NATIONAL Amagentary			1.
TALIONAL ASSESSMENT CEN	itre Services.   wet 1 Jan'05		
Date In: 31/2/2-11/17	Jcb description	Date & Time Completed	Done by
Ref No: 44/14 ( 2000 47 of 24	SAS e-filing	i	
Veh No: SUR 7048E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/3/2-7:00	i-Motor Claim Form	M7/1090160-001	31/3/20 11:28
	i-Motor W/O (Within: OD 2	hrs, TP 4hrs)	
OD / TP / Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		Management of the National Control of the National Con
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (			Fax:
TP Particulars: Veh No: Sic		( )/Non-INC( ).	100 to 10
Owner / Driver: (		Tel:	)
Policy No: ( )	Period: (	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: \$	31,000()/\$2,000()		
General Remarks;-			
( ) Walk-In Customer: Customers i			
		outcuy NO Tales of Teposion	
( ) Total Loss Case : to e-mail Ins		The Cont of	
Drive-In ( ) / Towed-In ( ); Invo	pice: YES( )/NO( );	Towing Co: (	
Remarks:- (INC hotline: 6788 6616	) –	Date&Time Completed	Done by
Apply for Transport Allowance ( )	/ Courtesy Car ( )		
2) QC Check / Post Repair Inspection	( )		
3) Upload Resurvey Photo [Repair Cost >	\$3000] ( )		10.
Interior		1 1	
Injury:			Contraction of the Contraction o
			TANGE OF SECTION
Date/Time Actions	1	eparation Checklist	Ant (S) Ant
Date/Time: Actions	1	eparation Checklist.	Ant (S) Ant
Date/Time: Actions	Invoice Property of the Proper	eparation Checklist; int Reporting (\$30); to Assessment (\$100); INC (\$	Ant (S) Amil
Date/Time Actions   A2222414   A12222414  Amant's Particulars:	Invoice Particle Part	cparation Checklist; int Reporting (\$30); to Assessment (\$100); INC (\$ to Fee \$4  Through Survey	Ant (S) Ant
Date/Time Actions   A1200414  zimant's Particulars:	Invoice Pr 1) AR: Accide 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow	eparation Checklist:  Int Reporting (\$30); Int Assessment (\$100); INC (\$ If Fee \$4  Through Survey  Through Survey (Resurvey)	Ant (\$) Amt 75t Bill Add I 80) 0/\$45 \$120 \$30
Date/Time Actions   A222414  stimant's Particulars:- iver/Owner: ontact No:	Invoice Pr 1) AR: Accide 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow	eparation Checklist.  Introduction (\$30); Introduction (\$100); INC	Ant (\$) Am. (\$)    So
Date/Time Actions   A222414  stimant's Particulars:- iver/Owner: ontact No:	Invoice Particle Part	eparation Checklist:  Int Reporting (\$30); The Assessment (\$100); The \$4  Through Survey Through Survey (Resurvey) Tagainst INC Only (wef 10 Jan 200 pection  A + SMRT Survey	Ant (\$) Am. (\$)    So
Date/Time: Actions  Actions  Actions  aimant's Particulars: iver/Owner: ontact No: amaged Portion:	Invoice Pi  1) AR : Accide 2) DA : Dama 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idac D 3) NTUC Add	eparation Checklist: Int Reporting (\$30); Int Reporting (\$100); INC (\$100); In	Ant (\$) Am. (\$)    So
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Actions  Act	Invoice Particle Part	eparation Checklist.  Introduction (\$30); Introduction (\$100); INC	Ant (\$) Am.    fst Bill   Add I   800     800
Date/Time Actions  Actions  Actions  Actions  Actions  Actions  Characteristiculars:  Checked by (Engr-In-Charge):	Invoice Pr  1) AR: Accide 2) DA: Dama 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idac D  2	eparation Checklist.  Introduction (\$30); Introduction (\$100), INC (\$100); INC	Ant (\$) Am. (\$)    So
Date/Time Actions  Actions  Linear Section Sec	Invoice Pr  1) AR: Accide 2) DA: Dama 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idac D  2	eparation Checklist:  Int Reporting (\$30); Ite Assessment (\$100); INC (\$50);	Ant (\$) Am. (\$)    fst Bill   Add.     80)   80/\$45   \$120   \$30   \$55   \$160   \$55   \$510   \$25

# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Contact Number EMail Address

- Please report <u>correctly</u> 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.
- 5. 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.
- 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.

orono.	
	ACCIDENT STATEMENT
Date Of Report	31/03/2020 11:15
Date Of Accident	29/03/2020 21:00
Exact Location Of Accident	287A CHOA CHU KANG AVE 2 CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR7048E
Insured/Policyholder	
Name Of Registered Owner	BENEFIT AUTO
Co Reg No	5XXXX670E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5110923222
Cover Note Number	
Driver	
Name of Driver	CAO ZHIYI
NRIC No	SXXXX740I
Date Of Birth	24/03/1995
Occupation	OUTDOOR
Date Of Driving Pass	20/01/2015
Driving Experience	5 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-86122060
Fax Number	
Control No.	OFFICE 00400000

OFFICE-86122060

NOEMAIL

Address

48 TOH TUCK ROAD

#04-03

Postcode

596739

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

ith the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

\*

General Information of the Accident

Type Of Accident

SIDE SWIPE

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

2

Was any body injured in the Accident?

NO

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.

YES NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

.

GENDER:

: FEMALE

Passenger 2

NAME:

£ ...

GENDER:

: FEMALE

Passenger 3

NAME:

. -

GENDER:

: MALE

**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** 

Vehicle Registration Number

SKU718Y

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

# IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or 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
- 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.
- 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
- 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)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
  - (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
- (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

ver's Signature driver is not the policyholder)

Date & Time:

Reporting Centre Persony Name:

NRIC/FIN NO.:

A	SLR 7048 E	2 2 1
B	SKU 7187.	3 CZ 7
	ENT.	A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While exiting and turbing right of the Multistorey
carpark, and to avoid an encoming car about to enter
the sisse it is a like special to the six
the corpart, I turned the corner abit too late and
brushed against car B, which was parked slightly out of
it's lot on its right - I have left a note on Cor B3
it's lot on it's right. I have left a note on) Car B3 car window but have bee yet to be wortacted as of nour which is also be the reason for delayed
and the yell of the second
now, when is also se the reason for delayed
reporting.

DECLARATION

1/We declare the foregoing particulars are true in every respect.

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

differiver is not the policyholder)

Reporting Centre Personnel's signature

ATE OF ACCIDENT	8 E MAKE & M 29 / 03 / 202	0.
ME OF ACCIDENT	A	
OCATION OF ACCIDENT	287A CHOOA CH	Wang Ave 2 1st level
	10 1 1 1 1	
xact Purpose use during accident	BEHEFIT AU	70
AME OF OWNER	SCHELL LOC	10
ELP NO		
RIC		
LAIM TYPE	OD / THIRD PARTY	Reporting Only
RIVATE HIRE	YE8/NO ?	
NSURANCE CO.	MTUC	
YPE OF CAVERAGE	Comprehensive / Third P	arty / Third Party Fire & Theft
OLICY NO.	511092322	2-000024.
	As above / If No: Cu	Any passengers: THREE.
NAME OF DRIVER	595727401	Any passengers: THREE .
VRIC	24/03/199	
DATE OF BIRTH	Outdoor / Indoor	
OCCUPATION DA SS	20/06/20	16
DATE OF DRIVING PASS	Male / Female	
GENDER	86122060 · Office:	1 Home:
CONTAC NO.	118 TOH TU	ick Rd. (596739)
ADDRESS	NO I IS was a Reg No.	
DRIVER HAVE ANY OWN Vehic	Employee / If No: H	IRE.
RELATIONSHIP	Employee	
WEATHER CONDITION	Clear / Raining /	Others
ROAD SURFACE	No / If yes : Who?	
ANY INJURIES	Ng / 11 yes : Willo.	
CONTAC NO.	(No) If yes : Where?	
POLICE REPORT	3KU 7184	Any Passenger: Mo.
VEHICLE B NO.	JRU TIU	
NAME		
CONTAC NO.		Any Passenger:
VEHICLE C NO.		Any Passenger :
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		N. Carlotte
ANY WITNESS		
WITNESS CONTACT NO.	norman soliciting (s) /	
Have you been approach by unk	nown person somering (3)	YES / NO
offering accident claims assistan	cer	
2000000	Sme Motor Pte Ltd	C. Consell Automorley Dto Ltd.
PARTICULAR WORKSHOP	1 Kaki bakit aye 6 #02-1	6 Speed Autowerkz Pte Ltd
TELP NO	Autobay @ kaki bukit	5 68 Kaki Bukit Avenue 6 #02-05 ARK @ KB, Singapore 417896
CONTACT PERSON	Sincapore 417883	Tel: 6384 7037 Fax: 6384 7039
PAVNIC	Singapore 41/865	Email: 6speedautowerkz@gmail.com



# Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPEN	SATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPEN	
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	
	(* * * * * * * * * * * * * * * * * * *

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5110923222-000024

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLR7048E

Chassis Number

: RU31252252

2. Name of Policyholder

: BENEFIT AUTO

3. Effective Date of Insurance

: 14 Jul 2019

4. Expiry Date of Insurance

: 13 Jul 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

#### This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO : NO **EXCESS WAIVER** PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : MAYBANK SINGAPORE LIMITED

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: BENEFIT AUTO INSURANCE AGENCY (00000573333)

Date of Issue

: 04 Jul 2019 14:43 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

**Chief Executive** 

Hello, NAC_PAYA_UBI_800	601	10,000				- ALL STREET	· Channe	Language	· Chan	ge Password	· Log Ou
AND THE RESERVE TO TH							Citaling	Language	Citati	ge rassword	209 00
My Desktop	Poli	cy Query			97						
Notice of Loss	Policy N	Va.	5110923	3222		Date o	f Accident	2	9/03/2020 2	21:00	
	Vehicle	No.(For Motor)	SLR7048	BE		Certific	cate Number				
					-	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5110923222	5110923222- 000024	BENEFIT	53121670E	GFM	drivo CLASSIC	SLR7048E	SLR7048E	14/07/2019	13/07/2020

Policy No.	5110923222	Policyholder Name	BENEFIT A	NUTO	Policyholder NRIC	53121670E	
Certificate No.	5110923222-000024						
Address	2 SIMS CLOSE #01-08 GEMINI	SIMS SING	APORE 387	298			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	04/07/2019	Effective Date	14/07/201	9 00:00	Expiry Date	13/07/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
	BENEFIT AUTO INSURANCE AGE	Agent Tel	64445313		GST Flag	v	
Agent	BENEFT! AGTO INSURANCE AGE	regent cen	04443323		GS1 Flag	1	
Co- insurance	No.		34443323		GS1 Flag		
Co- insurance Flag Open			3443323		QST Flag		
Co- insurance Flag Open Policy Info Certificate			3443333		GST Flag		
Co- insurance Flag Open Policy Info Certificate Info					GST Flag		
Co- insurance Flag Open Policy Info Certificate Info Policyh	No	Addre		#01-08 GEMINI @		Address 3	SINGAPORE 387298
Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1	No nolder Mailing Address	Addre		#01-08 GEMINI @	SIMS ,	Address 3	SINGAPORE 387298 387298
Agent Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	No nolder Mailing Address	Addre:	ss 2 ss Type d Policy	DOMESTIC STANDARD STANDARD STANDARD	SIMS ,		
Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	No nolder Mailing Address	Addre: Addre: Relate Numb:	ss 2 ss Type d Policy	Singapore address	SIMS ,		
Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	nolder Mailing Address 2 SIMS CLOSE d Object: 5110923222-000024	Addre: Addre: Relate Numb:	ss 2 ss Type d Policy	Singapore address	SIMS ,		
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Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured Flagors Sequen	No  solder Mailing Address 2 SIMS CLOSE  d Object: 5110923222-000024	Addre: Addre: Relate Numbi	ss 2 ss Type d Policy er	Singapore address 5095864980-02	SIMS	Post Code	387298

olicy No.		7.100 P. N. 170		10/10/2009/00/2017/19/19	
	5110923222	Vehicle No.	SLR7048E	GST Registration No.	
ertificate No.	5110923222-000024				
olicyholder Name	BENEFIT AUTO			Policyholder NRIC	53121670E
roduct Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
ontact No. (Mobile)	0	Contact No. (Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	No. O
FK	® No ○ Yes	TCA	® No. ○ Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details			59		
		England Street Wildlin 74 Str		Acceptant Town	Pode Poster
eport Date	31/03/2020 11:25	Accident Report Within 24 hrs	Yes	Acadent Type	Side Swipe
ste of Accident	29/03/2020	Time of Accident hh:mm	21:00	Country of Accident	Singapore
eparting Centre		Orange Force		ICM No.	
ccident Location	287A CHOA CHU KANG AVE 2 CARPARK				
Total Excess Applicable					
coess Type	Per Accident	Windscreen Excess	100.00		
200	100000	23/20/12/20/20			
D Standard Excess	2,000.00	TP Standard Excess	1,500.00	armemanical a	
ED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
dditional Excess	0				
otal OD Excess Applicable	2000.00	Total TP Excess Applicable			
₹ Benefits					
GST Registered Informa	tion				
T Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
odification History					
	N .				
Policyholder Mailing Add		12770-027	Notice authorized the Committee of the C	0.0000000	100000000000000000000000000000000000000
ddress 1	2 SIMS CLOSE	Address 2	#01-08 GEMINI @ SIMS	Address 3	SINGAPORE 387298
ddress 4		Address Type	Singapore address	Post Code	387298
nt No.		Related Policy Number	5095864960-02		
OI Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
nnamed driver Name	CAO ZHIYI	Driver NR3C	SXXXX740I	Driver DOS	24/03/1995
egister Date of Driver License	20/01/2015	Onver Age	25	Driving Experience	5
ontact No.(Mobile)	86122060	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	48 TOH TUCK ROAD	Address 2	SIGNATURE PARK	Address 3	SINGAPORE 596739
ddress 4	100.100.018.01.000.00	Address Type	Singapore address	Post Code	596739
	47.45	Address Type	de gapera acciona	Four Code	330133
nit No. loes he own a Singapore	04-03				
egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
PARTICIPAT					
eclaration reatheryser or Blood Test			00		
eading?	0 mg	Any injury?	○ Yes ® No		
odification History					
ACTUAL COLONIA DESCRIPTION OF THE PARTY OF T					
ACCUSATION AND ADMINISTRATION AN					
ACCUSATION AND ADMINISTRATION AN					
Claim 001 New	[ор-их	Insured Name	BENEFIT AUTO	Insured NRIC	53121670E
Claim 001 New	Ор-нх	Insured Name	BENEFIT AUTO		
Claim 001 New	94247885	Contact No.(Home)		Contact No.(Office)	64445913
Claim 001 New larm Type * sontact No. (Mobile) mail Address	94247885 JOBENEFITAUTOBGMAIL COM	Contact No.(Home) Of Vehicle Number	SLR7048E		
Claim 001 New laim Type * sortact No.(Moore) mail Address laimant Type Claimant Type *	94247885  JOSENEFITAL/TOBGMAIL.COM  Please Select	Contact No. (Home) Of Vehicle Number Type of Benefit *		Contact No.(Office)	64445913
Claim 001 New laim Type * sortact No.(Mobile) mail Address laimant Type Claimant Type * laimant Name *	94247885 JOBENEFITAUTOBGMAIL COM	Contact No.(Home) Of Vehicle Number	SLR7048E	Contact No.(Office)	64445913
Claim 003 New larm Type * sontact No. (Mobile) mail Address larmant Type Claimant Type * larmant Name * larmant Address	94247805  JOBENEFTTAUTO®GMAJL.COM  Please Select	Contact No. (Home) Of Vehicle Number Type of Benefit *	SLR7048E	Contact No.(Office) TP Vehicle Number	64445913
Claim 001 New  Iarm Type *  Iarm Type *  Iarmatt No.(Mobile)  Iarmant Type Claimant Type *  Iarmant Name *  Iarmant Name *  Iarmant Address  Iarmant Description	94247885  JOSENEFITAL/TOBGMAIL.COM  Please Select	Contact No. (Home) Of Vehicle Number Type of Benefit *	3LR7048E Please Select	Contact No.(Office)	64445913
Claim 001 New  laim Type * ontact No.(Mobile) mail Address laimant Type Claimant Type * laimant Name * laimant Made se laimant Mare in the contact of the co	94247805  JOBENEFTTAUTO®GMAJL.COM  Please Select	Contact No. (Home) Of Vehicle Number Type of Benefit *	SLR7048E	Contact No.(Office) TP Vehicle Number	64445913
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