NATIONAL Assessment Cer	ure Services	ME[1 72U,02] W	14 4 1 NO 02 3212		
Date In: 7/7/2011: 14	Job description	on	Date & Time Completed	1 Doi	ie py
Ref No: MA INC 2000 7 44924	SAS e-filing	,			
Veh No: JJA29517	E-mail (with	a Shrs, AIC 2hrs)			
D.O.A: 6/7/2 -19:10	i-Motor Cla	im Form	M7/1096245-001	ا مراداد	v: 05
OD : P. Reporting Only	i-Motor W/	O (Within: OD 2hr	s, TP 4hrs)		
OD . Reporting Only	i-Photo Upl	oaded			
TP Insurer:	Assessment/S	Survey Report			
Tr Hours,	Ass't Report	by <u>Fax / Hand</u>	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: P	DM36/2P.	. INC()/Non-INC()	*	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80	-100%]	124
Year of Registration: ()	Warranty: YES ()/NO()	alina li 4.5556 de anterioro	
Excess: (\$) Loading: \$	1,000 ()/\$2,000	0()			
General Remarks:	4.7 mar (1.00 to 1.00	5 × 5 × 5 × 6	anneus sastan		
() Walk-In Customer : Customer's in	nformation strictly Co	onfidential & Str	Martin Company of the	Acceptance of the second	
	urer URGENTLY.				
			owing Co: ()
Remarks: (INC hotline: 6788 6616)			,	KYZSZIBE.	St.
The state of the s	25 20 00 00 00 00 00 00 00 00 00 00 00 00		Date&Time Completed	Paramon	e by
	/ Courtesy Car (,			
2) QC Check / Post Repair Inspection	(,	<u> </u>		
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()	<u> </u>		
Injury:					
Date/Time Actions	Case of the second	and the search	Sept.		er en
A STATE OF THE STA				15016) 610(* 154 LFC 5.7 S.F.	
	and the second s				
	•				
•				V	
1582		Invoice Pren	aration Checklist	Anit (S)	Amt (3)
HA200358V		1) AR : Accident	(C) (10 (10 (10 (10 (10 (10 (10 (10 (10 (10	fu Bill	Add Bill
laimant's Particulars :-		2) DA : Damage A	Assessment (\$100); INC (The same of the sa	
river/Owner:		3) TF : Towing Fe		\$120	
ontact No:		5) FT : Follow-Th	rough Survey (Resurvey)	\$30	
moral Portion.		6) TR: Re-inspec	ajast JNC Only (wef 10 Jan 200 lion	\$75	
nmäged Portion:		7) N1 : Idao DA + 8) NTUC Addition		\$160	
		OD.	nai Services		
C Checked by (Engr-In-Charge):	1	The second second second second	Cer / Tpt Allowerse	\$5	
SWOTE SIZE THE RESIDENCE OF THE PERSON		*N6; Repair Co *N7; Post Repa		\$10 \$25	
uditors' Comments :-		*N8: DV / Coll	ect Excess Coordination	22	
. 1:	14	TP (N11): TP (9) N12: Idac Mob	Non INC) against INC	30	5.
2/3;	Merchanika and Maria	Invaice dated	Fee Charges		
		Invoice dated	Fee Charges	ME JE	L

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.
- 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 consaforesaid. 	sent to the archiving of this report at the centre and to copies of the report being made available
Name of the State of the State of	ACCIDENT STATEMENT
Date Of Report	07/07/2020 11:54
Date Of Accident	06/07/2020 19:10
Exact Location Of Accident	TAMPINES AVE 7
Country/State of Loss	SINGAPORE
Ţ,	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJA2951T
Insured/Policyholder	
Name Of Registered Owner	JUN EXPRESS GROUPS PTE LTD
Co Reg No	2XXXXX728H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92270221
Alternative Phone No	OFFICE-92270221
Vehicle Particulars	
Manufacturer	тоуота
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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

Insu	rance	Com	pany
HIJU	uiicc	COIL	Daily

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage THIRD PARTY

Fleet Policy YES

Policy Number 5109407575-01

Cover Note Number

Driver

 Name of Driver
 LIM THIAM HUAT

 NRIC No
 SXXXX465B

 Date Of Birth
 24/06/1966

 Occupation
 OUTDOOR

 Date Of Driving Pass
 05/08/1986

Driving Experience 33 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96933828

Fax Number

Contact Number OFFICE-96933828

EMail Address NOEMAIL

BLK 111 BEDOK NORTH ROAD Address

#04-335

Postcode 460111

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

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

NO 3

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER:

: MALE

Passenger 2

NAME:

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

YES

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

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

SINGAPORE

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

TEL NO: 65470000 - FAX NO:

Circumstances of Accident

REFER TO POLICE REPORT - T/20200707/7002.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES YES

NO

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBM5610P

Vehicle Make/Model/Colour

HONDA

Details Of Properties

Remarks/ Reasons:

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

MOHAMMAD NUR ARIF SXXXX084Z

93849997

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</u> and <u>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:

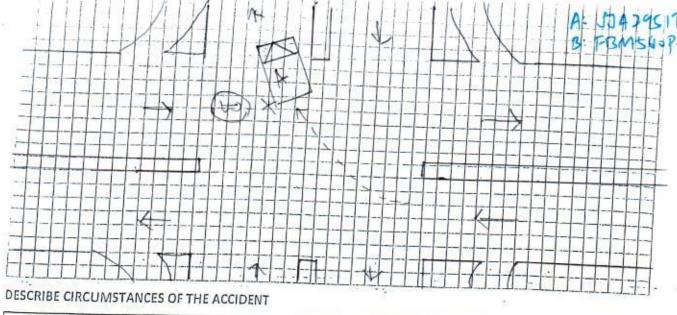
Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

tiere ferri

NRIC/FIN No.:



vehicle Tampines SJA 2951 Tumping and Tampines Clear proceed Tampines Suddehl rear my vehicle down motorcycle FBM 5610 rear velicle -

DECLARATION

I/We dectare 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.:

201007 Stateblishers 93

Date of Accident	6 07 20 Accident Time: 19 (0 (24-HR-Format)
Accident Place :_	Tampines Au 7
Vehicle Reg. No. (Car Plate No.)	STA 2951T
Vehicle Make/Model :_	Toyota Vios
Insurance Company :_	NTUC Policy No. 5109 407575-01-0001
Owner or Company Name /IC No. :_	JUN EXPAESS GROUPS PTE-LTP
Owner or Company Contact No.	9 227 6 22 Owner's Hp Company Tel
DRIVER'S Name / IC No. :_	LIM. THIAM HUAT
DRIVER'S Date Of Birth :2	4 06 1966 DRIVER'S License Pass Date 05 Aug 1986
Relationship of Owner & Driver : Sp	ouse \ Parents \ Children \ Sibling \ Employee\ Others: // /
DRIVER'S Address :	BIK 111 Bedok No-th Rd #04-335 .
DRIVER'S Contact No./ Alt No. :1)_	96933828 2)
DRIVER'S Occupation : IN	DOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address :	* admin Omyear-sq
Weather & Road Surface : CL	ear & dry \raining & wet \after rain & wet
Reporting Type : Rep	Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver)	103 Imaly jamale
Was there any video Captured by car cam Exact purpose for which vehicle was being	era: YES \ NO g used at the time of accident: Private use \ Work purpose
Other Party	Driver's Particular (if any)
Vehicle Reg. No: FBM 5(10 P	Vehicle Reg. No:
Vehicle Make Model: Hoada	Vehicle Make\Model:
Name Driver: Mohammed Nur Av	Name Driver:
IC No. Driver: 59 30 80 842	IC No. Driver;
Driver's Contact & Add. 9384 999	7 Driver's Contact & Add:

at t





1 of 3

Report No. T/20200707/7002

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

REPORT OF A TRAFFIC ACCIDENT

Date/Tin 07/07/20	ne Report N 020 11:26	/lade:	Vide Report No.: G/20200706/0206	Station Diary No.:
Informa	nt's Partic	ulars		The state of the s
	f Informant: AM HUAT	3) 7)	Address: APT BLK 111 BEDOK NORT 460111	TH ROAD #04-335 SINGAPORE
ID Type NRIC N	/ ID No.: O / S17514	65B	Contact No.: Home/Office:	Mobile: 96933828
National SINGAP	ity: ORE CITIZ	EN	Email: junexpressgroups010101@g	mail.com
Sex: Male	Age: 54	Date of Birth: 24/06/1966	Type of Informant: Driver	
Race: Chinese	7/1		Language: English	Institution / School Name:
Occupat	ion:		Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/07/2020 19:10	Type of Location X-Junction
Location: TAMPINES A Weather: Clear	VENUE 7	Road Surface:		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Light
Type of Collis Between Mov	ion: ing Vehicles - Head To R	ear	1990	Anyone conveyed by ambulance:

Details of V	ehicle Involve	d				AND THE REAL PROPERTY.
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBM5610P	Motorcycle					0
SJA2951T	Car	1				2

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





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

2 of 3 Report No. T/20200707/7002

CONTINUATION OF REPORT

Rider		- 10 Co		-14/4/16/15		M10000 100 100 100 100 100 100 100 100 1
Name	MOHAMMAD NUR ARIF			ID No).	S9308084Z
Related Vehicle	FBM5610P (Motorcycle)			Conta	act No.	NIL
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch	arge	NIL	
No. of Days gran	ted Medical Leave NIL		Degree of I		Serio	IIS
Driver		-			00110	
Name	LIM THIAM HUAT			ID No		S1751465B
Related Vehicle	SJA2951T (Car)			Conta	ct No.	96933828
Hospital/Clinic	NIL			Class Driving Licend Expiry	g e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discha	arge	NIL	
No. of Days grant	ed Medical Leave NIL		Degree of In		NIL	

Brief Details.

I was driving in my vehicle SJA2951T along Tampines Ave 7. I stop my vehicle at the junction of Tampines Ave 7 and Tampines Ave 2, on lane 1 waiting to turn to Tampines Ave 2. When the traffic was clear, I proceed to turn into Tampines Ave 2. Suddenly I felt a great impact from the rear of my vehicle. I stop my car after the junction and get down my car. I realized that a motorcycle FBM5601P had collided into left rear of my vehicle.





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

3 of 3 Report No. T/20200707/7002

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

NP168

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: 07/07/2020 11:26
Officer In Charge Of Case: TP / TPIB / VILTON HIA WEE SIANG Contact No.: 65476178	Classification Of Case:
Authentication Stamp	

dello, NAC_PAYA_UBI_80	0601						· Change	Language	Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									38
Notice of Loss	Policy N	No.				Date o	f Accident	į.	6/07/2020 1	19.10	
	Vehicle	No.(Far Motor)	SJA295	1T		Certific	cate Number	1			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Object	Commence Date	Expiry Date
	0	5109407575- 01	5109407575- 01-000035	JUN EXPRESS GROUPS PTE. LTD.	201420728H	GFM	Third Party	SJA2951T	SJA2951T	12/06/2020	10/05/2021

Policy No.	5109407575-01	Policyholder Name	JUN EXP	PRESS GROUPS PTE. LTC	Policyholder NRIC	201420728H	
Certificate No.	5109407575-01-000035				MALC		
Address	68 KAKI BUKIT AVENUE 6 #02-0	B ARK@KB S	INGAPOR	E 417896			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	12/05/2020	Effective Date	11/05/2	020 00:00	Expiry Date	10/05/2021 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1000	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	15201.0	6			
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1000			Young	/Inexperience Driver Excess
Agent	YAN XUDONG MAX	Agent Tel.	6222188	39	GST Flag	Y	
insurance	No						
insurance Flag Open	No						
insurance Flag Open Policy Info Certificate	No						
nsurance Flag Open Policy Info Certificate Info	No older Mailing Address						
Insurance Flag Open Policy Info Certificate Info Policyh		Addres	s 2	#02-08 ARK@KB	Α	ddress 3	SINGAPORE 417896
Insurance Flag Open Policy Info Certificate Info Policyh Address 1	older Mailing Address	000.0000000	s 2 s Type	#02-08 ARK@KB Singapore address	- 2	address 3	SINGAPORE 417896 417896
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address	Addres	s Type i Policy		- 2		655-967-95107-157-1655-1-7-570-
insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address 68 KAKI BUKIT AVENUE 6	Addres Related Number	s Type i Policy	Singapore address	- 2		
insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address 68 KAK1 BUKIT AVENUE 6 01-16 1 Object: 5109407575-01-0000	Addres Related Number	s Type i Policy	Singapore address	- 2		655-967-95107-157-1655-1-7-570-
nsurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Juit No.	older Mailing Address 68 KAKI BUKIT AVENUE 6 01-16 1 Object: 5109407575-01-0000	Addres Related Number	s Type 1 Policy	Singapore address	P		
Policyh Address 1 Address 4 Jnit No. Pinsurec Seguene	older Mailing Address 68 KAKI BUKIT AVENUE 6 01-16 1 Object: 5109407575-01-0000	Addres Relater Numbe	s Type 1 Policy	Singapore address 5109407575-01	P	ost Code	417896

cident MT/1096245	5109407575-01	Vehicle No.	SJA29517	GST Registration No.	
licy No.		Vehicle No.	21424211	GST Registration No.	
rtificate No.	5109407575-03-000035			NA CONTRACTOR SAME	Caro Separativo
icyholder Name	JUN EXPRESS GROUPS PTE, LTD.			Policyholder NR3C	201420728H
iduct Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Ldading	
rtact No. (Mobile)	92270221	Contact No.(Office)	٥	Contact No.(Home)	0
ail Address		Special Remark		eCode	100
K.	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
port Date	07/07/2020 12:03	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
te of Accident	06/07/2020	Time of Accident Inn.mm	19:10	Country of Accident	Singazore
porting Centre		Orange Force		TCM No.	
Odent Location	TAMPINES AVE 7				
Total Escess Applicable					
ouss Type	Per Accident	Windscreen Excess	0.00		
Standard Excess	0.00	TP Standard Excess	1,000.00		
D OD Excess	0.00	VIED TP Excess		Onver is Covered?	
ditional Excess					
rai DO Excess Applicable	0.00	Total TP Excess Applicable			
Benefits					
GST Registered Informa	ition				
T Registered	No.		GST Registration Date		
T Registration No.			GST Status Vented	Yes	
dification History					
Policyholder Mailing Ad	dress				
dress 1	65 KAKI BUKIT AVENUE 6	Address 2	#02-08 ARKSKB	Address 3	SINGAPORE 417896
dress 4		Address Type	Singapore address	Post Code	417896
it No.	01-15	Related Policy Number	5109407575-01		
OI Driver Info	1.54.44	335 455 7 7 5 K 35 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	24450120808080		
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	LIM THIAM HUAT	Driver NR3C	5XXX4658	Driver DOS	24/06/1966
gister Date of Driver License		Driver Age	54	Driving Experience	11
etact No.(Mobile)	96933828	Contact No. (Office)	0	Contact No.(Home)	0
dress 1	BLK 111	Address 2	BEDOK NORTH ROAD	Address 1	FENGSHAN PRECINCT
				Post Code	460111
dress 4	SINGAPORE 460111	Address Type	Singapore address	Post Loge	400111
nit No.	04-335				
oes he own a Singapore egistered car?	○ Yes ® No	Oriver Vehicle No.		Driver Insurer Company	
AMERICAN CO.					
claration					
claration eathalyser or Blood Test	0 mg	Any injury?	() Yas ® No		
claration eathalyser or Blood Test	0 mg	Any injury?	○ Yas ® No		
claration reathalyser or Blood Test sading?	0 mg	Amy Injury?	○ Yes ⊕ No		
claration eathalyser or Blood Test eading?	0 mg	Amy Injury?	○ Yes ⊕ No		
claration eathalyser or Blood Test ading? dification History	0 mg	Amy injury?	○ Yes No		
claration rathalyser or Blood Test ading? diffication History	0 mg	Any injury?	○ Yes ® No		
claration nathalyser or Blood Test ading? diffication History Claim 001 New					
claration nathalyser or Blood Test ading? diffication History Claim 001 New	0 mg	Any injury? Insured Name	JUN EXPRESS GROUPS PTE, LTC	Insured NRIC	201420728H
claration eathalyser or Blood Test ading? diffication History Claim 001 New				insured NRIC Contact No (Office)	201420728H 66778899
claration eathalyser or Blood Test ading? diffication History Claim 001 New im Type * mact No (Mobile)	OD-MX	Insured Name	JUN EXPRESS GROUPS PTE, LTC		*CONTRACTOR OF THE PARTY OF THE
claration eathalyser or Blood Test ading? diffusion History Claim 001 New im Type * mact No (Mobře) sell Address	OD-MX S1383333 Sunexpressgroups@gmail.com	Insured Name Contact No.(Home)	JUN EXPRESS GROUPS PTE, LTC	Contact No (Office)	66778899
claration eathalyser or Blood Test dding? diffication History claim 001 New im Type * mact No (Mobile) all Address emant Type Claimant Type *	00-MX S1363333 Sunitorpresignoups@gmail.com	Insured Name Contact No.(Home) Of Vehicle Number	JUN EXPRESS GROUPS PTE, LTC NIL 5)A2951T	Contact No (Office)	66778899
claration eathalyser or Blood Test ading? dification History Claim 001 New Im Type * mact No (Mobile) tall Address smant Type Claimant Type * smant Name *	OD-MX 81383333 Junecpresigroups@gmail.com Please Select	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefe +	JUN EXPRESS GROUPS PTE, LTC NIL 5)A2951T	Contact No (Office)	66778899
claration eathalyser or Blood Test ading? Claim 001 New Imm Type * mact No. (Mobile) tall Address smant Type Claimant Type * smant New Eathaly Service Servi	OD-MX 81383333 Junecpresigroups@gmail.com Please Select	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefe +	JUN EXPRESS GROUPS PTE, LTC NIL 5)A2951T	Contact No (Office)	66778899
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