The second of the second secon	ntre Services purt 1 Jan		D 1
Date In: 1/1/19 - 13:48	Jeb description	Date &Time Completed	Done by
Res No: 44 /WC 1900 2166/W	SAS e-filing	i	3
Veh No: YESTS]	E-mail (within Shrs, AIC	thrs)	•
D.O.A: 3//19-17:42	i-Motor Claim Form	m1102564-221	110 lig 18:28.
OD : FP Reporting Only	i-Motor W/O (Within:	DD 2hrs, TP 4hrs)	
OD : IT reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Rep	port	
TI TIIDUTOI.	Ass't Report by Fax / I	land to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	ax:
TP Particulars: Veh No: 3	514096 I	NC(,)/Non-INC().	
Owner / Driver: (Tel:)
Policy No: (Period: () Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N	l: 0-20%; P: 21-79%. P: 80-1	00%]
Year of Registration: ()	Warranty: YES ()/NO	()	Thinkeron case a sales present
Excess: (\$) Loading: \$	\$1,000()/\$2,000()		
General Remarks:			33. 3.
() Walk-In Customer : Customer's		& Strictly NO refer of repairer.	Exercise 1
() Total Loss Case : to e-mail Ins		a Guicay NO Total of Tepomen	
); Towing Co: (· · · · · · ·
Remarks: (INC hotline: 6788 6616		Date&Time Completed	Done by
1) Apply for Transact Allaman	10		
Apply for Transport Allowance ()) / Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		•
2) QC Check / Post Repair Inspection	()		
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >]	()		
2) QC Check / Post Repair Inspection	()		
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >]	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	()		Racional III
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	()		ESPECIAL N.F.
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	()		Raphon H.
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	()		200 Co. 1.3
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	()		Ant (5) Ami (5)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	()	Preparation Checklist	Ant(5) Am(3)
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Figure 1 1.25

SINGAPORE ACCIDENT STATEMENT

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 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.
- 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 ladgement 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.	ru nereby consent to the archiving or this report at the centre and to copies or the report being made available
And the second second	ACCIDENT STATEMENT
Date Of Report	01/02/2019 17:48
Date Of Accident	31/01/2019 15:40
Exact Location Of Accident	224 MACPHERSON RD
Country/State of Loss	SINGAPORE
Application of the American Street	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YK5553J
Insured/Policyholder	
Name Of Registered Owner	TEO KIM SENG TRADING & TRANSPORT PTE LTD
Co Reg No	201300307N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FE639ETORDE

Exact Purpose for which vehicle was being used at time of accident WORKING

Are you claiming under your own insurance policy NO

for repair to your vehicle?

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 FIRE AND/OR THEFT

Fleet Policy YES

Policy Number 5089073393-01

Cover Note Number

Driver

Name of Driver MUHAMMAD SHAFIQ BIN MOHD KHALID

 NRIC No
 S9044519G

 Date Of Birth
 21/11/1990

 Occupation
 OUTDOOR

 Date Of Driving Pass
 25/03/2015

Driving Experience 3 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93294170

Fax Number

Contact Number OFFICE-93294170

EMail Address NOEMAIL

Address

BLK 806 WOODLANDS STREET 81

#06-279

Postcode

730806

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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

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

NO

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

140

Number of Passengers (Including Driver)

Passenger 1

2

NAME:

: MOHAMAD HAFIZAL BIN AHMAD

GENDER:

: MALE

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLS1409G

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

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD SHAFIQ BIN MOHD KHALID

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? YK5553J
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name MOHAMAD HAFIZAL BIN AHMAD

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? YK5553J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <u>truthful and accurate as 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

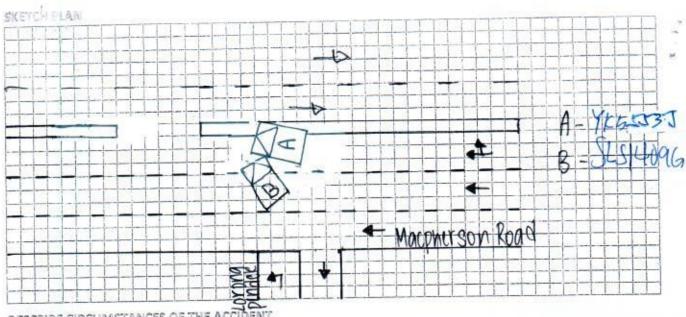
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



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DECLARATION

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

J ..

Policyholder's Signature Date & Time:

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

Date & Time:

NRIC/FIN No.:

Reporting Centre Personnel's Signature Name:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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. 4
- 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.

大利自己的 2000年	ACCIDENT DETAILS	(DD/MM/YY)
Date of accident	311112019	(HH:MM)
Time of accident	3:40pm	(nn:iviivi
Exact location of accident	224 Marphenson Road	

AND DESIGNATION OF THE PARTY OF	DE	TAILS OF \	/EHICLE		A STATE OF THE STA
Vehicle registration number	YK 155	535			7.78 - 10 - 10 - 10 - 20 - 200
Vehicle make and model					
Type of vehicle	Saloon D	MPV □ Bus □		Van cle 🗆	Others:
Vehicle category	Private 🗆	Comm	ercial N	/lotorcy	cle 🗆
Purpose of using at said time					Alfa.
Are you claiming under your own insurance company?	Yes Third part c	No p	if no, please Reporting o		

	INSURANCE IN	FORMATION	是一种地
Insurance company	NTMC		
Policy number	0,000,000	2 0 1 0	TO ask =
Type of policy	Comprehensive	Third party fire & theft	TP only

Name			POLICY HOLDER	RANSPORT HE 44 Male 0	Female
NRIC / Fin / Passport number	20	2135000)	AL 1 V	10
Contact					
Address	86	JALAN	CHENGKEK	S (36930a)	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)								
Name	MUHAMMAD SHAFIQ BIN MOHD Males Female 11								
NRIC / Fin / Passport number	590445194								
Contact	93294176								
Address	BIK 806 woodlands Street 81 #06-279 S(730806)								
Email address									
Date of birth	21/11/1990								
Occupation	Indoor Outdoor								
Driving date pass	25/3/2015								

A CONTRACT OF THE PARTY OF THE	,	ORMATION (COLOR	ALC: NO.		
as driver an employee of	Yes o	ionship of the	driver a	and inst	red:		_
he insured's company?	Yes 🗆	Noe	3 01117 01		No.		
ccident captured by camera?		Raining 🗆	Oth	ers:			
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Gender	Male	Female 🗆					
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Gender	Mate 🗆	Female r]	13122			
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高於可以提供數數的以及其中數	对这种原	OTHER INFO	RMATIO	N			
Was anybody injured?	Yes	No 🗆					
Was other vehicle damaged?	Yes	No 🗆					
	The same of the sa	ETAILS OF PC	LICE AC	TION	and a substant	nolice station	
Reported to police?	Yes	No □	If yes, p	lease st	ate which	police station.	
Police station name	-			/			
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Name							
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STILL STATE OF THE		WITN	ESS 2	AT BE	A 2 8 7 1 1		
Name							

	THIRD PARTY VEHICLE 1
	SLS 14096
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lame	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	Notes and the second se
Vehicle make model	
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(1) 10 10 10 10 10 10 10 10 10 10 10 10 10	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
是基本。1985年,1985年,1985年	THIRD PARTY VEHICLE 4
Vehicle registration number	
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Name	
NRIC / Fin / Passport number	
Contact	
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AND THE PERSON NAMED IN COLUMN	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
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Vehicle registration number	
Vehicle make model	
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NRIC / Fin / Passport number	
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Contract	
The second secon	THIRD PARTY VEHICLE 7
Vehicle registration number	
venicie registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1
MUHAMMAD SHAFIQ BIN MOHD KHALID
Back
YK5333T
Yes No 🗆
Yes 🗆 No.
INJURED PERSON 2
MOHAMAD HAFIZAL BIN AHMAD
- Back
YK 5333 J
Yes No D
Yes D No pr
INJURED PERSON 3
Yes D No D
Yes 🗆 No 🗆
INJURED PERSON 4
Yes 🗆 No 🗈
Yes D No D
Secretary Manager
INJURED PERSON 5
Yes 🗆 No 🗅
Yes No D
165 6/ 116 5

INJURED PERSON 6

No 🗆

No 🗆

Yes 🗆

Yes 🗆

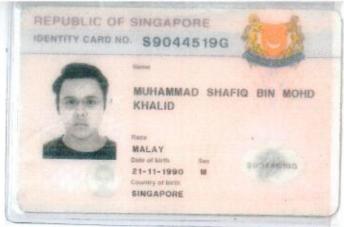
Name

Injuries sustained

Which vehicle person in?
Were seat belts worn?

Was injured conveyed to hospital by ambulance?





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 25 Mar 2015 of the driver; and other motor vehicles =< 2500kg

NP 428A



Date of frame
22-11-2005

APT BLK 806 WOOOLANDS STREET 81 #08-279
SINGAPORE 730806
NRIC No: \$8044519G Date: 18/07/2016



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: 5089073393-01

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: YK5553J

Chassis Number

: FE639EA40930

2. Name of Policyholder

: TEO KIM SENG TRADING & TRANSPORT PTE. LTD.

3. Effective Date of Insurance

: 30 Mar 2018

4. Expiry Date of Insurance

: 29 Mar 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.
 - a 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) : N/A
EXCESS (SECTION 2) : S\$1,500
INSURE WITH COE : YES

HIRE PURCHASE COMPANY : N/A

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

: RAYMOND LOY INSURANCE AGENCY (00000591085)

Date of Issue

: 12 Apr 2018 12:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech								GeneralClaim				
Hello, NAC_PAYA_UBI_80	0601						Change La	nguage	· Change P	assword	Log Out	
My Desktop	Poli	cy Query										
Notice of Loss	Policy N	io.				Date of A	Accident	31/0	1/2019 15:4	0		
	Vehicle	No.(For Motor)	YK5553)		Certificat	te Number					
					Se	arch						
S	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5089073393- 01		TEO KIM SENG TRADING & TRANSPORT PTE, LTD.	201300307N	GFT	Third Party, Fire & Theft	YK55533	YK5553)	30/03/2018		
				MINERAL STATE OF THE STATE OF T	Cor	ntinue						

olicy No.	5089073393-01	Policyholder Name	TEO KIM	SENG TRADING & TRA	Policyholder NRIC	201300307	N
Certificate No.							
Address	86 JALAN CHENGKEK SINGAPOR	RE 369309					
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	12/04/2018	Effective Date	30/03/20	018 00:00	Expiry Date	29/03/2019	23:59
xcess		All Claims Excess					
Third Party Excess	1500.00	Own damage Excess	0.00		Windscreen Excess	0.00	
Additional excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				You	ng/Inexperience Driver Excess
Agent	RAYMOND LOY INSURANCE AGE	Agent Tel.	NIL		GST Flag	Y	
nsurance	No						
lag Open olicy nfo Certificate nfo	nolder Mailing Address						
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ag pen pen plicy per	nolder Mailing Address 86 JALAN CHENGKEK d Object: YK5553J	Addre Relate	ess Type ed Policy eer	Singapore address			Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(has/have been deleted from this policy: VEHICLE NUMBER

Hey No.					
	5089073393-01	Vehicle No.	WS59532	GST Registration No.	- Decimentages
tificate No.					
cyholder Name	TEO KIM SENS TRADENS & TRANSPORT PT	E. LTO.		Policyholder NR3C	201300307N
fuct Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
tact No.(Mobile)	0.0	Contact No.(Office)	0	Contact No.(Home)	0
il Address		Special Remark		eCode	hr V
	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
ort Date	01/02/2019 18:26	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
of Accident	31/01/2019	Time of Accident hh:mm	15:40	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	
denk Lacetian	224 MACPHERSON RD				
Excess					
damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
amed Driver Excess		Outside Singapore OD Excess			
Party Excess	1,500.00	Outside Singapore TP Excess			
Benefits					
GST Registered Inform					
Registered	No		GST Registration Date	400	
Registration No. Scation History			GST Status Verified	Yes	
Section of State :					
Policyholder Mailing Ar	ddress				
ess 1	86 JALAN CHENGKEK	Address 2	SINGAPORE 369309	Address 3	Billenday
ress 4		Address Type	Singapore address	Post Code	369309
No.		Related Policy Number	5089075057-01	AND DOWNERS	ALCOMO!
OI Driver Info		percoparticity (
or Name	Unnamed Driver	Driver Type	Unnamed Driver		
med driver Name	MUHAMMAD SHAFIQ BIN MOHD	Driver NRIC	S9044519G	Driver DOS	21/11/1990
ster Date of Driver License	e 25/03/2015	Driver Age	28	Driving Experience	3
act No.(Mobile)	93294170	Contact No.(Office)	0	Contact No.(Home)	0
ess 1	BLK 806	Address 2	WOODLANDS STREET 81	Address 3	SINGAPORE 730806
ress 4		Address Type	Singapore address	Post Code	730806
No.	06-279				
s he own a Singapore istered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
22222					
aration.					
thalyser or Blood Test sing?	0 mg	Any injury?	® Yes ○ No		
Hication History					
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aim 001 New					
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	OD-MX	Insured Name	TEO KIM SENG TRADING & TRA	Insured NRIC	201300307N
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