| | | עם וימוץימן | | |
|---|--|--|--|------------------|
| Date In 29 10 19-19!19 | Job description | Date &Time Completed | Don | e by |
| Rel No: Ha) No 1901 9114 by | SAS e-filing | | | |
| Veh No: JH263R | E-mail (within Shrs, AIC 2hrs) | | | |
| D.O.A: 20/10/4-16.45 | i-Motor Claim Form | M7 106844-001 | 29/10/19 | W10 |
| | i-Motor W/O (Within: OD 2hr | ALEXANDER OF THE PARTY OF THE P | | |
| OD TP Reporting Only | i-Photo Uploaded | 1 | | |
| TDI | Assessment/Survey Report | i | | |
| TP Insurer: | Ass't Report by Fax / Hand | o Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | and the same and t | ax: | |
| TP Particulars: Veh No: Jic H & Tyo | INC (|)/Non-INC() | 107 | |
| Owner / Driver: (| | Tel: |) | |
| Policy No: () Period: | () | Cover Type: (|) | |
| Confirmed by : (| Date: | Time: |) | |
| Insured/Driver Liability: (%) [Note | e-Est. Status (WO): N: 0-2 | 0%; P: 21-79%. P: 80-1 | 00%] | |
| Year of Registration: () Warr | ranty: YES ()/NO (|) | | |
| Excess: (\$) Loading: \$1,000 (|)/\$2,000() | | | |
| General Remarks; | #1 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | A L |
| () Walk-In Customer: Customer's informati | | | | |
| () Total Loss Case : to e-mail Insurer Ul | | | | |
| Drive-In ()/ Towed-In (); Invoice: YE | | owing Co: (| |) |
| | | | | 10711 |
| Remarks: (INC hotline: 6788 6616) | | Date&Time Completed | Done | by |
| | | | | |
| 1) Apply for Transport Allowance ()/ Court | esy Car () | | | |
| 2) QC Check / Post Repair Inspection | () | | | |
| | () | | | |
| 2) QC Check / Post Repair Inspection | () | | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: | () | | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: | () | *************************************** | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: | () | | Tenedo de la companya della companya della companya de la companya de la companya della companya | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: | () | | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: | () | | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: | () | | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Fime Actions: | | | Anic(S) | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions | ()) Invoice Prep | aration Checklist. | | Amt (\$) |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Fime Actions MARDSING | Invoice Prep | aration Checklist. | Ant(\$) | Amt (\$) |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Fime Actions MAROSIN Inimant's Particulars: | Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe | aration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 | Anc(5) fix Bill 0) /545 | Amt (\$) |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Fime Actions: MAROSING Limant's Particulars:- river/Owner: | Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing For | aration Checklist. Reporting (\$30); Issessment (\$100); INC (\$8 6 540) rough Survey | Ant(5) fitBill | Amt (3) |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Fime Actions NAMPORIM Islimant's Particulars:- | Invoice Preparation of the state of the stat | aration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8 to \$40 tough Survey tough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005) | Anc(\$) fit Bill 0) /545 5120 \$30 | Amt (\$) |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Laimant's Particulars:- river/Owner: ontact No: | Invoice Preparation of the state of the stat | aration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 to 540 rough Survey rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005 | Ant (\$) fit Bill 0) /\$45 5120 \$30 | Amt (\$) |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Makepsin Inimant's Particulars:- priver/Owner: | Invoice Preparation of the state of the stat | aration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 to \$40 t | Anc(\$). fix Bill 0) /545 5120 \$30) \$75 | Amt (\$) |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Chaimant's Particulars: Oriver/Owner: ontact No: amaged Portion: | Invoice Preparation of the state of the stat | aration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 Fough Survey Fough Survey (Resurvey) Ainst INC Only (wef 10 Jan 2005 Bion SMRT Survey That Services: | Ant (\$) fit Bill 0) /\$45 8120 \$30) \$75 \$160 | Amt (\$) |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Chaimant's Particulars: Oriver/Owner: ontact No: amaged Portion: | Invoice Preparation of the control o | aration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 Fough Survey Fough Survey (Resurvey) Ainst INC Only (wef 10 Jan 2005) Bion SMRT Survey Tall Services:- Cer / Tpt Allowance Fordination | Ant (5) fit Bill 0) /545 5120 530) 575 5160 | Amt (\$) |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Limant's Particulars: Oriver/Owner: Contact No: amaged Portion: C Checked by (Engr-In-Charge): | Invoice Preparation of the state of the stat | aration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 to \$40 to the second survey rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005 tion SMRT Survey hal Services:- Cer / Tpt Allowance - ordination ir Inspection | Anc(\$) fit Bill 0) /545 5120 \$30) \$75 5160 \$55 510 \$25 | Amt (\$) |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Claimant's Particulars:: Contact No: Camaged Portion: C Checked by (Engr-In-Charge): | Invoice Preparation of the control o | aration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 Fough Survey Fough Survey (Resurvey) Ainst INC Only (wef 10 Jan 2005) Bion SMRT Survey Tall Services:- Cer / Tpt Allowance Fordination | Ant (5) fit Bill 0) /545 5120 530) 575 5160 | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Liumant's Particulars: Oriver/Owner: Contact No: Damaged Portion: | Invoice Preparation of the control o | aration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8 to \$40 to the second survey (\$100); INC (\$100); IN | Ant (5) fit Bill 0) /545 5120 530) 575 5160 \$55 510 525 53 \$20 30 | Amt(\$) |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

| atoresaid. | |
|--|--|
| | ACCIDENT STATEMENT |
| Date Of Report | 29/10/2019 14:19 |
| Date Of Accident | 25/10/2019 16:45 |
| Exact Location Of Accident | SIMS AVE BEFORE EUNOS RD 5 |
| Country/State of Loss | SINGAPORE |
| C | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SJN263R |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN BOON LEONG, GLENN |
| NRIC No | S8905940B |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-93950884 |
| Alternative Phone No | OFFICE-93950884 |
| Vehicle Particulars | |
| Manufacturer | ТОУОТА |
| Model | COROLLA ALTIS 1.8 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 CAR |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5108708037 |
| Cover Note Number | |
| Driver | |
| Name of Driver | TAN BOON LEONG, GLENN |
| NRIC No | S8905940B |

 NRIC No
 \$8905940B

 Date Of Birth
 23/02/1989

 Occupation
 INDOOR

 Date Of Driving Pass
 27/05/2013

Driving Experience 6 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93950884

Fax Number

Contact Number OFFICE-93950884

EMail Address NOEMAIL

Address

BLK 112 LENGKONG TIGA

#02-225

Postcode

410112

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

WINER

renicie

-

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO 2

Number of vehicles (including own vehicle)

.

involved in the accident

NO

Was any body injured in the Accident?
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.

YES

Number of Passengers (Including Driver)

1

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

SKN8599M

Vehicle Make/Model/Colour

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)

3

Passenger 1

NAME:

2.0

0

Passenger 2

NAME:

GENDER:

.

GENDER:

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 truthful and accurate as possible. Any wilful misrepresentation or withholding 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
- 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.
- By the logement 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.
- Consent under the Personal Data Protection Act (PDPA)

understand, asknowledge, 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 Fersonal 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.
 - (i) 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;
 - liv) 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) sall 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.

gnature

mature

(If driver is not the policyholder) Date & Time:

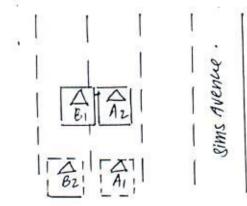
Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

Venicu 1. SJN263R

VEHICLE B: SKN S5991



| | on | the | stated | date | 4 - | time | , 1, | vehi | cle > | 1', | SJN2631 |
|---------|-------|--------|---------|--------|------|------|------|-------|-------|-----|-------------|
| , WAS | trave | elling | straigi | nt alo | ry : | tne | sate | d ver | we. | Su | ddenly, |
| vehicle | Β·, | SKN | 8599M, | cam | e ii | nto | my | lane | an | d | collided |
| onto | my | 1011 | side | mirror | -and | 10 | nt 1 | ett t | ende | r. | |
| | | | | | | | | | | | |
| | | | | ==== | | | | | | _ | |
| | | | | | | | | | | | 100 |
| | | | î | 8 | | 3. | | | | | |
| | | | × 18 | | | | | 35.10 | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | All Control |
| | | | | | | | | | | | |

DECLARATION

I/We Achre the foregoing particulars are true in every respect

Policyholder's Signature

Univer Survature (If driver expot the policyholder) Date & Time

Reporting Centre Personno Vignature

Name.

NRIC/FIN No.:

ACCIDENT STATEMENT

| ACCIDENT DATE: (25 / 10 / 2019 1(DD/MM/YYY), TIME: (16 : 46)(HH:MM) |
|--|
| LOCATION: Along SIMS Avenue, before tunos Foad 5 |
| OJPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) |
| e)MAKE & MODEL: TOYOTO ALIT. F)TYPE: (SALDON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: POVALC, i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/ND) IF NO, PLEASE STATE (THIRD PARTY) LAIM / REPORTING ONLY) |
| 2. INSURED / POLICY HOLDER A) NAME: TAN BOON LOOM, GICHN (MALE / FEMALE) b) NRIC/FIN/PASSPORT: 9890 5940 EONTACT: 9395 0884 c) ADDRESS: 112 Lengkong Tiga #02 - 225 S(4/01/2) |
| *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Induding driver) b)NRIC/FIN/PASSPORT: |
| *d)DATE OF BIRTH: (23 / 02 / 1989)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 00) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 0WW.Y |
| 5. a)WEATHER CONDITION; (CLEAR / RAINING / OTHERS |
| B. THIRD PARTY VEHICLE SEN 8599M MODEL: |
| Olfemale (a) male THIRD PARTY VEHICLE Contact: Contac |
| passenger d) VEHICLE NUMBER: MODEL: Hod of passenger e) DRIVER'S NAME: CONTACT: |
| |

email =

fax =

| eBao Tech | | | | | | | | differen | | Genera | alClaim |
|------------------------|----------|----------------|-----------------------|-----------------------------|----------------------|----------|------------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601 | | | | | | Change | Langua | je • Chai | nge Password | · Log Ou |
| My Desktop | Polic | cy Query | | | | | | | | | 27 |
| Notice of Loss | Policy N | Vo. | | | | Date o | Accident | | 25/10/2019 | 16:45 | |
| | Vehicle | No.(For Motor) | S)N263 | R | | Certifi | cate Number | | | | |
| | | | | | 1 | Search | | | | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5108708037 | | TAN BOON LEONG, GLENN | S8905940B | GPC | drivo CLASSIC | SJN263R | SJN263R | 13/04/2019 | 12/04/2020 |
| | | | | | | continue | | | | | |

| Policy No. | 5108708037 | Policyholder Name | TAN BOON | LEONG, GLENN | Policyholder NRIC | S8905940B | |
|------------------------------------|------------------------------|-----------------------------------|----------------|-------------------|----------------------|--------------|------------------------------|
| Certificate No. | | | | | 440000 | | |
| Address | BLK 112 #02-225 LENGKONG 1 | TGA SINGAPO | RE 410112 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | | Group Policy Flag | N | |
| Policy ssue Date | 12/04/2019 | Effective Date | 13/04/2019 | 9 00:00 | Expiry Date | 12/04/2020 2 | 3:59 |
| Excess Type | Per Accident | All Claims Excess | | | | | |
| Third Party Excess | 0 | Own damage Excess | 0 | | Windscreen Excess | 100 | |
| Additional Excess | 0 | OS Premium | 0 | | | | |
| Outside Singapore OD Excess | 0 | Outside Singapore TP Excess | 0 | | | Young | J/Inexperience Driver Excess |
| Agent | AUTOSHIELD PTE, LTD. | Agent Tel. | 63850777 | | GST Flag | Y | |
| Co- insurance Flag Open | No | | | | | | |
| Policy Info Certificate Info | | | | | | | |
| | nolder Mailing Address | | | | | | |
| Address 1 | BLK 112 #02-225 | Addre | ss 2 | LENGKONG TIGA | | Address 3 | SINGAPORE 410112 |
| Address 4 | | Addre | ss Type | Singapore address | 1 | Post Code | 410112 |
| MUU1635 4 | 02.225 | Relate | d Policy er | 5108708037 | | | |
| Unit No. | 02-225 | 1401110 | | | | | |
| Unit No. | d Object: SJN263R | Webbie | | | | | |
| Unit No. | d Object: SJN263R | (0.500) | | | | | |
| Unit No. | d Object: SJN263R sements | 1,28,2009 | Endorsement | : Туре | Endorsement | Status | Endorsement Content |

| Claim Handling | | | | | | | | | | |
|--|--|--------------------------------------|--|---|---------------------------------------|-------------|---|---------------------------|---|---------------------|
| ccident HT/1068994 | | | | | | | | | | |
| olicy No. | 5108708037 | | Vehicle No. | S3N263R | | | GST Registration No | D. | | |
| Certificate No. | 21.1201.110.00 | | | | | | | | | |
| Policyholder Name | TAN BOON LEONG, GLEI | | | | | | Policyholder NRIC | | 5890594 | OB . |
| Yoduct Code | PRIVATE CAR INSURAN | CE | Cover Type | drive CLAS | SSIC | | Loading | | ٥ | |
| Contact No. (Mobile) | 93950884 | | Contact No. (Office) | 0 | | | Contact No.(Home) | Ŋ. | 0 | |
| mail Address | | | Special Remark | | | | eCode | | H.V | |
| FK | ® No ○ Yes | | TCA | ® No ○Y | es | | eCode Reason | | | |
| CD Protection | No | | NCD Entitlement(%) | 0 | | | Private Hire | | No | |
| Accident Details | | | | | | | | | | |
| sport Date | 29/10/2019 22:08 | | Accident Report Within 24 hrs | Yes | | | Academ Type | | Collision | Change / Cross lane |
| ate of Accident | 25/10/2019 | | Time of Accident hh:mm | 16:45 | | | Country of Accident | £0. | Singapore | |
| eporting Centre | | | Orange Force | | | | ICM No. | | | |
| coident Location | SIMS AVE BEFORE BUN | OS RD 5 | | | | | | | | |
| ✓ Total Excess Applicable | | | | | | | | | | |
| xcess Type | Per Accident | | Windscreen Excess | | - 1 | .00.00 | | | | |
| | | | | | | | | | | |
| D Standard Excess | | 0.00 | TP Standard Excess | | | 0.00 | | | | |
| IED OD Excess | | 0.00 | YIED TP Excess | | | 0.00 | Onver is Covered? | | Covered | |
| dditional Excess | | 0 | | | | | | | | |
| ocal OO Excess Applicable | | 0.00 | Total TP Excess Applicable | | | 0.00 | | | | |
| ▽ Benefits | | | | | | | | | | |
| overage | | | | Sur | m Insured | | | | | |
| ransport Allowance | | | | | 999999.99 | | | | | |
| xoess Waiver | | | | 99 | 999999.99 | | | | | |
| GST Registered Informa | ation | | | | | | | | | |
| ST Registered | No. | | | 681 | F Registration D | ace | | | | |
| ST Registration No. | | | | GS1 | Status Venified | i. | Yes | | | |
| odification History | | | | | | | | | | |
| | | | | | | | | | | |
| Policyholder Mailing Ad | dress | | | | | | | | | |
| ddress 1 | BLK 112 #02-225 | | Address 2 | LENGKONG | TIGA | | Address 3 | | SINGAPO | RE 410112 |
| ddress 4 | | | Address Type | Singapore | address | | Post Code | | 410112 | |
| nit No. | 02-225 | | Related Policy Number | 510870803 | 37 | | | | | |
| O OI Driver Info | | | | | | | | | | |
| river Name | Tan Boon Leong, Glenn | | Driver Type | Main Driver | | | | | | |
| nnamed driver Name | | | Driver NRIC | 58905940 | B | | Driver DOB | | 23/02/19 | 69 |
| egister Date of Driver License | 27/05/2013 | | Driver Age | 30 | | | Driving Experience | | 6 | |
| ontact No.(Mobile) | 93950884 | | Contact No. (Office) | 0 | | | Contact No.(Home) | | 0 | |
| ddress 1 | BLK 112 | | Address 2 | LENGKONS | TIGA | | Address 3 | | SINGAPO | RE 410112 |
| ddress 4 | | | Address Type | Singapore | address | | Past Code | | 410112 | |
| nit No. | 02-225 | | | | | | | | | |
| oes he own a Singapore | ○ Yes ® No | | Driver Vehicle No. | | | | Driver Insurer Comp | pany | | |
| egistered car? | | | | | | | | (6:3/) | | |
| eclaration | | | | | | | | | | |
| reathalyser or Blood Test | 0 mg | | Any injury? | ○ Yes ® ! | No. | | | | | |
| eading? | o my | | Sed admit. | C.161.G | | | | | | |
| | | | | | | | | | | |
| odification History | | | | | | | | | | |
| | | | | | | | | | | |
| Claim 001 New | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | - grandamental | | | | | | |
| aim Type * | OD-MX | v | Insured Name | TAN BOON | LEONG, GLENN | T . | Insured NRIC | | \$890594 | 8 |
| | OD-MX 94564804 | | Insured Name Contact No. (Home) | TAN BOON 62423534 | LEONG, GLENN | | Insured NRIC Contact No. (Office) | | \$8905946 68412355 | |
| intact No.(Hobite) | 94564804 | | | | LEONG, GLENN | | | | | 1 |
| ontact No.(Mobile) nail Address | 94564804 monadelphouslxy@gma | | Consact No.(Home) | 62423534 | | | Contact No. (Office) | | 68412350 | |
| intact No.(Motile) nail Address simant Type Claimant Type+ | 94564804 monadelphoustxy@gma | ii.com | Consact No.(Home) Of Vehicle Number | 62423534 53N263R | | | Contact No. (Office) | | 68412350 | |
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