Date In: 20 11 19 - 1747	Jeb description	Date & Time Completed	Done by
Ref No: NA INCIGO 20564/14	SAS e-filing		
Veh No: GROSIGM	E-mail (within Shrs, AIC 2)	ire)	
D.O.A : 10/11/19-17-17	i-Motor Claim Form	WJ 1232202-001	20/11/10 11/2
	i-Motor W/O (Within: O		-1114 N.G
OD TP Reporting Only	i-Photo Uploaded	1	2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	Assessment/Survey Repo	ort	
TP Insurer:	Ass't Report by Fax / Ha		
Preferred Wksp / INC Assign Wksp / QW: (			ax:
TP Particulars: Veh No: 49		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%. P: 80-1	00%]
Year of Registration: ( )	Warranty: YES ( )/NO		
	1,000 ( )/\$2,000 ( )		
Was the way the contract of th	SERVITA VINCENZANA JAMES DE SERVICIO E	53/3/2000 CANAGA TAN	W. C. T.
( ) Walk-In Customer : Customer's in	oformation strictly Confidential	Strictly NO rafer of repairer	5.6% 21
( ) Total Loss Case : to e-mail Inst		Strictly NO 131er of repailer.	
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 ( )		Like the Control of t
-1			
2) QC Check / Post Repair Inspection	( )		
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost >	( ) \$30001 ( )		
3) Upload Resurvey Photo [Repair Cost>	( )		
	( )		
3) Upload Resurvey Photo [Repair Cost > Injury :			
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3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time   Actions	1		Anit (5)   Amt (5)
Injury:  Date/Time Actions	Invoice I	Preparation Checklist.	Amt (5) Amt (5)
Injury:  Date/Time Actions  Algorithms  Al	Invoice I  1) AR: Acci 2) DA: Dam	Preparation Checklist.  dent Reporting (\$30); age Assessment (\$100); INC (\$80	Amt (5) Amt (5)
Injury:  Date/Time Actions	Invoice I  1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo	Preparation Checklist  dent Reporting (\$30); age Assessment (\$100); INC (\$80 ng Fee \$40/2 w-Through Survey \$5	Amt (5) Amt (5)
Injury:  Date/Time Actions  Algorithms  Al	Invoice I  1) AR : Acci 2) DA : Dam 3) TF : Towi 4) FT : Follo 5) FT : Follo	Preparation Checklist  dent Reporting (\$30); age Assessment (\$100); INC (\$80) ag Fee \$40/3 w-Through Survey \$3 w-Through Survey (Resurvey)	Amt (5) Amt (5) (4 Bill Add Bil )
Date/Time Actions  Algorithms Particulars:  iver/Owner:	Invoice I  1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo 5) FT: Follo For claimi	dent Reporting (\$30); age Assessment (\$100); INC (\$80) ng Fee \$40/3 w-Through Survey \$1 w-Through Survey (Resurvey) ng against INC Only (wef 10 Jan 2005)	Amt (5) Amt (5)    fit Bill   Add Bill     145
Injury:  Date/Time Actions  Algorithms  Actions  Algorithms  Actions  Algorithms  Actions  Algorithms  Algorithms  Actions  Algorithms  Al	Invoice I  1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo 5) FT: Follo For claimi 6) TR: Re-in 7) N1: Idae	dent Reporting (\$30); age Assessment (\$100); INC (\$80) ng Fee \$40/4 w-Through Survey \$1 w-Through Survey (Resurvey) ng against INC Only (wef 10 Jan 2005) spection 5 DA + SMRT Survey \$1	Amt (5) Amt (5) (14 Bill Add Bill ) (445 (20 (30)
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Date/Time Actions  Algorithms Particulars:  iver/Owner:	Invoice I  1) AR : Acci 2) DA : Dam 3) TF : Towi 4) FT : Follo 5) FT : Follo For claimi 6) TR : Re-in 7) N1 : Idae 3 8) NTUC Ad QD*	dent Reporting (\$30); age Assessment (\$100); INC (\$80) ng Fee \$40/3 w-Through Survey \$1 w-Through Survey (Resurvey) ng against INC Only (wef 10 Jan 2005) spection \$5 DA + SMRT Survey \$1 ditional Services:-	Amt (5) Amt (5) 14 Bill Add Bill ) 145 20 330
July : ———————————————————————————————————	Invoice I  1) AR : Acci 2) DA : Dam 1) TF : Towi 4) FT : Follo 5) FT : Follo For claimi 6) TR : Re-in 7) N1 : Idae 8) NTUC Ad OD!* *N5: Cour *N6: Reps	dent Reporting (\$30); age Assessment (\$100); INC (\$80) ng Fee \$40/3 w-Through Survey \$1 w-Through Survey (Resurvey) ng against INC Only (wef 10 Jan 2005) spection \$2 DA + SMRT Survey \$1 ditional Services:- lesy Car / Tpt Allowance in Co-ordination	Ant (5) Amt (5)  (A Bill Add B
Date/Fime Actions  Algorithms  Actions  Actions  Algorithms  Actions  Actio	Invoice I  1) AR : Acci 2) DA : Dam 1) TF : Towi 4) FT : Follo 5) FT : Follo For claimi 6) TR : Re-in 7) N1 : Idae 8) NTUC Ad OD!* *N5: Cour *N6: Reps *N7: Fost	dent Reporting (\$30); age Assessment (\$100); INC (\$80) ng Fee \$40/3 w-Through Survey \$1 w-Through Survey (Resurvey) ng against INC Only (wef 10 Jan 2005) spection \$2 DA + SMRT Survey \$3 ditional Services:- lesy Car / Tpt Allowance ir Co-ordination \$3 Repair Inspection \$3	Anit (5) Amit (5)  (6) Bill Add Bill  20  30  75  60
July : ———————————————————————————————————	Invoice I  1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo 5) FT: Follo Fqr elsimi 6) TR: Re-in 7) N1: Idae 8) NTUC Ad OD* *N5: Cour *N6: Reps *N7: Fost *N8: DV	dent Reporting (\$30); age Assessment (\$100); INC (\$80) ng Fee \$40/2 w-Through Survey \$1 w-Through Survey (Resurvey) ng against INC Only (wef 10 Jan 2005) spection DA + SMRT Survey \$1 ditional Services:- lesy Car / Tpt Allowance is Co-ordination Repair Inspection \$2 Collect Excess Coordination TP (Non INC) against INC \$2	Amt (5) Amt (5)  14 Bill Add Bill  20  330  375  600

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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.
- 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 ladgement 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

aloresald,	
	ACCIDENT STATEMENT
Date Of Report	20/11/2019 13:47
Date Of Accident	19/11/2019 17:50
Exact Location Of Accident	BLK 118 CORPORATION DR LOADING BAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ316M
Insured/Policyholder	
Name Of Registered Owner	TOP ENGINEERING PTE LTD
Co Reg No	201428001R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92289669
Alternative Phone No	OFFICE-92289669
Vehicle Particulars	
Manufacturer	OPEL
Model	VIVARO L1H1 1.6 CDTI 6MT
Exact Purpose for which vehicle was being used at time of accident	WORKNG
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106347474
Cover Note Number	
Driver	
Name of Driver	ENG SOON YEE
Passport No/FIN	G2318508W
Date Of Birth	11/04/1990
Occupation	OUTDOOR
Date Of Driving Pass	27/09/2017
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90598098

OFFICE-90598098

NOEMAIL

Address

280 WOODLANDS INDUSTRIAL PAEK E5 #05-28 HARVEST @ WOODLANDS

Postcode

757322

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY PARKED ONTO CARPARK LOT. SUDDENLY VEHICLE B REVERSED AND HIT ONTO MY VEHICLE REAR RIGHT PORTION.

### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Was there any audio recorded?

YP6233A

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

HAN SHUAL G6544761X

NRIC/Passport Number Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER:

# **DETAILS OF INJURED PERSON 1**

Name

ENG SOON YEE

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBJ316M

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.
- 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:

EER

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

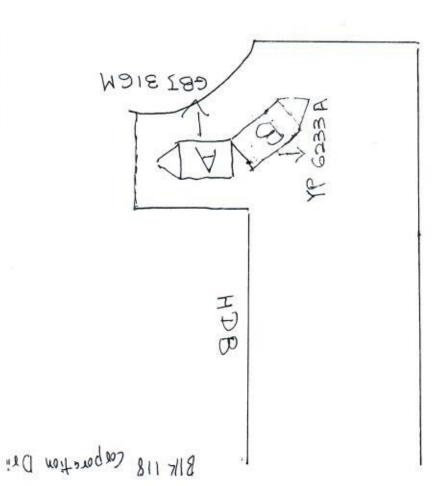
# SKETCH PLAN Refor to attached sletch Plan DESCRIBE CIRCUMSTANCES OF THE ACCIDENT refor to stutement.

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: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:



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					+ Change	Languag	e • Chan	ge Password	• Log Out
licy Query									
No.				Date o	f Accident		19/11/2019	17:50	
e No.(For Motor)	GB3316	м		Certific	ate Number				
			8	Search					
t Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
5106347474		TOP ENGINEERING PTE LTD	201428001R	GCV	Preferred Workshop Plan	GBJ316M	GBJ316M	03/12/2018	02/12/2019
		No. GBJ316 t Policy No. Certificate Number	t Policy No. Certificate Number Name 5106347474 Certificate Number Name FOR ENGINEERING	t Policy No. Certificate Number Name NRIC  5106347474 ENGINEERING 201428001R	Date of	No. Date of Accident  Le No. (For Motor) GB3316M Certificate Number  Search  Top  Folicy No. Certificate Number Name  Top  ENGINEERING 201428001R GCV Workshop	No. Date of Accident  Le No. (For Motor) GB3316M Certificate Number  Search  TOP  FIGURE 100  TOP  ENGINEERING 201428001R GCV Workshop GB3316M	No.   Date of Accident   19/11/2019   le No. (For Motor)   GB3316M   Certificate Number    Search    t Policy No.   Certificate Number   Name   NRIC   Product Cover Type   Vehicle No.   Object    TOP   FNGINERING 201428001R   GCV   Workshop   GBJ316M   GBJ	No.   Date of Accident   19/11/2019 17:50

Policy No.	5106347474	Policyholde Name	TOP ENGIN	EERING PTE LTD	Policyholder NRIC	201428001R	
Certificate No.							
Address	280 WOODLANDS INDUSTRIAL F	ARK E5 #05	-28 HARVEST	@ WOODLANDS SIN	GAPORE 757	322	
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy Issue Date	14/12/2018	Effective Date	03/12/2018	3 00:00	Expiry Date	02/12/2019 23	59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	ALPINE FINANCIAL PTE, LTD.	Agent Tel.	65113025		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	280 WOODLANDS INDUS	TRIAL Addr	ess 2	#05-28 HARVEST (	WOODLANI	Address 3	SINGAPORE 757322
Address 4		Addr	ess Type	Singapore address		Post Code	757322
Unit No.	05-28	Relat Num	ted Policy ber	5106347474			
) Insure	d Object: GBJ316M						
□ Endors	ements						

Accident MT/1072205	5106347474	asserwe.	Managan		966	_00000000000			
Policy No.	5106347474	Vehicle No.	GB1316M		GST	Registration A	40.		
Certificate No. Policyholder Name	TOP ENGINEERING PTE LTD				Boile	yholder NRJC		201428	20018
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Drafts mail 1	Vorkshop Plan	Load			201420	10015
Coreact No. (Mobile)	92289669	Contact No.(Office)	0	TO ROTTOP PIECE		act No.(Home	1	0	
Email Address	S. Maries T. Co.	Special Remark	***		eCod		40.0	- V	
OFK	@ No ○ Yes	TCA	® No ⊜Y	ed.		e Reason		0355	
NCD Protection	No.	NCD Entitlement(%)	0					400	
Accident Details	. 40	MCD Englement(N)	u .		FTWB	te Hire		No	
Report Date	170 H 170 H 140 B	Control Resident States To	A leave - Titler		CO and a	on Torre		Demos	
Date of Accident	20/11/2019 14:00	Actident Report Within 24				lent Type			ed whitz parked
Reporting Centre	19/11/2019	Time of Acodem hhimm	17:50			try of Acciden	M.	Singapo	rce.
Accident Location	BLK 118 CORPORATION OR LOADIN	Drange Force			TOM S	NO.			
♥ Excess	- 100 110 000 000 000 000 000 000 000 00	2.0011							
Own damage Excess	600.00	Additional Excess			Wind	screen Excess	11	100.00	
Innamed Oriver Excess		Outside Singapore CO Ex	cess						
Third Party Excess	0.00	Dutwick Singapore TP Exc	ceas						
□ Benefits									
GST Registered Inform	ation								
ST Registered	Yes		GS1	Registration Date		01/10/20	16		
ST Registration No.	201428001R			Status verified		Yes			
fodification History	20/11/2019 14:01:3 20/11/2019 14:01:3 20/11/2019 14:01:3	7 System changed GST Registered fr 7 System changed GST Registration I 7 System changed GST Registration I	om No to Yes No, from null to 20 Date from null to 0	1428001R 1/10/2016					
Address 1	200 WOODLANDS INDUSTRIAL	Address 2	#05-28 HA	RVEST @ WOODLAN	Addre	ess 3		SINGA	PORE 757322
Address 4		Address Type	Singapore	eddress	Post	Code		757322	1
unit No.	05-28	Related Policy Number	510634743	4					
OI Driver Info									
Driver Name	Unnamed Driver	Driver Type	Unnamed (						
Unnamed driver Name	ENG SOON YEE	Driver NRIC	G2318508	N		# DOB		11/04/	1990
Register Date of Driver License		Driver Age	29			ng Experience		2	
Contact No.(Mobile)	90598098	Contact No.(Office)	0			act No. (Home	¥	ů.	
Address 3	180 WOODLANDS INDUSTRIAL	Address 2		WOODLANDS	Addre				ORE 757322
Address 4		Address Type	Singapore	address	Post I	Code		757322	
Unit No.	05-28								
Market Bar Street of Market Street									
Does he own a Singapore Registered car?	○ Yes ® No.	Driver Vehicle No.			Drive	r Insurer Com	npany		
Registered car?	⊖ Yes ® No.	Driver Vehicle No.			Drive	r Insurer Con	прапу		
	○ Yes ® No. 0 mg	Driver Vehicle No.  Any Injury?	® Yes () !	10	Drive	r Insurer Con	прапу		
Registered car? Declaration Breathstyser or Blood Test			® vs ()!	vo	Drive	r Insurer Con	npany		
Registered car? Declaration Sneathelyser or Blood Test			€78 () (	vo	Drive	r Insurer Com	прапу		
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Registered car?  Seclaration  Breathalyser or Blood Test  Reading?  Todification History  Claim 801 New	0 mg	Any injury?  Insured Name	TOP ENGIN	IN THE LTD	Insur	ed NRIIC		201424	0001R
registered car?  seclaration  treathlyser or Blood Test teading?  Codification History  Claim 001 New  Dami Type *  Connect No. (Motrie)	0 mg	Any injury?  Insured Name  Contact No. (Home)	TOP ENGIN		Insur Contr	ed NRIIC NO.(Office	)	MIL	
Registered car?  Declaration  Breathalyser or Blood Test  Reading?  Claim 601 New  Date: Type *  Connect No (Molphe)  Final Address	0 mg	Any injury?  Insured Name Concact No. (Home) Of Vehicle Number	TOP ENGIN	EERING PTE LTD	Insur Contr	ed NRIIC	)	25000000	
Registered car?  Declaration  Breathalyser or Blood Test Reading?  Collection History  Claim 801 New  Daim Type *  Contact No. (Mobile)  mail Address  Daimant Type Claimant Type *	O mg OD-MX 92289669 Please Select	Any injury?  Insured Name  Contact No. (Home)	TOP ENGIN	EERING PTE LTD	Insur Contr	ed NRIIC NO.(Office	)	MIL	
Registered car?  Seclaration  Breathalyser or Blood Test Reading?  Todification History  Claim 801 New  Daim Type *  Coreact No. (Mobile)  Email Address  Daimark Type Claimant Type *	0 mg	Any injury?  Insured Name Contact No. (Home) OI Vehicle Number Typs of Benefit, *	TOP ENGIN	EERING PTE LTD	Insur Contr	ed NRIIC NO.(Office	)	MIL	
regatered car?  seclaration  treathelyser or Blood Test teading?  Indefication History  Claim 001 New  Daim: Type *  Contact No. (Mobile)  Small Address  Daimant Type Claimant Type *  Daimant Name *  Daimant Name *	O mg OD-MX 92289669 Please Select	Any injury?  Insured Name Contact No. (Home) OI Vehicle Number Type of benefit. * Claimant NRIC *	TOP ENGIN	EERING PTE LTD	Insur Contz TP Ve	ed NRIIC NO.(Office	)	MIL	
Registered car?  Seclaration  S	0 mg    00-40x	Any injury?  Insured Name Contact No. (Home) OI Vehicle Number Type of benefit + Claimant NRIC +	TOP ENGIN	EERING PTE LTD	Insur Contz TP Ve	ed NRIC sct No. (Office chicle Number	)	MIL	
Registered car?  Seclaration  Sreathalyser or Blood Test teading?  fodification History  Claim 801 New  Daim Type *  Contact No. (Mobile)  Small Address  Daimant Type Claimant Type *  Daimant Address  Daimant Address  Daim Description  Perferred Workshop Contact to	0 mg    00-Mix   ✓     92289609       Please Select   ✓     2≥6   G8J316M / YP\$233A ON 19 Nev 201	Any injury?  Insured Name Contact No. (Home) OI Vehicle Number Type of benefit * Claimant NRIC *	TOP ENGIN NIL GRI316M Prease Sen	EERING PTE LTD	Insur Conta TP Ve	ed NRIC sct No. (Office chicle Number cof Proferred	)	MIL VP6233	A
Registered car?  Steathslyser or Blood Test teading?  Indefication History  Claim DD1 New  Daim Type *  Contact No. (Mobile)  Email Address  Daimant Type Claimant Type *  Daimant Address  Daimant History  Require Finalmation	0 mg    00-Mix   ✓     92289669       Phase Select   ✓     ≥≥     G8J336M / VP6233A ON 19 Nov 201	Any injury?  Insured Name Contact No. (Home) OI Vehicle Number Type of benefit + Claimant NRIC +	TOP ENGIN NIL GRI316M Prease Sen	EERING PTE LTD	Insur Conta TP Ve	ed NRIC sct No. (Office chicle Number c of Proferred	)	MIL VP6233	A
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