NATIONAL Assessment Ce.	ntre Services - 14	re! 1 Jan'05] M N	191939472		
Date In: 14/1/14-16:15	Jeb description		Date & Time Completed	Done	by
Ref No: Naline 190128 18 hy	SAS e-filing				
Veh No: SJS6912L	E-mail (within Sh	rs, AIC 2hrs)			
D.O.A: 19/1/19-17:17	i-Motor Claim		M111054224-001	14/3/19	いさ
7	i-Motor W/O (	Within: OD 2hrs		1 11111111111	1
OD / TP / Reporting Only	i-Photo Upload	ded			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
TP Insurer:	Assessment/Surr	vey Report			V
IF Insurer.	Ass't Report by	Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(		Tel:	Fax:	manufer to a local
TP Particulars: Veh No:	AC SKITC .	. INC(	)/Non-INC( ).		
Owner / Driver: (			Tel:	)	
Policy No: ( )	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	EDSEGUE TES
	6) [Note-Est. Status (Wo	O): N: 0-20	0%; P: 21-79%. F: 80-	100%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading:	\$1,000 ( )/\$2,000 (	)			
General Remarks:				100 P	
( ) Walk-In Customer: Customer's	information strictly Confi	idential & Str	ictly NO refer of repairer		ALL CONT
( ) Total Loss Case : to e-mail In:	The second secon				
		V V.T			
	oice: YES ( ) / NO	)( );1	owing Co: (		
Remarks: (INC horline: 6788 6616	5) ):		Date&Time Completed	Don	by
1) Apply for Transport Allowance (	)/Courtesy Car ( )			0-3-may 111.0-111.45-11	
2) QC Check / Post Repair Inspection	( )	As a second second			
3) Upload Resurvey Photo [Repair Cost	> \$3000] ( )				
Injury:					
		A CONTRACTOR OF THE PARTY OF TH		CATENA STATE A 14	and the said
Date/Time Actions		11.00000	productions on consisting	BEST PRODUCE	<u></u>
	1				-
	188			ACCIDENT SHAPE	TEXTS. 940
hehstel an	1	nvoice Prep	paration Checklist	Ant (S) Ist Bill	Amt (3)
laimant's Particulars :-		) AR : Accident			
		) DA : Damage / ) TF : Towing Fe	Assessment (\$100); INC (\$	\$80) 40/\$45	
river/Owner:	4	) FT : Follow-Th	rough Survey	\$120	
ontact No:	5)	) FT : Follow-Th	rough Survey (Resurvey) roinst INC Only (wef 10 Jan 200	330	
nmaged Portion:		) TR : Re-inspec	tion	\$75	
		N1 : Idac DA +	Contract to the last of the la	\$160	
Checked by (Engr-In-Charge):	9	OD.			
Charles by (Bingi-th-Charge).		*N5: Courtesy *N6: Repair Co	Cer / Tpt Allowence	\$5 510	
diraci Canada	7-1-1-12 1/2 1-1-12 1-13 1-13 1-13 1-13 1-13 1-13 1	*N7: Fost Repr	ir Inspection	\$25	
uditors' Comments :-			ect Excess Coordination	\$5	
<u></u> :	9	TP (N11): TP ) N12: Idac Mob	(Non INC) against INC ile	30	
2/3:		voice dated	Fee Charged	MANUFACTURE STATE OF THE PARTY.	
	In	voice dated	Fee Charged	SECTIV	

#### 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 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 aforesaid.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	19/07/2019 16:10
Date Of Accident	19/07/2019 07:15
Exact Location Of Accident	JUNC JURONG WEST AVE 5 & JALAN BAHAR
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS6920L
Insured/Policyholder	
Name Of Registered Owner	AIRSPEED
Co Reg No	53330500D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81688088
Alternative Phone No	OFFICE-81688088
Vehicle Particulars	
Manufacturer	HONDA
Model	HONDA CITY LX 1.5 I-VTEC AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105083720

-	20			
D	rı	V	е	r

Cover Note Number

Name of Driver GOH JUN FOOK (WU YUNFU)

 NRIC No
 \$7210336Z

 Date Of Birth
 25/03/1972

 Occupation
 OUTDOOR

 Date Of Driving Pass
 19/09/1995

Driving Experience 23 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81688088

Fax Number

Contact Number OFFICE-81688088

EMail Address NOEMAIL

Address BLK 652A JURONG WEST STREET 61

#09-382

Postcode 641652

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

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enicie

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Insurance Company of Driver's Own Vehicle

.

## General Information of the Accident

Type Of Accident COLLISION - U-TURN

Weather Conditions CLEAR
Road Surface DRY

### Other Information

Was any foreign vehicle involved in this accident? NO

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?

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

## Circumstances of Accident

REFER TO STATEMENT.

# Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SMC6513C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## 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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 insurers) 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:
  - 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:
  - 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

JRS or complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

53330500D

Driver's Signature (If driver is not the policyholder)

Date & Time:

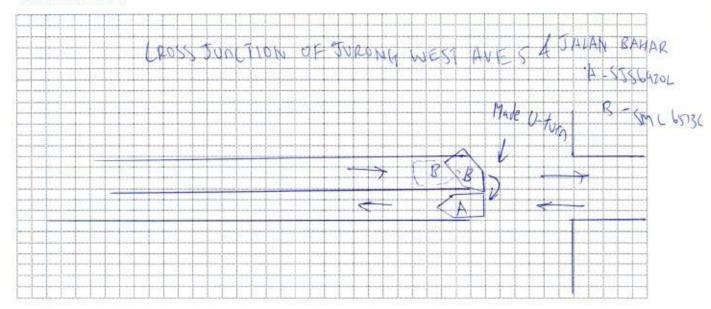
Reporting Centre Pers

onnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	G WEST AVE 5 AND JALAN BAHAR. VEHICE B MADE A U
URN AND HIT ONTO	THE RIGHT PORTION OF MY VEHICLE.

# **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 .:

# **Accident Reporting Draft**

VEHICLE NO: SJS6920L MODEL: HONDA CITY LX 1.5 I-VTEC AUTO

DATE OF ACCIDENT	19/7/19
TIME OF ACCIDENT	0715HRS HRS AM/PM
LOCATION OF ACCIDENT	CROSS JUNCTION OF JURONG WEST AVE 5 AND JALAN BAHAF
EXACT PURPOSE USE DURING ACCIDENT	
NAME OF OWNER	AIRSPEED
	81688088
CONTACT NO.	53330500D
NRIC	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P
INSURANCE CO.	NTUC
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT
POLICY NO.	
NAME OF DRIVER	GOH JUN FOOK (WU YUNFU) AS ABOVE / IF NO:
NRIC	S7210336Z ANY PASSENGER: 0
DATE OF BIRTH	
OCCUPATION	OUTDOOR / INDOOR
DATE OF DRIVING PASS	
GENDER	MALE / FEMALE
CONTACT NO.	81688088 OFFICE: HOME:
ADDRESS	APT BLK 652A JURONG WEST ST 61 #09-382 S(641652)
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.
RELATIONSHIP	EMPLOYEE/ IF NO: Han.
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR
ROAD SURFACE	DRY / WET/ OTHER: DRY
ANY INJURIES	NO / IF YES:
CONTACT NO.	1107111201
POLICE REPORT	NO / IF YES:
VIDEO RECORDING	NO / YES
VEHICLE B NO.	SMC6513C ANY PASSENGER:
NAME	ANT PASSENGEN.
CONTACT NO.	
VEHICLE C NO.	ANY PASSENGER:
VEHICLE D NO.	ANY PASSENGER:
VEHICLE E NO.	ANY PASSENGER:
VEHICLE F NO.	ANY PASSENGER:
ANY WITNESS	ANTIASSENSEN
WITNESS CONTACT NO.	
WITNESS CONTACT NO.	
PARTICULAR WORKSHOP	· Andrews
MOBILE NO.	Dudor
CONTACT PERSON	Ryder Auto Pte Ltd
FAX NO.	2 Kaki Bukit Ave 2, #02-19 @ Kaki Bukit Auto Hub, Singapore 417921
	Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277

# AIRSPEED

132 Joo Seng Road #04-02 Uniples Building . Singapore 368358 Company Reg. number: 533305000

## RENTAL AGREEMENT

No. R18110002

Date: 04NOV 2018

### SCHEDULE

This is a lease agreement made between us, This is a lease agreement made between us,

COMPANY" which shall include its successors-in-title and assions).identified as the Lessor and having our registered address 132 JOO SENG RD, UNIPLAS BUILDING #04-02. \$ 368358 AND YOU, the person(s) (hereinafter referred to as THE identified as the Hirer below include (which shall include your successors-in-title and assigns):-

NAME OF HIRER(S) (IN FULL)

GOHJUNFOOK

ADDRESS

BLK 652A JURONG WEST ST.61 #09-382 (S)641652

TELEPHONE

: 8168 8088

NAME OF DRIVER(S) (IN FULL)

HRIC/PASSPORT NO.

DATE OF BIRTH

DRIVING LICENSE NO.

PASSING DATE

EXPIRY DATE

NATIONALITY

: GOH JUN FOOK

: 57210336Z

: 25/03/1972

: S7210336Z

:19 SEP 1995

:SINGAPOREAN

### 1. DESCRIPTION OF VEHICLE ("THE VEHICLE")

REGISTRATION NO

MAKE/MODEL

COLOUR

ENGINE NO

CHASSIS NO

TYPE

: SJS 6920 L

:HONDA CITY UX 1.5 I-VTEC

: WHITE

: L15A71809493

:MRHGM26709P020371 :Z10 - PRIVATE HIRE (CHAUFFEUR) :MOTOR CAR

## 2. PERIOD OF LEASE

For weeks from 05/11/2018 ("Commencement Date") to 05/05/2019 ("Lease Period").

# 3. LEASE CHARGES

Amount 5\$266.00 per week plus Goods and Services Tax ("GST") (if applicable) ("Weekly Lease Charges"). This Lease Agreement is only in respect of the lease of the Vehicle, and does not include the hire or engagement of the drivers.

### 4. DEPOSIT

Amount 5\$500.00 (exclusive of GST)

### 5. INSURANCE

The Company will arrange for comprehensive insurance coverage against third part liability, and fire and theft damage to the Vehicle during the Lease Period up to the limits as stated below. Please refer to the insurance policy for the coverage terms and conditions. You shall be liable for the Excess Amount as stated below. Additional charges will apply for additional insurance coverage.

EXCESS (SECTION 1) : S\$2,500 EXCESS (SECTION 2) : \$\$2,000 WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A TRANSPORT ALLOWANCE : NO EXCESS WAIVER : NO

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Class 3 Motor Cars and Motor Tracturs the weight of 19 Sep 1995 which unladen does not exceed 2500 kilograms

For LKK/NAC Us







This card is not transferable and is the property of the Land Transport Authority LEA. Illuming by surpridered to LTA on request. If found, please return to LTA to Sinving Dom. Single 82 177017

Type D

Description

PRIVATE HIRE CAR VL

06/03/2018

Issue Date











## THE SCHEDULE

### Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document. GST Reg No. M4-0003030-8

Policy Number

: 5105083720

The Policyholder

: AIRSPEED

BLK 10 #06-351 TOH YI DRIVE TOH YI GARDENS SINGAPORE 590010

Period of Insurance

: 30 Oct 2018 To 27 Aug 2019

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: \$\$1,809.48

Interest Insured

Cover Type

: drivo CLASSIC

Primary Driver

: GOK AIK KEONG

Named Driver (1)

: N/A

Named Driver (2) Make/Model

: N/A

: HONDA/CITY

Capacity

: 1500cc

Registration Number

: SJS6920L

Registration Year : 2009

Chassis Number

: MRGHM26709P020371

Off-peak Car

: No

Repair at Owner's Preferred Workshop: No

Insure with COE

: Yes

Excess (Section 1)

: S\$2,000

NCD Entitlement : 0%

Excess (Section 2)

: \$\$1,500

NCD Protection

Windscreen Excess

: \$\$100

Additional Excess

: N/A

Unnamed Driver Excess

: Please refer to Terms and Conditions

Hire Purchase Company

: TAI THONG LEE TRADING PTE LTD

Optional Cover

: No

Transport Allowance Excess Waiver

: No

Memo A : 1) The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience. 2) Section 1 clause 8 on Unnamed driver excess will not apply.

Endorsement Operative: N/A

Agency

: ARK INSURANCE AGENCY (00000615246)

Date of Issue

: 30 Oct 2018 13:35 hrs

# DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					AND DESCRIPTION OF THE PERSON	• Change	Language	• Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy I	No.				Date	of Accident	E	9/07/2019	7:15	
	Vehicle	No.(For Motor)	S3S692	OL.		Certif	icate Number	[			
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5105083720		AIRSPEED	53330500D	GPC	drivo CLASSIC	SJS6920L	SJS6920L	30/10/2018	27/08/2019
						Continue	I				

Policy No.	5105083720	Policyholder Name	AIRSPEED		Policyholder NRIC	53330500D	
Certificate No.		130,000,000					
Address	BLK 10 #06-351 TOH YI DRIV	E TOH YI GARDI	ENS SINGAP	ORE 590010			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	30/10/2018	Effective Date	30/10/201	8 00:00	Expiry Date	27/08/2019	23:59
excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	ARK INSURANCE AGENCY	Agent Tel.	64722222		GST Flag	Υ	
Co-							
	No						
Flag Open Policy	No						
Flag Open Policy Info Certificate	No						
Plag Open Policy nfo Certificate nfo	No nolder Mailing Address						
Plag Open Policy nfo Certificate nfo Policy!		Addre	ss 2	TOH YI DRIVE		Address 3	TOH YI GARDENS
Flag Open Policy Info Certificate Info  Policy Address 1	holder Mailing Address	100000	ss 2 ss Type	TOH YI DRIVE Singapore address		Address 3 Post Code	TOH YI GARDENS 590010
insurance Flag Open Policy Info Certificate Info PolicyI Address 1 Address 4 Unit No.	holder Mailing Address BLK 10 #06-351	Addre	ss Type			W Waste	
Flag Dpen Policy Info Policy Address 1 Address 4 Jnit No.	nolder Mailing Address  BLK 10 #06-351  SINGAPORE 590010	Addre	ss Type	Singapore address		W Waste	
Plag Open Policy Info Octrificate Info Octrificate Oct	BLK 10 #06-351 SINGAPORE 590010 06-351 d Object: SJS6920L	Addre	ss Type	Singapore address		W Waste	
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ertificate No. vicyfipider Name odwcr Code					
hcyhpider Name oduct Code	5105083720	Vehicle No.	\$156920.	GST Registration No.	
oduct Code					
	AJRSPEED			Policyholder NR3C	533305000
	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
tact No.(Mobile)	81688088	Contact No.(Office)	0	Contact No.(Home)	0
ii Address		Special Remark		eCode	THE V
	No ○ Yes	TCA	® No ⊜Yes	eCode Reason	
Protection	No.	NCD Entitlement(%)	0	Private Hire	No
Accident Details	1700	nee annual my	*	Primate rate	
rt Date	19/07/2019 19:48	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - U-Turn
of Acadent	19/07/2019	Time of Accident hhimm	07:15	Country of Accident	Singapore
rting Centre		Orange Force		3CM No.	
tent Location	JUNC JURONG WEST AVE 5 & JALAN BAHAR				
Excess					
damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
imed Driver Excess		Outside Singapore OD Excess	2,000.00		
i Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits		23/6 5			
GST Registered Informat	tion				
Registered	No		GST Registration Date		
egistration No.	799		GST Status Ventied	Yes	
Scation History	19/07/2019 19:49:27 System	n changed GST Status Verified fro		5.77	
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Policyholder Halling Add	ress				
		******	and the same of	0202300020	1200000000000
	BLX 10 #06-351	Address 2	TOH YI DRIVE	Address 3	TOH YI GARDENS
	SINGAPORE 590010	Address Type	Singapore address	Post Code	590010
No.	06-351	Related Policy Number	5105083720		
OI Driver Info			70-20		
er Name	Unnamed Driver	Driver Type	Unnamed Driver		
imed driver Name	GOH JUN FOOK (WU YUNFU)	Driver NRIC	\$7210336Z	Driver DOB	25/03/1972
iter Date of Oriver License	19/09/1995	Driver Age	47	Driving Experience	23
act No.(Mobile)	81688088	Contact No.(Office)	0	Contact No. (Home)	0
ress 1	BLK 652A	Address 2	JURONG WEST STREET 61	Address 3	SINGAPORE 641652
ess 4		Address Type	Singapore address	Post Code	641652
No.	09-382		2.00		
s he own a Singapore		Proceed States of the			
stered car?	○ Yes  ® No	Driver Vehicle No.		Driver Insurer Company	
2002					
aration		Pro-Morals	(000)0=0000		
ethelicous or Wheel Tank	0 mg	Any injury?	C) Yes (B) No		
athalyser or Blood Test		500050000	0,144		
athalyser or Blood Test		508 (SEC1810)	O Table		
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athalyser or Blood Test		200.00000	0.181		
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thelyser or Blood Test ang) lication History					
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thelyser or Blood Test sing?  Incation History  In Type *	ОО-МХ	Insured Name	AIRSPEED	Insured NRIC	533305000
thelyser or Blood Test sing?  Incation History  In Type *  Type *  Type *  Type *	ОО-МX У			Insured NRIC Contact No. (Office)	533305000
thalyser or Blood Test ing?  scatton History  in Type *  ect No.(Mobile)		Insured Name			\$3330500D SMC6513C
halyser or Blood Test  cation History  Im 001 New  Type *  ct No.(Mobile)  Address		Insured Name Contact No.(Home)	AIRSPEED	Contact No.(Office)	
thalyser or Blood Test ing?  scatton History  in Type * int Type * int No.(Mobile)  Address  ant Type Claimant Type *	92223038	Insured Name Contact No.(Nome) OI Vehicle Number	AIRSPEED SIS6920L	Contact No.(Office)	
thelyser or Blood Test ing?  scatton History  in Type *  ict No.(Mobile)  Address  ant Type Claimant Type *  ant Name *	92223038 Please Select	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	AIRSPEED SIS6920L	Contact No.(Office)	
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