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### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

EMail Address

- 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.

5. Any false reporting may be referred to the Police for investigation.

- 5. 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.

foresaid.	
WATER ARREST STREET STREET, THE TAX	ACCIDENT STATEMENT
Date Of Report	26/12/2018 18:21
Date Of Accident	24/12/2018 19:00
Exact Location Of Accident	VIVO CITY
Country/State of Loss	SINGAPORE
DE LA COMPANIE DE LA	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL5649P
Insured/Policyholder	
Name Of Registered Owner	AMAZONRENTAL
Co Reg No	53385803L
Email Address	MAXTAN7663@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91187663
Alternative Phone No	OFFICE-91187663
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5105863522
Cover Note Number	
Driver	
Name of Driver	TAN YONG WAH (CHEN YONGHUA)
NRIC No	S7822165H
Date Of Birth	06/08/1978
Occupation	OUTDOOR
Date Of Driving Pass	15/07/1999
Driving Experience	19 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91187663
Fax Number	
Contact Number	OTHERS-91187663

MAXTAN7663@GMAIL.COM

Address

BLK 641 JURONG WEST STREET 61

#15-38

Postcode

640641

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

2

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

NANYANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-7929999 - FAX NO: 67912972

Was notice of intended Prosecution given?

NO

If Yes, against whom?

### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181225/2059

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

**SHA2613T** 

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

# Name TAN YONG WAH (CHEN YONGHUA) Approximate Age Injuries Sustain SLIGHT INJURY Injured person in which vehicle? SJL5649P Were seat belts worn? YES Was this injured conveyed to hospital by ambulance? Address Postcode

### SKETCH PLAN

### IMPORTANT NOTICE

- 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.
- 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
- Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 7. 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)
  - (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
- 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.

**IAZONRENTAL** 

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre

**AMAZONRENTAL** 

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.: Name:

NRIC/FIN No.:

CHARAKE STOTOFFIRM TOWN, VI





Police Station Of Origin:

Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE

649482

Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Report No. T/20181225/2059

1 of 3

	ne Report N 018 15:30	/lade:	Vide Report No.:	Station Diary No.: 48
Informa	nt's Partic	ulars		
	f Informant: NG WAH		Address: APT BLK 641 JURONG WE SINGAPORE 640641	EST STREET 61 #15-38
	/ ID No.: O / S782216	65H	Contact No.: Home/Office:	Mobile: 91187663
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 40	Date of Birth: 06/08/1978	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupat PRIVAT	ion: E HIRED D	RIVER	Driving Licence Information Class:	: Date of Expiry:

General Infor	mation of the Accide	nt	Hart Street of the	NAME OF TAXABLE PARTY.
Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 24/12/2018 19:00	Type of Location:
Location: Along Road 1 SENTOSA G. drop off point				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
Type of Collis Between Mov	ion: ing Vehicles - Side Sv	vipe - Same Direction		Anyone conveyed by ambulance: No

Details of V	ehicle Invo	lved		ALC: UNKNOWN	DISKE AUGE HALL	SELECT OF SERVICE LINE
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHA2613T	Car				Slightly Damaged	0
SJL5649P	Car				Slightly Damaged	0





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999 T/20181225/2059

2 of 3 Report No. T/20181225/2059

### CONTINUATION OF REPORT

### Brief Details.

On 24/12/2018 at about 1900hrs, I was driving my vehicle bearing the registration number of SJL5649P. I dropped off 01 passenger near to the MRT station, It was inside the building namely VIVO city. After dropping off the passenger, I was moving off and while I was about to exit the building, a taxi( Blue Comfort) bearing the registration number SHA2613T collided the rear right side of my vehicle. I notice that the vehicle came out from the Taxi stand. I stopped my vehicle as I wanted to get his particulars for the accident however before I could do so, the taxi tried to move off without stopping even after realizing that it was an accident. While the taxi was moving forward, his left side mirror collided with my right side mirror.

I shifted my vehicle forward slightly to create room for me to exit my vehicle, thereafter I alighted from my vehicle and I tried to go to the Taxi's driver side from the front of his vehicle. While I about to walk to the driver side of the taxi, he moved his car forward and was about to collide with me. As such I lost balance and I fell forward, I tried to used my hand to absorb the impact of the floor however I accidentally hit the taxi's left side mirror.

The driver, male, Chinese, about 50 years old refuse to alight from his vehicle to give me particulars. I notice that there were many vehicles starting to pile up behind our vehicle and as such I decide to move off so as to not create any inconvenience.

I drove out to the road namely Sentosa Gateway, the taxi also exited Vivo City Mall and subsequently drove off without stopping to exchange his particulars.

I wish to state that there is no In-cam camera installed in my vehicle. I went to My Family Clinic (Pioneer) for a medical checkup and I received 03 of MC, MC number 000020533, I Suffered some abrasion on the palm of my hand and some back muscle strains. The damage caused to my vehicle was some scratches on the rear right side of my vehicle, There was also some scratches at the right side mirror of my vehicle. No police attended, no government property damage, no wittiness.





3 of 3 Report No. T/20181225/2059

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: J / Sgt 1 SOH XUAN YI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/12/2018 15:30
Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079	Classification Of Case:
Authentication Stamp	<u> </u>



## My Family Clinic (Pioneer)

Blk 638 Jurong West St.61 #02-09 Singapore 640638

Tel: 68611182 Fax: 68623880

### Medical Certificate

Date

: 25 Dec 2018

MC No.

: 0000205333

This is to certify that:

Name : TAN YONG WAH

NRIC : \$7822165H

is Unfit for Duty for 3 days

from 25/12/2018 to 27/12/2018 inclusive.

LOCUM DR

\*This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.



My Family Clinic (Pioneer)
Blk 638 Jurong West St61#02-09 Singapore 640638
Tet: 68611182 Fax: 68623880

GST Reg No : 200410201K

Co Reg No : 200410201K

### TAX INVOICE

TAN YONG WAH 641 JURONG WEST STREET 61 Invoice No.

: 469593

#15-38

Our Reference

= 43398 25 Dec 2018

S(640641)

Patient: TAN YONG WAH (\$7822165H)

Date

Doctor : LOCUM DR

	FEE (SS)
10.00 tabs	3.00
1.00 pkts	9.00
20.00 tabs	8.00
90.00 mls	7.20
	30.00
b-Total	57.20
d GST 7.0%	4.00
al Bill Before Subsidy	61.20
IAS Subsidy	- 18.50
al Amount Payable	42.70
yment Received	42.70
tstanding Balance	0.0
-	1.00 pkts 20.00 tubs 90.00 mls b-Total d GST 7.0% al Bill Before Subsidy lAS Subsidy al Amount Payable sment Received

All cheques should be crossed and made payable to:

MY FAMILY CLINIC (PN) PTE LTD

This is a computer generated invoice which does not require a signature

Claims made from Medisave and CHAS are subjected for Approval from the Authority

ccident MT/1025253						
saley No.	5505863522	Vehicle No.	33,5649F		GST Registration No.	
ortificate No.					NA CONTROLLER DESCRIPTION	Season
olicyholder Name	AMAZONRENTAL				Policyheider NR3C	533858036
reduct Cade	PRIVATE CAR INSURANCE	Cover Type	Tried Party		Loading Contact No.(Home)	*
Contact No.(Mobile)	81187653	Cuntact No.(Office)			eCode	No #
Email Address	PAGE STATE	Special Remark TCA	a file Yes		eCode Weseton	
OTK	e No Pes	NCD Entitlement(%)	0		Private rine	No
VCD Protection  Accident Details	hea .	HED CHICARING CAS	1.40			
Report Date	36/12/2019 18:40	Accident Report Within 24 hrs .	Yes		Accident Type	Side Swipe
Date of Accident	24/12/2018	Time of Accident hhimm	19:00		Country of Accident	Singapore
Reporting Contre	Carrier and A	Orange Force			ICM No.	
Accident Liscation	VIVO GITY					
₩ Excess						
Own damage Excess	0.00	Additional Excess	00		Windscreen Excent.	9.00
unnamed Driver Excess		Outpies Singapore OD Excess		0.60		
Third Party Excess	4,500.00	Cutside Singapore TP Excess		1,500.00		
→ Benefits						
→ GST Registered Informati			cet too	tretton Date		
GST Registered GST Registration No.	No		GST Statu		Title	
Medification History						
→ Policyholder Halling Adden		777	7,011,000,000,000	a .	Address 3	CASA CLEMENTS
Address I	BLK 421 #34-377	Address Type	CLEMENTI AVENUE Singepore address		Post Code	120421
Address #	SINGAPORE 120421	Releted Policy Number	\$105863522		7.000	
Unit No.  P OI Driver Info	34-377	Hences Laber Having	Managarana .			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	TAN YONG WAN TOHEN YONGHE	Driver NRIC	57822165H		Driver DD6	06/08/1978
Register Date of Driver Ucense	15/07/1999	Driver Age	40		Griving Experience	1.0
Contact No.(Mobile)	91187663	Contact No.(Office)			Contact No.(Home)	
Address 1	BLK 641 #15-38	Address 7	JURGING WEST ST	HEET 61	Address 3	SINGAPORE 840841
Address 4		Address Type	Foreign address		Post Cirile	640641
Unit No.	13-38					
Does he own a Singapore Registered car?	Vas. a. No	Driver Vehicle No.	53,5649P		Driver Insurer Company	NTUC
Declaration						
Breathalyser or Blood Test	0 mg	Any injury)	Yes + No.			
Claim 901 New						
Claim Type *				CKI-MY.	* Insured [AMATONRENTAL	- MAGE
Claim Type * Contact No (Mosile)				DO-MY.	Contact:	NRIC 0338
Contact No.(Hobile)				-	No. [Home]	Ontact  Contact  (Office)  TP  Vertice SHA)
				B5881ARR	Contact No. Planel Of Venice Number	NRSC Contact (Anii (Office) TV Venicle SHA)
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Contact No. (Hotale)  Emeil Address  Claim Description  Fineferrie  Workshap  Estinet No. Yes  Finalisation: Yes  Finalisation Yes  Finalisation Hy  # Year AK letter	Tailerered  T Repair Preferred Workshop,	Contract City Benefit		\$5881688 \$31,58499 / SHA2613T C	Contact No. No. (Home) Of Vertical S1L5648F Number Number Of 24 Dec 2018	THRIC CONTROL OF THE
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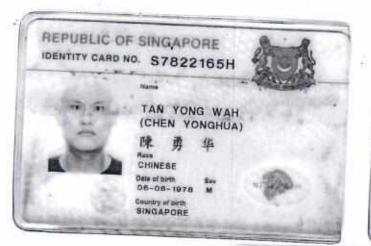
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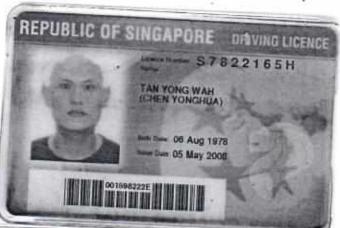
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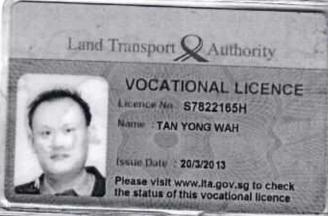
# ACCIDENT STATEMENT

DETAILS OF VEHICLE  OJVEHICLE NUMBER: SJL 5649  DINSURANCE COMPANY: INCOME  CJPOLICY NUMBER: 5105 8635 32  DIPOLICY TYPE: (COMPREHENSIVE (THIRD PARTY) THIRD PARTY FIRE &I  OJMAKE & MODEL: HOPPO COUT  FITTYPE: (SALOON) COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHE  OJVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHE  OJVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHE  OJNAME: OF USING AT ACCIDENT TIME:  I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES (NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) NAME: AIM A ZON  A) NAME: AIM A ZON  CONTACT:  C) ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DINRIC/FIN/PASSPORT: CONTACT: OTHERS  C) NAME: TO YOUR WHAT  C) NAME: TO YOUR WHAT  C) NAME: TO YOUR WHAT  C) ADDRESS: BLE CH CONTACT: OTHERS  OJ WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  1. OJREPORTED TO POLICE (YES / NO)  7. OJREPORTED TO POLICE (YES / NO)  7. OJREPORTED TO POLICE (YES / NO)	H-14	IDENT DATE: ( ) (DD/MM/YYY), TIME: ( ) (HH
GIVEHICLE NUMBER: 510583532  CIPOLICY NUMBER: 510583532  GIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE & I GIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & I GIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / MOTORCYCLE / OTHER GIPOLICY TYPE: (SALDOMY COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHER GIPOLICY COMMERCIAL / MOTORCYCLE / OTHER GIPOLICY COMPANY? (YES / MOTORCYCLE / OTHER GIPOLIC COMPANY? (YES / MOTORCYCL	i Pratit	ATION: VIVO CITY
DINSURANCE COMPANY: INCOME  CIPOLICY NUMBER: 5105863522  dIPOLICY TYPE: (COMPREHENSIVE (THIRD PARTY THIRD PARTY FIRE & I DISCONDING OUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHE GIVEN CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHE GIVEN CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHE GIVEN CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHE GIVEN CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHE GIVEN CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHE GIVEN CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHE GIVEN CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHE GIVEN CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHE GIVEN CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHE GIVEN CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHE GIVEN CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHE GIVEN CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHE GIVEN CATEGORY: (PRIVATE / COMMERCIAL / COMMERCIAL / MALE / FEMALE	-	DETAILS OF VEHICLE SUMBER: SUL 5649 P
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE & TO S)MAKE & MODEL: HOPOR CONTROLE / OTHER & MOTORCYCLE / OTHER & MOTORCY		DINSURANCE COMPANY: INCOME
fitype: (SALOON) COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHE  givenice category: (Private / Commercial / Motorcycle) h)Purpose of using at accident time: i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES MO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER A)NAME: AIVAZON RENTAL (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: c) ADDRESS:  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER O)NAME: TON WORL  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DINING FIN/PASSPORT: ST822 ICH CONTACT: GIRTO  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DINING FIN/PASSPORT: ST822 ICH CONTACT: GIRTO  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DINING FIN/PASSPORT: ST822 ICH CONTACT: GIRTO  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  D)NAME: TON YOUR WORL  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  D)NAME: TON YOUR WORL  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  D)NAME: TON YOUR WORL  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  D)NAME: TON YOUR WORL  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  D)NAME: TON YOUR WORL  **CONTACT: GIRTO  *		
H)PURPOSE OF USING AT ACCIDENT TIME:  i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES INO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) NAME: AIMAZON RENTAL  (MALE / FEMALE  D) NRIC/FIN/PASSPORT: CONTACT:  C) ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  (Including driver)  D) NAME: TON YOR WAY  (A) DATE OF BIRTH: (Ob / OB / 1973 ) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR LOUIDOOR)  1) DATE OF DRIVING PASS  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  15 OJWEATHER CONDITION: (CLEAR / RAINING / OTHERS  D) ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. D) REPORTED TO POLICE (YES / NO)  7. D) REPORTED TO POLICE (YES / NO)		SIMPLE & MODEL: 110FDII CIVI
IF NO, PLEASE STATE [THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER A)NAME: AIM A 2 ON RENTAL (MALE / FEMALE)    MALE / FEMALE   MALE / FEMAL	RS)	h)PURPOSE OF USING AT ACCIDENT TIME:
A)NAME: AIMAZON RENTAL (MALE/FEMAL  D)NRIC/FIN/PASSPORT: CONTACT:  C)ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  A)NAME: TON WH  C)NAME: TON WH  D)NRIC/FIN/PASSPORT: C1822 CCH CONTACT: C1876  C)ADDRESS: BL CH DURONG WRC C1876  C)ADDRESS: BL		JAKE YOU CLAIMING UNDER YOUR OWN INSURANCE INTEREST
b) NRIC/FIN/PASSPORT:		HIJORED / FOLIC I HOLDER
CONTACT:  C)ADDRESS:  *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  O)NAME: TON YORK WAY  D)NRIC/FIN/PASSPORT: ST8001CH CONTACT: 9118 16  O)ADDRESS: BL GYT DURONG WRCT CONTACT: 9118 16  O)ADDRESS: BL GYT DURONG WR	E)	DINRIC/FIN/PASSPORT
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  O)NAME: TON YORK WAH  D)NRIC/FIN/PASSPORT: 51822   CH CONTACT: 9118    O)DATE OF BIRTH: 106/08/1978   (DD)/MM/YYYY)  e)OCCUPATION: (INDOOR LOUTDOOR)  1)DATE OF DRIVING PASC  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)  5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. a)REPORTED TO POLICE (YES / NO)		CONTACT:
Cincluding driver)  a)NAME: TON YORG WAH  b)NRIC/FIN/PASSPORT: 57822 CGH CONTACT: 911876  c)ADDRESS: BL GUT DURONG WRCT STORY  e)OCCUPATION: (INDOOR LOUTDOOR)  f)DATE OF DRIVING PASS  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  15. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. a)REPORTED TO POLICE (YES / NO)		SAME DE LA CONTRACTOR D
Cincluding driver)  a)NAME: TEN YORG WAH  b)NRIC/FIN/PASSPORT: 57822 CGH CONTACT: 911876  c)ADDRESS: BL GUT DURONG WRCT STILL THE FEMALE  "d)DATE OF BIRTH: 106/08/1978 (DD/MM/YYYY)  e)OCCUPATION: (INDOOR LOUTDOOR)  f)DATE OF DRIVING PASS  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES:/NO)  TO MEATIONSHIP OF THE DRIVER WITH INSURED: HIR  S. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. a)REPORTED TO POLICE (YES / NO)		* CONTINUE TO 3.4 IF DRIVER ALSO BOLLOWING
CIncluding driver)    DINRIC/FIN/PASSPORT:   ST822   SH   CONTACT: 91876     CIADDRESS: BL GH   DURANG WRCT   ST822   SH     CIADDRESS: BL GH   DURANG WRCT   SH     CIADDRESS: BL GH   SH     CIADRESS: BL GH   SH   SH     CIADRESS: BL GH   SH     CIADRESS: BL GH   SH     CIADRE		DRIVER
CIADDRESS: BL CH DURONG WRC CONTACT: 918 (CONTACT: 918 (CO		a)NAME: TAN YONG WAH
c)ADDRESS: BL 64 DURONG WROTE STITLE—  "d)DATE OF BIRTH: (OG / OG / 1978) (DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  f)DATE OF DRIVING PASS  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES:/NI  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. d)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. d)REPORTED TO POLICE (YES / NO)	2	DINRIC/FIN/PASSPORT: STROOTICH COURT
1) DATE OF DRIVING PASS 1999  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES ) WE IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS   HIR    6. WAS ANYBODY INJURED (YES / NO)  7. a) REPORTED TO POLICE (YES / NO)	38	CIADDRESS: BLEGY I JURONG WRET ST 61 HIB -3
1) DATE OF DRIVING PASS 1999  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES ) WE IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS   HIR    6. WAS ANYBODY INJURED (YES / NO)  7. a) REPORTED TO POLICE (YES / NO)	-	'd) DATE OF BIRTH: (06/08/1978) (DD/MM/YYYY)
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5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS		DMIE OF DRIVING PACE 1207/1777
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No of passenger d) VEHICLE NUMBER:MODEL:	FC 1023	
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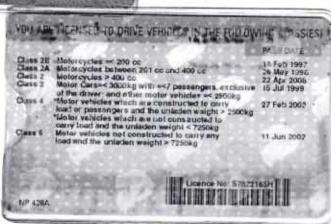
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Type Description Issue Date

02 TAXI VL 20/03/2013
03 BUS VL 22/09/2009
04 BUS ATTENDANT 22/09/2009

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