NATIONAL Assessment Cent			Date & Time Complet	ed De	one by
Date In: 23/5/2 -17:38	Jcb description		- I - I		
Ref No: NA M(200) 5907 /24	SAS e-filing				
Veh No: PC27874	E-mail (within Shi	rs, AIC 2hrs)		1 1 1	
D.O.A: 75/2-09:00	i-Motor Claim	Form	m/1093179-001	22/1/1	EK: CI 0
15	i-Motor W/O	Within: OD 2hrs	, 7'P 4hrs)		
OD : TP)! Reporting Only	i-Photo Upload	led	1		
	Assessment/Surv	ey Report			
TP Insurer:	Ass't Report by	Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh Noum	121708	. INC()/Non-INC()	
Owner / Driver: (Tel:)	
WC.N. (2014) (1914) C.N. (1914) (1914) (1914) (1914)	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (Wo	O): N: 0-2	0%; P: 21-79%. P:	30-100%]	1
Year of Registration: ()	Warranty: YES ()/NO()		
)		-V	
	SUR-TUNNED SURVEYOR FROM THE PROPERTY P	CHANGANIA	3 200 SE2-18 SEE 3	520325	
General Remarks:-		destini e Ci	richly NO rafer of repa	rer	
() Walk-In Customer: Customer's in		idential & St	netty NO 1ster of repo		
() Total Loss Case : to e-mail Insu)
Drive-In ()/ Towed-In (); Invo	ice: YES () / NO)();1	owing Co: (
Remarks: (INC hotline: 6788 6616)			Date&Time Complet	sd D	one by
	/ Courtesy Car ()				
2) QC Check / Post Repair Inspection	()				
	530007 ()				
3) Upload Resurvey Photo [Repair Cost>	33000] ()				
Injury:					
Date/Time Actions			in the state of	Contract of Car	Charles and put
pare time Actions		de			
			100 - 50 mm = -2000	W. and	
•	1			Ant	(5) Amt (3
hazaran	1	Invoice Pro	eparation Checklist	Anit fat	- The state of the
HANDOJON'		1) AR : Accider	at Reporting (\$30);	fit.	- The state of the
HANDOJON'		1) AR : Accider 2) DA : Damage	nt Reporting (\$30); Assessment (\$100);	Course Section 19 Sec.	- The state of the
laimant's Particulars:		1) AR : Accider 2) DA : Damage 3) TF : Towing 4) FT : Follow-	at Reporting (\$30); Assessment (\$100); Fee Through Survey	NC (\$80) \$40/\$45 \$120	- The state of the
HAlogolv 'c laimant's Particulars :- river/Owner:		1) AR : Accider 2) DA : Damage 3) TF : Towing 4) FT : Follow-	at Reporting (\$30); Assessment (\$100); Fee Through Survey Through Survey (Resurvey)	NC (\$80) \$40/\$45 \$120 \$30	- The state of the
HAlogolv 'c Haimant's Particulars:- river/Owner: ontact No:		1) AR : Accider 2) DA : Damage 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp	nt Reporting (530); c Assessment (5100); li Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jsection	NC (\$80) \$40/\$45 \$120 \$30 n_2005) \$75	- The state of the
HAlogolv 'c Haimant's Particulars:- river/Owner: ontact No:		1) AR : Accider 2) DA : Damage 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idae DA	at Reporting (\$30); c Assessment (\$100); li Fee Through Survey (Resurvey) against INC Only (wef 10 Js cotion 4 + SMRT Survey	NC (\$80) \$40/\$45 \$120 \$30 n_2005)	- The state of the
HA100301V 'Claimant's Particulars :- river/Owner: ontact No:		1) AR: Accider 2) DA: Dameg 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idac DA 8) NTUC Addi	nt Reporting (530); c Assessment (5100); li Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jsection	NC (\$80) \$40/\$45 \$120 \$30 n_2005) \$75	- The state of the
HA120301V Claimant's Particulars :- river/Owner: ontact No: amaged Portion:		1) AR: Accider 2) DA: Damege 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idac DA 8) NTUC Addi OD!* *N5: Courter	at Reporting (530); c Assessment (5100); Fee Through Survey (Resurvey) against INC Only (wef 10 Js ection a + SMRT Survey lional Services:-	NC (\$80) \$40/\$45 \$120 \$30 n 2005) \$75 \$160	200
HA130301V Claimant's Particulars:- priver/Owner: ontact No: armaged Portion:		1) AR: Accider 2) DA: Damege 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addi OJL* *N5: Courte: *N6: Repair	at Reporting (530); Assessment (5100); Fee Through Survey (Resurvey) against INC Only (wef 10 Js ection a + SMRT Survey lional Services:- sy Car / Tpl Allowance Co-ordination	NC (\$80) \$40/\$45 \$120 \$30 n 2005) \$75 \$160	- The state of the
HA10000 Claimant's Particulars :- river/Owner: ontact No: amaged Portion: C. Checked by (Engr-In-Charge):		1) AR: Accider 2) DA: Damege 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addi OD: *N5: Courte: *N6: Repair *N7: Fost Re-	at Reporting (530); c Assessment (5100); Fee Through Survey (Resurvey) against INC Only (wef 10 Js ection a + SMRT Survey lional Services:- sy Car / Tpl Allowance Co-ordination spair Inspection	\$100 \$25 \$30	- The state of the
HA130301V Laimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):		1) AR: Accider 2) DA: Damege 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idac DA 8) NTUC Addi OI)* *N5: Courter *N6: Repair *N7: Fost Re *N8: DV / G TP (N11): T	at Reporting (530); Assessment (5100); Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Js ection a + SMRT Survey lional Services:- y Car / Tpl Allowance Co-ordination epair Inspection ollect Excess Coordination TP (Non INC) against INC	\$100 \$25 \$20	- The state of the
The second secon		1) AR: Accider 2) DA: Damege 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idac DA 8) NTUC Addi OD' *N5: Courte: *N6: Repsit *N7: Fost Re- *N8: DV / C	at Reporting (530); Assessment (5100); Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Js ection a + SMRT Survey lional Services:- y Car / Tpl Allowance Co-ordination epair Inspection ollect Excess Coordination TP (Non INC) against INC	\$100 \$25 \$25 \$20 \$30	- Table 1

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.
- 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.

alulesalu,	
NAME OF THE PERSON OF THE PERS	ACCIDENT STATEMENT
Date Of Report	23/05/2020 13:38
Date Of Accident	23/05/2020 09:00
Exact Location Of Accident	BLK 686 HOUGANG ST 61 CARPARK
Country/State of Loss	SINGAPORE
AND THE RESERVE OF THE PARTY OF	ETAILS OF OWN VEHICLE
Vehicle Registration Number	PC2787U
Insured/Policyholder	
Name Of Registered Owner	SKKY TRANSPORTATION PTE LTD
Co Reg No	2XXXXX059G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98595291
Alternative Phone No	OFFICE-98595291
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE COMMUTER GL 3.0 AT 2WD 4DR LWB
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115624206
Cover Note Number	
Driver	
Name of Driver	NIGEL KHING YAO ZHI
NRIC No	SXXXX470J
Date Of Birth	03/12/1997
Occupation	OUTDOOR
Date Of Driving Pass	10/03/2020
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98595291

OFFICE-98595291

NOEMAIL

BLK 295A COMPASSVALE CRESCENT Address

#05-219

541295 Postcode

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

COLLISION - MAJOR/MINOR RD Type Of Accident

CLEAR Weather Conditions

WET Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

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) 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

2

NO

NO

NO

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

SMH3170B

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)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.

|_____

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

Date & Time:

Reporting Centre Personnel's Signature Name:

None (FIN N

NRIC/FIN No.:

Policyholder

Date & Time:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

stay	d	date	and	time,	1 Was	s trav	c Ilina	J1191	ght alo	2
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and	nit	onfo	my	vehide	1844	Ps4:00	n.			
	_ = = =									
-62										
	686	686 140	686 Houging	686 Houging 81	686 Houging St 61. Indd	686 stonging 81 61. Indd enly V	686 Houging 8/ 61. Inddenly vehicle		686 Houging St 61. Enddenly vehicle is dush on	stated date and time, I was travelling straight alo 686 wayging st 61. Inddenly vehicle B dash out from and hit onto my vehicle left portion.

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's Signature Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 23/5/20)(C	DD/MM/YYYY), TIME:(0 9 :00)(HH:MM)
LOCATION: 13/16 686 Houge	
1. DETAILS OF VEHICLE	5 W
a) VEHICLE NUMBER: 7033	M See See
b)INSURANCE COMPANY: " NO	
C)POLICY NUMBER: \$1156243	
e)MAKE & MODEL:	/ THIRD PARTY / THIRD PARTY FIRE &THEFT)
	VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE /	COMMERCIAL (MOTORCYCLE, OTHERS)
h)PURPOSE OF USING AT ACCIDEN	NT TIME: WUTCING WAS
I) ARE YOU CLAIMING UNDER YOU	R OWN INSUPANCE (VES/NO)
IF NO, PLEASE STATE (THIRD PART	CLAIM / PEPOPTING ONLY
2. INSURED / POLICY HOLDER	SEAMY REPORTING ONET
A)NAME:	(MANIE / EENANIE)
	(MALE / FEMALE)
c)ADDRESS:	
* CONTINUE TO 3.d IF DRIVER ALSO	POLICY HOLDER
The of passangs, DRIVER	
(Including driver) DINAME:	(MALE / FEMALE)
(1) DINNIC/FIN/FASSPORI:	CONTACT: 9859 529 1
c)ADDRESS:	
*d\DATE OF BIRTH- / /	Upp Harana
*d)DATE OF BIRTH: (// e)OCCUPATION: (INDOOR / OUTDO	J(DD/MM/YYYY)
f)YEARS OF DRIVING EXPRERIENCE:	pok)
4. WAS DRIVER AN EMPLOYEE OF T	HE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DE	RIVER WITH INSURED: OWN
5. a) WEATHER CONDITION: (CLEAR / F	RAINING / OTHERS
b) ROAD SURFACE: (DRY / WE) / OTI	HERS
6. WAS ANYBODY INJURED (YES / NO)	63:30°38
7. a) REPORTED TO POLICE (YES / NO	[5]
IF YES, PLEASE STATE WHICH POLICE	E STATION:
8. THIRD PARTY VEHICLE	CO. T. C.
He of passenger a) VEHICLE NUMBER: SMH31701	MODEL:
- Induding driver) Of DRIVER'S NAME:	
(1) PARTY VEHICLE	CONTACT:
7. HINDIAKII VEHICLE	
No of passanger a) VEHICLE NUMBER:	
Induding driver) f) NRIC/FIN/PASSPORT	
Induding driver) f) NRIC/FIN/PASSPORT:	CONTACT:
9 g	

email =

fax =

VIDEO =

Hello, NAC_PAYA_UBI_8000	501				And the second second	-chartist-	· Change Lan	guage	· Change	e Password	· Log Ou
My Desktop	Poli	cy Query							-		
Notice of Loss	Policy N	lo.				Date of	Accident	23/0	5/2020 09	:00	
	Vehicle	No.(For Motor)	PC278	70		Certifica	te Number				
			Se	arch							
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5115624206		SKKY TRANSPORTATION PTE, LTD.	202001059G	GBS	Comprehensive	PC2787U	PC2787U	17/01/2020	16/01/2021

	nce Date of Endo		Endorseme	112	Endorsemen	Chabus	Endorsement Content
□ Endors	sements						
▶ Insure	ed Object: PC2787U						
Unit No.			Related Policy Number	5116188021			
Address 4			Address Type	Singapore address		Post Code	528559
Address 1	1 TAMPINES NOR	TH DRIVE 1	Address 2	#07-22 T-SPACE		Address 3	SINGAPORE 528559
▼ Policyl	holder Mailing Address						567.00-650.00-50-508VUHII
Certificate Info							
Policy Info							
Flag Open							
Co- insurance	No						
Agent	ABWIN PTE LTD	Agent 1	el. 68423301		GST Flag	*	
Singapore OD Excess		Singapo TP Exce	ess		100000000000000000000000000000000000000	Young	J/Inexperience Driver Excess
Excess Outside		Premiur Outside					# Debies F.
Additional		os	0				
Third Party Excess	1500	damage Excess	2000		Windscreen Excess	100	
ype	Per Accident	Excess					
ssue Date	16/01/2020	Date All Clair	17/01/202	0.00:00	Expliny Date	10/01/2021 2	3.33
lame folicy	BUS INSURANCE	Effective			Policy Flag Expiry Date	16/01/2021 2	3.50
roduct		Plan	W 11/10/2007		Group	N	
Certificate No. Address	1 TAMPINES NORTH DRIV	F 1 ≠07-22 T-9	SPACE SINGAPOR	E 528559			
olicy No.	5115624206	Name	SKKT IKAI	NSPORTATION PTE, L'	NRIC	202001059G	

ident HT/1093139			700000000000000000000000000000000000000	\$100,000 Art (\$100,000)		
cy Ne.	\$115624206	Vehicle No.	PC2787U	GST Registration No.		
tificaté No.						
cyholder Name	SKKY TRANSPORTATION PTE. LTD.			Policyholder NRIC	202001059G	
duct Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0	
ntect No.(Mobile)	98595291	Consact No. (Office)	0	Contact No. (Home)	0	
nail Address		Special Remark		eCode	Nr. V	
K:	No ○ Yes	TCA	® No ○Yes	eCode Reason		
D Protection	No	NCD Entitlement(%)	0	Private Hire	No	
Accident Details						
port Date	23/05/2020 13:45	Academ Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road	
		Time of Accident Nn.mm	09:00	Country of Accident	Singapore	
ce of Accident	23/05/2020		49,40	ICM No.		
porting Centre		Orange Force		Jun No.		
cident Location	BUK 685 HOUGANG ST 61 CARPARK					
Total Excess Applicable			8882			
cess Type	Per Accident	Windscreen Excess	100.00			
Standard Excess	2,000.00	TP Standard Excess	1,500.00			
	1000.00	YIED TP Excess		Driver is Covered?		
ED OD Excess	1000.00	TIED IN EXCESS		41111		
iditional Excess	201500					
tal OD Excess Applicable	3000.00	Total TP Excess Applicable				
P Benefits						
GST Registered Informa			net survivilla har			
T Registered	No		GST Registration Date GST Status Verified	Yes		
T Registration No.	73 00 C 00 C 13 45 30 Suna	n changed GST Status venified fro		148		
dification History	2310312020 12,40.20 37810	Changes Got States Fernies Inc				
Policyholder Mailing Ad	dress					
		Address 2	#07-22 T-SPACE	Address 3	SINGAPORE \$28559	
Idress I	1 TAMPINES NORTH DRIVE 1	Address 2	Singapore address	Post Code	528559	
dress 4		Address Type		Post Code	320339	
vt No.		Related Policy Number	5116188021			
OI Driver Info						
wer Name	Unnamed Driver	Driver Type	Unnamed Driver	28/19/222		
named driver Name	NIGEL KHING YAO ZHI	Driver NRIC	5XXXX4703	Driver DOB	03/12/1997	
egister Date of Driver License	10/03/2020	Driver Age	22	Driving Experience	a .	
ontact No (Mobile)	98595291	Contact No.(Office)	0	Contact No.(Home)	0	
idvess 1	BLK 295A	Address 2	COMPASSIVALE CRESCENT	Address 3	SINGAPORE 541295	
doress 4		Address Type	Singapore address	Post Code	541295	
nit No.	05-219					
oes he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company		
egistered car?	Ciaen	Direct Vollage Inc.				
	0.68.	Sittle Valles (10)				
eclaration reathelyser or Blood Test	CCL GUILTH-WOOMY	0.000.000.000.000.00	○ Yes ® No			
eclaration reathalyser or Blood Test	0 mg	Any injury?	○ Yes Na			
epistered Car? eclaration ireathalyser or Blood Test eading?	CCL GUILTH-WOOMY	0.000.000.000.000.00	O Yes ® No			
eclaration reathalyser or Blood Test	CCL GUILTH-WOOMY	02/2-3/02/74/03/4/17	O Yes ® No			
eclaration reathalyser or Blood Test eading? odification History	COLUMN H KONY	02/2-3/02/74/03/4/17	○ Yes ® No			
eclaration reathalyser or Blood Test eading?	COLUMN H KONY	02/2-3/02/74/03/4/17	○ Yes ® No			
iclaration reathalyser or Blood Test reading?	COLUMN H KONY	02/2-3/02/74/03/4/17	○ Yes ® No			
eclaration waithalyser or Blood Test adding? oddfication History Claim 901 New	COLUMN H KONY	02/2-3/02/74/03/4/17	○ Yes No SKKY TRANSPORTATION PTE, L	Insured NRIC	2020010596	
coloration reathlyser or Blood Test eading? claim 00s New larm Type *	0 mg	Any injury?		Insured NRIC Contact No. (Office)	202001059G	
eclaration reathlyser or Blood Test eading? Claim 001 New laim Type * onts(t No.(Mobile)	0 mg	Any injury?	SKKY TRANSPORTATION PTE, L		202001059G SMH3170B	
claration mathalyser or Blood Test adding? claim 001 New aim Type * citact No. (Mobile) mod Address	0 mg	Any injury? Insured Name Coreact No.(Home)	SKKY TRANSPORTATION PTE. L.	Contact No.(Office)		
coloration wathalyser or Blood Test eading? Claim 901 New laim Type * sociact No. (Mobile) mail Astress aimark Type Claimant Type *	0 mg	Any injury? Insured Name Coreact No. (Home) OI Venicle Number	SKKY TRANSPORTATION PTE, L. NIL PC2787U	Contact No.(Office)		
coloration wathslyser or Blood Test edding? Claim 901 New saim Type * sociact No. (Mobile) mail Address aimant Type Claimant Type * aimant Type Claimant Type * aimant Type Claimant Type *	0 mg	Any injury? Insured Name Conect No.(Home) OI Vehicle Number Type of Benefit +	SKKY TRANSPORTATION PTE, L. NIL PC2787U	Contact No.(Office)		
cclaration wathalyser or Blood Test eading? Claim 901 New laim Type * sociact No. (Mobile) mail Address laimant Type Claimant Type * laimant Name *	0 mg	Any injury? Insured Name Conect No.(Home) OI Vehicle Number Type of Benefit +	SKKY TRANSPORTATION PTE, L. NIL PC2787U	Contact No.(Office)		
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