NATIONAL Assessment Centre	Services 1v+	I I TOWOOL WH	M119113645	4	Done b	V.
Date In: 28/8/19-19:45	Job description		Date & Time Complete	0	Done	
Res No: Ha   mc 190 15214   24	SAS e-filing		i	1		
Veh No: 50611816	E-mail (within Shrs	, AIC 2hrs)				
D.O.A: 77/8/19-12:00	i-Motor Claim	Form	ce- {ce Pezoilam	1 28/4	y po	26
G	i-Motor W/O (V	Vithin: OD 2hrs,	7P 4hrs)			
OD : (TP) Preporting Only	i-Photo Upload	ed				
	Assessment/Surv	ey Report				
TP Insurer:	Ass't Report by I	Pax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:		
TP Particulars: Veh No: SW 683	M	INC (	)/Non-INC(			
Owner / Driver: (			Tcl:		)	
	od: (	)	Cover Type: (		)	
Confirmed by : (		Date:	Time:		)	
Insured/Driver Liability: ( %) [N	ote-Est. Status (WC	): N: 0-20	0%; P: 21-79%. P:	30-100%	]	
Year of Registration: ( ) W	arranty: YES (	)/NO(	)			
	0()/\$2,000(	)		7000	-198	
General Remarks:-			102 Harrist		8	3 10
( ) Walk-In Customer: Customer's inform	nation strictly Confi	dential & St	rictly NO refer of repai	rer.		
( ) Total Loss Case : to e-mail Insurer		79	* (* * * * * * * * * * * * * * * * * *			
Drive-In ( )/ Towed-In ( ); Invoice:		) ( ) ; T	owing Co: (			)
2002			Date&Time Complet	4	Done	by
Remarks:- (INC horline: 6788 6616)		11.90% (4)	f			
1) Apply for Transport Allowance ( )/Co	( )		-			
2) QC Check / Post Repair Inspection			<del>                                     </del>			
3) Upload Resurvey Photo [Repair Cost > \$30	000] ( )					
Injury:					2010-2- Augus	
Date/Time Actions			A CONTRACTOR OF THE STATE		nouse.	
1					Selective To	1100000
			Annual Company of the	AACACTE	Anit (\$)	Amt (3
100		Invoice Pre	paration Checklist		fit Bill	Add Bil
NA1906521		) AR : Acciden	t Reporting (\$30);	10 (500)		
laimant's Particulars :-		DA : Damege TF : Towing	111111111111111111111111111111111111111	VC (\$80) \$40/\$45		
river/Owner:	- 17	FT : Follow-	Through Survey	\$120		
ontact No:	-	For claiming	Through Survey (Resurvey) against INC Only (wef 10 Ja	\$30 n 2005)		
		6) TR : Re-inspe	ection	\$75		
armaged Portion:	1	7) N1 : Idao DA 8) NTUC Addit	+ SMRT Survey	3100		
		OD.	. The superior	\$5		
C Checked by (Engr-In-Charge):		*NS: Courtes	y Car / Tpt Allowance Co-ordination	510		
1. No a 1987 grand Politica, Grand A. 14 6 842 (2)		*N7: Post Re	pnir Inspection	\$23 \$3	+	
uditors' Comments :-	代为代表的"关于代码"等	*N8: DV / Co	P (Non INC) against INC	\$20		-
nt_1:		9) N12: Idac M		30 arred	-	23000
at, 2/3;		Invoice dated	Fee Ch		vacinity.	

2 - 971 41 1 201

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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

5. Any false reporting may be referred to the Police for investigation.

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

	ACCIDENT STATEMENT
Date Of Report	28/08/2019 14:45
Date Of Accident	27/08/2019 12:00
Exact Location Of Accident	TUAS AVE 9
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SCG1181G
Insured/Policyholder	
Name Of Registered Owner	TANG HUNG SEAH
NRIC No	S0069983G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96642818
Alternative Phone No	OFFICE-96642818
Vehicle Particulars	
Manufacturer	тоуота
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109305076
Cover Note Number	
Driver	

Driver

TANG HUNG SEAH Name of Driver NRIC No S0069983G Date Of Birth 04/08/1949 INDOOR Occupation Date Of Driving Pass 08/09/1972

Driving Experience 46 YEARS AND 11 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-96642818

Fax Number

OFFICE-96642818 Contact Number

NOEMAIL EMail Address

Address

33 IPOH LANE #15-08

Postcode 438641

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

- 83

Insurance Company of Driver's Own Vehicle

•

#### General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

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

minoritad in the decident

27:25

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: TEO CHUN NEE

GENDER:

: MALE

Passenger 2

NAME:

: PAUL SAYAN

GENDER:

: MALE

#### **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?

NO

Was there any audio recorded?

NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLV6083M

Vehicle Make/Model/Colour

BMW

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

TAN TOH HOCK

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER: :

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <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 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)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of the purpose(s) and the police of the purpose of the pu
  - 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 invoive 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:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27	August	2019	at o	about	12:00 hrs	, I was	trave	elling in	my
rehide.	bearing	(SCG	11814)	alon	y Tuas	Ave 9	. Su	ddenly	, a
vehicle	bearing	) ( si	V6083	M)	dash a	t from	Tuas	Ave	8
where	there	is a	stop	line	. This	caused	an	acaden	it
between	n our	vehic	les.	We	Exchanged	particu	lars	and	decided
to proc	iced.	with	insum	nce	daims.	100			
			E						¥.

DECLARATION

I/We deliare 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 Personnel's Signature

Name:

NRIC/FIN No.:

### ACCIDENT STATEMENT

ACCIDENT DATE: 127 / 08 / 2019 1(DD/MM)	(YYYY), TIME: (12:00) (HH:MM)
LOCATION: TURS AVENUE 9	
DETAILS OF VEHICLE  GIVEHICLE NUMBER: SEG 1181 G  BINSURANCE COMPANY: NTUC  CIPOLICY NUMBER: 5109305076  CIPOLICY TYPE: (COMPREHENSIVE / THIRE  BIMAKE & MODEL: TOYOTA ALTIS  FITYPE: (SALOON / COUPE / MPV / VAN / L  GIVEHICLE CATEGORY: (PRIVATE / COMM  h) PURPOSE OF USING AT ACCIDENT TIME:	ORRY / MOTORCYCLE./ OTHERS) (ERCIAL / MOTORCYCLE)
I) ARE YOU CLAIMING UNDER YOUR OWN IF NO, PLEASE STATE (THIRD PARTY CLAIM	INSURANCE (YES/NO)
2. INSURED / POLICY HOLDER A)NAME: TANG HUNG SEAH  b)NRIC/FIN/PASSPORT: 50069983 G c)ADDRESS: 33 IPOH LANE #15-08	CONTACT: 9664 2818
· CONTINUE TO 3.d IF DRIVER ALSO POLICE	YHOLDER
Cladeding driver) DRIVER ONAME: TANG HUNG SEAH  OB ) Male CLADDRESS: 33 1904 LANE # 15-08 SIN	(MALE / FEMALE)  CONTACT: 9664 2818  GHYORF 438641
Two Chun (Yee *d)DATE OF BIRTH: ( 04 OT / 1949 ) ( 0) OCCUPATION: (NDOOR / OUTDOOR)	DD/MM/YYYY)
flyEARS OF DRIVING EXPRERIENCE: TT	SURED'S COMPANY? (YES / 00)
IF NO. RELATIONSHIP OF THE DRIVER	WITH INSURED.
G 1166484 P 5. a) WEATHER CONDITION: (CLEAR / RAINING b) ROAD SURFACE: (DRY / WET / OTHERS_ 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STAT	G / OTHERS
8. THIRD PARTY VEHICLE	MODEL: 8MW
(Including driver) b) DRIVER'S NAME: INT.	CONTACT:
THIRD PARTY VEHICLE  d) VEHICLE NUMBER:	MODEL:
(Including driver) f) NRIC/FIN/PASSPORT:	CONTACT:
( ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

email =

fax =

# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S 0 0 6 9 9 8 3 G

HUNG SEAH For LKK/NAC Use Only

Birth Date: 04 Aug 1949

Issue Date: 03 Jul 2003



# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0069983G

Name



### TANG HUNG SEAH

LKK/NAC Use Only

CHINESE Date of Buth

04-08-1949

Country of Birth

SINGAPORE

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

08 Sep 1972

For LKK/NAC Use Only

NP 428A



NRIC No. 50069983G

For LKK/NAC Use Only

Blood Group Date of issue

A+ 12-05-1993

33 IPOH LANE #15-08 SINGAPORE 438641 NRIC No: S0069983G

Date: 04/07/2010

No: 6507549



Policy No.	5109305076	Policyholder Name	TANG HUN	IG SEAN	Policyholder NRIC	S0069983G	
Certificate No.		14001100			1/08/00/2016		
Address	33 IPOH LANE #15-08 VERSILIA	ON HAIG SI	GAPORE 4	38641			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	08/05/2019	Effective Date	08/05/201	9 00:00	Expiry Date	07/05/2020 2	:3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	g/Inexperience Driver Excess
Agent	YETTA INSURANCE AGENCY PTE	Agent Tel.	67741318		GST Flag	Y	
Co- Insurance Flag	No						
Open Policy Info							
Certificate Info							
□ Policyl	holder Mailing Address						
Address 1	33 IPOH LANE	Addre	ss 2	#15-08 VERSILIA	ON HAIG	Address 3	SINGAPORE 438641
Address 4		Addre	ss Type	Singapore address	s	Post Code	438641
	15-08	Relate	ed Policy er	5109305076			
Unit No.							
	d Object: SCG1181G						

Note	March   Marc	Claim Handling						
Minimizer Name	Minimate Mi				ryonectery)	LWCWOOKS ACTOR	n partitivance visa	
Mary Andrew   May 1945   May 1	Marchand March   March Marc		5109305076		Vishicle No:	SCG1181G	GST Registration No.	
Marchel   Marchel Mallandel   Come Type	MINISTED NO. MIN							
Contract No.   Con	STANDED METHODS   SHANDED   STANDED METHODS   S				0/20/08/24/090	00000000000		
March   Marc	Section   Sect			E				
March   Mar	March   Marc		90642818			0		
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Transport   Colored   Co	## PROFESSION CONTROL							
Compared Section   Compared Se	Comparison   Com							Collision - Magor Minor Road
Table   Tabl	Total Course Application   Total Course Appli	ate of Accident	27/08/2019		Time of Accident hh:mm	12:00	Country of Academ	Singapore
Point Case Applicable   Per Accident   Per Accide	## Print Pr	eporting Centre			Orange Force		ICM No.	
Note   Part Account	Note	codent Location	TUAS AVE 9					
## 15-08 PARTS   \$0.00   T7 Standard Excess   \$0.00   Disert is Covered   ## 15-08 PARTS   \$0.00   Disert is C	15   15   15   15   15   15   15   15	▼ Total Excess Applicable	in the second					
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Mile Col Everse   D. D.   PESO TO Everse   D. D.   Deliver of Coverage   Co	## 150 0 150 0 150 150 150 150 150 150 150	***						
Comment   Comm	## Address   0   Tear TP Excess Applicable   0.00    ## Address Zeros Applicable   0.00    ## Address Zeros							
Table   Tab	Table   Tab				YIED TP Excess	0.00	Driver is Covered?	Covered
### 15-00   19-00   1	## 1 # # #							
## ST Programmer of Programme	## ST PROPERTIES   100			600,00	Total TP Excess Applicable	0.00		
ST Pagestration 18;	Streament   100   GST Angerston Date   Ves		24260					
ST Registronin No.	ST Registron No.   GST States Verified   National Content Indiany   State St					was at the control of the control		
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Address 2   #15-08 VERSILA ON HAIG	## AGRESS 2 # 25-08 VERSILLA ON HASIG AGRESS 3 \$NOGAPORE 438641   ## AGRESS 7 FEB	2 Policyholder Mailinn Ad	Idraes					
Address Type	Address Type				7. Katalana (**)	ALE DE LONGILLE DE LIEUT	Address 3	CINCADOR ATREAT
## 15-00   Patent Policy   Pa	## 15-05 ## ## 15-05 ## ## 15-05 ## ## 15-05 ## ## 15-05	THE PARTY OF THE P	3) IFOH LANE					
### TAMS HANG SEAH   Driver Type   Main Driver   Driver Dos   Delignary   Driver Dos   Driver Dos   Delignary   Driver Dos   Driver Dos   Delignary   Driver Dos   Dr	## TAMS HANG SEAH   Direct Type   Main Direct		702430				Post Code	438041
TANG HANG SEAH	TANG HANG SEAH		15-08		Related Policy Number	5109305076		
Dever NRIC	Driver M305		TANK WHICHTON		The section is	W-0.4		
Direct Date of Driver Loome   Calculater	Driver Age  To Order Loome  Contact No. (Motive)  See JESS ILA ON HAID  Contact No. (Motive)  See JESS ILA ON HAID  Address 3 SINCAPORE 438641  Address 4 Address 7 Spe  Singapore edities  Frost Code  A38641  Driver Vehicle No.  Driver No.  Driver Vehicle No.  Driver No.  Driver No.  Dr		TANG HUNG SEAH				F	21/20/10/2
Address 1 33 PCPH LANE Address 7 VERSILLA ON HATG Address 3 SINGAPORE 48641 Address 1 SIPCH LANE Address 7 VERSILLA ON HATG Address 9 SINGAPORE 48641 Address 1 SIPCH LANE Address 1 SINGAPORE 48641 Address 1 SIPCH LANE Address 1 SIPCH LANE Address 1 SIPCH LANE Address 1 SIPCH LANE ADDRESS 1 SINGAPORE 48641 Address 1 SIPCH LANE ADDRESS 1 SIPCH L	Contact No. (Prince)   Sod-2818   Contact No. (Prince)   Contact N		00.000.000					
Address 2   VERSILIA ON HAID	Address 1   33   FOH LANE							30
Address Type Spepre eddress Post Code 438641  in title 15-08  priver Vehicle Ns. Driver Ns. Dr	Address 1							
Driver Vehicle No.  Driver Vehicle No.  Driver Vehicle No.  Driver Trasurer Company  Driver Trasurer Trasurer Company  Driver Trasurer Trasurer Company  Driver Trasurer Trasur	Driver Vehicle No.  Driver		30 IPOH LANE					
Driver Vehicle No.  Driver Vehicle No.  Driver Vehicle No.  Driver Insurer Company  Driver Insurer Co	Driver Vehicle No.		000000		Address Type	Singapore address	Post Code	439641
Profession	Private Visitability  Claim 051 New  Tam Type * OD-MX							
Any Mguly?	Any injury?		○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
Any Mguly?	Any injury?							
Any Figury   1744 (9) No  Claim 001 New  Any Type *   OD-MX   Insured Name   TANS HUNG SEAN   Insured NRIC   500699836    Order No. (Mobile)   96642818   Contact No. (Nome)   Contact No. (Mobile)    Amaint Type   Pisas Select   V   Type of Benefit   Pisas Select   V    Amaint Type   Pisas Select   V   Type of Benefit   Pisas Select   V    Amaint Address   SCG1181G   SLV6083M ON 27 Aug 2019    Therefore Workshop Contact   Insured Liabitity   Not at Fault   V    Insured Name of Preferred Workshop   Taylor of Pisas Select   V    Pisas Select   V   Not at Fault   V    Amaint Address   Type of Benefit   Not at Fault   V    Amaint Address   Type of Benefit   Not at Fault   V    Amaint Address   Type of Benefit   Not at Fault   V    Amaint Address   Type of Benefit   Not at Fault   V    Amaint Address   Type of Benefit   Not at Fault   V    Amaint Address   Type of Benefit   Not at Fault   V    Amaint Address   Type of Benefit   Not at Fault   V    Amaint Address   Type of Benefit   Not at Fault   V    Amaint Address   Type of Benefit   Not at Fault   V    Amaint Address   Type of Benefit   Not at Fault   V    Amaint Address   Type of Benefit   Not at Fault   V    Amaint Address   Type of Benefit   Not at Fault   V    Amaint Address   Type of Benefit   Not at Fault   V    Amaint Address   Type of Benefit   Not at Fault   V    Amaint Address   Type of Benefit   Not at Fault   V    Amaint Address   Type of Benefit   Not at Fault   V    Amaint Address   Type of Benefit   Not at Fault   V    Amaint Address   Type of Benefit   Not at Fault   V    Amaint Address   Type of Benefit	Any Mark   1989   198							
Claim 051 New  arm Type * OD-MX Insured Name TANG HUNG SEAN Insured NRIC 50069983G  omac No (Neokel 9642818 Contact No (Neokel OL Name) Contact Name) Contact Name Contact	Claim 091 New    Insured Name		0 mg		Any injury?	☐ Yes ® No		
Claim 001 New  aim Type * OD-MX	Claim 001 New   Taxing Hung SEAN   Travered NRTC   S0069983G							
Tang Hung SEAN Insured Name TANG Hung SEAN Insured NRIC S0069983G Oraca No. (Medice) 95642818 Contact No. (Medice) 96642818 Contact No. (Medice) TP Vericle Number SCI2181G TP Vericle Number Sciv6083M TP Vericle Number Sciv608	Claim 001   New   New   New   Insured Name   TANG HUNG SEAN   Insured NRIC   50069983G	odification History						
Take Type * OD-MX	Tamilyse * OD-MX							
Order No. (Mobile) 96642818 Contact No. (Home) Contact No. (Office) State Address  Institute of Claimant Type Please Select Plea	ornact No. (Mobile) 96642818 Contact No. (Notice) SCQ1181G TP Vericle Number SU603M TP Vericle	Claim 001 New						
Order No. (Mobile) 96642818 Contact No. (Home) Contact No. (Office) State Address  Institute of Claimant Type Please Select Plea	ornact No. (Mobile) 96642818 Contact No. (Notice) SCQ1181G TP Vericle Number SU603M TP Vericle							
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