NATIONAL Assessment Centre Services. 1 1 2 1 1 Jan 15 1 MU ALLE OF 3818 Done by Date & Time Completed Jeb description Date In: 4/2/18-15:74 Ref No: NA / MC 1800 3174/24 SAS e-filing E-mail (within Shrs, AIC 2hrs) Veh No: Fatsic MT10982731 i-Motor Claim Form D.O.A: K/2/18-08:45 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD / TP)! Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Preferred Wksp / INC Assign Wksp / QW: ()/Non-INC (INC (Veh No: (LM814) TP Particulars: Tel: Owner / Driver: () Cover Type: (Period: (Policy No: () Date: Time: Confirmed by: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: ()/NO(Warranty: YES (Year of Registration: ()/\$2,000 (Loading: \$1,000 (Excess: (\$ General Remarks) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY.) / NO (); Towing Co: (); Invoice: YES (Drive-In ()/ Towed-In (Remarks:- (INC hotline: 6788 6616)) / Courtesy Car (1) Apply for Transport Allowance () 2) OC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Invoice Preparation Checklist NA1801012. 1) AR : Accident Reporting (530); Claimant's Particulars INC (\$80) 2) DA : Damage Assessment (\$100) \$40/\$45 3) TF : Towing Fee \$120 Driver/Owner: 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) \$30 For cleiming against INC Only (wef 10 Jan 2005) Contact No: \$75 6) TR : Re-inspection \$160 Damaged Portion: 7) N1 : Idac DA + SMRT Survey 8) NTUC Additional Services:-\$5 QC Checked by (Engr-In-Charge): *N5: Courtesy Car / Tpt Allowance 510 *N6: Repair Co-ordination \$25 * N7: Fost Repair Inspection *N8: DV / Collect Excess Coordination Auditors' Comments :-22 TP (N11): TP (Non INC) against INC \$20 Cat. 1: 9) N12: Idao Mobile Strate Test Fee Charges Involce dated Zat. 2 / 3; Fee Charged

Invoice dated

despite at their

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.
- 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

	ACCIDENT STATEMENT
Date Of Report	19/02/2018 15:34
Date Of Accident	15/02/2018 08:45
Exact Location Of Accident	ALONG QUEENSWAY
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	F2755K
Insured/Policyholder	
Name Of Registered Owner	FLEURY JASON JUDE
NRIC No	S7425546I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91169390
Alternative Phone No	OFFICE-91169390
Vehicle Particulars	
Manufacturer	VESPA
Model	P150
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	0079800299-13
Cover Note Number	
Driver	
Name of Driver	FLEURY JASON JUDE
NRIC No	\$74255461
Date Of Birth	12/08/1974
Occupation	INDOOR
Date Of Driving Pass	05/06/1991
Driving Experience	26 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91169390
Fax Number	
Contact Number	OFFICE-91169390
EMail Address	NOEMAIL

BLK 101 BISHAN STREET 12 Address #23-288 570101 Postcode Was driver an employee of the Insured's Company NO OWNER 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 - CROSS JUNCTION Type Of Accident CLEAR Weather Conditions DRY Road Surface Other Information NO Was any foreign vehicle involved in this accident? 2 Number of vehicles involved in the accident Was any body injured in the Accident? YES Was any injured conveyed to hospital by YES ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 2 Number of Passengers (Including Driver) Passenger 1 NAME: GENDER: : FEMALE **Details of Police Action** Was the accident reported to the police? YES If Yes, Please state which Police Station TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: Police Station Address SINGAPORE TEL NO: 65470000 - FAX NO: Police Station Contact NO Was notice of intended Prosecution given? If Yes, against whom? Circumstances of Accident REFER TO POLICE REPORT - T/20180215/7008. Attachment(s) Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded? NO DETAILS OF OTHER VEHICLE PROPERTY 1 SLM814H

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

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

FLEURY JASON JUDE

Approximate Age

Injuries Sustain

FRACTURE LEFT LEG & ABRASION

Injured person in which vehicle?

F2755K

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

DETAILS OF INJURED PERSON 2

Name

LOW MUI CHENG ALICE

Approximate Age

Injuries Sustain

RIB PAIN & ABRASION

Injured person in which vehicle?

F2755K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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)

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.

Policybolder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

ESCRIBE CIRCUMSTAI	NCES OF THE AC	CIDENT	w F2	755K		
ESCRIBE CIRCUMSTAI		CCIDENT	4 F2	957K		
ESCRIBE CIRCUMSTAI		CCIDENT	u F2	355K		
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DECLARATION						
/We declare the foregoin	ng particulars are t	rue in every respe	ct.			
de						المغلا
1/						Un Cimentum
Policyholder's Signature	1000	ver's Signature driver is not the po	licyholder)	Reporting Name:	g Centre Personne	rs Signature
Date & Time:		driver is not the poi te & Time:	neymorder)	NRIC/FIN	No.:	
CHAPTER SPECIFICATION	(If					

ACCIDENT STATEMENT

ACCI	IDENT DATE:	1 04 2018)(DD/MM/YYYY), TIME:(_08_:	45)(HH:MM)
LOCA	ATION: 600	60 V3 MCO		
,	DETAILS OF VEH			
at.	a) VEHICLE NU		755K	11.83
		COMPANY: N		
	c)POLICY NUM			
			E / T <u>HIRD PARTY</u> / THĪRD PAR	TY FIRE &THEFT)
			170cc.	N SWID SOWN WEST
	fITYPE:(SALOON	N / COUPE / MPV /	VAN / LORRY / MOTORCYC	LE / OTHERS)
	g) VEHICLE CAT	EGORY: (PRIVATE /	COMMERCIAL MOTORCY	CLE) work
		USING AT ACCIDE	IF OWN INSURANCE (YES/NO	
			Y CLAIM / REPORTING ONLY	
2.	INSURED / POLICE		CLAIM / REPORTING ONLY	1
	A)NAME: FU	ENON JA	1000 J-05 1MAI	E / FEMALE)
		SPORT: 742 \$		911693 80
	CIADDRESS:			13-2 AP
160				
	* CONTINUE TO	3.d IF DRIVER ALSO	O POLICY HOLDER	8.
tho of passenger	DRIVER (M)			
(Including driver)	a)NAME:		(MAL	E / FEMALE)
(2)	b)NRIC/FIN/PAS	SPORT:	CONTACT:	W X
(-1)	c)ADDRESS:			
4.	WAS DRIVER AN	N EMPLOYEE OF THE D	:	? (YES / NO)
	b)ROAD SURFAC	E: (DR) / WET / OT	THERS	ALTINE MESSIE CA
			owners driver	7
		POLICE (YES / NO)	The second state of the second	
		TATE WHICH POLICE		- 0
8. 1	THE DA DAY MELL	IOLE		
de of passenger	a) VEHICLE NUM	MBER: JUM 814H	MODEL:	
Induding driver)	b) DRIVER'S NA	ME:	NE NEW YORKS	
	 C) NRIC/FIN/PA HIRD PARTY VEHI 		CONTACT:	
The second secon	and the second s	AND THE RESERVE OF THE PARTY OF	MODEL:	
Induding driver)	f) NDIC/EIN/DA	SCDODT:	001171.07	* * * * * * * * * * * * * * * * * * * *
1 3	II TAKIC/THA/T A	33FOR1	CONTACT:	
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1 of 3

Report No. T/20180215/7008

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

	A TRAFFIC		Vide Report No.:	Station Diary N		
Date/Time 15/02/201	e Report Ma 8 17:35	ade:	VIGE REPORT			
Informan	t's Particu	lars		_ 53/E		
Name of Informant: FLEURY JASON JUDE			Address: APT BLK 101 BISHAN STREET 12 #23-288 SINGAPORE 570101			
D Type / ID No.: NRIC NO / S7425546I		-61	Contact No.: Home/Office:	Mobile: 91169390		
Nationali	Nationality: SINGAPORE CITIZEN		Email: jason.jude@rocketmail.com			
Sex: Male	Sex: Age: Date of Birth:		Type of Informant: Rider	Institution / School Name:		
Race: Eurasian Occupation: Management consultant			Language: English	Institution, Series real		
		ultant	Driving Licence Information: Class: 2,3,4,5	Date of Expiry:		

eneral Infor	mation of the Accident	Drink	Date/Time of	Type of Location
Type of Accident:	Injury Attended by Police	Drink Drive: No	Accident: 15/02/2018 08:46	Straight Road
Location: QUEENSWA	Y Y, ROAD NEAR BLK 167			
Weather:		Road Surface: Dry		Road Speed Limit:
Clear Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Coll Between Mo				Anyone conveyed by ambulance: Yes

Details of Vo	ehicle Involve	d	1	Color	Condition	No of Passenge
Vehicle No.	The second secon	Make	Model	COIOI	Contains	0
F2755K	Motorcycle					
Frank to be a		MITCHIDICHI	10	White		0
SLM814H	Car	MITSUBISHI	4		- 11/2	

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



T/20190215/7008

2 of 3

Report No. T/20180215/7008

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

CONTINUATION OF REPORT

Pillion		TNO		ID No.		S7250925J	
Vame	ALICE LOW MUI CH	ENG		DOMESTICS.		92309390	
	(Managara)			Contac	t No.		
Related Vehicle	F2755K (Motorcycle)					Class: NIL	
Hospital/Clinic	NATIONAL UNIVER	SITY HOS	PITAL	Class of Driving Licence Expiry	e &	Date of Expiry: NIL	
			Date [Discharge		2/2018	
Date Treatment	15/02/2018	05	Degre	e of Injury	Sligh	t	
No. of Days gran	ited Medical Leave	00					
Rider		IDE	111111111111111111111111111111111111111	ID No.		S7425546l	
Name	FLEURY JASON JU	JUL			2.0	24400000	
= 1 1 1 Nahiolo	F2755K (Motorcycle	e)		Conta	ct No.	91169390	
Related Vehicle				Class	of	Class: 2,3,4,5	
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL			Drivin Licent Expir	g ce & / Date	Date of Expiry: NII	
	15/00/0019		Date	Discharge)2/2018	
Date Treatment	15/02/2018 Inted Medical Leave	10		ree of Injury	Ser	ious	

I was travelling on the extreme right lane of queensway when a car exit from Blk 167 side road and cut across 2 lanes to go to the extreme right lane, i hit the front left side of his vehicle. Was given 10 days hospitalization leave and a fracture knee.





3 of 3

Report No. T/20180215/7008

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

CONTINUATION OF REPORT

Sketch Plan	W-50-50-50-50-50-50-50-50-50-50-50-50-50-
Informant is	not able to provide sketch plan

Authentication Stamp

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/02/2018 17:35
Officer In Charge Of Case:	Classification Of Case:

National University Hospital (Singapore) Pte Ltd

5 Lower Kent Ridge Road, Singapore 119074



. 10

TEL: (65) 6779 5555 Business Registration No.198500843R

MEDICAL CERTIFICATE		F	REPRINT		N	UH18044067
NAME: LOW MUI CHEN	NG ALICE				NRIC	S7250925J
Type of Medical Leave	granted : OUTPATIENT SICK L	EAVE				
The above named is ur 19-Feb-2018	nfit for duty for a period of inclusive	5	day(s) from	15-Feb-2018	to	
The certificate is not va	alid for absence from court atte	endance.			92. E	
The above named atte	nded for Examination/Treatme	ent from	15-Feb-2018 09:28	3 to 15-Feb-2	2018 11:18	
					1	UH10044017
					HAROC	. SYTHOPEC
					/	
	TAN THONG SOON STE	PHEN			1.	
15-Feb-2018	(10596A)	1.5540	A&I	E	_1/2	*
Date A member of the NUHS	Issued by		Locat	tion	Sign	ature

National University Hospital (Singapore) Pte Ltd

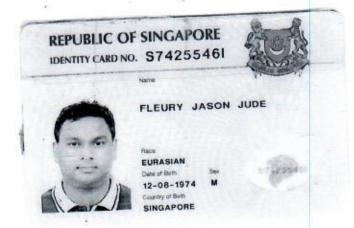
5 Lower Kent Ridge Road, Singapore 119074 TEL: (65) 6779 5555 Business Registration No.198500843R

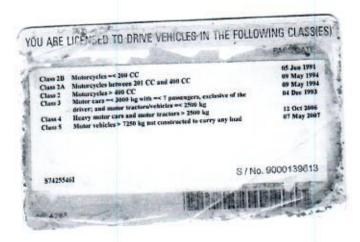


NUH18044076

MEDICAL CERTIFICATE		C	RIGINAL			N	UH18044076
NAME: FLEURY JASOI	N JUDE			-		NRIC:	S7425546I
Type of Medical Leave	granted : HOSPITALIZATION	LEAVE					
The above named is ur 24-Feb-2018	onfit for duty for a period of inclusive	10	day(s) from	15-Feb-20	018 to		
The certificate is not va	alid for absence from court at	tendance.					
The above named atte	nded for Examination/Treatm	nent from	15-Feb-2018 09:20	to '	15-Feb-2018 11:	25	
15-Feb-2018	JONATHAN TANG ZHE (18797F)	YING	A&E			lover	
Date A member of the NUHS	Issued by		Location	on		Signa	ture









eBaoTech									GeneralClaim		
Hello, NAC_PAYA_UBI_800	601			A STATE OF THE PARTY OF THE PAR			Change Lan	guage	· Change Passwo	rd • Log Out	
My Desktop	Poli	cy Query									
Notice of Loss	Policy No.					Date of Accident 15		15/0	2/2018 08:45		
	Vehicle	No.(For Motor)	F2755K								
					1	Search					
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	•	0079800299- 13	FLEURY JASON JUDE	S7425546I	GMC	Third Party	F2755K	F2755K	01/03/2017	28/02/2018	
						Continue					

□ Polic	y Information				
Policy No.	0079800299-13	Policyholder Name	FLEURY JASON JUDE	Policyholder NRIC	S7425546I
Address	BLK 402 #11-319 SIN MING AV	ENUE SINGAP	ORE 570402		
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	31/01/2017	Effective Date	01/03/2017 00:00	Expiry Date	28/02/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	INCOME-CUSTOMER RELATION	Agent Tel.	NIL	GST Flag	Υ
Co- insurance Flag Open Policy Info Certificate	No				
Info					
Policyl	holder Mailing Address				Pro- Will work and District House Co.
Address 1	BLK 402 #11-319	Address 2	SIN MING AVENUE	Address 3	SINGAPORE 570402
Address 4		Address Type	Singapore address	Post Code	570402
Unit No.		Related Policy Number	0079800299-14		
) Insure	ed Object: F2755K	CLASSIC MANGES.			
□ Endors	sements				
Sequen	ce Date of Endorsement	Endors	ement Type Er	ndorsement Status	Endorsement Content
			Continue Cancel		

ocident MT/0982731						
folicy No.	0079600299-13	Vehicle No.	F2755K	GST Registration No.		
slicyholder Name	FLEURY JASON JUDE			Policyholder NRJC	574255461	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0	
Contact No.(Mobile)	91169390	Contact No.(Office)	0	Contact No.(Home)	0	
mail Address		Special Remark		eCode	THE V	
TK.	® No ⊜Yes	TCA	® No ○Yes	eCode Reason		
ACD Protection	No.	NCD entitlement(%)	50	Private Hire	No	
	No.	ACC CHARGING MY				
W Accident Details						
deport Date	19/02/2018 23:22	Accident Report Within 24 hrs	Yes	Acadent Type	Collision - Cro	88 Junction
rate of Accident	15/02/2018	Time of Accident hh:mm	08:45	Country of Accident	Singapore	
Reporting Centre		Drange Force		ICM No.		
Accident Location	ALONG QUEENSWAY	301 S01 T11 S100				
⇒ Benefits						
⊕ Excess	002			Windscreen Excess		0.00
Own damage Excess	0.00	Additional Excess		Windscreen Excess		0.00
Innamed Driver Excess		Outside Singapore OD Excess				
Third Party Excess	0.00	Outside Singapore TP Excess				
GST Registered Inform	ation					
ST Registered	No		GST Registration Date			
ST Registration No.			GST Status venfied	Yes		
4edification History						
→ Policyholder Halling Ar	ddress					
Address 1	BUK 403 #11-319	Address 2	SIN MING AVENUE	Address 3	SINGAPORE S	570402
Address 4		Address Type	Singapore address	Post Code	570402	
		Related Policy Number	0079800299-14			
Unit No. SO OI Driver Info		The same of the sa				
	a management		Main Driver			
Driver Name	FLEURY JASON JUDE	Driver Type	\$74255461	Driver DOS	12/08/1974	
Jonamed driver Name		Driver NR3C				
tegister Date of Oriver License	e 05/06/1991	Driver Age	43	Driving Experience	26	
Contact No.(Mobile)	91169390	Contact No.(Office)	0	Contact No.(Home)	0	
Address 1	BLK 101	Address 2	BISHAN STREET 12	Address 3	BISHAN VIEW	
Address 4	SINGAPORE S70101	Address Type	Singapore address	Past Code	570101	
	23-280					
		10210533333333			100	
Does he own a Singapore	○ Ves ® No	Driver Vehicle No.		Driver Insurer Comp	any	
Does he own a Singapore Registered cer?		Driver Vehicle No.		Driver Insurer Comp	any	
Does he own a Singapore Registered cer? Reclaration	○ Yes ® No	7.20.2.7.34	12.00	Oriver Insurer Comp	any	
Does he own a Singapore Registered car? Reclaration Scenthalyser or Blood Test		Driver Vehicle No. Any Injury?	Yes ○ No	Driver Insurer Comp	any	
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Teat	○ Yes ® No	7.20.2.7.34	® Yes ○ No	Driver Insurer Comp	any	
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Teat Reading?	○ Yes ® No	7.20.2.7.34	® Yes ○ No.	Driver Insurer Comp	any	
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Teat Reading?	○ Yes ® No	7.20.2.7.34	® Yes ○ No	Driver Insurer Comp	any	
Does he own a Singapore Registered car? Rederation Sreathalyser or Blood Teat Reading?	○ Yes ® No	7.20.2.7.34	® Yes ○ No	Driver Insurer Comp	any	
ooes he own a Singapore logistance car? eclaration presthalyser or Blood Test leading?	○ Yes ® No	7.20.2.7.34	® Yes ○ No	Driver Insurer Comp	any	
ooes he own a Singapore logistance car? eclaration presthalyser or Blood Test leading?	○ Ves No O mg	Any injury?		560 PR. 20 C	***	
odes he dwin a Singapore Registered car? Redistation Scenthalyser or Blood Test teading? Rediscation History Claim 001 New	○ Yes ® No	7.20.2.7.34	® Yes ○ No FLEURY JASON JUDE	Insured NRIC	574255461	
odes he dwn a Singapore legistared car? ediaration breathalyser or Blood Test leading? Claim 601 New Claim 7pp *	○ Ves No O mg	Any injury?		560 PR. 20 C	***	
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