	tre Services wer 1 James 1		Done by	1
Date In: n hog - ogng	Jeb description	Date & Time Completed	Done of	
Reino: Halucinovones fry	SAS e-filing	1		
Veh No: Shas 930k	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 26/1/19-12-12	i-Motor Claim Form	m/1073194-001	27/11/19 09:	46
	i-Motor W/O (Within: OD 2	thrs, TP 4hrs)		
OD (TP)! Reporting Only	i-Photo Uploaded	1		
	Assessment/Survey Report	-011-		
TP Insurer:	Ass't Report by Fax / Han	d to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	
TP Particulars: Veh No: 545	VISIS INC	( )/Non-INC( )	12	
Owner / Driver: (		Tel:	)	
Policy No: ( )	Period: (	) Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %)	[Note-Est. Status (WO): N: 0	-20%; P: 21-79%. F: 80-	100%]	
Year of Registration: ( )	Warranty: YES ( ) / NO (	)		
Excess: (\$ ) Loading: \$	1,000 ( )/\$2,000 ( )			
General Remarks:-				
( ) Walk-In Customer : Customer's in	nformation strictly Confidential &	Strictly NO refer of repairer		
( ) Total Loss Case : to e-mail Ins			(4)	
		; Towing Co: (	2.1	)
Dive-in ( ), /owed-in ( ), in-e		2001	Done	
Remarks: (INC hodine: 6788 6616		Date&Time Completed	THE THOROT	У
1) Apply for Transport Allowance ( )	/ Courtesy Car ( )			-
2) QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost >	\$3000] ( )			
Injury:				
		The second second by the	1922	v 11. Yel-
Date/Time Actions	A 1997			
Date/Time Actions				. 74. 90.
Date/Time Actions				
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Date/Time Actions	1			
			Anit (S)	Amt (3)
	1 Invoice I	Preparation Checklist	Anit (s)	
NA1428925	1) AR : Acci	dent Reporting (\$30);	fa Bill	
NAICO8925 :laimant's Particulars :-	1) AR : Acci 2) DA : Dan 3) TF : Tow	dent Reporting (\$30); usge Assessment (\$100); INC ing Fee	(\$80) \$40/\$45	
NAICO8925 :laimant's Particulars :-	1) AR : Acci 2) DA : Dan 3) TF : Tow 4) FT : Folic	ident Reporting (\$30); usge Assessment (\$100); INC ing Fee ow-Through Survey	(\$80)	
NAISP8925 Claimant's Particulars:- Driver/Owner:	1) AR : Acci 2) DA : Dan 3) TF : Tow 4) FT : Follo	ident Reporting (\$30); sege Assessment (\$100); INC sing Fee sw-Through Survey sw-Through Survey (Resurvey)	(\$80) \$40/\$45 \$120 \$30 \$005)	
NAISP8925 Claimant's Particulars:- Priver/Owner: Contact No:	1) AR : Acci 2) DA : Dan 3) TF : Tow 4) FT : Folic 5) FT : Folic For claim 6) TR : Re-i	ident Reporting (\$30); large Assessment (\$100); INC ling Fee low-Through Survey low-Through Survey (Resurvey) ling against INC Only (wef 10 Jan 2 Inspection	(\$80) \$40/\$45 \$120 \$30	
NAISP8925 Claimant's Particulars:- Oriver/Owner: Contact No:	1) AR : Acci 2) DA : Dan 3) TF : Tow 4) FT : Follo 5) FT : Follo For claim 6) TR : Re-i 7) N1 : Idae	ident Reporting (\$30); loge Assessment (\$100); INC long Fee low-Through Survey low-Through Survey (Resurvey) long against INC Only (wef 10 Jan 2 unspection DA + SMRT Survey	(\$80) \$40/\$45 \$120 \$30 (905) \$75	
NAIMOSONS  Claimant's Particulars:  Oriver/Owner:  Contact No:  Damaged Portion:	1) AR : Acci 2) DA : Dan 3) TF : Tow 4) FT : Folic 5) FT : Folic For claim 6) TR : Re-i 7) N1 : Idac 5) NTUC A	ident Reporting (\$30); large Assessment (\$100); INC ling Fee low-Through Survey low-Through Survey (Resurvey) ling against INC Only (wef 10 Jan 2 napection DA + SMRT Survey dditional Services:	(\$80) \$40/\$45 \$120 \$30 (905) \$75 \$160	
NAIMOSONS  Claimant's Particulars:  Oriver/Owner:  Contact No:  Damaged Portion:	1) AR : Acci 2) DA : Dan 3) TF : Tow 4) FT : Folic 5) FT : Folic For claim 6) TR : Re-i 7) N1 : Idac 8) NTUC A OD* *N5: Cou	dent Reporting (\$30);  large Assessment (\$100); INC  ling Fee  low-Through Survey  low-Through Survey (Resurvey)  long against INC Only (wef 10 Jan 2)	(\$80) \$40/\$45 \$120 \$30 (905) \$75	
Claimant's Particulars:: Oriver/Owner: Contact No: Oamaged Portion: OC Checked by (Engr-In-Charge):	1) AR : Acci 2) DA : Dan 3) TF : Tow 4) FT : Folic 5) FT : Folic For claim 6) TR : Re-i 7) N1 : Idac 5) NTUC A OD*  *N5: Cou  *N6: Rep  *N7: Fos	ident Reporting (\$30); large Assessment (\$100); INC large Fee low-Through Survey low-Through Survey (Resurvey) long against INC Only (wef 10 Jan 2) large against INC Only (wef 10 Jan 2	(\$80) \$40/\$45 \$120 \$30 (905) \$75 \$160 \$55 \$10 \$25	
Claimant's Particulars:: Oriver/Owner: Contact No: Oamaged Portion: OC Checked by (Engr-In-Charge):	1) AR : Acci 2) DA : Dan 3) TF : Tow 4) FT : Folic 5) FT : Folic For claim 6) TR : Re-i 7) N1 : Idac 5) NTUC A OD*  *N5: Cou *N6: Rep *N7: Fos *N8: DV	dent Reporting (\$30);  large Assessment (\$100); INC  large Fee  large Market (\$100); INC  large Fee  large Market (\$100); INC  large Fee  large Market (\$100); INC  large Mark	(\$80) \$40/\$45 \$120 \$30 \$900 \$75 \$160	Amt(3)
	1) AR : Acci 2) DA : Dan 3) TF : Tow 4) FT : Folic 5) FT : Folic For claim 6) TR : Re-i 7) N1 : Idac 5) NTUC A OD*  *N5: Cou *N6: Rep *N7: Fos *N8: DV	ing Fee  w-Through Survey  w-Through Survey  w-Through Survey  w-Through Survey  w-Through Survey  w-Through Survey  fing against INC Only (wef 10 Jan 3  uspection  DA + SMRT Survey  dditional Services:-  writesy Cer / Tpt Allowance  air Co-ordination  t Repair Inspection  / Collect Excess Coordination  ): TP (Non INC) against INC  a Mobile	(\$80) \$40/\$45 \$120 \$30 (905) \$75 \$160 \$55 \$10 \$25 \$5 \$20 \$30	

100 41

#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Gender

Mobile Number Fax Number

Contact Number

EMail Address

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

atoresaid.	No. 1 - Committee of the Committee of th
A THE RESIDENCE OF THE STREET, AND ASSOCIATED ASSOCIATION OF THE STREET, AND ASSOCIATION OF	ACCIDENT STATEMENT
Date Of Report	27/11/2019 09:29
Date Of Accident	26/11/2019 12:20
Exact Location Of Accident	KAPO FACTORY OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
Production of the Control of the Con	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGQ5930K
Insured/Policyholder	
Name Of Registered Owner	EFFICIENT SYSTEMS PTE LTD
Co Reg No	200003907N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93828825
Alternative Phone No	OFFICE-93828825
Vehicle Particulars	
Manufacturer	тоуота
Model	VIOS 1.5E A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095340458-01
Cover Note Number	
Driver	
Name of Driver	TAN YAP CHONG
NRIC No	S8081429A
Date Of Birth	18/11/1980
Occupation	INDOOR
Date Of Driving Pass	24/04/2004
Driving Experience	15 YEARS AND 7 MONTHS
0 1	MALE

MALE

NOEMAIL

(LOCAL) +65-97399712

OFFICE-97399712

Address BLK 554 BEDOK NORTH STREET 3

#11-217

Postcode 460554

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE
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

NO

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

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) 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? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLS2151S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LIM FUHUI, DARYL

NRIC/Passport Number

Contact Number 96363806

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

# 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Kapo Factory

Car park lot

Vehicle B: SES 21515

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above said date & time I was driving my vehicle A I SAQ 5930 x traveling along Kapo Factory 79 Playfair Rd Open Space car parts on a one way lane, road. Vehicle B (SLS21515) a head slowed down and stopped his vehicle at the most right of the lane without any signal given. So I had no choice to teep to the left and continue Out of sudden, vehicle B swerre out from my right and the front left of vehicle B collided onto the right portion my vehrde.

#### 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

/ehicle No.	SGR 5930K Model/Make Togota Vics
Date of Accident	26/11/2019
ime of Accident	1220 HRS
ocation of Accident	Alone Kapo Foctory 79 Playfair Rd OSCP
exact purpose use during acc	
Name of Owner	Efficient Syptems Pte Ltd
Telephone No.	H/P:9382 8825 Home: Office:
NRIC	200003707N
Address	52 Ubi Avenue 3 Singapore 408867
Claim type	OD THIRO PARTY REPORTING ONLY
nsurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5095340458-01
Name of Driver	As Above If No, Can Yap Chong
NRIC	S 8081429A Any Passengers: 4 -
Date of birth	18 (11   1980
Occupation	Outdoor / ladoor
Driving License Pass Date	24/4/2004
Gender	Male / Female
Contact No.	H/P: 9739 9712 Home: Office:
Address	BLR 554 Bedok North Street 3 # 11-217 S(460554)
Driver have any own vehicle	
Relationship	Employee, If no, state
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No. If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	(No, If Yes, Where?
Vehicle B No.	SLS 2151S Any Passengers: -
Name of Driver	Lim Futtur, Daryl Contact No.: 96363806
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers:
Vehicle G No.	Any Passengers:
Witness Name	Witness Contact :
Accident Portion	Right portion
Camera Recorder	(es/No
Email Address	chong @ efficient - com -sq.
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Zi Ting
FAX NO	6741 0510
WORKSHOP EMAIL ADDRES	s sales @ n51. com. sg



# Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5095340458-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SGQ5930K

Chassis Number

: MR053HY4204213677

2. Name of Policyholder

: EFFICIENT SYSTEMS PTE LTD

3. Effective Date of Insurance

: 19 Jan 2019

4. Expiry Date of Insurance

: 18 Jan 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving or the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

#### This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) 55500 EXCESS (SECTION 2) - N/A WINDSCREEN EXCESS 55100 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE · VFC NCD PROTECTION · NO TRANSPORT ALLOWANCE NO EXCESS WAIVER NO

PRIMARY DRIVER N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) 1 N/A

HIRE PURCHASE COMPANY

TAI THONG LEE TRADING PTE LTD SUM INSURED MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

LQ INSURANCE AGENCY PTE LTD (00000613125)

Date of Issue

15 Jan 2019 11:00 hrs

LG INSURANCE AGENCY PTE LTD

105 SENCOOLEN STREE 704-01 THE BENCOOLEN SINGAPORE 189848 TEL 6-334-0783 FAX: 6-334-0624 Co. Reg. No: 199005500W

Countersigned By:

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Authorised Officer

Chief Executive

			1	F ORIGINAL STREET	LANGUAGE BOTH					Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601						* Chang	ge Languaç	e • Char	ge Password	+ Log Ou
My Desktop	Poli	cy Query									
	Policy I	No.				Date	of Accident		26/11/2019	12:20	
	Vehicle	No.(For Motor)	SGQ59	30K		Certif	ficate Number				
					Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095340458- 01		EFFICIENT SYSTEMS PTE LTD	200003907N	GPC	drivo CLASSIC		5GQ5930K	19/01/2019	18/01/2020

Policy No.	5095340458-01	Policyholder Name	EFFICIEN	T SYSTEMS PTE LTD	Policyholder NRIC	200003907N	
Certificate No.					HALL		
Address	52 UBI AVENUE 3 #03-42 FRON	TIER SINGAPO	DRE 40886	7			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	15/01/2019	Effective Date	19/01/20	19 00:00	Expiry Date	18/01/2020 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600 Windscreen Excess 1		100		
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	papore 600		0			Young/Inexperience Driver Excess	
Agent	LQ INSURANCE AGENCY PTE LTI	Agent Tel.	63340783	3	GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policyh	older Mailing Address						
Address 1	52 UBI AVENUE 3	Addres	s 2	#03-42 FRONTIER		Address 3	SINGAPORE 408867
Address 4		Addres	s Type	Singapore address		Post Code	408867
Jnit No.		Related	d Policy er	5095340458-01			
1nsure	Object: SGQ5930K						
	100 (000)						
	ements						

Accident MT/1073194						
Policy No.	5095340458-01	Vehicle No.	SGQ5990K	CCT Description		
Certificate No.		Tanka no.	Sugmuck	GST Registration	No.	200003907N
Policyholder Name	EFFICIENT SYSTEMS PTE LTD					
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Policyholder NRJC Loeding		200002907W 0
Contact No.(Mobile)	93828825	Contact No.(Office)	0	Contact No. (Home		0
mail Address		Special Remark	383	eCode	-7	
PK .	® No ⊜ Yes	TCA	® No ○ Yes	eCode Reason		1.0
CD Protection	No	NCD (Intitlement(%)	10	Private Hire		
Accident Details		Western State (1975)	100	Private Hire		No
eport Date	27/11/2019 09:45	Accident Report Within 24 hrs	Yes			200200
ete of Acodem	26/11/2019	Time of Accident hh:mm	12:20	Academ Type		Side Swipe
oporting Centre	2-13-14-14-14-14-14-14-14-14-14-14-14-14-14-	Drange Force	12:20	Country of Accide	nt.	Singapore
ccident Location	KAPO FACTORY OPEN SPACE CARPARK	Day Force		ICH No.		
₹ Excess						
wn damage Excess	600.00	Additional Excess	0	Windscreen Exces		Law and
nnamed Driver Excess		Outside Singapore OD Excess	600.00	WHOSE DEN EXCES		100.00
ind Party Excess	0.00	Outside Singapore TP Excess	0.00			
<b>₽</b> Benefits		Construction Construct	0.00			
GST Registered Inform	nation					
T Registered	Yes		GST Registration base	700000000	227	
T Registration No.	200003907N		GST Status Ventled	19/06/20 Yes	ica	
diffication History				144		
F. Policyholder Mailing Ar	ddraus					
idress 1	52 URI AVENUE 3	Address 2	403.43 MONTHS	****		74-000-00-00-00-00-00-00-00-00-00-00-00-0
kiress 4	The second second		#03-42 PRONTIER	Address 3		SUNGAPORE 408867
vit No.		Address Type	Singapore address	Post Code		408867
OI Driver Info		Related Policy Number	5095340458-01			
ver Name	Unnamed Driver	Driver Type	Unnamed Driver			
named driver Name	TAN YAP CHONG	Driver NRIC	58081429A	Driver DDB		18111111111
gister Date of Driver License		Driver Age	39			18/11/1980
ntact No.(Mobile)	97399712	Contact No.(Office)	0	Driving Experience		15
dress 1	BLK 554	Address 2	BEDOK NORTH STREET 3	Contact No. (Home Address 3	,	6
dress 4	SINGAPORE 460554	Address Type				KAKI BUKIT GREEN
e No.	21-217	Aburess Type	Singapore address	Post Code		460554
ses he own a Singapore						
gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Corr	ipany	
Claration						
	0 mg	Any injury?	☐ Yes  No			
eathelyser or Blood Test eading?	0 mg	Any injury?	○ Yes <b>④</b> No			
eding? dification History	0 mg	Any injury?	☐ Yes <b>®</b> No			
ading? dification History	0 mg	Any injury?	☐ Yee <b>③</b> No			
ading?  1.0 Cation History  Claims 001. New						
Incation History  Islam 001 New :	0 mg	Insured Name	Yes ® No	Insured NRIC		200003907N
in Type *		Insured Name Contact No.(Home)	EFFICIENT SYSTEMS PTE LTD	Contact No.(Office)		68582880
Incation History  Islam 001. New  Im Type *  Itact No. (Mobile)  an Address	CO-MX Y	Insured Name Contact No.(Home) Of Vehicle Number	EFFICIENT SYSTEMS PTE LTD			
incation History  Italian 001. New  Im Type *  Italian Ko. (Mobile)  air Address  mant Type Claimant Type *	CO-MX Y	Insured Name Contact No.(Home) GI Vehicle Number Type of Benefit *	EFFICIENT SYSTEMS PTE LTD	Contact No.(Office)		68582880
Address  Intertion Pestory  Claims 001. New  Im Type *  Intert No. (Mobile)  air Address  Immat Type Claimant Type *  Immat Name *	CO-MX Y	Insured Name Contact No.(Home) Of Vehicle Number	EFFICIENT SYSTEMS PTE LTD	Contact No.(Office)		68582880
Affication History  Claims 001. New  Imm Type *  Intert No. (Mobile)  air Address  Immat Hame *  Immat Address	CO-MX   Please Select    22	Insured Name Contact No.(Home) GI Vehicle Number Type of Benefit *	EFFICIENT SYSTEMS PTE LTD	Contact No. (Office) TP Vehicle Number		68582880
ading?  Incation History  Claims 001. New ;  Im Type *  Itact No. (Mobile)  air Address Imant Type Claimant Type * Imant Name * Imant Address Im Description	CO-MX Y	Insured Name Contact No.(Home) Of Vetecia Number Type of Benefit * Claimant NRIC *	EFFICIENT SYSTEMS PTE LTD  SGQ5930X  Please Select	Contact No.(Office)		68582880
Incation History  Claims 001. New  Itains 001. New  Itains No. (Mobile)  all Address Immant Type Claimant Type + Immant Address Immont Address Immont Description  formed Workshop Contact	CO-MX   V	Insured Name Contact No.(Home) Of Vetecia Number Type of Benefit * Claimant NRIC *	EFFICIENT SYSTEMS PTE LTD  SGQ5990K  Please Select  Not at Fault	Contact No. (Office) TP Vehicle Number		68582880
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