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Date in 8/1/20 09:19	Jeb description		Date & Time Complete	10,000	
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7/1/20 09:00.	1-Motor Clair	a Form	MT/10791570	8/11/20	14:45
	I-Motor W/O	(Within: OD 2hr),	TP 4hrs)		
(31) (19) * Reporting Only	1-Photo Uploa	ded	1		
	Assessment/Sur	vey Report			
H' hisurer:	Ass't Report by	Fax / Hand to	Owner/Wksp		************
Profused Wasp / MC Assign Wksp / QW: (	The second of th		Tul:	Fax:	
the second secon	JF 115 C.	INC (	)/Non-INC( )		
Owner / Driver: (	37 113 31		Tel:	)	
Policy No: ( ) Parie	d: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %) [No	te-Est. Status (W	O): N: 0-20	%; P: 21-79%. P: 3	0-100%]	
The state of the s	rranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1,000		( )			
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( ) Walk-In Customer : Customer's Inform	atlon strictly Con	lidential & Stri	ctly NO refer of repair	er.	
( ) Total Loss Case : to e-mail Insurer			100		
Drive-In ( )/ Towad-In ( ); Invoice:		O( ); To	wing Co: ( · , '		)
(contracts): (INC hothars 6700 6616)			Home Summer of the Salich	BUSINESS INC.	by ·
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2) QC Check / Post Repair Inspection	( -)				
Upload Resurvey Photo [Repair Cost > \$300]	001 ( )		5 5 4.E		
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Date/14mg / Actions: 100/2003			••	WEST ONLY	errangen.
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### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

THE RELIGIOUS SHEET, AND ASSESSED TO	ACCIDENT STATEMENT
Date Of Report	08/01/2020 09:19
Date Of Accident	07/01/2020 09:00
Exact Location Of Accident	JUNC OF PORTSDOWN RD & CENTRAL EXCHANGE GREEN
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH544M
Insured/Policyholder	
Name Of Registered Owner	CONNECT4CAR PTE. LTD.
Co Reg No	2XXXXX459M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81988720
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5114299343
Cover Note Number	
Driver	
Name of Driver	TAN CHUN YUAN (CHEN JUNYUAN)
NRIC No	SXXXX394F
Date Of Birth	21/10/1988
Occupation	OUTDOOR
Date Of Driving Pass	13/02/2009
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81988720
Fax Number	
Contact Number	

NOEMAIL

Address BLK 768 YISHUN AVE 3 #08-321

760768 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER 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

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2 NO

Was any body injured in the Accident?

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.

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME: : UNKNOWN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ Police Station Name

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address SINGAPORE

NO

YES

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera?

WITH TP Remarks/ Reasons:

NO Was there any audio recorded?

**Details of Witness 1** 

CLARICE CHEN Name

Phone Number 98329421

**Email Address** 

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SJF115C

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

90300375

# SKETCH PLAN

## MPORTANT NOTICE

- Please report correctly on the details of the accident to speed up the claims process.
- 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 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 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:

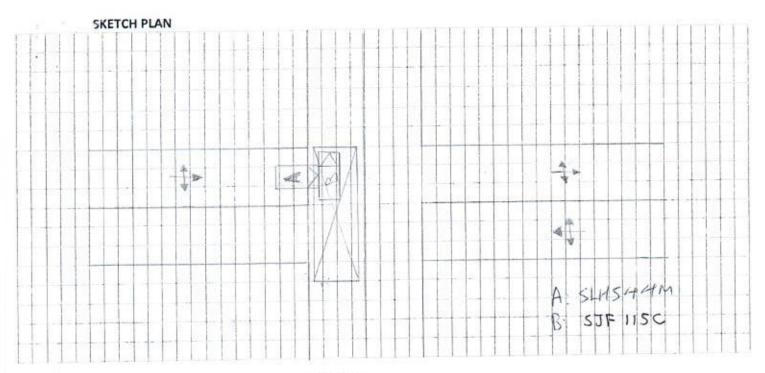
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 (1) investigations relating to the claims;
  - Investigations the accident and/or my claims;
  - 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
- (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)

Policy holder's signature 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 Travelle cuppowishing 93 Was Green central Exchange that to check inction Sould unite no the checking off After Move before clear MOUN Coac off MORE all of (000 1 Nouch to dear thin the 15 thurt Portsd Road which igne Sidden vihille B Was 0 postlen and collida fust at

DECLARATION

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

CTACAP POLIT

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: frut

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.

Date of accident	07/01/2020	(DD/MM/YY)
Time of accident	, 0900	(HH:MM)
Exact location of accident	At the junction of Portsdown Exchange Green	Road and Central

<b>自</b> 然是一种的一种	DETAILS OF VEHICLE
Vehicle registration number	SLH 544 M
Vehicle make and model	Nissan Sylphy
Type of vehicle	Saloon MPV CRV Van CLorry Bus Motorcycle Others:
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 □

	INSURANCE IN	FORMATION	
Insurance company	朝守 NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft $\square$	TP only

	INSURED / POLIC	Y HOLDER	图探查	<b>进步。</b> 建设
Name	Connect 4 car Pte 1	td	Male □	Female 🗆
NRIC / Fin / Passport number				
Contact				
Address				

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)				
Name	Tan Chun Yuan	Male 🗷	Female 🗆		
NRIC / Fin / Passport number	88841394F				
Contact	8198 8720				
Address	BIK 768 YRhun Avenue 3 #08-321 8 (760 768)				
Email address					
Date of birth	21/10/1988				
Occupation	Indoor  Outdoor				
Driving date pass	13/02/2009				

	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes D No Ø
the insured's company?	If no, relationship of the driver and insured: Hirer
Accident captured by camera?	
Weather condition	Clear & Raining Others:
Road surface	Dry Ø Wet 🗆
	(Inclusive of driver)
No of passenger	1 () L
Balance and the second	PASSENGER 1
Name	
Gender	Male Female
delidei	
<b>经验的</b> (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	PASSENGER 2
Name	
Gender	Male  Female
· · · · · · · · · · · · · · · · · · ·	PASSENGER 3
Name	
Gender	Male D Female D
Gender	
MAN TO COMPANY TO THE PARTY OF	PASSENGER 4
Name	Male  Female
Gender	Wate D Female D
Marine Ma	DACCENCED E
DESCRIPTION OF THE PERSON OF T	PASSENGER 5
Name	Male  Female
Gender	Male D Female D
	PACCENCED C
	PASSENGER 6
Name	Mala - Familia -
Gender	Male   Female
	OTHER INFORMATION
THE RESERVE OF THE PARTY OF THE	OTHER INFORMATION
Was anybody injured?	Yes D No D
Was other vehicle damaged?	Yes  No
	DETAILS OF DOLICE STATION ACTION
	DETAILS OF POLICE STATION ACTION  Yes □ No □ If yes, please state which police station.
Reported to police?	Yes   No   If yes, please state which police station.
Police station name	
	WITNESS 4
And the second second second	WITNESS 1
Name	clarice chen / 98329421
<b>建设设置的</b>	WITNESS 2
Name	

Kan ber and the second	THIRD PARTY VEHICLE 1
Vehicle registration number	SJF115C
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	90300375
<b>全部工作社会</b> 《三社会》	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
<b>秦秦帝</b> (宋)	THIRD PARTY VEHICLE 3
Vahiala registration number	
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THE REPORT OF A STATE
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Service of the servic	
<b>新</b> 的是美国的基础。	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
AN A	
<b>制</b> 域在1970年至1970年的	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
· ·	
等。 第二章	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	

		INJURED PERSON 1
Name		
Injuries sustained	V3 0123 - 0	
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No □
hospital by ambulance?		
<b>XXX工程区域的</b> 对于		INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No D
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
		WHITE SERVING
		INJURED PERSON 3
Name	-	
Injuries sustained		
Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆
	Yes	No D
Was injured conveyed to hospital by ambulance?	iesu	NO D
nospital by ambulance:		
The state of the s		INJURED PERSON 4
Name	DESCRIPTION OF THE PARTY OF THE	
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes □	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
<b>国内的</b>		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
		INJURED PERSON 0
Name		
Injuries sustained		
Which vehicle person in?	V	No 🗆
Were seat belts worn?	Yes 🗆	No D
Was injured conveyed to hospital by ambulance?	Tes	STACKS





1 of 3

Report No. T/20200107/7005

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

# REPORT OF A TRAFFIC ACCIDENT

	ne Report M 020 12:44	Made:	Vide Report No.: D/20200107/0047	Station Diary No.:	
Informa	nt's Partic	ulars			
	Informant: UN YUAN		Address: APT BLK 768 YISHUN AVEN 760768	UE 3 #08-321 SINGAPORE	
ID Type / ID No.: NRIC NO / S8841394F		94F	Contact No.: Home/Office:	Mobile: 81988720	
Nationality: SINGAPORE CITIZEN		EN	Email: tchunyuan88@gmail.com		
Sex: Age: Date of Birth: Male 31 21/10/1988			Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Driver			Driving Licence Information: Class:	Date of Expiry:	

General Infor	mation of the Accident				
Type of Accident:  Non-Injury Attended by Police		Drink Date/Time of Accident: No 07/01/2020 09:		Type of Location:	
Location: CENTRAL EX	CHANGE GREEN				
Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collis	sion:	9	13	Anyone conveyed by ambulance: No	

Details of V	Cilicie ilivo	IVCU				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJF115C	Car					0
SLH544M	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20200107/7005

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

### CONTINUATION OF REPORT

Driver	Fed - All Subs	Malenia			use III	
Name	TAN CHUN YUAN			ID No	la s	S8841394F
Related Vehicle	SLH544M (Car)			Conta	ct No.	81988720
Hospital/Clinic	NIL			Class Drivin Licen Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	CONTROL OF	Date Disc	harge	NIL	)
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	NIL	

## Brief Details.

On the stated date and time, I was traveling along Central Exchange Green as I was approaching the junction, I slowed down my vehicle (SLH544M) to check that the main road is clear before I move off. After checking that the road is clear I then proceed to move off. Out of sudden, vehicle (SJF115C) which was along Portsdown Road came at a fast speed and collided onto my front portion.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20200107/7005

## CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

Authentication Stamp

NP168

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: 07/01/2020 12:44
Officer In Charge Of Case: TP / TPIB / PHUA TIAK YEE Contact No.: 65472077	Classification Of Case:



#### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

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

Certificate Number: 5114299343

Cover: drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SLH544M

Chassis Number : MNTBBAB1720027514

2. Name of Policyholder : CONNECT4CAR PTE. LTD.

3. Effective Date of Insurance : 04 Dec 2019
4. Expiry Date of Insurance : 21 Oct 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 or Hirer's business.

#### This Policy does not cover

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

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

EXCESS (SECTION 1)	: \$\$2,000
EXCESS (SECTION 2)	: \$\$1,500
WINDSCREEN EXCESS	: 55100
ADDITIONAL EXCESS	: S\$1,500
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: NO
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PARE VALUE AT TIME OF LOSS

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 : ASSURE PTE. LTD. (00000572842)

Date of Issue : 28 Nov 2019 14:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

#### Claim Handling Accident MT/1079157 GST Registration No. 5114299343 Vehicle No. SLH544N Certificate No. Policyholder NRIC 201411459M CONNECTAÇÃO PTE, LTD. Cover Type drive CLASSIC Loading 0 PRIVATE CAR INSURANCE Product Code Contact No.(Home) Contact No./Office) Contact No.(Mobile) 81988720 No Y Special Remark eCode Email Address eCode Reason TCA No Yes Yes Private Hire NCO Entitlement(%) NCD Protection Accident Details Collision - Cross Junction 08/01/2020 14:38 Accident Report Within 24 hrs Accident Type Report Date Country of Accident 07/01/2020 Time of Accident hh: mm 09:00 Singapore ICM No. Orange Force Reporting Centre JUNC OF PORTSDOWN RD & CENTRAL EXCHANGE GREEN Accident Location ▼ Total Excess Applicable 100.00 Windscreen Excess Excess Type Per Accident 2,000.00 1,500.00 **OD Standard Excess** Driver is Covered? YEED TP Excess VIED OD Excess 0.00 0.00 Additional Excess 1,500,00 Total TP Excess Applicable 3500.00 Total OD Excess Applicable GST Registered Information GST Registration Date GST Registered GST Status Verified 705 GST Registration No. 08/01/2020 14:41:54 System changed GST Status Varified from No to Yes Modification History Policyholder Mailing Address SINGAPORE 408934 #01-23 PAYA UBI INDUSTRIAL F Address 1 53 UBI AVENUE 1 Address 2 Address Type Singapore address Post Code 408934 Address 4 Related Policy Number 5114278595 Unit No. 01-23 ♥ OI Driver Info Driver Type Unnamed Driver Unnamed Driver **Driver Name** Driver NRIC Driver DOB 21/10/1988 Unnamed driver Name TAN CHUN YUAN (CHEN JUNYUA 13/02/2009 Driving Experience Register Date of Driver License Driver Age 31 Contact No.(Home) Contact No.(Office) Contact No.(Mobile) 81988720 VISHUN AVENUE 3 Address 3 SINGAPORE 760768 Address 2 Address t BLK 768 #08-321 Post Code 760768 Address Type Singapore address 08-321 Unit No. Does he own a Singapore Registered car? Driver Vehicle No. Driver Insurer Company Yes - No Declaration Breathalyser or Blood Test Reading? Yes - No 0 mg Any injury? Modification History Claim 001 New Insured CONNECT4CAR PTE, LTD 201411 OD-MX Claim Type \* Contact No. Contact No. (Mobile) SJF115 KENNETHLIANDTEAMWORKGAR Venicle Email Address SLH544M / SJF115C ON 7 Jan 2020 Claim Description Preferred Ensured Liability Not at Fault Workshop Beause No. Yes Finalisation Preferred Workshop, Name unknown Received 08/01/2020 14:43 Date Registered LIEW SHAN HUI Print AK letter Save Submit Attachment MT/1079157 Claim No. 001 Upload Date 08/01/2020 14:45 Last Doc. Received \* Yes No Confidential Path \* \* Normal T NO Clear Please Select Choose File No file chosen \* NO . • Clear Choose File No file chosen Please Select \* NO Normal \* Clear Please Select Choose File No file chosen NO Normal Clear Please Select Choose File No file chosen NO Normal Choose File No file chosen Clear Please Select Please Select T NO \* Normal Choose File No file chosen Message Read

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