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Owner / Driver: (Tel:	,)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Dates,	Timer)	
Insured/Driver Liability: (%) [Note-Est. Status (VO): N: 0-20)%; P: 21-79%. P:	80-100%]	
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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,
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

Any false reporting may be referred to the Police for investigation.

- 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,	
Application of the property of	ACCIDENT STATEMENT
Date Of Report	04/11/2019 15:25
Date Of Accident	03/11/2019 11:45
Exact Location Of Accident	EAST COAST PARK ROAD EXIT FROM ECP
Country/State of Loss	SINGAPORE
SEPTEMBER OF THE PROPERTY OF T	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS7512B
Insured/Policyholder	
Name Of Registered Owner	TEO TECK HIAN
NRIC No	S0135515E
Email Address	TEOJUNHAO18154@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90235883
Alternative Phone No	OTHERS-87005893
Vehicle Particulars	
Manufacturer	тоуота
Model	COROLLA ALTIS-1.6 L (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5096455547-01
Cover Note Number	
Driver	
Name of Driver	TEO JUN HAO (ZHANG JUNHAO)
NRIC No	S8311895D
Date Of Birth	12/04/1983
Occupation	INDOOR
Date Of Driving Pass	04/03/2002
Driving Experience	17 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87005893
Fax Number	MOV NO. 10 3 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Contact Number	OTHERS-90235883
ALLE APPARENTATION DESCRIPTION	

TEOJUNHAO18154@GMAIL.COM

Address

BLK 143 JALAN BUKIT MERAH

#18-1138

Postcode

160143

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

CHILDREN

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

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)

2

Passenger 1

NAME:

: PASSENGER

GENDER:

: FEMALE

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

PLEASE REFER TO SKETCH PLAN

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

SKA3855R

Vehicle Make/Model/Colour

MARK X

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

JACKSON ONG

NRIC/Passport Number

S8029286D

Contact Number

82606000

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 22

No. Of Passenger (Including Driver)

3

Passenger 1

NAME:

GENDER:

Passenger 2

NAME:

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

- 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 companies.
- Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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:
 - (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;
 - (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
- 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

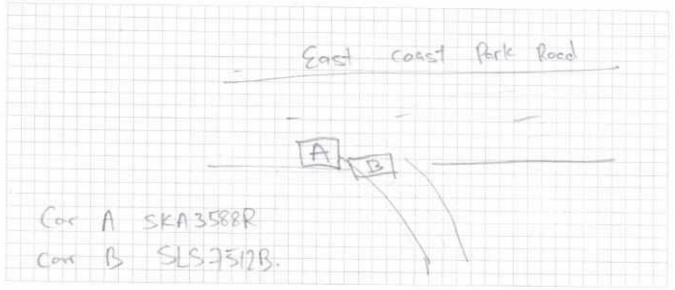
Driver's Signature

(If driver is not the policyholder)

Date & Time: 4 11/16

Name:

Date & Time:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder) Date & Time: 4|u|/4

(215pm)

Reporting Centre Personnel's Signature

ACCIDENT STATEMENT

LOCATION: East Coast Read exit from ECP 1. DETAILS OF VEHICLE GIVEHICLE NUMBER: SLS 7512B. DINISURANCE COMPANY: NTLC INCOME CIPOLICY NUMBER: SO 445547-01 dIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE & THEFF OJMAKE & MODEL: TOWARD COUPE AND LOCATE AND SE GIVEHICLE CATEGORY: (PROVIDE / COMMERCIAL / MOTORCYCLE) OTHERS) GIVEHICLE CATEGORY: (PROVIDE / COMMERCIAL / MOTORCYCLE) OTHERS) IJARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/RO) IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY) LINSURED / FOLICY HOLDER ANAME: FEMALE DINRIC/FIN/PASSPORT: SO 155155 CONTACT: 9035585 CONTINUE TO 3. dIF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: SO 155155 CONTACT: 9035585 CINCLUDIA DINCOME TO 3. dIF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: SO 155155 CONTACT: 9035585 CINCLUDIA DINCOME TO 3. dIF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: SO 155155 CONTACT: 9035585 CINCLUDIA DINCOME TO 3. dIF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: SO 155155 CONTACT: 9035585 CINCLUDIA DINCOME TO 3. dIF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: SO 155155 CONTACT: 9035585 CINCLUDIA DINCOME TO 3. dIF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: SO 155155 CONTACT: 900559 TO DRIVER TO A BRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: SO 155155 CONTACT: 900559 THIRD PARTY VEHICLE DINRIC/FIN/PASSPORT: SO 15516 CONTACT: 9260 CCC VEHICLE NUMBER: SCOPA 2560 CONTACT: 9260 CCC CINCLE NUMBER: SCOPA 2560 CCC CINCLE NUMBER: SCOPA 2560 CCC CINCLE NUMBER: SCOPA 256	ACCID	ENT DATE: 03	1111 20	(G) (DD/M	M/YYY),	TIME:(Z)(HH:M
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DINSURANCE COMPANY. NTW Incomes CIPOLICY NUMBER: SOQ 6455543-01 d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE STHEF) 9)MAKE & MODE: TOUTE MEY / MOTORCYCLE / OTHERS) 9)WEHICLE CATEGORY: (PRÉVÀTE / COMMERCIAL / MOTORCYCLE) 1)PURPOSE OF USING AT ACCIDENT TIME: MOCKIAL! 1)ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YESANO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: POLICY HOLDER A)NAME: SOLISSISS CONTACT: 9033588 CONTINUE TO 3. d IF DRIVER ALSO POUCY HOLDER DRIVER (INCLUDING PARTY CLAIM / PRODUCT HOLDER DRIVER O)NAME: SOLISSISS CONTACT: 9033588 CONTINUE TO 3. d IF DRIVER ALSO POUCY HOLDER DRIVER O)NAME: SOLISSISS CONTACT: 9033588 CONTINUE TO 3. d IF DRIVER ALSO POUCY HOLDER DRIVER O)NAME: SOLISSISS CONTACT: 9033588 CONTINUE TO 3. d IF DRIVER ALSO POUCY HOLDER DRIVER O)NAME: SOLISSISS CONTACT: 9033588 CONTINUE TO 3. d IF DRIVER ALSO POUCY HOLDER DRIVER O)NAME: SOLISSISSISS CONTACT: 9033588 CONTACT: 9033588 CONTACT: 903588 CONTACT: 903588 CONTACT: 903588 CONTACT: 903588 CONTACT: 903588 CONTACT: 903588 THO DATE OF BIRTH: 127 D 47 1983 (DD/MM/YYYY) 9)OCCUPATION: (NODOR / OUTDOOR) 1)DATE OF BIRTH: 127 D 47 1983 (DD/MM/YYYY) 9)OCCUPATION: (NODOR / OUTDOOR) 1)DATE OF BIRTH: 127 D 47 1983 (DD/MM/YYYY) 9)OCCUPATION: (NODOR / OUTDOOR) 1)DATE OF BIRTH: 127 D 47 1983 (DD/MM/YYYY) 9)OCCUPATION: (NODOR / OUTDOOR) 1)DATE OF BIRTH: 127 D 47 1983 (DD/MM/YYYY) 9)OCCUPATION: (NODOR / OUTDOOR) 1)DATE OF BIRTH: 127 D 47 1983 (DD/MM/YYYY) 9)OCCUPATION: (NODOR / OUTDOOR) 1)DATE OF BIRTH: 127 D 47 1983 (DD/MM/YYYY) 9)OCCUPATION: (NODOR / OUTDOOR) 1)DATE OF BIRTH: 127 D 47 1983 (DD/MM/YYYY) 9)OCCUPATION: (NODOR / OUTDOOR) 1)DATE OF BIRTH: 127 D 47 1983 (DD/MM/YYYY) 9)OCCUPATION: (NODOR / OUTDOOR) 1)DATE OF BIRTH: 127 D 47 1983 (DD/MM/YYYY) 9)OCCUPATION: (NODOR / OUTDOOR) 1)DATE OF BIRTH: 127 D 47 1983 (DD/MM/YYYY) 9)OCCUPATION: (NODOR / OUTDOOR) 1)DATE OF BIRTH: 127 D 47 1983 (DD/MM/YYYY) 9)OCCUPATION: (NODOR / OUTDOOR		THE RESIDENCE OF THE PROPERTY		SLS +	SITP		2.8	81 (25)
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e)MAKE & MODEL: (TYPE: (SALOW) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g)VeHICLE CATEGORY; (PRIVATE / COMMERCAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: U) (LALA) I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YESALO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: D) NRIC/FIN/PASSPORT: C) ADDRESS: LICY FINANCE: D) NRIC/FIN/PASSPORT: C) ADDRESS: LICY FINANCE: D) NRIC/FIN/PASSPORT: C) ADDRESS: D) NRIC/FIN/PASSPORT: C) ADDRESS: CONTACT: C) ADDRESS: C) ONTACT: C) ADDRESS: C) ONTACT: C) ADDRESS: C) ONTACT: C) ADDRESS: C) ONTACT: C) DOMMAN! D) OCCUPATION: (NAME: D) NRIC/FIN/PASSPORT: C) ONTACT: C) OMPANYTY (YES YNO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: D) ROAD SURFACE: (DRY) WET / OTHERS D) ROAD SURFACE: (DRY) WET / OTHERS C) OIREPORTED TO POLICE (YES / RO) IF YES, PLEASE STATE WHICH POLICE STATION O) VEHICLE NUMBER: O) NEIC/FIN/PASSPORT: C) NRIC/FIN/PASSPORT: C) NRIC/FIN/PASSPORT: O) VEHICLE NUMBER: MODEL: MODEL: NODEL: NOTACT: NODEL: N	#	d)POLICY TYPE	: (COMPRE	HENSIVE / TH	HIRD PART	Y / THIRD	PARTY	FIRE &THE
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SIVEHIOLE CATEGORY: [PRIVITE / COMMERCIAL / MOTORCYCLE) I)PURPOSE OF USING AT ACCIDENT TIME: WOLKING I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YESASO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER ANAME: ONTACT: 9033588 CINCHENVER ASSPORT: SOISSING CONTACT: 9033588 CINCHENVER ALSO POUCY HOLDER WALE / FEMALE! DINRIC/FIN/PASSPORT: SOISSING CONTACT: 9033588 CINCHENVER CINCHENVER ALSO POUCY HOLDER WALE / FEMALE! DINRIC/FIN/PASSPORT: SOISSING CONTACT: 9035883 CINCHENVER CINCHENVER ALSO POUCY HOLDER WAS DRIVER CINCHENVER ALSO POUCY HOLDER MALE / FEMALE! DINRIC/FIN/PASSPORT: SOISSING CONTACT: 9035883 CONTINUE TO 3. d IF DRIVER ALSO POUCY HOLDER WALE / FEMALE! DINRIC/FIN/PASSPORT: SOISSING CONTACT: 900589 CINCHENVER ALSO POUCY HOLDER CINCHENVER ALSO POUCY HOLDER MALE / FEMALE! DINRIC/FIN/PASSPORT: SOISSING CONTACT: 9005883 CINCHENVER ALSO POUCY HOLDER CINCHENVER AND POUCE (YES / NO) IF YES, PLEASE STATE WHICH POUCE STATION: B. THIRD PARTY VEHICLE O) VEHICLE NUMBER: MODEL: CINCHEN/PASSPORT: SOOM 1860 CINCHEN/PASSPORT: SOOM 1860 CINCHEN/PASSPORT: CONTACT: 9260 6644 WHO OF PASSENGER CINCHEN/PASSPORT: CONTACT: 9260 6644 NODEL:	596	I)TYPE:(SALOO	N / COUPE /	MEV /VAN	Y/LORRY	/ MOTOR	CYCLE	/OTHERS
h)PURPOSE OF USING AT ACCIDENT TIME: WOCK AT JARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES ASO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / FOLICY HOLDER ANAME: FOR THE CL. THAN MALE / FEMALE! D)NRIC/FIN/PASSPORT: SOISSISS CONTACT: GU 35883 C)ADDRESS: LIC (43 FLAN BARD THANK ALIE / FEMALE! D)NRIC/FIN/PASSPORT: SOISSISS CONTACT: GU 35883 CONTINUE TO 3. d IF DRIVER ALSO POUCY HOLDER DRIVER D)NRIC/FIN/PASSPORT: SOISSISS CONTACT: GU 35883 CONTINUE TO 3. d IF DRIVER ALSO POUCY HOLDER DINING/FIN/PASSPORT: SOISSISSISSISSISSISSISSISSISSISSISSISSIS	S.	g) VEHICLE CA	TEGORY: (PR	VATE / CO	MMERCIA	LIMOTO	DRCYCI	.E) ·
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ANAME: ED TECK HAM MALE / FEMALE! DINRIC/FIN/PASSPORT: SO155515 CONTACT: 90735883 CINCLULATING PRISTORY OF THE INSURED'S COMPANY? (YES YND) TO REPORTED TO POLICE (PES / RANING / OTHERS) ON RELATIONSHIP OF THE INSURED: FOR SOME OF THE INSURED:		I) ARE YOU CLA	AIMING UND	ER YOUP O	WN INSUR	VNCE (A	ESV(SO)	
ANAME: CONTACT: 9035885 C) ADDRESS: LIK (43 The Gold March #18-118 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER CIncluding driver) D) NAME: TO JAM HEN (MALE / FEMALE) C) ADDRESS: LIK (43 The Gold March #18-118 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER O) NAME: TO JAM HEN (MALE / FEMALE) C) NAME: TO JAM HEN (MALE / FEMAL	*	IF NO, PLEASE	E STATE (THIR	D PARTY C	LAIM / REP	PRTING	ONLT	2
DINRIC/FIN/PASSPORT: SOI35515 CONTACT: 9035883 DINRIC/FIN/PASSPORT: SOI35515 CONTACT: 9035883 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DRIVER DINRIC/FIN/PASSPORT: SOI1850 CONTACT: 870587 CINCLUDING PINCE OF BIRTH: [12 04 1983 (DD/MM/YYYY)] OOCCUPATION: (INDOOR / OUTDOOR) IDATE OF BIRTH: [12 04 1983 (DD/MM/YYYY)] OOCCUPATION: (INDOOR / OUTDOOR) IDATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FIND SOINCE (DRY) WET / OTHERS DIROAD SURFACE: (DRY) WET / OTHERS WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: IF YES, PLEASE STATE WHICH POLICE STATION: ON PREPORTED TO POUCE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: ON PREPORTED TO POUCE (YES / NO) ON PREPORTED TO POUCE (2,,		ICY HOLDER	Terlo	Han.		MAIF	/ PEMALE
C)ADDRESS: LIK (43 Then Gold Moret #18-1188 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER O)NAME: TO JUN HED (MALE / FEMALE) DRIVER O)NAME: DINRIC/FIN/PASSPORT: SELLETS D CONTACT: REDSEN O)DCCUPATION: (INDOOR / OUTDOOR) (I)DATE OF BIRTH: [1] / D4 / (48 3) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) (I)DATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES /NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FILE O) WEATHER CONDITION: (CLEAR / RAINING / OTHERS D)ROAD SURFACE: (DRY) WET / OTHERS O) WEATHER CONDITION: (YES /NO) IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE O) VEHICLE NUMBER: SACRO SOME O) NRIC/FIN/PASSPORT: SOOM 2860 CONTACT: 8260 6600 (Induding driver) O) NRIC/FIN/PASSPORT: CONTACT: O) NRIC/FIN/PASSPORT: CONTACT: O) NRIC/FIN/PASSPORT: CONTACT: O) NRIC/FIN/PASSPORT: CONTACT:	3		Secour.			CONTA	CT: 9t	1235883
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D) NRIC/FIN/PASSPORT: C) ADDRESS: C) ADDRE	10 10 0000		Teo	Jun	HEW		MALE	/ FEMALE
C)ADDRESS:	. (Including driver.)		ASSPORT:	2831188	50	_CONT	ACT:	870587
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Claim Handling

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SST Status Verified C4/11/2019 15:36:20 System changed GST Status Verified from No to Yes Policyholder Mailling Address Address 1 BK.143 #18-1338 Address 2 JALAN BUKIT MERAH Address 3 Address 1 BK.143 #18-138 Related Policy Number S096455547-01 Poter Type Unnamed Driver Driver Dib Register Das of Driver Lidense CACOUNTACE NO. (Mobile) BLK 143 #18-1138 Address 2 JALAN BUKIT MERAH Address 3 Address 3 Address 4 Address 2 JALAN BUKIT MERAH Address 3 Address 4 Address 4 Address 2 JALAN BUKIT MERAH Address 4 Address 4 Address 2 JALAN BUKIT MERAH Address 4 Address 4 Address 2 JALAN BUKIT MERAH Address 4 Address 2 JALAN BUKIT MERAH Address 4 Address 4 Address 2 JALAN BUKIT MERAH Address 4 Address 4 Address 2 JALAN BUKIT MERAH Address 4 Address 4 Address 2 JALAN BUKIT MERAH Address 4 Address 4 Address 2 JALAN BUKIT MERAH Address 4 Address 2 JALAN BUKIT MERAH Address 4 Address 4 Address 2 JALAN BUKIT MERAH Address 4 Address 4 Address 2 JALAN BUKIT MERAH Address 4 Address 4 Address 7 ype Foreign address Driver In Declaration Broathalyses or Blood Test Registered Carl January Leading Ves × No Driver Vehicle No. SL575128 Driver In DO-HX JALAN BUKIT MERAH Address 3 Address 4 Address 3 Address 4 Address 4 Address 7 ype Foreign address Driver In Declaration Broathalyses or Blood Test Registered Carl January Leading Ves × No Driver Vehicle No. SL575128 Driver In DO-HX JALAN BUKIT MERAH Address 7 ype Driver Vehicle No. SL575128 Driver In DO-HX JALAN BUKIT MERAH Address 7 ype Address 7 ype Address 7 ype Driver Vehicle No. SL575128 Driver In DO-HX JALAN BUKIT MERAH Address 7 ype Driver In DO-HX JALAN BUKIT MERAH Address 7 ype Driver In Dri	The second secon			GST Registrat	on Date	
The policyholder Mailing Address ### Policyholder Mailing Address ### Policyholder Mailing Address ### Address 1 ### BLK 143 # ## 1138 ### Address 2 ### Address 1 ### Address 1 ### Address 7 Preferred Workshop, Name unknown ### Policyholder Mailing Address ### Policyholder Mailing Address ### Address 2 ### Address 3 ### Address 7 Preferred Workshop, Name unknown ### Policyholder Mailing Address ### Address 3 ### Address 3 ### Address 3 ### Address 4 ### Address 1 ### Address 4 ### Address 3 ### Address 3 ### Address 3 ### Address 4 ### Address 4 ### Address 3 ### Address 4 ### Address 4 ### Address 4 ### Driver Vehicle No. ### Address 4 ### Address 5 ### Address 4 ### Address 5 ### Address 4 ### Address 5 ### Address 5 ### Address 6 ### Address 7 ### Address 6 ### Address 7 ### Address 7 ### Address 6 ### Address 7 ### Address 7 ### Address 7 ### Address 6 ### Address 7 ###		No				Yes
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Address 1 BLX 143 #18-1138 Address Type Singapore address Post Code Address Type Singapore address Post Code Unit No. 18-1138 Address Type Unnamed Driver Unnamed Driver Info Driver In	Policyholder Mailing Add	iress				
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Driver Info Priver Name Unnamed Driver Unnamed Driver Unnamed Driver TEO JUN HAD (ZHANG JUNHAD) Driver NRIC S831189SD Driver Name TEO JUN HAD (ZHANG JUNHAD) Driver NRIC S831189SD Contact No. (Mobile) R7005893 Contact No. (Mobile) R7005893 Contact No. (Mobile) R7005893 Driver NRIC S831189SD SRICH SR	Address 4		Address Type	Singapore address		Post Code
Driver Info Driver Name Unnamed Driver TEO JUN HAD (ZHANG JUNHAD) Driver MRIC Sall 1895D Driver Do Register Date of Driver License 04/03/2002 Driver Age 36 Ordrack No, (Aphible) Register Date of Driver License Register Date of Driver License 04/03/2002 Driver Age 36 Driver Age 36 Driver MRIC Contact No, (Aphible) BLX 143 #18-1136 Address 2 Address 2 Address 2 Address 3 Address 3 Address 3 Address 4 Foreign address Post Code Unit No. 18-1138 Driver In Registered Carly Press No Driver Vehicle No. SL575128 Driver In Registered Carly Registered Carly Press No Driver Vehicle No. SL575128 Driver In Registered Carly Registered Carly Press Ro Driver Vehicle No. SL575128 Driver In Registered Carly	Unit No.	18-1138	Related Policy Number	5096455547-01		
Driver Name Unnamed Driver Unnamed driver Name TEO JUN HAO (ZHANG JUNHAO) Oriver NRTC SB11895 Driver Driver Legister Date of Driver Legister Register Date of Driver Legister Oriver Legister						
Unnamed driver Name TEO JUN HAO (2HANG JUNHAD) Driver NRIC \$88111895D Driver Driver Driver Date of Driver License (04/03/2002 Driver Age 36 Driver Dr		Unnamed Driver	Driver Type	Unnamed Driver		
Register Date of Driver License O4/03/2002 Driver Age S7005893 Contact No.(Mobile) BZ 05893 Contact No.(Office) BLK 143 #18-1138 Address 2 AALAN BURIT MERAH Address 4 Unit No. 38-1138 Dies the own a Singapore Registered Car? Oestardion Breathalyser or Blood Test Reading? Claim Type * Contact No.(Mobile) Email Address Claim O11 Rescription Preferred Workshop, Name unknown v Registered Regi		TEO JUN HAD (ZHANG JUNHAO)	Driver NRIC	SB311895D		Driver DOB
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