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Driver/Owner:		4) FT : Fellow-T		\$120 \$30
		3) TF 1 Towing I	344 . 540	0/545
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J) Upload Resurvey Photo [Re		(·) :	* **	
2) QC Check / Post Repair Inst		.().		*
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Confirmed by : (Insured/Driver Liability: (%) Diote Per S		0%; P: 21-79%. P: 80-1	00%1
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TP Insurer:	1	ment/Survey Report	J	
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(1) Reporting Only	Contract to the first parties	or W/O (Wilder OD 2h	4, 73' 4lirs)	
1819120	17.00	or Claim Form	Jā.	
Act 140 787 13	3.0.0	II (within Stus, AIC 2hrs)		
Ref No MALAIG 20019	00001hT	z-Illing	-	
THE PART OF THE PA	19.11			
	1.1.1	cription	Date & Time Completed	Done by
NATIONAL Assessm	ient Centre Servi	CES- [wet James]	MNA 120081601 -	-01

· per 11 + 25

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.
- 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.

Application of the second second	ACCIDENT STATEMENT
Date Of Report	21/09/2020 10:11
Date Of Accident	18/09/2020 19:00
Exact Location Of Accident	PIE TWDS CHANGI NEAR TOA PAYOH EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SBL1230J
Insured/Policyholder	
Name Of Registered Owner	LING SIN YEE MICHELLE (LIN XINYI MICHELLE)
NRIC No	SXXXX102A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98892701
Alternative Phone No	OFFICE-98892701
Vehicle Particulars	
Manufacturer	NISSAN
Model	NOTE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800116184-01
Cover Note Number	
Driver	
Name of Driver	LING SIN YEE MICHELLE (LIN XINYI MICHELLE)
NRIC No	SXXXX102A
Date Of Birth	27/10/1982
Occupation	INDOOR
Date Of Driving Pass	11/06/2004
Driving Experience	16 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98892701
Fax Number	

OFFICE-98892701

NOEMAIL

Address 14 CHOA CHU KANG GROVE #14-34

Postcode 688209

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

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? YES

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

3

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE

NO

YES

Police Station Address ROAD: 42 FAJAR ROAD, POSTCODE: 679005, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8929999 - FAX NO: 67673650

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20200919/2110

Attachment(s)

Remarks/ Reasons:

Are accident photos available for attachment? YES YES

Was there any video captured by Car Camera?

WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMH7286A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver LEU WEI LIANG NRIC/Passport Number SXXXX451F

Contact Number

91783998

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJY1236E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver THARIQ NRIC/Passport Number SXXXX032F Contact Number 83639796

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LING SIN YEE MICHELLE (LIN XINYI MICHELLE)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SBL1230J

Were seat belts worn? YES

Was this injured conveyed to hospital by

NO ambulance?

Address Postcode

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 wiiful 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,

Policyholder's Signaty

Date & Time:

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

Reporting Centre Personnel's Signature Name:

varne:

NRIC/FIN No.:

MUNERO!

PIE towards
Changi near
Too Payoh Exit

A: SBL1230J

B: 8MH 7286A

C: SJY1236E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 18th Sept 2020 at about 1900 hrs, I	was driving along the
PIE towards changi when the front reliable	6 braked suddenty
I also braked and managed to stop in time	
However, vehicle B, which is behind my u	elicle could not brake
in time and smashed onto the neer of	my vehicle.
The impact pushed my vehicle forward	
We then got off our dehicles to exchange	parliculars.
Subsequently vehicle & drove off while	EMAS Tow trucks tower
vehicle A and vehicle B out of the accid	
I am feeling poin in the chest and ne	
accident.	

DECLARATION

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

Policyholder's Signature

Date & Time: 19/10/2020

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

Date & Time:

Reporting Centre Aersonnel's Signature

Name:

NRIC/FIN No.:

10 am.



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		Al	DDENDUM					
(A)	PARTICULARS OF PE	ERSON MAKING THE AME	NDMENTS:					
	Original Report No	. MNA120081601	Vehicle Registration No: SBL1230J					
		LING SIN YEE MICHEL	LE (LIN XINYI MICHELLE)					
	(*Vehicle Driver / Ve	ver / Vehicle Owner) (*) Please delete as appropriate						
	Address		Singapore()					
	Contact (Tel)	l	Mobile No. : 98892701					
	Email Address							
	Date of Accident	: 18/09/2020	Time of Accident : 19:00					
	Place of Accident	: PIE TWDS CHANGI N	EAR TOA PAYOH EXIT					
	Insurance Company	:A	NG					
/B)	ADDITIONAL INCOR	MATION / AMENDMENT						
	make the following a	amendments:	accident and would like to include additional information or ANG GROVE #14-34 SINGAPORE 688209					
			+					
	Policyholder / Driver' Date:	s Signature	Reporting Centre Personnel's Signature Name: NRIC/FINNo.: Date:					



Traffic Flow:

Dual Carriage Way

Between Moving Vehicles - Head To Rear

Type of Collision:



/20200919/2110

Traffic Volume:

Anyone conveyed by

Heavy

No

ambulance:

1 of 4

Report No. T/20200919/2110

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

Date/Tim	e Report 20 22:10	Made:	Vide Report No.:				Station Diary No.: 118	
Informar	nt's Parti	culars		Les VI		100		
Name of Informant: LING SIN YEE, MICHELLE			Address: 14 CHOA	сни к	ANG GROVE	E #14-34 SI	NGAPORE 688209	
ID Type /	ID No.:	DOMESTIC STATE OF THE STATE OF		Contact No.: Home/Office: Mobile: 98892701			3892701	
Nationalit SINGAPO		ZEN	Email:					
Sex: Female	Age: 37	Date of Birth: 27/10/1982	Type of In	forman				
Race: Chinese		Language: Institution / School N			/ School Name:			
Occupation	Occupation: HR ASSISTANT MANAGER			Driving Licence Information: Class: 3 Date of Expiry:				
Type of		on of the Accident Injury Others	Dr	ink ive:	Date/Tim Accident:		Type of Location Straight Road	
Accident			No)	18/09/20	20 19:00		
		PRESSWAY						
Weather: Clear			Road Surf Dry	ace:		Ro	oad Speed Limit:	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SBL1230J	Car	NISSAN	NOTE 1.2 CVT	Pink	Seriously Damaged	0
SJY1236E	Car	MITSUBISHI		White	Slightly Damaged	0
SMH7286A	Car			White	Slightly Damaged	0

Traffic Control:

Not Controlled

f	Details of V	ehicle Insurance			一个人们的人的发展等的
1	Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





2 of 4

Report No. T/20200919/2110

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

CONTINUATION OF REPORT

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SBL1230J	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800116184-01	27/09/2019	26/09/2020		

Any Pedestrian Ir	nvolved: No					
No. of Pedestrians Injured: NIL Use of			Use of Pec	destrian	Cross	ing: NA
Driver	per end the first	7 Section		Table 1	. Na	
Name	LING SIN YEE, MIC	HELLE		ID No.		S8234102A
Related Vehicle	SBL1230J (Car)			Conta	ct No.	98892701
Hospital/Clinic	NIL			Class Driving Licent Expire	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disch		NIL	
	ed Medical Leave	NIL	Degree of			t
Driver				Photos II	Takin	
Name	THARIQ			ID No.		S9372032F
Related Vehicle	SJY1236E (Car)			Contact No.		83639796
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	
Driver		1000	DESTRUCTION OF THE PARTY OF THE	TOPE S	ALC: U	SKALSTONAST SALES
Name	LEU WEI LIANG			ID No		S8629451F
Related Vehicle	SMH7286A (Car)			Conta	ct No.	91783998
Hospital/Clinic	NIL			Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discl		NIL	
	nted Medical Leave	NIL	Degree of			





3 of 4

Report No. T/20200919/2110

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

CONTINUATION OF REPORT

Brief Details.

On 18/09/2020 at about 1900 hrs, along PIE towards City after Jln Toa Payoh flyover, I was driving my vehicle, SBL1230J, along the 1st lane. The vehicle in front of me, SJY1236E, suddenly apply emergency brake. I then apply brake and manage to stop in time to avoid colliding onto the vehicle. However after stopping my vehicle. I heard a loud bang from the rear of my vehicle and felt my vehicle surge forward suddenly.

Due to the sudden surge, my vehicle collided onto the front vehicle. After the accident, I alight from my vehicle and realized that another vehicle, SMH7286A, which was travelling behind me, had collided onto my vehicle. At the point of time, I informed the other drivers that I felt pain on my chest area, the back of my neck and right leg. However, no one did not call for ambulance or Traffic Police. I then exchange particulars and contact with the other two drivers. Subsequently the EMAS towing crew and the LTA Traffic warden arrived at scene.

My vehicle was then tow to the nearest car park by the EMAS towing crew. Subsequently I proceeded to seek medical consultation and was given five days of medical certificate. There is onboard CCTV in my vehicle and it had capture the accident footage. The damage to my vehicle front bumper and vehicle registration number plate dented, the rear door, bumper and vehicle registration number plate dented. While the front vehicle is the rear portion damage and the rear vehicle the front portion damage.





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

Report No. T/20200919/2110

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 / Sr Staff Sgt CHOO NGAL PANG SINGAPORE POWER TAKES	Signature Of Informant:
Signature Of Interpreter: Not applicable SIGNATURE	Date/Time: 19/09/2020 22:10
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:

Authentication Stamp



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

: HR12195022J

Name of Policyholder

: Ling Sin Yee, Michelle (Lin Xin Yi, Michelle)

Period of Insurance

: 27 Sep 2019 To 26 Sep 2020

Engine No. Chassis No.

: JN1TAAE12Z0982026

Vehicle No.

: SBI 1230.I

Policy No.

Endorsement No.

: 1800116184-01 : 000000000305485

Issued Date

: 24 Sep 2019

ABOUT THE COVER

Make/Model

NISSAN NOTE 1.2 (SUPERCHARGED/NON-SUPERCHARGED)

Engine Capacity/Tonnage : 1,198.00 CC

Sum Insured : Market Value

First Year of Registration : 2018

Driver Restriction

: NA

Off Peak Car : Yes

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

b) Any other person who is driving on the Policyholder's order or with his/her permission.

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

ou have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience

Age Condition

: All Age Condition

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Ling Sin Yee; Michelle (Lin XinYi, Michelle) - \$600 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1.TC AutoClinic Add: No.1, Sixth Lok Yang Road Singapore 628099 62622212

2. Autolution Industrial Add: 19 Util Road 4 Singapore 408623 64909668
3.TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513
4. Tan Chong Motor Sales Add. 913 Bukit Timah Road Singapore 589623 64694091 64694092 64694093

5.Tan Chong Motor Sales Add: 17 Lorong 8 Toa Payoh Singapore 319254 63570753 63570754

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500610318

TAN CHONG CREDIT PTE LTD-GBL 913 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE SINGAPORE 589623 ANSP-MOTOR Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

ACCIDENT STATEMENT

ACCI	DENT DATE: 18 09 2020	J(DD/MM/YYYY), TIME:(19:00)(HH:MM)
LOCA	MON: PIE towards CI	hangi Near Ton Po	yoh Exit.
12		0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1.	DETAILS OF VEHICLE SBL	1230 J	
	b)INSURANCE COMPANY:	A16	
	c)POUCY NUMBER: 1800		_
	d)POLICY TYPE: (COMPREHENS		PD PARTY FIRE &THEFT
	e)MAKE & MODEL:		10 1 / MILL WILLEN
	FITYPE: (SALOON / COUPE LAIP		ORCYCLE / OTHERS!
	g) VEHICLE CATEGORY: (PRIVAT		
	h) PURPOSE OF USING AT ACCI		
	ARE YOU CLAIMING UNDER Y		
	IF NO, PLEASE STATE (CHIRD PA	RTY CLAIM / REPORTING	G ONLY)
2.	ANAME: LING SIN Y	FE MICHELLE	INALE PERMATEL
	b)NRIC/FIN/PASSPORT: \$82	134/02A CON	TACT: 9889 2701
	CLADDRESS: 14 Choa Chu	Kary Grove (So	1 Acres)
	#14-34 SC		
A	* CONTINUE TO 3.d IF DRIVER A	LSO POLICY HOLDER	
And of basson of	DRIVER AS Above		
(Including driver)	b)NRIC/FIN/PASSPORT:		(MALE / FEMALE) TACT:
(1)	c) ADDRESS:		1801.
	Exercise the second sec		
	*d)DATE OF BIRTH: (27 / 13		Y)
	eJOCCUPATION: (NDOOR JOL		
A.	TIYEARS OF DRIVING EXPRERIEN WAS DRIVER AN EMPLOYEE OF		MDANIVE (VES / CO)
	IF NO, RELATIONSHIP OF THE		NOTE AND THE PROPERTY OF THE PARTY OF THE PA
5.	OWEATHER CONDITION: (CLEA		
	b)ROAD SURFACE: (DR) / WET /		
	WAS ANYBODY INJURED TES /		
f.e.	IF YES, PLEASE STATE WHICH PO		
8.	THIRD PARTY VEHICLE		
the of passinger	a) VEHICLE NUMBER: Sm H	7286A MODE	EL: Bime SG.
12 Including driver)	b) DRIVER'S NAME: LEU 1	VEL LIANG	
(1 V	C) NRIC/FIN/PASSPORT: S8 THIRD PARTY VEHICLE	04 1421 F CON	TACT: 91783998
	d) VEHICLE NUMBER: SJY	1126F . 400	L. Mitsubishi Lances
the of passinger	OF DEDICATE THA		Title Date of the Parison
(Induding delizer)	f) NRIC/FIN/PASSPORT: \$93	72032 F CON	TACT: 83639796
(3)			
	B		
			† <u>.</u>
worting pol	lice Report Cimail =	1.15	
ν β	Filler) =	Adrran.	
	fax =		
	MOEO =		
	VIDE 0 -		