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Profurred Wicep / INC Assign Wicep / QW: (	THE PERSON NAMED OF THE PE	ATTOTIC BUT TO THE REAL PROPERTY OF THE REAL PROPER	W!
TP Particulars: SVeli No: SIL	10686 . INC(	. )/Non-INC( ).	
Owner / Driver: (		Tcl:	)
Policy No: ( ) Period:	( )	Cover Type: (	),
Confirmed by : (	· Dates	Times	)
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1) Apply for Transport Allowance ( )/ Courte	sy Cu ( )		
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QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$3000]			· · ·
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3) Upload Resurvey Photo [Repuir Cost > \$3000]  Injury:  Ala 200   S > S  river/Owner:	1) All 1 Acident 1 3) DA 1 Densey A 3) TV 2 Towling Fe 4) PT 2 Follow T	tepering (530); INC (310) assessment (5100);	September 1
3) Upload Resurvey Photo [Repuir Cost > \$3000]  Injury:  Alapana Alapa	1) All   Accident   2) DA   Danier   3) TF   Tollow-The   4) FT   Follow-The   5) FT   Follow-The   7) FT   Follow-The   7) FT   Follow-The   8) FT   Follow-The   9) FT   Follow-The   100   Follow-The	Seporting (530);  sevenment (5100); INC (110)  cough Survey (Resurvey) 13  cough Survey (Resurvey) 23  cough Survey (Resurvey) 33	SACRETORIS AVAILANTES
3) Upload Resurvey Photo [Repuir Cost > \$3000]  Injury:  Ala 200   S > S  river/Owner:	1) All   Accident   2) DA   Danier   4) PT   Follow-Th 2) PT   Follow-Th 3) PT   Follow-Th 4) PT   Follow-Th 5) PT   Re-fames 6) TR   Re-fames 7) NI   Idap DA	SMRCI Survey 310  SMRCI SURVEY	SACRATICAL STATES
3) Upload Resurvey Photo [Repuir Cost > \$3000]  Injury:  Ala 200   S > S  Priver/Owner:  Onthet No:	1) All   Academia 2) DA   Dansey A 3) TP   Towley Fe 4) PT   Follow-Th 5) YT   Follow-Th For claiming su 6) TR   Re-famoul 7) NI   Idao DA   4) NTUC Addition	SMRCI Survey 310  SMRCI SURVEY	SACRATICAL STATES
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3) Upload Resurvey Photo [Repuir Cost > \$3000]  Inflary:  Decrease Marketing Photo [Repuir Cost > \$3000]  Repuir Cost > \$3000]  Privary Decrease Marketing Photo [Repuir Cost > \$3000]  Repuir Cost > \$3000]	I) All   Academil  3) DA   Damey A  3) TV   Towing Fe  4) VI   Follow The  5) YI   Follow The  For claiming ate  () TR   Re-lamped  7) NI   I day DA +  4) NTUC Addition  Oligan  NI   Sourtery C  NI   Resident Co  NIC   Courtery C  NIC   Uspair Co  NIC   Volt   Volt   Volt   Uspair Co  NIC   Volt   Vol	teporting (\$30);  seesament (\$100); INC (\$10)  seesament (\$100); INC (\$10)	03.70.7 3 10.00 (3.00
3) Upload Resurvey Photo [Repuir Cost > \$3000]  Injury:  Additional Photo [Repuir Cost > \$3000]	I) All   Academil  3) DA   Damey A  3) TV   Towing Fe  4) VI   Follow The  5) YI   Follow The  For claiming ate  () TR   Re-lamped  7) NI   I day DA +  4) NTUC Addition  Oligan  NI   Sourtery C  NI   Resident Co  NIC   Courtery C  NIC   Uspair Co  NIC   Volt   Volt   Volt   Uspair Co  NIC   Volt   Vol	Seporting (530);  sevenment (5100); INC (110);  cough Survey (Resurvey) 51;  congh Survey (Resurvey) 51	15 (10 (10 (10 (10 (10 (10 (10 (10 (10 (10

# SINGAPORE ACCIDENT STATEMENT

# 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 witholding of material facts may allow insurance companies to
- 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

AND DEBOT	ACCIDENT STATEMENT
Date Of Report	17/02/2020 16:34
Date Of Accident	To the state of th
Exact Location Of Accident	17/02/2020 07:40
Country/State of Loss	ALONG BUKIT BATOK RD TOWARDS JURONG TOWN HALL RD SINGAPORE
THE RESERVE OF THE PARTY OF THE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	
Insured/Policyholder	FBK1961M
Name Of Registered Owner	
NRIC No	KESAVAN S/O APPANA
Email Address	SXXXX956F
Mobile Phone No	KESAVANYNAES@GMAIL.COM
Alternative Phone No	(LOCAL) +65-86133772
Vehicle Particulars	OTHERS-86133772
Manufacturer	KAWASAKI
Model	Z800 ABS-806CC
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5109071922
Cover Note Number	
Driver	
Name of Driver	KESAVAN S/O APPANA
NRIC No	SXXXX956F
Date Of Birth	05/09/1987
Occupation	OUTDOOR
Date Of Driving Pass	11/03/2015
Oriving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86133772
ax Number	(2001) 4000100112
Contact Number	OTHERS-86133772
Mail Address	KESAVANYNAES@GMAIL.COM

Address

BLK 489A CHOA CHU KANG AVENUE 5

#05-193

Postcode

681489

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO

involved in the accident

YES

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

1

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

QUEENSTOWN N.P.C.

Police Station Address

ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

## Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200217/2080

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

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

Vehicle Registration Number

SJL7068C

Vehicle Make/Model/Colour

TOYOTA VIOS

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LIM HUA MENG LOUIS

NRIC/Passport Number

SXXXX360C

Contact Number

97662730

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# Name KESAVAN S/O APPANA Approximate Age Injuries Sustain SLIGHT INJURY Injured person in which vehicle? FBK1961M Were seat belts worn? Was this injured conveyed to hospital by ambulance? 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of
  the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 17/02/2020

1540 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signatur

Name:

NRIC/FIN No.:

SKETCH PLAN	BVKIT BH WESTAYE 2		
RETERI FLAN	B+70 K		
	17 12		
		BD	
BUKITBAtokrd		8	
	TRAFFIL		0) 602 1011/00
	ZAVCLTON		A) FBK 1961M B) 37 L-7068C
ESCRIBE CIRCUMSTANCES OF		/	0) 30 - 1000 -
REFFIX 20 Pe	un pupor?	1/2020	10>17/2080
CLADATION			
CLARATION  e declare the foregoing particulars			
e declare the foregoing particulars	are true in every respect.		1 1
1			Mark
(s			W 1/100/ 2020
Cyholder's Signature	Driver's Signature	R	eporting Centre Personnel's Signature
1540 Krs	(If driver is not the policyholder) Date & Time:	N	ame:
15 40 KTS	Date & Time;	N	RIC/FIN No.:

# AGCIDENT STATEMENT

	ACC	DENT DATE 17 02 2020 (DD/MM/YYY), TIME ( 07 : 40 ) (HHIMN	
	loca	TION: Along Bukit BATOK Road Towards Turor	ij.
	Ť	DETAILS TO TOWARDS TUROR	y To
		A TION OF WHICE	3
		DINNIBANCE PUMBER FBK 1961M	
		ALTIC.	
	-	C)POLICY NUMBER: 5109071922	
		DIPOLICY TYPE: (DOMPREHENSIVE / THRO PARTY / THIRD PARTY FIRE ATHEFT)	É
			()
6		DITTPE: (SALOONY, COUPE / HPY / VANT LORXY / MOTORCYCLE, OTHERS)	
			1
		TO THE TRUE OF THE PROPERTY OF	
57			
	2.,	IF NO, PLEASE STATE [THIRD PARTY CLAIM / REPORTING ONLY]	16
		ANAMER KESAVAN SA ANORMA	
		THE RESERVE OF THE PROPERTY OF	
		LICE FOLD COUNTRY CANDE AVE SINGE	9
			13
Man A		* CONTINUE TO 3.4 IF DRIVER ALSO POUCY HOLDER	1
#HO of par	day Ach	DRIVER AS ABOVE MALE / FEMALE)	
Conduding	driver)	DINRIC/FIN/PASSBORY	2
()		DINRIC/FIN/PASSPORTIGONTACT!GONTACT!	127
			-
		"d) DATE OF BIRTH: (05 / 09 / 1987 ) (DD/MM/YYYY) .	7
		OCCUPATION: INDOOR OUTDOOR)	
	67	DOSTE DEDRIVING DACK 11/03/2015	
	4,	YAS UNIVER AN EMPLOYEE OF THE INSTITUTE OF THE ANDIOCOME	
		THE DRIVER WITH THE PROPERTY OF THE PROPERTY O	
	47.4	9/114011168 CONDITIONI (CLEAR / RAINING / CITIERS	
	6.	D)ROAD SURFACE: (DRY / WAT OTHERS	
900	7.	O) REPORTED TO POUCE (YES / NOT	
		IF YES, PLEASE STATE WHICH POLICE STATION QUEEN STOWN N	Dr
de transfer	8,	HIND PARTY VEHICLE	1,0
4 He of pass	engur	D) VEHICLE NUMBER: SJL 7068 C MODEL TOYOTA VI	DC.
Chedudien	delvar)	OI DINY ON O MANUELLIM HUA MENCH LOUIS	
( )	9.	21 MM2/FIN/FASSFORI 5/2055606 CONTACT 9766273	0
Maria di	170.50	THICK PART VEHICLE	
it No of pas	itengin.	d) VEHICLE NUMBER: MODEL!	4
(Induding	المويدم وإطالت	G) DRIVER'S NAME:	-
( )		1) NRICYFIN/PASSPORT: CONTACTION	-
1		26 0	III.

email = KESAVAN YNAES@gmail.com





Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

1 of 4 Report No. T/20200217/2080

# REPORT OF A TRAFFIC ACCIDENT

	ne Report I 020 15:06	Made:	Vide Report No.: Station Diary			
Informa	nt's Partic	ulars				
	f Informant. AN S/O API		Address: APT BLK 489A CHOA CHU I SINGAPORE 681489	KANG AVENUE 5 #05-193		
	/ ID No.: O / S87269	56F	Contact No.: Home/Office:	Mobile: 86133772		
National SINGAP	ity: ORE CITIZ	'EN	Email:			
Sex: Male	Age:	Date of Birth: 05/09/1987	Type of Informant: Rider			
Race: Indian			Language: English	Institution / School Name:		
Occupat CONTAI SPECIA	NER HAND	DLING	Driving Licence Information: Class: 2B,2A,2,3,4	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/02/2020 07:40	Type of Location: T-Junction
JURONG TO Along Bukit B Bukit Batok W Weather:	WN HALL ROAD	Jurong Town Hall Road,  Road Surface: Dry		kit Batok Road and
Clear				toda opeea Littii.
Clear Traffic Flow: One Way		Traffic Control: Traffic Light - Wo		raffic Volume:

Details of V	ehicle Involve	d		3 5 5 5 5		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBK1961M	Motorcycle	KAWASAKI	Z800 ABS M	Black	Slightly Damaged	0
SJL7068C	Car	ТОУОТА	VIOS	Blue	Slightly Damaged	0

Details of V	ehicle Insurance			Let be see to be
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999 2 of 4 Report No. T/20200217/2080

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK1961M	NTUC Income Insurance Co-Operative Limited	5109071922	27/04/2019	26/04/2020

Details of Perso	n Involved	THEFT			
Any Pedestrian I	nvolved: No				
No. of Pedestriar	ns Injured: NIL	Use of Ped	destrian	Cross	sing: NA
Rider					
Name	KESAVAN S/O APPANA		ID No.		S8726956F
Related Vehicle	FBK1961M (Motorcycle)		Conta	ct No.	86133772
Hospital/Clinic	BUKIT BATOK POLYCLINIC		Class of Driving Licence & Expiry Date		Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	17/02/2020	Date Disch	The state of the s	The second second	2/2020
No. of Days gran	ted Medical Leave 04	Degree of			
Driver					
Name	LIM HUA MENG LOUIS		ID No.		S7705360C
Related Vehicle	SJL7068C (Car)		Contact No.		97662730
Hospital/Clinic	NIL		Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch		NIL	
No. of Days gran	ted Medical Leave NIL	Degree of		NIL	

#### Brief Details.

On 17/02/2020 at about 0740hrs, I was riding my motorcycle FBK1961M, travelling along Bukit Batok Road towards Jurong Town Hall Road. I was on the second lane of the three lanes. Traffic was slightly congested however was still moving smoothly.

As I passed the junction of Bukit Batok Road and Bukit Batok West Avenue 2, suddenly one motorcar SJL7068C, which was on the third lane, filtered to the right abruptly. I was already travelling on the second lane and slightly ahead of the said motorcar.

The right side and front of the car collided onto the left side of my motorcycle. Due to the collision, I swerved to the left and almost lose balance however managed to control my motorcycle. I stopped at the side of the road and the motorcar remained at where he was at.

The damages to my motorcycle are scratches and dents on my left side mirror, engine case and also the left side of my cover set. The damages to the motorcar are the front bumper dropped off and also scratches on the front right of the motorcar and right mirror.





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

3 of 4 Report No. T/20200217/2080

CONTINUATION OF REPORT

Due to the collision, I suffered a cut on my left wrist and was bleeding. We exchanged particulars and subsequently I left the scene and proceeded to Bukit Batok Polyclinic for medical attention. I was then given 4 days of MC due to the swelling on my left wrist. The driver of the motorcar was still at scene as his motorcar could not move as the bumper had dropped. I observed no visible injuries on the driver.

I do have a video footage of the incident which another motorist provided to me. No government property damaged. Traffic Police and Ambulance was not at scene.





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

4 of 4 Report No. T/20200217/2080

CONTINUATION OF REPORT

# Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: D / Sgt 2 HIDAYAT BIN SELAMAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/fime: 17/02/2020 15:06
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:
Authentication Stamp	

#### Claim Handling Accident MT/1084689

Palley Na.	5109071922	Vehicle No.	PHK196104	- 0	ist Regio	tration No.
Certificate No.						
Policyholder Name	KESAVAN S/O APPANA			138	bluctyvite	er NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Th.	eff E	cading	
Contact No.(Monrie)	66133772	Contact Na.(Office)			ontact No	p.(Home)
mail Address		Special Remark			Code	
(FK	# No Yes	TCA	- No Yes		Code Hea	at and
VCD Protection	No	NCD Entitlement(%)	20		rivate His	
<b>▽</b> Accident Details		THE ENGINEERING MY	20	3	TIVALE IN	
	2010000000000000	salva aranga na paga mana matanga matanga na				
Report Date	17/02/2020 16:54	Accident Report Within 24 hrs	Yes	4	codent 7	ype
Date of Accident	17/02/2020	Time of Accident thirms	67:40		country of	f Accident
Reporting Centre		Grange Force		1	CM No.	
Accident Location	ALONG BUKIT BAYOK RD TOWARDS	JURCING TOWN HALL RD				
<ul> <li>Total Excess Applicable</li> </ul>						
Excess Type	Per Accident	Windscreen Excess				
0D Standard Excess	0.00	TP Standard Excuss		0.00		
/IED OD Excess						etoros cuer
	0:00	YIED TP Excess.		0.00	priver is 0	lovered?
Additional Excess						
Tutal OD Excess Applicable	0.00	Total TP Excess Applicable		0.00		
□ Benefits						
<ul> <li>GST Registered Informat</li> </ul>	ion					
ST Registered	No.		GST Registra	tion Date		
SST Registration No.			GST Status V	erifies		Yes
fedification History						
<ul> <li>Policyholder Mailing Add</li> </ul>	ress					
Address 1	BLK 489A #05-193	Address 2	CHOA CHU KANG AV	INUE S A	kddress 3	
Address 4	SINGAPORE SELARS	Address Type	Singapore address.		ust Code	Š.
Unit No.		Related Policy Number	5109071922			
□ OI Driver Info						
Driver Name	KESAVAN S/O APPANA	Oriver Type	Main Oriver			
Unnamed driver Name	ACTIVIDOS MANOROSAS	Driver NRIC	S8726956F		Driver DO	B.
Register Date of Driver License	01/07/2010	Driver Age	32			
Contact No. (Mobile)	86133772		1.00			perience
		Contact No.(Office)				o,(Home)
Address I	BLH: 489A #05-193	Address 2	CHOA CHU KANG AV	INUE 5	Address 3	
Address 4	SINGAPORE 681489	Address Type	Singapore address		ust Code	
Unit No.						
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	FBH1961M		ariver Ins	urer Company
wards british and state a						
Declaration						
Declaration Breathalyser or Blood Test	0 mg	Any Injury?	Yes - No			
Declaration Breathalyser or Blood Test	0.mg	Any Injury!	Yes - No			
Declaration Breatharyser or Blood Test Reading?	0 mg	Any Injury!	Yes - No			
Declaration Breatharyser or Blood Test Reading?	0 mg	Any injury!	Yes - No			
Declaration Breathalyser or Blood Test Reading?	0.rhg	Any Injury!	Yes - No			
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Declaration  Breathalyser or Blood Test Reading?  Hodification History  Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address	O. rhig	Any injury?	Yes - No	86133772	No. (Home) OI Vehicle Number	66514094
Declaration  Breathalyser or Blood Test Reading?  Hodification History  Claim 001 New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred	Insured Lability		Yes - No	S0133772 KESAVANYNAES BIGMAIL COM	No. (Home) OI Vehicle Number	66514094
Declaration  Breathalyser or Blood Test Reading?  Hodification History  Claim 001 Next  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred  Workshop	Insured Lability Preferenced	Wot at Fault		S0133772 KESAVANYNAES BIGMAIL COM	No. (Home) OI Vehicle Number	66514094
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-64	NAC_BUKIT_MERAH_800676( NA S (BUKIT MERAH)	TIONAL ASSESSMENT CENTRE SERVICE ) on 17 Feb 2020 16:55	Photos		Normal		Pho	toe 2020	1-2-17
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12	NAC_BUKIT_MERAH_BD0676; NA S (BUKIT MERAH	NTIONAL ASSESSMENT CENTRE SERVICE () on 17 Feb 2020 15:57	Photos		Normal	Photos 2020-2		0-2-17	
7	NAC_BURIT_MERAH_BOG676( NU 5 (BURIT MERAH	ATIONAL ASSESSMENT CENTRE SERVICE 1) on 17 Feb 2020, IS 57	Photos		Normal	: Photos 2020-2		0-2-17	
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34	NAC_BUKIT_MERAH_800676( N 5 (BUKIT MERAH	ATIONAL ASSESSMENT CENTRE SERVICE () on 17 Fep 2020 18:57	Photos		Normal		Photos 2020-2-17		
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