NATIONAL Assessment Cen	tre Services.	PART 1 JOURNA	18120062607		
Date In: 4/8/2-11/2	Jeb description	and the second second	Date &Time Completed	Done	by by
Res No: HA JINC 2220 SOLVETY	SAS e-filing				S ST. LONG ISS.
Veh NojjR 160TK	E-mail (within	Shrs, AIC 2hrs)			
D.O.A : 380 - 10:20	i-Motor Clai	m Form	m 11098874 001	4/8/20 1	1:27
	i-Motor W/0	(Within: OD 2hr			
OD TP . Reporting Only	i-Photo Uplo	aded	1	(Singarita state
******	Assessment/S	urvey Report			200
TP Insurer:	Ass't Report l	y Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: See	=651m	. 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	0%; P: 21-79%. F: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$	1,000 ()/\$2,000	()		septem ved	
General Remarks,-				State of the second	
() Walk-In Customer: Customer's in		nfidential & St	rictly NO refer of repairer		
() Total Loss Case : to e-mail Insu	arer URGENTLY.		14		
Drive-In ()/ Towed-In (); Invo	ice: YES () / I	NO();T	owing Co: (
Remarks: (INC hotline: 6788 6616)			Date&Time Completed	Done	by
1) Apply for Transport Allowance ()	/ Courtesy Car ()			
2) QC Check / Post Repair Inspection	()		The TANK DOWN OF THE	
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()			
Injury:					
			The trace	84481114	**************************************
Date/Time Actions	100			Webascacus	
			——————————————————————————————————————		
	4			-17-79-7	
Claration of the control of the cont		Invoice Pre	paration Checklist	Ant (S)	Amt (\$)
laimant's Particulars :-		1) AR : Accident	Reporting (\$30);		T. C.
		3) TF : Towing F		\$80) 40/ \$ 45	
river/Owner:		4) FT : Follow-T	hrough Survey hrough Survey (Resurvey)	\$120 \$30	
ontact No:	25	For claiming a	gainst JNC Only (wef 10 Jan 200	25)	
amaged Portion:		6) TR : Re-inspe 7) N1 : Idao DA	4	\$160	
	Ā	8) NTUC Addition	the second secon		
C Checked by (Engr-In-Charge):	18	OD* *NS: Courtesy	Car / Tpt Allowance	\$5	
57		*N6: Repair C	o-ordination	\$10 \$25	+
uditors! Comments :-			llect Excess Coordination	\$5	
1. 1:		TP (N11): TP 9) N12: Idea Mo	(N-in INC) against INC	30	F
1. 2/3:		Invoice dated	Fee Charges	MARKET 17727	and the first
2000 VP		Invoice dated	Fee Charges		

1 17:01

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,	
Property and the property of the property of	ACCIDENT STATEMENT
Date Of Report	04/08/2020 11:17
Date Of Accident	03/08/2020 20:20
Exact Location Of Accident	221A BOON LAY PLACE OPEN SPACE OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR1605K
Insured/Policyholder	
Name Of Registered Owner	LIM SONG HUAT, PETER
NRIC No	SXXXX058F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86602993
Alternative Phone No	OFFICE-86602993
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
Exact Purpose for which vehicle was being us time of accident	sed at PRIVATE USE
Are you claiming under your own insurance p for repair to your vehicle?	policy NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5109785449-01
Cover Note Number	
Driver	
Name of Driver	LIM SONG HUAT, PETER
NRIC No	SXXXX058F
Date Of Birth	10/01/1989
Occupation	OUTDOOR
Date Of Driving Pass	06/06/2013
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86602993
Fax Number	
Contact Number	OFFICE-86602993
EMail Address	NOEMAIL

BLK 814 JURONG WEST STREET 81 Address #03-198 640814 Postcode 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident Weather Conditions CLEAR Road Surface DRY Other Information NO Was any foreign vehicle involved in this accident? Number of vehicles (including own vehicle) involved in the accident 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) NO soliciting/offering accident claims assistance. 1 Number of Passengers (Including Driver) **Details of Police Action** YES Was the accident reported to the police? If Yes, Please state which Police Station Police Station Name NANYANG NEIGHBOURHOOD POLICE CENTRE ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: Police Station Address SINGAPORE Police Station Contact TEL NO: 1800-7929999 - FAX NO: 67912972 Was notice of intended Prosecution given? NO If Yes, against whom? Circumstances of Accident REFER TO POLICE REPORT - T/20200803/2136. Attachment(s) YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? Was there any audio recorded? NO DETAILS OF OTHER VEHICLE PROPERTY 1

	DETAILS OF OTHER VEHICLE FROM EIGHT
Vehicle Registration Number	SKF6512M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM SWEE BENG
NRIC/Passport Number	
Contact Number	93858879
Address	
Postcode	
Insurance Company Name	
	Page 2 of 24

SKETCH PLAN

IMPORTANT NOTICE

- 1. 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.
- 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.
- 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:

- 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)
 - (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
- 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.

Date & Time:

Policyholder's Signature Date & Time:

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

NRIC/FIN No .:

Reporting Centre Personnel's Signature

SKETCH PLAN		
Boun Lay S	shopping Complex	
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+ Parter +		
1 6		May a. Stayment
I I		Veh A: SJR 1605K
2.152218	Roma Lau Place	Vul B: SCF 651241
BUK 1211	A Boun Lay Place.	
of n. >1	Total Car Paris	
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DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
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	Keport No	T 2020 08 03 2136
		The state of the s
DECLARATION		
	ticulars are true in every respect.	
No.	ACCOMPANIES OF THE SECOND STREET, SECOND SEC	
2	6	
Policyholder's Signature	Driver's Signature	Reporting Centre Person tel's Signature
Date & Time:	(If driver is not the policyholde	

/ehicle No.	SJR1605K Model/Make Hyundai Avante
Pate of Accident	3/8/2020
ime of Accident	2020 HRS
ocation of Accident	Along 221A Boon Lay Place OSCP
xact purpose use during accid	dent Private use
Name of Owner	Lim Song Huat, Peter
Telephone No.	H/P: 8660 2993 Home: Office:
VRIC	S 8901058F
Address	BLC 814 Jurong West Street 81 #03-1985 (640814)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	5109785449-01
Name of Driver	As Above If No,
NRIC	Any Passengers :
Date of birth	10 1 1989
Occupation	Outdoor / Indoor
Driving License Pass Date	6 6 12013
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state Owner
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	10
Police Report	No, If Yes, Where? Narylang NPC
Vehicle B No.	SKF 6512M Any Passengers : -
Name of Driver	Lim Swee Beng Contact No.: 93858879
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Front left portion
Camera Recorder	Yes / No
Email Address	peterlish 1989 @ gmail.com
PARTICULAR WORKSHOP	Twincay Automotive Ale Ltd.
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Brandon
FAX NO	6741 0510





/20200803/2136

1 of 3

Report No. T/20200803/2136

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
03/08/2020 23:15	*	111

03/08/2020 23:15					
Informa	nt's Particu	ulars			
Name of Informant: LIM SONG HUAT, PETER			Address: APT BLK 814 JURONG WEST STREET 81 #03-198 SINGAPORE 640814		
ID Type I	/ ID No.:) / S89010	58F	Contact No.: Home/Office: Mobile: 86602993		
Nationali SINGAP	ty: ORE CITIZ	ΈN	Email:		
Sex: Male	Age:	Date of Birth: 10/01/1989	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: BANKING EXECUTIVE		TIVE	Driving Licence Information: Class: 2B,3	Date of Expiry:	

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 03/08/2020 20:20	Type of Location Car Park
Weather: Clear		Road Surface: Dry		Road Speed Limit:
10 1000		Traffic Control:	110	Traffic Volume:
Traffic Flow: One Way		Not Controlled	2	No Traffic

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SJR1605K	Car	HYUNDAI	Avante	Maroon	Slightly Damaged	0
SKF6512M	Car	TOYOTA	Altis	Silver	No Damage	0

Details of Vehicle Insurance			
Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date





0.70

2 of 3 Report No. T/20200803/2136

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SJR1605K	NTUC Income Insurance Co-Operative Limited	5109785449-01	09/06/2020	09/06/2021	

Details of Perso	n Involved			e Plan		
Any Pedestrian In	nvolved: No			10.000		
No. of Pedestrian	s Injured: NIL		Use of Ped	estrian	Cross	ing: NA
Vehicle Owner						
Name	LIM SONG HUAT, PETER			ID No		S8901058F
Related Vehicle	SJR1605K (Car)			Contact No.		86602993
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disch	narge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Vehicle Owner						
Name	LIM SWEE BENG			ID No		S02220665Z
Related Vehicle	SKF6512M (Car)	SKF6512M (Car)		Contact No.		93858879
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On the above mentioned date time and location, 01 car - Toyota altis silver (SKF6512M) scratched on my vehicle (SJR1605K). SKF6512M's rear right bumper scratched my car's front left bumper.

I would like to state that my vehicle was parked at the parking lot while SKF6512M scratched onto my car while he was reversing into the parking lot beside mine. I could not recall the parking lot number.

Subsequently, the driver of SKF6512M came down the car and we exchanged our particulars.

I would like to make this report for insurance purposes.



Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE

Tel No: 1800-7929999



3 of 3 Report No. T/20200803/2136

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: J / Sgt 2 NG CHUN, FREDRICK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/08/2020 23:15
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No. 65476151	Classification Of Case:
Authenticetion Stamp (VERVIDA) NP168	

SIGNATURE



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: 5109785449-01

1. Index mark and Registration Number of Vehicle

: SJR1605K

Chassis Number

: KMHDU41BR9U774456

Cover : Third Party

2. Name of Policyholder

: LIM SONG HUAT, PETER

3. Effective Date of Insurance

: 11 Jun 2020

4. Expiry Date of Insurance

: 10 Jun 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 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.

150 - 150 (150 (150 (150 (150 (150 (150 (150	
EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: LIM SONG HUAT PETER
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: BENEFIT AUTO ENTERPRISE PTE LTD
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

: IMOTOR INSURE (00000573595)

Date of Issue

: 08 Jun 2020 15:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

tello, NAC_PAYA_UBI_80	00601						· Change	Languag	c + Chan	ge Password	· Log O
My Desktop	Poli	cy Query									19
Notice of Lass	Policy N	io.		Date of Accident 03/08/2020 20:20				20:20			
	Vehicle	No.(For Motor)	SJR160	SJR1605K			Certificate Number				\supset
					8	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109785449- 01		LIM SONG HUAT, PETER	S8901058F	GPC	Third Party	SJR1605K	SJR1605K	11/06/2020	10/06/202

□ Polic	cy Information						
Policy No.	5109785449-01	Policyholder Name	LIM SONG	HUAT, PETER	Policyholder NRIC	58901058F	
Certificate No.							
Address	BLK 814 #03-198 JURONG W	EST STREET 81 :	SINGAPORE	640814			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	08/06/2020	Effective Date	11/06/202	0 00:00	Expiry Date	10/06/2021 2	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			Youn	g/Inexperience Driver Excess
Agent	IMOTOR INSURE	Agent Tel.	68411279		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	older Mailing Address						
Address 1	BLK 814 #03-198	Addres	is 2	JURONG WEST STE	REET 81	Address 3	SINGAPORE 640814
Address 4		Addres	s Type	Singapore address		Post Code	640814
Unit No.		Relate	d Policy	5109785449-01			
Insured	Object: SJR1605K						
▽ Endorse	ements						
Sequenc	Sequence Date of Endorsement		ndorsemen	t Type	Endorsement	Status	Endorsement Content

Continue Cancel

Mary Note Mary	Claim Handling									
Carried Color Carried Colo	Accident MT/1098834			X200.50						
Marriad Californ		5109785449-01		Vehicle No.	SJR1605	к		GST Registration No.		
Michael Continue Michael Good Part Michael Continue Michael Michael Continue Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Michael Mic	Certificate No.									
Content Depuil Content Conte	Policyholder Name	LIM SONG HUAT, PETER						Policyholder NRIC	S8901058F	
Section Sect	Product Code	PRIVATE CAR INSURANCE		Cover Type	Third Par	tγ		Loading	D	
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## 1988										
79 # SEPENSE 70 1		0.0	a	Total TP Excess Applicable		1,500.00				
15 Applement 16										
Tripper										
## Public Market Matrice Authorises ## Public Market Matrice Authorises ## Accords Type ## Singson's address ## Accords Type		F4c								
## Palayahadar Malling Autores Mores 1					05	ST Status Venfield		Yes		
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Age		min 514 FV3-198								
Total Park								Post Code	640814	
Main Oniver Direct Paper Direc				Related Policy Number	51097854	49-01				
Division Name Signate Class of Driver Livers Order Common										
Driver Driver License Driver		LIM SONG HUAT PETER		Driver Type	Main Drive	er .				
Service Serv				Driver NRIC 58901058F				Driver 008	10/01/1989	
### Address 1 ##		06/05/2013		Driver Age 31				Driving Experience	7	
ADDESS 4 ADDIESS TYPE ADDIESS	Carriact No. (Mobile)	86602993		Contact No.(Office)	0			Contact No.(Home)	0	
The No.	ddress t	BFK 814		Address 2 3JRONG WEST STREET &L				Address 3	SINGAPORE 640814	
Estimation Scriptory Claim 001 New Laim Type * OD-MK	ddress 4			Address Type	Singapore	address		Post Code		
prover ventual to. Prover ventual to.	Init No.	03-198								
Any Injury?	cost he own a Singapore	○ Yes ® No		Driver Vehicle No.				Driver Insurer Company		
Any Impury? One May Impury? Ore ® No Other States on Montes Service								100000000000000000000000000000000000000		
Any Injury 1	eclaration									
Cision 091 Nem Lim Type * OCHX		0 mg		Anv interv?	O yes @	No				
Claim 001 Next Laim Type * OCHMX					000,000,000					
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