Date In: 30 7 - 11:0 (	Jeb description		Date & Time Completed	Done	py
	SAS e-filing				
Ref No: 40114(12007807)74	E-mail (within 8	Shrs. AIC 2hrs)			
Veh No: SGY89Y3L	i-Motor Clair		m 11098389-001	वार्तवर	II:T8
D.O.A: 18/7/1971	i-Motor W/O			1/1/	40
OD TP Reporting Only	i-Photo Uplo:		1		
	Assessment/Su				
TP Insurer:			to Owner/Wksp		
	Ass t Report b	y Pax / Hand		Fax:	
Preferred Wksp / INC Assign Wksp / QW: (		DIC (			
TP Particulars: Veh No:		, INC (		· \	
Owner / Driver: (			Tel:		
	Period: (	)	Cover Type: (		
Confirmed by : (		Date:		100%1	
			0%; P: 21-79%. P: 80-	10070]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1,	,000 ( )/\$2,000	( )		-	
General Remarks:-				000	
( ) Walk-In Customer : Customer's inf	formation strictly Cor	nfidential & S	trictly NO refer of repairer.		
		1			
2) QC Check / Post Repair Inspection	Courtesy Car ( )	)			
	( )	)			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	( )	)		Transfer on the	n 10 3 10 3 10 3
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	( )	)		See	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	( )			Contract Contract	7 - 10 2
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	( )			Transfer on an	
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2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions	( )	Invoice Pro	paration Checklist	Ant (5)	Amu
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions	( )	1) AR : Accider	eparation Checklist	And (S)	Amu
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  laimant's Particulars:	( )	1) AR : Accider 2) DA : Dameg 3) TF : Towing	paration Checklist  Reporting (\$30); Assessment (\$100); INC (\$700);	Ant (5) 1st Bill 880) 40/545	Amu
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  laimant's Particulars:	( )	1) AR : Accider 2) DA : Damage 3) TF : Towing 4) FT : Follow-	paration Checklist  Reporting (\$30); Assessment (\$100); INC (\$700); INC (\$700)	Ant (5) (8 Bill	Amu
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2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Particulars:  river/Owner:  ontact No:  amaged Portion:	( )	1) AR: Accider 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idac DA 3) NTUC Addit OD*	paration Checklist  Assessment (\$100); INC	Ant (5) 1st Bill 880) 40/545 \$120 \$30 25) \$75 \$160	Amt (
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2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions	( )	1) AR: Accider 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idac DA 8) NTUC Addit OD* *N5: Courter *N6: Repair *N7: Fost Re *N8: DV / C	Eparation Checklist  At Reporting (\$30);  Assessment (\$100); INC (\$100); INC (\$100);  Fee Survey  Through Survey (Resurvey)  against INC Only (wef 10 Jan 20);  ection  + SMRT Survey  tonal Services:-  Ty Car / Tpt Allowante  Co-ordination  pair Inspection  ollect Excess Coordination  P (Non INC) against INC	Ant (5) fat Bill 580) 40/\$45 \$120 \$30 \$55 \$160 \$55 \$160 \$25 \$55 \$20 30	Amt (

### 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.
- 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.						
	ACCIDENT STATEMENT					
Date Of Report	30/07/2020 11:01					
Date Of Accident	26/07/2020 19:25					
Exact Location Of Accident	PIE TWDS CHANGI BEFORE SIMS AVE EXIT					
Country/State of Loss	SINGAPORE					
D	ETAILS OF OWN VEHICLE					
Vehicle Registration Number	SGY8943L					
Insured/Policyholder						
Name Of Registered Owner	ABSOLUT CAR LEASING PTE LTD					
Co Reg No	2XXXXX763R					
Email Address	NOEMAIL					
Mobile Phone No						
Alternative Phone No	OFFICE-89999999					
Vehicle Particulars						
Manufacturer	ТОУОТА					
Model	COROLLA ALTIS 1.6 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 CAR					
Insurance Company						
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD					
Type Of Coverage	THIRD PARTY					
Fleet Policy	YES					
Policy Number	5113272688					
Cover Note Number						
Driver						
Name of Driver	MOHAMMED ZAKI BIN ABDUL KARIM					
NRIC No	SXXXX987F					
Date Of Birth	25/08/1983					
Occupation	OUTDOOR					
Date Of Driving Pass	20/06/2013					
Driving Experience	7 YEARS AND 1 MONTH					
Gender	MALE					
Mobile Number	(LOCAL) +65-87522139					
Fax Number						
Contact Number	OFFICE-87522139					
EMail Address	NOEMAIL					

BLK 362 YUNG AN ROAD Address #03-127 Postcode 610362 Was driver an employee of the Insured's Company OTHER - HIRER If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle General Information of the Accident Type Of Accident COLLIDED INTO PROPERTY Weather Conditions RAINING Road Surface WET Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 1 involved in the accident Was any body injured in the Accident? NO Was any injured conveyed to hospital by ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 1 **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, VEHICLE HAS BEEN SCRAPPED. Attachment(s) NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

#### SKETCH PLAN

### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation:
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of
  the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

NRIC/FIN No.:

CETCH PL			mone sales	1		7		T TOTAL	- 1
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RATION	foregoir	ng particular		very respect.			orting Centre		

### SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.

This form must be filled up by the policy holder and/or authorised driver.

- Information provided must be as fruitful 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 flability on the part of the insurance companies.

Any false reporting may be referred to the traffic police department for investigation.

### Accident details

Date and time of accident	Date:	26/07/203	20 (DE	/MM/YY)	Time: 19	: 25	(HH:MM)
Exact location of accident	DIE	towards	Changi	belen	Sims		Boit.

### Details of vehicle

Vehicle registration number	SGY 8	943 L	
Vehicle make and model	Toyota	AITIS	
Type of vehicle	Saloon &	MPV D	- City - Vall -
Vehicle category	Private	Comm	mercial  Motorcycle
Purpose of using at said time			State of the C
Are you claiming under your own insurance company?	Yes  Third part cl	No 🗆	if no, please select: Reporting only

### Insurance information

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆

### Insured / Policy holder

Name	ABSOLUT	CAR	LEASING	PIE	170.	Male 🗆	Female
NRIC / Fin / Passport number		-		110		maie D	T CHILDIC L
Contact							
Address	1 Buict	Batok	Crescen	+ 1	402-6	£7	
	weegh	RPLACA	5 (	6586	641		

#### Driver Same as insured above □ (skip to D.O.B)

Name	MOHAMMED ZACI BIN ABOUL KARIMMALE FEMALE
NRIC / Fin / Passport number	S & 325987 F
Contact	2752 2139
Address	APT BUL 362 YUNG AN ROAD #03-127 S610362
Email address	Jing_ lang 23 (A hotmail. Com
Date of birth	25/06 71983
Occupation	Indoor  Outdoor
Driving date pass	

# General information of the accident

Was driver an employee of	Yes 🗆	No Ø			50
the insured's company?		elationship	of the	driver and insure	d: pent
Accident captured by camera?	Yes	No 2			
Weather condition	Clear 🗆		ing 🗹	Others:	
Road surface	Dry 🗆	Wet Z			
No of passenger			1		(Inclusive of driver
Passenger 1					
Name					
Gender	Male 🗆	Fema	ale 🗆		
Passenger 2					
Name			257		
Gender	Male 🗆	Fema	ile a		
Passenger 3					
Name					
Gender	Male 🗆	Fema	le 🗆		
Passenger 4					
Name					
Gender	Male 🗆	Fema	le 🗆		
Passenger 5					
Name					
Gender	Male 🗆	Femal	e 🗆		
Passenger 6					
Name	1				
Gender	Male 🗆	Femal	e 🗆		
Other information					
Was anybody injured?	Yes 🗆	No 🗆			
Was other vehicle damaged?	Yes 🗆	No 🗆			
Details of police action					
Reported to police?	Yes 🗆	No 🗆	If yes.	please state which	ch police station.
Police station name					

# Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	- 08-200-20-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-
Vehicle registration number	
Vehicle make model	

## Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

### Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

### Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Witness 1

Name				
Witness 2				
Name				
Injured person 1				
Name				
Injuries sustained				
Which vehicle person in?			18 F - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆		
Injured person 2				
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆		
Injured person 3				
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆		
Injured person 4				
Name	T			
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆		

# **My Recent Transactions**

# **Transaction History Details**

Asset Type Vehicle		
Asset ID SGY8943L		
Transaction Type 06.01 Apply Vehicle Deregistration		
Log Date/Time 29 Jul 2020 / 14:57:16		
Receipt No.:		
Transaction Amount:		
\$0.00		
Business Transaction Reference No.:		
20200729145716555534		
Channel:		
Internet		
CorpPass UID (Last 5 Characters):		
3649B		
Previous Vehicle No.:		
#		
Current Vehicle No.:	10	
SGY8943L		
IU Label No.:		

Chassis No.:
MR053ZEC107146884
Engine No.:
3ZZ4648659
Motor No.:
<u>u</u>
Vehicle Type:
N18 - Passenger (Co) Company Car (Single Rate)
Vehicle Scheme:
Normal
First Registration Date:
11 Oct 2007
Original Registration Date:
11 Oct 2007
Authorised Person's ID Type:
Singapore NRIC
Authorised Person's Country:
Singapore
Authorised Person's Name:
SIM JIAN HAO
Authorised Person's Mobile Number:
91050034

Information displayed is correct as at the log date and time.

Save as PDF

1121673635

<b>eBao</b> Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						Change	Language	• Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.	8			Date o	f Accident	2	6/07/2020 1	9:25	
	Vehicle	No.(For Motor)	SGY894	3L		Certific	ate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5113272688	5113272688- 000010	ABSOLUT CAR LEASING PTE LTD	201428763R	GFM	Third Party	SGY8943L	5GY8943L	02/12/2019	20/10/2020
					C	Continue					

Policy No.	5113272688	Policyholder Name	ABSOLU	T CAR LEASING PTE LTE	Policyholder NRIC	201428763	R
Certificate Io.	5113272688-000010						
Address	1 BUKIT BATOK CRESCENT #0	2-47 WCEGA PL	AZA SING	GAPORE 658064			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	11/10/2019	Effective Date	21/10/20	019 00:00	Expiry Date	20/10/2020	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess			Windscreen Excess		
Additional Excess		OS Premium	289.60				
Outside Singapore OD Excess		Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	SININS AGENCY PTE. LTD.	Agent Tel.	6950305	0	GST Flag	¥	
Co- nsurance	No						
Flag Open Policy Info Certificate							
Open Policy Info Certificate Info	older Mailing Address						
Open Policy Info Certificate Info Policyh	older Mailing Address 1 BUKIT BATOK CRESC	ENT Addres	ss 2	#02-47 WCEGA PLA	ZA ,	Address 3	SINGAPORE 658064
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Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	1 BUKIT BATOK CRESC 01-03/07 d Object: 5113272688-0000	Addres Relate Numbe	s Type d Policy	Singapore address			
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open Policy Info Certificate Info Policyh Address 1 Address 4 Init No. Insured Sequen	1 BUKIT BATOK CRESO 01-03/07 d Object: 5113272688-0000 ements ce	Addres Relate Numbo  10  Endorsemer Basic Informat Endorsement Basic Informat	d Policy er	Singapore address 5113272688  Endorsement Number 000001287199831	Endorser Endorseme Effective Endorseme	Post Code  nent Status ent Take	Endorsement Content Update Memo A update memo B: SJQ1378X change

Continue Cancel

Marche No.   Ma	Claim Handling					
STATIONAL STATEMENT STATE	Accident MT/1098389					
Mathematical   Math	Policy No.	5113272688	Venicle No.	SGY8943t.	GST Registration No.	
Mart	Certificate No.	5113272668-000010				
Comman   C	Policyholder Name	ABSOLUT CAR LEASING PTE LTD			Policyholder NRIC	201428763R
Special Service   Special Se	Product Code	FLEET MASTER INSURANCE		Third Party	Loading	0
March   Marc	Contact No.(Mobile)	۵	Consact No.(Office)	0	Contact No.(Home)	0
Marchane	Email Address		Special Remark		eCode	
## PATION NOT COME TO BE COME TO	KFK	® No ○Yes	TCA	No ○ Yes	eCode Reason	
March   Marc	NCD Protection	No	NCO Entitlement(%)	0	Private Hire	No
March   2007/002    Total Processing (prints)   2007/002    Total Processing (prints)   2007/002    2007/002	Accident Details					
Part	Report Date	30/07/2020 11:57	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Part	Date of Accident	26/07/2020	Time of Accident hh:mm	19:25	Country of Accident	Singapore
## PARTICIPATION   PARTICIPAT	Reporting Centre		Drange Force		3CM No.	
Part According   Part	Accident Location					
15   15   15   15   15   15   15   15						
Minor   Mino	Excess Type	Per Accident	Windscreen Excess			
Minor   Mino	DD Standard Excess		TR Standard Excess	1 500 00		
March Co Dennes Agriculture   0.00   Tata *** F Access		2.00		2,300.00	B	
March   Marc		0.00	TIED IP EXCESS		Driver is Covered?	
## ST PROJECTION 100		100	10.1011/2013 19.000000			
20   15   15   15   15   15   15   15   1		0.00	Total TP Excess Applicable			
Stagement   No						
## Care   Part				COT BANKS IN THE		
Professional Publisher   Professional Publis		NO			Yes	
Address 2   BUNCT BATTOK CRESCENT   Address 2   Address 2   Address 3   BUNCATORE SOSION	Modification History			Seed 1 Secretaria, Visitation		
Address 2   BUNCT BATTOK CRESCENT   Address 2   Address 2   Address 3   BUNCATORE SOSION						
Marea   Mare	→ Policyholder Mailing Ad	dress				
## An and Park Type  **Control Training**  **OF 10 Shirter Table***  **OF 10 Shirter Table**  *	Address 1	1 BUKIT BATOK CRESCENT	Address 2	#02-47 WCEGA FLAZA	Address 3	SINGAPORE 658064
w O Bervier Valve    Writing   Wind State	Address 4		Address Type	Singapore address	Post Code	658064
## Contact Interview	int No.	01-03/07	Related Policy Number	5113272688		
Market Name   MonAMMED ZAME BIT ABOUL K   Driver ABOUL K   S9239987   Driver Date	Of Driver Info					
Direct Age   Street Note of Driver Lockies   2004/2013   Direct Age   Street Note (Prince)   ST22199   Corest No. (Cities )   Direct No	Driver Name	Unnamed Driver	Oriver Type	Unnamed Oriver		
### ST22139 Corean No. (Moders) 0 Corean No	Unnamed driver Name	MOHAMMED ZAKI BIN ABDUL K	Driver NRJC	\$8325967F	Driver DDS	25/08/1983
Address 3   BUX 302   Address 2   VUNG AN ROAD   Address 3   SINGAPORE 610902	Register Date of Driver License	20/06/2013	Driver Age	36	Driving Experience	7
Address 3   BUX 302   Address 2   VUNG AN ROAD   Address 3   SINGAPORE 610902	Contact No.(Mobile)	87522139		0		0
Address Type Singapore address Peof Code 610362  Int No. 03-127  Over @ No. Driver Vehicle No. Driver Vehicle No. Driver Treamer Company  September of Bood Toot of mg Any you'n'? Over @ No.  Omg Any you'n'? Over @ No.  Any						
Driver Vehicle No.  Other Procurer Company  Ores (She No.  Other Procurer Company  Other Procurer Comp		300				
Driver Shoulder   Driver Sh		03-127	100		The same of the sa	
Scorestion			9 10			
Any Polytry   Order	Registered car?	U Yes (#) No	Driver Vehicle No.		Driver Insurer Company	
Any Polytry   Order	eclaration					
Claim Ool New    Insured Name	Breathalyser or Blood Test	0.000	Mary Mary 197	Charles San		
Claim 901 Nam  Term Type *	Reading?	0.119	with education	Dies Gies		
Claim 901 Nam  Term Type *						
Insured Name   ASSOLUT CARLEASPIC PTE LT    Insured NAME   Contact No. (Michie)   To Value Number   Contact No. (Michie)   To Value Number   Contact No. (Michie)   To Value Number   To Val	fodification History					
Insured Name   ASSOLUT CARLEASPIC PTE LT    Insured NAME   Contact No. (Michie)   To Value Number   Contact No. (Michie)   To Value Number   Contact No. (Michie)   To Value Number   To Val	Claim 001 Nam					
Contact No. (Mobile)	CHARGOT HER					
Contact No. (Mobile)						
Ol Vehicle Number SGW9943L TP Vehicle Number Internation SGW9943L TP Vehicle Number Internation SGW9943L TP Vehicle Number Internation Int	Daim Type *	00-MX	Insured Name	ABSOLUT CAR LEASING PTE LTD	Insured NRIC	201428763R
Type of thereth * Please Select	Contact No. (Mobile)		Contact No.(Home)		Contact No.(Office)	+
Takener Name *	mail Appress		OI Vehicle Number	SGY8943L	TP Vehicle Number	
Attachment  Attachment  Attachment  Futh +  Futh -  Browse  Bro	Darmant Type Clement Type *	Please Select	Type of Benefit *	Please Select		
Tam Description  SCV8943L ON 26 Jul 2020  Insured Liability * Fully at Fault  Insured Liability * Full	Dalmant Name *	22	Claiment NRIC +			
Insured Liability * Fully at Fault V  Insured Liability * Fully at Fault V  Sequire Finalisation   Yes   Yes   Preferenced Repair Option   Preferred Workshop, Name unknown   V GSA report   Received   V  ale Registered   30/07/2020 11:58   Claim Close Date   Date Received   30/07/2020 00:00   S  Princ AK letter   Seve   Submit    Attachment   Seve   Submit   Seve	Salmant Address					
Attachment  Attachment  Print Ax letter  Attachment  Print Ax letter  Attachment  Browse Clear Prease Select Visit V Normal V  Browse Clear Prease Select V NO V Normal V  Browse Clear Prease Select V NO V Normal V  Browse Clear Prease Select V NO V Normal V  Browse Clear Prease Select V NO V Normal V  Browse Clear Prease Select V NO V Normal V  Browse Clear Prease Select V NO V Normal V  Browse Clear Prease Select V NO V Normal V  Browse Clear Prease Select V NO V Normal V  Browse Clear Prease Select V NO V Normal V  Browse Clear Prease Select V NO V Normal V  Browse Clear Prease Select V NO V Normal V  Browse Clear Prease Select V NO V Normal V  Browse Clear Prease Select V NO V Normal V  Browse Clear Prease Select V NO V Normal V  Browse Clear Prease Select V NO V Normal V  Browse Clear Prease Select V NO V Normal V  Browse Clear Prease Select V NO V Normal V  Browse Clear Prease Select V NO V Normal V	Daim Description	SGY8943L ON 26 Jul 2020			Name of Preferred Workshop	
Preference Repaired 30/07/2020 11:58 Claim Close Date  Date Racelved 30/07/2020 01:58 Claim No. Cutent No. Selve Submit	hreferred Workshop Contact		Insured Liability *	Fully at Fault		
Seve Submit  Attachment  ### Category * Confidential Urgency * Description *  ### Price As East Seve Submit  #### Price As East Seve Submit  #### Category * Confidential Urgency * Description *  ###################################	Require Finalisation	Yes	Preferend Repair Option	CONTRACTOR	GIA report	Received
Save Submit  Attachment  Column No. 001  Set Doc. Received Pres No Upload Date 30/07/2020 11:59  Path + Category * Confidential Urgency * Description *  Browse Clear Presse Select V No Normal V Normal V Normal V Serves Clear Presse Select V No Normal V Normal V Normal V Serves Clear Presse Select V No Normal V Normal V Normal V Serves Clear Presse Select V No Normal V Normal	Nate Registered					
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