Date In: 2004	Ire Services. Jeb description	The State of	Date &Time Completed	Done	by
Date In: 3/8/2 - 15:25			Date to Time of Agreement		-
Res No: Hallychoot & 17/14	SAS e-filing				-
Veh No: 3425114	E-mail (within			2 101	
D.O.A: 31/7/2-01:3	i-Motor Clai	m Form	M7) 1098717-001	2/8/20 15	- 36
OD (TP) Reporting Only	i-Motor W/C	(Within: OD 2h	rs, TP 4hrs)		
J. T.	i-Photo Uplo	aded			
TP Insurer:	Assessment/St	irvey Report			
Ti modivi,	Ass't Report b	y Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: Ju	tydy ic	. INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 30-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1	1,000 ()/\$2,000	()			
General Remarks,				Con N	
() Walk-In Customer: Customer's in	formation strictly Co	nfidential & S	trictly NO refer of repairer.	A807 - 853 - 000	
() Total Loss Case : to e-mail Insu	irer URGENTLY.	Newson			
	ice: YES() / N	10();	Towing Co: (14)
				Del 2018 de april de 18	×10
The state of the s					
Remarks:- (INC hotline: 6788 6616)	2 44 co. co. co. co. co. c.		Date&Time Completed	Done	by
1) Apply for Transport Allowance ()	2 44 co. co. co. co. co. c.)	Date Time Completed	Done	by
Apply for Transport Allowance (). QC Check / Post Repair Inspection	/ Courtesy Car ()	Date&Time Completed	Done	by
1) Apply for Transport Allowance ()	/ Courtesy Car ()))	Date & Time Completed	Done	by
Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ()	Date&Time Completed	Done	by
1) Apply for Transport Allowance (). 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	/ Courtesy Car ()	Date&Time Completed	Done	by
1) Apply for Transport Allowance (). 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ()	Date&Time Completed	Done	by
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1) Apply for Transport Allowance (). 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions NAZoviola Laimant's Particulars:	/ Courtesy Car (1) AR : Accider 2) DA : Damage 3) TF : Towing	paration Checklist (Reporting (530)); (Assessment (5100); INC (5	Ant (5) fst Bill 80) 0/545	Am (3
1) Apply for Transport Allowance (). 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NAZovog Raimant's Particulars :- Driver/Owner:	/ Courtesy Car (1) AR : Accider 2) DA : Damage 3) TF : Towing 4) FT : Follow- 5) FT : Follow-	Eparation Checklist It Reporting (530); Assessment (5100); INC (5 Fee S4 Through Survey Through Survey (Resurvey)	Ant (\$) fit Bill 80) 0/\$45 \$120 \$30	Am (3
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in production

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.

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	ACCIDENT STATEMENT
Date Of Report	03/08/2020 15:25
Date Of Accident	31/07/2020 01:30
Exact Location Of Accident	JUNC KJE & CHOA CHU KANG WAY
Country/State of Loss	SINGAPORE
CONTRACTOR SERVICES	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGZ51H
Insured/Policyholder	
Name Of Registered Owner	CHUA AI LING
NRIC No	SXXXX506J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91192585
Alternative Phone No	OFFICE-91192585
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS 1.6 AUTO
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
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	5110923197
Cover Note Number	
Driver	
Name of Driver	CHUA AI LING (CAI AILING)
NRIC No	SXXXX506J
Date Of Birth	30/05/1977
Occupation	INDOOR
Date Of Driving Pass	03/05/2018
Driving Experience	2 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91192585
Fax Number	A STATE OF THE STA
Contact Number	OFFICE-91192585

BLK 690D CHOA CHU KANG CRESCENT Address #17-76 Postcode 684690 Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured OWNER Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle General Information of the Accident Type Of Accident COLLISION - CROSS JUNCTION Weather Conditions CLEAR Road Surface DRY Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident Was any body injured in the Accident? YES Was any injured conveyed to hospital by NO ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 1 **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 Police Station Contact TEL NO: 65470000 - FAX NO: Was notice of intended Prosecution given? NO If Yes, against whom? Circumstances of Accident REFER TO POLICE REPORT - T/20200731/7009. Attachment(s) Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded? NO

was there any addio recorded:	110						
DETAILS OF OTHER VEHICLE PROPERTY 1							
Vehicle Registration Number	SH7454K						
Vehicle Make/Model/Colour							
Details Of Properties							
Vehicle Category	TAXI						
Name of Driver							
NRIC/Passport Number							
Contact Number							
Address							
Postcode							
Insurance Company Name							

DETAILS OF INJURED PERSON 1

Name

CHUA AI LING (CAI AILING)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SGZ51H

YES

NO

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.
- information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may above 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.
- 5. 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 ladgment 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)

l understand, acknowledge, agree and consent that:

- (ii) 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 Uncluding their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.

SKETCH PLAN KJE SLIP ROAD A: 56251H B: SHAVIYK DESCRIBE CIRCUMSTANCES OF THE ACCIDENT My Vehicle A was truvelling straight along KSE Slip Round to wards then the kag on the Drive lane, When I was about to pass the junction of most left Suddenly this vehicle B beat the red light of Choa chu kang Collided in to my front and relicle A. DECLARATION I/We declare the forgoing particulars are true in every respect. Policyholder's Signature Driver's Signature Date & Time: Reporting Centre Personne (If driver is not the policyholder) Name: Date & Time:

NRIC/FIN No .:

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 31 / 64 /2020 (dd/mm/yy	Time of Accident: 01 : 30 (24-HR-FORMAT)
Vehicle ! Vehicle !	Make & Model: Johnta Alex
Exact location of Accident: Kos stip Re	oad and choa chu kang Wan
Policyholder's Name / IC No. : CHVA AL	LING
Driver's Name / IC No.: CHUA AI	L1 NG
Driver's Contact No. : 9114 2585	Company Contact No:
Driver's Address: BIK 6900 CHOA	
Insurance Company:	Email address (if any): geraldine. chua @ shchydraulic.
Relationship between Owner & Driver: Owner / Spouse / Children / Friend / Paren	or Others specify:
What do you wish to claim? (Please TICK o	or Others specify:
Own Insurance / Other Vehicle (The own	ne omy)
Exact purpose for which the vehicle Was being used at time of accident?	you want to claim against) / Reporting (For Record Purpose)
Private use / Work purpose	Occupation (nature of job) Indoor/ Outdoor
Passenger Name :	No. of Passengers (Including Driver):
Passenger Name :	Gender : Gender :
Weather condition & Road conditions? (On the conditions)	lay of accident)
Clear & Dry / Raining & Wet / After	er-Rain & Wet / Drizzling & Wet / Others:
was there any video captured by your Car Came	ra? Yes / No
Any Injuries: Yes / No (If YES) Injure	ed Person' Name: CHUA AI LING
Injuries Sustain: Back and Neck	Injured Person in Which Vehicles \$62.51 U
Police Report filed: Yes / No (If YES	Which Police Station:
	ther Party(s) Details:
1. Driver's Name / IC No:	Vehicle No: SH 7454 K
Driver's Contact No:	Insurance Company (If any):
2. Driver's Name / IC No:	Vehicle No:
Driver's Contact No:	Vehicle No: Insurance Company (If any):
*Independent Witness (If Any):	Contact No:
Preferred Workshop Name:	Contact No:
*If no proper documents are produced, IDAC should not file the rep	Contact No:
	week.





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20200731/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time 31/07/202	e Report M 20 17:27	flade:	Vide Report No.:	Station Diary No.:		
Informan	t's Partice	ulars		ALCO AND THE WAY IN THE PARTY OF		
Name of I CHUA AI	Informant: LING	690D CHOA CHU KANG CRESCENT #17-76 SINGA 684690				
ID Type / NRIC NO	ID No.: / S771450	D6J	Contact No.: Home/Office:	Mobile: 91192585		
Nationality: SINGAPORE CITIZEN			Email: GERALDINE.CHUA@SHCHYDRAULIC.COM.SG			
Sex: Female	Age: 43	Date of Birth; 30/05/1977	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Self employed			Driving Licence Information: Class: 3A	Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Date/Time of		Type of Location: X-Junction	
Location: CHOA CHU k Weather: Clear	KANG WAY	Road Surface:		Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume:	
Type of Collis Between Mov	ion: ing Vehicles - Head To S	ide		Anyone conveyed by ambulance:	

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Conditio	No of	
SGZ51H	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Black	Seriously Damaged		
SH7454K	Car	HYUNDAI		Blue	Seriously Damaged		





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20200731/7009

CONTINUATION OF REPORT

Details of Vo	ehicle Insurance			restaure prof
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGZ51H	NTUC Income Insurance Co-Operative Limited	5110923197	04/07/2019	11/08/2020

Details of Perso	n Involved			The state of			
Any Pedestrian In	nvolved: No						
No. of Pedestriar	s Injured: NIL		Use of Pe	Use of Pedestrian Crossing: NA			
Driver					DIE!		
Name	CHUA AI LING		ID No.		S7714506J		
Related Vehicle	SGZ51H (Car)		Contact No.		91192585		
Hospital/Clinic	24 HOUR WALK-IN		Class of Driving Licence Expiry	1	Class: 3A Date of Expiry: NIL		
Date	31/07/2020		Date		31/07	7/2020	
No. of Days gran	ted Medical Leave	04	Degree o	of	Slight		

Brief Details.

My vehicle(SGZ51H) was travelling straight along KJE slip road towards Choa Chu Kang drive on the most left lane, when I was about to pass thru the junction of Choa Chu Kang way, suddenly this vehicle(SH7454K) beat the red light and collided onto my front portion of my vehicle(SGZ51H). I felt unwell after the accident, so I went to intermedical 24 hr clinic and see the doctor and I was given 4 days Mac.





1/20200731//

3 of 3 Report No. T/20200731/7009

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

C	Va	tch	D	an
	PL PH	11.11	Pro-	1211

NP168

Informant is not able to provide sketch

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: 31/07/2020 17:27
Officer In Charge Of Case: TP / TPIB / YAN MINGSHENG DANIEL Contact No.: 65476252	Classification Of Case:
Authentication Stamp	



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: 5110923197

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SGZ51H

Chassis Number

: MR053ZEC107143103

2. Name of Policyholder

: CHUA AI LING

3. Effective Date of Insurance

4. Expiry Date of Insurance

: 04 Jul 2019 : 11 Aug 2020

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) : \$\$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 COF : YES NCD PROTECTION : NO

TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : CHUA AI LING (CAI AILING)

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

: GOLDEN PRIME INSURANCE AGENCY (00000613808)

Date of Issue

: 04 Jul 2019 12:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBao Tech				GeneralC					alClaim		
Hello, NAC_PAYA_UBI_80						Change Language				· Log Out	
My Desktop Notice of Loss	Policy N	cy Query				Date	of Accident		31/07/2020	01:30	
	Vehicle	No (For Motor)	SGZ51	н			cate Number		3110112020	01.30	
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5110923197		CHUA AI LING	\$77145063	GPC	drivo CLASSIC	SGZ51H	SGZ51H	04/07/2019	11/08/2020
					. 0	Continue					

Poli	cy Information					
Policy No.	5110923197	Policyholder Name	CHUA AI LING	Policyholder NRIC	\$7714506)	
Certificate No.		32.7%()7(5		111110		
Address	BLK 690D #17-76 CHOA CH	U KANG CRESCEN	T SINGAPORE 684690			
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N	
Policy issue Date	04/07/2019	Effective Date	04/07/2019 00:00	Expiry Date	11/08/2020 23:59	
Excess Type	Per Accident	All Claims Excess				
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100	
Additional Excess	0	OS Premium	0			
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Drive	r Excess
Agent	GOLDEN PRIME INSURANCE	AG Agent Tel.	68426788	GST Flag	Y	
Co- insurance Flag	No	25.18			NZ	
Open Policy Info						
Certificate Info						
	older Mailing Address					
Address 1	BLK 690D #17-76	Addres	55 2 CHOA CHU KA	ANG CRESCENT	Address 3 SINGAPORE 684	1690
Address 4		Addres	ss Type Singapore add	iress i	Post Code 684690	
Unit No.	17-76	Relate	d Policy 5110923197-	01		
) Insured	Object: SGZ51H					
♥ Endorse	ements					
Sequenc	ce Date of Endorsen	nent E	indorsement Type	Endorsement	Status Endorsement	t Content
	07/02/2020 00:00	POI Ex	tension/Shorten En	dorsement Take Effe	made payment, our would appreciate it make payment to us days from the date For cheque payment the cheque in favou Income" with your r policy number indica reverse of the chequ Alternatively, you co payment at any of o	e you. We ried of of olicy is : PERIOD OF 2019 TO 11 f this ditional 5 (inclusive of der your policy remium you have since terwise, we if you could s within 14 of this letter. t, please issue of "NTUC name and ated on the ue.
			Continue Cano	el	cash, credit card or	NEIS.

Accident HT/1098712 Policy No.					
Pakey No.					
	5110923197	Vehicle No.	SGZS1H	GST Registration No.	
ertificate No.					
olicyholder Name.	CHUA AT LING			Policyholder NRIC	577145063
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ontact No.(Mobile)	91192585	Contact No. (Office)	0	Contact No (Home)	
mail Address		Special Remark		eCode	19 W
×	No ○ Yes	TCA	® No ○ Yes	e/Code Reason	
CD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details		9.20			
port Date	03/06/2020 15:35	Feederal Process Water 24 hours	100		
ate of Accident		Accident Report Within 24 hrs		Accident Type	Collision - Cross Junction
	31/07/2020	Time of Accident nh:mm	01:30	Country of Academ	Singapore
porting Centre		Orange Force		1CM No.	
Gident Location	JUNC KJE 8 OHDA OHU KANG WAY				
Total Excess Applicabl	•				
cess Type	Per Accident	Windscreen Excess	100.00		
Standard Excess	600.00	TP Standard Excess	0.00		
ED OO Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
ditional Excess	0				
ral DO Excess Applicable	600.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Inform	sation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Ventied	Ves	
diffication History				1,000	
Policyholder Mailing A	ddress				
dress 1	BLK 6900 ±17-76	Address 2	CHOA CHU KANG CRESCENT	Address V	CONTRACTOR COLORS
dress 4		Address Type		Address 3	SINGAPORE 684690
it No.	17-76		Singapore address	Post Code	684690
	L7-76	Related Policy Number	5110923197-01		
OI Driver Info	200				
ver Name	CHUA AT LING (CAT ATLING)	Driver Type	Main Driver		
named driver Name		Driver NRIC	\$77145061	Driver DOB	30/05/1977
gister Date of Driver License	03/05/2018	Driver Age	43	Driving Experience	2
ntact No.(Mobile)	91192585	Contact No.(Office)	0	Contact No. (Home)	0
dress 1	BUK 6900	Address 2	OHOA CHU KANG CRESCENT	Address 3	\$3NGAPORE 684690
iress 4		Address Type	Singapore address	Post Code	684690
t No.	17-76				001020
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