Date In: X 9 19-11:08		WHAT COUNTY - AND STATE	119126836		
	Jeb descripti	on	Date & Time Completed	Don	e by
Res No: NALLUGO 1868 TV	SAS e-filin	g	i		
Veh No: SJURGYT	E-mail (wid	ia Shrs, AIC 2hrs)			33
D.O.A: 24/9/19-10:15	i-Motor Cl	alm Form	m7 10639/2-001	25/4/19	I LY
OD / (P) Reporting Only	i-Motor W	O (Within: OD 2hrs		-3/9/1/4	
Taporting Only	i-Photo Up	loaded	!		
TD	Assessment/	Survey Report	1		
TP Insurer:		by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (ax:	
TP Particulars: Veh No: & P	Las	INC (1/2///	<u>~.</u>	-01
Owner / Driver: (194		Tel:	,	-
Policy No: () Pe	eriod: ()	Cover Type: (,	-
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status	WO): N: 0-20	%; P: 21-79%. F: 30-1	00%1	
	Warranty: YES (
Excess: (\$) Loading: \$1,0					
General Remarks:	* "Lya-xya-mor"	PROSESSION VICTORIA	January V. V. V. Jan. V. V. V.	178 C 19 11 11 11	
() Total Loss Case : to e-mail Insure Drive-In () / Towed-In (); Invoice			. 5-1		
Drive-In ()/ Towed-In (); Invoice	EYES()/	NO(); To	wing Co: ('')
 QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3 	()			Carlo de
> abroad recontach t nom frechatt Cost > 23	0000] ()			
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Injury:	(000))	<u>, , , , , , , , , , , , , , , , , , , </u>		
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Injury:	(000)	Invoice Prepa	ration Checklist	ALLEY STATES	#
Injury: Actions Allygans	000] (1) AR : Accident Re	porting (\$ 30);	fa Bill	#
Injury: Actions Allygwy			porting (\$ 30);	fit Bill	#
Injury: Pate/Time Actions Actions Union Serviculars:		1) AR : Accident Re 2) DA : Damage As 3) TF : Towing Fee 4) FT : Follow-Thro	porting (\$30); seasment (\$100); INC (\$80 \$40/ ugh Survey \$	fit Bill	#
Injury: Pate/Time Actions Whispost Umant's Particulars: ver/Owner:	1	1) AR: Accident Re 2) DA: Darrage As 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again	porting (\$30); seasment (\$100); INC (\$80 \$40/2 ugh Survey ugh Survey (Resurvey) ust INC Only (wef 10 Jan 2005)	fit Bill) 145 120 530	#
Injury: Pate/Time Actions Whispost Umant's Particulars: ver/Owner:		1) AR: Accident Re 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming agai 6) TR: Re-inspectio 7) N1: Idac DA + S	porting (\$30); seasment (\$100); INC (\$80 \$40/2 ugh Survey \$3 ugh Survey (Resurvey) ust INC Only (wef 10 Jan 2005) n MRT Survey \$3	fit.Biji) 545 120	#
Injury: Pate/Time Actions HAIGOTON Limant's Particulars:- ver/Owner: nact No: maged Portion:		1) AR: Accident Re 2) DA: Darrage As 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming agai 6) TR: Re-inspectio 7) N1: Idac DA + S 8) NTUC Additional	porting (\$30); seasment (\$100); INC (\$80 \$40/2 ugh Survey \$3 ugh Survey (Resurvey) ust INC Only (wef 10 Jan 2005) n MRT Survey \$3	fit Bill)) 545 120 530 575	#
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Injury: Date/Time Actions HAISONY Limant's Particulars: ver/Owner: naged Portion: Checked by (Engr-In-Charge):	1	1) AR: Accident Re 2) DA: Darrage As 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming agai 6) TR: Re-inspectio 7) N1: Idac DA + S 8) NTUC Additiona OD* *N5: Courtesy Co *N6: Repair Co-o *N7: Fost Repair *N8: DV / Collect	porting (\$30); sessment (\$100); INC (\$80 \$40/ ugh Survey (\$100); Survey ugh Survey (\$100); Survey ust INC Only (wef 10 Jan 2005) n MRT Survey \$1 Services:- 1/ Tpt Allowance dination (\$1 Inspection (\$1 Excess Coordination	\$45 120 530 330 375 160 \$5 55 55	Amil (
Injury: Onte/Time Actions HAINGANA Limant's Particulars: ver/Owner: Intact No: maged Portion: Checked by (Engr-In-Charge):		1) AR: Accident Re 2) DA: Darrage As 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming agai 6) TR: Re-inspectio 7) N1: Idac DA + S 8) NTUC Additiona OD* *N5: Courtesy Co *N6: Repair Co-o *N7: Fost Repair *N8: DV / Collect	porting (\$30); seasment (\$100); INC (\$80 \$40/ ugh Survey (\$200) ast INC Only (wef 10 Jan 2005) and MRT Survey \$1 Services:- r/Tpt Allowance dination (\$1 inspection (\$200) in INC) against INC (\$200)	\$45 120 530 330 375 160	#

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.
- 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.	2000 Paris 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	ACCIDENT STATEMENT
Date Of Report	25/09/2019 11:08
Date Of Accident	24/09/2019 10:15
Exact Location Of Accident	LAVENDER ST TWDS BALESTIER
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU6842T
Insured/Policyholder	
Name Of Registered Owner	FOCUS RENTALS PTE LTD
Co Reg No	201836450G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS E AUTO
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	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	YEO GEOK KIM
NRIC No	S1183959B
Date Of Birth	04/05/1956
Occupation	OUTDOOR
Date Of Driving Pass	18/03/2002
Driving Experience	17 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81183156
Fax Number	
Contact Number	OFFICE-81183156
	NOTAKU

NOEMAIL

BLK 201C COMPASSVALE DRIVE Address

#04-555

Postcode 543201

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

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

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver) 1

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

NO

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: Police Station Address

SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

Was there any audio recorded?

REFER TO POLICE REPORT - T/20190924/7011.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **SLP8617S** Vehicle Make/Model/Colour TOYOTA VIOS

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

mer er r decenger (melading er rei)		
	DETAILS OF INJURED PERSON 1	
Name	YEO GEOK KIM	
Approximate Age		
Injuries Sustain	BODY	
Injured person in which vehicle?	SJU6842T	
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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5 Any false reporting may be referred to the Police for investigation.
- 6 The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

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:
 - (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

Heg. No:7

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN	1		V2-12-22-22-22-22-22-22-22-22-22-22-22-22			
	Waynos p. r. R. C. T.	OF THE ACCIDENT				
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10001	700	ROPOTT .				
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ARATION	ng nacticulars a	re true in every recoer	1			
002436810S 2	y particulars a	re true in every respec	i		~1	
:ON . P9A) - S	-	/	<u> </u>		Vk	W
iotters signature	(Driver's Signature III driver is not the polic Date & Time:	ryhalder)	Reporting C Name: NRIC/FIN No	entre l'ersonnel's	Signature

attent Goddfafring Me

Date of Arcident	1 09 1019 Accident Time: 10 . ISAM (24-HR-Format)
Accident Place	: Lavender street towards balestler
Vehicle Reg. No. (Cer Plate No.)	57468427
Vehicle Make/Model	: Toyota uros
Insurance Company	:_ NIUCPolicy No
Owner or Company Name /IC No.	: Focus Rentals Pte Lid
Owner or Company Contact No.	Owner's HpCompany Tel
DRIVER'S Name / IC No.	: Yeo Geok kim
DRIVER'S Date Of Birth	: 04 05 1956 DRIVER'S License Pass Date 18 03 100 L
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: HILLY
DRIVER'S Address	: BIK 2010 compassuale Drive #04-555 spore 543201.
DRIVER'S Contact No./ Alt No.	:1) 81183156 2)
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	: Admin @ my car. sg
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	river): 01
Was there any video Captured by ca Exact purpose for which vehicle wa	r camera YEN NO s being used at the time of accident: Private use \ Work purpose
Other F	Party Driver's Particular (if anv)
Vehicle Reg. No: SLP 86175	Vehicle Reg. No:
Vehicle Make Wodel: Toyota V	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:





T/20190924/7011

1 of 3

Report No. T/20190924/7011

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/09/2019 13:40		Made:	Vide Report No.:	Station Diary No.:	
Informan	t's Partic	ulars	MARKET LANGE OF THE PARKET	是大學院的 海绵 医原子的 医含苯基	
Name of Informant: YEO GEOK KIM			Address: APT BLK 201C COMPASSVALE DRIVE #04-555 SINGAPORE 543201		
ID Type / ID No.: NRIC NO / S1183959B		59B	Contact No.: Home/Office: Mobile: 81183156		
Nationalit SINGAPO	y: ORE CITIZ	EN	Email: yeo_kim@hotmail.com		
Sex: Age: Date of Birth: 63 04/05/1956			Type of Informant: Driver		
Race: Chinese			Language: Institution / School Nar English		
Occupation: PRIVATE CAR DRIVER		VER	Driving Licence Information: Class: 3	Date of Expiry:	

General Inform	nation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/09/2019 10:1	Type of Location: Straight Road
Location:	STREET			
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate
Type of Collis Between Mov	ion: ing Vehicles - Head	To Rear		Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJU6842T	Car	TOYOTA	Vios	Gold	Slightly Damaged	0
SLP8617S	Car	TOYOTA	VIOS	Grey	Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20190924/7011

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Driver				10-9014		
Name	YEO GEOK KIM			ID No		S1183959B
Related Vehicle	SJU6842T (Car)			Conta	ct No.	81183156
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	24/09/2019 Date Disc			charge	24/09	9/2019
No. of Days gran	ed Medical Leave 05		Degree o	f Injury	Sligh	la constant

Brief Details.

On the stated time and date, i was travelling on my Vehicle bearing carplate SJU6842T on lavender street. I stopped before the yellow box as the yellow box was already full with cars, and i should not proceed to hold up the traffic of the other directions. While my car was stationary, vehicle B bearing carplate number SLP8617S hit the rear of my vehicle. He mentioned that he was avoiding the Mercedes hence resulting in the collision. knees and was awarded 5 Days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190924/7011

CONTINUATION OF REPORT

Ske	tch	Plan	ĺ
CITC	COLL	IGII	L

Authentication Stamp

NP168

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: 24/09/2019 13:40
Officer In Charge Of Case: TP / TPHQ / SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:

Hello, NAC_PAYA_UBI_800	601						Change La	inguage	· Change Pa	ssword	Log Out
My Desktop	Policy Query										,
Notice of Loss	Policy No.					Date of A	ccident	24/09	9/2019 10:15		
	Vehicle	No.(For Motor)	SJU6842T		Certificate 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	5JU6842T	SJU6842T	27/12/2018	

Policy No.	olicy No. 5106629800		Policyholder FOCUS RENTALS PTE. LTD.			201836450	G	
Certificate		2			NRIC			
ddress	26 SIN MING LANE #05-114 M	IDVIEW CITY S	INGAPOR	E 573971				
roduct	FLEET INSURANCE	Plan			Group N			
lame Policy		Effective	26/17/2018 00:00		Policy Flag			
ssue Date	26/12/2018	Date All Claims	e 20/12/2018 00:00		Expiry Date	25/12/2019 23:59		
Гуре		Excess						
Third Party Excess	1500	Own damage 0 Excess			Windscreen Excess	0		
	ditional							
xcess	0	OS Premium	44756.4	14				
Dutside Singapore DD Excess	0	Outside Singapore	1500			You	ng/Inexperience Driver Excess	
Agent	TIMES INS BROKERS (MOTOR	TP Excess B Agent Tel.	625288	88	GST Flag	Y		
Co-		6 Agent 161. 025266			(3)			
nsurance Flag Open Policy Info Certificate Info	No nolder Mailing Address							
ddress 1	26 SIN MING LANE	Address 2		#05-114 MIDVIEW	CITY	Address 3	SINGAPORE 573971	
Address 4		Address Type		Singapore address		Post Code	573971	
Unit No. 03-02		Related Policy Number		5106629800				
▶ Insure	d Object: SJU6842T	Numb	er					
▽ Endors								
Sequen	27/12/2018 00:00	Endorsement Basic Informate Endorsement		Endorsement Numbe	Endorsem Effective	ment 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. S159308K 27-12-2018 \$1,269.81 2. S106842T 27-12-201 \$1,269.81 3. S106916P 27-12-201 \$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 if avour 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 opportunity to serve you. We	
2 07/01/2019 00:00		Basic Information Endorsement		000001286982404	Endorsement Take Effective		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. SGF608H 07-01-2019 \$1,231.44 In view of this amendment, an additional premium of \$2,462.88 (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	

cident MT/1063917	s not been collected.					
licy No.	5106629800	Vehicle No.	SJU6842T	COT RESIDENCE NO.		
rtificate No.	33302300	2 Company	31000421	GST Registration No.		
Scholder Name FOCUS RENTALS PTE, LTD, duct Code PLEET INSURANCE ntact No.(Mobile) 0				Policyholder NR3C	201836450G	
		Cover Type	Third Party	Loading	201836450G	
		Contact No.(Office)	0	APRIL DOLLAR SERVICE	0	
nail Address		Special Remark	*	Contact No.(Home) eCode	The V	
FK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	THE V	
CD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes	
Accident Details		31283		44 O		
port Date	25/09/2019 11:22	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear	
ite of Accident	24/09/2019	Time of Accident hh:mm	10:15	Country of Accident	Singapore	
orting Centre		Orange Force		ICM No.	огуариге	
cident Location	LAVENDER ST TWOS BALESTIER					
7 Excess						
wn damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00	
named Driver Excess		Outside Singapore OD Excess	0.00			
ind Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00			
9 Benefits						
GST Registered Inform	ation					
T Registered	No		GST Registration Date	- 0		
T Registration No.			GST Status verified	Yes		
Offication History						
Policyholder Mailing Ad	Mess					
dress 1	26 SIN MING LANE	Address 2	#05-114 MIDVIEW CITY	144	60161001 100	
dress 4	and the same	Address Type	#05-114 MIDVIEW CITY Singapore address	Address 3 Post Code	SINGAPORE \$73971	
E No.	03-02	Related Policy Number	5106629800	Post Code	573971	
OI Driver Info	37.77	releves roncy resinser	3100029000			
iver Name	Unnamed Driver	Driver Type	Unnamed Driver			
named driver Name	YEO GEOK KIM	Driver NRIC	\$11839598	Driver DOB	04/05/1956	
gister Date of Driver License	18/03/2002	Driver Age	63	Driving Experience	17	
istar Date of Driver License 18/03/2002 tact No.(Mobile) 81183156 ress 1 BLK 201C		Contact No.(Office)	0	Contact No.(Home)	0	
		Address 2	COMPASSVALE DRIVE	Address 3	COMPASSVALE SOUTH GATE	
dress 4	SINGAPORE 543201	Address Type	Singapore address	Post Code	543201	
vt No.	04-555		AND ASSESSED AND THE			
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company		
daration						
eathalyser or Blood Test	0 mg	Any injury?	® Yes ○No			
wathalyser or Blood Test	0 mg	Any Injury?	® Yes ○ No			
reachalyser or Blood Test eading?	0 mg	Any injury?	Yes ○No			
eathalyser or Blood Test ading?	0 mg	Any Injury?	Yes ○No			
eathalyser or Blood Test ading? Offication History	0 mg	Any Injury?	Yes ○No			
rathayser or Blood Test ading? Offication History	0 mg	Any Injury?	Yes ○No			
lathalyser or Blood Test ading? Sification History	O mg	Any injury? Insured Name	Yes ○ No FOCUS RENTALS PTE LTD.	Insured NRIC	201838450G	
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