NATIONAL Agressment Centre S	S'ervices. (min	100) MAIRS (17	1 blobox	
5 1011111111111111111111111111111111111	1ch description		no Completed	Done py.
REINO: NBB/JUC/7024013/4	SAS e-hilling "	7 .		l l
Veh No: SLR 73287	E-moll (within shis, Al	23(113)		1 1 '
DOA: 19/17/2017 09/97	f-Motor Claim Por		174317	19/12/2017
OD (TP) Reporting Only	1-Motor 34/0 (White	100 2hrs, 7'P (1117)-		12,40
	I-Photo Uploaded			
TP Insurer:	Assessment/Survey R			
	Ass'l Report by <u>Ban</u> /	Hand to Owner/WI	(SD	
Professed Mkeb INC Assign Wkap / OW: ((1) 0 ×	Tol:	Fax	1)
TP Particulary Yeli Not SCJ &	7877	INC(,)/ Hon-I	MC(),	
Policy No: (.) Period	(1.6	Tel:		
Confirmed by 1 '(Date	') Cover Typ	ling or	
	c.Est, Status (WO);	<u> </u>	THE STATE OF THE S	0%1
	manty: YES()/N	THE RESERVE AND PERSONS ASSESSED.	.,	
Excess: (S) Loading: \$1,000 (1
General Remarks: 14 (1997)				err de la
() Walk-In Castomar : Customers Informa	tion strictly Confident	al & Strally NO rate	er of repairer,"	
THE RESERVE OF THE PARTY OF THE		The second secon		Company of the latest and the latest
() Total Luss Case to e-mail Insurer U	RGENTLY, · ·			
7) ; Towing Co: (,)
() Total Loss Case to e-mail Insurer U			Berahara (4))
() Total Loss Case to e-mail Insurer U Drive-In ()/ Towed-In (); Invoice: Y Remorts: (ING bottine):6788.0016)	ES()/ NO(); Towing Co: (e Completed) (Done by
() Total Loss Case to e-mail Insurer U	ES()/ NO(e Complete	(Done by
() Total Loss Case to e-mail Insurer U Drive-in ()/Towed-in (); Invoice; Y Remarks: [NR Bookline : 6788 0015] 1) Apply for Transport Allowance ()/Cour	ES () / NO (₹CAHDAVAN	(A) (Bone by
() Total Loss Case to e-mail Insurer U Drive-In () / Toved-In (); Invoice; Y Remortis: (ING bodine) 6788/60160 1) Apply for Transport Allowance () / Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000	ES () / NO (e campio can	Done by
() Total Loss Case to e-mail Insurer U Drive-In ()/Toved-In (); Invoice; Y Remortism Filing bottine 6788 60160 1) Apply for Transport Allowance ()/Cour 2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury :	ES () / NO (
() Total Loss Case to e-mail Insurer U Drive-In () / Toved-In (); Invoice; Y Remortist (ING bodine 6788) GOTon 1) Apply for Transport Allowance () / Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury :	ES () / NO (e Cample va	
() Total Loss Case to e-mail Insurer U Drive-In () / Toved-In (); Invoice; Y Remortist (ING bodine 6788) GOTon 1) Apply for Transport Allowance () / Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury :	ES () / NO (
() Total Luss Case to e-mail Insurer U Drive-In ()/ Toved-In (); Invoice; Y Remortis: In UNG hor(line, 6788) GOTon 1) Apply for Transport Allowance ()/ Cour 2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury :	ES () / NO (
() Total Luss Case to e-mail Insurer U Drive-In () / Toved-In (); Invoice; Y Remortis: [] UNG bot (ine. 6788) GOTo) 1) Apply for Transport Allowance () / Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury :	ES () / NO (
() Total Luss Case (o e-mail Insurer U Drive-In () / Toved-In () ; Invoice; Y Remortis: [] UNG bo (line 6788) GOTo) 1) Apply for Transport Allowance () / Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury :	ES () / NO (
() Total Luss Case to e-mail Insurer U Drive-In () / Toved-In (); Invoice; Y Remortis: In UNG hor(line 6788) GOTo) 1) Apply for Transport Allowance () / Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury : Onte Time Actions	ES()/ NO(SAN
() Total Luss Case to e-mail Insurer U Drive-In () / Toved-In (); Invoice; Y Remortis: [IIIN G bot (ine): 6788) 66460; 1) Apply for Transport Allowance () / Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury : Onte Tuno Actions Apply 1707867	ES()/ NO(() () () () () () ()	Drive:Tir	17 CK S () () () () () () () () () (SAMUS)
() Total Luss Case to e-mail Insurer U Drive-In () / Toved-In (); Invoice; Y Remortis : [NING bostine : 6788 6016] 1) Apply for Transport Allowance () / Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Indury :	ES()/ NO(() () () () () () () () () (CONTEDURATION (S) Accident Reporting (3) Demage Asserment (3) Towing Fee	17 8 KU St. (%) 30): (7, 100): 1NC (\$50) 540/5	SAMES AND AND BILL
() Total Luss Case to e-mail Insurer U Drive-In () / Toved-In (); Invoice; Y Remortis : [NING bostine : 6788 6016] 1) Apply for Transport Allowance () / Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Indury :	ES()/NO(rtasy Car()'	CG FIREDS F3 UON (G) Accident Reporting (3) Domage Alsournest (3) Towing Fee Follow-Through Survey	17 CKI ST (K) 30); (7, 100); INC (\$50) \$40/\$	CAMES APRIL ST
() Total Loss Case to e-mail Insurer U Drive-In () / Toved-In () ; Invoice; Y Remortis : [NING bos (ine : 6788) 6016) 1) Apply for Transport Allowance () / Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Indury :	ES () / NO (rtasy Car ()'	Deliza: Tun Confident Reporting (3 Domage Assessment (3) Towing Fee Fellow:Through Survey Johnson Reports Survey	(PESUTY) 5 (WEST 10 Jan 210)	Congest April (5)
Drive-In () / Tolved-In (); Invoice; Y Remortism Filing bodine 6788 GO15) 1) Apply for Transport Allowance () / Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury : Drive Times Actions river/Owner: pontact No:	ES()/NO(rtesy Car()'	Deliza: Time Confident Reporting (3 Domage Assessment (3) Towing Fee Fellow: Through Survey Johnson Reporting Survey Johnson Report Survey Johnson Reporting Survey Johnson Reporting Survey Joh	(Resurvey) 5 (West 10 Jan 210)	CAPITAL AND AND BUIL
Drive-In () / Tolved-In (); Invoice; Y Remortistic Filing bolling 6788 60460 1) Apply for Transport Allowance () / Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury : Onto Bune Actions Tiver/Owner: ontact No: amaged Portion: *** **Triver/Owner: **Triver	ES () / NO (rtesy Car ()'	DATESTUM CORREDGE AND CONTROL Accident Reporting (3 Domage Assessment (3) Towing Fee Fellow-Through Survey Inimise apairst INC Online Re-lospeetion Idau DA + SMRT Survey IC Additional Service in-	(Resurvey) 5 (West 10 Jan 210)	CAPITAL AND AND BUIL
Drive-In () / Tolved-In (); Invoice; Y Remortistic Filing bolling 6788 60460 1) Apply for Transport Allowance () / Cour 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury : Onto Bune Actions Tiver/Owner: ontact No: amaged Portion: *** **Triver/Owner: **Triver	Thyo Thyo	Contract Con	(PCK) S() (S) 30); (r, 100); NC (39) \$100 (Resurvey) \$ (West 10 Jan 210) 3	Congests (APRILIES) Congests
Drive-In () / Toved-In (); Invoice; Y Remortis: Interpretation (); Invoice; Y Remortis: Interpretation () / Cour 2) QC Check / Post Repair Inspection 3) Upload Reservey Photo [Repair Cost > \$3000 Injury : Driet Tuno (Actions) Surfact No: phisot No:	Thyo Thyo	CG FIFEDSPATION (G) Accident Reporting (3 Domage Assessment (3) Towing Fee Fellow-Through Survey Inimise applies INC Out- Re-lespection Teau DA + SMRT Survey IC Additional Servicests.	(PERUS) (V., 100); INC (350); (V., 100); INC (350); (V., 100); Sturies (Perus) 5 (Peru	SAMES (A)
Drive-In ()/Toved-In (); Invoice; Y Remortisis Hilling bodine 6788 000555 1) Apply for Transport Allowance ()/Cour 2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury /	ES () / NO (Confedent Reporting (3 Demage Asserting Follow: Through Survey Infinite against INC Outs Re-lameston Iday DA + SMRT Survey IC Additional Services Courtesy Cerl Tpt Allow Repair Courdination (Post Rejunt Inspection DV / Collect Usessa Cost	(PCK) S1 (S)	SAME SECTION OF SECTIO
Drive-In()/Toyed-In(); Invoice; Y Remortis: PING bodine: 6788 60101111 1) Apply for Transport Allowance ()/Cour 2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury / Drie Time: Actions river/Owner: phract No: amaged Portion: Property of the pair Cost o	The sy Car ()	DATESTUM CONTRIBUTION (C) Accident Reporting (S) Domage Assessment (S) Towing Fase Fellow Through Survey Inimize apairst INC Onli- Re-lispection Edu DA + SMRT Survey IC Additional Serviconi- Courtery Cerl Tpt Allow Repair Co-ordination (Post Rightif Inspection DV / Collect Excess Cos Nil) TP (Non INC) equitions Nobile	T7 CKJ S (SAMES S. S. APRICES S. APRICES S. APRICES S. S.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 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.

AND THE RESIDENCE AND ADDRESS OF THE PROPERTY	
and the second of the second o	ACCIDENT STATEMENT
Date Of Report	19/12/2017 11:54
Date Of Accident	19/12/2017 09:45
Exact Location Of Accident	SLIP RD FROM BEDOK STH RD INTO BEDOK STH AVE 3
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR7328Y
Insured/Policyholder	
Name Of Registered Owner	LOO EI-LEEN
NRIC No	S8004947A
Email Address	LOOTECKKIAN@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98469476
Alternative Phone No	OTHERS-98469476
Vehicle Particulars	
Manufacturer	TOYOTA
Model	C-HR-1.8 HYBRID S/G (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093574429
Cover Note Number	
Driver	
Name of Driver	LOO TECK KIAN
NRIC No	S0707783A
Date Of Birth	12/11/1949
Occupation	OUTDOOR
Date Of Driving Pass	18/06/1973
Driving Experience	44 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98469476
Fax Number	
Contact Number	OTHERS-98469476
EMail Address	LOOTECKKIAN@YAHOO.COM.SG

Address

BLK 163 SIMEI ROAD

#09-386

Postcode

520163

Was driver an employee of the Insured's Company

NO

PARENT

If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Was any body injured in the Accident?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

NOT GIVEN WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SCJ8988J

Vehicle Make/Model/Colour

B.M.W

Details Of Properties

Name of Driver

NORIHISA KATO

NRIC/Passport Number

S2705173A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

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 <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>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN BLOOK SOONE AVA 3 A) SLR 7328 Y B) SCJ 8988 J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At - about a-45	m. I was driving	g along Bedok	Soural TROAD
furnis into Bedo	a South ADR 3	vehicle no. 5	CJ 8998T
furning into BRdo knocked onto to	no vear of my	venicle sur	73287

DECLARATION

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

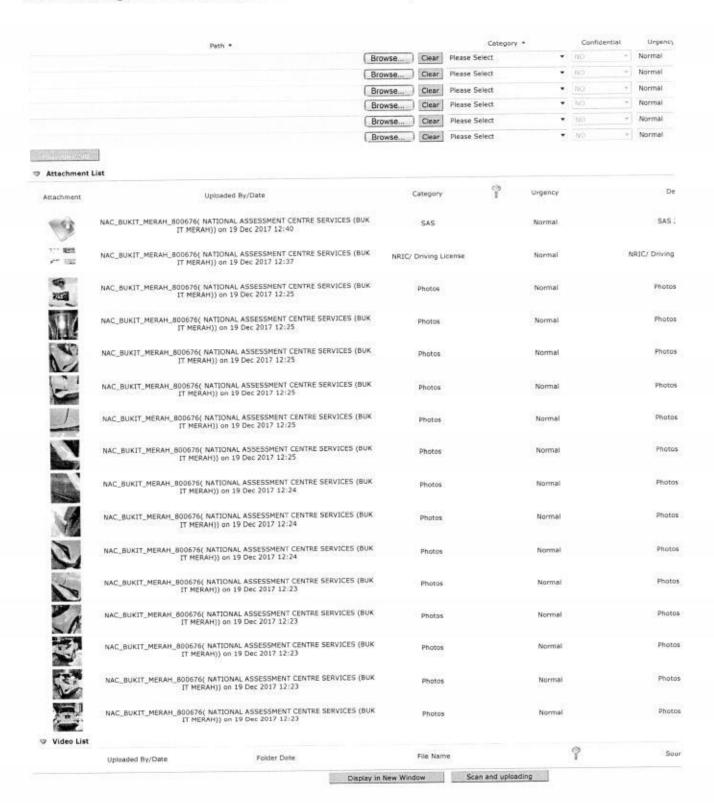
Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

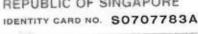
Claim Handling						
Accident MT/0974317	37/10/28 (1987)	17024572WG11	SLR7328Y	GST Registration No.		
Policy No.	5093574429	Vehicle No.	SLR/3201	Policyholder NRIC		
	LOG ET-LEEN	F42.11.49.015	drivo PREMIUM	Loading		
Product Code	PRIVATE CAR INSURANCE	Contect No.(Office)	Brigg Proceeding	Contact No.(Home)		
Contact No.(Mobile)	98469476	Special Remark		eCode		
Email Address	42 CONT 40 CONT.		© No Yes	eCode Reason		
(FK	⊕ No Yes	TCA	20	Private Hire	No	
NCD Protection	No	NCD Entitlement(%)	20	7.33606.3300		
→ Accident Details		500000000000000000000000000000000000000	200	Accident Type	Collision - I	
Report Date	19/12/2017 12:18	Accident Report Within 24 hrs	Yes		Singapore	
Date of Accident	19/12/2017	Time of Accident hh:mm	09:45	Country of Accident	Singapore	
Reporting Centre		Orange Force		ICM No.		
Accident Location	SLIP RD FROM BEDOK 5TH RD INTO BE	EDOK STH AVE 3				
⇒ Benefits						
Coverage			5um Insured 99999999999999			
Transport Allowance			3232333333			
⊕ Excess	V 80 00 de	V340000V400000	0.00	Windscreen Excess		
Own damage Excess	600.00	Additional Excess		and it is a second of the second of		
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00			
Third Party Excess	0.00	Outside Singapore TP Excess	0.00			
GST Registered Informa			GST Registration Date			
GST Registered	No		GST Status Verified	Yes		
GST Registration No.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Modification History						
	dress	WW 29	100000000000000000000000000000000000000	Address 3		
Address 1	38 MAR THOMA ROAD	Address 2	#10-02 RIVIERA 38	Post Code		
Address 4		Address Type	Singapore address	Post Cade		
Unit No.	10-02	Related Policy Number	5093574429			
⊕ OI Driver Info			Named Private			
Driver Name	LOO TECK KIAN	Driver Type Driver NRIC	Named Driver 50707783A	Driver DOB		
Unnamed driver Name	te 0 1 10 10 10 10 10 10 10 10 10 10 10 10		68	Driving Experience		
Register Date of Driver License		Driver Age		Contact No.(Home)		
Contact No.(Mobile)	98469476	Contact No.(Office) Address 2		Address 3		
Address 1		AND SECTION SECTION	Walling address	Post Code		
Address 4		Address Type	Foreign address	C. Cont. Victoria		
Unit No.						
Does he own a Singapore Registered car?	Yes @ No	Driver Vehicle No.	SLR7328Y	Driver Insurer Company		
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	∩ Yes ⊕ No			
Modification History						
Claim 001 OD-MX Nex	xiii					
China Suna 4	OD-MX •	Insured Name	LOO EI-LEEN	Insured NRIC		
Claim Type *	OD-FW.	Contact No.(Home)		Contact No.(Office)		
Contact No.(Mobile)	98772906	OI Vehicle Number	SLR7328Y	TP Vehicle Number		
Email Address	0, 0.73200 / CC300001 OV 10 C - 201			Name of Preferred Workshop		
Claim Description	SLR7328Y / SCJ8988J CN 19 Dec 201	25	Not at Fault ▼			
Preferred Workshop Contact No.		Insured Liability *		C14		
Require Finalisation	Yes ▼	Preferered Repair Option	Preferred Workshop, Name unknown	▼ GIA report		
Date Registered	19/12/2017 12:40	Claim Close Date		Date Received		
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired		
Print AK letter			Milesanna committenera			
Attachment			Save Submit			
Attachment						
Accident No.	MT/0974317	Claim No.	001			
Last Doc. Received	● Yes ♠ No	Upload Date	19/12/2017 12:40			
Martin States statement and	110	1 - A				



			10.5		2575	
53	120	AGCIDENT'ST	A TERRENT	18	10 to 10	
			The state of the s	1		
	NT DATE: 10/12	2017 400 44	NVVVI TIME!	1: 45 1(46	HMM)	
ACCIDE	NI DATE: (IVL / 1.50	out ild/	Pacific IA	10 3	4	
LOCATIO	w. Block S	ough wa/	Bedole VI	UK D		
COCATIO	JN;					
	DETAILS OF VEHICLE	1-10	× -0	. 1		*
the said	- IVELIOUS ALLINABED	5UR 73UY	. 7	•0		
	DETAILS OF VEHICLE a) VEHICLE NUMBER:	DANIVI HTUC	GID-Water			
	PINSURAINCE COMI	AIXI.				5.5
1010	C)POLICY NUMBER:_ D)POLICY TYPE: (CO	MEDERANSIVE / TH	RD PARTY / THIRD	PARTY FIRE &	(HEFT)	
	a)POLICY ITEL 140	Mirchenser			1000000	0.0
	e)MAKE & MODEL!_ ()TYPE:(SALOON / C	OURS / MPV /VAN	/LORRY / MOTO	RCYCLE./ OTH	ERS)	
	() TYPE: (SALOON / C) g) VEHICLE CATEGO	PY IPRIVATE / COM	AMERCIAL / MOTO	ORCYCLE)	.61	
	LINION OF DE LICINI	O AT ACCIDENT III	VC:			
	NARE YOU CLAIMING	G Y I YOU'S YOU'S O	WN INSURANCE (Y	(ES/NO)		
	IF NO, PLEASE STAT	GUNDER TOOK O	AIM / REPORTING	ONLY)	2	
V	IF NO, PLEASE STAT	E (IMIKO LVIVI)	Unit I men day			
2.,	INSURED / POLICY H	ELLEEN	- 222	_(MALE / FEM	ALE)	
	AJNAME: LOS E	580049	4 CONT	ACTI-	1-25	
23.	BINRIC/FIN/PASSPO	163. Sunei		86 (520)	02/	
	CIADORESS: 1918					
60 (B) 53	+ CONTINUE TO 3.d	IF DRIVER ALSO PO	DLICY HOLDER		17	
					1.161	
Also of buscondas	DRIVER	Teek kiau	\	-(MALE/FEY	9476	
(Including driver)	b) NRIC/FIN/PASSPO	1 0 -01	1834 CON	MCI:	321	
5000 TOTAL TOTAL TOTAL TOTAL	C) ADDRESS: 130	163, SWIEL 16	d x 09-3	86 1500	-	700
(2)	C/ADDRESS,		4	0.0		
	*d) DATE OF BIRTH:	12/11/194	9_10D/MM/YYY	7) ,	78	
E1	ALOCCUPATION: I	NDOOR / OULDO	OR)	S. 34		
*	11DATE OF DRIVIN	G PMSS -	E THEHEEDIE CO	MPANY? (YE	5/ NO)	100
4.	WAS DRIVER AN IF NO, RELATION	EMPLOYEE OF TH	VED WITH INST.	RED! FATILE	18.	
	IF NO, RELATION	SHIP OF THE UK	WER WITH THES			
5.	WILLIAM THER CONL	MINO M. LOCCUITA IN)	
	WIDOAD SURFACE	IUNI/ WEIL	CK9		2 2	18
, 6.	WAS ANYBODY IN	JUKED (1857 NO)	2.		7	
. 7.	a) REPORTED TO PO	ATE WHICH POLIC	E STATION:		-	
	THIRD PARTY VEHI	VIE WINDLING	2005	LANTIN	A BKILL)
δ,	a) VEHICLE NUM	18FR. SLJ 80	MON (88	DEL: HOYE		
18 140 of passenger	I PRICE NIA	1151	SA FATO			
(Induding driver)) P) DRIVERS IN A	85PORT: \$ 2-705	5173 A CO	NTACT:		
111	O NRIC/FIN/FA	CLE				**
(1) 9.	THIRD PARTY VEHI	48FR:	мо	DEL:		
4 No of passinger		MEL		NIT LOTE		E.
(Including drive		SSPORT:	cc	DNIAGII		1
C Incinding as is	N II INSTEAM					
()		102	i i	36	1	36
	# _#		19			
		E 8	1050	- 14	auco,	con
	63	- a a l	LOUIC KIA	404	LL CO	

email = lootecte kian fax = 1000 YES

REPUBLIC OF SINGAPORE





LOO TECK KIAN

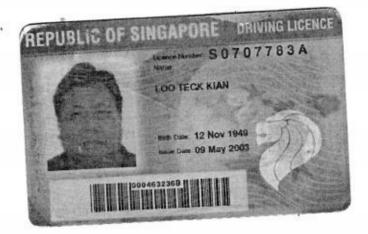


建

CHINESE Date of birth

12-11-1949 Country of birth SINGAPORE





3994918



NAIC No. S0707783A

11-01-2007

APT BLK 163 SIMEI ROAD #09-386 SINGAPORE 520163

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING GLASS(ES) PASS DATE

Class 2B Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc end 400 cc
Motorcycles exceeding 400 cc
Motor Cars and Motor Tractors the weight of
which unlader does not exceed 2500 killograms

07 Jun 1973 07 Jun 1973 07 Jun 1973 15 Jun 1973

11P 42EA

eBao Tech	Gener					ralClaim				
Hello, NAC_BUKIT_MERAH	_800676				-		Change La	nguage	· Change Passwo	rd • Log Out
My Desktop	Polic	y Query								
Notice of Loss	Policy N	10-				Date of Acc	ident			
	Vehicle	No.(For Motor)	SLR7328Y							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5093574429	LOO E1-LEEN	58004947A	GPC	drivo PREMIUM	SLR7328Y	SLR7328Y	25/08/2017	24/08/2018
					- 1	Continue				