NATIONAL Assessment Centre Se	ST. NICES - MAL 1 Jan 02 MM	HIVOOISTA		
	b description	Date &Time Completed	Done by	
	SAS e-filing			-
Veh No: ShFTTTAM	E-mail (within Shrs, AIC 2hrs)			•
D.O.A: 10/1/2-14:30	-Motor Claim Form	m11083861-001	11/1/20 N:3	<u> </u>
	-Motor W/O (Within: OD 2ht	s, TP 4hrs)		
OD : TP)! Reporting Only	-Photo Uploaded	1	*	
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	)
TP Particulars: Veh No: (W)	INC (	)/Non-INC( ).	-71	
Owner / Driver: (		Tel:		
Policy No: ( ) Period:	( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	1000
Insured/Driver Liability: ( %) [Note	-Est. Status (WO): N: 0-:	20%; P: 21-79%. P: 80	-100%]	
	anty: YES ( )/NO(	)		
Excess: (\$ ) Loading: \$1,000 (	)/\$2,000( )		SASSE M. MILLS	
Carred Damaria			STATE OF STATE OF	
( ) Walk-In Customer: Customer's informat	ion strictly Confidential & S	Strictly NO refer of repaire	<u>r</u>	
( ) Total Loss Case : to e-mail Insurer U.	RGENTLY.			
Drive-In ( )/ Towed-In ( ); Invoice: YI		Towing Co: (		)
		Date&Time Completed	Done by	
Remarks: (INC hodine: 6788 6616)	tesy Car ( )	-		
-7 - PP-7	( )			
2) QC Check / Post Repair Inspection	1 ()	-		
3) Upload Resurvey Photo [Repair Cost > \$3000				
Injury:			ato 2 swales and X govern	
Date/Time Actions			PRESENCE OF STREET	
	1			
	WII			
	1			
•			Anit (S)	Ami (\$)
3.4	Invoice P	reparation Checklist	Ant (S)	Ami (\$)
HA2001/33	1) AR : Accid	ent Reporting (\$30);	1ú Bill	
HA2001/33	1) AR : Accid 2) DA : Dama 3) TF : Towin	lent Reporting (\$30); age Assessment (\$100); INC	(\$80) \$40/\$45	
Laimant's Particulars :-	1) AR : Accid 2) DA : Dama 3) TF : Towis	lent Reporting (\$30); age Assessment (\$100); INC age Fee a-Through Survey	ficBill (\$80)	
laimant's Particulars :-	1) AR : Accid 2) DA : Dame 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin	lent Reporting (\$30); age Assessment (\$100); INC ag Fee w-Through Survey w-Through Survey (Resurvey) ag against INC Only (wef 10 Jan	(\$80) \$40/\$45 \$120 \$30 \$2005)	
laimant's Particulars :- river/Owner: ontact No:	1) AR : Accid 2) DA : Dame 3) TF : Towis 4) FT : Follow 5) FT : Follow For claims 6) TR : Re-in	lent Reporting (\$30); age Assessment (\$100); INC ag Fee w-Through Survey w-Through Survey (Resurvey) ag against INC Only (wef 10 Jan spection	(\$80) \$40/\$45 \$120 \$30	
Lumant's Particulars :- river/Owner: ontact No:	1) AR : Acid 2) DA : Dam 3) TF : Towin 4) FT : Follor 5) FT : Follor For claimin 6) TR : Re-in 7) N1 : Idao	lent Reporting (\$30); age Assessment (\$100); INC ag Fee w-Through Survey w-Through Survey (Resurvey) ag against INC Only (wef 10 Jan	(\$80) \$40/\$45 \$120 \$30 \$2005) \$75	
laimant's Particulars :- river/Owner: ontact No: amaged Portion:	1) AR: Acid 2) DA: Dam 3) TF: Towin 4) FT: Follor 5) FT: Follor For claimin 6) TR: Re-in 7) N1: Idaol 8) NTUC Ad	lent Reporting (\$30);  age Assessment (\$100); INC  age Fee	(\$80) \$40/\$45 \$120 \$30 \$2005) \$75	
laimant's Particulars :- river/Owner: ontact No: amaged Portion:	1) AR : Accid 2) DA : Darm 3) TF : Towin 4) FT : Follow 5) FT : Follow For Claimin 6) TR : Re-in 7) N1 : Idae 1 8) NTUC Ad OD* *N5: Cour	lent Reporting (\$30);  age Assessment (\$100); INC  age Fee Through Survey (Resurvey)  age against INC Only (wef 10 Jan  spection  DA + SMRT Survey  ditional Services:  tesy Car / Tpt Allowance  are Co-ordination	(\$80) \$40/\$45 \$120 \$30 \$2005) \$75 \$160	
Lumant's Particulars :- priver/Owner: contact No: camaged Portion: C Checked by (Engr-In-Charge):	1) AR : Accid 2) DA : Darm 3) TF : Towin 4) FT : Follor 5) FT : Follor Fot claimin 6) TR : Re-in 7) N1 : Idao 8) NTUC Ad OD* *N5: Coun *N6: Repe	lent Reporting (\$30);  age Assessment (\$100); INC  age Fee Through Survey (Resurvey)  age against INC Only (wef 10 Jan  spection  DA + SMRT Survey  ditional Services:  age of Tpt Allowance  age Car / Tpt Allowance	(\$80) \$40/\$45 \$120 \$30 \$2005) \$75 \$160	
Lumant's Particulars :- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	1) AR : Accid 2) DA : Darm 3) TF : Towin 4) FT : Follow 5) FT : Follow Fot Claimin 6) TR : Re-in 7) N1 : Idao 8) NTUC Ad OD* *N5: Cour *N6: Repe *N7: Fost *N8: DV	lent Reporting (\$30);  ige Assessment (\$100); INC  ige Fee Through Survey (Resurvey)  ig seainst INC Only (wef 10 Jan  spection  DA + SMRT Survey  dilional Services:-  tesy Cos / Tpt Allowance  it Co-ordination  Repair Inspection  / Collect Excess Coordination	56.Biji C (\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160 \$5 \$10 \$25 \$35 \$20	
3.3	1) AR : Accid 2) DA : Darm 3) TF : Towin 4) FT : Follow 5) FT : Follow Fot Claimin 6) TR : Re-in 7) N1 : Idao 8) NTUC Ad OD* *N5: Cour *N6: Repe *N7: Fost *N8: DV	lent Reporting (\$30);  age Assessment (\$100); INC  age Fee	56.Biji C (\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160 \$5 \$10 \$25 \$3 \$30 \$30 \$30 \$30 \$30 \$30 \$30	

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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. 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.
- 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.

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.

ACCIDENT STATEMENT

ACCIDENT	STATEMENT
11/02/2020	12:16

Date Of Report 11/02/2020 12:16

Date Of Accident 10/02/2020 14:30

Exact Location Of Accident TECHPOINT MULTISTORY CARPARK

Country/State of Loss SINGAPORE

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SGF5557M

Insured/Policyholder

Name Of Registered Owner PHUA WEE BENG

NRIC No SXXXX195C
Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-98475178

 Alternative Phone No
 OFFICE-98475178

**Vehicle Particulars** 

Manufacturer MAZDA

Model MAZDA6 4-DOOR SEDAN 2.0L SP.6EAT

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 5098311388-01

Cover Note Number

Driver

Name of Driver PHUA WEE BENG

 NRIC No
 SXXXX195C

 Date Of Birth
 25/01/1968

 Occupation
 OUTDOOR

 Date Of Driving Pass
 03/12/1986

Driving Experience 33 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98475178

Fax Number

Contact Number OFFICE-98475178

EMail Address NOEMAIL

Address

19 BEDOK RESERVOIR VIEW

#14-04

Postcode

478935

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

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

2

Was any body injured in the Accident?

NO

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

Number of Passengers (Including Driver)

1

**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

SCW7288J

Vehicle Make/Model/Colour

**LEXUS** 

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

ANG KOON BENG

NRIC/Passport Number

SXXXX926I

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the 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 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 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.

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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on 10.02-2020 at about 1430 attending up the mult	-Sturly
tarpark of Techpoint building. One to the form vehicle	
stopped and 2 followed suit, suddenly I heard a loud borns i	
mphel from the rear of my vericle A, when I alighted I rea	nlised
I was vehicle is who had failed to stop on time causing the	ullisium
and damages to the near partion of my vehicle A.	
Vi Vi	

# DECLARATION

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

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

# ACCIDENT STATEMENT

ACC	IDENT DATE: 10 02	12020 )(DD/MM/YYYY).	TIME: (14:30)(HH:MM)
	ATION: ~ Techp	cint multi-slorey	corporte Level 2
4	DETAILS OF VEHICLE	CLE ESSEM	10 10
	DJINSURANCE COMP	116.1	
	- IDOUGY NUMBER	5098311388-01	
	dIPOLICY TYPE: (CO)	MPREHENSIVE / THIRD PART	Y / THIRD PARTY FIRE &THEFT)
	- WILLE & MODEL	Mutton D.	The second secon
	FITYPE-KALOONY CO	DUPE / MPV /V AN / LORRY	/ MOTORCYCLE / OTHERS)
	a) VEHICLE CATEGOR	RY: (PRIVATE) COMMERCIA	L/MOIORCICLE)
	PUBLISHOSE OF HISING	AT ACCIDENT TIME:	(7)07.11 030
	I) ARE YOU CLAIMING	UNDER YOUR OWN INSUR	ANCE (YES/NO)
	IF NO, PLEASE STATE	(THIRD PARTY CLAIM) REF	PORTING UNLT)
2.	. INSURED / POLICY HO	wee lleng.	MALE / FEMALE)
	VIIIVIAIT.	New diaci	CONTACT: 98475178
	b) NRIC/FIN/PASSPOR	19 Bedulc Reservir	View \$14-04
	CIADDRESS: 13/C	289357	
	* CONTINUE TO 3.d IF	DRIVER ALSO POLICY HO	LDER
the of passonga			
			(MALE) FEMALE)
Cincluding driver	b) NRIC/FIN/PASSPOR	RT:	CONTACT:
CTO	c)ADDRESS:		
	*d) DATE OF BIRTH: (_	25/01/1968 NODIN	MM/YYYY)
14	OCCUPATION: (IN	DOOR (OUTDOOR)	(7)
	EVELDS OF DRIVING	EXPRERIENCE: 34 11	
4.	MAC DOTVED AN EN	ADLOYER OF THE INSURE	ED'S COMPANY? (YES / NO)
	IF NO, RELATIONS	HIP OF THE DRIVER WITH	H INSURED:
5.	a) WEATHER CONDIT	ON: (CLEAR) / RAINING /	OTHERS
		DRY / WET / OTHERS	
	WAS ANYBODY INJU		
7.	a)REPORTED TO POL	E WHICH POLICE STATION	•
	WURD DARRY VEHICLE	• A SPACE AND A	
the of passenger		R. SCW 7488 V	MODEL: /exal
had all a disease	DRIVER'S NAME	July Land Day	
- Including aviver	) ON NRIC/FIN/PASSP	ORT: 5/42/9262	CONTACT:
() 9.	THIRD PARTY VEHICL	E	
A the off management	d) VEHICLE NUMBE	R:	MODEL:
Allo of passinger	( D) DULLEY 2 LIVING		
(Induding drive	f) NRIC/FIN/PASSP	ORT:	CONTACT:
( )		(6)	

EMAIL: allan@icasgarage-sg FAX = +65 6509 9501



# 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: 5098311388-01 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SGF5557M

Chassis Number : JM6GJ1072G0226245

2. Name of Policyholder : PHUA WEE BENG

3. Effective Date of Insurance : 24 Feb 2019

3. Effective Date of Insurance : 24 Feb 2019
4. Expiry Date of Insurance : 23 Feb 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

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

6. Limitations as to Use#

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

#### This Policy does not cover

(a) Use for hire or reward.

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

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

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

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

 EXCESS (SECTION 1)
 : \$\$600

 EXCESS (SECTION 2)
 : N/A

 WINDSCREEN EXCESS
 : \$\$100

 ADDITIONAL EXCESS
 : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO
INSURE WITH COE : YES
NCD PROTECTION : NO
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : PHUA WEE BENG : N/A

NAMED DRIVER (1) : N/A
NAMED DRIVER (2) : N/A
HIRE PURCHASE COMPANY : N/A

SUM INSURED : MARKET VALUE OF INSURED VEHICLE 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 : AUTOSHIELD PTE. LTD. (00000573469)

Date of Issue : 22 Feb 2019 09:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

make

**Authorised Officer** 

Chief Executive

Countersigned By:

Hello, NAC_PAYA_UBI_8000	101	100000000000000000000000000000000000000		ALL DE PROPERTY.			+ Chang	e Language	+ Chang	e Password	Log Ou
My Desktop		cy Query									
Notice of Loss	Policy N					Date	of Accident	6	0/02/2020 1	4:30	
	1 - Miles Com	No.(For Motor)	SGF555	7M		Certif	icate Number				
					I	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5098311388- 01		PHUA WEE BENG	S6804195C	GPC	drivo CLASSIC	SGF5557M	SGF5557M	24/02/2019	23/02/2020

Sequen			ndorsement	000000	Endorsement	1705000	Endorsement Content
♥ Endors	March Compensation (Constitution						
	Object: SGF5557M	Numbe	er	3030311300-01			
Init No.		Relate	d Policy	5098311388-01			
ddress 4		Addres	ss Type	Singapore address		Post Code	478935
ddress 1	19 BEDOK RESERVOIR V	/IEW Addres	s 2	#14-04 AQUARIUS	BY THE PARI	Address 3	SINGAPORE 478935
Policyh	older Mailing Address						
ertificate nfo							
olicy Info							
lag Open							
co- nsurance	No						
Agent	AUTOSHIELD PTE, LTD.	Agent Tel.	63850777		GST Flag	Y	
Singapore OD Excess	600	Singapore TP Excess	0			Young	/Inexperience Driver Excess
Outside		Outside					
Additional	0	OS Premium	0				
xcess	0	damage Excess	600		Excess	100	
hird Party	25	Own	MILLS.		Windscreen	10000	
xcess vpe		All Claims Excess					
Policy ssue Date	22/02/2019	Effective Date	24/02/2019	9 00:00	Expiry Date	23/02/2020 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	19 BEDOK RESERVOIR VIEW #	14-04 AQUARI	US BY THE P	ARK SINGAPORE 478			
Certificate No.							
Policy No.	5098311388-01	Policyholder Name	PHUA WEE	BENG	Policyholder NRIC	S6804195C	

cident MT/1083861											
ley No. 5	5098311388-01	Vehicle No.	5GF5557M		GST	Registration No	0.				
rtificate No.											
	HUA WEE BENG				Policy	yholder NRIC		5	5804195C		
	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		Load	ing		0			
TO SERVICE STATE OF THE SERVIC	98475178	Contact No.(Office)	0		Cont	act No.(Home)	)	0			
nail Address		Special Remark			eCod	ie .		2	· V		
	® No ○ Yes	TCA	® No ○Yes		eCod	te Reason.					
D Protection	40	NCD Entitlement(%)	0		Priva	ite Hire		N	2		
Accident Details											
	11/02/2020 12:31	Accident Report Within 24 hrs	Yes		Acce	dent Type		0	slision - Hea	d to Rear	
Statistics and the state of the	10/02/2020	Time of Accident hh:mm	14:30		Cour	ntry of Acciden	4	\$	ngaporé		
eporting Centre	1010100	Orange Force			ICM	No.					
	TECHPOINT MULTISTORY CARPARK										
♥ Excess	1880.00										
wn damage Excess	600,00	Additional Excess	0		With	dscreen Excets		1	00.00		
nnamed Driver Excess	0.00	Outside Singapore OD Excess		600.00							
nird Party Excess	0.00	Outside Singapore TP Excess		0.00							
9 Senefits											
SST Registered Informat	tion										
ST Registered	No			egistration Date							
SY Registration No.			GST S	tatus Verified		Yes					
edification History											
Policyholder Mailing Add		Address 2	#14-04 AOU	ARIUS BY THE PARI	Add	tress 3		- 34	SUNGAPORE	478935	
ddress 1	19 BEDOK RESERVOIR VIEW		Singapore ad			£ Code		4	478935		
ddress 4		Address Type Related Policy Number	5098311388		20,13	applica.					
Init No.		Kented Lack Manifes	2000211000	**							
OI Driver Info	PHUA WEE BENG	Driver Type	Main Driver								
PRINCIPLE OF TAXABLE IN	PHON WEE BENG	Driver NRIC	56804195C		Dyv	ver DOB			25/01/1968		
Innamed driver Name tegister Date of Driver License	03/12/1906	Driver Age	52		Dri	ving Experienc	e .		33		
Contact No. (Mobile)	98475178	Contact No.(Office)	0		Cor	ntact No.(Hom	e)		0		
Address 1	19 BEDOK RESERVOIR VIEW	Address 2	AQUARTUS B	IN THE PARK	Add	dress 3			SINGAPORE	478935	
Address 4		Address Type	Singapore address		Post Code				478935		
und No.	14-04										
	44.04	Driver Vehicle No.									
Does he own a Singapore Registered car?	○ Yes  No	Driver Vehicle No.			Dri	wer Insurer Co	mpany	re:			
Does he own a Singapore Registered car? Declaration	○ Yes <b>③</b> No	Driver Vehicle No.			Dri	wer Insurer Co	mpany				
tegistered car? Declaration Breathalyser or Blood Yest	○ Yes ® No 0 mg	Driver Vehicle No.  Any Injury?	O Yes ® N	0	Dri	wer Insurer Co	mpan	<i>(</i> -			
Registered car? Declaration			○ Yes ® N	0	Dri	wer Insurer Co	mpany	<i>i</i> -			
Registered car? Declaration Breathalyser or Blood Test Reading?			O Yes ® N	•	Dri	ver Insurer Co	mpany				
tegistered car? Declaration Breathalyser or Blood Yest			□ Yes ® N	0	Der	ver Insurer Co	mpany				
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