	tre Services wer Jamos M	Sec. 10 10 10 10 10 10 10 10 10 10 10 10 10		
Date In: 19 19-16:06	Jeb description	Date &Time Completed	Done	e by
Res No: Ha INC 190/6198/24	SAS e-filing			
Veh No: (V v8yozm	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 11/4/19-16:20	i-Motor Claim Form	M7 106777-001	12/9/19 1	6.17
OD : TP ! Reporting Only	i-Motor W/O (Within: OD 2hr			materia o
	i-Photo Uploaded			W
TP Insurer:	Assessment/Survey Report			
	Ass't Report by Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (222 - 222 -	Tel: F	ax:	
TP Particulars: Veh No: She	1878 INC()/Non-INC().		
Owner / Driver: (Tel:)	9745E-00054
Policy No: () Po	criod: (Cover Type: ()	
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 80-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,0	000()/\$2,000()			
General Remarks.	视器 有 5 · 1 · 1975 ;		3.00	
() Walk-In Customer: Customer's info	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	ictly NO refer of repairer	N. A. C.	-
() Total Loss Case : to e-mail Insur		toty NO Islet of repolici.		
		1.0.4		
Drive-In ()/ Towed-In (); Invoice	e: YES () / NO (); To	owing Co: (
			The Assessment of the Control of the	
Remarks: (INC horline: 6788 6616)		Date&Time Completed	Done	by
	Courtesy Car ()	Date&Timit Completed	Done	by
	back state this see, where the despetor and all hardward state the state of	Dates:Tame Completed	Done	by
1) Apply for Transport Allowance ()/(Courtesy Car ()	Date&Tamil Comple 34	Done	by
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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

By the lodgement of this report to the insurers, you hereby cons aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
Explained probabilities and the parties of the last	ACCIDENT STATEMENT
Date Of Report	12/09/2019 16:06
Date Of Accident	11/09/2019 16:20
Exact Location Of Accident	CTE (AYE) BEFORE AMK AVE 5 ENTRANCE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV8402M
Insured/Policyholder	
Name Of Registered Owner	KABIR HOSSAIN
NRIC No	S8185622B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94562455
Alternative Phone No	OFFICE-94562455
Vehicle Particulars	
Manufacturer	BMW
Model	520I 2.0L AT D/AB 2WD 4DR GAS/D NAV
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	5099674535-01
Cover Note Number	
Driver	
Name of Driver	KABIR HOSSAIN
NRIC No	S8185622B

S8185622B 01/01/1981 Date Of Birth INDOOR Occupation 24/03/2007 Date Of Driving Pass Driving Experience

12 YEARS AND 5 MONTHS

MALE Gender

(LOCAL) +65-94562455 Mobile Number

Fax Number

OFFICE-94562455 Contact Number

NOEMAIL **EMail Address**

Address BLK 10C BENDEMEER ROAD

#24-129

Postcode 333010

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 - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

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 TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

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

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190911/7028.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGR2838J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 23

Nature Of Damage

No. Of Passenger (Including Driver)

3

Passenger 1

NAME: :

GENDER:

Passenger 2

NAME:

- 2

GENDER:

DETAILS OF INJURED PERSON 1

Name KABIR HOSSAIN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLV8402M

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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.
- 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 "
 - 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 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: 11 / 09/ 2019 (DD/MM/	YYY), TIME: (16 : 20 HH:MM)
LOCATION: CTECAYE) AT AND MO FIO	Avenue 5 Entrance
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: b) INSURANCE COMPANY: NTUC c) POLICY NUMBER: d) POLICY TYPE: (COMPREHENSIVE / THIRD FOR MAKE & MODEL: b) MAKE & MODEL: f) TYPE: (SALOON / COUPE / MPV /V AN / LOUGH) VEHICLE CATEGORY: (PRIVATE / COMMERT) PURPOSE OF USING AT ACCIDENT TIME: i) ARE YOU CLAIMING UNDER YOUR OWN IN IF NO, PLEASE STATE (THIRD PARTY CLAIM / 2. INSURED / POLICY HOLDER	PARTY / THIRD PARTY FIRE &THEFT) RRY / MOTORCYCLE / OTHERS) RCIAL / MOTORCYCLE) PYIVATE SURANCE (YES/NO) REPORTING ONLY)
DINRIC/FIN/PASSPORT: S&105622 c) ADDRESS: 10 C BENDEMEEV POR	
* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER
15 No of passengs DRIVER	(MALE / FEMALE)
Cladeding driver) DINDIC/FIN/PASSPORT:	CONTACT:
Dirikicji ii iji 7 kodi dili	
(OI) c)ADDRESS:	
*d)DATE OF BIRTH: () / 0) / 190) (DE e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 2 V 4. WAS DRIVER AN EMPLOYEE OF THE INSU IF NO, RELATIONSHIP OF THE DRIVER WI 5. G) WEATHER CONDITION: (CIEAR / RAINING b) ROAD SURFACE: (DRY / WET / OTHERS. 6. WAS ANYBODY INJURED (YES / NO) 7. G) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATIO 8. THIRD PARTY VEHICLE 4 No of Passenger G) VEHICLE NUMBER: 2GR 2838J	RED'S COMPANY? (YES / NO) ITH INSURED: DWINEY / OTHERS
(Including driver) b) DRIVER'S NAME:	
DI female male drived NRIC/FIN/PASSPORT:	CONTACT:
Of male 9. THIRD PARTY VEHICLE O) VEHICLE NUMBER:	MODEL:
O DRIVER STANIEL	CONTACT:
MSSENGE(Including driver) f) NRIC/FIN/PASSPORT:	

email =

fax =





1 of 3

Report No. T/20190911/7028

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDEN	REPORT	OF A	TRAFFIC	ACCIDEN
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Date/Time Report Made: 11/09/2019 22:12		/lade:	Vide Report No.:	Station Diary No.		
Informa	nt's Partic	ulars		MICHELINE BUSINESS		
	f Informant: HOSSAIN		Address: APT BLK 10C BENDEMEER 333010	ROAD #24-129 SINGAPORE		
ID Type / ID No.: NRIC NO / S8185622B			Contact No.: Home/Office:	Mobile: 94562455		
Nationality: SINGAPORE CITIZEN			Email: kabirkhan23@gmail.com			
Sex: Age: Date of Birth: 01/01/1981			Type of Informant: Driver			
Race: Bangladeshi			Language: Institution / School English			
Occupation: PROJECT DIRECTOR		OR	Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/09/2019 16:20	Type of Location Straight Road
Location: CENTRAL EX Weather: Clear	(PRESSWAY	Road Surface:	F	Road Speed Limit:
		Traffic Control:		raffic Volume:
Traffic Flow: One Way		Not Controlled	19	noucrate

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SGR2838J	Car	HONDA	VEZEL		Seriously Damaged	
SLV8402M	Car	BMW	520I 2.0L AT D/AB 2WD 4DR GAS/D NAV	Grey	Seriously Damaged	

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SLV8402M	NTUC Income Insurance Co-Operative Limited	5099674535-01	21/05/2019	20/05/2020	





2 of 3

Report No. T/20190911/7028

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of Perso	n Involved			TANKE.		STATE OF THE PARTY
Any Pedestrian In	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Ped	destriar	Cross	ing: NA
Driver		The state of the	THE REPORT OF	10000	o la vigina	
Name	KABIR HOSSAIN	1.6		ID No		S8185622B
Related Vehicle	SLV8402M (Car)			Conta	ct No.	94562455
Hospital/Clinic	RAFFLES HOSPITAL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	11/09/2019		Date Disc	harge	11/09	0/2019
No. of Days granted Medical Leave 03		Degree of	Injury	Slight		

Brief Details.

ON 11/09/2019 AT ABOUT 16:20HR, I WAS DRIVING MY VEHICLE - SLV8402M, ALONG CTE IN THE DIRECTION OF AYE. BEFORE THE ENTRANCE OF ANG MO KIO AVENUE 5, I WAS TRAVELLING STRAIGHT ALONG LANE 3. SUDDENLY, I FELT AN IMPACT ON MY VEHICLE'S REAR PORTION. I THEN SAW VEHICLE NUMBER - SGR2838J, DROVE AND STOPPED AHEAD OF MY VEHICLE. I THEN REALISED THAT THE SAID VEHICLE HAD COLLIDED ONTO MY VEHICLE'S REAR RIGHT PORTION.

I FELT STRAINS & DISCOMFORT ON MY ARM & SEEK MEDICAL ATTENTION AT RAFFLES





3 of 3

Report No. T/20190911/7028

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan					
Informant is	not able	to	provide	sketch	plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/09/2019 22:12
Officer In Charge Of Case: TP / TPHQ / ONG YONG HOCK Contact No.: 65476436	Classification Of Case:

Authentication Stamp

NP168



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

		ADDENDO	IVI	
A)	PARTICULARS OF PE	RSON MAKING THE AMENDMENTS		
	Original Report No :	MNA119121230	_Vehicle Registration	No: SLV8402M
	Name(as shownin NRIC) :	KABIR HOSSAIN	_NRIC/FIN/Passport N	lo : S8185622B
	(*Vehicle Driver /Ve	hicle Owner) (*) Please delete as ap	propriate	
	Address :	BLK 10C BENDEMEER ROAD	#24-129	Singapore(333010)
	Contact (Tel)		_Mobile No. : 945624	155
	Email Address :	<u> </u>		
	Date of Accident :	11/09/2019	_Time of Accident : _1	6:20
	Place of Accident :	CTE (AYE) BEFORE AMK AVE	5 ENTRANCE	
	Insurance Company:	NTUC Income Insurance Co-op	erative Ltd	
				· · · · · · · · · · · · · · · · · · ·
				10
	Policyholder / Driver Date:	's Signature	Reporting Centre Name: NRIC/FINNo.: Date:	Personnel's Signature

eBao Tech	GeneralCla										lClaim
Hello, NAC_PAYA_UBI_80	0601		The second second				• Change	Language	• Chang	e Password	· Log Out
My Desktop Notice of Loss	Policy Query										
	Policy N	No.					Date of Accident			11/09/2019 16:20	
	Vehicle No.(For Motor)		SLV8402M			Certificate Number					-
					E	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5099674535- 01		KABIR HOSSAIN	S8185622B	GPC	drivo CLASSIC	SLV8402M	SLV8402M	21/05/2019	20/05/2020
					C	Continue					

Sequence Date of Endorsemen		Endorsement Type			Endorsement	Status	Endorsement Content	
▼ Endors	ements					a meanarasa	ALTONIA WALL SALE AND	
Insure	d Object: SLV8402M							
Unit No.		Related Policy Number		5099674535-01				
Address 4	SINGAPORE 333010		ss Type	Singapore address		Post Code	333010	
Address 1	BLK 10C #24-129	Addre	ess 2 BENDEMEER RO			Address 3	BENDEMEER LIGHT	
→ Policyl → Pol	older Mailing Address							
Certificate Info								
Open Policy Info								
insurance Flag	No							
Co-			hasen kind life		760 EU EU EU			
Agent	THONG LEE TRADING PTE LTD	TP Excess Agent Tel.	62569655		GST Flag	Y		
Singapore OD Excess	tess 0 tside gapore 600		0			Young/Inexperience Driver Excess		
Additional Excess Dutside			0					
Excess Additional	2	Excess	(2000)		Excess	erden.		
Third Party	0	Own damage	600		Windscreen	100		
Excess Type	Per Accident	All Claims Excess						
Policy issue Date	18/04/2019	Effective Date	21/05/2019 00:00		Expiry Date	20/05/2020 23:59		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Address	BLK 10C #24-129 BENDEMEER	ROAD BENDEN	MEER LIGHT :	SINGAPORE 333010				
Certificate No.								
Policy No.	5099674535-01	Policyholder Name KABIR HOSSAIN		Policyholder NRIC S8185622B				

Mary No.	laim Handling							
Marchane March M	ocident MT/1062172							
March Marc	phcy Np.	5099674535-01	Vehicle No.	SLV8402M	GST Registration No.			
Month Mont	ertificate No.							
Control No.	Nicyholder Name	KABIR HOSSAIN						
Section Sect	oduct Code		Cover Type	drive CLASSIC	113			
Section Section Topic Section Sectio	mail Address FK ® No ○ Yes CD Protection Yes			0		700,000		
Total content Total conten						N. Y		
# Accident State **Control State** **Control Sta								
Marche M			NCD Entitlement(%)	50	Private Hire	No		
Total Process 1,109,000 1,000	Accident Details							
Control Cont	ort Date 12/09/2019 16:16		Accident Report Within 24 hrs	Yes	Acodent Type	Collision - Head to Rear		
CTE MICE SERVICE AMENUE SERVICE	te of Accident	11/09/2019	Time of Accident hh:mm	16:20	Country of Academt	Singapore.		
Present purpose Present pu	porting Centre		Orange Force		ICM No.			
Standard Forman		CTE (AYE) BEFORE AMK AVE 5 ENTRANCE						
19 19 19 19 19 19 19 19	Total Excess Applicable							
Part	DEER Type	Per Accident	Windscreen Excess	100.00				
Companies	1000							
00 Tests Approxise	Standard Excess	600.00	TP Standard Excess	0.00				
Mo Frenze	D OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered		
Part	ditional Excess	0						
Part	al OD Excess Applicable	600.00	Total TP Excess Applicable	0.00				
Mayor May								
Marches	GST Registered Informa	ation						
Polity-builder Nations Address Section 1988 Polity-builder Nations Address Section 1988 Polity-builder Nations Section 1988 Polity Polity Polity-builder Nations Polity Polity Polity Polity Polity Polity Polity Polit	Registered	No .		GST Registration Date	17.00			
Predicyholder Malling Address	T Registration No.			GST Status Venfied	Yes			
March Marc	dification History							
March Mar								
Address Type	Policyholder Mailing Ad	dress						
Reside Pales Multiple Multi	dress 1	BLK 10C #24-129	Address 2	BENDEMEER ROAD	Address 3	BENDEMEER LIGHT		
### AND Private Totals Ver Name Ver Name AND RINGSDAN Driver Name	dress 4	SINGAPORE 333010	Address Type	Singapore address	Post Code	333010		
MARIE HOSEANN	it No.		Related Policy Number	5099674535-01				
Driver Name Set 100	OI Driver Info							
Driver Age Separation Se	ver Name	KABIR HOSSAIN	Driver Type	Hain Driver				
Set 10, Monitor Set 2,	named driver Name		Driver NRIC	581856228	Driver DOB	01/01/1981		
SUC 10C	gister Date of Driver License	24/03/2007	Driver Age	38	Driving Experience	12		
### SINGAPORE 37300 Agrees 2 BENDEMERS ROAD Address 3 BENDEMERS LIGHT ### No.	ntact No.(Mobile)	94562455	Contact No.(Office)	0	Contact No.(Home)	0		
Singapore editions		BLK 10C	Address 2	BENDEMBER ROAD	Address 3	BENDEMEER LIGHT		
# Fig. 6 in on a Singstone Over @ No. Driver Vehicle No. Driver Vehicle No. Driver Insurer Company				Singapore address	Post Code	333010		
Series of Biodified Order Deliver Vehicle No. Driver Insurer Company Order Insurer Blood Fest and Order Order Insurer Blood Fest Order In				2004/00 0 /2000 EVC000000				
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Marie Mari	Claim 001 New							
Intect No. (Mobile) 96562455								
September Sept	im Type *	CD-MX	Insured Name	KABIR HOSSAIN	Insured NRIC	\$81856228		
wmant Type Claimant Type ** Please Select	ntact No.(Mobile)	94562455	Contact No. (Home)	62926662	Contact No.(Office)			
Interest Type Claimant Type * Please Select	ail Address	kabirkhan23@gmail.com	OI Vehicle Number	SLV8402M	TP Vehicle Number	SGR2838)		
mant Address im Description SUV8402M / SGR2838) ON 11 Sept 2019 Name of Preferred Workshop	mant Type Claimant Type *	Please Select	Type of Benefit *	Please Select				
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Video List								