		Date & Time Completed	Done	DY .
Date In: 31/3/2-10174	Jeb description	Date terrino dempiro		
Rel No: Hallor or hallon	SAS e-filing			*
Veh No: SK730317.	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 71/50 - 67/17	i-Motor Claim Form	10-8410 Pol LW	31/2/20 11	5:13
OD : TP : Reporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)		
OD : 10. Parporting City	i-Photo Uploaded			
are u	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: Small	INC ()/Non-INC().	77	
Owner / Driver: (Tel:)	
Policy No: () Perio	od: ()	Cover Type: () _	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [No	ote-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-	100%]	
Year of Registration: () W	'arranty: YES () / NO ()		
Excess: (\$) Loading: \$1,000	0()/\$2,000()			
General Remarks:-			State State	100
() Walk-In Customer: Customer's inform	nation strictly Confidential & S	Strictly NO refer of repairer		
() Total Loss Case : to e-mail Insurer	URGENTLY.			
Drive-In ()/ Towed-In (); Invoice:	YES()/NO();	Towing Co: (
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	by
The state of the s	urtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()			
Injury:	·	and the second second	STATE OF	1 (10) P. C.
Date/Time Actions		100	德常思的行政以及主义	
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				Land State State Co.
				\$ 100 mm
	1			
	1 P. Company	engration Checklist	Ant (5)	Amt (5)
MARGERAN		eparation Checklist	Ani (S)	Amt (5)
HAZDOWAY:	1) AR : Accide 2) DA : Dama	ent Reporting (530); ge Assessment (5100); INC (fie Bill \$80)	State of the second
HAloowyy . Inimant's Particulars :-	1) AR : Accide 2) DA : Dama 3) TF : Towin	ent Reporting (530); ge Assessment (5100); INC (g Fee	fit Bill	State of the second
MALDOMANICALISTS:- river/Owner:	1) AR : Accide 2) DA : Dama 3) TF : Towin 4) FT : Follow	ent Reporting (530); ge Assessment (5100); INC (g Fee	\$80) 40/\$45 \$120 \$30	A H. Harrison
MAIDONNY: Inimant's Particulars:- river/Owner: ontact No:	1) AR : Accide 2) DA : Dama 3) TF : Towing 4) FT : Fellow 5) FT : Fellow For claimin 6) TR : Re-ins	ent Reporting (530); ge Assessment (5100); INC (g Fee S -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 20) pection	\$80) 40/\$45 \$120 \$30 \$275	State of the second
MATONIVICALIST CONTROL OF THE PROPERTY OF T	1) AR : Accide 2) DA : Darna 3) TF : Towing 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idae D	ent Reporting (\$30); ge Assessment (\$100); INC (g Fee S -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 20 pection A + SMRT Survey	\$80) 40/\$45 \$120 \$30 \$25)	A H. Harrison
MAIDONNY: Ilaimant's Particulars :- river/Owner: ontact No: amaged Portion:	1) AR : Accide 2) DA : Dama 3) TF : Towing 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idae D 8) NTUC Add OD*	ent Reporting (\$30); ge Assessment (\$100); INC (g Fee \$ -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 20 pection A + SMRT Survey itional Services:-	\$80) 40/\$45 \$120 \$30 \$25 \$75 \$160	State of the second
MAIDONNY: Ilaimant's Particulars :- river/Owner: ontact No: amaged Portion:	1) AR : Accide 2) DA : Darna 3) TF : Towing 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idae D 8) NTUC Add QI1* *N5: Courte	ent Reporting (\$30); ge Assessment (\$100); INC (g Fee S -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 20 pection A + SMRT Survey itional Services:-	\$80) 40/\$45 \$120 \$30 \$275	A H. Harrison
MATONIVICALISTS:- Ilaimant's Particulars:- river/Owner: ontact No: armaged Portion: C Checked by (Engr-In-Charge):	1) AR : Accide 2) DA : Darra 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idae D 8) NTUC Add OD!* *N5: Court *N6: Repai	ent Reporting (\$30); ge Assessment (\$100); INC (g Fee S -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 20) pection A + SMRT Survey illional Services:- try Cat / Tpt Allowance tro-ordination Repair Inspection	\$80) 40/\$45 \$120 \$30 \$25 \$160	A H. Harrison
MALDOWY : Claimant's Particulars:- river/Owner: ontact No: arnaged Portion: C Checked by (Engr-In-Charge):	1) AR : Accide 2) DA : Darna 3) TF : Towing 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idae D 8) NTUC Add OD!* *N5: Courte *N6: Repair *N7: Fost if *N8: DV /	ent Reporting (\$30); ge Assessment (\$100); INC (ge Fee S -Through Survey -Through Survey (Resurvey) ge against INC Only (wef 10 Jan 20) pection A + SMRT Survey itional Services:- cry Car / Tpt Allowance r Co-ordination Repair Inspection Collect Excess Coordination	\$80) 40/\$45 \$120 \$30 \$25 \$160	State Land
MACONOVICE Inimant's Particulars:- river/Owner: ontact No: arnaged Portion:	1) AR : Accide 2) DA : Darna 3) TF : Towing 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idae D 8) NTUC Add OD!* *N5: Courte *N6: Repair *N7: Fost if *N8: DV /	ent Reporting (\$30); ge Assessment (\$100); INC (g Fee S -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 20 pection A + SMRT Survey itional Services:- csy Car / Tpt Allowance r Co-ordination tepair Inspection Collect Excess Coordination TP (Non INC) against INC	\$80) 40/\$45 \$120 \$30 25) \$75 \$160 \$25 \$35 \$20 \$30	State Land

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

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.
- 5. 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.	
Allega de Cara	ACCIDENT STATEMENT
Date Of Report	31/03/2020 10:34
Date Of Accident	30/03/2020 07:15
Exact Location Of Accident	SLIP RD PUNGGOL FIELD TWDS EDGEFIELD PLAINS
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKT7031D
Insured/Policyholder	
Name Of Registered Owner	ZHU XIAOZHONG
NRIC No	SXXXX652C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81128641
Alternative Phone No	OFFICE-81128641
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X AUTO
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	5072273427-04
Cover Note Number	
Driver	
Name of Driver	ZHU XIAOZHONG
NRIC No	SXXXX652C
Date Of Birth	15/12/1979
Occupation	INDOOR
Exercise III and a service and	0.0000000000000000000000000000000000000

16/05/2009

MALE

NOEMAIL

10 YEARS AND 10 MONTHS

(LOCAL) +65-81128641

OFFICE-81128641

17 PUNGGOL FIELD WALK Address

#15-06

828747 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR 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

NO

2

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME: . -

> GENDER: : MALE

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SMA580H Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category YEO WEI CHEW Name of Driver

NRIC/Passport Number

91091815 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

SKETCH PLAN

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 Interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

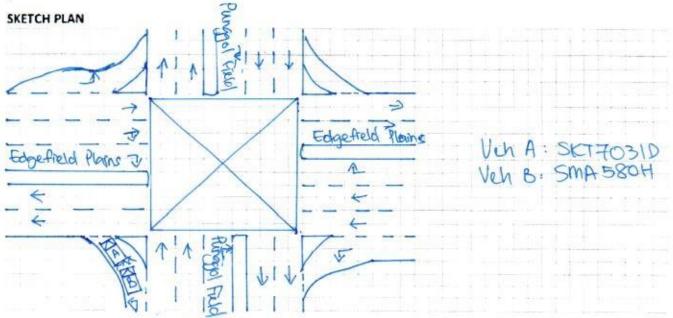
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRC	OMSTANCES OF THE ACCIDENT
On abo	ove date & time, I was driving my rehicle A (SKT70310)
traveling	along Auggel Field tods Pungool Way on forth line of a 4-lines
road. So	mewhere at the slip road to Edge field Plains, I slowed down
and stop	sped my vehicle before stop line to givening to oncoming
vehicle.	Out of sudden, vehicle B (SMA 580H) came from rear and
colleded	directly onto the rear portion of my vehicle.

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel' Signature

Name: NRIC/FIN No.:

ehicle No.	SKT7031D Model/Make Honda Vezel
ate of Accident	30 3 2020
ime of Accident	OTIS HRS
ocation of Accident	Along Punggol Field Slip road to Edgefield Plains
xact purpose use during accid	
lame of Owner	Zhu XiaoZhong
elephone No.	H/P: 8(1) 864 Home: Office:
VRIC	S7981652C
Address	17 Punggol Field Walk #15-66 S(828747)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5072273427-04
Name of Driver	As Above If No,
VRIC	Any Passengers: (M)
Date of birth	15 12 1979
Occupation	Outdoor / Indoor
Driving License Pass Date	(6 5 200g
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state Owner
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	SMA 580H Any Passengers: 2
Name of Driver	Teo Wei Chen Contact No.: 9109 1815
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Rear portion
Camera Recorder	Yes /No
Email Address	jellzhuxz@gmail.com.
DADTICIU AD MODVEHOD	Twocar Automotive Are Ltd
PARTICULAR WORKSHOP	6842 0051 / 6744 0510
CONTACT REPSON	Brandon
FAX NO	6741 0510
IFAX NO	0772 0520



Certificate of Insurance

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

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

Certificate Number: 5072273427-04 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

5. Effective Date of misurant

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.

: SKT7031D

: RU11021813

: 19 Jun 2019

: 18 Jun 2020

: ZHU XIAOZHONG

6. Limitations as to Use#

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

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

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

 EXCESS (SECTION 1)
 : \$\$600

 EXCESS (SECTION 2)
 : N/A

 WINDSCREEN EXCESS
 : \$\$100

ADDITIONAL EXCESS : S\$10

ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO
INSURE WITH COE : YES
NCD PROTECTION : YES (FREE)
TRANSPORT ALLOWANCE : NO

EXCESS WAIVER : NO

PRIMARY DRIVER : ZHU XIAOZHONG

NAMED DRIVER (1) : N/A

NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : HL BANK

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

: S & M ALLIANCE PTE LTD (00000614373)

Date of Issue

: 24 May 2019 21:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech						100				Genera	lClaim
Hello, NAC_PAYA_UBI_800	0601			Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic			• Change	Language	• Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	io.				Date o	f Accident	3	0/03/2020 0	7:15	
	Vehicle	No.(For Motor)	SKT703	10		Certific	cate Number				
					E	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5072273427- 04		ZHU XIAOZHONG	\$7981652C	GPC	drivo CLASSIC	SKT7031D	SKT7031D	19/06/2019	18/06/2020
		0.00		0.05.410.50.44	C	Continue					

Policy No.	5072273427-04	Policyholder Name	ZHU XIAOZ	ZHONG	Policyholder NRIC	S7981652C	
Certificate No.							
Address	17 PUNGGOL FIELD WALK #1	5-06 WATERWO	ODS SINGA	PORE 828747			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	24/05/2019	Effective Date	19/06/201	9 00:00	Expiry Date	18/06/2020 2	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
ZIIIO	holder Mailing Address						
		200,000				Address 3	SINGAPORE 828747
Policy!	17 PUNGGOL FIELD W	ALK Addre	ss 2	#15-06 WATERWO	JODS	Muuless 3	31NUAFORE 020/4/
	17 PUNGGOL FIELD W	VIEW JUNEAU	ss 2 ss Type	#15-06 WATERWO		Post Code	828747
Policyl	17 PUNGGOL FIELD W.	Addre	ss Type d Policy	The state of the s			
Policyl Address 1 Address 4 Unit No.	17 PUNGGOL FIELD W. d Object: SKT7031D	Addre Relate	ss Type d Policy	Singapore address			
Policyl Address 1 Address 4 Unit No.	d Object: SKT7031D	Addre Relate	ss Type d Policy	Singapore address			CAMPACIA CAMPACIACI

ccident MT/1090148					
		1-95-30	CONTRACTOR OF THE PROPERTY OF	112522600 CF (60000#10	
Nicy No.	5072273427-04	Vehicle No.	SKT70310	GST Registration No.	
rtificate No.					
icyholder Name	ZHU XIAOZHONG			Policyholder NRIC	57981652C
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Leading	0
mact No.(Mobile)	81128641	Contact No. (Office)	0	Contact No.(Home)	0
ail Address		Special Remark	(2) S	eCode	NY
K .	® No. ○ Yes	TCA	® No ○Yes	eCode Reason	- 20
D Protection	Yes	NCD Encoment(%)	50	Private Hire	No
Accident Details					Collision - Head to Rear
port Date	31/03/2020 10:64	Accident Report Wehn 24 hrs	Yes	Accident Type	
te of Accident	30/03/2020	Time of Accident hhomm	07:15	Country of Accident	Singapore
parting Centre		Orange Force		ICM No.	
odent Location	SLIP RD PUNGGOL FIELD TWOS EDGEFIELD	PLAINS			
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
			0.00		
Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
EO OO Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	COVERAGE
ditional Excess	0	The second secon	0.00		
tal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
- Senefits					
GST Registered Informa	tion No		GST Registration Date		
f Registered f Registration No.	NO		GST Status Venfied	Yes	
dification History					
Policyholder Mailing Ade	fress				
dress 1	17 PUNGGOL FIBLD WALK	Address 2	#1S-06 WATERWOODS	Address 3	SINGAPORE 828747
idress 4		Address Type	Singapore address	Post Code	828747
st No.		Related Policy Number	5072273427-04		
OI Driver Info					
iver Name	ZHU XIAOZHONG	Driver Type	Main Driver		
named driver Name		Driver NRIC	\$7981652C	Driver DOS	15/12/1979
gister Date of Driver License	16/05/2009	Driver Age	40	Driving Experience	10
ontact No.(Mobile)	81128641	Contact No.(Office)	0	Contact No.(Home)	0
idvess 1	17 PUNGGOL FIELD WALK	Address 2	WATERWOODS	Address 3	SINGAPORE 828747
ioress 4		Address Type	Singapore address	Post Code	828747
nit No.	15-06				
pes he own a Singapore		Driver Vehicle No.		Driver Insurer Company	
pes he own a Singapore	15-06 ○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
oes he own a Singapore opistered car?		Driver Vehicle No.		Driver Insurer Company	
oes he own a Singapore egistered car?		Driver Vehicle No. Any injury?	○ Yes ® No	Driver Insurer Company	
oes he own a Singapore epistered car? sclaracion reathalyser or Blood Test	○ Yes ® No			Driver Insurer Company	
nit No. bes he been a Singapore signification reathalyser or Blood Test anding?	○ Yes ® No			Driver Insurer Company	
oes he own a Singapore opistored car? eclaration reathalyser or Blood Test eading?	○ Yes ® No			Driver Insurer Company	
bes he own a Singapore spatiered car? relatation reathalyser or Blood Test adding?	○ Yes ® No			Driver Insurer Company	
uss he own a Singapore claration eatharyser or Blood Test adding?	○ Yes ® No			Driver Insurer Company	
ocs he own a Singapore gratered car? claration eathalyser or Blood Test adding? difficution History Claim 001 New	○ Yes ® No	Any injury?	○ Yes ® No	SHARM RESIDENCE:	5399.657
ocs he own a Singapore gratered car? claration eathalyser or Blood Test adding? difficution History Claim 001 New aim Type *	○ Yes ® No 0 mg	Any injury? Insured Name	O YES ® NO	Insured NKIC	\$7901652C
pes he own a Singapore spatiered car? claration wathalyser or Blood Test lading? claration History Chaim 001 New aim Type * ontact No. (Mobile)	○ Yes ® No 0 mg □ CO-MX ■ 1128641	Any injury? Insured Name Contact No.(Home)	○ Yes No ZHII XIAOZHONG 64259360	Insured NKIC Contact No. (Office)	
claration waithlyser or Blood Test rading? Claim 001 New Jaim Type * ontact No. (Mobile) med Address	○ Yes ® No 0 mg CO-MX \$1128641 Je11979@hotms6.com	Any injury? Insured Name Contact No.(Home) O) Vehicle Number	○ Yes ® No ZHU XIAOZHONG 64259366 SKT70310	Insured NKIC	\$7981652C SMASBOH
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