NATIONAL Assessment Cer		STATE OF THE SAME			
	nire dervices were dancelle	1A119162676			
Date In: 10/1/19-11:53	Jeb description	Date & Time Con	apleted	Done	by
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Veh No: (MICHAIL	E-mail (within Shrs, AIC 2hrs)				
D.O.A: bling-12.30	i-Motor Claim Form	mliozzina	-001 10	IN/19 H	7:07
	I-Motor W/O (Within: OD 2hi	CONTRACTOR OF THE PARTY OF THE			
OD 7 TP / Reporting Only	i-Photo Uploaded	1			Selection of the select
	Assessment/Survey Report				
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:		,
	UBC3803R. INC()/Non-INC ().		
Owner / Driver: (VIOC 1/VIII 1	Tel:	7)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	(Note-Est. Status (WO): N: 0-2	0%; P: 21-79%.	F: 80-100%	6]	
Year of Registration: ()	Warranty: YES ()/NO ()			
	\$1,000 ()/\$2,000 ()	W			
General Remarks;-		TCXIII OCCUPA	d land	M. Co	
() Walk-In Customer: Customer's		rictly NO refer of r	epairer.		
() Total Loss Case : to e-mail Ins				-	
Drive-In () / Towed-In (); Invo	oice: YES () / NO (); T	owing Co: (1)
Remarks:- (INC horline: 6788 6616	 3) September 1988 	Date&Time Com	ple:=d	Done	by
Apply for Transport Allowance () / Courtesy Car ()				
2) QC Check / Post Repair Inspection	()	-			
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()				
Injury:	H A-H				
A STATE OF THE PARTY OF THE PAR					
Date/Time Actions			251 972	Minutes	75.00.60
Date/Time Actions			90 52	Michigan.	The Hill act
Date/Time Actions				Modre	THE REAL PROPERTY.
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VA 198285	1) AR : Acciden	t Reporting (\$30);	st dans in 1	Ant (S)	100
Inimant's Particulars :-	1) AR : Acciden 2) DA : Darnage 3) TF : Towing	t Reporting (\$30); Assessment (\$100);	INC (\$30) \$40/\$45	Ant (\$) fit Bill	100
In 1967285 Liumant's Particulars :-	1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow-1	t Reporting (\$30); Assessment (\$100); Fee Through Survey	INC (\$80) \$40/\$45 \$120	Ant (\$) fit Bill	100
In 1967285 Liumant's Particulars :-	1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow-1 5) i*T : Follow-1 For claiming	t Reporting (\$30); Assessment (\$100); Fee Prough Survey Through Survey (Resurvey Resinst INC Only (well)	INC (\$30) \$40/\$45 \$120 sy) \$30 0 Jan 2005)	Ant (S)	100
Inimant's Particulars:	1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow-1 5) i*T : Follow-1 For claiming 6) TR : Re-inspe	t Reporting (\$30); Assessment (\$100); Fee Prough Survey Through Survey (Resurvey Resinst INC Only (well)	INC (\$86) \$40/\$45 \$120 \$y) \$30	Ant (S)	100
la 1967285 Liumant's Particulars :-	1) AR: Acciden 2) DA: Darnage 3) TF: Towing 4) FT: Follow-1 5) i-T: Fullow-1 For claiming 6) TR: Re-inspe 7) N1: Idae DA 3) NTUC Additi	t Reporting (\$30); Assessment (\$100); Fee Prough Survey Prough Survey (Resurvey Reainst INC Only (wef) ction + SMRT Survey	INC (\$80) \$40/\$45 \$120 sy) \$30 0 Jan 2005) \$75	Ant (S)	100
la 1961285 :- iver/Owner: ontact No: amaged Portion:	1) AR: Acciden 2) DA: Darnage 3) TF: Towing 4) FT: Follow-1 5) i-T: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idau DA 3) NTUC Additi QDL* *N5: Courter	t Reporting (\$30); Assessment (\$100); Fee Prough Survey (Resurve) Reainst INC Only (wef) ction + SMRT Survey onal Services:- (Cer / Tpt Allowance)	INC (\$80) \$40/\$45 \$120 \$20 \$30 0 Jan 2005) \$75 \$160	Ant (S)	100
liumant's Particulars :- river/Owner: pontact No: mmäged Portion: C Checked by (Engr-In-Charge):	1) AR: Acciden 2) DA: Darnage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idau DA 3) NTUC Additi ODI* *N5: Courter *N6: Repair 0 *N7: Fost Re.	t Reporting (\$30); Assessment (\$100); Fee Prough Survey (Resurve) Prough Survey (Resurve) Prough Survey (Resurve) Prough Survey Onal Services: Prough Survey Onal	INC (\$30) \$40/\$45 \$120 sy) \$30 0 Jan 2005) \$75 \$160	Ant (S)	100
Inimant's Particulars :- river/Owner onlact No: amaged Portion: C Checked by (Engr-In-Charge):	1) AR : Acciden 2) DA : Darnage 3) TF : Towing 4) FT : Follow-1 5) i-T : Follow-1 For claiming 6) TR : Re-inspection 7) N1 : Idau DA 3) NTUC Addition QD1* *N5: Courtes *N6: Repair 0 *N7: Fost Repair 0 *N7: Fost Repair 0 *N8: DV / Ge	t Reporting (\$30); Assessment (\$100); Fee Prough Survey Prough Survey (Resurvey Reainst INC Only (wef) ction + SMRT Survey onal Services: Cer/Tpt Allowance Ce-ordination Inter Excess Coordination Heat Excess Coordination	INC (\$30) \$40/\$45 \$120 sy) \$30 0 Jan 2005) \$75 \$160 \$53 \$510 \$25	Ant (S)	100
	1) AR : Acciden 2) DA : Darnage 3) TF : Towing 4) FT : Follow-1 5) i-T : Follow-1 For claiming 6) TR : Re-inspection 7) N1 : Idau DA 3) NTUC Addition QD1* *N5: Courtes *N6: Repair 0 *N7: Fost Repair 0 *N7: Fost Repair 0 *N8: DV / Ge	t Reporting (\$30); Assessment (\$100); Fee Prough Survey (Resurve) trough Survey (Resurve) teainst INC Only (wef) ction + SMRT Survey onal Services: Car / Tpt Allowanus Ca-ordination mair Inspection Heet Excess Coordination (N:In INC) against INC	INC (\$30) \$40/\$45 \$120 sy) \$30 0 Jan 2005) \$75 \$160 \$53 \$510 \$25	Ant (S)	100

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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.
- 5. 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.

	ACCIDENT STATEMENT
Date Of Report	10/12/2019 16:53
Date Of Accident	10/12/2019 12:30
Exact Location Of Accident	LOR 6 TOA PAYOH
Country/State of Loss	SINGAPORE
D. D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMK7431G
Insured/Policyholder	
Name Of Registered Owner	NEW STARS MOTOR PTE LTD
Co Reg No	201804986R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E 200CGI
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5107844945
Cover Note Number	
Driver	
Name of Driver	GOH KIAN WAH
NRIC No	S1772160G
Date Of Birth	12/11/1966
Occupation	INDOOR
Date Of Driving Pass	25/05/2013
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87125726
Fax Number	

OFFICE-87125726

NOEMAIL

Address

BLK 16 MARINE TERRACE

#14-60

Postcode

440016

OTHER - HIRER

Was driver an employee of the Insured's Company NO

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

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

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

GBC3803R

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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
- 5. 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)

l 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)
 - (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 actident 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.
- 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 Date & Time:

Driver's Signature

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

Reporting Centre Personnel's Signature Name

NRIC/FIN No.:

Winds Cabi	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
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on 1	0 DEC 2019 AT AROUND 1230PM, I WAS
DRIVING	ON THE MOST LEFT LANE A LOREY (GBC 3803
SLOW DOWN	IN FRONT OF ME I TRIBO TO SLOW DOWN
BUT DIONS	THE THE TOTAL TO SLOW DOWN
DU! DIDN!	MANAGE TO SLOW DOWN IN TIME DUE
to WET R	OAD SURFACE. MY VEHICLE (SMK7431G)
REAR ENDE	D A LOREY (GBC 3803R).
	- C48C 3003~).
	
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	articulars are true in every respect.
declare the foregoine pa	articulars are true in every respect.

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:

\$1561 - SMITTHEFER & Val

Date & Time:

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.

Accident details

Date and time of accident	Date:	10 DEC	7019	(DD/MM/YY) Time: 12-30	(HH:MM)
Exact location of accident	TOA	PAYOH	LOR	6	, ,

Details of vehicle

Vehicle registration number	SMK 7	+316			
Vehicle make and model	MERCE	DES E	200		
Type of vehicle	Saloon Lorry	MPV 🗆 Bus 🗆	CRV	□ Var orcycle □	Others:
Vehicle category	Private	Comm	ercial Ø	Motorcy	
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes Third part c	No ø′ laim □		ase select:	

Insurance information

NIUC		
510 7844945	-000008	
Comprehensive a	Third party fire & theft a	TP only
	5107844945	5107844945-000008

Insured / Policy holder

Name	Male Female
NRIC / Fin / Passport number	
Contact	
Address	

Driver

Same as insured above □ (skip to D.O.B)

Name	GOH KIAN WAH Male D Female D
NRIC / Fin / Passport number	517721604
Contact	87125726
Address	BLK 16 MARINE TERRACE #14-60
Email address	
Date of birth	12/11/1966
Occupation	Indoor g Outdoor g
Driving date pass	25 MAY 2013

General information of the accident

Was driver an employee of the insured's company?	Yes □ If no, rel	No.e ationship of the	driver and insured:	Here
Accident captured by camera?	Yes 🗆	No Ø		
Weather condition	Clear	Raining of	Others:	
Road surface	Dry 🗆	Wet or		
No of passenger	1			(Inclusive of driver)

Passenger 1

Name			
Gender	Male □	Female 🗆	

Passenger 2

Name	
Gender	Male Female

Passenger 3

Name			
Gender	Male □	Female	

Passenger 4

Name		
Gender	Male Fem	ale 🗆

Passenger 5

Name			
Gender	Male 🗆	Female 🗆	

Passenger 6

Name		
Gender	Male o	Female a

Other information

Was anybody injured?	Yes Ø	No 🗆
Was other vehicle damaged?	Yes	No 🗆

Details of police action

Reported to police?	Yes □	Nog	If yes, please state which police station.
Police station name			

Third party vehicle 1

Name		
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number	GBC 3803 R	
Vehicle make model		

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

eBaoTech										Genera	lClaim
Helle, NAC_PAYA_UBI_BO	0601						+ Chang	e Language	+ Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
	Policy 8	No.	510794	1945		Date	of Accident	Ē	0/12/2019 1	2:30	
	Vehicle	No.[For Motor]	SMK743	11G		Certif	ncate Number	- 1			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5107844945	5107844945- 000008	NEW STARS MOTOR PTE LTD	201804986R	GГM	drivo CLASSIC	SMX7431G	5MX.7431G	64/06/2019	26/02/2020
						Continue	1				

olicy No.	5107844945	Policyholder Name	NEW STA	RS MOTOR PTE LTD	Palicyholder NRIC	201804986R	
Certificate (o	5107844945-000008						
Address	22 NEW INDUSTRIAL ROAD #06						
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	Ν	
PoScy ssue Date	27/02/2019	Effective Date	27/02/20	19 00:00	Expiry Date	26/02/2020 23:59	9
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess	gapore 2000 S		1500			Young/Inexperience Driver Excess	
Agent	TECK WEI CREDIT PTE, LTD.	Agent Tel.	64650020	0 null	GST Flag	X:	
Co-							
insurance Flag	No						
Flag Open	No						
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Claim Handling					
Accident MT/1075147					
Forcey No.	53078846943	Vehicle No.	SHEC7431G	SST Registration No.	
Certificane No.	\$107944945-000008				
Periodysephor Name	NEW STARS MOTOR PTE LTD			Protrymptoer NRIC	2018049868
Product Code		Cover Type	drive CLASSIC	Linkfing	4
	PLEET HASTER INSURANCE				
ontect fin (Moirie)	29	Cornect Res (Officer)	0	Contact No.(Home)	
mail Address		Special kemark		wClade	4. 4
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ere of Account	10/12/2019	Time of Accident his mm.	12:39	Country of Accordent	Brigadore
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Tribett Lacation	SON & TON PAYON				
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Address Recess					
оли (20 Енсия Аррисион.	2900.00	Total TP Excess Applicante			
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→ Policyholder Mailing Ad	Aran				
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A0/158 1.	22 NEW INDUSTRIAL ROAD	Address 2	PQE-22 PERMAN	Attress 3	EINGAPORE 53620E
Astronom M		Address Type	Segapore address	Post Code	936208
mit No-	86-22	Review Policy Humber	5108527327		
W DI Briver Info					
Diver Name	Umnament Siniver	Ditreet Type	Unnamed Orton		
Innerted Street Name	DOH KIAN WAH	Down NRIC	S17721600	Driver DDB	13/11/1968
ayater Date of Driver Dicerce	2E/0E/2013	Sriver Age	53:	Driving Experience	
Santact No (Hissae)	87125726	Compit No.(Office)	R);	Contact No.(Home)	D
ustrest 5	BLK 18	Address 2	MANDSE TERRACE	Appress 3	MARINE TERRACE SHEEZE
stativus 4	TINGAPORE 446016	Address Type	Singapore address	*NEI CHEE	440016
Jedf. No.	14-6D				
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Claim 001 New					
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Seem Type, *	GD-HX	Treatest Name	NEW STARS MOTOR PTE LTD	Insured NRTC	2016049668
arriad Na (Minine)	88696725	Camad No.(Home)	MM996758	Contact No.(Office)	+
mail-Andreas:		QE Wytische Number:	SHK7431G	TP Vehicle Number	GBC3803R
Semant Type Claimant Type *	Please Select	Type of tienefit *	Prease Select		to and contract
James Name *	production of the second secon	Clamant NEIC *	220000000000000000000000000000000000000		
	155	Sample mare .		- I	
Jernant Address					
Dami Deadription	SMC1431G / GRC3803K DH 10 Dec 2019			tians of Preferred Workship	
referred Workshop Coreact		insured Liebbby *	Pully at Fault		
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Attachment					
v					
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