NATIONAL Assessment Cer				1	
Date In: 29 1 9- 11:14	Jeb description	n	Date &Time Completes	Don	e py
Res No: 49 INC 1905 Gry	SAS e-filing				
Veh No: SMIDM	E-mail (within	a Shrs, AIC 2hrs)			-11
D.O.A: 26/13 14 16: 15	i-Motor Cla	im Form	M7/1038033-00/	29/1/19	18: 07
OD / P Reporting Only	i-Motor W/	O (Within: OD 2hr	s, TP 4hrs)	-	
OB . W reporting Only	i-Photo Upl	oaded			
TP Insurer:	Assessment/S	Survey Report			
	Ass't Report	by Fax/Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (1000		Tel:	Fax:)
TP Particulars: Yeh No: Yeh	PITY3M .	, INC()/Non-INC().	SHOP TORKS	
Owner / Driver: (Tel:)	- 44245 Ho a 5725655
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80	-100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$	1,000 ()/\$2,000	0()			-
General Remarks:			des l'appression de la constant de l	7173 - T	s ///
() Walk-In Customer: Customer's in	nformation strictly Co	onfidential & St	rictly NO refer of repaire	r.	
() Total Loss Case : to e-mail Ins	THE RESERVE AND PERSONS ASSESSMENT OF PERSONS ASSESSMENT OF THE PERSON		* 12.1		
Drive-In ()/ Towed-In (); Invo	ice: YES () / 1	NO();T	owing Co: (,)
Remarks: (INC hotline: 6788 6616)			Date& Time Completed	Don	SEL.
	/ Courtesy Car (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Dates Inno Completor	New Y-SDOK	СПУ
2) QC Check / Post Repair Inspection	/ Courtesy Car (,		-	
)			
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()			
Injury:					
Date/Time Actions		At the Car	1.5	Table Contract	**************************************
				38,455365114.754755	
	THE RESERVE THE PARTY OF THE PA		The second secon		
	9				
	-			-	
NA 1902280.	The same of the sa	Invoice Pres	paration Checklist	Anit (S)	Amil (\$)
Contract of the Contract of th		1) AR : Accident		fit Bill	Add Bill
laimant's Particulars :-	All the second	2) DA : Damage	Assessment (\$100); INC (Chambrid Street, Co.	
river/Owner:		3) TF : Towing Fo 4) FT : Follow-Th	rough Survey	\$120	
ontact No:	4	5) FT : Follow-Th	rough Survey (Resurvey)	\$30	
amaged Portion:		6) TR: Re-inspec	tion	\$75	
maged rothon:		7) N1 : Idao DA +	SMRT Survey	\$160	
Chalan m		8) NTUC Additio	nal Services:-		
Checked by (Engr-In-Charge):		*N5: Courtesy	Car / Tpt Allowance	\$5	
S. W.P. S.	university between the track	*N6: Repair Co *N7: Post Repa		\$10	-
iditors' Comments :-		*N8: DV / Coll	ect Excess Coordination	20	
_1:		TP (N11): TP 9) N12: Idac Mob	(Non INC) against INC	30	
2/3;		Invoice dated	Fee Charge	MARKET CAPTAGE	artin Jen
		Invoice dated	Fee Charge	THE IN	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for Investigation.
- 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	29/03/2019 17:54
Date Of Accident	29/03/2019 16:15
Exact Location Of Accident	TURNING LEFT TWDS STAMFORD RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM1022T
Insured/Policyholder	
Name Of Registered Owner	LEE THENG THENG
NRIC No	S7510679C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91191027
Alternative Phone No	OFFICE-91191027
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS E AUTO
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106527196
Cover Note Number	
Driver	
Name of Driver	SIM HEE SAN
NRIC No	S1233586E
Date Of Birth	02/05/1957
Occupation	OUTDOOR
Date Of Driving Pass	06/02/1975
Driving Experience	44 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96164033
Fax Number	
Contact Number	OFFICE-96164033

NOEMAIL

Address BLK 152 YUNG HO ROAD

#10-05

Postcode 610152

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

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

0.00

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

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

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

YP1543M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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

SIM HEE SAN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode

NECK & BACK SJM1022T YES

NO

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 <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.
- 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 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:
 - (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.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personne's Signature

NRIC/FIN No.:

Turning left into Stramford Rd

SKETCH PLAN	(withing text	THE STORM OF THE
	AB	A-SJM(022T B-YP-1543M
ESCRIBE CIRCUMSTAN		
I was Star	flonding waiting for	the cars to be clear, before
I make a 1	eff turn into stam.	ford Rd. While waiting
		le B (YPIS43M) cut into
My lone fr		hit onto my Vehicle
CLARATION e declare the foregoing par	ticulars are true in every respect.	→
cyholder's Signature e & Time:	Oriver's Signature	Reporting Centre Personnel's Signature

Po

Date & Time:

Name: NRIC/FIN No.:

STABLE SECURITIES OF VE

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.
- 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.

Accident details

Date and time of accident	Date: 29 03 2019	(DD/MM/YY) Time: 16:16 pm	(HH:MM)
Exact location of accident	Stamford Rd		

Details of vehicle

Vehicle registration number Vehicle make and model	SJM 10:	Annual Control		-	
venicle make and model	Toyota 1	vios			
Type of vehicle	Saloon 🗹	MPV Bus	CRV 🗆	Van	
			Motor	ycie 🗆	Others:
Vehicle category	Private 🗹	Comme	ercial 🗆	Motorcy	rcle 🗆
Purpose of using at said time	Private u	se		1	
Are you claiming under your own insurance company?	Yes Third part cl	No 🗹	if no, pleas Reporting		

Insurance information

Insurance company	NTUC		
Policy number	5106577196		
Type of policy	Comprehensive	Third party fire & theft	TP only

Insured / Policy holder

Name	LEE THENG THENG	Male 🗆	Female 🗹
NRIC / Fin / Passport number	57510679C		1
Contact	9119 1027		
Address	26 mas kuning Terrorce s (126870)		

<u>Driver</u> Same as insured above □ (skip to D.O.B)

Name	SIM HEE SAN Male	✓ Female □
NRIC / Fin / Passport number	S1233586 E	
Contact		
Address	BLK 152 YUNG HO ROAD #10-05 5 610152	
Email address	96164033	
Date of birth	02/05/1957	
Occupation	Indoor Outdoor	
Driving date pass	21/02/2003	

General information of the accident

Was driver an employee of	Yes 🗆 No 🗷
the insured's company?	If no, relationship of the driver and insured: Friend
Accident captured by camera?	Yes 🗆 No 🗹
Weather condition	Clear Raining Others:
Road surface	Dry d Wet a
No of passenger	(Inclusive of driver
Passenger 1	
Name	
Gender	Male Female
Passenger 2	
Name	
Gender	Male - Female -
Passenger 3	
Name	
Gender	Male Female
Passenger 4	
Name	
Gender	Male Female
Passenger 5	
Name	Male R Female D
Name	Male Female
Name	Male Female
Name Gender Passenger 6	Male Female
Name Gender	Male Female Female
Name Gender Passenger 6 Name	
Name Gender Passenger 6 Name Gender Other information	
Name Passenger 6 Name Gender	Male p Female p
Name Passenger 6 Name Gender Other information Was anybody injured?	Male Female Yes No No No No No Yes No No No No No No No No
Name Gender Passenger 6 Name Gender Other information Was anybody injured? Was other vehicle damaged?	Male Female Yes No No No No No Yes No No No No No No No No

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	YP1543M
Vehicle make model	

Third party vehicle 2

Name	-0.75
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

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

Third party vehicle 4

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

Third party vehicle 5

Name	040	
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number		
Vehicle make model		

Third party vehicle 6

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

Witness 1 Name Witness 2 Name Injured person 1 SAN Name HEE Injuries sustained and Back SJM10227 Which vehicle person in? Were seat belts worn? No 🗆 Yes d Was injured conveyed to No or Yes 🗆 hospital by ambulance? Injured person 2 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No o Was injured conveyed to Yes 2 No 🗆 hospital by ambulance? Injured person 3 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 4 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 Nod Was injured conveyed to Yes 🗆 No a hospital by ambulance?



Slood Group Date of issue

15-03-1994

1795228

NP 428A

APT BLK 152 YUNG HO ROAD #10-05 SINGAPORE 2261

YOU ARE LIC TRADE PRO-FOOD DWING CLASSIF PASS DATE Class 2B 26 Apr 1977 26 Apr 1977 26 Apr 1977 Class 2A Class 2 Motor Motor Motor 96164033 Class 3 06 Feb 1975 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 killograms Motor Vehicles which are not constructed 14 Aug 1978 11 Dec 1978 themselves to carry any load and the weight of which unladen exceeds 7250 kilograms

Licence No: S1233586E

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1233586E

Name



SIM HEE SAN

CHINESE

02-05-1957

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE S1233586E SIM HEE SAN But Date: 02 May 1957 Issue Date: 21 Feb 2003



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 18	9)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960	
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	
구마. 그 그 그들은 그는 문에 있다면 나무를 하면 없어요? 전쟁에 있어요? 그렇게 되었다면 얼마나 그 것이다면 그렇게 살아지고 있다면 그렇게 되었다.	

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA) Cover : drivo CLASSIC

Certificate Number: 5106527196

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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

: SJM1022T

: 21 Dec 2018

: 21 Dec 2019

: MR053HY9305083995

: LEE THENG THENG

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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

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) : \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : LEE THENG THENG (LI TINGTING)

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A 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

: QUOTIGO PTE. LTD. (00000573831)

Date of Issue

: 20 Dec 2018 16:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601			The Control of the Co			• Change	Language	· Chang	e Password	· Log Ou
My Desktop	Poli	cy Query									,
Notice of Loss	Policy N	io.				Date	of Accident	2	9/03/2019 1	6:15	
	Vehicle	No.(For Motor)	SJM102	22T		Certifi	cate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5106527196		LEE THENG THENG	S7510679C	GPC	drivo CLASSIC	S)M1022T	SJM1022T	21/12/2018	21/12/2019
						Continue	1				

Policy No.	5106527196	Policyholder Name	LEE THENG	THENG	Policyholder NRIC	S7510679C	
Certificate No.							
Address	26 MAS KUNING TERRACE TH	E CLEMENTVALE	SINGAPORE	126870			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	20/12/2018	Effective Date	21/12/2018	00:00	Expiry Date	21/12/2019 23	59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/	Inexperience Driver Excess
Agent	QUOTIGO PTE. LTD.	Agent Tel.	63853303		GST Flag	Y	
Co- Insurance Flag Open Policy	No						
Info Certificate Info							
Policy	holder Mailing Address						
Address 1	26 MAS KUNING TERF	RACE Addr	ess 2	THE CLEMENTVALE		Address 3	SINGAPORE 126870
		Addr	ess Type	Singapore address		Post Code	126870
Address 4		Relat	ed Policy	5106527196			
E Silo		Num	per				
Unit No.	ed Object: SJM1022T		per	1020000100000000			
Address 4 Unit No. Insure Endors	vice considerat		per				

olicy No.					
	5106527196	Vehicle No.	SIM1022T	GST Registration No.	
ertificate No.					
olicyholder Name	LEE THENG THENG			Policyholder NRIC	\$7510679C
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
antact No.(Mobile)	91191027	Contact No. (Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	THE VI
ek.	® No ○Yes	TCA	® No ○ Yes	eCode Reason	The sale
2D Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details		ness continuing my		extremos rains	(No.
port Date	29/03/2019 18:06	The same of the sa	NACCT	In a conservation of	0.2020200000200000000000000000000000000
		Accident Report Within 24 hrs		Accident Type	Collision - Change / Cross lane
ite of Accident	29/03/2019	Time of Accident hh:mm	16:15	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	TURNING LEFT TWDS STAMFORD RD				
r Excess					
vn damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	500.00	Outside Singapore OD Excess	600.00		
ird Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits .					
GST Registered Informa	stion.				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
diffication History					
Policyholder Mailing Ad	dress				
dress 1	26 MAS KUNING TERRACE	Address 2	THE CLEMENTVALE	Address 3	SINGAPORE 126870
diress 4	CAMPAGE CONTROL OF THE STATE	Address Type	Singapore address	Post Code	
NE No.		Related Policy Number		Post Lode	126870
OI Driver Info		Related Policy Number	5106527196		
	Managed Rel		Wind 510%		
iver Name	Unnamed Driver	Driver Type	Unnamed Driver	162Yetts2ug	11/20/2021 (MANY III
named driver Name	SIM HEE SAN	Driver NRIC	51233588E	Driver DOB	02/05/1957
gister Date of Oriver License	06/02/1975 96164033	Driver Age	61	Driving Experience	44
intact No.(Mobile)		Centact No.(Office)	0	Contact No.(Home)	0
dress 1	BUK 152	Address 2	YUNG HO ROAD	Address 3	SINGAPORE 610152
dress 4	1000	Address Type	Singapore address	Post Code	610152
et No.	10-05				
es he own a Singapore gistered car?	○ Yes ® No.	Driver Vehicle No.		Driver Insurer Company	
120-2600 V					
claration					
	2000				
eatheryser or Blood Test ading?	0 mg	Any injury?	® Yes ○ No		
reathalysist or Blood Test eading?	0 mg	Any injury?	® Yes ○ No		
eathersair or Blood Test leading? diffication History	0 mg	Any injury?	● Yes ○ No		
ading? dification History	0 mgi	Any injury?	¥ Yes ○ No		
ading? dification History	0 mgi	Any injury?	¥Yes ○ No		
ading? dification History Claim 003 New				100 X 760 200 100	
ading? dification History Claim 001 New	Ор-мх ▼	Insured Name	LEE THENG THENG	Intured NRIC	57510679C
dification History Claim 001 New Im Type * Mack No.(Mobile)		Insured Marne Contact No.(Home)	LEE THENG THENG	Intured NRIC Contact No. (DMice)	\$7510679C
dification History Claim 001 New Im Type * History (Mobile) all Address	OD-MX ▼	Insured Name Contact No.(Home) Of Vehicle Number	LEE THENG THENG		\$7510679C
infication History Italim 001 New Im Type * Hact No (Mobile) at Address Imant Type Claimant Type *	ОD-МК 91191027	Iretured Name Coreact No.(Home) Of Vehicle Number Type of Benefit *	LEE THENG THENG	Contact No.(Office)	
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dification History Claim 001 New Im Type * Infact No (Mobile) are Address Imant Type Claimant Type * Imant Address Imant Address Im Description	OB-MX SIL91027 Please Select	Iretured Name Coreact No.(Home) Of Vehicle Number Type of Benefit *	LEE THENG THENG 62424915 SIM1022T	Contact No.(Office)	(YP3543M
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