Date In: 1/7/18-14:71	Jcb description	Date & Time Completed	Done by
Ref No: NA [INC18012304/24	SAS e-filing		
Veh No: SJR 64995	E-mail (within Shrs, AIC 2hrs)		100
D.O.A: 4/7/18-20:4	i-Motor Claim Form	M/1001847-001	5/7/18 18:58
	i-Motor W/O (Within: OD :		
OD (TP) Reporting Only	i-Photo Uploaded		
	Assessment/Survey Repor	1	
TP Insurer:	Ass't Report by Fax / Han	d to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW	;(Tel: F	ax:
TP Particulars: Veh No:	SF28313L INC	()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 80-	100%]
Year of Registration: () Warranty: YES ()/NO ()	
Excess: (\$) Loading:	\$1,000()/\$2,000()		
General Remarks:-	"是我是,我们的一个人。""你是		300
() Walk-In Customer: Customer's			
() Total Loss Case : to e-mail Ir		N	
		Towing Co: (
			70725-4387286-471411411
Remarks:- (INC hofline: 6788 661	6) programme and the state of t	Date&Time Completed	Done by
1) Apply for Transport Allowance ()/Courtesy Car ()		
			E
2) QC Check / Post Repair Inspection	()		
	()		
3) Upload Resurvey Photo [Repair Cost	()		
3) Upload Resurvey Photo [Repair Cost Injury:			
3) Upload Resurvey Photo [Repair Cost Injury:	()		
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Onte/Time Actions			Ant (S) Ami
Onte/Time Actions NA80 4259	Invoice P	reparation Checklist	
Onte/Time Actions NA80 4259	Invoice P 1) AR: Accid 2) DA: Dama	reparation Checklist. ent Reporting (\$30); ge Assessment (\$100); INC (\$	Ant (S) Ant fit Bill Add I
Onte/Time Actions Aggo 4259 atimant's Particulars:-	Invoice P 1) AR: Accid 2) DA: Dama 3) TF: Towin	ceparation Checklist ent Reporting (\$30); ge Assessment (\$100); INC (\$ g Fee \$4	Ant (S) And
Injury: Date/Time Actions Actions simant's Particulars: iver/Owner:	Invoice P 1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow	ent Reporting (\$30); ge Assessment (\$100); INC (\$ g Fee \$4Through SurveyThrough Survey (Resurvey)	Ant (S) Amu fit Bill Add I 80) 0/\$45 \$120 \$30
Japan Resurvey Photo [Repair Cost Injury: Date/Time Actions Actions aimant's Particulars: iver/Owner: ntact No:	Invoice P 1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow	reparation Checklist. ent Reporting (\$30); ge Assessment (\$100); INC (\$ g Fee \$4 -Through Survey -Through Survey (Resurvey) g against JNC Only (wef 10 Jan 200)	Ant (S) Amu fit Bill Add I 80) 0/\$45 \$120 \$30
Onte/Time Actions Ac	Invoice P 1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in: 7) N1: Idac D	reparation Checklist. ent Reporting (\$30); ge Assessment (\$100); INC (\$ g Fee \$4 -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 200, pection 0A + SMRT Survey	Amt (5) Amu Fit Bill Add I 80) 0/545 5120 530
Onte/Time Actions Ac	Invoice P 1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in: 7) N1: Idac E 3) NTUC Add	reparation Checklist. ent Reporting (\$30); ge Assessment (\$100); INC (\$ g Fee \$4 -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 200) pection	Ami (5) Ami Fit Bill Add I 80) 0/545 5120 530 5) 575
Oate/Time Actions Actions Actions aimant's Particulars:- iver/Owner: ontact No: amaged Portion:	Invoice P 1) AR: Accid 2) DA: Darra 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in: 7) N1: Idae I 8) NTUC Add	reparation Checklist. ent Reporting (\$30); ge Assessment (\$100); INC (\$ g Fee \$4 -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 200, pection 0A + SMRT Survey	Ant (\$) Ant (\$) 80) 0/\$45 \$120 \$30 \$5 \$75 \$160
Oate/Time Actions Actions Actions aimant's Particulars:- iver/Owner: ontact No: amaged Portion:	Invoice P 1) AR: Accid 2) DA: Dams 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in: 7) N1: Idac D 8) NTUC Add OD? *N5: Court *N6: Repair	reparation Checklist ent Reporting (\$30); ge Assessment (\$100); INC (\$ g Fee \$4 -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 200) pection OA + SMRT Survey litional Services:- csy Cer / Tpt Allowence r Co-ordination	Ant (\$) Am. (\$
Date/Time Actions A	Invoice P 1) AR: Accid 2) DA: Darra 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in: 7) N1: Idae E 8) NTUC Add OD* *N5: Court *N6: Repair *N7: Fost I *N8: DV /	reparation Checklist. ent Reporting (\$30); ge Assessment (\$100); INC (\$ g Fee \$4 -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 200, pection 0A + SMRT Survey litional Services. csy Car / Tpt Allowence r Co-ordination Repair Inspection Collect Excess Coordination	Anit (\$) Amit (\$) Ami
Date/Time: Actions	Invoice P 1) AR: Accid 2) DA: Darra 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in: 7) N1: Idae E 8) NTUC Add OD* *N5: Court *N6: Repair *N7: Fost I *N8: DV /	reparation Checklist. ent Reporting (\$30); ge Assessment (\$100); INC (\$ g Fee \$4 -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 200) pection 0A + SMRT Survey litional Services. csy Car / Tpt Allowence r Co-ordination Repair Inspection Collect Excess Coordination TP (Non INC) against INC	Annt (\$) Amu. 15. Bill Add 1 80) 0/\$45 \$120 \$330 \$5) \$75 \$160 \$55 \$510 \$25

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Contact Number EMail Address

Fax Number

- 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 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.

- 6. 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

	ACCIDENT STATEMENT
Date Of Report	05/07/2018 14:55
Date Of Accident	04/07/2018 20:45
Exact Location Of Accident	227 EAST COAST RD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR6499S
Insured/Policyholder	
Name Of Registered Owner	H & H RENTAL & LEASING PTE LTD
Co Reg No	201703965Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97234411
Alternative Phone No	OFFICE-97234411
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH 1.8X 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	YES
Policy Number	5090735902-01
Cover Note Number	
Driver	
Name of Driver	TEO KOK THYE ADRIAN ARMSTRONG (ZHANG GUOTAI)
NRIC No	S7703565F
Date Of Birth	29/01/1977
Occupation	OUTDOOR
Date Of Driving Pass	27/03/1996
Driving Experience	22 YEARS AND 3 MONTHS
Gender	MALE

(LOCAL) +65-96889001

OFFICE-96889001

NOEMAIL

BLK 269C COMPASSVALE LINK Address

#06-101

543269 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OTHER - HIRER

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

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.

0 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?

NO

NO

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SFZ8313L

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

3

NAME:

GENDER:

Page 2 of 22

Passenger 2

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.

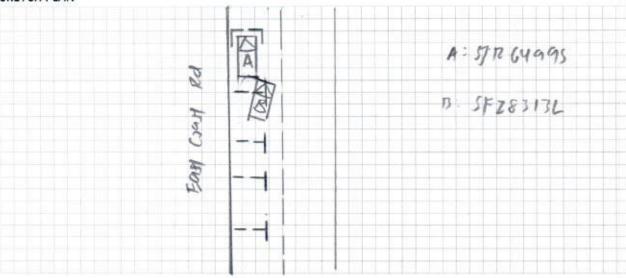
Policyholder's S Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A DATE OF THE WAY TO BE A DESCRIPTION OF THE PERSON OF THE	AND THE THE PROPERTY OF THE PR
peter to stater	neat.
/	
1	

DECLARATION

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

Policyholder's Signatu e 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, MY VEHICLE WAS STATIONARY STOPPED ON THE PARKING LOT OF 227 EAST COAST RD LOT 19. VEHICLE B REVERSED ONTO A PARKING LOT AND HIT ONTO MY VEHICLE REAR RIGHT PORTION WHICH MY VEHICLE IS STILL STATIONARY.

ACCIDENT STATEMENT

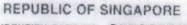
ACCIDENT DATE: 4 / 7 / 18)(DD/MM	/YYYY), TIME:(<u>2</u> : <u>\</u>)(HH:MM)
LOCATION: 277 Bay Gay to	ed
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: JR64995	27 - a
b)INSURANCE COMPANY: NTU C	
CIPOLICY NUMBER: 50907 35907	0)
d)POLICY TYPE: (COMPREHENSIVE / THIR	
e)MAKE & MODEL:	orritary mind rather the unterly
f)TYPE:(SALOON / COUPE / MPV /VAN /	LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMA	
h) PURPOSE OF USING AT ACCIDENT TIME	
I) ARE YOU CLAIMING UNDER YOUR OWN	
IF NO, PLEASE STATE (THIRD PARTY CLAIM	
2. INSURED / POLICY HOLDER	TO KELOKING GIVEN
A)NAME: # 8 # Rings & bearing	Pte Ifd (MALE/FEMALE)
b) NRIC/FIN/PASSPORT: 2013 03967 Z	
c)ADDRESS:	
* CONTINUE TO 3.d IF DRIVER ALSO POLICE	CY HOLDER
(Including driver) DRIVER a)NAME: Teo Kok Three Adriga & A DINRIC/FIN/PASSPORT: 57203565F	(Though Giao tai)
(Including driver) alNAME: Teo Kok Thise Adrigo & A	(11) (22) (21)
7	CONTAGE: 9688900
c) ADDRESS: Alle 1690 Comparage	link # 06- 101 (543269)
*d) DATE OF BIRTH: (29/) / 19771	(00 444 00000
e)OCCUPATION: (INDOOR / OUTDOOR)	(DD/MM/YYYY)
f) YEARS OF DRIVING EXPRERIENCE:	31 1996
4. WAS DRIVER AN EMPLOYEE OF THE IN	SURED'S COMPANY2 (YES / MO)
IF NO, RELATIONSHIP OF THE DRIVER	WITH INSURED: MINO
5. a) WEATHER CONDITION; (CLEAR / RAININ	
b)ROAD SURFACE: DRY WET OTHERS_	
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STAT	TON:
8. THIRD PARTY VEHICLE	
No of passenger a) VEHICLE NUMBER: FZ83/3L	MODEL:
Including driver) b) DRIVER'S NAME:	
(3) C) NRIC/FIN/PASSPORT:	CONTACT:
9, THIRD PARTY VEHICLE	
No of passenger of DRIVER'S NAME.	
Induding driver) & NOISTANDASSEDENT	
Induding driver f) DRIVER'S NAME: NRIC/FIN/PASSPORT:	CONTACT:
()	
96	9

email = hup-ley-huat agmil. com

Advice = tadriant@singnet.com.sg

email: teoronnie @ Ymail. com.





IDENTITY CARD NO. S7703565F





TEO KOK THYE ADRIAN ARMSTRONG (ZHANG GUOTAI)

张 国

CHINESE

SINGAPORE

Date of birth

29-01-1977 Country of birth

3999743

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class 28 Metercycles not exceeding 200 cc
Class 2A Moiorcycles between 201 cc and 400 cc
Class 2 Motorcycles exceeding 400 cc
Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms



MIC No. S7703565F

O6-02-2007

#D6-101 SINGAPORE 543269

eBao Tech				Hara et					Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601					•	Change Lan	guage	Change Passwo	rd • Log Out
My Desktop	Polic	cy Query								2.
Notice of Loss	Policy N	io.				Date of Acc	cident	04/0	7/2018 20:45	
	Vehicle	No.(For Motor)	SJR6499S							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5090735902- 01	H & H RENTAL & LEASING PTE, LTD.	201703965Z	GFT	drivo CLASSIC	SJR6499S	SJR64995	S 28/03/2018	
					- 1	Continue				

Policy No.	5090735902-01	Policyholder Name	H & H RE	ENTAL & LEASING PTE.	Policyholder NRIC	2017039652	
ddress	61 UBI AVENUE 2 #04-12 AUT		AMART SIN	NGAPORE 408898	Associate and the second		
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy sue ate	26/03/2018	Effective Date	28/03/20	018 00:00	Expiry Date	27/03/2019	23:59
xcess ype		All Claim Excess					
hird arty xcess	1500.00	Own damage Excess	2000.00		Windscreen Excess	100.00	
dditional xcess	0	OS Premium	0				
outside singapore OD excess	2000.00	Outside Singapore TP Excess	1500.00			You	ng/Inexperience Driver Excess
gent	S & M ALLIANCE PTE LTD	Agent Tel.	9635428	18	GST Flag	Y	
nsurance lag Open Policy Info Certificate Info	No holder Mailing Address						
ddress 1	61 UBI AVENUE 2	Addr	ess 2	#04-12 AUTOMOBI	LE MEGAMAF	Address 3	SINGAPORE 408898
ddress 4		Addr	ess Type	Singapore address		Post Code	408898
Init No.	04-12	Relat Num	ted Policy	5090735902-01			
) Insure	ed Object: SJR6499S	Num	oei				
□ Endors	sements						
Seque	nce Date of Endorsement	Endorsement Type		Endorsement Numbe	Endorsement Status		Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(has/have been deleted from this
	28/03/2018 00:00	Basic Informa Endorsement		000001286783177	Endorseme Effective	ent Take	policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SGY6835 28-03-2018 \$1,176.42 In view of this amendment, a refund of \$1,176.42 (inclusive of GST) will b adjusted against the outstanding premium.
	29/03/2018 00:00	Basic Information Endorsement		null	Entry Reje	cted	
3	29/03/2018 00:00	Basic Inform Endorsement		000001286785069	Endorseme Effective	ent Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GB71058136 02-04-2018 \$1,061.56 2. NHP1707115022 02-04-2018 \$1,061.56 In view of this amendment, an additional premiur of \$2,123.12 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque.

ident MT/1001847	000000000000000000000000000000000000000	Vehicle No.	SJR64995	GST Registration No.	
7.77.70	9090735902-01 H & H RENTAL & LEASING PTE. LTD.	Verice No.	2,1104333	Policyholder NRIC	2017039652
		12 120	777.027222	Loading	0
	PLEET INSURANCE	Cover Type	drivo CLASSIC	SERVICE CONTRACTOR	0
tact No.(Mobile)	97234411	Contact No.(Office)	D	Contact No.(Home)	Tri V
all Address		Special Remark	N20002000	eCode	3,000
C.	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
port Date	05/07/2018 18:56	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
te of Accident	04/07/2018	Time of Accident hh:mm	20:45	Country of Accident	Singapore
porting Centre		Drange Force		ICM No.	
cident Location	227 EAST COAST RD				
Benefits					
Excess					
m slamage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	2,000109	Outside Singapore OD Excess	2,000.00		
ind Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registered Informa					
	No		GST Registration Date		
T Registered T Registration No.			GST Status Verified	Yes	
dification History					
Policyholder Mailing Ade	dress				
dress 1	6) USI AVENUE 2	Address 2	#04-12 AUTOMOBILE MEGAMAN	Address 3	SINGAPORE 408898
idress 4	VI 000.00000	Address Type	Singapore address	Post Code	405895
	42.45	Related Policy Number	5090735902-01		
nt No.	04-12	mealed Policy Number	3030733302-01		
OI Driver Info	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	TEO KOK THYE ADRIAN ARMSTI	Oriver NRIC	57703565F	Driver DOS	29/01/1977
gester Date of Driver License		Driver Age	41	Driving Experience	22
	96889001	Contact No.(Office)	0	Contact No.(Home)	0
intact No. (Mobile)		Address 2	COMPASSVALE LINK	Address 3	COMPASSIVALE ARCADIA
Idress 1	BLK 269C				
idress 4	SINGAPORE \$43269	Address Type	Singapore address	Post Code	543269
nit Na.	06-101				
oes he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
oes he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Oriver Insurer Company	
egistered car?	⊜ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
claration	○ Yes ® No 0 mg	Driver Vehicle No. Any injury?	○ Yes ® No	Driver Insurer Company	
egistered car? claration reather/ser or Blood Test		Vo. V. Sa Wolf	○ Yes ® No	Driver Insurer Company	
oes he own a Singapore egistered car? ectaration reathwiyeer or Blood Test eading?		Vo. V. Sa Wolf	○ Yes ® No	Driver Insurer Company	
egistered car? claration meathelyser or Blood Test leading?		Vo. V. Sa Wolf	○ Yes ® No	Driver Insurer Company	
claration eatheryser or Blood Test ading? dification History		Vo. V. Sa Wolf	○ Yes ® No	Driver Insurer Company	
gistered car? claration eatheryser or Blood Test ading? dification History		Vo. V. Sa Wolf	○ Yes ® No	Driver Insurer Company	
related car? related part of Blood Test reading? defication History Claim 601. New	0 mg	Any injury?			2017039657
relation reather/year or Blood Test reading? Claim 001 Next aim Type *		Any injury? Insured Name	H & H RENTAL & LEASING PTE	Insured NRIC	201703965Z
claration eather/ser or Blood Test lading? Claim 001 New aim Type * oract No. (Mobile)	0 mg	Any injury? Insured Name Contact No.(Home)	H & H RENTAL & LEASING PTE.	Insured NRIC Contact No.(DMice)	NIL.
claration eather/ser or Blood Test lading? Claim 001 New aim Type * ordact No. (Mobile) half Address	0 mg	Any injury? Insured Name	H & H RENTAL & LEASING PTE	onsured NRTC Contact No.(Office) TP Vehicle Number	NIL SFZ8313L
claration matchelyser or Blood Test mading? claim 601 Next alm Type.* oncact No. (Mobile). mail Address. alm Description	0 mg	Any injury? Insured Name Contact No. (Home) Ol Vehicle Number	H & H RENTAL & LEASING PTE. NIL SIR64995	Insured NRIC Contact No.(DMice)	NIL SFZ8313L
claration eatherper or Blood Test eatherper or Blood T	0 mg	Any injury? Insured Name Contact No.(Home)	H & H RENTAL & LEASING PTE.	onsured NRTC Contact No.(Office) TP Vehicle Number	NIL SFZ8313L
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Mar an	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 0 2018 19:00	35 Jul NR3C/ Driving License	Normal	NRIC/ Oriving License 2018-7-5	(CO)
F G	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 0 2018 18-59	15 Jul SAS	Normal	SAS 2018-7-S	
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-	NAC_PAYA_UBI_BD0603(NATIONAL ASSESSMENT CENTRE SERVICES) on 0 2016 18:58	95 Jul Photos	Normal	Photos 2018-7-5	
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