MII 1/100 = 102 / 16	description	Date & Time Completed	Danale
		Date to I time completed	Done by
	AS e-filing		
	mail (within Shrs, AIC 2hrs)		
D.O.A: 8/11/2-11:15 i-M	Aotor Claim Form	M1111293-001	9/11/2 10:29
The postering Only	lotor W/O (Within: OD 2hr	s, TP 4hrs)	
i-P	hoto Uploaded		
TP Insurer: Ass	essment/Survey Report		
TOTAL PRODUCTION OF THE WAY OF THE PARTY OF	't Report by Fax / Hand t	0 Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	ax:
TP Particulars: Veh No: Shustiv	INC ()/Non-INC().	
Owner / Driver: (Tel:)
Policy No: () Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:)
		%; P: 21-79%. P: 80-1	00%]
Year of Registration: () Warranty	YES ()/NO ()	
)/\$2,000()		
General Remarks:-			
() Walk-In Customer: Customer's information s	strictly Confidential & Stri	ctly NO refer of repairer.	***************************************
() Total Loss Case : to e-mail Insurer URGE	ENTLY.	N 10 10 10 10 10 10 10 10 10 10 10 10 10	
Drive-In ()/ Towed-In (); Invoice: YES () / NO(); To	wing Co: (· · · · · ·
Cemarks:- (INC hotline: 6788 6616)			/
1) Apply for Transport Allowance ()/ Courtesy (7n=()	Date&Time Completed	Done by
2) QC Check / Post Repair Inspection	zar ()		
> C			\
	()		`
B) Upload Resurvey Photo [Repair Cost > \$3000]	()		
	()		
B) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	()		
B) Upload Resurvey Photo [Repair Cost > \$3000] Injury:	()		
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Jupload Resurvey Photo [Repair Cost > \$3000] Injury: ate/Time Actions			
Injury: ate/Time Actions Nowya		ration Checklist	
Injury: ate/Time Actions Nowya	1) AR : Accident Re	ration Checklist porting (530);	Ant (5) Amt
Upload Resurvey Photo [Repair Cost > \$3000] Injury: ate/Time Actions Nouse Imant's Particulars:	1) AR : Accident Re 2) DA : Damage As: 3) TF : Towing Fee	ration Checklist porting (\$30); sessment (\$100); INC (\$80) 540/5	Ant (5) Amt
Mowya Imant's Particulars: Ver/Owner:	1) AR : Accident Re 2) DA : Damage As: 3) TF : Towing Fee 4) FT : Follow-Thro	ration Checklist porting (\$30); sessment (\$100); INC (\$80) . \$40/\$ agh Survey \$1	Ant (5) Amt fit Bill Add I
Nowa imant's Particulars: ver/Owner:	1) AR : Accident Re 2) DA : Damage As: 3) TF : Towing Fee 4) FT : Follow-Thro 5) FT : Follow-Thro For claiming again	ration Checklist porting (\$30); sessment (\$100); INC (\$80) \$40/\$ agh Survey \$1 agh Survey (Resurvey) \$ ast INC Only (wef 10 Jan 2005)	Ant (5) Amt. Tit Bill Add.1 45 20 30
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Nowya Imant's Particulars: Ver/Owner: Itact No: Imaged Portion:	1) AR: Accident Re 2) DA: Damage As: 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspectio 7) N1: Idac DA + S) 8) NTUC Additional OD*	ration Checklist porting (\$30); sessment (\$100); INC (\$80) \$40/\$ agh Survey \$1 agh Survey (Resurvey) \$ ast INC Only (wef 10 Jan 2005) ast INC Only (wef 10 Jan 2005) MRT Survey \$1 Services:	Ant (5) Ant (45) Add I
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Dipload Resurvey Photo [Repair Cost > \$3000] Injury: Pate/Time Actions Mowyo Limant's Particulars: Ver/Owner: Itact No: Inaged Portion: Checked by (Engr-In-Charge):	1) AR: Accident Re 2) DA: Darmage As: 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspectio 7) N1: Idac DA + Si 8) NTUC Additional OD* *N5: Courtesy Ca *N6: Repair Co-or *N7: Fost Repair *N8: DV / Collect TP (N11): TP (N-)	ration Checklist porting (\$30); sessment (\$100); INC (\$80) \$40/\$ agh Survey \$1 agh Survey (Resurvey) \$ sst INC Only (wef 10 Jan 2005) n \$ MRT Survey \$1 Services:- 1/ Tpt Allowance \$ dination \$5 nspection \$5 Excess Coordination	Ant (\$) Ant (\$) Ant (\$) Ant (\$) Ant (\$) Ant (\$) And (\$
Onte/Time Actions Actions	1) AR: Accident Re 2) DA: Darmage As: 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspectio 7) N1: Idac DA + Si 8) NTUC Additional QD1* *N5: Courtesy Ca *N6: Repair Co-or *N7: Fost Repair 1 *N8: DV / Collect	ration Checklist. porting (\$30); sessment (\$100); INC (\$80) \$40/5 agh Survey \$1 agh Survey (Resurvey) \$ sat INC Only (wef 10 Jon 2005) MRT Survey \$1 AMRT Survey \$1 A	Ant:(\$) Amt. fst.Bill Add.E

SN0920C90004 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 09/12/2020 10:25 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (09/12/2020 10:25 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 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.
- 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 09/12/2020 10:25 (SGT) Date of Accident 08/12/2020 11:15 (SGT)

Exact Location of Accident 192 Lor 4 Toa Payoh, Singapore 310192

Additional Location Information carpark Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SLB3759Y**

INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner GOH CHYE HUAT (WU CAIFA) NRIC No

SXXXX117E

Email Address teo_vlyn@yahoo.com Mobile Phone No (Phone) +65-81258300

Alternative Phone No +65-96619139

VEHICLE PARTICULARS

Toyota Model Harrier

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? No - Claiming third party Vehicle Category

Private car

INSURANCE COMPANY

Name of Insurance Company NTUC

Type of Coverage Comprehensive Fleet Policy

Policy Number 5108163207-01

Cover Note Number

DRIVER

Name of Driver GOH CHYE HUAT (WU CAIFA)

NRIC No SXXXX117E

Date Of Birth 31/08/1972

Occupation

Indoor

Date Of Driving Pass	15/10/1992
Driving experience	28 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81259200
Alt. Phone Number	+65-96619139
Email Address	teo_vlyn@yahoo.com
Address	BLK 685B JURONG WEST STREET 64
Address complement	#13-165
Postcode	642685
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	•
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	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	2
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	No Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s)	3
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	
Gender	TOH PEI SHEA
	Female
PASSENGER 2	
Name	FFLICIA
Gender	FELICIA Female
	remale
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	NO -
CIRCUMSTANCES OF ACCIDENT	
REFER TO STATEMENT.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Vas there any video captured by Car Camera?	No
Vas there any audio recorded?	No
	VEHICLE PROPERTY 1
/ehicle Registration Number	SGG5712B
/ehicle Manufacturer	
/ehicle Model	£ .

Vehicle Colour	
Vehicle Category	Duivata
Name of Driver	Private car
Contact Number	-
Address	-
	-
Address complement	-
Postcode	-
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	58

INJURED PERSONS DETAILS

INJURED 1

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Name of injured person	GOH CHYE HUAT (WU CAIFA)
Address Complement Post Code	-
	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLB3759Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person	TOH PEI SHEA
Address	-
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	BODY
Injured person in which vehicle?	BODY
Word soot holte warm?	SLB3759Y

Were seat belts worn?	SLB3759Y Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 3	
Name of injured person	FELICIA
Address	
Address Complement	_
Post Code	
Approximate Age Years Old	IA R
Injuries Sustained	BODY
Injured person in which vehicle?	BODY
	SLB3759Y
	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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 withholding 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
- 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
- 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)
 - (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
- (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.

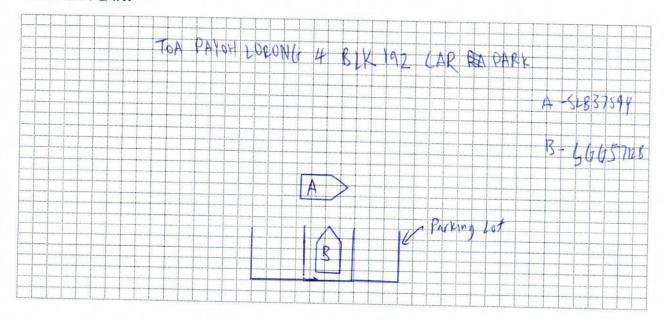
Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Name

NRIC/FIN No.:

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LWAS TRAVELLING ALONG TOA FAVOUR
I WAS TRAVELLING ALONG TOA PAYOH LORONG 4 BLK 192 CAR PARK.
SUDDENLY VEHICLE B CAME OUT FROM THE PARKING LOT AND HIT ONTO THE RIGHT SIDE OF MY VEHICLE.

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.:

Accident Reporting Draft

VEHICLE NO: SLB3759Y

MODEL: TOYOTA HARRIER

DATE OF ACCIDENT	8/12/12
TIME OF ACCIDENT	1115 HRS AM/PM
LOCATION OF ACCIDENT	TOA PAYOH LORONG 4 BLK 192 CAR PARK
EXACT PURPOSE USE DURING ACCIDENT	DER TOP STATE OF THE STATE OF T
NAME OF OWNER	GOH CHYE HUAT (WU CAIFA) TEO_VLYN & Yahor, com.
CONTACT NO.	81258300,96619139
NRIC	S7231117E
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P
INSURANCE CO.	NTUC NTUC
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT
POLICY NO.	THE A THEFT
NAME OF DRIVER	AS ABOVE / IF NO: SAME AS ABOVE
NRIC	ANY PASSENGER: 2
DATE OF BIRTH	F: Teo Pel She a
OCCUPATION	
DATE OF DRIVING PASS	OUTDOOR/INDOOR F. FELICIA
GENDER	MALE / FEMALE
CONTACT NO.	
ADDRESS	
DRIVER HAVE ANY OWN VEHICLE	APT BLK 685B JURONG WEST ST 64 #13-165 S(642685) NO/ IF YES: REG NO.
RELATIONSHIP	EMPLOYEE/ IF NO:
WEATHER CONDITION	CLEAR RAINY/ OTHER: CLEAR
ROAD SURFACE	
ANY INJURIES	NOTIFYES. 3
CONTACT NO.	10711 (23. 7
POLICE REPORT	NO / IF YES:
VIDEO RECORDING	NO / YES
VEHICLE B NO.	SGG5712B ANY PASSENGER:
NAME	ANT FASSENGER:
CONTACT NO.	
VEHICLE C NO.	ANY PASSENGER:
VEHICLE D NO.	ANY PASSENGER:
VEHICLE E NO.	ANY PASSENGER:
VEHICLE F NO.	ANY PASSENGER:
ANY WITNESS	ANT FASSENGER.
WITNESS CONTACT NO.	
PARTICULAR WORKSHOP	
MOBILE NO.	ID I
CONTACT PERSON	Ryder Auto Pte Ltd
FAX NO.	
	2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277



THE SCHEDULF

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- 3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document. GST Reg No. M90372806G

Policy Number

: 5108163207-01

The Policyholder

: GOH CHYE HUAT (WU CAIFA)

BLK 685B #13-165 JURONG WEST STREET 64 SINGAPORE 642685

Period of Insurance

: 05 Apr 2020 To 04 Apr 2021

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: \$\$764.00

Interest Insured

Cover Type

: drivo CLASSIC

Primary Driver Named Driver (1)

: GOH CHYE HUAT

Named Driver (2)

: N/A

: N/A

Make/Model

: TOYOTA/HARRIER

Capacity

: 2000cc

Registration Number

: SLB3759Y

Registration Year

2016

Chassis Number

: ZSU600064445

Off-peak Car Insure with COE

No

Repair at Owner's Preferred Workshop : No Excess (Section 1)

: S\$600

NCD Entitlement

Yes 40%

Excess (Section 2) Windscreen Excess

: N/A

NCD Protection

: S\$100

Additional Excess

: N/A

Unnamed Driver Excess

: Please refer to Terms and Conditions

Hire Purchase Company

: HL BANK

Optional Cover

Transport Allowance

Excess Waiver

: No

: No

Memo A: N/A

Endorsement Operative: N/A

Agency

: SGP BUSINESS CONSULTANCY PTE. LTD. (00000573828)

Date of Issue

: 05 Mar 2020 11:04 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

eBao Tech										Gener	alClaim
Hello, NAC_PAYA_UBI_8	00601						→ Chang	e Language	· Char	ige Password	, Log Ou
My Desktop	Poli	cy Query								-	
Notice of Loss	Policy N	No.				Date o	of Accident	[c	8/12/2020	11:15	
	Vehicle	No.(For Motor)	SLB375	9Y		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	5108163207- 01		GOH CHYE HUAT (WU CAIFA)	S7231117E	GPC	drivo CLASSIC	SLB3759Y		05/04/2020	04/04/2021

Sequenc	e Date of Endorsement	Е	ndorsement	Туре	Endorsement S	Status	Endorsement Content
Endorse	ements						
Insured	Object: SLB3759Y						
nit No.		Related Numbe		5108163207-01			
ddress 4		Addres	20 10 10	Singapore address	P	ost Code	642685
ddress 1	BLK 685B #13-165	Addres	s 2	JURONG WEST STR	EET 64	ddress 3	SINGAPORE 642685
Policyh	older Mailing Address						
ertificate nfo							
olicy Info							
lag Den							
nsurance	No						
igent Co-	SGP BUSINESS CONSULTANCY I	Agent Tel.	62810777		GST Flag	Y	
D Excess		TP Excess	0			Young	/Inexperience Driver Excess
Outside Singapore	600	Outside Singapore	0				
Additional Excess	0	OS Premium	0				
xcess	U	damage Excess	600		Windscreen Excess	100	
Third Party	0	Own			Windsers		
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	05/03/2020	Effective Date	05/04/202	20 00:00	Expiry Date	04/04/2021 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 685B #13-165 JURONG WE	ST STREET 64	SINGAPOR	RE 642685			
Certificate No.							
Policy No.	5108163207-01	Policyholder Name	GOH CHY	E HUAT (WU CAIFA)	Policyholder NRIC	S7231117E	

Delication Del	Claim Handling					
Section Sect	Accident MT/1112903					
STATISTICATION OF THAT TWO CARDON OF THAT TWO CARD		5108163207-01	Vehicle No.	SLB3759Y	GST Registration No.	
Ministration Mini	ertificate No.				Concession of the Contest of the Con	
Mile	olicyholder Name	GOH CHYE HUAT (WU CAIFA)			Policyholder NRIC	677711175
Comman No (Comman No Comman	roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		
Special partner Spec	ontact No.(Mobile)	81258300				
Second	mail Address				Contact No.(Home)	0
Comment Comm		@ No O V			eCode	Nc 🗸
Process Proc		Deliver the state of the state	TCA	No ○ Yes	eCode Reason	
### Accident Name **Profit Communication*** **	CD Protection	No	NCD Entitlement(%)	40	Private Hire	No
## According 10 11 12 12 12 12 12 12 12 12 12 12 12 12	Accident Details					DAS
## A PLACE OF THE PLAN 1115 Commy of ACCIONE Engagement Internet I	eport Date	09/12/2020 10:28	Accident Report Within 24 hrs	Ves		
prompting forms 10 and 10 a	ate of Accident	08/12/2020		163	Accident Type	Collision - Major Minor Road
100 100		08/12/2020	Time of Accident hh:mm	11:15	Country of Accident	Singapore
## Part Account Page 2018 2 Section Fig. 10.0 Col. 10.0 Col	eporting Centre		Orange Force		ICM No.	
March Marc	cident Location	192 Lor 4 Toa Payoh				
State	Total Excess Applicable	e				
Standard Exerties	cess Type	Per Accident	Windscreen Excess			
100 Objects			Windscreen Excess	100.00		
100 100	Standard Excess	600.00	TP Standard Evene			
Command Comm	ED OD Excess					
100 Decent paycolant			YIED IP Excess	0.00	Driver is Covered?	Covered
## Part						
## PASS PASS PASS PASS PASS PASS PASS PA		600.00	Total TP Excess Applicable	0.00		
Registriction Registriction CST Registriction Date Page	Benefits					
Registration No.	GST Registered Inform	ation				
Registration No.	r Registered	No		GST Registration Date		
### PROCESS HABING ABGINESS ### PRISE CASE ### PRI	Registration No.					
MICHAEL MICH	dification History			GS1 Status Venned	Yes	
MICHAEL MIC						
MICHAEL MICH	Policyholder Mailing Ad	dress				
Modern Name						
Address		BLK 685B #13-165	Address 2	JURONG WEST STREET 64	Address 3	SINGAPORE 642685
Total Deliver Into Control Protect Into	dress 4		Address Type	Singapore address	Post Code	642685
THE PROPRET OF THE P	t No.		Related Policy Number	5108163207-01		0.12000
Series	OI Driver Info		-			
Same diver Name Driver Name	ver Name	GOH CHYE HUAT	Driver Type	Mala Dal		
Direct Age						
Section Sect	sister Date of Driver Lieses	15404000			Driver DOB	31/08/1972
Rest BLK 685B Address 2 All DNG WEST STRIET 64 Address 3 SINGAPORE 642685			Driver Age	48	Driving Experience	28
Address 3 SingApore address SingApore address Post Code S42685	ntact No.(Mobile)	81258300	Contact No.(Office)	0	Contact No.(Home)	0
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