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	i-Motor W/O (Within: OD 2h			10
OD (TP) Reporting Only	i-Photo Uploaded	1		
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:			ax:	
TP Particulars: Veh No: 50	DWID INC)/Non-INC()	-1	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	(WO): N: 0-2	20%; P: 21-79%. P: 80-1	00%]	
Year of Registration: ())		
Excess: (\$) Loading: \$			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	+)
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() Total Loss Case : to e-mail Ins				
Drive-In ()/ Towed-In (); Inve	oice: YES()/NO();	Fowing Co: ()
Remarks: (INC hotline: 6788 6616		Date&Time Completed	Done	hv
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
 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

	ACCIDENT STATEMENT
Date Of Report	13/05/2019 18:50
Date Of Accident	11/05/2019 18:15
Exact Location Of Accident	PASIR RIS DR 8
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKU560J
Insured/Policyholder	
Name Of Registered Owner	PEH CHU MING, IVAN
NRIC No	S9020406H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92984415
Alternative Phone No	OFFICE-92984415
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	PASSAT CC 1.8T AT 3574H7
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	5106595354
Cover Note Number	
Driver	
Name of Driver	PEH CHU MING, IVAN
NRIC No	S9020406H
Date Of Birth	04/06/1990
Occupation	INDOOR

INDOOR Occupation 06/07/2009 Date Of Driving Pass

9 YEARS AND 10 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-92984415 Mobile Number

Fax Number

OFFICE-92984415 Contact Number

NOEMAIL EMail Address

BLK 526C PASIR RIS STREET 51 Address

#08-527 513526

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

Postcode

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

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

YES

Was any body injured in the Accident? 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:

: LEONG WEI TIAN

GENDER:

: FEMALE

Passenger 2

NAME:

: YU HAI, MANALI ARIEL PEH

GENDER:

: FEMALE

Passenger 3

NAME:

: YU XUAN, MARILLYN ASHLEY PEH

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190512/7004.

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

SLD2281D

Vehicle Make/Model/Colour

MAZDA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

YEO HAI HUA

NRIC/Passport Number

S1327334J

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

PEH CHU MING, IVAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKU560J

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

LEONG WEI TIAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKU560J

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Pollcyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wiful misrapresentation or withholding of material
 facts may allow insurance companies to repudiate policy flability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the dark 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.
- B. Consent under the Personal Data Protection Act (PDPA)

tunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurence 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers lawyers/law firms, the Monstery Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or desting 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 few in administering, processing, handling and/or dealing with my dains (collectively the "Purposes")
- (a) my Personal Information may/can be disclosed by any of the losurers and/or GIA to their third party service providers or agents/including their lawyars/law firms), which may be sited outside of Singaporo, for one or more of the above Purposes.
- (ii) my hersonal information will also be collected and used to compile claims bistory for the purpose of fraud detection, investigation and management in present and all future claims.
- ie) the information so collected under (d) above may be shared / disclosed:
 - 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 Signatura

Date & Time:

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Partonel's Signature

Name:

NRIC/FIN No.5

vehicle B:SLD 2281D

KETCH PLAN	
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PECLARATION	
DECLARATION Ne declare the foregoing particulars are true in every respect.	

Policyholaera Signature Date & Timor Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Date of Accident	: 11 May 2019 Accident Time: 18:15 (24-HR-Format)
Accident Place	: Pasir RIS Drive 8
Vehicle Reg. No. (Car Plate No.)	:SKU5601
Vehicle Make/Model	: VOIKSWAGON PASSAT
Insurance Company	NTLC Policy No. 510 6595354
Owner or Company Name /IC No.	: PEH CHU MING, IVAN S9020406H
Owner or Company Contact No.	: 92984415 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: PEH CHU MING IVAN S9020406H
DRIVER'S Date Of Birth	: 04 06 1990 DRIVER'S License Pass Date 06 Jul 2009
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: OWNEr
DRIVER'S Address	:APT BLK 526C PASIR RIS STREET 51 #08-527
DRIVER'S Contact No./ Alt No.	SINGAPORE 513526 :1) 92984415 2)
DRIVER'S Occupation	: (NDOOR) OUTDOOR (e.g. working inside or outside office)
Email Address	: platinumwerkz@gmail.com
Weather & Road Surface	CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \Claim Other Party \ Claim Own Insurance
Number of Passengers (Including	Driver): 04
Was there any video Captured by Exact purpose for which vehicle w	car camera: VE8 \ NO was being used at the time of accident. Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: SLD 2281	D Vehicle Reg. No:
Vehicle Make\Model: MAZDA	Vehicle Make\Model:
Name Driver: YEO HAI H	Name Driver:
IC No. Driver: \$13273347	
Driver's Contact & Add:	Driver's Contact & Add.

. .,





1 of 4 Report No. T/20190512/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 12/05/20	e Report N 19 16:40	Made:	Vide Report No.:	Station Diary No.:		
Informar	nt's Partic	ulars				
PEH CH	Informant: J MING, IV	/AN	Address: APT BLK 526C PASIR RIS ST 513526	TREET 51 #08-527 SINGAPORE		
ID Type / ID No.: NRIC NO / S9020406H			Contact No.: Home/Office: Mobile: 92984415			
Nationali SINGAP	ty: ORE CITIZ	EN	Email: pehivan@live.com			
Sex: Male	Age: 28	Date of Birth: 04/06/1990	Type of Informant: Driver			
Race: Chinese		10	Language: English	Institution / School Name:		
Occupation: EVENTS CREW			Driving Licence Information: Class: 3	Date of Expiry:		

General Inform	mation of the Acci	dent			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/05/2019 18:15	Type of Location Flyover	
Location: PASIR RIS D	RIVE 8				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collis Between Mov		Swipe - Same Direction		Anyone conveyed by ambulance: No	

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
SKU560J	Car	VOLKSWAGO N	PASSAT CC 1.8T AT 3574H7	Brown		0		
SLD2281D	Car	MAZDA				0		

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
SKU560J	NTUC Income Insurance Co-Operative Limited	5106595354	22/12/2018	21/12/2019			





2 of 4 Report No. T/20190512/7004

CONTINUATION OF REPORT

Any Pedestrian Ir	volved: No					
No. of Pedestrian	s Injured: NIL		Use of F	Pedestrian	Cross	ing: NA
Driver						
Name	PEH CHU MING, IV	AN		ID No		S9020406H
Related Vehicle	SKU560J (Car)			Conta	ct No.	92984415
Hospital/Clinic	CENTRAL 24-HR CLINIC (PASIR RIS)				of g ce & Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/05/2019		Date Di	scharge	NIL	
	ted Medical Leave	04		of Injury	Slight	
Passenger			1 - 3	, ,	- 5	
Name	WeiTian Leong					S9112219G
Related Vehicle	SKU560J (Car)			Conta	ct No.	97777141
Hospital/Clinic	CENTRAL 24-HR CLINIC (PASIR RIS)			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	12/05/2019		Date D	ischarge	NIL	
	ted Medical Leave	04		of Injury	Slight	
Passenger					-	
Name	YU HUI, MANALI AI	RIEL PEH		ID No		T1323272A
Related Vehicle	SKU560J (Car)			Conta	ct No.	92984415
Hospital/Clinic	NIL	Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL		
Date Treatment	NIL		Date D	ischarge	NIL	
	ted Medical Leave	NIL		of Injury	NIL	





3 of 4 Report No. T/20190512/7004

CONTINUATION OF REPORT

Passenger		7767				
Name	YU XUAN, MARILLYN ASHLEY PEH			ID No.		T1537448E
Related Vehicle	SKU560J (Car)			Conta	ict No.	92984415
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	charge NIL			
No. of Days granted Medical Leave NIL				Degree of Injury NIL		
Driver						
Name	Yeo Hai Hua			ID No.		S1327334J
Related Vehicle	SLD2281D (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	ischarge NIL			
No. of Days gran	ted Medical Leave	NIL	Degree of	Degree of Injury NIL		

Brief Details.

On 11th May 2019 at 6.16pm, My wife, Leong Weitian, S9112219G, 2 daughters, Manali Ariel Peh Yu Hui, T1323272A, Marillyn Ashley Peh Yu Xuan, T1537448E and I, Ivan Peh Chu Ming, S9020406H was travelling along Pasir Ris Drive 8 in vehicle SKU560J.

We were travelling on the 3rd lane going straight when vehicle, SLD2281D, driven by Yeo Hai Hua, S1327334J cut into my lane abruptly and hit the side of my vehicle.





4 of 4 Report No. T/20190512/7004

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

Authentication Stamp

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/05/2019 16:40
Officer In Charge Of Case: TP / TPHQ / SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$9020406H





PEH CHU MING, IVAN

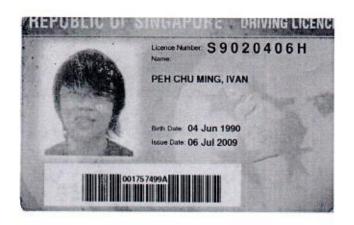
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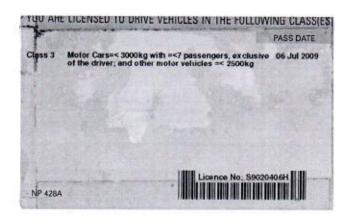
CHINESE

04-06-1990

SINGAPORE









SINGAPORE

NRIC No: \$8112219G



Date: 17/06/2015



Certificate of Insurance

: SKU560J

: 22 Dec 2018

: 21 Dec 2019

: WVWZZZ3CZCE519052

: PEH CHU MING IVAN

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5106595354 Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

Effective Date of Insurance
 Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

 EXCESS (SECTION 1)
 : \$\$600

 EXCESS (SECTION 2)
 : N/A

 WINDSCREEN EXCESS
 : \$\$100

 ADDITIONAL EXCESS
 : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO
INSURE WITH COE : YES
NCD PROTECTION : NO
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : PEH CHU MING, IVAN

NAMED DRIVER (1) : N/A

NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : HI BAI

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : CAR INSURANCE AGENCY PTE. LTD. (00000573840)

Date of Issue : 26 Dec 2018 16:50 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech										GeneralCla		
Hello, NAC_PAYA_UBI_800601							+ Change	Language	· Chan	ge Password	· Log Ou	
Notice of Loss Palicy No. Vehicle No.(Poli	cy Query										
	No.				Date	of Accident	1	11/05/2019	18:15			
	Vehicle	No.(For Motor)	SKU56	03		Certif	icate Number	1				
				1	Search							
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date	
	0	5106595354		PEH CHU MING, IVAN	\$9020406H	GPC	drivo CLASSIC	SKU560)	- 33/7	22/12/2018	21/12/2019	
					-	Continue]					

Sequer	nce Date of Endorsemen	nt I	Endorsement Type			Status	Endorsement Content	
	sements							
1 Insure	d Object: SKU560)							
Jnit No.		Related Policy Number		5106595354				
Address 4	SINGAPORE 513526	Addre	ss Type	Singapore address		Post Code	513526	
Address 1	BLK 526C #08-527	Addre	ss 2	PASIR RIS STREET	51	Address 3	COSTA RIS	
Policy	holder Mailing Address							
Certificate Info								
Policy Info								
Open								
nsurance Flag	No							
Agent Co-	CAR INSURANCE AGENCY PTE.	Agent Tel.	63842777		GST Flag	Υ		
Excess	***	TP Excess				800		
Singapore DD	600	Singapore	0			Young	Inexperience Driver Excess	
Outside		Outside						
Additional Excess	0	OS Premium	0					
Party Excess	0	damage Excess	600		Excess	100		
Third		Own			Windscreen			
Excess Type		All Claims Excess						
issue Date	26/12/2018	Effective Date	22/12/201	8 00:00	Expiry Date	21/12/2019 23	1:59	
Policy		Effective			Policy Flag	0.000		
Product Name	PRIVATE CAR INSURANCE	Plan			Group	N		
Address	BLK 526C #08-527 PASIR RIS	STREET 51 COS	STA RIS SIN	NGAPORE 513526				
Certificate No.		CONTENSE.			MAC			
Policy No.	5106595354	Policyholder Name	PEH CHU I	MING, IVAN	Policyholder NRIC	S9020406H		

thicate No. tyrholder Name Pluct Code protection Accident Details protection Accident Details protection Accident Details protection Excess damage Excess amed Driver Excess	EH CHU MING, IVAN RIVATE CAR INSURANCE 2984415 B No () Yes to 3/05/2019 20:55 1/05/2019	Cover Type Contact No. (Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hitmm	GRUSEGS GIND CLASSIC GIND CYES GIND CHASSIC	GST Registration No. Poticyholder NR3C Loading Corract No. (Home) eCode eCode Reason Private Hirs Accident Type Country of Accident	S9020406H 0 0 III V No Collision - Change / Cross lane
rholder Name Pi sct Code P sct No (Mobile) 9 i Address Protection A Accident Details rt Date 1 of Accident integrate integrat	RIVATE CAR INSURANCE 2984415 No () Yes No () 3/05/2019 20:53 1/05/2019 ASIR RIS DR 8	Contact No. (Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hitmin	0 ⊕ No ⊜Yes 0 Yes	Loading Contact No. (Home) eCode eCode Reason Private Hirs Accident Type Country of Accident	0 0 No Collision - Change / Cross lane
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Address Protection h Accident Details In Date 1 of Accident tring Centre ent Location P Excess damage Excess med Driver Excess	® No ○ Yes lo 2/05/2019 20:55 1/05/2019 ASIR RIS DR 8	Contact No. (Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hitmin	0 ⊕ No ⊜Yes 0 Yes	Contact No (Home) eCode eCode Reason Private Hirs Accident Type Country of Accident	0 No Collision - Change / Cross lane
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damage Excess med Driver Excess	7/10028098				
med Driver Excess	(1) 30 30 30				
	600.00	Additional Excess	0	Windscreen Excess	100.00
	0.00	Outside Singapore OD Excess	600.00		
Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits		Colore Singapore IV Excess	0.00		
GST Registered Informatio					
registered			0222230000000000		
Registered No.			GST Registration Date GST Status Verified		
cation History			voi sidius venned	Yes	
Policyholder Mailing Addre	***				
	LK 526C #08-527	Address 2	DACTO SIC CUPORT C.	Address 5	
	INGAPORE 513526	Address 2 Address Type	PASIR RIS STREET S1	Address 3	COSTA RIS
	AND THE BEST OF THE PARTY OF TH	50 (CS) (CS)	Singapore address	Post Code	513526
No.		Related Policy Number	5106595354		
OI Driver Info	CLICATION MINES IN CO.	20012000			
	EH CHU MING, IVAN	Driver Type	Main Driver		
med driver Name		Driver NRIC	S9020406H	Driver DOB	04/06/1990
ter Date of Driver License D	6/07/2009	Driver Age	28	Driving Expenence	9
ct No.(Mobile) 9	2984415	Contact No.(Office)	0	Contact No.(Home)	0
esc 1 8	LK 526C	Address 2	PASIR RIS STREET SI	Address 3	COSTA RIS
ess 4 s	INGAPORE 513526	Address Type	Singapore address	Post Code	513526
No. D	8-527				
s he own a Singapore) Yes ® No				
stered car?) YES (NO	Driver Vehicle No.		Driver Insurer Company	
eration					
Physician on Blood Year		2000 (1880) (1880)	SOURCE STREET		
ding?	mg	Any injury?	® Yes ○ No		
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alm 001 New					
Type + [c	ID-MX	Insured Name	OFFI CHILMING THE	burned MRIF	PRESENTATION
			PEH CHU MING, IVAN	Insured NRIC	S9020406H
ct No.(Mobile) MIL		Contact No.(Home)	65828480	Contact No. (Office)	
Address		Ol Vehicle Number	SKU5601	TP Vehicle Number	SLD2281D
	lease Select	Type of Benefit *	Please Select		
iant Name *	22	Claimant NR3C *			
ant Address					
E1000000000000000000000000000000000000	KU5601 / SLD2281D ON 11 May 2019			Name of Preferred Workshop	
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Description See Workshop Contact Per Finalisation Per Strate By Taken By Taken By The Section By	es MT/1044342 Yes Yes No	Preference Repair Option Claim Close Date	Preferred Workshop, Name unknown Save Submit 001 13/05/2019 20:58 Category •	Date Received Confidential Urgence	13/05/2019 00:00 IIIII
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