Date In: MININ-10'. 04	Jeb description	Date & Time Completed	Done by
Def No. 1101	SAS e-filing	_	
Veh No: SUP VERP.	E-mail (within Shrs, AIC 2hrs)		
D.O.A: MIN 19 - 9145	i-Motor Claim Form	100-475K-01 LW	1) IMM 10:16
	i-Motor W/O (Within: OD 2	hrs, TP 4hrs)	
OD TIP Reporting Only	i-Photo Uploaded		
Personal	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars: Veh No: MR	WC INC		
Owner / Driver: (		Tel:	)
Policy No: ( ) P	eriod: (	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %)	[Note-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 80-	100%]
Year of Registration: ( )	Warranty: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$1,	,000 ( )/\$2,000 ( )		
General Remarks:-		JAKAN MALAMATAN	
( ) Walk-In Customer : Customer's inf	formation strictly Confidential &	Strictly NO refer of repairer	2
( ) Total Loss Case : to e-mail Insu			
		Towing Co: (	. )
		Date&Time Completed	Done by
Remarks:- (INC horline: 6788 6616)		Dates Tittle Comple on	1000
1) Apply for Transport Allowance ( )/	Courtesy Car ( )		
The state of the s			The state of the s
2) QC Check / Post Repair Inspection	( )		
	( )		
2) QC Check / Post Repair Inspection	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > :  Injury:	( )		eradios v
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > :  Injury:	( ) \$3000] ( )		Wasalosi ir
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > :  Injury:	( ) \$3000] ( )		Total Cost St.
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > :  Injury:	( ) \$3000] ( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > :  Injury :	( ) \$3000] ( )		veral cost at
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > :  Injury :	( )		
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > :  Injury :  Date/Time Actions		•	Ant (5) Amt (3
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > :  Injury :  Date/Time   Actions	Invoice F	reparation Checklist	Ant (5) Amt (3)
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > :  Injury :  Date/Time   Actions	Invoice F  1) AR: Acti 2) DA: Dam	reparation Checklist dent Reporting (\$30); age Assessment (\$100); INC	Ant (5) Amt (3) 18t Bill Add Bi
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > :  Injury :  Date/Time Actions  laimant's Particulars :-	1 Invoice F  1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo	reparation Checklist  dent Reporting (\$30); age Assessment (\$100); INC ng Fee w-Through Survey	Ant (5) Amt (3)  19t Bill Add Bi  (580)  540/545  5120
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > :  Injury :  Date/Time Actions  laimant's Particulars:-  priver/Owner:	Invoice f  1) AR: Acci 2) DA: Dam 3) T: Towi 4) FT: Follo	reparation Checklist  dent Reporting (\$30); age Assessment (\$100); INC ng Fee w-Through Survey	(\$80) \$40/\$45 \$120 \$30
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2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > :  Injury :  Date/Time Actions  Laimant's Particulars:-  priver/Owner:  ontact No:	Invoice F  1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo 5) FT: Follo For claim 6) TR: Re-in 7) N1: Idac	reparation Checklist.  dent Reporting (330); age Assessment (\$100); INC ng Fee w-Through Survey w-Through Survey (Resurvey) ng agoinst INC Only (wef 10 Jan 2 aspection DA + SMRT Survey	(\$80) \$40/\$45 \$120 \$30 \$200 \$30
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > :  Injury :  Date/Time Actions  Laimant's Particulars:-  priver/Owner:  ontact No:	Invoice F  1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo 5) FT: Follo For claim 6) TR: Re-in 7) N1: Idac 3) NTUC Ac	reparation Checklist.  dent Reporting (530); age Assessment (\$100); INC ng Fee w-Through Survey w-Through Survey (Resurvey) ng against INC Only (wef 10 Jan 2) aspection	Ant (5) Amt (3) (580) (580) (540/545 (5120 (530) (905) (575
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > :  Injury :  Date/Time Actions  laimant's Particulars:- priver/Owner: ontact No: arnaged Portion:	Invoice F  1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo 5) FT: Follo For claim 6) TR: Re-in 7) N1: Idac 8) NTUC Ac OD* *N5: Cou	Preparation Checklist  dent Reporting (\$30); age Assessment (\$100); INC ng Fee w-Through Survey w-Through Survey (Resurvey) ng against INC Only (wef 10 Jan 2 aspection DA + SMRT Survey Iditional Services:-	Amit (S) Amit (3)  15t Bill Add Bi  (\$80)  \$40/\$45  \$120  \$30  \$905)  \$75  \$160
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > :  Injury :  Date/Time Actions  Laimant's Particulars:-  Priver/Owner:  Contact No:  Date Portion:	Invoice F  1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo 5) FT: Follo Forclaim 6) TR: Re-in 7) N1: Idae 3) NTUC Ac OD* *N5: Cou *N6: Rep	Preparation Checklist  dent Reporting (\$30); age Assessment (\$100); INC ng Fee w-Through Survey w-Through Survey (Resurvey) ng against INC Only (wef 10 Jan 2 aspection DA + SMRT Survey Iditional Services:- riesy Car/Tpt Allowance air Co-ordination	(\$80) \$40/\$45 \$120 \$30 \$75 \$160
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > :  Injury :  Date/Time Actions  Lumant's Particulars :-  Oriver/Owner:  Contact No:  Date Portion:  C Checked by (Engr-In-Charge):	Invoice F  1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo 5) FT: Follo For claim 6) TR: Re-in 7) N1: Idac 8) NTUC Ac OD* *N5: Cou *N6: Rep *N7: Fost *N8: DV	Preparation Checklist  dent Reporting (\$30); age Assessment (\$100); INC ng Fee w-Through Survey w-Through Survey (Resurvey) ng against INC Only (wef 10 Jan 2 aspection DA + SMRT Survey Iditional Services: ricsy Car / Tpt Allowance air Co-ordination Repair Inspection / Collect Excess Coordination	\$ Ant (\$) Amt (\$ \$ 19t Bill Add Bi \$ 240/\$45 \$ 120 \$ 30 \$ 205 \$ 375 \$ 160 \$ 25 \$ 510 \$ 225 \$ 55
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 3]  Injury:  Date/Time Actions	Invoice F  1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo 5) FT: Follo For claim 6) TR: Re-in 7) N1: Idac 8) NTUC Ac OD* *N5: Cou *N6: Rep *N7: Fost *N8: DV	dent Reporting (\$30); age Assessment (\$100); INC ng Fee w-Through Survey w-Through Survey (Resurvey) ng against INC Only (wef 10 Jan 2 aspection DA + SMRT Survey Iditional Services:- riesy Car / Tpt Allowance sit Ca-ordination Repair Inspection / Collect Excess Coordination : TP (Non INC) against INC	Ant (S) Amt (3)  19t Bill Add Bi  (\$80)  \$40/\$45  \$120  \$30  (005)  \$75  \$160  \$55  \$10  \$25

3073 63

## SINGAPORE ACCIDENT STATEMENT

#### 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.
- 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.
- 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

oforesaid.	
AND THE STATE OF STREET	ACCIDENT STATEMENT
Date Of Report	13/12/2019 10:04
Date Of Accident	12/12/2019 09:45
Exact Location Of Accident	DRAYCOTT PARK
Country/State of Loss	SINGAPORE
D. D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLF4610P
Insured/Policyholder	
Name Of Registered Owner	RABBIT CAR RENTAL PTE LTD
Co Reg No	201916547M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X HYBRID CVT ABS D/AIRBAG 2WD
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5110778790
Cover Note Number	
Driver	

Dilvei	
Name of Driver	ISHAN CHANDRA DUTTA
NRIC No	S2746958B
Date Of Birth	27/10/1964
Occupation	OUTDOOR
Date Of Driving Pass	13/12/2007
	11 VEADS AND 11 MONTHS

11 YEARS AND 11 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-92471568 Mobile Number

Fax Number

OFFICE-92471568 Contact Number

NOEMAIL EMail Address

38 DRAYCOTT DRIVE Address

#12-01

259428 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER 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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

Weather Conditions CLEAR Road Surface DRY

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

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.

1

YES

NO

Number of Passengers (Including Driver)

**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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

GR4158A Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

#### SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2 This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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. 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.
- 7 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.
- S Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- 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 Indunetary 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
- my Personal information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Dats & Time

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

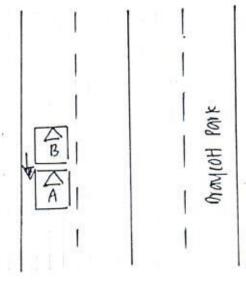
Reporting Centre Personnel's Name: NBIC/FIN No.:

. 8

Signature

Vehille A: SLF4610P

Vehicu B: 684158A.



I was parked along Draytott Park when vehice by, fir 4158A, reversed into my remice is front purion.

DECLARATION

Whe declare the foregoing particulars are true in every respect.

MTAGBIELOS SURIES

Driver's, Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Suchature Name: NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 12/12/2019 (DD/MM/YY	YY), TIME: ( 01 : 49 )(111.31111)
ALONGO DYGLALOTH PAIK.	
LOCATION: MINTED DINGLOW TOWN	
1. DETAILS OF VEHICLE ON MALLIN	0
GIVEHICLE NUMBER: 31 19610	<u>r</u>
DINSURANCE COMPANY:NTMC .	
1001001111110000	
CIPOLICY TYPE: I COMPREHENSIVE / THIRD P	ARTY / THIRD PARTY FIRE & THEFT)
TOTAL	1,000
FITTPE: (SALOON / COUPE / MPV /VAN / LOF	RRY / MOTORCYCLE!
gIVEHICLE CATEGORY: (PRIVATE / COMMER	CIAL / MOTORCTCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:	private
I) ARE YOU CLAIMING UNDER YOUR OWN IN	SURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PART CLAIM /	REPORTING ONLY
2. INSURED / POLICY HOLDER	1 .Pte Homale / FEMALE)
A)NAME: YOUND CAY FEMILE	Macritical ( PEMALE)
b)NRIC/FIN/PASSPORT: 20191694	TITCONIACI:
· c)ADDRESS:	
TO THE PROPERTY AND POLICY I	IOLDER
* CONTINUE TO 3.d IF DRIVER ALSO POLICY H	OLDER
PRISON PRISON OF PRISON PRIVATE ISMAN CHANDRA PU	HA (MADE / FEMALE)
	BB CONTACT: 9247 1568
c) ADDRESS: 36 DYAY (OH DVVC	#12-01 5 (259428)
CINDURESS. TO MARTIE !	
*d) DATE OF BIRTH: ( 27 10 1964) (DC	D/MM/YYYY)
e OCCUPATION: (INDOOR / OUIDOOR)	
flyears of driving exprerience:	
4. WAS DRIVER AN EMPLOYEE OF THE INSU	RED'S COMPANY? (YES / (0)
IF NO, RELATIONSHIP OF THE DRIVER WI	TH INSURED: TINE
5. a) WEATHER CONDITION: (CLEAR / RAINING ,	OTHERS
b)ROAD SURFACE: (DRY / WET / RTHERS	*
6. WAS ANYBODY INJURED (YES / NO)	*
7. a) REPORTED TO POLICE (YES / NO)	91 200
IF YES, PLEASE STATE WHICH POLICE STATIO	N:
8. THIRD PARTY VEHICLE GO INTO A.	NAMES OF TAXABLE PARTY
He of passenger a) VEHICLE NUMBER: GR 458 A.	MODEL:
Including driver) b) DRIVER'S NAME:	2017107
(0) maje c) NRIC/FIN/PASSPORT:	CONTACT:
	MODEL:
e DRIVER'S NAME:	MODEL
to the of passinger e) DRIVER'S NAME:	CONTACT
()	
	e I
o J	\$4.56 (*)
email =	10 10
	ACCOUNTS OF THE PROPERTY OF TH



Policy No.	5110778790	Policyholder Name	RABBIT C	AR RENTAL PTE, LTD.	Policyholder NRIC	201916547M	
Certificate No.	5110778790-000030				HILLS.		
Address	BLK 8 #01-52 SIN MING INDUS	TRIAL EST SEC	CTOR C SIN	MING INDUSTRIAL E	STATE SINGA	PORE 575643	
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	28/06/2019	Effective Date	28/06/201	9 00:00	Expiry Date	30/06/2020 23:5	59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/In	nexperience Driver Excess
Agent	HAMILTON AUTOHUB PTE. LTD.	Agent Tel.	64751946		GST Flag	Y	
Co-							
Insurance Flag Open Policy Info	No						
Flag Open	No						
Flag Open Policy Info Certificate Info	No older Mailing Address						
Flag Open Policy Info Certificate Info Policyh		Addres	ss 2	SIN MING INDUSTR	IIAL EST SEC	Address 3	SIN MING INDUSTRIAL ESTAT
Flag Open Policy Info Certificate Info Policyh Address 1	older Mailing Address		ss 2 ss Type	SIN MING INDUSTR		Address 3	SIN MING INDUSTRIAL ESTATI
Flag Open Policy Info Certificate Info	older Mailing Address BLK 8 #01-52	Addres	s Type d Policy				SIN MING INDUSTRIAL ESTATI
Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address  BLK 8 #01-52  SINGAPORE 575643	Addres Relate Numbe	s Type d Policy	Singapore address			
Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address  BLK 8 #01-52  SINGAPORE 575643  01-52 d Object: 5110778790-000030	Addres Relate Numbe	s Type d Policy	Singapore address			
Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address  BLK 8 #01-52  SINGAPORE 575643  01-52 1 Object: 5110778790-000030	Addres Relate Numbe	s Type d Policy er	Singapore address			
Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured Sequence	older Mailing Address  BLK 8 #01-52  SINGAPORE 575643  01-52 d Object: 5110778790-000030	Addres Relate Numbe	s Type d Policy er	Singapore address 5114640840		Post Code	575643

### STANDERS   \$100715000000000000000000000000000000000									
Minimary Name   Minimary Nama   Minimary Name   Minimary Name   Minimary Name   Minimary Nam	Policy No.	5110778790	Vehicle No.		SUF4610P		GST Registration No.		
Marie   Mari	Certificate No.	5110778790-000030							
Content   Cont	Policyholder Name	RABBIT CAR RENTAL PTE. LTD.					Policyholder NR3C	2019	1654714
Section Remarks   Section R	Product Code	FLEET MASTER INSURANCE	Cover Type		drive CLASSIC		Loading	0	
March   Marc	Contact No.(Moorle)	0	Contact No.(Office)	1	0		Contact No.(Home)	0	
Companies		225000000					eCode	1 - 8	7
## Accordance   10   10   10   10   10   10   10   1		(C) ( (C) (C) (C) (C) (C) (C) (C) (C) (C							
March   Marc		No	NCD Entitlement(N	10	0		Private Hire	Yes	
March   1971									
Comment   Comm			Accident Report Wil	thin 24 hrs	Yes		Acodent Type	Dame	aged whilst parked
The Note of Exercise Application  **Present Page   Page Accounts   1,000,000		12/12/2019	Time of Accident his	h:mm	09:45		Country of Accident	Sings	pore
### PARTICLE   1,000,000,000   1,000,000			Orange Force				ICM No.		
Per Al-Comment   Per									
Description   1,000.00   The planted fixes   1,000.00   Description									
## 100 Desired   0.00   120 Tit Current   0.00   0.00 Tit Current   0.00	яская Туре	Per Accident	Windscreen Excess		100.00				
## 100 Desired   0.00   120 Tit Current   0.00   0.00 Tit Current   0.00	O Standard Excess	3,000,00	TR Streeted Faces	3	4 PMA DO				
Marche   March   Mar				20	1,500.00		Date of Courses		
## CONTROL   1900   19		0.00	STATE OF EARLESS.				Univer is Covered?		
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Margametion   Margametic   Margametion   Margametic   Ma		2000	Total IT Excelled right	0.00					
Margametion   Margametic   Margametion   Margametic   Ma		ation							
Target					GST Registration Date				
Parksymbole Halling Advance   Parksymbole   Park							Yes		
State   Stat	dification History								
## ## ## ## ## ## ## ## ## ## ## ## ##	To Ballonda March 18	Maria .							
## ADDITION TYPES ## ADDITION	100		2.02		CLUS NO DECIDE OF STREET, CONTROL OF STREET, CONTRO		contribue.		
## Assets Pairs Number  ***OF 10 Privar Fade***  ***OF 10 Privar Fade**  ***O									
## Designate Table    Order Table							Post Code	5756	43
Command Street   Com		01-52	Related Policy Numi	per	5114640640				
SEARCH CAN DEVELOP   SEARCH		F. 57 (1980)							
### Substitute   10   10   10   10   10   10   10   1							Service Service		
## DESCRIPTION   1921									1/1964
## Address Type									
Address Type Singapore address Past Code 259-28  If the 12-0]  Vex ® Re  One 12-0]  One of the part of	CONTRACTOR OF THE PARTY OF THE			8	0				
The state of the straight of the state of th		38 DRAYCOTT DRIVE							
Driver Vehicle No.		1020	Address Type		Singapore address		Post Code	2594	28
Claim DOI:   More									
Any Injury   Original Nation  Claim 005   Nem  Any Injury   Original Nation  Canno 005   Nem  Any Injury   Original Nation  An		C Yes ® No	Driver Vehicle No.				Driver Insurer Company		
Any Injury   Original Nation  Claim 005   Nem  Any Injury   Original Nation  Canno 005   Nem  Any Injury   Original Nation  An	eclaration								
Column 001 Nem  AMERICAN MATERIAL PROCESS OF THE COLUMN OF	eathalyser or Blood Test	f) ma	Any insura?		CI VALCE NA				
AMERIC COLORS No. (Mobile)  AMERIC No. (Mobile)  Contact No. (Mobile)  The Versicle Number  The Versicle Number  GR415BA  The Versicle Number  The Versicle Number  GR415BA  The Versicle Numb	rading?				O IN O IN				
Claim 001 New  ann Type * OD-MX									
ATT Type * OD-MN									
Contact No. (Mocine) Contact N	ouncation Pastory								
Contact No. (Mostel) Contact N	28.0								
Contact No. (Mostels)	28.0								
Name of Preferred Workshop Contact  Surfetion Preferred Repair Option  Surfetion Preferred Repair Option  Preferred Repair Option  Surfetion Preferred Repair Option  Preferred Repair Option  Surfetion Preferred Rep	Claim 001 New	DOWN 127	Towned Source	U/e					
Attachment  Path * Path * Path * Processed Select	Claim 001 New	ОБ-МХ		10.2	RABBIT CAR RENTAL PTE. LTD.			Telesconium	.6547M
Attachment  Attachment  Path *  Path *	Claim 003 New sum Type + ntact No.(Mobile)	ОБ-МХ	Contact No.(Home)	Ĭ			Contact No.(Office)	*	
armant Address  Im Description  SIP4610P / GR415BA ON 12 Dec 2019  Insured Liability * Not at Fault    preferred Workshop Contact  Jinsured Liability * Not at Fault    preferred Repair Option  Preferred Workshop, Name unknown    GAA report  Received    Jinsured Liability * Not at Fault  Preferred Workshop, Name unknown    GAA report  Received    Jinsured Liability * Not at Fault  Received    Jinsured Liability * Not at Fault  Accessed    Jinsured Liability * Not at Fault  Preferred Workshop, Name unknown    GAA report  Received    Jinsured Liability * Not at Fault  Jinsured Liability * Not at Fault  Jinsured Liability * Not at F	Claim 001 New  In Type +  Itact No. [Mostle]  Hall Address		Contact No.(Home) Oil Vehicle Number		SLF4610P		Contact No.(Office)	*	
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