Date In: 22/10-16:04	Jeb description	Date &Time Completed	Done by
Ref No: Na   NC 1003289 24	SAS e-filing		
Veh No: Sy SVJ8X	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 17/1/10-09:10	i-Motor Claim Form	M7/1086059-001	29/1/20 16:14
	i-Motor W/O (Within: OD 2		
OD : (TP)! Reporting Only	i-Photo Uploaded		
22674 001676 0000	Assessment/Survey Report		Carrier on the second second second
TP Insurer:	Ass't Report by Fax / Han	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (	(	Tel:	Fax:
TP Particulars: Veh No: So	S79974 INC	( )/Non-INC( ).	4
Owner / Driver: (		Tel:	)
Policy No: ( )	Period: (	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %	) [Note-Est. Status (WO): N: 0	20%; P: 21-79%. P: 80-	100%]
Year of Registration: ( )	Warranty: YES ( )/NO (	)	
	S1,000 ( )/\$2,000 ( )		
General Remarks:-	(220) F (5) (4) (5) (5)	jasa kasasa ka	
( ) Walk-In Customer: Customers i		Strictly NO rater of repairer.	
( ) Total Loss Case : to e-mail Ins			
Drive-In ( )/ Towed-In ( ); Invo	oice: YES( ) / NO( );	Towing Co: (	, )
Remarks: (INC hotline: 6788 6616		Date& Time Completed	Done by
cemaras, (115); movime, 0700 doro			A
1) Apply for Trans. art Allowance ( )	/Courteen Cor (		
	/ Courtesy Car ( )	-	
2) QC Check / Post Repair Inspection	( )		
2) QC Check / Post Repair Inspection	( )		
2) QC Check / Post Repair Inspection	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )		
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury:	( )		1322 Co. 182
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost >  Injury:	( )		
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost >  Injury:	( )		328 C. 338
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost >  Injury:	( )		
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2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions	( )		
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions	( )	eparation Checklist.	Anit (S) Amit
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Onte/Time   Actions	( ) >\$3000] ( ) Invoice P	eparation Checklist	Anit (5) Ami Îst Biji Add
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Onte/Time   Actions	( ) >\$3000] ( )  Invoice Pa	eparation Checklist. (5) ont Reporting (\$30); ge Assessment (\$100); INC (\$	And (5) Am Ist Bill Add
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Onte/Time Actions  atmant's Particulars:	( ) > \$3000] ( )  Invoice Pi  1) AR: Accid 2) DA: Dame 3) TF: Towin 4) FT: Follow	cparation Checklist  Int Reporting (\$30); The Assessment (\$100); INC (\$35); The See See See See See See See See See S	Anit (\$) Amit (\$) Amit (\$) Add (\$) (80) (0/\$45 \$) \$120
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Onte/Time   Actions  almant's Particulars: iver/Owner:	( )   ( )	cparation Checklist  Int Reporting (\$30); The Assessment (\$100); INC (\$35 Fee \$40.54)  Through Survey  Through Survey (Resurvey)	And (5) Amil (80) (0/545 5120 530
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost >  Injury:  Onte/Time Actions  almant's Particulars: iver/Owner:  Intact No:	( )	cparation Checklist.  Int Reporting (\$30); ge Assessment (\$100); INC (\$3 g Fee \$40  -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 200	Anit (5) Amit (80) Add (80) (0/545 \$120 \$30
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  almant's Particulars: iver/Owner:  ntact No:	Invoice Pi   Invoice Pi   1) AR: Accid-   2) DA: Dame   3) TF: Towin   4) FT: Follow   For claimin   6) TR: Re-ins   7) N1: Idae D	cparation Checklist cnt Reporting (\$30); ge Assessment (\$100); INC (\$ g Fes \$4 -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 200 pection A + SMRT Survey	Anit (5) Amil 180) Add 180) Add 180) 5120 530
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  almant's Particulars: iver/Owner: intact No: imaged Portion:  Checked by (Engr-In-Charge):	Invoice Property   Invoice Pro	cparation Checklist cat Reporting (\$30); ge Assessment (\$100); INC (\$ ge Assessment (\$ ge Assessment (\$100); INC (\$ ge Assessment (\$	Anit (\$) Amil (\$) Amil (\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$)

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Fax Number

Contact Number EMail Address

- 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.
- 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.

atoresaid,	
Self-reserving to the	ACCIDENT STATEMENT
Date Of Report	27/02/2020 16:04
Date Of Accident	27/02/2020 09:10
Exact Location Of Accident	67 UBI AVE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ5258X
Insured/Policyholder	
Name Of Registered Owner	HO PAK SIAM
NRIC No	SXXXX321I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86867481
Alternative Phone No	OFFICE-86867481
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110876746
Cover Note Number	
Driver	
Name of Driver	SIN HING FONG (XIAN XINGFENG)
NRIC No	SXXXX506I
Date Of Birth	20/09/1976
Occupation	OUTDOOR
Date Of Driving Pass	30/11/2012
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94785421
	vit en cisseocrasia - Titalita vitat halfa tida

OFFICE-94785421

NOEMAIL

BLK 102 POTONG PASIR AVENUE 1 Address

#05-350

Postcode 350102

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 SIDE SWIPE

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

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SGS7997U

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Page 2 of 14

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SIN HING FONG (XIAN XINGFENG)

BODY

SLJ5258X

YES

NO

## SKETCH PLAN

# **IMPORTANT NOTICE**

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as 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.
- 5. 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.

populso

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.:

	67 UBI AVE 1	A) SLZ 5258X B) SGS 7997U
4	8   d	
	4	

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
ON 27/02 2020 AT ABOUT 0910 HRS, I WAS DRIVING VEH DO. 5135258"
WITHOUTHE LANE AT THE COMPOUND OF 67 UBI AVE I WITH THE
INTENTION OF MAKING A LEFT TURN TO EXIT TO THE MAIN ROAD, I REDIED
HUD STOPPED MY VEH, WHEN I SAW VEH B MAKING A SHARP RIGHT TURN
TOWARDS MY DIRECTION AT A FAST SPEED. UNFORTUNATELY, THE SAID VEH
STILL CONLIDED INTO THE FRANT RIGHT POPTION OF MY VEH.
I HAVE UDEO FOOTAGE TO CONFIRM THE CIRCUMSTANCES OF ACCIDENT.
AS A DESULT OF THE ACCIDENT, I WAS NOT FEELING WELL AND I WHL BE CONSULTING DOCTOR LATER.

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 Personners Signature Name:

NRIC/FIN No .:



BLK 2 KAKI BUKIT AUTOHUB, KAKI BUKIT AVE 2 #01-15 SINGAPORE 417921.

TEL: 6747 2755 FAX: 6746 5922 EMAIL: hupsoon238@yahoo.com

ROC 53043448B

VEHICLE NO: 51	25258X	MAKE/MODE	u	TOYOTA	ALTIS	
DATE OF ACCIDENT	27 / 02 / 20#	TIME	09 HR	10	MIN	(AM)/ PM
LOCATION OF ACCIDENT	67 UB	I AVE I				
EXACT PURPOSE USE DU	JRING ACCIDENT	WORK				
CAR OWNER						)
NAME OF CAR OWNER	HO PAK	MAR				
CONTACT NO	96867481					- 2
NRIC	52066321I					
CLAIM TYPE		OD		THIRD PARTY	R	EPORTING ONLY
INSURANCE COMPANY	DIVC	- 100 - 100				EF ORTHOGONE
TYPE OF COVERAGE	/	COMPREHENS	IVE	THIRD PARTY	, T	HIRD PARTY FIRE & THEFT
POLICY NO	5110876746					mo Paritine & Meri
ACCIDENT DRIVER		AS ABOVE		TIE NOT- KIND	LY FILL IN BELO	OW.
NAME OF DRIVER	SIN HING		CXIAN	KINGFI		JW .
NRIC	S7629506I			O OF PASSENGE	on oxer	
DATE OF BIRTH	20.09.1976		77	o o o o o o o o o o o o o o o o o o o	.45	
OCCUPATION	SALES		/	OUTDOOR	IN	DOOR
DATE OF DRIVING PASS	30/11/2012		: N=-===			
GENDER	45 10 12.			MALE	FF	MALE
CONTACT NO	9478 5421			- Introduction		
ADDRESS	BLK 102 POTON	DG PASIR	AUE 1	#05-	350 €	(350102)
DRIVER OWN ANY VEHIC						1-001-21
RELATIONSHIP EMPLOY	EE/SPOUSE IF NOT:	MOTHER		_		
WEATHER CONDITION		CLEAR	RAINI	NG	OTHER:	-10
ROAD SURFACE		DRY	WET		OTHER:	
ANY INJURIES		YES-NAME:	5	O HIDG	FOUG	(XIAN XINGFBY
CONTACT NO						Section of the sectio
POLICE REPORT	(No	OF YES- LOCATIO	ON:			
VIDEO FOOTAGE		WES				
3RD PARTY INFO						
VEHICLE B NO	<u>SGS7997U</u>		NO	OF PASSENGER	/s C	(Nascana)
NAME	Co I to Cord of I amend the Annual III		3636			
CONTACT NO						
VEHICLE C NO			NO	OF PASSENGER	/s	
VEHICLE D NO			0	OF PASSENGER		
VEHICLE E NO				OF PASSENGER		
VEHICLE F NO				OF PASSENGER		
ANY WITNESS						
WITNESS CONTACT NO						



# Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 14	89)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960	
BOAD TRANSPORT ACT, 1987 (MALAYSIA)	
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)	

Certificate Number: 5110876746

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

: SLJ5258X

Chassis Number

: MR053REH104556391

2. Name of Policyholder

: HO PAK SIAM

3. Effective Date of Insurance

: 06 Jul 2019

4. Expiry Date of Insurance

: 05 Jul 2020

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.

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.

: \$\$600 EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : \$\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS

: PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO : YES INSURE WITH COE : YES (FREE) NCD PROTECTION : NO TRANSPORT ALLOWANCE · NO **EXCESS WAIVER** : HO PAK SIAM PRIMARY DRIVER : N/A NAMED DRIVER (1)

: N/A NAMED DRIVER (2)

: STANDARD CHARTERED BANK (SINGAPORE) LIMITED HIRE PURCHASE COMPANY : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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)

: COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of Issue

: 06 Jul 2019 10:43 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Countersigned By:

**Authorised Officer** 

SLJ5258X	Date of Accident Certificate Number	Language	• Chan	ge Password	• Log Ou
SLJS258X		2	7/02/2020 0	09:10	
SLJ5258X		2	7/02/2020 0	09:10	
SLJ5258X	Certificate Number				
					_
	Search				
	licyholder Product Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
HO PAK SIAM S20	2066321I GPC drivo CLASSIC	SLJ5258X	SL)5258X	06/07/2019	05/07/2020
	umber Name	umber Name NRIC Product Cover Type	umber Name NRIC PRODUCT COVERTYPE No. HD PAK SIAM S2066321I GPC CLASSIC SLI5258X	HD PAK SIAM S2066321I GPC CLASSIC SLI5258X SLI5258X	HD PAK SIAM S2066321I GPC drivo CLASSIC SLJ5258X SLJ5258X 06/07/2019

♥ Endors	sements						
b manie							
A Treuse	ed Object: SLJ5258X						
Unit No.		Relate Numb	ed Policy er	5110876746			
Address 4			ss Type	Singapore address		Post Code	350102
Address 1	BLK 102 #05-350	Addre	ss 2	POTONG PASIR AV	ENUE 1	Address 3	SINGAPORE 350102
▼ Policyl	holder Mailing Address						
Certificate Info							
Open Policy Info							
nsurance Flag	No						
Co-							
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592		GST Flag	Y	
Singapore OD Excess	600	Singapore TP Excess	0			Young/	Inexperience Driver Excess
Excess Outside	200000	Premium Outside					
Additional	0	os	0				
Third Party Excess	0	damage Excess	600		Windscreen Excess	100	
Гуре	Per Accident	Excess Own					
ssue Date Excess		Date All Claims	00/07/2019	00.00	Expiry Date	03/07/2020 23.	
Name Policy	06/07/2019	Effective	06/07/2019	00.00	Policy Flag	05/07/2020 23:	50
Product	PRIVATE CAR INSURANCE	Plan			Group	N	
No. Address	BLK 102 #05-350 POTONG PASI	R AVENUE 1 S	SINGAPORE 3	350102			
Certificate	3220070770	Name			NRIC		
Policy No.	5110876746	Policyholder	HO PAK SIA	M	Policyholder	S2066321I	

Claim Handling Accident MT/1086059					
	-continue of	1000000000	Milesposess.	4.000 eccessores	
Policy No.	5110876746	Vehicle No.	SL)5258X	GST Registration No.	
Certificate No.					2000000
folicyholder Name	HO PAK SIAM	0.55000.2500	17909-9500-0500	Policyholder NRIC	520663231
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Mobile)	86867481	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	No V
FK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
ICD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
eport Date	27/02/2020 16:12	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
rate of Accident	27/02/2020	Time of Accident hh;mm	09:10	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	REMERCO.
	67 UBI AVE 1	olarige rates		100	
codent Location • Total Excess Applicable					
сеять Туре	Per Accident	Windscreen Excess	100.00		
coss Type	Per Accident	Windscreen excess	100.00		
D Standard Excess	600.00	TP Scandard Excess	0.00		
ED OD Excess	500.00	YIED TV Excess		Driver is Covered?	
iditional Excess		C=280-977/(E000000)		v:397.10181979790	
		Total TO Eurage Apalloshia			
otal OO Excess Applicable	1100.00	Total TP Excess Applicable			
♥ Benefits					
GST Registered Informa	ation				
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
odification History					
Policyholder Mailing Ad	dress				
ddress 1	BLK 102 #05-350	Address 2	POTONG PASIR AVENUE 1	Address 3	SINGAPORE 350102
ddress 4		Address Type	Singapore address	Post Code	350102
nit Ng.		Related Policy Number	5110876746		
OI Driver Info					
river Name	Unnamed Driver	Onver Type	Unnamed Driver		
nnamed driver Name	SIN HING FONG (XIAN XINGFER	Driver NRIC	SXXXX506I	Driver DOB	20/09/1976
gister Date of Driver License	30/11/2012	Driver Age	43	Driving Experience	7
intact No.(Hobile)	94785421	Contact No.(Office)	0	Contact No.(Home)	0
		Address 2	POTONG PASIR AVENUE 1	Address 3	SINGAPORE 350102
dress 1	BCK 105				
ddress 4		Address Type	Singapore address	Post Code	350102
init No.	05-350				
oes he own a Singapore registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
reathalyser or Blood Test eading?	0 mg	Any injury?	Yes ○ No		
odification History					
our cation matery					
Claim 001 New					
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aim Type *	OD-MX	Insured Name	HO PAK SIAM	Insured NRIC	\$20663211
ontect No.(Mobile)	86867481	Contact No.(Home)	66380883	Contact No. (Office)	
mail Address		Ol Venicle Number	SLI5258X	TP Vehicle Number	SG\$7997U
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