ontact No: armaged Portion: C. Checked by (Engr-In-Charge): Additional Communication (Charge):	*NS1 Courtery Co	f/Tpl Allowands Inspection I Uxcoss Coordination In INC) wealth the	20 20 21 21 21 21 21 21 21	Mana Pa
C; Checked by (Engr-In-Charge):	*NS1 Courtery Co	//Tpl Allowands adination Inspection Liversa Coordination	\$23 \$23	
arnaged Pertion:	Oli: NSI Caurtory Co	//TplAllowande	310	
arnaged Pertion:	4) NTUC Additional			
	the state of the s			
	7) NI Ildau DA + 8	MRT Eurvey . 3	160	
	6) Tit: Re-is prolio	ogh Survey (Resurvey) nat DIC Only (waf 10 Jan 2010)	\$73	
	4) PT 1 Follow-Thro		\$30	
iver/Owner:	3) DA I Demwy A:	secondary (\$100); INC (\$10	545	
	1) Alt : Applient lo	sporting (\$30);		Maji Uni
48004306				Canal (S)
	4	<u> </u>		
			To the same	- in
Injury:		<u>''' '</u>		AND STREET
) - , , , , , , , , , , , , , , , , , ,	<u> </u>		
2) QC Check / Post Repair Inspection (3) Upload Resurvey Photo [Repair Cost > \$3000] (·)		-/-:-	-
1) Apply for Transport Allowance ()/ Courtesy Car (-
		Manufacture Manufa	2014年102年	莎.
7, invoice: 2103 ()	/ NO () To	owing Co: (•)
() Total Loss Case : to e-mall Insurer URGENTL	Υ, .			
() Walle-In Customar : Customor's Information strictly	Confidential & Str			
Sanchillishinites 24 Chieff Chieff Chieff		ACCESSION NAMED IN	77877	esperantina.
13ncess: (\$) Londing: \$1,000 ()/32,		/		
Year of Registration: () Warranty: YES		0%; P: 21-79%. P: 80	-100%J	
	Dater,	Timer)	
Policy No: () Period: (Confirmed by : ()	Cover Type: (.)	
Owner / Driver: (ST 2	Tel:)	-
TP Hartfeulars: Veli No. STB 300	, INC(.)/Non-INC().		
Proforced Wisp (INC Assign Wisep / QW: (The same of the sa	Tuli	Faxt	emile de
Asu't Rep	ort by Pax/Hand	lo Owner/Wkan		
TP historice: Assessme	nUSurvey Report			
the including thing	Uploaded	1		
OD : TP ! Reporting Only . I-Motor	W/O (Wilde: OD 2hr	ra TP 4hrs)	1	(0)
	Claim Form	W7/100211-90	11 10/6	2/20
	Ajula sur, AlC thri)	-	· ·	1
7000 1	1	Date &Timo Completes	-	-
Ref No ABA AUCO 000 STILY SAS 6-11 Veh No K 1779 V E-matre		I Date Column Commission	di · Do	ns by

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 1. Please report <u>correctly</u> 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 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 sodgement 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.

Married Married Williams	ACCIDENT STATEMENT
Date Of Report	17/08/2020 16:26
Date Of Accident	16/08/2020 12:40
Exact Location Of Accident	ALONG JURONG WEST AVENUE 1
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKL7779Y
Insured/Policyholder	
Name Of Registered Owner	NEO JUN WEI
NRIC No	SXXXX155A
Email Address	SETHNEOJW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91444246
Alternative Phone No	OTHERS-91444246
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E250A-2.6 (A)
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	REPORTING ONLY
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	5118259854
Cover Note Number	
Driver	
Name of Driver	NEO JUN WEI
NRIC No	SXXXX155A
Date Of Birth	09/06/1989
Occupation	INDOOR
Date Of Driving Pass	31/08/2007
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91444246

OTHERS-91444246

SETHNEOJW@GMAIL.COM

Address

BLK 420 JURONG WEST STREET 42

#05-1015

Postcode

640420

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

4

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident.

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

191211111

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:

: WIFE

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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

SJB3203H

Vehicle Make/Model/Colour

MITSUBISHI LANCER

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHAN KIA TAN

NRIC/Passport Number

SXXXX749C

Contact Number

91516617

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - 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: 17/08/2020

1130 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Miller

ACCIDENT STATEMENT

LOCATION: Jurge East Ave 1. DETAILS OF VEHICLE GIVEHICLE NUMBER: SKL 1779 Y DINSURANCE COMPANY: MILL INCOME CIPOLICY NUMBER: 5094462179-01 CIPOLICY TYPE: COMPREHENSIVEY THIRD PARTY FIRE ETHER GIMAKE & MODEL: Mercedis E-Class E750A (ABRIGUET FITYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) GIVEHICLE CATEGORY: (RINA) / COMMERCIAL / MOTORCYCLE / OTHERS) GIVEHICLE CATEGORY: (RINA) / COMMERCIAL / MOTORCYCLE / OTHERS) GIVEHICLE CATEGORY: (RINA) / COMMERCIAL / MOTORCYCLE / OTHERS) GIVEHICLE CATEGORY: (RINA) / COMMERCIAL / MOTORCYCLE / OTHERS) GIVEHICLE CATEGORY: (RINA) / COMMERCIAL / MOTORCYCLE / OTHERS) GIVEHICLE CATEGORY: (RINA) / COMMERCIAL / MOTORCYCLE / OTHERS GIVEHICLE CATEGORY: (RINA) / COMMERCIAL / MOTORCYCLE / OTHERS IN ON, PLEATED AT A CCIDENT TIME: PERSONAL JORNEC / FUNDASSPORT: PERSONAL CONTACT: STATE WHICH PARTY CLAIM / CEPTATING ONLD CONTINUE TO 3. OF DRIVER ALSO POLICY HOLDER MALE / FEMALE DINNIC/FIN/PASSPORT: CONTACT: ONTACT: OTHERS CINCULAR / COMPANY / CHECK / CONTACT: OTHERS JORGAD SURFACE: (DRY / WEY / OTHERS) CONTACT: OTHERS / CLEAR DIROAD SURFACE: (DRY / WEY / OTHERS) CONTACT: OTHERS / CLEAR DIROAD SURFACE: (DRY / WEY / OTHERS) CONTACT: OTHERS / CLEAR DIROAD SURFACE: (DRY / WEY / OTHERS) CONTACT: OTHERS / CLEAR DIROAD SURFACE: (DRY / WEY / OTHERS) THIRD PARTY VEHICLE O) VEHICLE NUMBER: STB 3203 H MODEL: MYSUBS / LOCAL CONTACT: OTHERS / CONTACT: OTHE	AC	CIDENT DATE:(_	E 108 1 20	(DD/MM/YY)	YY), TIME:(12	: 40	(НН:М
DINBURGE NUMBER: SKL 4779 Y DINBURANCE COMPANY: HTILL TRIQME GIPOLICY NUMBER: 50 94462179-01 dIPOLICY TYPE: COMPREHENSIVE THIRD PARTY I HIRD PARTY FIRE & THEF BIMAKE & MODEL: Mercedis E-Class E-30A (ABRIOLET (I)TYPE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE / OTHERS) GIVEHICLE CATEGORY: (RIVAT) / COMMERCIAL / MOTORCYCLE / OTHERS GIVEHICLE CATEGORY: (RIVAT) / COMMERCIAL / MOTORCYCLE / OTHERS GIVEHICLE CATEGORY: (RIVAT) / COMMERCIAL / MOTORCYCLE / OTHERS GIVEHICLE CATEGORY: (RIVAT) / COMMERCIAL / MOTORCYCLE / OTHERS GIVEHICLE CATEGORY: (RIVAT) / COMMERCIAL / MOTORCYCLE / OTHERS GIVEHICLE CATEGORY: (RIVAT) / COMMERCIAL / MOTORCYCLE / OTHERS GIVEHICLE CATEGORY: (RIVAT) / COMMERCIAL / MOTORCYCLE / OTHERS GIVEHICLE CATEGORY: (RIVAT) / COMMERCIAL / MOTORCYCLE / OTHERS GIANT MED / PASSON OTHERS CINCLE STATE WHICH POLICE STATION: GIADALE OF BIRTH: 1 OT / OF / LASS / LIOS/2007 GIADALE OF BIRTH: 1 OT / OF / LASS /	foc	ATION: Juron	g East Ave 1			76	
DINBURGE NUMBER: SKL 4779 Y DINBURANCE COMPANY: HTILL TRIQME GIPOLICY NUMBER: 50 94462179-01 dIPOLICY TYPE: COMPREHENSIVE THIRD PARTY I HIRD PARTY FIRE & THEF BIMAKE & MODEL: Mercedis E-Class E-30A (ABRIOLET (I)TYPE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE / OTHERS) GIVEHICLE CATEGORY: (RIVAT) / COMMERCIAL / MOTORCYCLE / OTHERS GIVEHICLE CATEGORY: (RIVAT) / COMMERCIAL / MOTORCYCLE / OTHERS GIVEHICLE CATEGORY: (RIVAT) / COMMERCIAL / MOTORCYCLE / OTHERS GIVEHICLE CATEGORY: (RIVAT) / COMMERCIAL / MOTORCYCLE / OTHERS GIVEHICLE CATEGORY: (RIVAT) / COMMERCIAL / MOTORCYCLE / OTHERS GIVEHICLE CATEGORY: (RIVAT) / COMMERCIAL / MOTORCYCLE / OTHERS GIVEHICLE CATEGORY: (RIVAT) / COMMERCIAL / MOTORCYCLE / OTHERS GIVEHICLE CATEGORY: (RIVAT) / COMMERCIAL / MOTORCYCLE / OTHERS GIANT MED / PASSON OTHERS CINCLE STATE WHICH POLICE STATION: GIADALE OF BIRTH: 1 OT / OF / LASS / LIOS/2007 GIADALE OF BIRTH: 1 OT / OF / LASS /		1. DETAILS OF	VEHICLE				
DINSURANCE COMPANY: MTHE TNOME DIPOLICY NUMBER: 509446179-01 DIPOLICY TYPE: COMPREHENSIVEY THIRD PARTY FIRE ETHER BIMAKE & MODEL: Merceds E-Class E-SOA (ABRIOLET FITYPE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE / OTHERS) DIVERICLE CATEGORY: (RIVAT) / COMMERCIAL / MOTORCYCLE / DIPOLICY TYPE: (COMPREHENSIVEY THIRD PARTY / MOTORCYCLE / OTHERS) DIVER (DIVERNOL OF MOTORCYCLE / OTHERS) DIVER (DIAMING UNDER YOUR OWN INSURANCE (YES NO) IF NO, PLEASE STATE [THIRD PARTY CLAIM / CEPTORTING ONLY) IF NO, PLEASE STATE [THIRD PARTY CLAIM / CEPTORTING ONLY) IF NO, PLEASE STATE [THIRD PARTY CLAIM / CEPTORTING ONLY) IF NO, PLEASE STATE [THIRD PARTY CLAIM / CEPTORTING ONLY) CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: S-9721550 CONTACT: 9144424 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: CONTACT: 9144424 DINRIC/FIN/PASSPORT: CONTACT: 9144424 DINRIC/FIN/PASSPORT: CONTACT: 9144424 DINRIC/FIN/PASSPORT: CONTACT: CONTACT: 9144424 DINRIC/FIN/PASSPORT: CONTACT: CONTACT: 9144424 DINRIC/FIN/PASSPORT: CONTACT: 9144424 DINRIC/FIN/PASSPORT: CONTACT: 91516617 THERD PARTY VEHICLE DINRIC/FIN/PASSPORT: S2502744C CONTACT: 91516617 THIRD PARTY VEHICLE DINRIC/FIN/PASSPORT: S2502744C CONTACT: 91516617 THIRD PARTY VEHICLE DINRIC/FIN/PASSPORT: S2502744C CONTACT: 91516617 THIRD PARTY VEHICLE DINRIC/FIN/PASSPORT: S2502744C CONTACT: 91516617				VI 177 9 4			
CIPOLICY NUMBER: 5094462179-01 dipolicy type: Comprehensive third party / Third party fire & there of marked & E-Class E-Took (Abrons of Marked & Model: Merced & E-Class E-Took (Abrons of Marked & Model: Merced & E-Class E-Took (Abrons of Marked & Model: Merced & E-Class E-Took (Abrons of Marked & Model: Merced & E-Class E-Took (Abrons of Marked & Marked & Marked & Model: Merced & E-Class E-Took (Abrons of Marked & Marked		DINSURAN	CE COMPANY:	NTUL TNI	OME	,	Mann.
DIPOLICY TYPE: COMPREHENSIVE THIRD PARTY FIRE ZITHER GIMAKE & MODEL: Mercules E-Class E-2508 (ABRIOLET FITYPE: (SALOON / COUPE / MPV / VANIV LORRY / MOTORCYCLE / OTHERS GIVEHICLE CATEGORY: (RIVA)? / COMMERCIAL / MOTORCYCLE HIPURPOSE OF USING AT ACCIDENT TIME: PERSONAL JARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES (NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / CEPORTING ONL) 2. INSURED / POLICY HOLDER A)NAME: NEO TWO WES DINING/FIN/PASSPORT: SPYUSSA CONTACT: 9144424 C)ADDRESS: BLK 420 JARONG WEST 51 42 #05-1015 S(640420) *CONTINUE TO 3.0 IF DRIVER ALSO POLICY HOLDER CINCLED BIRTH: LOT 06 / 1889 JIDD/MM/MYYY) B)OCCUPATION: (NDOOS) OUTDOOR) JOHNE OF BIRTH: LOT 06 / 1889 JIDD/MM/MYYY) B)OCCUPATION: (NDOOS) OUTDOOR) JOHNE OF DRIVING PASS OF THE INSURED'S COMPANY? (YES YOU) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SELF JIROAD SURFACE: (DRY / WET / OTHERS O WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: S. THIRD PARTY VEHICLE D) DRIVER'S NAME: (No Kin Tem C) VEHICLE NUMBER: S18 3203 H MODEL: MITSULADI: LORGE THE OF PARTY VEHICLE C) VEHICLE NUMBER: S2502749C CONTACT: 91516617 THIRD PARTY VEHICLE C) DRIVER'S NAME: (No Kin Tem C) VEHICLE NUMBER: S2502749C CONTACT: 91516617 THIRD PARTY VEHICLE C) DRIVER'S NAME: (No Kin Tem C) VEHICLE NUMBER: S2502749C CONTACT: 91516617		CIPOLICYN	UMBER: 509	4462179-01	77712		
FINALE & MODEL: Merculs E-Class E750A (ABRIDLET FITYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS GIVENICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) HIP HOLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) HIP HOLP POSE OF USING AT ACCIDENT TIME: "PERSONAL II ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES (NO) IF HOLP PLASE STATE (THIRD PARTY CLAIM / CEPORTING ONLY) 2. INSURED / POLICY HOLDER AINAME: MEO TWW ET		d)POLICY T	YPE KOMPREH	ENGINEY THIRD OF	DTV / TUŠDO D	DYNA FIRE	o Trippe
GIVERICLE CATEGORY: (RIVATE / COMMERCIAL / MOTORCYCLE) GIVERICLE CATEGORY: (RIVATE / COMMERCIAL / MOTORCYCLE) II PIURPOSE OF USING AT ACCIDENT TIME: PERSONAL II ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / CEPORTING ONLY) 2. INSURED / POLICY HOLDER ANAME: Neo Jun WES DINRIC/FIN/PASSPORT: S792155A CONTACT: 9144424 C) ADDRESS: BLK 420 JURING WEST 51 42 #05-1015 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C) MAME: DRIVER ALSO POLICY HOLDER DRIVER C) MAME: DRIVER ALSO POLICY HOLDER DRIVER C) MAME: DRIVER C) MAME: DRIVER ALSO POLICY HOLDER DRIVER C) MAME: DRIVER DRIVER C) MAME: DRIVER C) MAME: DRIVER DRIVER C) MALE / FEMALE! DINRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: "d) DATE OF BIRTH: LOT 06 / 1989 JDD/MM/YYYY e) OCCUPATION: (NDOO) OUTDOOR! ID MOTE DEPORTING PASS 31108/20-7 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SELF DIRROAD SURFACE: (DRY / WET / OTHERS DRY 7. GIREPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE O) VEHICLE NUMBER: SIB 3203 H MODEL: MITCHSHIP DEPORTS NAME: (NO NEW PASSWAGE: ON VEHICLE ON TACT: 91516617 THERD PARTY VEHICLE O) DRIVER'S NAME: (NO KIA TEM C) DRIVER'S NAME: MODEL: DRIVER'S NAME: (NO KIA TEM C) VEHICLE NUMBER: SIB 3203 H MODEL: DRIVER'S NAME: (NO KIA TEM C) DRIVER'S NAME: (NO CONTACT: 91516617		@IMAKE & A	ADDER Messe	de E- Class E	STOR CARRY	CKIY FIRE	& I HEF
G)VEHICLE CATEGORY: (RIVATE) COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: PERSONAL I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES (NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) INSURED / POLICY HOLDER A)NAME: MEO TWO WEST ST 42 #05-1015 CONTINUE TO 3. DIE DRIVER ALSO POLICY HOLDER DRIVER C) ADDRESS: BLK 420 JUPONA WEST ST 42 #05-1015 CONTINUE TO 3. DIE DRIVER ALSO POLICY HOLDER DRIVER C) NAME: DRIVER ALSO POLICY HOLDER DRIVER C) NAME: DRIVER ALSO POLICY HOLDER DRIVER C) NAME: DRIVER ALSO POLICY HOLDER (A) DRIVERS C) ONTACT: CONTINUE TO S. DRIVER WITH INSURED: SELF D) DRIVERS (NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SELF D) ROAD SURFACE: (DRY / WET / OTHERS OF THE SELF D) ROAD SURFACE: (DRY / WET / OTHERS OF THE SELF D) ROAD SURFACE: (DRY / WET / OTHERS OF THE SELF D) ROAD SURFACE: (DRY / WET / OTHERS OF THE SELF D) ROAD SURFACE: (DRY / WET / OTHERS OF THE SELF D) ROAD SURFACE: (DRY / WET / OTHERS OF THE SELF D) RIVER'S NAME: (NO KINTED C) VEHICLE NUMBER: SIB 3203H MODEL: MITSUND: D) DRIVER'S NAME: (NO KINTED C) NEIC/EN/PASSPORT: S2502749C CONTACT: 91516617 THIRD PARTY VEHICLE C) VEHICLE NUMBER: MODEL: D) RIVER'S NAME: (NO KINTED C) DRIVER'S NAME: (NO K		DIYPE-ISAL	JON / COURT /	LOW CLASS E	FOOR CHRK	OLET	-
IJARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES, NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER AJNAME: NEO JW WEL (MALD) FEMALE; b)NRIC/FIN/PASSPORT: SB920155 A CONTACT: 9144424. C)ADDRESS: BLK 420 JWRING WEST 51 42 #05-1015 **CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER C)NAME: DYNAME: CONTACT: C)ADDRESS: CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER C)NAME: DYNAME: CONTACT: C)ADDRESS: "d)DATE OF BIRTH: LC9/06/1889 JEDD/MM/YYYY) e)OCCUPATION: (NDOOS) OUIDOOR) IDATE OF BIRTH: LC9/06/1889 JEDD/MM/YYYYY e)OCCUPATION: (NDOOS) OUIDOOR IDATE OF		OVELICIE	CATECODY CON	MPV /V AN / LORI	RY / MOTORCY	CLE./ QTI	HERSD
IF NO, PLEASE STATE (THIRD PARTY CLAIM / CEPORTING ONLY) IF NO, PLEASE STATE (THIRD PARTY CLAIM / CEPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: MED TWW MED (MALE) FEMALE) b)NRIC/FIN/PASSPORT: S8921550 CONTACT: 914424. c)ADDRESS: BLK 420 JUPING WEST 57 42 #05-1015 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER CONTACT: b)NRIC/FIN/PASSPORT: CONTACT: c)ADDRESS: "d)DATE OF BIRTH: [09/06/1989] (DD/MM/YYYY) e)OCCUPATION: (NDOOD)/OUTDOOR) f)DATE OF BIRTH: (09/06/1989] (DD/MM/YYYY) e)OCCUPATION: (NDOOD)/OUTDOOR f)DATE OF BIRTH: (09/06/1989] (DD/MM/YYYY) e)OCCUPATION: (NDOOD)/OUTDOOR f)DATE OF BIRTH: (19/06/1989] (DD/M		PINIDEUCE	OF HEILE AT A	ALE / COMMERC	CIAL / MOTORO	CYCLE	
INSURED / POLICY HOLDER A)NAME: NEO IN WEL (MALE) FEMALE) b)NRIC/FIN/PASSPORT: \$89201550 CONTACT: 9144424 c)ADDRESS: BLK 420 JUPPING WEST 51 42 #05-1015 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DRIVER C)NAME: AR ANGELY DRIVER C)NAME: AR ANGELY DRIVER C)NAME: AR ANGELY DRIVER		TAREYOUR	OF USING AT AC	CIDENT TIME:	PERSONAL		
AJNAME: NEO JON WEI DINRIC/FIN/PASSPORI: S892155A CONTACT: 9144424. C)ADDRESS: BLK 420 JURING WEST 51 42 #05-1015 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER CINCLEDING SEPORI: CONTACT: CINCLEDING SEPORI SEPORI: CONTACT: CINCLEDING SEPORI SEP		IE NO BIE	LAWING UNDER	K YOUR OWN INS	URANCE (YES)	101	
AJNAME: NEO JON WET DINRIC/FIN/PASSPORT: S892155A CONTACT: 914424. C) ADDRESS: BLK 420 JURING WEST 51 42 #05-1015 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C) NAME: DRIVER C) ADDRESS: CONTACT: 9144424. C) MALE / FEMALE) DRIVER C) MAME: DRIVER C) ADDRESS: CONTACT: CONTACT: C) ADDRESS: C) ADDR	2	INSURED / P	OLCA HOLDER	PARIT CLAIM/	EPORTING ON	LY	
D)NRIC/FIN/PASSPORT: S892155A CONTACT: 9144424. C)ADDRESS: BLK 420 JUPING WEST 51 42 #05-1015 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C)INDUST OF BIRTH: 1 99 / 06 / 1989 1 (DD/MM/MYYY) B) OCCUPATION: NDOOD/OUTDOOR DOTE: OF DRIVING PASSPORT: CONTACT: C)ADDRESS: "d)DATE OF BIRTH: 1 99 / 06 / 1989 1 (DD/MM/MYYY) B) OCCUPATION: NDOOD/OUTDOOR DOTE: OF DRIVING PASC 31/08/20-7 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SELF D) ROAD SURFACE: (DRY / WET / OTHERS ORY 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE O) VEHICLE NUMBER: SIB 3203H MODEL: MISSING PARTY VEHICLE (1) NEIC/FIN/PASSPORT: S2502749C CONTACT: 9151 6617 THIRD PARTY VEHICLE (2) VEHICLE NUMBER: MODEL: BENDALIS OF DRIVER'S NAME: MODEL: DRIVER'S NAME: MODEL: DRIVER'S NAME: MODEL:				1.100	-		001/1622/1
C)ADDRESS: BLK 420 JURONG WEST 51 42 #05-1015 S(640 420) CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER DRIVER DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 10) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SELF DIROAD SURFACE: (DRY / WET / OTHERS DRIVER DRIVER'S NAME:							
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DRIVER CINCLUDING Shiver CINCLUDING SHIPP ASSPORT: CINCLUDING SHIPP SSPORT: CINCLUDING PASSED STIP STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE INCLUDING PASSED STIP STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE CONTACT: C	MFF	CIADDRESS:	BLK 1420 7	1 00 16 1 Com	CONFACT		
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Induding driver) DRIVER CONTACT: CONTACT		25000 TENERAL TRANSPORT	5/640 420)	MENNU MEST	27 42	407-101	2
Cincluding shiver (2) CINCLUDING SPORT: CONTACT: (2) CINCLUDING SPORT: CONTACT: (2) CINCLUDING PASSPORT: CONTACT: (3) CONTACT: (4) CINCLUDING PASS 31108/20-7 (5) CONTACT: (6) CONTACT: (7) CONTACT: (8) CONTACT: (8) CONTACT: (9) CONTACT: (10) CONTACT: (11) CONTACT: (11) CONTACT: (12) CONTACT: (13) CONTACT: (14) CONTACT: (15) CONTACT: (16) CONTACT: (17) CONTACT: (17) CONTACT: (18) CONTACT:	SST W			ALSO POLICY LI	CUDER		
(2) CINAME: BY MISON (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: c) ADDRESS: "d) DATE OF BIRTH: C9/06 / 189 JIDD/MM/MYYY) e) OCCUPATION: NDOOD/OUIDOOR) 1) DOTE OF DRIVING PASC 31/08/20-7 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SELF 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS CLEAR b) ROAD SURFACE: (DRY / WET / OTHERS ORY) 6. WAS ANYBODY INJURED (YES / NO IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE O) VEHICLE NUMBER: SIB 3203H MODEL: MITSULANI (3) PASSWAGE: (MALE / FEMALE) MODEL: MITSULANI MODEL: C) NRIC/FIN/PASSPORT: S2502749C CONTACT: 91516617 HE AP PASSWAGE: (MODEL: C) DRIVER'S NAME: MODEL: C	#No of pasconas	, DRIVER	THE STATE OF THE	CALSO FOLIOT FR	OLDER		
(2) b) NRIC/FIN/PASSPORT: CONTACT: c) ADDRESS: "d) DATE OF BIRTH: [09 / 06 / 1989] (DD/MM/YYYY) e) OCCUPATION: (NDOOR) / OUIDOOR) f) DATE OF DRIVING PASC 31108/2007 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SELF 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS D) ROAD SURFACE: (DRY / WET / OTHERS DRY 6. WAS ANYBODY INJURED (YES / 100) 7. a) REPORTED TO POLICE (YES / 100) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE A) VEHICLE NUMBER: STR 3203H MODEL: MITSULAN Lance (3) 9. THIRD PARTY VEHICLE C) NRIC/FIN/PASSPORT: S2502749C CONTACT: 91516617 (4) VEHICLE NUMBER: MODEL: 6) DRIVER'S NAME: MODEL: 6) DRIVER'S NAME: MODEL: 6) DRIVER'S NAME: MODEL:	(Indi di . I .	d)NAME:	AV	ARIVA	71.1	ore record	A 1 553
"d) DATE OF BIRTH: 09/06/1989 (DD/MM/YYYY) # OCCUPATION: (NDOOD) OUIDOOR) DOTE OF DRIVING PASC 3:108/2007 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SELF 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS CLEAR b) ROAD SURFACE: (DRY / WET / OTHERS PRY 6. WAS ANYBODY INJURED (YES / NO) 16 YES, PLEASE STATE WHICH POLICE STATION: 17. a) REPORTED TO POLICE (YES / NO) 18 THIRD PARTY VEHICLE 19 DRIVER'S NAME: SIB 3203H MODEL: MITSUBAN LONG. 19 DRIVER'S NAME: Chan Kia Tan 10 UNIC/FIN/PASSPORT: S2502749C CONTACT: 9151 6617 10 ON PASSENGER: 6) DRIVER'S NAME: MODEL: 10 DRIVER'S NAME: MODEL: 10 DRIVER'S NAME: MODEL: 10 DRIVER'S NAME: MODEL:		b) NRIC/FIN/F	ASSPORT:				NLC/
e)OCCUPATION; (NDOOD) OUIDOOR) f)CATE OF DRIVING PASC 31108/2007 4. WAS DRIVER AN EMPLOYER OF THE INSURED'S COMPANY? (YES / NO IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SELF 5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS CLEAR b)ROAD SURFACE: (DRY / WET / OTHERS ORY 6. WAS ANYBODY INJURED (YES / NO) 7. a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: SIB 3203H MODEL: MISSIAN Longer Including driver) b) DRIVER'S NAME: (how kin Ten) C) NRIC/FIN/PASSPORT: S2502749C CONTACT: 91516617 7. THIRD PARTY VEHICLE ci) VEHICLE NUMBER: MODEL: e) DRIVER'S NAME: MODEL: e) DRIVER'S NAME: MODEL:	(_)				CONTACT.		
e)OCCUPATION; (NDOOR) OUTDOOR) f)DATE OF DRIVING PASC 31108/2007 4. WAS DRIVER AN EMPLOYER OF THE INSURED'S COMPANY? (YES / NO IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SELF 5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS CLEAR b)ROAD SURFACE: (DRY / WET / OTHERS ORY 6. WAS ANYBODY INJURED (YES / NO) 7. a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 10 VEHICLE NUMBER: SIB 3203H MODEL: MISSISHI Longer 11 Including driver) 6. DRIVER'S NAME: (hom kis Ten) C) NRIC/FIN/PASSPORT: S2502749C CONTACT: 91516617 7. THIRD PARTY VEHICLE ci) VEHICLE NUMBER: MODEL: (d) VEHICLE NUMBER: MODEL: (e) DRIVER'S NAME: MODEL:		Accessor was a research					
## DESTRICT OF DRIVING PASS 31108/2007 ## WAS DRIVER AN EMPLOYER OF THE INSURED'S COMPANY? (YES / NO IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SELF 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS		"d)DATE OF E	IRTH: 1.09/0	6/1489 100/	MM/YYYY)	11	
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 10) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SELF 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS CLEAR b) ROAD SURFACE: (DRY / WET / OTHERS PRY 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE A) VEHICLE NUMBER: SIB 3203 H MODEL: MITSULAN Long (3) PASSWAGE CONTACT: 9151 6617 (3) PASSWAGE CONTACT: 9151 6617 WE A) PASSWAGE CONTACT: 9151 6617 DRIVER'S NAME: MODEL: MODEL: MODEL: MODEL: MODEL: DRIVER'S NAME: MODEL:		e)OCCUPATI	ON: MOOOB!	OUTDOOR			+
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SELF 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS CLEAR b) ROAD SURFACE: (DRY / WET / OTHERS PRY 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE No Parenger a) VEHICLE NUMBER: SIB 3203 H MODEL: Mitsubshi Lance Including driver) b) DRIVER'S NAME: (hm kis Tm) (3) c) NRIC/FIN/PASSPORT: S2502749C CONTACT: 9151 6617 No all passwager a) VEHICLE NUMBER: MODEL: No all passwager a) VEHICLE NUMBER: MODEL:	4	DENTE OFD	RIVING PASS	31108/200		71	0
b) ROAD SURFACE: (DRY / WET / OTHERS ORY 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE HIS of passinger a) VEHICLE NUMBER: SIB 3203 H MODEL: Mitsubshi Lance Including driver) b) DRIVER'S NAME: (hm kistm (3) 9. THIRD PARTY VEHICLE No of passinger and pass	55	TE NO DELA	CAN EMPLOYEE	OF THE INSUR	ED'S COMPAN	Y? (YES)	(00)
6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE Including driver) b) DRIVER'S NAME: Chan Kis Tra c) NRIC/FIN/PASSPORT: 52502749C CONTACT: 91516617 No of passwager c) VEHICLE NUMBER: MODEL: MODEL: MODEL: HIS PASSWAGER c) DRIVER'S NAME: DRIVER'S NAME: e) DRIVER'S NAME:	5	alWeather	CHOMSELL OF I	HE DRIVER WIT	H INSURED:_	SELF	
6. WAS ANYBODY INJURED (YES 10) 7. a) REPORTED TO POLICE (YES 10) IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE HIS OF PASSINGER A) VEHICLE NUMBER: SJB 3203H MODEL: MITSULAN Longer (3) DRIVER'S NAME: (hm Kia Tm (3) PASSINGER C) NRIC/FIN/PASSPORT: S2502749C CONTACT: 91516617 HIS OF PASSINGER C) VEHICLE NUMBER: MODEL: DRIVER'S NAME: O DRIVER'S NAME:	1,000	DIROAD SURE	ACE IDEV I WE	EAR / RAINING / (OTHERS CI	EAK	_
IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE B. THIRD PARTY VEHICLE Welling of passinger of vehicle number: SJB 3203H Model: Mitsubahi Longer (3) C) NRIC/FIN/PASSPORT: S2502749C CONTACT: 91516617 (3) PASSENGER OF VEHICLE WE AT PASSENGER OF DRIVER'S NAME: MODEL:	6.	WAS ANYBOR	A MINISED WES	MODIFICAS	UKY	41	
IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE He of passinger of Vehicle Number: SIB 3203H Model: Mitsubshi Londo Including driver) b) DRIVER'S NAME: Chan Kis Ton (3) c) NRIC/FIN/PASSPORT: S2502749C CONTACT: 91516617 He of passinger of Vehicle Number: Model: He of passinger of DRIVER'S NAME:	7.	alREPORTED 1	O POLICE IVES				4
B. THIRD PARTY VEHICLE He of passinger a) VEHICLE NUMBER: SJB 3203H MODEL: Mitsubahi Lonce Including driver) b) DRIVER'S NAME: (hon Kin Tim (3) c) NRIC/FIN/PASSPORT: S2502749C CONTACT: 91516617 P. THIRD PARTY VEHICLE He of passinger a) VEHICLE NUMBER: MODEL: Industrial deliver: a) DRIVER'S NAME:		IF YES, PLEAS	SE STATE WHICH	POLICE STATIONS	. *		
He of passinger a) VEHICLE NUMBER: SJB 3203H MODEL: Mitsubshi Lonce Including driver) b) DRIVER'S NAME: Chon Kiston (3) C) NRIC/FIN/PASSPORT: S2502749C CONTACT: 91516617 P. THIRD PARTY VEHICLE Me of passinger a) VEHICLE NUMBER: MODEL:	B,			FULLCE STATION:			
(3) 9. THIRD PARTY VEHICLE (4) PASSENGER (5) DRIVER'S NAME: Chon Kia Tro (5) DRIVER'S NAME: S2502749C CONTACT: 91516617 (6) PARTY VEHICLE (7) VEHICLE NUMBER: MODEL: (8) DRIVER'S NAME:	He of passenger	a) VEHICLE!	NUMBER: SI	B 3203 H	MODEL ME	trabal: 1	20.00
(3) 9. THIRD PARTY VEHICLE (1) VEHICLE NUMBER: MODEL: Industry delication d	Including driver	b) DRIVER'S	NAME: Ch		_modet ///	Swed Sall	W GC
9. THIRD PARTY VEHICLE He of passenger of DRIVER'S NAME: MODEL:	1 3	c) NKIC/FIN/	PASSPORT: 5		CONTACT	915166	17
Industra deliga \ e DRIVER'S NAME:	9.	THIRD PARTY V	EHICLE				
Industra deliga \ e DRIVER'S NAME:	No of passanne	d) VEHICLE	*UMBER:	V	_MODEL:	ES BULLY	
() NRIC/FIN/PASSPORT:CONTACT;		e) DRIVER'S	NAME:		ā tara ar mana		61 - 61 - 7
	ineraling devize) I) HRIC/FIN/	PASSPORT:		CONTACT:		
			=550		0.5 1.5		
	1000		TII				

email = sethreojw@gmail.com

Policy No. Certificate No.	3118299934	Nencie No.	90.2226	EAT Registered his.	
Princyposter martin	NEG THE WELL				
Phillips Climin	PRIVATE CAR DISURANCE	Cheer Take	Dies CLASSIC	Polity rotation reaction	SHILLIANA
Contact No.(Mussu)	4)440240	Contact No (Cities)		Solding Contact Neutramy	197
Emel Address		Special Remark		#Code	ET C
AFE:	No. Yes	TCA:	No. Yes	#Code frague	hii) ~
NCD Protection	364	PCD diffillament; %3	31	Priority Hory	No.
Accident Belais				2001 0 10 10 10 10 10 10 10 10 10 10 10 1	
Wegnert Class	\$50m2022 \$1.96	Accident Nepart Water 24 bis.	Yes	Accessors Type	Time the part
Date of Algorit	3406/3020	Time of accident by min-	12.40	Country of Woodens	Simpliface
Repairing Centre Repliefe Legable	Wardington Walter	Drange Force		SEM No.	
Total Excess Applicable	ALDRIS SUREING BEST ASSESS. 1				
Eronia Taux					
50000000	Par According	Williament Cazenii	100.00		
UO Stansies Excess	#000.7kg	TP Standard Evens			
TIED OD EXCESS	7,000	YOUT THE STEED	9-94		
Accordenal Excess		WWW STATE	30.00	Driver is Coverat?	Covered
Turial GD Protest Applicable	900,00	Tyrini TV Sacrasi Assirantes	992		
- Benefita		YOUR COURSE SHIFTING	10.00		
 GST Registered Information 	Ser				
(EF Registered	No.		455T Registration Date		
SST Registration No.			GET Status worker	904	
Hulficotion History				737	
Policyholder Malling Add	7524				
Address I	014 423 VIS. 1015	120177324			
Act diversis A	MCATE SOCIABLE	Address 2	SACAG NEST GREET 43	Address 2	TINGAPORE MENZE
ond No.	in roys	Andress Teps	Verganore address	Post State	840430
of OI Seiver Info		Resident Policy Burnion:	ACRESSOR.		
- ver hame	And Jun Wei.	The second			
imparted street flattice	The state of the s	Driver Taxe	Main Driver		
Royalter Date of Circui Usuran	20/46/2003		2014 \$11, 2 AB	Dever DOB	199/100/139940
Contact No. (Multiple)	V(***)-65	Thriver Age	34	Diving Expellence	12
Midney I	00x.420 403-1015	Contact Na (Office) Address 2	UNANTA CONTRACTOR STATE	Contact ris (name)	
Notesa 4	wellsolidies.	Address Type	JUNUAG WEST STREET AT	Anoresa 2	\$25G-HSR8 \$40520
Jirit No.	09-0018	Constitution of the Consti	SHOWING ADDRESS	Pent Code	H40422
Social he own in Employers logistered card	Tex - No	Driver Variable Ver.			
indianal and a second	ATTO COM	CONTROL OWNERS THE	BALTITUS	Driver Insurer Omserv	347.00
eclaration readhalyaer ar Bland Test espiring?	0 mg	Any squey's	Web Bro		
restriation in Blood Test	9 mg	Arty, repary?	Vers. No.		
readmanumer ar Manud Test electrony out heateny chainer 1001 Manue	9 mg	мту пригух	Nest tin		
recommission or thoughtest ending? officetion majory Chaine DD1 Rane	9 mg	Ang sejangs	York fin	w Priumed INFO TUV WHI	Intered stansons
readmanumer ar Manud Test electrony out heateny chainer 1001 Manue	9 mg	мту кушкуў.		Promised NEO JULY WITH COMMEN	NATE DATESTAL
readmanury or Bland Fest electrical and fest e	9 mg	min vyuny).		Producted NECO 2009 WEEL Constant No. 10 (1999)	Cornact No.
reachings are throat feat endings on the action of the act	9 mg	мт прицу		Nu. (H) = H)	NATE SHIPLIFESA Copenact No 10ffices
readinaysar ar liting feet discillage of fication making. Claims 001 Steps form Type * Among the comment of t	9 mg	min vyuny).		No.	NACIC SHIPMINGS NO. I COMMENT
readmanury or Bland Fest electrical and fest e	9 mg	Active tempory?	GD-HIX	Contact No. (0)==== (0)== (0)= (0)= (0)== (0)=	NATE Comment No. 10/faces TV Vehicle Number Strat/20044
readmanyment at Bland Test statistics out heaten massary Claims 901 Steep Bern Type + amaget No., Measure and Authors bern Description				Contact No. (0)==== (0)== (0)= (0)= (0)== (0)=	NATE. Coming No. 1070ccs TP Venicle Size/2003re Number
readmanywar ar Bland Test stability out horizon masury Chaine 901 Store arm Type + armact No. (Masure) must entryes bein Description	Frederical Laborate Augu at Fai	# *	GD-HSE	Contact No. (0)==== (0)== (0)= (0)= (0)== (0)=	NATE CONTROLLS AND CONTROLS AND
readmanyment at Bland Test statistics out heaten massary Claims 901 Steep Bern Type + amaget No., Measure and Authors bern Description			(661.37799 / h.mz3034) (Contact No. (1) = will (1) = will (2) Salzzing (1) Salzzing (1	Contact to the contac
reathlayar ar Bland Test elicities out horizon matury Chaine 901 Rese and Type * and Type * and Authorse and A	Frederical Laborate Augu at Fai	# *	GD-HSE	Contact No. Vision Col Vision Security Success Number Number No. 18 Avg 2020	NATE CHRISTIAN CONTROL OF THE CONTRO
readmanymen ar Bland Fest electrical and fest	Frederical Laborate Augu at Fai	# *	(661.37799 / h.mz3034) (Contact Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc.	NATE CHARACTERS Contact Venice TOTALES TOTALES TOTALES TOTALES Agency of Professed Wall-Shap Date
reathlayar ar Bland Test elicities out horizon matury Chaine 901 Rese and Type * and Type * and Authorse and A	Frederical Laborate Augu at Fai	# *	\$50-Mix \$61,377.99 € 11,112.20.30 € ₩	Contact Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc.	NATE CHARTOLISM Contract Venice TOTICE Venice Name Venice Name Venice Ve
reachings or thind feet discharge of fication managery Chainer 901 Store Series Type * Annual Notification Francis Notification	Frederical Laborate Augu at Fai	# *	\$50-Mix \$61,377.99 € 11,112.20.30 € ₩	Contact Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc.	NATE CHARTOLISM Contract Venice TOTICE Venice Name Venice Name Venice Ve
reathlywar ar Bland Test elicities* odficetion mainry Chaine 801	Frederical Laborate Augu at Fai	# *	\$50-Mix \$61,377.99 € 11,112.20.30 € ₩	Contact Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc.	NATE Contract Venice Typ Venice Name Venice Name Venice Ve
reathlywar ar Bland Test electing? odficeton masury Chaine 901 Bese ann Type - ann T	Frederical Laborate Augu at Fai	# *	GD-HEE	Contact Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc.	NATE CHARTOLISM Contract Venice TOTICE Venice Name Venice Name Venice Ve
reathlayser or litting feet electrics; out horizon manury Chaine 901	Statement Laborite Sept of Par Protection Section of Williams of W	# *	GD-HEE	Contact Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc.	NATE Contract Venice Typ Venice Name Venice Name Venice Ve
reathlayar ar Bland Test elicities out horizon masury Chaine 901 Store ann Type - ann	Professor Indiana Not at Par Professor Professor warrance, of Repair Professor warrance, of Option	# *	GD-HEE	Contact Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc.	NATE Contract Venice Typ Venice Name Venice Name Venice Ve
reathlayser or litting feet electrics; out horizon manury Chaine 901	Statement Laborite Sept of Par Protection Section of Williams of W	At V GIA Received	SP-ME SP	Contact Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc.	NATE Contact Vertices TOTICES TOTICES TOTICES TOTICE Marrier M
readmanyment or litting Test electrics out further manage chains 901 Store form Type - for	Professor Indiana Not at Par Professor Professor warrance, of Repair Professor warrance, of Option	et Y GIA some schrous Y report Nanatane	SP-ME (BALTTYPY / BUTCZOCIH G (TOURTZOCIH G ROSEL WANAR SP-ME Submit	Contact No. Visconia Col Vistania Riversia Riversia Col Salizative Colors Color	Ournest No. TOPICE TOPICE TOPICE Number Numb
Pathialyser or Bland Test elocities od horton masury Chaine 901 Bose bein Type * mortific National matterned National matterned beind Description reducting beind Description reducting beind Description reducting beind Description reducting beind Description Taken By Patric As letter Attachment or content National Chicase File Nation shower	Profession Switzenson warrantes of Option Profession Warran	et Y GIA some schrous Y report Nanatane	Seve Subset Some and a Colory of Colors of C	Contact No. Visconi Contact Selection Survive Survive Chiese Date Date Date Date Date	Ournant No. Commant No. Commant No. Commant No. Commant No. No. Commant No.
Channe of the Pile The chosen Channe of the pile of t	Profession Switzenson warrantes of Option Profession Warran	et Y GIA some schrous Y report Nanatane	Seve Subset ** ** ** ** ** ** ** ** **	Contact No. Vision Of Selection Surface Selection Chiese Date Date Confidential Open Chiese Date Confidential Open Surface S	Outside Service STREAMORE No. 107 (Contract No.
Pathialyser or Bland Test elocities od horton masury Chaine 901 Bose bein Type * mortific National matterned National matterned beind Description reducting beind Description reducting beind Description reducting beind Description reducting beind Description Taken By Patric As letter Attachment or content National Chicase File Nation shower	Profession Switzenson warrantes of Option Profession Warrantes of Option Profes	et Y GIA some schrous Y report Nanatane	GD-MEX [SELECTORY BITTE 2020-10 C SELECTORY SUBJECT SELEC	Contact No. Vision Vision Vision Runder Chies Date Chies Date Confetence Chies Date Confetence Vision Chies Chies	No.11 Commant No. 10 (Trick) TV VIII VALUE STREAM S
Channe of the Pile The chosen Channe of the pile of t	Profession Switzenson warrantes of Option Profession Warrantes of Option Profes	et Y GIA some schrous Y report Nanatane	GD-HEX [SALTYPPS / BITT 2020-1-10 [STUBLYDOP 10-01 ROSEL WAVEA SELE Subsect Check Select Check Plants Sel	Contact No. Vision Vision Vision Runder Contact Contac	No.11 Command No. 10 (Trick) TV (Variety Number of Professed Profe
Chance File Not the stronger of Document Chance of the Common of the Com	Profession Switzenson warrantes of Option Profession Warrantes of Option Profes	et Y GIA some schrous Y report Nanatane	GD-HEX GD-HEX GRALTYPRY / BITT 2020-1-1 (17/100/2020-1-1 (17/100/2020-1-1 (17/100/2020-1-1 (Category + Cherr Flunde Select Cherr	Contact No. Vision Vision Statistics Statistics Contact Statistics Statistics Contact Contact Statistics Stati	No. 1 Command No. 1 Command No. 1 Command No. 1 Command No. 1 Verificial STREETWOOD No. 1 Popular and Professional Williams No. 1 Command No. 1 Command No. 1 Command No. 2020 Done No. 2
Channe Die Ver- Channe	Profession Switzenson warrantes of Option Profession Warrantes of Option Profes	et Y GIA some schrous Y report Nanatane	GD-HEX GD-HEX GRALTYPPS / BITT 2020-1-1 (17/100/7020-1-1 (17/100/7020-1-1 (17/100/7020-1-1 (Category + Cher Flunce Scient Cher Plance Scient Cher Planc	Contact No. Vision Vision Statistical Statistical Confidence Considence Consi	No. Command No. Co
confriction matery Chaine 801	Profession Switzenson warrantes of Option Profession Warrantes of Option Profes	et Y GIA some schrous Y report Nanatane	GD-HEX GD-HEX GRALTYPRY / BITT 2020-1-1 (17/100/2020-1-1 (17/100/2020-1-1 (17/100/2020-1-1 (Category + Cherr Flunde Select Cherr	Contact No. Vision Vision Statistics Statistics Contact Statistics Statistics Contact Contact Statistics Stati	NATE CHRISTING STREET OF STREET OF STREET ST
Channe of the State of the Stat	Profession Switzenson warrantes of Option Profession Warrantes of Option Profes	et Y GIA some schrous Y report Nanatane	GD-HEX GD-HEX GRALTYPPS / BITT 2020-1-1 (17/100/7020-1-1 (17/100/7020-1-1 (17/100/7020-1-1 (Category + Cher Flunce Scient Cher Plance Scient Cher Planc	Contact No. Vision Vision Statistical Statistical Confidence Considence Consi	NATE CHRISTING STREET OF S
eathuryear or literal feet ending? Chains 1901 Stope In Type * Interest No. (Marine) In	Profession Switzenson warrantes of Option Profession Warrantes of Option Profes	et Y GIA some schrous Y report Nanatane	GD-HEX GD-HEX GRALTYPPS / BITT 2020-1-1 (17/100/7020-1-1 (17/100/7020-1-1 (17/100/7020-1-1 (Category + Cher Flunce Scient Cher Plance Scient Cher Planc	Contact No. Vision Vision Statistical Statistical Confidence Considence Consi	Nett Comman Section 17 Offices To Principle Section 17 Offices To Principle Section 17 Offices of Proposed Principles of Proposed Principles Section 17 Offices Secti

8/17/202	O
M	
10	1
9	7
1/2	-
4	No.
9	940
	NAC
15	1000
- Video I	Det

Uplicative Wy/Optio Politics		3	in Name		7	Source
ANC_BURIT_HYNNH_BIRDEN INTERPRETATION ASSESSMENT TO THE ANGEST HEROMIT ON LE ANGEST HEROMIT ON LE ANGEST AND THE ANGEST AND TH	CENTRE SERVICE IS	\$4\$		horna)		2020-8-67
RAC_RURIT MERAN_HOSSYL NATIONAL ASSESSMENT S (BURIT MERAN) UN 17 AND 2021 18-1	CENTAL PRINCE	AIRC/ Driving coamie	+	Normal	funda binana	Limine 2020-8-17
MAC_BUKIT_MERAN_BODETS! NATIONAL ADSESSMENT S (BUKIT MERAN); on 17 Aug 2020 3810	CENTRE SHRVICE N	Photos		Normal	Phate	is 2020-8-17
NAC_BOXET_MERAN_EIGENS NATIONAL ASSESSMENT E (MORIT MERAN)) on 17 May 2020 20:0	CENTIE SERVICE	Photos		Normal	Phone	m. 2020-14-57
NAC_BURTT_MERAH BUDG/IGI NATTUNAL ASSESSMENT S (BÜRTT MERAMI) ON 17 Avg 2019 IB:	CHATRE SHRUICE	Phiese		Normal	Mate	18 2520-8-17
MAC_BURIT_PERAH_BOSSOC MATERIAL ASSESSMENT S-IRCHT MERAHIL SHI IF AUG 2020 28:0	113	Photos		50mmai	Photo	in 21(20-6-27
NAC BURLT MERAN BOOKTH NATIONAL ASSESSMENT BURKET MERANTU IN LT HIG STEEL BE	112	Philips		Noteman'	White	nc 2036-8-17
NRC_BOKET_MERAH_BUILDING NATIONAL ASSESSMENT S INUNET HERBING OF LT AUG 2020 IN	CENTRE STRVICE SZ	Proper		Normax	: Prings	00 2020-8-17
NAC_HUNCT_HERAH_BUGGTSC WATTOMAL ASSESSMENT S (BURTT MERAH)) on 17 Aug 2020 18	CENTRE SERVICE UZ	Phone		Normal .	n-	== 2020-e-11
NAC BURIT MERAY BUDGING NATIONS, ASSESSMENT IN SECULAR OF THE AND ON 17 Sec 7020.10	CENTRE SERVICE 62	Thomas .		Normal	Mod	ns.2020-8-57

Display or flow William | Some and optionary

Continue

eBaoTech GeneralClaim Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy Na. Date of Accident 16/08/2020 16:25 Vulnicle No.(For Motor) 5KL7770Y Certificate Number Search Certificate Number Policyholder Name Select Policy No. Policyholder NREC Product Cover Type Venicle No. Insured Object Expiry Date 5118259854 driva CLASSIC NEC JUN WEI SR920155A GPC SKL7779Y SKL7779Y 17/07/2820 16/07/2021