Date In: 12 19-17147	Jcb description	Date & Time Completed	Done by
Res No: MA MC190 1449/74	SAS e-filing		
Veh No: VICCOGEX	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 17/8/19-10137	i-Motor Claim Form	M711058147-01	m/8/19 18:01
	i-Motor W/O (Within: OD 2)		18.01
OD : (TP) Reporting Only	i-Photo Uploaded	!	
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand		
Preferred Wksp / INC Assign Wksp / QW:			ax:
TP Particulars: Veh No:			2000 Paris
Owner / Driver: (10007	Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
	6) [Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: \$0-1	00%]
Year of Registration: ()) Warranty: YES ()/NO (<u> </u>	
	\$1,000()/\$2,000()		
General Remarks;-			SECTION SECTION
			Scott Project
() Walk-In Customer: Customer's		strictly NO refer of repairer.	
() Total Loss Case : to e-mail Ins	surer URGENTLY.		
Drive-In ()/ Towed-In (); Inv	roice: YES()/NO();	Towing Co: (.)
Remarks:- (INC hotline: 6788 6616	00	Date&Time Completed "b	Done by
) / Courtesy Car ()		
2) QC Check / Post Repair Inspection) Courtesy Car ()		
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()	,,,	
Injury:			
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			SSP CHILD
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Pate/Time Actions		paration Checklist	
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Actions MAINSCOM aimant's Particulars:	1) AR : Accident 2) DA : Damage 3) TF : Towing	eparation Checklise. It Reporting (\$30); Assessment (\$100); INC (\$80); Fee \$40/	Ant (5) And (1) Add (1) (5) (5) (5) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6
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Pate/Time Actions MAINSGRA aimant's Particulars: iver/Owner: intact No:	1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow-1 5) FT : Follow-1 For claiming 6) TR : Re-inspe	cparation Checklise It Reporting (\$30); Assessment (\$100); INC (\$80); Fee \$40/ Chrough Survey \$ Chrough Survey (Resurvey) Assainst INC Only (wef 10 Jan 2005) Assainst INC Only (wef 10 Jan 2005) Assainst INC Only (wef 10 Jan 2005)	Ant (5) Am (1) Bill Add (1) 0) (545 120 (530
Actions MAINSCOM alimant's Particulars: iver/Owner: ntact No: maged Portion:	1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow-1 5) FT : Follow-1 For claiming 6) TR : Re-inspe 7) N1 : Idae DA 8) NTUC Additi	cparation Checklist. It Reporting (\$30); Assessment (\$100); INC (\$80); Fee \$40/ Chrough Survey \$50; Chrough Survey (Resurvey) Assainst INC Only (wef 10 Jan 2003) Section + SMRT Survey \$50; Conal Services.	Ant (5) Amu (ii Biji Add) (5) (545) (120) (530) (575)
MAINSCOM Actions Mainscom Aimant's Particulars:- iver/Owner: ntact No: maged Portion:	1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow-1 5) FT : Follow-1 For claiming 6) TR : Re-inspe 7) N1 : Idae DA 8) NTUC Additi OI)* *N5: Courter	cparation Checklist. It Reporting (\$30); Assessment (\$100); INC (\$80); Fee \$40/ Chrough Survey \$50; Chrough Survey (Resurvey) Assainst INC Only (wef 10 Jan 2003); Section + SMRT Survey \$50; Small Services.	Ant (5) Am (1) Bill Add (1) 0) (545 120 (530
Actions MAINDENA aimant's Particulars: iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow-1 5) FT : Follow-1 For claiming 6) TR : Re-inspe 7) N1 : Idae DA 8) NTUC Additi OI)* *N5: Courtes *N6: Repair 0 *N7: Fost Rep	cparation Checklist It Reporting (\$30); Assessment (\$100); INC (\$80); Fee \$40/ Through Survey \$ Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) action + SMRT Survey \$ condition to the survey \$ y Car / Tpt Allowance Co-ordination mair Inspection	Ant (5) Amu (in Bill Add) 545 120 530 575 160 55 510 525
Date/Time Actions MAINGENY aimant's Particulars: iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge): clitors! Comments:	1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow-1 5) FT : Follow-1 For claiming 6) TR : Re-inspe 7) N1 : Idae DA 8) NTUC Additi OI)* *N5: Courtes *N6: Repair 0 *N7: Fost Re *N8: DV / Co	cparation Checklist. It Reporting (\$30); Assessment (\$100); INC (\$80); Fee \$40/ Chrough Survey \$50; Chrough Survey (Resurvey) Assessed INC Only (wef 10 Jan 2005) Assessed IN	Ant(S) Am (ABill Add) (S45) (120) (S30) (S75) (160) (S5) (S5) (S10) (S25) (S5) (S5) (S5) (S5) (S5) (S5) (S5) (S5) (S6)
Actions MAINDENN Actions Actions MAINDENN Actions Actions Actions Checked Particulars: Checked by (Engr-In-Charge):	1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow-1 5) FT : Follow-1 For claiming 6) TR : Re-inspe 7) N1 : Idae DA 8) NTUC Additi OI)* *N5: Courtes *N6: Repair 0 *N7: Fost Re *N8: DV / Co	cparation Checklist It Reporting (\$30); Assessment (\$100); INC (\$80); Fee \$40/ Through Survey \$5 Through Survey (Resurvey) against INC Only (wef 10 Jan 2005)	Ant (5) Amu (in Bill Add) 545 120 530 575 160 55 510 525

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.
- 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

	ACCIDENT STATEMENT
Date Of Report	17/08/2019 17:47
Date Of Accident	17/08/2019 10:30
Exact Location Of Accident	CTE AFTER BRADDELL RD EXIT
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKC2068X
Insured/Policyholder	
Name Of Registered Owner	NEO CHAY HON
NRIC No	S8181282I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90722281
Alternative Phone No	OFFICE-90722281
Vehicle Particulars	
Manufacturer	BMW
Model	318I 2.0 AT D/AB 2WD 4DR GAS/D SR DRL
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
f 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	5095518410-02
Cover Note Number	
Driver	
Name of Driver	NEO CHAY HON
NRIC No	S8181282I
Date Of Birth	22/02/1981

Occupation INDOOR Date Of Driving Pass 23/04/2012 Driving Experience

7 YEARS AND 3 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-90722281

Fax Number

Contact Number OFFICE-90722281

EMail Address NOEMAIL Address BLK 6 CANBERRA DRIVE

#13-06

Postcode 768140

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

.

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?

Number of vehicles (including own vehicle)

3

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)

1

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/20190817/7005.

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 SJE1866S

Vehicle Make/Model/Colour ALTIS

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 22

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SMK2601R

Vehicle Make/Model/Colour

KIA

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)

DETAILS OF INJURED PERSON 1

Name NEO CHAY HON

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKC2068X

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- L. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- . This form must be completed by the Policyhalder and/or the Authorised Differ.
- 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 incurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false recoming 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 hareby consent to the archiving of this report at the centre and to copies of the report being made available aforeseld.
- 5. Consent under the Personal Date Protection Act (PDPA)

I understand, admowledge, agree and consent that:

- (s) 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 on 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, heading and/or dealing with my dains including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) Investigating the accident and/or my dalms;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (Iv) administrating my claims (including the making 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/mak packages); and/or
 - (v) complying with applicable law in administering, processing, fixed ling and/or dealing with any dains. (collectively the "Purposes")
- (b) ell insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, dictions and/or process my Personal information for one or more of the above Purpopes; and
- (c) my Personal Information may/ran 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 steed outside of Singaporo, for one or more of the choice Purposes.
- (a) my Personal information will also be collected and used to compile delims history for the purpose of freud detection, investigation and management in present and all future delims.
- (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 agandes as reasonably required for the purposes stated, or

(2) for complying with requirements under any regulations, laws or court orders.

Policybological Signature Date & Time: Oriver's Signature (If driver is not the policyholder)

Date Time:

Reporting Contre Personners Signature

Rama: RRIC/FIN No.:

SKETCH PLAN				
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DESCRIBE CIRCUMSTA	NCES OF THE ACCIDENT			No. of the last
On the stated	time and date I w	was driving my	vehicle skc21	068×
on CTE sudde	oly I delt a great of my vehicle and rea	impact from	My Mar ar	nd
I got down	of new reliefe and re	alice SIE 1011	c had callede	d etc
- gor wowl	the second and rea	VII2C 20E 1880	s una comace	1 1/0
my rear ana	the impact is so here smk2601R rear.	uge that I	propelled to	marol
and collided t	o smk26012 rear.			-
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(4)	84/			4
1/	2000		porting Cantre Personnets S	Signature
oficyholisis s spriature ate & Finhu	Oriver's Signature (if driver is not the policyho	lder) Na	me:	9 x 5 x 50 x 5 x 5
	Daty & Time:	NR	IC/FIN No.:	128

Date of Accident	: 17 August 2019 Accident Time: 1030am (24-HR-Format)					
Accident Place	: 'CTE after braddell fload					
Vehicle Reg. No. (Car Plate No.)	: SKC2068X					
Vehicle Make/Model	: BMW318I					
Insurance Company	: NTUC Policy No.					
Owner or Company Name /IC No.	: Neo Chay Hon 58181282I					
Owner or Company Contact No.	90722281 Owner's HpCompany Tel					
DRIVER'S Name / IC No.	: Neo Chay Hon 58181282I					
DRIVER'S Date Of Birth	: DD - Feb - 1981 DRIVER'S License Pass Date 23 - Apr - 2012					
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: 6 UNE					
DRIVER'S Address	: 6 Canberra Drive #13-06 e'(768140) .					
DRIVER'S Contact No / Alt No.	:1) 90722281 2)					
DRIVER'S Occupation	: PNDOOR \ OUTDOOR (e.g. working inside or outside office)					
Email Address	: Admin@Mycar.sg					
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET					
Reporting Type	: Reporting Only \ Claim Other-Party \ Claim Own Insurance					
Number of Passengers (Including D	priver): 1					
Was there any video Captured by ca Exact purpose for which vehicle wa	ar camera: YES (NO) as being used at the time of accident: Private use \ Work purpose					
Other]	Party Driver's Particular (if anv)					
Vehiclo Reg. No: 2JE 18665	Vehicle Reg. No: PMK2601R					
Vehicle Make Wodel: Affis	Vehicle Make\Model: Kra					
Name Driver:	Name Driver:					
IC No. Driver:	IC No. Driver:					
Driver's Contact & Add:	Driver's Contact & Add:					

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1 of 3

Report No. T/20190817/7005

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/08/2019 11:33		Made:	Vide Report No.:	Station Diary No.:
Informan	t's Partic	ulars		
Name of NEO CHA	nformant: AY HON	***************************************	Address: APT BLK 6 CANBERRA DRIV	VE #13-06 SINGAPORE 768140
ID Type / ID No.: NRIC NO / S8181282I		821	Contact No.: Home/Office:	Mobile: 90722281
Nationalit MALAYS	y: IAN		Email; chloe22281@gmail.com	
Sex: Age: Date of Birth: Female 38 22/02/1981			Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: BRANCH BUSINESS MANAGER		S MANAGER	Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/08/2019 10:30	Type of Location Straight Road
Location: CENTRAL EX	(PRESSWAY	Road Surface:		Road Speed Limit:
		Dry	9	30 Km/h
Clear Traffic Flow: One Way		Traffic Control: Not Controlled	1	30 Km/h Fraffic Volume: Light

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SJE1866S	Car					0
SKC2068X	Car	BMW	318I 2.0 AT D/AB 2WD 4DR GAS/D SR DRI	Black	Slightly Damaged	0
SMK2601R	Car					0

Details of Vehicle Insurance		A STATE OF THE STA
Vehicle No. Insurance Company	Insurance No	Effective Expiry Date





2 of 3

Report No. T/20190817/7005

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

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SKC2068X	NTUC Income Insurance Co-Operative Limited	5095518410-02	29/07/2019	27/07/2020	

Details of Perso Any Pedestrian I	AND DESCRIPTION OF THE PARTY OF					
No. of Pedestrian			Use of Pe	destria	n Cross	sing: NA
Driver			NAME OF TAXABLE PARTY.		ALC: NAME OF	
Name	NEO CHAY HON		ID No).	S8181282I	
Related Vehicle	SKC2068X (Car)		Conta	act No.	90722281	
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Di		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	05	Degree of	Injury	Slight	

Brief Details.

On the stated time and date, I was driving my vehicle SKC2068X at CTE suddenly I felt a great impact from my rear and I got down of my vehicle and realise SJE1866S had collided to my rear and the impact was so huge that I propelled forward and collided to SMK2601R rear.

I felt uncomfortable and consult a doctor and get 5 days MC





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190817/7005

CONTINUATION OF REPORT

01	4 - 12		2222
Ske	etch	PI	an

NP168

Informant is not able to provide sketch plan

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: 17/08/2019 11:33
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Contact No.: 65476414 Authentication Stamp	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$81812821



Name

NEO CHAY HON



CHINESE Pela of Sigh 22-02-1981 Country of Sigh MALAYSIA



For LKK











Policy No.	5095518410-02	Policyholder Name	NEO CHAY	HON	Policyholder NRIC	S8181282I				
Certificate No.		VERTANCE.			1.500					
Address	6 CANBERRA DRIVE #13-06 EIGHT COURTYARDS SINGAPORE 768140									
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N				
Policy issue Date	29/07/2019	Effective Date	29/07/2019	00:00	Expiry Date	27/07/2020 23	:59			
Excess Type	Per Accident	All Claims Excess								
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100				
Additional Excess	0	OS Premium	0							
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/	Inexperience Driver Excess			
Agent	JIN-SHI (HOLDINGS) PTE LTD	Agent Tel.	64678380		GST Flag	Υ				
Co- insurance Flag	No									
Open Policy Info										
- 112										
Certificate Info										
nfo	holder Mailing Address									
info	holder Mailing Address 6 CANBERRA DRIVE	Addre	ss 2	#13-06 EIGHT CO	JRTYARDS	Address 3	SINGAPORE 768140			
Policy			ss 2 ss Type	#13-06 EIGHT CO		Address 3 Post Code	SINGAPORE 768140 768140			
Info Policy Address 1 Address 4		Addre	ss Type	ACTION OF THE PROPERTY.		V201-000-12000000	Management and the second			
Info Policy Address 1 Address 4 Unit No.	6 CANBERRA DRIVE	Addre	ss Type	Singapore address		V201-000-12000000	Management and the second			
Info Policy Address 1 Address 4 Unit No.	6 CANBERRA DRIVE 05-650 ad Object: SKC2068X	Addre	ss Type	Singapore address		V201-000-12000000	Management and the second			

Claim Handling						
Accident HT/1058147				~./=00/W	-116	
Policy No.	5095518410-02		Vehicle No.	SKC2068X	GST Registration No.	
Sertificate No.						
Dicyholder Name	NEO CHAY HON				Policyhalder NR3C	\$81812820
roduct Code	PRIVATE CAR INSURAN	CE	Cover Type	drivo CLASSIC	Loading	0
ontact No.(Mobile)	90722281		Contact No.(Office)	0	Contact No. (Home)	0
mail Address			Special Remark		eCode	nic 🗸
FK	® No ○ Yes		TCA	® No ○Yes	eCode Reason	
CD Protection	Yes:		NCD Entitlement(%)	50	Private Hire	No
W Accident Details						
eport Date	17/08/2019 18:00		Accident Report Within 24 hrs.	Yes	Accident Type	Chair Collision
ate of Accident	17/08/2019		Time of Accident htt:mm	10:30		Singapore
eporting Centre	17,00,2019		Drange Parce	10.30	Country of Accident	Singapore
ccident Location	CTE AFTER BRADOELL	no ever	prange rolla		Jen No.	
Total Excess Applicable	CIE AFTER BRADGELL	ID EAST				
xcess Type	Per Accident		Windscreen Excess	100.00		
O Standard Excess		600.00	TP Standard Excess	0.00		
IED OD Excess						02000
		0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
dditional Excess		0.00	Table TD Forest To Service			
otal OD Escess Applicable		600.00	Total TP Excess Applicable	0.00		
♥ Benefits	22000					
□ GST Registered Informa						
ST Registered	No			GST Registration Date		
ST Registration No. lodification History				GST Status Verified	Yes	
Surreson restory						
Policyholder Mailing Add	dress					
	6 CANBERRA DRIVE		Address to		200	
Didress 1	6 CANBERRA DRIVE		Address 2	#13-06 EIGHT COURTYARDS	Address 3	SINGAPORE 768140
ddress 4			Address Type	Singapore address	Post Code	768140
nit No.	05-650		Related Policy Number	5095518410-02		
OI Driver Info	Discovered Carlo		02.000/2000	620, F.2 (200)		
	NEO CHAY HON		Driver Type	Main Driver	Day - 200	
nnamed driver Name			Driver NRIC	58181282[Driver DOB	22/02/1981
egister Date of Driver License	23/04/2012		Driver Age	38	Driving Experience	7
entact No.(Mobile)	90722281		Contact No.(Office)	0	Contact No. (Home)	0
ddress 1	6 CANBERRA DRIVE		Address 2	EIGHT COURTYARDS	Address 3	SINGAPORE 768140
ddress 4			Address Type	Singapore address	Post Code	768140
Init No.	13-06					
loes he own a Singapore egistered car?	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
Maria Maria D						
eclaration			Any injury?	® Yes ○ No		
reathalyser or Blood Test	0 mg					
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