

Date In	20/12/12 09:03	Job description	Date Wksp/Completed	Done by
Ref No	NA 11MC17024089/64	SAS e-filing		
Veh No	GM 7773E	E-mail (where Shp. W/O Case)		
D.O.A	19/12/12 15:00	I-Motor Claim Form	MT/0974459	20/12/12 10:56
OD	<input checked="" type="radio"/> Reporting Only	I-Motor W/O (w/initials) (D. 1/12/12)		
		I-Photo Uploaded		
TP Insurer:		Assessment Survey Report		
		Ass't Report by FAX / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SKH 1756Z	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	% [Note-Est. Status (WO): N: 0-20%, P: 21-79%, F: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:-

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co. ( )

Remarks:- (INC hotline: 6788 6616)	Date&Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury : \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$	Ant (\$
		1st Bill	2nd Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)	30.00	
Contact No:	2) DA: Damage Assessment \$100 INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40.00		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$100		
Auditors' Comments :-	5) NT: Follow-Through Survey-Resurvey \$30		
	For claiming against INC Only (w/10 Jan 2013)		
	6) TR: Re-inspection \$75		
	7) NI: Inc DA - SMRT Survey \$100		
	8) NTUC Additional Services		
	OD:		
	*NC: Courtesy Car, Tpl Allowance \$5		
	*NI: Repair Coordination \$10		
	*NT: Post Repair Inspection \$25		
	*NE: DV: Collision Excess Coordination \$5		
	TP (\$11) TP (\$) + INC (payment) \$20		
	9) N12: Misc Mobile \$5		
	Inspected by	Wks Chrgd	
	Inspected by	Wks Chrgd	

## 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 withholding 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.

### ACCIDENT STATEMENT

Date Of Report	20/12/2017 09:03
Date Of Accident	19/12/2017 15:00
Exact Location Of Accident	2 KAKI BT AVE 2 KAKI BT AUTOHUB (INSIDE AUTOHUB)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GM7773E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	V PAINTS PTE LTD
Co Reg No	199704799H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97634103

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	H1 STAREX 2.5 CRDI MT ABS AIRBAG 2WD
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5073798227-02
Cover Note Number	-

### Driver

Name of Driver	NG TECK KENG
NRIC No	S1453628J
Date Of Birth	29/01/1960
Occupation	INDOOR
Date Of Driving Pass	26/01/1987
Driving Experience	30 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97634103
Fax Number	
Contact Number	
EMail Address	NOEMAIL

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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7. 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:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' 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.

 WV Paints Pte Ltd  
Blk 1085 Eunos Ave 7  
#01-46  
Singapore 409535

 WV Paints Pte Ltd  
Blk 1085 Eunos Ave 7  
#01-46  
Singapore 409535

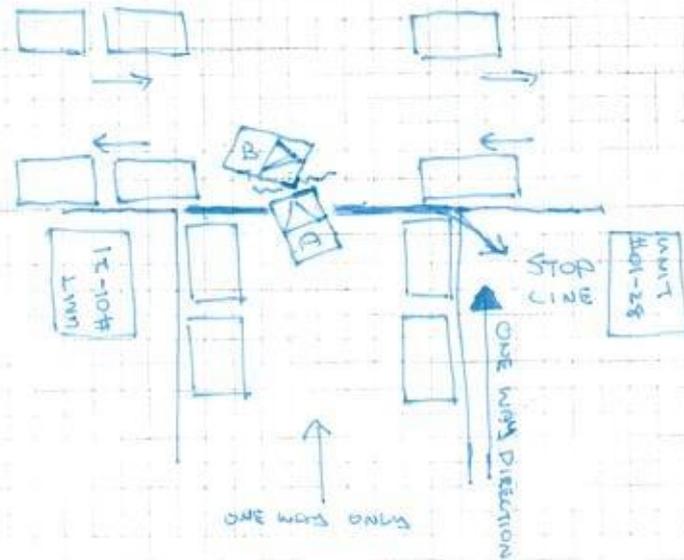


Policyholder's Signature  
Date & Time:

Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I WAS WAITING AT THE STOP LINE IN 2 KARAI BUKIT AVENUE TO CHECK FOR IN-COMING VEHICLE, IN FRONT OF UNIT #01-21 AND #01-28. WHEN I INCH OUT OF MY VEHICLE, SUDDENLY A VEHICLE TURNED TO MY PATH AND HIT ONTO THE FRONT RIGHT PORTION OF MY VEHICLE WHILE IT WAS A ONE WAY / ONE LANE TRAFFIC.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE BEARING (SKH 1756 Z) THAT WANTED TO MAKE A RIGHT TURN INTO THE ROAD I'M IN AND CAUSES THE COLLISION.

VEHICLE A - GM 7773 E  
 VEHICLE B - SKH 1756 Z

**DECLARATION**

We declare the foregoing particulars are true in every respect.  
 Silk 1005 Eunos Ave 7, #01-46 Singapore 409535

*[Signature]*  
 Policyholder's Signature  
 Date & Time:

*[Signature]*  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

*[Signature]*  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

<b>Vehicle No.</b>	GM 7773 E	<b>Model / Make</b>	HUNDAI / HI STAREX
<b>Date of Accident</b>	19/12/2017		
<b>Time of Accident</b>	15:00	HRS	
<b>Location of Accident</b>	2 KAKI BUKIT AVE 2, KAKI BUKIT AUTOHUB (INSIDE AUTOHUB)		
<b>Exact purpose use during accident</b>			
<b>Name of Owner</b>	V PAINTS PTE LTD		
<b>Telephone No.</b>	H/P: 9763 4103	<b>Home:</b>	<b>Office:</b> 6749 4622
<b>NRIC</b>	1997 04799 H		
<b>Address</b>	BLK 1085 #01-46 KUNOS AVE TA (S) 409535		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	REPORTING ONLY
<b>Insurance Company</b>	NTUC INCOME		
<b>Type of Coverage</b>	<b>Comprehensive</b>	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5073798227-02		
<b>Name of Driver</b>			
	As Above If No, NG TECK KENG		
<b>NRIC</b>	S 1453 628 J	<b>Any Passengers:</b>	
<b>Date of birth</b>	29/01/1960		
<b>Occupation</b>	Outdoor /	Indoor	DIRECTOR
<b>Driving License Pass Date</b>	26/01/1997		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P: 9763 4103	<b>Home:</b>	<b>Office:</b>
<b>Address</b>	27 JALAN LIMAN PURUT (S) 468201		
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state	
<b>Weather condition</b>	Clear	Raining	Other
<b>Road Surface</b>	Dry	Wet	Other
<b>Any Injuries</b>	No,	If Yes, Who?	
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No,	If Yes, Where?	
<b>Vehicle B No.</b>	SKH 1756 Z	<b>Any Passengers:</b>	
<b>Name of Driver</b>	TAN JIA RONG (S8402947E)	<b>Contact No.:</b>	
<b>Vehicle C No.</b>	<b>Any Passengers:</b>		
<b>Vehicle D No.</b>	<b>Any Passengers:</b>		
<b>Vehicle E no.</b>	<b>Any Passengers:</b>		
<b>Vehicle F No.</b>	<b>Any Passengers:</b>		
<b>Vehicle G No.</b>	<b>Any Passengers:</b>		
<b>Witness Name</b>	<b>Witness Contact:</b>		
<b>Accident Portion</b>	FRONT RH		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>			
	TWINCAR AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	HUI XIN / SABRINA		
<b>FAX NO</b>	6741 0510		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1453628J



Name  
**NG TECK KENG**

**黄德庆**

Race  
**CHINESE**

Date of Birth **29-01-1960** Sex **M**

Country of Birth  
**SINGAPORE**




REPUBLIC OF SINGAPORE DRIVING LICENCE

Identification No. S1453628J

Name  
**NG TECK KENG**

Birth Date: **29 Jan 1960**

Issue Date: **06 Jan 2003**

**000088861H**




1081308



NRIC No. **S1453628J**



Blood Group **A+** Date of Issue **03-07-1993**

**27 JALAN LIMAU PURUT  
SINGAPORE 468201**

NRIC No: **S1453628J** Date: **23/08/2009** No: **6228415**

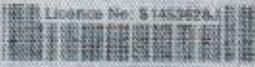


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which (including load) does not exceed 2000 kilograms	26 Jan 1997

License No: S1453628J

NP 428A



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

**Certificate Number** : 5073798227-02

**Cover** : Comprehensive

- |  |                     |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle   | : <b>GM7773E</b>    |
| Chassis Number   | : KMFWBX7KLGU773573 |
| 2. Name of Policyholder  | : V PAINTS PTE LTD  |
| 3. Effective Date of Insurance   | : 29 Sep 2017       |
| 4. Expiry Date of Insurance  | : 28 Sep 2018       |
| 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.<br>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.  |                     |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.  |                     |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# 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.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
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 : TAN MOTOR-CAR ENTERPRISES (00000612294)

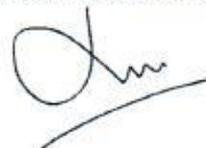
Date of Issue : 30 Aug 2017 11:26 hrs




Countersigned By:

\_\_\_\_\_  
Authorised Officer

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



\_\_\_\_\_  
Chief Executive

**Claim Handling**

**Accident MT/0974459**

Policy No.	5073798227-02	Vehicle No.	GM7773E	GST Registration No.	
Policyholder Name	V PAINTS PTE LTD			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	97634103	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

**Accident Details**

Report Date	20/12/2017 10:50	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	19/12/2017	Time of Accident hh:mm	15:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	2 KAKI BT AVE 2 KAKI BT AUTOHUB (INSIDE AUTOHUB)				

**Benefits**

**Excess**

Own damage Excess	600.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

**GST Registered Information**

GST Registered	Yes	GST Registration Date	01/01/2015
GST Registration No.	199704799H	GST Status Verified	No
Modification History			

**Policyholder Mailing Address**

Address 1	BLK 1085 #01-46	Address 2	EUNOS AVENUE 7A	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5073798227-02		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	NG TECK KENG	Driver NRIC	S1453628J	Driving Experience	
Register Date of Driver License	26/01/1987	Driver Age	57	Contact No.(Home)	
Contact No.(Mobile)	97634103	Contact No.(Office)		Address 3	
Address 1	27 JALAN LIMAU PURUT	Address 2	# BEDOKVILLE	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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**Modification History**

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	V PAINTS PTE LTD	Insured NRIC	
Contact No.(Mobile)	97634103	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GM7773E	TP Vehicle Number	
Claim Description	GM7773E / SKH1756Z ON 19 Dec 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	20/12/2017 10:55	Claim Close Date		Date Received	
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

**Save Submit**

**Attachment**

Accident No.	MT/0974459	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/12/2017 10:56
Path *		Category *	Confidential Urgency
	<b>Browse...</b>	<b>Clear</b>	Please Select <input type="button" value="NO"/> <input type="button" value="Normal"/>

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2017 10:56	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2017 10:56	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2017 10:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2017 10:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2017 10:55	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2017 10:55	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2017 10:55	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2017 10:55	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2017 10:55	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2017 10:55	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Sour
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Address	27 JALAN LIMAU PURUT
Postcode	468201
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DIRECTOR
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 ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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 ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKH1756Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN JIA RONG
NRIC/Passport Number	S8402947E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	