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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT	
18/09/2019 16:15	
17/09/2019 19:05	
PIE (CHANGI) BEFORE EUNOS LINK EXIT	
SINGAPORE	
DETAILS OF OWN VEHICLE	
SKK8143E	

Insured/Policyholder

Name Of Registered Owner HO HIM YAW

NRIC No S7182560D Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-97234570 Alternative Phone No OFFICE-97234570

Vehicle Particulars

Manufacturer MAZDA

MAZDA5 2.0L SP 5EAT ABS D/AB 2WD 5DR SR Model

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?

If No, Please state action to be taken THIRD PARTY PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5080428703-03 Policy Number

Cover Note Number

Driver

Name of Driver HO HIM YAW NRIC No S7182560D Date Of Birth 29/10/1971 INDOOR Occupation 10/03/2005 Date Of Driving Pass

14 YEARS AND 6 MONTHS **Driving Experience**

MALE Gender

Mobile Number (LOCAL) +65-97234570

Fax Number

OFFICE-97234570 Contact Number

EMail Address NOEMAIL

BLK 351 TAMPINES STREET 33 Address

#05-466

Postcode 520351

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

CHAIN COLLISION Type Of Accident

Weather Conditions CLEAR DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

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?

YES

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

Police Station Address SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO: NO

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190918/7016.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons:

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMA6124C

Vehicle Make/Model/Colour

JAGUAR F-PACE

Details Of Properties

PRIVATE CAR Vehicle Category MANAV BATRA Name of Driver S7787851C NRIC/Passport Number 91805432 Contact Number

Address Postcode Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGS7713Y

Vehicle Make/Model/Colour

HONDA CIVIC

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MOHAMAD HAIKEL BIN MOHAMAD HAFIDZ

NRIC/Passport Number

S8817196I

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLL9863L

Vehicle Make/Model/Colour

TOYOTA VIOS

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAN WEI CHIEH

NRIC/Passport Number

S7673432A

Contact Number

84688413

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

HO HIM YAW

Approximate Age

Injuries Sustain

ARM, CHEST, NECK & BACK

Injured person in which vehicle?

SKK8143E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly on the details of the accident to speed up the claims process. 1)
- This form must be completed by the policy holder and/or the authorised driver. 21
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material 3) 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.
- 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.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of :
 - Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary (1) investigations relating to the claims;
 - Investigations the accident and/or my claims; (11)
 - Carrying out and/or dealing with my instructions or responding to any enquiries by me; (111)
 - Administering my claims (including the mailing of correspondence, statement, invoices, reports or notices to me, (IV) 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 envelops/mail packages); and/or
 - Complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively (V) the "purposes")
- (b) All insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing (1) fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

For complying with requirements under my regulations, laws or court orders. (11)

Policy holder's signature

Date / time:

Driver's signature (if driver is not policy holder) Date / time:

Date / time:

reporting centre personnel's Signature

A-SKK-9143E
B-SMA6124C
C-SG57713Y
C
D-S1149863L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

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

Hit

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- ٠ Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
 Information provided must be as fruitful 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.

 Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS		
Date of accident	17 september 2019	(DD/MM/YY)
Time of accident	1905 hrs	(HH:MM)
Exact location of accident	Along PIE toward Changi before Eunos Exit	

	DETAILS OF VEHICLE
Vehicle registration number	JKK8143E
Vehicle make and model	Mazda 5
Type of vehicle	Saloon
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	Personal use
Are you claiming under your own insurance company?	Yes □ No □ if no, please select: Third part claim □ Reporting only □

INSURANCE INFORMATION			
Insurance company	NTUC		
Policy number	5080428703-03		
Type of policy	Comprehensive D	Third party fire & theft □	TP only 🗆

	INSURED / POLICY HOLDER		网络沙克斯马利亚
Name	HO HIM YAW	Male 🗷	Female
NRIC / Fin / Passport number	571825600		
Contact	97234570		
Address	Blk 351 Tampines Street 33 #05-466 51	520351)	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Male □ Female
NRIC / Fin / Passport number	
Contact	
Address	
Email address	
Date of birth	29 [10/1971
Occupation	Indoor D Outdoor D
Driving date pass	10 Harch 2005

ACCEPTANCE OF THE PARTY OF THE	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes D No D
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes 🗸 No 🗆
Weather condition	Cléar Raining Others:
Road surface	Dry p Wet a
No of passenger	(Inclusive of driver)
The same of the sa	
	PASSENGER 1
Name	
Gender	Male Female
	PASSENGER 2
Name	
Gender	Male Female
WARRING WATER O	
and the second second second second	PASSENGER 3
Name	
Gender	Male Female
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	PASSENGER 4
Name	FASSENGER 4
Gender	Male Female
Gender	Ividie Female
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	PASSENGER 5
Name	144 - F
Gender	Male Female
CONTRACTOR CONTRACTOR CONTRACTOR	PASSENGER 6
Name	
Gender	Male Female
Here the transfer to be the second of	OTHER INFORMATION
Was anybody injured?	Yes No E
Was other vehicle damaged?	Yés 🗷 No ti
District Control of the Control of t	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No If yes, please state which police station.
Police station name	
。 在1985年,1	WITNESS 1
Name	
TO SHEET SHOW IN THE SHOW IN	WITNESS 2
Name	

THIRD PARTY VEHICLE 1		
Vehicle registration number	SMA6124C	
Vehicle make model	Jaguar F-pace	
Name	Hanay Batra	
NRIC / Fin / Passport number	57707051C	
Contact	91805432	

THIRD PARTY VEHICLE 2		
Vehicle registration number	SG577139	
Vehicle make model	Honda Civic	
Name	Mohanuad Haikel Bin Mohamad Hafidz	
NRIC / Fin / Passport number	50817196 I	
Contact		

THIRD PARTY VEHICLE 3		
Vehicle registration number	SLL 9863L	
Vehicle make model	Toyota Vios	
Name	Tai Wei Chieh	
NRIC / Fin / Passport number	57673432A	
Contact	84688413	

THIRD PARTY VEHICLE 4		
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

THIRD PARTY VEHICLE 5				
Vehicle registration number				
Vehicle make model				
Name				
NRIC / Fin / Passport number				
Contact				

THIRD PARTY VEHICLE 6					
Vehicle registration number					
Vehicle make model					
Name					
NRIC / Fin / Passport number					
Contact					

THIRD PARTY VEHICLE 7				
Vehicle registration number				
Vehicle make model				
Name				
NRIC / Fin / Passport number				
Contact				

		INJURED PERSON 1
Name	HO HIW	
Injuries sustained		chest neck, back
Which vehicle person in?		143 E
Were seat belts worn?	Yes	No o
Was injured conveyed to	Yes 🗆	No,z
hospital by ambulance?		
《 1988年 新州州	STANCE OF STREET	INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	1	
		INJURED PERSON 3
Name	STATES AND	INDONED I CHOOKS
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	1.00	
17.7.7		
	Laber 1	INJURED PERSON 4
Name	(Algeria	INJURED PERSON 4
Injuries sustained	VANCE IV	INJURED PERSON 4
Injuries sustained Which vehicle person in?		
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆 Yes 🗅	
Injuries sustained Which vehicle person in? Were seat belts worn?		No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No - No -
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?		No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name		No - No -
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained		No - No -
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes 🗆	No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No No No No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No No No No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No No No No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes 🗆	No INJURED PERSON 5 No No No No No No No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes 🗆	No INJURED PERSON 5 No No No No No No No
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes 🗆	No INJURED PERSON 5 No No No No No No No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes Yes Yes Yes Yes	No





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 4 Report No. T/20190918/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/09/2019 14:22		Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partici	ulars	THE STATE OF THE STATE OF		
Name of Informant: HO HIM YAW			Address: APT BLK 351 TAMPINES 5 520351	STREET 33 #05-466 SINGAPORE	
ID Type / ID No.: NRIC NO / S7182560D			Contact No.: Home/Office: Mobile: 97234570		
Nationality: MALAYSIAN			Email: yaw4570@gmail.com		
Sex: Age: Date of Birth: 29/10/1971			Type of Informant: Driver		
Race: Chinese		- N	Language: English	Institution / School Name:	
Occupation: OPERATION MANAGER		AGER	Driving Licence Information Class: 3	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/09/2019 19:05	Type of Location Straight Road	
Location: PAN ISLAND Weather: Clear	EXPRESSWAY	Road Surface:	F	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	1.2	Traffic Volume: Heavy	
Traffic Flow: One Way		Not Controlled	11	leavy	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SGS7713Y	Car	HONDA	Civic	Blue	Slightly Damaged	0
SKK8143E	Car	MAZDA	MAZDA5 2.0L SP 5EAT ABS D/AB 2WD 5DR SR	Black		0
SLL9863L	Car	TOYOTA	Vios	Grey	Seriously Damaged	1
SMA6124C	Car	JAGUAR	Jaguar	Black	Seriously Damaged	0





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 4

Report No. T/20190918/7016

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SKK8143E	NTUC Income Insurance Co-Operative Limited	5080428703-03	02/09/2019	01/09/2020	

Any Pedestrian In	volved: No	11/10/20			
No. of Pedestrian		Use of Ped	estrian	Cross	ing: NA
Driver		SERVICE SERVICE	th No.		
Name	MOHAMAD HAIKEL BIN MOHAMAD HAFIDZ				S8817196l
Related Vehicle	SGS7713Y (Car)		Conta	ct No.	NIL
Hospital/Clinic	NIL			of g e & Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disch	arge	NIL	
	ted Medical Leave NIL	Degree of I		NIL	
Driver					
Name	HO HIM YAW				S7182560D
Related Vehicle	SKK8143E (Car)			ct No.	97234570
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			of g ce & Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/09/2019	Date Disch	arge	17/09	/2019
	ted Medical Leave 05	Degree of I		Sligh	
Driver	ME CENSUS EN LES PROPERTIES		Name of Street	to him	
Name	TAI WEI CHIEH		ID No		S7673432A
Related Vehicle	SLL9863L (Car)			ct No.	NIL
Hospital/Clinic	NIL			of g ce & Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disch	arge	NIL	
	ted Medical Leave NIL	Degree of		NIL	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20190918/7016

CONTINUATION OF REPORT

Name	MANAV BATRA		ID No		S7787851C	
Related Vehicle	SMA6124C (Car)		Conta	ct No.	NIL	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL		
No. of Days granted Medical Leave NIL		NIL	Degree of	fInjury	NIL	

Brief Details.

On 17 September 2019 at about 1905hrs I was driving my vehicle SKK8143E along Pie Changi before Eunos exit on lane 1. Suddenly a vehicle SLL9863L slow down and I follow suit . Suddenly I felt an impact coming from the rear of my vehicle . I go down my vehicle and realised that vehicle SMA6124C had collided onto the rear of my vehicle which cause my vehicle to push forward and result into a 4 car chain collision . The first car was SGS7713Y.

I sustained injuries from the above mentioned accident and was given a 5 days of MC.





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

NP168

Report No. T/20190918/7016

CONTINUATION OF REPORT

Sketch Plan		
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: 18/09/2019 14:22
Officer In Charge Of Case: TP / TPHQ / ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp	

fello, NAC_PAYA_UBI_800	501						• Change	e Language	Chan	ge Password	· Log Ou
My Desktop	Policy Query									(2)	
Notice of Loss	Policy I	No.				Date o	of Accident	[7/09/2019 1	9:05	
	Vehicle	No.(For Motor)	SKK8143E			Certificate Number					
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5080428703- 03		HO HIM YAW	57182560D	GPC	drivo CLASSIC	200	SKK8143E	02/09/2019	01/09/2020

Accident HT/1062962										
Policy No.	5080428703-03		VALUE OF THE REAL PROPERTY.			-				
proficate No.	3000420703-03		Vehicle No.	Si0(8143	E		GST Registratio	n No.		
licyholder Name	HO HIM YAW						22.07.00.722	10		
oduct Code	PRIVATE CAR INSURANCE		Cover Type	drive CLA	SSIC		Policyholder NR	IC .	571825600	
ntact No.(Mobile)	MIL		Contact No.(Office)	0.100 0.00	2212		Loading		0	
sail Address			Special Remark				Contact No.(Hor eCode	me)		
K	® No ○ Yes		TCA	® No ○	Yes		eCode Reason		Ac V	
D Protection	No		NCD (Intitlement(%)	50			Private Hire			
Accident Details				-			Private Hire		Yes	
port Date	18/09/2019 14:58		Accident Report Within 24 hrs	Yes						
te of Accident	17/09/2019		Time of Accident hhomm	19:15			Accident Type		Chain Collision	
porting Centre			Orange Force	49.44			Country of Accid	ent	Singapore	
dent Location	PIE TOWARDS CHANGE						JCM No.			
Total Excess Applicable										
ess Type	Per Accident		Windscreen Excess		100.00					
					100.00					
Standard Excess	600.0	0	TP Standard Excess		0.00					
D OD Excess			VIED TP Excess				Oriver is Covered	17	Not Applicable	
Otional Excess		D								
al OD Excess Applicable	600.0	0	Total TP Excess Applicable		0.00					
Benefits	0/10		- Committee of the Comm							
GST Registered Inform										
Registered	No			GST	Registration Date					
Registration No.				GST	Status Venfied		Yes			
The state of the s										
Policyholder Hailing Ad	dress									
ress I	BLX 351 #05-466		Antonia 2		9490000					
Press 4			Address 2		STREET 33		Address 3		SINGAPORE 5203	151
t No.	05-466		Address Type	Singapore a			Past Code		520351	
OI Driver Info	05-466		Related Policy Number	506042670	13-03					
er Name			Date of Time							
samed driver Name			Driver Type Driver NR3C							
			CHINEL MICH				Driver DOB			
ester Date of Driver License			Datwer Ann							
			Driver Age				Driving Expenenc			
ntact No.(Mobile)			Contact No.(Office)				Driving Expenence Contact No.(Home			
rtact No.(Mobile) Iress (Contact No.(Office) Address 2	4250000000			Driving Experience Contact No. (Home Address 3			
ntact No.(Mosile) dress 1 dress 4			Contact No.(Office)	Foreign add	ress		Driving Expenence Contact No.(Home			
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