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Date In: 10/3/20-14:53						
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Veh No: Jyzovyy	E-mail (within Shrs, /		1. 821. 1. 2.	1 (4)	15:151 Cl	
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2.	i-Motor W/O (Wi		P 4hrs)			
OD (TP-) Reporting Only	i-Photo Uploaded	d				
	Assessment/Survey					
TP Insurer:	Ass't Report by Fa	x / Hand to	Owner/Wksp		-	
Preferred Wksp / INC Assign Wksp / QW: (Siestella State (Tel:	Fax:		
TP Particulars: Veh No: GRE	YS'R	. INC()/Non-INC ()		
Owner / Driver: (1	Tel:		<u>)</u>	
CONTROL OF THE CONTRO	riod: ()	Cover Type: ()	
C. Could but (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (WO)): N: 0-209	%; P: 21-79%. F	: 30-100%]		
		/NO()				
Excess: (\$) Loading: \$1,0	000()/\$2,000()			-	-
Council Damanics				\$ 7 65 Care	W. C. 5	
() Walk-In Customer: Customer's info	rmation strictly Confid	ential & Stri	tly NO rafer of rep	alrer.		
() Total Loss Case : to e-mail Insure	er URGENTLY.	7.6				
		();To	wing Co: (v*)
Diversi ()			Date&Time Comp	e'ad	Doneb	у -
Remarks:- (INC hotline: 6788 6616)	· · ·	1000	Lance Lance			155-54
1) Apply for Transport Allowance ()/(Courtesy Car ()		the same of the sa			
1) 1 ppij tot 11mm]	Courtesy Car ()		***			
2) QC Check / Post Repair Inspection	()					
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions NA 200235 Claimant's Particulars: Contact No: Carnaged Portion:	() 3000] ()) AR : Accident () DA : Darrage () TF : Towing F () FT : Follow-T () iT : Follow-T () iT : Follow-T () iT : Re-inspe () TR : Re-inspe () N1 : Idac DA () NTUC Addition	Daration Checklis Reporting (\$30); Assessment (\$100); See Arough Survey Arough Survey (Resurve gainst INC Only (wef I ction + SMRT Survey onal Services:-	INC (\$80) \$40/\$45 \$120 y) \$30 0 Jan 2005) \$75	Ani (S)	A STATE OF THE PARTY OF THE PAR
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions NA 200233 Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion:	() 3000] ()) AR : Accident () DA : Darrage () TF : Towing F () FT : Follow-T () FT : Follow-T () TR : Re-inspe () TR : Re-inspe () N1 : Idae DA () NTUC Addition () N5 : Courtes () N6 : Repair	Daration Checklis Reporting (\$30); Assessment (\$100); See Through Survey (Resurvey Seinst INC Only (wef) State of the stat	INC (\$80) \$40/\$45 \$120 y) \$30 0 Jan 2005) \$75 \$160	Ani((S))	A STATE OF THE PARTY OF THE PAR
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions NA 2023 Immant's Particulars: Oriver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	() 3000] ()) AR: Accident b) DA: Darrage c) TF: Towing F c) FT: Follow-T g) FT: Follow-T For claiming s 6) TR: Re-inspe 7) N1: Idac DA 8) NTUC Additi OD.* *N5: Courtes *N6: Repair (Reporting (\$30); Assessment (\$100); see hrough Survey hrough Survey (Resurve geinst INC Only (wef I ction + SMRT Survey onal Services: y Car / Tpt Allowance Co-ordination pair Inspection	INC (\$80) \$40/\$45 \$120 y) \$30 0 Jan 2005) \$75 \$160 \$5 \$10 \$25	Anic(S)	A STATE OF THE PARTY OF THE PAR
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions	() 3000] ()) AR : Accident () DA : Damage () TF : Towing F () FT : Follow-T () FT : Follow-T () TR : Re-inspe () TR : Re-inspe () N1 : Idae DA () NTUC Addition () N5 : Courtes (*N5 : Courtes (*N5 : Fost Re (*N5 : DV / Co	Daration Checklis Reporting (\$30); Assessment (\$100); the control of the control	INC (\$80) \$40/\$45 \$120 y) \$30 0 Jan 2005) \$75 \$160 \$5 \$10 \$25	Ant (S)	Add Bil

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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.

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.	
化主发射 (1965年)	ACCIDENT STATEMENT
Date Of Report	10/03/2020 14:53
Date Of Accident	10/03/2020 09:55
Exact Location Of Accident	CTE TWDS CITY BEFORE BUKIT TIMAH EXIT
Country/State of Loss	SINGAPORE
D The second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJY3004U
Insured/Policyholder	
Name Of Registered Owner	PRIVILEGE LIMOUSINE SERVICES PTE LTD
Co Reg No	2XXXXX851N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81833239
Alternative Phone No	OFFICE-81833239
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH 2.0 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD

THIRD PARTY Type Of Coverage

YES Fleet Policy

5111566730 Policy Number

Cover Note Number

Driver

YEW YAM KHENG Name of Driver

SXXXX727C NRIC No 13/06/1961 Date Of Birth OUTDOOR Occupation 03/04/1981 Date Of Driving Pass

38 YEARS AND 11 MONTHS **Driving Experience**

FEMALE Gender

(LOCAL) +65-96274595 Mobile Number

Fax Number

OFFICE-96274595 Contact Number

NOEMAIL **EMail Address**

BLK 855 WOODLANDS STREET 83 Address

#07-60

730855 Postcode

NO Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

3

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 2

Number of Passengers (Including Driver)

: WHITNEY LIM

Passenger 1

GENDER:

NAME:

: FEMALE

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

GBE43B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBE3210R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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

Name YEW YAM KHENG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJY3004U

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name WHITNEY LIM

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJY3004U

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

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 aforesald.
- 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 .:

SKETCH PLAN	(A) 87Y 2004 W.
	(A) 3JY 3004 U. (B) GBE 43 B.
	(E) GBE 3210 R.
	C) GBE 3210 11
	>
	C COKAKAI «
	CTE towards City before Buket Toman Exit.
DESCRIBE CIRCUMSTANCES OF THE ACC	IDENT
On 10/03/20	20 at @ 0955 live, I was travelling in my
	ng CTE towards Cety before Buket Tenah
The state of the s	- from the right. I was movering slowly as
	y ahead. Suckerly, a van (GBE 438) from
behind collided onto the	
	posted my vehecle forward and coused my
	to a yan (GBE 3210 R) enfort of me.
DECLARATION	
DECLARATION I/We rectare the opening particulars are true	in every respect.
ROC NO.	
201726851N)	Vercus.
	's Signature Reporting Centre Personnel's Signature er is not the policyholder) Name:
	Time: NRIC/FIN No.:
and a series of the series of	

ehicle No.	SJY 30044 Model/Make Toyota Wish.
ate of Accident	10 / 03 / 2020.
ime of Accident	0 915 HRS
ocation of Accident	CTE towards City before Bulet Timah Exit.
xact purpose use during acc	ident Chauffair .
lame of Owner	Privilege Limoustne Services Pte 210.
elephone No.	H/P: \$183 3239 Home: Office:
NRIC	201726851N:
Address	421 Tagore Industrial Ave #01-20 Tagore 8 (8) 787805.
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC.
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5111566730-000002.
Name of Driver	As Above If No, YEW YAM KYZNG.
NRIC	5 1463 72 7 C . Any Passengers : 01 (F)
Date of birth	13/06/1961.
Occupation	Outdoor / Indoor
Driving License Pass Date	03/04/ 1981
Gender	Male / Female
Contact No.	H/P: 9627 4595 Home: Office:
Address	BUK 855 Waddanle 8+ 83 #07-60 (8) 730855.
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state thirer
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	/EW YAM KHENG (H/P.: 9627 4595)
Name And Contact No.	Whitney Lam (4/P: 900 58608).
Police Report	No, If Yes, Where?
Vehicle B No.	GBE 43 B. Any Passengers:
Name of Driver	Contact No. :
Vehicle C No.	GBE 3210 R . Any Passengers:
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers : Witness Contact : N. A.
Witness Name	Vitaless contact.
Accident Portion	Front and rear portion.
Camera Recorder	Yes (No.)
Email Address	trish392001 @ yahoo.com.
PARTICULAR WORKSHOP	N-51
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	27 Ting.
CONTACTIENDON	6741 0510



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189	1)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960	
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	

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

Certificate Number: 5111566730-000002 Cover : Third Party

1. Index mark and Registration Number of Vehicle

: SJY3004U

Chassis Number : JTDGJ20W605002785 : PRIVILEGE LIMOUSINE SERVICES PTE LTD 2. Name of Policyholder

: 01 Aug 2019 3. Effective Date of Insurance

: 31 Jul 2020 4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

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

6. Limitations as to Use#

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

This Policy does not cover

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

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

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

EXCESS (SECTION 1)	; N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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

: CITY INSURANCE AGENCY PTE. LTD. (00000573566)

Date of Issue : 31 Jul 2019 17:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Hello, NAC_PAYA_UBI_	800601	1000000	TAX DESCRIPTION				· Change	Language	· Chang	ge Password	· Log Out
Hello, NAC_PATA_UDI_	300001						A 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				
My Desktop	Polic	y Query									
Notice of Loss	Policy N	Policy No. 5111566730				Date of Accident Certificate Number			0/03/2020 0		
	Vehicle No.(For Motor)		SJY3004	SJY3004U							
					3	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5111566730	5111566730- 000002	PRIVILEGE LIMOUSINE SERVICES PTE LTD	201726851N	GFM	Third Party	SJY3004U	SJY3004U	01/08/2019	31/07/2020

	25-10-25-2020	Policyholder	DOMES EC	E LIMOUSINE SERVICE	Policyholder	201726851N			
olicy No.	5111566730 Name PRIVILEC		PRIVILEG	E LIMOUSINE SERVICE	USINE SERVICE NRIC		20172003211		
Certificate 40.	5111566730-000002								
Address	421 TAGORE INDUSTRIAL AVEN	UE #01-20 TA	GORE 8 SI	NGAPORE 787805					
Product Name	FLEET MASTER INSURANCE	ASTER INSURANCE Plan				N			
Policy Issue Date	31/07/2019	Effective Date	01/08/20	19 00:00	Expiry Date	31/07/2020 23	:59		
Excess Type	Per Accident	All Claims Excess							
Third Party Excess	1500	Own damage Excess			Windscreen Excess				
Additional Excess	0	OS Premium	0						
Outside Singapore OD Excess			ore 1500			Young/Inexperience Driver Exc			
Agent	CITY INSURANCE AGENCY PTE.	JRANCE AGENCY PTE. Agent Tel. 645986		77 GST Flag		Y			
Co- insurance	No								
Flag									
Open									
Open Policy Info Certificate									
Open Policy Info Certificate Info	holder Mailing Address								
Open Policy Info Certificate Info Policy	holder Mailing Address 421 TAGORE INDUSTRIA	L AVEN Addre	rss 2	#01-20 TAGORE 8		Address 3	SINGAPORE 787805		
Open Policy Info Certificate Info Policyl Address 1			iss 2	#01-20 TAGORE 8 Singapore address		Address 3 Post Code	SINGAPORE 787805 787805		
Flag Open Policy Info Certificate Info PolicyI Address 1 Address 4 Unit No.		Addre	ess Type ed Policy						
Open Policy Info Certificate Info Policyl Address 1 Address 4 Unit No.	421 TAGORE INDUSTRIA	Addre Relat Numb	ess Type ed Policy	Singapore address					
Open Policy Info Certificate Info Policyl Address 1 Address 4 Unit No.	421 TAGORE INDUSTRIA 01-05 ed Object: 5111566730-00000	Addre Relat Numb	ess Type ed Policy	Singapore address					
Open Policy Info Certificate Info PolicyI Address 1 Address 4 Unit No. Insure	421 TAGORE INDUSTRIA 01-05 ed Object: 5111566730-00000	Addre Relat Numb	ess Type ed Policy per	Singapore address	r Endorse				
Open Policy Info Certificate Info Policyl Address 1 Address 4 Unit No. Insure Endors	421 TAGORE INDUSTRIA 01-05 ed Object: 5111566730-00000	Addre Relat Numb	ess Type ed Policy per	Singapore address	r Endorse	Post Code	787805		

cident MT/1087642							
and the		Links at a No.	53Y3004U	GST Registration No.			
	5111566730	Vehicle No.	53130040				
Production (1995)	5111566730-000002			Policyholder MRIC	201726851N		
	PRIVILEGE LIMOUSINE SERVICES PTE LTD			Loading	0		
	FLEET MASTER INSURANCE	Cover Type	Sharra we	Contact No.(Home)	0		
rtact No.(Mobile)	61633239	Contact No.(Office)	0	eCode	N.Y		
ail Address		Special Remark	22	eCode Reason			
C)	® No ○ Yes	TCA	No ○Yes	Private Hire	Yes		
D Protection	No.	NCD Entitlement(%)	0	Private Hire	16		
Accident Details							
port Date	10/03/2020 15:16	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision		
te of Accident	10/03/2020	Time of Accident hh:mm	09:55	Country of Accident	Singapore		
	100712010	Orange Force		ICM No.			
sarting Centre	CTE TWOS CITY BEFORE BUKIT TIMAH EXIT	Control of Control					
THE STREET	CIETWOS CITT BEFORE SORET TIPME ENT						
Total Excess Applicable		California President					
ess Type	Per Accident	Windscreen Excess					
Can bellevil Toronto		TP Standard Excess	1,500.00				
Standard Excess	2.00	VIED TP Excess		Driver is Covered?			
D OD Excess	0.00	- //					
ditional Excess	0	Total TD France Available					
al OD Excess Applicable	0.00	Total TP Excess Applicable					
Benefits							
GST Registered Informal	And the second s				10.425		
Registered	No		GST Registration Date GST Status Verified	Yes			
T Registration No.			GST Status Vermes	168			
dification History							
Policyholder Hailing Add			10 110000 1	Address 3	SINGAPORE 787805		
dress 1	421 TAGORE INDUSTRIAL AVEN	Address 2	#01-20 TAGORE B		787805		
dress 4		Address Type	Singapore address	Post Code	767609		
vit No.	01-05	Related Policy Number	5111565591				
OI Driver Info							
iver Name	Unnamed Driver	Driver Type	Unnamed Driver				
named driver Name	YEW YAM KHENG	Driver NRIC	\$3000X727C	Driver DOS	13/06/1961		
gister Date of Driver License	03/04/1981	Driver Age	58	Driving Experience	38		
ntact No.(Mobile)	96374595	Contact No.(Office)	0	Contact No.(Home)	0		
		Address 2	WOODLANDS STREET 83	Address 3	SINGAPORE 730855		
idress 1	BLK 855	Address Type	Singapore address	Post Code	730855		
idress 4		Address Type			0.000		
nit No.	07-60						
oes he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company			
1.432300000000000000000000000000000000000							
Marie Control							
reathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No				
reathalyser or Blood Test	0 mg	Any injury?	® Yes () No				
ederation reathslyser or Blood Test eading?	Omg	Any injury?	® Yes O No				
reathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No				
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eathslyser or Blood Test sading? Claim 001 hew aim Type * notact No.(Mobile)	ор-мх 🖳	Insured Name	PRIVILEGE LIMOUSINE SERVICE		201726851N G8643B		
eathalyser or Blood Test adding? diffication History Claim 001 New aim Type * intact No.(Mobile) real Address	OD-MX V 93939859	Insured Name Contact No.(Home)	PRIVILEGE LIMOUSINE SERVICE	Coreact No.(Office)			
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eathalyser or Blood Test adding? diffication History Claim 001	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit *	PRIVILEGE LIMOUSINE SERVICE	Coreact No.(Office)			
eathstyser or Blood Test sading? diffication History Claim 901	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit *	PRIVILEGE LIMOUSINE SERVICE	Coreact No.(Office)			
eathstyser or Blood Test sading? Idification History Claim 001	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimart NRIC *	PRIVILEGE LIMOUSINE SERVICE S1Y3004U Please Select.	Coreact No.(Office) TP Vehicle Number			
eathstyser or Blood Test rading? Idification History Claim 001	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimare NRIC *	PRIVILEGE LIMOUSINE SERVICE EJY2004U Prease Select Not at Fault	Contact No(Office) TP Vehicle Number Name of Preferred Workshop	GSE43B		
eathstyser or Blood Test rading? Idification History Claim 001	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimare NRIC * Insured Lability * Preference Repair Option	PRIVILEGE LIMOUSINE SERVICE S1Y3004U Please Select.	Contact No(Office) TP Vehicle Number Name of Preferred Workshop GIA report	GSC43B		
eathalyser or Blood Test adding? diffication History Claim 001	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimare NRIC *	PRIVILEGE LIMOUSINE SERVICE EJY2004U Prease Select Not at Fault	Contact No(Office) TP Vehicle Number Name of Preferred Workshop	GSE43B		
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eathalyser or Blood Test adding? diffication History Claim 001	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimare NRIC * Insured Lability * Preference Repair Option	PRIVILEGE LIMOUSINE SERVICE SYMMOUTH Prease Select Prot at Fault Preferred Workshop, Name unknown	Contact No(Office) TP Vehicle Number Name of Preferred Workshop GIA report	GSC43B		
eathstyser or Blood Test rading? diffication History Claim 901	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimare NRIC * Insured Lability * Preference Repair Option	PRIVILEGE LIMOUSINE SERVICE EJY2004U Prease Select Not at Fault	Contact No(Office) TP Vehicle Number Name of Preferred Workshop GIA report	GSC43B		
eathstyser or Blood Test rading? diffication History Claim 901	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimare NRIC * Insured Lability * Preference Repair Option	PRIVILEGE LIMOUSINE SERVICE SYMMOUTH Prease Select Prot at Fault Preferred Workshop, Name unknown	Contact No(Office) TP Vehicle Number Name of Preferred Workshop GIA report	GSC43B		
reachslyser or Blood Test reading? Claim 001 New Laim Type * Ontact No. (Mobile) mail Address Laimant Type Claimant Type * Laimant Name * Laimant Address La	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimare NRIC * Insured Lability * Preference Repair Option	PRIVILEGE LIMOUSINE SERVICE SYMMOUTH Prease Select Prot at Fault Preferred Workshop, Name unknown	Contact No(Office) TP Vehicle Number Name of Preferred Workshop GIA report	GSC43B		
eathslyser or Blood Test eading? Claim 001 Mew laim Type * contact No. (Mobile) mail Address laimant Type Claimant Type * laimant Address laimant Address laimant Address laim Description referred Workshop Contact D. Equire Finalisation site Registered aport Taken By Print AK letter	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimare NRIC * Insured Liability * Preference Repair Option Claim Close Date	PRIVILEGE LIMOUSINE SERVICE SIY2004U Please Select Not at Fault Preferred Workshop, Name unknown Save Save Submit	Contact No(Office) TP Vehicle Number Name of Preferred Workshop GIA report	GSC43B		
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eathalyser or Blood Test ading? diffication History Claim 001	OD-MX	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimare NRIC * Insured Lability * Preference Repair Option Claim Close Date Claim No. Upload Date Brown	PRIVILEGE LIMOUSINE SERVICE SIY2004U Prease Select Preferred Workshop, Name unknown O01 10/001/2020 15:21 Category * Clear Prease Select Se Clear Prease Select Dear Prease Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urge V NO V Normal V NO V Normal	Received 1003/2020 00:00 1003/2020 00:00 1003/2020 00:00 1003/2020		
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Mar 2020 15: 19	Photos		Normal	Photo	e 2020-3-10		
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ではできた。	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Mar 2020 15:19	Photos		Normal	Photo	s 2020-3-10		
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