| NATIONAL Assessment Centre   | Services.               | wel   Jan'03] .                         | SN 09211                                      | 40001                |  |
|--|-------------------------|---|---|----------------------|--|
| Date In: 4/1/20 10:10  | Jeb descriptio          |   | Date & Time Con                               |                      | Done by  |
| Ref Ha NAITMI 20000 25/14  | SAS c-filing            |   |   | 1                    |  |
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| 11 TIA : 301 12/20 15:30   | l-Motor Cin             | lm Form                                 | 8   |                      |  |
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| OD (IP)! Reporting Only  | I-Photo Upil            | onded                                   |   |                      |  |
|  | Assessment/S            | urvey Report                            |   |                      |  |
| TP Insurer:  | Ass't Report            | by Fax / Hand to                        | Owner/Wksn                                    |                      |  |
| Profound Wisp / INC Assign Wksp / QW: (  | POTEST A MERCHANISTA    |   | Tol: 4  | Fax:                 |  |
| TP Earliculius: Veh No: PR   | G 38080                 | , INC(                                  | )/Non-INC(                                    | < ).                 | W.   |
| Owner / Driver: (  | , , , , ,               | 4                                       | Tel:  |                      | )  |
| Policy No: ( ) Perio   | d: (                    | )                                       | Cover Type: (                                 |                      | )  |
| Confirmed by : (   |                         | Date:                                   | Tline:  |                      | )  |
| Insured/Driver Liability: ( %) [No   | tc-Est Status (         | WO): N: 0-20                            | %; P: 21-79%.                                 | P: 80-1009           | / <sub>0</sub> ]   |
|  | rranty; YES (           | )/NO(                                   | )   |                      |  |
| Excess: (\$ ) Loading: \$1,000   | ( )/\$2,000             | ) ( )                                   | -u  | :: <del> </del>      | <br><del></del>  |
| And the state of t | 是自己的                    |   | errena en | 1. 165. 4.           | <b>分别公司</b> 。  |
| ( ) Walk-In Customer : Customer's Inform   | ation strictly Co       | nlidential & Stri                       | ctly NO refer of re                           | polier.              |  |
| ( ) Total Loss Case : to e-mail Insurer  | URGENTLY.               |   | ,   |                      |  |
| Drive-In ( )/ Towed-In ( ); Invoice: 1   | /ES( )/1                | NO( ); To                               | wing Co: (#                                   | 1,                   | , )  |
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|  | rtesy Car (             | )                                       |   |                      |  |
| 2) QC Check / Post Repair Inspection   | .( •                    | )                                       |   | × ×                  |  |
| 3) Upload Resurvey Photo [Repair Cost > \$300  | 0] ( ·                  | ) :::                                   | •   | .,                   |  |
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| Chillenin Barrienlard - 1994 - 1994 - 1994   | Cr. Seminarian          | 2) DA : Dameyo A:<br>3) TF : Towing Fee |   | 240/245<br>INC (220) |  |
| Driver/Owner:  |                         | 4) FT : Follow-Thr                      | ough Survey                                   | \$120                |  |
| Contact No:  |                         | 5) PT : Pollow-The<br>For glaining aga  | ough Survey (Resurve)                         | Jon 2005)            |  |
| Damaged Portion:   |                         | 6) TR : Re-Inspeud                      | on  | \$75<br>\$160        |  |
|  |                         | 7) N1 : Idao DA + 3<br>8) NTUC Addition | al Services:-                                 | 9100                 |  |
| QC Checked by (Engr-In-Charge):  |                         | OD:                                     | ar / Tpt Allowanne                            |                      |  |
|  |                         | *NG: Hapair Co-                         | ordination                                    | 510<br>525           |  |
| windlers community of the rest   |                         | NI: Post Repair                         | et Expess Coordination                        | 23                   |  |
| Tal. 1:  | Andreas de la Cranda C. | TP (N11): TP (1<br>9) N12: Idao Mobil   | inn INC) against INC                          | \$20<br>30           |  |
| 11.2.7.3;  |                         | Involve dated                           | , Fac   | Charyed              | PARAMENTAL PROPERTY AND ADDRESS OF THE PARAMETERS OF THE PARAMETER |
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SN0921140001 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 04/01/2021 10:10 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (04/01/2021 10:10 (SGT))



# SINGAPORE ACCIDENT STATEMENT

- 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.

- Any false reporting may be referred to the Police for investigation.
   This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## ACCIDENT STATEMENT

Date of Submission 04/01/2021 10:10 (SGT) Date of Accident 30/12/2020 15:30 (SGT) Exact Location of Accident Bedok North Rd, Singapore Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **GBG6114E** 

## INSURED/POLICYHOLDER

Is company? Name Of Registered Owner CHYE CHYE JIN POULTRY MEAT SHOP Company Reg No Email Address CUIPING@CARWAY.COM.SG Mobile Phone No ..... (Phone) +65-91688287 Alternative Phone No +65-91688287

#### VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace Variant ..... Exact purpose for which vehicle was being used at time of Employment Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company Tokio Marine Type of Coverage Comprehensive Fleet Policy Policy Number MR001508 Cover Note Number

#### DRIVER

Name of Driver TAN AH MENG NRIC No SXXXX749F Date Of Birth 08/09/1962

| Date Of Driving Pass   | 15/10/1002                             |
|--|--|
| Driving experience   | 15/10/1982                             |
| Gender   | 38 YEARS AND 2 MONTHS                  |
|  | Male                                   |
| Mobile Number  | (Phone) +65-90616816                   |
| Alt. Phone Number  |  |
| Email Address  | CUIPING@CARWAY.COM.SG                  |
| Address  | BLK 764 PASIR RIS ST 71 #06-246        |
| Address complement   | Š                                      |
| Postcode   | 510764                                 |
| Is the driver the policyholder?                              | No                                     |
| If No, Relationship of the Driver with the Insured           | Other                                  |
| Does Driver Own Other Vehicles?                              | No                                     |
| Vehicle Registration Number of Other Vehicle Owned by Driver |  |
|  |  |
| Insurance Company of Other Vehicle Owned by Driver           | 20                                     |
| GENERAL INFORMATION OF THE ACCIDENT                          |  |
| Type of Accident   | Collision - Head to Rear               |
| Weather Conditions   | Clear                                  |
| Road Surface   | Dry                                    |
|  | 82.*V                                  |
| OTHER INFORMATION  |  |
| Was any foreign vehicle involved in the accident?            | No                                     |
| Number of vehicles involved in the accident                  | 2                                      |
| 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)                      | 1                                      |
| Has the driver been approached by unknown person(s)          | <u>.</u>                               |
| soliciting/offering accident claims assistance?              | No                                     |
| soliciting offering accident claims assistance.              |  |
| DETAILS OF POLICE ACTION                                     |  |
| Was the accident reported to the police?                     | No                                     |
| Was notice of intended Prosecution given?                    | _ DIR                                  |
|  | No                                     |
| If 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?                  | No                                     |
| Was there any audio recorded?                                | No                                     |
| DETAILS OF OTHER   | R VEHICLE PROPERTY 1                   |
| Vehicle Registration Number                                  | FBG3808G                               |
| Vehicle Manufacturer   |  |
| Vehicle Model  | 850<br>840                             |
| Vehicle Variant  | 1950<br>1967                           |
|  | 30 <sup>-0</sup> 3                     |
|  | Materiale                              |
| Vehicle Category   | Motorcycle                             |
| Name of Driver   | (達)                                    |
| Contact Number   |  |
| Address  | (55)                                   |
| Address complement   | 9 <b>.5</b> 0                          |
| Postcode   |  |

Postcode

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

# SKETCH PLAN

# IMPORTANT NOTICE

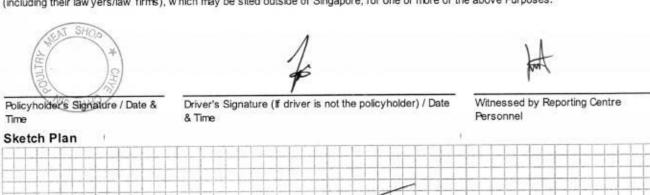
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material 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)

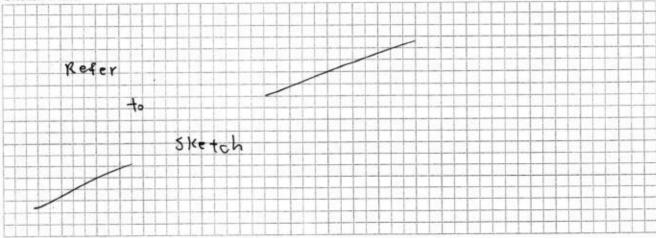
Lunderstand, acknowledge, agree and consent that :

- (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.





| Refer to Statement |      |
|--------------------|------|
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# Declaration

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

SHOW A CHIEF

Policyholder's Signature / Date & Time

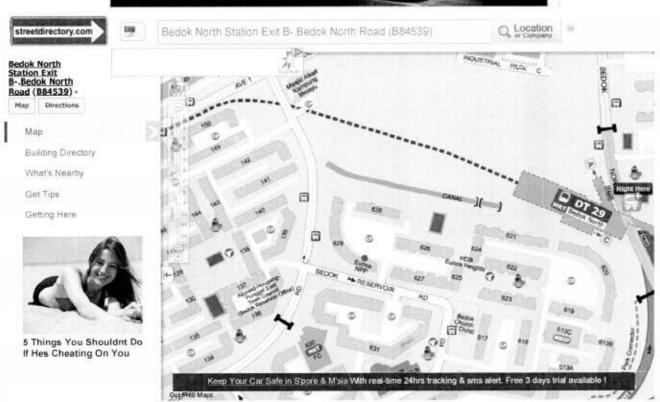
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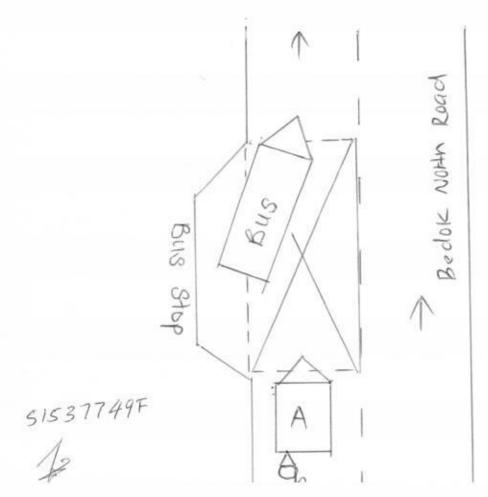
Driver's Signature (If driver is not the policyholder) / Date & Time

too

Witnessed by Reporting Centre Personnel







A - GBG 6114E B - FBG 380861

# **Accident Statement**

On 30<sup>th</sup> Dec 2020 at 1530 HRS, I was travelling along Bedok North Road. My vehicle (GBG6114E) was slowly down to complete for a bus to exit from the bus stop in front of the yellow box, without warning and suddenly a motorbike (FBG3808G) hit onto the rear left of my vehicle. A traffic police officer (Reg.no TP428D) was at scene to witness the collision.

I am making a claim against third party.

\_\_\_\_\_\_

Name: Chye Chye Jin Poultry Meat Shop

Name driver: Tan Ah Meng

I/C: S1537749F

# Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4) 20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the Tokio Marine Group



# Certificate of Insurance

FORM MZ300

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Policy No.: MR001508 (Commercial Vehicle)

 Index Mark and Registration Number of Vehicle GRG6114F

Chassis No.: JTFHT02P000233064

2. Name of Policyholder

CHYE CHYE JIN POULTRY MEAT SHOP

 Effective date of the Commencement of Insurance for the purposes of the Act 30/04/2020 (00:00:00)

4. Date of Expiry of Insurance

29/04/2021

5. Persons or Class of Persons entitled to drive\*

Any person who is driving on the policyholder's order or with their 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.
- Limitations as to use\*
  - Use in connection with the policyholder's business.
  - 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholders' business.
  - Use for social domestic and pleasure purposes.
  - The policy does not cover:-
    - 1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
    - 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.

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

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

#### IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio. Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation). Act (Chapter 189).

ADDITIONAL INFORMATION Account No: 2712DDA

Insurance Plan:

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value

Policy Excess:

Own Damage Claims

Additional Excess for Young, Elderly

SGD 750.00

(Original Excess : SGD 750.00)

or Inexperience Driver(s) WindScreen Excess SGD 3,000.00 SGD 100.00 (All Claims)

Financial Interest:

NIL

TOKIO MARINE INSURANCE SINGAPORE LTD.

**Authorised Signature** 

. ديدن ديوا

# ACCIDENT STATEMENT

|                        | 1  | . DETAILS OF VEHICLE  |       |
|------------------------|--|---|-------|
|                        |  | a) VEHICLE NUMBER: GGG 61146  |       |
|                        |  | blinsurance Company: To KI's  |       |
|                        |  | c)POLICY NUMBER:  |       |
|                        |  | d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)  |       |
|                        |  | a)rouch the (Comprehensive) inko Parit / Inko Parit Pike airight  |       |
|                        |  | B)MAKE & MODEL: Toyota Hiace, 3000 Manual   |       |
|                        |  | f)TYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY:(PRIVATE / COMMERCIAL / MOTORCYCLE)  |       |
|                        |  | h)PURPOSE OF USING AT ACCIDENT TIME: WORK   | 2     |
|                        |  | I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)   |       |
|                        |  | IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  |       |
|                        | 2.   | INSURED / POLICY HOLDER Meat Shop   | *     |
|                        |  | A) NAME: Chye chye Jin Poultry (MALE / FEMALE)  |       |
|                        |  | b)NRIC/FIN/PASSPORT: CONTACT: 9168 8287   |       |
|                        |  | c)ADDRESS:  |       |
|                        | ¥:   |   |       |
|                        |  | * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  |       |
| ic of                  | perssanga,                                 | DRIVER  |       |
|                        | ng driver)                                 | a) NAME: 19 44 Mens (MALE / FEMALE)   |       |
| 11                     | 7  | BJAKIC/FIII/F A33FOKT.  |       |
|                        |  |   |       |
| _                      | )  | c)ADDRESS:  | .400  |
| _                      | )  |   | .80   |
| `-                     |  | *d)DATE OF BIRTH: (/)(DD/MM/YYYY)   | .60   |
|                        |  | *d)DATE OF BIRTH: (/)(DD/MM/YYYY)    B)OCCUPATION: (INDOOR / OUTDOOR)   |       |
|                        |  | *d)DATE OF BIRTH: (/)(DD/MM/YYYY)    Ø)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE:  |       |
| <u> </u>               | 4.   | *d)DATE OF BIRTH: (/)(DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  | Lan & |
|                        |  | *d)DATE OF BIRTH: (/)(DD/MM/YYYY)   | game  |
|                        |  | *d)DATE OF BIRTH: (/)(DD/MM/YYYY)   | mpa   |
|                        | 5.   | *d)DATE OF BIRTH: (/)(DD/MM/YYYY)   | mp    |
|                        | 5.<br>6.                                   | *d)DATE OF BIRTH: (/)(DD/MM/YYYY)   | mp    |
|                        | 5.<br>6.                                   | *d)DATE OF BIRTH: (/)(DD/MM/YYYY)   | mp    |
|                        | 5.<br>6.<br>7.                             | *d)DATE OF BIRTH: (/)(DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:COMPANY? (YES / NO)  a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  b)ROAD SURFACE: (DRY / WET / OTHERS)  WAS ANYBODY INJURED (YES / NO)  a)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:THIRD PARTY VEHICLE   | mpi   |
| of 10                  | 5.<br>6.<br>7.<br>8.<br>ssenger            | *d)DATE OF BIRTH: (/)(DD/MM/YYYY)   B)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE:  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:COMPANY? (YES / NO)  G]WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  b)ROAD SURFACE: (DRY / WET / OTHERS)  WAS ANYBODY INJURED (YES / NO)  G]REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  G) VEHICLE NUMBER: FBG 3808MODEL:  | mp    |
| of pa                  | 5.<br>6.<br>7.<br>8.<br>ssenger            | *d)DATE OF BIRTH: (/  | mp    |
| dudin                  | 5. 6. 7. 8. ssenger g driver)              | *d)DATE OF BIRTH: (/)(DD/MM/YYYY)  ø)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:COMPANY? (YES / NO)  a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  b)ROAD SURFACE: (DRY / WET / OTHERS)  WAS ANYBODY INJURED (YES / NO)  a)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  a) VEHICLE NUMBER: FBG 38 28G. MODEL:  b) DRIVER'S NAME:  C) NRIC/FIN/PASSPORT: CONTACT: | mp    |
| dudin                  | 5. 6. 7. 8. ssenger g driver)              | *d)DATE OF BIRTH: (/  | mp    |
| cludin                 | 5. 6. 7. 8. ssenger g driver) 9.           | *d)DATE OF BIRTH: (/)(DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE:  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  | mp    |
| duding<br>(<br>o ef p  | 5. 6. 7. 8. ssenger ( driver) 9. 19352nger | *d)DATE OF BIRTH: (/)(DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:   | mp    |
| duding<br>(<br>o ef p  | 5. 6. 7. 8. ssenger g driver) 9.           | *d)DATE OF BIRTH: (/)(DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:   | mp    |
| duding<br>(<br>o ef p  | 5. 6. 7. 8. ssenger ( driver) 9. 19352nger | *d)DATE OF BIRTH: (/)(DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:   | mpa   |
| cluding<br>(<br>o ef p | 5. 6. 7. 8. ssenger ( driver) 9. 19352nger | *d)DATE OF BIRTH: (/)(DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:   | mpa   |
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VIDEO

No.