		HA119118986	
Date In: 0/9/19-10:30	Jeb description	Date & Time Completed	Done by
Ref No: Na JINCIYO K& 99/14	SAS e-filing		
Veh No: 1MIC53695	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 6/4/19-21:20	i-Motor Claim Form	M 106 1530- 001	9/9/19 17:54
	i-Motor W/O (Within: OD 2hr	s, TP 4hrs)	
OD PP Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report	_	
11 moutor.	Ass't Report by Fax / Hand t	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: 2N90	DE INC ()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: () Period	d: ()	Cover Type: () .
Confirmed by : (Date:	Time:)
	te-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]
	arranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,000	()/\$2,000()		
General Remarks:-			1000
() Walk-In Customer: Customer's information	The state of the s		
() Total Loss Case : to e-mail Insurer I	URGENTLY.		
Drive-In ()/Towed-In (); Invoice: Y	YES()/NO();T	owing Co: (.)
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done by
	irtesy Car ()	Lancia College	
	1100) CIII ()	***************************************	
2) OC Check / Post Renair Inspection	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost ≥ \$300]	()		
3) Upload Resurvey Photo [Repair Cost > \$300	()		
		-	
3) Upload Resurvey Photo [Repair Cost > \$300			Alexandra de la companya de la comp
Upload Resurvey Photo [Repair Cost > \$300 Injury:		-	Association .
3) Upload Resurvey Photo [Repair Cost > \$300 Injury:		-	ASSACANT.
3) Upload Resurvey Photo [Repair Cost > \$300 Injury:		-	
3) Upload Resurvey Photo [Repair Cost > \$300 Injury:		-	Ase care
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions		-	
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions	1	-	Anit (5) Amit (5)
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions NA 1426832	Invoice Pro	paration Checklist Reporting (\$30);	fat Bill Add Bill
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions NAI95683	Invoice Pro 1) AR: Accident 2) DA: Damage	paration Checklist: Reporting (\$30); Assessment (\$100); INC (\$	fit Bill Add Bill
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T	Daration Checklist: Reporting (\$30); Assessment (\$100); INC (\$10	79EBill Add Bill 80) 0/545 5120
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions NAI95683	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$100	19t Bill Add Bill 80) 0/545 5120 530
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions NA 1436839 Claimant's Particulars: Diver/Owner: Ontact No:	Invoice Pro 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec	Paration Checklist Reporting (\$30); Assessment (\$100); INC (\$100	19t Bill Add Bill 80) 0/545 \$120 \$30 5) \$75
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions NA 1406830 Claimant's Particulars: Tiver/Owner: ontact No:	Invoice Pro 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a	Daration Checklist: Reporting (\$30); Assessment (\$100); INC (\$10	791Bill Add Bill 80) 0/545 \$120 \$30
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions NA 1906830 Tiver/Owner: ontact No: amaged Portion:	Invoice Pro 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idao DA: 8) NTUC Addition	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$100)	19t Bill Add Bill 80) 0/545 5120 530 5) 575 5160
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions NA 1906830 Tiver/Owner: ontact No: amaged Portion:	Invoice Pro 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idao DA: 8) NTUC Addition	Daration Checklist. Reporting (\$30); Assessment (\$100); INC (\$100); INC (\$100); Assessment (19t Bill Add Bill 80) 0/545 \$120 \$30 5) \$75
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions NA 1906830 Ilaimant's Particulars: Tiver/Owner: ontact No: armaged Portion: C Checked by (Engr-In-Charge):	Invoice Pro 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idao DA 8) NTUC Additio OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep.	paration Checklist: Reporting (\$30); Assessment (\$100); INC (\$100); ee \$40 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 200); thon + SMRT Survey mal Services: Cor / Tpt Allowance paradination sir Inspection	\$60 Add Bill Add Bill \$80) 0/\$45 \$120 \$30 \$55 \$160 \$55 \$510 \$225
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions NA 1406830 Claimant's Particulars: Tiver/Owner: ontact No: armaged Portion: C Checked by (Engr-In-Charge): uditors' Comments:	Invoice Pro 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idac DA 8) NTUC Additio OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$100	19t Bill Add Bill 80) 0/545 5120 530 5) 575 5160 55 510
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions NAIGO6830 Claimant's Particulars:	Invoice Pro 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idac DA 8) NTUC Additio OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Daration Checklist. Reporting (\$30); Assessment (\$100); INC (\$100	\$80) 0/\$45 \$120 \$30 \$51 \$515 \$150 \$55 \$510 \$525 \$53

Exposit that

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.
- 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.

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Company and Indiana Company of the company	ACCIDENT STATEMENT
Date Of Report	09/09/2019 10:32
Date Of Accident	06/09/2019 21:20
Exact Location Of Accident	JUNC NEW BRIDGE RD & UPP CROSS ST
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMK5369S
Insured/Policyholder	
Name Of Registered Owner	ANG SHIFU
NRIC No	S9009009G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92985918
Alternative Phone No	OFFICE-92985918
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLS 4A/T
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109573985
Cover Note Number	
Driver	
Name of Driver	ANG SHIFU

 Name of Driver
 ANG SHIFU

 NRIC No
 \$9009009G

 Date Of Birth
 13/03/1990

 Occupation
 INDOOR

 Date Of Driving Pass
 08/06/2009

Driving Experience 10 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92985918

Fax Number

Contact Number OFFICE-92985918

EMail Address NOEMAIL

BLK 641 HOUGANG AVENUE 8 Address

#06-173

Postcode 530641

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

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?

Number of vehicles (including own vehicle) involved in the accident

2

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)

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SLN9050E Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

SKETCH PLAN

IMPORTANT NOTICE

- 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>.
- 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.
- 8y the Indigment 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) and
 - 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) iny 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.

Folicyholder's Signature

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

	-> Upper cross sireet.	1 87
Venicle A: SMF53698 Venicle B: SLN9050E	e Poad	1 / 27/
Verior 10 - SUV 1090 E	lew Bridge	
	2	f2 41 44 44

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	On	tru	state	d dat	e r	time, I	, V	ehicle:	A', SA	1k 53	695,
Mar	trave	ling	alon	g tile	aute	d venue	. 1	s the	tvat	tic 1	ignit
was	s iv	ı m	y ta	vour,	I	proceede	d.	Vehicle	ъ,	SLA	19050E
tur	ned	TMO	my	lave	and	collicte	ed	onto	my	vehin	ue's
for	Nt 15	dt_	povliou	1.							
				/2							
									la sulle vin		
					10.25357	A Marine Service					

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:

Name: NRIC/FIN No.:

Reporting Centre Personnel Signature

ACCIDENT STATEMENT

ACC	IDENT DATE: (06) 09 /	2019 10D/MM/	YYYY), TIME: (21 :	<u> 20 </u>
	ATION: Junction of	New Bridge	Road X upper	cross street
- 1	DETAILS OF VEHICLE a) VEHICLE NUMBER; b) INSURANCE COMPAN		<u> </u>	
	GIPOLICY TYPE: (COMPI BIMAKE & MODEL: f)TYPE:(SALOON / COUP g)VEHICLE CATEGORY:(h)PURPOSE OF USING AT	PE / MPV /VAN) LI PRIVATE / COMMI ACCIDENT TIME:	ORRY / MOTORCYC PRCIAL / MOTORCYC VIVATE INSURANCE (YES/NO	LE / OTHERS) CLE)
2.	IF NO, PLEASE STATE (THE INSURED / POLICY HOLD A) NAME: AYA	HIRD PARTY CLAIM	OME CONTACT	1 1 959 85 918
4 No of passanga Elnduding driver)	* CONTINUE TO 3.d IF DR DRIVER a) NAME:	11	Y HOLDER	E / FEMALE)
(<u>0</u>))	*d)DATE OF BIRTH: (R OUTDOOR) VERIENCE:	URED'S COMPANY	(YES/169)
6.	a) WEATHER CONDITION: b) ROAD SURFACE: (DRY / WAS ANYBODY INJURED (a) REPORTED TO POLICE (IF YES, PLEASE STATE WH	(CLEAR / RAINING WET / OTHERS YES / NO) YES / NO)	5 / OTHERS	
No of passenger	THIRD PARTY VEHICLE a) VEHICLE NUMBER: b) DRIVER'S NAME:		MODEL:	
(OL) male ohis lemale r	NRIC/FIN/PASSPORT:_ THIRD PARTY VEHICLE d) VEHICLE NUMBER: e) DRIVER'S NAME:		CONTACT:	
Induding driver)	f) NRIC/FIN/PASSPORT:_		CONTACT:	

email =

fax =



olicy No.	5109573985	Policyholder Name	ANG SHIFU		Policyholder NRIC	S9009009G	
Certificate		Chamba			O mes		
ddress	BLK 641 #06-173 HOUGANG AV	ENUE 8 SING	APORE 53064	11			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	17/05/2019	Effective Date	17/05/2019	00:00	Expiry Date	16/05/2020 2	3:59
xcess Type	Per Accident	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	g/Inexperience Driver Excess
Agent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220		GST Flag	Υ	
insurance Flag Open Policy Info Certificate Info	No						
0000 60	holder Mailing Address	71.0	9.200				
Address 1	BLK 641 #06-173	Addre		HOUGANG AVENUE	8	Address 3	SINGAPORE 530641
Address 4 Unit No.		Relat	ess Type ed Policy	Singapore address 5109573985		Post Code	530641
in the second		Numt	per	3103313303			
18/1/19	ed Object: SMK5369S						
	sements		a verse serious	out to the		Have thereon	PERSONAL PROPERTY AND
Seque:	25/06/2019 00:00	Basic	Information sement	Entry R	Endorsement	t Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 25 Jun 2019, the following amendment(s) is/armade to this policy: In view of thi amendment, an additional premium of \$673.45 (inclusive of GST) is payable under your policy Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.
							Thank you for giving us the opportunity to serve you. We

aim Handling					
cident MT/1061530					
hcy No.	5109573985	Vehicle No.	SMK5369S	GST Registration No.	
ministe No.					
icyholder Name	ANG SHIFU			Policyholder NRIC	S9009009G
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
tact No.(Motive)	92985918	Contact No. (Office)	0	Contact No.(Home)	0
ail Address		Special Remark		eCope	n/ · ·
	No ○ Yes	TCA	® No ○ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
ort Date	09/09/2019 13:52	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
e of Accident	06/09/2019	Time of Academt hh:mm	21:20	Country of Acadent	Singapore
orting Centre		Orange Force		JCM No.	
ident Location	JUNC NEW BRIDGE RD & UPP CROSS ST				
Total Excess Applicable					
ess Type	Per Accident	Windscreen Excess	100.00		
		The department for some	4.500.00		
Standard Excess OOD Excess	2,000,00	TP Standard Excess YIED TP Excess	\$,500.00 0.00	Onver is Covered?	Covered
tional Excess	0.00	THE IT CALCULA	4.00	Company of the compan	
OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		
	2000.00	Local In Excess Applicable	1,300.00		
Benefits GST Registered Informa	itien				
Registered Informa	No.		GST Registration Date		
Registration No.	(0.00)		GST Status Verified	Yes	
fication History					
Policyholder Mailing Ado	dress				
ress 1	BLK 641 #06-173	Address 2	HOUGANG AVENUE B	Address 3	SINGAPORE 530641
was 4		Address Type	Singapore address	Post Code	530641
Ren.		Related Policy Number	5109573985		
OI Driver Info					
er Name	ANG SHI FU	Driver Type	Mass Driver		
amed driver Name		Driver NRIC	59009009G	Driver DOB	13/03/1990
ster Date of Driver License	08/06/2009	Driver Age	29	Driving Experience	10
tact No.(Mobile)	92985918	Contact No.(Office)	0	Contact No.(Home)	•
ress: 1	BLK 641	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE 530641
ress 4		Address Type	Singapore address	Post Code	530641
t Na.	06-173				
is he own a Singapore istered car?	○ Yes ® No	Driver Vehicle No.		Oriver Insurer Company	
laration					
nthalyser or Blood Test	0 mg	Any injury?	☐ Yes ® No		
ding?	0.00	And index to	0.000		
ification History					
laim 001 New					
				Insured NR3C	\$9009009G
m Type *	OD-MX	Insured Name	ANG SHIPU		Maria Caraca Car
		Insured Name Contact No.(Home)	ANG SHIFU 62874630		
tact No.(Mobile).	92985918	Contact No.(Home)	62874630	Contact No.(Office)	SLN90506
ract No.(Mobile). iii Address	92985918				SLN9050E
iact No.(Mobile). II Address mant Type Claimant Type •	92985918 Please Select	Contact No.(Home) Oil Vehicle Number	62874630 SMK53695	Contact No.(Office)	SLN9050E
act No.(Mobile) II Address nant Type Claimant Type • nant Name •	92985918	Contact No.(Home) Of Vehicle Number Type of Benefit *	62874630 SMK53695	Contact No.(Office)	SLN90506
iact No.(Mobile) iii Address mant Type Claimant Type • mant Name • mant Address	92985918 Please Select	Contact No.(Home) Of Vehicle Number Type of Benefit *	62874630 SMK53695	Contact No.(Office)	SLN9050E
iact No.(Mobile): iii Address mant Type Claimant Type * mant Name * mant Address m Description	92985918 Pease Select ≥≥	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	62874630 SMK53695 Please Select	Contact No.(Office) TP Vehicle Number	SLN9050E
iact No. (Mobile) ii Address mant Type Claimant Type * mant Name * mant Address ii Description erred Workshop Contact	92985918 Prease Select	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability *	62874630 SMK53095 Please Select Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	
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tact No.(Mobile). Bit Address mant Type Claimant Type * mant Name * mant Address m Description memed Workshop Contact sure Finalisation e Registeres out Taken by	92985918 Prease Select	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option	62874630 SMK53095 Please Select Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	RECRIVES
iact No. (Mobile). iii Address mant Type Claimant Type * mant Name * mant Address m Description erred Workshop Contact sure Finalisation e Registeres ort Takan by	92985918 Prease Select	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option	62874630 SMK53095 Please Select Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	RECRIVES
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tact No.(Mobile) all Address mant Type Claimant Type * mant Name * mant Address m Description ferred Workshop Contact sure Finalisation e Registered out Takan by Print AK letter ttachment	92985918 Prease Select	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option	62874630 SMKS3695 Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	RECRIVES
riact No. (Mobile) all Address mant Type Claimant Type * mant Name * imact Address im Description ferred Workshop Contact sure Finalisation e Registeres sort Takan By Print AK Retter	92985918 Prease Select	Contact No.(Home) Oil Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Preferend Repair Option Claim Close Date:	S2874630 SMK53695 Please Select Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	RECRIVES
im Type * tract No.(Mobile) all Address imant Type Claimant Type * imant Name * imant Address im Description ferred Workshop Contact	92985918 Prease Select	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option	62874630 SMKS3695 Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	RECEIVES

