

NATIONAL Assessment Centre Services

[ver 1 Jan 2005]

Date In: 11/01/2018 10:01	Job description	Date & Time Completed	Done by
Ref No: NA/LIP 18000694/K4	SAS e-filing		
Veh No: EA 222L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/01/2018 11:15	i-Motor Claim Form		
OD TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: BICYCLE	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

NA1800295		Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-		1) AR: Accident Reporting (\$30);			
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$50)			
Contact No:		3) TF: Towing Fee \$40/\$45			
Damaged Portion:		4) FT: Follow-Through Survey \$120			
		5) FT: Follow-Through Survey (Resurvey) \$30			
		For claiming against INC Only (wef 10 Jan 2005)			
		6) TR: Re-inspection \$75			
		7) N1: Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		OD*			
		*N5: Courtesy Car / Tpl Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
JC Checked by (Engr-In-Charge):		TP (N11): TP (Non INC) against INC \$20			
		9) N12: Idac Mobile \$0			
Auditors' Comments:-		Invoice dated		Fee Charged	
at 1:		Invoice dated		Fee Charged	
at 2 / 3:					

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	11/01/2018 10:01
Date Of Accident	10/01/2018 11:15
Exact Location Of Accident	PAYA LEBAR RD TURNING TO JALAN AFIFI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EA222L
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Insured/Policyholder

Name Of Registered Owner	LAWRENCE LEOW CHIN HIN
NRIC No	S1298295Z
Email Address	LAWRENCELEOW@CRESCENDAS.COM
Mobile Phone No	(LOCAL) +65-90619151
Alternative Phone No	OTHERS-90619151

Vehicle Particulars

Manufacturer	BENTLEY
Model	CONTINENT AL FLYING SPUR 6.0 A
Exact Purpose for which vehicle was being used at time of accident	WORK
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD17V12787/VPS/R00
Cover Note Number	

Driver

Name of Driver	RAJAKUMAR S/O KUNJURAMAN
NRIC No	S1780550I
Date Of Birth	06/05/1966
Occupation	OUTDOOR
Date Of Driving Pass	23/12/1988
Driving Experience	29 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90619151
Fax Number	
Contact Number	OTHERS-90619151
Email Address	LAWRENCELEOW@CRESCENDAS.COM

Address	BLK 893C WOODLANDS DRIVE 50 #02-89
Postcode	732893
Was driver an employee of the Insured's Company	YES
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	COLLIDED INTO BICYCLIST
Weather Conditions	RAINING
Road Surface	WET

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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180110/2097

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 Witness 1

Name	THERE IS A CAMERA AT THE SHELL AREA
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	BICYCLE
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ALFAZ
NRIC/Passport Number	G2612367X
Contact Number	86692606

Address

KBE AIR-CONDITIONING & ENGINEERING PTE LTD

Postcode

Insurance Company Name

Nature Of Damage

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 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 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:

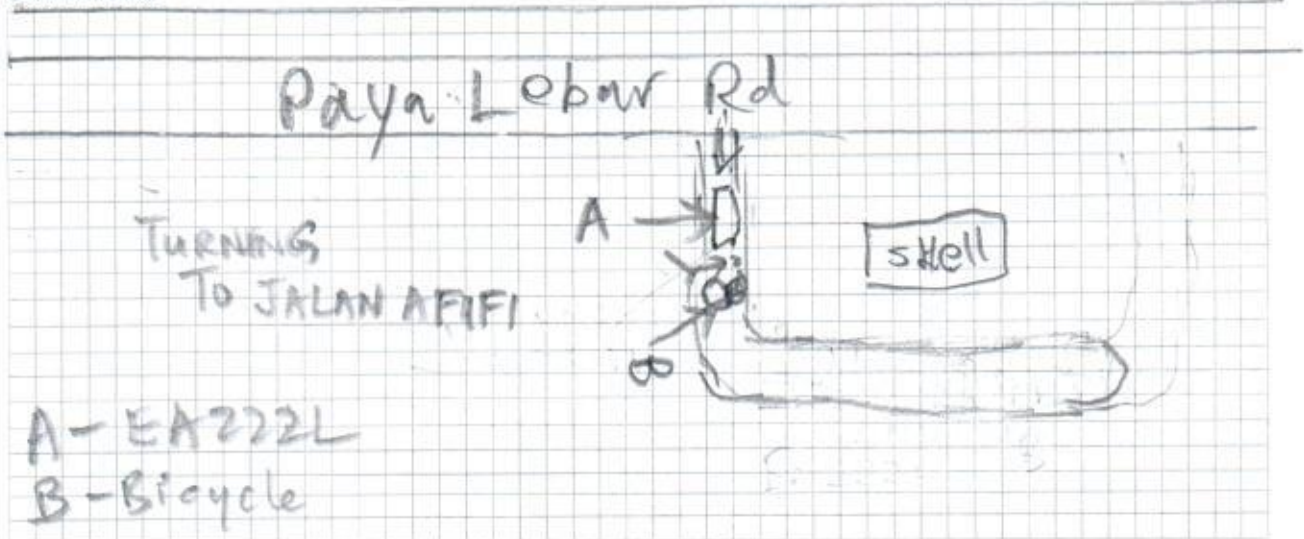
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

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

pl's Refer to the Police Report
T/20180110/2097

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:

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



SINGAPORE POLICE FORCE



T/20180110/2097

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180110/2097

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/01/2018 15:02	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: RAJAKUMAR S/O KUNJURAMAN	Address: APT BLK 893C WOODLANDS DRIVE 50 #02-89 HDB- WOODLANDS SINGAPORE 732893		
ID Type / ID No.: NRIC NO / S17805501	Contact No.:	Mobile: 90619151	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 51	Date of Birth: 06/05/1966	Type of Informant: Driver
Race: Indian	Language:	Institution / School Name:	
Occupation: COMPANY DRIVER	Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 10/01/2018 11:15	Type of Location:
Location: Along Road 1 PAYA LEBAR ROAD JALAN AFIFI TURNING TO JALAN AFIFI				
Weather:	Road Surface:		Road Speed Limit:	
Traffic Flow:	Traffic Control:		Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EA222L	Car	BENTLEY	CONTINENTAL FLYING SPUR 6.0 A		Slightly Damaged	0
	Bicycle					0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE
POLICE FORCE**



T/20180110/2097

2 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180110/2097

CONTINUATION OF REPORT

Driver				
Name	RAJAKUMAR S/O KUNJURAMAN		ID No.	S17805501
Related Vehicle	NIL		Contact No.	90619151
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Cyclist				
Name	ALFAZ		ID No.	064448773
Related Vehicle	NIL		Contact No.	86692606
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

ON 10/01/2018 AT AROUND 1115 HRS ALONG PAYA LEBAR ROAD TURNING TOWARDS JLN AFIFI TO THE AQUEEN HOTEL.
SUDDENLY I TURN THEN THERE WAS A YELLOW BOX, I SAW SOMEBODY JUST PASSED THROUGH ME AND REALIZED IT WAS A BICYCLE. I SAW THE GUY DROPPED INFRONT OF ME. I STRAIGHT AWAY BRAKE AND STOPPED THE VEHICLE I ALIGHTED AND ALREADY SAW HIM CARRYING THE BIKE WALKING AWAY. I APPROACHED AND ASK HIM TO ASK IF HE WAS OK AND HE TOLD ME IT WAS HIS MISTAKE, I EVEN TOLD HIM IF HE NEEDED AMBULANCE BUT HE SAID NO NEED.

My witness is He Petrol Kiosk Shell Camera Facing

He accident.

Sebastian



**SINGAPORE
POLICE FORCE**



T/20180110/2097

3 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180110/2097

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
TP /
SEBASTIAN NG JING PEI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
10/01/2018 15:02

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Sebastian

* Pls attach
vehicle Photos
&
Police report

Prepare?
CIA
in
system
waiting
to submit?

Reported on 10/11/2018
@ 1530HRS

ACCIDENT STATEMENT

ACCIDENT DATE: (10/01/2018) (DD/MM/YYYY), TIME: (11:15) (HH:MM)

LOCATION: Paya Lebar Road Jalan Afiti Turning
to Jalan Afiti

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: EA222L
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (YES) ~~(NO)~~
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 90619151
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO) (YES)

7. a) REPORTED TO POLICE (YES / NO) (YES)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: KBE AIR-CONDITIONING & ENGINEERING
c) NRIC/FIN/PASSPORT: _____ CONTACT: 86692606 PTE Ltd.

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
(1)

G 2612367X
Bicycle person
name ALFAZ

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

* 2 photos
from
phone
uploaded

email = lawrenceleow@crescendas.com
fax =

Waiting for vehicle photos
& Email Address?

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S17805501



NAME
RAJAKUMAR S/O KUNJURAMAN

RACE
INDIAN

DATE OF BIRTH
06-05-1966

SEX
M

COUNTRY OF BIRTH
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

IDENTITY CARD NO. S17805501



NAME
RAJAKUMAR S/O KUNJURAMAN

BIRTH DATE
06 May 1966

ISSUE DATE
18 Dec 2003

1001054964C

1053974



IDENTITY CARD NO. S17805501



RAJAKUMAR S/O KUNJURAMAN

RACE
INDIAN

DATE OF BIRTH
06-05-1966

SEX
M

COUNTRY OF BIRTH
SINGAPORE

APT BLK 893C WOODLANDS DRIVE 50 #02-89
SINGAPORE 732893

NRIC No: S63485458

Date: 11-02-2007

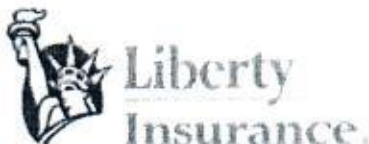
No: 5722181

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

CLASS	VEHICLE CLASS	ISSUE DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	23 Dec 1988
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	02 Oct 1990

478A

Licence No: S17805501



Liberty Insurance Pte Ltd
Registration no.199002791D
51 Club Street
#03-00 Liberty House
Singapore 069426
Tel: (65) 6221 8611 Fax: (65) 6225 6890
Website: <http://www.libertyinsurance.com.sg>

CERTIFICATE OF INSURANCE

51298295Z

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 No	SD17V12787 /NPS /R00										
Form	MX3										
Date Of Issue	17-NOV-2017										
1.Index Mark and Registration No. of Vehicle:	EA222L										
2.Chassis number of Vehicle:	SCBBE53W97C041634										
3.Name of Policyholder:	LAWRENCE LEOW CHIN HIN										
4.Effective date of Commencement of Insurance for the purposes of the Act:	24-NOV-2017 00:00 AM										
5.Date of Expiry of Insurance:	23-NOV-2018 23:59 PM										
6.Persons or Classes of Persons entitled to drive*:	LAWRENCE LEOW CHIN HIN, LEE AI LENG, RAJAKUMAR S/O KUNJURAMAN										
<p>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.</p> <p>And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p>											
<p>7.Limitations as to use*:</p> <p>Use only for social, domestic and pleasure purposes and for the Policyholder's business.</p>											
<p>8.The Policy does not cover:</p> <p>A) Use for hire or reward. B) Use for racing, pace-making, reliability trials 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.</p> <p>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.</p>											
<p>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).</p> <p style="text-align: right;">For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p> <p style="text-align: right;"> _____ Authorised Signature</p>											
<p>For Information only:</p> <table><tbody><tr><td>COVERAGE :</td><td>Comprehensive, Unlimited Windscreen, Ncd Protection</td></tr><tr><td>SUM INSURED:</td><td>MARKET VALUE AT THE TIME OF LOSS</td></tr><tr><td>EXCESS:</td><td>Section I - Lawrence Leow Chin Hin & Lee Ai Leng - Singapore - S\$10000 / Outside Singapore S\$20000, Section I - Rajakumar S/O Kunjuranman - Singapore - S\$20000 / Outside Singapore S\$40000, Windscreen Excess S\$500</td></tr><tr><td>FINANCE COMPANY:</td><td></td></tr><tr><td>PRODUCER NAME:</td><td>MARSH (SINGAPORE) PTE LTD</td></tr></tbody></table>		COVERAGE :	Comprehensive, Unlimited Windscreen, Ncd Protection	SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS	EXCESS:	Section I - Lawrence Leow Chin Hin & Lee Ai Leng - Singapore - S\$10000 / Outside Singapore S\$20000, Section I - Rajakumar S/O Kunjuranman - Singapore - S\$20000 / Outside Singapore S\$40000, Windscreen Excess S\$500	FINANCE COMPANY:		PRODUCER NAME:	MARSH (SINGAPORE) PTE LTD
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PRODUCER NAME:	MARSH (SINGAPORE) PTE LTD										

PLFM-/17-NOV-17

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17-NOV-17