Date In: 27/19-17:19	Jeb description		Date & Time Completed	Done	pi,
Ref No: Hally (223) 22/2	SAS e-filing				
Veh No: 5/28/294	E-mail (within Sto	rs, AIC 2hrs)			
D.O.A : 7/2/2-10-10-10-10-10-10-10-10-10-10-10-10-10-	i-Motor Claim	Form	M7/109805-001	27/7/201	7:3~
	i-Motor W/O (Within: OD 2hrs	11 (Company of the Company of the Co		
OD / TP Reporting Only	i-Photo Upload	led			
	Assessment/Surv	ey Report			
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp	and the same of th	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: We	SETATH	INC ()/Non-INC()	ÿ.	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO	O): N: 0-20	0%; P: 21-79%. F: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()			
General Remarks:-	all and the		Talat to the section to the section to		
() Walk-In Customer: Customer's in	oformation strictly Confi	the second second second second second			
in the second se		· ·	ion) ito iono company		
() Total Loss Case : to e-mail Inst		· · · · · · ·	- Carl	· - · · · · · · · · · · · · · · · · · ·	1
Drive-In ()/ Towed-In (); Invo	ice: YES () / NO)();1	owing Co: (/
Remarks:- (INC hotline: 6788 6616)	December 1997		Date&Time Completed	Done	hy
1) Apply for Transport Allowance ()	/ Courtesy Car ()				
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()			AT HITISTERS IS A COLUMN	
Injury:					
Injury:				Convision 1 2-4	7, 70, 80
Date/Time Actions		100	All and the second second	PROPRIORIE	
	1	2.5cmm			
					27.2.80
5.3		Invoice Pre	paration Checklist	Anit (S) fot Ball	Amt (\$)
NA20783 .	3) AR : Accident	Reporting (\$30);		
laimant's Particulars :-	2) DA : Damage	Assessment (\$100); INC (\$80) 40/ \$ 45	
river/Owner:) TF : Towing F		\$120	
ontact No:	3) FT : Follow-T	hrough Survey (Resurvey)	\$30	
) TR : Re-inspec	gainst INC Only (wef 10 Jan 30)	\$75	
amaged Portion:	7	N1 : Idae DA	+ SMRT Survey	\$160	
	A 8	OD*	nal Services		
C Checked by (Engr-In-Charge):		*N5: Courtesy	Car / Tpt Allowance	\$5	
T-1	Turkey (Str.) District Nation 20, June	*N6: Repair C *N7: Fost Rep		\$10 \$25	
uditors! Comments :-	-	*N8: DV / Co	lect Excess Coordination	\$5	
t. 1:	Market and and an and despect of	TP (N11): TP	(Non INC) against INC	30	
be de	100				
1. 2/3:) N12: Idac Mo Invoice dated	bile Fee Charge		公本 的

- 1 p/t of 1/27

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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	27/07/2020 17:19
Date Of Accident	27/07/2020 13:30
Exact Location Of Accident	GAMBAS AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLZ8827A
Insured/Policyholder	
Name Of Registered Owner	SHARON TAN GEOK CHING
NRIC No	SXXXX792F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92743292
Alternative Phone No	OFFICE-92743292
Vehicle Particulars	
Manufacturer	MINI
Model	ONE 1.6 AT 3DR ABS D/AIRBAG 2WD
Exact Purpose for which vehicle was being use time of accident	ed at PRIVATE USE
Are you claiming under your own insurance po for repair to your vehicle?	NO NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101189838-02
Cover Note Number	
Driver	
Name of Driver	LIN JISHEN, EUGENE
NRIC No	SXXXX728J
Date Of Birth	10/07/1988
Occupation	INDOOR
Date Of Driving Pass	04/03/2019
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90920221
Fax Number	
Contact Number	OFFICE-90920221
EMail Address	NOEMAIL

BLK 340A SEMBAWANG CLOSE Address

#15-95

Postcode 751340

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

Weather Conditions RAINING WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

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.

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: FEMALE GENDER:

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBE575H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver NRIC/Passport Number HO CHYE HUAT SXXXX598I

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 14

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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>.
- 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) 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature

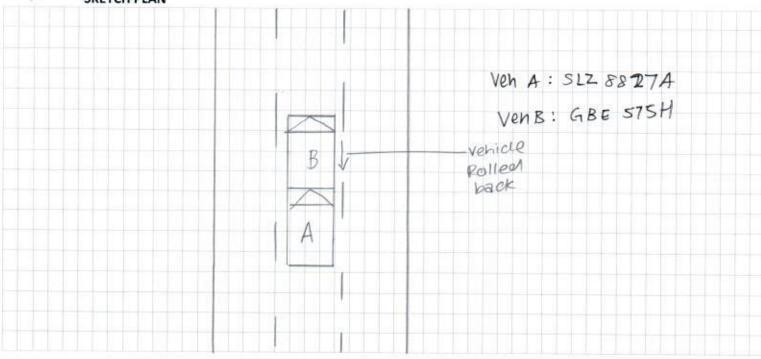
Date / time:

Drivér's signature (if driver is not policy holder)

Date / time:

reporting centre personnel's Signature
Date / time:

Page 5



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On	the stated date and time, I was travelling along
Gan	1 bas Ave. I was travelling with a safe distance
With	veh B (GBE S75H). Suddenly, while I was
Static	mary, his venicle volled back and collided onto
the	front portion of my car.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policy holder's signature

Date & time:

Driver's signature (if driver is not policy holder) Date & time:

reporting centre personnel's Signature

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS		
Date of accident	27/07/2020	(DD/MM/YY)
Time of accident	1333	(HH:MM)
Exact location of accident	Along Gambas Ave	,

		ETAILS OF	VEHICLE		建位了,伊莱州东西 里斯信
Vehicle registration number		SLZ 88.	27A		
Vehicle make and model		Mini C	ooper.		
Type of vehicle	Saloon Lorry	MPV Bus	CRV -		Others:
Vehicle category	Private	Commo	ercial 🗆	Motorcyc	cle 🗆
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes Third part of	No.	if no, plea	se select: g only 🗆	

	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft \square	TP only

国际的现在分词 医多种多种的	INSURED / POLICY HOLDER	
Name	Sharon Tan Geok China Male -	Female 🗹
NRIC / Fin / Passport number	59023792F	
Contact	9274 3292	
Address	BIK 744 Woodlands Circle #03-760 5(730744)	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	SELL PRE
Name	Lin Jishen Eugene Malex	Female
NRIC / Fin / Passport number	58824728]	
Contact	9092 022!	
Address	BIK 340 A Sembawang close \$115-95 5(751340)	
Email address		
Date of birth	10/07/1988	
Occupation	Indoor Outdoor	
Driving date pass	04/03/2019	

	922-51 W IS 112			
	The real Property lies and the least of the	The second secon	OF THE ACCIDENT	
Was driver an employee of	Yes 🗆	No	FOR STANDARD WITH SALES AND SALES AN	C
the insured's company?			driver and insured: _	Sponse
Accident captured by camera?	Yes	No 🗆	52.00 V 100 V 100 V	
Weather condition	Clear 🗆	Raining	Others:	
Road surface	Dry 🗆	Wet		
No of passenger	2			(Inclusive of driver)
		PASSENGER	11	经有关的 任何的统治。2015年12月1日
Name				
Gender	Male 🗆	Female 🗸		
(A) - 20 (A)	IV STEAM	PASSENGER	2	
Name	I CALLES	TASSENGE		
Gender	Male 🗆	Female		
Gender	IVIAIC D	Terriale D		
	K TOTAL	DASCENCE		
		PASSENGER		
Name				
Gender	Male 🗆	Female		
A CLASSIC RESIDENCE AND A SECOND		PASSENGER	14	SECTION AND MISSISSIPPLE
Name				
Gender	Male 🗆	Female		
		PASSENGER	₹5	AND THE RESERVE OF THE PARTY OF
Name				
Gender	Male 🗆	Female	TE.	
Annual College Season Service	ROUSE N	PASSENGER	3.6	
Name		The state of the s	Mark the second section in	and the second second second second
Gender	Male 🗆	Female □		
	Tridic 5	remare E		
	TESTELLES	OTHER INFORM	ATION	
Was anybody injured?	Yes 🗆	No	ATION	
Was other vehicle damaged?	Yes	No 🗆		
was other venicle damaged?	res	NO L		
		LS OF POLICE STA		
Reported to police?	Yes 🗆	No If ye	s, please state which	police station.
Police station name				
AND ASSESSED FOR STREET	TO STATE OF THE ST	WITNESS	BALLS THE BALLS	ALESSAND STREET
Name				
Following the second second	La Strain	WITNESS	2	
Name				

A STATE OF THE STA	THIRD PARTY VEHICLE 1
Vehicle registration number	GBE 575H
Vehicle make model	Lorry
Name	Ho chue Huat
NRIC / Fin / Passport number	51200 5981
Contact	

THIRD PARTY VEHICLE 2		
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6					
Vehicle registration number					
Vehicle make model					
Name					
NRIC / Fin / Passport number					
Contact					

AND ALL PROPERTY OF THE PARTY O	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	SCHOOL ST	INTURED DEDCOMA
		INJURED PERSON 1
Name		
Injuries sustained		A
Which vehicle person in?		//
Were seat belts worn?	Yes 🗆	No o
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
RESPONDED FOR THE PARTY OF THE		INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
《美石集》至《山东山》 中"金""全文		INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
		INJURED PERSON 4
Name		INJURED PERSON 4
Name Injuries sustained		INJURED PERSON 4
Principal de la company de		INJURED PERSON 4
Injuries sustained	Yes 🗆 /	No 🗆
Injuries sustained Which vehicle person in?	Yes 🗆 /	
Injuries sustained Which vehicle person in? Were seat belts worn?	1	No o
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	1	No o
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	1	No o
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	1	No :: No ::
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	1	No :: No ::
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	1	No :: No ::
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	1	No :: No ::
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes 🗆	No D No D INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes	No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes Yes	No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes Yes	No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes Yes	No INJURED PERSON 5 No No No No No No No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes Yes	No INJURED PERSON 5 No No No No No No No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes Yes	No INJURED PERSON 5 No No No No No No No
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes Yes Yes Yes	No INJURED PERSON 5 No No INJURED PERSON 6

Hello, NAC_PAYA_UBI_80	0601						· Change	e Language	· Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	tice of Loss Policy No.					Date o	of Accident	2	7/07/2020	13:30	
	Vehicle	No.(For Motor)	SLZ882	7A		Certifi	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5101189838- 02		SHARON TAN GEOK CHING	S9023792F	GPC	drivo CLASSIC	SLZ8827A	SLZ8827A	09/06/2020	08/06/2021

BLK 744 #03-760 03-760 Object: SLZ8827A		s Type I Policy	WOODLANDS CIRC Singapore address 5101189838-02	350	Address 3 Post Code	SINGAPORE 730744 730744
BLK 744 #03-760 03-760	Addres Related	s Type I Policy	Singapore address	350		
V. 110-1-11000 C 110-110-110-1100 C	Addres	s Type	Secretary of their	350		
V. 110-1-11000 C 110-110-110-1100 C	Addres	s 2	WOODLANDS CIRC	LE /	Address 3	SINGAPORE 730744
older Mailing Address						
No						
GS ASSURANCE AGENCY PTE. L'	Agent Tel.	96967969		GST Flag	Υ	
600	Singapore TP Excess	0			Young	g/Inexperience Driver Excess
U	Premium Outside	0				
26	Excess			Excess	100	
0	Own damage	600		Windscreen	100	
Per Accident	All Claims Excess					
18/05/2020	Effective Date	09/06/2020	00:00	Expiry Date	08/06/2021 2	23:59
PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
	redine			NKIC		
	18/05/2020 Per Accident 0 0 600 GS ASSURANCE AGENCY PTE. L'	PRIVATE CAR INSURANCE Plan 18/05/2020 Effective Date Per Accident Excess 0 Own damage Excess 0 OS Premium Outside Singapore TP Excess GS ASSURANCE AGENCY PTE. L' Agent Tel.	PRIVATE CAR INSURANCE Plan 18/05/2020 Effective Date 09/06/2020 Per Accident Excess 0 Own damage 600 Excess 0 OS Premium 0 Outside Singapore TP Excess GS ASSURANCE AGENCY PTE. L' Agent Tel. 96967969	PRIVATE CAR INSURANCE Plan 18/05/2020 Effective Date Date Per Accident Excess Own damage Excess OS Premium Outside Singapore TP Excess GS ASSURANCE AGENCY PTE. L' Agent Tel. 96967969	PRIVATE CAR INSURANCE Plan Group Policy Flag 18/05/2020 Effective Date 09/06/2020 00:00 Expiry Date Per Accident All Claims Excess Excess Windscreen Excess 0 damage Excess 600 Windscreen Excess 0 OS Premium Outside Singapore TP Excess 0 GST Flag GS ASSURANCE AGENCY PTE. L. Agent Tel. 96967969 GST Flag	PRIVATE CAR INSURANCE

laim Handling								
ccident MT/1098055								
gilcy No.	\$101189838-02		Vetricle No.	SL28827A	GST Registration No.			
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olicyholder Name	SHARON TAN GECK CHING				Palicyholder NRIC	590237925		
			527 25			0		
oduct Code	PRIVATE CAR INSURANCE		Cover Type:	drivo CLASSIC	Loading			
ntact No.(Mobile)	92743292		Contact No.(Office)	0	Contact No. (Home)	0		
nail Address			Special Remark		eCode	NOW.		
K	No ○ Yes		TCA	® No ○ Yes	eCode Reason			
D Protection	No		NCD Entitlement(%)	20	Private Hine	No		
Accident Details			A PERSONAL PROPERTY.					
port Date	27/07/2020 17:30		Accident Report Within 24 hrs	Ver	Accident Type	Damaged whilst parked		
te of Accident	27/07/2020		Time of Accident hhumm	13:30	Country of Academt	Singapore		
porting Centre			Drange Force		IOM No.			
cident Location	CAMBAS AVE							
Total Excess Applicable								
ess Type	Per Accident		Windscreen Excess	100,00				
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Standard Excess	600	.00	TP Standard Excess	0.00				
D OD Excess	500.00		YIED IP Excess		Driver is Covered?			
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ditional Excess		0						
al OD Excess Applicable	1100	1.00	Total TP Excess Applicable					
7 Senefits								
GST Registered Informa	ition							
T Registered	No			GST Registration Date				
T Registration No.				GST Status Verified	Yes			
dification History								
Policyholder Mailing Ad	dress							
dress I	BLK 744 #03-760		Address 2	WOODLANDS CIRCLE	Address 3	SINGAPORE 730764		
			Address Type	Singapore apdress	Post Code	730744		
dress 4				Service Control of the Control of th	Post Code	Calaries.		
rt No.	03-760		Related Policy Number	5101189838-02				
OI Driver Info								
ver Name	Unnamed Driver		Driver Type	Unnamed Driver				
named driver Name	LIN JISHEN, EUGENE		Driver NRIC	588247283	Driver DOB	10/07/1988		
pister Date of Driver License	04/03/2019		Driver Age	32	Driving Expenence	1		
ntect No.(Mobile)	90920221		Contact No.(Office)	0	Contact No. (Home)	0		
dress i	BLK 340A		Address 2	SEMBAWANG CLOSE	Appress 3	SUN TRELLIS		
dress 4	SINGAPORE 751340		Andress Type	Singagore appress	Post Code	751340		
			Applicas 1456	Singapore apareas	Pess course.	104370		
iti No.	15-95							
es he own a Singapore gistered car?	☐ Yes:® No		Driver Vehicle No.		Driver Insurer Company			
claration								
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ading?	67.000W		CONTRACTOR					
dification History								
Control of the Contro								
Claim 001 New								
			77 200		1.V (2.020.3)	Tana and a		
im Type *	DO-MX	~	Insured Name	SHARON TAN GEOK CHING	Insured NRIC	S9023792F		
ntext No. (Mobile)	92743292		Contact No.(Home)	NIL	Contact No. (DMice)			
air Address			Q1 Vehicle Number	SLZ8827A	TP Vehicle Number	G88575H		
mant Type Claimant Type *	Please Select	~	Type of Benefit *	Please Select 💟				
imant Name *		22	Claimant NRIC *					
imant Address								
im Description	SLZ8827A / GBR57SH ON 22	7 Jul 2020			Name of Preferred Workshop			
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