	tre Services. wet James		P
Date In:31 1319-15:25	Jeb description	Date &Time Completed	Done by
Res No: Na linen olga 70/24	SAS e-filing		
Veh No: SMC >63V	E-mail (within Shrs, AIC 2hrs	s)	,
D.O.A .76/10/19 - 17:15	i-Motor Claim Form	M7 169360-001	31/10/19 15:VV
	i-Motor W/O (Within: OD	2hrs, TP 4brs)	
OD : (P) Reporting Only	i-Photo Uploaded		
	Assessment/Survey Repor	rt i	
TP Insurer:	Ass't Report by Fax / Har	nd to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: Jhs	SASK INC	C()/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%. F: 80-	100%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$1	1,000 ()/\$2,000 ()		
General Remarks:-	ALCOHOLD STATE		1 - N 2 1
() Walk-In Customer : Customer's in	A 10 10 10 10 10 10 10 10 10 10 10 10 10		
() Total Luss Case : to e-mail Insu	The state of the s		N.
		; Towing Co: (.)
		Date&Time Completed	Done by
Remarks;- (INC hotline: 6788 6616)		Dates 10.10	185.657.
	/ Courtesy Car ()	Y	
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()	1.	
Injury:			
Date/Time Actions			
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Date/Time Actions	1		Ant (65) Amit (
	Invoice	Preparation Checklist	Ant (5) Amt (fit Bill Add E
NA Massa V	1) AR : Acc	eident Reporting (\$30);	fit Bill Add B
NA Massa V	1) AR : Acc 2) DA : Da	cident Reporting (\$30); mage Assessment (\$100); INC	fit Bill Add B
NA 190824 V. laimant's Particulars:-	1) AR : Acc 2) DA : Da 3) TF : Tow 4) FT : Foll	cident Reporting (530); mage Assessment (\$100); INC ving Fee	(\$80) (\$40/\$45 \$120
NA 40824 V. laimant's Particulars:-	1) AR : Acc 2) DA : Da 3) TF : Tow 4) FT : Foll 5) FT : Foll	cident Reporting (\$30); mage Assessment (\$100); INC ving Fee low-Through Survey low-Through Survey (Resurvey)	(\$80) \$40/\$45 \$120 \$30 105)
NA 100824 V. Inimant's Particulars:- river/Owner:	1) AR : Acc 2) DA : Da: 3) TF : Tow 4) FT : Foll 5) FT : Foll For claim 6) TR : Re-	cident Reporting (\$30); mage Assessment (\$100); INC ving Fee low-Through Survey low-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 26 inspection	(\$80) (\$40/\$45 \$120 \$30
NA 40824 V. laimant's Particulars:- river/Owner:	1) AR : Acc 2) DA : Da; 3) TF : Tow 4) FT : Foll 5) FT : Foll For claim 6) TR : Re- 7) N1 : Ida	cident Reporting (\$30); mage Assessment (\$100); INC ving Fee low-Through Survey low-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 20	(\$80) \$40/\$45 \$120 \$30 105) \$75
NA 1908-24 V/ liumant's Particulars:- river/Owner: ontact No: amaged Portion:	1) AR : Acc 2) DA : Da; 3) TF : Tow 4) FT : Foll 5) FT : Foll For claim 6) TR : Re- 7) N1 : Ida; 8) NTUC A	cident Reporting (\$30); mage Assessment (\$100); INC ving Fee low-Through Survey low-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 2) inspection to DA + SMRT Survey Additional Services:-	(\$80) \$40/\$45 \$120 \$30 105) \$75
NA 1908-24 V/ liumant's Particulars:- river/Owner: ontact No: amaged Portion:	1) AR : Acc 2) DA : Da; 3) TF : Tow 4) FT : Foll 5) if T : Foll For claim 6) TR : Re- 7) N1 : Ida; 8) NTUC A OD* *N5: Co	cident Reporting (\$30); mage Assessment (\$100); INC wing Fee low-Through Survey low-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 2) inspection to DA + SMRT Survey Additional Services:- urtesy Cer / Tpt Allowance pair Co-ordination	(\$80) \$40/\$45 \$120 \$30 105) \$75 \$160
NA 00824 V Inimant's Particulars:- river/Owner: ontact No: arnaged Portion: C Checked by (Engr-In-Charge):	1) AR : Acc 2) DA : Da; 3) TF : Tow 4) FT : Foll 5) if T : Foll For claim 6) TR : Re- 7) N1 : Ida; 8) NTUC A OD* *N5: Co *N6: Re- *N7: Foll *N7: F	cident Reporting (\$30); mage Assessment (\$100); INC wing Fee low-Through Survey low-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 2) inspection to DA + SMRT Survey Additional Services:- urtesy Cer / Tpt Allowance pair Co-ordination st Repair Inspection	(\$80) \$40/\$45 \$120 \$30 \$20 \$75 \$160
NA 1908 14 V. Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	1) AR: Acc 2) DA: Da; 3) TF: Tow 4) FT: Foll 5) FT: Foll For claim 6) TR: Re- 7) N1: Ida 8) NTUC A OD* *N5: Co *N6: Re- *N7: Foll *N7: Foll *N8: DV	cident Reporting (\$30); mage Assessment (\$100); INC wing Fee low-Through Survey low-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 26 inspection to DA + SMRT Survey Additional Services:- urtesy Cor/Tpt Allowance pair Co-ordination st Repair Inspection //Collect Excess Coordination	(\$80) \$40/\$45 \$120 \$30 105) \$75 \$160 \$5 \$10 \$25 \$3
	1) AR: Acc 2) DA: Da; 3) TF: Tow 4) FT: Foll 5) FT: Foll For claim 6) TR: Re- 7) N1: Ida 8) NTUC A OD* *N5: Co *N6: Re- *N7: Foll *N7: Foll *N8: DV	cident Reporting (\$30); Image Assessment (\$100); INC ving Fee low-Through Survey low-Through Survey (Resurvey) Ining against INC Only (wef 10 Jan 20 inspection to DA + SMRT Survey Additional Services:- urtesy Cer / Tpt Allowance pair Co-ordination to Repair Inspection // Collect Excess Coordination L): TP (Non INC) against INC no Mobile	(\$80) \$40/\$45 \$120 \$30 105) \$75 \$160 \$25 \$30 \$25 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30

e per all the

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number Fax Number

Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 5. 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	31/10/2019 15:23
Date Of Accident	26/10/2019 12:25
Exact Location Of Accident	SLIP RD THOMSON RD TWDS NORFOLK RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMC2632T
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AUTO
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
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5106937496
Cover Note Number	
Driver	
Name of Driver	ANG KIM HUN (WENG JINHAN)
NRIC No	S7424489J
Date Of Birth	28/07/1974

OUTDOOR

12/11/1994

MALE

NOEMAIL

24 YEARS AND 11 MONTHS

(LOCAL) +65-98593368

OFFICE-98593368

Address BLK 208 PASIR RIS STREET 21

#03-344

Postcode 510208

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

.

Insurance Company of Driver's Own Vehicle

28

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? 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

3

Number of Passengers (Including Driver)

Passenger 1

NAME:

. .

GENDER:

: MALE

Passenger 2

NAME:

. .

GENDER: : FEMALE

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED BEFORE THE STOPPING LINE AS THERE WAS ONCOMING VEHICLE PASSING THE MAIN ROAD. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR RIGHT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGS978X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver GOH KIM GUAT NELLIE

NRIC/Passport Number S2175036J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER:

t

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

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

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

SKETCH PLAN Norfolk Rd. A: SMC26327 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer to Hatement. DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature Policyholder's Signature Driver's Signature

(If driver is not the policyholder)

Date & Time:

Date & Time:

Name: NRIC/FIN No.:

eBaoTech									G	eneralC	laim
Hello, NAC_PAYA_UBI_80	0601				The Color of the C		· Change L	anguage	· Change Pa	assword	Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	lo.				Date of	Accident	26/10	0/2019 12:25	- 2	
	Vehicle	No.(For Motor)	SMC263	2T		Certificate Number					
					Se	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5106937496		RELIABLE RIDES PTE LTD	201611527N	GFT	drivo CLASSIC	5MC2632T	SMC2632T	28/06/2019	
					Cor	ntinue					

Policy No.	5106937496	Policyholder Name	RELIABL	E RIDES PTE LTD	Policyholder NRIC	201611527	•
Certificate		6000000			MARKET STATE		
lo. Iddress	8 KAKI BUKIT AVENUE 4 #05-5	PREMIER @	KAKI BUK	IT SINGAPORE 415875			
roduct	FLEET INSURANCE	Plan	33 MH 15 17 TS N		Group	N	
lame folicy		Effective	10101701	*** no. no.	Policy Flag		22.50
ssue Date	10/01/2019	Date	10/01/20	019 00:00	expiry Date	31/12/2019	23:39
xcess ype		All Claims Excess					
Third Party Excess	2500.00	Own damage Excess	2000.00		Windscreen Excess	100.00	
dditional	0	OS Premium	0				
Outside	1000.00	Outside	4000.00			Vou	ng/Inexperience Driver Excess
ingapore DD Excess	4000.00	Singapore TP Excess	4000,00			Tour	ng/mexperience onver excess
gent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Υ	
o- nsurance lag open olicy Info ertificate nfo	No						
→ Policyh	nolder Mailing Address						
Address 1	8 KAKI BUKIT AVENUE 4	Addre	ss 2	#05-50 PREMIER @	KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Addre	ss Type	Singapore address		Post Code	415875
Init No.	05-50	Relati	ed Policy er	5106937496			
) Insure	d Object: SMC2632T						
□ Endors	ements						
Sequen	29/01/2019 00:00	Endorseme Basic Informa Endorsement	tion	Endorsement Numbe	Endorsem Effective	ent Take	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL. GST) 1. SLM104Z 30-01-2019 \$1,482.08 In view of this amendment, an additional premium of \$1,482.08 (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 favour of "NTUC Income" with you name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS. Thank you for giving us the
1	04/03/2019 00:00	Basic Informa Endorsement		000001287018848	Endorsem Effective	ent Take	opportunity to serve you. We confirm that this policy is extende to cover the following vehicle(s) at follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SKM4987C 07-03-2019 \$1,323.29 2. SLW9270P 09-03-2019 \$1,3314.47 3. SGS5316Z 16-03-2019 \$1,233.59 4. SLX2296G 03-2019 \$1,233.64 6. SLX379 26-03-2019 \$1,239.48 6. SLX397 27-03-2019 \$1,230.66 In view of this amendment, an additional premium of \$10,118.75 (inclusive GST) is payable under your policy Please ignore this premium paymer request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from

Accident MT/1069360									
Policy No.	5106937496	Vehicle No.	SMC26327			GST Registration	No.		
Certificate No.									
Policyholder Name	RELIABLE RIDES PTE LTD					Policyholder NRIC		20161152	7N
Product Code	RLEET INSURANCE	Caver Type	drive CLAS	8830		Loading		0	
Contact No.(Mobile)	0	Contact No. (Office)	0			Contact No.(Hom	()	D	
Email Address		Special Remark				eCode		1000	
KPK	® No ○ Yes	TCA	®N(○)	es		eCode Reason			
NCD Protection	No	NCD Entitlement(%)	0			Private risre		Yes	
 Accident Details 									
Report Date	31/10/2019 15:40	Accident Report Within 24 his	Yes			Academ Type		Collision +	Head to Rear
Date of Acordent	26/10/2019	Time of Accident hh:mm	12:25			Country of Accide	nt	Singapore	
Reporting Centre		Orange Force				JEM No.			
Accident Location	SLIP RD THOMSON RO TWOS NORFOLK RD								
Trees.									
Own damage Excess	2,000,00	Additional Excess	0			Windscreen Exces	9	100.00	
Unnamed Driver Excess		Outside Singapore OD Excess		4,000.00		101100000000000000000000000000000000000		1000000	
Third Party Excess	2,500.00	Dutaide Singapore TP Excess		4,000.00					
© Benefits	2,500.00	Ducade Singapore IV Excess		4,000.00					
GST Registered Inform	and the same of th								
SST Registered			700	Registration Date					
55T Registered 55T Registration No.	No			Registration Date Status Venified		Yes			
Modification History			-	-11010111111111111111111111111111111111					
Policyholder Mailing Ad	idress								
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PR	EMIER @ KAKI BUKTI		Adoress 3		SINGAPOR	E 415875
Address 4		Address Type	Singapore	address		Post Code		415875	4700000
Unit No.	05-50	Related Policy Number	51069374			XIII HEXXED		1200000	
© OI Driver Info		The state of the s							
Driver Name	Unitered Driver	Driver Type	Unnamed I	Stiver					
Unnamed driver Name	ANG KIM HUN (WENG IINHAN)	Driver NRIC	57424489			Driver DOB		28/07/197	· ·
Register Date of Driver License		Driver Age	45			Driving Experience		24	**
Contact No.(Mobile)	98593368	Contact No. (Office)	0			Contact No.(Home		0	
	253110			V-10-00-00-00-00-00-00-00-00-00-00-00-00-		Address 3		SINGAPOR	E 51000E
	B) 41 7/16	Arbitrages 2						SHARMACH	E 210500
Address 1	BLK 208	Address 2		STREET 21					
Address 1 Address 4		Address 2 Address Type	Singapore			Post Code		510208	
Address 1 Address 4 Unit No.	03-344	Address Type				Post Code		510208	
Address 1 Address 4							npany	510208	
Address 1 Address 4 Une No. Does he own a Singapore Registered car?	03-344	Address Type				Post Code	прапу	510208	
Address 1 Address 4 une No. Does he own a Singapore Registered car? Declaration Breathalasser or Blood Test	03-344 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore	address		Post Code	прапу	510208	
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathaluser or Blood Test	03-344	Address Type		address		Post Code	прапу	510208	
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathaluser or Blood Test	03-344 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore	address		Post Code	прапу	510208	
Address 1 Address 4 Ume No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	03-344 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore	address		Post Code	прапу	510208	
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Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Foddfication Platory	03-344 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore	address		Post Code	mpany	510208	
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Address 1 Address 4 Une No. Does he own a Singapore Registered car? Declaration Electration Floodington or Blood Test Reading? Claim 001 New	03-344 ○ Yes ® No	Address Type Driver Vehicle No. Any injury? Insured Name	Singapore	address		Post Code Driver Injurer Cod		20161152	
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim 19pe * Domect No.(Motive)	03-344	Address Type Driver Vehicle No. Any injury? Insured Name Conset No.(Home)	○ res (€)	eddress		Post Code Driver Insurer Cod Insured NRIC Contact No. (Office)	•	20161152	
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim 1996 * Committed No. (Motive) Email Address	03-344 ○ Yes No 0 mg	Address Type Driver Vehicle No. Any injury? Insured Name Consett No. (Home) Of Vehicle Number	O Yes ®	esdress		Post Code Driver Injurer Cod	•	20161152	
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Timeshalyser or Blood Test Reading? Claim 001 New Claim 1ype * Commit No. (Motine) Timesh Address Dommant Type Claimant Type *	03-344 ○ Yes No 0 mg	Address Type Driver Vehicle No. Any injury? Insured Name Conset No. (Home) OI Vehicle Number Type of Benefit. *	○ res (€)	esdress		Post Code Driver Insurer Cod Insured NRIC Contact No. (Office)	•	20161152	
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Ilmathalyser or Blood Test Reading? Claim 001 New Claim 100 New Committy Process Committed No. (Motive) Ilmail Address Downant Type 1 Damant Type Claimant Type 1	03-344 ○ Yes No 0 mg	Address Type Driver Vehicle No. Any injury? Insured Name Consett No. (Home) Of Vehicle Number	O Yes ®	esdress		Post Code Driver Insurer Cod Insured NRIC Contact No. (Office)	•	20161152	
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Ilmathalyser or Blood Test Reading? Claim 001 New Claim 001 New Commit No. (Mobile) Ilmaii Address Dalmant Type + Dalmant Type Claimant Type + Dalmant Name + Dalmant Name +	O3-344 ○ Yes ® No 0 mg OD-MK Please Select ≥≥	Address Type Driver Vehicle No. Any injury? Insured Name Conset No. (Home) OI Vehicle Number Type of Benefit. *	O Yes ®	esdress		Post Code Driver Insurer Cod Insured NRSC Contact No.(Office) TP Vehicle Number	0	20161152	
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Invalidation Plattery Claim 001 New Darm Type * Domant No. (Hobse) Invalidations Darmant Type (Samant Type * Darmant Name * Darmant Address	O3-344 ○ Yes No O mg OD-MX Please Select	Address Type Driver Vehicle No. Any injury? Insured Name Concact No. (Home) Of Vehicle Number Type of Benefic * Claimans NRIC *	Singapore O yes ® RELIABLE SMC2632T Please Sei	sides pre LTD		Post Code Driver Insurer Cod Insured NRIC Contact No. (Office)	0	20161152	
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim 001 New Commit No. (Motive) Email Address Dalmant Madress	O3-344 ○ Yes ® No 0 mg OD-MK Please Select ≥≥	Address Type Driver Vehicle No. Any injury? Insured Name Conset No. (Home) OI Vehicle Number Type of Benefit. *	O Yes ®	sides pre LTD		Post Code Driver Insurer Cod Insured NRSC Contact No.(Office) TP Vehicle Number	0	20161152	
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