			. j	
NATIONAL Assessment Centre	Services. well J	an'05 SHOO 20C 000H		
	Jeb description	Date & Time Co	mpleted	Done by
Date In: 1/12/17:04	SAS e-filing			
Ref No: Na INCLOUSIN 124	E-mail (within Shrs, Al	C 2hrs)		
Veh No: Im75800 R	i-Motor Claim For		-001 1110	12 17:1
D.O.A: 7/11/2-16:42	i-Motor W/O (Withi			
OD / TP-/ Reporting Only	i-Photo Uploaded	1		
<u>O</u>		Depart		
TP Insurer:	Assessment/Survey	/ Hand to Owner/Wksp		
	Ass't Report by Fax	Tel:	Fax:)
Preferred Wksp / INC Assign Wksp / QW: (
TP Particulars: Veh No: 566193	OD.	INC()/Non-INC)
Owner / Driver: (• /) Cover Type: ()
Policy No: () Perio	Da Da	T:	:)
Confirmed by : (N: 0-20%; P: 21-79%	F: 80-100%]	6
		NO()		
Teal of Registration.)		
The state of the s	0()/\$2,000(
General Remarks:-	Confide	ntial & Strictly NO refer o	f repairer.	1111111111
() Walk-In Customer: Customer's inform	TIP CENTLY			
() Total Loss Case : to e-mail Insurer Drive-In () / Towed-In (); Invoice:); Towing Co: (.)
Drive-In ()/ Towed-In (); Invoice:	TES () / I.e (šinpletod	Doneby
Remarks:- (INC hotline: 6788 6616)		Date&clime Co	mpre su	
1) Apply for Transport Allowance ()/Co	ourtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()			
Injury:				
Date/Time Actions		and the second		0.60
Date thie Actions				
	3			
•	Lucivo		700000000000000000000000000000000000000	Amt (5) Amt (5)
V.A.	ln.	voice Preparation Chec	klist	fit Bill Add Bil
YOUR OF	1) /	R: Accident Reporting (\$30)		
Claimant's Particulars :-	3) 7	DA: Damage Assessment (\$100) FF: Towing Fee	\$40/\$45	
Driver/Owner:	611	T: Follow-Through Survey (Re	\$120 survey) \$30	
Contact No:	·	or claiming against INC Only (wef 10 Jan 2005) \$75	
Damaged Portion:	6)	TR: Re-inspection V1: Idac DA + SMRT Survey	· · · . \$160	
Daniaged Fordon.	3)1	VTUC Additional Services:-		
OC Charled by (E-zy In Charge)		OD* NS: Courtesy Car / Tpt Allowan	.cc \$5	
QC Checked by (Engr-In-Charge):		N6: Repair Co-ordination	\$10	
Auditors: Comments::=		N7: Fost Repair Inspection N8: DV / Collect Excess Coord	ination 35	3
Auditors' Comments :: Cat. 1:	2000	TP (N11) : TP (N in INC) agains N12: Idac Mobile	30 30 start	ol T
	9) In:	N12: Idae Mobile	Fee Charged	entry entry
<u> 2at. 2/3:</u>	In	voice dated	Fee Charged	

SN0920C1000N / National Assessment Centre Services [408933] ENTRY DATE & TIME: 01/12/2020 17:04 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (01/12/2020 17:04 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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.

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.

ACCIDENT STATEMENT

01/12/2020 17:04 (SGT) Date of Submission 27/11/2020 16:40 (SGT) Date of Accident Shenton Ln, Singapore Exact Location of Accident SHENTON LANE TWDS COMMERCE STREET Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number **SMT5800R**

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **KOO YING YING** SXXXX675F NRIC No blue1288@hotmail.com Email Address (Phone) +65-98369403 Mobile Phone No Alternative Phone No +65-98369403

VEHICLE PARTICULARS

Manufacturer Gla180 Model Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to Yes Private car Vehicle Category

INSURANCE COMPANY

NTUC Name of Insurance Company Type of Coverage Comprehensive Fleet Policy 5118062084 Policy Number Cover Note Number

DRIVER

Name of Driver LOH YI CHENG (LU YICHEN) SXXXX033E NRIC No 08/12/1989 Date Of Birth Occupation Indoor

te Of Driving Pass	31/08/2009
iving experience	11 YEARS AND 3 MONTHS
ender	Male (Phone) +65-98307378
obile Number	(Filotie) +05-36307370
t. Phone Number	blue1288@hotmail.com
nail Address	BLK 29A CHAI CHEE AVENUE
dress	#04-80
dress complement	461029
ostcode	No
the driver the policyholder?	Spouse
No, Relationship of the Driver with the Insured	No
oes Driver Own Other Vehicles?	110
ehicle Registration Number of Other Vehicle Owned by Driver	
surance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
ype of Accident	Collision - Cross Junction
Veather Conditions	Clear
pad Surface	Wet
Dad Guillace	
OTHER INFORMATION	
	No
Vas any foreign vehicle involved in the accident?	No 2
umber of vehicles involved in the accident	
Vas anybody injured in the Accident?	No -
Vas any injured conveyed to hospital by ambulance?	Yes
Vas any other material or property damaged?	1
umber of Passengers (Including Driver)	l .
as the driver been approached by unknown person(s) oliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
f yes, against whom?	-
r yes, against whom:	
CIRCUMSTANCES OF ACCIDENT	
REFER TO STATEMENT.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	SLL1930D
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
venicle Model	·
Vahiala Variant	2
Vehicle Variant	
Vehicle Colour	Private car
Vehicle Colour Vehicle Category	Private car DAVID
Vehicle Colour Vehicle Category Name of Driver	DAVID
Vehicle Colour Vehicle Category Name of Driver Contact Number	*
Vehicle Colour Vehicle Category Name of Driver Contact Number Address	DAVID (Phone) +65-98500096
Vehicle Colour Vehicle Category Name of Driver Contact Number	DAVID (Phone) +65-98500096

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

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.
- 3. Information provided must be as <u>truthful</u> and <u>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.
- 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:

- (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:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) Investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(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 Signature

Date & Time:

Driver's Signature

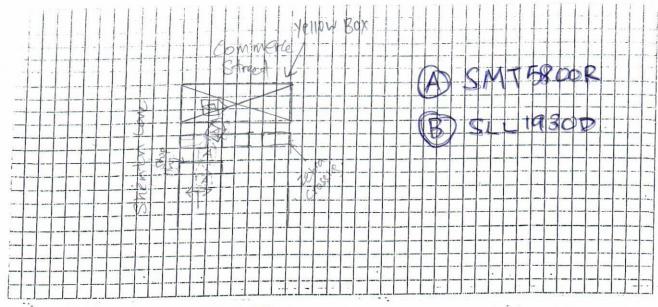
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1 AZI La QUEZZI T WILL TOURNESS ALONG CLORATOR LAW T
On 27/11/2020 @ 1639hrs, I was travelling along Shenton Lane, I
was turning to commerce street, All of a Sydden car B SCL 1930
Accelerate and collided into my left portion we exchange particulars and
COCC TO THE COLOR
greed to claim insurance.
•

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Date of Accident	: 2411/2020 Accident Time: 1639hrs (24-HR-Format)
Accident Place	: Shenton Lane trining to commerce Street
Vehicle Reg. No. (Car Plate No.)	: SMT 5800R.
Vehicle Make/Model	: Mer GLA 180
Insurance Company	: NTUC Policy No. 5118062084
Owner or Company Name /IC No.	
Owner or Company Contact No.	: 98369403 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Loh Yi cheng.
DRIVER'S Date Of Birth	:08-12-1989 DRIVER'S License Pass Date 31 08 / 2009
Relationship of Owner & Driver	: Spoyse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: BLK 29A chai chee Avenue, #04-80.
DRIVER'S Contact No./ Alt No.	:1) 9830 7378 - 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: Blue 1288 @ hotmail.com
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D.	
Was there any video Captured by ca Exact purpose for which vehicle wa	r camera: YES\NO s being used at the time of accident: Private use \ Work purpose
Other I	Party Driver's Particular (if any)
Vehicle Reg. No: St. 1930E	Vehicle Reg. No:
Vehicle Make Model: Horda Ve	Vehicle Make\Model:
Name Driver: David	Name Driver:
IC No. Driver:	
Driver's Contact & Add: 9850	Driver's Contact & Add:



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: 5118062084

Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle

: To Be Advised

Chassis Number

: WDC1569422J659017

2. Name of Policyholder

: KOO YING YING

3. Effective Date of Insurance

4. Expiry Date of Insurance

: 30 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 business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

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

EXCESS (SECTION 1) \$\$600 EXCESS (SECTION 2) N/A WINDSCREEN EXCESS \$\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER

: KOO YING YING NAMED DRIVER (1) : LOH YI CHENG NAMED DRIVER (2) : KOO YING YING

HIRE PURCHASE COMPANY : UNITED OVERSEAS BANK LIMITED SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: CHUA CHWEE CHERN LINDA (00000526982)

Date of Issue

: 30 Jun 2020 14:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBao Tech									Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601				CANCEL STREET	• Chang	e Languag	e • Chan	ge Password	→ Log Out
My Desktop	Policy Query									•
Notice of Loss	Policy No.				Date	of Accident	[27/11/2020 1	6:40	
	Vehicle No.(For Motor)	SMT580	OR		Certificate Number					
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5118062084		KOO YING YING	S8971675F	GPC	drivo PREMIUM	SMT5800R	SMT5800R	02/07/2020	01/07/2021
					Continue					

olicy No.	5118062084	Policyholder Name	KOO YING YING	Policyholder NRIC	S8971675F			
ertificate								
ddress	BLK 29A #04-80 CHAI CHEE A	ENUE SINGAP	ORE 461029					
roduct	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N			
lame Policy ssue Date	30/06/2020	Effective Date	02/07/2020 00:00		01/07/2021 23:59			
xcess	Party O dama		All Claims Excess					
hird Party			600	Windscreen Excess	100			
Additional	0	OS Premium	0					
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Youn	g/Inexperience Driver Excess		
Agent	CHUA CHWEE CHERN LINDA	Agent Tel.	65602854	GST Flag	Y			
Open Policy Info Certificate								
	holder Mailing Address							
Policyl	holder Mailing Address	Addr	ess 2 CHAI CHEE	AVENUE	Address 3	SINGAPORE 461029		
Policyl	holder Mailing Address BLK 29A #04-80				Address 3 Post Code	SINGAPORE 461029 461029		
Address 1 Address 4	BLK 29A #04-80	Addr Relat	ess Type Singapore a ted Policy 511806208	address				
Policyl Address 1 Address 4 Unit No.	BLK 29A #04-80 04-80	Addr	ess Type Singapore a ted Policy 511806208	address				
Policyl Address 1 Address 4 Unit No. Insure	BLK 29A #04-80 04-80 ed Object: SMT5800R	Addr Relat	ess Type Singapore a ted Policy 511806208	address				
Policyl Address 1 Address 4 Unit No. Insure	BLK 29A #04-80 04-80 ed Object: SMT5800R	Addr Rela Num	ess Type Singapore a ted Policy 511806208	address	Post Code			
Policyl Address 1 Address 4 Unit No. Insure	BLK 29A #04-80 04-80 ed Object: SMT5800R	Addr Relat Num	ess Type Singapore a ted Policy 511806208 ber	address 34	Post Code	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 03 Jul 2020, th following policy details are amended as follows: HIRE PURCHASE COMPANY: UNITED OVERSEAS BANK LIMITED CHASSIS NUMBER: WDC1569422J659017 ENGINE NUMBER: 27091031910146 VEHICLE REGISTRATION NUMBER SMT5800R ORIGINAL REGISTRATION DATE: 01 Jan 2020		
Policyl Address 1 Address 4 Unit No. Insure Endors Seque	BLK 29A #04-80 04-80 ed Object: SMT5800R sements nce Date of Endorsements	Addr Relai Num ent Basic Endo	ess Type Singapore a ted Policy 511806208 ber 511806208 Endorsement Type	eddress 84 Endorsemen	Post Code t Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 03 Jul 2020, th following policy details are amended as follows: HIRE PURCHASE COMPANY: UNITED OVERSEAS BANK LIMITED CHASSIS NUMBER: WDC1569422J659017 ENGINE NUMBER: 27091031910146 VEHICLE REGISTRATION NUMBEI SMTSBOOR ORIGINAL REGISTRATION DATE: 01 Jan		

### PAID	m Handling dent MT/1111920					
STATIONS NO. TO STRICT MAN TO STR		5118062084	Vehicle No.	SMT5800R	GST Registration No.	
Part	- Care Care Care Care Care Care Care Care	110002004				
ACC Com PROMET DAY ISSURANCE Cover Type Ship Machine Counter to (primer) Ship Machine Ship Mach		and which while			Policyholder NRIC	S8971675F
Consect No. (Omen) \$00007779			Cover Type	drivo PREMIUM	Loading	0
Spread Amounts					Contact No.(Home)	0
TA	act No.(Mobile)	} 8307378		<u> </u>	eCode	Nc V
Direction No				@ No O Yes	eCode Reason	
No Notice Transport (No ○ Yes				No
DOT DITE	Protection	No	NCD Entitlement(%)	8	Private rine	
## Accoset Applicable ## OF Accoset Applicable ## OF Accoset Applicable ## FOR ACCOSET APPLICABLE TWOS COMMERCE STREET ## TWALE Excess Applicable ## OF ACCOSET APPLICABLE TWOS COMMERCE STREET ## TWALE Excess Applicable ## OF ACCOSET	Accident Details					Collision - Cross Junction
the of Accident 27/1/2020	ort Date	01/12/2020 17:08	Accident Report Within 24 hrs	Yes	Accident Type	G- E-Mar-Boy (LL) EMMA B MARK MARKS MARKS II. I
Description		27/11/2020	Time of Accident hh:mm	16:40	Country of Accident	Singapore
## PARCED LANE TWOSE COMMERCE STREET **PORTAL EXCESS APPRICATE **CREST TYPE*** **PORT ACCIDITATE **PORTAL ACC			Orange Force		ICM No.	
Total Exess Applicable Cress Type Per Accident Windscreen Excess 100.00 Standard Excess 0.00 VEB TP Excess 0.00 VIED TP Excess 0.00 Total TP Excess Applicable 0.00 Standard Excess 0.00 VIED TP Excess 0.00 Total TP Excess Applicable 0.00 Standard Excess 0.00 Standard Excess 0.00 Total TP Excess Applicable 0.00 Standard Excess 0.00 Standard Excess 0.00 Standard Excess 0.00 Total TP Excess Applicable 0.00 Standard Excess 0.00 Standa		SHENTON LANE TWDS COMMERCE STREET				
Case Type						
Standard Excess 600.00 TB Standard Excess 0.00 Driver is Covered? Covered to CO Discess 0.00 VIED TP Excess 0.00 Driver is Covered? Covered? Covered to CO Discess 0.00 VIED TP Excess 0.00 Driver is Covered? Covered? Covered of CO Discess 0.00 Driver is Covered? Covered? Covered of CO Discess 0.00 VIED TP Excess Applicable 0.00 Driver is Covered? Covered? Covered of CO Discess 0.00 Driver is Covered? Covered? Covered of CO Discess 0.00 Driver is Covered? Covered of CO Discess 0.00 Driver is Covered? Covered? Covered of CO Discess 0.00 Driver is Covered of CO Driver		Per Accident	Windscreen Excess	100.00		
Discrete Services Double Decretes Double	ess Type	Per Accident				
## DO Excess ## DO	Standard Excess	600.00	TP Standard Excess	0.00		
Document			YIED TP Excess	0.00	Driver is Covered?	Covered
Total TP Excess Applicable						
## Boundary ## Bo			Total TO Excess Applicable	0.00		
T Registrarion No.		600.00	Total IP Excess Applicable	0.00		
### TR registered ### TR regi						
18 registration No	GST Registered Informat			GST Penietration Cate		
## ST Repart attom No. obdication History Policyholder Mailling Address		No		STATE OF STREET STATE OF STREET		
## Policyholder Mailing Address ## BLX 29A # 04-80				GO I States Fellines		
Address 2 CHAI CHEE AVENUE Address 3 SINCAI Address Type Singapore address Post Code 461023 Address Type Singapore address Post Code 461023 To Driver Info ■ Driver Type Name Lon Yi Chang Driver RRIC S#4013E Driver DOB 06/12/ ■ OBLIVER SHAPE	dification History					
## Address 1						
## Address 1 Bix 29A #04-80 Address 2 Control File Notice ## Address 17			444	CHAI CHEE AVENUE	Address 3	SINGAPORE 461029
Address Type Named Driver Info OH-80 Related Policy Number S118062084 Driver Name Link 11 Cheng Driver RNIC S894031E Driver DOB O8/12/ ONE POSE OR OF The Policy Number Driver Name Driver Name Driver Name Driver Name Driver Name Driver Age 30 Driving Experience 11 Contact No. (Mobile) 98307378 Contact No. (Office) O Contact No. (Home) OLAS Address 1 BLK. 29A Address 2 CHAI CHEE AVENUE Address 3 SINACA SI	dress 1	BLK 29A #04-80				461029
Marked Driver Info Driver Name Loh Yi Cheng Driver RRIC S8944033E Driver DOB 08/12/ Driver Name Driver RRIC S8944033E Driver DOB 08/12/ S8944033E Driver DOB 08/12/ Driver RRIC S8944033E Driver DOB 08/12/ S8944033E Driver DOB 08/12/ S8946033E Driver DoB 08/12/ S894603 S894603 S894604 Driver Lane S894604 S894604 S894604 S894	dress 4		Address Type		Post Code	
Diver NRIC S8944033E Driver DOB 08/12/ Innamed driver Name	it No.	04-80	Related Policy Number	5118062084		
Diver NRIC S8944033E Driver DOB 08/12/ Innamed driver Name	OI Driver Info					
Legister Date of Driver License 31/68/2009 Driver Age 30 Driver Register Date of Driver License 31/68/2009 Driver Age 30 Driver Age 30 Driver Age 30 Contact No. (Office) Driver Age 30 Address 1 BLK 29A Address 2 CHAI CHEE AVENUE Address 3 SINGAL Address 4 Address 7-ype Singapore address Post Code 46102 John No. Driver Insurer Company Driver Ins	ver Name	Loh Yi Cheng	Driver Type	Named Driver		
Legister Date of Driver License 31/06/2009 Driver Age 30			Driver NRIC	S8944033E	Driver DOB	08/12/1989
Contact No. (Mobile) 98307378 Contact No. (Office) 98307378 Contact No. (Office) 98307378 Contact No. (Office) Address 1 984 Address 2 CHAI CHEE AVENUE Address 3 SINGA Address 3 SINGA Address 4 Address 7type Singapore address Post Code 461021 Any injury? Oriver Vehicle No. Driver Vehicle No. Driver Insurer Company Claim 7type Claim 01 Nex Contact No. (Mobile) Contact No. (Home) Singapore address Oriver Insurer Company The Post Post Post Post Post Post Post Post		31/08/2009	Driver Age	30	Driving Experience	11
Address 1 BLK 29A Address 2 CHAI CHEE AVENUE Address 3 SINCAL Address 4 Address 4 Address 7ype Singapore address Post Code 46102i Julit No. O4-80 Order Vesi ® No Driver Vehicle No. Driver Insurer Company Driver Insurer Company Driver Insurer Company Driver Insurer Company Treathalyser or Blood Test Reading? Omg Any Injury? Claim 1ype * OD-MX V Insured Name KOO YING YING Insured NRIC Segration Contact No.(Home) Sol159681 Contact No.(Office) Try Vehicle Number Silling SummersNow224@MAILCOM OI Vehicle Number Silling Silling Silling Silling Silling Silling Name * Claimant Type * Diamant Type Type Type Type Type Type Type Type			Contact No.(Office)	0	Contact No.(Home)	0
Address 1 Address Type Singapore address Post Code 46102/ Address Singapore Order Insurer Company Any injury? Order Insurer Company Any injury? Order Insured Name Contact No.(Home) Singapore address No Driver Insurer Company Order Insurer Company Insured Name Contact No.(Home) Singapore address No Driver Insurer Company Order Insurer Company Insured Name Contact No.(Home) Singapore address No Driver Insurer Company Order Insurer Company Insured Natic Segrit Contact No.(Home) Singapore address No Driver Insurer Company Insured Natic Segrit Contact No.(Home) Singapore address No Driver Insurer Company Insured Natic Segrit Contact No.(Home) Singapore address No Driver Insurer Company Insured Natic Segrit Insured Name Insured Natic Insured				CHAI CHEE AVENUE	Address 3	SINGAPORE 461029
Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Insurer Company Driver Insurer Compa		BLK 29A			Post Code	461029
Does he own a Singapore	dress 4		Address Type	Singapore addition		
Registered car? Declaration Breathalyser or Blood Test Reading? Omg Any injury? Oyes ● No Modification History Claim 101 New Contact No.(Home) 63159681 Contact No.(Office) Email Address SUMMERSNOW24@GMAILCOM Ol Vehicle Number Type of Benefit Please Select Type of Benefit Please Select Claimant Type Claimant Type Please Select Claimant Address Claim Description SMT5800R / SLL1930D ON 27 Nov 2020 SMT5800R / S		04-80				
Pedarbahyser or Blood Test Reading? Any Injury?	es he own a Singapore gistered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
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