	Services ::	Jan 97]	E	MIUA 120	041346	
NATIONAL Assessment Centre	Jeb description		Date &	Time Completed		
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Veh No. SLC 4975	i-Motor Claim F		1 2 2 - 1	100117700	914120	11:50
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	Assessment/Surve		i		- 78	
TP Insurer:	Ass't Report by Fr		Owner	Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:		Fax:	
	SLD 133 L.	INC ()/N	n-INC()		
Owner / Driver: (SLU ISSE.		Tel:)	
	iod: ()	Cover	Type: ()	
Confirmed by : (ate:		Time:)	
Insured/Driver Liability: (%)	Note-Est Status (WO): N: 0-2	0%; P:	21-79%. F: 80	-100%]	
		/NO()			
Bycarry (S) Loading: \$1,00	00()/\$2,000()				
General Remarks	TO CHARLES	4	2234	Sandy A. L.		
() Walk-In Customer: Customer's Infor	mation strictly Confid	ential & St	rictly NC	refer of repaire	r.	
() Walk-In Customer's Customer's into	TID CRAITE V					THE REAL PROPERTY.
() Total Loss Case : to e-mail Insure		/ \.	Cowing ()
Drive-In ()/ Towed-In (); Invoice					E127820050 26	
Remarks - (INC horling: 6788 6616)			35 Days	Time Compleid	2 Done t	У
	Courtesy Car ()					-
2) QC Check / Post Repair Inspection	()					-
3) Upload Resurvey Photo [Repair Cost > \$3	3000] ()	W. C. Control				J. 100-2
5) Opio22 (title 11 -)			*************			
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Injury:			•	1000 TOM	SE 1.29 . "	,
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Dafe/Time / Actions Machine / Actions	A 20026SI	1) AR : Accid 2) DA : Dama 3) TF : Towin	ent Reporti ge Assessn g Fee	ng (530); sent (5100); IN	C (\$30)	4.
Dafe/Time Actions Mi Claimant's Particulars:	A 20026SI	1) AR : Accid 2) DA : Dame 3) TF : Towin 4) FT : Follow	ent Reporti ge Assessn g Fee v-Through	ng (530); sent (5100); IN Survey Survey (Resurvey)	\$30 \$120 \$120 \$2005)	4.
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Onfe/Time Actions Mi Claimant's Particulars: Driver/Owner: Contact No:	A 20026SI	1) AR : Accid 2) DA : Dame 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin	ent Reporti ge Assessn g Fee v-Through v-Through gegelnst I spection DA + SMR	ng (530); nent (5100); IN Survey Survey (Resurvey) NG Only (wef 10 Jen I Survey	\$30 \$120 \$120 \$2005)	4.
Claumant's Particulars: Driver/Owner: Contact No: Damäged Portion:	A 20026SI	1) AR : Accid 2) DA : Dama 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in 7) NI : Idao I 8) NTUC Ad	ent Reporti ge Assessing Fee v-Through v-Through ig against I spection DA + SMR ditional Se	ng (530); nent (5100); IN Survey Survey (Resurvey) NC Only (wef 10 Jen T Survey vioos:-	\$2005) \$75	4.
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Chumant's Particulars: Oriver/Owner: Contact No: Damäged Portion: QC Checked by (Engr-In-Charge):	A 20026SI	1) AR : Accid 2) DA : Dame 3) TF : Towin 4) FT : Follow 5) FT : Follow 6) TR : Re-iu 7) NI : Idao I 8) NTUC Ad OD: *N5: Cour *N6: Repe	ent Reporting Assessing Fee V-Through V-Through Ig against I spection DA + SMR ditional Section tory Car / 7 if Co-ordin Repair Ins	ng (530); sent (5100); IN Survey Survey (Resurvey) NC Only (wef 10 Jen I Survey ryloos:- To Allowance section	\$2005) \$120 \$30 \$2005) \$75 \$160 \$5 \$10 \$25	4.
Dafe/Time Actions Mi Claumant's Particulars: Driver/Owner:	A 20026SI	1) AR; Accid 2) DA; Dama 3) TF; Towin 4) FT; Follov 5) FT; Follov Foi claimin 6) TR; Re-iu 7) NI; Idao I 8) NTUC Ad OD* •N5; Cour •N6; Repe •N7; Fost •N8; DV	ent Reporti ge Assessin g Fee v-Through v-Through g against I spection DA + SMR ditional Section citesy Car / 7 dir Co-ordin Repair Insi / Collect Ex	ng (530); nent (5100); IN Survey Survey (Resurvey) NC Only (wef 10 Jen I Survey vicos:- p Allowance action cocts Coordination	\$2005) \$120 \$300 \$2005) \$575 \$1160 \$55 \$110 \$525 \$53	4.
Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Additors' Comments:	A 20026SI	1) AR; Accid 2) DA; Dama 3) TF; Towin 4) FT; Follov 5) FT; Follov Foi claimin 6) TR; Re-iu 7) NI; Idao I 8) NTUC Ad OD* •N5; Cour •N6; Repe •N7; Fost •N8; DV	ent Reporting Assessing Fee v-Through v-Through gageinst I spection DA + SMR ditional Se ttery Car / 7 if Co-ordin Repair Ins Collect Ex : TP (Non.	ng (530); sent (5100); IN Survey Survey (Resurvey) NC Only (wef 10 Jen I Survey ryloos:- To Allowance section	\$2005) \$120 \$300 \$2005) \$150 \$5160 \$5160 \$55 \$510 \$525 \$520 \$30	· Amt · Add

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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.
- 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.
- 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

自己的一种人们的一种人们的一种人们的一种人们的一种人们的一种人们的一种人们的一种人们	ACCIDENT STATEMENT
Date Of Report	09/04/2020 10:06
Date Of Accident	08/04/2020 10:05
exact Location Of Accident	ALONG MACPHERSON RD ESSO PETROL KROSK
Country/State of Loss	SINGAPORE
D. D	ETAILS OF OWN VEHICLE
/ehicle Registration Number	SLC497S
nsured/Policyholder	
Name Of Registered Owner	HJ CAR RENTAL PTE LTD
Co Reg No	2XXXXX281R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-85117288
Vehicle Particulars	
Manufacturer	AUDI
Model	A3
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	NO
Policy Number	5114557500
Cover Note Number	
Driver	
Name of Driver	TAN KIM SOON (CHEN JINSHUN)
NRIC No	SXXXX046A
Date Of Birth	03/09/1973
Occupation	OUTDOOR
Date Of Driving Pass	07/01/2008
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85117288

NOEMAIL

BLK 346 KANG CHING RD #09-117 Address

610346 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

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

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

NO

NO

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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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

SLD133L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Name

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

TAN KIM SOON (CHEN JINSHUN)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SLC497S

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <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 aforesald.
- 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:
 - 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:

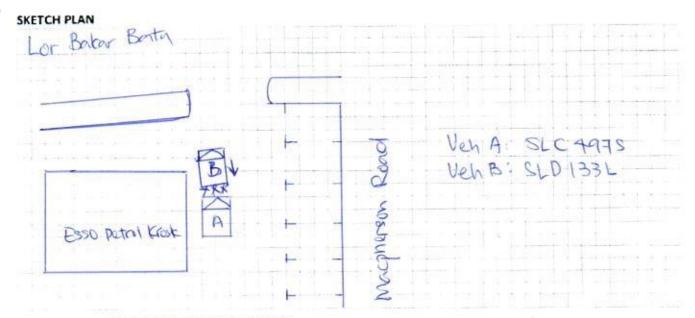
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my retrick A (SLC4978)
traveling along Macpherson Road Esso petrol krosk. My vehicle was
Stationery and queue for the cor wash. Out of sudden, vehicle B
(SLD133L) ahead reversed his vehicle and the rear portron of
vehicle is collided onto the front portran of my vehicle. After
accident, I alighted and the third party drive trying to escape
from the accident scene. I walked near the vehicle and vehicle B
hit onto my leg when he reversed his vehicle.

DECLARATION

201843281R

we seclare 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 Signature

Name:

NRIC/FIN No.:

/ehicle No.	SLC4978 Model/Make Andi A3
Pate of Accident	8/4/2020
ime of Accident	1005 HRS
ocation of Accident	Along Macpherson Road Esso petrol Krosk
xact purpose use during acc	cident Private use
Name of Owner	HJ Car Rental Pte Ltd
elephone No.	H/P: Home: Office:
NRIC	201843281R
Address	6001 Banch Ruad #08-06 S(199589)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	5114557500-000020
Name of Driver	As Above If No, Tan Kim Soon
VRIC	87332046A Any Passengers:
Date of birth	3 9 1 1973
Occupation	Outdoor / Indoor
Driving License Pass Date	7/1/2008
Gender	Male / Female
Contact No.	H/P: 8511 7287 Home: Office:
Address	BLK 3+6 Kang Ching Road #09-117 S(610546)
Driver have any own vehicle	
Relationship	Employee, If no, state Hiver
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	Tan Kim Soon 85117288
Name And Contact No.	
Police Report	16 If Yes, Where? 4 2020 0408/ 5/14
Vehicle B No.	SLD 133L Any Passengers :
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Front portion
Camera Recorder	Yes /No
Email Address	ashley kimsoon @ gmail.com
PARTICULAR WORKSHOP	N-51 Automotive Pte Utd
CONTACT NO.	6842 0051 / 6744 0510
	Brandon
CONTACT PERSON	(Mender)



Name: TAN KIM SOON		NRIC: 57332046A	
TEMPORARY TAXI DRIVER'S	VOCATIONAL LIC	CENCE	7
1. You have passed the vocational licence co	empetency test and have been	een granted a Taxi Driver's Vocational Licence (TD	VL).
TDVL Commencement Date:	2 2 NOV 2019	For N-51 Automotive Pte Ltd For Twincar Automotive Pte Ltd Accident Use Only	
2. You must display this Temporary TDVI	in your vehicle at all time	nes while driving a taxi/chauffeured private hire	car,
	Card within 6 months of t	e Card that will replace this Temporary TDVL. the TDVL Commencement Date and display it in y	our taxi/car
Kwan Mei Fong	JGAPO	ORE TAXI ACADE	
Assistant Registrar of Vehicles		LEON	
Land Transport Authority of Singapore		OFFICER *	
This Temporary TDVL is handed to you by (centre officer designation), of	(centre name).	he afficer name),	



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

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

Certificate Number: 5114557500-000020

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLC497S

Chassis Number

: WAUZZZ8V0G1086705

2. Name of Policyholder

: HJ CAR RENTAL PTE LTD

3. Effective Date of Insurance

: 14 Jan 2020

4. Expiry Date of Insurance

: 13 Jan 2021

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.

ricauniga.	
EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	; S\$1,500
WINDSCREEN EXCESS	; \$\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO (5/3/2)A
TRANSPORT ALLOWANCE	: NO (=(3,)6)
	: NO * 3/8/~
EXCESS WAIVER	: N/A
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: DBS BANK LTD
HIRE PURCHASE COMPANY	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS
SUM INSURED	: WARKET VALUE OF THE STREET

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)

: HAMILTON AUTOHUB PTE, LTD. (00000573281)

Date of Issue

: 09 Jan 2020 09:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

HJ CAR RENTAL PTE LTD

6001 Beach Road, Golden Mile Tower #08-06 SINGAPORE 199589 ROC: 201843281R

OFFICE

: 8838 0101 | 8808 6135 | 8666 0101

INVOICE

FAX

EMAIL

DATE

Company Name

Company Address

Hirer's Name

tan kim soon

Hirer's Address

blk 346 kang ching rd #09-117 s610346

SIN SIN

DOB

03/09/1973

NRIC/Passport No. Driving License No. s7332046a s7332046a

Issue By

TP

Local Contact

85117288





Right Side



Back



Front



Model audi a3 slc497s Licence Plate Colour

* Rates do not include Petrol.

Taken

E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F

Return

E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F

* Every 1/8 of petrol used is chargeable @ \$20 nett.

D = Deaty

Start Date

= Scratches

R = Rust

M = Missing

RENTAL DETRILS

Return Date

- Chips

Start Time

1355

Apr-20 21 4 20 Return Time

1355

Тор

48 19	RA*	TES QT	Y TOTAL
Rental Amount			1
Additional Driver			
Malaysia Usage YES			11/2
Rental of GPS			
Rental of P-Plate	1		

Total Cost Of Rental

Remarks:

MOTNTHS CONTRACT, PENALTY APPLIES IF BREAK CONTRACT

* LATE CHARGES APPLY*

REPLACEMENT CAR FOR 6520

Hirer's Signature

Claim Handling

ccident MT/1091173			6161636		GST Reni	stration No.		
olicy No.	5114557500	Vehicle No.	5LC4975		and the grant of t			
Certificate No.	5114557500-000020				W-20-00-00	u- NOTE	500	0.00000
Policyholder Name	H) CAR RENTAL PTE LTD				Policyholo	ser NRIC		18437818
Product Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC		Loading		0	
Contact No.(Mobile)	85117248	Contact No.(Office)			Contact N	io.(Home)	-	
Email Address		Special Remark			eCode		No	. *
(FK	+ No Yes	TCA	· No Yes		eCode Re	ason		
VCD Protection	No.	NCD Entitlement(%)	0		Private H	re	Yes	
	red							
Accident Details		CONTRACTOR OF THE PARTY OF THE	902		Accident	Tuna	Da	maged w
Report Date	09/04/2020 11:34	Accident Report Within 24 hrs	Yes					17.15.00.00
Date of Accident	08/04/2020	Time of Accident hh:mm	10:05		Country	of Accident	Sin	gapore
Reporting Centre		Orange Force			DEM No.			
Accident Location	ALONG MACPHERSON RD ESSO PETROL KROSK							
▼ Total Excess Applicable								
Excess Type	Per Accident	Windscreen Excess		100.00				
LACESS 149E	140							
OD Standard Excess	2,000.00	TP Standard Excess		1,500,00				
YIED OD Excess	0.00	YIED TP Excess		0.00	Driver is	Covered?	Co	vered
	0							
Additional Excess		Total TR Forest Applicable		1,500.00				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable		1,300.00				
✓ Benefits								
	ion							
SST Registered	No.		5000 000 700	tration Date				
SST Registration No.			GST Statu	s Verified		Yes		
Modification History								
Policyholder Mailing Add	ress							
Address 1	6001 BEACH ROAD	Address 2	#08-06 GOLDEN N	TILE TOWER	Address	3	SI	NGAPOR
	DUNI DENGT: NUMB	Address Type	Singapore address		Post Cod	e	19	9589
Address 4			5108216963-01					
Unit No.	08-06.	Related Policy Number	3108216903-01					
✓ OI Driver Info								
Driver Name	Unnamed Driver	Oriver Type	Unnamed Driver		Associa	200	100	
Unnamed driver Name	TAN KIM SOON (CHEN JINSHUN	Driver NRIC	SXXXX046A		Driver D		:03	1/09/197
Register Date of Driver License	07/01/2006	Driver Age	45		Driving 6	xperience	12	(0)
Contact No.(Mobile)	85117288	Contact No.(Office)			Contact	No.(Home)		
		Address 2	KANG CHING ROA	D:	Address	3	SI	NGAPOR
Aridrees 1								
Address I	BLK 346 #09-117				Post Cod	e	61	0346
Address 4		Address Type	Singapore address		Post Cod	e	61	0346
Address 4 Unit No.	99-117	Address Type						10346
Address 4						e surer Compa		10346
Address 4 Unit No. Does he own a Singapore	99-117	Address Type						10346
Address 4 Unit No. Does he own a Singapore Registered car? Declaration	99-117	Address Type						10346
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	99-117	Address Type						10346
Address 4 Unit No. Does he own a Singapore Registered car? Declaration	09-117 Yes w No	Address Type Driver Vehicle No.	Singapore address					10346
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	09-117 Yes w No	Address Type Driver Vehicle No.	Singapore address					10346
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	09-117 Yes w No	Address Type Driver Vehicle No.	Singapore address					0346
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History	09-117 Yes w No	Address Type Driver Vehicle No.	Singapore address					0346
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	09-117 Yes w No	Address Type Driver Vehicle No.	Singapore address					0346
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Claim Handling(accident reporting Claim Task)

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Video List							
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