No	Driver Vehicle No.		Driver Insurer Company	
claracion					
eathalyser or Slood Test ading?	0 mg	Any injury?	® Yes ○ No		
diffication ideason					
diffication History					
E SANSKIN TOPE					
SWINNING TOP					
Daim 001 New					- 20000000
Mem OO1 New	ОО-МХ	Insured Name	NEO AUTO LEASING PTE LTD	Insured NRIC	201814915N
m Type *	GD-MX S1332853	Insured Name Contact No.(Norme)	NEO AUTO LEASING PTE LTO	Insured NRIC Contact No.(Office)	201814915N NIL
m Type * stact No.(Mobile)	81332853		NEO AUTO LEASING PTE LTO		The state of the s
m Type * stact No.(Mobile)	81332853	Contact No.(Horne)		Contact No. (Office)	NIL.
m Type * nact No.(Mobile) sil Address mant Type Claimant Type *	81332853	Contact No.(Home) Oil Vehicle Number	SLG3442J	Contact No. (Office)	NIL.
m Type * tract No.(Mobile) sil Address mant Type Claimant Type * mant Name *	81332853 Pinase Select	Contact No.(Home) Of Vehicle Number Type of Benefit *	SLG3442J	Contact No. (Office)	NIL.
m Type * stact No.(Mobile) sil Address mant Type Claimant Type * mant Name *	81332853 Pinase Select	Contact No.(Home) Of Vehicle Number Type of Benefit *	SLG3442J	Contact No.(Office) TP Vehicle Number	NIL.
m Type * mact No.(Mobile) aif Address imant Type Claimant Type * imant Name * imant Address im Description	81332853  Please Select  22	Contact No.(Nome)  03 Vehicle Number  Type of Benefit *  Claimant NRJC *	SLG3442) Please Select	Contact No. (Office)	NIL.
m Type * mact No.(Mobile) ail Address imant Type Claimant Type * mant Name * mant Address im Description ferred Workshop Contact	81332853  Please Select  ≥≥  SLG34423 / PC21843 ON 15 Aug 2019	Contact No.(Nome) OI Vehicle Number Type of Benefit * Oalmant NRIC *	SLG34423  Please Select  Not at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop	NIL PC2184)
m Type * mact No.(Mobile) all Address mant Type Claimant Type * mant Name * mant Address m Description ferred Workshop Contact unit Finalisation	81332853  Please Select  ≥≥  SLG34423 / PC21843 ON 15 Aug 2019  Yes	Contact No.(Home) O3 Vehicle Number Type of Benefit * Claimant NR3C *  Insured Liability * Preference Repair Option	SLG34423  Please Select  Not at Fault	Confact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GBA report	NIL PC2184)
im Type * mact No.(Mobile) ail Address imant Type Claimant Type * imant Name * imant Address im Description ferred Workshop Contact ture Finalisation e Registered	81312853  Piease Select  >2  SLG34423 / PC21843 ON 15 Aug 2019  Yes  16/08/2019 14:52	Contact No.(Nome) OI Vehicle Number Type of Benefit * Oalmant NRIC *	SLG34423  Please Select  Not at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop	NIL PC2184)
im Type * mact No.(Mobile) ail Address imant Type Claimant Type * mant Name * mant Address im Description ferred Workshop Contact ture Finalisation e Registered	81332853  Please Select  ≥≥  SLG34423 / PC21843 ON 15 Aug 2019  Yes	Contact No.(Home) O3 Vehicle Number Type of Benefit * Claimant NR3C *  Insured Liability * Preference Repair Option	SLG34423  Please Select  Not at Fault	Confact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GBA report	NIL PC2184)
m Type * mact No.(Mobile) sil Address mant Type Claimant Type * mant Name * mant Address m Description ferred workshop Contact ture Finalisation e Registered ort Taken By	81312853  Piease Select  >2  SLG34423 / PC21843 ON 15 Aug 2019  Yes  16/08/2019 14:52	Contact No.(Home) O3 Vehicle Number Type of Benefit * Claimant NR3C *  Insured Liability * Preference Repair Option	SLG34423  Please Select  Not at Fault	Confact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GBA report	NIL PC2184)
im Type *  im Type *  imact No.(Mobile)  all Address  imant Type Claimant Type *  imant Address  im Description  ferred Workshop Contact  turic Finalisation  e Registered  ort Taken By	81312853  Piease Select  >2  SLG34423 / PC21843 ON 15 Aug 2019  Yes  16/08/2019 14:52	Contact No.(Nome) O3 Vehicle Number Type of Benefit * Claimant NR3C *  Insured Lability * Preferenced Repair Option Claim Close Date	SLG34427  Please Select  Please Select  Not at Fault  Preferred Workshop, Name unknown	Confact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GBA report	NIL PC2184)
m Type * mack No.(Mobile) all Address imant Type Claimant Type * imant Name * imant	81312853  Piease Select  >2  SLG34423 / PC21843 ON 15 Aug 2019  Yes  16/08/2019 14:52	Contact No.(Nome) O3 Vehicle Number Type of Benefit * Claimant NR3C *  Insured Lability * Preferenced Repair Option Claim Close Date	SLG34423  Please Select  Not at Fault	Confact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GBA report	NIL PC2184)
im Type * mact No.(Mobile) air Address imant Type Claimant Type * imant Address iman Address iman Address iman Description ferred Workshop Contact quire Finatsation e Registered over Taken By Drint AX letter	81312853  Piease Select  >2  SLG34423 / PC21843 ON 15 Aug 2019  Yes  16/08/2019 14:52	Contact No.(Nome) O3 Vehicle Number Type of Benefit * Claimant NR3C *  Insured Lability * Preferenced Repair Option Claim Close Date	SLG34427  Please Select  Please Select  Not at Fault  Preferred Workshop, Name unknown	Confact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GBA report	NIL PC2184)
om Type * mact No.(Mobile) all Address all Address amant Type Claimant Type * imant Address imant Address imant Address im Description ferred Workshop Contact pure Finalisation le Registered oort Taken By Print AX letter	81312853  Piease Select  >2  SLG34423 / PC21843 ON 15 Aug 2019  Yes  16/08/2019 14:52	Contact No.(Nome) O3 Vehicle Number Type of Benefit * Claimant NR3C *  Insured Lability * Preferenced Repair Option Claim Close Date	SLG34427  Please Select  Please Select  Not at Fault  Preferred Workshop, Name unknown	Confact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GBA report	NIL PC2184)
orn Type * ntact No.(Moore) and Address amant Type Claimant Type * imant Address imant Address imant Address im Description ferred Workshop Contact quire Finalisation te Registered oort Taken By Print AX letter	81312853  Please Select  22  SLG34423 / PC21843 ON 15 Aug 2019  Yes  Ves  Value 16/08/2019 14:52  Jackson	Contact No.(Home) O3 Vehicle Number Type of Benefit * Claimant NR3C *  Insured Liability * Preferend Repair Option Claim Crose Date	SLG3442) Pleade Select  Not at Fault Preferred Workshop, Name unknown  Save Submit	Confact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GBA report	NIL PC2184)
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im Type * mact No.(Mobile) ail Address imant Type Claimant Type * imant Name * imant Address im Description ferred Workshop Contact turne Finalisation e Registered ont Taken By Pent AK letter  ttachment	81312853  Please Select  22  SLG34423 / PC21843 ON 15 Aug 2019  Yes  Ves  Ves  VALUE ON 15 Aug 2019  Ves  Ves  VALUE ON 15 Aug 2019  Ves  VALUE ON 15 Aug 2019	Contact No.(Home) O3 Vehicle Number Type of Benefit * Claimant NR3C *  Insured Liability * Preferend Repair Option Claim Crose Date	SLG3442) Pleade Select  Not at Fault Preferred Workshop, Name unknown  Save Submit  001	Confact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GBA report	Received
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chication History  Claim 001 New  and Type *  Intact No. (Mobile)  Intact No. (Mobile)  Intact No. (Mobile)  Intact Type Claimant Type *  Intact No. (Mobile)  Intact No.  Inter No.  Interved No.  Intact No.  Intact No.  Interved No.  In	81312853  Please Select  22  S1G34423 / PC21843 ON 15 Aug 2019  Yes  Yes  VALUE	Contact No.(Home) O3 Vehicle Number Type of Benefit * Claimant NR3C *  Insured Liability * Preferend Repair Option Claim Crose Date  Oarm No. Upload Date  Browse	Sugara Submit  Ool  16/08/2019 14:53  Category *	Confact No. (Office) TP Vehicle Number  Name of Preferred Workshop  Gild report Date Received  Confidential Urgeno	Received  18/08/2019 00:00

