NATIONAL Assessment Centre	Services 1	MET I Jan'os MN	AN0038041			
Date In: 30/3/20 -15:03	Job description		Date & Time Com	pleted	Done	py
Ref No: 49/14622204664/24	SAS e-filing	1100	ateria			,
Veh No: PRAYEY IM	E-mail (within 8)	hrs, AIC 2hrs)				
D.O.A: 24/1/20-14:20	i-Motor Claim	Form	M7/1090039	051 30	3/20 15:	20
	i-Motor W/O	(Within: OD 2hrs,	TP 4hrs)			
OD / The Reporting Only	i-Photo Uploa	ded				1
	Assessment/Sur	vey Report				
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: Skug	GIVE .	. INC()/Non-INC().		
Owner / Driver: (180	Tel:)	10
Policy No: () Peri	od: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
The state of the s	ote-Est. Status (W		%; P: 21-79%.	P: 80-100%	6]	
Year of Registration: () W	'arranty: YES ()/NO()			
Excess: (\$) Loading: \$1,00	0()/\$2,000()				
General Remarks:-				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19 Co	
() Walk-In Customer: Customer's inform	nation strictly Con	fidential & Str	ictly NO refer of re	pairer.		
() Total Loss Case : to e-mail Insurer		year Macroson				
Drive-In ()/ Towed-In (); Invoice:	YES () / N	O(); To	owing Co: (•)
Remarks:- (INC hotline: 6788 6616)		72. (19)	Date&Time Com	ole 3d	Done	by
	ourtesy Car ()				100	
2) QC Check / Post Repair Inspection	()		*			
3) Upload Resurvey Photo [Repair Cost > \$30	0001 ()		-			
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Injury:				and the second s	A PARTY AND	Tax constitution
Date/Time Actions					MORE.	<u> </u>
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19 2002369		Invoice Prep	aration Checkli	ıt	fit Bill	Add Bill
Professional Control of the Control		1) AR : Accident	Reporting (\$30);	**!C (###)		
laimant's Particulars :-		2) DA : Damage A 3) TF : Towing F	Assessment (\$100);	INC (\$80) \$40/\$45		
river/Owner:		4) FT : Follow-Th	brough Survey	\$120		
ontact No:		5) FT : Follow-Ti	hrough Survey (Resurve gainst INC Only (wef I	y) \$30 0 Jan 2005)		
maged Portion:		6) TR : Re-inspec	tion .	\$75		
magou rordon.		7) N1 : Idao DA - 8) NTUC Additio		3100		
C Cheeked by (Figure In Charge):	147	OD.		\$5		
C Checked by (Engr-In-Charge):		*N6: Repair C	Car / Tpt Allowance	510		
uditors' Comments :-		*N7: Post Rep	nir Inspection lect Excess Coordination	525 n 55	-	
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<u>(. 1:</u>		9) N12: Idac Mol	oile	30	(-) (E-) (I)	antia 7s
1, 2/3;		Invoice dated		Charged Charged	SOUN	
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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.
- 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.

or or order	
A result to be produced by the second contraction	ACCIDENT STATEMENT
Date Of Report	30/03/2020 15:03
Date Of Accident	29/03/2020 14:20
Exact Location Of Accident	HOUGANG AVE 9 TWDS HDB BLK 917
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBG4641M
Insured/Policyholder	
Name Of Registered Owner	LEW KIM TECK
NRIC No	SXXXX781G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86000213
Alternative Phone No	OFFICE-86000213
Vehicle Particulars	
Manufacturer	YAMAHA
Model	UPITER MX (HC)
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5115128049
Cover Note Number	
Driver	
Name of Driver	LEW KIM TECK
NRIC No	SXXXX781G
Date Of Birth	21/03/1969
Occupation	OUTDOOR
Date Of Driving Pass	05/08/1988
Driving Experience	31 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86000213

OFFICE-86000213

NOEMAIL

BLK 683C EDGEDALE PLAINS Address

#02-687

Postcode 823683

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

2

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by NO

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

YES

NO

1

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200330/7013.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SKU9932K Vehicle Registration Number MAZDA 3 Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 29

DETAILS OF INJURED PERSON 1

Name LEW KIM TECK

Approximate Age

BODY Injuries Sustain

Injured person in which vehicle? FBG4641M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

IMPORTANT NOTICE

- 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.
- 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.
- 7. 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;
 - (ill) 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:
 - (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

than the filter at any term

Date & Time:

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

Date & Time:

Reporting Centre Personnel's

Name:

MRIC/FIN No :



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	ON	THE	STATEL	DAT	E L	Time	, 1	WAS	TRAVEL	ING ON
HOL	GANG	AVE	9 .	TURNIN	c in	70	BLOCK	e 91=	+busi	ANC ANS
VEAU	CLE	"B"	SUDDEN	J.y.	Jam	BRAKE	A	NO	1 HON	OK AND
VAM	BR	AICE,	AFTER	THAT	1	WEN-	1 To	o c	NFRONT	VEHICLE"
15	VERY	DANC	EROUS	מסס	To	ON I	HIS H	MZARD	416H7	BEFORE
ALIGH	TING	PAS	SENZER	. 112	WAS	No 7	нар	py A	NO AS	SIC To
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18 K	CERB	AND	my	BKE	FA FE	IL ON	J70	m€.	1 140	MADE
POL	ice i	REPORT	FOR	A 5	ERIOU	S CRI	Mε	AC7	ON VI	EHICLE "B

DECLARATION

A

We declare the logggoing 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 Na :

Date of Accident	: 29 03 2020 Accident Time: 1420 (24-IR-Format)
Accident Place	: HOUGANG AVE 9 SLIP ROAD TO BLOCK 91
Vehicle Reg. No. (Car Plate No.)	
Vehicle Make/Model	: YAMAHA JUPITER,
Insurance Company	: NTUC Policy No. 5115128049
Owner or Company Name /IC No.	: LEW KIM TECK SEADERSIG
Owner or Company Contact No.	: 8600 0213 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: 18W KIM TECK 569087819
DRIVER'S Date Of Birth	: 21 -03-1969 DRIVER'S License Pass Date 05-08-1988
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: OWNER.
DRIVER'S Address	: 683C EDGEDALE PLAINS #02-607 8823683
DRIVER'S Contact No./ Alt No.	:1) 8600 0213 2)
DRIVER'S Occupation	: INDOOR (OUTDOOR (e.g. working inside or outside office)
Email Address	: Lewkim tack 69@ gment com
Weather & Road Surface	: CLEAR & DRY\RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Dri	(ver): 01
Was there any video Captured by car Exact purpose for which vehicle was	camera: YES (NO) being used at the time of accident: Private use \ Work purpose
Other Pa	rty Driver's Particular (if any)
Vehicle Reg. No: SKU9932K	Vehicle Reg. No:
Vehicle Make Wodel: MAT MAZE	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	
Driver's Contact & Add:	Driver's Contact & Add:





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20200330/7013

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 120 14:11	vlade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of LEW KIN	Informant: M TECK		Address: APT BLK 683C EDGEDALE F 823683	PLAINS #02-687 SINGAPORE	
ID Type / ID No.: NRIC NO / S6908781G			Contact No.: Home/Office: Mobile: 86000213		
National SINGAP	ity: ORE CITIZ	EN	Email: John.pyj@hotmail.com		
Sex: Male	Age: 51	Date of Birth: 21/03/1969	Type of Informant: Rider		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Foodpanda Rider			Driving Licence Information: Class: 2B,3 Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/03/2020 14:20	Type of Location Straight Road
Location: HOUGANG A Weather: Clear	VENUE 9	Road Surface:		Road Speed Limit:
Cicai		Dry Traffic Control:		Traffic Volume:
Traffic Flow: Two Way		Traffic Light - Wor	king	No Traffic

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
FBG4641M	Motorcycle	YAMAHA	JUPITER MX (HC)	Red		0		
SKU9932K	Car	MAZDA	MAZDA 3	White	Slightly Damaged	0		

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
FBG4641M	NTUC Income Insurance Co-Operative Limited	5115128049	24/12/2019	23/12/2020		





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20200330/7013

CONTINUATION OF REPORT

Details of Perso	n Involved	100 mg		- American	Visite I	
Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL		Use of Pe	destria	n Cross	sing: NA
Rider					W. Holling	
Name	LEW KIM TECK			ID No).	S6908781G
Related Vehicle	FBG4641M (Motorcycle)			Conta	act No.	86000213
Hospital/Clinic	BEDOK CENTRAL		Class Drivin Licen Expire	g	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	30/03/2020		Date Disc	harge	30/03	/2020
No. of Days gran	ted Medical Leave	05	Degree of		Slight	

Brief Details.

ON THE STATED DATE AND TIME, I FBG4641M VEHICLE "A" WAS TRAVELING ON HOUGANG AVENUE 9 TURNING INTO BLOCK 917 HOUGANG AVENUE 9. SKU9932K VEHICLE "B" SUDDENLY MAKE A JAM BRAKE TO ALIGHT PASSENGER, I HONKED AND JAM BRAKED. AFTER THAT I WENT BESIDE TO CONFRONT VEHICLE "B" IS VERY DANGEROUS NOT TO ON HIS HAZARD LIGHT BEFORE ALIGHTING PASSENGER. HE WAS NOT HAPPY AND ASK TO TALK ABOUT IT AT THE SIDE. SO I PROCEED IN FRONT OF HIS VEHICLE, BEFORE I COULD PARK MY VEHICLE AT THE SIDE. ALL OF A SUDDEN VEHICLE "B" ACCELERATE TOWARDS ME AND COLLIDED ONTO MY VEHICLE "A" AND I FELT ONTO THE KERB AND MY BIKE FELT ONTO ME. I GOT INTO INJURY AND WENT TO CONSULT MY DOCTOR. I RECEIVED 5 DAYS MC DUE TO PAINS ON MY LEFT SIDE.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20200330/7013

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/03/2020 14:11
Officer In Charge Of Case: TP / TPHQ / ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp	



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)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

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

Certificate Number : 5115128049 Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FBG4641M

Chassis Number : MH350C002CK385134

2. Name of Policyholder : LEW KIM TECK 3. Effective Date of Insurance : 24 Dec 2019

4. Expiry Date of Insurance : 23 Dec 2020

Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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) : N/A

EXCESS (SECTION 2) : N/A

EXCESS (THEFT OUTSIDE SINGAPORE) : PLEASE REFER OVERLEAF

INSURE WITH COE : YES

NAMED DRIVER (1) : LEW KIM TECK

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

: DIRECT BUSINESS DEPT (00000600280)

Date of Issue

: 23 Dec 2019 18:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Hello, NAC_PAYA_UBI_80	0601						Chang	e Languag	e Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	io.	511512	5115128049			of Accident		29/03/2020 1		
	Vehicle	No.(For Motor)	FBG464	11M		Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5115128049		LEW KIM	S6908781G	GMC	Third Party, Fire & Theft	FBG4641M	FBG4641M	24/12/2019	23/12/2020

Sequen	ce Date of Endorsemen	nt E	ndorseme	nt Type	Endorsement	Status	Endorsement Content
▼ Endors	ements						
) Insured	Object: FBG4641M						
Jnit No.	#02-687	Relate Numbe	d Policy er	5115128049			
Address 4	SINGAPORE 823683	Addres	s Type	Singapore address		Post Code	823683
Address 1	BLK 683C #02-687	Addres	is 2	EDGEDALE PLAINS		Address 3	WATERWAY VIEW
	older Mailing Address						
Certificate Info							
Open Policy Info							
Flag							
Co- nsurance	No						
Agent	DIRECT BUSINESS DEPT	Agent Tel.	NIL		GST Flag	Y	
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/Ir	nexperience Driver Excess
Additional Excess		OS Premium	0				
Excess	0	damage Excess	0		Excess		
Third Party		Excess Own			Windscreen		
Excess Type	Per Accident	All Claims					
Policy Issue Date	23/12/2019	Effective Date	24/12/20	19 00:00	Expiry Date	23/12/2020 23:5	59
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 683C #02-687 EDGEDALE	PLAINS WATER	WAY VIEW	V SINGAPORE 823683			
Certificate No.							
Policy No.	5115128049	Policyholder Name	LEW KIM	TECK	Policyholder NRIC	S6908781G	

Accident MT/1090039					
railcy Na.	5115128049	Vehicle No.	FBG4641M	GST Registration No.	
Certificate No.					
Policyholder Name	LEW KIM TECK			Policyholder NRIC	\$6908781G
roduct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fine & Theft	Loading	0
Contact No.(Mobile)	86000213	Contact No.(Office)	0	Contact No.(Home)	0
inail Address		Special Remark		eCode	70.
FK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
ICD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
leport Date	30/03/2020 15:18	Acadent Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Pate of Accident	29/03/2020	Time of Accident hh:mm	14:20	Country of Acodent	Singapore
	25/03/2020		14:20		singapore
eparting Centre	V2020000000000000000000000000000000000	Orange Force		ICM No.	
codent Location	HOUGANG AVE 9 TWDS HOB BLK 917				
Total Excess Applicable					
acess Type	Per Accident	Windscreen Excess			
D Standard Excess	0.00	TP Standard Excess	0.00		
TED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Nat Covered
dditional Excess	0.00	THE PARTY CALCULA	0.00	Driver is Covered	NOT COVERED
	922	Total Th C			
otal OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
▽ Benefita					
GST Registered Inform			0.00		
ST Registered	No		GST Registration Date	1400	
ST Registration No.			GST Status Verified	Yes	
lodification History					
D. Belleville D. C.	Married Control				
Policyholder Hailing Ad		0.69840024		00000000	W-90212-1900/ABOO
Address 1	BUK 683C #02-687	Address 2	EDGEDALE PLAINS	Address 3	WATERWAY VIEW
ddress 4	SINGAPORE 823683	Address Type	Singapore address	Post Code	823683
int No.	#02-687	Related Policy Number	5115128049		
Of Driver Info					
nver Name	LEW KIM TECK	Driver Type	Main Driver		
nnamed driver Name		Driver NRIC	\$8908781G	Driver DOB	21/03/1969
egister Date of Driver License	05/08/1988	Driver Age	51	Orixing Experience	31
ontact No. (Mobile)	86000213	Contact No. (Office)	0	Contact No.(Home)	0
ddress 1	BLK 683C	Address 2	EDGEDALE PLAINS	Address 3	WATERWAY VIEW
ddress 4	SINGAPORE 823683	Address Type	Singapore address	Post Code	823683
nit No.	#02-687				8330-95
oes he own a Singapore		O Marine Marine Marine		***************************************	
egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
1720 2020 CC					
eclaration					
ceathaloses or Blood Test			Transcription Committee Co		
	0 mg	Any injury?	® Yes ○ No		
	0 mg	Any injury?	® ves ○ No		
eading?	0 mg	Any injury?	® Yes ○ No		
eading?	0 mg	Any injury?	® Yes ○ No		
eading? od/fication History	0 mg	Any injury?	® ves ○ No		
eading? addication History	0 mg	Any injury?	® ves ○ No		
eding? odfication History Claim 001. New				Toward MRIT	FEDERAL C
ading? Claim 001 New	0 mg	Insured Name	LEW KIM TECK	Insured NRIC	\$6906781G
eading? Claim 901 New Jaim Type * oncact No. (Mobile)		Insured Name Concact No.(Home)	LEW KIM TECK 61855790	Contact No.(Office)	
eding? Claim 001 New Jim Type * nract No. (Mobile) mas Address	00-MX V	Insured Name Contact No. (Home) Of Vehicle Number	LEW KIM TECK 6385790 FBG4641M		\$6906781G SKL)9932K
claim 001 New laim Type * oreact No. (Mobile) mail Address aimant Type Claimant Type *		Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit. *	LEW KIM TECK 61855790	Contact No.(Office)	
eading? Claim 001 New Iaim Type * oncact No. (Mobile) mais Address laimant Type Claimant Type *	00-MX V	Insured Name Contact No. (Home) Of Vehicle Number	LEW KIM TECK 6385790 FBG4641M	Contact No.(Office)	
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achment	Uploaded By/Date	Category	9	Urgency	Description	Msg Sent?
EUR District	NAC_PAYA_UBI_B00601[NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 May 2020 15:23	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-30	(00)
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mer 2020 15:23	SAS		Normal	SAS 2020-3-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2020 15:22	Photos		Normal	Photos 2020-3-30	
	NAC_PAYA_UBJ_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2020 15:22	Photos		Normal	Photos 2020-3-30	
	NAC_PAYA_UB1_B00601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2020 15:22	Photos		Normal	Photos 2020-3-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2020 15:22	Photos		Normal	Photos 2020-3-30	
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7	NAC_PAYA_UBI_BOOGDI(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2020 15:22	Photos		Normal	Photos 2020-3-30	
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4	NAC_PAYA_UBI_8006014 NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2020 15:32	Photos		Normal	Photos 2020-3-30	
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9	NAC_PAYA_UBI_B00601[NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2020 15:22	Photos		Normal	Photos 2020-3-30	
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5	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2020 15:22	Photos		Normal	Photos 2020-3-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2020 15:20	Photos		Normal	Photos 2020-3-30	
37	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2020 15:20	Photos		Normal	Photos 2020-3-30	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CE9) on 30 Mar 2020 15:20	Photos		Normal	Prior 2020-3-30	
100	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 May 2020 15: 20	Photos		Normal	Photos 2020-3-30	
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