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TP Particulars: Veh No:	SJJ YFZ	Y . INC(	)/Non-INC(	)
Owner / Driver: (	7	/	Tel:	. )
Policy No: ( ) Pe	eriod: (	)	Cover Type: (	)
Confirmed by : (		Dater,	Timer	)
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# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Contact Number

EMail Address

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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

	ACCIDENT STATEMENT
Date Of Report	19/08/2019 10:25
Date Of Accident	18/08/2019 20:50
Exact Location Of Accident	PIE TOWARDS PIONEER EXIT 17 LANE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGY5595C
Insured/Policyholder	
Name Of Registered Owner	MUN CHEONG WAI
NRIC No	S1228469A
Email Address	MAGDALENEMUN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97801718
Alternative Phone No	OFFICE-97801718
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ
Exact Purpose for which vehicle was being used a time of accident	t PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No. Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	505616736206
Cover Note Number	
Driver	
Name of Driver	MUN SOOK FERN, MAGDALENE( WEN SHUFEN)
NRIC No	S8519857B
Date Of Birth	13/07/1985
Occupation	INDOOR
Date Of Driving Pass	19/08/2004
Driving Experience	14 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98626501
Fax Number	

MAGDALENEMUN@HOTMAIL.COM

Address

APT BLK 647 JURONG WEST STREET 61 #08-164 SINGAPORE

Postcode

640647

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

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?

NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

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)

2

Passenger 1

NAME:

: UNKNOWN

GENDER:

: FEMALE

**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 THE SKETCH PLAN STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number Vehicle Make/Model/Colour

SJJ482X

**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 OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SKP9859R

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)

### **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

SGQ5698G

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)

## **DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number

SJK1449G

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)

#### Accident Sketch Plan

#### 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.
- 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.
- 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 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, hariding 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.

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Policyholder's Signature Date & Time

Oriver's Signature (If driver is not the policyholder) Date & Time Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

# Accident Sketch Plan

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Driver's Signature	Reporting Centre Personnel's Signature
(if driver is not the policyholder)	Name NRIC/FIN No
	are true in every respect.

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Address 4			Address Type	Singapore address		Post Code			640647		
nk No.			Related Policy Number	5056167362-06							
▽ OI Driver Info											
Iriver Name	MUN SOOK FERN, MAR	SOALENE (WEN SHUFEN)	Driver Type	Named Driver		Driver DOB			13/07/1	nes	
Innamed driver Name	0.00000		Driver NRIC	583198578		Driving Exp			14	1963.	
Register Date of Driver License	19/08/2004		Driver Age	34		Contact No			1000		
Contact No.(Mobile)	97801718		Contact No.(Office)			Address 3	of louise's				
Address 1			Address 2	Foreign address		Post Code					
hadress 4 Jnit No.			Address Type	rivery sacretic		700.000					
Does he own a Singapore Registered car?	Yes + No		Driver Vehicle No.	5GY5595C		Driver Insu	irer Company		NTUC		
Seclaration Breathalyser or Blood Test Reading?	0 mg		Any injury <sup>3</sup>	Yes + No							
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Claim Type *					OD-MX	Charme	MUN CHEON	IG WAI		NRIC	S1228469A
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COURSE LANGUMENTS.						(Home)	. Lancas de la composition del			(Office)	
Email Address					MUNCHEONG WAT (#GMAIL.)	OM Vehide	5GY5595C			Vehicle-	S33482X
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# Claim Handling(accident reporting Claim Task )

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Display in New Window Scan and uploading

# ACCIDENT'STATEMENT

I. DETAILS OF VEHICLE  GIVEHICLE NUMBER: 56755 C  DIRISURANCE COMPANY: NTAC  CIPOLICY NUMBER: 505616760-06  DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE &THEFT)  9 MAKE & MODEL: 567555  (I) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  9 VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS)  10 ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)  11 ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)  12 INSURED / POLICY HOLDER  A) NAME: My OHLENG WAT (MALEY FEMALE)  DINRIC/FIN/PASSPORT: 51058469A (CONTACT: 97801718  C) ADDRESS: 647 John Wat St G POSTOCH HOLDER  CINCLAING UNDER YOUR OWNER ST G CONTACT: 97801718  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  CINCLAIMING UNDER YOUR OWNER ST G CONTACT: 97801718  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DINRIC/FIN/PASSPORT: 585198576 CONTACT: 97801718  CINCLAIMING UNDER YOUR OWNER ST G CONTACT: 97801718  CINCLAIMING UNDER YOUR OF THE INSURED'S COMPANY? (YES Y WO)  15 OD PRIVING PASS OF THE INSURED'S COMPANY? (YES Y WO)  15 NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FAMEL  DINRIC/FIN/PASSPORT: 58519878 MODEL: Toyota  6 WAS ANYBODY INJURED (YES / NO)  16 YES, PLEASE STATE WHICH POLICE STATION:  8 INHIRD PARTY VEHICLE  O) VEHICLE NUMBER: SIJ 482 X MODEL: Toyota  5 DRIVER'S NAME: PLAYING ON TACT: \$ 115023)  9 THIRD PARTY VEHICLE  O) VEHICLE NUMBER: PLAYING ON TACT: \$ 115023)	ACCIDENT DATE: (18.1.8.) 1719 (DD/MM/YYY), TIME: (20:50) (HH:MM)
1. DETAILS OF VEHICLE  CIVENICLE NUMBER: 56 Y 5795 C  DINSURANCE COMPANY: NTAZ  CIPOLICY NUMBER: 50 56 167360 - 06  CIPOLICY NUMBER: 50 56 167360 - 06  CIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE &THEFT)  BIMAKE & MODEL: 56 Y 5795 C  FITYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  BIMAKE & MODEL: 56 Y 5795 C  FITYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  BIMAKE & MODEL: 56 Y 5795 C  FITYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  BIMAKE: MODEL: 56 Y 5795 C  FITYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  BIMAKE: MODEL: 56 Y 5795 C  BIMAKE: MODEL: 56 Y 5795 C  CONTINUE TO S. DIF DRIVER ALSO POUCY HOLDER  CINCHINUE TO S. DIF THE DRIVER WITH THE DRIVER WITH MALE / EEMALED DIN (MALE / EEMALED	LOCATION: PIE Towns PIONEER (Exit 17) Land.)
DINSURANCE COMPANY: NTAC  CIPOLICY NUMBER: 50 5 6 167362 - 06  DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE & THEFT)  DIMAKE & MODEL: 567555  FITTPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  DIMAKE & MODEL: 567555  FITTPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  DIMEDICE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  TIPOLOGY OUT OLDER  DIMEDICE OF USING AT ACCIDENT TIME: 160 mg howe  I JARRY YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/QO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM), REPORTING ONLY)  2. INSURED / FOLICY HOLDER  A) NAME: MYN CHEPNG WAT  DINRIC/FIN/PASSPORT: 51258469A CONTACT: 97801118  C) ADDRESS: 647 Joney Work of GI AGE / EMALED  DINRIC/FIN/PASSPORT: 51258469A CONTACT: 97801118  C) ADDRESS: 647 Joney Work of GI AGE / EMALED  DINRIC/FIN/PASSPORT: 585198576 CONTACT: 97801118  C) ADDRESS: 647 Joney Work of GI AGE / EMALED  DINRIC/FIN/PASSPORT: 585198576 CONTACT: 97801650  C) ADDRESS: 647 Joney Work of GI AGE / GENALED  DINRIC/FIN/PASSPORT: 585198576 COMPANYY (YES/QO)  TO DOCCUPATION (NOOORY OUTDOOR)  DIDLY CONTACT: 9780 / GO  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FAMEL  DIROCAD SURFACE: (DRY / WET / OTHERS DIAM  AND SURFACE: (DRY / WET / OTHERS DIAM  DIROCAD SURFACE: (DRY / WET / OTHERS DIAM  THIRD PARTY VEHICLE  O) VEHICLE NUMBER: 51348 X MODEL: 70 yo the  DINRIC/FIN/PASSPORT: 5254857 & CONTACT: 8 113013)  PARTY VEHICLE  O) VEHICLE NUMBER: 51348 X MODEL: 70 yo the  DINRIC/FIN/PASSPORT: 5254857 & CONTACT: 8 113013)	A STATE OF THE PROPERTY OF THE
D)INSURANCE COMPANY: NTAZ  C POLICY NUMBER: 50 5 6 16136 - 06  d POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  e MAKE & MODEL: 56 4 55 9 5 6  []TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  e MAKE & MODEL: 56 4 55 9 5 6  []TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  e MAKE & MODEL: 56 4 5 9 5 6    NPURPOSE OF USING AT ACCIDENT TIME: 60 10 10 10 10 10 10 10 10 10 10 10 10 10	
C POLICY NUMBER: 50 5 6 161362 - 06  d POLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE & THEFT)  e)  MAKE & MODEL: 567552  f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h) PURPOSE OF USING AT ACCIDENT TIME: 60 mg howl  1) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/RO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) NAME: MYN CHEONG WAT  D) NRIC/FIN/PASSPORT: 5126469A CONTACT: 97801118  C) ADDRESS: 647 John Wat St G  \$08-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  C) ADDRESS: 647 John Wat St G  \$08-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  C) ADDRESS: 647 John Wat St G  \$08-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  C) ADDRESS: 647 John Wat St G  \$08-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  C) ADDRESS: 647 John Wat St G  \$08-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  C) ADDRESS: 647 John Wat St G  \$08-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  C) ADDRESS: 647 John Wat St G  \$08-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  C) ADDRESS: 647 John Wat St G  \$08-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  C) ADDRESS: 647 John Wat St G  \$08-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  C) ADDRESS: 647 John Wat St G  \$08-164  **CONTINUE TO 3.d IF DRIVER WITH INSURED: 546/RO  IF YO, RELATIONSHIP OF THE DRIVER WITH INSURED: 546/RO  IF YO, RELATIONSHIP OF THE DRIVER WITH INSURED: 546/RO  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  SI J 48 X MODEL: 7-ye Ta  INSURANCE (PIENS)  INSURED PARTY VEHICLE  SI J 48 X MODEL: 7-ye Ta  Uncluding dvivar)  D) DRIVERS NAME: 9(13/11) Oh  C) NRIC/FIN/PASSPORT: 548/RO  INSURANCE (PIENS)  SI THIRD PARTY VEHICLE  SI J 48 X MODEL: 7-ye Ta  CONTACT: \$ 115023)	
GIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  BIMAKE & MODEL: 56455956  (I) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  GIVEHICLE GATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  TIPURPOSE OF USING AT ACCIDENT TIME: home howel  I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/QO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY)  2. INSURED / FOLICY HOLDER  A) NAME: MYN J HEONG WAT CONTACT: 9780118  C) ADDRESS: 647 Jrom Wat St G & 69-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  C) ADDRESS: 647 Jrom Wat St G & 69-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  C) ADDRESS: 647 Jrom Wat St G & 69-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  C) NAME: Waddlet Mm Sock Fern (MALE / FEMALE)  DINRIC/FIN/PASSPORT: 58519 8576 CONTACT: 9780 2650  C) ADDRESS: 647 Jrom Wat St G & 69-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  C) ADDRESS: 647 Jrom Wat St G & 69-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  C) ADDRESS: 647 Jrom Wat St G & 69-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  C) ADDRESS: 647 Jrom Wat St G & 69-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  G) DATE OF BIRTH: [] 3 / 07 / 985 1 (DD/MM/YYYY)  B) OCCUPATION (INDOORY OUTDOOR)  G) DATE OF BIRTH: [] 3 / 07 / 985 1 (DD/MM/YYYY)  B) OCCUPATION (INDOORY OUTDOOR)  G) OUTPOON (INDOORY OUTDOOR)  G) OCCUPATION (IN	
FITTPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  SIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  In PURPOSE OF USING AT ACCIDENT TIME: "FOIR from    I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/10)  IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY)  2. INSURED / POLICY HOLDER  ANAME: MYN CHEONG WAT CONTACT: 97801718  C) ADDRESS: 647 John Wat 4 & 408-164  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DINRIC/FIN/PASSPORT: 58519 8576 CONTACT: 97801718  C) ADDRESS: 647 John Wat 4 & 1 #08-164  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DINRIC/FIN/PASSPORT: 58519 8576 CONTACT: 9862650  C) ADDRESS: 641 John Wat 4 & 1 #08-164  C) ADDRESS: 641 John Wat 5 & 1 #08-164  C) ADDRESS: 641 John Wat 6 & 1 #08-164  C) ADDRESS: 641 John Wat 6 & 1 #08-164  C) ADDRESS: 641 John Wat 6 & 1 #08-164  C) ADDRESS: 641 John Wat 6 & 1 #08-164  C) ADDRESS: 641 John Wat 6 & 1 #08-164  C) ADDRESS: 641 John Wat 6 & 1 #08-164  C) ADDRESS: 641 John Wat 6 & 1 #08-164  C) ADDRESS: 641 John Wat 6 & 1 #08-164  C) ADDRESS: 641 John Wat 6 & 1 #08-164  C) ADDRESS: 641 John Wat 6 & 1 #08-164  C) ADDRESS: 641 John Wat 6 & 1 #08-164  C) ADDRESS: 641 John Wat 7 & 1 #08-164  C) ADDRESS: 641 John Wat 7 & 1 #08-164  C) ADDRESS: 641 John Wat 7 & 1 #08-164  C) ADDRESS: 641 John Wat 7 & 1 #08-164  C) ADDRESS: 641 John Wat 7 & 1 #08-164  C) ADDRESS: 641 John Wat 7 & 1 #08-164  C) ADDRESS: 641 John Wat 7 & 1 #08-164  C) ADDRESS: 641 John Wat 7 & 1 #08-164  C) ADDRESS: 641 John Wat 7 & 1 #08-164  C) ADDRESS: 641 John Wat 7 & 1 #08-164  C) ADDRESS: 641 John Wat 7 & 1 #08-164  C) ADDRESS: 641 John Wat 7 & 1 #08-164  C) ADDRESS: 641 John Wat 7 & 1 #08-164  C) ADDRESS: 641 John Wat 7 & 1 #08-164  C) ADDRESS: 641 John Wat 7 & 1 #08-164  C) ADDRESS: 641 John Wat 7 & 1 #08-164  C) ADDRESS: 641 John Wat 7 & 1 #08-164  C) ADDRESS: 641 John Wat 7 #08-164  C	dipolicy type: (Comprehensive 4 Timps Fig. 1)
INPURPOSE OF USING AT A CCIDENT TIME: hoing how!  IJARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/Q)  IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY)  2. INSURED / POLICY HOLDER  A)NAME: MYN CHEONG WAT CONTACT: 97801718  C)ADDRESS: 647 Jung Wat St GI # 08-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  C)ADDRESS: 647 Jung Wat St GI # 08-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  C)ADDRESS: 647 Jung Wat St GI # 08-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  C)ADDRESS: 641 Jung Wat St GI # 08-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  C)ADDRESS: 641 Jung Wat St GI # 08-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  C)ADDRESS: 641 Jung Wat St GI # 08-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  C)ADDRESS: 641 Jung Wat St GI # 08-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  C)ADDRESS: 641 Jung Wat St GI # 08-164  **CONTINUE TO 3.d IF DRIVER WAT ST GIVE TO THE TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	DIMAKE & MODEL: SGYSS95C
INPURPOSE OF USING AT A CCIDENT TIME: hoing how!  IJARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/Q)  IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY)  2. INSURED / POLICY HOLDER  A)NAME: MYN CHEONG WAT CONTACT: 97801718  C)ADDRESS: 647 Jung Wat St GI # 08-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  C)ADDRESS: 647 Jung Wat St GI # 08-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  C)ADDRESS: 647 Jung Wat St GI # 08-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  C)ADDRESS: 641 Jung Wat St GI # 08-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  C)ADDRESS: 641 Jung Wat St GI # 08-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  C)ADDRESS: 641 Jung Wat St GI # 08-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  C)ADDRESS: 641 Jung Wat St GI # 08-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  C)ADDRESS: 641 Jung Wat St GI # 08-164  **CONTINUE TO 3.d IF DRIVER WAT ST GIVE TO THE TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	f)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
IJARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/GO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) NAME: Myn CHEEN WAT (MALE) FEMALE)  D) NRIC/FIN/PASSPORT: 51) 8469A (CONTACT: 97801718  C) ADDRESS: 647 Jumy Wast St GI # 08-164  *CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER  DRIVER  G) NAME: Mydlat Myn Sock fem (MALE / FEMALE)  D) NRIC/FIN/PASSPORT: 585198578 (CONTACT: 9862650)  C) ADDRESS: 647 Jumy Wast St GI # 08-164  *d) DATE OF BIRTH: (13 / 07/1985 ) (DD/MM/YYYY)  B) OCCUPATION (INDOORY OUTDOOR)  1) DAYE OF DRIVING PACC 18 A 2074 (Myn 2004  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Father  5. C) WEATHER CONDITION: (CLEAR / RAINING / OTHERS DIM  6. WAS ANYBODY INJURED (YES / 100)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  10 NRIC/FIN/PASSPORT: 5819837 (CONTACT: 8 11 502 3)  P. THIRO PARTY VEHICLE  11 SEP 98598 (CONTACT: 8 11 502 3)	9/ VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
2. INSURED / POLICY HOLDER  A) NAME: MyN CHEONG WAT  D) NRIC/FIN/PASSPORT: 5) 2846 9A CONTACT: 97801718  C) ADDRESS: 647 Jrong West St G # 08-164  *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  C) NAME: Mydalae Mm. Sock Fein (MALE / FEMALE)  D) NRIC/FIN/PASSPORT: 58519 8576 CONTACT: 9762650)  C) ADDRESS: 647 Jrong West St G # 08-164  *d) DATE OF BIRTH: (13 27/1985) (DD/MM/YYYY)  B) OCCUPATION (INDOORY OUTDOOR)  1D MIE OF BIRTH: (13 27/1985) (DD/MM/YYYY)  B) OCCUPATION (INDOORY OUTDOOR)  1D MIE OF DRIVING PASC  4. WAS DRIVER AN EMPLOYER OF THE INSURED'S COMPANY? (YES / 100)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FAME  5. D) WEATHER CONDITION: (CLEAR / RAINING / OTHERS DIA  6. WAS ANYBODY INJURED (YES / 100)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  1 ON RIC/FIN/PASSPORT: 58985 CONTACT: \$ 115023)  9. THIRD PARTY VEHICLE  SEP 9859R  CONTACT: \$ 115023)	DARE YOU CLAIMING UNDER YOUR CHANNEL
A)NAME: MUN CHEONG WAT  D)NRIC/FIN/PASSPORT: SIDS # 4 9 A CONTACT: 97801718  C)ADDRESS: 647 Jung Wast St GI # 08-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DINRIC/FIN/PASSPORT: S8519 8578 CONTACT: 978026501  C)ADDRESS: 647 Jung Wast St GI # 08-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DINRIC/FIN/PASSPORT: S8519 8578 CONTACT: 978026501  C)ADDRESS: 647 Jung Wast St GI # 08-164  **d)DATE OF BIRTH: [13 / 07/1985] (DD/MM/YYYY)  B)OCCUPATION (INDOORY OUTDOOR)  1/*DATE OF BIRTH: [13 / 07/1985] (DD/MM/YYYY)  B)OCCUPATION (INDOORY OUTDOOR)  1/*DATE OF BIRTH: [13 / 07/1985] (DD/MM/YYYY)  B)OCCUPATION (INDOORY OUTDOOR)  1/*DATE OF BIRTH: [13 / 07/1985] (DD/MM/YYYY)  B)OCCUPATION (INDOORY OUTDOOR)  1/*DATE OF BIRTH: [13 / 07/1985] (DD/MM/YYYY)  B)OCCUPATION (INDOORY OUTDOOR)  1/*DATE OF BIRTH: [13 / 07/1985] (DD/MM/YYYY)  B)OCCUPATION (INDOORY OUTDOOR)  1/*DATE OF BIRTH: [13 / 07/1985] (DD/MM/YYYY)  B)OCCUPATION (INDOORY OUTDOOR)  1/*DATE OF BIRTH: [13 / 07/1985] (DD/MM/YYYY)  B)OCCUPATION (INDOORY OUTDOOR)  1/*DATE OF BIRTH: [13 / 07/1985] (DD/MM/YYYY)  B)OCCUPATION (INDOORY OUTDOOR)  1/*DATE OF BIRTH: [13 / 07/1985] (DD/MM/YYYY)  B)OCCUPATION (INDOORY OUTDOOR)  1/*DATE OF BIRTH: [13 / 07/1985] (DD/MM/YYYY)  B)OCCUPATION (INDOORY OUTDOOR)  1/*DATE OF BIRTH: [13 / 07/1985] (DD/MM/YYYY)  B)OCCUPATION (INDOORY OUTDOOR)  1/*DATE OF BIRTH: [13 / 07/1985] (DD/MM/YYYY)  B)OCCUPATION (INDOORY OUTDOOR)  1/*DATE OF BIRTH: [13 / 07/1985] (DD/MM/YYYY)  B)OCCUPATION (INDOORY OUTDOOR)  1/*DATE OF BIRTH: [13 / 07/1985] (DD/MM/YYYY)  B)OCCUPATION (INDOORY OUTDOOR)  1/*DATE OF BIRTH: [13 / 07/1985] (DD/MM/YYYY)  B)OCCUPATION (INDOORY OUTDOOR)  1/*DATE OF BIRTH: [13 / 07/1985] (DD/MM/YYYY)  1/*DA	IF NO, PLEASE STATE (THIRD PARTY CLAVA ( PERCENTING)
A)NAME: MUN CHEONG WAT  D)NRIC/FIN/PASSPORT: SIJ)8469A CONTACT: 97801718  C)ADDRESS: 647 Jung Wat St GI #08-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  C)NAME: Waddle Wm. Sock few (MALE/EEMALED)  D)NRIC/FIN/PASSPORT: S85198576 CONTACT: 9862650)  C)ADDRESS: 647 Jung Wat St GI #08-164  **d)DATE OF BIRTH: [] J D 7/1985 J(DD/MM/YYYY)  B)OCCUPATION/INDOORY OUTDOOR!  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FAME  5. a)WEATHER CONDITION: (CLEAR/RAINING/OTHERS DIROAD SURFACE: (DRY/WET/OTHERS DIR)  6. WAS ANYBODY INJURED (YES / 100)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  WELLIGHT OF PARTY VEHICLE  O) NRIC/FIN/PASSPORT: SEMBLE CONTACT: 8 115023)  9. THIRD PARTY VEHICLE  SEP 9859R  CONTACT: 8 115023)	2. INSURED / POLICY HOLDER
DINRIC/FIN/PASSPORT: SID 8469A CONTACT: 97801718  CIADDRESS: 647 Jong West St 61 408-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  CINCLUding driver)  DINRIC/FIN/PASSPORT: S8519 8576 CONTACT: 97626501  CIADDRESS: 647 Jong West St 61 408-164  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  DINRIC/FIN/PASSPORT: S8519 8576 CONTACT: 97626501  CIADDRESS: 647 Jong West St 61 408-164  **CONTINUE TO 3.d IF DRIVER WITH 108-164  DINRIC/FIN/PASSPORT: S8519 8576 CONTACT: 97626501  CIADDRESS: 647 Jong West St 61 408-164  **CONTINUE TO 3.d IF DRIVER WITH 108-164  DINRIC/FIN/PASSPORT: S8519 8576 CONTACT: 97626501  DINRIC/FIN/PASSPORT: S8519 8576 CONTACT: 97626501  DINRIC/FIN/PASSPORT: S100 DRIVER WITH 108-164  CIADDRESS: 647 Jong West Ferm (MALE / FEMALE)  DINRIC/FIN/PASSPORT: S100 DRIVER WITH 108-164  DI	AINIAIATE Must CHECKE WAT
C)ADDRESS: 647 Jroy Wat St 61 #08-164  *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER  (Including driver)  DRIVER  (A)DATE OF BIRTH: 13 / 07 / 1985   (DD/MM/YYYY)  B)OCCUPATION (INDOORY OUTDOOR)  I)DATE OF DRIVING PACC   19 ft 10 / 1985   (DD/MM/YYYY)  B)OCCUPATION (INDOORY OUTDOOR)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Father  D)ROAD SUFFACE: (DRY / WET / OTHERS Dry  C) WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  DIROCHIAN OF PARTY VEHICLE  O) NEIC/FIN/PASSPORT: SEP 985 9 R  CONTACT: 8 11 502 3)  9. THIRD PARTY VEHICLE  SEP 985 9 R  CONTACT: 8 11 502 3)	MALEY FEMALEY
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  CINCLUDING driver)  CINCLUDING DRIVER  CINCLUDING DATE OF BIRTH: 13 / D 7 / 1985   (DD/MM/YYYY)  B)OCCUPATION (INDOORY OUTDOOR)  GDATE OF BIRTH: 13 / D 7 / 1985   (DD/MM/YYYY)  B)OCCUPATION (INDOORY OUTDOOR)  GDATE OF BIRTH: 13 / D 7 / 1985   (DD/MM/YYYY)  GDATE OF BIRTH: 14 / D 7 / 1985   (DD/MM/YYYY)  GDATE OF BIRTH: 15 / D 7 / 1985   (DD/MM/YYYY)  GDATE OF BIRTH: 15 / D 7 / 1985   (DD/MM/YYYY)  GDATE O	
Cincluding driver)  Cinclin/PASSPORT:  Cinclin/PASSPORT:  Cinclin/PASSPORT:  Cinclin/PASSPORT:  Cinclin/PASSPORT:  Cinclin/PASSPORT:  Cinclin/PASSPORT:  Cinclin/PASSPORT:  Cinclin/PASSPORT:  Cinclin/PARTY Vehicle  Cinclin/PASSPORT:  Cinclin/PARTY Vehicle  Cinclin/PARTY Vehicle  Cinclin/PARTY Vehicle  Cinclin/PARTY Vehicle  Cinclin/PASSPORT:  Cinclin/PARTY Vehicle  Cinclin Party Vehicle  Cincli	
Cincluding driver)  Cinclin/PASSPORT:  Cinclin/PASSPORT:  Cinclin/PASSPORT:  Cinclin/PASSPORT:  Cinclin/PASSPORT:  Cinclin/PASSPORT:  Cinclin/PASSPORT:  Cinclin/PASSPORT:  Cinclin/PASSPORT:  Cinclin/PARTY Vehicle  Cinclin/PASSPORT:  Cinclin/PARTY Vehicle  Cinclin/PARTY Vehicle  Cinclin/PARTY Vehicle  Cinclin/PARTY Vehicle  Cinclin/PASSPORT:  Cinclin/PARTY Vehicle  Cinclin Party Vehicle  Cincli	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
(2) CINCHING DORY CONTACT: 9862650)  (2) CIADDRESS: 647 Two Ward 64 LI #08-164  "d) DATE OF BIRTH: [] 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE OF PRISONAL DRIVER
C)ADDRESS: 647 Ton Well \$1 (18 164)  *d)DATE OF BIRTH: (13 107) (985 ) (DD/MM/YYYY)  #)OCCUPATION (INDOORY OUTDOOR)  f)DATE OF BIRTH: (13 107) (985 ) (DD/MM/YYYY)  #)OCCUPATION (INDOORY OUTDOOR)  f)DATE OF BIRTH: (13 107) (985 ) (DD/MM/YYYYY)  #)OCCUPATION (INDOORY OUTDOOR)  #)OCCUPATI	(Including dias) GINAME: May dalae Wm. Sook Fern MANE (FERNALE)
*d) DATE OF BIRTH: [] / D / 1985   [DD/MM/YYYY]  #) OCCUPATION (INDOOR) OUTDOOR)  f) DATE OF DRIVING PAG	( ) 5 CONTACT. 9 % 24 CD)
6. WAS ANYBODY INJURED (YES/NO)  1F YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  1F NO REION (NO)  1F YES, PLEASE STATE WHICH POLICE STATION:  2F YES	C)ADDRESS: 647 Tray West \$+ 61 #08-164.
6. WAS ANYBODY INJURED (YES/NO)  1F YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  1F NO REION (NO)  1F YES, PLEASE STATE WHICH POLICE STATION:  2F YES	
6. WAS ANYBODY INJURED (YES/NO)  1F YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  1F NO REION (NO)  1F YES, PLEASE STATE WHICH POLICE STATION:  2F YES	*d) DATE OF BIRTH: (13 / 07/1985) (DD/MM/YYYY)
1) DITTE OF DRIVING PACC 19 And 2004  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: False  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	6) OCCUPATION (INDOORY OUTDOOR)
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Faller  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	FIDERIC OF DRIVING PACC -19 And 2004 19 Am 2004.
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS OF DIROAD SURFACE: (DRY / WET / OTHERS OF DIROAD SURFACE: (PES / NO)  6. WAS ANYBODY INJURED (YES / NO)  1F YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  NO PARTY VEHICLE  1 NO PARTY VEHICLE  2 NO PARTY VEHICLE  2 NO PARTY VEHICLE  3 NO PARTY VEHICLE  2 NO PARTY VEHICLE  3 NO PARTY VEHICLE  4 NO PARTY VEHICLE  5 NO PART	4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? CVESTION
b) ROAD SURFACE: (DRY / WET / OTHERS DIM.  6. WAS ANYBODY INJURED (YES / NO)  7. D) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  ME of passenger of VEHICLE NUMBER: STJ 482 X MODEL: Toyota  Including driver) b) DRIVER'S NAME: PCISCINA DA  (2) C) NRIC/FIN/PASSPORT: SEP 85 TE CONTACT: 8 11 302 3)  9. THIRD PARTY VEHICLE SEP 985 9 R	INO, RECATIONSHIP OF THE DRIVER WITH INSUPED. FALLO
6. WAS ANYBODY INJURED (YES / NO) 7. O)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  No of passenger of VEHICLE NUMBER: STJ 482 X MODEL: Toyota  Including driver) b) DRIVER'S NAME: PCISCINA DA  (2) RIC/FIN/PASSPORT: SEP 85 TE CONTACT: 8 11 302 3)  9. THIRD PARTY VEHICLE SEP 985 98	OF GIVE ATHER CONDITION: (CLEAR / RAINING / OTHERS CONDITION:
IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  No of passenger of Vehicle Number: STJ 482 X MODEL: Toyota  Including driver) b) DRIVER'S NAME: PCISCINA OF  (2) PARTY VEHICLE SEP 985 9 R  CONTACT: 8 113023)	DIROAD SURFACE: [DRY / WET / OTHERS Dry .
IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  No of passenger of VEHICLE NUMBER: SIJ 482 X MODEL: Toyota  Including driver) b) DRIVER'S NAME: PCISCINA OL  (2) C) NRIC/FIN/PASSPORT: SEP 85 TR CONTACT: 8 113023)  9. THIRD PARTY VEHICLE SEP 985 98	7 CIREPORTED TO BOLLET (YES / NO)
Me of passenger of VEHICLE NUMBER: SJJ482 X MODEL: Toyota  Including driver) b) DRIVER'S NAME: PCISCINA OH  (2) C) NRIC/FIN/PASSPORT: SEP 985 78 CONTACT: 8 113023)  9. THIRD PARTY VEHICLE SEP 985 98	IE YES BLEASE STATE WILLIAM
Including driver) b) DRIVER'S NAME: STJ 482 X MODEL: Toyota  (2) PARTY VEHICLE NUMBER: STJ 482 X MODEL: Toyota  (2) PRIC/FIN/PASSPORT: STJ 482 X MODEL: Toyota  (3) PRIC/FIN/PASSPORT: STJ 482 X MODEL: Toyota  (4) PRIC/FIN/PASSPORT: STJ 482 X MODEL: Toyota  (5) PRIC/FIN/PASSPORT: STJ 482 X MODEL: Toyota  (6) PRIC/FIN/PASSPORT: STJ 482 X MODEL: Toyota  (7) PRIC/FIN/PASSPORT: STJ 482 X MODEL: Toyota  (8) PRIC/FIN/PASSPORT: STJ 482 X MODEL: Toyota  (9) PRIC/FIN/PASSPORT: STJ 482 X MODEL: Toyota  (9) PRIC/FIN/PASSPORT: STJ 482 X MODEL: Toyota  (1) PRIC/FIN/PASSPORT: STJ 482 X MODEL: Toyota  (2) PRIC/FIN/PASSPORT: STJ 482 X MODEL: Toyota  (2) PRIC/FIN/PASSPORT: STJ 482 X MODEL: Toyota  (3) PRIC/FIN/PASSPORT: STJ 482 X MODEL: Toyota  (4) PRIC/FIN/PASSPORT: STJ 482 X MODEL: Toyota  (4) PRIC/FIN/PASSPORT: STJ 482 X MODEL: Toyota  (5) PRIC/FIN/PASSPORT: STJ 482 X MODEL: Toyota  (6) PRIC/FIN/PASSPORT: STJ 482 X MODEL: Toyota  (6) PRIC/FIN/PASSPORT: STJ 482 X MODEL: Toyota  (7) PRIC/FIN/PASSPORT: STJ 482 X MODEL: Toyota  (8) PRIC/FIN/P	
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9. THIRD PARTY VEHICLE SEP 985 9 R	( ) C NRIC/FIN/PASSPORT: TOTAL PROPERTY OF THE
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(2) NRIC/FIN/PASSPORT: CONTACT:: \$ 005 7880	CONTACT: 4 005 1880
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email =

DRIVING LICENCE

Licence Number S8519857B

MUN SOOK FERN, MAGDALENE (WEN SHUFEN)

Birth Date 13 Jul 1985 Issue Date 19 Aug 2004



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8519857B





MUN SOOK FERN, MAGDALENE (WEN SHUFEN)

文 芬 液

CHINESE

Date of birth

13-07-1985

SINGAPORE

For LKK/NAC Use Only

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

Class 3

Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

19 Aug 2004

For LKK/NAC Use Only

04-07-2016

APT BLK 647 JURONG WEST STREET 61 #08-164 SINGAPORE 640647

NP 426A



GeneralClaim **eBao**Tech Log Out · Change Password · Change Language Hello, NAC\_BUKIT\_MERAH\_800676 **Policy Query** My Desktop Notice of Loss 18/08/2019 10:18 Date of Accident Policy No. Certificate Number Vehicle No.(For Motor) SGY5595C Search Insured Object Commence Date Vehicle Certificate Number Policyholder Name Policyholder Product Cover Type NRIC Expiry Date Select Policy No. drivo CLASSIC MUN CHEONG WAI 5056167362-S1228469A GPC SGY5595C SGY5595C 28/09/2018 27/09/2019 06 Continue



# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00

UEN: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## **ADDENDUM**

(A)	PARTICULARS OF PE	RSON MAKING THE AMENDMENT:	S:				
	Original Report No	MARA19108 162-02	Vehicle Registration No: SGY 5595 C				
	Name(as shownin NRIC)	MUN SOOK Fem, mg Balene	_NRIC/FIN/PassportNo : 58519857B				
	(*Vehicle Driver / <del>Vehicle Owner</del> ) (*) Please delete as appropriate						
	Address	APT BIK GAT , Jurong h	est steed 61 #08-164 Singapore (64647)				
	Contact (Tel)		_Mobile No.:_ 98626501				
	Email Address	noenal					
	Date of Accident	18/08/2019	_Time of Accident :				
	Place of Accident :	PIE TWDS PIONEER	EXH 17 Lane 1				
	Insurance Company:	MUC					
(B)	ADDITIONALINFORI	MATION / AMENDMENTS:					
	amend acc	ident date to 18/08	\$ 12019				
	<u> </u>						
	<u>at</u>						
	Policyholder / Driver's Date:	Signature	Reporting Centre Personnel's Signature Name: NRIC/FINNo.: Date:				



# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

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UEN: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## **ADDENDUM**

Unginal Report	tNo: MNA41908162-07 Vehicle Registration No	. SGY 5595C					
	NRIC): MUN SOOK FERN, MAGBALENE NRIC/FIN/Passport No						
		585198578					
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate							
Address	: APT BIK 647, JURONG WEST STREET 61 # 08-1	64 Singapore (64 06-					
Contact (Tel)	:Mobile No.:9 8	626501					
Email Address	woenal						
Date of Accider	nt : 18/07 / 2019Time of Accident :	20:50					
Place of Accide	ent : PIE Towards Proneer Exit 17 Lan						
Insurance Comp	npany: NTCC						
ADDITIONALIA	NFORMATION / AMENDMENTS:						
make the follow	report on the above mentioned accident and would like to include wing amendments:  accident date to 18/07/2019						
3-		<i></i>					



## GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre

with whom you submitted the Original Report.

## ADDENDUM

				, LODE I	00111				
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(	Original Report No	MNA	41910	9762-6	2 ve	hicle Registratio	n No:	SG45	5950
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E	Email Address	::	days				1.1		
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1	Place of Accident	PI	n hours	LPPS	1701	NHAR E	47	Cover	
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	Policyholder / Driv	ver's Signatur	e			Reporting Cent	re-Perso	nnel's Signatu	re
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