NATIONAL Assessment Cen	( Vento ( )			T	
Date In: 23/9/19-11-47	Jeb descript		Date &Time Completed	Do	ne by
Res No: MA SINCIGORAZZA	SAS e-filir	ng	i		
Veh No: SMHTCAIL	E-mail (wit	thin 8hrs, AIC 2hrs)			1 3
D.O.A: 21/9/19-15:15	i-Motor C	laim Form	W1/1063727-021	23/9/19	14:45
OD TPY Reporting Only	i-Motor W	7/0 (Within: OD 2hrs,	7'P 4hrs)		None and seconds
	i-Photo Up	ploaded			
TP Insurer:	Assessment	Survey Report			
	Ass't Repor	t by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tol:	Fax:	
TP Particulars: Veh No: SV4	2xeeA	. INC(	)/Non-INC( )		
Owner / Driver: (		12	Tel:	)	
	eriod: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: (%)	[Note-Est. Status	(WO): N: 0-209	%; P: 21-79%. F: 80-	100%]	
Year of Registration: ( )	·· attanty: 120 (	)/NO( )			
Excess: (\$ ) Loading: \$1,	000()/\$2,00	00()			
General Remarks:	<b>4</b> 7 5 5		AND STREET	See S	7
( ) Walk-In Customer: Customer's inf				N. 457 . 173 1, 1	
( ) Total Loss Case : to e-mail Insur			My NO 13ter of repairer.		
		NO(); Tov	wing Co: (		)
				Ban	)
Remarks; (INC hodine: 6788 6616)			ving Co: ( Dates: Time Completed	Don	by .
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/				Don	) by
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection	Courtesy Car (			Don	) by
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$	Courtesy Car (			Don	by
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection	Courtesy Car (			Don	) sby
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Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/6  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 8  Injury:  Date/Time Actions	Courtesy Car (	Invoice Prepar	Date & Time Completed and a second complete and a second compl		Amu
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 8]  Injury:  Date/Time Actions  NAI 72 12 4	Courtesy Car (	Invoice Prepar  1) AR: Accident Rep 2) DA: Darrage Ass	Date& Time Completed.  Partion Checklist:  porting (\$30);  essment (\$100); INC (\$8	Ant (5) 78: Bill	Anu
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 8]  Injury:  Date/Time Actions  NAI 72 12 4	Courtesy Car (	Invoice Prepar	Pate & Time Completed and the Completed and the Completed and the Complete	Ant (5) 78: Bill	Anu
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 8]  Injury:  Date/Time Actions  NAI 702 12 4 2  Latinant's Particulars:	Courtesy Car (	Invoice Prepar  1) AR: Accident Rep 2) DA: Darriage Ass 3) TF: Towing Fee 4) FT: Follow-Throat 5) FT: Follow-Throat	Date & Time Completed  Partion Chrcklist:  porting (\$30);  essment (\$100); INC (\$8  \$40  agh Survey  agh Survey  (Resurvey)	Ant (\$) 76 Bill 0) 7545 1120 \$30	Anu
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( ) / (2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  NALTONIO 4:  Inimant's Particulars:-  river/Owner:	Courtesy Car (	Invoice Prepar  1) AR: Accident Rep 2) DA: Darrage Ass 3) TF: Towing Fee 4) FT: Follow-Throut For claiming again	Date & Tarris Completed  Pation Checklist  porting (\$30); essment (\$100); INC (\$8  \$40  Igh Survey Igh Survey (Resurvey)  Ist INC Only (wef 10 Jan 2005)	Ant (5) 75: Bill  0) 7545 1120 530	Anu
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( ) / (2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  NAI 702 12 4  Inimant's Particulars:-  river/Owner:	Courtesy Car (	Invoice Prepar  1) AR: Accident Rep 2) DA: Darriage Ass 3) TF: Towing Fee 4) FT: Follow-Throat 5) FT: Follow-Throat	Date & Tarris Completed  Partion Checklist  porting (\$30); essment (\$100); INC (\$8  \$40  Igh Survey Igh Survey (Resurvey)  Ist INC Only (wef 10 Jan 2005)	Ant (\$) 76 Bill 0) 7545 1120 \$30	Anu
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/6  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  NAI 202124  Limant's Particulars:  Inter/Owner:  Ontact No:  Imaged Portion:	Courtesy Car (	Invoice Prepar  1) AR: Accident Rep 2) DA: Darrage Ass 3) TF: Towing Fee 4) FT: Follow-Throut For claiming again 6) TR: Re-inspection 7) N1: Idao DA + SN 8) NTUC Additional	Date Time Completed  Partion Chrcklist:  porting (\$30); essment (\$100); INC (\$3  \$40  agh Survey (Resurvey)  ast INC Only (wef 10 Jan 2005)  MRT Survey 3	Ant (5) 75:Bill 0) 7545 1120 530	Amilia
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/6  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  NAI 2010 4  Elimant's Particulars:  priver/Owner:  ontact No:  amaged Portion:	Courtesy Car (	Invoice Prepar  1) AR: Accident Rep  2) DA: Darrage Ass 3) TF: Towing Fee 4) FT: Follow-Throut For claiming again 6) TR: Re-inspection 7) N1: Idao DA + SN 8) NTUC Additional OD*	Date Time Completed  Pation Checklist:  porting (\$30); essment (\$100); INC (\$8  \$40  agh Survey (Resurvey)  ast INC Only (wef 10 Jan 2005)  MRT Survey S  Services.	Ant (5) Th Bill  0) 7545 1120 530 575	Anu
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( ) / (2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  NAI 2012 4  Lumant's Particulars:-  priver/Owner:  Ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):	Courtesy Car (	Invoice Prepar  1) AR: Accident Rep  2) DA: Darrage Ass 3) TF: Towing Fee 4) FT: Follow-Throut For claiming again 6) TR: Re-inspection 7) N1: Idao DA + SN 8) NTUC Additional OD*  *N5: Courtesy Car  *N6: Repair Co-on	Date & Time Completed  Pation Checklist:  porting (\$30); essment (\$100); INC (\$8: \$40. \$40. \$40. \$40. \$40. \$40. \$40. \$40.	Ant (5)  75: Bill  0)  545  120  530  575  160	Amt (3
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Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( ) / (2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 8]  Injury:  Date/Time Actions  NAI 2010 4:  Inimant's Particulars:  river/Owner:  Ontact No:  Imaged Portion:  C Checked by (Engr-In-Charge):	Courtesy Car (	Invoice Prepar  Invoice Prepar  I) AR: Accident Rep  I) DA: Darrage Ass  I) T: Towing Fee  I) FT: Follow-Throut For claiming again  I) TR: Re-inspection  I) N1: Idao DA + SN  I) NTUC Additional  OD:  N5: Courtesy Car  N6: Repair Co-on  N7: Fost Repair I  N8: DV / Collect  TP (N11): TP (No	Date Time Completed  Date Time	Ant (5)  75: Bill  0)  545  120  530  575  160  55  510  525  53  520	Am (3
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions	Courtesy Car (	Invoice Prepar  1) AR: Accident Rep 2) DA: Darrage Ass 3) TF: Towing Fee 4) FT: Follow-Throut For claiming again 6) TR: Re-inspection 7) N1: Idao DA + SN 8) NTUC Additional OD*  *N5: Courtesy Car  *N6: Repair Co-on  *N7: Fost Repair I  *N8: DV / Collect	Date Time Completed  Date Time	375 160 535 530 530 530 530 530 530 530 530 53	Am (3

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

EMail Address

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

	177 277 277 277 277 277 277 277 277 277
	ACCIDENT STATEMENT
Date Of Report	23/09/2019 11:47
Date Of Accident	21/09/2019 15:15
Exact Location Of Accident	BLK 570A WOODLANDS AVE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMN5971L
Insured/Policyholder	
Name Of Registered Owner	FOCUS RENTALS PTE LTD
Co Reg No	201836450G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98888885
Alternative Phone No	OFFICE-98888885
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT HYBRID 1.5 AUTO
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5106629800
Cover Note Number	
Driver	
Name of Driver	SELAMAT BIN KUNTUM
NRIC No	S0123539G
Date Of Birth	20/02/1953
Occupation	OUTDOOR
Date Of Driving Pass	12/05/1995
Driving Experience	24 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97580455
Fax Number	
Contact Number	OFFICE-97580455

NOEMAIL

Address

BLK 824 WOODLANDS STREET 81

#03-18

Postcode

730824

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

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General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

n(s)

soliciting/offering accident claims assistance.

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME:

. .

GENDER: : MALE

**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?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SLH5266H

Vehicle Make/Model/Colour

HONDA CIVIC

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ERIC CHAN TECK WEE

NRIC/Passport Number

S7641235I

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 22

No. Of Passenger (Including Driver)

## SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. 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.
- 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.
- 7. 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 aforesald.
- 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 dalms;
  - (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:

Heg. No:

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

Reporting Centre Personne's Signatu

Name: NRIC/FIN No.:

SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT at woodlands Aull 00 rear le +0 We One DECLARATION We peclifre the loregoing particulars are true in every respect. (Reg. No: Driver's Signature Reporting Centre Personne's Signature (II driver is not the policyholder) Name: Date & Time: NRIC/FIN No .:

actional State of Participation Will

Date of Accident	: 21 9 19 Accident Time: 1514 (24-HR-Format)
Accident Place	: Woodlands Ave 1. Blk. 570 A.
Vehicle Reg. No. (Car Plate No.)	SMN 5971 L
Vehicle Make/Model	Honda Fix Hydrib.
Insurance Company	: N+UC Policy No
Owner or Company Name /IC No.	: Focus Rentals Dtelta
Owner or Company Contact No.	. 9888885 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Selamat Bin Kuntum
DRIVER'S Date Of Birth	: 20/2/53 DRIVER'S License Pass Date
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: 12 13 144
DRIVER'S Address	: 824, Woodlands St. 81. #0318 (7:30824)
DRIVER'S Contact No / Alt No.	:1) 97580455 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: admine my Car. Sog
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
	: Reporting Only \ Claim Other Party \ Claim Own Insurance   passing 1
Number of Passengers (Including Dr	iver): 2 Na injoints maje
Was there any video Captured by car Exact purpose for which vehicle was	being used at the time of accident: Private use \ Work purpose
Other P	arty Driver's Particular (if anv)
Vehiclo Reg. No: SLIH 52	2-66/- Vehicle Reg. No:
Vehicle Make Wodel: HUNGO	Civic Vehicle Make Model:
Name Driver: Eric Chan	Teck Upe Name Driver:
IC No. Driver: 57641	10 No. Driver:
Driver's Contact & Add:	

eBaoTech						GeneralClain					
					The state of the s						
My Desktop	Poli	cy Query							18:		Log Out
Notice of Loss	Policy N	lo.				Date of	Accident	21/0	9/2019 15:15		
	Vehicle	No.(For Motor)	SMN597	'IL		Certifica	te Number				
					Se	arch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry
	0	5106629800		FOCUS RENTALS PTE. LTD.	201836450G	GFT	Third Party	SMN5971L	CENTRIES.	20/08/2019	5602
	180				Cor	ntinue					

Policy No.	5106629800	Policyholder	FOCUS	RENTALS PTE. LTD.	Policyholder	20105	
Certificate		Name	10003	RENTALS PIE. LID.	NRIC 20183645		0G
ddress	26 SIN MING LANE #05-114 N	MIDVIEW CITY S	INGAPOS	RE 573971			
roduct	FLEET INSURANCE	Plan	1110/11/01	C 3/39/1	Group		
lame olicy		Effective			Policy Flag	N	
ssue Date	26/12/2018	Date	26/12/2	018 00:00	Expiry Date	25/12/201	9 23:59
ype		All Claims Excess					
hird Party xcess	1500	Own damage Excess	0		Windscreen Excess	0	
dditional xcess	0	os	44402.9	10	ancess.		
utside		Premium Outside	11102.5				
ingapore D Excess	0	Singapore TP Excess	1500			You	ung/Inexperience Driver Excess
gent	TIMES INS BROKERS (MOTOR		6252888	38	GST Flag	Y	
surance surance ag pen olicy Info ertificate of o	No nolder Mailing Address						
dress 1	26 SIN MING LANE	Addres	s 2	#05-114 MIDVIEW	CITY A	ddress 3	SINGAPORE 573971
ddress 4		Addres	s Type	Singapore address		ost Code	573971
nit No.	03-02		Policy	5106629800			313311
Insure	d Object: SMN5971L	Numbe	r				
Endors			_				
Sequen	ce Date of Endorsement	Endorsemen	1/25	Endorsement Number		ent Status	
							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
		Basic Informatic Endorsement	on	000001286971728	Endorsemer Effective	nt Take	EFFECTIVE DATE PREMIUM (INCL GST) 1. SJS9308K 27-12-2018 \$1,269.81 2. SJU6842T 27-12-2018 \$1,269.81 3. SJU6916P 27-12-2018 \$1,269.81 In view of this amendment, an additional premium of \$3,809.42 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if 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.  Thank you for giving us the

Accident MT/1063527	as not been collected.				
Policy No.	5106629800	Vehicle No.	SMNS971L	CCT BANKS IN	
ertificate No.			111000100	GST Registration No.	
Hoynolder Name	FOCUS RENTALS PTE. LTD.			Policyholder NRIC	201836450G
oduct Code	PLEET INSURANCE	Cover Type	Third Party	Loeding	0
ttact No.(Mobile)	96888885	Contact No.(Office)	0	Contact No. (Home)	0
ell Address	The second second	Special Remark		eCode	No V
	No ○ Yes	TCA	® No ○ Yes	eCode Reason	F100,003
O Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details	5-10-2-10-2-10-2-10-2-10-2-10-2-10-2-10-				10
port Date	23/09/2019 12:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
e of Accident	21/09/2019	Time of Accident Informati	15:15	Country of Accident	
orting Centre		Orange Force		ICM No.	Singapore
dent Location	BLK 570A WOODLANDS AVE 1			July 1 Have	
Excess					
damage Excess	0.00	Additional Excess	0	Windscreen Excess	42
amed Driver Excess		Outside Singapore OD Excess	0.00	Mindscreen Excess	0.00
d Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits			4,200,00		
GST Registered Inform	sation				
Registered	No		GST Registration Date		
Registration No. Scatton History			GST Status verified	Yes	
occurry makery					
Policyholder Hailing As	Manage				
ress 1	26 SIN MING LANE				
ress 4	TO JUNE HUNG DANK	Address 2	#05-114 MIDVIEW CITY	Address 3	SINGAPORE 573971
t No.	22.22	Address Type	Singapore address	Post Code	573971
OI Oriver Info	03-02	Related Policy Number	\$106629800		
er Name	Unnamed Driver				
amed driver Name		Driver Type	Unnamed Driver		
ster Date of Oriver License	SELAMAT BIN KUNTUM	Driver NRIC	50123539G	Driver DOB	20/02/1953
(act No.(Mobile)	97580455	Driver Age	66	Driving Experience	24
ess 1		Contact No.(Office)	0	Contact No.(Home)	0
ess 4	BLK 824	Address 2	WOODLANDS STREET 81	Address 3	SINGAPORE 730824
No.	03-18	Address Type	Singapore address	Post Code	730824
s he own a Singapore					
istered car?					
Joseph Carr	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
	0.101@110	Driver Vehicle No.		Driver Insurer Company	
aration	JANUAR 40-21		985000000000000000000000000000000000000	Driver Insurer Company	
aration	Omg.	Driver Vehicle No.  Any injury?	○ Yes ® No	Driver Insurer Company	
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