NATIONAL Assessment Centre	Services. Well Jan'05 JU	09112007	
Date In: 7112-14'-8	Jeb description	Date & Time Completed	Done by
Rei No: AB INCHOOOD FLY	SAS e-filing		
Veh No: SVD6VYSH	E-mail (within Shrs, AIC 2hrs)		•
D.O.A : ([1]1/- 15: 16	i-Motor Claim Form	M1113810-001	1111 14:AI
	i-Motor W/O (Within: OD 2hr	s, TP 4hrs)	
OD : (TP)! Reporting Only	i-Photo Uploaded	1	
V	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars: Veh No: SM PI	96E INC (		
Owner / Driver: (		Tel:	
	od: ( )	Cover Type: (	
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %) [N	ote-Est. Status (WO): N: 0-:	20%; P: 21-79%. P: 80	-100%]
Year of Registration: ( ) W	arranty: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$1,00	0()/\$2,000()		3400 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
Canaral Remarks			
( ) Walk-In Customer : Customer's inform	mation strictly Confidential & S	Strictly NO refer of repaire	Г.
( ) Total Loss Case : to e-mail Insurer	URGENTLY.	<u> </u>	
Drive-In ( )/ Towed-In ( ); Invoice:		Towing Co: (	
		Date&Time Completed	Done by
Remarks: (INC hodine: 6788 6616)	ourtesy Car ( )		1
1) 1 tppij to: 11mil	( )		
2) QC Check / Post Repair Inspection	0001		
3) Upload Resurvey Photo [Repair Cost > \$3	300]		
Injury:		•	AND THE RESIDENCE OF THE PARTY
Date/Time Actions			
	1		
•			Anit (S) Amit (
Val.	Invoice P	reparation Checklist	fit Bill Add B
NUMBORNA	1) AR : Accid	lent Reporting (\$30);	C (\$80)
Ilaimant's Particulars :-	2) DA : Dama 3) TF : Towin	ige Assessment (Grovi	\$40/\$45
Driver/Owner:	4) FT · Follo	w-Through Survey	\$120 \$30
Contact No:	For claiming	w-Through Survey (Resurvey) 18 against INC Only (wef 10 Jan	2005)
	6) TR : Re-in	spection DA + SMRT Survey	\$75 \$160
Damäged Portion:	3) NTUC Ad	ditional Services:-	
of Charles and the Charles	OD*	tesy Car / Tpt Allowance	\$5
C Checked by (Engr-In-Charge):	*N6; Repa	ir Co-ordination	\$10
	•N7: Fost	Repair Inspection  Collect Excess Coordination	\$25
Auditors: Comments :-	*N8: DV	: TP (Non INC) against INC	\$20 .
Cat. 1:	9) N12: Idao	Mobile	rged 30
Cat. 2/3:	Invoice date	a Fra Cha	MONESCO SCHOOL SCHOOL
	1 /// 0/05 00/0	seste .	

1

1.

SN0921120007 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 02/01/2021 14:08 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (02/01/2021 14:08 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### 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 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 Submission02/01/2021 14:08 (SGT)Date of Accident01/01/2021 15:00 (SGT)Exact Location of AccidentKovan Rd, SingaporeAdditional Location Information-Country/State of LossSingapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLD6245H

### INSURED/POLICYHOLDER

Is company?

No
Name Of Registered Owner

NRIC No
Email Address

Mobile Phone No
Alternative Phone No

No
TOH JUN HWEE
SXXXX791H
francistoh91@gmail.com
(Phone) +65-83393766
+--

#### VEHICLE PARTICULARS

Manufacturer Honda

Model Vezel

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

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

NTUC

Comprehensive

No

5120071306

## DRIVER

Name of Driver TOH JUN HWEE
NRIC No SXXXX791H
Date Of Birth 16/10/1991
Occupation Indoor

Date Of Driving Pass 31/10/2014 Driving experience 6 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-83393766 Alt. Phone Number Email Address francistoh91@gmail.com Address **BLK 188B RIVERVALE DRIVE** Address complement #17-1066 Postcode 542188 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 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 3 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other material or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name **LEK YI LING** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Sengkang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18003438999 Alt. Police Station Phone No (Fax) +65-63438939 Police Station Address 2 Sengkang Square #01-02 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20210101/2064. 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 OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMP196E Vehicle Manufacturer Vehicle Model

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	7 <b>—</b>
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	EZ59K
Vehicle Manufacturer	2-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	2 <del>-</del>
No. Of Passenger (Including Driver)	

# INJURED PERSONS DETAILS

No

## INJURED 1

Name of injured person	TOH JUN HWEE
Address	-
Address Complement	:-
Post Code	-
Approximate Age Years Old	)) <b>=</b>
Injuries Sustained	BODY
Injured person in which vehicle?	SLD6245H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person	LEK YI LING
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLD6245H
Were seat belts worn?	Yes

Was this injured conveyed to hospital by ambulance?

### 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, acknow ledge, 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.

5		Ma
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan		<b>X</b>

Sketch Plan

A:SID 6 W5H

B: Smp196E

C: EZS9K

A

B

Hoven Plan

Refer to police report - 1/22010101/2064.	
	*
claration	
e declare the foregoing particulars are true in every respect.	
	think

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

# ACCIDENT STATEMENT

Ą	CCIDENT DATE:	)(DD/MM/YYYY), TIME:	15:00 14H-MM
~ _ LC	OCATION: CUM 1d	*	/(//
	1. DETAILS OF VEHICLE		
		CIDIDUTU	W 18
	a) VEHICLE NUMBER:	3 00 62 47 4	
	b)INSURANCE COMPAN'	Y: NTUC	
	C)POLICY NUMBER:		
	CHARL & MODEL:	EHENSIVE / THIRD PARTY / THIR	
	f)TYPE:(SALOON / COUPE	/MPV /VAN / LORRY / MOTO	DRCYCLE / OTHERS
	SIVEINCEL CATEGORY: [P	MIVALE / COMMERCIAL / MO	TOPOVOLE!
	IN OUL OPE OF PRING AT	ACCIDENT TIME.	
	I) ARE YOU CLAIMING UND	DER YOUR OWN INSURANCE (	VESINGI
	IF NO, PLEASE STATE (THIS	RD PARTY CLAIM / REPORTING	= ONIXI
	THOUSED / POLICY HOLDER	}	SCHET
	A)NAME:		_(MALE / FEMALE)
	b) NRIC/FIN/PASSPORT:	CONT	_(MALE / FEMALE)
	c)ADDRESS:	CONT	ACI: 10275106.
* .			
1	* CONTINUE TO 3.d IF DRIV	ER ALSO POLICY HOLDER	<del></del>
\$ No of passenger	DRIVER	EN MESO I CEICT HOLDER	
Clading driver	) a)NAME:		/A4 A1 E / EE 4 A 1 E 1
	b)NRIC/FIN/PASSPORT:	CONTA	L(MALE / FEMALE)
	c)ADDRESS:	CONTA	
1 Amale			
	*d)DATE OF BIRTH: (/_	)(DD/MM/YYYY)	
hele y: king	e OCCUPATION: (INDOOR	/ OUTDOOR)	
	f) YEARS OF DRIVING EXPRE	SIENCE:	
4.	WAS DRIVER AN EMPLOYE	E OF THE INSURED'S COM	DANIE 0.000 ( )
	IF NO, RELATIONSHIP OF	THE DRIVER WITH INSURE	PANY? (YES / NO)
5.	a) WEATHER CONDITION: (C	LEAR / RAINING / OTHERS	D: Vaci
	DIKOND SORFACE: (DRY ) M	ET / OTHERS	
6.	WAS ANYBODY INJURED IYE	SINOI 2 in 149	
7.	DIREPORTED TO POLICE (YES	/ NOOT	
	IF YES, PLEASE STATE WHICH	1 POLICE STATION	
8.	THIRD PARTY VEHICLE	01.02 317(11014;	
He of passenger	a) VEHICLE NUMBER:	IDIALE.	
Including deliver)	b) DRIVER'S NAME:	MODEL:	
1 )	C) NRIC/FIN/PASSPORT	00.15.	
9.	THIRD PARTY VEHICLE	CONTAC	JI:
	d) VEHICLE NUMBER: 57	J9k	
No of passenger	al Douvenie	MODEL:_	*.
Induding driver)			
	,	CONTAC	CT: <u>·-</u>
			,

email = francistonal @gmail.com/ hicarcare @botmail.on fax = 67466798





1 of 4 Report No. T/20210101/2064

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

# REPORT OF A TRAFFIC ACCIDENT

Date/Time 01/01/2021	•	ade:	Vide Report No.:		tation Diary No.:
Informant'	s Particul	ars			
Name of In		HWEE	Address: APT BLK 188B RIVERVALE [ 542188	DRIVE #17-1066	6 SINGAPORE
ID Type / II NRIC NO /		IH	Contact No.: Home/Office:	Mobile: 83393	3766
Nationality: SINGAPOR		N	Email:		
Sex: Male	Age: 29	Date of Birth: 16/10/1991	Type of Informant: Driver		
Race: Chinese			Language:	Institution / Sc	chool Name:
Occupation NAVY OFF			Driving Licence Information: Class: 3	Date of Expiry	<i>I</i> :

		ent	
Type of Accident:	Non-Injury Others	Drink Date/Tim Drive: Accident No 01/01/20	Traffic Light
Location:			
Weather:	.D	Road Surface:	Road Speed Limit:
Raining			
Raining Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EZ59K	Car			Black	Slightly Damaged	1
SLD6245H	Car	HONDA	VEZEL 1.5X A	Black	Slightly Damaged	1
SMP196E	Car			Blue	Slightly Damaged	1

Details of V				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





T/20210101/2064

2 of 4 Report No. T/20210101/2064

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

# CONTINUATION OF REPORT

Vehicle No.		rance Company		Insurance	ance No E		Effective	Expiry Date
		C Income Insurance	Co-Operative	512007	1306	(	01/12/2020	22/12/2021
	Limi		oo operative	0.123				
	Liiiii	.00						
Details of Per	rson	Involved						1
Any Pedestria								
No. of Pedest				Use of Peo	destrian	Cross	ing: NA	
Driver								134 139 E
Name		MR TAN			ID No.		NIL	
Related Vehic	cle	EZ59K (Car)			Contac	ct No.	92768655	
Hospital/Clinic NIL				Driving Licence	Class of Driving Date of Expiry: Note   Class: NIL Date of Expiry: Note   Class: NIL Date of Expiry: Note   Date   D		piry: NIL	
Date Treatme	nt	NIL		Date Disc		NIL		
		ed Medical Leave	NIL	Degree of		NIL		
Driver	iani	Ed Medical Loavo	1					1.4
Name		FRANCIS TOH JUN HWEE			ID No.	ID No. S9137791H		Н
Related Vehi	cle	SLD6245H (Car)			Contact No. 83393766			
Hospital/Clini	spital/Clinic SENGKANG GENERAL HOSPITAL PTE. LTD.		AL PTE.	Drivin Licen	Class of Class: 3 Driving Date of Expiry: NII Licence & Expiry Date		piry: NIL	
Date Treatme	ant	01/01/2021		Date Disc	harge	01/0	1/2021	
		ed Medical Leave	04	Degree o		Sligh	nt	
Passenger	9.0							
Name		LEK YI LING			ID No	•	S9400899	I
Related Vehi	cle	SLD6245H (Car)			Conta	Contact No. 90914410		
Hospital/Clin	ic	SENGKANG GENERAL HOSPITAL PT LTD.		AL PTE.	(CO) (CO) (CO) (CO) (CO) (CO) (CO) (CO)			
CVIII CONTRACTOR OF THE CONTRA	ent	01/01/2021		Date Dis	aharaa	01/0	1/2021	





3 of 4

Report No. T/20210101/2064

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

## CONTINUATION OF REPORT

Driver						
Name	MR KOH			ID No	•	NIL
Related Vehicle	SMP196E (Car)			Conta	ct No.	87976748
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

### **Brief Details.**

On 01/01/2021 at about 1500hrs, I was driving my vehicle (bearing registration plate number: SLD6245H) along Kovan Road towards Hougang Avenue 2. At that point of time, the traffic light was red, all the vehicles were stationary. When the traffic light turned green, immediately I felt an impact on the back of my vehicle which caused my vehicle to lean forward and knocked into the rear of the vehicle infront of me. It caused a chain collision (my vehicle was in the middle).

We alighted from the vehicle and made a check, no one was injured. We exchanged particulars and left the vicinity. No one was conveyed to hospital, no traffic police attended to our incident. My vehicle sustained damages on the front and rear. There were dents on both sides and the front of my vehicle plate number was slightly detached.

Subsequently, myself and my passenger went to see a doctor at Sengkang General Hospital and we were given 4 days of medical leave each.

I sustained pain on my back and the back of my neck while my passenger sustained a bruise on her lower lip and her back.

I am also lodging this report for vehicle and medical insurance claim purposes.





T/20210101/2064

4 of 4 Report No. T/20210101/2064

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999

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.

, , , , , , , , , , , , , , , , , , , ,	rece stating the report name of a following.
Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 2 LEE LI TING, JOLYNE	
Signature Of Interpreter:	Date/Time:
Not applicable	01/01/2021 19:54
Officer In Charge Of Case: TP / GIA /	Classification Of Case:
Staff Sgt WONG SIEU LUI	
Contact No.: 65476151	
Authentication Stamp	
NP168 SINGAPORE POLICE FORCE SAFTGLEFOR TO VICENTIAN	

tello, NAC_PAYA_UBI_8006	01						, Change	Language	) Chan	ge Password	· Log Ou
My Desktop	Policy Query										
Notice of Loss	Policy N	lo.				Date o	f Accident	3	1/12/2020 1	5:00	
	Vehicle	No.(For Motor)	SLD624	5H		Certific	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5120071306		TOH JUN	S9137791H	GPC	drivo CLASSIC	SLD6245H	SLD6245H	01/12/2020	22/12/2021

Policy No.	5120071306	Policyholder Name	TOH JUN H	WEE	Policyholder NRIC	S9137791H	
Certificate No.							
Address	BLK 188B #17-1066 RIVERVALE	DRIVE SINGA	PORE 54218	88			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	30/11/2020	Effective Date	01/12/2020	00:00	Expiry Date	22/12/2021 23:5	9
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/In	experience Driver Excess
Agent	ONE STOP INSURANCE AGENCY	Agent Tel.	67475667		GST Flag	Y	
Co- nsurance Flag	No						
Open Policy Info Certificate							
Info							
Policyh	older Mailing Address						
ddress 1	BLK 188B #17-1066	Addres	ss 2	RIVERVALE DRIVE		Address 3	SINGAPORE 542188
ddress 4		Addres	ss Type	Singapore address		Post Code	542188
Jnit No.	17-1066	Relate Numbe	d Policy er	5120071306			
▶ Insured	Object: SLD6245H						
▽ Endorse	ements						

Continue Cancel

	Claim Handling					
STATE	ccident MT/1115810	and serious stories		CONTRACTOR DESCRIPTION		
Mary Note   Mary	olicy No.	5120071306	Vehicle No.	SLD6245H	GST Registration No.	
Marcian   Mayor   M	ertificate No.					
Cambo   Camb	olicyholder Name	TOH JUN HWEE			Policyholder NRIC	S9137791H
Separate	roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Separate	ontact No.(Mobile)	83393766		0		0
March   Marc		3333730				
Campaign		2 2		8		I.u.
## Control						
March   Marc	ICD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Second Content Conte	Accident Details					
Control   Con	eport Date	02/01/2021 14:43	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Control   Con	nate of Accident	01/01/2021	Time of Accident hhimm	15:00		Singapore
The Fire		01/01/2021		15.00		Singapore
## PARTICIPATION   PARTICIPATI			Orange Force		ICM No.	
March Sector   Marc	accident Location	Kovan Rd				
Description	<ul> <li>Total Excess Applicable</li> </ul>					
March   Marc	xcess Type	Per Accident	Windscreen Excess	100.00		
Mile						
Marche   March   Ma	D Standard Excess	600.00	TP Standard Excess	0.00		
Marche   March   Ma	IED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Manual   M						
## 2017 Registrated followants   19   19   19   19   19   19   19   1			600 N. 1 (Free 1907)			
## ST Segentered No.		600.00	Total TP Excess Applicable	0.00		
Talegaration   No	▼ Benefits					
## Cast Statics Vertical  ## Cast Statics V	GST Registered Informa	otion				
## PRINCIPATION AUTOMOTOR	ST Registered	No		GST Registration Date		ATTENDED TO THE PARTY OF THE PA
## PRINCYMORE* Mailing Address  ## Address 1	ST Registration No.			GST Status Verified	Yes	
Micros 1	lodification History					
Micros 1						
Micros 1	Policyholder Mailing Ad	dress				
According   Acco			Address 2	PIVEDVALE DRIVE	Address 3	SINGAPORE EASTED
Part		2000 #17-1000				
Trick   Tri	Address 4		Address Type	Singapore address	Post Code	542188
Control Note   Con	Init No.	17-1066	Related Policy Number	5120071306		
Description	OI Driver Info					
### Date of Driver License ### 29   Driving Experience   6   ### Contact No. (Policie)   8393766   Contact No. (Policie)   0   ### Contact No. (Policie)   0	Priver Name	TOH JUN HWEE	Driver Type	Main Driver		
### District Driver License   31/10/2014   Dinner Age   29	Innamed driver Name			S9137791H	Driver DOB	16/10/1991
Secret No (Mobile)   8393766		31/10/2014				
Address 1						
Address Type						
17-1066	ddress 1	BLK 188B	Address 2	RIVERVALE DRIVE	Address 3	SINGAPORE 542188
Driver Versicle No.	ddress 4		Address Type	Singapore address	Post Code	542188
Driver Johnstein No.   Driver Johnstein Company   Preferred Regard Control No.   Driver Johnstein Company   Preferred Workshop, Name unknown   Driver Johnstein Control No.   Driver Joh	Jnit No.	17-1066				
Contact No.	Does he own a Singapore		Barrier No.			
Any Injury?		O Yes ● No	Driver venicle No.		Driver Insurer Company	
Any Injury?						
Claim Opt   New						
Claim 091 New  Sam Type * OD-MX	reathalyser or Blood Test eading?	0 mg	Any injury?	Yes      No		
taim Type * OD-MX	.5					
Talim Type * OD-MX						
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