Date In: 24 July - 12:52	Job description		Date & Time Completed	Dor	ne by
Ref No: NA / NC 14 20 7544 /44	SAS e-filing				
Veh No: JWINTX	E-mail (withi	a Shrs, AIC 2hrs)			*
D.O.A: 29/4/19-12-W	i-Motor Cla	im Form	100-692801 cm	29/4/19	20:22
OD / (P) ! Reporting Only	i-Motor W/	O (Within: OD 2hr:		7.12.1	
OB 7 (1) Reporting Only	i-Photo Upl	oaded	1		
TP Insurer:	Assessment/S	Survey Report			
	Ass't Report	by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	)
TP Particulars: Veh Noukm&	9TP	. INC(	)/Non-INC( )		
Owner / Driver: (			Tel:	)	
Policy No: ( ) Peri	iod: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
	ote-Est. Status (	WO): N: 0-20	0%; P: 21-79%. P: 80-	100%]	
	arranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1,00	0 ( )/\$2,000	0( )			
General Remarks:-			a Las Proposados Augustas (1971)	Con No.	so unitio
( ) Walk-In Customer: Customer's inform			ictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insurer	URGENTLY.	and the second second			
Drive-In ( )/ Towed-In ( ); Invoice:	YES( )/	NO();To	owing Co: (	,	)
				27.725975 <b>8</b> 60	Series
Remarks:- (INC hotline: 6788 6616)	urtesy Car (		Date&Time Completed	Don	e by
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( ) / Co	ourtesy Car (	)		Don	e by
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( ) / Co 2) QC Check / Post Repair Inspection	(	)		Don	e by
Remarks:- (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Co 2) QC Check/Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$30	(	) ) )		Don	sby
Remarks:- (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( ) / Co 2) QC Check / Post Repair Inspection	(	) ) )		Don	s by
Remarks:- (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	(	)		Don	s by
Remarks:- (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	(	)		Don	s by
Remarks:- (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	(	)		Don	s by
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	(	)		Don	s by
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	(	)		Don	s by
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	(	)		Don	s by
Remarks:- (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions	(	)	Date&Time Completed	Amt (5)	Am(3)
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Co  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions	(	Invoice Prep	Date&Time Completed  Date&Time Completed  aration Checklist		
Remarks:- (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Algo306  aimant's Particulars:-	(	Invoice Prep  1) AR: Accident I 2) DA: Damage A	Date&Time Completed  aration Checklist  Reporting (\$30);  assessment (\$100); INC (\$20)	Am(*(\$). \$6.Bill	Am(3)
Remarks:- (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions	(	Invoice Prep  1) AR: Accident I  2) DA: Damage A  3) TF: Towing Fe	Date&Time Completed  aration Checklist  Reporting (\$30);  ssessment (\$100); INC (\$30);	Amt (S)	Am((5)
Remarks:- (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Algo306  aimant's Particulars:-	(	Invoice Prep  1) AR: Accident Property of the Prep  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-The  5) FT: Follow-The	aration Checklist Reporting (\$30); ssessment (\$100); INC (\$100); I	Am(:(5) 18.Bill 180) 19545 \$120 \$30	Am(3)
Remarks:- (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Aliquidation Particulars:- iver/Owner:  Intact No:	(	Invoice Prep  1) AR: Accident I  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-The  5) FT: Follow-The  For claiming age	ar ation Checklist.  Reporting (\$30); ssessment (\$100); INC (\$100)	Am(:(5) 18.Bill 180) 19545 \$120 \$30	Am(3)
Remarks:- (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Aliqa3136  Alimant's Particulars:- iver/Owner:	(	Invoice Prep  1) AR: Accident I  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-Th  5) FT: Follow-Th  For claiming age 6) TR: Re-inspect 7) N1: Idac DA +	Date&Time Completed  Date&Time Completed  aration Checklist  Reporting (\$30); ssessment (\$100); INC (\$100); succession Survey rough Survey (Resurvey) sinst JNC Only (wef 10 Jan 200); son SMRT Survey	Am( (5) 15: Bill 30) 37545 5120 530	Am(3)
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Aliant's Particulars: iver/Owner: intact No: imaged Portion:	(	Invoice Prep  1) AR: Accident I  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-Th  5) FT: Follow-Th  For claiming age  6) TR: Re-inspect  7) N1: Idae DA +  8) NTUC Addition  OD*	Date&Time Completed  Date&Time Completed  Stration Checklist  Reporting (\$30);  ssessment (\$100); INC (\$100);  sough Survey  rough Survey (Resurvey)  sinst JNC Only (wef 10 Jan 200);  ion  SMRT Survey  al Services:-	Amt((\$) 15t Bill 80) 97545 \$120 \$30 )	Am((5)
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Aliant's Particulars: iver/Owner: intact No: imaged Portion:	(	Invoice Prep  Invoice Prep  I) AR: Accident I  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-Th  5) FT: Follow-Th  For claiming age  6) TR: Re-inspect  7) N1: Idae DA +  8) NTUC Addition  OD*  *N5: Courtesy C	Date&Time Completed  Date&Time Completed  aration Checklist:  Reporting (\$30);  ssessment (\$100); INC (\$100);  ough Survey  rough Survey (Resurvey)  sinst INC Only (wef 10 Jan 200);  ion  SMRT Survey  al Services:-	Am(*(\$)) \$6.Bill  80) 9/\$45 \$120 \$30 ) \$75 \$160	Am((5)
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Actions  Alimant's Particulars: iver/Owner: intact No: imaged Portion:  Checked by (Engr-In-Charge):	(	Invoice Prep  1) AR: Accident I  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-Th  5) FT: Follow-Th  For claiming age  6) TR: Re-inspect  7) N1: Idae DA +  8) NTUC Addition  OD*  *N5: Courtesy C  *N6: Repair Co  *N7: Fost Repair	Date&Time Completed  Date&Time Completed  Date&Time Completed  Stration Checklist  Reporting (\$30);  ssessment (\$100); INC (\$100);  sough Survey  rough Survey (Resurvey)  sinst INC Only (wef 10 Jan 200);  ion  SMRT Survey  al Services:  Car / Tpt Allowance  cardination  r Inspection	Am(*(\$)) 191.Bill 180) 195.45 \$120 \$30 )) \$75 \$160 \$55 \$10 \$25	Am((5)
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Actions  Actions  Actions  Actions  Injury:  Checked by (Engr-In-Charge):  Checked by (Engr-In-Charge):	(	Invoice Prep  Invoice Prep  I) AR: Accident I  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-Th  5) FT: Follow-Th  For claiming age 6) TR: Re-inspect 7) N1: Idac DA +  8) NTUC Addition On*  *N5: Courtesy Co  *N6: Repair Co  *N7: Fost Repair  *N8: DV / Colle	Date&Time Completed  Date&Time Completed  aration Checklist  Reporting (\$30); ssessment (\$100); INC (\$100); supply Survey rough Survey (Resurvey) sinst INC Only (wef 10 Jan 200); ion  SMRT Survey sal Services:  Car / Tpl Allowance cardination r Inspection ct Excess Coordination	Am(*(\$)) 191.Bill  190.St45  \$120  \$30  ) \$75  \$160  \$55  \$510  \$25  \$35	Am((5)
Remarks:- (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Aliquidation Particulars:- iver/Owner:  Intact No:	(	Invoice Prep  Invoice Prep  I) AR: Accident I  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-Th  5) FT: Follow-Th  For claiming age 6) TR: Re-inspect 7) N1: Idac DA +  8) NTUC Addition On*  *N5: Courtesy Co  *N6: Repair Co  *N7: Fost Repair  *N8: DV / Colle	Date&Time Completed  Date&Time Completed  Provided the Completed  Reporting (\$30);  INC (\$100);  See \$40  Tough Survey  Tough Survey (Resurvey)  Sinst INC Only (wef 10 Jan 200);  SMRT Survey  al Services:  Car / Tpt Allowance  Car / Tpt All	Am(*(\$)) 191.Bill 180) 195.45 \$120 \$30 )) \$75 \$160 \$55 \$10 \$25	Am(3)

## SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

Contact Number 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

anoresaid,	
<b>发展员员大学院国际</b> 和国际的国际企业	ACCIDENT STATEMENT
Date Of Report	29/04/2019 12:52
Date Of Accident	29/04/2019 10:25
Exact Location Of Accident	SLIP RD NEW UPP CHANGI RD TWDS BEDOK SOUTH AVE 3
Country/State of Loss	SINGAPORE
D. C.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV1505X
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED 1.5G HYBRID AUTO
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
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	5096914649-01
Cover Note Number	
Driver	
Name of Driver	NEO KAH BOON (LIANG JIAWEN)
NRIC No	S7438899Z
Date Of Birth	24/11/1974
Occupation	OUTDOOR
Date Of Driving Pass	01/06/1998
Driving Experience	20 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94784846
Fax Number	

OFFICE-94784846

NOEMAIL

BLK 613 HOUGANG AVENUE 8 Address

#02-432 530613

Was driver an employee of the Insured's Company NO

OTHER - HIRER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

Insurance Company of Driver's Own Vehicle

## General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

CLEAR Weather Conditions 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

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

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)

#### **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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED BEFORE THE STOPPING LINE OF NEW UPP CHANGIRD, AS THERE WAS ONCOMING VEHICLES TRAVELLING ALONG MAIN ROAD, SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

## Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKM8295P

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver WONG HO WOON

NRIC/Passport Number S9302457E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

# **DETAILS OF INJURED PERSON 1**

Name NEO KAH BOON (LIANG JIAWEN)

Approximate Age

Injuries Sustain BODY Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

SLV1505X

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:

RIDA

Driver's Signature

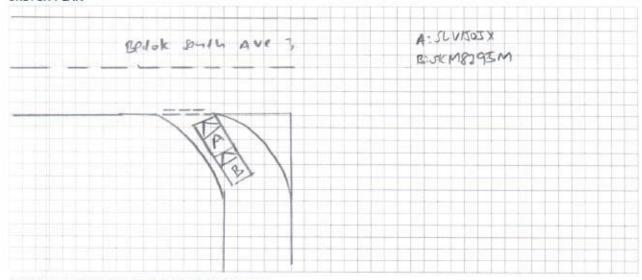
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

006. 1.	statement.			
24.466 12	4197 EMPO1.			
		_/_		

DECLARATION

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

Co. Reg. No. 201611527N

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

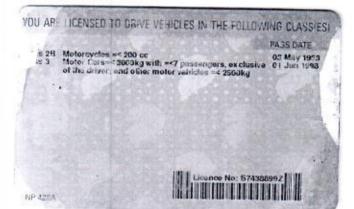
Reporting Centre Personnells Signature

Name:

NRIC/FIN No.:











Policy No.	5096914649-01	Policyholde Name	RELIABLE	RIDES PTE LTD	Policyholder NRIC	201611527N	
Certificate No.							
Address	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKIT	SINGAPORE 415875			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	26/11/2018	Effective Date	22/12/201	8 00:00	Expiry Date	21/12/2019 23	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	1000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	3000	Outside Singapore TP Excess	3000			Young	/Inexperience Driver Excess
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	8 KAKI BUKIT AVENUE 4	Add	ress 2	#05-50 PREMIER	@ KAKI BUKIT	Address 3	SINGAPORE 415875
		Add	ress Type	Singapore address		Post Code	415875
Address 4		Auu	DESCRIPTION OF STREET				
	05-50	Rela	ted Policy ober	5106937496			
Unit No.	05-50 ed Object: SLV1505X	Rela	ted Policy	5106937496			
Total	DOLLAR STATE OF THE STATE OF TH	Rela	ted Policy	5106937496			

olicy No.					
The state of the s	5096914649-01	Vehicle No.	SLV1505X	GST Registration No.	
rtificate No.				,	
licyholder Name	RELIABLE RIDES PTE LTD			201000000000000000000000000000000000000	00000000
oduct Code				Policyhalder NR3C	201611527N
	PRIVATE CAR INSURANCE	Cover Type	prive CLASSIC	Loading	0
ntact No.(Mobile)	0	Contact No. (Office)	0	Contact No.(Home)	0
al Address		Special Remark		eCode	No. O
C	® No ○Yes	TCA	® No ○ Yes	eCode Reason	
O Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
ort Date	29/04/2019 20:26	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
a of bonday					
e of Accident	29/04/2019	Time of Accident his min	10:25	Country of Academt	Singapore
orting Centre		Orange Force		DOM No.	
dent Location	SLIP RD NEW UPP CHANGE RO TWOS BED	OK SOUTH AVE 3			
Excess					
n damage Excess	1,000.00	Additional Excess	0	Windstreen Excess	100.00
amed Onver Excess		Outside Singapore OD Excess	3,000.00		
rd Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
Senetits		outside original in Excess	2,000		
GST Registered Inform	V_000				
Registered Incorns			14-44-14-14-14-14-14-14-14-14-14-14-14-1		
Registration No.	No		GST Registration Date		
	29/04/2019 20:27:09 0:24	and the second Person of the second second	GST Status Venned	Yes	
Ification History	23/04/2017 20:27:09 Syst	um changed GST Status Verified fro	m no to res		
Policyholder Mailing Ad	utrese				
A Particular State of the Part					
Iress 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Iress 4		Address Type	Singapore address	Post Code	415875
t No.	05-50	Related Policy Number	5106937496		
OI Driver Info					
er Name	Unnamed Driver	Driver Type	Unnamed Oriver		
amed driver Name	NEO KAH BOON (LIANG )JAWEN	Driver NR3C	574388992	Driver DOB	24/11/1974
ster Date of Driver License		Driver Age	44		
tact No.(Mobile)	94784846			Driving Experience	20
		Contact No.(Office)	0	Contact No. (Home)	0
ress 1	BLK 613	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE 530613
ress 4		Address Type	Singapore address	Post Code	530613
t No.	02-432				
es he own a Singapore pistered car?	O Yes ⊕ No	Driver Vehicle No.		Driver Insurer Company	
laration .					
	0 mg	Any injury?	® Yes ○ No		
athalyser or Blood Test		SCHOOL DESCRIPTION			
athalyser or Blood Test ading?					
athalyser or Blood Test ading?					
athalyser or Blood Test ading? Sfication History					
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ong? fication History	Горьму (4)	THE COLUMN TO SERVICE AND ADDRESS OF THE COLUMN		2000000	
ncation History  aim 001 New	Ор-нх	Insured Name	RELIABLE RIDES PTE LTD	Insured NRIC	2016115274
ing?  fication History  aim 001 New  n Type *	ОД-МХ	Contact No.(Home)		Insured NR3C Comact No. (Office)	2016115274 66351820
ing?  fication History  aim 001 New  Type *  tact No (Mobile)  If Address		Contact No.(Home) Of Vehicle Number	SLV1505X		
ing?  fication History  aim 001 New  n Type *  act No (Moore)  il Address  nant Type Claimant Type *		Contact No.(Home)		Contact No.(Office)	66351820
ing?  fication History  aim 001 New  n Type *  act No (Moore)  il Address  nant Type Claimant Type *		Contact No.(Home) Of Vehicle Number	SLV1505X	Contact No.(Office)	66351820
ing?  fication History  in Type *  tact No. (Mobile)  if Address  nant Type Claimant Type *	Please Select	Contact No.(Home) Of Vehicle Number Type of Benefit *	SLV1505X	Contact No.(Office)	66351820
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