	Lab described	1.1	Onte & Time Complet	cd Done	by
()ale lu. > 519120 10:15	Jeb description		Just to time available		
Ref 140 MAI LPC 2000 94651h4	SAS c-filling				
Voli 140 YM 9180P	E-mail (white the	s, AIC 2hrs)			
11 11 A 26 1 8 1 20 16:20 .	I-Motor Cinim	Form a			
	I-Motor W/O (Within; OD 2hrs, Ti	4hrs)		
OD - TP / Repring Only	i-Photo Uplond	led			+
10	Assessment/Surv	ey Report	entra escapación de la companya de l		
TP bisures	Ass't Report by	Fax / Hand to C	wner/Wksp		
Profured Wksp / IHC Assign Wksp / QW: (rol: /	Fax:	
TP Particulars: Veh No:	SMI 30295.	, INC()/Non-INC().	
Owner/Driver: (Tcl:)	
Palicy No: () Pa	criod: (·) C	over Type: ()	
Confirmed by : (Si y	Date;_	Time:)	
Insured/Driver Liability: (%) [[Note-Est. Status (W	O): N: 0-20%	; P: 21-79%. P;	80-100%]	
Year of Registration: (')	Warranty: YES ()/NO()			
Excess (\$) Londing: \$1,6	000()/\$2,000()		ner transfer to the second	-
Zencou Koministrak (S. postava isi 1916).			With the second	Resident to	3
() Walle-In Customar : Customor's Info	hallowed and the second of the best	Alternative that the best built to be the			
Total Loss Case : to e-mail Insur			·		
Drive-In ()/ Towad-In (); Invoic) () : Tow	ing Co: (, , , ,)
		TO A PERCONDICTION OF THE PERC	SELECTION OF THE PARTY OF THE P	5%) E9 VEVENOCTY	TANK TO SERVICE THE PARTY OF TH
kannan peringan mineratukan m	the same part and a second sec		office religious productions.	HELPHANDING	ppy
17. 4. 7. 65. 65.	m				
2) QC Check / Post Repair Inspection	.(-)				
2) QC Check / Post Repair Inspection	.(-)	-			
2) QC Check / Post Repair Inspection	.(-)		* .,		
2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$ Injury:	3000] (-)	TERRONIA PRANTANA		States 12-40	217, 24, 25,
2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$ Injury:	.(-)				x+1, 701, y.,
2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$ Injury:	3000] (-)			The state of the s	# F3 \ 2017, W. *.
2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$ Injury :	3000] (-)			PARTITION OF THE PARTIT	217 M. P
2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$ Injury:	3000] (-)			Jane Hall Correct	200, cm, 200,
2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$ Injury:	3000] (-)				
2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$ Injury:	(·) 3000] (·)	ing week.			R. FASILITA
2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$ Injury: 2. Control of Control of Control of Cost > \$ 2. Control of Control of Control of Cost > \$ 2. Control of Co	3000] ()	hvojce Jest ia	·		(R. FASILIE)
2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$ Injury: 2. Actions:	3000] ()	ing week.	porting (530);	17 (318) 10 (318) 10 (318)	R. FASILITA
2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$ Injury : 2. Actions. Actions. Actions.	3000] ()	Ny of Cert of the No	perting (530); exament (5100); In	\$10/\$45 \$10/\$45	(R. FASILIE)
2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$ Injury : advirons / Actions Action	3000] (·)	AR: Anoldent Ro) AR: Anoldent Ro) DA: Damego A:) TF: Towing Fee) FF: Follow-Thro) FF: Follow-Thro	porting (\$30); exament (\$100); It igh Survey	C (530) \$10/545 \$120 \$30	(R. FASILIE)
2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$ Injury : advirons / Actions Action	3000] ()) AR; Assident Rs) DA; Dameyo A;) DA; Dameyo A;) TF; Towing F:•) FF; Fallow-Thru) FF; Fallow-Thru For plaiming atal	porting (530); essment (5100); In agh Survey igh Survey (Kesurvey)	C (55.0) \$10/54.5 \$120 \$30 \$30 120(5)	(R. FASILIE)
2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$ Injury : 2012 Chief Agenous Photo [Repair Cost > \$ Injury : 2012 Chief Agenous Photo [Repair Cost > \$ Injury : 2012 Chief Agenous Photo [Repair Cost > \$ Injury : 2012 Chief Agenous Photo [Repair Cost > \$ Injury : 2012 Chief Agenous Photo [Repair Cost > \$ Injury : 2012 Chief Agenous Photo [Repair Inspection Injury : 2012 Chief Agenous Photo [Repair Inspection Injury : 2012 Chief Agenous Photo [Repair Cost > \$	3000] ()) AR; Assident Rs) DA; Assident Rs) DA; Dameys As;) TF; Towing F:•) FF; Fellow-Thru) FF; Fallow-Thru For glaiming atai) TR; Rs-inspection) N1; Idao DA + S	porting (530); essment (5100); In agh Survey igh Survey (Resurvey) acting Only (wef10 Jou	C (530) \$10/545 \$120 \$30	R. FASILITA
2) QC Check / Post Repair Inspection I) Upload Resurvey Photo [Repair Cost > \$ Injury: Distribute Structures Section Se	3000] ()	Market Val. 2011 Market Region	porting (530); essment (5100); In agh Survey igh Survey (Resurvey) acting Only (wef10 Jou	(2003) 1200 510/545 5120 530 120/545 5120 530 120/545	R. Palliciti
2) QC Check / Post Repair Inspection I) Upload Resurvey Photo (Repair Cost > \$ Injury: Delection	3000] ()	May Digo A Grin) AR: Acadent Re) DA: Dameyo As:) TF: Towing Fee) FF: Fallow-Thro) FF: Fallow-Thro For glaiming agai) TR: Re-Inspectio) NI: Idao DA + S) NIUC Additions On:	mation Checkins : parting (530); exament (5100); In agh Survey igh Survey (Resurvey) it INC Only (wef 10 Journal of the control of the contro	(2003) 1200 510/545 5120 530 120/545 5120 530 120/545	R. FASILITA
2) QC Check / Post Repair Inspection I) Upload Resurvey Photo (Repair Cost > \$ Injury: Onterior Preference and Particular Preference and Particular Preference and Particular Preference and Preferenc	3000] ()	ART ARTY ARTY ARTY ARTY ARTY ARTY ARTY A	porting (530); essment (5100); In agh Survey igh Survey (Resurvey) at INC Only (wef 10 Je) MRT Survey Services:- r/Tpt Allowance rdination	(7 1/2017 (AACES)) (2 0/245 (5120 (530) (2 0/245 (5120 (530) (575 (5160 (535 (5160 (R. FASILITA
Injury: Datagraphy Agency Photo (Repair Cost > \$ Injury	3000] ()	MARITURAL MARINER OF THE PROPERTY OF THE PROPE	porting (530); essment (5100); In agh Survey igh Survey (Resurvey) at INC Only (wef 10 Journal) MRT Survey Services:- r/Tpt Allowance rdination Inspection	\$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100	Krasigit)
2) QC Check / Post (teppir Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury : Difficulty (formally see a section) and a section of the section	3000] ()	MARITAL AND	porting (530); essment (5100); In agh Survey igh Survey (Resurvey) ist INC Only (wef 10 Jou MRT Survey Services:- r/ Tpt Allowance rdination Inspection (Excess Coordination va INC) against INC	\$25 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10	(R. Tallicit)

. . pri 11 . 200

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 <u>truthful and accurate</u> 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 of copies.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	05/09/2020 10:15
Date Of Accident	26/08/2020 16:20
Exact Location Of Accident	SIMON RD
Country/State of Loss	SINGAPORE
Legisla transcription of the Company	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YM9180P
Insured/Policyholder	
Name Of Registered Owner	FRESHENING INDUSTRIES PTE LTD
Co Reg No	7. The state of th
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97415525
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	Z/20/VC00/107440
Cover Note Number	
Driver	
Name of Driver	CHIEW KEAN CHUEN
NRIC No	GXXXX030N
Date Of Birth	02/07/1989
Occupation	OUTDOOR
Date Of Driving Pass	10/01/2018
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91235211
Fax Number	

NOEMAIL

Address 55 SUNBIRD CIRCLE

Postcode 487292

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

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

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver) 0

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name PASIR RIS NEIGHBOURHOOD POLICE CENTRE

NO

Police Station Address ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-5852999 - FAX NO: 65855261

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20200903/2126

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

scorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMJ3029S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)	
	Page 3 of 14

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:
 - (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)

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

GIARMU SterchPlanForm V.

ï

SKETCH PLAN Shop House A= YM 9180P 13 = 5MJ 30295.

Rd

Simon

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	40	Police	Report	7120200903 / 2126.
			/	
			/	

DECLARATION

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

Policyholder's Signature

Driver's Signature (If driver is not the policyholder) Date & Time: Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





1 of 3

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Report No. T/20200903/2126

	ne Report N 020 19:04	flade:	Vide Report No.:	Station Diary No. 102	
Informa	nt's Partic	ulars			
Name of Informant: CHIEW KEAN CHUEN			Address: 55 SUNBIRD CIRCLE	SINGAPORE 487292	
ID Type / ID No.: FIN NO / G2660030N			Contact No.: Home/Office:	Mobile: 91235211	
Nationality: MALAYSIAN		Email:			
Sex: Male	Age:	Date of Birth: 02/07/1989	Type of Informant: Driver		
Race: Chinese		Language: Chinese	Institution / School Name:		
Occupation: DRIVER		Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/08/2020 00:00	Type of Location Car Park
Location: SIMON ROAI Weather: Clear)	Road Surface:		Road Speed Limit:
Traffic Flow: Traffic Control: One Way Not Controlled			Traffic Volume: No Traffic	
Type of Collis		wipe - Same Direction		Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YM9180P	Lorry				No Damage	1

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





T/20200903/2126

2 of 3

Report No. T/20200903/2126

Police Station Of Origin: Pasir Ris N.P.C. 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

CONTINUATION OF REPORT

Driver				THE THE	Y TO BE	
Name	CHIEW KEAN CHUEN		ID No		G2660030N	
Related Vehicle	YM9180P (Lorry)			Conta	ct No.	91235211
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g ce &	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL Date Dis		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	CONTRACTOR OF STREET	NIL	

Brief Details.

I received a letter from traffic police, reference: TP/IP/37163/2020 pertaining to an accident along Simon Road on 26/08/2020 at 1618hrs. The TP officer who sent the letter is Puteh Bte Shariff of the Traffic Police Investigation Branch.

I recalled that on that date, I was indeed at 5 Simon Road unloading goods that I was delivering. At the point of time, one car drove pass me and the driver suddenly stop, alighted from his car and approached me. He told me that my lorry door was opened and while he was driving pass my lorry from the right my lorry door hit his car. However he did not say much; he took some photos of my lorry and left in his car. I checked his car and my lorry before he left and did not see any damages, thus, I assumed that no accident had occurred. I resumed my delivery after the person left. I did not take down his particulars or vehicle number





3 of 3

Report No. T/20200903/2126

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

CONTINUATION OF REPORT

Sketch Plan

NP168

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: G / Staff Sgt EDMUND TAN CHUN YANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/09/2020 19:04
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

LONPAC INSURANCE BHD (S98FC5635C)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.

Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website; www.lonpac.com.sg

GST Reg No.: F0-0005635-C

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION ACT (CAP 189) REPUBLIC OF SINGAPORE. MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE). ROAD TRANSPORT ACT 1987 (MALAYSIA) ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

: Z/20/vc00/107440 Certificate No.

Type of Cover : THIRD PARTY

Index Mark and Vehicle Registration Number

MITSUBISHI FE83BEOSRDEA

- YM 9180P

Name of Policy Holder 2.

FRESHENING INDUSTRIES PTE LTD

Effective date of the Commencement of Insurance 3. for the purpose of the Act.

25/07/2020

Date of Expiry of the Insurance

24/07/2021

Persons or Classes of Persons entitled to drive. 5.

(A) THE POLICYHOLDER. (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/THEIR 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.

Limitations as to use

USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS, USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS. USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES. THE POLICY DOES NOT COVER: - USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIAL OR SPEED TESTING. USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess : NOT APPLICABLE

* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/We hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

CHIEF EXECUTIVE

(Singapore Branch)

19/VC00/Nov v-5.10.0

占

ACCIDENT STATEMENT

ACC	CIDENT DATE: 26/8/20 (DD/MM/YYYY), TIME: 16:18 (HH:MM)
roc	ATION. Simon Rd
1	. DETAILS OF VEHICLE
	GIVEHICLE NUMBER: YIY 9180P
	D)INSURANCE COMPANY:
	GIPOLICY NUMBER:
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	FITYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: [PRIVATE / COMMERCIAL / MOTORCYCLE]
	THE OR OSE OF USING AT ACCIDENT TIME.
	TARE TOO CLAIMING UNDER YOUR OWN INSTIDANCE IVES INCL
800	IF NO. FLEASE STATE (THIRD PARTY CLAIM / PEPOPTING ONTO
2.	INSURED / POLICY HOLDER
	AINAME: Freshening Industries pre Crd (MALE / FEMALE)
	D) NRIC/FIN/PASSPORT:CONTACT: 97415525
	C/ADDRESS:
mm	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
*Ho of passanga	DRIVER ALSO POLICY HOLDER
(Including driver)	DINAME: Chiew Kean Chuen. [MALE / FEMALE]
(0)	b)NRIC/FIN/PASSPORT: CONTACT: 9123 521
(0)	CIADDRESS: 55 Sunbird Circle 487292.
	*d)DATE OF BIRTH: (/)(DD/MM/YYYY)
	e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE:
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
	TO THE OF THE DRIVED WITH INCURE
0.	GIMENTHER CONDITION: (CLEAR / RAINING / OTHERS
12	DINOAD SURPACE: IDRY / WET / OTHERS
6.	WAS ANYBODY INJURED (YES / NO)
7. 0	PREPORTED TO POLICE (YES / NO)
8. 1	IF YES, PLEASE STATE WHICH POLICE STATION: PUSIN RIS MPC
	THIS I ALTICLE
Induction driver)	b) DRIVER'S NAME:
	C) NEIC/FIN/PASSPORT:
7. 11	TIKO PARIT VEHICLE
The state of the s	d) VEHICLE NUMBER:MODEL:
Induding driver).	DRIVER'S NAME:
()	/ NRIC/FIN/PASSPORT:CONTACT:
	feedhack @ freshening.com.ss.
	65.mc2.
	email = Chien 458 @ smaw. con
	200
	fax =
	VIDEO - Mo.