			4 4 100 10	1 22	
NATIONAL Assessment Ce.		et 1 Jan'os) MNAINO		- n	L.
Date In: 10/11/19-15:15	Jeb description	Date &	ETime Completed	Done	py.
Res No: Ma INCNOCIONA	SAS e-filing	i			
Veh No: CCF198 VC	E-mail (within 8h	rs, AIC 2hrs)			•
D.O.A: 19/1/2-11:35	i-Motor Claim	Form [m]	1080467-01	2/1/0	5:34
	i-Motor W/O (Within: OD 2hrs, TP 4hrs)			2003
OD TP Reporting Only	i-Photo Upload	led			1
	Assessment/Surv				
TP Insurer:		Fax / Hand to Owner	/Wksp		
100		Tel:		ax:	
Preferred Wksp / INC Assign Wksp / QW:			on-INC()		
TP Particulars: Veh No:	Myop.	Tel:	on-mo())	
Owner / Driver: (Period: (Туре: (-
Policy No: ()		Date:	Time:	<u> </u>	
Confirmed by : (00%1	
	%) [Note-Est. Status (WC		21-1370. T. 50-1	7070]	
Year of Registration: () Warranty: YES ()/NO()			
	\$1,000 ()/\$2,000 ()	ES. AND COLOR SECTION	1815 175 175	-
General Remarks:-		Harrist A. Land and M. Harrist and A. Land		July 7: 1, 15	
() Walk-In Customer's Customer's		dential & Strictly NC	refer of repairer.		
() Total Loss Case : to e-mail In	surer URGENTLY.			<u> </u>	
Drive-In () / Towed-In (); Inv	voice: YES () / NO	(); Towing (Co: (1)
Remarks:- (INC hotline: 6788 661	6)	Date&	Time Completed	Done	by
The state of the s) / Courtesy Car ()	20000	, \$	50.137.4.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3	-
2) QC Check / Post Repair Inspection	()				D7 1.2 10 10
3) Upload Resurvey Photo [Repair Cost	> \$30001 ()				
Injurý:					
Date/Time Actions		1		MERICKE M	
	,				
				VIZIF CALLS	
v		Invoice Preparatio	n Checklist	Ant (\$)	Amt (
1 thought) AR : Accident Reporting			
laimant's Particulars :-		DA : Damege Assessme	nt (\$100); INC (\$5	30) 0/ \$ 45	
river/Owner:	14) TF : Towing Fee) FT : Follow-Through Su	ivey	\$120	
ontact No:	3) FT : Follow-Through Su For claiming against INC	rvey (Resurvey) COnly (wef 10 Jan 200)	\$30	-
) TR : Re-inspection	2000 E	\$75	
arnaged Portion:	17) N1 : Idac DA + SMRT S		\$160	
		OD*	ues.*		
C Checked by (Engr-In-Charge):	1	*NS: Courtesy Car / Tpt		\$5 \$10	
A STATE OF THE STA	5/.37387))*/s12/45 \$c2/15/65	*N6: Repair Co-ordinate *N7: Fost Repair Inspec	tion	\$25	
uditors! Comments :-		*N8: DV / Collect Exce	ss Coordination	\$3 \$20	
1.1:		TP (N11): TP (Non INC 9) N12: Idac Mobile		30	-
1. 2/3;	1	Invoice dated	fiee Charged		The state of
G- TANK	17	Invoice dated	Fee Charged	CHARLES TO SECOND	

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.
- 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

aforesaid.	
and the second state of the second	ACCIDENT STATEMENT
Date Of Report	20/01/2020 15:23
Date Of Accident	19/01/2020 11:35
Exact Location Of Accident	JUNC OLD CHOA CHU KANG RD & LIM CHU KANG RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLF1982K
Insured/Policyholder	
Name Of Registered Owner	MOHAMED RAFI BIN MOHAMED JAHANGER
NRIC No	SXXXX754Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93374324
Alternative Phone No	OFFICE-93374324
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C 200 KOMPRESSOR
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112398414
Cover Note Number	
Driver	

Driver

Name of Driver MOHAMED RAFI BIN MOHAMED JAHANGER

 NRIC No
 SXXXX754Z

 Date Of Birth
 20/03/1986

 Occupation
 INDOOR

 Date Of Driving Pass
 20/01/2011

Driving Experience 8 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93374324

Fax Number

Contact Number OFFICE-93374324

EMail Address NOEMAIL

BLK 810B CHOA CHU KANG AVENUE 7 Address

#10-519

682810 Postcode

NO Was driver an employee of the Insured's Company

OWNER 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

COLLISION - CROSS JUNCTION Type Of Accident

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

YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

NO

NO

2

YES Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1

NAME:

: MISS TRACY

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

NO

YES

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200119/7014.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJT440P Vehicle Make/Model/Colour BMW 6401

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 18

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MOHAMED RAFI BIN MOHAMED JAHANGER

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLF1982K

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name MISS TRACY

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLF1982K

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

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.
- 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 shall be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) Investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed;
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Ven A
SLIF 1982 k
Ven B:
SST 440P
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
Rofer to police report:

Rofer to police			
		 31	
THE INCOME.		 	
	me es e reservir	 	
And the second s			

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 Synature

Name:

NRIC/FIN No :

attent Goreldtostean 43

Date of Accident	19/1/2020 Accident Time: 1/35 (24-FIR-Format)					
Accident Place	: Old choo the KANG ROAD AND LIM CHU BANG					
Vehicle Reg. No. (Car Plate No.)	SLF 1982 K Junct					
Vehicle Make/Model	: MERCEDES BENZ C200					
Insurance Company	NTUC Policy No.					
Owner or Company Name /IC No.	: MOTIAMED RAFI BIN MOHAMED JAHANGER					
Owner or Company Contact No.	: 933743240wner's Hp Company Tel					
DRIVER'S Name / IC No.	: MUHAMED RAFI BIN MUHAMED JAHANGER					
DRIVER'S Date Of Birth	: 20 03 1986 DRIVER'S License Pass Date 20 1/ 2011					
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:					
DRIVER'S Address	: 8103 CHUA CHU KANG AVE 7 #10-519					
DRIVER'S Contact No./ Alt No.	:1)2)					
DRIVER'S Occupation	(INDOOR LOUTDOOR (e.g. working inside or outside office)					
Email Address	: Mexaces @ gmail- com					
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): 02 Female passenger. Injuries					
we there are sides Cantured by as	- 7					
	Party Driver's Particular (if any)					
Vehicle Reg. No: SJT 44	O P Vehicle Reg. No:					
Vehicle Reg. No: SJT 440 P Vehicle Reg. No: Vehicle Make Wodel:						
Name Difver:	Company of the Company of the Company					
IC No. Driver:	IC No. Driver:					
Driver's Contact & Add:	7 1 1 2 1 1 2 Add					

ALLEN LATE OF THE STREET

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A.





T/20200119/7014

1 of 3

Report No. T/20200119/7014

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A	TRAFFIC	ACCIDENT
-------------	---------	----------

Date/Tin 19/01/20	ne Report N 020 16:13	Made:	Vide Report No.: J/20200119/0099	Station Diary No.:	
Informa	nt's Particu	ulars		E 9030	
Name of MOHAM JAHANG ID Type	Informant: IED RAFI B SER / ID No.:	IN MOHAMED	Address: APT BLK 810B CHOA CHU SINGAPORE 682810 Contact No.: Home/Office:	KANG AVENUE 7 #10-519 Mobile: 93374324	
NRIC NO / S8607754Z Nationality: SINGAPORE CITIZEN			Email: mexaces@gmail.com		
Sex: Male	Age: 33	Date of Birth: 20/03/1986	: Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: Financial/Investment adviser		nt adviser	Driving Licence Information: Class:	Date of Expiry:	
			The second secon		

Type of Accident:	Injury Attended by Police			Type of Location X-Junction
Location: OLD CHOA C	CHU KANG ROAD	Road Surface:		Road Speed Limit: 60 Km/h
		Diy		
Clear Traffic Flow: Dual Carriage	. Way	Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SJT440P	Car	BMW	640		Seriously Damaged	2
SLF1982K	Car	MERCEDES BENZ	C 200 KOMPRESS	Silver	Seriously Damaged	1

Details of V	ehicle insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO	
SLF1982K	NTUC Income Insurance Co-Operative Limited	5112398414	06/09/2019	13/09/2020	





2 of 3

Report No. T/20200119/7014

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of Perso	n Involved			(Carlon)		
Any Pedestrian II	and the second s					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Driver						
Name	MOHAMED RAFI BIN MOHAMED JAHANGER			ID No		S8607754Z
Related Vehicle	SLF1982K (Car)			Conta	ct No.	93374324
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	19/01/2020 Date			harge		/2020
No. of Days granted Medical Leave 07			Degree o	finjury	Slight	

Brief Details.

I was travelling along Old Choa Chu Kang road passing by the junction between Jalan Bahar and Lim Chu Kang Road going straight on green light to my favor. When suddenly a car bearing SJT440P make a discretionary right turn from Old Choa Chu Kang Road to Jalan Bahar. The side of SJT440P came into contact with the front of my car. The impact was huge and my vehicle airbags were deployed. My vehicle front portion is seriously damage by the collision. I wish to state that ambulance and traffic police attended the scene as the other vehicle passengers was conveyed to the hospital by ambulance. I also wish to state that i felt pain and discomfort after the accident and consulted a doctor at Mount Alvernia Hospital and was given 7 days MC. and was given 7 days MC.

I have a passenger in my car at the point of time during the accident.

Name: Miss Tracy Contact: 97818329





3 of 3

Report No. T/20200119/7014

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

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1.2	V (2)	LL I		- 1	ca:	

Authentication Stamp

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 19/01/2020 16:13
Officer In Charge Of Case: TP / TPIB / THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:

eBao Tech				FERR						Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			The same of the same			Change	Languag	e • Chan	ge Password	· Log Out
My Desktop	Policy Query										
Notice of Loss	Policy N	lo.				Date o	of Accident	1	19/01/2020 1	11:35	
	Vehicle	No.(For Motor)	SLF198	2K		Certifi	cate Number	1			
					8	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112398414		MOHAMED RAFI BIN MOHAMED JAHANGER	S8607754Z	GPC	drivo CLASSIC	SLF19828	SLF1982K	06/09/2019	13/09/2020
					C	Continue					

Sequen	ce Date of Endorsemer	nt	Endorsement 1	Гуре	Endorsement	Status	Endorsement Content
	ements						
▶ Insure	d Object: SLF1982K						
Unit No.		Relate Numb	ed Policy er	5112398414			
Address 4	SINGAPORE 682810			Singapore address		Post Code	682810
Address 1	BLK 810B #10-519	Addre	ss 2	CHOA CHU KANG A	VENUE 7	Address 3	KEAT HONG COLOURS
Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
insurance Flag	No						
Co-		100	5-11-16				
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119		GST Flag	Y	
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	J/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	0	damage Excess	600		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess Own					
Policy issue Date	05/09/2019	Effective Date	06/09/2019	00:00	Expiry Date	13/09/2020 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 810B #10-519 CHOA CHU	KANG AVENUE	7 KEAT HONG	COLOURS SINGAP	ORE 682810		
Certificate No.							
Policy No.	5112398414	Policyholder Name	MOHAMED R	AFI BIN MOHAMED	Policyholder NRIC	S8607754Z	

5112398414	Vehicle No.	SLF1982K	GST Registration No.	
MOHAMED RAFT BIN MOHAMED JAHANGER			Policyholder NRIC	555077542
PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
93374324	Contact No.(Office)	0	Contact No.(Home)	0
	Special Remark		eCode	11 4
® No ○ Yes	TCA		eCode Reason	
No	NCD Entitlement(%)		Private mire	No
	MAG.			
		207		
		res		Collision - Cross Junction
19/01/2020	Time of Accident hh:mm	11:35	Country of Acodem	Singapore
	Orange Force		TCM No.	
JUNC OLD CHOA CHU KANG RD & LIM CHU K	ANG RD			
· ·				
Per Accident	Windscreen Excess	100.00		
500.00	TP Standard Excess	0.00		
			Daluar in Covernat?	Covered
	FIED IF EXCESS	0.00	Driver is covered:	Covered
600,00	Total TP Excess Applicable	0.00		
ation				
No		GST Registration Date		
		GST Status Verified	res	
ddress				
BLK 8108 #10-519	Address 2	CHOA CHU KANG AVENUE 7	Address 3	KEAT HONG COLOURS
				682810
			9480000000U	0.600
	Related Policy Number	5212398414		
HOHAMED RAFT BIN HOHAMED JAHANGER	Driver Type	Main Driver	non-market	CALLED TO THE COLUMN TO THE CO
	Onver NR3C	S8607754Z	Driver DOB	20/03/1986
20/01/2011	Driver Age	33	Driving Experience	
93374324	Contact No.(Office)	0	Contact No.(Home)	0
BLK 8108	Address 2	CHOA CHU KANG AVENUE 7	Address 3	KEAT HONG COLOURS
SINGAPORE 682810	Address Type	Singapore address	Post Code	682810
	1400 030 1400	Argonic society		0.000
○ Yes @ No	Oriver Vehicle No.		Driver Insurer Company	
0 mg	Any injury?	® Yes ○ No		
0 mg	Any injury?	® Yes ○ No		
0 mg	Any injury?	® Yes ○ No		
0 mg	Any injury?	® Yes ○ No		
0 mg	Any injury?	® Yes ○ No		
.0 mg	Any injury?	® Yes ○ No		
.0 mg	Any injury?	® Yes ○ No		
STATE OF STA		▼ YES □ NO MOHAMED RAFI BIN MCHAMED	Insured NRIC	\$8607754Z
0 mg	Insured Name	50000e37009	Insured NRIC	\$8607754Z
STATE OF STA	Insured Name Contact No.(Home)	MOHAMED RAFI BIN MCHAMED	Contact No.(Office)	
ОО-МХ	Insured Name Contact No.(Home) GI Vehicle Number	MOHAMED RAFI BIN MOHAMED SLF1982K		\$8607754Z SJT440P
GD-MX V	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	MOHAMED RAFI BIN MCHAMED	Contact No.(Office)	
ОО-МХ	Insured Name Contact No.(Home) GI Vehicle Number	MOHAMED RAFI BIN MOHAMED SLF1982K	Contact No.(Office)	
OD-MX Please Select >>>	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	MOHAMED RAFI BIN MOHAMED SLF1982K	Contact No. (Office) TP Venicle Number	
GD-MX V	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	MOHAMED RAFI BIN MOHAMED SLF1982K	Contact No.(Office)	
OD-MX Please Select >>>	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	MOHAMED RAFI BIN MOHAMED SLF1982K	Contact No. (Office) TP Venicle Number	
QD-MX V	Insured Name Contact No.(Home) Of Verticle Number Type of Benefit * Claimant NRUC * Insured Liability *	MOHAMED RAFI BON MCHAMED SLF1962K Please Select Not at Fault	Contact No.(Office) TP Venucle Number Name of Preferred Workshop	SJT440P
QD-MX V	Insured Name Contact No.(Home) Of Verticle Number Type of Benefit * Claimant NRUC * Insured Liability * Preference Repair Option	MOHAMED RAFI BIN MCHAMED SLF1982K Please Select	Contact No. (Office) TP Venucle Number Name of Preferred Workshop G14 report	STT440P
DD-MX V	Insured Name Contact No.(Home) Of Verticle Number Type of Benefit * Claimant NRUC * Insured Liability *	MOHAMED RAFI BON MCHAMED SLF1962K Please Select Not at Fault	Contact No.(Office) TP Venucle Number Name of Preferred Workshop	SJT440P
QD-MX V	Insured Name Contact No.(Home) Of Verticle Number Type of Benefit * Claimant NRUC * Insured Liability * Preference Repair Option	MOHAMED RAFI BON MCHAMED SLF1962K Please Select Not at Fault	Contact No. (Office) TP Venucle Number Name of Preferred Workshop G14 report	SJT440P
DD-MX V	Insured Name Contact No.(Home) Of Verticle Number Type of Benefit * Claimant NRUC * Insured Liability * Preference Repair Option	MOHAMED RAFI BON MCHAMED SLF1962K Please Select Not at Fault	Contact No. (Office) TP Venucle Number Name of Preferred Workshop G14 report	STEACH
DD-MX V	Insured Name Contact No.(Home) Of Verticle Number Type of Benefit * Claimant NRUC * Insured Liability * Preference Repair Option	MOHAMED RAFI BIN MOHAMED SLF1982K Please Salect Mot at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Venucle Number Name of Preferred Workshop G14 report	SJT440P
DD-MX V	Insured Name Contact No.(Home) Of Verticle Number Type of Benefit * Claimant NRUC * Insured Liability * Preference Repair Option	MOHAMED RAFI BON MCHAMED SLF1962K Please Select Not at Fault	Contact No. (Office) TP Venucle Number Name of Preferred Workshop G14 report	STT440P
DD-MX V	Insured Name Contact No.(Home) Of Verticle Number Type of Benefit * Claimant NRUC * Insured Liability * Preference Repair Option	MOHAMED RAFI BIN MOHAMED SLF1982K Please Salect Mot at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Venucle Number Name of Preferred Workshop G14 report	SJT440P
DD-MX V	Insured Name Contact No.(Home) Of Verticle Number Type of Benefit * Claimant NRUC * Insured Liability * Preference Repair Option	MOHAMED RAFI BIN MOHAMED SLF1982K Please Salect Mot at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Venucle Number Name of Preferred Workshop G14 report	SJT440P
DD-MX V	Insured Name Contact No.(Home) Of Verticle Number Type of Benefit * Claimant NRUC * Insured Liability * Preference Repair Option	MOHAMED RAFI BIN MOHAMED SLF1982K Please Salect Mot at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Venucle Number Name of Preferred Workshop G14 report	SJT440P
DD-MX V	Insured Name Contact No.(Home) Of Verticle Number Type of Benefit * Claimant NRUC * Insured Liability * Preference Repair Option	MOHAMED RAFI BIN MOHAMED SLF1982K Please Salect Mot at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Venucle Number Name of Preferred Workshop G14 report	STT440P
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