Date in: W Myg-1873	Jeb description	Date &Time Completed	Done by
Res No: Majincigozotiajy	SAS e-filing		
Veh No: JMN3032	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/1/19-12:20	i-Motor Claim Form	100-001 For 100	23/M A 18:4
	i-Motor W/O (Within: OD 2h		
OD The Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:
TP Particulars: Veh No: JH	Barity INC ()/Non-INC()	
Owner / Driver: (Tel:)
Policy No; ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	100%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$1			
	WINDOWS FOR VENERAL RESPONSE VINCEN	A CONTROL OF CASE OF STATE	1817 17. 17.
General Remarks:-	The state of the s	The Control of the Co	3.00 Pr. 1 - 2
() Walk-In Customer: Customer's in		rictly NO refer of repairer.	
() Total Loss Case : to e-mail Insu	irer URGENTLY.		
Drive-In ()/ Towed-In (); Invoi	ice: YES() / NO(); 7	Cowing Co: (.)
	/ Courtesy Car ()		
Apply for Transport Allowance () QC Check / Post Repair Inspection	()		
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >	()		
1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	()		
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1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	() \$3000] () Invoice Pre	t Reporting (530);	fit Bill Add
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1) Apply for Transport Allowance () / (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	() \$3000] () Invoice Pro 1) AR: Acciden 2) DA: Darnage 3) TF: Towing 4) FT: Follow-1	t Reporting (\$30); Assessment (\$100); INC (\$60); Fee \$40 Through Survey	fit Bill Add 50) 0/\$45 \$120
1) Apply for Transport Allowance () / (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	1 Invoice Pro 1) AR: Acciden 2) DA: Darnage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1	t Reporting (\$30); Assessment (\$100); INC (\$60); Fee \$40 Prough Survey Prough Survey (Resurvey)	fit Bill Add 50) 0/\$45 \$120 \$30
1) Apply for Transport Allowance () / (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	1 Invoice Pre 1) AR: Acciden 2) DA: Darrage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe	t Reporting (\$30); Assessment (\$100); INC (\$60); Fee \$40 hrough Survey hrough Survey (Resurvey) heainst INC Only (wef 10 Jan 200); ction	[81 Bill Add 50) 0/545 5120 530 5) \$75
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1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Lumant's Particulars :- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice Product Invoice Pr	t Reporting (\$30); Assessment (\$100); INC (\$30); Fee \$40 hrough Survey hrough Survey (Resurvey) hrough Survey (Resurvey) hrough Survey (Resurvey) hrough Survey hrough Sur	fst Bill Add
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	Invoice Product Invoice Pr	t Reporting (\$30); Assessment (\$100); INC (\$30); Fee \$40 Through Survey Through Survey (Resurvey) Trough Survey (Resurvey) Trough Survey (Resurvey) Trough Survey Through S	fst Bill Add

SINGAPORE ACCIDENT STATEMENT

Market Comments

IMPORTANT NOTICE

Gender

Mobile Number Fax Number

Contact Number

EMail Address

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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

	ACCIDENT STATEMENT
Date Of Report	23/12/2019 18:30
Date Of Accident	23/12/2019 12:20
Exact Location Of Accident	WOODLANDS AVE 12 TWDS GAMBAS
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMN303Z
Insured/Policyholder	
Name Of Registered Owner	BOUY PANG YING
NRIC No	SXXXX881B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96897981
Alternative Phone No	OFFICE-96897981
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C250 AMG LINE (R18 LED)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106246794
Cover Note Number	
Driver	
Name of Driver	BOUY PANG YING (WEI BANGYING)
NRIC No	SXXXX881B
Date Of Birth	28/03/1979
Occupation	INDOOR
Date Of Driving Pass	23/08/2004
Driving Experience	15 YEARS AND 4 MONTHS

MALE

NOEMAIL

(LOCAL) +65-96897981

OFFICE-96897981

BLK 836 HOUGANG CENTRAL Address

#05-541

530836 Postcode

Was driver an employee of the Insured's Company NO

OWNER 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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

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?

YES Was any other material or property damaged?

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

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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 VIDEO FOOTAGE WITH DRIVER

Remarks/ Reasons: Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SHB726J Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

TAXI 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

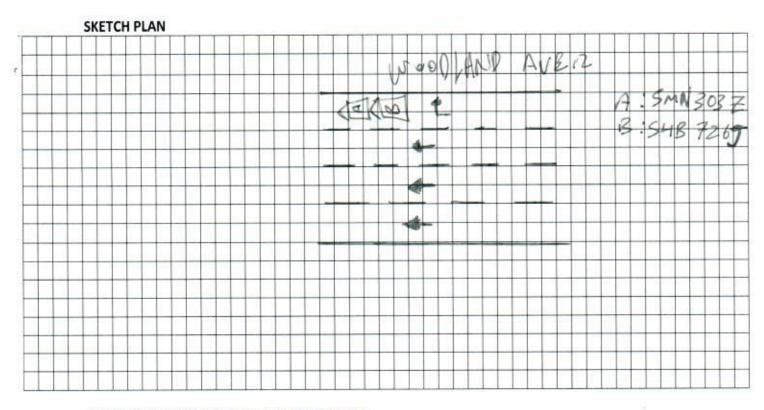
- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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) 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 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:
 - 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.

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT ON THE STATED DATE & TIME I VEHICLE A WAS AT THE JULTION AT THE TURN RIGHT OF WOODLANDS AVE 12 & GAMBAS AVE. I WAS FELT LANE TO FURN GRREN. SUPPENLY THE 416147 WAITING FOR IMPACT FROM THE BACH FOUND DUT THAT ALIGHT. AND HAS 01170 MY VEHICLE BACK. VEHICLE B HIT

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 D	ETAIL	S		
Date of accident	23/12/2019					(DD/MM/YY)
Time of accident	12:20					(HH:MM)
Exact location of accident	WOODLANDS	AVE	12	to WARDS	GAMBAS	100

经过少 证据 地名美国特	D	ETAILS OF	VEHICLE		The second second	
Vehicle registration number	SMN 30	032				
Vehicle make and model	MERC C	250		54-200-0		
Type of vehicle	Saloon 🗹	MPV 🗆 Bus 🗆	CRV i	□ Van	Others:	
Vehicle category	Private 🗹	Comme	ercial 🗆	Motorcy	cle 🗆	
Purpose of using at said time	GWING	007				
Are you claiming under your own insurance company?	Yes Third part cl	No □ aim.æ	if no, ple Reportin	ase select: g only \square		

建筑是有限的	INSURANCE IN	FORMATION	
Insurance company	NTUE INLOM	E	
Policy number			
Type of policy	Comprehensive 🗹	Third party fire & theft \square	TP only 🗆

INSURED / POLICY HOLDER									
Name	BOUY PANG YING	Male	Female 🗆						
NRIC / Fin / Passport number	579108818	***************************************							
Contact	9589 9689 7981								
Address									

DRIVER	SAN	ME A	AS	S IN	NSI	URE	D A	BOV	E	SKIP 1	TO D.	O.B		10	at b	
Name												- 1	Male		Fe	male 🗆
NRIC / Fin / Passport number											20 700	500				
Contact							-30									
Address							2									
Email address																
Date of birth																Name -
Occupation	Indoor	C	Ou	utd	oob	r 🗆										
Driving date pass																

	GENERAL	INFORMATIO	N OF THE ACCIDENT	MILE SECTION AND ASSESSMENT
Was driver an employee of	Yes 🗵	No 🗆	NOT THE ACCIDENT	
the insured's company?	(4.7)		e driver and insured:	
Accident captured by camera?	Yes Ø	No 🗆	e driver and modred.	
Weather condition	Clear	Raining	Others:	
Road surface	Dry	Wet 🗆	Others.	
	Ol	vvet 🗆		(Inclusive of driver
No of passenger	01			(inclusive of driver
		PASSENC	CED 1	
Name	SALES NO.	PASSENC	CK 15 NEW MARKS	AND DESCRIPTION OF THE PARTY OF
Gender	Male 🗆	Female		
dender	IVIGIC D	remare		
10000000000000000000000000000000000000	WHITE DEN	PASSENC	GER 2	
Name	CONTRACTOR OF STREET			
Gender	Male 🗆	Female 🗹		
Constant	Titale a			
		PASSENO	GER 3	Contract Con
Name				
Gender	Male 🗆	Female #		
ochac:	Tital C	,		
		PASSEN	GFR 4	Harris
Name	NAME OF TAXABLE PARTY.			
Gender	Male 🗆	Female		
Certaci	, mare =	, , , , , , , , , , , , , , , , , , , ,		
		PASSEN	GER 5	
Name				
Gender	Male 🗆	Female		
Geriaer	mare B	, cinaic =	/	
	9113	PASSEN	GER 6	
Name			JEN O	THE REAL PROPERTY.
Gender	Male 🗆	Female		
Gender	Tridic E	7		
Control of the State of the Sta	SANSON DES	OTHER INFO	RMATION	
Was anybody injured?	Yes 🗆	No 🗆		
Was other vehicle damaged?	Yes 🗆	No □		
Trus outlet remaie authorized	1			
	DETA	IS OF POLICE	STATION ACTION	1512 152 145 (15A)
Reported to police?	Yes 🗆		yes, please state which police	station.
Police station name	1.00		, , , , , , , , , , , , , , , , , , , ,	
CONTRACTOR OF THE PARTY OF THE	A STATE OF	WITNE	SS 1	The state of the
Name		- AAAAAA		
	S No. 1	WITNE	55.2	
Name	MA ANGE	WITINE		
Ivaille				

	THIRD PARTY VEHICLE 1
Vehicle registration number	S4B 7265.
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	THIRD PARTT VEHICLE 2
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	THIRD PARTY VEHICLE'S
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	THIRD PARTY VEHICLE 4
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	THIRD PARTY VEHICLE 5
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD DARTY VEHICLE C
Vehicle registration number	THIRD PARTY VEHICLE 6
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THE ALPTHUS T
SERVICE OF MANAGEMENT	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	

Contact

		INJURED PERSON 1
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No □
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	2000000000	
10	1000	
		INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
REAL PROPERTY OF THE PARTY OF T		INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes □	No 🗆
Was injured conveyed to	Yes 🗆	No □
hospital by ambulance?		
CORP. LANGUES IN THE SAN		INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes □	No □
Was injured conveyed to	Yes □	No □
hospital by ambulance?		
		INJURED PERSON 5
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes □	No □
Was injured conveyed to	Yes 🗆	No □
hospital by ambulance?		
		INJURED PERSON 6
Name	55-14553375-15-	
Injuries sustained		
Which vehicle person in?		
	Yes 🗆	No 🗆
Were seat belts worn?	162	140 🗆
Were seat belts worn? Was injured conveyed to	Yes 🗆	No 🗆

eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601			The second second	- Through a perior year	(CHIPAGE)	• Change	Language	• Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.(For Motor)	SMN303	32			of Accident	[2	3/12/2019	12:20	
			· · · · · · · · · · · · · · · · · · ·		1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5106246794		BOUY PANG YING	579108818	GPC	drivo PREMIUM	SMN303Z	SMN303Z	14/12/2018	16/02/2020
					C	Continue					

Policy No.	5106246794	Policyholder Name	BOUY PAN	G YING	Policyholder NRIC	S7910881B	
Certificate		Walle			THIS.		
No. Address	BLK 836 #05-541 HOUGANG C	ENTRAL SINGA	PORE 53083	36			
Product	PRIVATE CAR INSURANCE	Plan			Group	N	
Name Policy	14/12/2018	Effective	14/12/201	8.00:00	Policy Flag Expiry Date	16/02/2020	23:50
ssue Date Excess Type	14/12/2010	Date All Claims Excess	17/12/201	0.000	Expert Cone	10,02,2020	
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			You	ng/Inexperience Driver Excess
Agent	PREMIUM LEASING PTE. LTD.	Agent Tel.	66900296		GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate Info	No						
Policyh	older Mailing Address						
Address 1	BLK 836 #05-541	Addre	ss 2	HOUGANG CENTE	RAL	Address 3	SINGAPORE 530836
Address 4		Addre	dress Type Singapore address		5	Post Code	530836
Unit No.	05-541	Relate Numb	ed Policy er	5106246794			
) Insure	d Object: SMN303Z						
▽ Endors	ements						
Sequen	Date of Endorseme	nt	Endorsemer	nt Type	Endorsement	t Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 14 Dec 2018 TO 16 Feb 2020 In view of this amendment, an additional premium of \$394.53 (inclusive of GST) is payable under your policy. Please ignore this premium
1	14/08/2019 00:00	POLE	xtension/Sh	orten Endor	sement Take E	ffective	payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches teash, credit card or NETS.
2	14/08/2019 00:00		Information sement	Endo	rsement Take E	ffective	Thank you for giving us the opportunity to serve you. We confirm that from 14 Aug 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: MAYBANK SINGAPORE LIMITED CHASSIS NUMBER: WDD2050452R194553 ENGINE NUMBER: 27492030679661 VEHICLE REGISTRATION NUMBER: SMN303Z ORIGINAL REGISTRATION DATE: 17 Feb

laim Handling									
ocident MT/1076920 olicy No.	5106246794	Vehicle No.	SMN303Z			SST Registration No	D.		
ertificate No.									
olicynolder Name	BOUY PANG YING				,	hoticyholder NRIC		579108818	
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMI	IUM		pading		0	
ontact No.(Mobile)	96897981	Contact No.(Office)	0			Contact No.(Home)		0	
nail Address	30037301	Special Remark				:Code		Ticy	
K.	® No ○ Yes	TCA	® No ○Ye			Code Reason		I I I I I I	
	77							202	
CD Protection	No	NCD Entitlement(%)	10			Private Hire		No	
Accident Details									
port Date	23/12/2019 19:41	Accident Report Within 24 hrs.	Yes		,	Accident Type		Collision - He	ad to Rear
ite of Acodem	23/12/2019	Time of Accident hh:mm	12:20		1	Country of Accident	500	Singapore	
porting Centre		Orange Force			- 1	CM No.			
cident Location	WOODLANDS AVE 12 TWOS GAMBAS								
FECASE									
an damage Excess	800.00	Additional Excess	0		1	Windscreen Excess		100.00	
inamed Driver Excess	0.00	Outside Singapore OD Excess		600.00					
and Party Excess	0.00	Outside Singapore TP Excess		0.00					
Benefits									
GST Registered Informa	ation								
T Registered	No.		ggt	Registration Date					
T Registration No.	.799		GST Status verified			Yes			
dification History			(F)						
Policyholder Hailing Ad	idress								
dress 1	BLK 836 #05-541	Address 2	HOUGANG	CENTRAL		Address 3		SINGAPORE	530836
doress 4	CONTRACTOR CONTRACTOR	Address Type	Singapore a			Post Code		530836	
or No.	05-541	Related Policy Number	510624679			224 2336		8000000	
P OI Driver Info	- mar (1774)	The second of the particular of the second o							
iver Name	BOUY PANG YING (WEI BANGYING)	Driver Type	Main Driver						
named griver Name	DOOT PARE TING (MCI OFFICTING)	Driver NRIC	579108818			Driver DOB		28/03/1979	
gister Date of Driver License	23/09/2004	Driver Age	40			Driving Experience		15	
	96897981	Contact No.(Office)	0			Contact No.(Home)		0	
ntact No. (Mobile)							10		F10016
dress 1	BLK 836	Address 2	HOUGANG	UEN/RAL		Address 3		SINGAPORE	330636
						and the second			
		Address Type	Singapore a	doress		Post Code		530836	
ddress 4	05-541	Address Type	Singapore a	doress	-	Post Code		530836	
doress 4 nit No. oes he own a Singapore	05-541 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore a	doress		Post Code Driver Insurer Com	pany	530836	
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