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D.O.A: 308 19-08:20	i-Motor Claim Form	m11060279-201	30/8/19 19:14
	i-Motor W/O (Within: OD 2hr		
OD / TP / Reporting Only	i-Photo Uploaded		
TD	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No:5LV64	16L . INC ()/Non-INC()	\$
Owner / Driver: (Tel:)
Policy No: () Per	riod: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [N	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$36 Injury: Date/Time Actions Liminant's Particulars:- river/Owner: ontact No: Imaged Portion: C Checked by (Engr-In-Charge): Inditors! Comments:-	Invoice Pre 1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Additio OIL* *N5: Courtesy *N6: Repair Co *N7: Fost Repair Co	Paration Checklist Reporting (\$30); Assessment (\$100); INC (\$20); to \$40 Arrough Survey (Resurvey) Resign INC Only (wef 10 Jan 200); Stion SMRT Survey Inal Services:- Car / Tpt Allowance Deordination Inspection lect Excess Coordination (Non INC) against INC	Ant(S) Am(C) Tit Bill Add B 80) 0/545 5120 530 6) \$75 5160 \$5 510 525 535

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 <u>truthful and accurate</u> 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.

aforesaid,	
Night service plant to the parties of the	ACCIDENT STATEMENT
Date Of Report	30/08/2019 19:00
Date Of Accident	30/08/2019 08:20
Exact Location Of Accident	CTE (AYE) BESIDE AUSTRALIAN INTERNATIONAL SCH SG
Country/State of Loss	SINGAPORE
Company of the Compan	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKP4112U
Insured/Policyholder	
Name Of Registered Owner	LIMOUSINES RENTER SERVICE
Co Reg No	53339330B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90601209
Alternative Phone No	OFFICE-90601209
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT 1.3G SKYROOF A
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5097832637-01
Cover Note Number	
Driver	

Driver

Name of Driver TAN YE KUANG FABIAN

 NRIC No
 \$8008206A

 Date Of Birth
 22/03/1980

 Occupation
 INDOOR

 Date Of Driving Pass
 16/01/2003

Driving Experience 16 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93255098

Fax Number

Contact Number OFFICE-93255098

EMail Address NOEMAIL

BLK 604B PUNGGOL ROAD Address

#10-756

Postcode 822604

Was driver an employee of the Insured's Company NO

OTHER - HIRER 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 COLLISION - HEAD TO REAR

Weather Conditions RAINING Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident

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 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera? NO Was there any audio recorded?

NO

YES

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

SLV6416L

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

YEO SE LAY (YANG SHILI)

NRIC/Passport Number Contact Number

S75970741

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

90907908

1

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:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

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

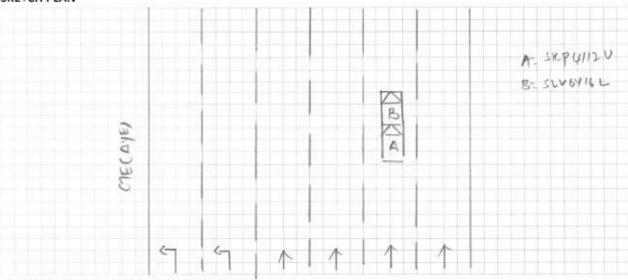
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statemeny.	

DECLARATION

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

Policyholder's Signature Date & Firne:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personner's Signature Name:

NRIC/FIN No.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. I DID NOT NOTICED THAT VEHICLE B WAS STATIONARY STOPPED. I COLLIDED ONTO VEHICLE B REAR PORTION.

ACCIDENT STATEMENT

1.	. DETAILS OF VEHICLE
	a) VEHICLE NUMBER: SKP ATIVO.
	DINSURANCE COMPANY: NTUC
	C)POLICY NUMBER: 597832677 - 01
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE &THEFT)
	f)TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: WOLLD
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YESTAND) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2.	INSURED / POLICY HOLDER
	A) NAME: Km 215108 Lental Service. (MALE / FEMALE)
	b) NRIC/FIN/PASSPORT:CONTACT:CONTACT:
	c)ADDRESS:
	* CONTINUE TO 2 d IE DENVED ALCO BOLIOVILOIDED
1	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
o of passanga.	DRIVER T
o of passenga.	ONAME: Ton ye Icyang Fasian (MAVE./ FEMALE)
of passengal including driver)	DRIVER a) NAME: Ton Ye Kuang Fabian (MA)E./ FEMALE) b) NRIC/FIN/PASSPORT: \$8008 2060 CONTACT: 93255 098.
o of passanga including driver) (1.)	ONAME: Ton ye Icyang Fasian (MAVE./ FEMALE)
o of passenga reluding driver) (1.)	DRIVER a) NAME: Ton Ye Icyang Fabian (MAJE: / FEMALE) b) NRIC/FIN/PASSPORT: 580082060 CONTACT: 9345598. c) ADDRESS: Alk Goys Inggol Bond (10-716 (82604))
o of passenga. Octuding divivar) (1.)	DRIVER a) NAME: Ton Ye Kuang Fabian (MAJE: / FEMALE) b) NRIC/FIN/PASSPORT: \$8008 2060 CONTACT: 9755098. c) ADDRESS: Alk Goys Inagel Road 410-716 (82004) *d) DATE OF BIRTH: (2013) (DD/MM/YYYY)
o of passenga ocluding driver) (1.)	DRIVER a) NAME: Ton Ye Icyang F95190 (MAJE./ FEMALE) b) NRIC/FIN/PASSPORT: 58008 2060 CONTACT: 9325598. c) ADDRESS: Alk 6048 Inggpl 1090 A10-316 (82604) *d) DATE OF BIRTH: (17/3 /1987.) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR)
(1.)	DRIVER a) NAME: Ton Ye Icyang F95ian (MAJE: / FEMALE) b) NRIC/FIN/PASSPORT: 58008 2060 CONTACT: 9385598. c) ADDRESS: Alk 6048 Inggs 1500 A10-316 (82004) *d) DATE OF BIRTH: (27/3 / 1987.) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 1611 1207.
(1.)	DRIVER a) NAME: Ton Ye Icyang F95190 (MAJE./ FEMALE) b) NRIC/FIN/PASSPORT: \$8008 2060 CONTACT: 93%5 98. c) ADDRESS: Alk 6048 Inagel 1004 A10-316 (82004) *d) DATE OF BIRTH: (27/3/1087) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 1611 1007. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
(1.)	DRIVER a) NAME: Ton Ye (cycno F9) (An (MA)E./ FEMALE) b) NRIC/FIN/PASSPORT: \$8008 2060 CONTACT: 9355 098. c) ADDRESS: Alk 6046 Inaggi 1090 A10-316 (82604) *d) DATE OF BIRTH: (27/ 7 /1987.) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 1611 1207. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 14108.
(L.) 4.	DRIVER a) NAME: Ton Ye (cycing F9) ian (MAVE./ FEMALE) b) NRIC/FIN/PASSPORT: \$8008 2060 CONTACT: 03255098. c) ADDRESS: Alk 6048 Inggo 6040 (82604) *d) DATE OF BIRTH: (2/) / 1987.) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 1611 1207. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 11076. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
(L.) 4.	DRIVER a) NAME: Ton Ye (cycing F9) ian (MAJE: / FEMALE) b) NRIC/FIN/PASSPORT: \$8008 2060 CONTACT: 03255 098. c) ADDRESS: Alk hour inger band 10-316 (82204) *d) DATE OF BIRTH: (
(1.) 4. 5.	DRIVER a) NAME: Ton Ye Icycong F93ian (MAJE: FEMALE) b) NRIC/FIN/PASSPORT: \$8008 2060 CONTACT: 03255 98. c) ADDRESS: Alk 6048 Incycl 1000 A 10-316 (82204) *d) DATE OF BIRTH: (27/ 7 /1987.) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 16 1207. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 1107. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b) ROAD SURFACE: (DRY / WET / OTHERS) WAS ANYBODY INJURED (YES / NO)
(1.) 4. 5.	DRIVER a) NAME: Ton Ye (cycng F-9) (A) b) NRIC/FIN/PASSPORT: \$8008 2060 CONTACT: 03255098. c) ADDRESS: Alk 6046 Inggl 6040 (10-316 (82604)) *d) DATE OF BIRTH: (2/ 3 / 1087) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 16 1007). WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 1107 (100) a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS 100) b) ROAD SURFACE: (DRY / WET / OTHERS 100) a) REPORTED TO POLICE (YES / 100)
4. 5. 6. 7.	DRIVER a) NAME: Ton Ye (cycing F9) ian (MAJE: FEMALE) b) NRIC/FIN/PASSPORT: \$8008 2060 CONTACT: 03255098. c) ADDRESS: Alk Gods Inggo band A10-316 (822609) *d) DATE OF BIRTH: (
(1.) 4. 5. 6. 7.	DRIVER a) NAME: Ton Ye Icyang Fajian (MAVE./ FEMALE) b) NRIC/FIN/PASSPORT: \$200 2060 CONTACT: 9355 GB. c) ADDRESS: Alk Govs Mage Pond (10-376 (8 2007)) "d) DATE OF BIRTH: (
4. 5. 6. 7. 8.	DRIVER DINAME: Ton Ye ICHONG FOLION DINRIC/FIN/PASSPORT: SOOS 2060 CONTACT: 03255 GB. C) ADDRESS: Alk 6046 Inage Road A10-316 (82404) *d) DATE OF BIRTH: (
4. 5. 6. 7. 8. of passenger lading driver)	DRIVER DINAME: TWO YE KURING FIGURE DINRIC/FIN/PASSPORT: \$2008 2060 CONTACT: 9325598. C) ADDRESS: Alk Gods Inage Road 10-316 (82269) *d) DATE OF BIRTH: (
4. 5. 6. 7. of passenger lading driver)	DRIVER DINAME: TON YE ICHORY F9590 (MAVE./ FEMALE) DINRIC/FIN/PASSPORT: \$8008 2060 CONTACT: 03355098. C) ADDRESS: MIC Gove Image Road A10-316 (832607) *d) DATE OF BIRTH: (
4. 5. 6. 7. of passenger lading driver)	DRIVER a) NAME: Ton Ye Kuang Fabign (MAJE: FEMALE) b) NRIC/FIN/PASSPORT: \$2008 2060 CONTACT: 03755098. c) ADDRESS: Mk 6046 Magn 1004 (10-316 (82204)) *d) DATE OF BIRTH: (
4. 5. 6. 7. A passenger lading driver) 9.	DRIVER DINAME: TON YE ICHORY F9590 (MAVE./ FEMALE) DINRIC/FIN/PASSPORT: \$8008 2060 CONTACT: 03355098. C) ADDRESS: MIC Gove Image Road A10-316 (832607) *d) DATE OF BIRTH: (
of passenger duding driver) 4. 5. 6. 7. 8. of passenger duding driver) -1.) 9. 1	DRIVER a) NAME: Ton Ye Kuang Fabian (MAJE: FEMALE) b) NRIC/FIN/PASSPORT: \$2008 2060 CONTACT: 03755098. c) ADDRESS: Mk 6048 Magn 1004 (10-316 (82204)) *d) DATE OF BIRTH: (

email = Limo Rental Service @ Hotmal.com
fax =
VIDEO =

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8008206A





TAN YE KUANG FABIAN







CHINESE

22-03-1980 SINGAPORE

For LKK/NAC Use On





26-07-2019

APT BLK 604B PUNGGOL ROAD #10-756 ŞINGAPORE 822604

Motor Cas and Motor Tractors the weight of

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

For LKK/NAC Use Only

TAN YE KUANG FABIAN (陳業鑛)

Formerly known as

TAN FEI PHENG FABIAN

DEED POLL

MR SYN SIEW CHWEN

M/S J.S. YEH & CO

ADVOCATES & SOLICITORS 133 NEW BRIDGE ROAD #18-03/04/05 CHINATOWN POINT SINGAPORE 059413

TEL: 6 533 1188 FAX: 6 535 0388

REF: YJS.SSC.dt.24135-02.2019

Cartified True Copy

Certitied Irue Copy

Kok Jia An, Alwyn Advocate & Solicitor Singapore

DEED POLL

BY THIS DEED, I the undersigned, TAN YE KUANG FABIAN (陳業 鑛), holder of Singapore NRIC No. S8008206A of Apt Blk 604B Punggol Road #10-756 Singapore 822604 do hereby absolutely renounce and abandon the use of my former name of TAN FEI PHENG FABIAN and in lieu thereof do assume as from the date hereof the name of TAN YE KUANG FABIAN (陳業 鑛).

AND in pursuance of such change of name as aforesaid, I hereby declare that I shall at all times hereafter in all records deeds and instruments in writing and in all actions and proceedings and in all dealings and transactions and upon all occasions whatsoever use and sign the said name of TAN YE KUANG FABIAN (陳業鏡) as my name in lieu of the said name of TAN FEI PHENG FABIAN as renounced as aforesaid.

AND I hereby authorise and request all persons to designate and address me by such assumed name of TAN YE KUANG FABIAN (陳 業 鍍) only.

IN WITNESS WHEREOF I have hereunder signed my assumed name of TAN YE KUANG FABIAN (陳業鏡) and have set my seal this 15th day of July 2019.

SIGNED SEALED and DELIVERED)
by the abovenamed)
TAN YE KUANG FABIAN (陳業鍍))
in the presence of:

-SYN SIEW CHWEN (XIAN SHAOQUAN) ADVOCATE & SOLICITOR

SINGAPORE

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On this 15th day of July 2019 before me, SYN SIEW CHWEN an Advocate and Solicitor of the Supreme Court of the Republic of Singapore practising in Singapore personally appeared TAN YE KUANG FABIAN (陳業鎮) who of my own personal knowledge I know to be the identical person whose name "is subscribed to the within written instrument and acknowledged that he had voluntarily executed this instrument at Singapore.

Witness my Hand

SYN SIEW CHWEN
(XIAN SHAOQUAN)
(XIAN SHAOQUAN)
(XIAN SHAOQUAN)
(XIAN SHAOQUAN)
(XIAN SHAOQUAN)

Certified True Copy

Kok Jia An, Alwyn

Advocate & Solicitor Singapore

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	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097832637- 01		LIMOUSINES RENTER SERVICE	533393308	GFT	Third Party	SKP4112U	SKP4112U	13/12/2018	
					Co	intinue					

Policy No.	5097832637-01	Policyholder Name	LIMOL	JSINES RENTER SERVICE	Policyholder NRIC	53339330	В
Certificate No.		Name			NRIC		
ddress	BLK 415 #06-955 ANG MO KI	O AVENUE 10 TEC	K GHE	HEARTLANDS SINGAPOR	E 560415		
roduct lame	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy issue Pate	13/12/2018	Effective Date	13/12	/2018 00:00	Expiry Date	12/12/201	19 23:59
xcess Type		All Claims Excess					
hird Party xcess	1500.00	Own damage	0.00		Windscreen	0.00	
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lag Open Policy nfo Certificate	No						
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Address I	BLK 415 #06-955	Address	2	ANG MO KIO AVENU	E 10 A	ddress 3	TECK GHEE HEARTLANDS
ddress 4	SINGAPORE 560415	Address		Singapore address	Po	ost Code	560415
Init No.	06-955	Related Number	Policy	5111135833			
Insured 0	bject: SKP4112U						
	ents						
Sequence	Date of Endorsement 27/06/2019 00:00	Endorsement Basic Information Endorsement		Endorsement Number 000001287097499	Endorsement Endorsement Effective	ent Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SGW1375H 26-06-2019 \$492.97 In view of this amendment, an additional premium of \$492.97 (inclusive of GST) is payable under your policy. Please ignore this premium payment requesif you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
	25/07/2019 00:00	Basic Information Endorsement	,	000001287115732	Endorsement Effective	: Take	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/hav been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SLR2920U 23-07-2019 \$403.04 II view of this amendment, a refund of \$403.04 (inclusive of GST) will be adjusted against the outstanding

Accident HT/1060279					
Policy No.	5097832637-01	Vehicle No.	SKP4112U	GST Registration No.	
Certificate No.					
Policyholder Name	LIMOUSINES RENTER SERVICE			Policyholder NRIC	533393308
Product Code	PLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	90801209	Contact No. (Office)	a	Contact No.(Home)	0
Email Address		Special Remark		eCode	74. 💟
FK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
ICD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
eport Date	30/08/2019 19:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ate of Accident	30/08/2019	Time of Accident hh:mm	08:20		
egorting Centre		Orange Force	30.20	Country of Accident	Singapore
cident Location	CTE (AYE) BESIDE AUSTRALIAN INTERNA			ICM No.	
P Excess	C. II (V.E) BESIDE WAS KNEDA DATEKNY	TIONAL SCH SG			
wn damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
nnamed Driver Excess		Outside Singapore OD Excess	0.00		
and Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
■ Benefits					
GST Registered Inform	ation				
T Registered	No		GST Registration Date		
IT Registration No.			GST Status Verified	Yes	
odification History					
Policyholder Mailing Ac	idress				
lovess 1	BLK 415 #06-955	Address 2	ANG MO KIO AVENUE 10	Address 3	TECK CHEE HEARTLANDS
doress 4	SINGAPORE 560415	Address Type	Singapore address	Post Code	560415
nd No.	06-955	Related Policy Number	5111135833	From Code	300413
OI Driver Info		related roach seminary	3111133633		
iver Name	Unnamed Driver		16		
named driver Name	TAN YE KUANG FABIAN	Driver Type	Unnamed Driver	10000000000	200
		Driver NRIC	58008206A	Driver DOB	22/03/1980
gister Date of Driver License		Driver Age	39	Driving Experience	16
ntact No.(Mobile)	93255098	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 604B	Address 2	PUNGGOL ROAD	Address 3	PUNGGOL LODGE
dress 4	SINGAPORE 822604	Address Type	Singapore address	Post Code	922604
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