Down Loss and London	itre Services. Well 1 Jan	100 000 000 1	Done b	1.			
Date In: WING - 1771	Jeb description	Date & Time Completed	E/Offic 0				
Rel No: No Incigorogethy	SAS e-filing						
Veh No: DR 695NE	E-mail (within Shrs, AfC	2hrs)	e de la composition della comp	•			
D.O.A : 26/11/19-19:30	i-Motor Claim Fort	n m/1073v30-001	77/11/19 m	·N			
OD : FP ' Penoring Only		OD 2hrs, 7P 4hrs)					
OD : (19) Reporting Only	i-Photo Uploaded						
	Assessment/Survey R	eport					
TP Insurer:	Ass't Report by Fax /	y Fax / Hand to Owner/Wksp					
Preferred Wksp / INC Assign Wksp / QW: (		1011	Fax:				
TP Particulars: Veh No:50	R27755	INC( )/Non-INC( )	-				
Owner / Driver: (		Tel:					
Policy No: (	Period: (	) Cover Type: (					
Confirmed by : (	Date		)				
Insured/Driver Liability: ( %	Note-Est. Status (WO):	N: 0-20%; P: 21-79%. P: 80-	100%]				
Year of Registration: ( )	Warranty: YES ( )/N						
	\$1,000 ( )/\$2,000 ( )		Action of the section of				
			Street Street	2 2			
( ) Walk-In Customer: Customer's	information strictly Confident	ial & Strictly NO refer of repairer					
( ) Total Loss Case : to e-mail In							
	oice: YES ( ) / NO (	); Towing Co: (		)			
		- Date&Time Completed	Done	hv			
Remarks:- (INC hotline: 6788 6616		Datescrime compressor	And the state of t	- 0			
1) Apply for Transport Allowance (	) / Courtesy Car ( )						
2) QC Check / Post Repair Inspection	( )						
			10				
3) Upload Resurvey Photo [Repair Cost:	> \$3000] ( )			ACC-250			
Upload Resurvey Photo [Repair Cost:      Injury:	> \$3000] ( )						
Injury:	> \$3000] ( )		NITE OF THE				
Injurý:	> \$3000] ( )		No.s.u				
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Injury:  Date/Time Actions.	liny	pice Preparation Checklist	Ant (5)				
Injury:  DateTime Actions.	1 inva 1) AR 2) DA	: Accident Reporting (\$30); : Damage Assessment (\$100); INC	(\$80)				
Injury:  DateTime Actions  MAIG28939  Raimant's Particulars:	1 Inv. 1) AR 2) DA 3) TF	: Accident Reporting (\$30); : Damege Assessment (\$100); INC : Towing Fee	fit Bill				
Injury:  Date/Time Actions  HAIQ28939  Laimant's Particulars:-	1 Inve 1) AR 2) DA 3) TF 4) FT	: Accident Reporting (\$30); : Damage Assessment (\$100); INC : Towing Fee : Follow-Through Survey	(\$80) \$40/\$45 \$120 \$30				
Injury:  Date/Time Actions  HAIQ28939  Laimant's Particulars:-	1) AR 2) DA 3) TF 4) FT 5) FT Fed	: Accident Reporting (\$30); : Damage Assessment (\$100); INC : Towing Fee : Follow-Through Survey : Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Jan 2	(\$80) \$40/\$45 \$120 \$30	Amt (3)			
Injury:  Date/Time Actions  MAIQ28939  Elaimant's Particulars:-  Driver/Owner:  Contact No:	1) AR 2) DA 3) TF 4) FT 5) FT Eq. 6) TR 7) N1	: Accident Reporting (\$30); : Damage Assessment (\$100); INC : Towing Fee : Follow-Through Survey : Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Jan 2 : Re-inspection : Idac DA + SMRT Survey	(\$80) \$40/\$45 \$120 \$30 (905)				
Injury:  Date/Time Actions  MAIQ28939  Elaimant's Particulars:-  Driver/Owner:  Contact No:	1 Invi 1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR 7) N1	: Accident Reporting (\$30); : Damage Assessment (\$100); INC : Towing Fee : Follow-Through Survey : Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Jan 2 : Re-inspection : Idac DA + SMRT Survey  UC Additional Services:-	(\$80) \$40/\$45 \$120 \$30 (905) \$75				
MAIO28039  Laumant's Particulars:-  Priver/Owner: ontact No: samaged Portion:	1 Invo 1) AR 2) DA 3) TF 4) FT 5) FT Equation 1	: Accident Reporting (\$30); : Damage Assessment (\$100); INC : Towing Fee : Follow-Through Survey : Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Jan 2 : Re-inspection : Idae DA + SMRT Survey  UC Additional Services:  5: Courtesy Car / Tpl Allowance	(\$80) \$40/\$45 \$120 \$30 (905) \$75 \$160				
Injury:  Date/Time Actions  Actions  MAIO 2039  Chimant's Particulars:  Oriver/Owner:  Contact No:  Damaged Portion:	1 Inventor   1) AR   2) DA   3) TF   4) FT   5) FT   Equation   6) TR   7) NI   2   8) NI   QI   *N	: Accident Reporting (\$30); : Darnage Assessment (\$100); INC : Towing Fee : Follow-Through Survey : Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Jan 2 : Re-inspection : Idae DA + SMRT Survey  UC Additional Services:  5: Courtesy Car / Tpt Allowance 6: Repair Co-ordination	(\$80) \$40/\$45 \$120 \$30 (905) \$75 \$160				
Injury:  Date/Time Actions  MAIO 2939  Claumant's Particulars:  Oriver/Owner:  Contact No:  Damaged Portion:  OC Checked by (Engr-In-Charge):	1) AR 2) DA 3) TF 4) FT 5) FT Equ 6) TR 7) NI 2	: Accident Reporting (\$30); : Damage Assessment (\$100); INC : Towing Fee : Follow-Through Survey : Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Jan 2 : Re-inspection : Idae DA + SMRT Survey  UC Additional Services:  5: Courtesy Car / Tpl Allowance 6: Repair Co-ordination 7: Fost Repair Inspection 8: DV / Collect Excess Coordination	(\$80) \$40/\$45 \$120 \$30 (905) \$75 \$160 \$5 \$5 \$5 \$5				
Injury: Date/Time Actions  MAIO 2939 Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion:  Of Checked by (Engr-In-Charge): Auditors' Comments:	Inva   1) AR   2) DA   3) TF   4) FT   5) FT   For   6) TR   7) NI   8) NT   QI   *N   *N   *N   *N	: Accident Reporting (\$30); : Damage Assessment (\$100); INC : Towing Fee : Follow-Through Survey : Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Jan 2 : Re-inspection : Idae DA + SMRT Survey  UC Additional Services:  5: Courtesy Car / Tpt Allowance 6: Repair Co-ordination 7: Fost Repair Inspection 8: DV / Collect Excess Coordination (N11): TP (N:n INC) against INC	(\$80) \$40/\$45 \$120 \$30 (905) \$75 \$160 \$5 \$10 \$25	Add Bill			
Injury:  Date/Time Actions	1 Inva 1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR 7) NI 8) NT • N • N • N • N • N • N	: Accident Reporting (\$30); : Damage Assessment (\$100); INC : Towing Fee : Follow-Through Survey : Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Jan 2 : Re-inspection : Idae DA + SMRT Survey  UC Additional Services:  5: Courtesy Car / Tpl Allowance 6: Repair Co-ordination 7: Fost Repair Inspection 8: DV / Collect Excess Coordination	(\$80) \$40/\$45 \$120 \$30 905) \$75 \$160 \$25 \$30 \$25 \$30 \$25 \$30 \$25 \$30 \$25 \$30	Add Bill			

1.75 24

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	27/11/2019 12:11
Date Of Accident	26/11/2019 19:30
Exact Location Of Accident	WHITLEY RD BEFORE MALCOLM RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ6952E
Insured/Policyholder	
Name Of Registered Owner	JACY PTE LTD
Co Reg No	201705208G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6(M) SX ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No. Diaggo state action to be taken	THIRD PARTY

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 5110191748

Cover Note Number

Driver

Name of Driver S SUBRAMANIAM

 NRIC No
 S9502994I

 Date Of Birth
 12/01/1995

 Occupation
 OUTDOOR

 Date Of Driving Pass
 27/08/2015

Driving Experience 4 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92393947

Fax Number

Contact Number OFFICE-92393947

EMail Address NOEMAIL

BLK 976 HOUGANG STREET 91 Address

#02-256

Postcode 530976

Was driver an employee of the Insured's Company NO

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

CLEAR Weather Conditions Road Surface DRY

#### Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

Number of Passengers (Including Driver)

ambulance?

YES

NO

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

3

Passenger 1

NAME:

7 -

: MALE

Passenger 2

NAME:

GENDER:

(3 m)

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

REFER TO STATEMENT.

### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

NO Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

**SLR2725S** Vehicle Registration Number LANCER 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)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SJT5603D

Vehicle Make/Model/Colour

ALTIS

Details Of Properties

Vehicle Category

PRIVATE CAR

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.
- 3 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.
- 6 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)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all 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 clealing 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 / clisclosed:
  - 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.

O TE CO

Policyholder's Signature Date & Time: Driver's Signature

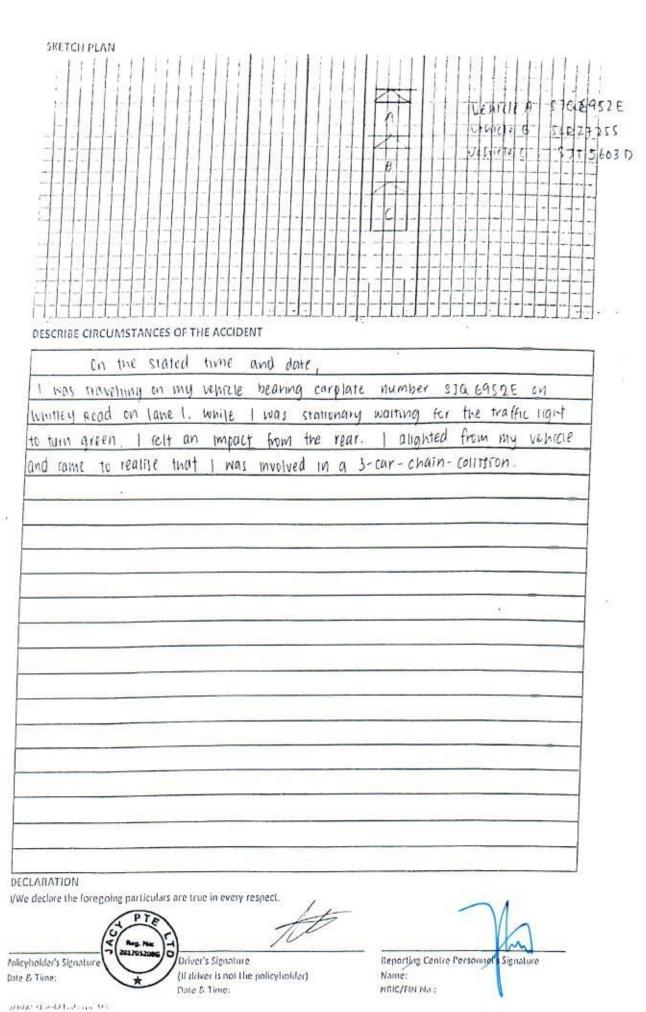
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel YSignature

Name:

NRIC/FIN Ho.:



WHAT CLOSED FOR STREET

Date of Accident	26 11 2019 Accident Time: 7:31 PM (24-HR-Format)
Accident Place	.: writtey road bet marcoin rd
Vehicle Reg. No. (Car Plate No.)	: 8706022E
Vehicle Make/Model	: kia cerato forte
Insurance Company	: NTUL Policy No.
Owner or Company Name /IC No.	: Jacy Die Ud
Owner or Company Contact No.	Company Tel
DRIVER'S Name / IC No.	: 3 Subramaniam (39501994I)
DRIVER'S Date Of Birth	: 12 01 1995 DRIVER'S License Pass Date 27 08 2015
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: H1r2r
DRIVER'S Address	: Bit 976 Hougang St 91 402-256 .
DRIVER'S Contact No./ Alt No.	:1) 92393947 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: Admin@mycar.sg
Weather & Road Surface	: CLEAR & DRY \RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	river): 03 (Ix male, Ix Female)
Was there any video Captured by or Exact purpose for which vehicle wa	nr camerar YES \ NO s being used at the time of accident: Private use \ Work purpose
Other J	Party Driver's Particular (if anv)
Vehicle Reg. No: SLR27255	Vehicle Reg. No: SJT 5603D
Vehicle Make Wodel: Lancer	Vehicle Make Wodel: AITTS
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:
* no injuries	

Scanned by CamScanner



Policy No.	5110191748	Policyholder Name	JACY PTE.	LTD.	Policyholder NRIC	201705208G	
Certificate No.	5110191748-000009	01500000			MAIL		
Address	60 JALAN LAM HUAT #05-19 CA	ARROS CENTRE	SINGAPOR	RE 737869			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	06/06/2019	Effective Date	06/06/201	9 00:00	Secretary Programme	05/06/2020 23	1:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/	Inexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		CET FILE	v	
					GST Flag	Y	
Co- insurance	No	(6)			GST Flag	T.	
Co- insurance Flag Open	No	153			GST Flag		
Co- insurance Flag Open Policy Info Certificate	No	(58)			OST Flag		
Co- insurance Flag Open Policy Info Certificate Info	No older Mailing Address	189			GS1 Flag		
Co- insurance Flag Open Policy Info Certificate Info Policyh		Addres		#05-19 CARROS CE	- 200 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 € 100 €	ddress 3	SINGAPORE 737869
Co- insurance Flag Open Policy Info Certificate Info Policyh	older Mailing Address	Addres Addres	s 2	#05-19 CARROS CE Singapore address	ENTRE A		SINGAPORE 737869 737869
Co- insurance Flag Open Policy Info Certificate Info	older Mailing Address	Addres	s 2 s Type 1 Policy		ENTRE A	Address 3	
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address 60 JALAN LAM HUAT	Addres Related Numbe	s 2 s Type 1 Policy	Singapore address	ENTRE A	Address 3	
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address 60 JALAN LAM HUAT 01-169 1 Object: 5110191748-000009	Addres Related Numbe	s 2 s Type 1 Policy	Singapore address	ENTRE A	Address 3	Control of the Contro
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Juit No. Insured	older Mailing Address  60 JALAN LAM HUAT  01-169  6 Object: 5110191748-000009	Addres Related Numbe	s 2 s Type I Policy r	Singapore address	ENTRE A	Address 3	737869
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured Sequence	older Mailing Address  60 JALAN LAM HUAT  01-169  f Object: 5110191748-000009	Addres Related Numbe	s 2 s Type I Policy r	Singapore address 5110191819	ENTRE A	oddress 3 Post Code	Control of the Contro

ocident MT/1073230					
olicy No.	5110191748	Vehicle No.	SJQ6952E	GST Registration No.	
rtificate No.	5110191748-000009				
okcyholder Name	JACY PTE. LTD.			Policyholder NRIC	201705208G
roduct Code	PLEET HASTER INSURANCE	Cover Type	Orivo CLASSIC	Loading	0
ontact No.(Mobile)	0	Contact No.(Office)	.0	Contact No.(Home)	0
mail Address		Special Remark		eCode	Tv v
K.	No ○ Yes	TGA	® No ○Yes	eCode Resson	
D Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
port Date	27/11/2019 12:19	Accident Report Within 24 hrs.	Yes	Acceptant Town	Chain Collision
				Accident Type	Chain Conson
rte of Accident	26/11/2019	Time of Accident hh:mm	19:30	Country of Accident	Singapore
porting Centre		Orange Force		SCM No.	
cident Location	WHITLEY RD BEFORE MALCOLM RD				
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
Standard Excess	2,000.00	TP Standard Excess	1,500.00		
D OD Excess	0.00	VIED TP Excess		Driver is Covered?	
ditional Excess	0				
al CO Excess Applicable	2000.00	Total TP Excess Applicable			
Benefits					
GST Registered Informa	ation				
TRegistered Informa	No		GST Registration Date		
T Registered T Registration No.	190		GSY Status Venfied	Yes	
diffication History			as same willen	100	
and a control of the					
Policyholder Mailing Ad	dress				
		Challenger T		The section of	
dress 1	60 JALAN LAM HUAT	Address 2	#05-19 CARROS CENTRE	Address 3	SINGAPORE 737869
dress 4		Address Type	Singapore address	Post Code	737869
it No.	01-169	Related Policy Number	5110191819		
OI Driver Info					
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	5 SUBRAMANIAM	Driver NRIC	595029941	Driver DD8	12/01/1995
gister Date of Driver License	27/08/2015	Driver Age	24	Driving Experience	4
ntact No.(Mobile)	92393947	Contact No. (Office)	0	Contact No. (Home)	0
dvess 1	BLK 976	Address 2	HOUGANG STREET 91	Address 3	SINGAPORE 530976
Dress 4		Address Type	Singapore address	Post Code	530976
it No.	02-256	S17700019053		- 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
				\$1.5 x 5 x 5 x 5 x 5 x 5 x 5 x 5 x 5 x 5 x	
es ne own a singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
gistered car?	○ Yes (® No	Driver Vehicle No.		Driver Insurer Company	
gistered car? daration				Driver Insurer Company	
gistered car? claration eathalyser or Blood Test	○ Yes (♠ No	Driver Vehicle No.  Any Ingury?	○ Yes ® No	Driver Snaurer Company	
ogistered car? claration eathalyser or Blood Test			Ù Yes ⊕ No	Driver Insurer Campany	
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laration laration schalyser or Blood Test iding?			○ Yes <b>®</b> No	Driver Insurer Campany	
laration arration stratyser or Blood Test iding?			○ Yes  ® No	Driver Insurer Campany	
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istered car?  iaration  athicker or Blood Test  oding?  infoation History  laim 001 Nice	O mg	Any injury?  Insured Name	○ Yes  No	Insured NRIC	201705208G
iaration athelyser or Blood Test rding? Shoution History Salim 001 Name with Type * wact No.(Mobile)	O mg	Any injury?  Insured Name. Contact No.(Horns)	JACY PTE, LTD.	Insured NRIC. Contact No.(DMice)	+
iaration athelyser or Blood Test rding? Shoution History Salim 001 Name with Type * wact No.(Mobile)	O mg	Any injury?  Insured Name		Insured NRIC	42222222
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istered car?  aration athalyser or Blood Test ding?  Incation History Italim OOI Nicox  In Type * tact No. (Mobile) si Address Imant Type Claimant Type *	O mg OD MX S6658787 JLCARRED#GMAIL.COM	Any Injury?  [Insured Name. Contact No.(Horns) O] Vehicle Number	LACY PTE, LTD. SIQUESEE	Insured NRIC. Contact No.(DMice)	+
istered car?  laration  sthatyser or Blood Test  ding?  Shication History  Salm 001 Nace  white *  Hack No. (Mobile)  si Address  mant Type Claimant Type *  smant Name *	O mg  OD MX  S8858787  JLCARRESEGMAIL COM  Please Select	Any injury?  Insured Name Contact No.(Horms) O] Vehicle Number Type of Benefit +	LACY PTE, LTD. SIQUESEE	Insured NRIC. Contact No.(DMice)	+
laration sthatyser or Blood Test rding?  Sheation History Dalim 001 Nicos will Type * Hact No. [Mobile) oil Address whart Type Claimark Type * whart Name * whart Address whart Address	O mg  OD MX  S8858787  JLCARRESEGMAIL COM  Please Select	Any injury?  Insured Name Contact No.(Horms) O] Vehicle Number Type of Benefit +	LACY PTE, LTD. SIQUESEE	Insured NRIC. Contact No.(DMice)	+ SLR27255
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