NATIONAL Assessment Centre Se	ervices. WE! 1 Jan'05 WIN	092080004	
	b description	Date &Time Completed	Done by
	SAS e-filing		
	E-mail (within Shrs, AIC 2hrs)		d
103 10	i-Motor Claim Form	M)1112821-001	810to 14:54
	i-Motor W/O (Within: OD 2hrs	s, 7'P 4hrs)	
OD / TP)/ Reporting Only	i-Photo Uploaded		
1	Assessment/Survey Report		
TP Insurer:	Ass't Report by <u>Fax / Hand</u> t	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: UBF77	985 . INC ()/Non-INC().	
Owner / Driver: (Tel:	
Policy No: () Period:	()	Cover Type: (
Confirmed by : (Date:	Time:	1000/3
	-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-	10098]
101101103111111	anty: YES ()/NO (
Excess: (\$) Loading: \$1,000 ()/\$2,000()		Mas Vista and the
General Remarks;-		-ilu NO refer of repairer	<u> </u>
() Walk-In Customer: Customer's informat		nctly NO faler of repairer	·
() Total Loss Case : to e-mail Insurer Ul		owing Co: (· · ·)
Drive-In ()/ Towed-In (); Invoice: YE	S()/ NO(),1		A Control Bankhi
Remarks:- (INC hotline: 6788 6616)		Date&Tirrie Completed	Bonory
1) Apply for Transport Allowance ()/ Court	esy Car ()		-
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost > \$3000]			
Injury:			er ar green (de let jar de let en
Date/Time Actions			**************************************
324	Invoice Pro	eparation Checklist	Amt (5) Amt (5) fit Bill Add Bill
142100010 ·	1) AR : Acciden	\$	ASSESSION ACCOUNT
laimant's Particulars :-	2) DA : Damage	Assessment (\$100); INC	(\$80) \$40/\$45
Priver/Owner:	3) TF : Towing 4) FT : Follow-	Through Survey	\$120
Contact No:	5) FT : Follow-	Through Survey (Resurvey) against INC Only (wef 10 Jan 20	\$30
	6) TR: Re-insp	ection	\$160
amaged Portion:	7) N1 : Idao DA 8) NTUC Addit	+ SMRT Survey ional Services:-	
C Checked by (Engr-In-Charge):	OD*	sy Car / Tpt Allowance	\$5
Concence by (bugi-in-charge).	*N6: Repair	Co-ordination	\$10 \$25
Auditors! Comments ::	*N7: Fost Re	pair Inspection ollect Excess Coordination	35
at. 1:	TP (N11): T	P (Non INC) against INC	\$20
	9) N12: Idna M Invoice dated	obile Fee Charge	sa little
at. 2/3:	Invoice dated	Fee Charge	ed Satisfie

1 . per et 1.70

SN0920C8000H / National Assessment Centre Services [408933] ENTRY DATE & TIME: 08/12/2020 14:46 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (08/12/2020 14:46 (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.
- 5. Any false reporting may be referred to the Police for investigation. 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	08/12/2020 14:46 (SGT)
Date of Accident	03/12/2020 18:30 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	TUNNEL
Country/State of Loss	Singapore

DE TAILS U	FOWN VEHICLE
Vehicle Registration Number	GZ3496M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ACCLAIM SYSTEMS PTE LTD
Company Reg No	1XXXXX237G
Fmail Address	matixsiow93@gmail.com

Mitsubishi

Company rieg No	111111111111111111111111111111111111111
Email Address	matixsiow93@gmail.com
Mobile Phone No	(Phone) +65-62990798
Alternative Phone No	(Office) +65-62990798

VEHICLE PARTICULARS

Manufacturer

Model	L300
Variant	-
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? Vehicle Category	No - Claiming third party Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5112939040-01
Cover Note Number	

DRIVER

Name of Driver	SIOW SHI JIN
Passport No/FIN	GXXXX047X
Date Of Birth	08/06/1993
Occupation	Outdoor

Date Of Driving Pass 27/08/2019 Driving experience 1 YEAR AND 4 MONTHS Gender Male Mobile Number (Phone) +65-94206090 Alt. Phone Number Email Address matixsiow93@gmail.com Address 171 KAKI BUKIT AVENUE 1 Address complement SHUN LI INDUSTRIAL PARK Postcode 416020 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Chain Collision Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20201204/7019. 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 **GBF7798E** Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver Contact Number

Address	-
Address complement	-
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBD6562K
Vehicle Manufacturer	•
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	
Contact Number	-
Address	-
Address complement	
Postcode	## T
Insurance Company Name	*
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 Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. 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>.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

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We de	clare the	/ 22		ticular	s are tr	ue in ev	ery re	spect.										
	1	E CONTRACTOR		15)														

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACC	IDENT DATE: 1 1 12.)(C	DD/MM/YYYY), TIME:(18:30 (HH:MM)
LOCA	ATION: JOPE tunnel.		
1	DETAILS OF VEHICLE a) VEHICLE NUMBER: 47.	3496M.	e .
		HTUC	5
<u>*</u>	C)POLICY NUMBER: 5/12939		
	d)POLICY TYPE: (COMPREHENSIVE		DADTY CIDE & THEETI
	20 July 10 Jul	2) INIKU PAKIT / INIKU	PARTI FIRE & INCELL
	e)MAKE & MODEL:	V/AN//1000V/140700	OCYCLE (OTHERS)
	f)TYPE:(SALOON / COUPE / MPV / g)VEHICLE CATEGORY:(PRIVATE /	COMMERCIAL (MOTOR	(CYCLE) OTHERS)
	h) PURPOSE OF USING AT ACCIDE		KCICLE)
	i) ARE YOU CLAIMING UNDER YOU		ES/NO
	IF NO, PLEASE STATE (THIRD PART		
2.	INSURED / POLICY HOLDER	TOS TATY RELIGION INTO	
2.			(MALE / FEMALE)
	b)NRIC/FIN/PASSPORT:		
	c)ADDRESS:		
2	* CONTINUE TO 3.d IF DRIVER ALSO	POLICY HOLDER	
\$ No of persona3.	DRIVER		
Allo of passenges (Including driver)	a)NAME:		MALE / FEMALE)
cincidating arriver)	b)NRIC/FIN/PASSPORT:	CONTA	CT: 9426090.
(La)	c)ADDRESS:		
	*d)DATE OF BIRTH: (//		
	e)OCCUPATION: (INDOOR / OUT		
	f) YEARS OF DRIVING EXPRERIENCE		
4.	WAS DRIVER AN EMPLOYEE OF	THE INSURED'S COMP	ANY? (YES)
	IF NO, RELATIONSHIP OF THE D):
5.	a) WEATHER CONDITION: (CLEAR /		
4	b)ROAD SURFACE: (DRY / WET) / OT		
	WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO)		
	IF YES, PLEASE STATE WHICH POLICE		
. 8.	THIRD PARTY VEHICLE	000000000000000000000000000000000000000	
	a) VEHICLE NUMBER: 13F779	8E MODEL:	
	b) DRIVER'S NAME:		
	c) NRIC/FIN/PASSPORT:	CONTAC	CT:
() 9.	THIRD PARTY VEHICLE		
	d) VEHICLE NUMBER: 48D65	61K MODEL:	
tho of passenger	OL DRIVER'S NAME.		
Induding driver)	f) NRIC/FIN/PASSPORT:	CONTAC	CT: <u>:-</u>
•			i .

Email =

fax = 67 48669.

VIDEO = X





1 of 3

Report No. T/20201204/7019

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time 04/12/202	The second secon	ade:	Vide Report No.: F/20201203/0158	Station Diary No.:
Informant	's Particu	lars	The state of the s	Committee and the second secon
Name of Ir SIOW SHI			Address:	
ID Type / I FIN NO / 0		K	Contact No.: Home/Office:	Mobile: 94206090
Nationality MALAYSIA			Email: MATIXSIOW93@GMAIL.COM	М
Sex: Male	Age: 27	Date of Birth: 08/06/1993	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
	Engineerir	ng services rd manager)	Driving Licence Information: Class:	Date of Expiry:

seneral informati	on of the Accident			
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/12/2020 18:40	Type of Location: Near underground single line road
Location:				
AIRPORT ROAD		D. 10. f		Dood Chood Limits
Weather: Little rainning		Road Surface: Wet		Road Speed Limit: 10 Km/h
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
One Way				

Vehicle No.	Type	Make	Model	Color	Conditio	No of
venicle No.	The	Wake	Model	COLUMN TO THE REAL PROPERTY.	Condition	
GZ3496M	Van					0

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





T/20201204/7019

2 of 3

Report No. T/20201204/7019

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Driver	据《图图·图图·图图》				建 宁国	
Name	SIOW SHI JIN			ID No	•8	G3863047X
Related Vehicle	GZ3496M (Van)			Conta	ct No.	94206090
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

Dear Officer, according the situation of collision between car. I was the driver who head moving the car(GZ3496M) under Company car (Acclaim System Pte Ltd) and the car was hitting behind side by other vehicle which is one of vehicle number GBF7798E which that time my car was completed stop due the traffic area was jam at around KPE area and it was underground and cannot move on. After move a bit distance and stop the car in few seconds, the collision was occur. Without to interference the traffic flow, i was moved on in another road (beside the road white line). With the confuse in situation, i see there have another one vehicle which also hitting the GBF7798E car behind by GBD6562K. Outstanding the situation is the one of the driver's wife (GBF7798E) was involve due feeling unwell and the driver who the name MR SHAWN GOH JING FA was called SCDF ambulance to come assist for his wife. When the SCDF coming, they coming for the MR Shawn'wife the give the guide and instruction for each of the driver ensure all the driver was under no injury condition. After the the LTA police and traffic police officer also coming to check the situation and give instruction for checking the all the Driver Identity (IC), all vehicle collision photo, and collection information. Another LTA police was give the diagram of vehicle type to check all correction. After half an hour, the traffic police officer confirm all the driver physical and mentally was ok and after that dismissed the collision area.

Remarks*the no any landmarks, around Airport Rd with KPE area, and no accident take place at a pedestrian crossing





3 of 3

Report No. T/20201204/7019

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

C	10	to	h	D	an
	κ	и.			all

Informant is not able to provide sketch

Contact No.: 65476090

Authentication Stamp

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/12/2020 12:00
Officer In Charge Of Case: TP / TPIB / ABDUL MUHAIMIN BIN HUSSAIN	Classification Of Case:

ProHealth Medical Group ifection Discharge Advice

SHOWN SHI JUN OLD DEC 2020 DO CASSENDATA DOS GROSSISSI CINO 50722
Patient's Name: BLK/775 FIN ARM DAY KING
Patient's NRIC/FIN Number: Adergy 161.
You have been swabbed and tested for COVID-19 infection at 0.4 DEC 2020
PROHEALTH MEDICAL GROUP @ BUANGKOK on <insert date="">.</insert>
Please contact us at 64818066 If you require
further advice or information related to your condition and/or this episode of illness. In
addition, you are given
You may require further evaluation at the acute hospital's emergency department if
tested positive for the infection

You are currently being evaluated and treated for symptoms that may be related to a possible COVID-19 infection. While awaiting the confirmatory results of the swab test, it is very important that you observe the following precautions to protect others from being exposed to a possible COVID-19 infection

To travel home from the GP clinic/ polyclinic after your consultation and evaluation;

Please avoid taking public transport;

You can take your own private transport or a taxi / private hire car

If you are being driven, please wear a mask and sit alone in the back seat. The windows of the car should be wound down and the air-conditioning switched off. Please obtain taxi / private hire car receipt for the journey, for contact tracing purposes in the event of a positive swab test.

You should

Self-isolate yourself at home and not attend any activities or return to your workplace/school until the end of your medical leave;

Stay in a separate room at home, ideally with an attached bathroom to minimise interaction with the rest of the household. If you are using a shared bathroom, surfaces that you touched should be wiped down before and after use

Arrange for food, water and other supplies to be placed outside your room for you to

collect and bring into the room;

Minimise contact and maintain strict safe distancing of at least 1 metre from your family members, especially seniors at home, until you are informed of a negative swab test

Maintain good personal hygiene, including washing your hands with soap and water frequently, avoiding touching your eyes, nose and mouth, and covering your mouth when coughing or sneezing etc.

Wear a surgical mask if you are coughing or sneezing;

Not share any food, crockery, utensils and other personal hygiene items;

Continue to take the medications prescribed for you (if any);

eBao Tech						计算				Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601					District Control of the Control of t	Change L	anguage	· Chang	je Password	· Log Out
My Desktop	Poli	cy Query									•
Notice of Loss	Policy N	lo.				Date	of Accident	03	/12/2020 1	8:30	
	Vehicle	No.(For Motor)	GZ3496	М		Certifi	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112939040- 01	5112939040- 01-000017	ACCLAIM SYSTEMS PTE LTD	199202237G	GFM	Comprehensive	GZ3496M	GZ3496M	16/10/2020	15/10/2021
				-/-	C	ontinue					

Policy No.	5112939040-01	Policyholder Name	ACCLAIM S	SYSTEMS PTE LTD	Policyholder NRIC	199202237G	
Certificate	5112939040-01-000017						
Address	171 KAKI BUKIT AVENUE 1 SH	JN LI INDUSTE	RIAL PARK S	INGAPORE 416020			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	21/09/2020	Effective Date	16/10/202	0 00:00	Expiry Date	15/10/2021 23	:59
Excess	Per Accident	All Claims Excess					
Third Party Excess		Own damage Excess	500		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	POH CHENG PEOW	Agent Tel.	62432168		GST Flag	Υ	
Co-							
nsurance	No						
nsurance Flag Open	No						
nsurance Flag Open Policy Info Certificate	No						
nsurance Flag Open Policy Info Certificate nfo	No nolder Mailing Address						
nsurance Flag Open Policy Info Certificate Info Policyh		E 1 Addre	ess 2	SHUN LI INDUSTR	IAL PARK	Address 3	SINGAPORE 416020
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insurance Flag Open Policy Info Certificate Info	nolder Mailing Address	Addre	ess Type ed Policy				
nsurance Flag Open Policy Info Certificate (info Policyh Address 1 Address 4 Unit No.	nolder Mailing Address	Addre Relat Numl	ess Type ed Policy	Singapore address			
nsurance Flag Dpen Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	nolder Mailing Address 171 KAKI BUKIT AVENU d Object: 5112939040-01-00	Addre Relat Numl	ess Type ed Policy	Singapore address			
Den Policy Info Certificate Info Policy Policy Policy Policy Policy Address 1 Address 4 Unit No.	nolder Mailing Address 171 KAKI BUKIT AVENU d Object: 5112939040-01-00	Addre Relat Numl	ess Type ed Policy ber	Singapore address			
nsurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure Findors Sequen	nolder Mailing Address 171 KAKI BUKIT AVENU d Object: 5112939040-01-00	Addre Relat Numl	ess Type ed Policy ber	Singapore address 5112939040-01		Post Code	416020

ccident MT/1112821					
olicy No.	5112939040-01	Vehicle No.	GZ3496M	GST Registration No.	M201065402
rtificate No.	5112939040-01-000017	auto-de Controllege y Protesta		to an analysis of the second state of the seco	
licyholder Name	ACCLAIM SYSTEMS PTE LTD			Policyholder NRIC	199202237G
97 CSS-05-0	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
oduct Code					
ntact No.(Mobile)	0	Contact No.(Office)	62990798	Contact No.(Home)	0
nail Address		Special Remark		eCode	Nc 🗸
FK .	No ○ Yes	TCA	No ○ Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
eport Date	08/12/2020 14:51	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ate of Accident	03/12/2020	Time of Accident hh:mm	18:30	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
cident Location	KPE				
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
cess type					
O Standard Excess	500.00	TP Standard Excess			
ED OD Excess	1000.00	YIED TP Excess		Driver is Covered?	
dditional Excess					
tal OD Excess Applicable	1500.00	Total TP Excess Applicable			
Benefits					
GST Registered Inform			CCT New York	0.10.1100.	
T Registered	Yes M201065402		GST Registration Date GST Status Verified	01/04/1994 Yes	
ST Registration No. odification History	MZU1U054UZ		GG I Status Verineu	162	
diffication history					
Policyholder Mailing Ad	dress				
			CHAIN I TAICHETCIAL DADIC	Address 3	SINGAPORE 416020
ddress 1	171 KAKI BUKIT AVENUE 1	Address 2	SHUN LI INDUSTRIAL PARK	Address 3	
ddress 4		Address Type	Singapore address	Post Code	416020
nit No.		Related Policy Number	5112939040-01		
OI Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
nnamed driver Name	SIOW SHI JIN	Driver NRIC	G3863047X	Driver DOB	08/06/1993
egister Date of Driver License	27/08/2019	Driver Age	27	Driving Experience	1
ontact No.(Mobile)	94206090	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	171 KAKI BUKIT AVENUE 1	Address 2	SHUN LI INDUSTRIAL PARK	Address 3	SINGAPORE 416020
ddress 4		Address Type	Singapore address	Post Code	416020
nit No			ACCUMANT TO COMPANY AND		
init No.	One Common to the second		Euro d Herbidonesco o consistencia de		
oes he own a Singapore	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
oes he own a Singapore egistered car?	○ Yes ③ No				
pes he own a Singapore egistered car? claration		Driver Vehicle No.			general and dec
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