		JAN 00 4 1085		-
Date In: 7/4/2-19:24	Jeb description	Date &Time Completed	Done by	
Res No: HATHE 2000 JOTO W	SAS e-filing			
Veh No: JMICTSDY	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 614/2-19:05	i-Motor Claim Form	M7/109/052-001	7/4/20 14:	y
	i-Motor W/O (Within: OD 2h)	rs, TP 4hrs)		255 250
OD : TP)' Reporting Only	i-Photo Uploaded		1	
TP Insurer:	Assessment/Survey Report			
17 insurer.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	)
TP Particulars: Veh No: 60	13784 INC (	)/Non-INC( ).		
Owner / Driver: (		Tel:	)	
Policy No: ( )	Period: ( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: ( )	Warranty: YES ( )/NO(	)		
	,000 ( )/\$2,000 ( )			
General Remarks:-			100 M	1.
( ) Walk-In Customer: Customer's in	formation strictly Confidential & St	rictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insu	irer URGENTLY.			
Drive-In ( )/ Towed-In ( ); Invoi	ice: YES( ) / NO( ); T	owing Co: (		)
Remarks;- (INC hodline: 6788 6616)		Date&Time Completed	Done by	
	which starting was read and starting and section and the		A	
1) Apply for Transport Allowance ( )/	Courteev Car (			
1) Apply for Transport Allowance ( )/	Courtesy Car ( )			
2) QC Check / Post Repair Inspection	( )	* -		
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > 5]	( )	*		
2) QC Check / Post Repair Inspection	( )			
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > 5]	( )		Station 18	NE PORT
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	( )		Badicul se	**************************************
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	( )			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	( )		Para Caracana Caracan	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	( )			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	( )			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 3  Injury:  Date/Time Actions	( )	paration Checklist	Ant (S)	AHL (\$)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 3]  Injury:  Date/Time Actions	( )	paration Checklist	Ant (S)	Ağır (\$)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 3]  Injury:  Date/Time Actions	( ) \$3000] ( )  Invoice Pro  1) AR: Acciden 2) DA: Damage	paration Checklist Reporting (330); Assessment (\$100); INC (\$	Ant (5)	- 000
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions	( ) \$3000] ( )  Invoice Pro  1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I	paration Checklist: tReporting (\$30); Assessment (\$100); INC (\$7ee \$4	Ant(S)	- 000
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 3]  Injury:  Date/Time Actions  MANONAL  Actions  simunt's Particulars:	Invoice Product   Invoice Pr	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$700 \$400); Through Survey Through Survey (Resurvey)	And (5)   fst Bill   80)   0/\$45   \$120   \$30	- 000
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 3]  Injury:  Date/Fime Actions  MANONAL  alimant's Particulars:-  iver/Owner:	Invoice Pro  Invoice Pro  I) AR: Acciden  2) DA: Damage  3) TF: Towing I  4) FT: Follow-I  5) FT: Follow-I  For claiming 8  6) TR: Re-inspe	paration Checklist: tReporting (\$30); Assessment (\$100); INC (\$700 \$400); INC (\$100); INC	80) 80) 80/545 \$120 \$30 \$75	- 000
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 3]  Injury:  Date/Time Actions  MANONAL  alimant's Particulars:- iver/Owner:	Invoice Pro  1) AR: Acciden 2) DA: Darrage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming s 6) TR: Re-inspe 7) N1: Idao DA	paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$700 \$400); Assessment (\$100); INC (\$100); Assessment (\$100); INC (\$100); Assessment	Ant(5) fitBill 80) 0/\$45 \$120 \$30 5)	- 000
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 3]  Injury:  Date/Time Actions  Actions  alimant's Particulars:- iver/Owner: intact No: imaged Portion:	Invoice Pre  1) AR: Acciden 2) DA: Darwage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming s 6) TR: Re-inspe 7) N1: Idao DA 3 8) NTUC Additi	paration Checklist:  t Reporting (\$30);  Assessment (\$100); INC (\$ Fee \$4 hrough Survey hrough Survey (Resurvey) tgojust INC Only (wef 10 Jan 200 ction  + SMRT Survey onal Services:-	Ant(5) (MBill 80) 0/\$45 \$120 \$30 \$75 \$75	- 000
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 3  Injury:  Date/Time Actions  MANONN  alimant's Particulars:- iver/Owner: ontact No: amaged Portion:	1   1   1   1   1   1   1   1   1   1	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$700); INC (\$100);	Ant(5) (ii Bill 80) 0/\$45 \$120 \$30 5) \$75 \$160	- 000
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 3  Injury:  Date/Time Actions  MANON S  Entire Contact No:  Imaged Portion:  C Checked by (Engr-In-Charge):	Invoice Pro	paration Checklist:  t Reporting (\$30);  Assessment (\$100); INC (\$ Fee \$4  hrough Survey  hrough Survey (Resurvey)  reginst INC Only (wef 10 Jan 200  ction  + SMRT Survey  onal Services:  Car / Tpt Allowance  co-ordination  rair Inspection	Ant(5) (MBill 80) 0/\$45 \$120 \$30 \$75 \$75	- 000
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 3  Injury:  Date/Time Actions  MANON S  Entire Contact No:  Imaged Portion:  C Checked by (Engr-In-Charge):	Invoice Pre   1) AR: Acciden   2) DA: Damage   3) TF: Towing   4) FT: Follow-I   5) FT: Follow-I   For claimings   6) TR: Re-inspe   7) N1: Idao DA   8) NTUC Additi   OD*   *N5: Courtes)   *N6: Repair C   *N7: Fost Rep   *N8: DV / Co	paration Checklist  Reporting (\$30); Assessment (\$100); INC (\$200); INC (\$300); Assessment (\$100); Assess	\$0) \$0/\$45 \$120 \$30 \$5 \$75 \$160 \$5 \$10 \$25 \$3 \$20 \$30	- 000

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### SINGAPORE ACCIDENT STATEMENT

### 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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

SELECTION OF STREET	ACCIDENT STATEMENT
Date Of Report	07/04/2020 19:24
Date Of Accident	06/04/2020 19:05
Exact Location Of Accident	BRADDELL RD TWADS BARTLEY RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMK8530Y
Insured/Policyholder	
Name Of Registered Owner	CHEW WEI KIAN (ZHOU WEIJIAN)
NRIC No	SXXXX137C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91083324
Alternative Phone No	OFFICE-91083324
Vehicle Particulars	
Manufacturer	KIA
Model	STONIC 1.0 DCT
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	5115546985
Cover Note Number	
Driver	
Name of Driver	CHEW WEI KIAN (ZHOU WEIJIAN)

# SXXXX137C NRIC No Date Of Birth 12/04/1986 INDOOR Occupation 11/03/2014 Date Of Driving Pass 6 YEARS AND 0 MONTHS Driving Experience MALE Gender (LOCAL) +65-91083324 Mobile Number Fax Number OFFICE-91083324 Contact Number EMail Address NOEMAIL

Address BLK 694A WOODLANDS DRIVE 62

#04-18

Postcode 731694

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 COLLISION - HEAD TO REAR

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2 NO

NO

NO

NO

Was any body injured in the Accident?

y injured in the Accident!

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.

Number of Passengers (Including Driver) 1

Details of Police Action

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

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number GBJ1328Y

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)

# 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.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Cen'

Nam NRIC/Fred Nov.

	A= SMK85307
	B= GBJ1328Y
	Bradale II Rosal
	towards
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	Bartley Road (Before CTE Entrance)
R	efer to attach
DECLARATION /We declare the foregoing particulars are true in every re	ernert

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting The Paragraph Name:

NBIC/EJM 140:

On 06.04.2020 at about 19:05 hours along Braddell Road towards Bartley Road (Before CTE Entrance). I was travelling straight on lane 3, when my front vehicle slowed down and stopped hence I follow suit.

Suddenly I heard a loud bang and felt an impact from behind. When I alighted I realised vehicle (B) had collided onto rear portion of my vehicle (A).

Vehicle (A): SMK 8530Y

Vehicle (B): GBJ 1328Y

B

Date of Accident	: 06 04 2020 Accident Time: 19-05 (24-HR-Format)
Accident Place	: Braddell food towards Bartley Road (Before CTE)
Vehicle. No. (Car Plate No.)	: SMK85307 Make/Model: Cia Stonic
Insurace Company	: NTWC Policy No: 5115546985
Owner or Company Name /IC No.	: Chew Wei Flan (SBEI1137C)
Owner or Company Contact No.	9108 3324 Owner's Hp Company Tel
DRIVER'S Name / IC No.	Chew Wei Kian (586111370).
DRIVER'S Date Of Birth	: 12 04 1986 DRIVER'S License Pass Date 11 03 2014
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Dwner.
DRIVER'S Address	: BLK 694A # 04 -18 Woodlands Drive 62 5(731694
DRIVER'S Contact No./ Alt No.	:1) 9108 3324 2) -
DRIVER'S Occupation	: INDOOR \OUTDOOR (e.g. working inside or outside office)
Email Address	: ~ C_W_K66@hotmail.tom
Weather & Road Surface	: CLEAR & DRY (RAINING & WET) AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	river):
Was there any video Captured by ca Exact purpose for which vehicle wa Any Injury (If YES, Pls state):	s being used at the time of accident: Rrivate use \ Work purpose
Other F	Party Driver's Particular (if any)
Vehicle. No: GBJ 13	28 Y Vehicle, No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

\* NEW - Passenger's name & gender:



# 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: 5115546985

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SMK8530Y

Chassis Number

: KNAD6811VK6279494

2. Name of Policyholder

: CHEW WEI KIAN (ZHOU WEIJIAN)

3. Effective Date of Insurance

: 14 Jan 2020

4. Expiry Date of Insurance

: 25 Apr 2021

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 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
 : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO
INSURE WITH COE : YES
NCD PROTECTION : NO
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : CHEW WEI KIAN (ZHOU WEIJIAN)

 NAMED DRIVER (1)
 : N/A

 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

: DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue

: 14 Jan 2020 11:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive



Policy No.	5115546985	Policyholder Name	CHEW WEI	KIAN (ZHOU WEIJIA	Policyholder NRIC	S8611137C	
Certificate No.							
Address	BLK 126 #05-155 BISHAN STRE	ET 12 SINGAP	ORE 570126				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	14/01/2020	Effective Date	14/01/2020	00:00	Expiry Date	25/04/2021 23	3:59
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			Young	/Inexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Info	nolder Mailing Address						
Info Policyt	nolder Mailing Address BLK 694A #04-18	Addre	ss 2	WOODLANDS DRIVE	E 62	Address 3	ADMIRALTY GROVE
Info			ss 2 ss Type	WOODLANDS DRIVE		Address 3 Post Code	ADMIRALTY GROVE 731694
Info Policyt Address 1 Address 4	BLK 694A #04-18	Addre	ss Type d Policy				
Info Policyh Address 1 Address 4 Unit No.	BLK 694A #04-18 SINGAPORE 731694	Addre Relate	ss Type d Policy	Singapore address			
Info Policyh Address 1 Address 4 Unit No.	BLK 694A #04-18 SINGAPORE 731694 04-18 d Object: SMK8530Y	Addre Relate	ss Type d Policy	Singapore address			

orice MT/1091052 orice No. oricete No. oriceholder Name						
ertificate No.						
	5115546985	Vehicle No.	SMK8530Y	GST Registration No.		
sicyholder Name						
	CHEW WEI KIAN (ZHOU WEDIAN)			Policyholder NR1C	58611137C	
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0	
ontact No.(Mobile)	91083324	Contact No.(Office)	0	Contact No.(Home)	0	
mail Address		Special Remark		eCode	NC V	
rk.	® No ○ Yes	TCA	® No ⊜ Yes	eCode Reason		
CD Protection No		NCD Entitlement(%)	0	Private Hire	No	
		MCD Enginement(My		Private rare	77.7	
Accident Details						
port Date	07/04/2020 19:32	Accident Report Within 24 hrs.	Yes	Acodent Type	Collision - Head to Rear	
te of Accident	06/04/2020	Time of Accident hh:mm	19:05	Country of Accident	Singapore	
porting Centre		Orange Force		ICM No.		
cident Location	BRADDELL RD TWADS BARTLEY RD					
7 Total Excess Applicable						
	Per Accident	Windscreen Excess	100.00			
30000155000		CANCARDERCARDITECTO	377777			
Standard Excess	600.00	TP Standard Excess	0.00			
ED OO Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered	
		THE IT LALES	5.40	Differ to Cover con	6076.60	
ditional Excess	0					
tal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00			
7 Benefits						
GST Registered Informa	tion					
T Registered	No		GST Registration Date			
T Registration No.			GST Status Verified	Yes		
dification History						
P Policyholder Halling Add	frau					
idress I	BLK 694A #G6-18	Address 2	WOODLANDS DRIVE 62	Address 3	ADMIRALTY GROVE	
idress 4	SINGAPORE 731694	Address Type	Singapore address	Post Code	731694	
nit No.	04-18	Related Policy Number	5115546985			
OI Driver Info						
ver Name	CHEW WEI KIAN (ZHOU WEIJIAN)	Driver Type	Main Driver			
named driver Name		Driver NRIC	58611137C	Driver DOB	12/04/1985	
gister Date of Driver License	11/03/2014	Driver Age	33	Driving Experience	6	
ntact No.(Mobile)	91083324	Contact No.(Office)	0	Contact No.(Home)	0	
dress 1	BLK 694A	Address 2	WOODLANDS DRIVE 62	Address 3	ADMIRALTY GROVE	
idress 4	SINGAPORE 731694	Address Type	Singapore address	Post Code	731694	
në No.	04-18	- 433	230			
oes he own a Singapore		227 INNYES				
egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company		
eathalyser or Blood Test	omg	Any injury?	○ Yes ® No			
eathalyser or Blood Test	0 mg	Any injury?	() Yes ® No			
eaung	O mg	Any injury?	○ Yes ® No			
eathalyser or Blood Test leading?	0 mg	Any injury?	○ Yes ® No			
eathalyser or Blood Test leding? diffication History	⊙mg	Any injury?	○ Yes ® No			
eathalyser or Blood Test acting? dification History	⊙ mg	Any injuny?	○ Yes <b>®</b> No			
eathalyser or Blood Test acting? dification History	Omg	Any injuny?	○ Yes <b>®</b> No			
eathalyser or Blood Test ading? offication History Claim 003 Next	0 mg	Any injury?	○ Yes ® No  OHEW WEI KIAN (ZHOU WEIZIA	Insured NRIC	586111370	
eatharyser or Blood Test ading?  officiation History  Claim 003 Next	ор-нх 🔻			Insured NRIIC Contact No.(Office)	58611137C	
eathalyser or Blood Test ading?  offication History  Claim 001 Nex  am Type * otact No. (Mobile)	ОD-НX У	Insured Name Contact No.Incme)	CHEW WEI KIAN (ZHOU WEDZA	Contact No (Office)	\$8611137C	
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