Date In: 13/18/20 - 19/1/2  Ref No: 149/14/2008506/24	A C.D. PICTAGE C.	ntion	Date &Time Completed	D	one by
ML199 CROCCI - MILLE	Job deseri	- <del></del>	Date to time completed	D)	nie oż.
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3777766		rithia Shrs, AIC 2hrs)			
D.O.A: 148/2-16-15		Claim Form	m)110078-001	17/8/2	09:16
OD / TP / Reporting Only	77.5	W/O (Within: OD 2hr	s, TP 4hrs)		
	i-Photo U				11
TP Insurer:	Assessmer	nt/Survey Report			
	Ass't Repo	ort by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel: F	ax:	
TP Particulars: Veh No: MA	1848T	. INC(	)/Non-INC( )		
Owner / Driver: (			Tel:	)	11.5
	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %)	[Note-Est. Statu	s (WO): N: 0-20	%; P: 21-79%. P: 30-10	00%]	
Year of Registration: ( )	Warranty: YES		)		-
Excess: (\$ ) Loading: \$1,	,000()/\$2,0	100()			
General Remarks:-		for a system		31, 17, 75	
	Courtesy Car (	)	7.8		to the
Apply for Transport Allowance ( )/(	Courtesy Car (	)	Date&Time Completed	Don	
2) QC Check / Post Repair Inspection	(	)			
<ol> <li>Upload Resurvey Photo [Repair Cost &gt; \$3</li> </ol>	3000] (	`			
		)	** Page 1		
Injury:					
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Pate/Time Actions				And (S)	a vasi
Pate/Time Actions		200700000000000000000000000000000000000	ration Checklist	Anit (S)	
Pate/Time Actions		1) AR : Accident Re	porting ( <b>5</b> 30);		
Date/Time Actions  Date/Time Actions  Umant's Particulars:		1) AR : Accident Re 2) DA : Damage Ass 3) TF : Towing Fee	porting (\$30); essment (\$100); INC (\$80) \$40/\$4	fat Bill	
Date/Time Actions  Date/Time Actions  Date/Time Actions  Liment's Particulars:-  Ver/Owner:		1) AR : Accident Re 2) DA : Damage Ass 3) TF : Towing Fee 4) FT : Follow-Three	porting (\$30); essment (\$100); INC (\$80) \$40/\$4 agh Survey \$12	Tạt Bill	
Date/Time Actions  Umant's Particulars:-  ver/Owner:		1) AR : Accident Re 2) DA : Damage Ass 3) TF : Towing Fee 4) FT : Follow-Thros 5) FT : Follow-Thros For claiming again	porting (\$30); essment (\$100); INC (\$80) \$40/\$4 agh Survey \$12 agh Survey (Resurvey) \$3 sst INC Only (wef 10 Jan 2005)	Tst Bill	
Date/Time Actions  Limant's Particulars:  ver/Owner:		1) AR : Accident Re 2) DA : Damage Ass 3) TF : Towing Fee 4) FT : Follow-Throughout Solid For Claiming again 6) TR : Re-inspection	porting (\$30); essment (\$100); INC (\$80)  \$40/\$4  agh Survey \$12  agh Survey (Resurvey) \$3  ast INC Only (wef 10 Jan 2005)  1 \$7.	Tst Bill	
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Date/Time Actions  Liminate Particulars:  ver/Owner:  ntact No:  maged Portion:  Checked by (Engr-In-Charge):		1) AR : Accident Re 2) DA : Damage Ass 3) TF : Towing Fee 4) FT : Follow-Thron For cleiming assis 6) TR : Re-inspection 7) N1 : Idae DA + SI 8) NTUC Additional OD: *N5: Courtesy Car *N6: Repair Co-or *N7: Fost Repair I	porting (\$30); essment (\$100); INC (\$80) \$40/\$4  igh Survey (\$12  igh Survey (Resurvey) \$3  ist JNC Only (wef 10 Jan 2005)  ART Survey \$16  Services:-  / Tpt Allowance \$1  dination \$10  inspection \$22	75t Bill	Amt/ Add B
Date/Time Actions		1) AR : Accident Re 2) DA : Damage Ass 3) TF : Towing Fee 4) FT : Follow-Thron For cleiming again 6) TR : Re-inspection 7) N1 : Idae DA + SI 8) NTUC Additional OD* *N5: Courtesy Car *N6: Repair Co-or *N7: Fost Repair I *N8: DV / Collect	porting (\$30); essment (\$100); INC (\$80)  \$40/\$4  igh Survey (\$12  igh Survey (Resurvey) \$3  ist INC Only (wef 10 Jan 2005)  ART Survey \$16  Services:-  / Tpt Allowance \$10  dination \$10	7st.Bill	

#### 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

the large and the contract of	ACCIDENT STATEMENT
Date Of Report	17/08/2020 09:12
Date Of Accident	14/08/2020 16:10
Exact Location Of Accident	GEYLANG RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJJ7376Z
Insured/Policyholder	
Name Of Registered Owner	LEVIN AUTO
Co Reg No	5XXXX455L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98609224
Alternative Phone No	OFFICE-98609224
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS E 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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5111271585-01
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD FAIZAL BIN JAMIL
NRIC No	SXXXX692G
Date Of Birth	22/07/1983
Occupation	OUTDOOR
Date Of Driving Pass	12/02/2010
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91033355
Fax Number	
Contact Number	OFFICE-91033355
EMail Address	NOEMAIL

BLK 289A PUNGGOL PLACE Address #02-887 Postcode 821289 Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured OTHER - HIRER 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) 2 involved in the accident Was any body injured in the Accident? YES Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 3 Passenger 1 NAME: : NORMAYA BINTE JOHARI GENDER: : FEMALE Passenger 2 NAME: : MOHAMAD FARHAN BIN MOHAMAD SALLEH GENDER: : MALE **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 Was there any video captured by Car Camera? NO Was there any audio recorded? NO **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **GBG8486T** Vehicle Make/Model/Colour Details Of Properties Vehicle Category COMMERCIAL VEHICLE 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

MUHAMMAD FAIZAL BIN JAMIL

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJJ7376Z

Were seat belts worn?

Was this injured conveyed to hospital by

YES

ambulance?

NO

Address

Postcode

## **DETAILS OF INJURED PERSON 2**

Name

NORMAYA BINTE JOHARI

Approximate Age

BODY

Injuries Sustain

Injured person in which vehicle?

SJJ7376Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

## **DETAILS OF INJURED PERSON 3**

Name

MOHAMAD FARHAN BIN MOHAMAD SALLEH

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

BODY

SJJ7376Z

YES

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:
  - (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 Name:

NRIC/FIN No .:

Refer to attached stution Plan.

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Har	ed a	late mo	limi,	my vehi	cle w	W Ho	ation	ary Hop	ped o	ubag
leging	ρd	as traf	tic just	tion was	red. 6	ndduly	1	tell on	impa	ed from
he neur	and	nullud	that i	lehicle B	Wid	onf	му	vehicle	Ner	prition.

### DECLARATION

I/We declare the foregoing particulars are true in every respect.

#9

Policyholder's Signature Date & Time: 931.

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

Name:

NRIC/FIN No.:

GEYLANG 19848 19848 14 MB PLAZA 11/1/1/1/

SJJ 7376 Z

M901-91

- HCC+0986 JA714

\$\$ HQ 81033355

# ACCIDENT STATEMENT

ACCIDE	NT DATE: 14/8/2	)(DD/MM/YYYY), TI	ME:( 16 : 10 )(HH:MM)
LOCATIO	ON: Wyling rul		
	DETAILS OF VEHICLE  1) VEHICLE NUMBER:  1) INSURANCE COMPANY:  1) POLICY NUMBER:	207382	
c		HENSIVE / THIRD PARTY ,	THIRD PARTY FIRE &THEFT)
f) 9		IVATE / COMMERCIAL /	MOTORCYCLE / OTHERS)
2. 11	ARE YOU CLAIMING UNDI F NO, PLEASE STATE (THIRI ISURED / POLICY HOLDER		
b	NAME:  NRIC/FIN/PASSPORT:  ADDRESS:		CONTACT: 9869114
(Including driver) b)	CONTINUE TO 3.d IF DRIVER RIVER NAME: NRIC/FIN/PASSPORT:		(MALE / FEMALE)
1. Normaya Binte Johani (Kmale) -d			/YYYY)
Mohamad Farhan fly Bin Mahamad 4. W.	OCCUPATION: (INDOOR 'EARS OF DRIVING EXPREI AS DRIVER AN EMPLOYE NO, RELATIONSHIP OF	RIENCE: EE OF THE INSURED'S	COMPANY? (YES / NO)
	WEATHER CONDITION: (C ROAD SURFACE: (DRY / W		ERS
7. a)i	AS ANYBODY INJURED (YE REPORTED TO POLICE (YE FYES, PLEASE STATE WHIC	S/NO)	£
THE PARTY OF THE P	PARTY VEHICLE  VEHICLE NUMBER:	1848 57 M	ODEL:
( 1 ) ()	NRIC/FIN/PASSPORT: RD PARTY VEHICLE	c	CONTACT:
* No of passenger di	VEHICLE NUMBER: DRIVER'S NAME:		The state of the s
	NRIC/FIN/PASSPORT:		ONTACT:

Cmail =

Pax =

VIDEO =

<b>eBao</b> Tech							4 4			Gener	alClaim
Hello, NAC_PAYA_UBI	_800601			The state of the s	THE RESIDENCE	and the same of th	· Chang	e Languag	e · Cha	nge Password	
My Desktop	Policy Query						7 C. 1800-7		Sec liberary		Log Cui
Notice of Loss	Policy I	No.				Date o	of Accident		14/08/2020	16:10	
	Vehicle	No.(For Motor)	5337376	ž		Certifi	cate Number				
					8	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5111271585- 01	5111271585- 01-000006	LEVIN AUTO	53380455L	GFM	drivo CLASSIC	S337376Z		17/07/2020	16/07/2021
						Continue					

Sequenc	e Date of Endorsement	Endorsement	Туре	Endorsement Number	Endorsem	ent Status	Endorsement Content
	te Date of Endorsement ote Endorsements	Endorsement	Туре	Endorsement Number	Endorsem	ent Status	Endorsement Content
Sequence				11 20 42 50 50 50 50 50 50 50 50 50 50 50 50 50	100-300		
el esconiciones	Object: 5111271585-01-000	006					
Init No.	03-15	Related Number		5111271585-01			
Address 4		Address	1000	Singapore address	p	ost Code	415978
Address 1	18 KAKI BUKIT ROAD 3	Address	5 2	#03-15 ENTREPREN	EUR BUSINI A	ddress 3	SINGAPORE 415978
▽ Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
insurance Flag	No						
Agent Co-	S & M ALLIANCE PTE LTD	Agent Tel.	963542	88	GST Flag	Y	
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy issue Date	21/07/2020	Effective Date	17/07/2	2020 00:00	Expiry Date	16/07/2021 2	3:59
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Address	18 KAKI BUKIT ROAD 3 #03-1	5 ENTREPRENE	JR BUSI	NESS CENTRE SINGAPO	RE 415978		
Certificate No.	5111271585-01-000006				HALL		
Policy No.	5111271585-01	Policyholder Name	LEVIN A	AUTO	Policyholder NRIC	53380455L	

Policy No.	5111271585-01	Vehicle No.	\$217376Z	GST Registration No.	
Certificate No.	5111271585-01-000008				
Policyholder Name	LEVIN AUTO			Policyholder NR3C	53380455
Product Code	PLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Lording	33300433C
Contact No.(Mobile)	98609224	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark	22	eCode	To v
Onic	® No ○ Yes	TCA	® No ○ Yes		
ICD Protection	No.	NCD Eradiement(%)		eCode Reason	
♥ Accident Details		NCD crossmercine)	0	Private Hire	Yes
	100000000000000000000000000000000000000				
eport Date	17/08/2020 09:24	Accident Report Within 24 hr	s Yes	Acodem Type	Collision - Head to Rear
ate of Accident	14/08/2020	Time of Accident hh:mm	16:10	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
coldent Location	GEYLANG RD				
Total Excess Applicable					
cess Type	Fer Accident	Windscreen Excess			
	To receive	WHITSCHEEN EXCESS	100.00		
3 Standard Excess	2,000.00	TO Constant Const			
		TP Standard Excess	1,500.00		
ED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
ditional Excess	0				
tal OD Excess Applicable	2000.00	Total TP Excess Applicable			
Benefits					
GST Registered Inform					
T Registered T Registration No.	No		GST Registration Date		
			GST Status Verified	Yes	
dification History	17/08/2020 09:25:44 Sys	tem changed GST Status Venned fr	om No to res		
Policyholder Hailing Ad	dress				
dress 1	18 KAKI BUKIT ROAD 3	Address 2	#03-15 ENTREPRENEUR BUSINI	Address 3	SINGAPORE 415978
dress 4		Address Type	Singapore address	Post Code	415978
it No.	03-15	Related Policy Number	5111271585-01	5000.00000	244079
OI Driver Info		The state of the s	5111271362-01		
ver Name	Unnamed Driver	Driver Type			
named driver Name	MUHAMMAD FAIZAL BIN JAMIL		Unnamed Driver	2050000018	
		Driver NRIC	58322692G	Driver DOS	22/07/1983
pater Date of Driver License		Driver Age	37	Driving Experience	10
ntact No.(Mobile)	91033355	Contact No. (Office)	0	Contact No.(Home)	a
Gress 1	BLK 2894	Address 2	PUNGGOL PLACE	Address 3	PUNGGOL ARCADIA
dress 4	SINGAPORE 821289	Address Type	Singapore address	Post Code	821289
rt No.	02-887				
es he own a Singapore	○ Yes ⑥ No	Driver Vehicle No.			
gistered car?	Charama	Driver verice No.		Driver Insurer Company	
claration					
Contractions.					
athalyser or Rinad Tase					
athalyser or Blood Test ding?	0 mg	Any injury?	® Yes ○ No		
eathalyser or Slood Test ading?	0 mg	Any injury?	® Yes ○ No		
eding? Sification History	0 mg	Any injury?	(€) Yes ○ Ro		
iding?	0 mg	Any injury?	® Yes ○ No		
iding? Rication History Iaim 001 New			999-2-72915		
oling?  Incation History  Inim 001 New  In Type *	Ор-мх	Any injury?  Insured Name	(B) Yes () No	Insured NRIC	533804550,
oling?  Incation History  Inim 001 New  In Type *			999-2-72915	Insured NRIC Contact No.(Office)	53380455t, +
ding?  fication History  laim 001 New  m Type *  tact No.(Mobile)	Ор-мх	Ensured Name	999077915		
ding?  Incation History  Inim 001 New  In Type *  Inct No. (Mobile)  In Address	Ор-мх	Incured Name Contact No. (Home)	LEVIN AUTO	Contact No. (Office)	•
fication History  aim 001 New  In Type *  lact No. (Mobile)  if Address mant Type Claimant Type *	OD-Mx 91033355	Insured Name Contact No. (Home) Of Vehicle Number	LEVIN AUTO	Contact No. (Office)	•
ding?  Incation History  In Type 4  Iact No. (Mobile)  In Address  Incat Type Claimant Type 4  Incat Name 4	Ob-Mx 91033355	Indured Name Contact No. (Home) Of Vehicle Number Type of Benefit +	LEVIN AUTO	Contact No. (Office)	•
infication History  laim 001 New  In Type *  lact No. (Mobile)  In Address  mant Type Claimant Type *  mant Name *	OD-MX 91033355 Phease Select SR	Indured Name Contact No. (Home) Of Vehicle Number Type of Benefit +	LEVIN AUTO	Contact No. (Office) TP Vehicle Number	# CABGR486T
incation History  Islim 001 New  In Type *  Island No. (Mobile)  Island Address  In Type Calemann Type *  Inner Type Calemann Type *  Inner Address  In Description	Ob-Mx 91033355	Indured Name Contact No. (Home) Of Vehicle Number Type of Benefit + Clasmant NRIC +	LEVIN AUTO S1373762 Please Select	Contact No. (Office)	# CABGR486T
in Type * Ract No. (Mobile) In Type * Ract No. (Mobile) In Address mare Type Calman Type * mare Address In Description In Moral Workshop Confect	OD-Mx	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit + Claimant NRIC +	S1773762 Please Select	Contact No. (Office) TP Vehicle Number	# CABGR486T
in Type * Ract No. (Mobile) In Type * Ract No. (Mobile) In Address mare Type Calman Type * mare Address In Description In Moral Workshop Confect	OD-Mx	Indured Name Contact No. (Home) Of Vehicle Number Type of Benefit + Clasmant NRIC +	LEVIN AUTO S1373762 Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop	# CABGR486T
in Type * flact No. (Mobile) se Address mare Type Calman Type * mare Name * mare Address mare Address mare Workshop Contact use Finalisation	OD-Mx	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit + Claimant NRIC +	S1773762 Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop	© GBG8486T
incation History  Islam 001 New  In Type *  Ract No. (Mobile)  In Address  mans Type Claimans Type *  mans Address  In Description  Internal Workshop Contact  Line Finalisation  Registered	OD-Mx	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit + Claimant NRIC +  Insured Liability + Preference Repair Option	S1773762 Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	© GBGB486T
fication History  laim 001 New  In Type * lact No. (Mobile) is Address mant Type Claimant Type * mant Address in Description in Description Requisitered int Taken By	OD-Mx	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit + Claimant NRIC +  Insured Liability + Preference Repair Option	S1773762 Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	© GBGB486T
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