NATIONAL Assessment Centre Service				
Date in 29/11/2018 14:45 Job des		Data & Tions Country	0	-
Reland NA Tour De Discoulting	e-filing	Date & Time Completed	1)0	ine py
Veli No. >11 (-1)				
	ll (within Shrs, AIC 2hrs) or Claim Form			-
	the business of a fairle factor of the fairle facto	MT/1021065	-002	30/11/18
	or W/O (Within: OD 2hrs. o Uploaded	TP 4hrs)		1) 1 - 4' a.
		!-		
XII 12 (20 GA 77 A)	ment/Survey Report			-107 a +1=1
Proferred Wksp / INC Assign Wksp / QW; (	eport by Fax / Hand to			-
TP Particulars: - Veh No: SHD 402	7.G- NO.		ix;	
Owner / Driver: (	27.9 INC(	)/Non-INC( ) Tel:		
Policy No: ( ) Period: (	)	Cover Type: (	)	
Confirmed by : (	Date:	Time:		
Insured/Driver Liability: ( %) [Note-Est. St.		%; P: 21-79%. P: 80-10	0%1	
) Warranty: Y	ES( )/NO( )	1, 30-10		
Excess: (\$ ) Loading: \$1,000( )/\$	2,000 ( )			
eneral Remarks:-		ASING COLUMN TO		
) Walk-In Customer: Customer's Information strict	tly Confidential & Stric	tly NO refer of repairer		198
to e-mail Insurer URGENT	CLY.	1112 - 1112 - 1112 - 1112	All seens of the	
Drive-In ( )/ Yowed-In ( ); Invoice; YES (	) / NO ( ); Tov	wing Co: (		)
marks; (INC hot)ine: 6788 (616)		Date&Time Completed	See See	
Apply for Transport Allowance ( )/ Courtesy Car	( )	e-average Completed	Don	e.by
QC Check / Post Repair Inspection (	)			
Upload Resurvey Photo [Repair Cost > \$3000]	( )			
Injury :				
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NA 1807808	1) AR: Accident Rep	ation Checklist		· Anit (\$)
NA 1807808	1) AR : Accident Rep 2) DA : Damage Asse	ation Checklist  porting (330);  ssment (3100); INC (330)	Ant (\$)	Control of the Control of the
NA 1807808	1) AR: Accident Rep 2) DA: Damage Asso 3) TF: Towing Fee 4) FT: Follow-Throu	ation Checklist  porting (530); essment (5100); INC (580)  540/54 gh Survey 512	Artic (5)	Control of the Control of the
NA 1807808  mant's Particulars :-  12/Owner:	1) AR: Accident Rep 2) DA: Damage Asso 3) TF: Towing Fee 4) FT: Follow-Throu 5) FT: Follow-Throu For claiming again	ation Checklist  orting (\$30);  essment (\$100); INC (\$80)  \$40/\$4 gh Survey \$12 gh Survey (Resurvey) \$30 st JNC Only (wef 10 Jan 2005)	Artic (5)	Committee of the Committee of the
NA 1807808  mant's Particulars::-	1) AR: Accident Rep 2) DA: Damage Asso 3) TF: Towing Fee 4) FT: Follow-Throu 5) FT: Follow-Throu For claiming again 6) TR: Re-inspection	ation Checklist  orting (\$30);  essment (\$100); INC (\$80)  \$40/\$4 gh Survey \$12 gh Survey (Resurvey) \$30 st INC Only (wef 10 Jan 2005)  \$72	Artic (\$)	Committee of the Committee of the
NA 1807808  mant's Particulars::-  per/Owner:  total No:  total Portion:	1) AR: Accident Rep 2) DA: Damage Asse 3) TF: Towing Fee 4) FT: Follow Throu 5) FT: Follow Throu For claiming again 6) TR: Re-inspection 7) N1: Idae DA + SN 8) NTUC Additional	ration Checklist  porting (\$30); essment (\$100); INC (\$80)  \$40/\$4 gh Survey \$12 gh Survey (Resurvey) \$34 st INC Only (wef 10 Jan 2005)  \$72 IRT Survey \$16	Artic (\$)	Committee of the Committee of the
NA 1807808  mant's Particulars::-  ps/Owner:  12.1 No:  12.2 Portion:	1) AR: Accident Rep 2) DA: Damage Asse 3) TF: Towing Fee 4) FT: Follow Throu 5) FT: Follow Throu For claiming again 6) TR: Re-inspection 7) N1: (dae DA + SN 8) NTUC Additional OI)* *N5: Courtesy Car	ration Checklist  porting (\$30); essment (\$100); INC (\$80)  \$40/\$4 gh Survey \$12 gh Survey (Resurvey) \$30 st INC Only (wef 10 Jon 2005)  \$77 IRT Survey \$16  Services:-	Anit (\$)	Committee of the Committee of the
NA 1807808  mant's Particulars:-  per/Owner:  mat No:  Checked by (Engr-In-Charge):	1) AR: Accident Rep 2) DA: Damage Asso 3) TF: Towing Fee 4) FT: Follow-Throu 5) FT: Follow-Throu For claiming again 6) TR: Re-inspection 7) N1: Idae DA + SN 8) NTUC Additional OD: *N5: Courtesy Car *N6: Repair Co-cate	ation Checklist  porting (\$30);  essment (\$100); INC (\$80)  \$40/\$6  gh Survey (Resurvey) \$30  \$120  \$100 Only (wef 10 Jan 2005)  \$170  \$18T Survey \$160  \$270  \$37	Artic (\$)	TOTAL CONTRACTOR
NA 1807808  mant's Particulars::-  pr/Owner:  and No:  Checked by (Engr-In-Charge):	1) AR: Accident Rep 2) DA: Damage Asse 3) TF: Towing Fee 4) FT: Follow Throu For claiming again 6) TR: Re-inspection 7) N1: Idae DA + SN 8) NTUC Additional: OII: *N5: Courtesy Car *N6: Repair Co-are *N7: Post Repair Ir *N8: DV / Collect	ration Checklist  porting (\$30); essment (\$100); INC (\$80)  \$40/\$4 gh Survey \$12 gh Survey (Resurvey) \$30 st INC Only (wef 10 Jon 2005)  ART Survey \$160 Services:-  / Tpt Allowance \$3 lination \$10 ispection \$25 Excess Coordination \$5	Artic (\$)	Control of the Control of
NA 1807808 image's Particulars:- arr/Owner: in 1 No: Eiged Portion: Checked by (Engr-In-Charge):	1) AR: Accident Rep 2) DA: Damage Asse 3) TF: Towing Fee 4) FT: Follow Throu 5) FT: Follow Throu For claiming again 6) TR: Re-inspection 7) N1: Idae DA + SN 8) NTUC Additional OD: *N5: Courtesy Car *N6: Repair Co-arc *N7: Post Repair Ir	ration Checklist  porting (\$30); essment (\$100); INC (\$80)  \$40/\$4 gh Survey \$12 gh Survey (Resurvey) \$30 st INC Only (wef 10 Jon 2005)  ART Survey \$160 Services:-  / Tpt Allowance \$3 lination \$10 ispection \$25 Excess Coordination \$5	Artic (\$)	Control of the Control of the

### 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 liability.
- 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.
- 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.

<ol><li>By the ladgement of this report to the insurers, yo aforesaid.</li></ol>	tu hereby consent to the archiving of this report at the centre and to copies of the report being made available
PROPERTY OF THE PROPERTY OF TH	ACCIDENT STATEMENT
Date Of Report	29/11/2018 14:45
Date Of Accident	21/11/2018 11:40
Exact Location Of Accident	UPPER SERANGOON ROAD TWDS PIE
Country/State of Loss	SINGAPORE
State of the state	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YL6710K
Insured/Policyholder	
Name Of Registered Owner	ENLIGHTEN FURNITURE DECORATION CO PTE LTD
Co Reg No	199702965D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85886173
Alternative Phone No	OFFICE-85886173
Mahiala Bastlandara	

Vehicle Particulars

Manufacturer MITSUBISHI

CANTER FEB21ER3SDEB (CBU) Model

Exact Purpose for which vehicle was being used at

time of accident

WORK

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

THIRD PARTY If No. Please state action to be taken

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

5084443733-02 Policy Number

Cover Note Number

Driver

Name of Driver SHEIKH ELIAS Passport No/FIN G6994174K 10/10/1987 Date Of Birth OUTDOOR Occupation Date Of Driving Pass 15/10/2015

Driving Experience 3 YEARS AND 1 MONTH

MALE Gender

(LOCAL) +65-85886173 Mobile Number

Fax Number

Contact Number OTHERS-85886173

EMail Address NOEMAIL

Address ENLIGHTEN FURNITURE DECORATION CO PTE LTD Postcode 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 - CHANGE/CROSS LANE Weather Conditions RAINING Road Surface WET Other Information Was any foreign vehicle involved in this accident? NO

1

NO

NO

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by
ambulance? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s)
soliciting/offering accident claims assistance.

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED 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 SHD4027G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

### IMPORTANT NOTICE

- 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:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

NRIC/FIN No .:

Date & Time:

### CONFIDENTIAL

ANNEX E

## NOTICE OF REPORTING

This is to confirm that <u>Sheikh Elias</u>, FIN <u>G6994174K</u> has reported to the Police a traffic accident which occurred at the junction of Upper Serangoon Road into PIE on <u>21/11/2018</u> at <u>1140hrs</u> involving the following vehicles:

- A) YL6710K
- B) SHD4027G

On 21/11/2018 at about 1140hrs, I was driving my company lorry bearing the plate number YL6710K along Upper Serangoon Road back to my company. As I was making a turn into PIE from Upper Serangoon Road, a taxi bearing the plate number SHD4027G hit the front left headlight and signal lights of my company lorry. This happened when the taxi was making a turn into PIE. I stopped and got down of my vehicle and talked to the taxi driver. However, the taxi driver refused to give me his driving license he also told me that there not a need to lodge a police report. Afterwards, the taxi driver drove off. 20 minutes later he contacted me and I told me that I was reporting the accident to my company management. The taxi driver also went down to my company. I am lodging this report for recording purposes and insurance claim purpose as advised by my company.

2 If this accident was reported to the Police within 24 hours of its occurrence then he/she has complied with Sec 84 (2) of the Road Traffic Act, Cap 276

Rank / Name of Issuing Officer: Sgt T160272 Jeremy Chung

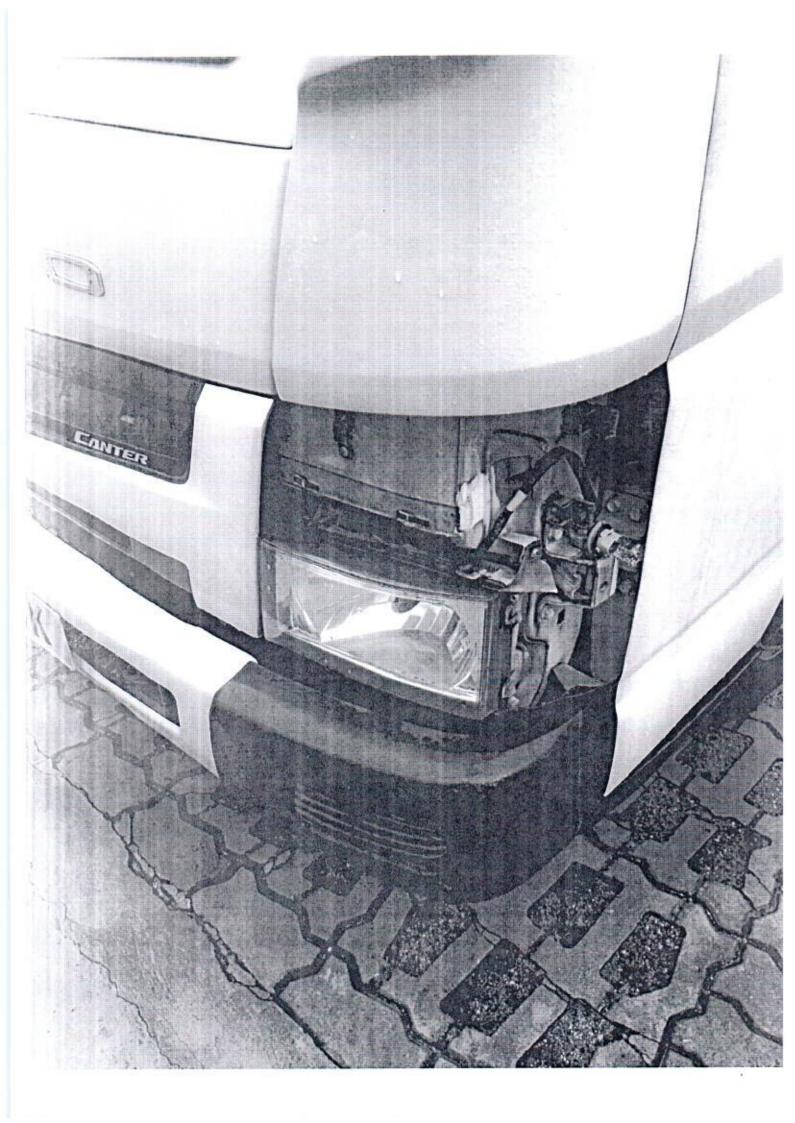
Date: 21/11/2018 Tim

Time: \そのHrs

S/D Ref No: "0

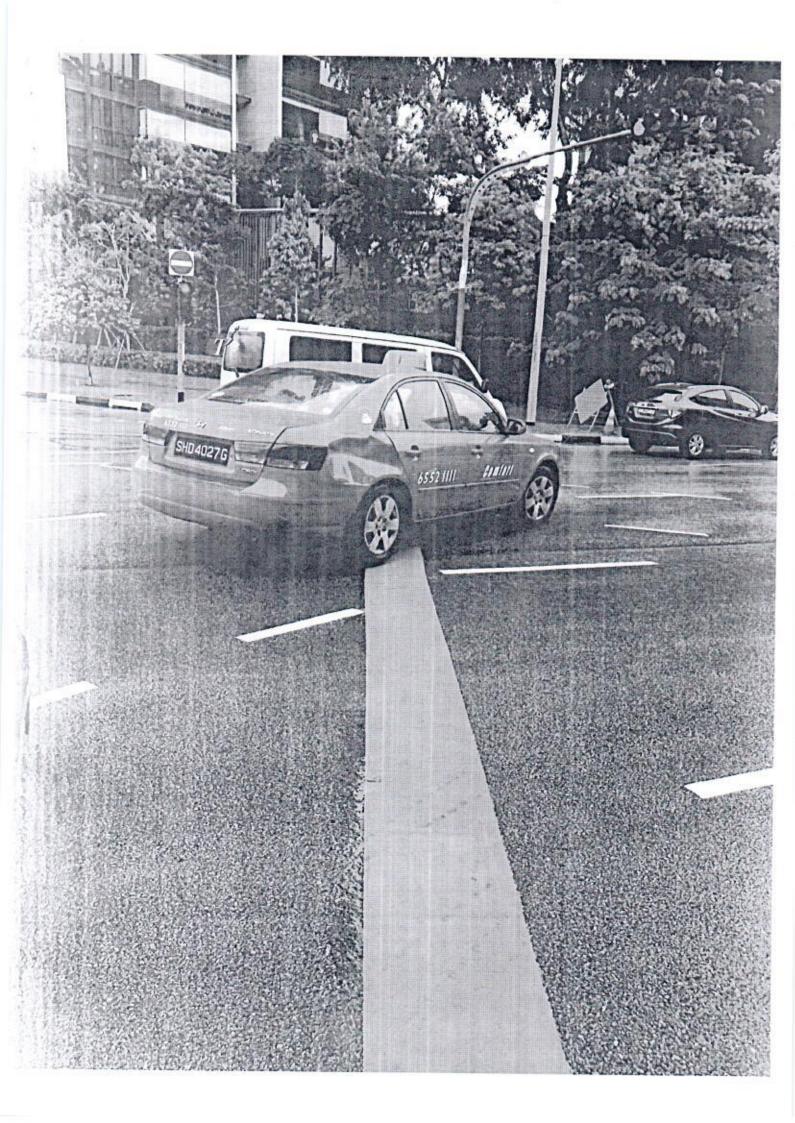
Police Post / Unit: Pasir Ris NPC

Original to be issued to complainant Duplicate to be submitted to Traffic Police











# 殷利登木器装修私人有限公司 Enlighten Furniture Decoration Co Pte Ltd

Our Ref: PS6010/110184/18

29 November 2018

Attn: To Whom It May Concern

Dear Sir/Madam,

Re: Traffic Accident dated 21 November 2018 regarding our vehicle No: YL6710K

This letter serves to certify that MR ELIAS SHEIKH – FIN: G6994174K is currently employed at ENLIGHTEN FURNITURE DECORATION CO PTE LTD and is authorised to drive our vehicle no. YL6710K.

At the time of this accident, he was driving this vehicle for the business of our company.

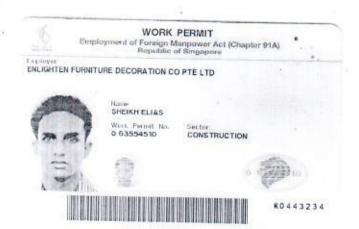
Yours sincerely,

Alicia Brillantes HR Manager



Registration No: 199702965D Tel: 67444175 Fax: 67449452

Email: sales@enlighten.com.sg Address: 3 Loyang Way 6 Enlighten Building Singapore 507077





VISIT PASS

Immigration Regulations

01-08-20 W

SHEIKH ELIAS

G6994174K

Date of Birth S.

10-10-1987 M

BANGLADESHI
MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED ON HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive 15 Oct 2015 of the driver; and other motor vehicles =< 2500kg

NP 428A

Licence No:G6994174K



## 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)	
LANGE CONTRACTOR OF THE CONTRA	

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5084443733-02

Index mark and Registration Number of Vehicle

: YL6710K

Chassis Number

Cover : Comprehensive

: FEB21EA10326

2. Name of Policyholder

: ENLIGHTEN FURNITURE DECORATION CO PTE LTD

3. Effective Date of Insurance

: 03 Nov 2018

4. Expiry Date of Insurance

: 02 Nov 2019

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 licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified 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 Use#
  - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
  - (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

### This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- # 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)

: S\$600

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: \$\$100

INSURE WITH COE

: YES

HIRE PURCHASE COMPANY

: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD

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)

Agency

: JG MOTOR AGENCY (00000613374)

Date of Issue

: 18 Oct 2018 13:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Policy Search

eBaoTech				100						Genera	lClaim
Hello, NAC_PAYA_UBI_800	0601				I I School Head	A Delivery Laboratory	• Change L	anguage	• Chang	je Password	· Log Out
My Desktop	Polic	cy Query									,
Notice of Loss	Policy N	10.				Date	e of Accident		21/11/2018 1	1:40	
	Vehicle	No.(For Motor)	YL671	10K		Cen	tificate Number	[			
						Search	1				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5084443733- 02		ENLIGHTEN FURNITURE DECORATION CO PTE LTD	199702965D	GCV	Comprehensive	YL6710k	YL6710K	03/11/2018	02/11/2019
						Continue					

## Claim Handling

## Accident MT/1021065

→ Task Transfer → Exit

LOS SAL SUB

Policy No.

5084443733-02

Vehicle No.

YI 6710K

GST

Registration 199702965D

0

No.

Certificate

Policyholder Name

ENLIGHTEN FURNITURE DECORATION CO PTE LTD

Policyholder NRIC

199702965D

Product Code

COMMERCIAL VEHICLE INSURA! Cover Type

Comprehensive

Loading

Contact No.

(Mobile)

Contact No. (Office)

Special Remark

Entitlement(%)

Contact No. (Home)

Email Address

> - No Yes

TCA

No Yes

eCode

No V

KEK NCD

Protection

No

NCD

eCode Reason

Private Hire No

Accident Details

Report Date 23/11/2018 11:16

Accident Report Within 24

Yes

Accident Type

Unknown

Time of

hrs

Country of

Accident Reporting

Date of

21/11/2018

Accident hh:mm

11:40

Accident

Singapore

100.00

Centre Accident

NA

Orange

Force

ICM No.

Location Excess

Own damage

Excess

Driver Excess

Unnamed

Third Party

Excess

Additional 600.00 Excess

Outside Singapore OD

Excess

Outside

0.00 Singapore TP Excess

**▽** Benefits

GST Registered Information

**GST** Registered

Yes

GST Registration Date

12/01/1998

Windscreen

Excess

GST Registration No.

199702965D

GST Status Verified

Yes

Modification History

26/11/2018 08:34:18 Deborah Mui changed GST Registered from No to Yes

26/11/2018 08:34:18 Deborah Mui changed GST Registration No. from null to 199702965D 26/11/2018 08:34:18 Deborah Mui changed GST Registration Date from null to 12/01/1998

Policyholder Mailing Address

Address 1

3 LOYANG WAY 6

Address 2 Address

ENLIGHTEN BUILDING

Address 3

SINGAPORE 507077

507077

Address 4

Type

Singapore address

Post Code

Unit No.

Unnamed

Related Policy Number

5074931002-03

OI Driver Info

Driver Name

Driver Type

Driver NRIC

Driver DOB

driver Name Register Date of Driver

Contact No.

(Mobile)

License

Driver Age

Contact No.

(Office)

Driving Experience

Contact No.

(Home)

https://giclaim.income.com.sg/gcs/icm/eclaim/reserveSearch.do?tabCode=Reserve&caseId=2537279&objectId=2930720&readAllBox=1&checkNewS...

## Claim Handling

Accident MT/1021065						
Policy Na.	5084443733-02	Vehicle No.	YL6710K		GST Rec	gistration I
Cortificate No.						2.50.50.00.1
Policyholder Name	ENLIGHTEN FURNITURE DECORATION CO F	PTE LTD			Policyho	lder NRIC
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive		Loading	
Contact No.(Mobile)	NA	Contact No.(Office)				No.(Home
Email Address		Special Remark			eCode	
KFK	* No Yes	TCA	• No Yes		eCode R	eason
NCD Protection	No	NCD Entitlement(%)	0		Private F	
Accident Details					25075570	1104
Report Date	23/11/2018 11:16	Accident Report Within 24 hrs	Yes		0.00000	1000000
Date of Accident	21/11/2018	Time of Accident hh:mm	11:40		Accident	
Reporting Centre		Orange Force	*******			of Acciden
Accident Location	NA.	A 100 A			ICM No.	
> Excess						
Own damage Excess	600.00	Additional Excess				
Unnamed Driver Excess		Outside Singapore OD Excess			Windscre	en Excess
Third Party Excess	0.00	Outside Singapore TP Excess				
GST Registered Information	tion					
GST Registered	Yes		PETP	intention Pass		No. of the last of
GST Registration No.	199702965D			istration Date tus Verified		12/01/19
Modification History	20/11/2010 UD:34:18 Den	oorah Mui changed GST Registered from sorah Mui changed GST Registration No. sorah Mui changed GST Registration Date	No to Yes	Mar.		Yes
Policyholder Mailing Add	ress	Wall Fiel Clanged GS1 Registration Dat	e from null to 12/01/19	198		
Address 1	3 LOYANG WAY 6	Address 2	ENGRESS STATE			v
Address 4		Address Type	ENLIGHTEN BUIL		Address 3	
Unit No.		Related Policy Number	Singapore addres	5	Post Code	e
OI Driver Info			5074931002-03			
Driver Name		Driver Type				
Unnamed driver Name		Driver NRIC			01200000000	
Register Date of Driver License		Driver Age			Driver DO	
Contact No.(Mobile)		Contact No.(Office)			Driving E	
Address 1		Address 2			Contact N	
Address 4		Address Type	Foreign addises		Address 3	
Unit No.			Foreign address		Post Code	6
Does he own a Singapore Registered car?	Yes a No	Driver Vehicle No.				
Addition History	- 1150 - 5108	Driver venicle No.			Driver Ins	urer Com
Claim 002 OD-MX New						
				OD-MX	<b>↓</b> Insured	ENITOR
Claim 002 OD-MX New  Claim Type *  Contact No.(Mobile)				ОД-МХ	Insured Name Contact	ENLIGH
Claim Type * Contact No.(Mobile)				OD-MX	Name Contact No. (Home)	
Claim Type • Contact No.(Mobile) Imail Address					Name Contact No. (Home) O1 Vehicle Number	ENLIGH YL6710
Claim Type * Contact No. (Mobile) Imail Address Saim Description				OD-MX VL6710K / SHD4027G	Name Contact No. (Home) O1 Vehicle Number	
Claim Type * Contact No.(Mobile) Imail Address Claim Description Interferred	Insured Liability Partially at	GIA			Name Contact No. (Home) O1 Vehicle Number	
Claim Type * Contact No.(Mobile) Imail Address Ilaim Description Ireferred Vorkshop Gottieve No. Imailisation Yes	Preference Liability Partially at Repair Please Select	Fault T GIA report Received	•		Name Contact No. (Home) OI Vehicle Number ON 21 Nov 2018	
Claim Type * Contact No.(Mobile)  Imail Address  Claim Description  Preferred Vorkshop Contact No. Type  Typ	Repair Please Select	GIA Passiund	•		Name Contact No. (Home) O1 Vehicle Number	
Claim Type * Contact No.(Mobile) Imail Address Illaim Description Ireferred Vorkshop Gettide No. Iralisation ate Registered	Repair Please Select	GIA Passiund	•	YL6710K / SHD4027G	Name Contact No. (Home) OI Vehicle Number  ON 21 Nov 2018  Claim Close Date Workshop	
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