	Jeb description	Date & Time Completed	Done by	
Ref No: LIMING20000815 124	SAS e-filing			
Veli No: JGEWVIP.	E-mail (within Shrs, AIC 2hrs)			-
D.O.A: 10/1/20 - 27:20	i-Motor Claim Form	10/11: 206 0	alla nue	7
(2)	i-Motor W/O (Within: OD 2h)	100- 2090 100 100 1	1311 NO N.7	>
OD / TP) / Reporting Only	i-Photo Uploaded	is, 11 4may		•
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksn		-
Preferred Wksp / INC Assign Wksp / QW: (Fax:	
TP Particulars: Veh No: No	and. INC			0/
Owner / Driver: (Tel)	
Policy No: ()	Period: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 30-	100%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$1	,000()/\$2,000()			
General Remarks:		AMARAS PER	150 5	
() Walk-In Customer : Customer's int		ALL THE COURT OF THE PARTY OF T		
() Total Loss Case : to e-mail Insu		nouy NO Taler of repairer.		_
Drive-In ()/ Towed-In (); Invoid	ce: YES() / NO(); T	owing Co: ()
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by	
1) Apply for Transport Allowance ()/	Courtesy Car ()		Secretary of the second	
2) QC Check / Post Repair Inspection	()	1		
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > 5]	()		<u> 2011 Pengta 2000 (C. 1000)</u>	-
3) Upload Resurvey Photo [Repair Cost > \$	()			_
	()			
3) Upload Resurvey Photo [Repair Cost > \$	()		TRANSPORTER	
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()			
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()			
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()			
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()			
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()		AND	
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	1	Checkling	Ant (5) An	nat (3
Date/Time Actions Actions	Invoice Prej	paration Checklist	SS 25 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	404.5
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Invoice Pre	Reporting (\$30);	Tst.Bill Ad	404.5
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Actions Actions Actions Actions	Invoice Prej 1) AR: Accident 2) DA: Damage 3) TF: Towing F	Reporting (\$30); Assessment (\$100); INC (\$8 te \$40	15t Bill Ad 0) 0/545	404.2
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Actions Lawrey Structure (NANOOUT) Lamant's Particulars:- iver/Owner:	Invoice Prej 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T	Reporting (\$30); Assessment (\$100); INC (\$8 to \$40 trough Survey	fat.Bill Ad	404.2
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Actions Actions Actions Actions	Invoice Pres 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming A	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 irough Survey irough Survey (Resurvey) rainst INC Only (wef 10 Jan 2005)	1st Bill Ad 0) //\$45 \$120 \$30)	404.5
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Actions Lawrey Structure (NANOOUT) Lamant's Particulars:- iver/Owner:	Invoice Prep 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming at 6) TR: Re-inspec	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 irough Survey irough Survey (Resurvey) rainst INC Only (wef 10 Jan 2005) tion	1st Bill Ad 0) //\$45 \$120 \$30) \$75	404.5
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Actions Actions Author/Owner: Ontact No:	Invoice Pres 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming A	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 irough Survey irough Survey (Resurvey) rainst INC Only (wef 10 Jan 2005 tion - SMRT Survey	1st Bill Ad 0) //\$45 \$120 \$30)	404.5
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Actions Actions Author/Owner: Intact No: Intaged Portion:	Invoice Pres 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idac DA: 3) NTUC Additio	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 irough Survey irough Survey (Resurvey) rainst INC Only (wef 10 Jan 2005 tion - SMRT Survey nal Services:-	1st Bill Ad (0) (/\$45 \$120 \$30) \$75 \$160	404.5
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Actions Actions Author/Owner: Ontact No:	Invoice Pres 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idac DA: 3) NTUC Additio	Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40 irough Survey irough Survey (Resurvey) rainst INC Only (wef 10 Jan 2005 tion - SMRT Survey nal Services:-	1st Bill Ad 0) //\$45 \$120 \$30) \$75	404.5
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3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Actions Actions Authors Particulars: iver/Owner: ontact No: amaged Portion: Checked by (Engr-In-Charge): Iditors! Comments:	Invoice Prej 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Additio QD: • N5: Courtesy • N6: Repair Co • N7: Fost Repair Co	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 irough Survey rough Survey (Resurvey) rainst INC Only (wef 10 Jan 2005 tion - SMRT Survey nal Services:- Car / Tpt Allowanceordination ir Inspection leet Excess Coordination	1st Bill Ad (0) (/\$45 \$120 \$30) \$75 \$160 \$55 \$510	111
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Actions Laumant's Particulars: iver/Owner: ontact No: amaged Portion: Checked by (Engr-In-Charge):	Invoice Prej 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Additio QD: • N5: Courtesy • N6: Repair Co • N7: Fost Repair Co	Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40 irough Survey irough Survey (Resurvey) rainst INC Only (wef 10 Jan 2005 tion - SMRT Survey nal Services:- Car / Tpt Allowanceordination ir Inspection leet Excess Coordination (Non INC) against INC	1st Bill Ad (0) (/\$45 \$120 \$30) \$75 \$160 \$5 \$10 \$25 \$35	d Bil

SINGAPORE ACCIDENT STATEMENT

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.
- 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.	
Control Street Section Control Section	ACCIDENT STATEMENT
Date Of Report	13/01/2020 19:14
Date Of Accident	10/01/2020 23:20
Exact Location Of Accident	SENGKANG EAST AVE TWDS SENGKANG EAST DR
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGE3421P
Insured/Policyholder	
Name Of Registered Owner	FOO SECK TAIN
NRIC No	SXXXX708D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85225355
Alternative Phone No	OFFICE-85225355
Vehicle Particulars	
Manufacturer	HONDA
Model	INTEGRA 2.0A
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	5108464709
Cover Note Number	
Driver	
CONTROL OF	

OFFICE-85225355

NOEMAIL

FOO YONG HE Name of Driver SXXXX926F NRIC No Date Of Birth 22/12/1997 INDOOR Occupation Date Of Driving Pass 20/03/2017 2 YEARS AND 9 MONTHS Driving Experience MALE Gender (LOCAL) +65-85225355 Mobile Number Fax Number

Contact Number

EMail Address

Address BLK 205C COMPASSVALE LANE

#14-33

Postcode 543205

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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

ambulance?

Passenger 1

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO

YES

NO

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)

2

NAME:

: TEOH SEN

GENDER:

MALE

Details of Police Action

Was the accident reported to the police?

NO

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

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLX8722D

Vehicle Make/Model/Colour

KIA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAN TONG HENG

NRIC/Passport Number

SXXXX649J

Contact Number

91269325

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

FOO YONG HE

Approximate Age

Injuries Sustain

NECK, SHOULDER, ARM, LEG & CHEST

Injured person in which vehicle?

SGE3421P

Were seat belts worn?

YES

NO

Was this injured conveyed to hospital by ambulance?

Address Postcode

DETAILS OF INJURED PERSON 2

Name

TEOH SEN

Approximate Age

Injuries Sustain

NECK, SHOULDER & CHEST

Injured person in which vehicle?

SGE3421P

Were seat belts worn?

YES

NO

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT 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 3) 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. 5)
- 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; (11)
 - Carrying out and/or dealing with my instructions or responding to any enquiries by me; (1111)
 - 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.
- 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

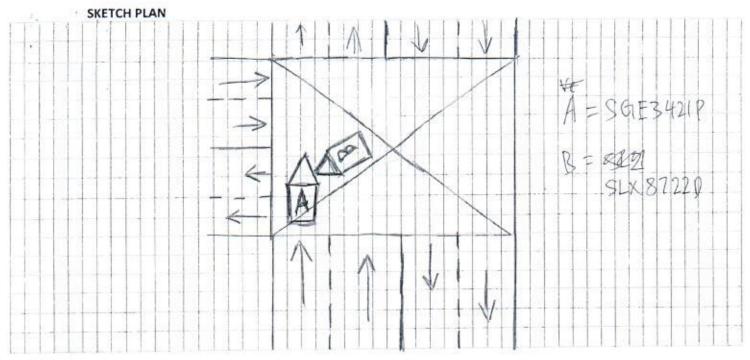
For complying with requirements under my regulations, laws or court orders. (11)

Policy holder's signature Date / time:

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

11/1/2020 1258pm

reporting centre personnel's Signature Date / time:



I wa	. travelling	straight	bu S	lug long i	early are	towards
Sentation const	drive.	The traff	e light w	as) ga	een and	in my
wat and	therefor I	approach	and crosse	d she	junetan.	Sudderly,
elide SLX87	22 D dashed	out " from	my to	right and	d collided	outo the
ight porta	of my v	ehide. Resulta	y my co	or to Si		
of By the true	ut portan o	of my vehida	I had on	to the	bolled	at the
CRA traffic	realist response	d -				
Child Little	Journal 1210.	4/				

DECLARATION

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

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process. ٠
- 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.

	ACCIDENT DETAILS	
Date of accident	10/1/2020	(DD/MM/YY)
Time of accident	2320 hrs	(HH:MM)
Exact location of accident	Sens lang Bast Ave towards Sens	g lung East Drive

以1967年2月1日 - 1967年 - 1	DETAILS OF VEHICLE
Vehicle registration number	SGE 3421 P
Vehicle make and model	Honda Intersia 2:0 A
Type of vehicle	Saloon MPV CRV Van Carry Bus Motorcycle Others:
Vehicle category	Private Commercial □ Motorcycle □
Purpose of using at said time	Private USL
Are you claiming under your own insurance company?	Yes D No w if no, please select: Third part claim Reporting only D

INSURANCE INFORMATION			
Insurance company	NTUC		
Policy number	5108464709		
Type of policy	Comprehensive.	Third party fire & theft □	TP only 🗆

Name	Foo Seck Tain	Male Ø	Female
NRIC / Fin / Passport number	S 1538708D		
Contact	8522 5355		
Address			

DRIVER SAME AS INSURED ABOVE (SKIP TO D.O.B)			[1]
Name	FOO Yers He	Male 🗹	Female 🗆
NRIC / Fin / Passport number	397459264		
Contact	8522 5355		
Address	BILC 205C Compassible Lane #14-33	554320115 2.	
Email address	forgon-pe(a) ginil-com		
Date of birth	22 Dec 1497		
Occupation	Indoor Outdoor		
Driving date pass	20 New 2017		

	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes 🗆 No 🗷
the insured's company?	If no, relationship of the driver and insured:Father
Accident captured by camera?	Yes ar No
Weather condition	Clear Z Raining D Others:
Road surface	Dry 🗹 Wet 🗆
No of passenger	2 (Inclusive of driver
	PASSENGER 1
Name	For Yong UR
Gender	Male ∕Ø Female □
	PASSENGER 2
Name	Tech sen
Gender	Male Ø Female 🗆
你却是你是我们是一条在这个	PASSENGER 3
Name	A STATE OF THE STA
Gender	Male Female
经验证据的证据	PASSENGER 4
Name	HI
Gender	Male Female
的原理MEEA/1999 (1994)	PASSENGER 5
Name	
Gender	Male D Female D
	PASSENGER 6
Name	
Gender	Male Female
41-9	
医生产的	OTHER INFORMATION
Was anybody injured?	Yes 🗹 No 🗆
Was other vehicle damaged?	Yes vd No □
ALANSAN COM AND THE STATE OF	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No D If yes, please state which police station.
Police station name	
	WITNESS 1
Name	
000000 To	
	WITNESS 2

Name

	THIRD PARTY VEHICLE 1
Vehicle registration number	56E X42X
Vehicle make model	Honder Integra 2:08
Name	Fab yors lee
NRIC / Fin / Passport number	897459267
Contact	18524 3488

THIRD PARTY VEHICLE 2		
Vehicle registration number	SLX 8722D	
Vehicle make model	Kig	
Name	Tan Tong Hong	
NRIC / Fin / Passport number	59148649 5	
Contact	9126 9375	

建筑地域域的国际企业地域	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

建设设施的基本的业务 企业的	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	Water and the second se
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	*
Contact	

经国际管理等的 自己的最后,	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	

· 持用是40年8日18日18日18日18日18日18日18日18日18日18日18日18日18	INJURED PERSON 1
Name	FAD YOUNG HE
Injuries sustained	Neck showler, arm, len, chest
Which vehicle person in?	56E 3421 P
Were seat belts worn?	Yes Ø No 🗆
Was injured conveyed to	Yes D No Ø
hospital by ambulance?	
All the second second second second	INJURED PERSON 2
Name	Feah Sen
Injuries sustained	Mech, shoulder, chest
Which vehicle person in?	SLE 3421 P
Were seat belts worn?	Yes 🗹 No 🗆
Was injured conveyed to	Yes D No Ø
hospital by ambulance?	
	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	
数 对应用,或类似数据完全的有数据数据	INJURED PERSON 4
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	
美华的社会社会的企业社会社会社会	INJURED PERSON 5
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes No No
hospital by ambulance?	
数性配置性性的	INJURED PERSON 6
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes No
hospital by ambulance?	

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_800	0601					J. Anni Orner i Mari	Change	Language	• Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	Vo.				Date	of Accident	1	0/01/2020 2	3:20	
	Vehicle	No (For Motor)	SGE3421P			Certificate Number					
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108464709		FOO SECK TAIN	S1538708D	GPC	drivo CLASSIC	5GE3421P	5GE3421P	26/03/2019	25/03/2020
						Continue					

Policy No.	5108464709	Policyholder Name	FOO SECK	TAIN	Policyholder NRIC	S1538708D	
Certificate No.		350000000			3006507A		
Address	BLK 205C #14-33 COMPASSVA	LE LANE SING	APORE 5432	05			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	27/03/2019	Effective Date	26/03/2019	9 00:00	Expiry Date	25/03/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	LQ INSURANCE AGENCY PTE LT	Agent Tel.	63340783		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	nolder Mailing Address						
Address 1	BLK 205C #14-33	Addre	ss 2	COMPASSVALE LAN	E	Address 3	SINGAPORE 543205
Address 4		Addre	ss Type	Singapore address		Post Code	543205
	#14-33	Relate Numb	d Policy er	5108464709			
Unit No.	V-700000						
	d Object: SGE3421P						
Unit No. Insure Endors							

Marcin	Claim Handling					
The Control 1999 199	Accident MT/1079907					
The Province of The Province	Pakcy No.	\$108464709	Vehicle No.	SGE3421P	GST Registration No.	
Marcia California Mar	Certificate No.				1000 CC # CC 1750 CC 755	
Mared Cale Ministry Cale Ministry (1972)	Policyholder Name	FOO SECK TAIN			Poscyholder NRTC	616397010
Control Cont	Product Code		Cover Type	// drive CLASSIC		
Section Sec	Contact No.(Mobile)	85225355				
Martin	Email Address		Special Remark			
Marchen Marc	XPK	(€ No ○ Yes	TCA	(ē) No · Yes		
Manche	NCD Protection	No	NCD Entitlement(%)			No
Section Sect	Accident Details					
Section Sect	Report Date	13/01/2020 21:50	Accorded Report Within 24 hrs.	1. West	Americant Tune	Catheline County to commit
Majoring Contain Con	Oate of Accident					
Part		TOPOLICIONED		23120		Singapore
## Part		NAME AND ADDRESS OF THE PARTY O			SCM No.	
District Part Copper Section			DR:			
100 100						
1850 00 totals	Excess Type	Per Accident	Windscreen Excess	100.00		
1850 00 totals	OD Standard Excess	800 OD	TR Standard Europe	0.00		
Marie Mari				2.00	2500 (752) (750)	
Transport Secretary Secr			THE PARTY OF THE P		priver is Lovered?	
## ORF Registred International Property Color			Total TR Ferens Applicable			
## COST Registration Dates 16 1		3200,00	Total IF Levels Hypridate			
Colt Fagerination Date Colt Fagerination Date Colt Colt Fagerination Date Colt Col		ation				
Marie Mari				GST Resistration from		
### Petropheter Mailing Address ### Petropheter Mailing Address ### Address 2 ### Address 3	GST Registration No.				Yes	
Micros Micro 200 Part	Modification History			STREET STREET	255=4	
Micros Micro 200 Part						
Address 1 year	Policyholder Mailing Ad	Idress				
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