Date In: 7/1/19-10:00	Jcb description	MNA 119 5 50W 1	Don	e by
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Veli No: SW 77167	E-mail (within Shrs, AIC 2hrs			-
D.O.A: 6 5/19- N:07	i-Motor Claim Form	m 1043416-001	12/5	*
			7/5/19 V	1:17
OD TP Peporting Only	i-Motor W/O (Within: OD	2hrs, TP 4hrs)		
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Repor			
Preferred Wksp / INC Assign Wksp / QW:			ax;	
TP Particulars: Veh No: J		1,000	ax;	
Owner / Driver: (24.20	Tel:	1	
Policy No: ()	Period: () Cover Type: (/	
Confirmed by : (Date:	Time:		
	6) [Note-Est. Status (WO): N: 0		00%1	
Year of Registration: ()	Warranty: YES ()/NO ()	2070]	
Excess: (\$) Loading: \$		/		
General Remarks:-	EMP TEN SECTION NORTH INTEREST CO.N.	AMADERICAN GOZ POST		
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Remarks: (INC hotline: 6788 6616		Date&Time Completed	Done	by
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Apply for Transport Allowance ()	/ Courtesy Car ()	Date&Tarns Completed	Done	by
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number 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.
- 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,

	ACCIDENT STATEMENT
Date Of Report	07/05/2019 20:00
Date Of Accident	06/05/2019 20:00
Exact Location Of Accident	KPE ENTRANCE TUNNEL
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLW7756T
Insured/Policyholder	
Name Of Registered Owner	POON KIANG HAU (FANG JIANHAO)
NRIC No	S8030714D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91056810
Alternative Phone No	OFFICE-91056810
Vehicle Particulars	
Manufacturer	BMW
Model	520I LED NAV
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	5107349927
Cover Note Number	
Driver	
Name of Driver	POON KIANG HAU (FANG JIANHAO)
NRIC No	S8030714D
Date Of Birth	04/10/1980
Occupation	INDOOR
Date Of Driving Pass	01/03/2000
Driving Experience	19 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91056810
F N	

OFFICE-91056810

NOEMAIL

Address

8 JALAN TANI

Postcode

548545

OWNER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

JSE5368 (COMMERCIAL VEHICLE)

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

YES

Foreign Vehicle Registration Number

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?

I have been approached by unknown person(s)

YES NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

HOUGANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4890999 - FAX NO: 63128989

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190506/2192.

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 Vehicle Make/Model/Colour

JSE5368

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 20

Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

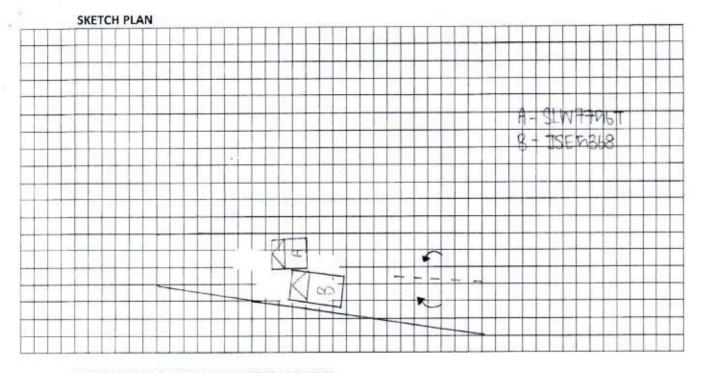
- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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) 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 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;
 - (II) 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:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
I aim travelling along — on the slip road towards KPE.
It mak a merawa lame and the traffic mas below and all venious are moving
SIOWLLA. WHILE I WAS TravITIMA, VINICLO BY WINCH MAS ON THE 18FT SIDE AND
WAS STIGHT BEFORE MILL ATTACK COUNTY ONLY THE STATE OF MAY ATTACK MINING OUT
down of my Kinicle, # Venicle B'S window neve both covered with curtains and
could not notice my yellicle.
CONIG ADI HOLLE TAIN TELLES.
All a motice Dinovi
KOHOK 40 NOWO KCh.
TO O

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.

ACCIDENT DETAILS				
Date of accident	06 May 2019	(DD/MM/YY)		
Time of accident	08:00PM	(HH:MM)		
Exact location of accident	KPE Entrance Tunnel (PIllar POUK)			

Manager Control of the State	200	DETAILS OF	VEHICLE		on the last of	The second second
Vehicle registration number	SLWF	75167				
Vehicle make and model	BMM	5201				
Type of vehicle	Saloon pr	MPV 🗆 Bus 🗆		□ Van orcycle □	Others:	
Vehicle category	Private p	Comm	ercial 🗆	Motorcy	cle 🗆	
Purpose of using at said time						
Are you claiming under your own insurance company?	Yes Third part of	No Ø claim,ø	if no, ple Reportin	ase select: g only \square		

STATE OF SHIPE	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft a	TP only

INSURED / POLICY HOLDER				
Name	Poon Kian Hau	Male □	Female 🗆	
NRIC / Fin / Passport number	S8030714D			
Contact	910516810			
Address	8 Jaian Tarii S (548545)			

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	All the second
Name	Male 🗆	Female □
NRIC / Fin / Passport number	Para and the second sec	
Contact		
Address		
Email address	khpoon @ filmtack · com	
Date of birth	04-10-1980	
Occupation	Indoor, Outdoor	
Driving date pass	01 Mar 2000	

Roman Proprieta	GENERAL	INFORM	MATION	OF THE ACCID	ENT	DING VI WHA
Was driver an employee of	Yes 🗆	Nod	_			
the insured's company?	the state of the s			driver and insi	ured: <u>OWNW</u>	
Accident captured by camera?	Yes□	Noe				
Weather condition	Clear 🗹	Rair	ning 🗆	Others:		
Road surface	Dry Ø	Wet [1			
No of passenger	1					(Inclusive of driver)
		PA	SSENGE	R 1		
Name	Doon	Klana	NAME OF TAXABLE PARTY.			
Gender	Male p					
		1 -5310				
VALUE OF STREET	Call Mark	PA	SSENGE	R 2	Dec 15-3-45 (15-	
Name						
Gender	Male 🗆	Fema	ale 🗆			
				/		
	FERNAN	PΔ	SSENGE	22	STELLS ENG	
Name		-	/			
Gender	Male 🗆	Fema	ale			
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	tied with	PΛ	SSENGER	24	STATE OF THE PARTY	THE RESERVE OF THE PERSON NAMED IN
Name	Name and Address of the Owner, where	1	-214			
Gender	Male 🗆 /	Fema	ale 🗆			
Gender	Maic 2	10111		1		
THE RESERVE THE PARTY OF THE PA	-	DΛ	SSENGE	9.5		
Name	7		SSENGE			
Gender	Male 🗆	Fema	ole 🗆	-		
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Gender	Male 🗆	Fema	ale 🗆		1	
Gender	IVIGIC LI	Tellin	iic u			
Manager House Congress	must make the	OTHER	INFORM	IATION		Control Control of Control
Was anybody injured?	Yes□	No		IATION		
Was other vehicle damaged?	Yesz	No 🗆				
was other venicle damaged:	163/2	140 6				
	DETAI	IS OF DO	OLICE ST	ATION ACTION	A North Control of the Control of th	Seas (Inches St.) Seas
Reported to police?	Yes 🗆	No p			e which police s	tation
Police station name	Tes L	NO	II ye	s, piease state	e which police s	tation.
ronce station name	-					7-2-
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Name	DESCRIPTION OF THE PERSON OF T	-	AIN AS	A STATE OF THE PARTY OF THE PAR		
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提出(18) 2至 30 AX 20 (18)	STORE IN		VITNESS	4		

ENGLISHED AND THE RESIDENCE	THIRD PARTY VEHICLE 1
V Lide at a second	JSE 17368
Vehicle registration number	12E 112P8
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
第三共队员和第二队员员的总统	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
PRINCIPLE OF THE PRINCI	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	X
新教育	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
ENTRY TO CHANGE	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name /	
NRIC / Fin / Passport number	
Contact	
麻酱	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model /	
Name	
NRIC / Fin / Passport number	
Contact	
THE PERSON NAMED AND ADDRESS OF THE	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	INJURED PERSON 1
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?	
国民党队中华主席	INJURED PERSON 2
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes No No D
hospital by ambulance?	
ALCOHOL STREET	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes No D
hospital by ambulance?	
HEAT COLUMN TO A STATE OF	INJURED PERSON 4
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes 🗆 No 🗅
hospital by ambulance?	
Part Danies of the Control	INJURED PERSON 5
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes No D
Was injured conveyed to	Yes 🗆 No 🗆
hospital by ambulance?	\
16.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	INJURED PERSON 6
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to	Yes No
hospital by ambulance?	





1 of 4 Report No. T/20190506/2192

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

06/05/20	ne Report I 019 22:44		Vide Report No.: G/20190506/0153	Station Diary No.:
Informa	nt's Partic	ulars		The state of the s
Name of	f Informant: (IANG HAU		Address: 8 JALAN TANI SINGAPORE	548545
	/ ID No.: D / S80307	14D	Contact No.: Home/Office:	Mobile: 91056810
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: Date of Birth: 38 04/10/1980		Type of Informant:	
Race: Chinese			Language:	Institution / School Name:
Occupat DIRECT			Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/05/2019 20:00	Type of Location	
	YA LEBAR EXPRESSI				
Weather: Clear	Weather: Road			Road Speed Limit:	
014/-		Traffic Control: Not Controlled		Traffic Volume: Heavy	
	on:				

Vehicle No:	Туре	Make	Model	Color	Condition	No of Passenge
JSE5368	Lorry				No Damage	0
SLW7756T	Car	BMW	NAV	Grey	Slightly Damaged	0

Details of V	shicle insurance	以表示例如(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(REPRESENTATION	* 41 TO 10 T
	Insurance Company	Insurance No	Effective	Expiry Date
SLW7756T	NTUC Income Insurance Co-Operative Limited	5107349927	28/02/2019	27/02/2020





Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

2 of 4 Report No. T/20190506/2192

Any Pedestrian I	nvolved: No				200000000000000000000000000000000000000		
No. of Pedestria	ns Injured: NIL	74	Use of Pedestrian Crossing: NA				
Driver	Sealbane Property	STATE SELECT	The Control of the Co				
Name	NORAZIZAM BIN JA	MIRON		ID No.		8210030159987	
Related Vehicle	JSE5368 (Lorry)		Contact No.		126949447		
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL		
Date Treatment	NIL		Date Disc	_	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of				
Driver				Charles	or the lines		
Name	POON KIANG HAU	C. Poster S. Discontinuo	ID No.		S8030714D		
Related Vehicle	SLW7756T (Car)		Contact No.		91056810		
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL		
Date Treatment	NIL		Date Disci		NIL		
No. of Days grant	ed Medical Leave	NIL	Degree of		NIL		

Brief Details.

On 06/05/2019 I was driving my said vehicle SLW7756T on this merging lane of the KPE tunnel (Pillar P04K), lane number 2 on the right. As there was a traffic jam along KPE, all the vehicle were travelling at a very slow pace and at one point my vehicle was forced to the right side which was nearing the wall of the expressway.

As it was a merging lane, the vehicles on both lane were are taking turns to enter. When it came to my turn just as I was about to enter the expressway, another Malaysia vehicle bearing plate number JSE5368 who was on lane number 1 had the same idea and as such, both of vehicle side swipe against one another. I came out to make a check and observed that there was scratches on my left rear mirror and left vehicle body while there was no damage on the Malaysia Vehicle. I also observed that the Malaysia vehicle have installed curtain/blind on both side of the door, both of which was covered up during the said incident. As I realized that it was a foreign vehicle I got the contact number of the company that he is working for and the boss mentioned that they were not based in Singapore and they have no means to settle the incident. As such, I contacted Traffic Police and they arrived soon after.

When Traffic Police arrived, they interviewed all parties and I was advised to come and lodge a traffic accident report. I also contacted the company boss again and he instructed his worker to lodge a report as well. My in-vehicle camera was not working at this point in time. I also did not suffer from any injuries.





1/20

3 of 4

Report No. T/20190506/2192

Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT





Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

4 of 4

Report No. T/20190506/2192

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Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Sgt 2 KOH YEW WEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/05/2019 22:44
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt RAZIZ BIN TAHAR Contact No.: 65476200	Classification Of Case:
Authentication Stamp	Signature: SN 085

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8030714D



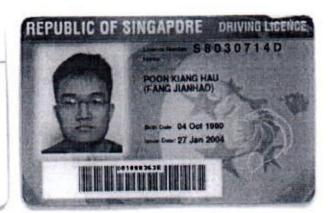
POON KIANG HAU (FANG JIANHAO)

方健豪

CHINESE 04-10-1980

SINGAPORE

580307140





13-10-2010

8 JALAN TANI SINGAPORE 548545

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

NP 428A

eBao Tech				403						Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	e Language	+ Chang	je Password	→ Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	io.				Date	of Accident	[6	6/05/2019 2	20:00	
	Vehicle	No.(For Motor)	SLW77	756T		Certi	ficate Number	. [
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5107349927		POON KIANG HAU (FANG JIANHAO)	S8030714D	GPC	drivo PREMIUM	SLW7756T	SLW7756T	28/02/2019	27/02/2020
					1	Continue					

olicy No.	5107349927	Policyholder Name	POON KIAN	IG HAU (FANG JIANH	Policyholder NRIC	S8030714D	
Certificate Vo.							
Address	8 JALAN TANI SINGAPORE 54	8545					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	31/01/2019	Effective Date	28/02/2019	9 00:00	Expiry Date	27/02/2020 23	3:59
Excess Type	Per Accident	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	DING FENG PTE, LTD.	Agent Tel.	67499699		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	8 JALAN TANI	Addr	ess 2	SINGAPORE 54854	5	Address 3	
Address 4		Addr	ess Type	Singapore address		Post Code	548545
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cynoider Name	POON KIANG HAU (FANG JIANHAO)			Policyhoider NRIC	S8030714D
fuct Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
tact No.(Mobile)	91056810	Contact No.(Office)	0	Contact No.(Home)	0
# Address	2103014	Special Remark		eCode	N. V
	® No ○ Yes	TCA	® No ○Yes	eCode Reason	Committee
Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details		Screen to accomplished the			
	100000000000000000000000000000000000000	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
ort Date	07/05/2019 21:56		and the second		
of Acodent	06/05/2019	Time of Accident hh:mm	20:00	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	
dent Location	KPE ENTRANCE TUNNEL				
Total Excess Applicable	Š.				
as Type	Per Accident	Windscreen Excess	100.00		
itandard Excess	600.00	TP Standard Excess	0.00		92000000000
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ional Excess	0.00	Water St. Tr.			
OO Excess Applicable	600.00	Total TP Excess Applicable	0,00		
Benefits	14.7540				
GST Registered Informa			122		
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	Yes	
fication History					
Policyholder Hailing Ad					
est I	8 JALAN TANI	Address 2	SINGAPORE 548545	Address 3	
ess 4		Address Type	Singapore address	Post Code	540545
No:		Related Policy Number	\$107249927		
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ster Date of Driver License		Driver Age	18	Driving Experience	19
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