Date In: 13612-15x4	Jeb description	Date &Time Comp	icieo L	Done by
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Veh No: SlassTec	E-mail (within 8hrs, AIC 2			-
D.O.A: 16/2-14:5	i-Motor Claim Form	m 1094850-	001 20 61	N. Y. Co.
OD : Reporting Only	i-Motor W/O (Within:	DD 2hrs, TP 4hrs)		
OB : W / responding only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Rep	oort j		
17 Insurer.	Ass't Report by Fax / F	land to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: Now	18.92H	NC()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: () Pci	riod: () Cover Type: ()
Confirmed by : (Date:	Time:)
	Note-Est. Status (WO): N		2: 80-100%]	
	Warranty: YES ()/NC)()		
Excess: (\$) Loading: \$1,0	A STATE OF THE PARTY OF THE PAR	CONTRACTOR TO A STATE OF	100 PT 20 STA	
General Remarks	A STATE OF THE PARTY OF THE PAR			1,15 . 1
() Walk-In Customer: Customer's info		& Strictly NO refer of rep	airer.	
() Total Loss Case : to e-mail Insure			, · · · · ·	. ,
Drive-In () / Towed-In (); Invoice	:: YES () / NO (); Towing Co: (
Remarks: (INC hotline: 6788 6616)		Date&Time Compl	prod l	Done by
1) Apply for Transport Allowance ()/C	Courtesy Car ()			
2) QC Check / Post Repair Inspection		R-SKEN PUREL IN SECURIOR		
2) QC CHCCK' I osi teepini inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$3	()			
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3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions	Invoic 1) AR: A 2) DA: I	ocident Reporting (\$30); Darnage Assessment (\$100);	INC (\$80)	36 Marsh
3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Actions Laimant's Particulars:-	1 Invoic 1) AR: A 2) DA: I 3) TF: T 4) FT: F	coident Reporting (\$30); Damage Assessment (\$100); Dowing Fee	INC (\$80) \$40/\$45 \$120	36 Marsh
July: Date/Time Actions Claimant's Particulars:	1 Invoic 1) AR: A 2) DA: I 3) TF: T 4) FT: F 5) FT: F	coident Reporting (\$30); Damage Assessment (\$100); Dawing Fee Dillow-Through Survey Dillow-Through Survey (Resurvey)	INC (\$80) \$40/\$45 \$120 \$30	36 Marsh
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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.

REPORT OF THE PROPERTY OF THE PARTY OF THE P	ACCIDENT STATEMENT
Date Of Report	20/06/2020 15:04
Date Of Accident	19/06/2020 14:55
Exact Location Of Accident	CTE TWDS PIE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLA5950C
Insured/Policyholder	
Name Of Registered Owner	JN INTERNATIONAL LINK CONSULTANT
Co Reg No	5XXXX856W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96909816
Alternative Phone No	OFFICE-96909816
Vehicle Particulars	
Manufacturer	тоуота
Model	WISH 1.8X CVT
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Delley Number	5008653765.02

Policy Number 5098653765-02

Cover Note Number

Driver

 Name of Driver
 LIU JING

 NRIC No
 SXXXX732H

 Date Of Birth
 11/04/1965

 Occupation
 INDOOR

 Date Of Driving Pass
 19/05/2007

Driving Experience 13 YEARS AND 1 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-96909816

Fax Number

Contact Number OFFICE-96909816

EMail Address NOEMAIL

Address

45 SIMEI RISE

#02-31

Postcode

528786

any NO

Was driver an employee of the Insured's Company

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

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?

NO

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.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJM4865H

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

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- 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:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder N Date & Time: Driver's Signature

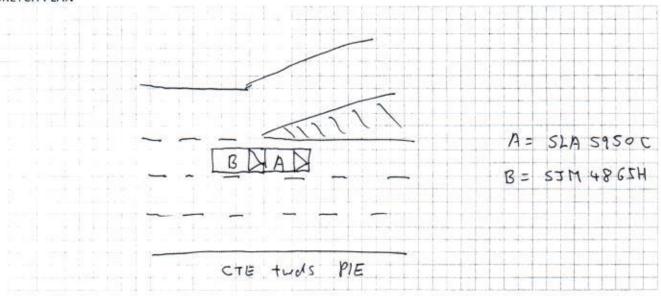
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I	was	travel	ling	along	CTE	twds	PIE,	Veh	
Infro	n+ 0\$	me	Slow	down	and	Stop.	I 915	o fo	1104
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felt	gn	impact	Fro	m beh	ind.	After	the	',P [J, D	len
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Veh	rear	por	tion.						

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

	ATION: CTE LESS PIE	
1	DETAILS OF VEHICLE SLA S950 C	
	d) VEHICLE NUMBER:	
4	b)INSURANCE COMPANY:	
	c)POLICY NUMBER:	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &TH	HEFT)
	e)MAKE & MODEL:	
	f)TYPE:(SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHER	(25)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)	20
	h) PURPOSE OF USING AT ACCIDENT TIME: PHOOFE WO	rking
	I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	2.0
2.	INSURED / POLICY HOLDER CONSULTANT	
	A) NAME: JN International Link (MALE/FEMAL	E)
	b)NRIC/FIN/PASSPORT:CONTACT: 96999	816
	c)ADDRESS:	
N N S		_
n -	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
to of passengs	DRIVER	
including driver)	a) NAME: MALE / FEMALE	
(1)	DINNE/FIN/FASSFORTCONTACTCONTACT.	- 6
	c)ADDRESS:	
	- NO. 175 OS BIRTILL (
63	*d)DATE OF BIRTH: (/)(DD/MM/YYYY)	8
4.0	e)OCCUPATION: (INDOOR / OUTDOOR)	8
e .	e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE:	·
4.	e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / I	
	e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / I IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	r
	B)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS	r
5.	e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / I IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS	r
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5. 6.	e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / I IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) a)REPORTED TO POLICE (YES / NO)	r))
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5. 6. 7.	e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / I IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: O)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) o)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE	<u>r.</u>
5. 6. 7. 8. of passenger	e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / I IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: O)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) O)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE O) VEHICLE NUMBER: STM 4865H MODEL:	<u>r.</u>
5. 6. 7. 8. of passenger aluding divisor)	e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / I IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: O)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) O)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE O) VEHICLE NUMBER: STM 4865H MODEL:	<u>r.</u>
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of passenger elucting driver)	e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / I IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: O)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) O)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE O) VEHICLE NUMBER: SIM 4865H MODEL: C) NRIC/FIN/PASSPORT: CONTACT: THIRD PARTY VEHICLE	<u>r.</u>
5. 6. 7. 8. of passenger eluding driver) 9.	e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / I IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: O)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) O)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE O) VEHICLE NUMBER: SIM 4865H MODEL: THIRD PARTY VEHICLE C) NRIC/FIN/PASSPORT: CONTACT: THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL:	<u>r.</u>
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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: 5098653765-02

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLA5950C

Chassis Number

: ZGE206025975

2. Name of Policyholder

: JN INTERNATIONAL LINK CONSULTANT

3. Effective Date of Insurance

: 08 Mar 2020

4. Expiry Date of Insurance

: 07 Mar 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$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	: N/A
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

: INCOME-BRANCH SERVICES (00000000738)

Date of Issue

: 13 Feb 2020 14:16 hrs

Reprint

; 13 Feb 2020 14:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBao Tech									Genera	alClaim	
Hello, NAC_PAYA_UBI_800	601	The same of the sa	and the same of th	and the property of	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	arm who to list of	• Change	Language	· Chang	e Password	· Log Out
My Desktop	Policy	Query									
Notice of Loss	Policy No.					Date of Accident		1	19/06/2020 14:55		
	Vehicle N	io.(For Motor)	SLA5950C		Certificate Number						
					S	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0 5	098653765- 02		JN INTERNATIONAL LINK CONSULTANT	53067856W	GPC	drivo CLASSIC	SLA5950C	SLA5950C	08/03/2020	07/03/2021
	-			0.0000000000000000000000000000000000000	Co	ontinue					

Policy Information Page 1 of 1

Address 4	6 JOU CHIAT LANE	JOHN TANK	ss Type	Singapore address		Post Code	428094
Address 1	8 JOO CHIAT LANE	Addre	ss 2	#02-03 D'SUNRISE		Address 3	SINGAPORE 428094
Info Policyt	older Mailing Address						
Policy Info Certificate							
Flag Open							
Co- insurance	No						
Agent	INCOME-BRANCH SERVICES	Agent Tel.	67886616		GST Flag	Υ	
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	J/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	0	damage Excess	600		Windscreen Excess	100	
Туре	Per Accident	Excess			nino anticono		
issue Date Excess	13/02/2020	Date All Claims	08/03/2020	00:00	Expiry Date	07/03/2021 2	3:59
Name Policy	PRIVATE CAR INSURANCE	Plan Effective			Policy Flag	N	
Address Product	8 300 CHIAT LANE #02-03 D'S		PORE 42809	14	Group		
Certificate No.							
Policy No.	5098653765-02	Policyholder Name	JN INTERN	ATIONAL LINK CONSI	Policyholder NRIC	53067856W	

cident MT/1094850	5098653765-02	Vehicle No.	SLA5950C	GST Registration No.	
Ecy No.	5098053765-02	Vehicle No.	SCASSOC	da r negadación rec	
ertificate No.	Marine successful and a state of the state.			and the same	***********
kicyholder Name	IN INTERNATIONAL LINK CONSULTANT			Policyholder NRTC	53067856W
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ntact No. (Mobile)	96909816	Contact No. (Office)	0	Contact No.(Home)	0
nas Address		Special Remark		eCode	NC V
K	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	30	Private Hire	No
Accident Details					
port Date	20/06/2020 15:19	Acadent Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
ce of Accident	19/06/2020	Time of Accident hh:mm	14:55	Country of Acadent	Singapore
porting Centre		Orange Force		DOM No.	
cident Location	CTE TWDS PIE				
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
1000 1761					
Standard Excess	600.00	TP Standard Excess	0.00		
ED OD Excess	0.00	VIEO TP Excess		Driver is Covered?	
ditional Excess	0				
tal OD Excess Applicable	600.00	Total TP Excess Applicable			
Benefits	575750	CHICAGO GRANDING (CONT.)			
GST Registered Informa	etion				
T Registered	No		GST Registration Date		
T Registration No.	2004		GST Status Verified	Yes	
dification History	20/06/2020 15:20:53 Syste	m changed GST Status Verified from	m No to Yes		
Policyholder Halling Ad	dress				
ddress 1	8 JOO CHIAT LANE	Address 2	#02-03 D'SUNRISE	Address 3	SINGAPORE 428094
ddress 4	Meneral III/HAMADA	Address Type	Singapore address	Post Code	428094
ne No.		Related Policy Number	5098653765-02		
		Released Policy Halling	203003703702		
OI Driver Info	Woods 2220	V#2007#112	Manager Project		
wer Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOS	11/04/1965
named driver Name	LIU IING	Driver NRIC	SXXXXXXX		
gister Date of Driver License		Driver Age	55	Driving Experience	13
intact No.(Mobile)	96909816	Contact No.(Office)	0	Contact No.(Home)	0
dress I	45 SIMEL RISE	Address 2	SAVANNAH CONDOPARK	Address 3	SINGAPORE \$28786
Idress 4		Address Type	Singapore address	Post Code	528786
HE NO.	02-31				
oes he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
claration					
eathalyser or Brood Test eading?	0 mg	Any injury?	○ Yes ® No		
See May					
odification History					
Claim 001 New					
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			SALES AND		
am Type *	00-мк	Insured Name	IN INTERNATIONAL LINK CONS	Insured NR3C	
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COLUMN TANDERS AND	90023676	Contact No.(Home)		Contact No.(Office)	53067856W
	90023676		SLAS950C		\$3067856W \$3M4865H
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