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I-Photo Uploaded Assessment/Survey Report	D.O.A: 4/6)18-08:15	i-Motor Claim Form	M7/0997196-001	4/6/18	9:4
I-Photo Uploaded	OD TP Reporting Only	i-Motor W/O (Within: OD 2hi	rs, TP 4hrs)		
Preferred Wksp / INC Assign Wksp / QW: (i-Photo Uploaded			
	TP Insurer:	Assessment/Survey Report	İ		
TP Particulars:		Ass't Report by Fax / Hand	to Owner/Wksp		
Owner / Driver: (Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	III)
Policy No: (TP Particulars: Veh No: 61	INC ()/Non-INC()	*	
Confirmed by : (Owner / Driver: (Tel:)	
Insured/Driver Liability (%) Note-Est Status (WO): N: 0-20%; P: 21-79%; P: 30-100%] Year of Registration: () Warranty: YES () / NO ()	Policy No: ()	Period: ()	Cover Type: ()_	
Year of Registration: (Confirmed by : (Date:	Time:)	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 ladgement 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	04/06/2018 18:55
Date Of Accident	04/06/2018 08:15
Exact Location Of Accident	AYE (CITY) BEFORE ALEXANDRA RD EXIT
Country/State of Loss	SINGAPORE
AS BOTO MADE ON A SERVICE OF THE SER	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL9084S
Insured/Policyholder	
Name Of Registered Owner	BETHANY TRANSPORT SERVICES
Co Reg No	53277921E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91809776
Alternative Phone No	OFFICE-91809776
Vehicle Particulars	
Manufacturer	HONDA
Model	HONDA JAZZ 1,3L A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5086627684-01
Cover Note Number	
Driver	
Name of Driver	CHEONG HWEE SEE MRS.SIM HWEE SEE
NRIC No	S0044879F
Date Of Birth	08/07/1953
Occupation	OUTDOOR
Date Of Driving Pass	03/04/1975
Driving Experience	43 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98581077
Fax Number	n g coerceanon
Contact Number	OFFICE-98581077

NOEMAIL

501 DUNMAN ROAD Address

#18-05 439193

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 COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface WET

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident

2 Was any body injured in the Accident? YES

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) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: . .

NO

2

YES

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name BEDOK POLICE DIVISIONAL HQ (G DIVISION)

ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-2440000 - FAX NO: 64443009

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - G/20180604/7034

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 GBG140T

Vehicle Make/Model/Colour NISSAN NV350

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE Name of Driver FAUZIAH BINTE JABBAR

NRIC/Passport Number S9025652A Contact Number 98552521

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHEONG HWEE SEE MRS.SIM HWEE SEE

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SJL9084S

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly 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.
- 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 aforesald.
- 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.

BETHANY TRANSPORT

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 .:

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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 ACCIDENT STATEMENT

IMPORTANT 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.
- 4

ACCIDENT DETAILS			
Date of accident	04.06.2018.	(DD/MM/YY)	
Time of accident	8.15 a.m.	(HH:MM)	
Exact location of accident	AYE towards CITY Before Alexandra Bort		

F A STATE OF THE	DETAILS OF VEHICLE	
Vehicle registration number	8JL 90848	
Vehicle make and model	Honda Jazz	
Type of vehicle	Saloon MPV CRV Van D Lorry Bus Motorcycle	Others:
Vehicle category	Private Commercial Motorcyc	le 🗆
Purpose of using at said time		
Are you claiming under your own insurance company?	Yes □ No Ø if no, please select: Third part claim Ø Reporting only □	

	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆

	INSURED / POLICY HOLDER		N. A. Tarie A.
Name	Bethany Transport Services	Male □	Female
NRIC / Fin / Passport number	53277921E		
Contact	. 91809776		
Address	501 DUNMAN ROAD . #18-05 , SINGAPO	RE 439193	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)			
Name	Cheony Hwee See.	Male 🗆	Female #	
NRIC / Fin / Passport number	80044879F			
Contact	98581077			
Address	501 DUNMAN ROAD # 18-05 Singapore 4	39193	10	
Email address	Hwee Seeca gmail. com			
Date of birth	08-07-1953			
Occupation	Indoor Ø Outdoor Ø			
Driving date pass	03 April 1975			

G	ENERAL INFORMATION OF THE ACCIDENT
Vas driver an employee of	Ves el No D
he insured's company?	If no, relationship of the driver and insured:
ccident captured by camera?	Yes D No.
Veather condition	Clear / Raining Others:
toad surface	Dry D Wet &
lo of passenger	(Inclusive of driver
TO THE PERSON OF	PASSENGER 1
Vame	Cheong Hwee See
Gender	Male D Female 2
	DATES NOTE 2
TO A MANAGEMENT OF THE PARTY OF	PASSENGER 2
Name	Male p remale p
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Name	
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dender	
THE RESERVE OF THE SECOND	PASSENGER 4
Name	
Gender	Male D Female D
	PASSENGER 5
Name	
Gender	Male D Female D
/- /	
	PASSENGER 6
Name	Famalo/F
Gender	Male p Female -
	OTHER INFORMATION
	Yes Ø No 🗆
Was anybody injured?	
Was other vehicle damaged?	Yes 🗷 No 🗅
	DETAILS OF POLICE ACTION
Reported to police?	Yes No D If yes, please state which police station.
Police station name	
	WITNESS 1
Name	

Name

THIRD PARTY VEHICLE 1	
GBG 140 T	
Fauziah Binte Jabbar	
89025652A.	
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THIRD PARTY VEHICLE 2	不可能是一种产品的基础的
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Vame	Cheeng HALL SEE.	
njuries sustained	NECK AND BACK	
Which vehicle person in?	9JL 90848	
Were seat belts worn?	Yes Z No a	
Was injured conveyed to nospital by ambulance?	Yes D No.e	

Were seat belts worn?	Yes	MOT			
Was injured conveyed to	Yes □	NOB			
hospital by ambulance?					
10000000000000000000000000000000000000	A STATE OF THE PARTY OF THE PAR	INJURED PERS	ON 2		
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Name					
Injuries sustained	_		/		
Which vehicle person in? Were seat belts worn?	Yes□	No to			/
Was injured conveyed to	Yes	No 🗆			/
hospital by ambulance?	163.0	/		_ /	
nospital by ambulance	1	<i>y</i>	/		
THE RESIDENCE OF THE PARTY OF T	NAME OF TAXABLE PARTY.	INJURED PERS	ON 3	TARREST MANAGEMENTS	AND PUREL OF
SAN PARENTE SAN PROPERTY		INJUNED FER.	00113	-	
Name /	1			/	
Injuries sustained				/	
Which vehicle person in?				·	
Were seat belts worn?	Yes 🗆	No 🗆			-/
Was injured conveyed to	Yes 🗆	No 🗆			/
hospital by ambulance?	/				
/					
		INJURED PER	SON 4		MEN CONTRACTOR
Name	X	/		-/	
Injuries sustained				/	
Which vehicle person in?			/		
Were seat belts worn?	Yes □	No g			
Was injured conveyed to	Yes □	No a		9	
hospital by ambulance?		/			
			/		
	复数和	INJURED PER	SON 5	THE DESIGNATION OF THE PERSON	
Name					
Injuries systained	1				
Which vehicle person in?	/		/		
Were seat belts worn?	/ Yes 🗅	No p	/		8
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?					
nospital by company				/	unio Principalita de la compansión de la c
		INJURED PER	RSON 6	THE PARTY OF	
A STATE OF THE STA	-		,	/	
Name				1	
Injuries sustained	-			/	
Which vehicle person in?	Vere	Non		/	and the same of th
Were seat belts worn?	Yes 🗆		-/		
Was injured conveyed to	Yes 🗆	MOL			
becautal by ambulance?	1				

· 中国的中国公司的	INJURED PERSON 6
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No a
Was injured conveyed to hospital by ambulance?	Yes D Mo D





1 ...

Mark 1000 B

Report No. G/20180604/7034

POLICE REPORT (NP299)

Police Station Of Origin Bedok Police Divisional HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Date/Time Report Made 04/06/2018 16:37	Vide Report No.				Station Diary No.	
Name Of Informant	Address					
CHEONG HWEE SEE	501 DUN	MAN ROA	D #18-	05 SINGA	PORE 439193	
ID Type / ID No.	Contact N	lo.				
NRIC NO / S0044879F	Home/Of	fice:	bile: 581077			
Nationality	Email Add	dress				
SINGAPORE CITIZEN	hweesee	hweeseec@gmail.com				
Occupation	Sex	Age	Dat	e of Birth	Race	
GRAB DRIVER	Female	64	08/	07/1953	Chinese	
Institution/School Name	Language English	Language				
Date/Time Of Incident	Location	Of Inciden	t		The second control of	
04/06/2018 08:15 - 04/06/2018 08:25	AYER RA	JAH EXP	RESSW	/AY NIL		
Brief details						

Brief details.

I was travelling along AYE towards city before Alexandra Exit. Due to the heavy traffic, all the vehicles were travelling slowly and having to brake at several intervals. Suddenly, the front driver made a sharp brake and I managed to brake without contact with the front vehicle. Suddenly I felt a huge impact on the rear portion of my vehicle. When I alighted from my vehicle, I realized the rear vehicle had collided onto the rear portion of my vehicle.

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this				
Not applicable	report has been authenticated by SingPass. No signature is required.				
Signature Of Interpreter: Not applicable	Date/Time: 04/06/2018 16:37				
Officer In-Charge Of Case:	Classification Of Case:				





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180604/7034

C NO ale ese	ID No Age	S0044879F 64
marain	Age	64
999		
550	Language	English
B DRIVER	Address Type	wall leave and were the second
DUNMAN ROAD #18-05 SAPORE 439193	Mobile No	98581077
Provided	The second secon	
ale	Language	English
Passenger		
	DUNMAN ROAD #18-05 SAPORE 439193 Provided	OUNMAN ROAD #18-05 Mobile No SAPORE 439193 Provided ale Language

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: 04/06/2018 16:37
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



REPUBLIC OF SINGAPORE IDENTIFY CARD NO. \$0044879F





CHEONG HWEE SEE 姓 慧 辩

Rubo CHINESE 08-07-1953 County of Both SINGAPORE

THE RULE OF THE PROPERTY OF TH

Motor Cars and Motor Yractors the weight of which unladen does not exceed 2500 kilogram





MICH. S0044879F

but BUNMAN HOAD #18-05 SINGAPORE 439193

S0044879F

Date: 13-09-2015

03-01-1994



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: 5086527684-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

SJL90845

Chassis Number

JHMGE68S095210206

2. Name of Policyholder

: BETHANY TRANSPORT SERVICES

3. Effective Date of Insurance

: 16 Dec 2017

4. Expiry Date of Insurance

: 15 Dec 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.

Provided that the person driving is permitted in accordance with the ticensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not illiqualified 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 Usek

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hiter's business

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 (c) Use for any purpose in connection with the Molor Trade.

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)	: 5\$2,000
EXCESS (SECTION 2)	± \$\$1,500
WINDSCREEN EXCESS	± \$\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	+ VES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	± NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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)

HOBBES INSURANCE AGENCY (00000572363)

Date of Issue

: 06 Dec 2017 15:49 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech									Gene	eralClaim	
Hello, NAC_PAYA_UBI_80	0601				O COLUMN TO A SECOND	7.0	Change Lan	guage	· Change Passwo	ord · Log Out	
My Desktop	Poli	cy Query								y:	
Notice of Loss	Policy No. Vehicle No.(For Motor)		Policy No.			Date of Accident 04			04/0	04/06/2018 08:15	
						Search					
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5086627684- 01	BETHANY TRANSPORT SERVICES	53277921E	GPC	drivo CLASSIC	SJL90845	53190845	16/12/2017	15/12/2018	
					- 1	Continue					

Policy No.	5086627684-01	Policyholder Name	BETHANY 1	RANSPORT SERVICE	Policyholder NRIC	53277921E	
Address	501 DUNMAN ROAD #18-05 FC	RTUNE JADE S	INGAPORE 4	139193			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	06/12/2017	Effective Date	16/12/201	7 00:00	Expiry Date	15/12/2018	23:59
Excess Type		All Claim Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Youn	g/Inexperience Driver Excess
Agent	HOBBES INSURANCE AGENCY	Agent Tel.	97919911		GST Flag	Y	
Co- insurance Flag Open Policy Info	No						
Certificate Info							
	nolder Mailing Address						
Address 1	501 DUNMAN ROAD	Addre	ss 2	#18-05 FORTUNE J.	ADE	Address 3	SINGAPORE 439193
Address 4		Addre	ss Type	Singapore address		Post Code	439193
Unit No.	18-05	Relate Numb	d Policy er	5086627684-01			
D Insure	d Object: SJL9084S						
	ements						
□ Endors							

Accident MT/0997196						· Ex
Accident 911/0997196						
Policy No.	5086627684-01	Vehicle No.	5)1,90845	GST Registration No.		-
Policyholder Name	BETHANY TRANSPORT SERVICES			Policyholder NR3C	532779216	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0	
Contact No. (Mobile)	91809776	Contact No.(Office)	0	Contact No.(Home)	0	
Email Address		Special Remark		eCode	This exp	
KFK	(®) No ○ Yes	TCA	® No ○Yes	eCode Reason	196.252	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	40.1	
S Accident Details		0.000,000,000,000,000,000,000,000,000,0	49	Servate men	No	
Report Date	04/05/2018 19:42	Accident Report Within 24 hrs	Yes		20200000000000000	
Date of Accident	04/05/2018			Accident Type	Collision - Head to Rear	
	0414012010	Time of Academ hh,mm	08:15	Country of Accident	Singapore	
Reporting Centire		Orange Force		JCM No.		
Accident Location	AYE (CITY) BEFORE ALEXANDRA RD EXIT					
♥ Benefits						
© Excess						
Dwn damage Excess	2,000,00	Additional Excess	0	Windscreen Excess	100.00	
Unnamed Driver Excess		Cluttide Singapore OD Excess	2,000.00			
Third Party Excess	1,500.00	Cutside Singapore TP Excess	1,500.00			
GST Registered Informa	ation					
GST Registered	No		GST Registration Date			
GST Registration No. Modification History			GST Status Ventied	No		
Prodrigation matery						
Policyholder Mailing Ad	dress					
Address 1	501 DUNIMAN ROAD	Address 2		442000		-
Adoress 4	Car delivered house.		#18-05 FORTUNE JADE	Address 3	SINGAPORE 439193	
Unit No.	18-05	Address Type	Singapore address	Post Code	439193	
OI Driver Info	10.00	Related Policy Number	5086627584-01			
Driver Name	Harrison & Brown					
Unnamed driver Name	Unnamed Driver CHEONG HWEE SEE MRS.SDM H	Oriver Type	Unnamed Driver			
Register Date of Oriver License		Oriver NRJC	S0044879F	Driver DOB	08/07/1953	
Contact No. (Mobile)	98581077	Driver Age	64	Driving Experience	43	
Address 1	501 DUNMAN ROAD	Contact No.(Office)	0	Contact No.(Home)	0	
Address 4	SVI DOMMAN ROAD	Address 2	FORTUNE JADE	Address 3	SINGAPORE 439193	
HULLEGA 4		Address Type	Singapore address	Post Code	439193	
Linear No.	10.00					
Unit No.	18-05			55 01		
Does he own a Singapore	18-05 ○ Yes ® No	Driver Vehicle No.		Driver Insurer Company		
Does he own a Singapore Registered car?		Driver Vehicle No.				
Does he own a Singapore Registered car? Declaration	○ Yes ® No	Driver Vehicle No.				
Does he own a Singapore Registered car? Declaration Breathalysier or Blood Test		Driver Vehicle No. Any Injury?	® YES □ No			
Does he own a Singapore Registered car? Declaration Breathalysier or Blood Test	○ Yes ® No					
Does he own a Singapore Registered car? Declaration Broathelyser or Blood Test Reading?	○ Yes ® No					
Does he own a Singapore Registered car? Declaration Breathalysier or Blood Test Reading? Modification History	○ Yes ® No					
Does he own a Singapore Registered car? Declaration Broathelyser or Blood Test Reading?	○ Yes ® No					
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History	○ Yes ® No					2
Does he own a Singapore Registered car? Declaration Breathelysier or Blood Test Reading? Modification History Claim 001 Naw	○ Yes ® No		● YES □ No			
Does he own a Singapore Registered car? Declaration Breathelysier or Blood Test Reading? Modification History Claim 001 New Claim Type *	○ Yes ® No 0 mg	Any injury?		Driver Insurer Company	\$327792LE	
Does he own a Singapore Registered car? Declaration Breathlysier or Blood Test Reading? Modification History Claim 001 New Claim Type * Condact No. (Mobile)	○ Yes ® No 0 mg	Any injury? Insured Name	● YES ○ NO BETHANY TRANSPORT SERVICE	Driver Insurer Company Insured NRIC		
Does he own a Singapore Registered car? Declaration Breathelysier or Blood Test Reading? Modification History Claim 001 New Contact No. (Mobile) Email Address	○ Yes ® No 0 mg	Any injury? Insured Name Contact No.(Home)	● YES □ NO SETHANY TRANSPORT SERVICE NIL	Driver Insurer Company Insured NRIC Contact No.(Office)	\$3277921E GBG140T	
Does he own a Singapore Registered Car? Declaration Breathelyser or Blood Test Reading? Modification History Claim 001 New Claim 1001 New Contact No (Mobile) Email Address Claim Description Preferred Workshop Contact	O res (€ No	Any injury? Insured Name Contact No.(Home)	® YES □ NO SETHANY TRANSPORT SERVICE MIL S3L90845	Driver Insurer Company Insured NRIC Contact Na.(Office) TP Vehicle Number	\$3277921E GBG140T	
Does he own a Singapore Registered Car? Declaration Breathalysis or Blood Test Reading? Modification History Claim 001 Naw Claim Type * Contact No. (Mobile) Email Address Claim Description Performed Workshop Contact No.	O mg CD-MX	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability *	® YES □ NO SETHANY TRANSPORT SERVICE NIL S3190845	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Worksh	\$3277921E GBG140T	4 3
Does he own a Singapore Registered Car? Declaration Breathalysis or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	○ Yes (No 0 mg 0 mg CD-MX S31,99845 / G8G14CT ON 4 Jun 2018 Ves	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferend Repair Option	® YES □ NO SETHANY TRANSPORT SERVICE NIL S31,90845	Driver Insurer Company Insured NRIC Contact Na.(Office) TP Vehicle Number Name of Preferred Worksh	53277921E GBG140T	
Does he own a Singapore Registered car? Declaration Breathalysier or Blood Test Reading? Modification History	O mg CD-MX	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability *	® YES □ NO SETHANY TRANSPORT SERVICE NIL S3190845	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Worksh	\$3277921E GBG140T	3
Does he own a Singapore Registered Car? Declaration Breathalysier or Blood Tast Reading? Modification History Claim 001 New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Oate Registered Report Taken by	○ Yes (No 0 mg CD-MX S3)190845 / OBG14CT ON 4 Jun 2018 Ves O4/05/2018 19:44	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferend Repair Option	® YES □ NO SETHANY TRANSPORT SERVICE NIL S3190845	Driver Insurer Company Insured NRIC Contact Na.(Office) TP Vehicle Number Name of Preferred Worksh	53277921E GBG140T	3
Does he own a Singapore Registered Car? Declaration Breathalysier or Blood Tast Reading? Modification History Claim 001 New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Oate Registered Report Taken by	○ Yes (No 0 mg CD-MX S3)190845 / OBG14CT ON 4 Jun 2018 Ves O4/05/2018 19:44	Any Injury? Insured Name Contact No.(Home) Of Vehicle humber Insured Liability * Preference Repair Option Claim Close Oate	® Yes □ No SETHANY TRANSPORT SERVICE NIL S3190845 Not as Fault Preferred Workshop, Name unknown	Driver Insurer Company Insured NRIC Contact Na.(Office) TP Vehicle Number Name of Preferred Worksh	53277921E GBG140T	
Does he own a Singapore Registered Car? Declaration Breathalysis or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Token by In Print AK letter	○ Yes (No 0 mg CD-MX S3)190845 / OBG14CT ON 4 Jun 2018 Ves O4/05/2018 19:44	Any Injury? Insured Name Contact No.(Home) Of Vehicle humber Insured Liability * Preference Repair Option Claim Close Oate	® YES □ NO SETHANY TRANSPORT SERVICE NIL S3190845	Driver Insurer Company Insured NRIC Contact Na.(Office) TP Vehicle Number Name of Preferred Worksh	53277921E GBG140T	
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Does he own a Singapore Registered Car? Declaration Breathalysis or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Token by In Print AK letter	○ Yes (No 0 mg CD-MX S3)190845 / OBG14CT ON 4 Jun 2018 Ves O4/05/2018 19:44	Any Injury? Insured Name Contact No.(Home) Of Vehicle humber Insured Liability * Preference Repair Option Claim Close Oate	® Yes □ No SETHANY TRANSPORT SERVICE NIL S3190845 Not as Fault Preferred Workshop, Name unknown	Driver Insurer Company Insured NRIC Contact Na.(Office) TP Vehicle Number Name of Preferred Worksh	53277921E GBG140T	4 5
Does he own a Singapore Registered Car? Declaration Breathalysier or Blood Tast Reading? Modification History Claim 001 New Claim 1001 New Contact No (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Oate Registered Report Token By Print AK letter Attachment	0 mg 0 mg 0 mg S31,99845 / 090140T ON 4 Jun 2018 Ves Value 04/06/2018 19:44 Jackson	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	® YES □ NO BETHANY TRANSPORT SERVICE NIL S3190845 Not as Fault Preferred Workshoo, Name unknowns Save Subme	Driver Insurer Company Insured NRIC Contact Na.(Office) TP Vehicle Number Name of Preferred Worksh	53277921E GBG140T	4 2
Does he own a Singapore Registered car? Declaration Breathalysier or Blood Tast Reading? Modification History Claim 001 Naw Claim 101 Naw Claim 501 Naw Claim 502 Nasw Claim 504 Nasw Claim 505 Nasw Claim 506 Nasw Address Claim 506 Nasw Accident Nasw Accident No.	O res	Any injury? Insured Name Contact No.(Home) Of Vehicle humber Insured Liability * Preferend Repair Option Claim Close Date	® YES □ NO BETHANY TRANSPORT SERVICE NIL S3190645 Not at Pault Preferred Workshop, Name unknown Save Subme	Driver Insurer Company Insured NRIC Contact Na.(Office) TP Vehicle Number Name of Preferred Worksh	53277921E GBG140T	
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Does he own a Singapore Registered Car? Declaration Breathelysier or Blood Tast Reading? Modification History Claim 001 Naw Claim 001 Naw Claim 504 (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Oate Registered Apport Taxen by Print AK letter Attachment	O res	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date	© YES O NO SETHANY TRANSPORT SERVICE NIL SJL90645 Not at Fault Preferred Workshop, Name unknown Oot O4/06/2018 19:45 Category *	Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksh GIA report Date Received	\$3277921E GBG140T D4/06/2018 00:00 Qency * Description *	
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Does he own a Singapore Registered Car? Declaration Breathelysier or Blood Tast Reading? Modification History Claim 001 Naw Claim 001 Naw Claim 504 (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Oate Registered Apport Taxen by Print AK letter Attachment	O res	Insured Name Contact No.(Home) Of Vehicle humber Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date Browse. Browse.	® YES □ NO BETHANY TRANSPORT SERVICE NIL S3190645 Not at Pault Preferred Workshop, Name unknown D01 04/06/3018 19:45 Category * Clear Please Select Clear Please Select Clear Please Select	Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksh GIA report Date Received Confidencial Ur V Norm V No Worm	\$3277921E GBG140T D4/06/2018 00:00 Qency * Description *	
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NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on O# July n 2018 19:45					(00)	
	111000000000000000000000000000000000000	NRIC/ Driving License	Nam	nal	NRIC/ Driving License 2018-6-4		Edit
NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 04 July 12018 19:44	SAS	Nom	nal	SAS 2018-6-4		Edit
NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 04 July n 2018 19:44	Photos.	Norm	nal	Photos 2015-5-4		Edit
NAC_PAYA_URI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 04 Ju. n 2018 19:44	Photos	Norm	nat	Photos 2018-6-4		Edit
NAC PAYA UBI BOOGOTI NATIO	NAL ASSESSMENT CENTRE SERVICES) on 04 Ju n 2018 19:44	Photos	None	nal	Photos 2018-6-4		Edit
NAC_PAYA_URI_B00601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on (M)u n 2018 19:44	Photos	Norm	tal	Photos 2018-6-4		Edit
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