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Veh No: 4p4930JB	E-mail (within Shrs, AIC 2hrs)			-16
D.O.A : 762-89: 2	i-Motor Claim Form	m 1093440-401	8/6/10 13	7:76
13	i-Motor W/O (Within: OD:			
OD TP Reporting Only	i-Photo Uploaded			
	Assessment/Survey Repor	t		
TP Insurer:	Ass't Report by Fax / Han	d to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 140	SYTUR INC	()/Non-INC()	N.	
Owner / Driver: (-11	Tel:)	
Policy No: () Po	eriod: () Cover Type: () _	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 30-	100%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,0	000 ()/\$2,000 ()		-	
General Remarks:-			Second States	7 -
() Walk-In Customer: Customer's info		Strictly NO refer of repairer.		
() Total Loss Case : to e-mail Insur		,		
Drive-In () / Towed-In (); Invoic	e: YES() / NO()	Towing Co: ()
(INC hotline: 6788 6616)		Date&Time Completed	Done	by
) Apply for Transport Allowance ()/0	Courtesy Car ()			
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3) Upload Resurvey Photo [Repair Cost > \$	3000] ()			
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amant's Particulars:- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	1) AR : Accid 2) DA : Dama 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in 7) N1 : Idao I 8) NTUC Ado OD* *N5: Court *N6: Repa *N7: Fost	ent Reporting (\$30); ge Assessment (\$100); INC (\$100); g Fee \$100; y-Through Survey (Resurvey) g against INC Only (wef 10 Jan 200) ppection OA + SMRT Survey ditional Services: csy Cer / Tpt Allowance ir Co-ordination Repair Inspection	\$80) 40/\$45 \$120 \$30 \$5) \$75 \$160	and the second second
aimant's Particulars:- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge): ditors! Comments:-	1) AR : Accid 2) DA : Dama 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in 7) N1 : Idae I 8) NTUC Add OD* *N5: Court *N6: Repa *N7: Fost *N8: DV / TP (N11) :	ent Reporting (\$30); ge Assessment (\$100); INC (\$100); g Fee \$100; y-Through Survey (Resurvey) g against INC Only (wef 10 Jan 20); spection OA + SMRT Survey ditional Services: csy Cor/Tpt Allowance ir Co-ordination Repair Inspection Collect Excess Coordination TP (Non INC) against INC	\$80) 40/\$45 \$120 \$30 \$55) \$75 \$160 \$5 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$5	and the second second
Algo 316 9 aumant's Particulars:- iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge): iditors! Comments:- 1: 2/3:	1) AR : Accid 2) DA : Dama 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in 7) N1 : Idae I 8) NTUC Ade OD* *N5: Court *N6: Repa *N7: Fost *N8: DV /	ent Reporting (\$30); ge Assessment (\$100); INC (\$100); g Fee \$100; y-Through Survey (Resurvey) g against INC Only (wef 10 Jan 20); pection OA + SMRT Survey ditional Services:- csy Car / Tpt Allowance ir Co-ordination Repair Inspection Collect Excess Coordination TP (N:n INC) against INC Mobile	\$80) 40/\$45 \$120 \$30 \$55) \$75 \$160 \$5 \$10 \$25 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30	Amt (3)

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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.
- 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.	
是於何級的特別的心理的問題	ACCIDENT STATEMENT
Date Of Report	08/06/2020 15:03
Date Of Accident	05/06/2020 09:20
Exact Location Of Accident	UBI RD 1
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG9305B
Insured/Policyholder	
Name Of Registered Owner	GUNA'S CATERING SERVICES PTE LTD
Co Reg No	2XXXXX509D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62649448
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE COMMUTER MANUAL
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	COMMERCIAL VEHICLE
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	5097327015-02
Cover Note Number	
Driver	
Name of Driver	SAKTHIVELL S/O KRISHNAN
NRIC No	SXXXX057B

 NRIC No
 SXXXX057E

 Date Of Birth
 29/01/1999

 Occupation
 OUTDOOR

 Date Of Driving Pass
 16/05/2017

Driving Experience 3 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90036809

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 337 SEMBAWANG CRESCENT Address

#02-176

Postcode 750337

Was driver an employee of the Insured's Company YES

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

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

: RENE GABRIEL

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

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

SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200605/7029.

Attachment(s)

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

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGC6452B TOYOTA WISH Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

MOHAMAD ROSMAN BIN MOHD NOOR Name of Driver

NRIC/Passport Number SXXXX162H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SAKTHIVELL S/O KRISHNAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBG9305B

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name RENE GABRIEL

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBG9305B

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

Accident Sketch Plan

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 Pullcyholder and/or the Authorised Briver.
- Information provided must be as <u>truthful</u> and accurate as nossible. Any wilful micropresentation 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.
- 6 The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurence 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)

funderstand, 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 shall be collectively referred to as the "insurers"), the insurers lawyers/law from 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 way/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents/including their lawyors/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
 - (a) for complying with regularments under any regulations, laws or court orders.

The state of the s

relicyholder's Signature Date & Time: Oriver's Signature

(If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NIUC/FIN Ho :

man re-plated on the

Accident Sketch Plan

	1/2/174	189 p-p-9-17 1 px 10	N-3
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ricle 5	- 54-64328		
	-41414		
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	THE CHARGE STATE (C)	War.	am
	Holder Marine	- Driver's Signature	Reporting Centre Personnel's Signature
Bull.			

JOHN G. - GRESTING M.

Jackson

Date of Accident	: 5 6 2020 Accident Time: 09 20 (24-HR-Format)
Accident Place	: UBI ROAD I
Vehicle Reg. No. (Cer Plate No.	: GBG9305B
Vehicle Make/Model	TOYOTA - HI-ACE
Insurance Company	: HTYC Policy No.
Owner or Company Name /IC N	. : GUNA'S RESTAURANT
Owner or Company Contact No.	: 96239448 Owner's Hp 62649448 Company Tel
DRIVER'S Name / IC No.	: SAKTHIVELL S/O KRISHNAM
DRIVER'S Date Of Birth	: 29/61/1999 DRIVER'S License Pass Date 16 MAY 2017
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: BIK 337 SEMBAWANY CRESCENT #02-176
DRIVER'S Contact No./ Alt No.	:1) 9003 (809 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: admin @my car. sy
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including	AND THE RESERVE THE PROPERTY OF THE PROPERTY O
Was there any video Captured by Exact purpose for which vehicle v	car camera: YES (NO) 3 Days MC both. driver & passes
Other	Party Driver's Particular (if auv)
Vehicle Reg. No: 54 C 645	Vehicle Reg. No:
Vehicle Make Wodel: Toyota	Wish Vehicle MakelModel:
Name Driver: Mohamad hos	nan bin Make Now Name Driver:
1C No. Driver: 5 8124167	IC No. Driver:
Driver's Contact & Add: Hp : 9	8499314 Driver's Contact & Add:





1 of 3

Report No. T/20200605/7027

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

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 020 20:17	Nade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars		and the second s	
RENE G	f Informant: SABRIEL NE DRAN RUFL	ESAKUMAR S/O	Address: APT BLK 325 YISHUN CENT 760325	RAL #08-365 SINGAPORE	
ID Type / ID No.: NRIC NO / S9710364Z			Contact No.: Home/Office:	Mobile: 84008947	
National SINGAF	ity: PORE CITIZ	EN	Email: renegabriel1003@gmail.com		
Sex: Male	Age: 23	Date of Birth: 10/03/1997	Type of Informant: Passenger		
Race: Indian			Language: English	Institution / School Name:	
Occupat Student	tion:		Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/06/2020 09:20	Type of Location Straight Road
Location: UBI ROAD 1 Weather:		Road Surface:		Road Speed Limit:
Clear		Dry		50 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Wor		Traffic Volume: Light

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBG9305B	Van	TOYOTA	Hiace	Silver	Seriously Damaged	
SGC6452R	Car	TOYOTA	Wish	Black	Seriously Damaged	2

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA			





2 of 3 Report No. T/20200605/7027

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

CONTINUATION OF REPORT

Passenger				1,600		THE RESIDENCE OF THE PARTY.
Name	RENE GABRIEL NESAKUMAR S/O RAVINDRAN RUFUS				* 55	S9710364Z
Related Vehicle	GBG9305B (Van)			Conta	ct No.	84008947
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	05/06/2020 Date Disc			charge	05/06	5/2020
			Degree o	of Injury	Sligh	t

Brief Details.

I was a passenger in the vehicle A (GBG9305B) and I met with an accident with vehicle B (SGC6452R). We were going straight and Vehicle B suddenly came out from the carpark and collided on my side. After this I had pain in my body and I went to consult the doctor and received 3 days MC.





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

3 of 3 Report No. T/20200605/7027

CONTINUATION OF REPORT

Sketch Plan
Informant is not able to provide sketch plan

Authentication Stamp

NP168

Signature Of Officer Recording The Report: 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: 05/06/2020 20:17
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:





1 of 3

Report No. T/20200605/7029

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

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 05/06/2020 20:18		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
	Informant: VELL S/O F	KRISHNAN	Address: APT BLK 337 SEMBAV SINGAPORE 750337	VANG CRESCENT #02-176	
ID Type NRIC N	/ ID No.: O / S99040:	57B	Contact No.: Home/Office: Mobile: 90036809		
National SINGAP	ity: ORE CITIZ	EN	Email: sakthivell290299@gma	il.com	
Sex: Male	Age: 21	Date of Birth: 29/01/1999	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: NINJA VAN DRIVER		Driving Licence Informa Class: 3	ntion: Date of Expiry:		

General Inform	mation of the Acci			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/06/2020 09:2	Type of Location Straight Road
Location:				
UBI ROAD 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 40 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Wo	orking	Traffic Volume: Light
Type of Collis Between Mov	ion: ing Vehicles - Head	I To Side	· ·	Anyone conveyed by ambulance: No

Details of V	enicle invo	ived				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBG9305B	Van			Silver	Seriously Damaged	
SGC6452R	Car	TOYOTA	wish	Black	Seriously Damaged	

Details of V	ehicle Insurance		Property of the Party of the Pa	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBG9305B	NTUC Income Insurance Co-Operative Limited			





2 of 3

Report No. T/20200605/7029

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

CONTINUATION OF REPORT

Details of Perso	n Involved	A PARTY OF STREET		TAR DATE	-	
Any Pedestrian Ir	nvolved: No		110			
No. of Pedestrian	Use of Pe	Use of Pedestrian Crossing: NA				
Driver	WENT STATE					
Name	SAKTHIVELL S/O KRISHNAN			ID No.		S9904057B
Related Vehicle	GBG9305B (Van)			Contact No.		90036809
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	05/06/2020 Date Di		Date Disc	charge NIL		
No. of Days gran	ted Medical Leave	03	Degree o	f Injury	Serio	us
Driver	BEET AND STREET	E WE THE	" 在大学和的一个			
Name	MOHAMAD ROSMAN BIN MOHD NOOR		ID No.		S8126162H	
Related Vehicle	SGC6452R (Car)			Contact No.		98499314
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment NIL			Date Disc	Date Discharge NIL		
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details.

i was driving in my vehicle GBG9305B going toward ubi ave 2 on lane 1. Suddenly a car vehicle number SGC6452R came out from the carpark on my left and collided into my left side of my vehicle. the impact was great and my vehicle swerve into the opposite direction of the road. The was a passenger in my vehicle. i feel unwell and visited a doctor and was given 3 days MC





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

3 of 3 Report No. T/20200605/7029

CONTINUATION OF REPORT

Sketch Plan
Informant is not able to provide sketch plan

NP168

Signature Of Officer Recording The Report: 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: 05/06/2020 20:18
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp	

■ giclaim.income.com.sg — Private

Claim Handling Accident MT/1093940		TREE IS NOT THE	51012	Name of the last		
Policy No.	5097327015-02	Vehicle No.	G8G93058		GST Registration No.	
Certificate No.					OST Registration No.	
olicyholder Name	GUNA'S CATERING SERVICES PTE LTD				Policyholder NRIC	2018005090
roduct Code	COMMERCIAL VEHICLE INSUR	Cover Type	Third Party, Fire & 1	Theft	Loading	0
ontact No.(Mobile)	D	Contact No.(Office)	62649448		Contact No.(Home)	0
mail Address		Special Remark			eCode	(AD)
FK	O No Yes	TCA	ONG Yes		eCode Reason	
CD Protection	Ne	NCD Entitlement(%)	15		Private Hire	No
Accident Details				THE SHOW		220/41/2012
port Date	08/06/2020 15:25	Accident Report Within 24 hrs	Yes		Accident Type	Collision - Major Minor Road
ite of Accident	05/06/2020	Time of Accident hh:mm	09:20		Country of Accident	Singapore
porting Centre		Orange Force			ICM No.	Singapore
cident Location	(IBT DD 1					
Total Excess Applie	cable					Editor Anna Alberta Editor
cess Type	Per Accident	Windscreen Excess		0.00		
Standard Excess	0.00	70 5044 5				
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ditional Excess	0.00	YIED TP Excess		0.00	Driver is Covered?	Covered
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T Registered	No		CET Dan	stration Date		
T Registration No.	-			us Verified	Yes	
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Policyholder Mailin dress 1	g Address 8 Jalan Shaer	Address 3	days and a	2000		
dress 4		Address 2	SEMBAWANG SPRIN	77.77.00	Address 3	SINGAPORE 769355
it No.		Address Type Related Policy Number	Singapore addre	ess	Post Code	769355
OI Driver Info		Related Policy Number	5097327015-02			the state of the s
ver Name	Unnamed Driver	Deline Wass				
named driver Name	SAKTHIVELL S/O KRISHNAN	Driver Type	Unnamed Driver			
gister Date of Driver		Driver NRIC	SKKXXDS78		Driver DOB	29/01/1999
ense	16/05/2017	Driver Age	21		Driving Experience	3
ntact No.(Mobile)	90036809	Contact No.(Office)	0		Contact No.(Home)	0
dress 1	BLK 337	Address 2	SEMBAWANG CRESC	ENT	Address 3	SINGAPORE 750337
dress 4	ALCO AND	Address Type	Singapore addre		Post Code	750337
it No.	02-176		1000	000	0.000	
es he own a Singapore	○YesO No	Deliver Madelala Maria				
gistered car?	- respire	Driver Vehicle No.			Driver Insurer Compa	my
claration	COLUMN STREET, SALES AND ADDRESS.					
eathalyser or Blood Test		No. of the last of				
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im Type *				OD-MX	Insured GUNA'S CATERIN	NG SERVICES Insured 2018005090
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all Address					No. (Home) OI Vehicle GBG9305B	No. 63610448 (Office) TP Vehicle SGC64528
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