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THE	Assessment/St	irvey Report			
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TP Particulars: Veh No: 5	LQ 7577A.	, INC (	)/Non-INC( )		
Owner / Driver: (		1	Tcl:	)	
Policy No: ( ) Peri	od: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
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2) QC Check / Post Repair Inspection	.( •)	<del>/</del>	, , ,	4	
3) Upload Resurvey Photo [Repair Cost > \$30	000] (	) .		- C 10	
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QC Checked by (Engr-In-Charge):	4	NS: Courtory	Car / Tpt Allowance	22	
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Auditors Commence:		*148: DV / Calle	et Excess Coordination	23	
on the latter than the second of the second	To ANTON TO CONTROL P	TP (N11): TP (	Non INC) against INC	\$20 - 30	
		9) N12: Idae Molin	Fae Char	y ed	MANUAL TEL
		Involve dated	Fee Charg	MALKIN LALL	HK

#### 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.

A SECTION OF THE PROPERTY OF T	ACCIDENT STATEMENT
Date Of Report	05/08/2020 14:15
Date Of Accident	04/08/2020 18:40
Exact Location Of Accident	PAYA LEBAR AIRBASE CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ3299J
Insured/Policyholder	
Name Of Registered Owner	SIA CHYE HUAT
Co Reg No	5XXXX867E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96850098
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5116273847
Cover Note Number	
Driver	
Name of Driver	SIA CHYE HUAT
NRIC No	SXXXX355I
Date Of Birth	18/06/1962
Occupation	OUTDOOR
Date Of Driving Pass	15/03/1990
Driving Experience	30 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96850098
Fax Number	
Contact Number	
EMail Address	NOEMAIL

BLK 706 TAMPINES ST 71 #12-66 Address Postcode 520706 Was driver an employee of the Insured's Company NO OWNER 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 COLLISION - MAJOR/MINOR RD Type Of Accident CLEAR Weather Conditions 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? YES Was any injured conveyed to hospital by NO ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1 Number of Passengers (Including Driver) **Details of Police Action** Was the accident reported to the police? NO If Yes, Please state which Police Station Was notice of intended Prosecution given? NO If Yes, against whom? Circumstances of Accident REFER TO STATEMENT. Attachment(s) Are accident photos available for attachment? YES YES Was there any video captured by Car Camera? WITH DRIVER Remarks/ Reasons: Was there any audio recorded? NO **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLQ7577A

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SIA CHYE HUAT

BODY

GBJ3299J

YES

NO

#### 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)

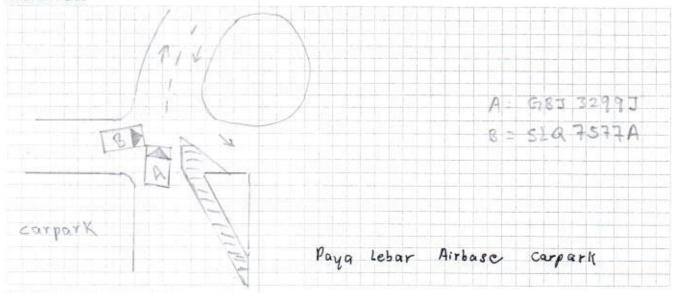
I understand, acknowledge, agree and consent that:

- (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.

Sia Chye Huat Blk 706 Tampines Street 71 #12-66 Singapore 520706 Reg No. 53218867E

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

1	was	drivin	و ماه	ng Ai	port R	ld tu	irning	t.
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my	veh	left	front	porti	on.			
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DECLARATION

I/We Brar City 100 gold acticulars are true in every respect.

Bik 706 Tampines Street 71

#12-66 Singapore 520706

Reg No. 53218867E

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 .:

**eBao**Tech GeneralClaim Hello, NAC\_PAYA\_UBI\_800601 · Change Language · Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 05/08/2020 13:44 Vehicle No.(For Motor) GBJ3299J Certificate Number Search Certificate Number Policyholder Name Policyholder Product Cover Type Select Policy No. Vehicle No. Insured Object Commence Date Expiry Date SIA CHYE HUAT 0 5116273847 53218867E GCV Comprehensive GBJ3299J GBJ3299J 18/03/2020 17/03/2021 Continue

# ACCIDENT STATEMENT

LOCATION:	Paya Lebar	Airbase	), TIME:( 18:40)(HH:MA Carpark
1. DETAIL	LS OF VEHICLE		
	ICLE NUMBER:	GBT 32997	
	RANCE COMPANY:	The second second second second second second	
	ICY NUMBER:		
767 To 1047 CH			TY / THÍRD PARTY FIRE &THEFT
	(E & MODEL:	NSIVE / INIRU PAK	IT / THIRD PARTY FIRE &THEFT
		ABV AVAN (LODG)	// MOTORCYCLE / OTHERS)
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	OU CLAIMING UNDER		
	, PLEASE STATE (THIRD		
	D / POLICY HOLDER	TAKIT CLAIM / RE	FORTING ONLY)
1.00		11 .	///// / FENALE
			(MALE / FEMALE)
			_CONTACT: 9685 009
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to of passings, DRIVER		ALSO POLICY HO	LDER
and I all all all NAM			(MALE / FEMALE)
"Cluding dia me			(MALE / FEMALE)
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*d)DATE	E OF BIRTH: (/_	/ 1/00/N	M /YYYYI -
	UPATION: (INDOOR /		
	OF DRIVING EXPRERIE		# # # # # # # # # # # # # # # # # # #
			D'S COMPANY? (YES / NO)
			INSURED: Owner.
5. gIWEAT	HER CONDITION: ICLE	AR / RAINING / O	THERS
	SURFACE: (DRY / WE		
6. WAS AN	YBODY INJURED (YES	/ NO1	
	RTED TO POLICE (YES ,		
			***
9 TUIDD DA	A DTV MELLIOLE		
of passinger a) VEH	HICLE NUMBER: 51	Q 7577 A.	_MODEL:
duding drivery b) DRI	VER'S NAME:		
c) NRIC	C/FIN/PASSPORT:		_CONTACT:
9. THIRD PA	RTY VEHICLE		
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	ICLE NUMBER:		_MODEL:
	VER'S NAME:		CONTACT:

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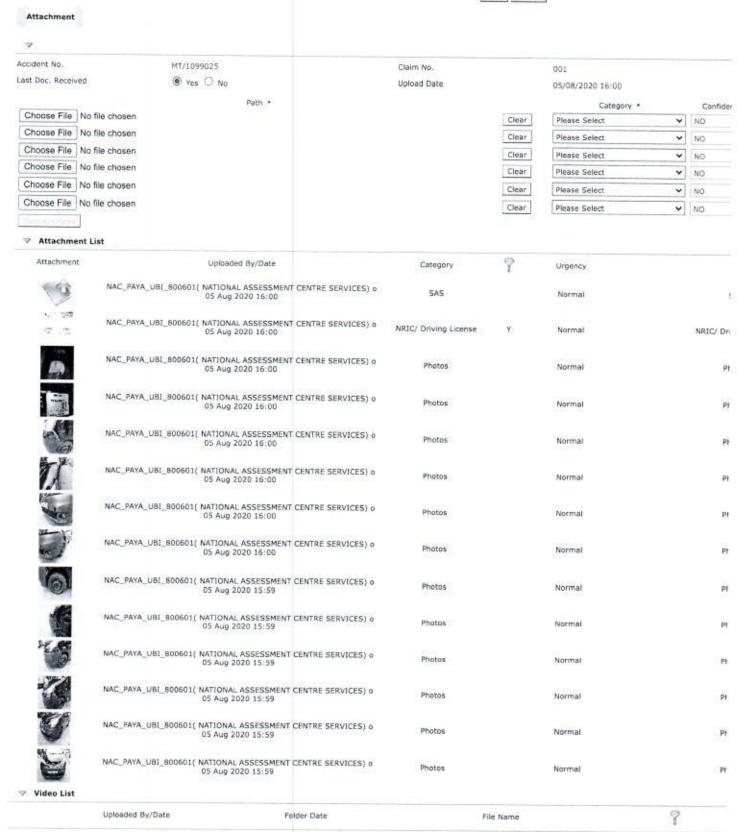
fax =

VIDEO - Yes.

Policyholder Mailing Address 2  Address 1  BLK 706 #12-66  Address 7pe  Singapore address  Post Code Unit No.  12-66  Related Policy Number  \$116273847   OI Driver Info  Driver Name  Unnamed Driver Unnamed driver Unnamed driver Name  SIA CHUE HUAT  Driver NRIC  S15673551  Driver DOB Register Date of Driver License  15/03/1990  Driver Age  Contact No. (Office)  Address 3  BLK 706 #12-66  Address 2  TAMPINES STREET 71  Address 3  BLK 706 #12-66  Address 2  TAMPINES STREET 71  Address 3  Address 4  SINGAPORE \$20706  Address 7  Address	Claim Handling							
Control No.	Accident MT/1099025							
Control No.   Personal Process	Policy No.	5116273847	Vehicle No.	CB122991			CCT O.	
Profest Code	Certificate No.			00732997			GST Re	gistrat
Description	Policyholder Name	SIA CHYE HUAT					Da Carabia	DESCRIPTION AND ADDRESS.
Contact No	Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Parameter Control				
Final Andrews	Contact No.(Mobile)			Comprehensive				
NO.   NO.   Yes	Email Address							No.(H
## ACCIDENT DESCRIPTION  ## ACCIDENT OF THE	KFK	No Yes		No. Yes				
Major Date   Section   S	NCD Protection							
Accident Number   Accident Number   Section	Accident Details		NED Entitlement(%)	20			Private	Hire
Accident Number   Accident Number   Section	Report Date	05/09/2020 15:52	G. 12 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
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Policy   P		04/00/2020		18:40			Country	of Ac
Total Excess Applicable   Per Accident   Windscreen Excess   100.00		DAVA LEDAD AIRCARE CARRAN	Orange Force				ICM No.	
Per Accident   Windscreen Excess   100.00   TP Standard Excess   0.00   Driver is O								
OD Standard Excess   0.00   TP Standard Excess   0.00   Driver is C Address   0.00   Driver is C Addre			110000000000000000000000000000000000000		1720000			
VED DD Excess	roces type	Per Accident	Windscreen Excess		100.00			
VIED DP Excess   0.00   VIED TP Excess   0.00   Driver Is C	OD Standard Excess	600.00	TD Standard Evener		5249			
Additional Excess Total Of Excess Applicable  ### 00.00  ### 10	YIED OD Excess							
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## GST Registered Information  GST Registered   No   GST Registerition Date   GST Registerition No, GST Status Verified   GST Status Verified   GST Registerition No, GST Status Verified   GST Status		600.00						
### GST Registred Information  GST Registration Date GST Registration No.  GST Registration No.  Modification History  #### Policyholder Mailing Address  #### Address 1  SLK 706 #12-66  Address 2  Address 1  Address 3  Address 3  Address 4  Unit No.  12-66  Ralated Policy Number  Unit No.  12-66  Ralated Policy Number  S116273647  #### Driver Name  Unnamed Driver  Unnamed driver Name  SIA CHIPE HIAIT  Driver Name  Unnamed driver Name  SIA CHIPE HIAIT  Driver Name  Contact No.(Mobile)  ###################################		600.00	Total TP Excess Applicable		0.00			
GST Registered No GST Registeration No. GST Registeration Date GST Registeration No. GST Status Verified  GST Registeration No. GST Status Verified  GST Registeration No. GST Status Verified  Address 1 BLK 706 #12-66	School Man Carlo Market Control Control Control	Non						
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Modification History		No						
Address 1 Bit 706 #12-66 Address 2 TAMPINES STREET 71 Address 3 Post Code   Address 4 Address 4 Address Type Singapore address Post Code				GST Statu	is Verified			Yes
Address 1 Bit 706 #12-66 Address 2 TAMPINES STREET 71 Address 3 Post Code   Address 4 Address 4 Address Type Singapore address Post Code								
Address 1 Address Type Singapore address Page Post Code  Unit No. 12-66 Related Policy Number 51162/3847  **Total Priver Info  Driver Info  **Diriver Info  Unnamed Driver  Unnamed Driver  Unnamed Driver  Unnamed Driver License SIA CHYE HUAT Driver NRIC S156735SI Driver DOB  Register Date of Driver License 15/02/1990 Driver Age 58 Oriving Egg  Register Date of Driver License 15/02/1990 Driver Age 58 Oriving Egg  Register Date of Driver License 15/02/1990 Driver Age 58 Oriving Egg  Register Date of Driver License 15/02/1990 Driver Age 58 Oriving Egg  Register Date of Driver License 15/02/1990 Driver Age 58 Oriving Egg  Register Date of Driver License 15/02/1990 Driver Age 58 Oriving Egg  Register Date of Driver License 15/02/1990 Driver Age 58 Oriving Egg  Redicts 4 SINGAPORE 520706 Address 2 TAMPINES STREET 71 Address 3 Address 4 Address 4 SINGAPORE 520706 Address 79pe Singapore address Post Code  Unit No. 12-66  Does he own a Singapore Registered Car? No Modification History  **Claim Oo1 New***  **Claim Oo1 New***  **Claim Oo1 New***  **Claim Type **  Claim Type **  Claim Type **  Claim Type **  Claim Description  **Preferred Vorishipo, Name unknown ** Agort Received	Policyholder Mailing Add	Iress						
Address 1  In 12-66  In 12-66  Related Policy Number  Singapore address 1  Driver Name  Unnamed Driver  Unnamed Driver  Unnamed driver Name  Singapore address 1  Driver Name  Singapore address 3  But 706 #12-66  Contact No. (Mobile)  Singapore address 3  But 706 #12-66  Address 2  TAMPINES STREET 71  Address 3  Address 4  Singapore address 4  Singapore address 3  Address 4  Singapore	Address 1	BLK 706 #12-66	Address 2	TAMBINES STREET			various:	-
Unit No.  □ 12-66  Related Policy Number  □ 1516,273847  □ 10 Driver Info  □ Driver Info  □ Driver Name □ Unnamed Driver □ Unnamed driver Name □ Unnamed Driver □ Unnamed driver Name □ Unnamed driver Name □ Unnamed driver Name □ SIA CHYE HUAT □ Driver NRIC □ S15673551 □ Driver DOB Register Date of Driver License □ SIA CHYE HUAT □ Driver NRIC □ S15673551 □ Driver DOB Register Date of Driver License □ SIA CHYE HUAT □ Driver NRIC □ S15673551 □ Driver DOB Register Date of Driver License □ SIA CHYE HUAT □ Driver NRIC □ S15673551 □ Driver DOB □ S1674506 □ Address 2 □ TAMPINES STREET 71 □ Address 3 □ Address 3 □ TAMPINES STREET 71 □ Address 1 □ TAMPINES STREE	Address 4				71			
Driver Name Unnamed Driver Unnamed Driver Unnamed Driver SIA CHYPE HUAT Driver NRIC SI5673551 Driver DOB Register Date of Driver Ucense 15/02/1990 Driver Age S8 Driving Exp Contact No.(Mobile) 96850098 Contact No.(Office) Total TAMPINES STREET 71 Address 2 TAMPINES STREET 71 Address 3 Address 4 SINGAPORE 520706 Address 7 Post Code Unit No. 12-66 Does he own a Singapore Registered Bar? Ves No Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Insurance Reading?  Claim Type * Contact No.(Mobile)  Email Address Preferred On-MX Report Name Contact No.(Mobile)  Freferred Option Preferred Option Preferred Option Preferred Option Recovery Report Taken By  Claim Description  Driver Street Driver RRIC Driver NRIC Driver NRIC S156/32551 Singapore address Singapore address Option Option Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Insurance Option On-MX No.	Unit No.	12:66					Post Cod	0
Unnamed driver Name SIA CHYE HUAT Driver NRIC SIS673551 Driver DRIC SIS673551 Driver DRI	♥ OI Driver Info		Nelsted Policy Walliber	51162/384/				
Uninamed driver Name SIA CHYE HUAT Driver NRIC 515673551 Driver DDB Register Date of Driver License 15/03/1990 Driver Age 58 Driving Expansion 15/03/1990 Driver Age 58 Driving Expansion 15/03/1990 Driver Age 58 Driving Expansion 15/03/1990 Address 2 TAMPINES STREET 71 Address Address 4 SIMCAPORE 520706 Address 2 TAMPINES STREET 71 Address 3 Address 4 Driver Name 12-66 Driver Vehicle No. Driver Vehicle No. Driver Louis Name 15/03/1990 Driver Vehicle No. Driver Louis Name 15/03/1990 Driver Vehicle No. Driver Louis Name 15/03/1990 Driver Name 15/03	Driver Name	Unnamed Driver	Driver Type	Honamad Deliver				
Register Date of Driver License 15/03/1990 Driver Age 58 Orving Exp Contact No. (Mobile) 9650098 Contact No. (Mobile) Preferred Workshop Preferred Workshop Preferred Workshop Preferred Workshop Name unknown V Report Taken By  Preferred Workshop Preferred Workshop, Name unknown V Report Received Taken By  Preferred Workshop Name Unknown V Received Taken By  Preferred Workshop Name Unknown V Received Taken By  Preferred Workshop Name Unknown V Received Taken By  Preferred Workshop, Name unknown V Received Taken By	Unnamed driver Name	SIA CHYE HUAT				12	Deliver D	0.0
Contact No. (Mobile) 96850098 Contact No. (Office) Contact No. Address 1 BLK 706 #12-66 Address 2 TAMPINES STREET 71 Address 3 Address 4 SINGAPORE 520706 Address 79 Singapore address Post Code Unit No. 12-66 Does he own a Singapore Registered Car? Yes No Driver Vehicle No. Driver Insured Liability Claim 19pe * Contact No. (Mobile) Preferred Workshop Pre	Register Date of Driver License							
Address 1  BLK 706 #12-66  Address 2  TAMPINES STREET 71  Address 3  Address 4  SINCAPORE 520706  Address Type  Singapore address  Post Code  Unit No.  12-66  Does he own a Singapore Registered car?  Yes No  Driver Vehicle No.  Driver Vehicle No.  Driver Vehicle No.  Driver Vehicle No.  Driver Insured  Address 2  TAMPINES STREET 71  Address 3  Post Code  Driver Insured  Driver Insured  Address 3  Address 4  Singapore address  Driver Insured  Driver Insured  Address 7  Yes No  Driver Insured  Driver Insured  Driver Insured  Driver Insured  Driver Insured  Address 7  Yes No  Driver Insured  Address 8  Option  Driver Insured  Address 9  Tampines Street 71  Address 9  Post Code  Driver Insured  Driver Insured  Address 9  Total Code  Total Code  Number  GBJ3299J / SLQ7577A DN 4 Aug 2020  Preferred  Workshop  Driver Insured Liability  Preferred Workshop  Driver Insured Liability  Preferred Workshop  Driver Insured Liability  Driver Vehicle No.  GBJ3299J / SLQ7577A DN 4 Aug 2020  Claim  Driver Insured Liability  Driver Insu	Contact No.(Mobile)			36			Section and	o by the
Address 4 SINGAPORE 520706 Address Type Singapore address Post Code Unit No. 12-66 Does he own a Singapore Registered Car? Yes No Driver Vehicle No. Driver Vehicle No. Driver Insured Cardina History  Claim Oo1 New  Claim Type - OD-MX Ves No	Address 1	BLK 706 #12-66		TAMPINES STREET	71			
Unit No. 12-66  Does he own a Singapore Registered car?  Yes No Driver Vehicle No. Driver Insured Liability Not at Fault	Address 4		Address Type					
Declaretion  Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No. [Mobile]  Email Address  Claim Description  Claim De	Unit Na.	12-66	N. A. S.	311,939,010,000,000		0.9	rust Cou	80
Declaration  Breathalyser or Blood Test Reading?  Claim O1 New  Claim Type *  Contact No. (Mobile)  Email Address  Claim Type *  Contact No. (Mobile)  Email Address  Claim Description  Claim Description  Claim Description  G833299J / SLQ7577A DN 4 Aug 2020  Preferred Workshop Preferred Preferred Workshop, Name unknown V GIA Received O5/08/2020 15:59  Claim Claim Description  Claim Contact No. (Mobile)  G833299J / SLQ7577A DN 4 Aug 2020  Claim Contact No. (Mobile)  Claim Contact No. (Mobile)  Claim Contact No. (Mobile)  G833299J / SLQ7577A DN 4 Aug 2020  Claim Contact No. (Mobile)  Cl		Yes No	Driver Vehicle No.					
Breathalyser or Blood Test Reading?  Any Injury?  Yes No  Modification History  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  OI Home)  Claim Description  Preferred Workshop Preferred Workshop Date Registered  Option  Repair Option  Any Injury?  Yes No  OD-MX Insured Name Contact No. (Mobile)  96850098 No. (Home) (Home)  GB)3299J / SLQ7577A ON 4 Aug 2020  Claim Description  Option  OS/08/2020 15:59 Claim Date Registered  Report Taken By  LIEW SHAN HUI	Registered car?		briver verifice no.			100	Driver In	surer
Breathalyser or Blood Test Reading?  Any Injury?  Yes No  Modification History  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  OI Home)  Claim Description  Preferred Workshop Preferred Workshop Date Registered  Option  Repair Option  Any Injury?  Yes No  OD-MX Insured Name Contact No. (Mobile)  96850098 No. (Home) (Home)  GB)3299J / SLQ7577A ON 4 Aug 2020  Claim Description  Option  OS/08/2020 15:59 Claim Date Registered  Report Taken By  LIEW SHAN HUI	Declaration.							
Reading?  Modification History  Claim 001 New  Claim Type •  Contact No. (Mobile)  Email Address  Contact No. (Mobile)  Email Address  Claim Description  Preferred Workshop Preferred Workshop, Name unknown V GIA Received  Obstact No. (Yes V Repair Preferred Workshop, Name unknown V report Received V Obten Date Registered  Report Taken By		0200						
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