NATIONAL Assessment Ce	ntre Services	131/05  MNA119 16195			
Date In: 9 Mrg-15:3	Jeb description	Date & Tim	e Completed	Done	by
Ref No: HA INC 19021650/14	SAS e-filing				
Veh No: PRUSORPR	E-mail (within Shrs, A	IC 2hrs)			
D.O.A: 6/1/19-06:40	i-Motor Claim Fo	rm M11074	900-201 9/1	119 15:	75
	i-Motor W/O (With	in: OD 2hrs, TP 4hrs)			
OD TP Reporting Only	i-Photo Uploaded				
TDI	Assessment/Survey	Report			
TP Insurer:	Ass't Report by Fax	/ Hand to Owner/Wk	sp		
Preferred Wksp / INC Assign Wksp / QW:	(	Tel:	Fax:		)
TP Particulars: Veh No: y	N8757	INC( )/Non-I	NC( ).		
Owner / Driver: (		Tel:		)	
Policy No: ( )	Period: (	) Cover Typ	c: (	)	
Confirmed by : (	Da		lme:	)	
Insured/Driver Liability: (	%) [Note-Est. Status (WO):		9%. F: 80-100%	6]	
Tour of regionation.		NO( )			
	\$1,000( )/\$2,000(	)	Personal Services		
General Remarks;-	1 100 100 100 100 100 100 100			1 8 1 1 1 1 X	To Time
( ) Walk-In Customer: Customer's		ntial & Strictly NO refe	er of repairer.		
( ) Total Loss Case : to e-mail Ir	surer URGENTLY.				
Drive-In ( )/ Towed-In ( ); In	voice: YES ( ) / NO (	) ; Towing Co: (			)
Remarks: (INC hotline: 6788 661	G) \	Date&Tim	Completed	Done	by
1) Apply for Transport Allowance (	) / Courtesy Car ( )		*		
2) QC Check / Post Repair Inspection	( )				
3) Upload Resurvey Photo [Repair Cost	> \$3000] ( )		- not a soul beautiful		
Injury:				00 C-34 C-3	
			section (2015) 5012	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 see 1 200 1
Date/Time Actions			<u> </u>	KINCHAL REL	
	***************************************				
(la la gade)	lny	oice Preparation Cl	ecklist.	Anit (S) Ist Bill	Add Bill
NA 1929218.	1) AI	R : Accident Reporting (5	10);	Sales of the sales	
Claimant's Particulars :-		A: Damage Assessment (\$ : Towing Fee	100); INC (\$80) \$40/\$45		
Driver/Owner:	4) FT	: Follow-Through Survey	\$120		
Contact No:	5) FT Fo	: Follow-Through Survey (	Resurvey) \$30 (wef 10 Jan 2005)		
amaged Portion:	6) TF	k: Re-inspection	\$75	-	
annaged 1 orden.		: Idac DA + SMRT Survey FUC Additional Services:-			
C Checked by (Engr-In-Charge):	QI	SECURIOR SEC	onge SS		
and the same of th	· N	6: Repair Co-ordination	\$10 \$2:		
uditors! Comments :-	\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\	<ol> <li>Fost Repair Inspection</li> <li>DV / Collect Excess Coo</li> </ol>	rdination 5:		
at. 1:	TI	(N11): TP (Non INC) aga	nst INC \$20		
		12: Idac Mobile	Fee Chargea	Ton emanded	4000万型
at. 2/3;		ce dated	Fee Charged	经市场经	

## SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

Gender

Mobile Number Fax Number

Contact Number

EMail Address

- 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 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.
- Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

AND DESCRIPTION OF PROPERTY OF	ACCIDENT STATEMENT
Date Of Report	09/12/2019 15:32
Date Of Accident	06/12/2019 06:40
Exact Location Of Accident	SLIP RD JURONG PORT RD TWDS JLN TEPONG RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBN9088R
nsured/Policyholder	
Name Of Registered Owner	MAR KIT MUN
NRIC No	S1482046I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97357893
Alternative Phone No	OFFICE-97357893
Vehicle Particulars	
Manufacturer	YAMAHA
Model	SNIPER T150
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
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	5106754675
Cover Note Number	
Driver	
Name of Driver	MAR KIT MUN
NRIC No	S1482046I
Date Of Birth	12/03/1961
Occupation	INDOOR
Date Of Driving Pass	27/12/1984
Driving Experience	34 YEARS AND 11 MONTHS
	MALE.

MALE

NOEMAIL

(LOCAL) +65-97357893

OFFICE-97357893

BLK 669 WOODLANDS RING ROAD Address

#10-373

730669 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2 NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

NO 1

YES

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

YN8763J

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

- 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
- Any faise 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.
- Consent under the Personal Data Protection Act (PDPA)

l 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 purposeis)
  - (i) 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
- 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

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

Date & Time:

Name:

NRIC/FIN No.

Reporting Centre Per

nel's Signature

Relicyholder's Signature Date & Time

veh A: FBN9088R Veh B: YN8763J Forwards Falan Tepong Before Jalan Bnich

CRIBE CIRCUMSTANC			1 time	I, v	rehicle A	, <u>4</u>
In the station oncoming rear and	navy be vehicles	fore the	stop lin	nicle f	3 hitted	my
rear and	telt a	great	TWIPAGE		3	
				1		- 10
The state of the s			557			

# 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:

sonnel's Signature Reporting Centre

Name:

NRIC/FIN No :

# ACCIDENT STATEMENT

ACCIDENT DATE: 6/12/2019 (DD/MM/	YYYY), TIME: (06:43 (HH:MM)
Junous Port Rd town	avols wa Jalan lepong
before Jalan Buro	N .
1. DETAILS OF VEHICLE FBN 90	28E
0 1-1147	09.
DINSURANCE COMPANY: NIC	
C)POLICY NUMBER:	TO DESTRUCT
DIPOLICY TYPE: (COMPREHENSIVE / THIRD	PARTY / THIRD PARTY FIRE WITHER!
e)MAKE & MODEL:	TOTOLOGIC LOTHERS
F)TYPE: (SALOON / COUPE / MPV /VAN / LO	DRRY MADIORCIELE / CITIERO)
g/VEHICLE CATEGORY: (PRIVATE / COMME	ERCIAL / MOTORCICLES
h) PURPOSE OF USING AT ACCIDENT TIME:	NEUBANCE (VES/KIZ)
IJ ARE YOU CLAIMING UNDER YOUR OWN I	Y BEDORTING ONLY)
IF NO, PLEASE STATE CHIRD PARTY CLAIM	y KEP OKLANO OTTE T
2. INSURED / POLICY HOLDER HANN	(MALE) FEMALE Q QQ
A)1400 - 111	T CONTACT: 97357893
CIADDRESS: BIK 669 Woodland	une Ring Rd
# 10- 373 SE 73	0669
* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER
A Lin of records 3. DRIVER	
CINIALE:	(MALE / FEMALE)
Cinduding driver) binRIC/FIN/PASSPORT:	CONTACT:
(O() CIADDRESS:	
	DD/MM/YYYY)
eJOCCUPATION: (INDOOR / OUTDOOR)	
1) YEARS OF DRIVING EXPRERIENCE:	URED'S COMPANY? (YES /(NO)
IF NO, RELATIONSHIP OF THE DRIVER V	WITH INSURED: OWNE
5. GIWEATHER CONDITION (CLEAR) RAINING	OTHERS
b)ROAD SURFACE (DRY) WET / OTHERS	
6. WAS ANYBODY INJURED (YES /NO	A CONTRACTOR OF THE SECOND STATE OF THE SECOND
7. GIREPORTED TO POLICE (YES (NO)	16
IF YES, PLEASE STATE WHICH POLICE STATIC	ON:
8. THIRD PARTY VEHICLE VIICESTA	
No of passenger of VEHICLE NUMBER:	MODEL:
Including delvise) b) DRIVER'S NAME:	CONTACT:
COI)	CONTACT:
The state of the s	(10DEL)
the of passenger of DRIVER'S NAME.	MODEL:
	CONTACT
Including driver) f) NRIC/FIN/PASSPORT:	CONTACT
()	
Electrical States	
~	20 20 20

email =

lax =

eBaoTech				449						Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601			ATT COMPANY	CONTRACTOR OF THE PARTY OF THE		• Change	Language	• Chan	ge Password	• Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	lo.				Date o	of Accident	0	6/12/2019 0	6:40	
	Vehicle	No.(For Mator)	FBN908	38R		Certifi	cate Number				
					]	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5106754675		MAR KIT MUN	514820461	GMC	Third Party, Fire & Theft	FBN9088R	FBN9088R	02/01/2019	01/01/2020
					8	Continue					

olicy No.	5106754675	Policyholder Name	MAR KIT MU		Policyholder NRIC	S1482046I	
ertificate o.							
ddress	BLK 669 #10-373 WOODLANDS	RING ROAD	SINGAPORE 7	30669			
roduct Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	02/01/2019	Effective Date	02/01/2019	00:00	Expiry Date	01/01/2020 23:5	9
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/Ir	experience Driver Excess
Agent	WTT INSURANCE AGENCIES PT	Agent Tel.	62965445		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	nolder Mailing Address						
Address 1	BLK 669 #10-373	Addi	ess 2	WOODLANDS RING	ROAD	Address 3	SINGAPORE 730669
Address 4		Add	ess Type	Singapore address		Post Code	730669
Unit No.		Rela Num	ted Policy ber	5106754675			
) Insure	d Object: FBN9088R						
□ Endors	sements						
Seque	nce Date of Endorseme	nt	Endorsement	Туре	Endorsemen	t Status	Endorsement Content

ccident MT/1074922	5106754675	Vehicle No.	PBN909SR	GST Registration No.		
	5106/546/5	Various No.				
Dertificate No.	MAR KIT MUN			Policyholder NRIC	51	4820461
	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0	
	97357893	Contact No. (Office)	D	Contact No.(Home)	0	
Imail Address		Soepal Remark		eCode	1	<del>-</del>
OK.	® No ○ Yes	TCA	No ○ Yes	eCode Reason		
VCD Protection	No	NCD Emittlement(%)	20	Private Hire	No	
⇒ Accident Details						
leport Date	09/12/2019 15:43	Accident Report Within 24 hrs	Yes	Accident Type	Co	Nision - Head to Rear
Date of Accident	06/12/2019	Time of Accident hhimm	08:40	Country of Accident	Sir	ngapore
Reporting Centre		Orange Force		ICM No.		
Accident Location	SLIP RD JURONG-PORT RD TWDS JUN	TEPONG RD				
T Extess						
Own damage Excess	0.00	Additional Excess		Windscreen Excess		
Unnamed Driver Excess		Outside Singapore OD Excess				
Third Party Excess	0.00	Outside Singapore TP Excess				
♥ Benefits						
GST Registered Informa	tion					
GST Registered	No		GST Registration Date			
GST Registration No.			GST Status Venfield	Yes		
Modification History						
Policyholder Mailing Add	ireas					
Address 1	BLK 569 #10-373	Address 2	WOODLANDS RING ROAD	Address 3		INGAPORE 730669
Address 4		Address Type	Singapore address	Post Code	23	30669
unit No.		Related Policy Number	5106754675			
♥ OI Driver Info						
Driver Name	MAR KIT MUN	Driver Type	Main Driver			100 March 100 Ma
Unnamed driver Name		Driver NRIC	\$14820461	Driver DDB		2/03/1961
Register Date of Driver License	27/12/1964	Drivet Age	58	Driving Experience	3	
Contact No. (Mobile)	97357893	Contact No. (Official)	0	Contact No.(Home)	0	
Address 1	BLK 669	Address 2	WOODLANDS RING RDAD	Address 3	5	INGAPORE 730669
Address 4		Address Type	Singapore address	Post Code	7	30669
	10.222					
Unit No.	10-373					
Unit No. Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Compa	any	
Does he own a Singapore		Driver Vehicle No.		Onver Insurer Compa	any	
Does he own a Singapore Registered car? Declaration Breathalyser of Blood Test		Driver Vehicle No.  Any injury?	○ Yes ® No	Onver Insurer Compa	any	
Does he own a Singapore Registered car? Declaration	○ Yes  ® No		○ Yee ® No	Driver Insurer Compa	any	
Does he own a Singapore Registered car? Declaration Breathalyser of Blood Test	○ Yes  ® No		○ Yes ® No	Driver Insurer Compa	any	
Does he own a Singapore Registered car? Declaration Breathayser or Blood Test Reading?	○ Yes  ® No		○ Yes ® No	Driver Insurer Comp.	env	
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reselling? Modification History	○ Yes ( No	Any injury?				14020461
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reselling? Modification History	○ Yes ( No O mg	Any injury?  Insured Name	MAR KIT MUN	Insured NRIC	g	14820461
Does he own a Singapore Registered car?  Declaration  Breathalyser of Blood Test Reading?  Modification History  Claim 001 New	○ Yes ( No	Any injury?  Insured Name  Cantact No.(Horne)	MAR KIT MUN 68946230	Insured NRIC Contact No.(Office)	9	rit.
Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reseling?  Modification History  Claim Type *  Contact No (Mobile)  Email Address	○ Yes ( No O mg	Any injury?  Insured Name Contact No.(Home) Q0 Vehicle Namber	MAR KIT MUN 68946230 FBN9668R	Insured NRIC	9	0.000
Does he own a Singapone Registered car?  Declaration  Breathayser of Blood Test Reading?  Modification History  Claim 001 New  Comm Type *  Commax No.(Moore)	○ Yes ( No O mg	Any injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	MAR KIT MUN 68946230	Insured NRIC Contact No.(Office)	9	rit.
Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reseling?  Modification History  Claim Type *  Contact No (Mobile)  Email Address	○ Yes ( No O mg	Any injury?  Insured Name Contact No.(Home) Q0 Vehicle Namber	MAR KIT MUN 68946230 FBN9668R	Insured NRIC Contact No.(Office)	9	rit.
Does he own a Singapore Registered car?  Declaration  Breathalyser of Blood Test Reading?  Modification History  Claim 001 New  Claim 501 New  Contact No. (Modife)  Email Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Address	Ong  OD-MX  97357893  Plakse Select  ≥≥	Any injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claiment NRIC *	MAR KIT MUN 68946230 FBN9668R	Insured NRIC Contact No.(Office) TP Vehicle Number		rit.
Does he own a Singapore Registered car?  Declaration  Breathalyser of Blood Test Reading?  Modification History  Claim 901 New  Claim 1 New  Contact No. (Mobile)  Email Address  Claimant Type *  Claimant Type Claimant Type *  Claimant Address  Cl	Ong  OD-MX  97157893  Please Select	Any injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	MAR KIT MUN 05945230 FBN9068R Please Select	Insured NRIC Contact No.(Office)		rit.
Does he own a Singapore Registered car?  Declaration  Breathalyser of Blood Test Reading?  Modification History  Claim 001 New  Claim 501 New  Contact No. (Modife)  Email Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Address	Ong  OD-MX  97357893  Plake Stlect  >≥  Transodds /*N87633 ON 6 Dec 2030	Any injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	MAR KIT MUN SEPAS230 FBN9068R Please Select	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W	g n y	ns763)
Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reseling?  Modification History  Claim 001 New  Comact No (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Address  Claimant Claima	Ong  OD-MX   97357893  Plasse Select   >≥≥  TRINSOESR /*Ne87633 ON 6 Dec 2031	Any injury?  Insured Name Contact No.(Home) OF Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	MAR KIT MUN 05945230 FBN9068R Please Select	Insured NRIC Contact No.(Office) TP Vehicle Number  Name of Preferred W	S Norwahop	III. NS763) Received
Does he own a Singapore Registered Car?  Declaration  Breathalyser of Blood Test Reading?  Modification History  Claim 6001 New  Claim 5001 New  Claim 74pe *  Contact No. (Modife)  Email Address  Claimant Type Claimant Type *  Claimant Address  Claim And Description  Preferred Workshop Confact, No.	Ong  OD-MX  97357893  PNakos Select  >≥≥  TRINSOSSR /*N87633 ON 6 Dec 2031  Yes  Ves  Ves  Ves  OB/12/2019 15:45	Any injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	MAR KIT MUN SEPAS230 FBN9068R Please Select	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W	S Norwahop	ns763)
Does he own a Singapore Registered Car?  Declaration  Breathalyser of Blood Test Reading?  Modification History  Claim 6001 New  Claim 5001 New  Claim 1 No (Moore)  Email Address  Claimant Type 1 Claimant Type 1 Claimant Name 2  Claimant Address  Claim Description  Preferred Workshop Confact.  Require Finalisation	Ong  OD-MX   97357893  Plasse Select   >≥≥  TRINSOESR /*Ne87633 ON 6 Dec 2031	Any injury?  Insured Name Contact No.(Home) OF Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	MAR KIT MUN SEPAS230 FBN9068R Please Select	Insured NRIC Contact No.(Office) TP Vehicle Number  Name of Preferred W	S Norwahop	III. NS763) Received
Does he own a Singapore Registered car?  Declaration  Breathalyser of Blood Test Reading?  Modification History  Claim 6001 New  Claim 1 New  Comac, No (Mobile)  Email Address  Claimant Type Palimant Type *  Claimant Name *  Claimant Address  Claimant Address  Claimant Palimant Palimant Address  Claimant Palimant Palimant Palimant Name *  Registered Workshop Confact, No.  Registered	Ong  OD-MX  97357893  PNakos Select  >≥≥  TRINSOSSR /*N87633 ON 6 Dec 2031  Yes  Ves  Ves  Ves  OB/12/2019 15:45	Any injury?  Insured Name Contact No.(Home) OF Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	MAR KIT MUN SEPAS230 FBN9068R Please Select	Insured NRIC Contact No.(Office) TP Vehicle Number  Name of Preferred W	S Norwahop	III. NS763) Received
Does he own a Singapore Registered Car?  Declaration  Breathalyser of Blood Test Reading?  Modification History  Claim 6001 New  Claim 5001 New  Contact No. (Modife)  Email Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Address  Claim Description  Preferred Workshop Confact.  Require Finalization  Date Registered  Report Taken By	Ong  OD-MX  97357893  PNakos Select  >≥≥  TRINSOSSR /*N87633 ON 6 Dec 2031  Yes  Ves  Ves  Ves  OB/12/2019 15:45	Any injury?  Insured Name Contact No.(Home) OF Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	MAR KIT MUN SEPAS230 FBN9068R Please Select	Insured NRIC Contact No.(Office) TP Vehicle Number  Name of Preferred W	S Norwahop	III. NS763) Received
Does he own a Singapore Registered Car?  Declaration  Breathalyser of Blood Test Reading?  Modification History  Claim 6001 New  Claim 5001 New  Contact No. (Modife)  Email Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Address  Claim Description  Preferred Workshop Confact.  Require Finalization  Date Registered  Report Taken By	Ong  OD-MX  97357893  PNakos Select  >≥≥  TRINSOSSR /*N87633 ON 6 Dec 2031  Yes  Ves  Ves  Ves  OB/12/2019 15:45	Any injury?  Insured Name Contact No.(Home) OF Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	MAR KIT MUN  65946230  FBN9068R  Please Select  Not at Fault  Preferred Workshop, Name unknown	Insured NRIC Contact No.(Office) TP Vehicle Number  Name of Preferred W	S Norwahop	III. NS763) Received
Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Comact No (Modife)  Email Address  Claimant Type Claimant Type *  Claimant Address  Claimant Address  Claimant Address  Claimant Address  Claimant Finalization  Date Registered  Report Taken By	Ong  OD-MX  97357893  PNakos Select  >≥≥  TRINSOSSR /*N87633 ON 6 Dec 2031  Yes  Ves  Ves  Ves  OB/12/2019 15:45	Any injury?  Insured Name Contact No.(Home) OF Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	MAR KIT MUN  65946230  FBN9068R  Please Select  Not at Fault  Preferred Workshop, Name unknown	Insured NRIC Contact No.(Office) TP Vehicle Number  Name of Preferred W	S Norwahop	III. NS763) Received
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