DUTTE -			per st	1	
NATIONAL Assessment Cen	tre Services.   wet 1	1240021 WHAII 616	KT .		
Date In: n]1/19-15: W	Jeb description	Date & Ti	ne Completed	Don	e by
Reino: NA INCIGORYMINY	SAS e-filing	i	1		
Veh No: SUCKY 615	E-mail (within Shrs, A	IC 2hrs)			2
D.O.A: 7/11/19-07:30	i-Motor Claim Fo	לפורא מיים	6725-001	21/11/19	15:34
OD / TP Reporting Only	i-Motor W/O (win				
OD / TP Reporting Only	i-Photo Uploaded	i i			
TD I	Assessment/Survey	Report			
TP Insurer:	Ass't Report by Fax	/ Hand to Owner/Wi	(Sp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fa	c;	)
TP Particulars: Veh No: JM	פוזיזץ .	INC( )/Non-I	NC()		
Owner / Driver: (	1	Tel:		)	
Policy No: ( ) F	Period: (	) Cover Typ	c: (	)	
Confirmed by : (	Da	te: T	line:	)	
Insured/Driver Liability: ( %)	[Note-Est. Status (WO):	N: 0-20%; P: 21-7	79%. P: 80-100	0%]	
Year of Registration: ( )	The state of the s	NO( )			
Excess: (\$ ) Loading: \$1,		)			
			All the same that the same to be a second or the	en S	
( ) Walk-In Customer : Customer's inf		tial & Strictly NO refe	er of repairer.		
( ) Total Loss Case : to e-mail Insu	rer URGENTLY.				
Drive-In ( )/ Towed-In ( ); Invoice	ce: YES ( ) / NO (	); Towing Co: (	1		)
Remarks: (INC hotline: 6788 6616)	Control of the Control	Date&Time	Completed	Done	by
1) Apply for Transport Allowance ( )/	Courtesy Car ( )			the delication of the same	
2) QC Check / Post Repair Inspection	( )				
<ol> <li>Upload Resurvey Photo [Repair Cost &gt; §</li> </ol>	3000] ( )		17.		
Injury:		- 1,			
Date/Time Actions		12 4 10 a 10	en	AND PROPERTY OF STREET	
zene (mie × Actions)			MMS + MELCONNEC	begoverner	
			and the second s		
-					
JA 190 9577	Inve	ice Preparation Ch	ecklist	Anit (\$)	Amt (3)
aimant's Particulars :-	1) AR	: Accident Reporting (53		S (fit Bills)	- Mein Dill
	The state of the s	: Damage Assessment (\$1 Towing Fee	00); INC (\$80) \$40/\$4	5	
iver/Owner:	4) FT	Follow-Through Survey	\$12	_	
ntact No:	5) FT	Follow-Through Survey (F	(wef 10 Jan 2005)	D	
maged Portion:	6) TR	Re-inspection	\$7		
		Idac DA + SMRT Survey  JC Additional Services:-	· \$16	U	
Checked by (Engr-In-Charge):	QD.		nue S	5	
	• 146	: Repair Co-ordination	51	0	
ditors' Comments:-	27 T. T. 200 C.	: Post Repair Inspection : DV / Collect Excess Coor	S2 dination S	-	
<u>l:</u>		N11): TP (Non INC) again			
2/3:	and the same of th	: Idac Mobile e dated	Fee Charged		<b>动物对方线</b>
			Fee Charged	<b>经营销的</b>	

### 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.

	ACCIDENT STATEMENT
Date Of Report	21/12/2019 15:22
Date Of Accident	21/12/2019 02:30
Exact Location Of Accident	WOODLANDS CROSSING BEFORE JOHOR CUSTOMS
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC8461S
Insured/Policyholder	
Name Of Registered Owner	SG VEHICLE RENTAL PRIVATE LIMITED
Co Reg No	2XXXXX198R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	KIA
Model	FORTE K3 1.6A SX
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100303665-01
Cover Note Number	
Driver	
Name of Driver	LIANG HOWE VEE (LIAN HAOWEI)
NRIC No	SXXXX259F

 NRIC No
 SXXXX259F

 Date Of Birth
 12/09/1975

 Occupation
 OUTDOOR

 Date Of Driving Pass
 19/08/2016

Driving Experience 3 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98212088

Fax Number

Contact Number OFFICE-98212088

EMail Address NOEMAIL

BLK 325 JURONG EAST STREET 31 Address

#12-192

600325 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

2

NO

NO

YES

NO

2

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions CLEAR DRY

Road Surface

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?

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.

Number of Passengers (Including Driver)

Passenger 1

Other Information

NAME:

YES

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

GEYLANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-8486999 - FAX NO: 68486799 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

# Circumstances of Accident

REFER TO POLICE REPORT - T/20191221/2021.

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

SMQ1723Y

Vehicle Make/Model/Colour

MERCEDES S300SL

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)

## SKETCH PLAN

#### IMPORTANT NOTICE

- i. Please report <u>entractly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Orlean.
- Information provided must be as <u>truthful and accurate as dossible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>topudieta policy liability</u>;
- 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.
- 3. Any false recording may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Controllers stabilished 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.
- S. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and entrent that:

- (z) 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 onpossessed 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/jaw 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 dains including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my dolms:
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my cizims (including the melling of correspondence, statements, involves, reports or notices to me, which could involve disclosure of cortain 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 deins. (collectively the "Purposes")
- (b) ell insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are parmitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (i) my Personal Information may/ran be disclosed by any of the insurers and/or GIA to their third party service providers on agents(including their lawyers/law firms), which may be sited outside of Singaporo, for one or more of the above Purposes.
- (a) my Personal information will also be collected and used to compile cisims history for the purpose of freed detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) shove may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in avaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agandes as reasonably required for the purposes stated, or

(2) for complying with requirements under any regulations, laws or court orders,

Poticybologies Signature Oate & Times

201136196

Cirtyer's Signature (If driver is not the policyholder)

Date & Time:

Reporting Contre Personnel's Signature

Name;

KRIC/FIN No.:

SKETCH PLAN		
	· · · · · · · · · · · · · · · · · · ·	
	January 1 - 1 - 1 - 1 - 1	vehicle A: Ste 84615
		vender B smatzist
had any you have.		
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	B. [ ]	
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ESCRIBE CIRCUMSTAN	CES OF THE ACCIDENT	
Peter to police	report.	
	Tarana Tarana	
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	NAME OF THE OWNER OWNER OF THE OWNER OWNE	
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CLARATION EREN		
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(201136196	1- U	Y) a
(m)	Jan Jan	
Se to	N. T.	- NA
cyncles a Signature	Oriver's Signature	Reporting Contre Persoonel's Signature
e & Turnos	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

Date of	Accident	21 11 1019 Accident Time: 0)30 HYS (24-HR-Format)
Accider	nt Place	: woodlands crossing bot Johor customs
Vehicle	Reg. No. (Car Plate No.)	SIC84615
Vehicle	Make/Model	: KIA Forte K3
lasurano	cc Company	NTUC Policy No.
Owner	or Company Name /IC No.	SG vehicle Rental Pte Ltd
Owner	or Company Contact No.	Owner's HpCompany Tel
DRIVE	R'S Name / IC No.	: Liang Howe vee \$7527259F
DRIVER	R'S Date Of Birth	: 12 09 1975 DRIVER'S License Pass Date 31 12 2019
Relation	ship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Hirer
DRIVE	R'S Address	: bix 325 Jurong bast st 31 # 12-192 5600321
DRIVER	R'S Contact No./ Alt No.	:1) 98212088 2)
DRIVER	R'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email A	ddress	: Admin @ mycar.sg
Weather	& Road Surface	: CLEAR & DRY \RAINING & WET \AFTER RAIN & WET
Reportin	ng Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number	of Passengers (Including I	Driver): Od female passenger No injurits
Was ther Exact pu	re any video Captured by compose for which vehicle wo	par camera: YES NO vas being used at the time of accident: Private use \ Work purpose
	Other	Party Driver's Particular (if any)
Vehicle !	Reg. No: SMO17134	Vehicle Reg. No:
Vehicle.	MakelModel: Merc \$3	Vehicle Make\Model:
Name D	river:	Name Driver:
IC No. I	Driver:	IC No. Driver:
	Contact & Add:	

(4)

. .





1 of 3 Report No. T/20191221/2021

Police Station Of Origin: Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

REPORT	OF A	TRAFFIC	ACCIDENT

	ne Report M 019 06:15	Made:	Vide Report No.:	Station Diary No.			
Informa	nt's Particu	ulars					
	Informant: YOWE VEE		Address: APT BLK 325 JURONG EAST STREET 31 #12-192 SINGAPORE 600325				
	/ ID No.: O / S752725	59F	Contact No.: Home/Office: Mobile: 98212088				
Nationality: SINGAPORE CITIZEN			Email:				
Sex: Age: Date of Birth: Male 44 12/09/1975			Type of Informant: Driver				
Race: Chinese			Language:	Institution / School Name:			
Occupat GRAB D			Driving Licence Information: Class: 3A Date of Expiry:				

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 21/12/2019 02:30	Type of Location Straight Road	
Location: Along Road 1 Woodlands C  Just after cros Weather: Clear	=	right before Johor Cu Road Surface: Dry	stoms	Road Speed Limit:	
Traffic Flow: Traff		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collis Between Mov	ion: ing Vehicles - Head T	o Rear		Anyone conveyed by ambulance:	

Details of V	ehicle Invo	1460	-	-		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SLC8461S	Car	KIA	FORTE K3 1.6A SX	Grey	Slightly Damaged	1
SMQ1723Y	Car	MERCEDES BENZ	300SL 24 AT	Silver	Slightly Damaged	0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SLC8461S	NTUC Income Insurance Co-Operative Limited	5100303665-01	27/05/2019	26/05/2020		





Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

2 of 3 Report No. T/20191221/2021

CONTINUATION OF REPORT

Details of Perso	n Involved	The second		12		34.20
Any Pedestrian Ir	rvolved; No					
No. of Pedestrian	s Injured: NIL		Use of Per	destriar	Cross	sing: NA
Driver		<b>张 图然表现</b>				
Name	LIANG HOWE-VEE	A Mid-Albertania		ID No		S7527259F
Related Vehicle	SLC8461S (Car)			Conta	ict No.	98212088
Hospital/Clinic	NIL				of g ce & / Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

#### Brief Details.

On 21/12/19 around 0230hrs, I was driving towards Malaysia via Woodlands. Whilst along Johor Causeway, after Woodlands Checkpoint, I came to a complete stop due to a heavy traffic along Johor Causeway. Suddenly I heard and felt an impact coming from the rear of my vehicle. After which I exited my vehicle and did a visual check and saw that my rear bumper had scratches and was dented. I then approached the driver of, SMQ1723Y, Silver Mercedes convertible, the driver then told me to meet up with him ahead at the nearest patrol station and I acknowledged and did not managed to get his particulars.

Subsequently the other driver managed to clear customs first and proceeded forward and I lost sight of him. Thereafter I cleared the customs, I then went around to look for him at around the vicinity and the nearest, Shell petrol station and the next, Petronas petrol station, however there was no sign of him. I am lodging this report for company record purposes.





3 of 3

Report No. T/20191221/2021

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

## Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

CONTINUATION OF REPORT

Time:
2019 06:15
fication Of Case:

Hello, NAC_PAYA_UBI_	800601						· Change	Language	• Chan	ge Password	· Log Ou
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	10.				Date o	f Accident	[2	1/12/2019 0	2:30	
	Vehicle	No.(For Motor)	SLC846	15		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	5100303665- 01		SG VEHICLE RENTAL PRIVATE LIMITED	201136198R	GPC	drivo CLASSIC	SLC8461S	SLC8461S	27/05/2019	26/05/2020

Policy Information

Sequen	ce Date of Endorsement		Endorsement	t Type	Endorsement	Status	<b>Endorsement Content</b>
	ements			THE SAME OF THE SA			
) Insure	d Object: SLC8461S						
Jnit No.		Rela Num	ted Policy ber	5101797661-02			
Address 4		Addi	ess Type	Singapore address		Post Code	588179
Address 1	170 UPPER BUKIT TIMAH	ROAD Adde	ess 2	#03-19 BUKIT TIMA	AH SHOPPIN	Address 3	SINGAPORE 588179
▽ Policyh	older Mailing Address						
Certificate Info							
Policy Info							
Flag Open							
Co- nsurance	No						
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333		GST Flag	Υ	
Singapore DD Excess	2000	Singapore TP Excess	1500			Young	Inexperience Driver Excess
Outside		Outside					
Additional	0	OS Premium	0				
Third Party Excess	1500	damage Excess	2000		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess Own					
issue Date	07/05/2019	Date	27/05/2019	9 00:00	Expiry Date	26/05/2020 23	:59
Product Name Policy	PRIVATE CAR INSURANCE	Plan Effective			Group Policy Flag	N	
Address	170 UPPER BUKIT TIMAH ROAD	#03-19 BUK	IT TIMAH SHO	OPPING CENTRE SING	and the same of the same of	79	
Certificate No.							
Policy No.	5100303665-01	Policyholde Name	SG VEHICL	E RENTAL PRIVATE L	Policyholder NRIC	201136198R	

Street   S	Claim Handling					
Marchand	Accident MT/1076723					
Mary		5100303665-01	Vehicle No.	SLC8461S	GST Registration No.	
Ministry						
Comman   C					Policyholder NR3C	
Seminary	voduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	g .
March   Marc	ontact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Marchane	mail Address		Special Remark		eCode	W X
March   Marc	FK	® No ○ Yes	TCA	No () Yes	eCode Reason	
March   Marc	ICD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
March   Marc	→ Accident Details					
Control   Cont	eport Date	21/12/2019 15:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Control   Cont	Pate of Accident	21/12/2019	Time of Accident thumm	02:30	Country of Accident	Singapore
Part	egorting Centre					(S10000000)
## Part		WOODLANDS CROSSING REFORE JOHOR C				
100 OF Part	Total Excess Applicable					
100 Colores	ecess Type	Per Accident	Windscreen Excess	100.00		
Minor   Mino						
## 100 December   2000   Total 17 Dicess Application   7 December   2000   Total 17 Dicess Application   7 December   2000   Control 17 Dicess Application   8 Dicess Application   9 December   2000   Control 17 Dicess Applica	O Standard Excess	2,000.00	TP Standard Excess	1,500.00		
Mary   Pare	TEO OD Excess	500.00	YIED TP Excess		Driver is Covered?	
## 1985 # \$   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1985   1	dditional Excess	D.				
# Targantaries	oral OD Excess Applicable	2500.00	Total TP Excess Applicable			
Tit Agentation   No	⇒ Benefits					
17		ation				
24				GST Registration Date		
## 100 PART   100 PART				All Control of the Co	Yes	
Address 3   170 LUPER BUCT TIMOR ROAD	lodification History	21/12/2019 15:33:47 Sym	en changed GST Status Venfied fro	m No to Yes		
Address 2   170 LUPER BUCHT TIMEN ROAD						
Marie Name   Mar	Policyholder Mailing Ad	idress				
Part	ddress 1	170 UPPER BURIT TIMAH ROAD	Address 2	#83-19 BUKIT TIMAH SHOPPIN	Address 3	SINGAPORE 588179
Mountain   Distance   Divisor   Topic   Divisor   Divi	ddress 4		Address Type	Singapore address	Post Code	588179
Description	Int No.		Related Policy Number	5101797661-02		
	OI Driver Info					
Page   Date of Diriane   License   19/01/2019   Contract No. (Official)   Contract No. (Offici	Orliver Name	Unnamed Driver	Onver Type	Unnamed Driver		
Comban No. (Mosine) 9621 (2088	Innamed driver Name	LIANG HOWE VEE (LIAN HADWI	Driver NRIC	SXXXX2S9F	Driver DOB	12/09/1975
Address 1	egister Date of Driver License	19/08/2016	Driver Age	44	Driving Experience	3.
Address 3 Address 3 Address 3 SINGAPORE 600325  Address 1 Address 1 Singapore address	Contact No (Mobile)	96212068	Contact No.(Office)	0	Contact No.(Home)	0
The No. 12-192 Only Park Stringstore of Blood Tast or mg Service No. 12-192 Only Park Stringstore or Blood Tast or mg Service No. 12-192 Only Park Stringstore Only Park Strings		BLK 325		JURONG EAST STREET 31		SINGAPORE 600325
The No. 12-192 Only Park Stringstore of Blood Tast or mg Service No. 12-192 Only Park Stringstore or Blood Tast or mg Service No. 12-192 Only Park Stringstore Only Park Strings	didress 4		Address Type	Singapore address	Post Code	600325
Column 50 to West (8) No.  Column 50 to West (8)		12.162	Production (Spin)	Congress and Con	130, 6046	0,000
Activation  **Contract Plant   Omg	Does he own a Singapore				Secretary on Secretary	
Any injury?   716	Registered car?	C) Yes (g) No	Onver versce No.		briver Insurer Company	
Any injury?   716	activities.					
Contact No.   Move			39730 3	12-11-21		
Claim 801 Next  Claim 1/ya * QD-MX	Reading?	0 mg	Any injury?	U Yes (€ No		
Claim 801 Next  Claim 1/ya * QD-MX						
Comman Type * OD-MX	todification History					
Comman Type * OD-MX	Lawrence March					
Contact No. (Mobile) Contact No. (More) Contact No.	Claim 001 New					
Contact No. (Mobile) Contact No. (More) Contact No.						
Mail Address  Cament Type Claiment Agrac     Second   Secon	laim Type *	OD-MX	Insured Name	SG VEHICLE RENTAL PRIVATE L	Insured NRJC	201136198R
Series Address    Ol Vehicle Number   SLG8461S   TP Vehicle Number   SMQ1723Y	Contact No. (Mobile)		Contact No.(Home)		Contact No. (Office)	NIL.
Type of Benefit + Please Select			Of vehicle Number	SLC8461S	TP Vehicle Number	SMQ1723Y
Commant Name *		Please Select		Please Select		Standona L
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