NATIONAL Assessment Ce	ntre Services	ME[1 730,00/7 N	0.920 C 3000h		
Date In: 3/11/73-15:27	Jeb description		Date &Time Completed	Done	; by
Rel No: NA NC 2013371 / 14	SAS e-filing				
Veh No: SMP2186X	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 2/12-14:12	i-Motor Clai	m Form	1112 74-00	3/17/21	7:01
	i-Motor W/C) (Within: OD 2hrs			
OD TP Reporting Only	i-Photo Uplo	aded			
	Assessment/Si	urvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW	: (A Language Community of the Community of	Tel:	Fax:)
TP Particulars: Veh No:	SIR 44 Gyn	. INC()/Non-INC().		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: () .	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (0%; P: 21-79%. F: 80-	100%]	
Year of Registration: () Warranty: YES ()/NO()		
	\$1,000()/\$2,000	()	Colomical Colomical Colom	77.98 C 177. 17	
General Remarks;-		The state of the s			<u> </u>
() Walk-In Customer: Customer's		nfidential & Str	ictly NO refer of repairer		
() Total Loss Case : to e-mail In					
Drive-In ()/ Towed-In (); In	voice: YES () / I	NO();T	owing Co: ()
Remarks:- (INC hotline: 6788 661	6)		Date&Time Completed	Done	by
1) Apply for Transport Allowance () / Courtesy Car ()	4		
2) QC Check / Post Repair Inspection	())		*	
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()			
Injury:					
Date/Time Actions					#11, 11, 12, 11, 11,
First time 11 chons				95.455.00° (34.25.4.3.3.2	
			•		
-					
	-				
harrin 2		Invoice Pre	paration Checklist	Amt (S) fst Bill	Amt (3)
M2063 3		1) AR : Accident			
laimant's Particulars :-		2) DA : Damage : 3) TF : Towing F		\$80) 40/ \$ 45	
river/Owner:		4) FT : Follow-T	arough Survey	\$120 \$30	
Contact No:		5) FT : Follow-T	hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 200		
amaged Portion:		6) TR : Re-inspec	tion	\$160	
	1	7) N1 : Idao DA · 8) NTUC Addition		J100	
C Checked by (Engr-In-Charge):	2	OD* *NS: Courtesy	Car / Tpt Allowance	\$5	
		*N6: Repair C	o-ordination	\$10 \$25	
Auditors' Comments :-			lect Excess Coordination	\$5	
at.]:		TP (N11): TP 9) N12: Idac Mol	(Non INC) against INC	30	<u> </u>
at. 2/3;		Invoice dated	Fee Charge	2	anter Jest
- Victoria J. L		Invoice dated	Fee Charges	e salin	l

i per et fige



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

ACCIDENT STATEMENT

Date of Submission	03/12/2020 15:23 (SGT)
Date of Accident	02/12/2020 14:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS LORNIE RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

(Phone) +65-85334527

+65-85334527

Vehicle Registration Number	SMP2186X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SREETHARAN S/O RAMACHANDRAN
NRIC No	SXXXX543F
Email Address	s sansay 92@hotmail.com

VEHICLE PARTICULARS

Alternative Phone No

Mobile Phone No

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to	Private hire
your vehicle? Vehicle Category	No - Claiming third party Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	511240208-01
Cover Note Number	Was a second sec

DRIVER

Name of Driver	SREETHARAN S/O RAMACHANDRAN
NRIC No	SXXXX543F
Date Of Birth	27/08/1958
Occupation	Outdoor

Date Of Driving Pass 28/09/1978 Driving experience 42 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-85334527 Alt. Phone Number +65-85334527 Email Address s_sansay_92@hotmail.com Address BLK 500 SERANGOON NORTH AVENUE 4 Address complement #04-520 Postcode 550500 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver 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 the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 Name Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Serangoon Neighbourhood Police Centre Police Station Address 50 Serangoon Avenue 2 #01-02 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20201203/2027. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLR4494U Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car

Name of Driver	-
Contact Number	
Address	-
Address complement	-
Postcode	
Insurance Company Name	
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SREETHARAN S/O RAMACHANDRAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMP2186X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. 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>.
- 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. 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.
- 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.
- 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policy & Time	holder) / Date Witnessed by Reporting Centre Personnel
		A:5MP 2186X
		A:SMP 2186X B:SLRY 4944
	3	
PIE tuds Winie		
nd		

Describe Circumstand	es of the Accident
Refer to police	प्रमान्याक्यान्य ।
10 1015	+++
-	

Declaration

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

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

	EIDENT DATE: () (DD/MM/YYYY), TIME: (14: 12.) (HH:MA
LOCA	ATION: PIE twds wine Rd
1.	. DETAILS OF VEHICLE
4	C)POLICY NUMBER:
	dipolicy type 100112
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	f) TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
	STREET CATEGORY (PRIVATE / COMMERCIAL / MOTOPOVOLE)
	11) ON OSE OF USING A LACCIDENT TIME.
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2.	INSURED / POLICY HOLDER
	ANAME
	b)NRIC/FIN/PASSPORT:(MALE / FEMALE) C)ADDRESS:CONTACT:
	c)ADDRESS:CONTACT:CONTACT:
1	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
No of passenges.	DRIVER
	a)NAME:
()) driver)	b)NRIC/FIN/PASSPORT:(MALE / FEMALE) C)ADDRESS:CONTACT:
	c)ADDRESS:CONTACT:
Imall.	
*	*d)DATE OF BIRTH: (/)(DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)
T)	YEARS OF DRIVING EXPRERIENCE.
4. V	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
II	F NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Where
5. a	NEATHER CONDITION: (CLEAR / RAINING / OTHERS
b	P)ROAD SURFACE: (DRY) WET / OTHERS
6. W	VAS ANYBODY INJURED (YES / NO)
7. a)	REPORTED TO POLICE (YES / NO)
	IF YES, PLEASE STATE WHICH POLICE STATION:
8. TH	HIRD PARTY VEHICLE
of passenaer a	VEHICLE NUMBER, CLO CARROLLE
duding driver) b	D) VEHICLE NUMBER: SUR 44944. MODEL:MODEL:
(1) 0	NRIC/FIN/PASSPORT
9. THI	D) DRIVER'S NAME:
al pages di	VEHICLE NUMBER
of passenger el) VEHICLE NUMBER:MODEL:
duding driver) fl	NRIC/FIN/PASSPORT:
, ,	CONTACT:
	1
	VEHICLE NUMBER:MODEL: DRIVER'S NAME:CONTACT:

email = 9 - San Say - 92@ Hotmail com (82929215)

fax =

VIDEO = X





1 of 4

Report No. T/20201203/2027

Police Station Of Origin:

Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

Indian

Occupation:

GRAB DRIVER

Tel No: 1800-4880999

Date/Time Report Made:

REPORT OF A TRAFFIC ACCIDENT

Vide Report No.: Station Diary No.:

Date of Expiry:

19 03/12/2020 12:04 Informant's Particulars Address: Name of Informant: APT BLK 500 SERANGOON NORTH AVENUE 4 #04-520 SREETHARAN S/O SINGAPORE 550500 RAMACHANDRAN Contact No.: ID Type / ID No .: Mobile: 85334527 Home/Office: NRIC NO / S1335543F Email: Nationality: SINGAPORE CITIZEN Type of Informant: Date of Birth: Sex: Age: 27/08/1958 Driver Male 62 Institution / School Name: Language: Race:

Driving Licence Information:

Class:

General Information Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/12/2020 14:10	Type of Location: Straight Road
Location:		,		
PAN-ISLAND	EXPRESSWAY			
Weather:		Road Surface:	R	Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		raffic Volume: leavy
Type of Collis	ion: ing Vehicles - Head	i To Rear	а	Inyone conveyed by mbulance: Io

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLR4494U	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Grey	No Damage	0
SMP2186X	Car	HONDA	VEZEL 1.5X CVT	Black	Slightly Damaged	1

Details of V	ehicle Insurance		建 取产品的设备等的。	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129

Report No. T/20201203/2027

2 of 4

Tel No: 1800-4880999

CONTINUATION OF REPORT

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
SMP2186X	NTUC Income Insurance Co-Operative Limited	5112640208-01	16/09/2020	15/09/2021			

Details of Perso	n Involved					
Any Pedestrian II	nvolved: No					
No. of Pedestrian	ns Injured: NIL	Use of Pe	Use of Pedestrian Crossing: NA			
Driver						
Name	LEE ,OMGREM ELLIOT		ID No.	S8502906A		
Related Vehicle	SLR4494U (Car)		Contact I	No. 90097420		
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Da			
Date Treatment	NIL	Date Disc				
No. of Days gran	ted Medical Leave NIL	Degree o				
Driver						
Name	SREETHARAN S/O RAMAC	HANDRAN	ID No.	S1335543F		
Related Vehicle	SMP2186X (Car)		Contact N	No. 85334527		
Hospital/Clinic	CHEN FAMILY CLINIC		Class of Driving Licence & Expiry Da			
Date Treatment	03/12/2020	Date Disc	harge 03	3/12/2020		
No. of Days gran	ted Medical Leave 04	Degree of	f Injury SI	light		

Brief Details.

On 02/12/2020 at around 1410hrs, I was driving my vehicle SMP2186X along PIE towards Lornie Road. The weather was clear, road was dry and traffic was heavy.

I was driving at the 2nd lane and there was a roadwork at the 1st lane. I noticed there was an accident at the front of me, thus I slowed down my vehicle wanting to shift to another lane.

However, after I had slowed down my vehicle, the vehicle behind me SLR4494U hit onto the rear of my vehicle. The impact was huge, I off my vehicle and made a check with the rear driver.

The driver did not mention much and claimed he wanted to leave it to insurance to settle the matter. There was a passenger in my vehicle and he claimed that he did not require any immediate medical assistance and will see a doctor later.

Thus, no ambulance or police was activated. I went to see a doctor on 03/12/2020 as I felt pain at on my





3 of 4

Report No. T/20201203/2027

Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE CONTINUATION OF REPORT 556129

Tel No: 1800-4880999

left back and was given 4 days MC by the doctor. I took photos of the incident however I did not have any footage of the incident. I was advised to lodge a traffic accident report.





Police Station Of Origin: Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

Tel No: 1800-4880999

Singapore Police Force

CONTINUATION OF REPORT

4 of 4

Report No. T/20201203/2027

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:	
Sgt 2 LAM CHEW KIT	\$	
Signature Of Interpreter: Not applicable	Date/Time: 03/12/2020 12:04	
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:	
SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219 Authentication Stamp NP168. Signature:		

eBao Tech		Bao Tech					GeneralClaim				
Hello, NAC_PAYA_UBI_8006	01		OVER THE REAL PROPERTY OF THE PERSONS				→ Chang	e Language	Chang	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date of	f Accident	[6	2/12/2020 1	4:10	
	Vehicle	No.(For Motor)	SMP2	186X		Certific	ate Number				
					[5	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112640208- 01		SREETHARAN S/O RAMACHANDRAN	S1335543F	GPC	drivo CLASSIC	SMP2186X	SMP2186X	16/09/2020	15/09/2021
					Co	ontinue					

Policy No.	5112640208-01	Policyholder Name	SREETHAR	RAN S/O RAMACHANDI	Policyholder NRIC	S1335543F	
Certificate lo.							
Address	BLK 500 #04-520 SERANGOON	NORTH AVEN	UE 4 SINGA	PORE 550500			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	11/09/2020	Effective Date	16/09/202	20 00:00	Expiry Date	15/09/2021 23	::59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	TECK WEI CREDIT PTE, LTD.	Agent Tel.	64650020	null	GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	nolder Mailing Address	A MATORIAN COMPANY MICHIGAN AND AND AND AND AND AND AND AND AND A					
Address 1	BLK 500 #04-520	Addr	ess 2	SERANGOON NORT	H AVENUE 4	Address 3	SINGAPORE 550500
Address 4		Addr	ess Type	Singapore address		Post Code	550500
Jnit No.		Relat Num	ed Policy ber	5112640208-01			
▶ Insure	d Object: SMP2186X						
	ements						
▽ Endors							

olicy No.	5112640208-01	Vehicle No.	SMP2186X	GST Registration No.	
rtificate No.					
licyholder Name	SREETHARAN S/O RAMACHANDRAN			Policyholder NRIC	S1335543F
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ntact No.(Mobile)	85334527	Contact No.(Office)	0	Contact No.(Home)	0
nail Address		Special Remark	A STATE OF THE STA	eCode	Nc V
	00		80		[HC V
K	● No ○ Yes	TCA	No ○Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	10	Private Hire	Yes
Accident Details					
port Date	03/12/2020 16:55	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ste of Accident	02/12/2020	Time of Accident hh:mm	14:10	Country of Accident	Singapore
porting Centre	02/12/2020	Orange Force		ICM No.	
PERSONAL PROPERTY AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PER	PIE	Orange Force		DOMESTIC SECOND	
cident Location					
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
Standard Excess	2,000.00	TP Standard Excess	1,500.00		
ED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
ditional Excess	0				
tal OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		
7 Benefits					
GST Registered Informa	ation				
T Registered	No		GST Registration Date		
T Registration No.	NO		GST Status Verified	Yes	
dification History			os i status vermes	103	
diffication relatory					
Policyholder Mailing Ad					
ddress 1	BLK 500 #04-520	Address 2	SERANGOON NORTH AVENUE 4	Address 3	SINGAPORE 550500
idress 4		Address Type	Singapore address	Post Code	550500
nit No.		Related Policy Number	5112640208-01		
OI Driver Info					
iver Name	SREETHARAN S/O RAMACHANDRAN	Driver Type	Main Driver		
nnamed driver Name		Driver NRIC	S1335543F	Driver DOB	27/08/1958
gister Date of Driver License	28/09/1978	Driver Age	62	Driving Experience	42
			0	Contact No.(Home)	0
ontact No.(Mobile)	85334527	Contact No.(Office)			
ddress 1	BLK 500	Address 2	SERANGOON NORTH AVENUE 4	Address 3	SINGAPORE 550500
ddanag A					
duress 4		Address Type	Singapore address	Post Code	550500
ddress 4	04-520	Address Type	Singapore address	Post Code	550500
nit No. oes he own a Singapore			Singapore address		550500
nit No.	04-520 ○ Yes ③ No	Address Type Driver Vehicle No.	Singapore address	Post Code Driver Insurer Company	550500
nit No. oes he own a Singapore egistered car?			Singapore address		550500
nit No. pes he own a Singapore egistered car? claration	○ Yes ® No	Driver Vehicle No.			550500
nit No. pes he own a Singapore egistered car? cclaration reathalyser or Blood Test			Singapore address No Yes ○ No		550500
nit No. oes he own a Singapore egistered car? eclaration reathalyser or Blood Test	○ Yes ® No	Driver Vehicle No.			550500
nit No. oes he own a Singapore egistered car? sclaration reathalyser or Blood Test eading?	○ Yes ® No	Driver Vehicle No.			550500
nit No. oes he own a Singapore egistered car? ectaration reathalyser or Blood Test	○ Yes ® No	Driver Vehicle No.			550500
nit No. Des he own a Singapore gistered car? Claration Teathalyser or Blood Test aading?	○ Yes ® No	Driver Vehicle No.			550500
nit No. bes he own a Singapore gistered car? claration eathalyser or Blood Test ading? diffication History	○ Yes ® No	Driver Vehicle No.			550500
nit No. ses he own a Singapore gistered car? claration eathalyser or Blood Test ading?	○ Yes ® No	Driver Vehicle No. Any injury?		Driver Insurer Company	
nit No. les he own a Singapore gistered car? claration eathalyser or Blood Test ading? diffication History Claim 001 New	○ Yes ® No	Driver Vehicle No.			550500 51335543F
nit No. les he own a Singapore gistered car? claration eathalyser or Blood Test lading? diffication History Claim 001 New aim Type •	○ Yes ® No	Driver Vehicle No. Any injury?		Driver Insurer Company	
nit No. les he own a Singapore gistered car? claration eathalyser or Blood Test lading? diffication History Claim 001 New aim Type • intact No. (Mobile)	O mg OD-MX ✓	Driver Vehicle No. Any injury? Insured Name	Yes No SREETHARAN S/O RAMACHAND	Driver Insurer Company Insured NRIC	
nit No. ses he own a Singapore gistered car? claration eathalyser or Blood Test adding? diffication History Claim 001 New sim Type * intact No.(Mobile) hall Address	O mg OD-MX 93728771	Driver Vehicle No. Any injury? Insured Name Contact No. (Home)		Driver Insurer Company Insured NRIC Contact No.(Office)	\$1335543F
nit No. ses he own a Singapore gistered car? claration eathalyser or Blood Test ading? diffication History Claim 001 New int Type * intact No.(Mobile) hall Address simant Type Claimant Type *	O mg OD-MX 93728771 Please Select ✓	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit •	● Yes ○ No SREETHARAN S/O RAMACHAND 64831781 SMP2186X	Driver Insurer Company Insured NRIC Contact No.(Office)	\$1335543F
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Video List				E-1	Source	
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