NATIONAL Assessment Centre	e Services. [well sanos]	(COP) 1011 ALM	
Date In: 24/2/19-11:57	Jeb description	Date & Time Completed	Done by
Res No: Halincigonstyly	SAS e-filing		
Veh No: 5MN28873	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 29/19-17:50	i-Motor Claim Form	ופי 26 מב בכון רמן	windig tree
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2		1,1
OD / IT Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
11 Insurer.	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	ax:
TP Particulars: Veh No: Jx 90	INC	( )/Non-INC( ).	
Owner / Driver: (		Tel:	)
Policy No: ( ) Peri	od: ( )	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
	ote-Est. Status (WO): N: 0-	20%; P: 21-79%. F: 30-1	00%]
	'arranty: YES ( ) / NO (	)	
Excess: (\$ ) Loading: \$1,00	0()/\$2,000()		
General Remarks:-			Some State of
( ) Walk-In Customer: Customer's inform	nation strictly Confidential & S	trictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insurer	URGENTLY.		
Drive-In ( ) / Towed-In ( ); Invoice:	YES( )/NO( );	Fowing Co: (	• )
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by
	urtesy Car ( )		2.357.4
2) QC Check / Post Repair Inspection	( )	-	
3) Upload Resurvey Photo [Repair Cost > \$30	00] ()		
Injury:			
Date/Time Actions	STATE OF STREET	gentler are to the contract	REAL CHANGE
			-
	1		
	3		Anst (S) Ann
4pp 09636	Invoice Pre	paration Checklist	Anit (5) Anit
Намод636 :	1) AR : Acciden	t Reporting (\$30);	fit Bill Add
laimant's Particulars :-	1) AR : Acciden 2) DA : Damage 3) TF : Towing I	Reporting (\$30); Assessment (\$100); INC (\$8	fit Bill Add.) 0) 1545
lumant's Particulars :- river/Owner:	1) AR : Acciden 2) DA : Damage 3) TF : Towing I 4) FT : Follow-T	Reporting (\$30); Assessment (\$100); INC (\$8  See \$40, hrough Survey	fit Biji Add I
Inimant's Particulars :- river/Owner:	1) AR : Acciden 2) DA : Damage 3) TF : Towing I 4) FT : Follow-T 5) i*T : Follow-T For claiming a	t Reporting (\$30); Assessment (\$100); INC (\$8: Fee \$40, Frough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005)	[51 Bij] Add.) 0) 7545 1120 530
Introduct No:	1) AR : Acciden 2) DA : Damage 3) TF : Towing I 4) FT : Follow-T 5) i*T : Follow-T For claiming a 6) TR : Re-inspe	t Reporting (\$30); Assessment (\$100); INC (\$8: Fee \$40, Arough Survey (\$100); Arough Sur	751 Bill Add 1
Introg676 : Inimant's Particulars :- river/Owner: ontact No:	1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming a 6) TR: Re-inspe 7) N1: Idac DA 8) NTUC Addition	t Reporting (\$30); Assessment (\$100); INC (\$8: Fee \$40, Arough Survey (Resurvey) Against JNC Only (wef 10 Jan 2005) Ction  + SMRT Survey (\$3.00);  **The control of the con	[51 Bij] Add.] 0) 75 45 11 20 15 30
Inimant's Particulars:- river/Owner: ontact No: amaged Portion:	1) AR : Acciden 2) DA : Damage 3) TF : Towing I 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-inspe 7) N1 : Idae DA 8) NTUC Addition	t Reporting (\$30); Assessment (\$100); INC (\$8: Fee \$40, Assessment (\$100); INC (\$8: Fee \$40, Arough Survey (Resurvey) Arough Survey (Resurvey) Arough Survey (Resurvey) Arough Survey (\$8: Arough Survey (\$	[51 Bij] Add.] 0) 75 45 11 20 15 30
Inimant's Particulars :- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	1) AR : Acciden 2) DA : Damage 3) TF : Towing I 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-inspe 7) N1 : Idae DA 8) NTUC Additi OD* *N5: Courtesy *N6: Repair C	t Reporting (\$30); Assessment (\$100); INC (\$8: See \$40, hrough Survey (Resurvey) gainst JNC Only (wef 10 Jan 2005) ction + SMRT Survey \$5 anal Services: Cer / Tpt Allowance	
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Payoa636  Plaimant's Particulars:  Priver/Owner:  Ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):  uditors! Comments:-  1.1:	1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD!* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co	t Reporting (\$30); Assessment (\$100); INC (\$8: fee \$40. frough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) ction + SMRT Survey \$ for all Services:  Cer / Tpt Allowance for dination fir Inspection flect Excess Coordination (Non INC) against INC	

#### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

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.
- 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.

aforesaid,	
	ACCIDENT STATEMENT
Date Of Report	24/12/2019 11:57
Date Of Accident	23/12/2019 17:50
Exact Location Of Accident	AYE (TUAS) BEFORE CLEMENTI RD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMN7887J
Insured/Policyholder	
Name Of Registered Owner	KARKOOL LIMOUSINE
Co Reg No	5XXXX768D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90495999
Alternative Phone No	OFFICE-90495999
Vehicle Particulars	
Manufacturer	NISSAN
Model	TEANA 2.0L CVT ABS D/AIRBAG 2WD
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5110340125
Cover Note Number	
Driver	
Name of Driver	LIM SONG MENG (LIN SONGMING)
NRIC No	SXXXX995H
Date Of Birth	24/09/1978
Occupation	OUTDOOR
Date Of Driving Pass	27/12/1999
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96117377

OFFICE-96117377

NOEMAIL

Address

BLK 6B BOON TIONG ROAD

#07-59

Postcode

165006

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

•

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

4

involved in the accident

900

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

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

PUNGGOL N.P.C

Police Station Address

ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191224/2037.

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

SLX9034A

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category Name of Driver

SHUHADAH

NRIC/Passport Number

SXXXX827C

Contact Number

98464104

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SML9882T

Vehicle Make/Model/Colour

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)

3

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

SJG6687Z

Vehicle Make/Model/Colour

Details Of Properties

-----

Vehicle Category

PRIVATE CAR

Name of Driver RAVI

NRIC/Passport Number

Contact Number

90906474

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF INJURED PERSON 1**

Name

LIM SONG MENG (LIN SONGMING)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SMN7887J

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

## 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</u> and accurate as <u>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.
- 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:
  - (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 Specture

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN		
	1-14-1	
		A: SM N74 78
		B-Stx9034A
	<u>                                    </u>	5: 2000082 A
	18/1/	
	1-1-1/1	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT		
peter to plice aport-1/2019/2017.		
	4	-
	2	
	- Hwater	

DECLARATION

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



Driver's Signature (If driver is not the pollcyholder) Date & Time:

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:





1 of 4

Report No. T/20191224/2037

# Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

## REPORT OF A TRAFFIC ACCIDENT

	ne Report N 019 11:16	/lade:	Vide Report No.:	Station Diary No.: 80			
Informa	nt's Partic	ulars					
	Informant: NG MENG		Address: APT BLK 6B BOON TIG 165006	ONG ROAD #07-59 SINGAPORE			
	/ ID No.: O / S78279	95H	Contact No.: Home/Office:	Mobile: 96117377			
National SINGAP	ity: ORE CITIZ	ΈN	Email:				
Sex: Male	Age:	Date of Birth: 24/09/1978	Type of Informant: Driver				
Race: Chinese			Language:	Institution / School Name:			
Occupat SALESN			Driving Licence Informa Class: 3	ation: Date of Expiry:			

General Inform	mation of the Accid	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/12/2019 17:50	Type of Location: Straight Road
(*************************************	H EXPRESSWAY			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collis Between Mov	ion: ring Vehicles - Head	I To Rear		Anyone conveyed by ambulance: No

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJG6687Z	Car					0
SLX9034A	Car					0
SML9822T	Car					0
SMN7887J	Car	NISSAN		Maroon	Seriously Damaged	0



T/20191224/2037

2 of 4

Report No. T/20191224/2037

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

CONTINUATION OF REPORT

<b>Details of Perso</b>	American and an					
Any Pedestrian Ir						
No. of Pedestrian	s Injured: NIL		Use of Pe	edestriar	Cross	sing: NA
Driver						
Name	RAVI			ID No.		NIL
Related Vehicle	SJG6687Z (Car)			Contact No.		90906474
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date D				NIL	
				of Injury		
Driver						
Name	SHUHADAH			ID No		S7922827C
Related Vehicle	SLX9034A (Car)			Contact No.		98464104
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	- M	Date Disc	Discharge NIL		
No. of Days grant	ted Medical Leave	NIL	Degree o	ee of Injury NIL		
Driver						
Name	LIM SONG MENG			ID No.		S7827995H
Related Vehicle	SMN7887J (Car)	\$11.000		Contact No.		96117377
Hospital/Clinic	HL CLINIC PTE LT	D		Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	23/12/2019		Date Disc			2/2019
	ted Medical Leave	03	Degree o		_	

## Brief Details.

On 23/12/2019 at about 1750hrs, I was travelling along AYE towards Jurong on lane 1, when the car in front of me (SML9822T) suddenly jammed brake to a stop. I managed to stop in time to avoid colliding into the vehicle in front. Seconds later, I felt an impact at the rear of my car, which caused my car to move forward to knock onto the rear of (SML9822T). I then alighted to make a check and discovered that my car was involved in a chain collision, involving the following cars, in order:

- 1) SML9822T
- 2) SMN7887J
- 3) SLX9034A





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 3 of 4 Report No. T/20191224/2037

CONTINUATION OF REPORT

# 4) SJG6687Z

The 4th car however, tried to avoid colliding into the 3rd car, and eventually swiped the right side of my car. The collision caused some major damages on my car. Thereafter, all of us drivers exchanged our particulars and left the scene. There was no traffic police or ambulance at scene, and my car had a dash camera installed at the time of the accident, however I am unsure if it recorded the accident.

On the same day at about 1900hrs, I proceeded to HL Clinic Pte Ltd after feeling some pains on my left arm, and was issued with 3 days of MC from 23/12/2019 to 25/12/2019.





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 4 of 4 Report No. T/20191224/2037

CONTINUATION OF REPORT

# 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.

Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 3 ANNA ANTHONY	TA TA
Signature Of Interpreter:	Date/Time:
Not applicable	24/12/2019 11:16
Officer In Charge Of Case:	Classification Of Case:
Sr Staff Sgt ONG YONG HOCK	X I
Contact No.: 65476436	
Authentication Stamp	

Hello, NAC_PAYA_UBI_80	0601			The second second			+ Change	Language	' Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query								gc : 255 HO. U	Lug O
Notice of Loss	Policy f	No.	5110340	0125		Date	Accident	[2	3/12/2019 1	7:50	
	Vehicle	No.(For Motor)	SMN788	7)		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	5110340125	5110340125-	KARKOOL	53359768D	GFM	Third Party	SMN78873	5MN7887)	02/09/2019	10/06/2020

Policy No.	5110340125	Policyholder Name	KARKOO	L LIMOUSINE	Policyholder NRIC	533597680	
Certificate No.	5110340125-000009						
Address	BLK 154 #04-392 SERANGOO	N NORTH AVEN	JE 1 SING	APORE 550154			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	11/06/2019	Effective Date	11/06/20	019 00:00	Expiry Date	10/06/2020	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			You	ing/Inexperience Driver Excess
Ngent:	INSURE LINK PTE LTD	Agent Tel.	6444464	4	GST Flag	Υ	
0-							
nsurance lag	No						
lag Open Policy Info	No						
lag Open	No						
lag Open Policy Info Certificate nfo	No older Mailing Address						
lag Open Policy Info Certificate nfo		Addre	ss 2	SERANGOON NORTH	H AVENUE 1 /	Address 3	SINGAPORE 550154
lag Open Policy Info Certificate nfo Policyh	older Mailing Address		ss 2 ss Type	SERANGOON NORTH		Address 3	SINGAPORE 550154 550154
Pag Open Policy Info Certificate nfo Policyh Address 1	older Mailing Address	Addre	ss Type d Policy				ACCURATION OF STREET
Plag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address BLK 154 #04-392	Addre Relate Numb	ss Type d Policy	Singapore address			ACCURATION OF STREET
Plag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address  BLK 154 ±04-392  04-392  1 Object: 5110340125-0000	Addre Relate Numb	ss Type d Policy	Singapore address			ACCURATION OF STREET
Plag Open Policy Info Certificate Info  Policyh Address 1 Address 4 Unit No.  Insured	older Mailing Address  BLK 154 ±04-392  04-392  d Object: 5110340125-0000	Addre Relate Numb	ss Type d Policy er	Singapore address	1		550154
Plag Open Policy Info Pertificate Info Policyh Address 1 Address 4 Unit No. Insured Endorse Sequen	older Mailing Address  BLK 154 ±04-392  04-392  d Object: 5110340125-0000	Addres Relate Numbo	ss Type d Policy er	Singapore address	1	Post Code	ACCURATION OF STREET
Plag Open Policy Info Pertificate Info Policyh Address 1 Address 4 Unit No. Insured Endorse Sequen	older Mailing Address  BLK 154 #04-392  04-392  d Object: 5110340125-0000  ments  ce Date of Endorsement  ate Endorsements	Addres Relate Numbo	ss Type d Policy er	Singapore address	Endorsen	Post Code	550154

Marche   March   Ma	Certificate No. S110340125-000009  Policyholder Name KARKOOL LIMOUSINE  Product Code PLEET MASTER INSURANCE Cover Type Third Coreact No. (Mobile) 90495999 Contact No. (Office) 0  Emai Address Special Remark  KFK ® No Yes TCA ® No NCD Protection No NCD Emblement (%) 9  Accident Details  Report Date 24/12/2019 12:52 Accident Report Within 24 brs Yes	1987)		
STANDWOOD   Note   STANDWOOD	Certificate No. 5110340125-00009  Policyholder Name KARKDOL LIMOUSINE  Product Code PLEET MASTER INSURANCE Cover Type Third  Contact No. (Mobile) 90-95999 Contact No. (Office) 0  Imai Address Special Remark  (FK © No ) Yes TCA © No  NO NCD Protection No NCD Emblument(%) 9  Accident Details  laport Date 24/12/2019 12:52 Accident Report Within 24 brs Yes	1987)		
Married Code   Marr	CONTROL COMPANIE  COVERT NAME  COVERT NAME  COVERT TYPE  THIRD  COVERT NO. (Office)  COVER NO. (OFFICE)  COVER NO. (OFFICE)  COVERT NO. (OFFICE)  COVERT NO		GST Registration No.	
March Color   March Ma	roduct Code PLEET MASTER INSURANCE Cover Type Third oreact No. (Mobile) 90.995999 Contact No. (Office) 0 mail Address Special Remark PK ® No ○ Yes TCA ® No CD Protection No NCD Entirement(%) 0  ■ Accident Details aport Date 34/12/2019 12:52 Accident Report Within 24 hrs Yes			
March Code  Mile March State March March  March March March  March March March  March March  March March  March March  March March  March March  March March  March  March March  March  March  March March  March	Contact No. (Mobile) 90.e95999 Contact No. (Office) 0  Email Address Special Remark  EN ® No O Yes TCA ® No  CD Protection No NCD Emblument(%) 0  Accident Details  aport Date 24/12/2019 12:52 Accident Report Within 24 brs Yes		Policyholder NRIC	\$1359768D
Control Deliver   Control De	Email Address Special Remark  CFK ® No ○ Yes TCA ® No  No NCD Protection No NCD Emissionment(%) 0  Accident Details  lapart Date 24/12/2019 12:52 Accident Report Within 24 brs Yes	Party		
Specime in the Appendix   Specime in the A	FX			
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Marches   Marc	CCD Protection No NCD Encidement (%) g  Accident Details  aport Date 24/12/2019 12:52 Accident Report Within 24 hrs. Yes.	Oves		1.5
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