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D.O.A : 24/4/ M- 01: 01	i-Motor Claim Form	M7 1042251-001	36	10.5
	i-Motor W/O (Within: OD 2h	The second secon	29/4/19	11.01
OD : TP Reporting Only	i-Photo Uploaded	1		
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wish		
Preferred Wksp / INC Assign Wksp / QW: (ax:	
TP Particulars: Veh NoSy			ax:	
Owner / Driver: (114-7	Tel:	•	
Policy No: (Period: (Cover Type: (
Confirmed by : (Date:	Time:		
) [Note-Est. Status (WO): N: 0-2		00%]	
tr co i i	Warranty: YES ()/NO ()	5070]	
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() Walk-In Customer: Customers in	mormation strictly Confidential & St	nctly NO refer of repairer.		
() Total Loss Case : to e-mail Ins		3 and 3	10	
Drive-In ()/ Towed-In (); Invo	ice: YES () / NO (); T	'owing Co: (80)
Remarks:- (INC hotline: 6788 6616	Control of the second s	The state of the s	AND CANED	K-100
1 1 1 1 1	The state of the s	Date&Time Completed	Done	by
2) QC Check / Post Repair Inspection	/ Courtesy Car ()			
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•			4	THE RESERVE
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umant's Particulars :-	1) AR : Accident		In Bill	AddI
	2) DA : Damage	Assessment (\$100); INC (\$80	A ACRES	-070
iver/Owner:	3) TF : Towing Fe 4) FT : Follow-Th		120	T. MAX
ntact No:	5) FT : Follow-Th	rough Survey (Resurvey)	\$30	
maged Portion:	6) TR: Re-inspec	tainst INC Only (wef 10 Jan 2005) tion	175	
D-11 / 11 / 11 / 11 / 11 / 11 / 11 / 11	7) N1 : Idao DA +	SMRT Survey	160	200-00-0
Checked by (Engr-In-Charge):	8) NTUC Addition	nal Services;-		202
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ditors! Comments :-	*N6: Repair Co *N7: Fost Repa	and the same of th	510	dia di di
litors Comments :-	*N8: DV / Coll	cet Excess Coordination	53	
AND	9) N12: Idac Mob	NAME AND ADDRESS OF TAXABLE PARTY OF TAXABLE PARTY.	30	•.
2/3:	Invoice dated	Pee Chargea		品的图》
T THE	Invoice dated	Fee Charged	568 TY	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

EMail Address

Fax Number Contact Number

- Please report <u>correctly</u> 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	29/04/2019 18:32
Date Of Accident	29/04/2019 01:05
Exact Location Of Accident	JB CUSTOM
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMJ9617E
Insured/Policyholder	
Name Of Registered Owner	TEO JIA HUI, LESLIE
NRIC No	S9311229F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91594616
Alternative Phone No	OFFICE-91594616
Vehicle Particulars	
Manufacturer	AUDI
Model	
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	STATE OF BUILDING STATE OF THE RESERVE
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109175327
Cover Note Number	
Driver	
Name of Driver	TEO JIA HUI, LESLIE
NRIC No	S9311229F
Date Of Birth	29/03/1993

INDOOR

MALE

NOEMAIL

04/06/2014

4 YEARS AND 10 MONTHS

(LOCAL) +65-91594616

OFFICE-91594616

Address BLK 24 CHAI CHEE ROAD

#02-598

Postcode 460024

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

8

Insurance Company of Driver's Own Vehicle

-

2

NO

4

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

GENDER: : FEMALE

Passenger 2

NAME:

GENDER:

: FEMALE

Passenger 3

NAME: : -

GENDER: : FEMALE

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?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190429/7006.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJU7472X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

Passenger 2

PRIVATE CAR

MUHAMED FERUZ BIN KAMIS

98220266

3

NAME:

GENDER:

NAME:

GENDER:

SKETCH PLAN

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 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:

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Person

Name:

NRIC/FIN No.:

SABAC Seeds Plant Sym. Vs.

ACCIDENT STATEMENT

1. DETAILS OF VEHICLE a) VEHICLE NUMBER: SMJ9617 E b) INSURANCE COMPANY: NTUC c) POLICY NUMBER: d) POLICY TYPE: (COMPREDENSIVE / THIRD PARTY / THIRD PARTY e) MAKE & MODEL: f) TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE. g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE. h) PURPOSE OF USING AT ACCIDENT TIME: TOVAL I i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY) CLAIM / REPORTING ONLY)	20
DINSURANCE COMPANY: NTUC C)POLICY NUMBER: NTUC C)POLICY TYPE: (COMPREDENSIVE / THIRD PARTY / THIRD PARTY B)MAKE & MODEL: NUM F)TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE G)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE T) PURPOSE OF USING AT ACCIDENT TIME: TOVAL I B) APE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	20
C)POLICY NUMBER: d)POLICY TYPE: (COMPREDENSIVE / THIRD PARTY / THIRD PARTY e)MAKE & MODEL: f)TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE h)PURPOSE OF USING AT ACCIDENT TIME: D) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	20
6)MAKE & MODEL: f)TYPE:(SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE. g)VEHICLE CATEGORY:(PRIVATE / COMMERCIAL / MOTORCYCLE. h)PURPOSE OF USING AT ACCIDENT TIME: 1) APE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	20
TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE h) PURPOSE OF USING AT ACCIDENT TIME: 1) APE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	/ OTHERS)
ILARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/189)	LE) .
AJNAME. 100 SULL 2005	1 FEMALE) 91594616
	(460094)
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
The state of the s	FEMALE)
(1ndcding driver) b)NRIC/FIN/PASSPORT:	
3 female passerges = d) Date of BIRTH: (
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	(YES / NO)
5. d) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	
6. WAS ANYBODY INJURED (YES / NO) 7. a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:	
8. THIRD PARTY VEHICLE STUTY 472 X MODEL:	
Induding deliver) D) DRIVER'S NAME.	1822 0366
(03) THIRD PARTY VEHICLE	
MODEL MODEL	
Induding driver ORIVER'S NAME: CONTACT:	

email =

Pax =





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

1 of 3 Report No. T/20190429/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Tin 29/04/20	/Time Report Made: \\ 4/2019 12:35		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
	f Informant: HUI, LESI		Address: APT BLK 24 CHAI CHEE RO	AD #02-598 SINGAPORE 460024	
ID Type / ID No.: NRIC NO / S9311229F		29F	Contact No.: Home/Office: Mobile: 91594616		
Nationality: SINGAPORE CITIZEN		EN	Email: leslieteo93@hotmail.com		
Sex: Male	Age: 26	Date of Birth: 29/03/1993	Type of Informant: Driver		
Race: Chinese	Race: Chinese		Language: English	Institution / School Name:	
Occupat SELF EI	ion: MPLOYED		Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 29/04/2019 01:05	Type of Location Straight Road
JOHOR BAH	RU CUSTOM	Road Surface:		Road Speed Limit:
		Traffic Control:		Traffic Volume:
Traffic Flow: One Way		Not Controlled		Heavy

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SJU7472X	Car			Red	Slightly Damaged	3
SMJ9617E	Car	AUDI	A4	White	Slightly Damaged	4

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/20190429/7006

CONTINUATION OF REPORT

Driver		100 TAV 150	CONTRACTOR			
Name	TEO JIA HUI, LESLIE			ID No		S9311229F
Related Vehicle	SMJ9617E (Car)			Conta	act No.	91594616
Hospital/Clinic	NIL			Class Drivin Licend Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	scharge NIL			
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	

Brief Details.

ON 29/04/2019 AT ABOUT 01:05HR, I WAS TRAVELLING ALONG JOHOR BAHRU CUSTOM HEADING TOWARDS WOODLANDS. DUE TO HEAVY TRAFFIC, VEHICLES WERE SLOW MOVING. SUDDENLY, VEHICLE NUMBER - SJU7472X, OVERTOOK ME BY CROSSING THE CHEVRON AND GRAZED ONTO MY VEHICLE'S FRONT LEFT PORTION. I WISH TO STATE THAT I WAS STATIONARY THE POINT OF IMPACT.





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

3 of 3 Report No. T/20190429/7006

CONTINUATION OF REPORT

Sketch Plan						
Informant is	not	able	to	provide	sketch	plan

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: 29/04/2019 12:35
Officer In Charge Of Case: TP / TPHQ / WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	

ENTITY CARD NO. S9311229F PEPUBLIC OF SINGAPORE



Name

TEO JIA HUI, LESLIE



CHINESE

29-03-1993 Date of birth

Sex

Country of birth

SINGAPORE









Date of issue

10-04-2008

APT BLK 24 CHAI CHEE ROAD #02–598 SINGAPORE 460024 S9311229F

02/01/2014



ame

TEO JIA HUI, LESLIE

Birth Date: 29 Mar 1993

Issue Date: 04 Jun 2014



NOT ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

· EFFCTIVE DATE

Cass 3 Motor Carses, 3000kg with est passengers, exclusive 04 Jun 10114 of the diliber, and other motor vehicles est \$500kg

NP LINA

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San Chica					200	20100000		-1		
		SM396	17E				2	9/04/2019 0	1:05	
				1	Search					
elect	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5109175327		TEO JIA HUI, LESLIE	S9311229F	GPC	CLASSIC	SMJ9617E	SMJ9617E	28/04/2019	27/04/2020
	olicy for the control of the control	Policy Query Dicy No. Chicle No.(For Motor) Chick Policy No.	Policy Query Dilcy No. SM396: SM396: Elect Policy No. Certificate Number	Policy Query Dicy No. Certificate Policy No. Certificate Number Name TEO JIA HUI,	Policy Query Dicy No. Cehicle No.(For Motor) SM39617E Certificate Policyholder Name NRIC Number Name NRIC TEO JIA HUI, SON NAME	Policy Query Dicy No. Date of the policy No. SM39617E Certificate Policyholder Policyholder Name NRIC Product O \$109175327 TEO JIA HUI, \$23113325 OPE	Policy Query Dicy No. Date of Accident Certificate Number Elect Policy No. Certificate Policyholder Policyholder Name NRIC Product Cover Type TEO JIA HUI, 2011/3205 GPC drive	Policy Query Dicy No. Date of Accident 2 chicle No.(For Motor) SM39617E Certificate Number Search elect Policy No. Certificate Number Name NRIC Product Cover Type No. TEO JIA HUI, 2031/12305 GPC drive Characters	Policy Query Dicy No. Date of Accident 29/04/2019 0 chicle No.(For Motor) SM79617E Certificate Number Search Elect Policy No. Certificate Policyholder Number Name NRIC Product Cover Type No. Object TEO JIA HUI, 2011/12021 GRO. drive NAME NAME NAME NO. Object	Policy Query Dicy No. Date of Accident 29/04/2019 01:05 Ehicle No.(For Motor) SM39617E Certificate Number Search Elect Policy No. Certificate Policyholder Number Name NRIC Product Cover Type Vehicle Insured Commence No. Object Date TEO JIA HUI, 2011/12081 GPC drivo CANCERT CANCERTS CAN

The second	d Object: SMJ9617E						
Unit No.	02-598	Relate	ed Policy er	5109175327			
Address 4	SINGAPORE 460024		ss Type	Singapore address		Post Code	460024
Address 1	BLK 24 #02-598	Addre	ss 2	CHAI CHEE ROAD		Address 3	PING-AN GARDENS
Policyh	older Mailing Address						
Certificate Info							
Policy Info							
Open							
Co- insurance Flag	No						
Agent	INSURE LINK PTE LTD	Agent Tel.	54444644		GST Flag	Y	
Excess	Martin Control of the Control						
Singapore OD	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
excess Outside		Premium					
Additional Excess	0	os	2436.15				
Party Excess	0	damage Excess	600		Windscreen Excess	100	
Third		Own			4223		
Excess Type	Per Accident	All Claims					
Issue Date	27/04/2019	Effective Date	28/04/2019	00:00	Expiry Date	27/04/2020 2	3:59
Name Policy	THAT ON MOUNTAINE				Policy Flag	N	
Product	PRIVATE CAR INSURANCE	Plan	AKULII 3 311	4GAPORE 400024	Group	12	
No. Address	BLK 24 #02-598 CHAI CHEE R	OAD DING-AN	ADDENC CH	NCARORE 450024			
		7401116			MIC		
Policy No. Certificate	5109175327	Policyholder Name	TEO JIA HU	II, LESLIE	Policyholder NRIC	S9311229F	

ccident MT/1042351	District Control Control				
alicy No.	\$109175327	Vehicle No.	\$M39617E	GST Registration No.	
ertificate No.					
okcyholder Name	TEO JIA HUI, LESLIE			Policyholder NRIC	89311229P
reduct Code potact No. (Mobile)	PRIVATE CAR INSURANCE 91594516	Cover Type	drive CLASSIC	Loading	0
mail Address	Withwests	Contact No. (Office)	0	Contact No.(Home)	0
rK	® No ○ Yes	Special Remark TCA	® No ⊜Yes	eCode	76. 🗸
CD Protection	No.	NCD Entitlement(%)	-:	eCode Reason	
Accident Details	76.4	were entirement (se)	0	Private Hire	No
eport Date	29/04/2019 18:50	Accident Report Within 24 hrs	***	Market	
ate of Accident	29/04/2019			Accident Type	Collision - Change / Cross lane
eporting Centre	27774222	Time of Accident hh:mm	01:05	Country of Accident	Outside Singapore
codent Location	зв custom	Orange Force		ICM No.	
Total Excess Applicable					
coesa Type	Per Accident	Windscreen Excess	100.00		
D Standard Excess	53393	1002000000000			
ED OD Excess	600.00	TP Standard Excess	0.00		
iditional Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Not Applicable
ital OD Excess Applicable	600.00	Total TP Excess Applicable			
P Senefits	300.00	Total 14' Excess Applicable	0.00		
GST Registered Inform	ation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Venfied		
diffication History					
P Policyholder Hailing As	idress				
dress 1	BLK 24 #02-598	Address 2	CHAI CHEE ROAD		
idress 4	SINGAPORE 460024	Address Type		Address 3	PING-AN GARDENS
it No.	02-598	Related Policy Number	Singapore address 5109175327	Post Code	460024
OI Driver Info	500 TO St.	THE PARTY MUTIDITY	and armer		
vor Name	TEO JIA HUI LESLIE	Driver Type	Main Driver		
named driver Name		Driver NRIC	59311229F	Driver DOB	29/03/1993
gister Date of Driver License	04/06/2014	Driver Age	26	Driving Experience	4
inkact No.(Mobile)	91594616	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 24	Address 2	CHAL CHEE ROAD	Address 3	PING-AN GARDENS
idress 4	SINGAPORE 460024	Address Type	Singapore address	Post Code	460024
nt No.	02-598				
ses he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
claration eatheryser or Blood Test					
ading?	D mg	Any injury?	○ Yes ® No		
diffication History					
Claim 001 New					
22 78					
	00-MX	Insured Name	TEO JIA HUI, LESLIE	Insured NRIC	P031 (330F
m Type *				- married regular	59311229F
				Contact No (Office)	
Eact No. (Mobile)		Contact No.(Home) OI Vehicle Number	NIL SM39517E	Contact No.(Office) TP Vehicle Number	S1074729
Kact No. (Mobile) ni Address		Contact No.(Home)	NIL 5M39617E	Contact No.(Office) TP Vehicle Number	SJU7472X
cact No.(Mobile) all Address mant Type Claimant Type •		Contact No.(Home) OI Vehicle Number	NIL 5M39617E		S307472%
Kact No. (Mobile) of Address mant Type Claimant Type * mant Name *	Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit *	NIL 5M39617E		SJU7472X
Kact No (Mobile) as Address mant Type Claimant Type * imant Name * imant Address	Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit *	NIL 5M39617E		SJU7472x
Káct No. (Mobile) al Address imant Type Claimant Type * imant Mame * imant Addresa im Description ferred Workshop Contact	Please Select ✓	Contact No.(Home) OI Vehicle Number Type of Benefit *	MIL SMI96176 Please Select	TP Vehide Number	SJU7472x
Eact No. (Motrile) si Address mant Type Claimant Type * mant Name * mant Address m Description erred Vicrishop Contact	Please Select ✓	Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC *	NIL SMI9617E Please Select Not at Fault	TP Vehicle Number	
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