Dutain		The second secon	NA119 137836	1	
Date In: 29/11/9-18:31	Jeb descriptio	n .	Date & Time Completed	Doi	ie py
Ref No: NA INCIG ODINAM	SAS e-filing				
Veh No: 6KS6744	E-mail (withi	a Shrs, AIC 2hrs)			
D.O.A: 18/1/19-12:00	i-Motor Cla	im Form	M7 1073659-201	29/11/19	18:47
OD : TP) Reporting Only	i-Motor W/	O (Within: OD 2hr		1	
ob . (ii) reporting only	i-Photo Upl	oaded			
TP Insurer:	Assessment/S	urvey Report	i		
11 1100101	Ass't Report	by Fax / Hand t	0 Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: P	803947	, INC ()/Non-INC()		Section 15
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
) [Note-Est. Status (WO): N: 0-20	%; P: 21-79%. F: 80-	100%]	
Year of Registration: ())/NO()		
	1,000 ()/\$2,000	()			
General Remarks:-				Super Silver	
() Walk-In Customer: Customer's in	nformation strictly Co				-
() Total Loss Case : to e-mail Ins	The second second second second		The state of the policy		
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Remarks: (INC hodline: 6788 6616)	ON THE RESIDENCE AND ADDRESS OF THE PARTY OF		Date&Time Completed	Done	by
	/ Courtesy Car ()			
QC Check / Post Repair Inspection	()	Ŷ			
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()			
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Injury: Onte Time Actions Actions Actions Almant's Particulars:- iver/Owner: Intact No: maged Portion: Checked by (Engr-In-Charge): ditors! Comments:-		1) AR: Accident R 2) DA: Darriage A 3) TF: Towing Fet 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming age 6) TR: Re-inspecti 7) N1: Idac DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repeir Ca *N7: Fost Repni *N8: DV / Colle TP (N11): TP (f	eporting (\$30); ssessment (\$100); INC (\$10	\$150 Bill	State In the State of

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Contact Number

EMail Address

Fax Number

Gender

- 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.
- 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.

ANNAUGE WAY - PARKET LEAVE THE PROPERTY OF	A COLORAN TO A COL
	ACCIDENT STATEMENT
Date Of Report	29/11/2019 18:31
Date Of Accident	28/11/2019 22:00
Exact Location Of Accident	CLEMENTI RD TWDS DUNEARN RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKS674A
Insured/Policyholder	
Name Of Registered Owner	KELVIN INDUSTRIES
Co Reg No	53349195M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90584280
Alternative Phone No	OFFICE-90584280
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS 1.5E A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097131304-01
Cover Note Number	
Driver	
Name of Driver	KARINE TAN JIA XIN
NRIC No	S9415726I
Date Of Birth	04/05/1994
Occupation	OUTDOOR

30/09/2014

FEMALE

NOEMAIL

5 YEARS AND 1 MONTH

(LOCAL) +65-82227287

OFFICE-82227287

BLK 952 HOUGANG AVENUE 9 Address

#14-700

Postcode 530952

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 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? YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? YES

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

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME: . -

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

YES

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20191129/7011.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBD394T

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

CERTIFICATION OF THE PROPERTY	DETAILS OF INJURED PERSON 1
Name	KARINE TAN JIA XIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKS674A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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.
- 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.
- 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.
- 8) Consent under the Personal Data Protection Act (PDPA)

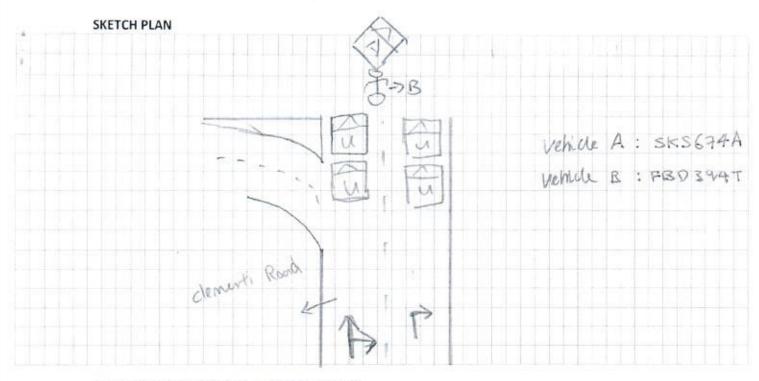
I understand, acknowledge, agree and consent that:

- (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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.

KEILIN SOO

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:

Page 5



DESCRIB	E CIRCUN	ISTANCES OF TH	IE ACCIDENT				
_ エ	was	temestivi	along	during	Road	turning	towards
DUNEARA	Roo	id. My	vertical	Way 8	extionary	matting	to turn
Hall.		the to	altic	light wa	s in In	y favor	. I - proc
to W	CA :	ight sur	Lange	I fell	an huge	innact	from Mu
vehicu	Sta	c portu	in . Af	te- I	got d	own A	un realise
shut	rhick	B' h	w roll	heh one	0 115-		
4	A ONE DO	//	~ (July	The state of the	0 03-		
-							

DECLARATION

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



Policy holder's signature Date & time:

Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

	ACCI	DENT DETAILS		Name of Street		A COLUMN TO SHOW
Date of accident	28 NO	vember 201	9		(DI	O/MM/YY)
Time of accident	220	3 hrs				(HH:MM)
Exact location of accident	Along	chementi	Roal	twas	Dunearn	Road

ACCEPTANT OF THE PARTY.		ETAILS OF	VEHICLE	ARIES TO SEE	orthography in the state of
Vehicle registration number	SK	5674A			
Vehicle make and model	Toyota	Vios			
Type of vehicle	Saloon D	MPV 🗆 Bus 🗆		□ Van orcycle □	Others:
Vehicle category	Private	Comm	ercial 🗆	Motorcy	cle 🗆
Purpose of using at said time	Gro	b			
Are you claiming under your own insurance company?	Yes Third part of	No 🗆	20000	ease select: ng only 🗆	

Experience de la companya del companya del companya de la companya	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number	5097131304-0	0	
Type of policy	Comprehensive p	Third party fire & theft \square	TP only

The transfer of the second	INSURED / POLICY HOLDER	
Name	kelvin Industries	Male → Female □
NRIC / Fin / Passport number	586197974	
Contact	9058 4280	
Address	Blk 376B Hougeny st 32 #09-	14, Singapore 532376

DRIVER	SAME AS INSURED ABOVE - (SKIP TO	D.O.B)	See Wallace
Name	Karine Tan Jia Xin	Male 🗆	Female 🖋
NRIC / Fin / Passport number	59415726I		- 15
Contact	62227287		====
Address	Blk 952 Hougary Ave 9 #14-700 \$ (530952)		
Email address			
Date of birth	4 May 1994		
Occupation	Indoor Outdoor		
Driving date pass	30 September 2014		

the property of the second sec	GENERAL	INFORMA'	TION (OF THE ACCIDE	NT	TOWN ASSESS	
Was driver an employee of	Yes	No 🗆					
the insured's company?	If no, rela	ationship o	of the o	river and insu	red:		
Accident captured by camera?	Yes 🗹	No 🗆					
Weather condition	Clear p	Rainin	go	Others:			
Road surface	Dry 🗷	Wet □					
No of passenger	2					(Inclusive	e of driver)
AND EMPORENCE OF STREET		PASS	ENGER	1			
Name						1111	
Gender	Male 🗆	Female	Ø				
	Office many	PASS	ENGER	2	Section Services		
Name		1,135					
Gender	Male 🗆	Female					
AND REAL PROPERTY.		PASS	ENGER	3		THE LEE	
Name							
Gender	Male 🗆	Female					
NAME OF PROPERTY AND ADDRESS OF THE	i di nasarana	PASS	ENGER	4			
Name		1 733	-10-15				
Gender	Male 🗆	Female	0				
		PASS	ENGER	5		Z SERIOSON	
Name							
Gender	Male 🗆	Female					
			- SAITH				
MARKATAN PARKETS AND AND		PASS	ENGER	6	Market San	oll seven	N Island
Name							
Gender	Male 🗆	Female					
Pedale Matter and the Lorenza Section (1984)		OTHER IN	FORM	ATION			
Was anybody injured?	Yes 🗷	No 🗆	FORIV	ATION			
Was other vehicle damaged?	Yes 🗷	No 🗆	=17 115		=====		
was other venicle damaged.	103 2	NO L			100		
	DETAIL	S OF POLI	CE STA	TION ACTION	PRO DAY	NEW TWO	TO WEST
Reported to police?	Yes 🗹	No 🖈	If ye	s, please state	which police	station.	
Police station name							
					A		
	SHE HE DO	WIT	NESS:		STATE OF THE PARTY	Marin Committee	
Name							

WITNESS 2

Name

Ρ	a	g	e	2

性語程 1000年8月1日 1000年8月1日 1000年8月1日	THIRD PARTY VEHICLE 1
Vehicle registration number	FBD394T
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
to a reliable to the same of the	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
AND DEVICE THE PROPERTY OF	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Valida maka madal	

Name

Contact

NRIC / Fin / Passport number

				72
n	~	~	-	- 2
۳	u	u	e	3

到是自由的主义的基础的主义		INJURED PERSON 1
Name	kanine	Tan Jia Kin
Injuries sustained		
Which vehicle person in?	SKS 63	74A
Were seat belts worn?	Yes	No 🗆
Was injured conveyed to	Yes 🗆	No Ø
hospital by ambulance?		
		INJURED PERSON 2
Name	Mary III and a second second	
Injuries sustained		
Which vehicle person in?	1-012-1	
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	Market 4	
	AT STATE OF THE	INHIDED DEDCON 2
Name	SUSAL BUILD	INJURED PERSON 3
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes	No D
hospital by ambulance?	163 []	NO D
建筑和建筑和 是了水平的高水平。		INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆
	SAVE OF THE REAL PROPERTY.	INJURED PERSON 5
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆

INJURED PERSON 6								
Name								
Injuries sustained								
Which vehicle person in?								
Were seat belts worn?	Yes 🗆	No 🗆						
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆						





1 of 3

Report No. T/20191129/7011

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

REPORT	OF A	TRAFFIC	ACCIDENT

Date/Time 29/11/201	Report N 9 14:26	/lade:	Vide Report No.:	Station Diary No.:		
Informan	t's Partic	ulars				
	nformant: ΓΑΝ JIA X		Address: APT BLK 952 HOUGANG AV 530952	ENUE 9 #14-700 SINGAPORE		
ID Type / NRIC NO	ID No.: / S94157:	261	Contact No.: Home/Office:	Mobile: 82227287		
Nationalit SINGAPO	y: ORE CITIZ	EN	Email: Jiaxinn9930@gmail.com			
Sex: Female	Age: 25	Date of Birth: 04/05/1994	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:			

General Inform	mation of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/11/2019 22:00	Type of Location: X-Junction
Location: JALAN ANAK	BUKIT			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate
Type of Collis Between Mov	ion: ring Vehicles - Head To Re	ear		Anyone conveyed by ambulance: Yes

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
FBD394T	Motorcycle					0		
SKS674A	Car				Slightly Damaged	1		

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3 Report No. T/20191129/7011

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

CONTINUATION OF REPORT

Driver				-		THE REAL PROPERTY.
Name	KARINE TAN JIA XIN			ID No).	S9415726I
Related Vehicle	SKS674A (Car)			Conta	ct No.	82227287
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL				NIL	
No. of Days gran	ted Medical Leave	03	Degree o	f Injury	Sligh	t

Brief Details.

On 28 November 2019 at about 2200 hrs , I was driving my vehicle SKS674A along Jalan Anak Bukit on lane 2. The traffic was red and I was the first vehicle stationary on my lane. When the traffic was in my favour with green arrow appear, I proceed to make a right turn, suddenly I felt an impact coming from the rear of my vehicle. I got down my vehicle and I realised that FBD394T had collided onto the rear of my vehicle.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20191129/7011

CONTINUATION OF REPORT

Sketch Plan					
Informant is	not able	to	provide	sketch	pla

Authentication Stamp

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/11/2019 14:26
Officer In Charge Of Case: TP / TPIB / PHUA TIAK YEE Contact No.: 65472077	Classification Of Case:

eBao Tech	General C							alClaim			
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Notice of Loss Policy No.		No.	2			Date o	of Accident		28/11/201	9 22 00	
	Vehicle	No.(For Motor)	SKS674	IA.		Certifi	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097131304- 01		KELVIN INDUSTRIES	53349195M	GPC	drivo CLASSIC	SKS674A			14/01/2020
					C	Continue					

Sequen	ce Date of Endorsement	i E	ndorsemen	t Type	Endorsement	Status	Endorsement Content			
□ Endorse	ements									
Insured	1 Object: SKS674A									
Init No. 09-14		Related Policy Number		5097131304-01						
Address 4	ress 4 SINGAPORE 532376		s Type	Singapore address		Post Code	532376			
Address 1	BLK 376B #09-14	Address 2		HOUGANG STREET 32 A		Address 3	HOUGANG DEWCOURT			
→ Policyh	older Mailing Address									
Certificate Info										
Open Policy Info										
Co- insurance Flag	No									
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Y				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess			
Additional Excess	0	OS Premium	0							
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100				
Excess Type		All Claims Excess								
Policy Issue Date	11/01/2019	Effective Date	15/01/201	9 00:00	Expiry Date	14/01/2020 2	3:59			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N				
Address	BLK 376B #09-14 HOUGANG STREET 32 HOUGANG DEWCOURT SINGAPORE 532376									
Certificate No.										
Policy No.	5097131304-01	Policyholder Name	KELVIN IN	DUSTRIES	Policyholder NRIC	53349195M				

Accident MT/1073659									
Policy No.	5097131304-01	Wehicle No.	SKS674A	GST Rec	stration N	0,			
Demificate No.									
Policyholder Name	KELVIN INDUSTRIES			Palicyho	ider NRIC		53349	195%	
Product Code	PRIVATE CAR INSURANCE	Cover Type	IPW6 CLASSIC	Loading	Loading		0		
Contact No.(Mobile)	90584280	Contact No. (Office)	0	Contact	Na.(Home)		. 0		
Imail Address		Special Remark		eCode			TI V		
PK.	® No ○Yes	TCA	(e) No C Yes	eCode R	eason				
CD Protection	No.	NCD Entitlement(%)	20	Private I	Hint:		Yes		
Accident Details									
eport Date	29/11/2019 18:40	Academ Report Water 24 hrs	Yes	Accident	Accident Type Country of Accident		Colésio	Collision - Head to Rear	
ate of Accident	28/11/2019	Time of Accident inhomm-	22:00	Country			Singapore		
orting Centre CLEMENTI RD TWOS DUNEARN RD		Orange Force		10M No.	DOM No.				
	CLEMENTI RD TWOS DUNEARN	RD.							
♥ Excess	00.000.000								
wn damage Excess	2,000.00		0	Windson	een Excess		100.00		
nnamed Driver Excess		Outside Singapore OD Excess	2,000.00						
and Party Excess	1.500.00	Outside Singapore TP Excess	1,500.00						
⇒ Benefits									
GST Registered Inform									
T Registered T Registration No.	No		GST Registration Date		1250				
dification History	29/11/2019 18	41:54 System changed GST Status verified fro	GST Status Verified m No to Yes		Yes				
		414 33 January 10 100 110							
Policyholder Mailing Ad	Idress								
ddress 1	BLK 3768 #09-14	Address 2	HOUGANG STREET 32	Address	3		HOUSE	NG DEWCOURT	
ddress 4	SINGAPORE 532376	Address Type	Singapore address	Pest Cod			532376		
init Na.	09-14	Related Policy Number	5097131304-01				302376		
OI Driver Info			1000103103101010						
river Name	Unnamed Driver	Driver Type	Unnamed Driver						
nnamed driver Name	KARINE TAN JIA XIN	Driver NR3C	594157261	Driver D	QB.		04/05/	1994	
equitor Date of Driver License	30/09/2014	Driver Age	25	Driving t	epanence		5		
ontact No.(Mobile)	82227287	Contact No.(Office)	0	Contact I	No.(Home)		0		
7655 1 BLK 952		Address 2	HOUGANG AVENUE 9	Address	Address 3		SINGAPORE 530952		
							530952		
ddress 4		Address Type	Singapore address	Post Cod	6				
	14-700	Address Type	Singapore address	Post Cod	•		330354		
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