NATIONAL Assessment Centre Ser		Date & Time Completed	Done by	
11119 - 12:4 +	description	Date to Time oving types		
MI 19 C 19 33 1 1 1 1 1 4	AS e-filing			**
	-mail (within Shrs, AIC 2hr	rs)		
	Motor Claim Form	W1 110282 16-021	1811/19 19:41	}.
	Motor W/O (Within: Of	2hrs, TP 4hrs)		
OD : (11) Reporting Only	Photo Uploaded			
A. A.	ssessment/Survey Repo	rt		
TP Insurer:	ss't Report by Fax / Ha	nd to Owner/Wksp		2.000
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	HOL
TP Particulars: Veh No: GDE 1045	. IN	C()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Period: () Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-B	est. Status (WO): N:	0-20%; P: 21-79%. P: 30-	100%]	
Year of Registration: () Warran	nty: YES ()/NO	()		
Excess: (\$) Loading: \$1,000 ()/\$2,000()			
General Remarks:-			Suider St.	2
) Walk-In Customer: Customer's information	n strictly Confidential	Strictly NO refer of repairer		
) Total Loss Case : to e-mail Insurer URG				
Drive-In ()/ Towed-In (); Invoice: YES		; Towing Co: ()
(-)2-17-		Date&Time Completed	Done by	
emarks:- (INC hotline: 6788 6616)		Dates: Thrie Couple 31	Digital Co. (LDOROLD)	
) Apply for Transport Allowance ()/ Courtes	y Car ()			
) QC Check / Post Repair Inspection	()			
) Upload Resurvey Photo [Repair Cost > \$3000]	()	45		
Injury:				
ate/Time Actions	1. 1. 10 10 10 10			714 8
1.50.911/1.20.011.01.01.01.01.01.01.01.01.01.01.01.0	Asset T (2) Control		10000	
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,	TABLE TO THE STATE OF THE STATE			
. 544	lavoire	Preparation Checklist	A STATE OF THE STA	Amil (
1002Av. ;	2.5.23.63		TABILL P	Add B
imant's Particulars:-		mage Assessment (\$100); INC (Control of the last of the las	
ver/Owner:	3) TF : Tow	ring Fee S	\$120	
	5) FT : Foll	ow-Through Survey ow-Through Survey (Resurvey)	\$30	
itact No:	For claim 6) TR: Re-	ting against INC Only (wef 10 Jan 20)	375 375	
naged Portion:	7) N1 : Idao	DA + SMRT Survey	\$160	
A		dditional Services:-		- Total
Checked by (Engr-In-Charge):	OD* *N5: Con	artesy Car / Tpt Allowance	\$5	-
	*N6; Re;	pair Co-ordination	\$10 \$25	-
ditors' Comments :-	*N8: DV	t Repair Inspection / Collect Excess Coordination	\$5	
1:	TP (N11 9) N12: Ida): TP (Non INC) against INC	30	
	Invoice dat			10
2/3:	Invoice dat	ed Fee Charge	MARKET COLORS	

A a part year

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 <u>truthful and accurate</u> 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.

- 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	18/01/2019 15:57
Date Of Accident	15/01/2019 17:45
Exact Location Of Accident	GEYLANG RD BEFORE LOR 16 GEYLANG
Country/State of Loss	SINGAPORE
D. D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGX6309L
Insured/Policyholder	
Name Of Registered Owner	CHONG MOI YIN
Co Reg No	53363976W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83218499
Alternative Phone No	OFFICE-83218499
Vehicle Particulars	
Manufacturer	SUZUKI
Model	SWIFT SPORT 1.6 M
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	5091661205-01
Cover Note Number	
Driver	
Name of Driver	CHENG JIN YUAN
NRIC No	S9418025B
Date Of Birth	17/05/1994
Occupation	INDOOR
Date Of Driving Pass	17/03/2015
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83218499
Fax Number	
Contact Number	OFFICE-83218499
EMail Address	NOEMAIL

5 LORONG 37 GEYLANG Address

#03-01

387903 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

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 (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

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBE1645H

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category CHUA ZHI WEI, BOBBY Name of Driver

NRIC/Passport Number

S8039565E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Page 2 of 21

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

CHENG JIN YUAN

BODY

SGX6309L

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 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 wiful 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 dect of the insurance companies.
- 3. Any false reporting may be referred to the Police for investigation.
- 5. 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 exples of the report being made available aforessid.
- Consent under the Personal Data Protection Act (FDPA)

t 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:
 - (1) 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 gould involve disclosure of centain 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 low in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) eil insureds) who have insured vehicle(s) involved in this occident 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 Porposes; and
- my Personal Information may/can be disclosed by any of the lasurers and/or GIA to their third party service providers or agents (notuding their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (a) 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 dalms.
- (a) the information so opliected under (a) 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.

Policyholders Signapure Date & Time:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

vehicle A: SGX6309L Along Geylang Road before Lorong, wehicle B: GBE1645H SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT On 15/01/19, at 1745 hrs, I was travelling along Geylang Road on the most left lane in my vehicle 54x6309L. Suddenly, a lowy, GBE 16454. abruptly cut into my lane and collided into the right side of my vehicle. That's all. DECLARATION !/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

(If driver is not the policyholder)
Date & Time:

Reporting Contre Personnel's Signature Name:

NRIC/FIN No.:

Date of Accident	: 15/01/>019 Accident Time: 1745 (24-HR-Format)
Accident Place	Geylang Road before Lorong 16.
Vehicle Reg. No. (Car Plate No.)	SGX 6309 L
Vehicle Make/Model	SUZUKI SWIFT SPORT 1.6 M
Insurance Company	NTUC INCOME Policy No. 5091661205 -01
Owner or Company Name /IC No.	: CHONG MOI YIN
Owner or Company Contact No.	: 83>1 8499 Owner's HpCompany Tel
DRIVER'S Name / IC No.	CHENG JINYUAN
DRIVER'S Date Of Birth	: 17 05 1994 DRIVER'S License Pass Date 17 Mar 2015
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address	: 5 Lorong 37 Geylang #03-01 S(387903)
DRIVER'S Contact No./ Alt No.	:1) 83 >1 8499 2)
DRIVER'S Occupation	INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	: ijin yuan 1994 @ gmail. com
Weather & Road Surface	: CLEAR & DRY ARAINING & WET AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party \ Claim Own Insurance
Number of Passengers (Including)	Driver):
Was there any video Captured by o Exact purpose for which vehicle w	car camera: YES NO vas being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: GBE 16451	Vehicle Reg. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver: CHUA ZHI WEI	, Bobby Name Driver:
IC No. Driver: \$803955 E	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:

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ACCOUNTING AND CORPORATE REGULATORY AUTHORITY (ACRA)

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INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of CHONG MOI YIN (53363976W)

Date: 18/01/2019

The Following Are The Bri	ef Particulars of :				
Name of Business		CHONG MOI YII	V	···	
Former Name(s) if any	34			1 () () () () () () () () () (
Date of Change of Name	1		100 to 10		
Registration No.	1	53363976W			
Registration Date	ia ia	02/06/2017			
Commencement Date	:	02/06/2017			
Status of Business		Cancelled (Non-	Renewal)		
Status Date	1	02/08/2018	AND THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSO		
Renewal Date	1				
Expiry Date	1	02/06/2018	ALCOHOLD TO THE REAL PROPERTY OF THE PARTY O		
Renewal via GIRO	4	NO			
Constitution of Business		Sole-Proprietor			
Principal Place of Business	\$	5 LORONG 37 G #03-01 BLOSSOM MAN SINGAPORE (38	SIONS	and the second second second second by the second s	
Date of Change of Address	11				
Principal Activities					
Activities (I)	4	PASSENGER LA AND TRISHAWS	AND TRANSPORT N.E.C. (E 5) (49219)	G PRIVATE CARS FOR	HIRE WITH OPERATOR
Description	ø	PRIVATE HIRE	CAR	May 200 Albanin Albanin Salah Salah Salah	CONTRACTOR OF THE PROPERTY OF
Activities (II)	2				
Description	:				
Particulars of Authorised I	Representative(s)				
Name	ID	Nationality	Address	Address Source	Date of Appointment

Authentication No.: Q19041449P

Page 1 of 2

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY

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Business Profile (Business) of CHONG MOI YIN (53363976W)

Date: 18/01/2019

Vame	ID	Nationality	Address		Address Source	Date of Appointmen
CHENG JIN YUAN	S9418025B	SINGAPORE CITIZEN	5 LORONG 3 #03-01 BLOSSOM M SINGAPORE	IANSIONS	ACRA	02/06/201
xisting Sole-Proprietor	(s) / Partner(s)	Section of the second				
Name	ID	Nationality/Place			Address	Date of Ent
		incorporation/Ori	gin		Source	Position
CHONG MOI YIN	S2539760F	MALAYSIAN	5 LORONG 3	7 GEYLANG	ACRA	02/06/201
			#03-01 BLOSSOM M SINGAPORE			Owner
Withdrawn Partner(s)	- 2					
Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry Position	Date of Withdrawal
Abbreviation					S1000000000000000000000000000000000000	000000
SCARS - One Stop char	one of Address Rend	orting Service by Immio	ration & Checkgoint Au	dhoribe		and the
Jackita - Olle atop cital	ige or womens webs	Ting Service by mining	lation & Chackpoint A	ad lority.		

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit www.acra.gov.sg.

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES SINGAPORE

RECEIPT NO.

: ACRA190118154540

DATE

: 18/01/2019

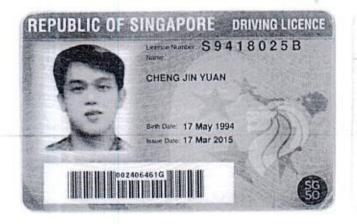
This is computer generated. Hence no signature required.

Authentication No.: Q19041449P

Page 2 of 2







REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9418025B





CHENG JIN YUAN





91802

Date of birth

17-05-1994 Country/Place of birth SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES) MOTORCYCLES NOT EXCREDING 200 CC MOTOR CARS AND MOTOR TRACTORS THE WEIGH OF WHICH UNLABEN DOES NOT EXCEED 1500 ICLIGGRAMS HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGH OF WEIGH UNLABEN EXCRED 2500 KELOGRAMS 38 Sep 2525 Clear S / No. 9000232390 N9-1180258 NP 428A





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 Number: 5091661205-01

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

SGX6309L

Chassis Number

: ZC31S200789

2. Name of Policyholder

CHONG MOI YIN

3. Effective Date of Insurance

: 01 Sep 2018

4. Expiry Date of Insurance

: 29 Aug 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.
 - (b) Use for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) 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) : \$\$2,000 : \$\$2,000 **EXCESS (SECTION 2)** : S\$100 WINDSCREEN EXCESS INSURE WITH COE · YES HIRE PURCHASE COMPANY : N/A

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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

: AON SINGAPORE PTE LTD (00000691150)

Date of Issue

: 03 Sep 2018 11:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech						E PAN				Genera	alClaim
Hello, NAC_PAYA_UBI_80060	1						· Change	Language	+ Chang	e Password	· Log Out
My Desktop	Poli	cy Query									5.00
Notice of Loss	Policy N	io.				Date	e of Accident	1	5/01/2019 1	7:45	
	Vehicle	No.(For Motor)	SGX63	109L		Cert	ificate Number				
						Search	l				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0	5091661205- 01		CHONG MOI	53363976W	GCV	Comprehensive	SGX6309L	SGX6309L	01/09/2018	29/08/2019
						Continue					

Policy No.	5091661205-01	Policyholder	CHONG MO	NIYIN	Policyholder	53363976W	
Certificate		Name			NRIC		
No.							
Address	5 LORONG 37 GEYLANG #03-0	BLOSSOM MA	NSIONS SI	NGAPORE 387903			
Product Name	COMMERCIAL VEHICLE INSURA	Plan			Group Policy Flag	N	
Policy Issue Date	03/09/2018	Effective Date	01/09/2018	8 00:00	Expiry Date	29/08/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	2000	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	AON SINGAPORE PTE LTD	Agent Tel.	62397608		GST Flag	Y	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	5 LORONG 37 GEYLANG	Addre	ss 2	#03-01 BLOSSON	MANSIONS	Address 3	SINGAPORE 387903
Address 4		Addre	ss Type	Singapore addres	5	Post Code	387903
Jnit No.	03-01	Relate	ed Policy er	5091661205-01			
	d Object: SGX6309L						
1 Insure							
	sements						

icy No.						
t Firste No.	5091661205-0	11	Velvicle No.	SGX6309L	GST Registration No.	
licyholder Name	CHONG MOLYS	N .			Policyholder NR3C	53363976W
oduct Code	COMMERCIAL	VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
mact No.(Mobile)	83218499		Contact No. (Office)	0	Contact No. (Home)	0
nail Address			Special Remark		eCode	The V
×	® No ○ Yes		TCA	® No ○ Yes	eCode Reason	175,557
D Protection	No					1900
	90		NCD Entitlement(%)	10	Private Hire	Yes
Accident Details						
port Date	18/01/2019 19	9:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
se of Accident	15/01/2019		Time of Accident hh:mm	17:45	Country of Accident	Singapore
porting Centre			Orange Force		ICM No.	
ident Location	GEYLANG RD	SEPORE LOR 16 GEYLANG				
Excess						
m damage Excess		2,000.00	Additional Excess		Windscreen Excess	100.00
named Oriver Excess			Outside Singapore OO Excess		The same of the same	100.00
ird Party Excess		2 000 00				
Senefits		2,000.00	Dutaide Singapore TP Excess			
GST Registered Inform	ation					
Registered		No		GST Registration Date		
Registration No.				GST Status Venified	No	
dification History						
Policyholder Halling Ad						
		Ann son	TV ADDRESS:	11090-90141-0-2000-0-1000	11 C QC0193881	
dress 1	5 LORONG 37	GEFLANG	Address 2	#03-01 BLOSSOM MANSIONS	Address 3	SINGAPORE 187903
dress 4			Address Type	Singapore address	Post Code	387903
nt No.	03-01		Related Policy Number	5091661205-01		
OI Driver Info						
ver Name	Unnamed Drive	er.	Driver Type	Unnamed Driver		
named driver Name	CHENG JIN YO	AN	Driver NR3C	594180258	Driver DOB	17/05/1994
gister Date of Driver License	17/03/2015		Driver Age	24	Driving Experience	3
ritact No.(Mobile)	83218499		Contact No.(DMce)	0	Contact No. (Home)	0
dress I	S LORONG 37	GEYLANG	Address 2	BLOSSOM MANSIONS	Address 3	SINGAPORE 387903
dress 4			Address Type	Singapore address	Post Code	387903
it No.	03-01		ACTION OF THE PARTY			30/702
es he own a Singapore						
	O Yes ® No.		Driver Vehicle No.		Driver Insurer Company	
gistered car?						
gistered car?						
gistered car? claration						
gistered car? claration sathslyser or Blood Test	0 mg		Any injury?	Yes ○ No		
gistered car? claration eathalyser or Blood Test ading?	0 mg		Any injury?	® Yes ○ No		
gatered car? Claration eathalyser or Blood Test ading?	0 mg		Any injury?	® Yes ○ No		
gistered car? Dension mathelyser or Blood Test ading?	0 mg		Any injury?	Yes ○ No		
laration athlyser or Blood Test ding?			Any injury?	Yes ○ No		
estation withhyser or blood Test ding?			Any Injury?	Yes ○ No		
patered car? Persion Whatyser or Shood Test Iding? Shication History Salam GO1 OD-MX	h	161				
patered car? Peration Athalyser or Blood Test ding? Shication History Claim 001 OD-MX New en Type *	[ор-мх	V	Insured Name	® Yes ○ No	Insured NR3C	53363976W
patered car? Peration athalyser or Slood Test ding? Shication History Salm GOI OD-MX New In Type * Hact No. (Moste)	h	V	Insured Name Contact No.(Home)	CHONG MOTIVIN	Contact No.(Office)	N3L
patered car? Peration athalyser or Blood Test dding? Shication History Talim 001 OD-MX New Type * Nact No.(Mostie) all Address	ОО-МX 92206272		Insured Name Contact No.(Home) Of Vehicle humber	CHONG MOT YIN		CONTROL OF THE PROPERTY OF THE
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instered car? instered car. inster	ОО-МX 92206272		Insured Name Contact No.(Home) Of Vehicle humber	CHONG MOT YIN	Contact No.(Office)	N3L
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