Date In: 1-18/19- 1:09	ntre Services pro-		Date &Time Complete	d De	one by
Rel No: Ha INC WOLVING THY	SAS e-filing				
Veh No: Pelovoe	E-mail (within Shrs	, AIC 2hrs)			
D.O.A: 9/8/19-17:45	i-Motor Claim I	Form	m1/1057631.01	14/8/19	15:27
	i-Motor W/O (W	ithin: OD 2hr			
OD ! TP)! Reporting Only	i-Photo Uploade	ed			
an i	Assessment/Surve	ey Report			
TP Insurer:	Ass't Report by F	ax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW	: (Tel:	Fax:	and the second
TP Particulars: Veh No:	PC6903A .	. INC()/Non-INC()	031-182-17 - <u>N</u> 14-	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 3	0-100%]	
Year of Registration: () Warranty: YES ()/NO()		
	\$1,000 ()/\$2,000 ()			
General Remarks		4 8 9 7 7 8 7	The second second	A Con S.	
() Walk-In Customer: Customer					
() Total Luss Case : to e-mail I		/ \.7	owing Co: ()
Drive-In ()/ Towed-In (); In	voice: YES () / NO	();1	owing co. (
Remarks: (INC horline: 6788 66)	16)		Date&Timb Completed	ı D	one by
) / Courtesy Car ()		Date & Timb Completed	D D	one by
1) Apply for Transport Allowance (Dates: Timb Complete:	D.	one by
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection) / Courtesy Car ()		Date&Timil Completes	i D	one by
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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.
- 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	14/08/2019 15:09
Date Of Accident	09/08/2019 15:45
Exact Location Of Accident	SECOND LINK EXPRESSWAY AFTER TUAS CHECKPOINT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	PC6000E
Insured/Policyholder	
Name Of Registered Owner	TRAVEL GSH PTE LTD
Co Reg No	199205400K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ZHONG TONG
Model	LCK6107H DIESEL TURBO 45SEATER
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	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5067996244-04
Cover Note Number	

-	-	ш		_	
D	п	n	п	е	r

EMail Address

Name of Driver **GURPREET SINGH** Passport No/FIN G8033837L Date Of Birth 13/12/1985 Occupation OUTDOOR Date Of Driving Pass 19/03/2019 Driving Experience 0 YEAR AND 4 MONTH MALE Gender Mobile Number (LOCAL) +65-83153742 Fax Number OFFICE-83153742 Contact Number

NOEMAIL

Address

101 UPPER CROSS STREET #B1-17M PEOPLE'S PARK CENTRE

Postcode

058357

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

*

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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)

21

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/20190813/2026.

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

PC6903A

Vehicle Make/Model/Colour

ISUZU

Details Of Properties

Vehicle Category

BUS

Name of Driver

NRIC/Passport Number

Contact Number

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

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:
 - 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

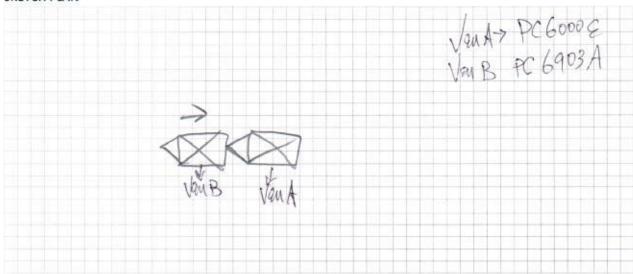
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to parise report.	
The state of the s	

DECLARATION

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

Policyholder s Signature Date & Time:

山河

Driver's Signature (If driver is not the policyholder) Date & Time;

STAKES.

Reporting Centre Personnel's Signature Name:

Name: NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 09 68 19 100	D/MM/YYYY), TIME:(15:45)(HH:MM)
2	essing After Thas Checkpoint
1. DETAILS OF VEHICLE TO 60000	4
d) VEHICLE NUMBER:	
b) INSURANCE COMPANY: NOW J	Intome
CIPOLICY NUMBER: 56499	6244-04
	THIRD PARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL: Thomas long	LCK6107H
g) VEHICLE CATEGORY: (PRIVATE / C h) PURPOSE OF USING AT ACCIDENT	TIME: NOOLC
i) ARE YOU CLAIMING UNDER YOUR	OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY	CLAIM REPORTING ONLY)
2. INSURED / POLICY HOLDER	
11000	(MALE / FEMALE)
CIADDRESS: 101 PRET COOR P	CONTACT: THE PROPERTY PARK SONTY
S(058357)	1 #31-17M Peoples Park Centre
* CONTINUE TO 3.d IF DRIVER ALSO I	BOLICY HOLDER
Allo of passanges DRIVER CHIER PORT BOOK	-OLICY HOLDER
(Indian dia) ajNAME: GUIDRECT Ingli	MALB / FEMALE)
HINDIC/FINIPACCEDORY (2035)27	CONTACT 83153742
() CIADDRESS:	CONTACT
*d)DATE OF BIRTH: (13 / 12/ 19	82 1100/1111 00001
e)OCCUPATION: (INDOOR / OUTDO	ORI .
f) YEARS OF DRIVING EXPRERIENCE:	8
 WAS DRIVER AN EMPLOYEE OF TH 	E INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRI	VER WITH INSURED:
5. a) WEATHER CONDITION: (CLEAR / R)	AINING / OTHERS
b) ROAD SURFACE: (DRY) / WET / OTH	ERS
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)	Find Oakon
IF YES, PLEASE STATE WHICH POLICE	STATION: WHATE POLICE
No of passenger a) VEHICLE NUMBER: PC 6903 A	700711
b) Deliver's NAME:	MODEL: JSAZU
O NICHAME	102_http://doi.org/102.htm
(1) 9. THIRD PARTY VEHICLE	CONTACT:
d) VEHICLE NUMBER	1105613
No of passenger e) DRIVER'S NAME	MODEL:
Including driver) () NRIC/FIN/PASSPORT.	CONTACT
()	CONTACT:
No of passenger d) VEHICLE NUMBER: DRIVER'S NAME: NRIC/FIN/PASSPORT: NRIC/FIN/PASSPORT:	

email = wei_845@ outlook.com / Jonathan-mag@travalguh-com

VIDEO =/





1 of 3

Report No. T/20190813/2026

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 019 09:44	Made:	Vide Report No.: Station Dia			
Informa	nt's Partic	ulars				
	Informant: EET SING		Address: C/O 101 UPPER CROSS CENTRE SINGAPORE 05	STREET #B1-17M PEOPLE'S PARK		
Control of the Contro	/ ID No.: / G8033837	7L	Contact No.: Home/Office:	Mobile: 83153742		
National INDIAN	ity:		Email:	1		
Sex: Male	Age:	Date of Birth: 13/12/1985	Type of Informant: Driver			
Race: Indian		0h	Language: Institution / School Nar			
Occupat Bus driv			Driving Licence Information Class:	n: Date of Expiry:		

Type of Accident:	Non-Injury Others	Drink Drive:	Date/Time of Accident:	Type of Location
		No	09/08/2019 15:45	
Location: Along Road 1 SECOND LIN ALONG SEC	K	TER TUAS CHECKPO	IINT	
Weather:				
weather.		Road Surface:		Road Speed Limit:
Traffic Flow:		Road Surface: Traffic Control:		Road Speed Limit: Traffic Volume:

Details of V	ehicle Involved					
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
PC6000E	Bus/Coach/Mi nibus	ZHONG TONG	LCK6107H DIESEL TURBO 45SEATER	Pink		20
PC6903A	Bus/Coach/Mi nibus	ISUZU	LT434P 7.8 SMT	Multi-Colored		0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20190813/2026

CONTINUATION OF REPORT

Details of Perso	n Involved	AP ME		and the same	and the second	THE SHARE THE SHARE
Any Pedestrian I	nvolved: No					THE THREE PARTY AND THE PARTY NAMED IN
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Driver	and the second	university.	ALASE TERM		ALC: NO	
Name	GURPREET SINGH	1		ID No		G8033837L
Related Vehicle	PC6000E (Bus/Coach/Minibus)			Conta	ct No.	83153742
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	221
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

ON STATED TIME, DATE AND LOCATION,

I WAS DRIVING MY VEHICLE ALONG SECOND LINK EXPY AND FOLLOWING THE TRAFFIC. WHEN I CAME TO A STOP, THE VEHICLE INFRONT OF ME WANTED TO CHANGE LANES. HENCE, HE REVERSED A COUPLE OF TIMES IN AN ATTEMPT TO MAKE SPACE TO CHANGE LANES. DURING THE THIRD TIME THAT HE REVERSED, HOWEVER, HIS REAR SIDE OF HIS VEHICLE COLLIDED INTO THE FRONT OF MY VEHICLE. THAT'S ALL. THERE IS NO INJURIES DURING THE INCIDENT.





3 of 3

Report No. T/20190813/2026

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

NP168

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:

Signature Of Officer Recording The Report: Signature Of Informant: MUHAMMAD AMIRUL M Signature Of Interpreter: Date/Time: Not applicable 13/08/2019 09:44 Officer In Charge Of Case: Classification Of Case: TP/GIA/ Staff Sgt WONG SIEU LUI Contact No.: 65476151 Authentication Stamp

S PASS

Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

TRAVEL GSH PTE LTD



GURPREET SINGH

0 33800479

SERVICE

For LKK/NACUs

REPUBLIC OF SINGAPORE

GURPREET SINGH

13 Dec 1985 o: 22 May 2018

Valid Till 21/06/2023



VISIT PASS Immigration Regulations

GURPREET SINGH



G8033837L

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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

EFFECTIVE DATE

S / No.9000320691

ce No:G8033837L

NP 428A



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description

Issue Date

03 BUS VL

19/03/2019

For LKK/NAC Use Only





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 Number 5067996244-04 Index mark and Registration Number of Vehicle

Chassis Number

Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

Persons or Classes of Persons entitled to drive*

(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.

Cover : Comprehensive

LDY6KS9D1B0005335 TRAVEL GSH PTE LTD

PC6000E

09 Oct 2018

: 08 Oct 2019

6. Limitations as to Use*

(a) Use for the carriage of passengers in connection with the Policyholder's business.

(b) Limited to carry 45 passengers

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle

 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.

GEOGRAPHICAL LIMIT

WITHIN THE REPUBLIC OF SINGAPORE ONLY

EXCESS (SECTION I) EXCESS (SECTION II) : \$\$3,000 : \$\$1,500

WINDSCREEN EXCESS INSURE WITH COE

: 5\$500 : NO

HIRE PURCHASE COMPANY

SUM INSURED

MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/ PARF VALUE 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

: NLE INSURANCE AGENCIES PTE LTD (00000614580)

Date of Issue

09 Oct 2018 13:35 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



Policy No.	5067996244-04	Policyholder Name	TRAVEL O	SSH PTE LTD	Policyholder NRIC	199205400k	
Certificate No.							
ddress	101 UPPER CROSS STREET #81	-17M PEOPLE	S PARK CE	NTRE SINGAPORE 0583	57		
roduct lame	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy	09/10/2018	Effective Date	09/10/20	18 00:00	Expiry Date	08/10/2019	23:59
oate xcess ype		All Claims Excess					
hird		Own					
arty xcess	1500.00	damage Excess	3000.00		Windscreen Excess	500.00	
dditional xcess		OS Premium	0				
Outside Singapore		Outside Singapore				You	ng/Inexperience Driver Excess
xcess		TP Excess				rout	ng/mexperience briver excess
Agent	NLE INSURANCE AGENCIES PT	E Agent Tel.	65673612	2	GST Flag	Y	
Co- nsurance Flag Open Policy	No						
Info Certificate							
nfo Policyl	nolder Mailing Address						
ddress 1	101 UPPER CROSS STRE	ET Addre	ess 2	#B1-17M PEOPLE'S	PARK CENTI	Address 3	SINGAPORE 058357
ddress 4		Addre	ess Type	Singapore address		Post Code	058357
Jnit No.		Relati	ed Policy	5104559207			
Insure	d Object: PC6000E						
	sements						
Sequer	nce Date of Endorsement	Endorseme	ent Type	Endorsement Number	r Endorser	ment Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(shas/have been deleted from this policy; VEHICLE NUMBER
	01/11/2018 00:00	Basic Informa Endorsement		000001286935289	Endorseme Effective	ent Take	CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. PC7051B 01-11-2018 \$1,575.11 In view of this amendment, a refund of \$1,575.11 (inclusive of GST) will badjusted against the outstanding premium.
2	23/11/2018 00:00	Basic Informa Endorsement		000001286948644	Endorseme Effective	ent Take	Thank you for giving us the opportunity to serve you. We confirm and endorse that from 26 Nov 2018, the geographical limit of the policy is extended to cover We Malaysia for the following vehicles VEHICLE NUMBER EFFECTIVE DAT PREMIUM (INCL GST) 1. PC108T 26-11-2018 \$1,350.86 An excess: \$\$5,000.00 for both Section 1 & II applicable for accidents arising in West Malaysia. In view of this amendment, an additional premium of \$1,350.86 (inclusive of GST) is payable under your policy. Please

ocident MT/1057631 picy No.					
	5067996244-04	Vehicle No.	prenne	OOT Benitterston his	1603054004
	3007330264-04	Venice No.	PC6000E	GST Registration No.	199205400K
ertificate No.	400000000000000000000000000000000000000			III JACOBO POSTO GARGOSTO	POSTERIAL
licyholder Name	TRAVEL GSH PTE LTD			Policyholder NR3C	199205400K
oduct Code	FLEET INSURANCE	Cover Type	Comprehensive	Loeding	0
ntact No.(Mobile)	0	Contact No. (Office)	0	Contact No. (Home)	0
all Address		Special Remark		eCode	19. Y
6	® No ○ Yest	TCA	® No ○Yes	aCode Reagon	
D Protection	No	NCD Entitlement(%)	0	Private Hire	No.
Accident Details					
ort Date	14/08/2019 15:21	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
e of Accident	09/08/2019	Time of Accident hh:mm	15:45		
	03/03/2013		15.45	Country of Accident	Singapore
orting Centre		Orange Force		ICH No.	
dent Location	SECONO LINK EXPRESSWAY AFT	ER TUAS CHECKPOINT			
Excess					
damage Excess	3,000.00	Additional Excess		Windscreen Excess	500.00
amed Driver Excess		Dutside Singapore OD Excess			
d Party Excess	1,500.00	Outside Singapore TP Excess			
Benefits					
GST Registered Informa	ation				
Registered	Yes		GST Registration Date	26/10/1998	
Registration No.	199205400K		GST Status Venified	Yes	
fication History			TO THE PARTY OF TH	2750	
Policyholder Hailing Ad	dress				
ress 1	101 UPPER CROSS STREET	Address 2	#81-17M PEOPLE'S PARK CENTI	Address 3	SINGAPORE 058357
tress 4		Address Type	Singapore address	Post Code	058357
t No.			5104559207	VOICE AND	
		Related Policy Number	5104559207		
OI Driver Info					
er Name	Unnamed Driver	Driver Type	Unnamed Driver	CACO MONTH OF THE PARTY OF THE	
arned driver Name	GURPREET SINGH	Driver NRIC	G8033837L	Driver DOB	13/12/1985
oter Date of Driver License	19/03/2019	Driver Age	33	Driving Experience	0
tact No.(Mobile)	83153742	Contact No.(Office)	0	Contact No. (Home)	0
ress 1	101 UPPER CROSS STREET	Address 2	PEOPLE'S PARK CENTRE	Address 3	SINGAPORE 058357
ress 4		Address Type	Singapore address	Post Code	058357
I No.	81-17M	5-00 00000000	200 - 1		
is he own a Singapore		72000000000000000000000000000000000000			
istered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
acation					
	\$1300	100000000	N244722377		
athalyser or Blood Test	o mg	Any injury?	○ Yes ® No		
daration eathelyser or Blood Test sping?	o mg	Any injury?	○ Yes ® No		
athalyser or Blood Test	omg	Any injury?	O Yes ® No		
ethalyser or Blood Test ding?	© mg	Any injury?	O Yes ® No		
thelyser or Blood Test drig?	òmg	Any injury?	O Yes ® No		
thalyser or Blood Test ling? rication History	ô mg	Any injury?	O Yes ® No		
ithalyser or Blood Test 5 ng? fication History aim 001 New	10.15			State or and the	1992054000
thelyser or Blood Test 5 ng? fication History alm 001 New	OD-MX V	Insured Name	○ YES ® No TRAVEL GSH PTE LTD	Insures NRIC	199205400K
thelyser or Blood Test 10g? Scation History alm 001 New Type * act No.(Mobile)	10.15	Insured Name Contact No.(Home)	TRAVEL GSH PTE LTD	Contact No. (Office)	65363933
thalyser or Blood Test 5 ng? Fication History aim 001 New Type * act No.(Mobile) H Address	OD-MX V 93805654	Insured Name			
thelyser or Blood Test 10g? Scation History aim 001 New Type * act No (Mobile) I Address	OD-MX V 93805654	Insured Name Contact No.(Home)	TRAVEL GSH PTE LTD	Contact No. (Office)	65363933
thelyser or Blood Test 10g? Scation History alm 001 New Type * act No (Mobile) I Address nant Type Claimant Type *	OO-MX 93805654 Please Select	Insured Name Contact No.(Home) OI Vehicle Number	TRAVEL GSH PTE LTD PC6000E	Contact No. (Office)	65363933
thelyser or Blood Test 5 ng? Fication History aim 001 New Type * act No (Mobile) II Address hant Type Claimant Type * mant Name *	OO-MX 93805654 Please Select	Insured Name Contact No.(Home) CI Vehicle Number Type of Benefit *	TRAVEL GSH PTE LTD PC6000E	Contact No. (Office)	65363933
this year or Blood Test Sing? fication History aim GO1 New Type * tact No (Mobile) al Address ment Type Claimant Type * ment Address	OO-MX 93805654 Please Select	Insured Name Contact No.(Home) Cil Vehicle Number Type of Benefit * Claimant NRIC *	TRAVEL GSH PTE LTD PC6000E	Contact No. (Office)	65363933
Athalyser or Blood Test drog? fication History latim GO1 New Type * tact No (Mobile) el Address mant Type Calimant Type * mant Name * mant Address n Description	93805654 Please Select	Insured Name Contact No.(Home) CI Vehicle Number Type of Benefit * Claimant NRIC *	TRAVEL GSH PTE LTD PC6000E Please Select	Contact No. (Office) TP Vehicle Number	65363933
thalyser or Blood Test. Sing? fication History aim GO1 New Type * tact No.(Mobile) ii Address mant Type Claimant Type * mant Name * mant Address in Description bried Workshop Contact.	OD-MX	Insured Name Contact No.(Home) CI Vehicle Number Type of Benefit * Claimant NRIC *	TRAVEL GSH PTE LTD PC6000E Please Select W	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	65363932 PC6903A
hthalyser or Blood Test. drig? fication History laim 001 New Type * tact No.(Mobile) el Address mant Type Calimant Type * mant Name * mant Address in Description erred Workshop Contact. uire Finelisation	OD-MX	Insured Name Contact No.(Home) Cil Vehicle Number Type of Benefit * Claimant NRIC *	TRAVEL GSH PTE LTD PC6000E Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop G1A report	65363933 PC6903A
thelyser or Blood Test 2007 fication History aim GO3 New Type * act No.(Mobile) If Address nant Type Calmant Type * nant Name * nant Address n Description pried Workshop Contact sine Finalisation Registered	OD-MX	Insured Name Contact No.(Home) CI Vehicle Number Type of Benefit * Claimant NRIC *	TRAVEL GSH PTE LTD PC6000E Please Select W	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	65363932 PC6903A
thelyser or Blood Test ling? Scatton History aim GO2 New Type * act No (Mobile) Address sant Type Claimant Type * sant Name * sant Address to Description red Workshop Contact ine Finalisation Registered	OD-MX	Insured Name Contact No.(Home) Cil Vehicle Number Type of Benefit * Claimant NRIC *	TRAVEL GSH PTE LTD PC6000E Please Select W	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop G1A report	65363933 PC6903A
cation History lim GOI New Type * act No. (Mobile) Address sant Type Claimant Type * sant Name * sant Address to Description red Workshop Contact ire Finalisation Registered tt Taken By	OD-MX	Insured Name Contact No.(Home) Cil Vehicle Number Type of Benefit * Claimant NRIC *	TRAVEL GSH PTE LTD PC6000E Please Select W	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop G1A report	65363933 PC6903A
thelyser or Blood Test 2002 fication History aim GO3 New Type * act No.(Mobile) If Address nant Type Claimant Type * nant Name * nant Address n Description prined Workshop Contact size Finalisation Registered rt Taken By	OD-MX	Insured Name Contact No.(Home) Cil Vehicle Number Type of Benefit * Claimant NRIC *	Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop G1A report	65363933 PC6903A
Athalyser or Blood Test drop? Tication History In Type * tract No (Mobile) el Address mant Type Claimant Type * mant Address mont Address in Description erred Workshop Contact uire Finelisation Registered art Taken By Print AK letter	OD-MX	Insured Name Contact No.(Home) Cil Vehicle Number Type of Benefit * Claimant NRIC *	TRAVEL GSH PTE LTD PC6000E Please Select W	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop G1A report	65363933 PC6903A
thalyser or Blood Test Sing? Fication History alm CO1 New Type * tect No.(Mobile) If Address mant Type Claimant Type * mant Name * mant Address in Description bried Workshop Contact pare Finalisation Registered out Taken By Print AK letter	OD-MX	Insured Name Contact No.(Home) Cil Vehicle Number Type of Benefit * Claimant NRIC *	Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop G1A report	65363933 PC6903A
thalyser or Blood Test Sing? Fication History alm CO1 New Type * tect No.(Mobile) If Address mant Type Claimant Type * mant Name * mant Address in Description bried Workshop Contact pare Finalisation Registered out Taken By Print AK letter	OD-MX	Insured Name Contact No.(Home) Cil Vehicle Number Type of Benefit * Claimant NRIC *	Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop G1A report	65363933 PC6903A
thalyser or Blood Test Sing? fication History aim GO1 New Type * fact No (Mobile) if Address mant Type Claimant Type * mant Address no Description or Elizabisation Registered ort Taken By Print AK letter tachment	93805654 Please Select PC60000 / PC6903A ON 9 Aug 20 Yes 14/08/2019 15:23 Jackson	Insured Name Contact No.(Home) Cil Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	TRAVEL GSH PTE LTD PC6000E Please Select Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop G1A report	65363933 PC6903A
thalyser or Blood Test Sing? fication History aim GO1 New Type * fact No (Mobile) if Address mant Type Claimant Type * mant Address no Description or Elizabisation Registered ort Taken By Print AK letter tachment	OD-MX	Insured Name Contact No.(Home) Cil Velside Number Type of Benefit * Claimant NRIC *	Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop G1A report	65363933 PC6903A
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hthalyser or Blood Test. drig? fication History laim 001 New Type * tact No.(Mobile) el Address mant Type Claimant Type * mant Name * mant Address in Description erred Workshop Contact.	OO-MX	Insured Name Contact No.(Home) Cil Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No.	TRAVEL GSH PTE LTD PC6000E Please Select Not at Fault Preferred Workshop, Name unknown 14/08/2019 15:25 Category * Clear Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop G1A report Date Received	Received 14/08/2019 00 00

