NATIONAL Assessment Centre	e Services.	wet 1 Jan'05] MK	1411911677		
Date In: 2/9/19, 13:58	Jeb description		Date & Time Completed	Done	by:
Ref No: HB NC 19015541/24	SAS e-filing				
Veh No: 577 26130	E-mail (within	Shrs, AIC 2hrs)			
D.O.A : 718/19-14:35	i-Motor Clair	m Form	M7 1060677 · U)	Nala 2	1:10
	i-Motor W/O	(Within: OD 2hr:			
OD / TP / Reporting Only	i-Photo Uplo:	aded			VI Total Evolution (Co.)
TP Insurer:	Assessment/Su	rvey Report			00400==500
Tr insurer.	Ass't Report b	y Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: (4)	CE 870	. INC ()/Non-INC()	R	
Owner / Driver: (Tel:)	
Policy No: () Per	iod: ()	Cover Type: ()	***************************************
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (%) [N	lote-Est. Status (V	/O): N: 0-20	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: () V	Varranty: YES ()/NO()		
Excess: (\$) Loading: \$1,00	00()/\$2,000	()			
General Remarks:-				Cont.	
() Walk-In Customer: Customer's infor	mation strictly Cor	fidential & St	ictly NO refer of repairer		ALDUM PORTOR
() Total Loss Case : to e-mail Insure		75			
Drive-In ()/Towed-In (); Invoice:	YES()/N	O();T	owing Co: ()
			Date& Time Completed	Done	Shu
Remarks: (INC horline: 6788 6616)		a di salah da ke	Dateschino Compre su	THE STATE OF STATE OF	aug.
1) Apply for Transport Allowance ()/Co	ourtesy Car ()	-		
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()		1		
Injury:					
Date/Time Actions	2.2		7 - 7 - 1945	STANS TO STAN	er eg ved, øyter
THE STATE OF THE S					
					(1)
•	A NEW ALCOHOLOGY WASHINGTON				
HA1906667		Invoice Pre	paration Checklist	Ant (S)	Amt (\$)
		1) AR : Accident	Reporting (\$30);	(SC) COLINCATION	- ton Dir
aimant's Particulars :-		2) DA : Damage	Assessment (\$100); INC (\$	(80) (0/ 5 45	-0.7
iver/Owner:		3) TF : Towing F		\$120	
ntact No:	-	5) FT : Follow-Ti	rough Survey (Resurvey)	\$30	
		6) TR : Re-inspec	tainst INC Only (wef 10 Jan 200	\$75	
maged Portion:		7) N1 : Idao DA - 8) NTUC Additio	SMRT Survey	\$160	
Chalatte Market	20 Marin - 10 Marin -	on.			
Checked by (Engr-In-Charge):		*N5: Courtesy	Cer / Tpt Allowance	\$5 \$10	
		*N6: Repair Co *N7: Post Repa	ir Inspection	\$25	
ditors! Comments ::		*N8: DV / Col	ect Excess Coordination	\$5 \$20	
1:	28	TP (N11): TP 9) N12: Idac Mol	(Non INC) against INC	30	
2/3:		Invoice dated	Fee Charged	MAKEUM VICTOR	4. 100 100 100
	1	Involce dated	Fee Charged	2000	

e a part of the

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2, This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT
Date Of Report	02/09/2019 17:58
Date Of Accident	31/08/2019 12:35
Exact Location Of Accident	JALAN BUKIT MERAH TWDS CTE (SLE)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT2613U
Insured/Policyholder	
Name Of Registered Owner	WONG CHIA WEI
NRIC No	\$89808491
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81899756
Alternative Phone No	OFFICE-81899756
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO EX FORTE 1.6L A/T ABS AB 2WD 4DR
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5104199201
Cover Note Number	
Driver	
N (D	WONG CHIA WEI

 Name of Driver
 WONG CHIA WEI

 NRIC No
 \$8980849I

 Date Of Birth
 05/07/1989

 Occupation
 INDOOR

 Date Of Driving Pass
 25/09/2018

Driving Experience 0 YEAR AND 11 MONTH

Gender MALE

Mobile Number (LOCAL) +65-81899756

Fax Number

Contact Number OFFICE-81899756

EMail Address NOEMAIL

BLK 233C SUMANG LANE Address

#02-307 823233

Postcode

Was driver an employee of the Insured's Company NO

OWNER 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

COLLISION - CROSS JUNCTION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

Number of Passengers (Including Driver)

ambulance?

NO

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NO 2

NAME:

YES

NO

: LIM YUAN DING

GENDER: MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

TIONG BAHRU NEIGHBOURHOOD POLICE POST

ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125 , POSTCODE: 160128 , Police Station Address

COUNTRY: SINGAPORE

TEL NO: 1800-2739999 - FAX NO: 62785651 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190831/2115.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera?

Was there any audio recorded?

NO

SGJ6583J

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 19

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

3

NAME:

GENDER:

Passenger 2

NAME:

GENDER:

DETAILS OF INJURED PERSON 1

Name

WONG CHIA WEI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJT2613U

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

LIM YUAN DING

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJT2613U

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

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>.
- 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.
- 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, 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:

100

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Vehicle A: 8JT2613U

Vehicle 13: S476583J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

148	_	Refer	to	Police	repor	-			
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								11	
	Ý.		*						
					7				
							-		
			- (-			1			10

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 31 / 08 / 2019 ((DD/MM/YYYY), TIME: 12 : 35 HH:MM)
LOCATION: Valan Butit Merah turning into GE (SIE)
1. DETAILS OF VEHICLE
DINSURANCE COMPANY: NTUC
CIPOLICY NUMBER:
DIPOLICY TYPE: (COMPREMENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
FITYPE: (SALDON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
CIVELICIE CATEGORY PRIVATE / COMMERCIAL / MOTORCICLE/
EXPLIRED SE OF USING AT ACCIDENT TIME:
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
ANAME WOVIA CHIA WA MA MERCAGOGGE
DINRIC/FIN/PASSPORT: SOUMAND LAW #01-307 ((8)3)33)
CIADDRESS: 233C SUMMING LAW #D1-307 E(820-057
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
A No of passanas DRIVER
CI I I S Q NAME:
(D) CIADDRESS:CONTACT
(water)
*d)DATE OF BIRTH: (112) UT) TOTAL (100) MMM
THE PROPERTY OF THE PROPERTY O
WAS DETVED AN EMPLOYEE OF THE INSURED'S COMPANY, ALLA
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED
b)ROAD SURFACE: (DRY / WET / OTHERS
b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (FE) / NO) 16 YES, PLEASE STATE WHICH POLICE STATION: 17 YES, PLEASE STATE WHICH POLICE STATION: 18. THIRD PARTY VEHICLE 19. VEHICLE NUMBER: \$4365833 - MODEL:
IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE
the of passenger o) VEHICLE NUMBER: S4365833 - MODEL:
(Induding driver) by briver straine
UI MIGHT [C D2 / HOLCOMY 402) MAICHING ASSIGNED
d) VEHICLE NUMBER:MODEL:
(Including driver) 1) NRIC/FIN/PASSPORT:CONTACT:

email =

Par =





/20190831/2115

of 4

Report No. T/20190831/2115

Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128

Tel No: 1800-2739999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/08/2019 16:11			Vide Report No.:	Station Diary No.: 26			
Informa	nt's Partic	ulars					
	Informant: CHIA WEI		Address: APT BLK 233C SUMANG LANE #02-307 SINGAPORE 823233				
The second second	/ ID No.: D / S898084	491	Contact No.: Home/Office:	Mobile: 81899756			
National MALAYS	The second second		Email:				
Sex: Male	Age: 30	Date of Birth: 05/07/1989	Type of Informant: Driver				
Race: Chinese		Language: English	Institution / School Name:				
Occupation: FREELANCE		Driving Licence Information: Class: 3 Date of Expiry:					

Type of Accident:	Injury Conveyed By Ambula	ance Drink Drive: No	Date/Time of Accident: 31/08/2019 12:35	Type of Location T-Junction	
JALAN BUKIT CENTRAL EX		Road Surface:		Dood Coord 1: 19	
Class		Dry		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - W	orking	Traffic Volume:	
Type of Collis Between Mov	Anyone conveyed by ambulance:				

Details of Vehicle Involved									
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge			
SGJ6583J	Car	HONDA	JAZZ 1.4A						
	750	•		Silver	Seriously Damaged				
SJT2613U	Car	KIA	CERATO EX FORTE 1.6L A/T ABS AB 2WD 4DR	Red	Seriously Damaged				

Details of Vehicle Insurance	END STORY OF THE PROPERTY OF T
Vehicle No. Insurance Company Insura	ance No Effective Expiry Date
The state of the s	The state of the s





Tel No: 1800-2739999



2 of 4 Report No. T/20190831/2115

Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128

CONTINUATION OF REPORT

Details of Vehicle Insurance									
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date					
SJT2613U	NTUC Income Insurance Co-Operative Limited		27/09/2018	29/09/2019					

Details of Perso			STAN ASSESSMENT	U9772464	1925年	11年1日日本中国企业的经验的		
Any Pedestrian I								
No. of Pedestriar	ns Injured: NIL		Use of Pe	Use of Pedestrian Crossing: NA				
Driver	**************************************	A CHARLES	DESTRUCTION OF THE	received as to the fire	AND DESCRIPTION OF THE PARTY OF	Carried Baranas Company		
Name	WONG CHIA WEI).	S8980849I		
Related Vehicle	SJT2613U (Car)		•	Conta	ect No.	81899756		
Hospital/Clinic	NIL				of g ce & y Date	Class: 3 Date of Expiry: NIL		
Date Treatment	NIL	-1-32-2	Date Disc	Date Discharge NIL				
No. of Days gran	ted Medical Leave	NIL	Degree of Injury NIL			- 4		
Passenger		TO SECURE	THE PHOUSE	A HARVEY	NULL BOOK	CHORES AND CONTRACTOR OF THE PROPERTY OF THE		
Name	LIM YUAN DING			ID No.		S7920088C		
Related Vehicle	SJT2613U (Car)			Contact No.		86683527		
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3A Date of Expiry: NIL		
Date Treatment	NIL		Date Disci					
No. of Days grant	ed Medical Leave	NIL	Degree of		NIL			

Brief Details.

On 31/08/2019 at about 1235Hrs, I met an accident while turning towards CTE from Jalan Bukit Merah.

Prior to the accident, my vehicle bearing plate no. SJT2613U was stationary at T junction prior to the bend towards CTE. When the light turned green, I made a check and, proceeded to make a right turn into the outer pocket of the road. Before negotiating a turn into CTE, I made a check and when I saw no vehicles in close proximity, executed the turn.

However, when I was driving up to CTE, I noticed a vehicle bearing plate no. SGJ6583J driving very fast. I immediately stopped my vehicle and executed a reserve, hoping that I would avoid the vehicle. The other vehicle also tried to slow down but as the distance between both vehicles was too close, hit my car on the left bumper. Due to the impact, my vehicle suffered serious damages to the front and left bumper, causing my vehicle to be immobile. For the other vehicle, my passenger observed that there were damages to the front and right bumper. The other vehicle however, was still mobile.





3 of 4

Report No. T/20190831/2115

Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128

CONTINUATION OF REPORT Tel No: 1800-2739999

Me and my passenger suffered no injuries, however the wife of the other driver suffered from injuries to the face caused by the impact of the vehicle's airbag. She was conveyed to the hospital shortly after. No other passengers suffered any injuries to my knowledge. Traffic Police was also at scene (Incident No. A/20190831/0114).

I would like to inform that me and my passenger were unable to get the particulars of the other driver, and would be seeing a practitioner later. I was advised by Traffic Police to lodge this report.





4 of 4

Report No. T/20190831/2115

Police Station Of Origin: Tiong Bahru NPP. 128 Kim Tian Road #01-123 SINGAPORE 160128 Tel No: 1800-2739999

CONTINUATION OF REPORT

Sketch Plan

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 Of Officer Recording The Rep A / Sgt 2 ONG YAO TING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/08/2019 16:11
Officer In Charge Of Case: TP / GIT / Sgt 3 MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:
Authentication Stamp NP168 Sin	Signature ngapore Police Force

BaoTech										Genera	alClaim
o, NAC_PAYA_UBI_800	601						+ Change	Language	• Chan	ge Password	· Log Ou
My Desktop Policy Notice of Loss		cy Query									9
		No.				Date	of Accident	3	1/08/2019	12:35	
	Vehicle	No.(For Motor)	SJT261	30		Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5104199201		WONG CHIA WEI	\$89808491	GPC	Third Party, Fire & Theft	SJT2613U	S)T2613U		29/09/2019
		3.6		Name WONG CHIA	NRIC 589808491		Third Party,	No.	Object	Date	-

Policy No.	5104199201	Policyholder Name	WONG CHI	A WEI	Policyholder NRIC	S8980849I	
Certificate No.		025000			199000		
ddress	BLK 233C #02-307 SUMANG LAN	NE MATILDA	COURT SING	APORE 823233			
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	27/09/2018	Effective Date	27/09/2018	8 00:00	Expiry Date	29/09/2019	23:59
xcess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0			You	ng/Inexperience Driver Excess
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592		GST Flag	Υ	
Co- insurance Flag Open Policy	No						
Certificate Info	nolder Mailing Address						
303.00	nolder Mailing Address	Adde	see 7	SHMANG LANE		Address 3	MATELDA COURT
Certificate Info Policyh Address 1	BLK 233C #02-307	Addre	10000000000	SUMANG LANE		Address 3	MATILDA COURT
Certificate Info		Addre	ess Type ed Policy	SUMANG LANE Singapore address 5104199201		Address 3 Post Code	MATILDA COURT 823233
Certificate Info Policyh Address 1 Address 4 Unit No.	BLK 233C #02-307	Addre Relat	ess Type ed Policy	Singapore address		575-7518-9576	
Certificate Info Policyh Address 1 Address 4 Unit No.	BLK 233C #02-307 SINGAPORE 823233 d Object: SJT2613U	Addre Relat	ess Type ed Policy	Singapore address		575-7518-9576	
Certificate Info Policyh Address 1 Address 4 Unit No. Insure	BLK 233C #02-307 SINGAPORE 823233 d Object: SJT2613U	Addre Relat Numb	ess Type ed Policy	Singapore address 5104199201		Post Code	

Accident MT/1060673 Policy No.						
Louis A. Marie	Problems.					
Certificate No.	5104199201		Vehicle No.	S)T2613U	GST Registration No.	
Policyholder Name	WONG CHIA WEI				Policyholder NR3C	\$89806491
Product Code	PRIVATE CAR INSURANCE	CE	Cover Type	Trisrd Party, Fire & Theft	Loading	0
Contact No.(Mobile)	81899756		Contact No.(Office)	0	Contact No.(Home)	0
Email Address	587 SV227 IV		Special Remark		eCode	No. V
(FK	® No ○ Yes		TCA	® No ⊜Yes	eCode Reason	
ICD Protection	No		NCD Entitlement(%)	0	Private Hire	No
Accident Details						
eport Date	02/09/2019 21:08		Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
ate of Accident	31/08/2019		Time of Accident hh:mm	12:35	Country of Accident	Singapore
eporting Centre			Drange Force		ICM No.	Singapure
codent Location	JALAN BUKIT MERAH TW	VDS CTE (SLE)			and the	
Excess						
win damage Excess		0.00	Additional Excess			
named Driver Excess		0.00		0	Windscreen Excess	0.00
ind Party Excess			Outside Singapore OD Excess	0.00		
		0.00	Outside Singapore TP Excess	0.00		
Benefits	0.000000					
GST Registered Inform						
T Registered	No			GST Registration Date		
T Registration No. diffication History				GST Status Verified	Yes	
Actor Penary						
Policyholder Malling Ad	ddress					
dress :			7271 72			
toress 4	BLK 233C #02-307		Address 2	SUMANG LANE	Address 3	MATILDA COURT
	SINGAPORE 823233		Address Type	Singapore address	Post Code	823233
NI No.			Related Policy Number	5104199201		
OI Driver Info						
iver Name	WONG CHIA WEI		Driver Type	Main Driver		
named driver Name			Driver NRIC	58980649t	Driver DOB	05/07/1989
gister Date of Onver License	25/09/2018		Driver Age	30	Driving Experience	0
ntact No.(Mobile)	81899756		Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 233C		Address 2	SUMANG LANE	Address 3	
dress 4	SINGAPORE 823233		Address Type	Singapore address		MATILDA COURT
it No.	02-307		100 mm 1	anyapare audress	Post Code	823233
es he own a Singapore	○ Yes ® No		W. (1997)			
gistered car?	O res @ No		Driver Vehicle No.		Driver Insurer Company	
9117652						
Cleration.			200000	21.20		
eathelyser or Blood Test	O mo			® Yes ○ No		
eathalyzer or Blood Test	0 mg		Any injury?			
claration wathelyser or Blood Test rading?	0 mg		Ally lightly?			
eathalyser or Blood Test	0 mg		Any vigator			
nathalyser or Blood Test ading? Ification History	0 mg		A4 1004			
nathalyser or Blood Test ading? Ification History	0 mg		any again			
nathalyssir or Blood Test ading? Ification History	0 mg		any again			
nathalyzer or Blood Test ading? Ification History Claim 901 New	0 mg	V	Ensured Name	WONG CHEA WEI	Insured NRTC	589806491
nathalyzer or Blood Test ading? Ification History Lisies 001 New		V			Indured NRIC	\$89908491
nathalyzer or Blood Test ading? Ification History Lisies 001 New im Type * Hact No.(Mobile)		V	Insured Name Contact No.(Home)	WONG CHIA WEI	Contact No. (Office)	
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