

Date In: 03/12/08 17:42	Job description	Date & Time Completed	Done by
Ref No: NABALUP00217304	SAS e-illing		
Veh No: GBE 6905A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 03/12/08 10:30	E-Motor Claim Form		
OD TP Reporting Only	E-Motor W/O (Within 24hrs, TP 4hrs)		
	E-Photo Uploaded		
	Assessment/Survey Report		
TP Insured:	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INQ Assign Wksp / OW: (Tel:	Fax:
TP Particulars: Yeh No: YN 691E	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Thru:
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:
() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repeller.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	DATE: Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo (Repair Cost > \$3000) ()		

Injury:	
Date/Time	Actions

NA 1807925	Invoice Preparation Checklist	Amount	Actual
Human's Particulars	1) AR: Accident Reporting (\$30)		
Driver/Owner	2) DA: Damage Assessment (\$100)	INC (\$30)	
Contact No:	3) TP: Towing Fee	\$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey	\$150	
	5) RT: Follow-Through Survey (Resurvey)	\$50	
	For claiming against INC Only (Max 10 Jan 2009)		
	6) TR: Re-inspection	\$15	
	7) NI: (Adv DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
	Q11:		
C. Checked by (Engr-In-Charge):	*NI: Courtesy Car / Tpl Allowance	\$5	
	*NI: Repair Coordination	\$10	
	*NI: Post Repair Inspection	\$15	
	*NI: DY / Collect Excess Coordination	\$5	
	TP (NI) / TP (Non INC) against INC	\$20	
	9) NTUC Mobile	\$10	
	Invoice dated:	Not Charged	
	Invoice dated:	Not Charged	

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 withholding 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.
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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	03/12/2018 17:42
Date Of Accident	03/12/2018 10:30
Exact Location Of Accident	ALEXANDRA RD BESIDE 438 ALEXANDRA POINT BUILDING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE6905A
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	HOCKLEE2000@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94366632
Alternative Phone No	OFFICE-94366632

Vehicle Particulars

Manufacturer	FIAT
Model	DOBLO
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V00032/VCZ/R03
Cover Note Number	

Driver

Name of Driver	LEE LEONG HOCK
NRIC No	S8582082F
Date Of Birth	06/12/1985
Occupation	OUTDOOR
Date Of Driving Pass	13/08/2008
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94366632
Fax Number	
Contact Number	OTHERS-94366632
Email Address	HOCKLEE2000@HOTMAIL.COM

Address	BLK 932B HOUGANG AVENUE 9 #04-100
Postcode	532932
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	YES
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.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20181203/7013

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	YN6171E
Vehicle Make/Model/Colour	ISUZU
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	AZHAGESAN ARULVEL
NRIC/Passport Number	G6640684P
Contact Number	98613524
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGX1181U
Vehicle Make/Model/Colour	MERCEDES BENZ BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MAK YOKE YING
NRIC/Passport Number	S1366914G
Contact Number	
Address	36 JAMBOL PLACE
Postcode	119363
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	LEE LEONG HOCK
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	GBE6905A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding 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.
5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) 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.


Policyholder's Signature




Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstance of the Accident *

While driving onward along Alexandra Road, in front vehicle (SGX1181U) break in sudden and I was break in time, suddenly the vehicle behind (YN6171E) knock on me and push me to the front vehicle.

Police Report T/2018/203/2013

Declaration

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


Policyholder's Signature



*

Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20181203/7013

1 of 3

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

Report No. T/20181203/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2018 21:47		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE LEONG HOCK			Address: APT BLK 26 JALAN BERSEH #03-160 SINGAPORE 200026		
ID Type / ID No.: NRIC NO / S8582082F			Contact No.: Home/Office: Mobile: 94366632		
Nationality: MALAYSIAN			Email: hocklee2000@hotmail.com		
Sex: Male	Age: 32	Date of Birth: 06/12/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: MARKET DEVELOPER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/12/2018 10:05	Type of Location: Straight Road
Location: ALEXANDRA ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE6905A	Van	FIAT	Doblo+Maxi	White	Seriously Damaged	0
SGX1181U	Car	MERCEDES BENZ	A180	Black	Slightly Damaged	0
YN6171E	Lorry	ISUZU	Rewaro	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20181203/7013

2 of 3

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

Report No. T/20181203/7013

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE LEONG HOCK	ID No.	S8582082F
Related Vehicle	GBE6905A (Van)	Contact No.	94366632
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	03/12/2018	Date Discharge	03/12/2018
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On 3rd December 2018, at around 10.05am, I was driving my vehicle, bearing registration no. plate GBE6905A, on the second lane along Alexandra Road, towards Jalan Bukit Merah. When I reached the part outside 438 Alexandra Road, I pulled my vehicle to a stop behind the vehicle in front, due to traffic building up before us. Suddenly, I heard aloud collision from my rear, and the impact caused my vehicle to surge forward, causing my vehicle to hit the vehicle in front, resulting in a 3 cars chain collision. I got down and realised that another vehicle, bearing vehicle no. plate YN6171E, has rear-ended my vehicle causing my vehicle to hit the front vehicle, plated SGX1181U. After the accident, I felt some pain and discomfort at my neck and back area and it persisted. Hence, I went over to Mount Alvernia Hospital in the evening to seek immediate medical attention and was awarded with 5 days of medical leave from 3/12/18 to 7/12/18. I am making this report for insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20181203/7013

3 of 3

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

Report No. T/20181203/7013

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
03/12/2018 21:47

Classification Of Case:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Authorised Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident * Date: 03/12/18 Time: 10:30 am
 Exact Location of Accident * Beside 438 Alexandra Rd AIP Building.

DETAILS OF OWN VEHICLE

Vehicle Registration Number * GBE 6905A

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.) GOLDEN COB RUMBLE
 Personal Identification - NRIC (Singaporean/PR)
 - FIN/Passport Number
 - Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model Manufacturer FIAT Model DOBLO MAXI
 Type of Vehicle* ☐ Saloon ☐ MPV ☐ CRV ☒ Van ☐ Lorry
☐ Bus ☐ M/cycle ☐ Others
 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? ☐ Yes ☐ No (If No, Pls select: ☒ Third Party ☐ Reporting)
 Vehicle Category* ☐ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company * LIBERTY
 Type of Policy ☐ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only
 Fleet Policy ☐ Yes ☐ No
 Policy Number
 Motor CI

DRIVER

☐ Same as Insured above
 Name of Driver * Lee Leong Hock
 Personal Identification - NRIC (Singaporean/PR) * S8582082F
 - FIN/Passport Number *
 Date of Birth * dd/06 mm/12 /yy 1985
 Driving Date Pass * dd/13 mm/Aug /yy 2008
 Year of Driving Experience * 10 Year(s) 3 Month(s)
 Occupation * ☐ Indoor ☒ Outdoor
 Gender * ☒ Male ☐ Female
 Contact Number / Mobile Phone / Fax No. * 94366632

DETAILS OF OTHER VEHICLE / PROPERTY 2

Vehicle Registration Number	YN 6171 E
Vehicle Make/ Model/ Colour	ISUZU Lorry, white
Details of Properties	Tropic Planners & Landscape P/L
Name of Driver	Azhagesan Arulvel
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	G 6640684P
Contact Number	98613524
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	1
Name of Insurance Company	

DETAILS OF OTHER VEHICLE / PROPERTY 3

Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	
Name of Insurance Company	

DETAILS OF OTHER VEHICLE / PROPERTY 4

Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	
Name of Insurance Company	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8582082F



Name

LEE LEONG HOCK

李 龙 福

Race

CHINESE

Date of birth

06-12-1985

Sex

M

Country of birth

MALAYSIA



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8582082F

Name: LEE LEONG HOCK

Birth Date: 06 Dec 1985

Issue Date: 29 May 2013

002105757A

9159413

NRIC No: S8582082F

Nationality: MALAYSIAN

Date of issue: 29-03-2012

APT BLK 932B HOUGANG AVENUE 9 #04-100
SINGAPORE 532932

NRIC No: S8582082F Date: 18/01/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE


Class 2B	Motorcycles <= 200 cc	13 Aug 2008
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	13 Aug 2008

NP 428A

License No: S8582082F

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 No	SD18V00032 /V/CZ /R03										
Form	MZ407										
Date Of Issue	26-DEC-2017										
1.Index Mark and Registration No. of Vehicle:	GBE6905A										
2.Chassis number of Vehicle:	ZFA26300006B46392										
3.Name of Policyholder:	GOLDBELL CAR RENTAL PTE LTD										
4.Effective date of Commencement of Insurance for the purpose of the Act:	01-JAN-2018 00:00 AM										
5.Date of Expiry of Insurance:	31-DEC-2018 23:59 PM										
6.Persons or Classes of Persons entitled to drive*:	<p>Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.</p> <p>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.</p> <p>And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p>										
7.Limitations as to use*:	<p>A) Use for carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.</p>										
8.Policy does not cover:	<p>A) Use for racing, pace-making, reliability trials or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> <p>C) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.</p>										
<p>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.</p>											
<p>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).</p> <div style="text-align: right; margin-top: 20px;"> <p>For and on behalf of</p> <p>LIBERTY INSURANCE PTE LTD</p> <p>Approved Insurers</p>  <p>_____ Authorised Signature</p> </div>											
<p>For Information only:</p> <table style="width: 100%;"> <tr> <td style="width: 30%;">COVERAGE :</td> <td>Comprehensive, Unlimited Windscreen, Personal Accident Benefit, Airside Of Singapore Changi Airport, Geographical Area: Singapore only</td> </tr> <tr> <td>SUM INSURED:</td> <td>MARKET VALUE AT THE TIME OF LOSS</td> </tr> <tr> <td>EXCESS:</td> <td>Section I S\$1250, Additional Excess for Young & Inexperienced Drivers S\$3000, Windscreen Excess S\$100</td> </tr> <tr> <td>FINANCE COMPANY:</td> <td>DBS BANK LTD</td> </tr> <tr> <td>PRODUCER NAME:</td> <td>ACORN INTERNATIONAL NETWORK PTE LTD</td> </tr> </table>		COVERAGE :	Comprehensive, Unlimited Windscreen, Personal Accident Benefit, Airside Of Singapore Changi Airport, Geographical Area: Singapore only	SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS	EXCESS:	Section I S\$1250, Additional Excess for Young & Inexperienced Drivers S\$3000, Windscreen Excess S\$100	FINANCE COMPANY:	DBS BANK LTD	PRODUCER NAME:	ACORN INTERNATIONAL NETWORK PTE LTD
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PLAS/27-DEC-17

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27-DEC-17