NATIONAL Assessment Cent	Te Services.	feet & Jawoos .	MUAY 206/135	
Date In: 78/07/2020 10:52	Jeb descriptio		Date & Timo Completed	. Done by
11 NONBATUR 2000 7596/4	SAS c-Illing			
Veh No. 189 DUCK		a Blus, A(C 2lus)	i , i	1 1
12/4x	1-Iviotor Cla		1100-1615-0011	22/07/20
	I-Motor W/	O (Withle: OD 2hr	1, 7P (hrs)	ILL
OD (TP) Reporting Only	I-Photo Upil	loaded	1	
		Survey Report		•••
TP lusurer:			o Owner/Wisz	
Professed Wkep / INC Assign Wkep / QW: (A COLUMN TO SERVICE AND ADDRESS OF THE PARTY	WELFARE WAR TO SHARE WHEN THE PARTY OF THE P	ext
TP Enniguifors: Veh Nor	WC-3)944	, INC ()/Non-INC().	(920.01
Owner/Driver: (113		Tel:)
Policy No: () P	erlod: ()	Cover Type: (),
Confirmed by : (Dates,	Timer)
	[Note-Est Status	(WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]
Year of Registration: ()	Warranty: YES ()	
Bacess: (\$) Londing: \$1,	,000()/52,00	0()	THE PERSON NAMED OF THE PE	- Character Character de
Canadalia la			962000000000000000000000000000000000000	100 S
() Walk-In Customar : Customer's Inf	formation atrictly Co	ontidential & St	rictly NO refer of repolier.	
() Futul Loss Case r to e-mail Yasus	rer URGENTLY.	,	, · · .,	
Drive-In ()/ Towed-In (); Invoice	cer VES()/	NO():T	owing Co: (· , '	.)
Chemical Programment Branch Company and Company	AFFIRED BY STATE OF THE SECRET SECTIONS OF THE SECRET SECTION OF THE SECRET SECTION OF THE SECTI	DESCRIPTION METAL MODELS OF THE	THE PROPERTY OF THE PROPERTY OF THE PARTY OF	PERSONAL PROPERTY OF THE PERSONAL PROPERTY OF
CONTRACTOR OF THE PROPERTY OF	CT\$25000000000000000000000000000000000000	DOWNERS WITH THE		STATE TO SUBJECT OF THE STATE O
1) Apply for Transport Allowance (Courtesy Car (A PARTITION OF THE PART	3. 6. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.
1) Apply for Transport Allowance ()/	Courtesy Car ()))		ilitrimenty.
1) Apply for Transport Allowance ()/ 2) QC Check/Post Reputr Inspection	(.)))		A KAMAMAN .
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> \$	(.)))) ; ;		
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> \$ Injuries	(.)		
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> \$ Injuries	(.)		
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repuir Inspection 1) Upload Resurvey Photo [Repuir Cost> \$ Injury:	(.)		
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repuir Inspection 1) Upload Resurvey Photo [Repuir Cost> \$ Injury:	(.			
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repuir Inspection 1) Upload Resurvey Photo [Repuir Cost> \$ Injury:	(.)		
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repuir Inspection 1) Upload Resurvey Photo [Repuir Cost> \$ Injury :	(.)		
() / Apply for Transport Allowance () / C Check / Post Repair Inspection () Upload Resurvey Photo [Repair Cost > 3] (Injury :	(.			
Apply for Transport Allowance ()/ OC Check/Post Repair Inspection Opload Resurvey Photo [Repair Cost> 5 Injury :	(.			
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> \$ Injury :	(.	1) All JAcoldest	(530); INC (510	
NA2003 D	(.	1) All r Academi 2) DA I Danier P	Importing (\$30); Ind (\$10); Sept.	45 1
NACOSTO	(.	DARI Academi DARI Danier DARI Danier JET I Voltow-Ti	tapording (330)) tapording (330)) tapording (3100); thic (310) tapording (3100); thic (310)	
NACOSTO	(.	1) All r Acadent 1) DAI Danny P 4) PT : Voltow-Th For r Voltow-Th Cornalminest () Til : Re-laspaci	Capording (\$30); Capording (\$30); Capording (\$100); Capording (\$10	120 130 131
NA2003 D	(.	1) All r Acadent 1) DAI r Acadent 1) DAI Danner 4) PT r Voltow-Th For relaminest () Til r Re-lamati	Capording (\$30); Capording (\$30); Capording (\$100); Cough Survey Cough Survey (Resurvey) Cough Survey Cough S	30 30
NACOSTO NOTICE THE POST OF THE PROPERTY OF THE PROPERTY OF THE POST OF THE PO	(.	1) All r Acadent 1) All r Acadent 2) Dr r Towing Pr 4) PT r Vollow-Ti 5) Pr r Vollow-Ti 6) Til r Re-Jament Al 7) Nil r Idao DA+ 1) NTUC Addillor	Capording (\$30); Capording (\$30); Capording (\$100); Capording (\$10	235 ·
NACOSTO NOTICE THE POST OF THE PROPERTY OF THE PROPERTY OF THE POST OF THE PO	(.	1) All 1 Academi 2) DA 1 Danny P. 3) TV 1 Towing P. 4) FF 1 Voltow-Ti- Enrulaiming at () Til 1 Re-large of 1) NI 1 Ideo DA + 1) NTUC Addition Olity NSt Caustary	Lipording (330); the (310); the (310); seemed (\$100); the (310); seemed (\$100); the (310); the (310	23
AMP2003 for Transport Allowance ()/ NP2003 for Transport Allowance ()/ AMP2003 for Transport Allowance ((.	1) AR Aceldent 2) DA Damey 3) FF Police Fe 4) FF Police Fe 5) FF Police Fe 7) NI Ideo DA 1) NTUC Addillor Olt *Not larger Co	tupording (330); tupord	33 (30 (30 (30 (30 (30 (30 (30 (30 (30 (
AMP2003 for Transport Allowance ()/ NP2003 for Transport Allowance ()/ AMP2003 for Transport Allowance ((.	1) All Accident 2) DA Denough 3) DA Denough 4) PT I Voltow-Th Portlainditest 6) Til Re-Jappel 7) NI I Ideo DA + 1) NTUC Addillor Oll NIC Courtery NG Bapel Co 1) 10 DV / Coll TP (NI) TV / Coll TP (NI) TV / Coll	Importing (330); Importing (330); Importing (330); Importing (330); Importing (3100); Importing (3100)	23 10 10 10 10 10 10 10 10 10 10 10 10 10
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> \$ Injury :	(.	DALIACADENT DALIACADENT DALIACADENT DALIACADENT DALIACADENT DALIACADENT DALIACADENT DALIACADENT TOTAL INITIAL TOTAL I	Importing (330); Importing (330); Importing (330); Importing (330); Importing (3100); Importing (3100)	33 30 30 30 31 40 33 33 30 33 33

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 fiability.
- 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

A THE RESIDENCE OF THE PARTY OF	ACCIDENT STATEMENT
Date Of Report	20/07/2020 17:34
Date Of Accident	18/07/2020 12:45
Exact Location Of Accident	ALONG BEDOK NORTH AVENUE 3
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBA2405Z
Insured/Policyholder	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	2XXXX700L
Email Address	NOELOVEJESSIE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88144896
Alternative Phone No	OFFICE-88144896
Vehicle Particulars	
Manufacturer	YAMAHA
Model	SPARK-135CC
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
f No. Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5109280207-01
Cover Note Number	다 1 (2)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)
Driver	
Name of Driver	WONG HANDEN AGE

Name of Driver WONG JIAN WEN, NOEL NRIC No.

SXXXX3471 Date Of Birth 30/12/1988 Occupation INDOOR Date Of Driving Pass 30/12/2019

Driving Experience 0 YEAR AND 6 MONTH

Gender MALE

Mobile Number +65-88144896

Fax Number

Contact Number OTHERS-88144896

EMail Address NOELOVEJESSIE@GMAIL.COM Address

BLK 826 TAMPINES STREET 81

#03-100

Postcode

520826

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

•

General Information of the Accident

Type Of Accident

NO COLLISION

Weather Conditions

DRIZZLING

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

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

.....

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: APRIL WONG SHI EN

GENDER:

; FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200718/7018

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

SMS3294U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

KOH KOK SIONG

NRIC/Passport Number

SXXXX758Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

WONG JIAN WEN, NOEL

Approximate Age

Injuries Sustain

SERIOUS INJURY

Injured person in which vehicle?

FBA2405Z

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name

APRIL WONG SHI EN

Approximate Age

Injuries Sustain

SERIOUS INJURY

Injured person in which vehicle?

FBA2405Z

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 withholding 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.
- 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 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 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:
 - (i) 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's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

ting Centre Per Rep

Name:

NRIC/FIN No .:

REICH PLAN						
				1.19	(.	
			-00AC	ummi		
		NA.	Bulla			
	28	Pro				
	12,					
DESCRIBE CIRCUMSTA	NCES OF THE	ACCIDENT				
RufhR	20 20	Juch RA	yorn 7	2020018/	7018	
	1	0.1	in C			

Ruffir 20 Polich Rufor 7/20200118/2018
<u>, </u>

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

NRIC/FIN No.:

Date: 18 Jul 2020 Time = 1245 (retional) Berlok WALL DOS / World Site FIRAZ 405 Z Sms 32944 I, Kon Kok Siong, S77227382, # driving Sms 3 2944, was making a left term. I The bile had to brake herd to avoid knocking into me, and skindded as if was raining 300 KAH WA STONY NOGE WORK 577273887 S4851347I





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20200718/7018

REPORT OF A TRAFFIC ACCIDENT

Date/Tin 18/07/20	Date/Time Report Made: 18/07/2020 19:48		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars	STREET, STREET	DIESERVIN E DE LA CONTRACTOR	
	Informant: JIAN WEN,		Address: APT BLK 826 TAMPINES ST 520826	REET 81 #03-100 SINGAPORE	
ID Type NRIC N	/ ID No.: D / S885134	471	Contact No.: Home/Office;	Mobile: 88144896	
National SINGAP	ity: ORE CITIZ	EN	Email: noelovejessie@gmail.com		
Sex: Male	Age; 31	Date of Birth: 30/12/1988			
Race: Chinese			Language: Institution / School N		
Occupation: Delivery			Driving Licence Information: Class: 2B	Date of Expiry:	

General Infor	mation of the Acci	dent		The same of the sa
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/07/2020 12:45	Type of Location: T-Junction
Weather:	TH AVENUE 3	Road Surface:		Road Speed Limit:
Drizzling		Wet		50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collis No collision (3	ion: Brd party almost hit	me)		Anyone conveyed by ambulance: No

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
FBA2405Z	Motorcycle					0	

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





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20200718/7018

CONTINUATION OF REPORT

Pillion		The same	Company of	No.	DA ST	The second second
Name	APRIL WONG SHI EN			ID No		S9214016D
Related Vehicle	FBA2405Z (Motorcycle)			Contact No.		91834618
Hospital/Clinic	THE FAHRENHEIT MEDICAL CENTRE			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	18/07/2020	IIV = cost	Date Dis	charge	18/07	7/2020
No. of Days gran	ted Medical Leave	05	Degree of		Serio	us
Rider		Total Sale		The same		William Co. No. 1
Name	WONG JIAN WEN, I	NOEL		ID No		S8851347I
Related Vehicle	FBA2405Z (Motorcycle)			Contact No.		88144896
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class Drivin- Licent Expiry	g	Class: 2B Date of Expiry: NIL
Date Treatment	18/07/2020	Date Dis	charge	18/07	/2020	
No. of Days gran	ted Medical Leave	10	Degree o		Serio	131 (0) - 01

Brief Details.

Along Bedok North Ave 3, I was riding on lane 2 before approaching a T-junction. Upon approaching the T-junction, a vehicle SMS3294U turned out abruptly without giving sufficient space for me to travel normally. As a result, the vehicle caused me to skid and fall. At that point in time, I was fetching my girlfriend. Both of us fell down.

We took the particulars of the 3rd party vehicle. And he wrote a note to us to confirmed that his abrupt driving caused us to fall. After the accident, we proceeded to see doctor.





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

3 of 3 Report No. T/20200718/7018

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

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: 18/07/2020 19:48
Officer In Charge Of Case: TP / TPHQ / ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp	



SOUTHERN MOTOR

RENTAL AGREEMENT

Business Reg. No. 2.14 (4700) Blk 1006, Bukit Merah Lane 2 #01-10, Singapore 159762 Agreement No. 2026/6724

Tel: 6273-0369 (3 Lines) Fax: 6274-6614

Dated -

16-07-2010

	st Installment Amount Payable : \$_der the Rental Agreement will be pa	id every	day of every month
APAIL BROWNING COMMENCES	Tonthly Rental Amount Payable: \$_	No. Of	Installments:
Cash Rental: R	ental Amount:\$	(Cash) Rental I	Days: 7 days
Make/ Model	Yamaha Sparte 135	Accessories	
Vehicle No.	FBA 24052	□ Transfer of S.D	Fr Agt:
Contact No.	88144896/91834618	Security Deposit \$	(DO-EC (O/R: 68384)
Licence No.	SESSIJUTI	Return Date	22-07-20-0
NRIC/ FIN/ PP	S8851347I	Start Date	16-07-2020
Renter's Address	Blic P26 Tampines	51.001 81#03	-(00 5(\$ 20826)
Renter's Name	Word Jian Wen Ho	-1	

This Rental is by and between Southern Motor, Block 1006, Bukit Merah Lane 2. #01-10, Singapore 159762 (hereinafter referred to as the "Owner") and the Renter as stated above. Renter must produce a valid Singapore NRIC / FIN/ Passport card and a valid Driving License / International Driving License / Foreign Driving Licence. Renter guarantees that he / she is not under any suspension order on his/her Driving License.

Rental Payment / Security Deposit

Rental charges and Security Deposit are payable by the Renter upon taking possession of the vehicle. The security deposit will be refunded to the Renter, 14 days after the end of the rental period. The Owner will use the security deposit to offset any repairs, fines or summons (if any) incurred by the Renter during the rental period. Rental charges paid is non-refundable and nontransferable. In the event that the Security Deposit is not claimed within 3 months starting 14 days after the end of the rental period, it will be wholly forfeited.

Rental Rates / Replacement Vehicle

Rates quoted are in Singapore Currency and include insurance, maintenance and unlimited mileage. Minimum rental charge is oneday's rate. Each excess hour is charged at one-fifth of the daily rate. For Vehicle returned after office hours, the Renter will be charged till 10am of the next working day. If the rental vehicle becomes unavailable, the Owner reserves the right to replace the vehicle with an alternative vehicle or refund the Renter the balance of the rental amount

Rental Extension

Any extension of rental period is subject to the Owner's approval and payment of the rental amount for the extended rental period... Rental Extension may be done via phone and extended automatically upon Renter's request and upon Owner's receipt of the rent amount via cash/electronic/digital payment from Renter. The Rental Extension will supplement the above-mentioned Rental Agreement. All the terms and conditions existing on the previous rental term prior expiration shall remain to be effective.

	Start Date	Return Date	Amount (\$)	Date	Cash Sale No.
1					
2					
3					
4					
5					
6					

Accident MT/1897679 Policy No.					
	5109200207-01	99 TERROR SEC. 15.			
Certificate No.	\$109290227-01 \$109290207-01-000001	Vehicle No.	PBA240SZ	GST Regimetion No.	39414750K
Policyholder Name	SOUTHERN HOTOR				
Propuct Code				Policyholder NRZC	234147001
Contact No (Mobile)	FLEET MASTER INSURANCE BRIGHERH	Cover Type	Trivid Party	inadeg	0.
Elmoit Autoresa	mitachie.	Contact No.(Office)		Contact Ne.(Hame)	
s/s	No Tes	Special Remark		eGode	160 🕶
NCD Protection	No Tes	TCA	» Nu Yes	eCode Resson	
* Accident Details	- No	NCD Entitlement(%)	.0	Provate Hire.	No
Report Date	-200.00000000				
	23/57/2020 12:11	Accident Raport Within 24 firs	Yes	Accident Type	No collaier:
Date of Accident	18/57/2020	Time of Acodest thomas	(12:45	Country of Accident	Segapore
Reporting Centre		Orange Force		DGM No.	
Accident Location	ALONG BEDOK NORTH AVENUE 3				
Total Excess Applicable					
Евсеня Туре	Per Accident	Windscreen Excess			
GO Rovitary Escape					
VIED OD Excess		TP Standard Excess	1,400.00		
Additional Excess	9.00	VIELS TP Excepts	1,100.00	Driver is Covered?	Coverned
Tutal GO Escess Approache					
W Benefita	0.00	Tidal TP Excess Applicable	3,000.00		
▼ QST Registered Informs					
557 Registered					
GST Regulation No.	Yes		GST Registration Data	18/04/2001	
Modification History	23414700),		GST Status Verified	Yes	
₹ Policyholder Halling Adr	Props				
4ddress I	Marie and the second of the se	- Politicas			
Address #	TLK 1006 #01-10	Address 7	BUXIT PERAH LABE 2	Address 3	SINGAPORE 139262
Unit No.		Address Type	Singapore address	Post Cude	190763
* OI Dolver Info		Related Pulicy Number	\$1,09286207-01		
Driver Name	11000000				
Innerned driver Name	Unnamed Driver	Oniver Type	Unnamed Driver		
Register Date of Driver License	WONG DAN WEN, NOBL	Driver NRIC	5895134/1	Driver DOB	30/12/1088
Contact No.(Moorie)	30/12/2019	Oriver Age	31	Driving Experience	: 0
Apdress 1	***	Compact No.(Office)		Contact No.(Hume)	
Notiness #	HX 926 +01-160	Address 2	TAMPOSES STARES #1	Address 3	TAMPINES GROVE
INE No.	SINGAPORE SZORZE	Altahasa Type	Foreign address	Post Code	520616
loes he swii a Singapure	53-100				
legistered carl)	Yes a No	Driver Vanich No.	78A2A05Z	Oneer Insurer Congress	NTUC
wderation					
witeration freethalysier or Blood Test leading?	0 mg	Any injury?	Tek No		
Weathalvese se Blood Test	0 ing	Any injury?	Yes No		
breathalysian on Blood Test leading?	© ing	Any injury?	Yes No		
PeathAlpser or Blood Test leading? colification History	© ing	Any injury?	Yes No		
breathalysian on Blood Test leading?	© ing	Any injury?	Yes No		
PeathAyser or Blood Test leading 2 colification History	© ing	Any injury?	Yes No		
Presthalyser or Blood Test leading? colification History Chaine 001 Mater	© ing	Any injury?	Yes Mg		
PeathAyser or Blood Test leading 2 colification History	© ing	Any injury?	Yes No	> Shoured SOUTHERN MOTOR	losured (23414/00t)
Presthalyser or Blood Test leading? colification History Chaine 001 Mater	© ing	Any injury?	The section	Contact	WATE TREATMONT
Presthalyser or Blood Test leading? colification History Chaim 001 Nam	2 ing	Any injury?	The section		Contact No. 62730369
Presthalyser or Blood Test leading? colification History Chaim 001 Nam	© ing	Any injury?	(60)-Hot	Contact No. [Herma]	NAUC (025145750). Contact No. (57730369 (1070cc)
Presthalyser or Blood Test leading? Chaire 601 New Denn Type = oxtact No. [Mothle]	© ing	Any injury?	The section	Contact No. [Herma]	Contact No. 57730369 (Office) TP Vehicle (SMX3204U
Presthalyser or Blood Test leading? Chaire 601 New Denn Type = oxtact No. [Mothle]	© ing	Any injury?	SULMINO Belignet	Contact	Contact No. (577 90368
Prestralyser or Blood Test leading? Chaim 001 Nam Denn Type = Loncach No. (Mobile) Lace Description		Any injury?	SULMINO Belignet	Contact No. Prompt Col C	Contact No. 62730369 (Office) TP Vehicle SMRT294U Number
Inathalyser or Blood Test leading? Chaire 905 Make Denn Type = conact No. (Mobile) mail Authors leim Description	Intered Liability Statement Liability Not at Pai	B V	SULMINO Belignet	Contact	1802 1821 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Presthalyser or Blood Test leading? Chaine 601 Mane Dann Type = Londoct No. [Mobile] Laim Description prefetting president op president		# ₩	SULMINO Belignet	Contact No. Homes Contact Venicle Auriber HA34052 Auriber HA34052	1892 1899 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Inathalyser or Blood Test leading? Chaire 905 Make Denn Type = conact No. (Mobile) mail Authors leim Description	Interved Liability Butterneed Liability Register Register Proferred Workshoo	dt V	GO-Hot Butterstorid slingstet FRAJBOST / SHS32	Contact No. Plannal Other Vehicle Number PEA34052 Number Contact Contact Number Contact Contact Number Contact Number Contact Number Contact Number N	Context No. 5.7730369 (Office) 5.7730369 (Office) 5.7730369 (Office) 5.46329449 Number of 5.46329449 Workshape Usee 2.77303000
Presthalyser or Blood Test leading? Chaine 601 Mane Dann Type = Londoct No. [Mobile] Laim Description prefetting president op president	Interved Liability Butterneed Liability Register Register Proferred Workshoo	dt V	00-H54 BULLMITO-03-1/1-gnet FBA3405E / SH532 W 13/07/2020 11:14	Contact No. Helicold Col. Walling HEAJ405 E Helicold Number Helico	Context No. 577 50369 (Once) The Vehicle SMST29413 Number of Preferred Workshop
Institution of Blood Test leading? Chaine 601 Mane Dann Type = Londoct No. [Mobile]	Interved Liability Butterneed Liability Register Register Proferred Workshoo	dt V	GO-Hot Butterstorid singuet FRAJOSE / SHS32	Contact No. Plannal Other Vehicle Number PEA34052 Number Contact Contact Number Contact Contact Number Contact Number Contact Number Contact Number N	Context No. ST7 303169 (Office) ST7 303169 (Office) SMSS 22040 Vertical SMSS 22040 Number of Preferred Workshape Usee SMSS 2000
restrialyser or blood Test wadrig? Claim 601 Mem Denn Type = antach No. (Mobile) and Address learn Description protected forwards for	Interved Liability Butterneed Liability Register Register Proferred Workshoo	dt V	00-H54 BULLMITO-03-1/1-gnet FBA3405E / SH532 W 13/07/2020 11:14	Contact No. Plannal Other Vehicle Number PEA34052 Number Contact Contact Number Contact Contact Number Contact Number Contact Number Contact Number N	Context No. 5.7730369 (Office) 5.7730369 (Office) 5.7730369 (Office) 5.46329449 Number of 5.46329449 Workshape Usee 2.77303000
Institution of Blood Test leading? Chaine 601 Mane Dann Type = Londoct No. [Mobile]	Interved Liability Butterneed Liability Register Register Proferred Workshoo	dt V	00-H54 BULLMITO-03-1/1-gnet FBA3405E / SH532 W 13/07/2020 11:14	Contact No. Plannal Other Vehicle Number PEA34052 Number Contact Contact Number Contact Contact Number Contact Number Contact Number Contact Number N	Context No. ST7 303169 (Office) ST7 303169 (Office) SMSS 22040 Vertical SMSS 22040 Number of Preferred Workshape Usee SMSS 2000
Prestratyser or Blood Test leading? Chaire 001 Have Den Type = anach No (Mobile) and Address less Clear up anach no (Mobile) anach	Interved Liability Butterneed Liability Register Register Proferred Workshoo	dt V	ENLIMINO-Belognet FRA3605Z / SHS32 V 13/07/2020 11:14 ROSLI WAHER	Contact No. Plannal Other Vehicle Number PEA34052 Number Contact Contact Number Contact Contact Number Contact Number Contact Number Contact Number N	FAULY CONTEXT NO. (UMICE) TP Vehicle Number SMR1294U Mumber Name of Prehared Workshop
Institution of Blood Test leading? Chaine 601 Mane Dann Type = Londoct No. [Mobile]	Interved Liability Butterneed Liability Register Register Proferred Workshoo	dt V	00-H54 BULLMITO-03-1/1-gnet FBA3405E / SH532 W 13/07/2020 11:14	Contact No. Plannal Other Vehicle Number PEA34052 Number Contact Contact Number Contact Contact Number Contact Number Contact Number Contact Number N	Context No. ST7 303169 (Office) ST7 303169 (Office) SMSS 22040 Vertical SMSS 22040 Number of Preferred Workshape Usee SMSS 2000
restrialyser or blood Test wadrig? Chaine 001 Bare Dern Type = ontach Nn (Mobile) mail Address larm Description referred corkships make No. make Replained spart Taken By Print AK witter	Interved Liability Butterneed Liability Register Register Proferred Workshoo	dt V	ENLIMINO-Belognet FRA3605Z / SHS32 V 13/07/2020 11:14 ROSLI WAHER	Contact No. Plannal Other Vehicle Number PEA34052 Number Comm Comm Comm Comm Comm	Context No. 5.7730369 (Office) 5.7730369 (Office) 5.7730369 (Office) 5.46329449 Number of 5.46329449 Workshape Usee 2.77303000
restrialyser or blood Test wadring? Chaim 001 New	Interved Liability Butterneed Liability Register Register Proferred Workshoo	dt V	ENLIMINO-Belognet FRA3605Z / SHS32 V 13/07/2020 11:14 ROSLI WAHER	Contact No. Plannal Other Vehicle Number PEA34052 Number Comm Comm Comm Comm Comm	Context No. 5.7730369 (Office) 5.7730369 (Office) 5.7730369 (Office) 5.46329449 Number of 5.46329449 Workshape Usee 2.77303000
restrialyser or blood Test wadring? Chaim 001 New	Interved Liability Butterneed Liability Register Register Proferred Workshoo	dt V	ENLIMINO-Belognet FRA3605Z / SHS32 V 13/07/2020 11:14 ROSLI WAHER	Contact No. Plannal Other Vehicle Number PEA34052 Number Comm Comm Comm Comm Comm	Context No. 5.7730369 (Office) 5.7730369 (Office) 5.7730369 (Office) 5.46329449 Number of 5.46329449 Workshape Usee 2.77303000
restrialyser or Blood Test wading? Chains 001 New Seen Type * ortach No. (Mobile) and Address seen Gescration ventred ortachs (ortach No. (Mobile) First AK witter Attachment @ cident No.	Interved Liability Butterneed Liability Register Register Proferred Workshoo	dt V	Save Sulmin	Contact No. Plannal Other Vehicle Number PEA34052 Number Comm Comm Comm Comm Comm	Context No. 5.7730369 (Office) 5.7730369 (Office) 5.7730369 (Office) 5.46329449 Number of 5.46329449 Workshop
restrialyser or Blood Test wading? Chains 001 New Seen Type * ortach No. (Mobile) and Address seen Gescration ventred ortachs (ortach No. (Mobile) First AK witter Attachment @ cident No.	Statewed Liabling Stateward Stappic Preferred Workshop, 1	At 416 Received	Save Submit	Contact No. Plannal Other Vehicle Number PEA34052 Number Comm Comm Comm Comm Comm	Context No. Co
restrialyser or blood Test wadrig? Chaim 001 Mam Chaim 001 Mam Sem Type = artach No. [Nothie] and Address less Gescration restrict grants No. Front AK witter Attachment w cident No.	Fratered Liabling Not at Fail Preferred Workshoot of Option Preferred Workshoot of HT//1087675	IR ♥ 48A Name unknown ▼ report Received	\$200.000 \$2007/2020 13:15	Context No. Penns	Contect No. Co
Protinally ser ar blood Test leading? Chaire 001 Name Deen Type = oxidach No. [Mobile] sali Address last Gescription referred covaling and Address last Gescription referred protected Attachment protected accident No. sal Doc. Beceived	Preferred Workshop of Option	IR ♥ 48A Name unknown ▼ report Received	Save Submit Submit Save Submit	Contact No. Princip Tol Cit Number Number Contact Number Contact Number Contact Number Contact	Contect No. S7730369 Office TP Vericia SMS32940 Murder Manes of Preferred Workshape Date Received Baccived 23/07/2020
restrialyser or blood Test leading? Chain 001 Herr Den Type = ordect No. [Mobile] mail Address laim Description referred General No. Front AK witter Attachment General No. set Description Front AK witter Attachment General No. set Description Choose File No file chasen	Fratered Liabling Not at Fail Preferred Workshoot of Option Preferred Workshoot of HT//1087675	IR ♥ 48A Name unknown ▼ report Received	GO-Not Submitter distinguist FRAJSOSE / SHESS FRAJSOSE / SHESS Submitter distinguist Seven Seven	Contact No. Principle	Contect No. 67730369 IORICE) TP Vericia SM83234U Murdert Name of Preferred Workshop Uable Received Received 23/07/2020
restrially ser are blood Test wading? Chaine 001 Many Bern Type = annach No. [Mobile] mail Address leam Description referred portating por	Fratered Liabling Not at Fail Preferred Workshoot of Option Preferred Workshoot of HT//1087675	IR ♥ 41A Name unknown ▼ report Received	Save Submit Submit Save Submit	Contact No. Princip Pennis Circle Pennis Pennis	Context No. ST730369 Office TP Verical SM832364U Murder SM832364U Mur
Chaire 001 Name Chaire 001 Name Contact No. (Mobile) mail Autoress lare Occordation protested consults on year makeation Takes By Front AK witter Attachment Choose File No file chosen	Fratered Liabling Not at Fail Preferred Workshoot of Option Preferred Workshoot of HT//1087675	IR ♥ 41A Name unknown ▼ report Received	GO-Not Submitter distinguist FRAJSOSE / SHESS FRAJSOSE / SHESS Submitter distinguist Seven Seven	Contact No. Helmind) Cit Walticle Numbbe HEAD+05 E Numbbe Claim Claim Close Diste Claim Close Diste Claim Close Diste Claim Close Claim Claim Claim Close Claim	Context Vo. Context Vo. Context Vo. Intrace Verical Municer Verical Verical Municer Verical Ve
Chairm 601 No file chosent Choose File No file chosen	Fratered Liabling Not at Fail Preferred Workshoot of Option Preferred Workshoot of HT//1087675	IR ♥ 41A Name unknown ▼ report Received	GO-Not Bullmettor@singriot FRAJBOSE / SHESS # 1330772020 11:14 # ROSLI WAHAR OOL 23/07/2020 13:15 Calegory Clear Please Saloct Char Please Saloct	Contact No. Helmind Helmind City Municipe HEAD 405 E HU 09 18 Jul 2020 Claim Close Diste HD	ABUT 1874 1970 1877 1878 1877 1878 1878 1878 1878 18
Chaire 001 Name Chaire 001 Name Contact No. (Mobile) mail Autoress lare Occupation protested consider 40. The contact No. (Notice) mail Autoress lare Occupation protested contact No. (Notice) Prot Accupation Attachment Choose File No file chosen	Fratered Liabling Not at Fail Preferred Workshoot of Option Preferred Workshoot of HT//1087675	IR ♥ 41A Name unknown ▼ report Received	GO-NO Bullmator@singnot FRAJOSE / SHS32 V 13/07/2020 11:14 ROSLI WAHAR COL 23/07/2030 11:15 Calegory Chee Please Select Chee Please Select Cheer Please Select	Contact No. Helmind) Cit Walling PEAJ 405 E Number PEAJ 405 E PEA	Contect No. 157750369 Contect No. 57750369 Contect
Chairm 601 No file chosent Choose File No file chosen	Fratered Liabling Not at Fail Preferred Workshoot of Option Preferred Workshoot of HT//1087675	IR ♥ 41A Name unknown ▼ report Received	GO-NOL BILLMATO-Delognot FRAJOSE / SMS32 V 13/07/2020 13:14 ROSLI WAHAR COL 23/07/2020 13:15 Calegory Chee Chee Cheer Please Select Cheer Cheer Please Select	Contact PEAJ 405 E	Contect No. 157750368 1570cc; 159 Vehicle Mumber Sensore Name of Perenned Workshop Usee Sensore Naceivage 23/07/2020
Chaire 001 Name Chaire 001 Name Contact No. (Mobile) mail Autoress lare Occupation protested consider 40. The contact No. (Notice) mail Autoress lare Occupation protested contact No. (Notice) Prot Accupation Attachment Choose File No file chosen	Fratered Liabling Not at Fail Preferred Workshoot of Option Preferred Workshoot of HT//1087675	IR ♥ 41A Name unknown ▼ report Received	GO-HOL BILLIMATO-Weinigner FRA-36/957 / SH9337 V 133/07/2020 21:14 ROSLI WAHAR COL 23-07/2020 13:15 Catagory Clear Please Select Clear	Contact No.	FARCE CONTECT TO THE PROPERTY OF THE PROPERTY
restrialyser or Blood Test wading? Chains 091 Blaze Bern Type = ancach No. (Mobile) mall Audress leam Octoristion refetred portation refetred	Fratered Liabling Not at Fail Preferred Workshoot of Option Preferred Workshoot of HT//1087675	IR ♥ 41A Name unknown ▼ report Received	GO-NOL BILLMATO-Delognot FRAJOSE / SMS32 V 13/07/2020 13:14 ROSLI WAHAR COL 23/07/2020 13:15 Calegory Chee Chee Cheer Please Select Cheer Cheer Please Select	Contact PEAJ 405 E	Contect No. 1577 50169 Contect No. 577 50169 Vehicle Murroer Name of Personal Workshop Usee 123/07/2020 Usee 1445/44 Usee 23/07/2020

die

	Valuation By/Date	Fulder Cote		file Name		7	Seurce
Videe List							
792	NAC_BUKIT_MERAH_BOGE76(NO S (BUKIT MERA)	ATIONAL ASSESSMENT CENTRE SERVICE ()) on 22 Jul 2020 11: 14	545		Normal		SAS 2029-7-23
140	NAC_BUKIT_MERAH_800676[NJ S [BUKIT MERA)	ATTOMAL ASSESSMENT CENTRE SERVICE (1)) on 23 Jul 2020 11:14	NRIC/ Driving License	¥1	Normaji	NUC	Driving License 2028-7-23
	NAC_BURIT_MENAN_BODGTOL N S (BURIT MERA)	ATIONAL ASSESSMENT CENTRE SERVICE (1) on 23 Jul 2020 11:14	Photoe		Tearmer		Photos 2020-7-23
	NAC_BURTT_MERAH_000KPW NA 5 (BURIT MERA)	ATTOMAL ASSESSMENT CENTRE SERVICE (1)) on 23 3rd 2020 11:14	Photos		Morrimal		Photos 2020-7-23
	NAC_BURIT_MERAH_BIDES76(N S (WURIT MERA)	ATIONAL ASSESSMENT CENTRE MERVICE (1) on 23 to 2020 (1:14	Protes		Normal		Pretos 2020-7-23
	NAC_BUNIT_MERAH_800078(N S (BUNIT MERA)	ATIONAL ASSESSMENT CENTRE SERVICE 4)) III/ 23 Jul 2030 13 14	Protos		Normal		Photos 2020-7-23
	NAC_BURIT_MEBAH_BOOKFR(N \$ (BLAST MERA)	ATIONAL ASSESSMENT CENTRE SERVICE HJ) on 23 Jul 2020 33:15	Photos		Normal		Photos 2020-7-23
1	NAC_BURIT_MERAH_BOORTO(N S (BURIT MERA	ATSONAL ASSESSMENT CENTRE BERVICE HIJ) on 23 Jul 2020 11:18	Priorus		Normal		Phonos 2020-7-23
	NAC_BLACT_HERAH_BD0076; N 5 (BUKIT MEKA	ATIONAL ASSESSMENT CENTRE SERVICE HIJ on 23 Jul 2020 11:13	Photos		Normal		Photos 2020-7-23
	NAC_BUNIT_HERAH_BUUS76(N S (BUNIT MERA	ATIONAL ASSESSMENT CENTRE STRUCKE HIJ on 23 Jul 2020 L1/15	Picics		Normal		Pietos 2020-7-23
	NAC_BUKIT_MERAH_800676(N S (BUKIT MERA	ATIONAL ASSESSMENT CENTRE SERVICE H)J on 23 Jul 2020 11:15	Photoe		Novirsal		Protes 2020-7-23
1	NAC_BUKIT_MERAH_B00676(N S (BUKIY MERA	ATIONAL ASSESSMENT CENTRE SERVICE HI) on 23 Jul 2020 12/15	Photos		Normal		Phonos 2028-7-23
	NAC_BUKIT_MENAH_000070(N S (BUATT MENA	IATIONAL ASSESSMENT CENTRE SERVICE MI) on 23 Jul 2020 12/15	Mates		homal		Photos 2028-7-21
	NAC_BUKIT_MERAH_BOOGFG/ K S (BUKIT HERA	IATIONAL ASSESSMENT CENTRE SERVICE PI) on 23 Au 2026 11:13	Photos		Normal		Photos 2020-7-21
	NAC_BURIT_MERAH_BDD076(N S (BURIT MERA	IATIONAL ASSESSMENT CENTRE SERVICE (f)) in 23 Jul 2020 11:15	Photos		Normal		Photos 2020-7-23
W	NAC_BURIT_MERAH_800676(n I (RURIT MERA	HATIONAL ASSESSMENT CENTRE SERVICE (4) on 23 July 2020 LETTS	Phones		Normal		Photos 2020-7-23
1013							

file Same. Display in New Window Scan and uploading

Source



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 : 5109280207-01-000001

FBA24052

Cover : Third Party

1. Index mark and Registration Number of Vehicle

Chassis Number

: 5YP706214

2. Name of Policyholder

: SOUTHERN MOTOR

3. Effective Date of Insurance

: 07 May 2020

4. Expiry Date of Insurance

: 06 May 2021

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

MR Word Jenkennice

(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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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) N/A EXCESS (SECTION 2) INSURE WITH COE N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) N/A HIRE PURCHASE COMPANY N/A SUM INSURED N/A

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

: ASSURE PTE. LTD. (00000572842)

Date of Issue

: 09 Apr 2020 12:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

GENERAL INSURANCE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

G Raffies Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: \$665500100 / GST Reg. No.: M400017735

RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

	ADDENDUM
1)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
	Original Report No : MARY 200 61237 Vehicle Registration No: FBA 2405 Z
	Name(as shown in NRIC): Wolf Time Who NRIC/FIN/Passport No : SXXX3477 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
	Address Singapore(
	Contact (Tel) :Mobile No.: 8044896
	Email Address :
	Date of Accident : 1867/2020Time of Accident :
	Place of Accident : HUNCH BEROK MORILY AVA 3
	Insurance Company:KIUC
	ADDITIONALINFORMATION / AMENDMENTS:
	Jugarn Injuries Prany
7	
3	
-	
	1/1 23 los 1/200
5	Policyholder / Driver's Signature Reporting Centre Personnel's Signature Name: NRIC/FINNo.: NRIC/FINNo.:

Date: