	Jcb description	Date &Time Completed	Done by
Rel No: 49/14/2017 567/14	SAS e-filing	Date to take completed	Dolle of
Veh No: Sw 4859E	-		
	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 4/0/19 - 15:35	i-Motor Claim Form	m) 10 (5234001	7/12/19 10: 78
OD / P Reporting Only	i-Motor W/O (Within: OD 2hrs	, TP 4hrs)	
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		i acalizator de a
	Ass't Report by Fax / Hand to	Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:
TP Particulars: Veh No: Octor	442. INC(	)/Non-INC( )	
Owner / Driver: (	- III - Sold Built - M	Tel:	)
Policy No: ( ) Perio	od: ( )	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %) [No	te-Est. Status (WO): N: 0-20	%; P: 21-79%. P: 80-10	00%]
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Drive-In ( )/ Towed-In ( ); Invoice: Y	(ES( ) / NO( ); To	wing Co: (	. )
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	CONTROL SELECTION
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### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Contact Number

EMail Address

- Please report <u>correctly</u> 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.

MINISTER STATE OF THE STATE OF	
	ACCIDENT STATEMENT
Date Of Report	07/10/2019 09:39
Date Of Accident	04/10/2019 15:35
Exact Location Of Accident	PIE (CHANGI) BEFORE UPP BUKIT TIMAH RD EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV4859E
Insured/Policyholder	
Name Of Registered Owner	LAU YIP HONG (LIU YEHONG)
NRIC No	S8502868E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97525950
Alternative Phone No	OFFICE-97525950
Vehicle Particulars	
Manufacturer	BMW
Model	520I AT D/AB 2WD 4DR LED NAV
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104044470-01
Cover Note Number	
Driver	
Name of Driver	LAU YIP HONG (LIU YEHONG)
NRIC No	S8502868E
Date Of Birth	14/01/1985
Occupation	INDOOR
Date Of Driving Pass	21/12/2005
Driving Experience	13 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97525950
Fax Number	

OFFICE-97525950

NOEMAIL

BLK 10B BENDEMEER ROAD Address

#12-117

Postcode 332010

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

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

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: ETHEL NEO HWEE CHEE

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

YES

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?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191005/7001.

Attachment(s)

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

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SKZ8044D Vehicle Registration Number

TOYOTA WISH Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

CHAN HIANG HIONG DEREK Name of Driver

NRIC/Passport Number S0527765E 90495740 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SGP3062J

Vehicle Make/Model/Colour

HYUNDAI GETZ

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

SHD928H

Vehicle Make/Model/Colour

RENAULT

**Details Of Properties** 

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF INJURED PERSON 1**

Name

LAU YIP HONG (LIU YEHONG)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLV4859E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

# **DETAILS OF INJURED PERSON 2**

Name

ETHEL NEO HWEE CHEE

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLV4859E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

## SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report entreetly the details of the accident to speed up the claims process
- 2. This form must be completed by the Poligholder and/or the Authorises Orlege.
- Information provided must be as <u>truthful and eccurate as possible</u>. Any wilful misrepresentation or with tolding of material facts may allow insprance companies to <u>regardiate policy liability</u>.
- 4. The based and exceptance of this Form by incurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any felie recoming pay be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Control established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee halmade available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hareby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 1. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and enment that:

- (s) 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 shall be collectively referred to as the "insurers"), the insurers lawyers/Java firms, the Monetary Authority of Singapore and any relevant government agency/suthority (such as the police), for the purpose(s) of:
  - processing, handling and/or dealing with my dains including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the actident and/or my dolms:
  - (iii) sarrying 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 sould invoive 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 dains. (collectively the "Purposes")
- (b) ell insurer(s) who have insured vehicle(s) involved in this eccident 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
- (d) my Personal Information may/ran be disclosed by say of the insurers and/or GIA to their third party service providers or agents(ingluding their lawyers/law firms), which may be steed outside of Singaporo, for one or more of the above Purposes.
- invariant information will also be collected and used to compile datus history for the purpose of freed detection, invastigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing insud, regulators, law enforcement and government againers as reasonably required for the purposes stated, or

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

Poticyholeens Signature Osia & Time: Oriver's Signature (If driver is not the policyholder) Date & Timg: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

	SKETCH PLAN	. upper built	PIE towards CHANGI
hick A		Time to the second	BEFORE
SLV 4859E	4		WOO BULLY TIMAHE
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		particulars are true in every respect.	
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Poli	cyholdai'r Signoture e & Tumbr	Orlean's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
000	* * * * * * * * * * * * * * * * * * *		NRIC/FIN No.:

Date of Accident	4/10/2019 Accident Time: 1537 (24-HR-Format)
Accident Place	PIE towards change Airport before Upp mutit time
Vehicle Reg. No. (Car Plate No.)	: SLV 4859E
Vehicle Make/Model	: BmW 520i
Issurance Company	Policy No. 5104044470-01
Owner or Company Name /IC No.	LAN YIP HONG S8502868E
Owner or Company Contact No.	: 9152 5950 Owner's Hp Company Tel
DRIVER'S Name / IC No.	:_ LAU YIP HONG SS502868E
DRIVER'S Date Of Birth	: 14/01/1985 DRIVER'S License Pass Date 21/12/2005
Relationship of Owner & Driver	: Spouse \ Perents \ Children \ Sibling \ Employee\ Others: OW rec
DRIVER'S Address	: 108 8ENDEMEER #12-117 .
DRIVER'S Contact No / Alt No.	:1)2)
DRIVER'S Occupation	(INDOOR), OUTDOOR (e.g. working inside or outside office)
Email Address	:
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): 02
Was there any video Captured by ca Exact purpose for which vehicle was	r camera: YES \ NO s being used at the time of accident: Private use \ Work purpose
Other P	arty Driver's Particular (if anv)
Vehicle Reg. No: Skz 80440	Vehicle Reg. No: SEP 3062 J
Vehicle Make\Model: TOYOTA w	Vehicle MakelModel: #94NOAI GETZ
Name Driver: CHAN HIANG 4	IONG DEREK Name Driver:
IC No. Driver: So 5 277	65 E IC No. Driver:
Driver's Contact & Add: Devrice	2 9049 57 40 Driver's Contact & Add:
Passenger: Ethel Neo Hwer (59146500J)	SUS OS S H





Institution / School Name:

Date of Expiry:

1 of 4

Report No. T/20191005/7001

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

# REPORT OF A TRAFFIC ACCIDENT

Race: Chinese

Occupation: SELF EMPLOYED

Date/Time Report Made: 05/10/2019 01:57		Vide Report No.: Station Diar		
Informa	nt's Partic	ulars	ATTENDED OF	TO THE STATE OF TH
	f Informant: P HONG		Address: APT BLK 10B BENDE 332010	MEER ROAD #12-117 SINGAPORE
ID Type / ID No.: NRIC NO / S8502868E		Contact No.: Home/Office:	Mobile: 97525950	
National SINGAP	ity: PORE CITIZ	EN	Email: peterlauyh@gmail.com	n
Sex: Age: Date of Birth: 14/01/1985		Type of Informant: Driver		

Driving Licence Information: Class: 2B,3

Language: English

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/10/2019 15:40	Type of Location Straight Road	
Weather:	EXPRESSWAY	Road Surface: Dry		Road Speed Limit: 90 Km/h	
Clear Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate	
One Way		C. C. C. C. C. C. C. C. C. C. C. C. C. C		Anyone conveyed by	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGP3062J	Car	HYUNDAI	Getz	Gold	Seriously Damaged	0
SHD928H	Car	RENAULT		Red	Slightly Damaged	0
SKZ8044D	Car	TOYOTA	Wish	Gold	Slightly Damaged	0
SLV4859E	Car	BMW	520I AT D/AB 2WD 4DR LED NAV	Grey		0





2 of 4 Report No. T/20191005/7001

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

### CONTINUATION OF REPORT

Details of V	ehicle Insurance	PROPERTY OF STREET	The state of the s	STATE OF STATE OF
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
	NTUC Income Insurance Co-Operative Limited	5104044470-01	30/09/2019	29/09/2020

Any Pedestrian Ir	volved: No				
No. of Pedestrian		Use of Pe	Use of Pedestrian Crossing: NA		
Driver	C. Land St. Desperation of the second	DATE OF STREET	SALES OF STREET	NAME OF STREET	
Name	PEH CHUAN HUAT		ID No		S1323740I
Related Vehicle	SHD928H (Car)		Conta	ct No.	91885595
Hospital/Clinic	NIL		NIL Class Driving Licence Expiry		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	charge	NIL	
	ted Medical Leave NIL	Degree o		Local de Conformación de	
Driver	THE THE STATE OF T	112 X 5 1 1 0 5 1 1 1 5 1 5 1 5 1 5 1 5 1 5 1	9050 400	3530	
Name	CHAN HIANG HIONG DERI	EK	ID No		S0527765E
Related Vehicle	SKZ8044D (Car)		Contact No.		90495740
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Data Taratasan	NIL	Date Disc	charge	NIL	
Date Treatment	ed Medical Leave NIL	Degree o		NIL	
	ed Medical Ecoto		CONTRACTOR.	STANSA	SO STREET, ST
Passenger Name	ETHEL NEO HWEE CHEE		ID No		S9146500J
Related Vehicle	SLV4859E (Car)		Contact No.		96150820
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	04/10/2019	Date Dis	charge	04/10	)/2019
	11947 1177 2177 27	2010 210	of Injury		





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

3 of 4

Report No. T/20191005/7001

#### CONTINUATION OF REPORT

Driver	To the principle of the Paris o			O'CONTRACTOR OF THE PARTY OF TH	21/20	
Name	LAU YIP HONG		ID No	).	S8502868E	
Related Vehicle	SLV4859E (Car)		Conta	ct No.	97525950	
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	04/10/2019	3055	Date Disc			/2019
No. of Days gran	ted Medical Leave	03	Degree of	Injury	Slight	

### Brief Details.

On the stated date and time, I was travelling along PIE towards Changi Airport before Upper Bukit Timah Road exit. The car in front of me slowed down and stopped, I follow suit. Suddenly, I felt a huge impact from the rear. I alighted and realised I'm involved in a 4-car chain collision. Vehicle SKZ8044D has collided onto my rear. I wish to state that my wife (Ethel Neo Hwee Chee) was in the vehicle with me. After the collision, both my wife and I felt pain and discomfort in our upper back and neck. We then went to consult a doctor at I-Health Medical Clinic and was given 3 days of Medical Leave.





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

4 of 4 Report No. T/20191005/7001

CONTINUATION OF REPORT

Sketch Plan					
Informant is	not able	to	provide	sketch	plai

Authentication Stamp

NP168

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: 05/10/2019 01:57
Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:

<b>eBao</b> Tech			GeneralC								alClaim
Hello, NAC_PAYA_UBI_80	0601						Change	Language	• Chan	ge Password	Log Out
My Desktop	Policy Query										,
Notice of Loss	Policy N	io.		Date of Accident 04/10/2019 15:35						5:35	
	Vehicle	No.(For Motor)	SLV4859E			Certificate Number					
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5104044470- 01		(LIU YEHONG)	S8502868E	GPC	drivo CLASSIC	SLV4859E	SLV4859E	30/09/2019	29/09/2020
	7				C	Continue					

Policy No.	5104044470-01	Policyholder Name	LAU YIP HONG (LIU YEHONG)		Policyholder NRIC	S8502868E		
Certificate No.								
Address	BLK 10B #12-117 BENDEMEER	ROAD BENDER	MEER LIGHT	SINGAPORE 332010				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy issue Date	16/08/2019	Effective Date	30/09/201	9 00:00	Expiry Date	29/09/2020 2	3:59	
Excess Type	Per Accident	All Claims Excess						
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100		
Additional Excess	Premium Outside re 600 Singapore		0					
Outside Singapore OD Excess						Young/Inexperience Driver Excess		
Agent	ALFA CREDIT PTE LTD	Agent Tel.	62411228		GST Flag	Υ		
Co- Insurance Flag	No							
Open Policy Info								
Certificate Info								
Policy!	holder Mailing Address							
	BLK 10B #12-117	Addre	ss 2	BENDEMEER ROAD		Address 3	BENDEMEER LIGHT	
Address 1				Singapore address		Post Code	332010	
	SINGAPORE 332010	Addre	ss Type	Singapore aduress				
Address 1 Address 4 Unit No.	SINGAPORE 332010		d Policy	5104044470-01				
Address 4 Unit No.	SINGAPORE 332010 ed Object: SLV4859E	Relate	d Policy	ded singularity was a second				
Address 4 Unit No.	ed Object: SLV4859E	Relate	d Policy	ded singularity was a second				

Browse   Clear   Please Select   V   NO   V   Normal   V	Claim Handling						
METABOLITY - MINISTER CALL VISIONICAL STOCKING   Green Paye   Green P	cident MT/1065574						
Marche   March   Ma	icy No.	5104044470-01	Vehicle No.	SLV4859E	GST Registration No.		
Marche   March   Ma	rificate No.						
March   Marc		LAU YIP HONG (LIU YEHONG)			Policyholder NRIC	58502868E	
Contact No.   Contact No.			Cover Tune	Grave CLASSIC			
Separat   Sepa							
Commence		9/325930				200	
The process   The process		8		8 11 010-		Inc. ws	
Part		151					
Account   1900		No	NCD Entitlement(%)	30	Private Hire	No	
Control of Marcader Brown   Display   Displa	P Accident Details						
Designation   Designation	port Date	07/10/2019 10:36	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision	
## COMMAND REPORTS AND RECEIT THICK AS DEATH    Family Command Property   Family Command Proper	ce of Accident	04/10/2019	Time of Accident hh:mm	15:35	Country of Accident	Singapore	
P. Maritan Programme   P. Maritan Maritan   100.00   P. Maritan Decemb	porting Centre		Orange Force		ICM No.		
P. Maritan Programme   P. Maritan Maritan   100.00   P. Maritan Decemb	dident Location	PIE (CHANGI) BEFORE UPP BUKIT TIMAH RD	EXIT				
Standard Fuences							
100   100			distribution of the same	100.00			
Companies	cess type	Per Accident	Windscreen excess	100.00			
100 O D Cotex	S district of the control	600.00	TR Crandwel Subarr	0.00			
Marche   March   Mar					20000000000000000	201104	
Marche   M			TIED TP EXCESS	0.00	Univer is Covered?	Covered	
## SAME TRANSPORTED BY TRANSPORTED	ditional Excess	0					
## PROSPERIOR   No.   0.51 Registerion Date   1745	tal DD Excess Applicable	600.00	Total TP Excess Applicable	0.00			
Taggarterion   Fog   GOT Registerion   Fog   F	P Benefits						
Registation   10	GST Registered Inform	ation					
Manual	ACCORDING TO THE RESERVE OF THE PERSON OF TH			GST Registration Date			
P. REICYPHORE Mailing Address					Yes		
Paticipalizer Mailing Address							
March   Marc							
March   Marc	Policyholder Mailing Ad	Idress					
Address Type			Address 2	BENDEMEER ROAD	Address 3	BENDEMEER LIGHT	
Relate Policy Number   S10404470-01   S10404470-01   S10404470-01   S10404470-01   S10404470-01   S10404470-01   S10404470-01   S10404470-01   S1040470-01							
### Springer Ende    Main Driver   December 1998   December 19		SINGAPORE 332018			Post Code	332010	
Description   Description			Related Policy Number	5104044470-01			
Part   Part	OI Driver Info						
grate Oake of Oniver Lucinia   23/12/2005   Driver Age   34	iver Name	LAU YIP HONG ( LIU YEHONG)	Driver Type	Main Driver			
Address 3 BENCEMBER 100 Address 7 BENCEMBER 100 Address 3 BENCEMBER 100 Address 3 BENCEMBER 100 Address 3 BENCEMBER 100 Address 3 BENCEMBER 100 Address 7 BENCEMBER 100 ADDRESS 7 BENCEMBER 100 ADDRESS 7 BENCEMBER 100 ADDRESS 7 BENCEMBER 100 ADDRESS 7 BENCEMBER 100 ADDRESS 7 BENCEMBER 100 ADDRESS 7 BENCEMBER 100 ADDRESS 7 BENCEMBER 100 ADDRESS 7 BENCEMBER 100 ADDRESS 7 BENCEMBER 100 ADDRESS 7 BENCEMBER 100 ADDRESS 7 BENCEMBER 100 ADDRESS 7 BENCEMBER 100 ADDRESS 7 BENCEMBER 100 ADDRESS 7 BENCEMBER 100 ADDRESS 7 BENCEMBER 100 ADDRESS 7 BENCEMBER 100 ADDRESS 7 BENCEMBER 100 ADDRES	named driver Name		Driver NR3C	\$8502868E	Driver DOB	14/01/1985	
Series   S	gister Date of Driver License	21/12/2005	Driver Age	34	Driving Experience	13	
Single-Order 372016	intact No.(Mobile)	97525950	Contact No.(Office)	0	Contact No.(Home)		
Single-price   Sing	idress 1	BLK 108	Address 2	BENDEMEER ROAD	Address 3		
12-117   O'rea (® No							
Driver Vehicle No.			Properties ( ) Pro-	anigapore account	Com many	******	
Claim 031 Macm  Service of Blood Test  D mg  Any Injury?  Si Yes No  Impured Name  LAU YID HONG (LIX YerlONG)  Contact No (Notice)  9725950  Contact No (Notice)  170 Vehicle Number  SIX2804E  The Vehicle Number  The Vehicle Number  SIX2804E  The Vehicle Number  The Vehicle Nu							
## Any Injury?  ## Yes No    Any Injury?	egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company		
## Any Injury?  ## Yes No    Any Injury?							
Claim 001 New  Claim 001 New  Claim 001 New  Claim 001 New  Claim 001 New  Claim 001 New  Claim 001 New  Claim 001 New  Claim 001 New  Claim 001 New  Claim 001 New  Contact No. (Home)  Contact No. (Indice)  Contact N	claration						
Claim 901 Name  Amin Type * OCHEX		0 mg	Any injury?	® Yes ○ No			
ANT Type * OD-MX	30						
Annual Page   OD-MX   Insured Name   LAU YIP HONG (LEV YEIDNG)   Insured NRIC   S85028666   Contact No. (Mobile)   87525950   Contact No. (Mobile)   Contact No. (Mobile)   Destination   OI Vehicle Number   SUV48596   TP Vehicle Number   SX28540   TP Vehicle Number   TP Vehicle Number   SX28540   TP Vehicle Number							
asim Type * OD-HIX	odification History						
arm Type * OD-HK	CONTRACTOR INC.						
Antact No. (Mosile)  97525950  Contact No. (Home)  Ot Vehicle Number  SLV4599E  TP Vehicle Number  Sx2804L0  Please Select  Type of Benefit * Type of Benefit * Type of Ben	Claim 001 New						
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quire Finalisation  Yes		SLV4859E / SKZ8044D ON 4 Oct 2019			Name of Preferred Workshop		
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MAC_PAYA_UBI_BOOGNI NATIONAL ASSESSMENT CENTRE SERVI   Protos   Normal   NATIC/ Driving License 2019-10-7	Attachment	Uploade	d By/Date	Category	9	Urgency	Description		Mag Sent? (CO)	
NAC_PAYA_UBL_BOSODI_NATIONAL_ASSESSMENT CENTRE SERVI	<b>100</b>			NRIC/ Driving License	Y	Normal	NR3C/ Driving License 2019-10-7			
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