NATIONAL Assessment Centre Services.	WE! 1 Jan'05] JH	0911C0004		
Date In: MIN-1: vy Job description		Date & Time Completed	Done by	
Ref No: W INC MOUSE SAS e-filing				
	n Shrs, AIC 2hrs)		<u> </u>	
D.O.A : 71/4-15:49 i-Motor Cia	im Form	m/11/pg2-000	WILM 10	. 06
i-Motor W/	O (Within: OD 2hr	s, 7P 4hrs)		
OD / TP-/ Reporting Only i-Photo Upl	loaded			
Assessment/S	Survey Report			
TP Insurer: Ass't Report	by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No.3 CP843C	. INC ()/Non-INC().		
Owner / Driver: (Tel:		
Policy No: () Period: ()	Cover Type: (
Confirmed by : (Date:	Time:	100061	
	20 may 22 V	20%; P: 21-79%. P: 80	-10070]	
Year of Registration: () Warranty: YES ()		
Excess: (\$) Loading: \$1,000 ()/\$2,00	00()		258 <u>8</u> 12 7 7 7	
General Remarks:-		O Me second de	<u> </u>	· · ·
() Walk-In Customer: Customer's information strictly C	Confidential & S	Strictly NO refer of repaire	r.	
() Total Loss Case : to e-mail Insurer URGENTLY	7.)
Drive-In () / Towed-In (); Invoice: YES () /	NO();	Towing Co: (
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Donel	y ·
1) Apply for Transport Allowance ()/ Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		<u></u>	
Injury:				· . **. **.
Date/Time Actions			* *** *******	
	·			
,			######################################	
NA.	Invoice P	reparation Checklist.	Ant (S)	Amt (\$ Add Bi
* VEYONAY	1) AR : Accid	ent Reporting (\$30);		
laimant's Particulars :-	2) DA : Dame	ige Assessment (\$100); INC	\$40/\$45	
Driver/Owner:	3) TF : Towir 4) FT : Follow	y-Through Survey	\$120 \$30	
Contact No:	5) FT : Follow	w-Through Survey (Resurvey) ng against JNC Only (wef 10 Jan	2005)	
onact No.	6) TR: Re-in	spection	\$160	
				CONTRACTOR OF STREET
	7) N1 : Idac I	ditional Services:-		
Damaged Portion:	7) N1 : Idao I 8) NTUC Ad	ditional Services:-	\$5	
Damaged Portion:	7) N1 : Idao I 8) NTUC Ad OD* *N5: Cour	ditional Services:- tesy Car / Tpt Allowance	510	
Oamaged Portion: C Checked by (Engr-In-Charge):	7) N1 : Idae I 8) NTUC Ad QD* *N5: Cour *N6: Repe	ditional Services:- tesy Car / Tpt Allowance it Co-ordination Repair Inspection		
Damaged Portion: QC Checked by (Engr-In-Charge): Auditors! Comments::-	7) N1 : Idao I 8) NTUC Ad QID* *N5: Cour *N6: Repe *N7: Fost +N8: DV	ditional Services:- lessy Car / Tpt Allowance ir Co-ordination Repair Inspection Collect Excess Coordination : TP (Non INC) against INC	\$10 \$25 \$35 \$20	
Oamaged Portion: C Checked by (Engr-In-Charge):	7) N1 : Idao I 8) NTUC Ad OD* *N5: Cour *N6: Reps *N7: Fost *N8: DV	ditional Services:- lessy Car / Tpt Allowance ir Co-ordination Repair Inspection Collect Excess Coordination : TP (Non INC) against INC Mobile	\$10 \$25 \$5 \$20 30	

in part of their

SN09211C0004 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 12/01/2021 10:04 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (12/01/2021 10:04 (SGT))



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
- 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, he made available upon application by interesting and the copies of this report will for a fee, he made available upon application by interesting and the copies of this report will for a fee, he made available upon application by interesting and the copies of this report will for a fee, he made available upon application by interesting and the copies of this report will for a fee, he made available upon application by interesting and the copies of this report will for a fee.
- 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

12/01/2021 10:04 (SGT) Date of Submission 05/01/2021 15:00 (SGT) Date of Accident Balestier Rd, Singapore Exact Location of Accident Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Suzuki

Vehicle Registration Number SJP5349J

INSURED/POLICYHOLDER

Is company? TAN XIN WEI Name Of Registered Owner SXXXX119E NRIC No xinwei91@outlook.com Email Address (Phone) +65-91596969 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Swift Model 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 - Reporting only your vehicle? Private car Vehicle Category

INSURANCE COMPANY

NTUC Name of Insurance Company Comprehensive Type of Coverage No Fleet Policy 5119187580 Policy Number Cover Note Number

DRIVER

TAN XIN WEI Name of Driver SXXXX119E NRIC No 02/01/1991 Date Of Birth Outdoor Occupation

30/09/2015 Date Of Driving Pass 5 YEARS AND 4 MONTHS Driving experience Gender (Phone) +65-91596969 Mobile Number Alt. Phone Number Email Address xinwei91@outlook.com BLK 701 CHOA CHU KANG STREET 53 Address Address complement #10-22 680701 Postcode 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 Collision - Head to Rear Type of Accident Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 YONG SZE KAY Name Female Gender DETAILS OF POLICE ACTION 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) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SCP890C Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car LEE CHIOW HON Name of Driver

SXXXX392G

NRIC No

.....

 Contact Number
 (Phone) +65-81801387

 Address

 Address complement

 Postcode

 Insurance Company Name

 Nature Of Damage

 Details of property damaged in accident

 No. Of Passenger (Including Driver)

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.
- 3. 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 forw arded 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)

l understand, acknow ledge, agree and consent that :

- (a) My insurer, my w orkshop 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.

- (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 &

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

Witnessed by Reporting Centre Personnel

Sketch Plan SCP 890 (

	e Circumstanc		as	travell	ina	alon	a B	aleste	r	Road	on ·	the
					1							
and	10/12		the	front	vehi	icle	sudde	119	Juns	brake	I	was
able	6	stop	in	time	and		collided	ort		which	<u> (S</u>	rear
por	tion.											
			Also and									
		7.										1/10
				2111112000								

Declaration

WWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

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 wilful misrepresentation or withholding of material facts may allow insurance 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.

CONTRACTOR OF THE STATE OF THE	ACCIDENT DETAILS	(1) 多数数数数数	
Date of accident	05/01/2	021	(DD/MM/YY) (HH:MM)
Time of accident	1500		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Exact location of accident	Along Balestier	Road	

	DETAILS OF VEHICLE
Vehicle registration number	55P 5 349 5 Suzuki swift
Vehicle make and model Type of vehicle	Saloon MPV CRV Van Others: Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	/ If who a sologti
Are you claiming under your own insurance company?	Yes □ No □ if no, please select: Third part claim □ Reporting only □

MARKET STATE OF THE SAME	INSURANCE IN	FORMATION	A STATE OF THE PARTY OF THE PAR
Insurance company	NT	U C.	
Policy number		Third party fire & theft	TP only □
Type of policy	Comprehensive	Third party life & their	11 01117 =

自由的 医水类神经 医苯甲二氏管 医	A STATE OF THE STA	INDOV			OLDER		N	1ale □	Female =
Name	To	in x	ein W	21				iaic 🗆	10
NRIC / Fin / Passport number		<	59100						The state of the s
			91	1596	969				
Contact	RIK	701	choa	chu	lang	street	53	#10-	22
Address	12111	101	0.10 (51680	701)

	SAME AS INSURED ABOVE (SKIP TO D.O.B)	· 放 等
DRIVER	Male □ Fem	nale 🗆
Name		
NRIC / Fin / Passport number		
Contact		
Address		
Email address	Xinweig 1@ outbox. com.	
Date of birth	02101 1 1991	
Occupation	Indoor Outdoor	
Driving date pass	70 (09 1 2015	

	GENERALI	NFORMATION	OF THE ACCIDENT	The second second second second second
Was driver an employee of	Yes 🗆	No 🗷		B. J.
the insured's company?	If no, rela	tionship of the	driver and insured:	Owner
Accident captured by camera?	Yes 🗆	No 🗹		
Weather condition	Clear	Raining	Others:	
Road surface	Dry 🗷	Wet □		
No of passenger	2			(Inclusive of driver)
140 01 passenger				
	4. 6. 25	PASSENGE		
Name		Yong S	sze kay	
Gender	Male 🗆	Female 🗷		
		PASSENG	ER 2	in the state of th
Name	HARRY WALL			
Gender	iviale 🗆	Female		
Charles State Stat		PASSENG	ER 3	
Name				
Gender	Male □	Female		
		PASSENG	ER 4	The second secon
Name				
Gender	Male 🗆	Female		
The second secon	and the same of th		ACTOR AND	
DANIES VINCENSIA DE MARIE		PASSENG	ER 5	
Name				
Gender	Male 🗆	Female 🗆		
		PASSENG	ER 6	
Name				
Gender	Male 🗆	Female 🗆		
	sue o los marcas de la composición de			
		OTHER INFOR	RMATION	
Was anybody injured?	Yes 🗆	No D		
Was other vehicle damaged?	Yes	No 🗆		
Annual Company and a serial survey and a serial series and a serial series and a se				
	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	ILS OF POLICE	TATION ACTION	nich nolice station
Reported to police?	Yes 🗆	No 9 If	yes, please state wi	nen ponce station.
Police station name				
				and the second second
		WITNE	SS 1	
Name				
	(Shiring and Shiring Shiring			
		WITNE	SS 2	
Name				

Annual to the second state of the second state of the second second second second second second second second	THIRD PARTY VEHICLE 1
Vehicle registration number	SCP 890 C
Vehicle make model	
Name	Lee chiow Mon
NRIC / Fin / Passport number	56908 3926
	81801387
Contact	429-
	THIRD PARTY VEHICLE 2
i. i. a. mahar	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
The state of the s	THIRD PARTY THISES.
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
THE RESIDENCE OF THE PROPERTY	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	ASSOCIATION OF THE PROPERTY OF
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	

Contact

A STATE OF THE PROPERTY OF THE PARTY OF THE	and the second	INJURED PERSON 1	
Control of the Contro		INTORED TEROOFT	
Name			
Injuries sustained			77.77
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No □	
hospital by ambulance?		. 8	
		INJURED PERSON 2	
Name		SHIST OF THE PARTY	
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
	Yes 🗆	No 🗆	
Was injured conveyed to	163 [110 2	
hospital by ambulance?			
The state of the s	TEST STATES OF	INJURED PERSON 3	
	新闻的	Montpilensons	
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes □	No 🗆	
Was injured conveyed to	Yes □	No □	
hospital by ambulance?			
The second secon			10 Co. 10
		INJURED PERSON 4	
Name		INJURED PERSON 4	
Name Injuries sustained		INJURED PERSON 4	
Injuries sustained		INJURED PERSON 4	
Injuries sustained Which vehicle person in?	Yes 🗆	INJURED PERSON 4	
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No 🗆	
Injuries sustained Which vehicle person in? Were seat belts worn?		No 🗆	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No - No -	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?		No 🗆	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name		No - No -	
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No No INJURED PERSON 5	
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes Yes	No No No No No No	
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes - Yes - Yes -	No No INJURED PERSON 5 No No No INJURED PERSON 6	

eBaoTech	0601						• Change	Language	• Chang	ge Password	· Log Ou
My Desktop		y Query							1910		
Notice of Loss	Policy N	0.				Date of	Accident	0	5/01/2021 1	5:00	_
	in constant	No.(For Motor)	SJP5349	93		Certific	ate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5119187580	Number	TAN XIN WEI	S9100119E	GPC	drivo CLASSIC	SJP5349J	SJP5349J	24/09/2020	23/09/2021

Page 1 of 2

No. No.	5119187580	Vehicle No.	SJP5349J		GST Reg	istration No.			
mey tree	511918/500								
rtificate No.	AN XIN WEI				Policyho	der NRIC		9100119E	
	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading		C		
3000	NA	Contact No.(Office)			Contact	No.(Home)		SCHOOLSESS TENS	
indet iter(i iozii-)	NA .	Special Remark			eCode		1	NC V	
nail Address	@ No Over	TCA	No ○ Yes		eCode R	eason			
	● No ○ Yes	NCD Entitlement(%)	10		Private	Hire	1	not available	
CD Protection	No								
Accident Details		Accident Report Within 24 hrs	Yes		Acciden	t Type	(Collision - Hea	d to Rear
eport Date	06/01/2021 12:43	Time of Accident hh:mm	15:00		Country	of Accident		Singapore	
ate of Accident	05/01/2021	Orange Force			ICM No	e			
eporting Centre	THE WAR DESIGNATION OF THE PARTY OF THE PART	Orange Force							
ccident Location	ALONG BALESTIER ROAD								
Total Excess Applicable		Windscreen Excess		100.00					
xcess Type	Per Accident	Willdscreen Excess							
	600.00	TP Standard Excess		0.00					
D Standard Excess	000.00	YIED TP Excess			Driver	is Covered?		Not Applicable	4
TED OD Excess	PRINCIPAL DE CONTRACTOR DE CON								
Additional Excess	0	Total TP Excess Applicable		0.00					
Total OD Excess Applicable	600.00								
→ Benefits							- In the second		
GST Registered Informa			GST Registr	ration Date					
GST Registered	No		GST Status			Yes			
GST Registration No.									
Modification History									
Policyholder Mailing Ad	dress							SINGAPORE	680701
Address 1	BLK 701 #10-22	Address 2	CHOA CHU KANG	STREET 53	Addre			680701	
		Address Type	Singapore address	di di	Post (Code		680/01	
Address 4		Related Policy Number	5119187580						
Unit No.									
OI Driver Info		Driver Type							
Driver Name		Driver NRIC			Drive	r DOB			
Unnamed driver Name		Driver Age			Drivin	g Experience			
Register Date of Driver License		Contact No.(Office)			Conta	ct No.(Home)			
Contact No.(Mobile)		Address 2			Addre	ess 3			
Address 1		Address Type	Foreign address		Post	Code			
Address 4									
Unit No.		and the state of the			Drive	r Insurer Comp	any		
Does he own a Singapore Registered car?	○ Yes No	Driver Vehicle No.							
Modification History									
Claim 002 New									
Cidilii o o o						and the same		\$91001198	
					Insu	red NRIC			
	OD-MX	Insured Name	TAN XIN WEI			12.00			
Claim Type *		Insured Name Contact No.(Home)	TAN XIN WEI			tact No.(Office)			
Claim Type * Contact No.(Mobile)	OD-MX					tact No.(Office) ehicle Number		SCP890C	
Claim Type * Contact No.(Mobile) Email Address	91596969	Contact No.(Home)	NIL	▽					
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type	91596969 Please Select	Contact No.(Home) OI Vehicle Number	NIL SJP5349J	V					
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type Claimant Name *	91596969	Contact No.(Home) OI Vehicle Number Type of Benefit *	NIL SJP5349J	▽	TP\	ehicle Number		SCP890C	
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Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No.	91596969 Please Select >> S1P53491 / SCP890C ON 5 Jan 2021	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	NIL S1P5349J Please Select Fully at Fault	V	TP \	ehicle Number		SCP890C	
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type Claimant Name * Claimant Address Claim Description Preferred Workshop Contact	91596969 Please Select >>> S1953491 / SCP890C ON 5 Jan 2021 Yes	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	NIL S1P5349J Please Select Fully at Fault		Nam V GIA	rehicle Number		SCP890C	
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No.	9159699 Please Select >>> S1P53491 / SCP890C ON 5 Jan 2021 Yes 12/01/2021 10:06	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	NIL S1P5349J Please Select Fully at Fault	V	Nam V GIA	rehicle Number		SCP890C	
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation	91596969 Please Select >>> S1953491 / SCP890C ON 5 Jan 2021 Yes	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	NIL S1P5349J Please Select Fully at Fault	V	Nam V GIA	rehicle Number		SCP890C	
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