Day to a 1 1	Jcb description	1 Date & Im	e Completed	Done	OV
Date In 3.0 12:27		Date (C1)			-
REINO: NA MCLOUSYBUTY /24	SAS e-filing				
Veh No: Nee 9604	E-mail (within Shrs, AIC				9016
D.O.A: 20/3/20-11:05	i-Motor Claim Form	m 6M7 109	160- 4500	343/20 JY:	17
OD THE Reporting Only	i-Motor W/O (Within:	OD 2hrs, TP 4hrs)			
OB 119 + Tesporting Only	i-Photo Uploaded				
TD I	Assessment/Survey Re	port			
TP Insurer:	Ass't Report by Fax /	Hand to Owner/Wk	<u>sp</u>	<u> </u>	
Preferred Wksp / INC Assign Wksp / QW:	(	Tel:		Fax:	
TP Particulars: Veh No: N	, W9 053A	INC( )/Non-I	NC( ).	+	
Owner / Driver: (		Tel:		)	
Policy No: ( )	Period: (	) Cover Typ		)	
Confirmed by : (	Date		ime:	)	
Insured/Driver Liability: ( %	%) [Note-Est. Status (WO):		79%. P: 80-	100%]	
Year of Registration: (	) Warranty: YES ( )/N	0()			
Excess: (\$ ) Loading:	\$1,000 ( )/\$2,000 ( )		#PT T.X-	CHERRY CHI WILL	_
General Remarks;-			San	STEAM POLICE	
Remarks: (INC hotline: 6788 661  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection	)/Courtesy Car ( )	) ; Towing Co: ( Date&Tim		Done	by
Remarks: (INC hotline: 6788 661  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost	6) \( ) / Courtesy Car ( ) ( )			Done	bу
Remarks: (INC hotline: 6788 661  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection	6) \( ) / Courtesy Car ( ) ( )			Done	þy
Remarks: (INC hotline: 6788 661  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost Injury:	6) \( ) / Courtesy Car ( ) ( )			Done	by
Remarks: (INC hotline: 6788 661  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost Injury:	6) \( ) / Courtesy Car ( ) ( )			Done	by
Remarks: (INC hotline: 6788 661  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost Injury:	6) \( ) / Courtesy Car ( ) ( )			Done	by
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Remarks: (INC hotline: 6788 661  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost  Injury:  Date/Time: Actions.	6) ) / Courtesy Car ( ) ( ) > \$3000] ( )		s Completad	Anic (5)	
Remarks: (INC hotline: 6788 661  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time Actions	6): )/Courtesy Car ( ) ( ) > \$3000] ( )  Invoi	Ce Preparation C	s Compte 3d	Ani (S)	
Remarks: (INC hotline: 6788 661  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time Actions  Injury:  Date/Time Particulars:	6) )/Courtesy Car ( ) ( ) > \$3000] ( )  Invoided the second of the secon	Ce Preparation Cl Accident Reporting (5 Damage Assessment (5 Towing Fee	s Compte: 3d	Anit (5) Fit Bill (\$80) (40/\$45	
Remarks: (INC hotline: 6788 661  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost  Injury:  Date/Time: Actions.	6) )/Courtesy Car ( )  ( ) > \$3000] ( )  Involution in the content of the content	Date&Tim  Ce Preparation G  Accident Reporting (5  Daming Fee Follow-Through Survey  Entlow-Through Survey	ecklist  30); 100); INC ( S	Ant (5) Fit Bill (580) (40/545 (5120) (530)	
Remarks: (INC hotline: 6788 661  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time Actions  Injury:  Date/Time Particulars:	6)  / Courtesy Car ( )  ( )  > \$3000] ( )  Involution  1) AR: 2) DA: 3) TF: 4) FT: 5) FT: Fors	Date & Time  ce Preparation G  Accident Reporting (5  Damage Assessment (5  Towing Fee  Follow-Through Survey  laiming against INC Only	ecklist  30); 100); INC ( S	Ani (S) Fit Bill (S80) 40/S45 S120 S30 Q5)	
Remarks: (INC hotline: 6788 661  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time Actions  Claimant's Particulars:  Contact No:	6)  / Courtesy Car ( )  ( )  > \$3000] ( )  Involution  1) AR: 2) DA: 3) TF: 4) FT: 5) FT: Fors 6) TR: 7) N1:	Date&Tim  ce Preparation G  Accident Reporting (5  Damage Assessment (5  Towing Fee  Follow-Through Survey  leiming against INC Onli- Re-inspection  Idae DA + SMRT Survey	seciclist 30); 100); INC ( S Resurvey) , (wef 10 Jan 20)	Ant (5) Fit Bill (580) (40/545 (5120) (530)	
Remarks: (INC hotline: 6788 661  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time Actions  Claimant's Particulars:	6)  / Courtesy Car ( )  ( )  > \$3000] ( )  Invoid	Ce Preparation C  Accident Reporting (5  Damage Assessment (5  Towing Fee Follow-Through Survey Isliming against INC Onli- Re-inspection Idac DA + SMRT Survey IC Additional Services:	seciclist 30); 100); INC ( S Resurvey) , (wef 10 Jan 20)	Anit (5) 76 Bill (880) (40/\$45 \$120 \$30 005) \$75	
Remarks: (INC hotline: 6788 661  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time Actions  Claimant's Particulars:  Contact No:	6)  / Courtesy Car ( )  ( )  > \$3000] ( )  Invoided the second of the se	Courtesy Car / Tpt Allow	ecklist: 30); 100); INC ( S Resurvey)	Ami (S) Fit Bill (SS0) 40/S45 \$120 \$30 05) \$75 \$160	
Remarks: (INC hotline: 6788 661  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time Actions  Claimant's Particulars:  Oriver/Owner:  Contact No:  Damaged Portion:	6)  / Courtesy Car ( )  ( )  > \$3000] ( )  Involution  1) AR:  2) DA:  3) TF:  4) FT:  5) FT:  Fors  6) TR:  7) NI:  8) NTU  QD:  NS:  NO:	Date & Tim  Ce Preparation C  Accident Reporting (5  Damage Assessment (5  Towing Fee  Follow-Through Survey Iniming against INC Online Re-inspection  Idae DA + SMRT Survey  IC Additional Services:  Courtesy Car / Tpt Allow  Repair Co-ordination	ecklist: 30); 100); INC ( S Resurvey)	Anit (\$)   fit Bill (\$)   40/\$45   \$120   \$30   \$05)   \$75   \$160	
Remarks: (INC hotline: 6788 661  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time Actions  Claimant's Particulars:  Oriver/Owner:  Contact No:  Damaged Portion:	6)  / Courtesy Car ( )  ( )  > \$3000] ( )  Involution  1) AR:  2) DA:  3) TF:  4) FT:  5) FT:  Fors  6) TR:  7) NI:  8) NTU  QD:  NS:  NO:  NO:  NO:  NO:  NO:  NO:  NO	Date & Time  Ce Preparation C  Accident Reporting (5  Damage Assessment (5  Towing Fee  Follow-Through Survey Isliming against INC Onling Re-inspection  Idae DA + SMRT Survey  IC Additional Services:  Courtesy Car / Tpt Allow  Repair Co-ordination  Fost Repair Inspection  DV / Collect Excess Coordination	secklist: 30); 100); INC ( S (Resurvey) (wef 10 Jan 20)	\$30 \$30 \$55 \$10 \$25 \$35	
Remarks: (INC hotline: 6788 661  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time: Actions  Claimant's Particulars:  Contact No:  Carnaged Portion:  C Checked by (Engr-In-Charge):  Auditors' Comments:	6)  ) / Courtesy Car ( )  ( )  > \$3000] ( )  Invoided the second of the	Date&Tim  Ce Preparation C  Accident Reporting (5  Damage Assessment (5  Towing Fee  Follow-Through Survey  laiming against INC Onli  Re-inspection  Idac DA + SMRT Survey  IC Additional Services  Courtesy Car / Tpt Alloo  Repair Co-ordination  Fost Repair Inspection	is Completed  is Completed  is Completed  is Completed  is Completed  is Completed  in	\$30 \$30 \$30 \$30 \$30 \$55 \$10 \$25 \$5 \$20 30	
Remarks: (INC hotline: 6788 661  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost  Injury:  Date/Time / Actions  Claimant's Particulars:  Oriver/Owner:  Contact No:  Oamaged Portion:  (C Checked by (Engr-In-Charge):	6)  ) / Courtesy Car ( )  ( )  > \$3000] ( )  Invoided the second of the	Date& Tim  Ce Preparation C  Accident Reporting (3  Damage Assessment (5  Towing Fee  Follow-Through Survey  laiming against INC Onli  Re-inspection  Idac DA + SMRT Survey  C Additional Services.  Courtesy Car / Tpt Allov  Repair Co-ordination  Fost Repair Inspection  DV / Collect Excess Co-  N11): TP (N:n INC) against again	secklist: 30); 100); INC ( S (Resurvey) (wef 10 Jan 20)	\$80) \$15t Bill \$80) \$40/\$45 \$120 \$30 \$55 \$160 \$25 \$5 \$20 30 30	

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**Driving Experience** 

Mobile Number Fax Number

Contact Number

EMail Address

Gender

- 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.
- 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.	
	ACCIDENT STATEMENT
Date Of Report	30/03/2020 14:27
Date Of Accident	29/03/2020 21:05
Exact Location Of Accident	SLE (BKE) BEFORE MANDAI RD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKE960Y
Insured/Policyholder	
Name Of Registered Owner	NG JING HAO
NRIC No	SXXXX030I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92265844
Alternative Phone No	OFFICE-92265844
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6(A) SX ABS D/AB 2WD 4DR
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	5110346636
Cover Note Number	
Driver	
Name of Driver	NG JING HAO
NRIC No	SXXXX030I
Date Of Birth	19/05/1990
Occupation	INDOOR
Date Of Driving Pass	23/04/2010

9 YEARS AND 11 MONTHS

(LOCAL) +65-92265844

OFFICE-92265844

MALE

NOEMAIL

Address BLK 108A CANBERRA WALK

#09-05

Postcode 751108

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 CHAIN COLLISION

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

3

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.

NO 1

Number of Passengers (Including Driver)

**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

SLW9053A

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)

2

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

AUDI

PRIVATE CAR

2

#### SKETCH PLAN

### 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.
- 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.
- By the ladgment 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)

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.
- 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, 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.:

|--|

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	0 M	the	stated	date &	tim	e, 2,	vehicle	`A',	SKE	9604,
MWZ	trave	ling	chaight	along	the	Ctate	d ven	ue.	Fivo	ut
vehice	le bro	ared	and 1	brated	l as	well.	Endde	uly,	١	feit
an i	mpau	t on	my ve	chille's	veav	porti	on,	SNO	Aiy	follower
by a	2 866	ond	impact.	1 111	en ve	anced	that	IW	as	
invol	ved	in o	chain	collic	ion (	04 3	venic	let.		
			**							
								•		

# 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 Person el s Signature Name:

NRIC/FIN No.:

# ACCIDENT STATEMENT

nest a state			IMME: [ ]	:_00_HHH:MM
LOCATIO	ON:SLE	( BKE), be	fore mandai	
(b) (c) (d) (e) (f) (g) (h) (i) (l) (l) (2. IN A)	DETAILS OF VEHICLE  I) VEHICLE NUMBER:  I) INSURANCE COMPAN  I) POLICY NUMBER:  I) POLICY TYPE: (COMPR  I) MAKE & MGDEL:  TYPE: (SALDON / COUP  I) VEHICLE CATEGORY: (F  I) PURPOSE OF USING AT  ARE YOU CLAIMING UN  F NO, PLEASE STATE (TH  ISURED / POLICY HOLDE  NAME:  NAME:  NAME:  NAME:  NAME:  NEIC/FIN/PASSPORT:	E / MPV /V AN / PRIVATE / COMM ACCIDENT TIME DER YOUR OWN IRD PARTY CLAIR	D PARTY / THÍRD PA EVATO SX LORRY / MOTORCY MERCIAL / MOTORCY PAYATE I INSURANCE (YES/N M / REPORTING ON	CLE / OTHERS) (YCLE)
Ship of passanga DR (Induding driver) b)	ADDRESS:	VER ALSO POLIC		LE / FEMALE)
e)( f)YE 4. WA IF 1 5. a)V b)R 6. WA 7. a)R IF 8. THIR	DATE OF BIRTH: (	R / OUTDOOR) ERIENCE: YEE OF THE IN: F THE DRIVER CLEAR / RAININ WET / OTHERS_ YES / NO) ES / NO) CH POLICE STAT	G / OTHERS	Y? (YES / NO)
Induding driver) b)	DRIVER'S NAME: NRIC/FIN/PASSPORT:_		CONTACT:_	

email =

Pax =

					Change	Languag	e • Chan	ige Password	· Log Out
y Query									
0.				Date o	f Accident		29/03/2020	21:05	
No.(For Motor)	SKE960	Y		Certific	ate Number				
			E	Search					
Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
5110346636		NG JING HAO	590170301	GPC	drivo CLASSIC	SKE960Y	SKE960Y	26/06/2019	25/06/2020
	POLICY NO.	No.(For Motor)  SKE960  Policy No.  Certificate Number	No.(For Motor)  SKE960Y  Policy No.  Certificate Policyholder Number Name	No.(For Motor)  SKE960Y  Policy No. Certificate Policyholder Policyholder Number Name NRIC	No.(For Motor)  SKE960Y  Certific  Search  Policy No.  Certificate Policyholder Policyholder Name NRIC  Product	No.(For Motor)  SKE960Y  Certificate Number  Search  Policy No.  Certificate Policyholder Policyholder Name NRIC  Name NRIC  Search Office Policyholder Policyholder Policyholder Policyholder Policyholder Name NRIC  Name NRIC  Search Office Product Cover Type Office Policyholder Policyholder Policyholder Policyholder Policyholder Name NRIC  Search Office Product Cover Type Office Policyholder Policyholder Policyholder Name NRIC  Search Office Policyholder P	No. (For Motor)  SKE960Y  Certificate Number  Search  Policy No.  Certificate Policyholder Policyholder Name NRIC  Name NRIC  No.  Cover Type Vehicle No.  Cover Type Vehicle No.  Cover Type No.  Cover Type No.  Cover Type No.	No. (For Motor)  SKE960Y  Certificate Number  Search  Policy No.  Certificate Policyholder Policyholder Product Cover Type No.  Object  Search  Policy No.  Name NRIC  Name NRIC  Search  Product Cover Type Vehicle No.  Object  Search  Search	No. (For Motor)  SKE960Y  Certificate Number  Search  Policy No.  Certificate Policyholder Policyholder Product Cover Type No.  Object Date  Search  Policy No.  Certificate Policyholder Policyholder Product Cover Type No.  Object Date

Sequen	ce Date of Endorsemen		ndorsement	Туре	Endorsement Status		Endorsement Content
▼ Endors	ements						
) Insure	d Object: SKE960Y	3500000					
Jnit No.	09-05	09-05 Relate Numb		ed Policy Ser 5110346636			
Address 4	SINGAPORE 751108	Addres	ss Type	Singapore address		Post Code	751108
Address 1	BLK 108A #09-05	Addres	ss 2	CANBERRA WALK		Address 3	EASTLAWN @ CANBERRA
→ Policyl	older Mailing Address						
Certificate Info							
Open Policy Info							
Flag	100						
Co- nsurance	No						
Agent	ALFA CREDIT PTE LTD	Agent Tel.	62411228		GST Flag	Y	
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Excess	0	OS Premium	0				
Excess Additional		Excess	800		Excess	100	
Third Party	0	Own damage	600		Windscreen	100	
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	26/06/2019	Effective Date	26/06/2019	9 00:00	Expiry Date	25/06/2020 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 523 #07-32 SERANGOON N	ORTH AVENUE	E 4 SINGAPO	RE 550523			
Certificate No.							
Policy No.	5110346636	Policyholder Name	NG JING H	AO	Policyholder NRIC	S9017030I	



