		VHA118 128010	
Date In: 611-18-17:41	Jeb description	Date & Time Completed	Done by
ReiNo: HANINC 1823204/14	SAS e-filing		
Veh No: 1748283X	E-mail (within Shrs, AIC 2hrs)	1	
D.O.A : 6/1/6-13:35	i-Motor Claim Form	M1 1022865-001	6112/18 18-00
OD (TP) Reporting Only	I-Motor W/O (Within: OD 2)	THE RESERVE OF THE PARTY OF THE	7
OD : (IP) Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
II III III III III III III III III III	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tol:	Fax:
TP Particulars: Veh No: JA	C43782 . INC	()/Non-INC()	5
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:-			<u> </u>
() Walk-In Customer : Customer's in	oformation estimate Constitution S	David State Conference	
	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN THE OWNER, THE PERSON NAMED	strictly NO refer of repairer.	
() Total Loss Case : to e-mail Ins			
Drive-In ()/ Towed-In (); Invo	rice: YES() / NO();	Towing Co: ()
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done by
1) Apply for Transport Allowance ()	/ Courtesy Car ()		Parallel Carlotte
2) QC Check / Post Repair Inspection	()		
QC Check / Post Repair Inspection Upload Resurvey Photo (Repair Cost >	() \$30001 ()		
3) Upload Resurvey Photo [Repair Cost >	() \$3000] ()		
	\$3000] ()		
3) Upload Resurvey Photo [Repair Cost >	()		
3) Upload Resurvey Photo [Repair Cost > Injury:	() \$3000] ()		
3) Upload Resurvey Photo [Repair Cost > Injury:	() \$3000] ()		
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Onte/Time Actions	1	eparation Checklist	Ant (5) Amt (5)
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions:	Invoice Pro	it Reporting (\$30);	The Bill Add Bi
NA 1807968	Inveice Pro 1) AR: Acciden 2) DA: Damage	t Reporting (\$30); Assessment (\$100); INC (\$	The Bill Add Bi
Onte/Time Actions NA 1807968 Actions:	Invoice Pri 1) AR: Acciden 2) DA: Darnage 3) TF: Towing 4) FT: Follow-1	at Reporting (\$30); Assessment (\$100); INC (\$100); Fee \$40 Through Survey	781 Bill Add Bi 90) 0/\$45 \$120
Onte/Time Actions :: NA 1807968 Stimant's Particulars :- iver/Owner:	Invoice Pra 1) AR: Acciden 2) DA: Darnage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1	at Reporting (530); s Assessment (\$100); INC (\$100); Fee . \$40 Through Survey Through Survey (Resurvey)	781 Bill Add Bi 90) 0/\$45 \$120 \$30
Onte/Time Actions: NA 1807968 Stimant's Particulars:- iver/Owner: ntact No:	Invoice Pro 1) AR: Accident 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe	at Reporting (530); c Assessment (5100); INC (5:54) Fee 54: Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2003) cotion	[\$t.Bijl] Add Bi 80) 0/\$45 \$120 \$30 5) \$75
Onte/Time Actions: NA 1807968 suimant's Particulars:- iver/Owner: ntact No:	Invoice Pro 1) AR: Accident 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idao DA	at Reporting (\$30); Assessment (\$100); INC (\$50); Fee \$40 Through Survey Through Survey (Resurvey) Against INC Only (wef 10 Jan 200); Section + SMRT Survey	[\$t Bill Add Bi \$0) 0/\$45 \$120 \$30
Onte/Time Actions NA 1807968 atimant's Particulars:- iver/Owner: ntact No: maged Portion:	Invoice Pro 1) AR: Accident 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi	at Reporting (\$30); Assessment (\$100); INC (\$50); Fee \$40 Through Survey Through Survey (Resurvey) Against INC Only (wef 10 Jan 200); Section + SMRT Survey	[\$t.Bijl] Add Bi 80) 0/\$45 \$120 \$30 5) \$75
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time: Actions	Invoice Pri 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD* *N5: Courtes	at Reporting (\$30); Assessment (\$100); INC (\$100); Fee \$40 Chrough Survey Chrough Survey (Resurvey) against INC Only (wef 10 Jan 200) action + SMRT Survey ional Services:- y Car / Tpt Allowence	Tst.Bill Add Bi
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions NA 1807968 atimant's Particulars: iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Pro 1) AR: Accident 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD* *N5: Courtes *N6: Repair C	at Reporting (\$30); Assessment (\$100); INC (\$100); Fee \$40 Chrough Survey Chrough Survey (Resurvey) against INC Only (wef 10 Jan 200) action + SMRT Survey ional Services y Car / Tpt Allowance Co-ordination	Tst.Bill Add Bi
3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Invoice Pri 1) AR: Accident 2) DA: Darnegt 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD* *N5: Courtest *N6: Repair C *N7: Fost Rej *N8: DV / Co	at Reporting (\$30); Assessment (\$100); INC (\$100); Fee \$40 Chrough Survey Chrough Survey (Resurvey) against INC Only (wef 10 Jan 2003) action + SMRT Survey ional Services: - y Car / Tpt Allowance Co-ordination pair Inspection elect Excess Coordination	Tst.Bill Add Bi
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions NA 1807968 atimant's Particulars: iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Pri 1) AR: Accident 2) DA: Darnegt 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD* *N5: Courtest *N6: Repair C *N7: Fost Rej *N8: DV / Co	at Reporting (\$30); Assessment (\$100); INC (\$100); Fee \$40 Chrough Survey Chrough Survey (Resurvey) against INC Only (wef 10 Jan 200) cetion + SMRT Survey ional Services:- y Car / Tpt Allowance Co-ordination pair Inspection ellect Excess Coordination P (Non INC) against INC	Tst.Bill Add Bi

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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 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.

A STATE OF THE STA	ACCIDENT STATEMENT
Date Of Report	06/12/2018 17:45
Date Of Accident	06/12/2018 13:35
Exact Location Of Accident	DOVER RD
Country/State of Loss	SINGAPORE
A CONTRACTOR OF THE PROPERTY O	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJY8587X
Insured/Policyholder	
Name Of Registered Owner	EASA TRANSPORTATION
Co Reg No	53347811A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96942623
Alternative Phone No	OFFICE-96942623
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091308123-01
Cover Note Number	
Driver	
Name of Driver	ANG BOON THIAM
NRIC No	S6935659A
Date Of Birth	14/10/1969
Occupation	OUTDOOR
Date Of Driving Pass	05/10/1998
Driving Experience	20 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96942623

OFFICE-96942623

NOEMAIL

BLK 110 BEDOK RESERVOIR ROAD Address

#04-278

Postcode 470110

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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 Number of vehicles involved in the accident 2 Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

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)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC4378Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver YIP SHIU KIONG, JOSEPH

NRIC/Passport Number S7046798D

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME: GENDER: Passenger 2 NAME: :

GENDER: :

Passenger 3 NAME:

GENDER: :

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</u> and <u>accurate</u> as <u>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.
- 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.:

SKETCH PLAN	
	Dover Rd -> dementi Rd
XT828 PT8	->
SHC 43787 -	\rightarrow $$ $\stackrel{\mathcal{B}}{\longrightarrow}$
	< The state of the
	- r
DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT
Garage Control of the	ing along Dover Road in the outer
18-6 D to	are traffic towards dementi Rd.
Jep (B) or	my left trying to make an
11/600/ 11-	turn crossed in front of mine.
1 protes of in	nmediately but sould not avoid
colliding o	onto the right front door of vehice
The insai	I coused my car to cross lone
against +1	or trulking of
Them	11161
one of th	e female passencer He Kell, Work
ore of the	me that the driver of Vek (B)
told then	that he is making a u-turn
to the of	ther side of the traffic
One one	was iniured
DECLARATION	

Policyholder's Signerure Date & Time:

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

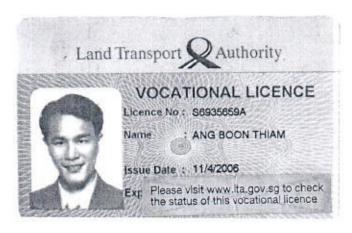
Reporting Centre Personnel's Signature

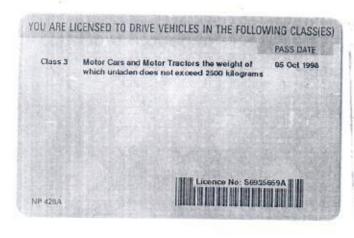
Name: NRIC/FIN No.:

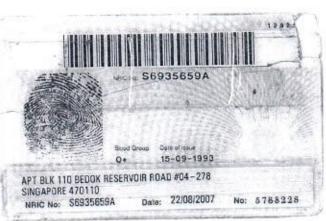
Date of Accident	4 8587 X MAKE/MO	2013.70
Location of Accident	6-12-18 Time: 13-35h	
Country of Loss	Dager Rd	Foreign Veh No
Vehicle Damaged		No office to the
and burnaged		No. of Veh Involved :
Claim Type	OD / IP / REPORTING	Was There Any Witness YES / NO
INSURANCE CO	HTUC Income	Name of Witness :
Coverage	Comprehensive/TPFT/Third Party Only	Contact No :
Policy No	5091308123-01	Contact No .
Fleet Policy	YES / NO	
		OTHER VEHICLES
OWNER / CO. NAME	Easa Transportation	VEHICLE B SHC 43787
NRIC / Co's Reg No.	53347811A	Category :
Address	BIK 110 BEdok RESERVOIT	Driver's Name : 4, p Shiy Kiong.
	Rd 404.278 (470110)	NRIC NO : 57046798 DT
Contact / Mobile No	46942623	Contact No :
Email Address	100 - 1 - 100 - 1 - 100 - 1 - 100 -	No. of Passenger: + (M.) 3 (F.)
Date of Birth Sender	14.10.1969	Passenger Contact: Kelly wore 42
DRIVER'S NAME	M/F	VEHICLE C
VRIC No	Ang Boon Thiam	Category :
Address	56935659A	Driver's Name :
duiess	98 a bover	NRIC No :
Contact / Mobile No		Contact No :
mail Address		No. of Passenge:
ate of Birth		
ender	M/F	VEHICLE D
CENSE PASSED DATE		Category :
THE PROPERTY OF THE PARTY OF TH	5.10.98	Driver's Name :
Occupation	Indoor (Outdoor)	NRIC No :
Relation with Owner		Contact No :
	owner	No. of Passenger :
Does Driver Own Any	Other Veh ? YES (NO)	
Vehicle Reg No		
Insurance Co		
Veather Condition	Clear / Raining / Others	Video Captured : Yes Y No
load Surface	Dry (Wet) Others	163410
	: YES /NO	
lame of Injured :		Police Report : YES/NO
onvey To Hospital by	Ambulance : YES / NO	If YES, Where :
IO. OF PASSENGERS :	111-	
lame of Passenger :	NA.	
lame of Passenger		M / F INJURED? YES/NO
lame of Passenger :		M / F INJURED? YES/NO
lame of Passenger		M / F INJURED? YES/NO
anne er russenger .		M / F INJURED? YES/NO
EMARKS		
		Contact No :











This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

Issue Date

02

TAXI VL

11/04/2006



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1950 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

Certificate Number: 5091308123-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle.

: 5JY8587X

Chassis Number

2. Name of Policyholder

: IN1BAAG1120111587 EASA TRANSPORTATION

3. Effective Date of Insurance

25 May 2018

4. Expiry Date of Insurance

: 24 May 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 or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-malong, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : \$\$2,000 EXCESS ISECTION 21 : \$\$1,500 WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP 1 NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO EXCESS WAIVER NO PRIMARY DRIVER N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY HONG LEONG FINANCE 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

ELAINE SOON LI LING (00000587181)

Date of Issue

: 03 Apr 2018 16:04 hrs

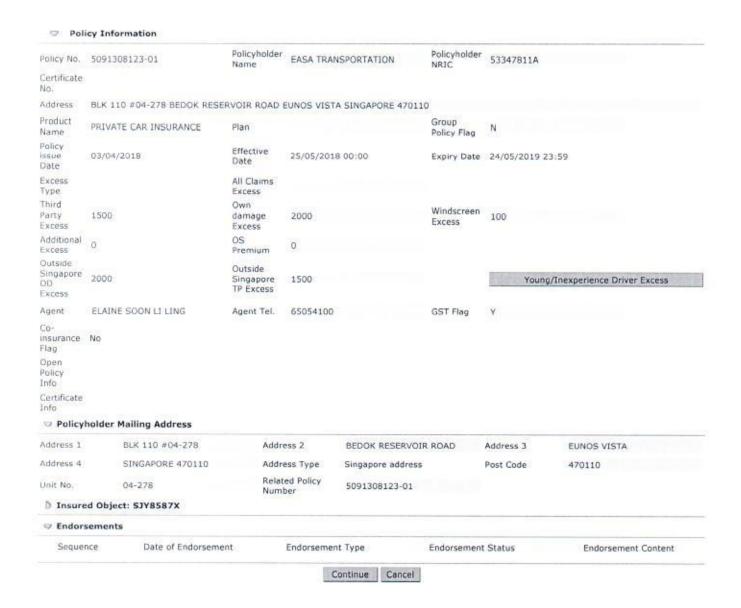
FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech		General				lClaim				
Hello, NAC_PAYA_UBI_80	0601					· Change Li	anguage	• Change	e Password	• Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date of	Accident	06/	12/2018 13	3:35	
	Vehicle No.(For Motor)	SJY8	587X		Certifica	te Number	11			
				Se	earch					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	O 5091308123- 01		EASA TRANSPORTATION	53347811A	GPC	drivo CLASSIC	SJY8587X	SJY8587X	25/05/2018	24/05/2019
				Co	ntinue					



1547.7					
olicy No.	5091308123-01	Vehicle No.	SJy8587x	GST Registration No.	
intificate No.				NO-COSTON STAN 1958	
slicyholder Name	EASA TRANSPORTATION			Policyholder NRIC	53347811A
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ontact No.(Mobile)	96942623	Contact No. (Office)	0.	Contact No.(Home)	
mar Address		Special Remark	ăi -	eCode	0
ex.	® No ○Yes	TCA	® No ○ Yes		1
CO Protection	No			eCode Reason	
Accident Details	40	NCD Entitlement(%)	10	Private Hire	Yes
port Care					
	06/12/2018 17:58	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
tis of Accident	06/12/2018	Time of Accident hin mm	13:35	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident cocation	DOWR RD				
Excess					
rt damage Excess.	2,000.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess	2,000.00	100000000000000000000000000000000000000	30000
int Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits		The second secon	4,300.00		
GST Registered Inform	ation				
Registered -	No		1999		
T Registration No.	(178)		GST Registration Date	300	
dification restory			GST Status Ventied	No	
occursored belief					
Policyholder Mailing Ad	Idress				
dress t	BLK 110 #04-278	Address 2	SAN AND VIOLENCE OF THE PROPERTY OF THE PROPER		
tores 4	51NGAPORE 470110		BEDOK RESERVOIR MOAD	Address 3	EUNOS VISTA
		Address Type	Singapore address	Post Code	470110
if ho	04-278	Related Policy Number	5091308123-01		
OI Driver Info	0.1018/01-018/018/01				
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
ramed driver Name	ANG BOON THIAM	Driver NRIC	56935659A	Driver DDB	14/10/1969
gister Date of Oriver License		Driver Age	49	Oriving Experience	20
ntwict No. (Mobile)	96942623	Contact No. (Office)	0	Comact No.(Home)	0
dress I	BUK 110	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUWOS VISTA
tress 4	SINGAPORE 470110	Address Type	Singapore address	Post Code	470110
t No.	04-278			4.000.0000	3.9440
es he own a Singapore	○ Yes ® No	Access to the second second			
gistered car?	Charleton	Onver Vehicle No.		Driver Insurer Company	
tlaration					
	0 mg	Any injury?	○ Yes ® No		
ading?	30%				
eathalyser or Blood Test ading?	100%				
dification History	00%				
iding?	200				
iding?	200)				
iding?					
Micabon History	ОО-МХ	Insured Name	EASA TRANSPORTATION	Insured NRIC	533478114
official on the story of the st			EASA TRANSPORTATION	Insured MRIC Contact No. (Office)	53347811A
ding? Meation History Islam 000 New Type * Tact No. [Monte;	OD-MX	Contact No.(Home)		Contact No.(Office)	MIL
in Type + Hack No. [Months]	OD-MX 96942623	Contact No.(Home) Of Venicle Number	52YB587X		professional designation of the second
ding? Islim 001 New Type * tact No. [Monlie] Ill Address mant Type Claimant Type *	OD-MX Sept.	Contact No.(Home) Of Vehicle Number Type of Benefe *		Contact No.(Office)	MIL
ding? New In Type * tact No. [Monle; III Address mant Type Claimant Type * mant Name *	OD-MX 96942623	Contact No.(Home) Of Venicle Number	52YB587X	Contact No.(Office)	MIL
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