Date In: 2 1/10-09:34	Jeb description	Date &Time Completed	Done by
Ref No: NA HOVOURIST ZY	SAS e-filing		
Veh No: Sprine	E-mail (within Shrs, AIC 2h	rs)	
D.O.A: 30/1/19/14:50	i-Motor Claim Form	m) 1077 923-002	3/1/00 10:42
	i-Motor W/O (Within: Of		
OD TP Reporting Only	i-Photo Uploaded		
TEN 1	Assessment/Survey Repo	ort i	
TP Insurer:	Ass't Report by Fax / Ha	nd to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(	Tel: F	ax:
TP Particulars: Veh No: (	BAZOSES IN	C( )/Non-INC( )	4
Owner / Driver: (		Tel:	)
Policy No: (	Period: (	) Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %	(WO): N:	0-20%; P: 21-79%. P: 80-1	100%]
Year of Registration: ( )	Warranty: YES ( )/NO	)	
Excess: (\$ ) Loading: \$	\$1,000( )/\$2,000( )		
General Remarks:-			Total St.
( ) Walk-In Customer : Customer's		A LAMBORATOR DE LA CONTRACTOR DE LA CONT	
( ) Total Loss Case : to e-mail Ins			
		; Towing Co: (	- ; )
Dive-in ( )/ lowed-in ( ); inv	orce. res ( ) / NO ( )	, Towning Co. (	/ / / / / / / / / / / / / / / / / / /
Remarks:- (INC hotline: 6788 6616		Date&Time Completed	Done by
Apply for Transport Allowance (	) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection	( )		
그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그			
3) Upload Resurvey Photo [Repair Cost	> \$3000] ( )		
3) Upload Resurvey Photo [Repair Cost	> \$3000] ( )		
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Julian Resurvey Photo [Repair Cost 2]  Injury:  Onte/Time Actions	3		Ant (\$) Am
Injury:  Onte-Time Actions  Na voow1	Invoice	Preparation Checklist	
Julian Resurvey Photo [Repair Cost 2]  Injury:  Date/Time Actions	Invoice  1) AR: Acc 2) DA: Da:	Preparation Checklist ident Reporting (\$30); nege Assessment (\$100); INC (\$	Anit (\$) Ami fit Bill Add
Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Invoice  1) AR: Act 2) DA: Da: 3) TF: Tow	Preparation Checklist. ident Reporting (\$30); mage Assessment (\$100); INC (\$10	Anit (5) Ami In Bill Add
July 20017  Actions  Actions  Amains's Particulars:	Invoice  1) AR: Acc 2) DA: Da: 3) TF: Tow 4) FT: Foll 5) FT: Foll	Preparation Checklist ident Reporting (\$30); mage Assessment (\$100); INC (\$100); INC (\$100); ing Fee \$4 ow-Through Survey ow-Through Survey (Resurvey)	Anit (\$) Amit fit Bill Add 80) 0/\$45 \$120 \$30
July 20017  Actions	Invoice  1) AR: Acc 2) DA: Da: 3) TF: Tow 4) FT: Foll 5) FT: Foll For claim	Preparation Checklist  ident Reporting (\$30);  nege Assessment (\$100); INC (\$100); INC (\$100);  ing Fee \$40  ow-Through Survey  ow-Through Survey (Resurvey)  ing against INC Only (wef 10 Jan 200)	Anit (\$) Amit fit Bill Add 80) 0/\$45 \$120 \$30
July 20017  Actions  Actions  Amains's Particulars:	Invoice  1) AR : Acc 2) DA : Das 3) TF : Tow 4) FT : Foll 5) FT : Foll For claim 6) TR : Re- 7) N1 : Idaa	Preparation Checklist ident Reporting (\$30); nege Assessment (\$100); INC (\$100); INC (\$100); INC (\$100); ing Fee \$40; ow-Through Survey (Resurvey) ow-Through Survey (Resurvey) ing against INC Only (wef 10 Jan 200); inspection DA + SMRT Survey	Ant (\$) Amt 1st Bill Add 80) 0/\$45 \$120 \$30
July 20017  Actions	Invoice  1) AR: Acc 2) DA: Da: 3) TF: Tow 4) FT: Foll 5) FT: Foll For claim 6) TR: Re- 7) N1: Idae 8) NTUC A	Preparation Checklist  ident Reporting (\$30); rege Assessment (\$100); INC (\$10	Amt (\$) Amt fit Bill Add 80) 0/\$45 \$120 \$30 5)
July 20017  Actions	Invoice  1) AR: Acc 2) DA: Da: 3) TF: Tow 4) FT: Foll 5) FT: Foll For claim 6) TR: Re- 7) N1: Idaa 8) NTUC A QD:*	Preparation Checklist ident Reporting (\$30); nege Assessment (\$100); INC (\$100); INC (\$100); INC (\$100); ing Fee \$40; ow-Through Survey (Resurvey) ow-Through Survey (Resurvey) ing against INC Only (wef 10 Jan 200); inspection DA + SMRT Survey	Amt (\$) Amt 18 Bill Add 80) 0/\$45 \$120 \$30 \$75 \$160
Jacom?:  Jac	Invoice  1) AR: Acc 2) DA: Da: 3) TF: Tow 4) FT: Foll 5) FT: Foll Far claim 6) TR: Re- 7) N1: Idaa 8) NTUC A OI)* *N5: Con *N6: Re-	Preparation Checklist ident Reporting (\$30); nege Assessment (\$100); INC (\$100	Amt (\$) Amt fit Bill Add 80) 0/\$45 \$120 \$30 \$75 \$160
Jacom?:  Jac	Invoice  1) AR: Acc 2) DA: Da: 3) TF: Tew 4) FT: Foll 5) FT: Foll Farelaire 6) TR: Re- 7) N1: Idae 2) D1* *N5: Con *N6: Re- *N7: Fos	Preparation Checklist ident Reporting (\$30); nege Assessment (\$100); INC (\$100	Ant (\$) Amt  fit Bill Add  80) 0/\$45 \$120 \$30 \$75 \$160  \$5 \$10 \$25 \$35
Injury:  Date/Time Actions  Signant's Particulars: iver/Owner: intact No: maged Portion:  Checked by (Engr-In-Charge):	Invoice  1) AR: Acc 2) DA: Da: 3) TF: Tow 4) FT: Foll 5) FT: Foll For claim 6) TR: Re- 7) N1: Idaa 8) NTUC A OI)* *N5: Con *N6: Re- *N7: Fos *N8: DV	Preparation Checklist ident Reporting (\$30); nege Assessment (\$100); INC (\$100	Amt (\$) Amt 18t Bill Add 80) 0/\$45 \$120 \$30 \$75 \$160 \$5 \$10 \$25

## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or 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

Page Alle College Coll	ACCIDENT STATEMENT
Date Of Report	03/01/2020 09:34
Date Of Accident	30/12/2019 14:50
xact Location Of Accident	CTE TWDS PIE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SGP2210E
nsured/Policyholder	
Name Of Registered Owner	DR CAR LEASING
Co Reg No	5XXXX108W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS 1.5E A
Exact Purpose for which vehicle was being used at time of accident	t 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	5109176477
Cover Note Number	
Driver	
Name of Driver	HAMID BIN LAYMAN
NRIC No	SXXXX059C
Date Of Birth	30/11/1966
Occupation	OUTDOOR
Date Of Driving Pass	17/01/2008
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82187788

OFFICE-82187788

NOEMAIL

BLK 117A CANBERRA CRESCENT Address

#08-386

751117 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

4

NO

YES

NO

2

General Information of the Accident

CHAIN COLLISION 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)

involved in the accident

Was any body injured in the Accident? YES

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

NAME:

: FEMALE GENDER:

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

NO

YES

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

Police Station Address SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191230/7028.

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 OTHER VEHICLE PROPERTY 1

**GBA2058S** Vehicle Registration Number TOYOTA DYNA Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 21

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKA6580S

Vehicle Make/Model/Colour

HONDA FIT

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)

## **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

SFE3101A

Vehicle Make/Model/Colour

HONDA CIVIC

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)

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

Name

HAMID BIN LAYMAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SGP2210E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### SKETCH PLAN

### IMPORTANT NOTICE

- 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 and accurate as 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.
- 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.
- 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 aforesald.
- 8 Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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:
  - 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.

Reg. No. 53397108W

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Policyholder's Signature Date & Time:

DECLARATION I/We declare the to go No. culars are toge in every respect. Reg. No. 53397108W

Policyholder's Signatur Date & Time:

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

Name:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

WHAT STANDARD OUR VX

Date of Accident	30 1) 2019 Accident Time: [AIOHVI (24-HR-Format)
Accident Place	CTE towards PIE
Vehicle Reg. No. (Cor Plate No.)	9GP2210E
Vehicle Make/Model	: Toyota vios
Insurance Company	NTUC Policy No.
Owner or Company Name /IC No.	DR car leating 33397108W
Owner or Company Contact No.	:Owner's HpCompany Tel
DRIVER'S Name / IC No.	: Hamid Biri Layman , SI7330590
DRIVER'S Date Of Birth	: 30   11   1966 DRIVER'S License Pass Date 17 01 2008
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: BIK 117A canberra Cres #08-388 S751117
DRIVER'S Contact No./ Alt No.	(1) 8218 7788 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: Admin@ mycar sg
Weather & Road Surface	: CLEAR & DRY \RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including I	Driver): 02 - Female passenger (Driver MC 5 Days
	as being used at the time of accident. I fivate use t work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: G8A20585	Vehicle Reg. No: SCA65805
Vehicle Make Wodel: Toyota D	Yna Vehicle MakelModel: Honda Frt
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:
SFE3101A	

Honda civic





1 of 3

Report No. T/20191230/7028

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT C	F A TRAFFIC	ACCIDENT		Tour Pier Ne		
Date/Time Report Made: 30/12/2019 20:01			Vide Report No.:	Station Diary No.:		
Informa	nt's Particu	ulars		1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 ·		
Name of	Informant: BIN LAYMA	VCS	Address: APT BLK 117A CANBERRA CRESCENT #08-386 SINGAPORE 751117			
ID Type NRIC NO	/ ID No.: D / S17530:	59C	Contact No.: Home/Office: Mobile: 82187788			
National SINGAP	ity: ORE CITIZ	EN	Email: aminko_san@hotmail.com			
Sex: Male	Age: 53	Date of Birth: 30/11/1966	Type of Informant: Driver			
Race: Malay			Language: English	Institution / School Name:		
Occupation: PHV DRIVER			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No.	Date/Time of Accident: 30/12/2019 14:50	Type of Location Straight Road
Location: CENTRAL EX	PRESSWAY	Road Surface:		Road Speed Limit:
Weather:		The state of the s		
Weather: Clear Traffic Flow:		Dry Traffic Control: Not Controlled		90 Km/h Traffic Volume: Moderate

Details of Volume No.	STATE OF THE PARTY	Make	Model	Color	Condition	No of Passenger
GBA2058S	Lorry	TOYOTA	DYNA	Silver	Slightly Damaged	0
SFE3101A	Car	HONDA	CIVIC	Red	Slightly Damaged	1
SGP2210E	Car	TOYOTA	VIOS	Black	Seriously Damaged	1
SKA6580S	Car	HONDA	FIT	Red	Seriously Damaged	





2 of 3

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 Report No. T/20191230/7028

## CONTINUATION OF REPORT

<b>Details of Perso</b>	n Involved		1 1 1 1 1 1 1	1000	9936-X 175-W	-13, 50, 12, 12, 12, 12, 12, 12, 12, 12, 12, 12
Any Pedestrian Ir	volved: No		(D-	destrion	Cenan	ing: NA
No. of Pedestrians Injured: NIL Use of Pe						
Driver	100	at the state of	16 76 28 at	-	-	
Name	HAMID BIN LAYMA	N		ID No		S1753059C
Related Vehicle	SGP2210E (Car)			Conta	ct No.	82187788
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	30/12/2019		Date Disc			2/2019
				finjury	Serio	us

#### Brief Details.

ON THE STATED TIME AND DATE,
I WAS TRAVELLING ON MY VEHICLE BEARING CARPLATE NUMBER SGP2210E ON CTE
TOWARDS PIE. AS I STOPPED TO WAIT FOR THE QUEUE TO ENTER PIE TO MOVE, SUDDENLY I
TOWARDS PIE. AS I STOPPED TO WAIT FOR THE IMPACT WAS SO HUGE THAT IT CAUSED ME TO
FELT A GREAT IMPACT FROM THE REAR. THE IMPACT WAS SO HUGE THAT IT CAUSED ME TO
PROPEL FORWARD AND HIT ANOTHER CAR INFRONT OF ME DESPITE HAVING MY FEET ON
PROPEL FORWARD AND HIT ANOTHER CAR INFRONT OF ME DESPITE HAVING MY FEET ON
BRAKES. I ALIGHTED FROM MY VEHICLE AND CAME TO REALISE THAT I WAS INVOLVED IN A 4CAR CHAIN COLLISION. INVOLVED VEHICLES AND THE SEQUENCE ARE AS FOLLOWED:

1ST VEHICLE - SEF3101A

1ST VEHICLE - SFE3101A 2ND VEHICLE - SGP2210E 3RD VEHICLE - GBA2058S 4TH VEHICLE - SKA6580S

I FELT MUCH PAIN ON MY LOWER BACK, WHICH I THEN CONSULTED A DOCTOR AFTERWARDS. I WAS AWARDED A 5-DAYS MC FROM THE DOCTOR.





3 of 3

Report No. T/20191230/7028

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Skel	das	DI	200
OVE	CH	T- Te	<b>2</b> 1 1

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/12/2019 20:01
Officer In Charge Of Case: TP / TPHQ / WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp

NP168

<b>eBao</b> Tech			1000					Control of		Genera	lClaim
Hello, NAC_PAYA_UBI_800	0601				COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF		+ Change	Language	• Chang	e Password	• Log Out
My Desktop	Polic	y Query									
Notice of Loss	Policy N	10.				Date o	f Accident	3	0/12/2019 1	4:50	
	Vehicle	No.(For Motor)	SGP221	0E		Certific	cate Number	1,0			
					19	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109176477		DR CAR LEASING	53397108W	GPC	drivo CLASSIC	SGP2210E	SGP2210E	30/04/2019	10/06/2020
					C	Continue					

ident MT/1077923		Victoria No.	SGP2210E		GST R	egistration No.			
cy No.	5109176477	Vehicle No.	Dareston						
tificate No.					Policyt	holder NRIC	5	3397108W	
200 (20 pp. 120 )	OR CAR LEASING	Cover Type	drive CLASSIC		Loady	19	0	1	
	PRIVATE CAR INSURANCE	Contact No. (Office)			Conta	ct No.(Home)			
	ND.	Special Remark			eCode		T	, V	
ail Address	® No ○Yes	TCA	® No ○Yes		eCode	Reason			
		NCD Entitlement(%)	0		Privat	e Hire	1.0	ort available	
Accident Details	No.								
	31/12/2019 12:00	Accident Report Within 24 hrs	Yes		Accide	ent Type		Chain Collision	í
	30/12/2019	Time of Accident hhomm	14:45		Count	ry of Accident	53	Singapore	
	30/12/2019	Orange Force			ICM N	VO.			
porting Centre	CTE TWRDS AYE(BEFORE BRADEU, BXTT)	R75 (4.58 (4.645))							
Total Excess Applicable	CIE I MILES MILES OF THE CONTROL OF								
	Per Accident	Windscreen Excess		100.00					
ess Type	(L) Marie (S)								
Standard Excess	2,000.00	TP Standard Excess		1,500.00		97			
0 00 Excess		VIED TP Excess			Drive	r is Covered?		Not Applicable	
itional Excess	0.00								
al OD Excess Applicable	5,000.00	Total TP Excess Applicable		1,500.00					
Benefits									
GST Registered Informal			257.0	egistration Date					
Registered	No			ratus Venfied		res			
F Registration No. Ofication History	31/12/2019 12:02:02 Syste	n changed GST Status Verified fro							
Incacion History									
Policyholder Mailing Add	fress								
dress 1	10 BUKIT BATOK CRESCENT	Address 2	#14-04 THE	SPIRE	Addr	ess 3		SINGAPORE	658079
dress 4		Address Type	Singapore ad	dress	Post	Code		658079	
or No.	#14-04	Related Policy Number	5109176477						
OI Driver Info									
iver Name		Driver Type							
named driver Name		Driver NRIC				er DDB			
		Driver Age			Drivi	ing Experience			
gater Date of Driver License		A COLUMN STATE OF THE PARTY OF			(2100)	The state of the s			
		Contact No.(Office)				tect No.(Home)			
ontect No.(Mobile)					Add	ress 3			
egater Date of Driver License ontect No.(MODIR) ddress 1 ddress 4		Contact No.(Office)	Poreign addr	ess	Add				
ontect No.(Müblic) ddress 1 doress 4 inst No.		Contact No.(Dffice) Address 2 Address Type	Poreign addre	ess	Add Post	ress 3 Code	NTV		
ontect No.(Mobile) ddress 1 ddress 4	○ ves ® No	Contact No.(Office) Address 2	Poreign addri	ess	Add Post	ress 3	arty		
ontact No. (Mobile) ddress 1. ddress 4. inst No. loes he own 4 Singapore	○ Yes ® No	Contact No.(Dffice) Address 2 Address Type	Poreign addri	ess	Add Post	ress 3 Code	arry .		
ontact No.(Mobile) ddress 1 ddress 4 inst No. loes he own 4 Singapore	○ Yes ® No	Contact No.(Dffice) Address 2 Address Type	Poreign addr	ees.	Add Post	ress 3 Code	arry :		
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ontact No. (Mobile) ddress 1 doress 4 not No. des he own a Singapore egistared car?		Contact No.(Dffice) Address 2 Address Type	Poreign addr	ess	Add Post	ress 3 Code	ery :		
intact No. (Mobile)  diress 1  noress 4  not No.  bes he own a Singapore gistered car?		Contact No.(Dffice) Address 2 Address Type			Add Post	ress 3 Code er Insurer Compa	e=y	5232710999	
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