NATIONAL Assessment Centre Services. port 1 Janos MARILT OF 682. Date In: 11/19-18: 08 Jeb description Date & Time Completed Done by Ref No: MA INCL 900 2165/2 SAS e-filing Veh No: SICZ7667X E-mail (within Shrs, AIC 2hrs) i-Motor Claim Form 31/1/19-25.45 1/2/10 M1020564-571 18:20. i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD TP! Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: (TP Particulars: Veh No: 50932VIS INC ()/Non-INC (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%. F: 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 repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/ Towed-In (); Invoice: YES () / NO (); Towing Co: (Remarks: (INC hotline: 6788 6616) 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 : Actions Date/Time Amt (3) Ant (S) Invoice Preparation Checklist MA1900933: fu Bill Add Bill 1) AR : Accident Reporting (\$30); Claimant's Particulars :-INC (\$80) 2) DA: Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: 4) FT : Follow-Through Survey \$120 \$30 5) FT : Follow-Through Survey (Resurvey) Contact No: For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection Damaged Portion: 7) N1 : Idao DA + SMRT Survey \$160 8) NTUC Additional Services:-OD. QC Checked by (Engr-In-Charge): *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination 510 *N7: Fost Repair Inspection \$25 Auditors! Comments :-*N8: DV / Collect Excess Coordination 55 Cat. 1: TP (N11): TP (Non INC) against INC \$20 9) N12: Idac Mobile area Tale 2at 2/3: Invoice dated Fee Charged Fee Charged Invoice dated

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</u> and <u>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

	ACCIDENT STATEMENT
Date Of Report	01/02/2019 18:08
Date Of Accident	31/01/2019 23:45
Exact Location Of Accident	BLK 545 SERANGOON NORTH AVE 3
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ2667X
Insured/Policyholder	
Name Of Registered Owner	EHB LIMOUSINE PTE LTD
Co Reg No	201536531R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	TO THE RESERVE OF THE PARTY OF
Manufacturer	AUDI
Model	Q5 2.0 TFSI QU (230 BHP)
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
f 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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5075309111-03
Cover Note Number	

n	riv	101	

Name of Driver NG KEK HWA ANDRE

 NRIC No
 \$1408076G

 Date Of Birth
 12/07/1960

 Occupation
 INDOOR

 Date Of Driving Pass
 14/03/1979

Driving Experience 39 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96316043

Fax Number

Contact Number OFFICE-96316043

EMail Address NOEMAIL

BLK 543 SERANGOON NORTH AVENUE 3 Address

#08-190

Postcode 550543

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?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1

NO

2

YES

: GILLIAN NG

NAME: GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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? NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJD9324S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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.
- 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 flability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5 Any false reporting may be referred to the Police for Investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by inturested 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)

Lunderstand, 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 low 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.

Policyhelider's Signature

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

Name: NRIC/FIN No.:

Reporting Centre Perso

A: Skz 2667x

B: SJP93145

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Policyhologes Signature Date & Timu:

the policyhalder)

Reporting Centre Personnel's Signature Name: NRIC/FIN No.;

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

H

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

CHARLES THE RESIDENCE	ACCIDENT DETA	ILS				AND THE REAL PROPERTY.
Date of accident	31/01	119				(DD/MM/YY)
Time of accident	11.4	(HH:MM)				
Exact location of accident	Serangeon worth	Are	3	Blic	545	

· · · · · · · · · · · · · · · · · · ·	DETAILS OF VEHICLE				
Vehicle registration number	SKZ26674				
Vehicle make and model	Audi Q5				
Type of vehicle	Saloon MPV CRV Van C				
Vehicle category	Private Commercial Motorcycle Motorcycle				
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes □ No ☑ if no, please select: Third part claim ☑ Reporting only □				

《大學》	INSURANCE IN	FORMATION	
Insurance company	NT	UC	
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

	INSURED / POLICY HOLDER		
Name	EHB LIMOUSINE PTE LTD	Male 🗆	Female
NRIC / Fin / Passport number	201536531R		
Contact			
Address	70 UBI CRESCENT #01-12 UBI TECH PARK SINGAPORE 408570		

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Ng Kek Hwa Ardre Male - Female -
NRIC / Fin / Passport number	J 51408 076G
Contact	96316043
Address	Blk 547 serangon North Aur 3 \$108-190 5(580543)
Email address	
Date of birth	12/07/1960
Occupation	Indoor Dutdoor
Driving date pass	

A second to the second	SENERAL IN	VFORMATION C	F THE ACCIDENT	文料的 对数据的
Was driver an employee of	Yes ci	No e		
the insured's company?	If no, rela	ationship of the	driver and insured: _	Hicer
Accident captured by camera?	Yes 🗆	No 🗹		
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry 🗷	Wet 🗆		
No of passenger	2	2		(Inclusive of driver)
AND THE PROPERTY AND		PASSENGER	10年11年11日	The state of the s
Name		Gillian M	29	
Gender	Male 🗆	Female 🗗		
		PASSENGER	2	
Name				
Gender	Male 🗆	Female 🗆		
CONTRACTOR OF THE STANDARD PROPERTY.		PASSENGER	Comment with a series and	
Name	HUNNAY.	PASSENGER	2	DAMAGESTA CALL BOST CONTROL OF THE SECOND CO
	Male 🗆	Female 🗆		
Gender	Iviale 🗆	remale u		
	S-SHOULDER			
	MANAGEMENT OF THE PARTY OF THE	PASSENGER	4	
Name				
Gender	Male 🗆	Female 🗆		
	NAME OF TAXABLE PARTY.			
		PASSENGER	5	
Name				
Gender	Male 🗆	Female 🗆		THE RESERVE OF THE PERSON OF T
		PASSENGER	5	
Name				
Gender	Male 🗆	Female 🗆		
		THER INFORMA	TION	
Was anybody injured?	Yes 🗆	No 🗷	ATTOM	
Was other vehicle damaged?	Yes 🗗	No D		CONTRACTOR OF THE PARTY OF THE
was other venicle damagedr	resur	NOL		
	DET	AILS OF POLICE	ACTION	TO THE REAL PROPERTY OF THE PARTY OF THE PAR
Reported to police?	Yes 🗆	THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	s, please state which	police station.
Police station name				
		WITNESS 1		No Property Control of the Control o
Name				
		WITNESS 2		
Name				

Vehicle registration number	SJQ 93245
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2					
Vehicle registration number					
Vehicle make model					
Name					
NRIC / Fin / Passport number					
Contact					

H

K

(

THIRD PARTY VEHICLE 3				
Vehicle registration number				
Vehicle make model				
Name				
NRIC / Fin / Passport number				
Contact				

THIRD PARTY VEHICLE 4					
Vehicle registration number					
Vehicle make model					
Name					
NRIC / Fin / Passport number					
Contact					

WITH THE PROPERTY AND THE PARTY OF THE PARTY	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

经未经营 医水杨二氏	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7					
Vehicle registration number					
Vehicle make model					
Name					
NRIC / Fin / Passport number					
Contact					

Contraction of the production of	5785 H-1963	INJURED PERSON 1
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was Injured conveyed to	Yes 🗆	No o
hospital by ambulance?		
		INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
		INJURED PERSON 3
Name	-	
Injuries sustained		
Which vehicle person in?		N
Were seat belts worn?	Yes 🗆	No a
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
	250000000000000000000000000000000000000	INITITED PERSON 4
Name		INJURED PERSON 4
Name Injuries sustained		INJURED PERSON 4
Injuries sustained		INJURED PERSON 4
	Yes 🗆	No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes	
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No o
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No o
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?		No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes 🗆	No D No D INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes	No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No D No D INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes	No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes Yes	No D INJURED PERSON 5 No D No D
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes Yes	No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	Yes Yes	No D INJURED PERSON 5 No D No D
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes Yes	No D INJURED PERSON 5 No D No D
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes 🗆 Yes 🗆	No D INJURED PERSON 5 No D NO D INJURED PERSON 6
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes Yes Yes Yes Yes Yes	No D
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes 🗆 Yes 🗆	No D INJURED PERSON 5 No D NO D INJURED PERSON 6

REPUBLIC OF SINGAPORE IDENTITY CARD NO \$1408076G





NG KEK HWA ANDRE

黄極和

CHINESE Data of Sivin See 12-07-1960 M

Cownty of Birth SINGAPORE

100110 S1408076G

Stood Group - Date of Group

20-07-1994

APT BLK 543 SERANGOON NORTH AVENUE 3 #08 - 190 SINGAPORE 550543 NRIC No: \$14080766 Date: 27 - 07 - 2000

Dete: 27-07-2000 No: 3721931

6898737

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S 1 4 0 8 0 7 6 G

NG KEK HWA ANDRE

Birth Date: 12 Jul 1960

Issue Date: 12 Nov 2015



SG 50

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

EFFECTIVE DATE

Class 3

Motor Cars =< 3000kg with =<7 passengers, exclusive 14 Mar 1979 of the driver; and other motor vehicles =< 2500kg

NP 428A



eBao Tech								GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601					· Change Lar	nguage	› Change Pa	ssword	Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No. Vehicle No.(For Motor)	Date of Accident 3: Certificate Number			31/0	1/01/2019 23:45				
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry
	O 5075309111- 03		EHB LIMOUSINE PTE LTD	201536531R	GFT	drivo CLASSIC	SKZ2667)	SKZ2667X	01/11/2018	1
				Co	ntinue					

Policy No.	5075309111-03	Policyholder Name	EHB LIMO	USINE PTE LTD	Policyholder	201536531	R
Certificate No.		Name			NRIC		
Address	70 UBI CRESCENT #01-	-12 SINGAPORE 4085	70				
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	31/10/2018	Effective Date	01/11/201	18 00:00	Expiry Date	31/10/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	3500.00	Own damage Excess	1000.00		Windscreen Excess	0.00	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	1000.00	Outside Singapore TP Excess	3500.00			You	ng/Inexperience Driver Excess
Agent	Marsh (Singapore) Pte	Ltd Agent Tel.	6327768	7	GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Policy Info Certificate							
Policy Info Certificate Info	nolder Mailing Address						
Policy Info Certificate Info Policy	nolder Mailing Address 70 UBI CRESCEI	2021 200000	ss 2	#01-12		Address 3	SINGAPORE 408570
Policy Info Certificate Info Policy Address 1	7/20/00/00/00/00/00/00/00/00/00/00/00/00/	NT Addre	ess 2	#01-12 Singapore address		Address 3	SINGAPORE 408570 408570
Policy Info Certificate Info	7/20/00/00/00/00/00/00/00/00/00/00/00/00/	NT Addre	ss Type ed Policy				
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Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	70 UBI CRESCER 01-12 d Object: SKZ2667X	NT Addre Addre	ss Type ed Policy	Singapore address			
Policy Info Policy Address 1 Address 4 Unit No. Insure	70 UBI CRESCER 01-12 d Object: SKZ2667X sements	NT Addre Addre Relate Numb	ess Type ed Policy er	Singapore address			

DACY NO.	8078300111-07	Valueta No	CHRISTA	CET Na-server II	2016266240
	5075309111-03	Vehicle No.	SKZ2667X	GST Registration No.	201536531R
ertificate No.	The state of the s			***************************************	No. of the last of
olicyholder Name	EHB LIMOUSINE PTE LTO	***************************************		Policyholder NRIC	201536531R
roduct Code ontact No.(Mobile)	PLEET INSURANCE	Cover Type	drivo CLASSIC 0	Loading	0
mail Address	•	Contact No.(Office) Special Remark	90	Contact No.(Home)	NC V
FK	® No ○ Yes	TCA .	® No ○ Yes	eCode eCode Reason	Inc. 4
CD Protection	No No Orres	NCD Entitlement(%)	0	Private Hire	No.
Accident Details	740	NCD chicoemero(%)	9/	Private rure	No
eport Date	01/02/2019 18:18	Academ Report Within 24 hrs	Yes	Accident Type	Side Swipe
ate of Acodem	31/01/2019	Time of Accident Nh:mm	23:45	Country of Accident	Singapore
eporting Centre		Orange Force	44.74	ICM No.	andahara.
coident Location	BLK 545 SERANGOON NORTH AVE 3	Grange Force		Total No.	
♥ Excess	SUL SAS SERVINGSON HOLLIN AVE S				
wn damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	0.00
nnamed Driver Excess		Outside Singapore OD Excess	1,000.00		
hind Party Excess	3,500.00	Outside Singapore TP Excess	3,500.00		
▽ Benefits					
GST Registered Informa	stion				
ST Registered	Yes		GST Registration Date	01/06/2017	
ST Registration No.	201536531A		GST Status verified	Yes	
odfication History					
P Policyholder Mailing Ad	dress				
dress 1	70 UBI CRESCENT	Address 2	#01-12	Address 3	SINGAPORE 408570
ddress 4	TV WEI WEEPWERE	Address Type	Singapore address	Post Code	50VGAPORE 408570 408570
nit No.	01-12	Related Policy Number	Singapore address 5074680813-03	Puti Line	
OI Driver Info	01-12	neigled Policy Haritoer	3074000013-03		
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
nnamed driver Name	NG KEK HWA ANDRE	Driver NR3C	\$1408076G	Driver DOB	12/07/1960
egister Date of Driver License		Driver Age	58	Oriving Experience	39
ontact No.(Mobile)	96316043	Contact No. (Office)	0	Contact No.(Home)	0
ddress 1	BLK 543	Address 2	SERANGOON NORTH AVENUE 3	Address 3	SINGAPORE \$50543
ddress 4		Address Type	Singapore address	Post Code	550543
nit No.	08-190	SKILLISHWIN	and the control of th		
oes he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
equitered cary					
eclaration					
reathalyser or Blood Test eading?	0 mg	Any injury?	○ Yes ® No		
887.050					
edification History					
Claim 001 New					
Claim 001 New					
	OD-MX	Insured Name	EHS LIMOUSINE PTE LTD	Insured NRIC	201536531R
aim Type +	OD-MX V 86991313				201536531R
laim Type + ontact No.(Mobile)		Insured Name Contact No.(Home) OJ Vehicle Number	EHB LIMOUSINE PTE LTD NIL SKZ2667X	Insured NRIC Contact No. (Office) TP Vehicle Number	201536531R + 53099345
aim Type + ontact No (Mobile) nail Address	86991313 benjamin@ehblimousine.com.sg	Contact No.(Home)	NIL	Contact No.(Office)	+
aim Type + intact No. (Mobile) nail Address armant Type Claimant Type +	86991313 benjamin@enblimousine.com.sq	Contact No.(Home) OI Vehicle Number	NIL SKZ2667X	Contact No.(Office)	+
aim Type * intact No. (Mobile) nail Address arment Type Claimant Type * arment Name *	86991313 benjamin@ehbimousne.com.sg Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit *	NIL SKZ2667X	Contact No.(Office)	+
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