Date In:	
E-mail (within Shrs, AIC 2hrs))
E-trail (within Shes, AIC 2hes))
i-Motor W/O (withia: OD 2hrz, TF 4hrs) i-Photo Uploaded Assessment/Survey Report Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: (Tol: Fax: TP Particulars: Veh No: Govern INC () / Non-INC () Owner / Driver: (Tel: Policy No: () Period: () Cover Type: (Confirmed by: (Date: Time: Insured/Drivet Liability: (%) [Note-Est Status (WO): N: 0-20%; P: 21-79% P: 80-100% Year of Registration: () Warranty: YES () / NO () Excess: (\$) Loading: \$1,000 () / \$2,000 () General Remarks: () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: (** Remarks: (INC hotline: 6788 6616) 1) Apply for Transp.ort Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] ())
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TP Particulars: Veh No: ABCCOMM INC () / Non-INC () Owner / Driver: (Tel: Policy No: () Period: () Cover Type: (Confirmed by: (Date: Time: Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%, P: 21-79%, P: 30-100%) Year of Registration: () Warranty: YES () / NO () Excess: (\$) Loading: \$1,000 () / \$2,000 () General Remarks: () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: (Remarks: (INC hottline: 6788 6616) Date&Time Completed 1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury:	
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Date/Time Actions	graft steer to his action
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	Amt (5) Amt (3)
Invoice Preparation Checklist	Tit Bill Add Bill
1) AR : Accident Reporting (530);	
2) Dr. Touring East \$40,545	
Tiver/Owner: 4) FT : Follow-Through Survey \$120	
ontact No: 5) FT: Follow-Through Survey (Resurvey) 530 For claiming against INC Only (wef 10 Jan 2905)	
6) TR: Re-inspection \$75	
armaged Portion: 7) N1 : Idae DA + SMRT Survey \$160	
8) NTUC Additional Services:-	
C. Checked by (Engr-In-Charge): *N5: Courlesy Cor / Tpt Allowance \$5	
*N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25	
nditors' Comments:- *N8: DV / Collect Excess Coordination 55	
t. 1: TP (N11): TP (Nn INC) against INC \$20	
Invoice dated Fee Charged	f
1. 2 / 3: Invoice dated Fee Charged Invoice dated Fee Charged	ningan

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number 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

aroresaid.	ACCIDENT STATEMENT
Date Of Report	31/12/2019 10:00
Date Of Accident	30/12/2019 14:00
Exact Location Of Accident	BLK 116 TECK WHYE LANE CARPARK
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP2217C
Insured/Policyholder	
Name Of Registered Owner	LYE YONG SENG, LOUIS
NRIC No	SXXXX922A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93826587
Alternative Phone No	OFFICE-93826587
Vehicle Particulars	
Manufacturer	AUDI
Model	Q2 1.0 TFSI S TRONIC
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	5112085529
Cover Note Number	
Driver	
Name of Driver	LYE YONG SENG, LOUIS
NRIC No	SXXXX922A
Date Of Birth	05/06/1987
Occupation	OUTDOOR
Date Of Driving Pass	30/05/2016
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93826587

OFFICE-93826587

NOEMAIL

BLK 110 TECK WHYE LANE Address

#07-596

NO

1

680110 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

SIDE SWIPE Type Of Accident

CLEAR Weather Conditions

DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2

involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

NO Was the accident reported to the police?

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 NO

Was there any video captured by Car Camera? NO

Was there any audio recorded?

Details of Witness 1

CHUA SOON LYE Name

91234332 Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBJ5924A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 13

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly on the details of the accident to speed up the claims process. 1)
- This form must be completed by the policy holder and/or the authorised driver. 2)
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material 3) 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.
- 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

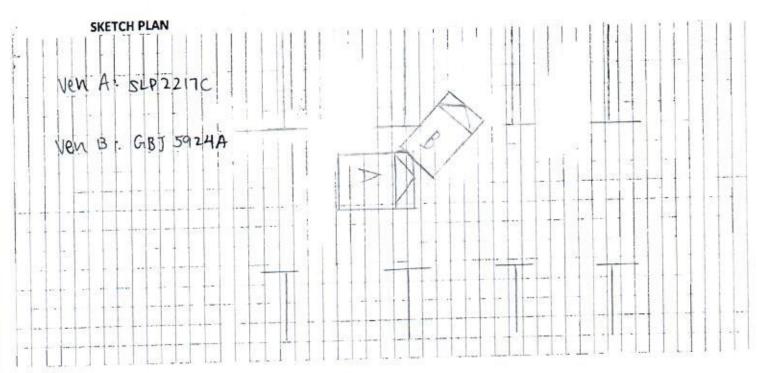
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 (1) investigations relating to the claims;
 - Investigations the accident and/or my claims; (11)
 - Carrying out and/or dealing with my instructions or responding to any enquiries by me; (111)
 - Administering my claims (including the mailing of correspondence, statement, invoices, reports or notices to me, (IV) 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
 - Complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively (V) 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 (1) fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

For complying with requirements under my regulations, laws or court orders. (11)

signature Policy holder Date / time:

Driver's signature (if driver is not policy holder) Date / time:

reporting centre personnel's Signature Date / time:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Straight travelling time, was date and Stated towards neading BIK 116 Whye Carpark Teck along B (GBJ 5924A reveresed out Vehicle Suddenly gantry the hit onto portion vehicle В reav parking lot. +ne venicle. 109+ front CLE portion my

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.:

SHINGAPURE 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 ٠ 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	100 1000 1001
Date of accident	301 121 2019	(DD/MM/YY)
Time of accident	1400	(HH:MM)
Exact location of accident	BIK 116 teck whye lane Carpark.	

BEARS 对自己的 1000000000000000000000000000000000000	DETAILS OF VEHICLE	Parties Hall
Vehicle registration number Vehicle make and model	SLP 2217C Audi Q2	
Type of vehicle	Saloon MPV CRV Van D	
Vehicle category	Private Commercial Motorcycle	
Purpose of using at said time		
Are you claiming under your own insurance company?	Yes □ No → if no, please select: Third part claim → Reporting only □	

PRODUCES THE STATE OF THE STATE	INSURANCE IN	FORMATION	国。
Insurance company	HTUC		
Policy number			TDaabus
Type of policy	Comprehensive	Third party fire & theft □	TP only 🗆

	INSURED / POLICY HOLDER	Male 🔀	Female c
Name	Lye Young Seng, Louis	Widic &	7 6111010
NRIC / Fin / Passport number	S87 159 22A		
Contact	9382 6587	,	
Address	BIK 110 Teck whye Lane #07	1-596 S(680	110)

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)					
	Male 🗆	Female				
Name						
NRIC / Fin / Passport number						
Contact						
Address						
Email address						
Date of birth	05 06 1987					
Occupation	Indoor Outdoor					
Driving date pass	30/05 2016					

	GENERAL	INFORMATION OF THE ACCIDENT	
Was driver an employee of	Yes 🗆	No 🛩	owner.
the insured's company?	If no, rel	ationship of the driver and insured:	owner.
Accident captured by camera?	Yes 🗆	Nor	
Weather condition	Clear	Raining Others:	
Road surface	Drye	Wet □	"
No of passenger	1		(Inclusive of driver)
		PASSENGER 1	
Name			
Gender	Male □	Female 🗆	

		PASSENGER 2	
Name			
Gender	Male 🗆	Female	
		Visit de la companie	
		PASSENGER 3	
Name			
Gender	Male □	Female	
	W-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
STATE OF THE STATE		PASSENGER 4	
Name			
Gender	Male □	Female	
BOUTH BEET TO THE STATE OF THE		PASSENGER 5	
Name			
Gender	Male 🗆	Female 🗆	
ocirac.			
A SHARE THE PARTY OF THE PARTY	No. of the last	PASSENGER 6	
Name	and the second	A	
Gender	Male 🗆	Female □	
Gender			
FACE STREET, DESCRIPTION OF THE PARTY OF THE	STOCKED BY	OTHER INFORMATION	有些一次的对于一个
Was anybody injured?	Yes 🗆	Noz	
Was other vehicle damaged?	Yesz	No 🗆	
ATTENDED ON THE CONTROL OF THE CONTR	DETA	ILS OF POLICE STATION ACTION	THE CAMERINA TO SEE
Reported to police?	Yes 🗆	No If yes, please state wh	nich police station.
Police station name			
1 once station name			
ALEXANDER DE LA COMPANION DE L	A Transit	WITNESS 1	A KIND OF THE PARTY OF THE PART
Name		The state of the s	soon Lye
Name	1		Fig. 1
		WITNESS 2	
ACAM STATE OF STATE O	N. Co.		
Name			

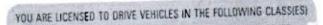
	THIRD PARTY VEHICLE 1
	GBJ 5924 A
Vehicle registration number	CIBS S-IZ-17-1
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
AND THE THE TANK OF THE PARTY O	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
TO THE PROPERTY OF THE PARTY OF	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
基础的企业的基础的企业	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
建筑的基础的	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	
Vehicle make model	
Name	

NRIC / Fin / Passport number

Contact

		INJURED PERSON 1
第二程,大量是一次在于新华的		INJURED PERSON I
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes □	No 🗆
hospital by ambulance?		
Wanted State of the State of th		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?	0.000 0.00000000	
Melinger out the contract of the		INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗸
Was injured conveyed to	Yes 🗆	No D
hospital by ambulance?		
nospital by ambalance.		
British and the state of the st	NAME OF THE OWNER.	INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?	1	
Were seat belts worn?	Yes□	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	1.55	
nospital by ambulance		
		INJURED PERSON 5
Name	The second second	
Name Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	1000	
nospital by any sienes	59X 1111	
		INJURED PERSON 6
Name	- Contraction	
Name /		
Injuries sustained Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	1000000	ROSERCO
nospital by ambulance:		





EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg

Licence No S8715922A

For LKK/NAC U

06-01-2018

5848152

APT BLK 110 TECK WHYE LANE #07-596 SINGAPORE 680110

NP 428A



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 185))
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960	
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5112085529

Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle

: SLP2217C

Chassis Number

: WAUZZZGA7HA021737

: LYE YONG SENG, LOUIS

2. Name of Policyholder

: 22 Aug 2019

3. Effective Date of Insurance

4. Expiry Date of Insurance

: 21 Aug 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

: \$\$600 EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : \$\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS : PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS : YES REPAIR AT OWNER'S PREFERRED WORKSHOP . YES INSURE WITH COE : NO NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : LYE YONG SENG, LOUIS PRIMARY DRIVER : SU SHICHANG NAMED DRIVER (1)

: N/A NAMED DRIVER (2)

: OCBC BANK LTD HIRE PURCHASE COMPANY

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: INDEX AGENCY PTE LTD (00000572017)

Date of Issue

: 22 Aug 2019 15:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech	ech Genera					alClaim	
Hello, NAC_PAYA_UBI_80	0601	// /	THE RESERVE OF THE PARTY OF THE	• Change Lan	guage • Chan	ge Password	· Log Out
My Desktop	Policy Query						
Notice of Loss	Palicy No.		Da	ite of Accident	30/12/2019	14:00	
	Vehicle No. (For Motor)	SLP2217C	Ce	rtificate Number			
			Search				
	Select Policy No.	Certificate Policyholder Number Name	Policyholder Prod		hicle Insured No. Object	Commence Date	Expiry Date
	O 5112085529	LYE YONG SENG, LOUIS	S8715922A GP	C PREMIUM SUP	2217C SLP2217C	22/08/2019	21/08/2020
			Continu	ue			

Seque	nce Date of Endorsen	nent	Endorsement Type			t Status	Endorsement Content
□ Endors	sements						
▶ Insure	d Object: SLP2217C						
Unit No.	07-596 Related Policy Number		5112085529				
Address 4		Addre	ess Type	Singapore address		Post Code	680110
Address 1	BLK 110 #07-596	Addre	ess 2	TECK WHYE LANE		Address 3	SINGAPORE 680110
	nolder Mailing Address						V 000 (20000) TO ALL ASSESSMENT
Certificate Info							
Open Policy Info							
insurance Flag	No						
Co-		VIII THE STATE OF					
Agent	INDEX AGENCY PTE LTD	Agent Tel.			GST Flag	Υ	
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
xcess Type	Per Accident	All Claims Excess					
Policy ssue Date	22/08/2019	Effective Date	22/08/201	9 00:00	Expiry Date	21/08/2020 2	3:59
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
ddress	BLK 110 #07-596 TECK WHY	E LANE SINGAPO					
Certificate lo.							
olicy No.	5112085529	Policyholder Name	LYE YONG	SENG, LOUIS	Policyholder NRIC	S8715922A	

Licy No. S112085529 Value No. SLP2217C GST Registration No.	laim Handling					
THE PROPERTY OF THE PROPERTY	ccident MT/1077885					
Note	Hey No.	5112085529	Vehicle No.	SLP2217C	GST Registration No.	
Michael Mich	mificate No.					
Contact Aug (Direct)	licyholder Name	LYE YONG SENG, LOUIS			Policyholder NRIC	58715922A
Squared Service Squared Se	oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	9
Standamp	ntact No.(Mobile)	93826587	Contact No.(Office)	0	Contact No. (Home)	0
Standamp			Special Remark		eCode	[II V
Marcian Mar		® No ○Yes		® No ⊜Yes	eCode Reason	(6)
Marche					Private mre	No
March Marc			Large View Construction			
The net Account (1) 10 10 10 10 10 10 10		2012/03/04/04/04	Annier Sanne Within 74 hor	Wes	Annders Type	Side Swine
Control Lineary						
Marie Mari		30/12/2019		14100		Singapore
Marcian Marc			Grange Force		ILM NO.	
Standard Towards	ident Location	BLK 116 TECK WHYE LANE CARPARK				
Part	Total Excess Applicable					
200 1900 1	ess Type	Per Accident	Windscreen Excess	100.00		
200 1900 1				1990		
Cold Transport Application Cold Transport						NIZAMIN'S
Mode			VIED TP Excess	0.00	Driver is Covered?	Covered
Contract	Itional Excess	0				
Segretarion	at OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
Segretation	Senefits .					
Registration No.	GST Registered Informa	ation				
Polity P	Registered	No		GST Registration Date		
Process Proc	Registration No.			GST Status Verified	Yes	
Part	dification History					
Part 10 107-1596						
Ageres Type No. 07-56 Resid Prop Diff Resid Prop Prop Spring Life YOMS SPRING LOUIS Driver Man Driver File Rane Life YOMS SPRING LOUIS Driver Man Driver File Rane Life YOMS SPRING LOUIS Driver Man Driver File Rane Life YOMS SPRING LOUIS Driver Man Driver File Rane Life YOMS SPRING LOUIS Driver Man Driver File Rane Life YOMS SPRING LOUIS Driver Man Driver SPRING RANE SPRI	Policyholder Hailing Ad	dress				
No. 07-556	dress 1	BLK 110 #07-596	Address 2	TECK WHITE LANE	Address 3	SINGAPORE 680110
Other July Driver Turk D	dress 4		Address Type	Singapore address	Post Code	680110
NEW TORK NEW TORK SENSE, LOUIS Deve Type Man Diver	it No.	07-596	Related Policy Number	5112085529		
Driver Name Spring Date of Privar Library Spring Date of Date of	OI Driver Info					
	iver Name	LYE YONG SENG, LOUIS	Driver Type	Main Driver		
Corest No. (Merchal) State	named driver Name		Driver NRIC	58715922A	Onver DDB	05/06/1987
DECES BUX 110 Address 2 TECK WHITE LAME	gister Date of Driver License	30/05/2016	Driver Age	32	Driving Experience	3
Section Sect			Contact No.(Office)	0	Contact No.(Home)	0
Address Type Snippore address Pour Code 650110 of this control of this contro						SINGAPORE 680110
as he can a Singapore or two files to the control of the control o		00,110				
Literation Claim 001 New Any Injury 1 OP-MX Injury 2 Name Any Injury 3 Name LYE YONG SENG, LOUIS Injured Mall C Se715922A Any Injury 3 Name Any Injury 4 OP-MX Injury 3 Name LYE YONG SENG, LOUIS Injury 4		acres.	Abbress Type	Silvapore acts can	Communication (
Service Carlo Learning L						
Any Injury Yes No	gstered car?	☐ Yes (€) No	Driver Vehicle No.		Driver Insurer Company	
Any Injury Yes No						
defication Motory Claim 001 New arm Type * OC-MX						
Attachment Sent Type * Op-MX	eathelyser or Blood Test ading?	0 mg	Any injury?	☐ Yes ® No		
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arm Type * OD-MX	of the same of the same of					
Address LOUISLYCS7@GMAIL COM GI Vehrole Number SLP2217C TP Vehicle Number GB55924A Type of Benefit + Please Select V Type of Benefit + Type of Benefit +	Claim 001 New					
Interfact No. (Mobile) 02826587 Contact No. (Home) Contact No. (Office)						
Inter No (Mobile) 0323587 Contact No (Home) Contact No (Office)	120	V-5-00	1000-0000	Consideration of the last	feet and bear	007-00704
The Vehicle Number Gaissp24A Support Finals Address Louis (Visit of Benefit Please Select Type of Benefit Type of Benefit				LYE YONG SENG, LOUIS		58715922A
Attachment Pint AK letter AKTACHMENT Pint AK letter AKTACHMENT Pint AK letter Browse Pint AK letter Browse Dear Pineses Select V V Normel V Norme	ntact No.(Mobile)	93826587				
Save Submit Save Save Submit Save Save Submit Save Save Submit Save Sa	all Address	LOUISLYC87@GMAIL.COM		The state of the s	TP Vehicle Number	GB)5924A
Immare Address Sim Description Sit P2237C / GB35924A ON 30 Dec 2019 Insured Liabley * Not at Fault Quest Finalisation Yes		Please Select		Please Select		
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