NATIONAL Assessment Ce.		PMPZCPIJAUA	
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Veh No: JUGINE	E-mail (withia Shrs, AIC 2hrs)		N - 175 N - 17
D.O.A: 615/19-18:12	i-Motor Claim Form	100- AIACACI LW	2111
OD / Reporting Only	i-Motor W/O (Within: OD 2		7/3/19 21:71
OD / Reporting Only	i-Photo Uploaded		
Thi	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand		
Preferred Wksp / INC Assign Wksp / QW:			ax:
TP Particulars: Veh No: (nJ745D INC		
Owner / Driver: (Tel:)
Policy No: ()	Period: (Cover Type: (
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%	(WO): N: 0-		00%1
Year of Registration: ()	Warranty: YES ()/NO (1	
	51,000 ()/\$2,000 ()		
General Remarks	CONTRACTOR VIOLENCE V	CONTRACTOR OF THE PARTY	THE THE THE
() Walk-In Customer: Customer's i	BY # R. A. Y. R. D. C. R. W. T. T. P. A. D. B. C. K. A. S. A. D. B. B. G. C. C. A. B. C. C. S. B. C. C. S. B.		4.0%
() Total Loss Case : to e-mail Ins	LID CRAIM A	strictly NO refer of repairer.	
		Towing Co: (.)
Remarks: (INC hotline: 6788 6616)	Date&Time Completed	Done by
1) Apply for Transport Allowance ()	/ Courtesy Car ()		
2) QC Check / Post Repair Inspection	()	T	
3) Upload Resurvey Photo [Repair Cost >	\$20001		
	330001		
Injury	()	1	
Injury:	***************************************		
	* \$3000J	T IS SAME S	Mario Anna
	, \$3000J		

Date/Time Actions			
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Date/Time Actions	Invoice Pro	paration Ghecklist.	Ant (S) Aint
Date/Time Actions	Invoice Pro 1) AR: Acciden 2) DA: Darrage 3) TF: Towing	paration Checklist. t Reporting (\$30); Assessment (\$100); INC (\$80)	Ant (S) Ant fit Bill Add
Date/Time Actions MAI903481 Inimant's Particulars:-	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-I	paration Checklist: tReporting (\$30); Assessment (\$100); INC (\$80); Fee \$4000; hrough Survey \$	Ant (5) Aint (5) Add
Date/Time Actions MAI903481 Inimant's Particulars:- river/Owner:	Invoice Pro 1) AR: Acciden 2) DA: Darrage 3) TF: Towing 1 4) FT: Follow-I 5) FT: Follow-I For claiming s	paration Checklist; t Reporting (\$30); Assessment (\$100); INC (\$80); Fee \$400 hrough Survey \$ through Survey (Resurvey) tgeinst INC Only (wef 10 Jan 2005)	Ani((S)) Amil (S) Amil (S) Amil (S) (Add
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Date/Time Actions MAI903481 Inimant's Particulars:- river/Owner:	Invoice Pro 1) AR: Acciden 2) DA: Darrage 3) TF: Towing 1 4) FT: Follow-I 5) FT: Follow-I For claiming s	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$400 hrough Survey (Resurvey) tgainst INC Only (wef 10 Jan 2005) otton + SMRT Survey \$	Ani((S)) Amil (S) Amil (S) Amil (S) (Add
Date/Time Actions MA 1903 1961 Laimant's Particulars: river/Owner: ontact No: amaged Portion:	Invoice Pro 1) AR: Acciden 2) DA: Darnage 3) TF: Towing 1 4) FT: Follow-I 5) FT: Follow-I For claiming 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi QD*	paration Checklist. t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/ hrough Survey (Resurvey) reginst INC Only (wef 10 Jan 2005) clion + SMRT Survey \$ pnal Services:-	Ant (5) Amid The Bill Add Add The Bill Add
Date/Time Actions MA 1903 1961 Laimant's Particulars: river/Owner: ontact No: amaged Portion:	Invoice Pro 1) AR: Acciden 2) DA: Darnage 3) TF: Towing 1 4) FT: Follow-I 5) FT: Follow-I For claiming 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi QD*	paration Checklist. t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/ hrough Survey (Resurvey) seeinst INC Only (wef 10 Jan 2005) clion + SMRT Survey \$ onal Services:-	Ant (S) Amil 7st Bill Add) 545 120 530
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Date/Time Actions MA 1903481 Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): Iditors! Comments:-	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing 1 4) FT: Follow-1 5) FT: Follow-1 For claiming 3 6) TR: Re-inspe 7) N1: Idao DA 3) NTUC Additi OD!* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co	paration Checklist: t Reporting (\$30); Assessment (\$100); INC (\$80); Fee \$400 hrough Survey \$ hrough Survey (Resurvey) seeinst JNC Only (wef 10 Jan 2005) etion + SMRT Survey \$ onal Services: Car / Tpt Allowance to-ordination sir Inspection licet Excess Coordination	Ant (S) Amid Tit Bill Add 2) And 2)
Date/Time Actions MAI903481 Inimant's Particulars:-	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing 1 4) FT: Follow-1 5) FT: Follow-1 For claiming 3 6) TR: Re-inspe 7) N1: Idao DA 3) NTUC Additi OD!* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co	paration Checklist. t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/ hrough Survey (Resurvey) seeinst INC Only (wef 10 Jan 2005) ction + SMRT Survey \$ onal Services:- Car / Tpt Allowance o-ordination air Inspection lect Excess Coordination (Non INC) against INC	Anit (\$) Amid Tit Bill Add 2) And 245 120 230 275 160 25 25 25

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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,
- Any false reporting may be referred to the Police for investigation.
- 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.

dioresale,		
	ACCIDENT STATEMENT	
Date Of Report	07/05/2019 20:54	
Date Of Accident	06/05/2019 18:10	
Exact Location Of Accident	MANDAI RD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLG9127E	
Insured/Policyholder		
Name Of Registered Owner	CHUA YEOW LENG ERIC	
NRIC No	S6840929B	
Email Address	NOEMAIL	

(LOCAL) +65-91454748

OFFICE-91454748

Alternative Phone No Vehicle Particulars

Mobile Phone No

Manufacturer CHEVROLET

Model ORLANDO 1.4AT TURBO

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 5094832975-01

Cover Note Number

Driver

Name of Driver CHUA YEOW LENG

 NRIC No
 \$6840929B

 Date Of Birth
 26/10/1968

 Occupation
 INDOOR

 Date Of Driving Pass
 03/03/1989

Driving Experience 30 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91454748

Fax Number

Contact Number OFFICE-91454748

EMail Address NOEMAIL

BLK 789 CHOA CHU KANG NORTH 6 Address

#06-230 680789

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

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

Postcode

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? 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 1

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

REFER TO STATEMENT.

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMJ245D

Vehicle Make/Model/Colour HONDA VEZEL

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver ONG SHI HAN NRIC/Passport Number S9446420Z

Contact Number

96301793

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Page 2 of 17

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

CHUA YEOW LENG

NECK & BACK

SLG9127E

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as truthful 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 police for investigation.
- 6) 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.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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;
 - Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/law firms), which may be sited outside of Singapore, for one or more of the above purposes.
- (d) My personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) The information so collected under (d) above may be shared / disclosed:
 - To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time:

reporting centre personnel's Signature
Date / time:

SKETCH PLAN

A: SLG19127E

B: SMJ 2 450

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DECLARATION

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

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature Name:

NRIC/FIN No.:

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.

The second second	ACCIDENT DETAILS	
Date of accident	6/5/2019	(DD/MM/YY)
Time of accident	6: 10Pm	(HH:MM)
Exact location of accident	Mandai voad	

AND THE RESERVE OF THE SECOND	D	ETAILS OF	OF VEHICLE	To the William
Vehicle registration number	SLG 912:	1 F		
Vehicle make and model	Chevorie	et ovlo	lando	
Type of vehicle	Saloon Lorry	MPV ₪ Bus □	Z CRV □ Van □	12)
Vehicle category	Private,	Comm	mercial Motorcycle	
Purpose of using at said time				
Are you claiming under your own insurance company?	Yes Third part cl	No Ø aim Ø	if no, please select: Reporting only □	

	INSURANCE IN	FORMATION	在一种的
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

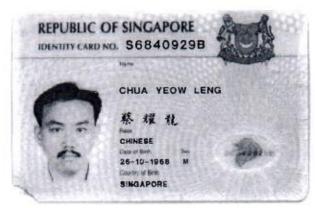
如便是。 THE ATTEMPT	INSURED / POLICY HOLDER	THE TIME	CHARLES TO
Name	Chua yeow lena	Male	Female
NRIC / Fin / Passport number	568409198		
Contact	9145 4748		
Address	BIK 789 Choa chu Kang north 6	#06-230	5(68078

DRIVER	S	AME	AS INS	URED AB	OVE 11 (SH	IP TO D.O	.B)	NAME OF THE PARTY
Name					200		Male 🗆	Female
NRIC / Fin / Passport number								
Contact			W=					
Address								
Email address								
Date of birth	26/11	0 110	768					
Occupation	Indoor		Outdoo	ro				
Driving date pass	3/3	119	89					

	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes D No D
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes No D
Weather condition	Clear Raining Others:
Road surface	Dry Wet a
No of passenger	(Inclusive of driver)
网络在自己的一种多种的	PASSENGER 1
Name	
Gender	Male Female
CONTRACTOR OF THE CONTRACTOR	PASSENGER 2
Name	
Gender	Male Female
KATHANIA MANAGATAN	PASSENGER 3
Name	
Gender	Male D Female D
	PASSENGER 4
Name	/ INSTITUTE OF THE PROPERTY OF
Gender	Male - Female -
THE SHARE SHOWN	PASSENGER 5
Name	
Gender	Male D Female D
Name and Address of the Owner, when the owner,	PASSENGER 6
Name	PASSENGEN
Gender	Male Female
Genyer	Transco - Territorio - Territor
Charles and the second	OTHER INFORMATION
Was anybody injured?	Yes Z No
Was other vehicle damaged?	Yes Z No D
The same as made as	
	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No If yes, please state which police station.
Police station name	11 yes, prease state which police station.
. Charlett Hallie	
	WITNESS 1
Name	WIINESSE
Harine	
AND SELECTION OF THE PARTY OF T	WITNESS 2
Name	WITNESS 2
Name	

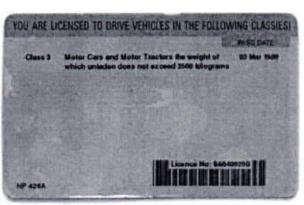
THE RESERVE OF THE PARTY OF	THIRD PARTY VEHICLE 1
Vehicle registration number	SMJ 2450
Vehicle make model	Honda vezel
Name	Ong Shi han
NRIC / Fin / Passport number	S9446420Z
Contact	9630 1793
3311.31	1000 1100
The state of the s	THEO DADTY VEHICLE 2
Vehicle registration number	THIRD PARTY VEHICLE 2
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Marie Carlo Marie Carlo	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
ESTATE OF BUILDINGS ON	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
169	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
A CHARLES NO DE COMPA	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
The same of the sa	THIRD PARTY VEHICLE 7
Vehicle registration number	- Anna Frinti Vernose Fr
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

ALCOHOLD STATE OF THE STATE OF	INJURED PERSON 1
Name	Chna yeow lena
Injuries sustained	nell and have
Which vehicle person in?	SLG 9127F
Were seat belts worn?	Yes 🗷 No 🗆
Was injured conveyed to	Yes D Not
hospital by ambulance?	•
ALCOHOLD THE RESERVE	INJURED PERSON 2
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	
Mark series you have	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	COLUMN SECTION
	INJURED PERSON 4
Name	INJURED PERSON 4
Name Injuries sustained	INJURED PERSON 4
	INJURED PERSON 4
Injuries sustained	Yes D No D
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes D No D
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes D No D
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes D No D
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes D No D Yes D No D
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes D No D Yes D No D
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	Yes D No D Yes D No D
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes D No D Yes D No D
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes D No D Yes D No D INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes D No D INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes D No D INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes D No D INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes No No No No Yes No Yes No Yes No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes No No No No Yes No Yes No Yes No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	Yes No No No No Yes No Yes No Yes No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes No No No No Yes No Yes No Yes No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes No No No No No No No N









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Hello, NAC_PAYA_UBI_80	00601				→ Change	Language	· Chang	e Password	· Log Ou	
My Desktop	Policy Query									
Notice of Loss	Policy No. Vehicle No.(For Motor)	SLG9127E		Date of Accident 0 Certificate Number			06/05/2019 18:10			
				Search						
	Select Policy No.	The state of the s	cyholder Policyholde Name NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	O 5094832975- 01		JA YEOW NG ERIC 568409291	GPC	drivo PREMIUM	SLG9127E	SLG9127E	18/10/2018	17/10/2019	
	5094832975-	Number CHI	Name NRIC JA YEOW SERADOOD	Product	drivo	No.	Object	Date		

	5094832975-01	Policyholder	CHUA YEON	W LENG ERIC	Policyholder	S6840929B	
Certificate No.		Name	AND THE PARTY OF T		NRIC	500409290	
Address	BLK 789 #06-230 CHOA CHU	KANG NORTH 6	SINGAPORE	680789			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	12/10/2018	Effective Date	18/10/2018 00:00		Expiry Date	17/10/2019 23:59	
Excess Type		All Claims Excess					
Third		Own			Windson		
Party Excess	0	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	ALPINE CREDIT PTE LTD	Agent Tel.	65113025		GST Flag	Y	
Co- insurance Flag	No				3311139		
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Policy							
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## STOCKETON ## S				William Sanction			
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