NATIONAL Assessment Centre S	Services.	we! 1 Jan'05 1110	921130005		
	Jcb description		Date &Time Completed	Done	by
Rel No: 44   MC M 00 04 34   24	SAS e-filing			:	
Veh No: (27 1367)	E-mail (within	Shrs, AIC 2hrs)			.4
D.O.A : 9/11/4 - 14:30	i-Motor Clai	m Form	M7/11/6807-001	July r	3:(9
	i-Motor W/C	(Within: OD 2hrs,	7'P 4hrs)		
OD TP / Reporting Only	i-Photo Uplo	aded	1		
	Assessment/Su	rvey Report			
TP Insurer:	Ass't Report b	y <u>Fax / Hand</u> to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	)
TP Particulars: Veh No: [VA VIN	185	. INC(	)/Non-INC( )		
Owner / Driver: (			Tel:	)	
Policy No: ( ) Period	d: (	)	Cover Type: (	) ,	
Confirmed by: (		Date:	Time:	)	
Insured/Driver Liability: ( %) [Not	e-Est. Status (V	VO): N: 0-20	%; P: 21-79%. P: 80-	100%]	
Year of Registration: ( ) War	rranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1,000	( )/\$2,000	( )			
General Remarks:-				100 mm	
( ) Walk-In Customer: Customer's informa			ictly NO refer of repairer		
( ) Total Loss Case : to e-mail Insurer L	JRGENTLY.		, , , , ,		
Drive-In ( )/ Towed-In ( ); Invoice: Y	ES ( ) / N	IO ( ); To	owing Co: (		)
Remarks;- (INC hotline: 6788 6616)			Date&Time Completed	Done	by
	rtesy Car (	)		80.32.1.8	-
2) QC Check / Post Repair Inspection	( )	<u></u>		7	
3) Upload Resurvey Photo [Repair Cost > \$3000	0] (	)			
Injury:					•
					<del>~~~~~</del>
Date/Time Actions				interest of the	<del></del>
			· · · · · · · · · · · · · · · · · · ·		
,	1				
. Va.		I Dess	aration Checklist	Anit (S)	Amt (3)
MN ays.				fit Bill	Add Bill
Claimant's Particulars :-			Assessment (\$100); INC (		
Driver/Owner:		3) TF : Towing Fe 4) FT : Follow-Th		\$120	
Contact No:		5) FT : Follow-Th	rough Survey (Resurvey) ainst INC Only (wef 10 Jan 200	\$30	
		6) TR : Re-inspect	lion	\$75	
Damaged Portion:		7) N1 : Idac DA + 8) NTUC Addition		\$160	
		OD*	nai Gui vicus.		
2C Checked by (Engr-In-Charge):	:		Cor / Tpt Allowance	\$5 510	
	•	*N6: Repair Co *N7: Fost Repa	ir Inspection	\$25	
Auditors' Comments ::			(Non INC) against INC	\$5	l
at. 1:		9) N12: Idaa Mob	ile	30	Saferia France
at. 2/3;		Invoice dated	Fee Charged Fee Charged	MONTH OF THE PARTY OF	

4 . p. 11 + 14-1

SN09211B0005 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 11/01/2021 12:07 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (11/01/2021 12:07 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
   This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
- 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 11/01/2021 12:07 (SGT) Date of Accident 09/01/2021 14:30 (SGT) Exact Location of Accident 19 Serangoon North Ave 5, Singapore 554913 Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJT1365S

### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LIANG SHUNQUAN NRIC No. SXXXX214Z Email Address jeff1314yron@gmail.com Mobile Phone No (Phone) +65-88148042 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Toyota Model Vios Variant Exact purpose for which vehicle was being used at time of Private use 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 NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5112109220-01 Cover Note Number

### DRIVER

Name of Driver LIANG SHUNQUAN NRIC No SXXXX214Z Date Of Birth 08/09/1990 Occupation Outdoor

Date Of Driving Pass	12/04/2018
Driving experience	2 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88148042
Alt. Phone Number	+
Email Address	jeff1314yron@gmail.com
Address	BLK 112 YISHUN RING ROAD
Address complement	#08-409
	760112
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	Side Swipe
Weather Conditions	Raining
Road Surface	
Noad Surface	Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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	
Was the accident reported to the police?	M-
	No
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?	Voc
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No No
was there any additioned to the condent.	NO
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	SLA4148J
Vehicle Manufacturer	-
Vehicle Model	•
	-
Vehicle Variant	-
Vehicle Colour	- B.:
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	LIANG SHUNQUAN
Address	-
Address Complement	
Post Code	_
Approximate Age Years Old	-
Injuries Sustained	-
	BODY
Injured person in which vehicle?	SJT1365S
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.
- 2) This Form must be completely 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 fact 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 as 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 lodgment of this report to 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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")
- all insurer(s) who have insured vehicle(s) involved in this accident and the Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
  - ii. For complying with the requirements under any regulations, law or court orders.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not policyholder)

Date & Time:

Reporting Centre Personnel's Signature

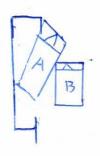
Name:

NRIC/ FIN No:

# SKETCH PLAN

19 Serangoon north Ave 5

Veh A: STT 13655 Veh B: SLA #1487



On the stated time I Date, I was Driving my vehicle
SJT 13658 I was about to exit my lot there a vehicle infinit
of me alighting passenger so i waited for roughly 5 sec suddenly
I felt an impact from my Driver side i alighted my vehicle and
realised vehicle SLA41483 had collided onto my stationary begine.
we exchange particular and apologize for not noticing as
he was distracted.

# **DECLARATION**

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

Policyholder's Signature Date & Time: Driver's Signature (If driver is not policyholder) Date & Time:

NRIC/ FIN No:

Reporting Centre Personnel's Signature Name:

Date of Accident	: 9/1/2021 Accident Time: 14 30 (24-HR-Format)
Accident Place	: 19 Serangoon North Ave 5
Vehicle. No. (Car Plate No.)	: 57T 1365 S Make/Model: to yo ta vios (.5
Insurace Company	: Policy No:
Owner or Company Name /IC No.	: liang shunkuan (590722142)
Owner or Company Contact No.	: 81148042 Owner's Hp Company Tel
DRIVER'S Name / IC No.	n- :
DRIVER'S Date Of Birth	: 8/4/1990 DRIVER'S License Pass Date 2/12/2010
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: BIK 112 Yishun Road 408-409 5760112
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation	: INDOOR \OUTDOOR (e.g. working inside or outside office)
Email Address	: Jeff 13144 von Egmail-com
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Dr	river): 6
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state):	s being used at the time of accident: Private use \ Work purpose
Other P	arty Driver's Particular (if any)
Vehicle. No: SLA 4148 J	Vehicle. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

\* NEW - Passenger's name & gender:



# Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5112109220-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

SIT13655

Chassis Number

: MR053HY9305131182

2. Name of Policyholder

: LIANG SHUNQUAN

3. Effective Date of Insurance

: 24 Sep 2020

4. Expiry Date of Insurance

: 23 Sep 2021

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

### This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

: N/A

**EXCESS (SECTION 1)** : S\$600 **EXCESS (SECTION 2)** : N/A WINDSCREEN EXCESS : S\$100 ADDITIONAL EXCESS

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : LIANG SHUNQUAN

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : SWEE SENG CREDIT PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: VV INSURANCE AGENCY PTE. LTD. (00000614878)

Date of Issue

: 23 Sep 2020 12:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

**Chief Executive** 

<b>eBao</b> Tech	GeneralClaim									
Hello, NAC_PAYA_UBI_80	0601					) Change	Language	Chan	ge Password	· Log Out
My Desktop	<b>Policy Query</b>									•
Notice of Loss	Policy No.				Date o	of Accident	[0	09/01/2021	14:30	
	Vehicle No.(For Motor)	SJT1365	S		Certific	cate Number	[			
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5112109220-		LIANG SHUNQUAN	S9072214Z	GPC	drivo CLASSIC	SJT1365S	SJT1365S	24/09/2020	23/09/2021
				C	continue					

Policy No.	5112109220-01	Policyholde Name	LIANG SHU	JNQUAN	Policyholder NRIC	S9072214Z	
Certificate No.							
Address	BLK 713 #06-206 YISHUN STR	EET 71 SING	PORE 76071	3			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	23/09/2020	Effective Date	24/09/202	0 00:00	Expiry Date	23/09/2021 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	VV INSURANCE AGENCY PTE. L	Agent Tel.	67913808		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	nolder Mailing Address						
Address 1	BLK 713 #06-206	Addr	ess 2	YISHUN STREET 71		Address 3	SINGAPORE 760713
Address 4		Addr	ess Type	Singapore address		Post Code	760713
Unit No.		Rela Num	ed Policy ber	5112109220-01			
Unit No.	d Object: SJT1365S						
	a Object: 53113655						
				Sec. 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10			

ccident MT/1116807					
ccident FIT/1110007					
olicy No.	5112109220-01	Vehicle No.	SJT1365S	GST Registration No.	
ertificate No.					
licyholder Name	LIANG SHUNQUAN			Policyholder NRIC	S9072214Z
	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
intact No.(Mobile)	88148042	Contact No.(Office)	0	Contact No.(Home)	0
	33143042			eCode	Nc V
nail Address		Special Remark			INC V
FK .	● No ○ Yes	TCA	No   Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	10	Private Hire	No
Accident Details					
eport Date	11/01/2021 13:17	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
ate of Accident	09/01/2021	Time of Accident hh:mm	14:30	Country of Accident	Singapore
eporting Centre	SI Productive To Committee 1973	Orange Force		ICM No.	
		orange rorce			
ccident Location	19 Serangoon North Ave 5				
▼ Total Excess Applicable					
ccess Type	Per Accident	Windscreen Excess	100.00		
D Standard Excess	600.00	TP Standard Excess	0.00		
ED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
dditional Excess	0				
otal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
<b>▽</b> Benefits					
GST Registered Informa	tion				
			GST Registration Date		
ST Registered ST Registration No.	No		GST Status Verified	Yes	
odification History					
-action matory					
Policyholder Mailing Add	Irace				
			VICENIA CENCER -	4442	CINCADOR TOOLS
ddress 1	BLK 713 #06-206	Address 2	YISHUN STREET 71	Address 3	SINGAPORE 760713
ddress 4		Address Type	Singapore address	Post Code	760713
nit No.		Related Policy Number	5112109220-01		
OI Driver Info					
river Name	LIANG SHUNQUAN	Driver Type	Main Driver		
nnamed driver Name	AND THE PROPERTY OF THE PARTY O	Driver NRIC	S9072214Z	Driver DOB	08/09/1990
	12/04/2018	Driver Age	30	Driving Experience	2
ontact No.(Mobile)	88148042	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BLK 112	Address 2	YISHUN RING ROAD	Address 3	SINGAPORE 760112
ddress 4		Address Type	Singapore address	Post Code	760112
Init No.	08-409				
Does he own a Singapore	○ Yes  ® No	Driver Vehicle No.		Driver Insurer Company	
oes he own a Singapore egistered car?	○ Yes   No	Driver Vehicle No.		Driver Insurer Company	
egistered car?	○ Yes <b>③</b> No	Driver Vehicle No.		Driver Insurer Company	
egistered car?			Para Out	Driver Insurer Company	
eclaration reathalyser or Blood Test	○ Yes <b>③</b> No 0 mg	Driver Vehicle No.  Any injury?		Driver Insurer Company	
egistered car? eclaration reathalyser or Blood Test				Driver Insurer Company	South of the Control
eclaration reathalyser or Blood Test eading?				Driver Insurer Company	
egistered car? eclaration reathalyser or Blood Test			● Yes ○ No	Driver Insurer Company	
eclaration reathalyser or Blood Test eading?			● Yes ○ No	Driver Insurer Company	
eclaration reathalyser or Blood Test eading?			● Yes ○ No	Driver Insurer Company	
eclaration reathalyser or Blood Test eading?					
eclaration reathalyser or Blood Test eading?  coldification History  Claim 001 New			⊕ Yes ○ No  LIANG SHUNQUAN	Driver Insurer Company  Insured NRIC	S9072214Z
eclaration reathalyser or Blood Test eading?  claim 001 New	0 mg	Any injury?			\$9072214Z
edistered car? eclaration reathalyser or Blood Test eading? diffication History  Claim 001 New liaim Type * ontact No.(Mobile)	0 mg	Any injury?	LIANG SHUNQUAN	Insured NRIC	\$9072214Z
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eclaration  reathalyser or Blood Test eading?  claim 001 New  aim Type * ontact No.(Mobile) mail Address aimant Type Claimant Type *	0 mg  OD-MX   81395761  Please Select   V	Any injury?  Insured Name Contact No.(Home) OI Vehicle Number	LIANG SHUNQUAN NIL S3T1365S	Insured NRIC Contact No.(Office)	
cclaration reathalyser or Blood Test eading?  Claim 001 New  laim Type * ontact No.(Mobile) mail Address laimant Type Claimant Type *	0 mg	Any injury?  Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit *	LIANG SHUNQUAN NIL S3T1365S	Insured NRIC Contact No.(Office)	
cclaration reathalyser or Blood Test reading?  Claim 001 New  Laim Type *  Introduction Mistory  Claim 4 Address  Laimant Type Claimant Type *  Laimant Name *  Laimant Address	0 mg  OD-MX	Any injury?  Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit *	LIANG SHUNQUAN NIL S3T1365S	Insured NRIC Contact No.(Office) TP Vehicle Number	
cclaration reathalyser or Blood Test eading?  Claim 001 New  Laim Type * ontact No.(Mobile) mail Address laimant Type Claimant Type * laimant Name * laimant Address laimant Description	0 mg  OD-MX   81395761  Please Select   V	Any injury?  Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRJC *	LIANG SHUNQUAN NIL SJT1365S Please Select	Insured NRIC Contact No.(Office)	
cclaration reathalyser or Blood Test eading?  Claim 001 New  Islaim Type * ontact No.(Mobile) mail Address laimant Type Claimant Type * laimant Address laimant Address laimant Address laimant Address laimant Description referred Workshop Contact	0 mg  OD-MX	Any injury?  Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit *	LIANG SHUNQUAN NIL S3T1365S	Insured NRIC Contact No.(Office) TP Vehicle Number	
eclaration reathalyser or Blood Test eading? odification History  Claim 001 New liaim Type * ontact No.(Mobile) mail Address	0 mg  OD-MX	Any injury?  Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRJC *	LIANG SHUNQUAN NIL SJT1365S Please Select	Insured NRIC Contact No.(Office) TP Vehicle Number	SLA4148)
cclaration reathalyser or Blood Test eading?  Claim 001 New  Claim 001 New  Iaim Type * ontact No.(Mobile) mail Address laimant Type Claimant Type * laimant Name * laimant Address laim Description referred Workshop Contact o. equire Finalisation	0 mg  OD-MX   81395761  Please Select   ≥≥  SJT13655 / SLA4148J ON 9 Jan 2021	Any injury?  Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRJC *	LIANG SHUNQUAN NIL SJT1365S Please Select	Insured NRIC Contact No.(Office) TP Vehicle Number	SLA4148)
cclaration reathalyser or Blood Test reading?  claim 001 New  claim 101 New  claim Type *  claim Address  claimant Type Claimant Type *  claimant Address  claimant Address  claimant Address  claimant Address  claimant Country  c	0 mg  OD-MX	Any injury?  Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRJC *  Insured Liability * Preferered Repair Option	LIANG SHUNQUAN NIL SJT1365S Please Select	Insured NRIC Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop GIA report	SLA4148)  Received
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