NATIONAL Assessment Centre	e Services.	wel 1 Jan'05 SN				
Date In: 4/12/2 - 11:18	Jeb description		Date & Time Comple	ted	Done	pi.
Ref No: 49/14 (70) 3377/74	SAS e-filing					
Veh No: JMY 2524	E-mail (within	Shrs, AIC 2hrs)				
D.O.A: 1/1/2-09:10	i-Motor Clair	n Form	M7/11/2375-00	114/1	2/2	11:47
	i-Motor W/O	(Within: OD 2hrs,	7'P 4hrs)			
OD (TP)! Reporting Only	i-Photo Uplos	aded	1			
	Assessment/Su	rvey Report				
TP Insurer:	Ass't Report b	y Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: SIM	7825 ·	. INC()/Non-INC(), .		
Owner / Driver: (Tel:)	
Policy No: () Per	riod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [1	Note-Est. Status (V)%; P: 21-79%. P:	80-100%	o] ————	
	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1,0	00()/\$2,000	()		अन् उपग्रह	111, 111, 1	
General Remarks:-				<u> 2000</u>		
() Walk-In Customer: Customer's infor		nfidential & Str	ictly NO refer of repa	irer.		
() Total Loss Case : to e-mail Insure			3 7			
Drive-In ()/ Towed-In (); Invoice	: YES () / N	IO (); To	owing Co: ()
Remarks: (INC hotline: 6788 6616)			Date&Time Comple	3 d ****	Done	by
1) Apply for Transport Allowance ()/C	ourtesy Car ()	*			
2) QC Check / Post Repair Inspection	()			3		
3) Upload Resurvey Photo [Repair Cost > \$3	000] ()				
Injury:						
Date/Time Actions					A A A A A A A	era, era kara
Date (Inter Actions				9,000 22,000		
	<u>`</u>					
			•			
				12.07 (2.978)	· ****************************	Amt (\$)
1100001828		Invoice Pre	paration Checklist		Ant (S) Lit Bill	Add Bill
14706779		1) AR : Accident	Reporting (\$30);	10 (500)		
laimant's Particulars:-		2) DA: Damage 3) TF: Towing F	100000110000	NC (\$80) \$40/\$45		
river/Owner:		4) FT : Follow-T	hrough Survey hrough Survey (Resurvey)	\$120 \$30		
ontact No:	*	For claiming a	gainst INC Only (wef 10 Ja	n 2005)		
amaged Portion:		6) TR: Re-inspect		\$75 . \$160		
	3	8) NTUC Addition				
C Checked by (Engr-In-Charge):	•	OD* *N5: Courtesy	Car / Tpt Allowance	\$5		
		*N6: Repair C	o-ordination	\$10 \$25		
uditors! Comments :-			lect Excess Coordination	\$5		
nt. 1:			(Non INC) against INC	\$20 30		'
at. 2/3;		9) N12: Idac Mo Invoice dated	Fee Ch	argea		artin Ja
1. 213.		Invoice dated	Fee Ch	arged	SALES!	l

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SINGAPORE ACCIDENT STATEMENT

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 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.

4. The issue and acceptance of this rolline for investigation.

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

04/12/2020 11:10 (SGT) Date of Submission 02/12/2020 09:10 (SGT) Date of Accident KPE, Singapore Exact Location of Accident TWDS ECP BEFORE AIRPORT RD EXIT Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS4052U

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner JESSCA CHAI MEI QI SXXXX845H NRIC No Jesscanom@gmail.com Email Address (Phone) +65-96703167 Mobile Phone No Alternative Phone No +65-96703167

VEHICLE PARTICULARS

Honda Manufacturer Civic Model Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Comprehensive Fleet Policy 5116629241 Policy Number Cover Note Number

DRIVER

JESSCA CHAI MEI QI Name of Driver SXXXX845H NRIC No 19/11/1992 Date Of Birth Occupation Indoor

Date Of Driving Pass	02/04/2013
Driving experience	7 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96703167
Alt. Phone Number	+65-96703167
Email Address	Jesscanom@gmail.com
Address	BLK 185D RIVERVALE CRESCENT
Address complement	#17-155
Postcode	544185
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet
Road Sulface	****
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
The second secon	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	•
CIRCUMSTANCES OF ACCIDENT	
REFER TO STATEMENT.	
ATTACHMENT(S)	
ATTACHMENT(3)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	SLM9582S
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	
Name of Driver	-
Contact Number	
A STANDARD AND A STANDARD A STANDARD AND A STANDARD A STANDARD A STANDARD AND A STANDARD A STANDARD AND A STAND	
Address complement	
Postcode	
Insurance Company Name	
insurance Company Name	

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.
- 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.
- 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 Personnells Signature

Name

NRIC/FIN No.:

: H: SMS 4052 U

B: SLM 9582 S

C: 52P 3219 P

SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT thoughing KLE was dlova Estaust FUR before AILPOH the 49 OF 4/1/14 He Most . SIM! vehicle install 20 no Sommes Proper SUBBUNG So I 3:15 fort huze (MPUL) comina W 40 from reat MU vehicle. my vehicle A Sho 40% Aunst realise vehicle kraife appo me.

DECLARATION

1 . 1,0

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

SCHOOL SHELDING OF AS

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 willful 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.

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

Accident details

Date and time of accident	Date:	02/12/2020)	(DD/MM/YY)	Time:	0110	(HH:MM)
Exact location of accident	KPE	fonakfi	EUP	het-	dirport	84	exit

Details of vehicle

Vehicle registration number	SMS 403	52 U				
Vehicle make and model	HOMDA	JVIC				
Type of vehicle	Saloon D	MPV =		Van ycle 🗆	Others:	
Vehicle category	Private Ø	Comm	ercial 🗆	Motorcy	cle 🗆	
Purpose of using at said time	Deved	٠ .				
Are you claiming under your own insurance company?	Yes □ Third part cl	No o	if no, pleas Reporting			

Insurance information

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

Insured / Policy holder

Name	TESSLA LHAI MEJ UI	Male □ Female ø
NRIC / Fin / Passport number	1145 bus H	
Contact	1670 3167	
Address	IK 1850 RIVERVALE CRESCEN	DT #17-155, 54485

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

Name	Male Fema
NRIC / Fin / Passport number	
Contact	·
Address	
Émail address	JESSC: NOMEN HOTMINI WM
Date of birth	19 Nov 1992
Occupation	Indoor D Outdoor D
Driving date pass	C2 Am 2013.

General information of the accident

Was driver an employee of the insured's company?	Yes 🗆 If no, rela	No d ationship of the d	Iriver and insured:	let
Accident captured by camera?	Yes 🗆	No E		
Weather condition	Clear	Raining	Others:	
Road surface	Dryp	Wet 🗆		
No of passenger				(Inclusive of driver)

Passenger 1

Name			
Gender	Male 🗆	Female 1	

Passenger 2

Name			
Gender	Male □	Female	

Passenger 3

Name	T		/	
Gender	Male 🗆	Female 🗷		

Passenger 4

Name			
Gender	Male 🗆	Female a	

Passenger 5

Name			
Gender	Male 🗆	Female g	

Passenger 6

Name			
Gender	Male □	Female	

Other information

Was anybody injured?	Yes	No 🗆	
Was other vehicle damaged?	Yes	No 🗆	

Details of police action

Reported to police?	Yes 🗆	No D	If yes, please state which police station.
Police station name			

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SLM 9582 S
Vehicle make model	

Third party vehicle 2

Name					
Contact number				all a 700 day Net all and all and all and all and all and all all and all all and all and all all all all and all all all all all all all all all al	
NRIC / Fin / Passport number					
Vehicle registration number	276	3719	P		
Vehicle make model			Western State of the State of t		

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	

Page 3

Witness 1

Name	
Witness 2	

Injured person 1

Name	SESSLA CHAI MEI QI
Injuries sustained	NECK AND BACK
Which vehicle person in?	SMS 4052 U
Were seat belts worn?	Yes Ø No 🗆
Was injured conveyed to hospital by ambulance?	Yes D No.D

Injured person 2

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗈
Was injured conveyed to hospital by ambulance?	Yes D No D

Injured person 3

Name	'
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D

Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to hospital by ambulance?	Yes D No D

eBaoTech	501		a consulta				• Chang	e Language	· Chang	je Password	› Log Ou
My Desktop		cy Query									,
Notice of Loss	Policy N	lo.				Date	of Accident		2/12/2020 0	9:10	
		No.(For Motor)	SMS40	52U		Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5116629241		JESSCA CHAI MEI QI	S9245845H	GPC	drivo CLASSIC	SMS4052U	SMS4052U	12/03/2020	11/03/2021

Address 4			S OF THE PARTY OF	5116629241				
		Add	ress Type	Singapore addres	ss	Post Code	544185	
Address 1	BLK 185D #17-155	Add	ress 2	RIVERVALE CRESCENT		Address 3	SINGAPORE 544185	
	holder Mailing Address							
Certificate Info								
Open Policy Info								
Flag	NAME							
Co- insurance	No							
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Y		
Singapore OD Excess	600 Singa		0			Washington and Santa and Built		
Outside		Outside Singapore	0			Young/Inexperience Driver Excess		
Additional Excess	0	OS Premium	0			100		
ccess 0		damage Excess	600		Excess			
ype	and Doots				Windscreen	100		
xcess	Per Accident	All Claims Excess	is					
Policy ssue Date	12/03/2020	Effective Date	12/03/202	0 00:00	Expiry Date	N : 11/03/2021 23:59		
roduct Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag			
ddress	BLK 185D #17-155 RIVERVAL	LE CRESCENT SINGAPORE 544185						
ertificate o.								
olicy No.	5116629241	Policyholder Name		AI MEI QI Policyholder NRIC		S9245845H		

ident MT/1112375	11-11-11-11-11-11-11-11-11-11-11-11-11-						
	5116629241	Vehicle No.	SMS4052U	GST Registration No.			
,	5116629241	1473 SATION STATES					
ificate No.				Policyholder NRIC	S9245845H		
	JESSCA CHAI MEI QI		AND CLASSIC	Loading	0		
luct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC				
	96703167	Contact No.(Office)	0	Contact No.(Home)	0		
		Special Remark		eCode	NC 💙		
ail Address		TCA	No ○Yes	eCode Reason			
	No ○ Yes			Private Hire	No		
Protection	No	NCD Entitlement(%)	30	Pilvate im v			
Accident Details							
	04/12/2020 11:45	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision		
oort Date			09:10	Country of Accident	Singapore		
e of Accident	02/12/2020	Time of Accident hh:mm	09:10	ICM No.			
porting Centre		Orange Force		ICH NO.			
ident Location	5116629241						
	31.0027						
Total Excess Applicable		Windscreen Excess	100.00				
ess Type	Per Accident	Williastreen Excess					
		TO Chandard Evenes	0.00				
Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered		
D OD Excess	0.00	YIED TP Excess	0.00	Dilver is covered.			
ditional Excess	0						
	600.00	Total TP Excess Applicable	0.00				
tal OD Excess Applicable	600.00				Company Compan		
Benefits							
GST Registered Informa	ation						
T Registered	No		GST Registration Date				
T Registration No.			GST Status Verified	Yes			
dification History							
	Ideas						
Policyholder Mailing Ad		Addrage 2	RIVERVALE CRESCENT	Address 3	SINGAPORE 544185		
idress 1	BLK 185D #17-155	Address 2	Singapore address	Post Code	544185		
idress 4		Address Type					
nit No.		Related Policy Number	5116629241				
OI Driver Info							
	ASSESS CHALMET OF	Driver Type	Main Driver				
river Name	JESSCA CHAI MEI QI		S9245845H	Driver DOB	19/11/1992		
nnamed driver Name		Driver NRIC		Driving Experience	7		
egister Date of Driver License	02/04/2013	Driver Age	28		0		
ontact No.(Mobile)	96703167	Contact No.(Office)	0	Contact No.(Home)	0		
		Address 2	RIVERVALE CRESCENT	Address 3	SINGAPORE 544185		
ddress 1	BLK 185D		Singapore address	Post Code	544185		
ddress 4		Address Type	Singapore address				
Jnit No.	17-155			29			
Does he own a Singapore	○ Yes No	Driver Vehicle No.		Driver Insurer Company			
Registered car?							
eclaration			● Yes ○ No				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	les O No				
E-77/90#.0							
Modification History							
a bu b							
Claim 001 New							
		Incured Name	JESSCA CHAI MEI OI	Insured NRIC	S9245845H		
Claim Type *	OD-MX	Insured Name	JESSCA CHAI MEI QI		S9245845H		
	OD-MX	Contact No.(Home)		Contact No.(Office)			
Claim Type * Contact No.(Mobile) Email Address	OD-MX		SMS4052U		S9245845H SLM9582S		
Contact No.(Mobile) Email Address		Contact No.(Home)		Contact No.(Office)			
Contact No.(Mobile) Email Address Claimant Type Claimant Type	Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit *	SMS4052U	Contact No.(Office)			
Contact No.(Mobile) Email Address Claimant Type Claimant Type		Contact No.(Home) OI Vehicle Number	SMS4052U	Contact No.(Office)			
Contact No.(Mobile) Email Address Claimant Type Claimant Type Claimant Name *	Please Select ≥≥≥	Contact No.(Home) OI Vehicle Number Type of Benefit *	SMS4052U	Contact No.(Office) TP Vehicle Number	SLM9582S		
Contact No.(Mobile) Email Address Claimant Type Claimant Type Claimant Name * Claimant Address	Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit *	SMS4052U	Contact No.(Office)	SLM9582S		
contact No.(Mobile) Email Address Llaimant Type Claimant Type Llaimant Name * Claimant Address Llaim Description	Please Select ≥≥≥	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	SMS4052U	Contact No.(Office) TP Vehicle Number	SLM9582S		
Contact No.(Mobile) Email Address Claimant Type Claimant Type Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No.	Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	SMS4052U Please Select V Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho	SLM9582S		
Contact No.(Mobile) Email Address Claimant Type Claimant Type Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No.	Please Select ≥≥≥	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	SMS4052U Please Select V Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho	SLM9582S		
Contact No.(Mobile) Email Address Claimant Type Claimant Type Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation	Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	SMS4052U Please Select V Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho	SLM9582S		
Contact No.(Mobile) Email Address Claimant Type Claimant Type Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	SMS4052U Please Select V Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho	SLM9582S		
Contact No.(Mobile) Email Address Claimant Type Claimant Type Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	Please Select >≥≥ SMS4052U / SLM9582S ON 2 Dec 2020 Yes Od/12/2020 11:47	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	SMS4052U Please Select V Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho	SLM9582S		
Contact No.(Mobile) Email Address Claimant Type Claimant Type Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	Please Select >≥≥ SMS4052U / SLM9582S ON 2 Dec 2020 Yes Od/12/2020 11:47	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	SMS4052U Please Select V Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho	SLM9582S		
Contact No.(Mobile) Email Address Claimant Type Claimant Type Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	Please Select >≥≥ SMS4052U / SLM9582S ON 2 Dec 2020 Yes Od/12/2020 11:47	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	SMS4052U Please Select V Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho	SLM9582S		
Contact No.(Mobile) Email Address Claimant Type Claimant Type Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	Please Select >≥≥ SMS4052U / SLM9582S ON 2 Dec 2020 Yes Od/12/2020 11:47	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	SMS4052U Please Select Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho	SLM9582S		
Contact No.(Mobile) Email Address Claimant Type Claimant Type Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	Please Select >≥≥ SMS4052U / SLM9582S ON 2 Dec 2020 Yes Od/12/2020 11:47	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	SMS4052U Please Select Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho	SLM9582S		
Contact No.(Mobile) Email Address Claimant Type Claimant Type Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	Please Select >≥≥ SMS4052U / SLM9582S ON 2 Dec 2020 Yes Od/12/2020 11:47	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	SMS4052U Please Select Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho	SLM9582S		
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