NATIONAL Assessment Centre Services. [well Jamos MALL NO 003717 Done by Date & Time Completed Jeb description Date In: 6 12 15-45 Res No: HA 14(220) 6999/20 SAS e-filing E-mail (within Shrs, AIC 2hrs) Veh No: (7 67/20 13-56 i-Motor Claim Form M711096126-001 D.O.A : i-Motor W/O (Within: OD 2hrs, TP 4hrs) ' Reporting Only OD i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: (INC ()/Non-INC (Veh No: SW 3192 TP Particulars: Tel: Owner / Driver: (Cover Type: (Period: (Policy No: (Time: Date: Confirmed by : (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: (Warranty: YES ()/NO(Year of Registration: (Loading: \$1,000 ()/\$2,000(Excess: (\$ General Remarks .-) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY.); Towing Co: (); Invoice: YES ()/Towed-In (Drive-In (Date& Time Completed Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Amil (3) Invoice Preparation Checklist fit Bill 14200357~ 1) AR : Accident Reporting (530); Claimant's Particulars :-INC (\$80) 2) DA : Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2005) Contact No: \$75 6) TR: Re-inspection Damaged Portion: 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-OD. *NS: Courtesy Car / Tpt Allowance \$5 QC Checked by (Engr-In-Charge): 510 *N6: Repair Co-ordination \$25 *N7: Fost Repair Inspection *N8: DV / Collect Excess Coordination Auditors! Comments :-35 TP (N11): TP (Non INC) against INC \$20 Cat. 1: 9) N12: Idno Mobile Pee Charges Invoice dated Cat. 2/3: Fee Charged Invoice dated

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.
- 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 aforesaid.

aforesaid.	
Bright Charles State Street Assessment	ACCIDENT STATEMENT
Date Of Report	06/07/2020 13:45
Date Of Accident	04/07/2020 12:15
Exact Location Of Accident	YISHUN AVE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT3825T
Insured/Policyholder	
Name Of Registered Owner	EDWIN TAN YONG YOU
NRIC No	SXXXX790J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96162546
Alternative Phone No	OFFICE-96162546
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L AT TSI 1372Q5 SR
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	5108460925-01
Cover Note Number	
Driver	
Name of Driver	EDWIN TAN YONG YOU
NRIC No	SXXXX790J

 NRIC No
 SXXXX790J

 Date Of Birth
 07/05/1990

 Occupation
 INDOOR

 Date Of Driving Pass
 29/10/2018

Driving Experience 1 YEAR AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96162546

Fax Number

Contact Number OFFICE-96162546

EMail Address NOEMAIL

BLK 245 YISHUN AVENUE 9 Address

#04-157

Postcode 760245

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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? YES

Was any injured conveyed to hospital by

NO

NO

YES

NO

YES

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

ambulance?

NAME:

: CARMEN TAN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

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

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200706/7006.

Attachment(s)

YES Are accident photos available for attachment?

Was there any video captured by Car Camera?

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLV319Z

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)

DETAILS OF INJURED PERSON 1

Name EDWIN TAN YONG YOU

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJT3825T

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name CARMEN TAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJT3825T

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.
- 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.
- 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:
 - 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.

Mcyholder's Signature

Date & Time:

Briver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personny

enature

Name:

NRIC/FIN No.:

SKETCH PLAN		
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1-		
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		1 R SLV 3192
		
		
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DESCRIBE CIRCUN	ISTANCES OF THE ACCIDENT	
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Refer to	parce report.	72 - W - 2 - 2
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eciare the foregoing p	particulars are true in every respect.	
	41	
1	74	Vin
lder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
4		reforme centre i crommer Apistratina

DECLA

/We de

Date & Time:

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No :

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	Date of Accident	4/7/2020 Accident Time: 1215 PM (24-HR-Format)
	Accident Place	: Yishun Ave 1
	Vehicle Reg. No. (Car Plate No.)	SJT3825T
	Vehicle Make/Model	. Volkswagen scirocco
	Issurance Company	NTUC Policy No.
	Owner or Company Name /IC No.	Edulla Tarrette to
	Owner or Company Contact No.	:96162546 Owner's HpCompany Tel
	DRIVER'S Name / IC No.	Edwin Tan Yong You
	DRIVER'S Date Of Birth	07-05-1990 DRIVER'S License Pass Date 29/10/2018
	Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
	DRIVER'S Address	BIK 245 415hun Ave 9 # 04-157.
	DRIVER'S Contact No./ Alt No.	1) 96162546 2)
	DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
	Email Address	Admin @ mycar.sq
100	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.
	Was there any video Captured by ca Exact purpose for which vehicle was	ar camerar YES \ NO s being used at the time of accident: Private use \ Work purpose
	Other F	Party Driver's Particular (if any)
	Vehicle Reg. No: SLV 3192	Vehicle Reg. No:
	Vehicle Make\Model:	The second secon
	Name Driver:	and appears
	IC No. Driver:	
	Driver's Contact & Add:	





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3

Report No. T/20200706/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Tir 06/07/2	me Report 020 11:59	Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars	Stary Edition (Indiana Star)	Colon, stranger and restrict and
	f Informant TAN YONG		Address: APT BLK 245 YISHUN AVEN 760245	NUE 9 #04-157 SINGAPORE
ID Type NRIC N	/ ID No.: O / S90147	90J	Contact No.: Home/Office:	Mobile: 96162546
National SINGAP	ity: ORE CITIZ	EN	Email: edwintyy@gmail.com	
Sex: Male	Age: 30	Date of Birth: 07/05/1990	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupati Marketin	g and sales	representative	Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/07/2020 12:1	1.5	Type of Location Straight Road
Location: YISHUN AVE	NUE 1	Don't C. (
vveather:					
Weather: Clear	AND THE PROPERTY OF THE PROPER	Road Surface: Dry		Road S 60 Km/	peed Limit: h
			king	60 Km/	h Volume:

Details of V	ehicle Invo	lved	F. G. State 199	en Founda	ATT AND VARANTA	PECCHEL PRODUCTION
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SJT3825T	Car	VOLKSWAGO N	SCIROCCO 1.4L AT TSI 1372O5 SR	Blue	Slightly Damaged	1
SLV319Z	Car		IJI ZQJ SK			0

Details of V	ehicle Insurance	Walter Colors of the	Marketta November	District Walter
	Insurance Company	Insurance No	Effective	Expiry Date
SJT3825T	NTUC Income Insurance Co-Operative Limited	5108460925-01	06/04/2020	05/04/2021





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20200706/7006

CONTINUATION OF REPORT

Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Ped	destria	n Cross	sing: NA
Passenger		PLANT BUTTON	Marie of the later	CALCON SE	61/22/19	
Name	CARMEN TAN			ID No		G8633777R
Related Vehicle	SJT3825T (Car)			Conta	ct No.	86522073
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	04/07/2020		Date Disch	narge	04/07	/2020
No. of Days gran	ted Medical Leave	03	Degree of		Slight	
Driver		MERCHANIC			LA SH	CHARLES AND
Name	EDWIN TAN YONG Y	OU		ID No		S9014790J
Related Vehicle	SJT3825T (Car)			Contact No.		96162546
Hospital/Clinic	NIL			Class Driving Licend Expiry	g e &	Class: NIL Date of Expiry: NIL
Date Treatment	04/07/2020		Date Disch	arge	04/07	/2020
No. of Days grant	ed Medical Leave	03	Degree of I	Injury	Slight	

Brief Details.

ON THE STATED TIME AND DATE,

I WAS TRAVELLING ON MY VEHICLE BEARING CARPLATE NUMBER SJT3825T ON YISHUN AVE 1. AS MY VEHICLE WAS STATIONARY WHILE WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN, I FELT A HUGE IMPACT FROM THE REAR. I ALIGHTED TO REALISE THAT I WAS REAR ENDED BY A BLUESG CAR BEARING CARPLATE NUMBER SLV319Z. BOTH ME AND MY PASSENGER WAS FEELING UNWELL AND CONSULTED THE DOCTOR AFTER THE ACCIDENT AND WAS GIVEN A INITIAL 3 DAYS MC.





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

3 of 3 Report No. T/20200706/7006

CONTINUATION OF REPORT

Sketch Plan

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: 06/07/2020 11:59
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

eBaoTech							17			Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601				THE PERSON NAMED IN	PARAMETER STATE	· Change	e Languag	e · Char	ge Password	· Log Out
My Desktop	Poli	cy Query									.09
Notice of Loss	Policy N	No.				Date o	of Accident		04/07/2020	12:15	
	Vehicle	No.(For Motor)	SJT382	ST		Certific	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108460925- 01		EDWIN TAN YONG YOU	59014790]	GPC	drivo CLASSIC	S)T38251	SJT3825T	06/04/2020	05/04/2021
					(Continue					

Sequen	ce Date of Endorsement	E	ndorseme	nt Type	Endorsement	Status	Endorsement Content
▽ Endorse	ements						
Insured	Object: SJT3825T						
Jnit No.	04-157	Related	d Policy er	5108460925-01			
Address 4	SINGAPORE 760245		s Type	Singapore address	1	Post Code	760245
Address 1	BLK 245 #04-157	Addres	is 2	YISHUN AVENUE 9		Address 3	YISHUN SUNSHINE
▽ Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
Co- Insurance Flag	No						
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Y	
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy issue Date	23/03/2020	Effective Date	06/04/20	20 00:00	Expiry Date	05/04/2021 2	23:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 245 #04-157 YISHUN AVEN	UE 9 YISHUN	SUNSHINE	SINGAPORE 760245			
Certificate No.		410TG1(T/)			0.000		
	5108460925-01	Policyholder Name	EDWIN T	AN YONG YOU	Policyholder NRIC	S9014790J	

Accident MT/1096126 Policy No.					
PONCY NO					
	5108460925-01	Vehicle No.	SIT3825T	GST Registration No.	
Certificate No.					
Policyholder Name	EDWIN TAN YONG YOU			Policyholder NRIC	590147901
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Mobile)	96162546	Comact No. (Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	100
KFK	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	AT .
NCD Protection	No	NCD Entitlement(%)	10		
V Accident Details				Private Hire	No
Report Date	06/07/2020 13:55	Acodem Report Watrin 24 hrs	T Marie	9 TWO (TO 27 TWO)	
Date of Accident	04/07/2020			Acodent Type	Collision - Head to Rear
Reporting Contre	04/07/2020	Time of Accident hh:mm	12:15	Country of Accident	Singapore
		Orange Force		3CM No.	
Accident Location	YISHUN AVE I				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
3D Standard Excess	600.00	C2242300000325000			
TRID OO Excess		TP Standard Excess	0.00		
	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
oddional Excess	0				
oral OO Excess Applicable	600.00	Total TP Excess Applicable	0.00		
♥ Benefits					
GST Registered Inform	ation				
ST Registered	No		GST Registration Date		
ST Registration fee.			GST Status Verified	Yes	
odification History					
Policyholder Mailing Ac	ldress				
ddress 1	BLK 245 #04-157	Address 2	YZSHUN AVENUE 9	Address 3	YISHUN SUNSHINE
doress 4	SINGAPORE 760245	Address Type	Singapore address	Poet Code	760245
Hit No.	04-157	Related Policy Number	\$108460925-01		- CHARLES
OI Driver Info		A.V. (178.1304.) (A.S. (188.13)			
river Name	EDWIN TAN YONG YOU	Onver Type	Main Oriver		
nnamed driver Name	41544104411155555554	Driver NRIC	\$80147901	Down Down	0310711-11
igister Date of Driver License	29/10/2018	Driver Apr		Driver DOB	07/05/1990
ornact No. (Mobile)	96162546		30	Driving Experience	1
		Contact No. (Office)	0	Contact No.(Home)	0
idress I	BLK-245	Address 2	YESHUN AVENUE 9	Address 3	YISHUN SUNSHINE
idress 4	SINGAPORE 760245	Address Type	Singapore address	Post Code	760245
ort No.	04-157				
	143 (84 (84 (84 (84 (84 (84 (84 (84 (84 (84				
ces he own a Singapore rigistered car?	○ Yes (No·	Oriver Vehicle No.		Driver Inquirer Company	
ces he own a Singapore rigistered car?	○ Yes (★) No	Oriver Vehicle No.		Driver Insurer Company	
igstered car?	○ Yes ♠ No	Oriver Vehicle No.		Driver Insurer Company	
rdaration reathalyser or Blood Test	○ Yas @ No-		₩ Yes () No	Driver Insurer Company	
egistered car? claration reathelyser or Blood Test		Onver Vehicle No. Any injury?	® Yes ○No	Driver Insurer Company	
igstered car? cdaration reathalyser or Blood Test eading?			® Yes ○ No	Driver Insurer Company	
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claration claration resthelyser or Blood Twit resthelyser or Blood Twit resthelyser or Blood Twit diffication History			® Yes ○ No	Driver Insurer Company	
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Claration Claration estinalyser or Blood Test ading? dification History Claim 001 New	0 mg		® Yes ○ No	Driver Insurer Company	
claration carrier or Blood Text coding? dification History Claim 001 New			■ Yes ○ No EDWIN TAN YONG YOU	Driver Insurer Company Insured NRIC	590147903
claration restricts or Blood Text restricts or Blood Text restricts	0 mg	Any injury?		Occidental Actions	\$90147903
claration esthelyser or Blood Test esthelyser or Blood Test esthelyser or Blood Test eding? dification History Claime 001 New sam Type * ritact No. (Mobile)	0 mg	Any injury? Insured Name		Impured MRIC	
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Claration Claration Control of Blood Twel adving? Claime 001 New Ism Type * mact. No. (Mobile) all Address imant Type Clarmant Type *	Oneg OD-MX 96162346	Any injury? Insured Name Coreact No. (Home) DI Vehicle Number	EDWIN TAN YONG YOU SUT3825T	Impured MRICC Contact No.(Office)	
daration eatheryser or Blood Test eatheryser or Blood Test eathery diffication History Claims 001 New sum Type * mact No. (Mobile) self Address limant Type Claimant Type * limane Name *	0 mg	Any injury? Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit *	EDWIN TAN YONG YOU SUT3825T	Impured MRICC Contact No.(Office)	
daration cothetyser or Blood Test ading? dification History Claims 001 Near Interpretable Model Interpretable	0 mg ·	Any injury? Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit *	EDWIN TAN YONG YOU SUT3825T	Insured NRIC Comact No. (Office) To vehicle Number	
claration ceathelyser or Blood Text coding? dification History Claim 001 New sam Type * mact. No. (Mobile) nail Address simant Type Commant Type * simant Address sem Description ferred Workshop Contect	Oneg OD-MX 96162346	Any injury? Insured Name Contact No.(Home) DI Vehicle Number Type of Benefit * Claimant NAIC *	EDWIN TAN YONG YOU SUT3825T Please Select	Impured MRICC Contact No.(Office)	
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