

NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

NBA#9070710

Date In: 30/05/2009 17:10	Job description	Date & Time Completed	Done by
Ref No: NBA/1119009625/4	SAS e-filing		
Veh No: SMH 8140E	E-mail (30 mins, AIC 2 hrs)		
DOA: 28/05/2009 14:10	1-Motor Claim Form		
OD TP Reporting Only	1-Motor W/O (With: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMF9635Z	INC () / Non-INC ()
Owner/Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20%; P: 21-79% P: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remit:	Completed:	Done by:
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time:	Location:

NBA#903992

Customer's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Auditor's Comments:	For claiming against INC Only, Govt 10 Jan 2005	
Date:	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$3	
	*N6: Repair Coordination \$10	
	*N7: Post Repair Inspection \$23	
	*N8: DV / Collect Excess Coordination \$3	
	TP (Nil) : TP (Non INC) against INC \$20	
	9) N12: Idao Mobile \$0	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

SINGAPORE ACCIDENT STATEMENT

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. 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	30/05/2019 17:10
Date Of Accident	28/05/2019 14:10
Exact Location Of Accident	PIE TOWARDS CHANGI NEAR LAMP POST 729A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH8140E
Insured/Policyholder	
Name Of Registered Owner	LI JUNLIANG
NRIC No	S9171751D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83839966
Alternative Phone No	OTHERS-83839966

Vehicle Particulars

Manufacturer	PORSCHE
Model	CAYENNE V6 E5 TIP
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V05075/VPS/R00
Cover Note Number	

Driver

Name of Driver	LI ANQUAN
NRIC No	S6878547B
Date Of Birth	03/08/1968
Occupation	INDOOR
Date Of Driving Pass	01/04/1996
Driving Experience	23 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83839966
Fax Number	
Contact Number	OTHERS-83839966
Email Address	NOEMAIL

Address	8 IPOH LANE #15-01
Postcode	438611
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	CBD8166 (COMMERCIAL VEHICLE)
Number of vehicles (including own vehicle) involved in the accident	5
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
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	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 267 ONAN ROAD , POSTCODE: 424773 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3459999 - FAX NO: 64474181
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH THE POLICE OFFICER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF9635Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BENJAMIN
NRIC/Passport Number	S8840730Z
Contact Number	
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJR7955K
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver GOH HUAN KHEW
NRIC/Passport Number S6840876H
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number CBD8166
Vehicle Make/Model/Colour NISSAN NAVARA
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver KHOO SHEH YAN
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SHA6066X
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver ONG TECK KA
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name LI ANQUAN
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SMH8140E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO

Address
Postcode

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:


Reporting Centre Personnel's Signature
Name: RPL
NRIC/FIN No.: 30/05/2019

SKETCH PLAN

- (A) SMH8140E
 (B) SMF9635Z Benjamin / 58840730Z / 81359727
 (C) SJR7955K Goh / 5684087611
 (D) CDB8166 Khoo / 901229145098
 (E) SHA6066X Ong / 502085591.

B A C D E

PIZ \rightarrow charger xiteam comp post 729A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report No. T/20190529/2062.

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190529/2062

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road-SINGAPORE 424773
Tel No: 1800-3459999

1 of 4

Report No. T/20190529/2062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/05/2019 12:36		Vide Report No.: E/20190528/0073		Station Diary No.: 15	
Informant's Particulars					
Name of Informant: LI ANQUAN			Address: 8 IPOH LANE #15-01 SINGAPORE 438611		
ID Type / ID No.: NRIC NO / S6878547B			Contact No.: Home/Office: Mobile: 83839966		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 03/08/1968	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/05/2019 14:10	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY TOWARD CHANGI				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CDB8166	Van				Slightly Damaged	0
SHA6066X	Car				Slightly Damaged	0
SJR7955K	Car				Seriously Damaged	0
SMF9635Z	Car				Seriously Damaged	0
SMH8140E	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190529/2082

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

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Report No. T/20190529/2082

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name <i>E</i>	ONG TECK KA	ID No.	S0808539I
Related Vehicle	SHA6066X (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name <i>C</i>	GOH HUAN KHEW	ID No.	S6840876H
Related Vehicle	SJR7955K (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name <i>B</i>	BENJAMIN	ID No.	S8840730Z
Related Vehicle	SMF9635Z (Car)	Contact No.	81339227
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20190529/2062

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

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Report No. T/20190529/2062

CONTINUATION OF REPORT

Driver			
Name	D : LI ANQUAN	ID No.	S6878547B
Related Vehicle	SMH8140E (Car)	Contact No.	83839966
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	D : KHOO SHEH YAN	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date place and time when the accident occur. I was travelling along PIE at the first lane with my vehicle SMH8140E, a vehicle of SJR7955K which was travelling in front of me suddenly slow down and came to a stop. I tried to stop but could not react in time and collided into the vehicle. Just then a vehicle of SMF9635Z hit my rear. I alighted from my vehicle and discovered that a total of 5 car were in a chain collision.

Shortly after the Traffic police came and interview each driver.

My in car camera memory card was taken by SSGT Firuz for investigation and I was issued an acknowledgement slip.

I was advise to lodge a police report by the Police officer.



**SINGAPORE
POLICE FORCE**



T/20190529/2062

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

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Report No: T/20190529/2062

CONTINUATION OF REPORT

Sketch Plan

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:
G /
Sgt 2 LIM XI HAO, NICHOLAS

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/05/2019 12:36

Officer In Charge Of Case:
TP / GIT /

Classification Of Case:

Sgt 2 HO JIEKANG, IVAN
Contact No.: 65476170



SINGAPORE
POLICE FORCE

Authentication Stamp
NP168

SIGNATURE

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 28/05/2019 (dd/mm/yy) Time of Accident: 14:10 (24-HR-FORMAT)

Vehicle No.: SMH 8140E Vehicle Make & Model: Porsche Cayenne

Exact location of Accident: PIE (Changi) Near lamp post 729A.

Policyholder's Name / IC No.: Li Jun Liang / S9171751D

Driver's Name / IC No.: Li An Quan / S6878547B (As Above) ☐

Driver's Contact No.: 8383 9966 Company Contact No (Company Veh Only): Liberty

Driver's Address: 8, Ipoh Lane #15-01 S (438611)

Email address: _____ Insurance Company: _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☒ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): 1

*Passanger Name: _____
*Passanger Name: _____

Gender: Male / Female
Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Li An Quan

Injuries Sustain: 5 days m/c Injured Person in Which Vehicle: SMH 8140E

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: ⓑ SMF 9635Z

Driver's Contact No: _____ Insurance Company: ⓐ SSR 7955K

2. Driver's Name / IC No (If Any): _____ Vehicle No: ⓓ CDB8166

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: ⓔ SHA 6066X

Preferred Workshop Name: _____ Contact No: _____

REPUBLIC OF SINGAPORE DRIVING

Vehicle Number **S68785**

Name **LI ANQUAN**

Valid From **03 Aug 1968**

Issue Date **19 Mar 2003**

1000316684F

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S6878547B**



Name

LI ANQUAN

李 安 全

Race
CHINESE

Date of birth
03-08-1968

Sex
M

Country/Place of birth
CHINA

5778547B

For LKK/NAC Use Only

ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 200 cc	03 Jun 1997
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	01 Apr 1999

Licence No: **S6878547B**

NP 428A

5778487



NRIC No. **S6878547B**

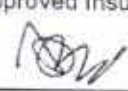


Date of issue
03-08-2017

Address
**8 IPOH LANE
#15-01
SINGAPORE 438611**

CERTIFICATE OF INSURANCE

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 No	SD19V05075 /VPS /R00
Form	MX1
Date of Issue	22-APR-2019
1.Index Mark and Registration No. of Vehicle:	SMH 8140 E
2.Chassis number of Vehicle:	WP1ZZZ92ZELA06657
3.Name of Policyholder:	LI JUNLIANG
4.Effective date of Commencement of Insurance for the purposes of the Act:	22-APR-2019 14:24 PM
5.Date of Expiry of Insurance:	21-APR-2020 23:59 PM
6.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 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.	
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.	
7.Limitations as to use*:	
Use only for social, domestic and pleasure purposes and for the Policyholder's business.	
8.The Policy does not cover:	
A) Use for hire or reward.	
B) Use for racing, pace-making, reliability trials 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 Vehicles (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.	
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).	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature	
For Information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen, Restricted Age Condition (Unnamed Drivers)
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I - Named Drivers- Singapore - S\$3000 / Outside Singapore - S\$6000, Section I - Unnamed Drivers (Driver Must Have At Least 36 Months' Driving Experience, Between The Age Of 25 And 69 Years Old And No Claim Record In The Past 3 Years - Singapore - S\$4000 / Outside Singapore - S\$8000, Windscreen Excess - S\$500
FINANCE COMPANY:	
PRODUCER NAME:	SUE & WONG (S.E.A.) PTE LTD

PLSLH/22-APR-19

S1_Cl_T1_T3_OE_Template2-Ver1.

22-APR-19