			1 . 3.0	£1 1.70°	
NATIONAL Assessment Centi	re Services.	we! 1 Jan'05] (13)	721 BLOOD A	A	
Date In: 11/1/1-1648	Jeb description		Date &Time Complet	ed I	Doue pi.
Reino: Muchmorsy 24	SAS e-filing				
Veh No: 649713 M	E-mail (within S)	ars, AIC 2hrs)			
D.O.A: 9/14. 16:12	i-Motor Claim	Form	M1116900-001	11/1/2	1 16:54
	i-Motor W/O	(Within: OD 2hrs,	1		.'
OD TP Reporting Only	i-Photo Uploa	ded			
	Assessment/Sur	vey Report			
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: Vy	568W	. INC()/Non-INC(
Owner / Driver: (Tel:)
Policy No: () Pe	eriod: ()	Cover Type: ()
Confirmed by: (Date:	Time:)
Insured/Driver Liability: (%) [[Note-Est. Status (W	O): N: 0-20	%; P: 21-79%. P: 5	30-100%]	
Year of Registration: ()	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1,0	000 ()/\$2,000 ()			
General Remarks;-					
() Walk-In Customer: Customer's info			***************************************		
() Total Loss Case : to e-mail Insur					2120244
Drive-In ()/ Towed-In (); Invoice		O(); To	wing Co: (.)
			Date&Time Complets	28623823	Done by
Remarks: (INC horline: 6788 6616)			Dates: 11116 Comple:	437 253 253	SOROLY
	Courtesy Car ()				
2) QC Check / Post Repair Inspection	()		<u> </u>		
3) Upload Resurvey Photo [Repair Cost > \$:	3000] ()				
Injury:					
Date/Time Actions					TARREST CARROLLES
			•		
,					
Nat.		Invoice Prep	aration Checklist	Secretary Secretary Contract	t (S) Amt (S) Bill Add Bill
Trychill		1) AR : Accident R	eporting (\$30);		Billion - Modifilm
laimant's Particulars :-		2) DA : Damage A 3) TF : Towing Fee		C (\$80) \$40/\$45	
river/Owner:		4) FT : Follow-Thr	ough Survey	\$120	
ontact No:		5) FT : Follow-Thr	ough Survey (Resurvey) just INC Only (wef 10 Jan	\$30 2005)	
amaged Portion:		6) TR: Re-inspecti	on .	\$75 \$160	
		7) N1 : Idac DA + 8) NTUC Addition		3100	
C Charled by Co Y- Ch Y-		OD.		-	
C Checked by (Engr-In-Charge):		*N5: Courtesy C *N6: Repair Co-	er/Tpt Allowance	\$5 \$10	
All Comments		*N7: Fost Repai	Inspection	\$25	
uditors' Comments::-	000000000000000000000000000000000000000		ct Excess Coordination Non INC) against INC	\$3 \$20	·
<u>t. 1:</u>		9) N12: Idac Mobi		30	artin Jal
1. 2/3:		Invoice dated Invoice dated	Fee Cha	MANUFACTURE .	

SN09211B000A / National Assessment Centre Services [408933] ENTRY DATE & TIME: 11/01/2021 16:50 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (11/01/2021 16:50 (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
- 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 11/01/2021 16:50 (SGT) Date of Accident 09/01/2021 16:10 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information twds tuas before bendemeer exit Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Nissan

Vehicle Registration Number GU9717M

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner STEVEN COURIER SERVICES Company Reg No 5XXXX006L Email Address tobytngis@gmail.com Mobile Phone No (Phone) +65-98203472 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Nv200 Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5119469998 Cover Note Number

DRIVER

Name of Driver LEE NGIN TEE STEVEN NRIC No SXXXX031Z 10/08/1949 Date Of Birth Occupation Outdoor

Date Of Driving Pass 10/09/1968 52 YEARS AND 4 MONTHS Driving experience Gender Male (Phone) +65-98203472 Mobile Number Alt. Phone Number Email Address tobytngis@gmail.com Address **BLK 756 PASIR RIS STREET 71** Address complement #09-156 Postcode 510756 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 GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Change/cross lane Weather Conditions Clear Road Surface Dry 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? Yes Was any injured conveyed to hospital by ambulance? No 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? No DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Bedok Neighbourhood Police Post Police Station Phone No (Phone) +65-18002419999 Alt. Police Station Phone No (Fax) +65-64431687 Police Station Address Blk 15 Bedok South Road #01-117 Singapore 460015 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20210109/2108. 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 YN6682Y Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver JIA HAO

(Phone) +65-87799856

Contact Number

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE NGIN TEE STEVEN
Address	.=
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & SHOULDER
Injured person in which vehicle?	GU9717M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report **correctly** the details of the accident to speed up the claims process.
- 2) This Form must be completely 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 fact 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 as investigation.
- 6) The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7) By the lodgment of this report to 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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:
 - 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 purposed stated, or;

ii. For complying with the requirements under any regulations, law or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:

SKETCH PLAN



Ven A: GN 9717 M Veh B: YN 6682 Y

Refer to police report T/20210109/2108	
1	

DECLARATION

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

Policyholder's Signature

Date & Time:

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

NRIC/ FIN No:

Reporting Centre Personnel's Signature

Name:

Date of Accident	: 4/1/2021 Accident Time: 6 10 (24-HR-Format)
Accident Place	: PIE Tyas Before bendenmeed exit
Vehicle No. (Car Plate No.)	: Gugalam Make/Model: Nisgan NV200 A
Insurance Company	: _ NTUC Policy No:
Owner or Company Name /IC No.	: Lee noin tee steven (502810312)
Owner or Company Contact No.	: 9820 3472 Owner's HpCompany Tel
DRIVER'S Name / IC No.	:
DRIVER'S Date Of Birth	: 10/8/1949 DRIVER'S License Pass Date 3/7/2003
Relationship of Owner & Driver	$: Spouse \ \ Children \ \ Employee \ \ Others: \ _owner \ $
DRIVER'S Address	: BIK 756 Pasir Ris St 71 \$ 09-156 \$516756
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation : INDO	OOR \OUTDOOR (e.g. working inside or outside office)
Email Address	: toby try is 6 gnail . com
Weather & Road Surface	: CLEAR & DRY\ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Repo	rting Only Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Dri	ver):
Was there any video Captured by car Exact purpose for which vehicle was hany Injury (If YES, Pls state): _ Showless	peing used at time of accident: Private use \ Work Purpose
Other Par	ty Driver's Particular (if any)
Vehicle. No: YN 6682 Y	Vehicle. No:
Vehicle Make \Model:	Vehicle Make \Model:
Name Driver: Sia hap	Name Driver:
IC No. Driver/Contact: 8779 985	IC No. Driver/Contact:

* NEW – Passenger's name & gender:



1720210109/2108

Report No. T/20210109/2108

Police Station Of Origin: Bedok NPP 15 Bedok South Road #01-117 SINGAPORE

Station Diary No.: Tel No. 1800-2419999 / REPORT OF A TRAFFIG ACCIDENT Vide Report No.: 26 Date/Time Report Made: 09/01/2021 19:14

APT BLK 756 PASIR RIS STREET 71 #09-156 SINGAPORE Name of Informant: LEE NGIN TEE STEVEN 510756 Mobile: 98203472 Contact No.: Home/Office: ID Type / ID No. NRIC NO / S0281031Z Email: Type of Informant: Nationality. SINGAPORE CITIZEN Date of Birth: Institution / School Name: Driver 10/08/1949 Age: Sex Language: Male Driving Licence Information: Race: Date of Expiry: Chinese Class: 2B,2A,2,3 Occupation. DELIVERY VAN

Type of Location: eral information of the Accident Date/Time of Flyover Drink Accident: Injury Drive: 09/01/2021 16:10 Type of Others No Accident: Location

PAN-ISLAND EXPRESSWAY

Road Speed Limit: Road Surface: Weather. Traffic Volume: Clear Traffic Control: Traffic Flow: Moderate Dual Carriage Way Anyone conveyed by Type of Collision: ambulance: Between Moving Vehicles - Side Swipe - Same Direction No

CHAIR O'V	shicle invol	ved				
Versia No	Type	Make	Model	Color	Condition	No of Passeng
GU9717M	Van				Slightly Damaged	0
YN6682Y	Lorry				Slightly	2

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



police Station Of Origin: Bedok South Road #01-117 SINGAPORE

Tel No 1800-2419999



Report No. 1/20210109/21/2

CONTINUATION OF REPORT

Name	LEE NGIN TEE STEVEN	IDN	0.	S0281031Z	
Related Vehicle	GU9717M (Van)	Cont	act No	98203472	
Hospital/Clinic	UNIHEALTH CLINIC (BED	ОК)	Class of Driving Licence & Expiry Date		Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	09/01/2021	Date	e Discharge	NIL	
STREET, STREET	ted Medical Leave 03		ree of Injury	NIL	
Driver					
Name	JIAHAO		ID No		NIL
Related Vehicle	YN6682Y (Lorry)			ct No.	87799856
Hospital/Clinic	NIL				Class: NIL Date of Expiry: NIL
ate Treatment	NIL	Date	Discharge	NIL	
lo. of Days gran	ted Medical Leave NIL	Deg	ree of Injury	NIL	

Brief Details.

On the 9 January 2021 at about 1610 hrs, I was travelling on lane 3 of PIE towards Tuas before Bendemeer exit after Geylang Bahru exit when another vehicle, YN6682Y, side swiped my vehicle from the left. The lamest after Geylang Bahru exit when another vehicle, YN6682Y, side swiped my vehicle from the left. The lamest after Geylang Bahru exit when another vehicle, YN6682Y, side swiped my vehicle from the left. the left. The lorry was on the lane to exit Geylang Bahru however decided to make lane change and side swiped my was in the lane to exit Geylang Bahru however decided to make lane change and side swiped my was in the lane to exit Geylang Bahru however decided to make lane change and side swiped my was in the lane to exit Geylang Bahru however decided to make lane change and side swiped my was in the lane to exit Geylang Bahru however decided to make lane change and side swiped my was in the lane to exit Geylang Bahru however decided to make lane change and side swiped my was in the lane to exit Geylang Bahru however decided to make lane change and side swiped my was in the lane to exit Geylang Bahru however decided to make lane change and side swiped my was in the lane to exit Geylang Bahru however decided to make lane change and side swiped my was in the lane to exit Geylang Bahru however decided to make lane change and side swiped my was in the lane to exit Geylang Bahru however decided to make lane change and side swiped my was in the lane to exit Geylang Bahru however decided to make lane change and side swiped my was in the lane to exit Geylang Bahru however decided to make lane change and swiped my was in the lane to exit Geylang Bahru however decided to make lane change and the lane to exit Geylang Bahru however decided to make lane change and the lane chan swiped my vehicle.

We exchanged particulars after which I sought medical attention and was given 3 days MC.





3 of 3

Report No. T/20210109/2108

Police Station Of Origin: Bedok NPP 15 Bedok South Road #01-117 SINGAPORE CONTINUATION OF REPORT 460015

Tel No: 1800-2419999

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 the cert the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recordin	g The Report: 1
Sr Staff Sgt SHAHARALAMIN	I BIN ABDUL
Signature Of Interpreter: Not applicable	1
Officer In Charge Of Case:	
Sr Staff Sgt SYED ZAYID MU SYED ABDUL WAHID ALHIN Contact No: 65476404 Authentication Stamp	HAMMAD BIN

Signature Of Informant: Date/Time 09/01/2021 19:14 Classification Of Case

eBao Tech	General								IClaim		
Hello, NAC_PAYA_UBI_800	601						• Change	Language	• Chan	ge Password	› Log Out
My Desktop	Poli	cy Query									•
Notice of Loss	Policy N	lo.	511946	9998		Date o	of Accident	C	9/01/2021 1	16:10	
	Vehicle	No.(For Motor)	GU9717	⁷ M		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	5119469998		STEVEN COURIER SERVICES	5332206L	GCV	Preferred Workshop Plan	GU9717M	GU9717M	23/10/2020	22/10/2021
						Continue					

Policy No.	5119469998	Policyholde Name	STEVEN CO	URIER SERVICES	Policyholder NRIC	5332206L	
Certificate		Warrie			Mile		
Address	BLK 756 #09-156 PASIR RIS ST	REET 71 SIN	GAPORE 5107	56			
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy ssue Date	22/10/2020	Effective Date	23/10/2020	00:00	Expiry Date	22/10/2021	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				You	ng/Inexperience Driver Excess
Agent	ST INSURANCE AGENCY PTE. LT	Agent Tel.	64649098		GST Flag	Υ	
Open Policy Info Certificate Info	older Mailing Address						
Open Policy Info Certificate Info Policyh	nolder Mailing Address BLK 756 #09-156	Addr	ress 2	PASIR RIS STREE	Г71	Address 3	SINGAPORE 510756
Flag Open Policy Info Certificate Info Policyh Address 1 Address 4			ress 2 ress Type	PASIR RIS STREE		Address 3 Post Code	SINGAPORE 510756 510756
Open Policy Info Certificate Info Policyh Address 1		Addr	ess Type				
Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	BLK 756 #09-156	Addr Rela	ess Type	Singapore address			
Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	BLK 756 #09-156 09-156 d Object: GU9717M	Addr Rela	ess Type	Singapore address			
Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure	BLK 756 #09-156 09-156 d Object: GU9717M ements	Addr Rela Num	ess Type	Singapore address 5119469998		Post Code	



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5119469998

Cover: Preferred Workshop Plan

1. Index mark and Registration Number of Vehicle

: To Be Advised

Chassis Number

: JN1YAAM20Z0001249

2. Name of Policyholder

: STEVEN COURIER SERVICES

3. Effective Date of Insurance

: 23 Oct 2020

4. Expiry Date of Insurance

22 Oct 2021

5. Persons or Classes of Persons entitled to drive#

- (a) The Policyholder.
- (b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

- 6. Limitations as to Use#
 - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
 - (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : \$\$600 **EXCESS (SECTION 2)** : N/A WINDSCREEN EXCESS · \$\$100 · YES

INSURE WITH COE HIRE PURCHASE COMPANY : N/A

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency

: ST INSURANCE AGENCY PTE. LTD. (00000573223)

Date of Issue

: 22 Oct 2020 13:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

olicy No.			Transaction and the second		
-tidi anta tila	5119469998	Vehicle No.	GU9717M	GST Registration No.	
rtificate No.					
licyholder Name	STEVEN COURIER SERVICES			Policyholder NRIC	5332206L
oduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Preferred Workshop Plan	Loading	0
ontact No.(Mobile)	98203472	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	NC V
	@ No O Yes	TCA	No Yes	eCode Reason	
FK	No ○ Yes				And the state of t
CD Protection	No	NCD Entitlement(%)	0	Private Hire	No
 Accident Details 					
eport Date	11/01/2021 16:52	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lan
ate of Accident	09/01/2021	Time of Accident hh:mm	16:10	Country of Accident	Singapore
	05/01/2021		10.10	ICM No.	
eporting Centre		Orange Force		ICM NO.	
ccident Location	PIE				
Total Excess Applicable					
ccess Type	Per Accident	Windscreen Excess	100.00		
D Standard Excess	600.00	TP Standard Excess	0.00		
IED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
dditional Excess					
otal OD Excess Applicable	600.00	Total TP Excess Applicable			
	800,00	- Juli 17 Excess Applicable			
▽ Benefits					
GST Registered Informa			2004000		
ST Registered	No		GST Registration Date		
ST Registration No.		And the second s	GST Status Verified	No	
odification History	11/01/2021 16:53:28 Syste	m auto update fail: The format of t	he UEN is incorrect or UEN is invalid.		
Policyholder Mailing Add	dress				
ddress 1	BLK 756 #09-156	Address 2	PASIR RIS STREET 71	Address 3	SINGAPORE 510756
ddress 4		Address Type	Singapore address	Post Code	510756
				r ost code	310/30
Init No.	09-156	Related Policy Number	5119469998		
OI Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
nnamed driver Name	LEE NGIN TEE STEVEN	Driver NRIC	S0281031Z	Driver DOB	10/08/1949
egister Date of Driver License	10/09/1968	Driver Age	71	Driving Experience	52
ontact No.(Mobile)	98203472	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BLK 756	Address 2	PASIR RIS STREET 71	Address 3	SINGAPORE 510756
	BER 730				
ddress 4		Address Type	Singapore address	Post Code	510756
Init No.	09-156				
	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
does he own a Singapore degistered car?					
egistered car?					
egistered car?					
egistered car? eclaration reathalyser or Blood Test	0 mg	Any injury?			
		Any injury?			
egistered car? eciaration reathalyser or Blood Test eading?		Any injury?			
egistered car? eclaration reathalyser or Blood Test eading? odification History		Any injury?			
egistered car? eclaration reathalyser or Blood Test eading? odification History		Any injury?			
edistered car? sclaration reathalyser or Blood Test eading? odification History		Any injury?	● Yes ○ No		
edistered car? sclaration reathalyser or Blood Test eading? odification History		Any injury?			
eclaration reathalyser or Blood Test eading? cidination History Claim 001		Any injury?	Yes No STEVEN COURIER SERVICES	Insured NRIC	5332206L
eclaration reathalyser or Blood Test eading? colification History Claim 001 New	0 mg			Insured NRIC Contact No.(Office)	5332206L
eclaration reathalyser or Blood Test eading? colification History Claim 001 New laim Type * ontact No.(Mobile)	0 mg	Insured Name			5332206L YN6682Y
eclaration reathalyser or Blood Test eading? colification History Claim 001 New laim Type * ontact No. (Mobile) mail Address	0 mg OD-MX ▼ 96916262	Insured Name Contact No.(Home) OI Vehicle Number	STEVEN COURIER SERVICES GU9717M	Contact No.(Office)	
eclaration reathalyser or Blood Test eading? claim 001 New laim Type * ontact No.(Mobile) mail Address laimant Type Claimant Type *	0 mg OD-MX ✓ 96916262 Please Select ✓	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit •	STEVEN COURIER SERVICES	Contact No.(Office)	
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