NATIONAL Assessment Centre	Services (Services)	14/14/49048/01	0
Date In: 16/04/2009 12/4/1	Job description	Date & Time Completed	Done by
Rei No: NBB/ JUC 1900 & 596/4	SAS c-filing		
Veh No VM 83261	E-mail (within 8hrs. AIC 2hrs.	, [,	/
DOA 12/04/2019 10:50	i-Motor Claim Form	M1/10/8282	-002 08/05/
	i-Motor W/O (within: OD	2hrs TP 4hrs)	14/49
OD . The Reporting Only	i-Photo Uploaded		1-
	Assessment/Survey Repor	t	
TP Insurer:	Ass't Report by Fax / Han		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No:	47251D INC	()/Non-INC()	
Owner / Driver: (11201	Tel:)
Policy No: () Peri	iod: () Cover Type: ()
Confirmed by : (Date:	Time:)
	Note-Est. Status (WO): N: 0	0-20%; P: 21-79%. F: 80	-100%]
Year of Registration: () W	Varranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,00	00 () / \$2,000 ()		
General Remarks:-		WEST WEST CONTROL	12.64
() Walk-In Customer's infor	mation strictly Confidential &	Strictly NO refer of repaire	r,
() Total Loss Case : to e-mail Insure	r URGENTLY.		
Drive-In ()/ Tower-In (); Invoice:	YES () / NO ()	; Towing Co. ()
Remarks: (INC horline: 6788 6616)	2004 X 00 200 200 200 X 100	Date&Time Completed	Done by
The state of the s	ourtesy Car ()		
2) QC Check / Post Repair Inspection	outlesy car ()		
3) Upload Resurvey Photo [Repair Cost > \$3	0001 ()		
Injury:			
Date/Time Actions		ASSESSANT SALES	William .
	D682 Mar 45	total graphed between the court of the St. H. C.	Anit (\$) Ami (\$
NA1903291 "	Invaice	Preparation Checklist	FL Ball Add 13
laumant's Particulars :-		cident Reporting (530);	7(840)
- A PERSON OF THE PERSON OF TH	2) DA : Du		\$40/\$45
river/Owner:	4) FT : Fall	ow-Through Survey ow-Through Survey (Resurvey)	\$120
Contact No:	Enrelain	hing against INC Only (wel 10 Jan	the second secon
amaged Portion:	6) TR : Re-		\$160
		DA + SMRT Survey	
C Checked by (Engr-In-Charge):	<u>Out</u>	urlesy Car / Tpt Allowance	55
	* N6, Re	peir Co-ordination	\$10
Auditors' Comments :-	100 to 2 to	st Repair Inspection // Collect Excess Coordination	\$25 \$5
<u>a(,),</u>	12 (NII): TP (N in INC) against INC	\$20
at 2/3:	9) N12: Idi		yed 30
[\	Invoice del	was a second of the second of	CONTRACTOR DE

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

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

	ACCIDENT STATEMENT
Date Of Report	15/04/2019 12:41
Date Of Accident	13/04/2019 10:50
Exact Location Of Accident	CTE AFTER EXIT ORCHARD TOWARDS BUKIT MERAH
Country/State of Loss	SINGAPORE
T.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YM8326T
Insured/Policyholder	
Name Of Registered Owner	M.Y COMMERCIAL LEASING PTE. LTD.
Co Reg No	201807799C
Email Address	DIDITANKY94@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81853055
Alternative Phone No	OFFICE-91853232
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5099660960-01
Cover Note Number	
Driver The Control of	
Name of Driver	NORSAZUANDY BIN ROSLI
NRIC No	S9400987A
Date Of Birth	17/01/1994
Occupation	OUTDOOR
Date Of Driving Pass	19/09/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81853055
Fax Number	administration of university of the constitution of the constituti
Contact Number	OTHERS-91853232
	SWINDS TO THE PROPERTY OF THE

DIDITANKY94@GMAIL.COM

Address

BLK 501 WOODLANDS DRIVE

#02-52

Postcode

730501

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

4

Passenger 1

NAME:

: COLLEGUE

GENDER:

: MALE

Passenger 2

NAME:

: COLLEGUE

GENDER:

: MALE

Passenger 3

NAME:

: COLLEGUE

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station Police Station Name

ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)

Police Station Address

ROAD: 51 ANG MO KIO AVENUE 9, POSTCODE: 569929, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2180000 - FAX NO: 64814246

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT F/20190414/7024

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

SH7251D

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)

TAXI

NG BOON CHONG

S1013031Z

93699491

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.
- 3. 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.
- 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.
- 7. 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:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

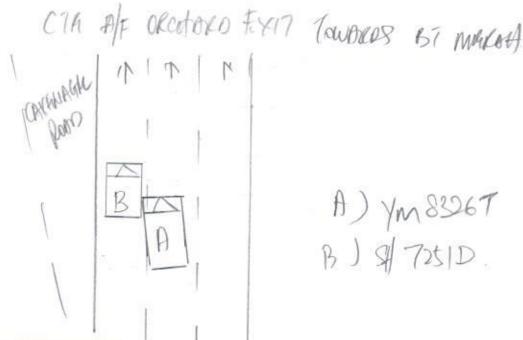
Driver's Signature

(If driver is not the policyholder)

Date & Time: 15/04/2019

Reporting Centre Personnel's/Signature
Name:

NRIC/FIN No .:



A) YM 8326T B) \$ 7251D.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Firstly, I was driving company relieve plate number 7 my 83267 on the 2nd lane of CTE. I was going to Change my lune from 2nd lune to the 3nd lane before entering the 2nd turns! . During change of land, I've checked my blindspot on my lost mirror and it was cleaned. So i decided to swerre 3rd lane. Out of a Sudden, "heard a loud bang. In just a Au second, i've notice that i accidentally bong Poto a confort delgro taxi plate number 54 72510. The driver of that taxi was NG BOOM CHENG 510130312. He was just a relieved winer of the taxi after that accident buggered, we both stopped our vehicels at the road shoulders and though exchange particulars POLICE REPORT

DECLARATION

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

Driver's Signature

(If driver is not the policyholder)

Date & Time: 15/04/2019

1300 hrs



F/20190414/7024 1 of 2

Report No. F/20190414/7024

POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No:1800-2180000		Station Diary No.
Date/Time Report Made 14/04/2019 16:12	Vide Report No.	
Name Of Informant NORSAZUANDY BIN ROSLI	Address APT BLK 501 WOODLANDS DRI SINGAPORE 730501	IVE 14 #02-52
ID Type / ID No. NRIC NO / S9400987A	Contact No. Home/Office: Mobile: 8185305	55
Nationality SINGAPORE CITIZEN Occupation	Email Address diditanky94@gmail.com Sex Age Date of I Male 25 17/01/19	
Lorry driver Institution/School Name	Language English	
Date/Time Of Incident 13/04/2019 10:50 - 13/04/2019 11:20 Brief details.	Location Of Incident CENTRAL EXPRESSWAY	

Firstly, I was driving company vehicle plate number YM8326T on the 2nd lane of CTE. I was going to change my lane to the 3rd lane before entering the 2nd tunnel. During changing lanes, i've checked my blindspot on my left and it was cleared, so I decided to swerve to the 3rd lane.

Out of a sudden, I heard a loud bang. In just a few seconds, I've notice that I accidentally bang into a comfort delgo taxi plate number SH7251D. The driver of that taxi was NG BOON CHONG, NRIC \$1013031Z. He was just a relieved driver of the taxi plate number SH7251D.

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: 14/04/2019 16:12
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





CONTINUATION OF REPORT

Report No. F/20190414/7024

After what had happened, we both stopped our vehicle and decided to exchange particulars.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case:

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time: 14/04/2019 16:12

Classification Of Case:

Authentication Stamp

m Handling			Serena and		GS	ST Registration	NO.			
No.	3099660960-01	Vehicle No.	YM8326T							
cate No.					Po	sicyholder NRI		201807799	-	
nolder Name	MLY COMMERCIAL LEASING PTE, LTD.	A	Third Party, f	Fire & Theft		seding		0		
uck Code	PLEET INSURANCE	Contact No.(Office)			c	ontact No.(Hon	ie)			
act No.(Motife)	NA.	Special Remark				Code		No *		
II Address		200 Sept. 100 Se	. No Ye	25	•	Code Reason		75025		
	+ No Yes	TCA NCD Entitlement(%)	0		P	rivate Hire		No		
Protection	No	MED EMINERALISM AV	83					17/01/02	8	
Accident Details		Accident Report Within 24 hr	s Yes			Accident Type		Side Swipe		
ort Date	15/04/2019 19:16		10:55			Country of Acci	tent	Singapore		
e of Accident	13/04/2019	Time of Accident hh:mm	40.55		PA COLUMN TO THE PARTY OF THE P	ICM No.				
orting Centre		Orange Force								
ident Location	CTE TUNNEL TWOS CITY									
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1000	0.00	Additional Excess								
n damage Except		Outside Singapore OD Excer								
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Benefits	untine.				SELECTION					
GST Registered Inform	tuo.			ST Registratio		Yes				
T Registered T Registration No.				21 Status ver	aneu .					
diffication History	15/04/2019 19:16:44 Syst	em changed GST Status Verified fro	am No to Yes							
agrication in the se										
Policyholder Mailing A	Address		Notice	INSTRUCTION OF	EMK.	Address 3		SINGAP	ORE 569880	
ddress 1	7030 ANG MO KIO AVENUE 5	Address 2		ORTHSTAR 6	1000	Post Code		569880		
odress 4		Address Type	Singapore							
ogress 4	02-16	Related Policy Number	5105562	354-01						
OI Driver Info	88 A.C.									
river Name		Driver Type				Driver DOB				
Innamed driver Name		Driver NRIC				Driving Expe	rience			
egister Date of Driver Licen	nse	Driver Age				Contact No.				
contact No.(Mobile)	200	Contact No.(Office)				Address 3				
Address 1		Address 2	1/2/11/2/4			Post Code				
Address 4		Address Type	Pereign (\$00ress						
Unit No.						Driver Insu	er Company			
Does he own a Singapore	Yesi w No	Driver Vehicle No.								
Registered car?										
Modification History Claim 002 Hex									= Iind	
					ор-мх	Insured Name	м,у соммея	CIAL LEASING PI	Contact	201807799C
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Claim 002 New						Contact No. (Home) Oil Vehicle Number		CIAL LEASING P	NRIC Contact No. (Office) TP Vehicle Number Name of Preferred	NIL SH7251D
Cleim Type * Contact No.(Motrie)					QD-MX \$MB326T / SH72510 CM 1	Contact No. (Home) Oil Vehicle Number		CIAL LEASING P	NRIC Contact No. (Office) TP Vehicle Number Name of	NIL SH7251D
Claim 502 Max Claim Type * Contact No.(Motrie) Email Address Claim Description Preferred Workshop	Insured Liability Fully Preference	at Fault. T	Raceived	•		Contact No. (Home) OI Vehicle Number		CIAL LEASING PI	Ontact No. (Office) TP Vehicle Number Name of Preferred Workshop	NIL SH7251D
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5/8/2019		Claim H	landling(Claim Task)		
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 98 May 2019 14:43	Photos	Normal	Photos 2019-5-8	
5	NAC_BUKIT_MERAH_800674(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 May 2019 14:43	Photos	Normal	Photos 2019-5-8	
	NAC_BUKIT_MERAH_BOX676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 68 May 2019 14:43	Photos	Normal	Photos 2019-5-8	
12	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 May 2019 14:43	Photos	Normal	Photos 2019-5-8	
	NAC_BUKIT_MERAH_B00076(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 May 2019 14:43	Photos	Normal	Photos 2019-5-8	
-	NAC_BURIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 08 May 2019 14:43	Photos	Normal	Photos 2019-5-8	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 May 2019 14:42	Photos	Normal	Photos 2019-5-9	
	NAC_BURIT_MERAH_BOOG76[NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MERAH)) on 08 May 2019 14:42	Photos	Normal	Photos 2019-5-8	
9	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 May 2019 14:42	Photos	Normal	Photos 2019-5-8	
-	NAC_BUKIT_MERAH_BOOB76[NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 May 2019 14:42	Photos	Normal	Photos 2019-5-8	
	NAC_BUKIT_MERAH_\$00676(NATIONAL ASSESSMENT CENTRE SERVICE \$ (\$UKIT MERAH)) on 08 May 2019 14:42	Photos	Normal	Photos 2019-5-8	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (SAKIT MERAH)) on 08 May 2019 14:42	Photos	Normal	Photos 2019-5-8	
	NAC_BUKIT_MERAH_800676[NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 May 2019 14:41	Photos	Normal	Photos 2019-5-8	
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1979	NAC_BUKIT_MERAH_800876(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 08 May 2019 14:41	Photos	Normal	Photos 2019-5-8	
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1	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 May 2019 14:41	Photos	Normal	Photos 2019-5-8	

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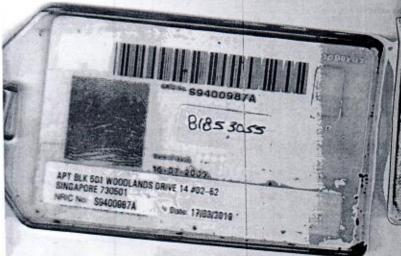
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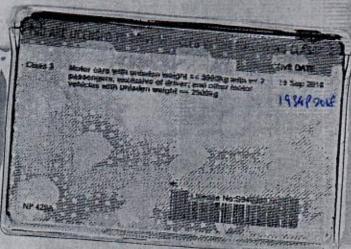
ACCIDENT STATEMENT

	MM/YYY). TIME: (10:50)(HH:MM)
LOCATION: CIE afte exit	erchard Died
- COAHON.	
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER:	73267
b)INSURANCE COMPANY: ~/	il Income
CIPOLICY NUMBER: 509966	0960-01
d) POLICY TYPE: (COMPREHENSIVE /	THIRD PARTY ATHIRD PARTY FIRE &THEFT
9)MAKE & MODEL:	
1) TYPE: (SALOON / COUPE / MPV /VA	AN LORRY MOTORCYCLE / OTHERS)
.g) VEHICLE CATEGORY: (PRIVATE / CO	OMMERCIAD / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT	TIME: Working
I ARE YOU CLAIMING UNDER YOUR C	OWN INSURANCE (YESPHOD
IF NO, PLEASE STATE (THIRD PARTY C	CLAIM (REPORTING ONLY)
2. INSURED / POLICY HOLDER	
White (3 m) A)NAME: 17. Y COME =	
- 1	CONTACT: 9/85 32 32
c)ADDRESS:	
*CONTINUE TO \$ 415 DRIVER LLOS B	
*CONTINUE TO 3.d IF DRIVER ALSO P	OLICY HOLDER
THO of passanges DRIVER	2501 120518
(Including driver) DINAME: NORSAZJANAY	MALEY FEMALE
	92-1-
CHANCHINI ASSIGNISTA	CONTACT: 0103-03
CHANCHINI ASSIGNISTA	9878 CONTACT: 31853055
c)ADDRESS: Sol woodla	ds Dr 14 # 22 -52
c) ADDRESS: 50/ 200//a. d) DATE OF BIRTH: (121 01/12) e) OCCUPATION: (INDOOR (OUTDOOR)	21 (DD/MM/YYYY)
eloccupation: (INDOOR KOUTDOOR) 1) DATE OF DRIVING PASC	20 Dr 14 1 32 -52 20 [DD/MM/YYYY] OR 7/09/2018
e)OCCUPATION: (INDOOR KOUTDOOR 1) DATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE	CONTACT: 27 (DD/MM/YYYY) OB) 1/07/2018 IE INSURED'S COMPANY? (VES XIVO)
e) DATE OF BIRTH: (22) 201/2: e) OCCUPATION: (INDOOR KOUTDOOR f) DATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRIV	CONTACT: 22 (DD/MM/YYYY) OR 2 /07/2018 E INSURED'S COMPANY? (PS) VER WITH INSURED: HIRM
e)OCCUPATION: (INDOOR LOUTDOOR 1) DATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRIVING S. a)WEATHER CONDITION: (CLEAR) RA	CONTACT: 22/(DD/MM/YYYY) OR 1/07/2018 IE INSURED'S COMPANY? VER WITH INSURED: AINING / OTHERS
c/ADDRESS: 50/000/0000 od)DATE OF BIRTH: (/// 01/000 e)OCCUPATION: (INDOOR OUTDOO f)DATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRIV 5. a)WEATHER CONDITION: (CLEAR) RA b)ROAD SURFACE: (DRY) / WET / OTHE	CONTACT: 22/(DD/MM/YYYY) OR 1/07/2018 IE INSURED'S COMPANY? VER WITH INSURED: AINING / OTHERS
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c) ADDRESS: 50/2006 d) DATE OF BIRTH: (22/21/2) e) OCCUPATION: (INDOOR OUTDOOR f) DATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRIV 5. a) WEATHER CONDITION: (CLEAR) RA b) ROAD SURFACE: (DRY) / WET / OTHE 6. WAS ANYBODY INJURED (YES NO) 16. WAS ANYBODY INJURED (YES NO) 16. WAS ANYBODY INJURED (YES NO) 16. IF YES, PLEASE STATE WHICH POLICE 17. a) REPORTED TO POLICE (YES) NO) 16. IF YES, PLEASE STATE WHICH POLICE 18. THIRD PARTY VEHICLE 19. O) VEHICLE NUMBER: 50/20 19. THIRD PARTY VEHICLE 20. VEHICLE NUMBER: 50/20 31. THIRD PARTY VEHICLE 32. WEHICLE NUMBER: 50/20 33. THIRD PARTY VEHICLE 34. WE BOWN 45. OF PRESENGER 46. WAS ARTY VEHICLE 47. OF PRESENGER 47. OF PRESENGER 48. OF PRESENGER 49. VEHICLE NUMBER: 50/20 49. VEHICLE NUMBER: 50/20 40. VEHICLE NUMBER: 50	CONTACT: 22 (DD/MM/YYYY) OR 2 /0 1/2018 E INSURED'S COMPANY? VER WITH INSURED: AINING / OTHERS ERS ESTATION: Ang 1110 Kin Deris Chang MODEL: 70 X?
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	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
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