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OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs	M11082964-07	7/2/20	09:
OD : 17 Reporting Only	i-Photo Uploaded	,) (* 4hrs)		
TP Insurer:	Assessment/Survey Report			
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Preferred Wksp / INC Assign Wksp / QW: (Tax/ Hand to			
TP Particulars: Veh No: SMD 539	DIC (1 122	ax:	
Owner / Driver: (or INC()/Non-INC()		
Policy No: () Period:	(Tel:)	
Confirmed by : (,	Cover Type: ()	
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Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Don	to the s
1) Apply for Transport Allowance ()/ Courtes			Chi do STACIO	Ору
2) QC Check / Post Repair Inspection	()	-	N - SENIOR	
3) Upload Resurvey Photo [Repair Cost > \$3000]				
Injury:				
Date/Time Actions		·		
Date/Time Actions		7 T 7 34 (4)	SOC CONTRACT	arra ang
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MATOONIN	Inveice Prepara	tion Checklist	Anit (S)	Amt (
aimant's Particulars :-	1) AR : Accident Repo	SECTION OF STREET PARTY OF STREET	In Bill	Add B
iver/Owner:	2) DA : Damage Asses	sment (\$100); INC (\$80)		
	3) TF : Towing Fee 4) FT : Follow-Through	\$40/\$45 Survey \$120	-	-
ntact No:	5) FT : Follow-Through	Survey (Resurvey) \$30		
maged Portion:	6) TR: Re-inspection	INC Only (wef 10 Jan 2005) \$75		
	7) N1 : Idao DA + SMR	T Survey \$160		
Checked by (Engr-In-Charge):	8) NTUC Additional Sc	rvices:-		
o y (pugi-tu-Charge):	*N5: Courtesy Car / 1		20000	
ditors' Comments :	*N6: Repair Co-ordin			
1:	*N8; DV / Collect Ex	cess Coordination 35		-
	TP (N11): TP (Non 1 9) N12: Idao Mobile	The second secon		
2/3;	Invaice dated	Fee Charged	- 0	and Te
## ## ## ## ## ## ## ## ## ## ## ## ##	Invaice dated		SECTION 1	

SINGAPORE ACCIDENT STATEMENT

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

aforesaid.	
ASPECTATE (HONE SEVENISHED AS	ACCIDENT STATEMENT
Date Of Report	05/02/2020 09:16
Date Of Accident	04/02/2020 15:30
Exact Location Of Accident	AYE TWDS SLE ENTRANCE MERCHANT RD
Country/State of Loss	SINGAPORE
D D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJF5652K
Insured/Policyholder	
Name Of Registered Owner	NGO GUAN ANN
NRIC No	SXXXX684Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96987684
Alternative Phone No	OFFICE-96987684
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ALLION 1.5 A
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	REPORTING ONLY
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	5029118406-11
Cover Note Number	
Deliver	

Driver

Driver	
Name of Driver	NGO PEH KEONG, RAYMOND
NRIC No	SXXXX349D
Date Of Birth	14/08/1990
Occupation	OUTDOOR
Date Of Driving Pass	13/01/2010
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98781384
Fax Number	
	OFFICE 00704004

Contact Number OFFICE-98781384

EMail Address NOEMAIL

BLK 318 TAMPINES STREET 33 Address

#03-70

Postcode 520318

Was driver an employee of the Insured's Company

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 - HEAD TO REAR

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

Was any body injured in the Accident? NO

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

Was the accident reported to the police?

If Yes, Please state which Police Station

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

2

NO

1

NO

NO

Was there any video captured by Car Camera?

YES VIDEO FOOTAGE WITH DRIVER

Remarks/ Reasons: Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMD5390R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

86509329

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

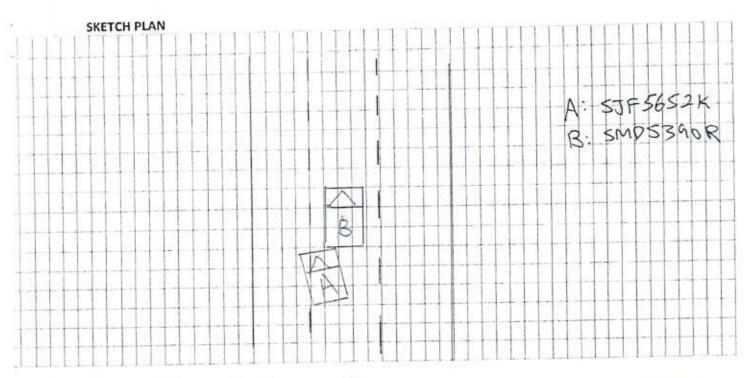
- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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) 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 investigations relating to the claims;
 - (II) Investigations 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, statement, 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 envelops/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' 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:
 - (I) To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

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

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:



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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 personne's Signature NRIC/FIN No.:

Page 6

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. ٠
- 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.

	AND DESCRIPTION OF THE PARTY OF	T DETAILS	经验证	EMPERIOR		
Date of accident		04/02/2	0			MM/YY
Time of accident		1530			(H	H:MM
Exact location of accident	AYE	towards	SLE	entrana	Merchant	Road

	1	ETAILS OF	VEHICLE
Vehicle registration number		82	F 5652K
Vehicle make and model			Tayota Allian
Type of vehicle	Saloon Ø	MPV 🗆	
Vehicle category	Private,	Comm	ercial Motorcycle
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes □ Third part o	No Ø :laim □	if no, please select: Reporting only

	INSURANCE IN	FORMATION	
Insurance company	UTU		
Policy number			
Type of policy	Comprehensive □	Third party fire & theft	TP only 🗆

Name	NGO	GUAN	ANN		OCCUPATION N	Male 2	Female
NRIC / Fin / Passport number		5139	0 68ct S				
Contact		969	187684				
Address	Blk	318	tampines	- 1000	33	\$03-70	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Ngo Peh Keong Ryymond Male & Female 1
NRIC / Fin / Passport number	5 9029 3490
Contact	98781384
Address	BIK 318 Tampines struct 33 #03-70 S(520318)
Email address	
Date of birth	14/08/1990
Occupation	Indoor Outdoor
Driving date pass	13/01/2010

Security of the Mark Science	GENERAL	INFORMATION	OF THE ACCIDENT	(4) 大学、大学、大学、大学、大学、大学、大学、大学、大学、大学、大学、大学、大学、大
Was driver an employee of	Yes 🗆	No D		- 11 -
the insured's company?	If no, rela	ationship of the	driver and insured:	father
Accident captured by camera?	Yes	No 🖙		
Weather condition	Clear p	Raining 🗆	Others:	
Road surface	Drye	Wet □		
No of passenger	1			(Inclusive of driver)
No or passenge.	V.			
Mark the territory and		PASSENGE	ER1	
Name		The state of the s		
Gender	Male 🗆	Female 🗆		
dender				
CONTRACTOR OF THE STATE OF THE		PASSENG	ER2	(4) 6 年 [1] 6
Name	Common Maria			
Gender	Male 🗆	Female 🗆		
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Gender	Male 🗆	Female 🗆		
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Gender	Male 🗆	Female □		
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Name				
Gender	Male 🗆	Female 🗆		
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Was anybody injured?	Yes 🗆	No 🗭		The state of the s
Was other vehicle damaged?	Yes	No 🗆		
				A STATE OF THE PARTY OF THE PAR
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Reported to police?	Yes 🗆	No 🗷 If	yes, please state whic	h police station.
Police station name				
和发布员员以及及 自然的	15 75	WITNE	SS 1	40000000000000000000000000000000000000
Name	-			
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Name				

医克里克斯斯氏征	THIRD PARTY VEHICLE 1
Vehicle registration number	5MD5390R
Vehicle make model	
Name	
NRIC / Fin / Passport number	
	86509329
Contact	
	THIRD PARTY VEHICLE 2
	IHIKD PARTI VEINCEL 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
(4) 全国共产业人主义(2) (4) (4) (4) (4)	THRU PARTI VEHICLE
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
	THIRD PARTY VEHICLE 4
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第 次全部分。2015年1月2日7月1日	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
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NRIC / Fin / Passport number	
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经 经验的 1000 1000 1000 1000 1000 1000 1000 10	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

		INJURED P	ERSON 1
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes□	No 🗆	
hospital by ambulance?	1.00		
nospital by ambulance.			
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Name			
Injuries sustained			
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	Yes 🗆	No 🗆	
Was injured conveyed to	163 0	110 2	
hospital by ambulance?			
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Name	used was light as the	and the section of th	
Injuries sustained	_		
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Were seat belts worn?			
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
The state of the second st	Andrew de Proposition	IMILIPED	DERSON A
		INJURED	PERSON 4
Name		INJURED	PERSON 4
Injuries sustained		INJURED	PERSON 4
Injuries sustained Which vehicle person in?			PERSON 4
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆	PERSON 4
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆		PERSON 4
Injuries sustained Which vehicle person in? Were seat belts worn?		No 🗆	PERSON 4
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?		No 🗆 No 🗈	PERSON 4
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes 🗆	No 🗆 No 🗆 No 🗆 No 🗆 No 🗆	PERSON 5
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes Yes Yes Yes Yes	No	PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes - Yes -	No	PERSON 5



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)

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

Certificate Number: S029118406-11

Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

Persons or Classes of Persons entitled to drivel

(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.

: 5JF5652K

NZT2603025144

- NGO GUAN ANN

: 02 Jun 2019

: 01 Jun 2020

Cover : drivo CLASSIC

6. Limitations as to User

(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 - NO REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE YES (FREE) NCD PROTECTION : NO TRANSPORT ALLOWANCE

: NO EXCESS WAIVER : NGO GUAN ANN PRIMARY DRIVER : N/A

NAMED DRIVER (1) : N/A

: MAYBANK SINGAPORE LIMITED NAMED DRIVER (2) : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS HIRE PURCHASE COMPANY

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)

: LQ INSURANCE AGENCY PTE LTD (00000613125)

: 25 May 2019 11:15 hrs Agency Date of Issue : 25 May 2019 11:16 hrs Reprint

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By: **Authorised Officer**

Chief Executive

eBao Tech										Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601				THE RESERVE	CONTRACTOR OF THE PARTY OF THE	• Change	e Languag	e Char	ige Password	· Log Out
My Desktop	Poli	cy Query									,
Notice of Loss	Policy N	No.				Date o	of Accident		04/02/2020	15:30	
	Vehicle	No.(For Motor)	S3F565	2K		Certifi	cate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	502911B406- 11		NGO GUAN ANN	S1390684Z	GPC	drivo CLASSIC	S)F5652	SJF5652K	02/06/2019	01/06/2020
					C	Continue					

Sequen	ce Date of Endorsement	E	ndorsemen	t Type	Endorsement	Status	Endorsement Content
	ements						
▶ Insured	1 Object: SJF5652K						
Jnit No.		Relate Numbe	d Policy er	5029118406-11			
ddress 4			s Type	Singapore address		Post Code	520318
Address 1	BLK 318 #03-70	Addres	is 2	TAMPINES STREET	33	Address 3	SINGAPORE 520318
VIII NAME OF THE OWNER	older Mailing Address						
Certificate Info							
Open Policy Info							
Co- nsurance Flag	No						
Agent	LQ INSURANCE AGENCY PTE LTI	Agent Tel.	63340783		GST Flag	Υ	
Outside Singapore OD Excess	600.0	Outside Singapore TP Excess	0.0			Young	/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	0.0	Own damage Excess	600.0		Windscreen Excess	100.0	
Excess Type	Per Accident	All Claims Excess					
Policy issue Date	25/05/2019	Effective Date	02/06/201	9 00:00	Expiry Date	01/06/2020 23	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 318 #03-70 TAMPINES STR	EET 33 SINGA	PORE 5203	18			
Certificate No.		.000073078			- Contractor		
Policy No.	5029118406-11	Policyholder Name	NGO GUA	N ANN	Policyholder NRIC	51390684Z	

Continue Cancel

ccident HT/1082964					
olicy No.	5029118406-11	Vehicle No.	S3F5652k	GST Registration No.	
ertificate No.					
Nicyholder Name	NGD GUAN ANN			Policyholder NRIC	S1390684Z
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
nsact No.(Mobile)	96987684	Contact No.(Office)	0	Contact No.(Home)	0
nal Address		Special Remark	72	eCode	To V
×	No ○Yes	TCA	® No ○ Yes	eCode Reason	1
D Protection	Yes	NCD Entitlement(%)	50		7000
Accident Details	163	with furnished (49)	50	Private Hire	No.
	22.0				
port Date	06/02/2020 09:29	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
te of Accident	04/02/2020	Time of Accident hhomm	15:30	Country of Accident	Singapore
porting Centre		Orango Force		JCM No.	
cident Location	AYE TWOS SLE ENTRANCE MERCHANT RD				
Total Excuss Applicable	()				
cess Type	Per Acodent	Windscreen Excess	100.00		
Standard Excess	600.00	TP Standard Excess	0.00		
D OD Excess	500.00	YIED TP Excess		Driver is Covered?	
itional Excess	0				
al OD Excess Applicable	1100.00	Total TP Excess Applicable			
Benefits	8087758				
GST Registered Inform	etion				
Registered	No		GST Registration Date		
Registration No.			GST Status verified	Yes	
incation History			and a second of the second	1.00	
Policyholder Mailing Ad	dress				
iress 5	BLK 318 #03-70	Address 2	TAMPINES STREET 13	Apdress 3	SINGAPORE 520318
dress 4		Address Type			
t No.			Singapore address	Post Code	520318
		Related Policy Number	9029118406-11		
OI Driver Info					
ver Name	Unnamed Onver	Driver Type	Unnamed Driver		
samed driver Name	NGO PEH KEONG, RAYMOND	Driver NRIC	\$XXXX3490	Driver DDB	14/08/1990
litter Date of Driver License		Driver Age	29	Driving Expenence	10
tact No.(Mobile)	90781384	Contact No.(Office)	0	Contact No. (Home)	0
ress 1	BCK 319	Address 2	TAMPINES STREET 33	Address 3	SINGAPORE 520318
tress 4		Address Type	Singapore address	Post Code	520318
t No.	03-70				
es he own a Singapore	☐ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
es he own a Singapore gistered car?	☐ Yes ® No	Oriver Vehicle No.		Driver Insurer Company	
gistered car?	○ Yes ® No	Oriver Vehicle No.		Driver Insurer Company	
patered car? laration:			Cyre @ No	Driver Insurer Company	
gistered car? Sanation	☐ Yes ® No 0 mg	Oriver Vehicle No. Any Injury?	○ Yes ® No	Driver Insurer Company	
es he own a Singapore gistered car? claration ratharyser or Blood Test ading?			○ Yes ® No	Driver Insurer Company	
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intered car? Interior Interior Blood Test Incation History Inc	0 mg CD-MX	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	NSO GUAN ANN S3F5652K Please Select Not at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	SMD539GR
intered car? Interior Interior Blood Test Incation History Inc	0 mg OD-MX 36387664 RAYMOND NGOPEHKEONG®GM Please Select ≥≥ SIF5652K / SMD5390R DN 4 Feb 2020 Ves OSJC02/3020 09:31	Any injury? Insured Name Contact No.(Home) Oil Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	NSO GUAN ANN S3F5652K Please Select Not at Fault	Insured NRIC Contact No (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SMD539GR
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intered car? Interior Interior Interior History Interior Histo	O mg O mg OD MX 3698 7694 RAYMOND INGOPENKEONG®GM Please Select >≥≥ SJF5652K / SMD5290R DN 4 Feb 2020 Ves OSJC02/3020 D9:31 Jackson MT/1062964 • Yes ○ No	Insured Name Contect No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date Browse Browse Browse	NSO GUAN ANN S2F5652K Please Select Not at Fault Preferred Workshop, Nama unknown O01 05/02/2020 09:32 Category * Clear Please Select Clear Please Select	Traured NRIC Contact No (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received. Confidential Urgene V Normal V Normal	Received V Oskoz/2020 00:00 III
getered car? Baration onthalyser or Blood Test ading?	O mg O mg OD MX 3698 7694 RAYMOND INGOPENKEONG®GM Please Select >≥≥ SJF5652K / SMD5290R DN 4 Feb 2020 Ves OSJC02/3020 D9:31 Jackson MT/1062964 • Yes ○ No	Any injury? Insured Name Contect No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferened Repair Option Claim Close Date Claim No. Upload Date Browse. Browse.	NSO GUAN AMN \$375552K Please Select Not at Fault Preferred Workshop, Name unknown OOI 05/02/2020 09:32 Category * Clear Please Select Clear Please Select	Insured NRIC Contact No (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received. Confidential Urgene V Normal	Received V Obscription V Description V V V V V V V V V

