NATIONAL Assessment Ce.	ntre Services	Imet + Jamost W	A STATE OF THE STA		1
Date In: 1/3/19-16: 04	Jeb description		Date & Time Completed	Done	pì.
Res No: NA SHELLY DO TERS PLY	SAS e-filing				
Veh No: 14p3115p.	E-mail (within	Shrs, AIC 2hrs)			
D.O.A : 13/19-09:17	i-Motor Clai	m Form	M 1034 233-001	1/3/19/16:	19
	i-Motor W/C	(Within: OD 2h	s, 7'P 4hrs)		
OD : TP) Reporting Only	i-Photo Uplo	aded	1		
TP Insurer:	Assessment/S				
	Ass't Report l	y Fax / Hand	to Owner/Wksp	<u> </u>	
Preferred Wksp / INC Assign Wksp / QW:	(1128 12-2-11	Tol:	Fax:	
TP Particulars: Veh No:	W3878K	INC ()/Non-INC()		
Owner / Driver: (18	Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (9	%) [Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 30-	100%]	
Year of Registration: () Warranty: YES ()/NO()		
Excess: (\$) Loading:	\$1,000()/\$2,000)()			
General Remarks:			The state of the s	575-047 E 5	
() Total Loss Case : to e-mail In			ruin Co. (
Drive-In ()/ Towed-In (); Inv	voice: YES () / I	NO();	Towing Co: (
Remarks: (INC hotline: 6788 661	6)		Date&Time Completed	Done	by
1) Apply for Transport Allowance (And the of the same of the sam)			
2) QC Check / Post Repair Inspection	()			V (VIII VIII VIII VIII VIII VIII VII
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()			
Injury:				1880 1	
		Control of Control	***************************************	SERVENCE AND	67 N 19 N 1
Date/Time Actions	All 1995 And the least of the l			REBILIER SCHOOL SE	-
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1/1901588		129.5 A 100.5 (100.4 (1	eparation Checklist	fit Bill	Add Bill
laimant's Particulars :-	CALCAST CONTRACT	1) AR : Accider 2) DA : Dameg	at Reporting (\$30); Assessment (\$100); INC (\$80)	
river/Owner:		3) TF : Towing	Fee . S	40/\$45 \$120	
		4) FT : Follow- 5) FT : Follow-	Through Survey (Resurvey)	\$30	
ontact No:			against INC Only (wef 10 Jan 20)	25) \$75	5312 5312
maged Portion:		6) TR: Re-insp 7) N1: Idao DA	+ SMRT Survey	\$160	
	1	8) NTUC Addi			
C Checked by (Engr-In-Charge):	Ð	• N5: Courter	y Car / Tpt Allowerse	\$5	
T155-744 A445-76-10-11-11-11-11-11-11-11-11-11-11-11-11-	su swaysti alada Alama, ak	*N6: Repair	Co-ordination pair Inspection	\$10 \$25	
uditors! Comments :-		*N8: DV/C	ollect Excess Coordination	55	
	4.	TP (N11): T 9) N12: Idac M	P (Non INC) against INC	30	
. 2/3;		Invoice dated	Fee Charge	BANKS IVE	christ.
and the second s		Invoice dated	Fee Charge		

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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 truthful and accurate as possible, Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available.

	ACCIDENT STATEMENT
Date Of Report	01/03/2019 16:09
Date Of Accident	01/03/2019 09:15
Exact Location Of Accident	JUNC RIVER VALLEY RD & JLN MUTIARA
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGP7115P
Insured/Policyholder	
Name Of Registered Owner	VS CARZ PTE LTD
Co Reg No	201831371G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS 1.5E A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5104132822
Cover Note Number	
Driver	
Name of Driver	LIM PENG KIAT
NRIC No	S1703566E
Date Of Birth	18/04/1965
Occupation	OUTDOOR
Date Of Driving Pass	27/03/1985
Driving Experience	33 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90673739
Fax Number	
Contact Number	OFFICE-90673739
EMail Address	NOEMAIL

Address

BLK 512B YISHUN STREET 51

#04-483

Postcode

762512

OTHER - HIRER

Was driver an employee of the Insured's Company NO

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?

Number of vehicles (including own vehicle)

involved in the accident

NO 2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

YES

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)

YES

NO 1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190301/7003.

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

SJW3838K

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)

Passenger 1

2

NAME:

GENDER:

DETAILS OF INJURED PERSON 1

1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

LIM PENG KIAT

BODY

SGP7115P

YES

YES

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material.

 The control of the surface companies to report to the control of the surface This Form must be completed by the Policyholder and/or the Authorised Privet
- 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 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 a serious properties 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. 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 advantage. 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 the general information 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 (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved (all ins 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
- (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 my Personal Information Interpretation in Sylvan in the Personal Information Interpretation in Sylvan in Interpretation Inte
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, (d) 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, to all insurers and/or any out-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.

Driver's Signature

Policyholder3

and the second standard over 192

Date & Time

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

and the sketchild of the 21

Vo	ılan mutiara	NS		[18]	
Vehicle A: 69 P7115P	Principle of the second	A2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			giver valley Road
RIBE CIRCUMSTANCES OF THE A					Piver Va
- Reter to	Many Commercial Commer	port -			
		-/			
	*				
DECLARATION .	s are true in every re	spect.			
Co. Reg No.	Oriver's Signature	Ar			6
Policyholderid Smith	(if driver is not the Date & Time:	e policyholder)	Reporti Name: NRIC/FI	ng Centre Person	nel's Signature

		ACCIDENT STA	FEMENT	
		ACCIDENT STA	AIEMIN ME	15_HHHMMI
		- ACCIDE	WYYY), TIME:	HiON:
	ACCIDENT DATE! DI	, 03, 2019 1(DD/MIN	muttara Jun	01101
	ACCIDENT DATE:	x Jalah	Mons	
	LOCATION: RIVEY			
	1. DETAILS OF VI	\$200 March 1992 April	P	
		UMBER:		TUETI
	DINSURANCE	COMPANY:	THIRD PAR	TY FIRE & THEFT
	C)POLICY NUM	HER: COMPREHENSIVE / THIE	DPART	THERS)
	elMAKE & MG	UMBER:	LORRY / MOTORCYC	(CLE)
	f)TYPE:(SALO	DDEL: 10/01/10/10/10/10/10/10/10/10/10/10/10/1	MERCIAL / MOTORC	1100se
	g) VEHICLE CA	TEGORY: [PRIVATE / CONTINUE F USING AT ACCIDENT TIME	E. WES N	δ1 ·
	h)PURPOSE O	TEGORY: (PRIVATE) F USING AT ACCIDENT TIM AIMING UNDER YOUR OW E STATE (THIRD PARTY) CLA	N INSURANCE TO ONL	Y) .
	IF NO, PLEAS	AIMING UNDER YOUR OW E STATE (THIRD PARTY CLA	IM / REP.ORTI	
				LE / FEMALE)
	A)NAME:	VS CART PIE LTD	CONTACT	730827)
	b)NRIC/FIN/P/ c)ADDRESS:	827 whodlands St	81, 410-92	1010
	V) 86		ICY HOLDER	
14.11 0	* CONTINUE TO	3.d IF DRIVER ALSO POL	CI IICEE	()
-4 No ct	7	Lim Pena kiat	(MA	19 / FEMALE)
Cindus	b) NRIC/FIN/PA	SSPORT: SITUSS	66E CONTACT:	5(762512)
<u>c.u</u>	c)ADDRESS:	5128 YBUNN ST	91 104 100	
	. WIDATE OF BI	RTH: (18 / 04 / 1965	L)(DD/MM/YYYY)	14.00
	e)OCCUPATIO	N: (INDOOR / OUTDOOR)	· Le
	f)YEARS OF DR	IVING EXPRERIENCE:	23 YEAYS .	Y (YES / NO)
	IF NO. RELAT	AN EMPLOYEE OF THE I	R WITH INSURED:_	Hirer _
1.	5. a) WEATHER CO	ONDITION: (CLEAR / RAIN	ING / OTHERS	a who is the second
		ACE: (DBY / WET A OTHERS		
		POLICE (YES)/ NO	THE RESERVE AND ASSESSED.	Provide a
1.64.19	IF YES, PLEAS	E STATE WHICH POUCE ST	ATION:	•
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female the of p			OK MODEL:	<u></u>
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1 of 3

Report No. T/20190301/7003

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Tin 01/03/20	ne Report M 019 13:37	Made:	Vide Report No.: E/20190301/0062	Station Diary No.
Informa	nt's Partic	ulars		CHARLES AND THE PARTY OF THE PARTY OF
	f Informant: NG KIAT		Address: APT BLK 512B YISHUN S 762512	TREET 51 #04-483 SINGAPORE
ID Type NRIC N	/ ID No.: O / S170356	66E	Contact No.: Home/Office:	Mobile: 90673739
National SINGAP	ity: ORE CITIZ	EN	Email: garylpk@singnet.com.sg	
Sex: Male	Age: 53	Date of Birth: 18/04/1965	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupat Go-Jek			Driving Licence Information Class:	n: Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/03/2019 09:15	Type of Location X-Junction
Location: RIVER VALLI Weather: Clear	EY ROAD	Road Surface:	1	Road Speed Limit:
		15.55.67		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy

Details of V	ehicle Invo	lved	SECTION AND ADDRESS.	SHEET STATE OF		THE RESIDENCE
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGP7115P	Car	TOYOTA	VIOS		Seriously Damaged	1
SJW3838R	Car	BMW			Slightly Damaged	2

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20190301/7003

CONTINUATION OF REPORT

Driver		- United States	TO SERVICE STATES		1000	ALCOHOLD STREET
Name	LIM PENG KIAT			ID No		S1703566E
Related Vehicle	SGP7115P (Car)			Conta	ct No.	90673739
Hospital/Clinic	SINGAPORE GEN	ERAL HOS	PITAL	Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	01/03/2019	/65	Date Dis	scharge	01/03	3/2019
No. of Days gran	ted Medical Leave	03	Degree	of Injury	Sligh	t

Brief Details.

ON 01/03/2019, AT ABOUT 09:15HR, I WAS DRIVING MY VEHICLE - SGP7115P, ALONG RIVER VALLEY ROAD. DUE TO HEAVY TRAFFIC, VEHICLES WERE SLOW MOVING. I WAS TRAVELLING STRAIGHT ON LANE 3 WHEN SUDDENLY, VEHICLE NUMBER - SJW3838R, TURN FROM THE OPPOSITE DIRECTION AND COLLIDED WITH MY VEHICLE'S FRONT PORTION.

I WAS SUBSEQUENTLY CONVEYED TO SINGAPORE GENERAL HOSPITAL & WAS GIVEN 3 DAYS





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190301/7003

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

Authentication Stamp

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/03/2019 13:37
Officer In Charge Of Case: TP / TPIB / MOHAMMAD SHAHRIL BIN ABDULLAH Contact No.: 65476083	Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING



Licence Number: S 1 7 0 3 5 6 6 E

Name:

LIM PENG KIAT

Birth Date: 18 Apr 1965

Issue Date: 03 Jan 2017



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1703566E





Name

LIM PENG KIAT

林斌傑

CHINESE Date of birth

Sex

18-04-1965

M

Country/Place of birth

SINGAPORE

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

EFFECTIVE DATE

5684883

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 27 Mar 1985 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

Licence No:S1703566E

NP 428A



NRIC No. S1703566E--



Date of leave

04-01-2017

Address

APT BLK 512B YISHUN STREET 51 #04-483 SINGAPORE 762512

Scanned by CamScanner



	CERTIFICATION OF THE PROPERTY	Policyholder			Policyholder		
	5104132822	Name	VS CARZ	PTE. LTD.	NRIC	201831371G	
Certificate No.							
Address	BLK 827 #10-92 WOODLAND	S STREET 81 SI	GAPORE 7	30827			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	05/10/2018	Effective Date	10/10/201	8 00:00	Expiry Date	21/12/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	g/Inexperience Driver Excess
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 827 #10-92	Addre	ss 2	WOODLANDS ST	REET 81	Address 3	SINGAPORE 730827
Address 4		Addre	ss Type	Singapore addres	s	Post Code	730827
Unit No.	10-92	Relati Numb	ed Policy er	5106468512			
	ed Object: SGP7115P						
) Insure							
□ Insure □ Endore □ Endore	sements						

Accident HT/1034233					
Policy No.	5104132822	Vehicle No.	SGP7115P	GST Registration No.	
Certificate No.					
olicyholder Name	VS CARZ PTE, LTD.			Policyholder NRJC	201831371G
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ontact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	No. V
FK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
ICD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
leport Date	01/03/2019 16:48	Acadent Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
ace of Accident	01/03/2019	Time of Accident hhumm	09:15	Country of Academt	Singapore
eporting Centre		Orange Force		ICM No.	
ocident Location	JUNC RIVER VALLEY RD & JUN MUTIARA				
♥ Excess					
wn damage Excess	2,000.08	Additional Excess	0	Windscreen Excess	100.00
nnamed Driver Excess		Outside Singapore OO Excess	2,000.00		
hird Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
♥ Benefits					
GST Registered Informa	etion				
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	No.	
todification History					
▽ Policyholder Mailing Ad	dress				
ddress 1	8LK 927 #10-92	Address 2	WOODLANDS STREET 81	Address 3	SINGAPORE 730827
Address 4		Address Type	Singapore address	Post Code	730827
Jnit No.	10-92	Related Policy Number	5106468512	Tour cour	700067
♥ OI Driver Info	50000	Mario (May Mario)	3100700312		
nver Name	Unnamed Driver	Driver Type	Unnamed Driver		
innamed driver Name	LIM PENG KIAT	Driver NRIC	S1703566E	Driver DOB	18/04/1965
egister Date of Driver License.	27/03/1985	Driver Age	53	Driving Experience	33
ontact No.(Mobile)	90673739	Contact No. (Office)	0	Contact No.(Home)	0
odress 1	BLK 5128	Address 2	YISHUN STREET 51	Address 3	OLEANDER BREEZE @ YISHUN
doress 4	SINGAPORE 762512	Address Type	Singapore address	Post Code	
mit Ng.	04-483	Post Cas 19pc	Singapore address	Post Code	762512
oes he own a Singapore	Over@No	Delicas Identific No.			
oes he own a Singapore registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
egistered car? eclaration reathalyser or Blood Tess			® Yes ○ No	Driver Insurer Company	
registered car?	○ Yes ® No O mg	Oriver Vehicle No. Any injury?	® Yes □ No	Driver Insurer Company	
registered car? eclaration treathalyser or Blood Teal leading?			® Yes □ No	Driver Insurer Company	
Dees he own a Singapore Registered car? Redination resolutiviser or Brood Test Reading?			® Yes □ No	Driver Insurer Company	
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