NATIONAL Assessment Centre	Services. well 133	MOSI MANISON		Vi.	
Date In: 19/2/18-18:35	Jcb description	Date &Tin	o Completed	Done	py.
Ref No: NA/ 14(18203172/24	SAS e-filing				
Veh No: 5100 16073	E-mail (within Shrs, All	C 2hrs)			
D.O.A: K/2/18-17:10	i-Motor Claim For	m MT 098 3	730 .	28 191	2/18 23
	I-Motor W/O (Within	OD 2hrs, TP 4hrs)			
OD : (TP-) Reporting Only	i-Photo Uploaded	1			
TRIL	Assessment/Survey R	eport			
TP Insurer:	Ass't Report by Fax /	Hand to Owner/Wk	<u>sp</u>		
Preferred Wksp / INC Assign Wksp / QW: (Tel;	Fax:	1,000,000)
TP Particulars: Veh No: 484813	E	INC()/Non-I	NC().		
Owner / Driver: (Tel:)	
Policy No: () Period	1: () Cover Typ	e: () .	
Confirmed by: (Date		ime:)	
Insured/Driver Liability: (%) [Not	e-Est. Status (WO):	N: 0-20%; P: 21-7	9%. P: 80-100	%]	
	rranty: YES ()/N	0()			
Excess: (\$) Loading: \$1,000	()/\$2,000()		##. 77 at Care 5495		
General Remarks			Carrier A. A. Carrier	M Assess	a fa
() Walk-In Customer : Customer's information		al & Strictly NO refe	r of repairer.	1	N. Day
() Total Loss Case : to e-mail Insurer I	IRGENTLY.	,	· .t	<u> </u>	
Drive-In ()/ Towed-In (); Invoice: Y	ES()/NO(); Towing Co: ()
Remarks:- (INC hotline: 6788 6616)		Date&Timi	Completed by	Done	by
1) Apply for Transport Allowance ()/ Cour	rtesy Car ()		2 3		
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$3000	0] ()				Corentesa - none
Injury:					
			1 140 92	Marie Control	1. No. 57.
Date/Time / Actions	oldine (fransisse) (p. 50) is			8010 47 18°	
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NA180 1009	Invei	ce Preparation Ch	ecklist	Anit (\$)	Amt (3)
	263336	Accident Reporting (53	数分别是对方,4247.1547.1	STREBILS.	- Man Dill
laimant's Particulars :-	2) DA :	Damage Assessment (\$1 Towing Fee	00); INC (\$80) \$40/\$4	5	
river/Owner:	4) FT :	Follow-Through Survey	\$12		
ontact No:	5) FT: Fore	Follow-Through Survey (I leiming against INC Only	(wef 10 Jan 2005)		
amaged Portion:	6) TR:	Re-inspection	\$16	-	
amagor i ordon.	7) N1 : 8) NTU	Idac DA + SMRT Survey C Additional Services:-	310		
C Checked by (Engr-In-Charge):	OD.	Courtesy Car / Tpt Allow	one s	5	
2, 72.8 6.7.	•N6:	Repair Co-ordination	51	0	
uditors' Comments::-	*N8:	Fost Repair Inspection DV / Collect Excess Cook	dination 3	-	
L1:	TPO	N11): TP (Non INC) again	nst INC S2		
2/3:	9) N12:	Idac Mobile	Fee Charged		what sh
	Invoice		Fee Charged	经验的	

Exposit the

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 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.

- 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 Report	19/02/2018 18:35
	15/02/2018 17:10
	FARRER RD TWDS ADAM RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKD1607S
Insured/Policyholder	
Name Of Registered Owner	ENNY KUSUMO
NRIC No	S2698211A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91769474
Alternative Phone No	OFFICE-91769474
Vehicle Particulars	
Manufacturer	BMW
Model	320I AT ABS D/AB 2WD 4DR GAS/D SR
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	5097288746
Cover Note Number	
Driver	
Name of Driver	CATHERINE KUSUMO MRS CATHERINE TAN
NRIC No	S9472472D
Date Of Birth	17/02/1994
Occupation	OUTDOOR
Date Of Driving Pass	26/08/2015
Driving Experience	2 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91712187
Fax Number	
Contact Number	OFFICE-91712187
EMail Address	NOEMAIL
	Page 1 o

BLK 59 ANG MO KIO AVENUE 8 Address

#14-10

567752 Postcode

Was driver an employee of the Insured's Company NO

CHILDREN 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

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident? Number of vehicles involved in the accident 2 YES Was any body injured in the Accident? Was any injured conveyed to hospital by NO ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 5

Passenger 1 : GLENN TAN XING RONG NAME:

> : MALE GENDER:

Passenger 2 : CASH TAN NAME:

> MALE GENDER:

Passenger 3 : ENNY KUSUMO NAME:

> GENDER: : FEMALE

Passenger 4 : SULANTY LOEKMAN NAME:

GENDER: : FEMALE

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

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

GBH813E Vehicle Registration Number TOYOTA Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CATHERINE KUSUMO MRS CATHERINE TAN

Approximate Age

Injuries Sustain

NECK & BACK
Injured person in which vehicle?

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name GLENN TAN XING RONG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

BACK & NECK
SKD1607S
YES

Was this injured conveyed to hospital by

ambulance?

NO

NO

Address Postcode

DETAILS OF INJURED PERSON 3

Name CASH TAN

Approximate Age

Injuries Sustain NECK

Injured person in which vehicle? SKD1607S

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

ance?

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

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- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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)

Lunderstand, 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

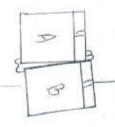
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



A: SED16075

B: 4BH 813E

Parrer load towards

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

					CONTRACTOR OF THE STATE OF THE		
	I W45	travelling	Straight	along	parrer	Kond	towards
Vam	Kund.	aut of	Sudden, V	ehicle a	s)_cuf	Endo.	my
one	Rous	ing lets	'_and_	het on	to my	veh	acle
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						100	
				Sall Vision			

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature

Date & Time:

(If driver is not the policyholder)

NRIC/FIN No.:

Reporting Centre Personnel's Signature Name:

SINGAPORE ACCIDENT STATEMENT

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 companies to repudiate policy liability.
- 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.

	ACCIDENT DETAILS	
Date of accident	15/1/18 15 FEB 2018	(DD/MM/YY)
Time of accident	17-08	(HH:MM)
Exact location of accident	FOTTER ROAD TOWARD HOAM RUAD	

VICTOR OF STREET	DETAILS OF VEHICLE
Vehicle registration number	SKD16075
Vehicle make and model	BMW Jioli
Type of vehicle	Saloon MPV CRV Van C
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No □ if no, please select: Third part claim 🗷 Reporting only □

	INSURANCE IN	FORMATION	P LEAVE BY
Insurance company	NTUL		
Policy number	5097258	746	
Type of policy	Comprehensive &	Third party fire & theft	TP only

INSURED / POLICY HOLDER			
Name	ENNY KULUMO	Male □	Female &
NRIC / Fin / Passport number	52698211#A		
Contact	91769474		
Address	\$4 AND INO KID AVENUE 8	567752	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	CATHERINE KUSUMO Male Female a
NRIC / Fin / Passport number	59472472D
Contact	9171 2187
Address	59 AINT MO LIO AVE 8 #14-10 556775L
Email address	
Date of birth	17-2-1494
Occupation	Indoor Outdoor
Oriving date pass	25 18/15

G	ENERAL INFORMATION OF THE ACCIDENT
	Ves D No R
Was driver an employee of	If no, relationship of the driver and insured: Mother & dam THEE
the insured's company? Accident captured by camera?	Yes 🗆 No 🗆
Weather condition	Clear Raining Others:
Road surface	Drva Wet n
No of passenger	(Inclusive of driver
No of passeriger	
· · · · · · · · · · · · · · · · · · ·	PASSENGER 1
Name	TA GLENN TAN XING RONG
Gender	Male ✓ Female □
Gender	
	PASSENGER 2
Name	CASH TAN
Gender	Male D Female D
	PASSENGER 3
Name	ENNY KOSUMO
Gender	Male Female Female Female Female Female Female Female Female Female Female Female Female Female Female
	PASSENGER 4
Name	SULANTY LOEKMAN
Gender	Male Female Female
	70 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
CONTRACTOR SECTION AND ADDRESS OF THE PARTY	PASSENGER 5
Name	
Gender	Male Female
THE RESERVE TO STATE OF THE STATE OF	PASSENGER 6
Name	
Gender	Male Female
	OTHER INFORMATION
Was anybody injured?	Yes P No a
Was other vehicle damaged?	Yes p No p
	DETAILS OF POLICE ACTION
Reported to police?	Yes No No If yes, please state which police station.
Police station name	
	WITNESS 1
Name	/ '

1

Name

· · · · · · · · · · · · · · · · · · ·	THIRD PARTY VEHICLE 1
Vehicle registration number	4BH 813E
Vehicle make model	TOYUTIS
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
The second secon	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
The second secon	THIRD PARTY VEHICLE
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 5
THE PERSON ENDERED	THIRD PARTY VEHICLES
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	TURN DARTY VILLEGE 7
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

SALES ENGINEERING TO THE PARTY OF THE PARTY	INJURED PERSON 1
Name	GIEN THE XIN RONG
Injuries sustained	IVECK and buck
Which vehicle person in?	SILO 1607 S
Were seat belts worn?	Yes 🗹 No 🗆
Was injured conveyed to hospital by ambulance?	Yes D No.20

INJURED PERSON 2		
Name	CATHELINE ICUJAMO	
Injuries sustained	IVIZER and shaller	
Which vehicle person in?	5/6/7 1607 6	
Were seat belts worn?	Yes-6 No a	
Was injured conveyed to hospital by ambulance?	Yes D No.ci	

I

THE PARTY OF THE	INJURED PERSON 3
Name	CASIT TAIN
Injuries sustained	NECK
Which vehicle person in?	
Were seat belts worn?	Yes No No
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗅

AND DESCRIPTION	INJURED PERSON 4
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes a No a

	INJURED PERSON 5
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes No
Was injured conveyed to hospital by ambulance?	Yes D No D

	INJURED PERSON 6
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D



Classs 3.4. Motor cars without clutten pedata (Auto) =< 3000kg 25 Aug 2015 < 7 passengers, exclusive of the driver; and other motor vehicles without outtch petals =< 2500kg

NP 428A

YOU ARE LICENSED TO BRIVE VEHICLES IN THE FOLLOWING CLASSIES!

SPIECTIVE DATE

IDENTITY CARD NO. \$9472472D REPUBLIC OF SINGAPORE



CATHERINE KUSUMO MRS CATHERINE TAN



CHINESE Date of birth 17-02-1954 CountyPlace of bless INDONESIA





APT BLK 59 AND KID AVENUE 8 #14-10 SWIGAPORE 567752 NRIC No: \$84724720

\$604544

MINCHO. S9472472D

Date: 13/09/2017

-DaoTock								Gene	ralClaim
eBaoTech	0601				The same of the sa	Change Lan	guage	· Change Passwo	rd • Log Out
My Desktop Notice of Loss	Policy Query Policy No. Vehicle No.(For Motor	sk016075			Date of Acc	ident	15/02	2/2018 17:10	3
	Select Policy No.	Policyholder Name	Policyholder NRIC S2698211A	Product GPC	Cover Type drivo CLASSIC	Vehicle No. SKD16075	Insured Object SKD16075	Commence Date 5 12/01/2018	Expiry Date 11/01/2019
	5097288746	ENN KODONO	32070	1	Continue			10-00-00-00-0	

y Information				
5097288746	Policyholder Name	ENNY KUSUMO	Policyholder NRIC	S2698211A
59 ANG MO KIO AVENUE 8 #1	4-10 CENTRO R	ESIDENCES SINGAPORE 567752		
PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
12/01/2018	Effective Date	12/01/2018 00:00	Expiry Date	11/01/2019 23:59
0	Own damage Excess	600	Windscreen Excess	100
0	OS Premium	1251.66		
600	Outside Singapore TP Excess	0		
COSMO INSURANCE AGENCY	PT Agent Tel.	64651090	GST Flag	Y
No				
holder Mailing Address			709010 7a	www.compression.com
59 ANG MO KIO AVENUE 8	Address 2	#14-10 CENTRO RESIDENCES	Address 3	SINGAPORE 567752
	Address Type	Singapore address	Post Code	567752
14-10	Related Policy Number	5097288746		
ed Object: SKD1607S				
sements				MONTHS IN
-141/1	t Endors	ement Type Endorseme	ent Status	Endorsement Content
	5097288746 59 ANG MO KIO AVENUE 8 #1 PRIVATE CAR INSURANCE 12/01/2018 0 0 600 COSMO INSURANCE AGENCY No holder Mailing Address 59 ANG MO KIO AVENUE 8 14-10 ad Object: SKD1607S	59 ANG MO KIO AVENUE 8 #14-10 CENTRO R PRIVATE CAR INSURANCE Plan 12/01/2018 Effective Date Own damage Excess OS OS Premium Outside Singapore TP Excess COSMO INSURANCE AGENCY PT Agent Tel. No holder Mailing Address 59 ANG MO KIO AVENUE 8 Address 2 Address Type Related Policy Number add Object: SKD1607S	5097288746 Policyholder Name ENNY KUSUMO 59 ANG MO KIO AVENUE 8 #14-10 CENTRO RESIDENCES SINGAPORE 567752 PRIVATE CAR INSURANCE Plan 12/01/2018 Effective Date 12/01/2018 00:00 Own damage Excess 0 OS Premium 1251.66 600 Outside Singapore TP Excess COSMO INSURANCE AGENCY PT Agent Tel. 64651090 No holder Mailing Address 59 ANG MO KIO AVENUE 8 Address 2 #14-10 CENTRO RESIDENCES Address Type Related Policy Number 14-10 Policy Number add Object: SKD1607S	5097288746 Policyholder Name ENNY KUSUMO Policyholder NRIC 59 ANG MO KIO AVENUE 8 #14-10 CENTRO RESIDENCES SINGAPORE 567752 PRIVATE CAR INSURANCE Plan Group Policy Flag 12/01/2018 Effective 12/01/2018 00:00 Expiry Date 0 Own damage Excess 0 OS Premium 1251.66 00utside Singapore TP Excess COSMO INSURANCE AGENCY PT Agent Tel. 64651090 GST Flag No holder Mailing Address 59 ANG MO KIO AVENUE 8 Address 2 #14-10 CENTRO RESIDENCES Address 3 Post Code 14-10 Policy Number S097288746 add Object: SKD1607S

premium on this policy has r	tot been collected.				
ident HT/0962730					
ricy No.	5097288746	Vehicle No.	SKD16075	GST Registration No.	
akcyholder Name	ENNY KUSUMO			Policyholder NRIC	\$2698211A
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
entact No.(Mobile)	91709474	Contact No.(Office)	0	Contact No. (Home)	0
mail Address		Special Remark		eCode	No v
BC .	® No ○Yes	TCA	® No ○ Yes	eCode Reason	
	No.	NCD Emillement(%)	20	Private Hire	MD
CD Protection P Accident Details	26	Carlo Communication	570		
aport Date	19/02/2018 23:11	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
		Time of Accident fromm	17:10	Country of Accident	Singapore
ate of Accident	15/02/2018		17.10	ICM No.	C. C
eporting Clintre		Orange Force		1000000	
ocident Location	FARRER RD TWDS ADAM RD				
P Senefits					
/ Excess				275.000 DANS - 0.000	-20.00
wn damage Escess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
nnamed Driver Excess	2,500.00	Dutside Singapore DO Excess	600.00		
ind Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Informa	tion				
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
odification History					
Policyholder Mailing Ad					CINCADORE SETTED
ddress 1	59 ANG MO KIO AVENUE 8	Address 2	#14-10 CENTRO RESIDENCES	Address 3	SINGAPORE 567752
ddress 4		Address Type	Singapore address	Post Code	567752
nic No.	14-10	Related Policy Number	5097288746		
OI Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver	1420000000	
nnamed driver Name	CATHERINE KUSUMO MRS CATH	Driver NRIC	S9472472D	Driver DOB	17/02/1994
egister Date of Driver License	26/08/2015	Driver Age	23	Driving Experience	1
oreact No.(Mobile)	91712187	Contact No.(Office)	0	Contact No.(Home)	0
ddress I	59 ANG MO KIO AVENUE ®	Address 2	CENTRO RESIDENCES	Address 3	SINGAPORE 567752
doress 4		Address Type	Singapore address	Post Code	567752
nit No.	14-10				
set he own a Singapore		Oriver Vehicle No.		Driver Insurer Company	
set he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
oses he own a Singapore legistered car?		Driver Vehicle No.		Driver Insurer Company	
set he sen a Singapore epistored car? eclaration reathalyser or Blood Test	○ Yes ® No		® ves ○ No	Driver Insurer Company	
ises he sein a Sirigapore agistored car? ecleration reathalyser or Blood Test		Driver Vehicle No. Any injury?	® Yes ○ No	Driver Insurer Company	
oset he den a Singapore agistorial car? ecleration reathalyser or Blood Test eading?	○ Yes ® No		® Yes ○ No	Driver Insurer Company	
cest he cern a Svigapore legistered car? eclaration ireathalyser or Blood Test	○ Yes ® No		® Yes ○ No	Driver Insurer Company	
set he own a Singapore agistered car? sclaration reathalyser or Blood Test eading? odification History	○ Yes ® No		® Yes ○ No	Driver Insurer Company	
see he own a Singapore agistored car? scleration waithalyser or Blood Test eading?	○ Yes ® No		® Yes ○ No	Driver Insurer Company	
set he own a Singapore agistered car? sclaration reathalyser or Blood Test eading? odification History	○ Yes ® No		® Yes ○ No	Driver Insurer Company	
see the seen a Singapore agistered car? eclaration reathalyser or Blood Test eading? odification History Claim 001 New	○ Yes ® No		® Yes ○ No	Driver Insurer Company Insured NAIC	52698211A
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