| | re Services. wet 1 Janios | MUAL 19 177939 | | _ |
|---|---|--|--|---------|
| Date In: 10/19 16:48 | Jeb description | Date &Time Completed | Done by | _ |
| Ref No: HALMUGGI8381 MM | SAS e-filing | | | |
| Veh No: 65C32*81 | E-mail (within Shrs, AIC 2hrs) | The second second second second | | |
| D.O.A: 16/7/19-19:37 | i-Motor Claim Form | M7/1067556-001 | blolg 17:01 | _ |
| | i-Motor W/O (Within: OD 2 | The state of the s | 777-1 | 100 |
| OD : P! Reporting Only | i-Photo Uploaded | | | |
| TP Insurer: | Assessment/Survey Report | | | |
| II libutol. | Ass't Report by Fax / Han- | d to Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | Tel: F | ax: | |
| TP Particulars: Veh No: 101 | LOE INC | ()/Non-INC() | (Se) | |
| Owner / Driver: (| | Tel: |) | |
| Policy No: () Po | eriod: (| Cover Type: (|) | |
| Confirmed by : (| Date: | Time: |) | |
| Insured/Driver Liability: (%) | Note-Est. Status (WO): N: 0 | -20%; P: 21-79%. P: 30-1 | 100%] | |
| Year of Registration: () | Warranty: YES ()/NO (|) | | - |
| | 000 ()/\$2,000 () | | | |
| General Remarks: | A PROBLEMON COMPANIES OF NAME OF STREET | CARONICE VIN ACCESSOS | ्या पूर्वा । | _ |
| a entre attra e on a contrat bedresse passades e e et Challe despetable de action | A OSH C SAME SECTION SECTION | Strictle NO sofer of species | 200 811, 15 | Samo |
| () Walk-In Customer: Customer's info | | Strictly NO rater of repairer. | | - |
| () Total Loss Case : to e-mail Insur | | | | |
| Drive-In ()/ Towed-In (); Invoic | e: YES() / NO(); | Towing Co: (| | |
| Remarks: (INC hotline: 6788 6616) | | Date & Time Completed | Done by | 4 |
| Apply for Transport Allowance ()/(| Courtesy Car () | | | SHIP-EA |
| 2) QC Check / Post Repair Inspection | () | | -#. | |
| 3) Upload Resurvey Photo [Repair Cost > \$: | 30001 () | | | |
| , - pro resource , - , - more large and - | | | | |
| | | | | _ |
| Injury: | | | | |
| Injury: | | an et i sen | | 200 |
| Injury: | er (en en e | | 70 C | Pira |
| Injury: | | | The Carlotter | Pr. |
| Injury: | | | | - Pr |
| Injury: | | | | 27. |
| Injury: | | | | 917 |
| Injury: Date/Time Actions | 1 | | | (is) |
| Injury: Date/Time Actions | linvoice Pi | eparation Checklist. | Ant (5) Am | L(3) |
| Injury: Date/Time Actions | 1) AR : Accid | eparation Checklist. | Anit (5) Am | |
| Injury: Date/Time Actions IA145789 sumant's Particulars: | 1) AR : Accide 2) DA : Dame | eparation Checklist; ent Reporting (\$30); ge Assessment (\$100); INC (\$ | Anit (5) Am | |
| Injury: Date/Time Actions | 1) AR : Accide 2) DA : Darre 3) TF : Towin 4) FT : Follow | cparation Checklist cat Reporting (\$30); ge Assessment (\$100); INC (\$100); g Fee \$400. -Through Survey | Ant (5) Am (5) Bill Ade 80) 0/545 5120 | |
| Injury: Date/Time Actions IA145789 sumant's Particulars: | 1) AR : Accid 2) DA : Darre 3) TF : Towin 4) FT : Follow 5) FT : Follow | cparation Checklist cat Reporting (\$30); ge Assessment (\$100); INC (\$100); g Fee \$400. -Through Survey -Through Survey (Resurvey) | Anut (5) Am frit Bill Ade 30) 0/545 5120 530 | |
| Injury: Date/Time Actions IMMORPHICAL ACTIONS Sumant's Particulars: iver/Owner: ntact No: | 1) AR : Accid- 2) DA : Darne 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ius | cparation Checklist. ent Reporting (\$30); ge Assessment (\$100); INC (\$100); INC (\$100); g Fee \$40 -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 200); pection | Ant (5) Am (5) Bill Ade 80) 0/\$45 \$120 \$30 5) | |
| Injury: Date/Time Actions IAI45789 sumant's Particulars: | 1) AR : Accid- 2) DA : Darrae 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idae D | cparation Checklist. ent Reporting (\$30); ge Assessment (\$100); INC (\$100); INC (\$100); ge See \$40 -Through Survey -Through Survey (Resurvey) ge against JNC Only (wef 10 Jan 200); pection A + SMRT Survey | Ant (5) Am (5) Bill Ade 80) 0/\$45 \$120 \$30 | |
| Injury: Date/Time Actions MAI457899 Aumant's Particulars: iver/Owner: ntact No: maged Portion: | 1) AR : Accid 2) DA : Darne 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idae D 3) NTUC Add | cparation Checklist. ent Reporting (\$30); ge Assessment (\$100); INC (\$100); INC (\$100); g Fee \$40 -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 200); pection | Ant (5) Am (5) Bill Ade 80) 0/\$45 \$120 \$30 5) | |
| Injury: Date/Time Actions IMMORPHICAL ACTIONS Sumant's Particulars: iver/Owner: ntact No: | 1) AR : Accid 2) DA : Darrie 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idae D 3) NTUC Add OD' *N5: Courte | cparation Checklist ent Reporting (\$30); ge Assessment (\$100); INC (\$6 g Fee \$40 -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 200) pection A + SMRT Survey itional Services:- | Ant (5) Am (5) Bill Ade 80) 0/\$45 \$120 \$30 \$) \$75 \$160 | |
| Injury: Date/Time Actions MAI457899 Aumant's Particulars: iver/Owner: ntact No: maged Portion: | 1) AR : Accid 2) DA : Darrie 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ius 7) N1 : Idae D 3 | cparation Checklist ent Reporting (\$30); ge Assessment (\$100); INC (\$6 g Fee \$40 -Through Survey (Resurvey) g against INC Only (wef 10 Jan 200) pection A + SMRT Survey itional Services:- csy Car / Tpt Allowance r Co-ordination | Ant (5) Am (\$1Bill Add 80) 0/\$45 \$120 \$30 5) \$75 \$160 | |
| Injury: Date/Time Actions Actions MINOR SON Aumant's Particulars: iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge): | 1) AR : Accid- 2) DA : Darrie 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idao D 8) NTUC Add OD* *N5: Courte *N6: Repair *N7: Fost R | cparation Checklist ent Reporting (\$30); ge Assessment (\$100); INC (\$6 g Fee \$40 -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 200) pection A + SMRT Survey itional Services:- | Ant (5) Am (51 Bill Ade 30) 0/\$45 \$120 \$30) \$75 \$160 \$5 510 \$25 \$55 | |
| Injury: Date/Time Actions MAI457899 Aumant's Particulars: iver/Owner: ntact No: maged Portion: | 1) AR : Accid 2) DA : Darrie 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ius 7) N1 : Idae D 3 | cparation Checklist. ent Reporting (\$30); ge Assessment (\$100); INC (\$100); INC (\$100); ge See \$40. Through Survey (Resurvey) ge against INC Only (wef 10 Jan 200); pection A + SMRT Survey itional Services:- esy Car / Tpt Allowance r Co-ordination tepair Inspection Collect Excess Coordination TP (Non INC) against INC | Anit (5). Am fit Bill. Add 30) 0/\$45 \$120 \$30 5) \$75 \$160 | |

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.

| By the lodgement of this report to the insurers, you aforesaid. | ou hereby consent to the archiving of this report at the centre and to copies of the report being ma | ade available |
|---|--|---------------|
| His all statements are represented to | ACCIDENT STATEMENT | Mistago |
| Date Of Report | 17/10/2019 16:48 | |
| Date Of Accident | 16/10/2019 19:30 | |
| Exact Location Of Accident | EUNOS LINK TWDS KAKI BUKIT AVE 1 | |
| Country/State of Loss | SINGAPORE | |
| 基础标识是是关于。 据是这种的概念 | DETAILS OF OWN VEHICLE | 401801 |
| Vehicle Registration Number | GBC3748S | |
| Insured/Policyholder | | |
| Name Of Registered Owner | SGW ENGINEERING PTE LTD | |
| Co Reg No | 201529990K | |
| Email Address | NOEMAIL | |
| Mobile Phone No | | |

OFFICE-68037987

| Alternative Phone No |
|----------------------|
| Vehicle Particulars |

Manufacturer NISSAN

Model NAVARA 2.5L S/CAB MT ABS D/AIRBAG TURBO

Exact Purpose for which vehicle was being used at WORKING

time of accident

Are you claiming under your own insurance policy NO

for repair to your vehicle?

If No, Please state action to be taken THIRD PARTY

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5100739325-01

Cover Note Number

Driver

Name of Driver **BU YINGQUAN** Passport No/FIN F4503690K Date Of Birth 12/12/1975 Occupation OUTDOOR Date Of Driving Pass 07/11/2014

Driving Experience 4 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90882113

Fax Number

Contact Number OFFICE-90882113

EMail Address NOEMAIL

2 YISHUN INDUSTRIAL STREET 1 Address

#06-31 NORTH POINT BIZHUB

Postcode

Was driver an employee of the Insured's Company YES

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

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

3

YES

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

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

SJQ5160E

Vehicle Make/Model/Colour

TOYOTA ALPHARD

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

93859984

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBB765S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

NISSAN

COMMERCIAL VEHICLE

94880080

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.
- 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 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:
 - 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

complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Orlver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN EURUS LINK before kali bulay sue 1 Veh A . GBC 37485 VLL B. SJUS160E Vehc. GBB 765 S Stated Time and date, ON THE vehicle bearing carplate GBC. 37485 glung Eunus LAK before kaki bukit are I un Lane 3. The traffic light is turn to Red. vehille. and Rules that a vehill heaving car plate, had collided on my Rear. The Impact SJQ 5160 E propel forward to collised a Valuele bearing car plate Cause me GBB 7655 DECLARATION ola particulars are true in every respect. Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature (II driver is not the policyholder) Date & Time: Name: Date & Time: NRIC/FIN No.: attent standardard com Va

| Date of Accident | : 16/10/2019 Accident Time: 1930 (24-HR-Pormat) |
|---|--|
| Accident Place | : Euros Link before Kaki bulcit Ave 1 |
| Vehicle Reg. No. (Cer Plate No. | o.) : GBC 3748 S |
| Vehicle Make/Model | . Nissan NAVARA |
| Issurance Company | NTUL Policy No. |
| Owner or Company Name /IC | No. : Styl engineering PTE LTD 201529990K |
| Owner or Company Contact No | o. : 68037987 Owner's Hp Company Tel |
| DRIVER'S Name / IC No. | : BU YING QUAN O 56009183 |
| DRIVER'S Date Of Birth | : 12/12/1975 DRIVER'S License Pass Date 7-11-2014 |
| Relationship of Owner & Drive | : Spouse \ Parents \ Children \ Sibling Employee Others: |
| DRIVER'S Address | · : 20 leng kong Dua . |
| DRIVER'S Contact No./ Alt No. | 0. :1) 90882113 2) |
| DRIVER'S Occupation | : INDOOR (OUTDOOR (e.g. working inside or outside office) |
| Email Address | : ADMin @ mycar. sq |
| Weather & Road Surface | CLEAR & DRY RAINING & WET \ AFTER RAIN & WET |
| Reporting Type | : Reporting Only Claim Other Party) Claim Own Insurance |
| Number of Passengers (Including | ng Driver): |
| Was there any video Captured b Exact purpose for which vehicle | by car camera: YES (NO was being used at the time of accident; Private use \ Work purpose |
| Oth | ner Party Driver's Particular (if anv) |
| Vehicle Reg. No: SJA 5160 | Vehicle Reg. No: GBB 765 S |
| Vehicle Make Wodel: Toyota | Alphard Vehicle Make Model: NBSan |
| Name Driver: | Name Driver: |
| IC No. Driver: | IC No. Driver: |
| Driver's Contact & Add: 9385 | 5 984 Driver's Contact & Add: 9488 0080 |

E R B

. . .

| Hello, NAC_PAYA_UBI_8006 | 01 | | | | | | · Change | Language | Chang | e Password | · Log Ou |
|--------------------------|------------|-------------------|-----------------------|---------------------------------|----------------------|---------|------------------|----------------|-------------------|------------------|-------------|
| My Desktop | Poli | cy Query | | | | | | | | | |
| Notice of Loss | Policy No. | | | | | | Date of Accident | | 16/10/2019 19:30 | | |
| | Vehicle | No.(For Motor) | GBC37 | 485 | | Certi | ficate Number | | | | |
| | | | | | 1 | Search | | | | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5100739325- 01 | | SGW ENGINEERING PTE. LTD. | 201529990K | GCV | Comprehensive | GBC37485 | G8C3748S | 20/05/2019 | 19/05/2020 |

| Policy No. | 5100739325-01 | Policyholder Name | SGW ENGI | NEERING PTE, LTD. | Policyholder NRIC | 201529990K | |
|-------------------------------------|---|-----------------------------------|----------------------|--|----------------------|------------------------|-----------------------------|
| Certificate No. | | | | | | | |
| Address | 2 YISHUN INDUSTRIAL STREET | 1 #06-31 NO | RTH POINT E | SIZHUB SINGAPORE | 768159 | | |
| Product Name | COMMERCIAL VEHICLE INSURAI | Plan | | | Group Policy Flag | N | |
| Policy issue Date | 08/05/2019 | Effective Date | 20/05/201 | 9 00:00 | Expiry Date | 19/05/2020 23 | 3:59 |
| Excess Type | Per Accident | All Claims Excess | | | | | |
| Third Party Excess | 0 | Own damage Excess | 600 | | Windscreen Excess | 100 | |
| Additional Excess | | OS Premium | 0 | | | | |
| Outside Singapore OD Excess | | Outside Singapore TP Excess | | | | Young | /Inexperience Driver Excess |
| Agent | ABWIN PTE LTD | Agent Tel. | 68423301 | | GST Flag | Υ | |
| Co- nsurance Flag | No | | | | | | |
| Open Policy Info | | | | | | | |
| Certificate | | | | | | | |
| | CONTRACTOR AND AND CONTRACTOR OF THE CONTRACTOR | | | | | | |
| | older Mailing Address | | | | | | |
| vices are a file | older Mailing Address 2 YISHUN INDUSTRIAL ST | TREET Addre | ss 2 | #06-31 NORTH PO | INT BIZHUB | Address 3 | SINGAPORE 768159 |
| ♥ Policyh Address 1 Address 4 | CONTROL OF | | ss 2 ss Type | #06-31 NORTH PO | | Address 3 Post Code | SINGAPORE 768159 768159 |
| Address 1 | CONTROL OF | Addre | ss Type ed Policy | A CONTRACTOR OF THE PARTY OF TH | | | |
| Address 1 Address 4 Unit No. | CONTROL OF | Addre | ss Type ed Policy | Singapore address | | | |
| Address 1 Address 4 Unit No. | 2 YISHUN INDUSTRIAL ST | Addre | ss Type ed Policy | Singapore address | | | |

| cident MT/1067356 | | | | | |
|--|---|--|--|--|---|
| icy No. | 5100739325-01 | Vehicle No. | GBC3748S | GST Registration No. | |
| Tificate No. | | | | | |
| icyholder Name | SGW ENGINEERING PTE, LTD. | | | Policyholder NRIC | 201529990K |
| duct Code | COMMERCIAL VEHICLE INSURAL | Cover Type | Comprehensive | Loading | 0 |
| ntact No.(Mobile) | 0 | Contact No.(Office) | 68037987 | Contact No.(Home) | 0 |
| all Address | | Special Remark | | eCode | N. V |
| ĸ | ® No ○ Yes | TCA | ® No ○ Yes | eCode Reason | |
| D Protection | No | NCD Entitlement(%) | 10 | Private Here | No |
| Accident Details | | | | | |
| port Date | 17/10/2019 16:59 | Accident Report Within 24 hrs | Vec | Academ Type | Chain Collision |
| | | | | | |
| e of Accident | 16/10/2019 | Time of Accident hhomm | 19:30 | Country of Accident | Singapore |
| sorting Centre | | Orange Force | | ICM No. | |
| ident Location | EUNOS LINK TWDS KAKI BUKIT AVE 1 | | | | |
| Total Excess Applicable | | | | | |
| ess Type | Per Accident | Windscreen Excess | 100.00 | | |
| 2200005 | | | | | |
| Standard Excess | 600.00 | TP Standard Excess | 0.00 | 7/2000 State (State (St | |
| D OD Excess | 0.00 | YIED TP Excess | | Driver is Covered? | |
| Itional Excess | | | | | |
| al OO Excess Applicable | 600.00 | Total TP Excess Applicable | | | |
| Benefits | | | | | |
| GST Registered Informa | ation | | CONTROL MANAGEMENT | | |
| Registered | No | | GST Registration Date | | |
| Registration No. | | | GST Status Venhed | Yes | |
| tification History | 17/10/2019 17:00:51 Sys | tem changed GST Status Verified from | m No to Yes | | |
| | | | | | |
| Policyholder Mailing Ad | dress | | | | |
| fress 1 | 2 YISHUN INDUSTRIAL STREET | Address 2 | #06-31 NORTH POINT BIZHUB | Address 3 | SINGAPORE 768159 |
| fress 4 | | Address Type | Singapore address | Post Code | 768159 |
| t No. | | Related Policy Number | 5100739325-01 | | 3000 |
| OI Driver Info | | 00.000000000000000000000000000000000000 | www.cocococococococococococococococococo | | |
| ver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| varned driver Name | BU YINGQUAN | Driver NRIC | F4503690K | Driver 008 | 12/12/1975 |
| lister Date of Driver License | | Driver Age | 43 | Driving Experience | 12/12/1975 |
| Eact No.(Mobile) | 90882113 | | | Co. e. | - |
| | | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| iress 1 | 2 YISHUN INDUSTRIAL STREET | Address 2 | NORTH POINT BIZHUB | Address 3 | SINGAPORE 768159 |
| iress 4 | | Address Type | Singapore address | Post Code | 768159 |
| t No. | 06-31 | | | | |
| es he own a Singapore gistered car? | ○ Yes ® No | Driver Vehicle No. | | Driver Insurer Company | |
| 6-11 (SAT) 34 A | | | | | |
| deration | | | | | |
| athalyser or Blood Test | 0 mg | (Accessorate) | | | |
| | | Arty injury? | ○ Yes No | | |
| saing? | | Any injury? | ○ Yes ® No | | |
| ading / | | Any injury? | ○ Yes ® No | | |
| ading? dification History | | Any injury? | ○ Yes ® No | | |
| Ification History | | Any injury? | ○ Yes ® No | | |
| ification History | | Any mjury? | ○ Yes ® No | | |
| fication History | | Any mjury? | ○ Yes 	® No | | |
| fication History | Ob-MX | Any muny? | ○ Yes ® No | Insured NRIC | 201529990K |
| fication History Inim 901 New m Type * | | Insured Name | SGW ENGINEERING PTE. LTD. | | 201529990K |
| m Type * eact No.(Mobile) | | Insured Name . Consact No.(Home) | SGW ENGINEERING PTE. LTD. | Contact No.(Office) | |
| ification History Inim 001 Naw m Type * Ract No. (Mobile) Hi Address | ОБ-МК | Insured Name . Consact No.(Home) OI Vehicle Number | SGW ENGINEERING PTE. LTD. NIL GBG37485 | | 201529990K SJQ5160E |
| in Casson History In Type * tect No. (Mobile) In Address mant Type Clayment Type * | OD-MX Please Select V | Insured Name - Contact No.(Home) OI Vehicle Number Type of Benefit * | SGW ENGINEERING PTE. LTD. | Contact No.(Office) | |
| m Type * esct No. (Mobile) as Address mant Type Clamant Type * | ОБ-МК | Insured Name . Consact No.(Home) OI Vehicle Number | SGW ENGINEERING PTE. LTD. NIL GBG37485 | Contact No.(Office) | |
| m Type * eact No. (Mobile) all Address mant Type Clamant Type * mant Address | Ob-MX Please Select >>> | Insured Name - Contact No.(Home) OI Vehicle Number Type of Benefit * | SGW ENGINEERING PTE. LTD. NIL GBG37485 | Contact No.(Office) TP Vehicle Number | |
| in Type * And Mobile) White Address Mart Type Clarmant Type * mart Name * mart Address mart Address mart Address mart Address mart Address | OD-MX Please Select V | Insured Name - Contact No.(Home) OI Vehicle Number Type of Benefit * | SGW ENGINEERING PTE. LTD. NIL GBG37485 | Contact No.(Office) | |
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