Date in: al la mund	H-1 (1953-197) 1 (197) 1 (197) 1 (197)	1051 MHAIL 9 148487	1
Date In: 9/1/19 - 14:15	Jeb description	Date &Time Completed	Done by
Reino: Halincino 19876/4	SAS e-filing		
Veli No: SLM 9867x	E-mail (within Shrs, AIC	2hrs)	
D.O.A: 15/19/19-25:00	i-Motor Claim Ford	m 11069496000	alilia IT:19
	i-Motor W/O (Within	The state of the s	
OD / TP) Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey R	eport	
TP Insurer.	Ass't Report by Fax /	Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tol:	Fax:
TP Particulars: Veh No: JEL	184141	INC( )/Non-INC( )	¥1.
Owner / Driver: (		Tel:	)
Policy No: ( )	Period: (	) Cover Type: (	)
Confirmed by : (	Date	: Time:	))
		N: 0-20%; P: 21-79%. P: 80-	100%]
Year of Registration: ( )	Warranty: YES ( )/N	0( )	
Excess: (\$ ) Loading: \$1	,000()/\$2,000()		
General Remarks:-			Sept Silver
( ) Walk-In Customer: Customer's in ( ) Total Loss Case : to e-mail Insu		74	
Drive-In ( )/ Towed-In ( ); Invoi	ice: YES ( ) / NO (	); Towing Co: (	
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by
1) Apply for Transport Allowance ( )/	Courtesy Car ( )		Sp. 200 A. St. Charles and St. Charles
2) QC Check / Post Repair Inspection	( )		
3) Upload Resurvey Photo [Repair Cost > 5	\$3000] ( )		
3) Upload Resurvey Photo [Repair Cost > :	\$3000] ( )		
	\$3000] ( )		
Upload Resurvey Photo [Repair Cost > :      Injury :	\$3000] ( )		esta for the
Upload Resurvey Photo [Repair Cost > :      Injury :	\$3000] ( )		essesoane.
Upload Resurvey Photo [Repair Cost > :      Injury :	\$3000] ( )		
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3) Upload Resurvey Photo [Repair Cost > :  Injury:	\$3000] ( )		
3) Upload Resurvey Photo [Repair Cost > 3  Injury:  Date/Time Actions		e Preparation Checklist	CHARLES N. S. SECTION
3) Upload Resurvey Photo [Repair Cost > :  Injury :  Date/Time Actions	Inveic	Accident Reporting (\$30);	fit Bill Add I
3) Upload Resurvey Photo [Repair Cost > :  Injury :  Date/Time Actions  MAI908466  laimant's Particulars :-	Inveic	Accident Reporting (\$30); Damege Assessment (\$100); INC (\$100)	fit Bill Add I
3) Upload Resurvey Photo [Repair Cost > :  Injury :  Date/Time Actions  MAI908466  laimant's Particulars :-	Inveic 1) AR: / 2) DA: I 3) TF: T 4) FT: F	Accident Reporting (\$30); Damege Assessment (\$100); INC (\$100); owing Fee \$40 ollow-Through Survey	16 Bill Add E 80) 0/545 5120
3) Upload Resurvey Photo [Repair Cost > :  Injury :  Date/Time Actions  NAIGOSYLO Inimant's Particulars :- river/Owner:	Invoic 1) AR: 4 2) DA: 1 3) TF: T 4) FT: F 5) FT: F	Accident Reporting (\$30); Damege Assessment (\$100); INC (\$100); owing Fee \$40	66 Bill - Add E 80) 0/\$45 \$120 \$30
3) Upload Resurvey Photo [Repair Cost > 3  Injury:  Date/Time Actions  MAINOSYLE  Inimant's Particulars:-  river/Owner:	Inyoic  1) AR: A  2) DA: I  3) TF: T  4) FT: F  5) FT: F  Foreld  6) TR: F	Accident Reporting (\$30); Darriege Assessment (\$100); INC (\$100); owing Fee \$40 ollow-Through Survey ollow-Through Survey (Resurvey) origing against INC Only (wef 10 Jan 200) de-inspection	
3) Upload Resurvey Photo [Repair Cost > :  Injury :  Date/Time Actions  NA 1908466  Inimant's Particulars :-  river/Owner:	Invoice  1) AR: A  2) DA: I  3) TF: T  4) FT: F  5) FT: F  Forele  6) TR: F  7) N1: I	Accident Reporting (\$30); Darriege Assessment (\$100); INC (\$100); owing Fee \$40 ollow-Through Survey ollow-Through Survey (Resurvey) origing against INC Only (wef 10 Jan 200); de-inspection	
3) Upload Resurvey Photo [Repair Cost > :  Injury :  Date/Time Actions  Laimant's Particulars :-  river/Owner:  ontact No:  amaged Portion:	Invoice  1) AR: A  2) DA: I  3) TF: T  4) FT: F  5) FT: F  Forele  6) TR: F  7) N1: I  8) NTUC  OD:	Accident Reporting (\$30); Darriege Assessment (\$100); INC (\$100); owing Fee \$40 ollow-Through Survey ollow-Through Survey (Resurvey) irring against INC Only (wef 10 Jan 200) te-inspection day DA + SMRT Survey  Additional Services	
3) Upload Resurvey Photo [Repair Cost > :  Injury :  Date/Time Actions  Laimant's Particulars :-  river/Owner:  ontact No:  amaged Portion:	Inyoic  1) AR: // 2) DA: I  3) TF: T  4) FT: F  5) FT: F  Foreld  6) TR: R  7) N1: Id  8) NTUC  OD.*  *N5: C  *N6: F	Accident Reporting (\$30); Darriege Assessment (\$100); INC (\$100); Owing Fee \$40 Ollow-Through Survey Ollow-Through Survey (Resurvey) Origing against INC Only (wef 10 Jan 200) Ce-inspection dae DA + SMRT Survey CAdditional Services: Courtesy Car / Tpt Allowance Repair Co-ordination	
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3) Upload Resurvey Photo [Repair Cost > :  Injury :  Date/Time   Actions  NA 1908466  laimant's Particulars :-  river/Owner:  ontact No:  armaged Portion:  C Checked by (Engr-In-Charge):  uditors' Comments :-	Invoice  1) AR: // 2) DA: I  3) TF: T  4) FT: F  5) FT: F  Forele  6) TR: F  7) N1: I  8) NTUC  OD:  *N5: C  *N6: F  *N7: I  *N8: I  TP (N	Accident Reporting (\$30); Damege Assessment (\$100); INC (\$100); owing Fee \$40 ollow-Through Survey ollow-Through Survey (Resurvey) iming against JNC Only (wef 10 Jan 200) te-inspection day DA + SMRT Survey Cadditional Services: Courtesy Car / Tpt Allowance Repair Co-ordination fost Repair Inspection DV / Collect Excess Coordination 11): TP (Non INC) against INC	
3) Upload Resurvey Photo [Repair Cost > :  Injury :  Date/Time Actions  Plaimant's Particulars :-  river/Owner:  ontact No:  amaged Portion:	Invoice  1) AR: // 2) DA: I  3) TF: T  4) FT: F  5) FT: F  Forele  6) TR: F  7) N1: I  8) NTUC  OD:  *N5: C  *N6: F  *N7: I  *N8: I  TP (N	Accident Reporting (\$30); Darriege Assessment (\$100); INC (\$100); INC (\$100); Owing Fee \$40 Ollow-Through Survey (Resurvey) Imput against JNC Only (wef 10 Jan 200) te-inspection late DA + SMRT Survey Additional Services: Courtesy Car / Tpt Allowance Repair Co-ordination Tost Repair Inspection DV / Collect Excess Coordination The (Non INC) against INC dae Mobile	

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

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.
- 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.	
AND RESIDENCE OF THE PARTY OF T	ACCIDENT STATEMENT
Date Of Report	09/11/2019 14:23
Date Of Accident	25/10/2019 23:00
Exact Location Of Accident	PASIR RIS DR 8 TWDS TPE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM9867X
Insured/Policyholder	
Name Of Registered Owner	BLAZE MOTORING PTE LTD
Co Reg No	201531362N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91449265
Alternative Phone No	OFFICE-91449265
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 SEDAN 1.5 AT EU6
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5113072884
Cover Note Number	
Driver	
Name of Driver	WONG CHOO BOON
NRIC No	S7104517Z
Date Of Birth	10/02/1971
Occupation	OUTDOOR
Date Of Driving Pass	22/02/2011
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85696670
Fax Number	
Contact Number	OFFICE-85696670

NOEMAIL

Address

BLK 462C YISHUN AVENUE 6

#05-1115

Postcode

763462

Was driver an employee of the Insured's Company

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

CHAIN COLLISION

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

4

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

7. 34

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS FRONT VEHICLE WAS STATIONARY STOPPED, SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION. AFTER AN IMPACT, MY VEHICLE MOVED FORWARD AND HIT ONTO VEHICLE C REAR PORTION. THERE WERE 4 VEHICLES INVOLVED IN THIS ACCIDENT.

# 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

SKW8914J

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

5

GENDER: :

Passenger 2

NAME:

GENDER:

Passenger 3

NAME:

GENDER: :

Passenger 4

NAME:

GENDER:

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SHC1912B

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 3** 

Vehicle Registration Number GBB1920D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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:
  - (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 .:

KETCH PLAN		
pasir Ris or 8	A B O	A: SLM9867X B: SICW89145 C. JHC191~B D: GBB19~0D.
SCRIBE CIRCUMSTANCES OF THE ACC	IDENT	
Taradia di adia territulia		
		Ε.
TORIA		
e declare the foregoing particulars are true i	n every respect.	
wholder's Committee Deiverte	Signature	Secretic Control of Management
	Signature	Reporting Centre Personnel's Signature

Date & Time:

(If driver is not the policyholder) Date & Time:

Name: NRIC/FIN No.:

Hello, NAC_PAYA_UBI_80	0601						· Chang	e Languaç	e Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query								-	
Notice of Loss	Policy N	10.				Date	of Accident		25/10/2019 2	23:00	
	Vehicle	No.(For Motor)	SLM986	57X		Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5113072884		BLAZE MOTORING PTE LTD	201531362N	GPC	Third Party, Fire & Theft	SLM9867X	SLM9867X	19/10/2019	18/10/2020

The gremium on this policy has Accident MT/1069496	not been collected.				
Policy No.	5113072864	Vehicle No.	SLM9867x	GST Registration No.	
Celtificate No.					
Policyholder Name	BLAZE MOTORING PTE LTD			Policyholder NR3C	201531362N
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	12.0
KPK	® No ○ Yes	TCA	® No O Yes	eCode Reason	12
NCO Protection	Yes	NCD Emplement(%)	30	Private Hire	Not available
Report Date	01/11/2019 13:57	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	25/10/2019	Time of Accident hh:mm	19:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	TAMPINES AVE 12 TWOS TPE				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
VIED OD ENDESS		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess	10733	7234222023772247444			
Total OD Excess Applicable  P Benefits	0.00	Total TP Excess Applicable	1,500.00		
	alian.				
GST Registered Information GST Registered					
UST Registered GST Registration No.	No		GST Registration Date GST Status Verified	Yes	
Modification History	01/11/2019 13:58:33 Syste	m changed GST Status venhed fro		( press.	
Policyholder Mailing Ad	dress				
Address 1	53 UBI AVENUE 1	Address 2	#05-44 PAYA UBI INDUSTRIAL	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	17-204	Related Policy Number	5113072884		
TO Driver Info					
Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Expenence	
Contact No. (Mobile)		Contact No.(Office)			
				Contact No.(Home)	
		Address 2		Address 3	
Address 4			Foreign address		
Address 4 Unit No.		Address 2 Address Type	Foreign address	Address 3	
Address 1 Address 4 Und No. Does he own a Singapore Registered car?	○ Yes ® No	Address 2	Foreign address	Address 3	
Address: 4 Unit No. Does he own a Singapore	○ Yes ® No	Address 2 Address Type	Foreign address	Address 3 Post Code	
Address: 4 Unit No. Does he own a Singapore	○ Yes ® No	Address 2 Address Type	Foreign address	Address 3 Post Code	
Address 4 Und No. Dees he own a Singapore Registered car? Postfication History	○ Yes ® No	Address 2 Address Type	Foreign address	Address 3 Post Code	
Address 4 Unit No. Does he dwn a Singapore Registered car?	○ Yes ® No	Address 2 Address Type	Foreign address	Address 3 Post Code	
Address: 4  Unit No.,  Does he gwin a Singapore  Repistored car?  Addification History  Claim 002 New	STORY STORY	Address 2 Address Type Driver Vehicle No.		Address 3 Post Code  Driver Insurer Company	
Address: 4  Unit No.,  Does he gwin a Singapore  Repistored car?  Addification History  Claim 002 New  Claim Type 4	OD-MX 💌	Address 2 Address Type Driver Vehicle No.	BLAZE MOTORING PTE LTD	Address 3 Post Code  Driver Insurer Company  Insured NRIC	201531362N
Address 4  Unit No.  Does he gwin a Singapore Registered car?  Addification History  Claim 002 New  Claim Type 4  Contact No.[Mobile]	STORY STORY	Address 2 Address Type  Driver Vefacle No.  Insured Name Contact No.(Home)	BLAZE MOTORING PTE LTD NR.	Address 3 Post Code  Driver Insurer Company	201531362N
Address: 4  Unit No.,  Does he gwin a Singapore Repistored car?  Addification History  Claim 002 New  Claim 17pe *  Contact No. [Mobile]	OD-MX 97984296	Address 2 Address Type  Driver Vehicle No.  Insured Name  Confact No. (Home)  Of Venicle Number	BLAZE MOTORING PTE LTD NO. SLM9867X	Address 3 Post Code  Driver Insurer Company Insured NRIIC	201531362N SKW89143
Address 4 Unit No. Does he own a Singapore Registered car?  Addition History  Claim 002 New  Claim Type *  Contact No.(Nobile) Email Address  Dismant Type Claiment Type *	OD-MX 97984296 Please Select	Address 2 Address Type  Driver Vetricle No.  Insured Name  Confact No. (Home)  Of Venicle Number  Type of Benefit *	BLAZE MOTORING PTE LTD NR.	Address 3 Post Code  Driver Insurer Company  Insured NRIC  Contact No.(Office)	
Address 4 Unit No. Does he own a Singapore Registered car?  Addition History  Claim 002 New  Claim Type * Contact No.(Mobile) Email Address Dismant Type Claiment Type * Dismant Type Claiment Type *	OD-MX 97984296	Address 2 Address Type  Driver Vehicle No.  Insured Name  Confact No. (Home)  Of Venicle Number	BLAZE MOTORING PTE LTD NO. SLM9867X	Address 3 Post Code  Driver Insurer Company  Insured NRIC  Contact No.(Office)	
Address 4 Unit No. Does he own a Singapore Registered Car? Rotafication History Claim 002 New Contact No. (Nobile) Email Address Demant Type Claimant Type * Demant Name * Demant Address	OD-MX   ♥   97984296	Address 2 Address Type  Driver Vetricle No.  Insured Name  Confact No. (Home)  Of Venicle Number  Type of Benefit *	BLAZE MOTORING PTE LTD NO. SLM9867X	Address 3 Post Code  Driver Insurer Company  Insured NRIC  Comact No. (Office)  TP Vehicle Number	
Address 4  Unit No.  Does he own a Singapore Registered Car?  Addrication History  Claim 002 New  Claim Type *  Contact No. (Nobile)  Email Address  Daimant Type Clament Type *  Daimant Address  Daimant Workshap Contact	OD-MX 97984296 Please Select	Address 2 Address Type  Driver Vehicle No.  Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit + Claimont NRIC +	BLAZE MOTORING PTE LTD  NIL SLM9867X  Please Select	Address 3 Post Code  Driver Insurer Company  Insured NRIC  Contact No.(Office)	
Address 4  Unit No.  Does he own a Singapore  Registered car?  Radification History  Claim 002 New  Claim Type *  Contact No. (Nobile)  Email Address  Darmant Type Claimant Type *  Darmant Address	OD-MX  97984296  Please Select  ≥≥  SLMD8678 / SKW89143 DN 25 Oct 2019	Address 2 Address Type  Driver Vehicle No.  Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit + Claimont NRIC +	BLAZE MOTORING PTE LTD  NIL SLM9867X  Please Select  Not at Pault	Address 3 Post Code  Driver Insurer Company  Insured NRDC  Comact No. (Office) TP Vehicle Number  Name of Preferred Workshop	SKW8914)
Address 4  Unit No.  Does he own a Singapore  Registered car?  Radification History  Claim 002 New  Claim Type *  Contact No. (Nobile)  Email Address  Darmant Type Claimant Type *  Darmant Name *  Darmant Address  Darmant Addre	OD-MX	Address 2 Address Type  Driver Vehicle No.  Insured Name Confact No.(Home) OI Vehicle Number Type of benefit * Claimant NRIC *	BLAZE MOTORING PTE LTD  NIL SLM9867X  Please Select  Not at Pault	Address 3 Post Code  Driver Insurer Company  Insured NRIC  Comact No. (Office) TP Vehicle Number  Name of Preferred Workshop	SXW8914)  Received
Address: 4  Unit No.  Does he own a Singapore Registered Car?  Modification History  Claim 002 New  Claim 1092 New  Contact No. (Nobile)  Email Address Dismant Type Claiment Type +  Dismant Name +  Dismant Address Dismant Address Dismant Address Dismant Address Dismant Address  Dismant Beacription  Preferred Workshop Contact  No.  Require Finalisation  Date Registered	OD-MX  97994296  Please Select  ≥≥  SLM0867X / SKW89141 0N 25 Oct 2019  Ves  Ves  V9/11/2019 15:19	Address 2 Address Type  Driver Vehicle No.  Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit + Claimont NRIC +	BLAZE MOTORING PTE LTD  NIL SLM9867X  Please Select  Not at Pault	Address 3 Post Code  Driver Insurer Company  Insured NRDC  Comact No. (Office) TP Vehicle Number  Name of Preferred Workshop	SKW8914)
Address 4  Unit No.  Does he own a Singapore  Registered car?  Addition History  Claim 002 Nex  Claim Type *  Contact No. (Nobile)  Email Address  Darmant Type Claiment Type *  Darmant Address  Darm Description  Indianation  Jate Registered  Report Taken By	OD-MX	Address 2 Address Type  Driver Vehicle No.  Insured Name Confact No.(Home) OI Vehicle Number Type of benefit * Claimant NRIC *	BLAZE MOTORING PTE LTD  NIL SLM9867X  Please Select  Not at Pault	Address 3 Post Code  Driver Insurer Company  Insured NRIC  Comact No. (Office) TP Vehicle Number  Name of Preferred Workshop	SXW8914)  Received
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