Date In: 20 6 18 - 18:04	Jeb description		NAIIS 079763	Done	e by
Re[No: NA INC180 1231/24	SAS e-filing				
Veh No: \$1739R	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 20/6/18-10:45	i-Motor Clai		m70999423-001	20/6/18	20101
	i-Motor W/O	(Within: OD 2h		<u>-</u>	70.0
OD / (TP-1) Reporting Only	i-Photo Uplo				
	Assessment/Su	- W		- eth XII-11-14-	
TP Insurer:	-		to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:		, , , , , , , , , , , , , , , , , , , ,		ax:	
	US8791E .	INC (
Owner / Driver: (176771	- 110(Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	6) [Note-Est. Status (V	VO): N: 0-2	0%; P: 21-79%. F: 30-1	00%]	-
Year of Registration: () Warranty: YES ()/NO()		
Excess: (\$) Loading:			<u>/</u>		
General Remarks:-	The same of the sa		A STREET OF THE STREET OF THE STREET	1885-17-17-1	-
				3.00	
() Walk-In Customer: Customer's	information strictly Cor	nfidential & St	rictly NO refer of repairer.		
() Total Loss Case : to e-mail In:	surer URGENTLY.	£			
Drive-In ()/ Towed-In (); Inv	oice: YES () / N	TO();T	owing Co: ()
				13.25.14.25.25.25.25.25.25.25.25.25.25.25.25.25.	(ng in-
Damagles GALCAL TO COLOR					Charle !
(UNIS NOTHING: 0/88/6610	9) (Date& Tirric Completed	. ViJone	ру
) / Courtesy Car ()	Dates Time Completed	NEW WIRONS	ру
)	Date& Isime Completed	MANAGEMENT	ру
1) Apply for Transport Allowance () / Courtesy Car ()	Date&Time Completed	Nicone	ру
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:) / Courtesy Car ()	Date& Jurie Completed	A NIJONE	уру
Apply for Transport Allowance (QC Check / Post Repair Inspection) / Courtesy Car ()	Date& Joine Completed		ру
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:) / Courtesy Car ()			ppy
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1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:) / Courtesy Car ()			, , , , , , , , , , , , , , , , , , ,
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:) / Courtesy Car ()			, , , , , , , , , , , , , , , , , , ,
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:) / Courtesy Car ()			, , , , , , , , , , , , , , , , , , ,
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:) / Courtesy Car ()			, , , , , , , , , , , , , , , , , , ,
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:) / Courtesy Car (Para Carre	3 1, 711, 7
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions) / Courtesy Car () Inveice Pre		Ant((s))	Ahu
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions) / Courtesy Car (CONTRACTOR AND ADDRESS OF THE PARTY.	paration Checklist.	Para Carre	Ahu
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions) / Courtesy Car (1) AR : Accident 2) DA : Damage	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8	Anc(s)	Ahu
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions Actions Also 3900 alimant's Particulars:) / Courtesy Car (1) AR : Accident 2) DA : Damage 3) TF : Towing F	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8	Anc (5) 75 Bill 0)	Ahu
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions NA 180 390 0 mimunt's Particulars:) / Courtesy Car (1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40	Anc(s)	Ahu
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions NA 180 390 0 mimunt's Particulars:) / Courtesy Car (1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8	Anc(\$) ficBill 0) /\$45 5120 \$30	Ahu
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions Actions NA 180 390 0 mimant's Particulars: iver/Owner:) / Courtesy Car (1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec	Daration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40 chrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005 ction	Am((5)) fitBill 0) 545 5120 530) 575	Ahu
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions Actions NA 180 390 0 mimant's Particulars: iver/Owner:) / Courtesy Car (1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idao DA	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8 es \$40 to ough Survey (Resurvey) gainst JNC Only (wef 10 Jan 2005 to ough Survey)	Anc(\$) ficBill 0) /\$45 5120 \$30	Ahu
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1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time: Actions NA/803/900 naimant's Particulars: iver/Owner: ontact No: maged Portion: Checked by (Engr-In-Charge):) / Courtesy Car (1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming 6 6) TR: Re-insper 7) N1: Idac DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 hrough Survey (Resurvey) gainst JNC Only (wef 10 Jan 2005 ction + SMRT Survey enal Services:- Car / Tpl Allowance co-ordination	Ant (\$) fit Bill 0) /\$45 5120 \$30 \$75 6160	Abul
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions) / Courtesy Car (1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idac DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repeir C *N7: Fost Rep *N8: DV / Col TP (N11): TP	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8 es \$40 to the cough Survey (Resurvey) gainst JNC Only (wef 10 Jan 2005 to the cough Survey enal Services: Car / Tpl Allowance co-ordination air Inspection lect Excess Coordination (N:In INC) against INC	Ans (\$5) 75 Bill 0) 7545 5120 \$30) \$75 6160 \$5 \$5 \$5 \$5 \$20	Add B
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions NA 20 20 Inimant's Particulars: Inter/Owner: Intact No: Imaged Portion: Checked by (Engr-In-Charge): Inditors! Comments:) / Courtesy Car (1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming 6 6) TR: Re-insper 7) N1: Idac DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8 es \$40 to the cough Survey (Resurvey) gainst JNC Only (wef 10 Jan 2005 to the cough Survey enal Services: Car / Tpl Allowance co-ordination air Inspection lect Excess Coordination (N:In INC) against INC	Ant(s) fitBill 0) /545 5120 530 575 1160 55 510 525 55 520 30	Ahr

SINGAPORE ACCIDENT STATEMENT

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 truthful and accurate as possible. Any willful 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

STATE OF THE PROPERTY OF THE PARTY.	ACCIDENT STATEMENT
Date Of Report	20/06/2018 18:04
Date Of Accident	20/06/2018 10:45
Exact Location Of Accident	TOH GUAN RD BESIDE HDB BLK 285A
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG1739R
Insured/Policyholder	
Name Of Registered Owner	CARZONRENT PTE LTD
Co Reg No	201605659R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91816096
Alternative Phone No	OFFICE-91816096
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	VERNA 1.6 AUTO
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091617289
Cover Note Number	

Driver		
Name of Driver	OSMAN BIN YAMAN	
NRIC No	S1698231H	
Date Of Birth	02/01/1965	
Occupation	OUTDOOR	
Date Of Driving Pass	17/04/1985	
Driving Experience	33 YEARS AND 2 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-81653088	
Fax Number		
Contact Number	OFFICE-81653088	
EMail Address	NOEMAIL	

BLK 673B YISHUN AVENUE 4 Address

#04-648 762673

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

Insurance Company of Driver's Own Vehicle

1

NO

NO

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions RAINING Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLS8791E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver YEW WEE KIONG (YOU WEI QIANG)

NRIC/Passport Number S7509276H

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1 NAME:

GENDER:

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.
- 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 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:
 - (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)

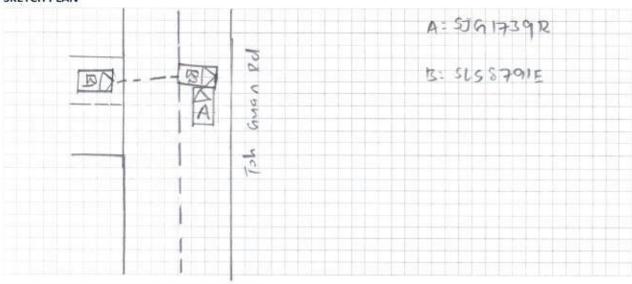
Date & Time:

Reporting Centre Personn

Is Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

teler	fo	statement.		
			/	
			<u>/ </u>	
		_/		
	/	<u> </u>		
	X 2.0			

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.:

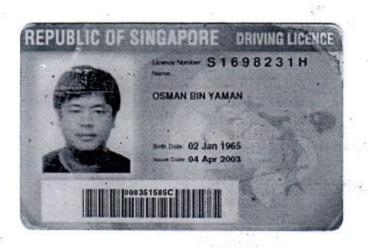
ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 1 TOH GUAN RD BESIDE HDB BLK 285A. SUDDENLY VEHICLE B COMING OUT FROM HDB BLK 285A AND HIT ONTO VEHICLE FRONT PORTION

ACCIDENT STATEMENT

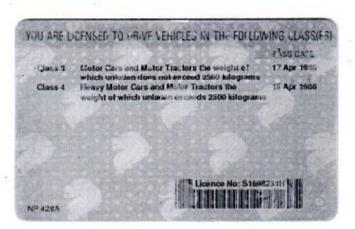
ACCIDENT DATE: (20/ 6 / 8)(DD/MM/YYYY), TIME: (10 : W)(HH:MM)
LOCATION: Toh Gun Rd beside 4DB Blk 285A
1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: 56 174R
b)INSURANCE COMPANY: HTUC!
CIPOLICY NUMBER: 201605659R - 509 1617289
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL:
f)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h)PURPOSE OF USING AT ACCIDENT TIME: (2mmercs) 450
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY) CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
A)NAME: G rzonray Pte Ud (MALE/FEMALE)
b)NRIC/FIN/PASSPORT: 2016 btkg R CONTACT: 91557911 ((
c)ADDRESS:
* CONTINUE TO 2 d IS DRIVED AND DRIVED
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER * DRIVER * DRIVER
(Including diag) alname: Olman Bin Yaman (MALEY FEMALE)
(Including driver) all MALEY FEMALE) b) NRIC/FIN/PASSPORT: 516987314 CONTACT: 6 8165308
CIADDRESS: BIIC 67373 Vishon Aveour 4 204-648 (262673)
010(16001)
*d) DATE OF BIRTH: (2 / 1 / 1965) (DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPRERIENCE 12 1985
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 1/100
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
b)ROAD SURFACE: (DRY / WED / OTHERS
6. WAS ANYBODY INJURED (YES /NO)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
No of hospitals of Verillars (1 (Consis
Including driver) b) DRIVER'S NAME: Yew wee long (You we ging)
() NRIC/FIN/PASSPORT: 575 6977614 CONTACT:
() NRIC/FIN/PASSPORT: S7569276H CONTACT:
No of passanger d) VEHICLE NUMBER: MODEL:
DRIVER'S NAME:
Induding driver f) NRIC/FIN/PASSPORT:CONTACT:

email =

fax =









eBao Tech								III III III	Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601					6.	Change Lan	guage	Change Passwo	ord + Log Out
My Desktop	Polic	y Query								,
Notice of Loss	Policy N	ю.	2			Date of Acc	ident	20/06	/2018 10:45	
	Vehicle	No.(For Motor)	SJG1739R							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5091617289	CARZONRENT PTE LTD	201605659R	GPC	drivo CLASSIC	SJG1739R	SJG1739R	02/06/2017	23/06/2018
					1	Continue				

Policy No.	5091617289	Policyholder Name	CARZONRE	NT PTE LTD	Policyholder NRIC	201605659R	
Address	61 UBI AVENUE 2 #08-04B AU	TOMOBILE MEG	SAMART SIN	GAPORE 408898			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	05/06/2017	Effective Date	02/06/2017	7 00:00	Expiry Date	23/06/2018 2	3:59
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			Young	/Inexperience Driver Excess
Agent	GI-SHOP	Agent Tel.	68411279		GST Flag	Y	
Co- insurance Flag Open Policy Info	No						
Certificate Info							
□ Policyl	holder Mailing Address						
Address 1	61 UBI AVENUE 2	Addre	ess 2	#08-04B AUTOMO	BILE MEGAMA	Address 3	SINGAPORE 408898
Address 4		Addre	ess Type	Singapore address		Post Code	408898
Unit No.	04-10	Relati Numb	ed Policy er	5100813086			
D Insure	d Object: SJG1739R						
	sements						
Sequer	12/03/2018 00:00		Endorsemen		Endorsement		Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 02 Jun 2017 TO 23 Jun 2018 In view of this amendment, an additional premium of \$700.33 (inclusive of GST) is payable under your polic Please ignore this premium payment request if you have sind made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter.
i.							For cheque payment, please issu

icy No.	5091617289	Vehicle No.	SJG17J9R	GST Registration No	1
cyholder Name	CARZONRENT PTE LTD			Policyholder NR3C	2016056598
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ntact No.(Mobile)	91816096	Contact No. (Office)	0	Contact No.(Home)	0
neil Address		Special Remark		eCode	The V
K	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	Production
D Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
port Date	20/06/2018 19:58	Accident Report Within 24 hrs.	Yes	Acodent Type	Collision - Major Minor Road
se of Acodent	20/06/2018	Time of Accident hh:mm	10:45	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	singapore
cident Location	TOH GUAN RD BESIDE HOB BLK 285A			JUPI NO.	
# Benefits	TOTT GUARA NO SESSION ROOS SECT 2004				
Excess					
	550000				
vn damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Dutside Singapore DO Excess	2,000.00		
nd Party Excess	1,500.00	Outside Singapore TP Excess	1,500,00		
GST Registered Inform			Heren Bernungsberge		
T Registered T Registration No.	No		GST Registration Date		
f Kegistration No. diffication History			GST Status Verified	No	
acon restory					
Policyholder Mailing Ad	ldress				
tress 1	81 OBI AVENUE 2	Address 2	#06-048 AUTOMOBILE MEGAM/	Address 3	SINGAPORE 408898
dress 4		Address Type	Singapore address	Post Code	408898
it No.	04-10	Related Policy Number	5100813086	Fun Little	- Avadad
OI Driver Info	POSSES.		M. 002.00000		
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	CSMAN BIN YAMAN	Driver NRIC	51698231H	Driver DOB	03/01/1000
pister Date of Driver License		Onver Age	53		02/01/1965
Mact. No. (Mobile)	81653088	Contact No. (Office)	0.	Driving Experience	33
dress 1	BLK 6738			Contact No. (Home)	•
Gress 4	51NGAPORE 762673	Address 2	YISHUN AVENUE 4	Address 3	FERN GROVE @ YISHUN
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