NATIONAL Assessment Cont	re Services in	. 12-1033	2		
Date In: 19/01/21	Job description		e & Time Completed	Done by	
Res Nu. NA/1221000 905/1	SAS e-filing				
		AlC 2hrs)			
Veh No. 5M521379 D.O.A: 18/01/21 0735	i-Motor Claim I		MT/11/78 78	+002	1000
D.O.A 7 6 7 0 7 10 .	i-Motor W/O (w				
OD . TP (Reporting Only)	i-Photo Uploado		*		
	Assessment/Surve				
TP Insurer:	Ass't Report by E		ner Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Te		Fax:)
TP Particulars: Veh No:	SFA444.	. INC(.)	Non-INC()		
Owner / Driver: (Т	ol:)	
	Period: () Cos	er Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est Status (WC): N: 0-20%;	P: 21-79%. F: 80	-100%]	
Year of Registration: ())/NO()			
Excess: (\$) Loading: \$,000()/\$2,000()			
General Remarks	4		\$\$ \$		
() Walk-In Customer's Customer's In	nformation strictly Confid	dential & Strictly	NO rafer of repaire	r	
	urer URGENTLY.	3.€			
	ice: YES () / NO	(); Towin	ıg Ço. (
		or some street to	je & Tuno Comple od	Done t	y
Remarks - (INC horline: 6788 6616	/ Courtesy Car ()	(*************************************	ATSALGGE SC SWIT L V		
1) 1 PP - 1	/ Courtesy Car ()				
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost>	33000) (/				
Injury:					<u>'</u>
Date/Time Actions			MATALIA AND	100000000000000000000000000000000000000	<u> </u>
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		and the state of the state of	### S-10-33989.W	Anic(s)	. Amt (\$)
NP2 1012	88	Invoice Prepar	illon Checklist	学的基础。 本学的经	'Add Bill
	ACCOUNT OF SUPPLY AND A CASE AS	1) AR : Accident Rep 2) DA : Damage Asse	orting (\$30); sament (\$100); IN	C (\$30)	
liumant's Particulars :-	711-b54 7 - 88-21- 1555	3) TF : Towing Fee		\$40/\$45	
Oriver/Owner:		4) FT : Follow-Throu	ch Survey (Resurvey)	\$30	
Contact No:	1	For claiming again	STING OULA (A ST 10 1 ST	2005) \$75	
Damaged Portion:		6) TR: Re-inspection 7) N1: Idao DA + Sh	ART Survey	\$160	
Jamaged Fordon.		8) NTUC Additional	Services:-		
QC Checked by (Engr-In-Charge):		NS: Courlesy Ca	/Tp Allowanie	\$5	
2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.		*N6: Repair Co-o *N7: Post Repair	dination	\$10	
Auditors Comprents		+N8: DV / Collect	Exocus Coordination	\$5	
Cat. 1:		TP (N11): TP (N 9) N12: Idno Mobile	in INC) against INC	30	-
	· · · · · · · · · · · · · · · · · · ·	Invoice dated	Fee Cha	MINISTER PROPERTY.	14:47
Cat. 2/3:	\(\frac{1}{2}\)	Invalue dated	Fee Cha	arged Histo	18



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.

 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 19/01/2021 15:54 (SGT) Date of Accident 18/01/2021 07:35 (SGT) Exact Location of Accident New Upper Changi Rd, Singapore Additional Location Information **BLK 56 CARPARK** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS2137Y

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SOUTHERN CARS PTE LTD Company Reg No 2XXXXX448W **Email Address** gavin041175@gmail.com Mobile Phone No (Phone) +65-98477878 Alternative Phone No +65-98477878

VEHICLE PARTICULARS

Manufacturer Hyundai Model AD AVANTE 1.6 GLS (A) Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to

your vehicle? No - Reporting only Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5116070444 Cover Note Number

DRIVER

Name of Driver NG KAH CHING(HUANG JIAQING) NRIC No SXXXX686A Date Of Birth 04/11/1975 Occupation Outdoor

11/06/2015 Date Of Driving Pass 5 YEARS AND 7 MONTHS Driving experience Gender Mobile Number (Phone) +65-98891872 Alt, Phone Number gavin041175@gmail.com Email Address Address BLK 220C BEDOK CENTRAL #17-30 Address complement 463220 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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 Collision - Head to Rear Type of Accident 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? 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) No soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE ATTACHED STATEMENT. 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	SFA44Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	
Contact Number	50
Address	
Address complement	2
Postcode	-
Insurance Company Name	

Nature Of Damage		
Details of property damaged in accident	Herman and the second control of the second	
No. Of Passenger (Including Driver)	771111111111111111111111111111111111111	

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date Personnel

Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date Personnel

Sketch Plan

A-SMS21379 B-SFA449

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portion of a	ich B.		
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	s are true in every respect.		
Ve declare the foregoing particular	s are true in every respect.		
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	401		
	J	D	19/01/2
		Tym	17/01/2

ACCIDENT STATEMENT

25	DENT DATE: (DD)	(MM/YYYY), TIME:() (HH:MM)	*
LOCA	MON: NEW WARE CHAN	GI BUR- 58 56 MARKET.	
		IN NO.	
1.	a) VEHICLE NUMBER: S NOS 2 /3	74	
	b)INSURANCE COMPANY:	, , , , , , , , , , , , , , , , , , , 	
**	DJINSURANCE COMPANY:		
	c)POLICY NUMBER:		20
		THIRD PARTY / THIRD PARTY FIRE &THEFT)	
	e)MAKE & MODEL:	AN ALORDY A MOTORCYCLE A OTHERS	
	g) VEHICLE CATEGORY: (PRIVATE / C	AN / LORRY / MOTORCYCLE / OTHERS)	
	h) PURPOSE OF USING AT ACCIDENT		
	I) ARE YOU CLAIMING UNDER YOUR	200, 100 - 100 Mile C. Color - Al Marin 18 (C. Al Lead) Translation (C. Al Lead) 18 (C. Al Lea	
	IF NO, PLEASE STATE (THIRD PARTY O	CLAIM / REPORTING ONLY)	
2.	INSURED / POLICY HOLDER	Abian para riwati wanasa wanata wa kata wa ka	Til.
		DTE CTS (MALE / FEMALE)	
		CONTACT: 9847.78 A	
7	c]ADDRESS:		
\$60 \$10 E	* CONTINUE TO 3.d IF DRIVER ALSO F	POLICY HOLDER	
Hic of passanga	DRIVER	olor nolber	
(had die la	NUMBER NI FAMELINI (41	IANG JIAQING) (MALE / FEMALE)	
(Including driver)	b)NRIC/FIN/PASSPORT:	CONTACT: 98891872	
(7)	c)ADDRESS:		800
	*d)DATE OF BIRTH: (04) 11 /9	2C MDD/MM/VVVVI	
* •	e)OCCUPATION: (INDOOR / OUTDO		
	f)YEARS OF DRIVING EXPRERIENCE:_	11/06/2015	
4.	WAS DRIVER AN EMPLOYEE OF TH	E INSURED'S COMPANY? (YES / NO)	33
	IF NO, RELATIONSHIP OF THE DRI	VER WITH INSURED: 4'12 ER	
F			
5.	a) WEATHER CONDITION: (CLEAR / RA	AINING / OTHERS	
	a) WEATHER CONDITION: (CLEAR / R. b) ROAD SURFACE: (DRY / WET / OTH	AINING / OTHERS	
6.	a) WEATHER CONDITION: (CLEAR / R. b) ROAD SURFACE: (DRY / WET / OTH WAS ANYBODY INJURED (YES / NO)	AINING / OTHERS	
6.	a) WEATHER CONDITION: (CLEAR / R. b) ROAD SURFACE: (DRY / WET / OTH WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO)	AINING / OTHERS	
6. 7. 8.	a) WEATHER CONDITION: (CLEAR / R. b) ROAD SURFACE: (DRY / WET / OTH WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE	ESTATION:	
6. 7. 8.	a) WEATHER CONDITION: (CLEAR / R. b) ROAD SURFACE: (DRY / WET / OTH WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE	ESTATION:	
6. 7. 8. His of patsonger	a) WEATHER CONDITION: (CLEAR / R. b) ROAD SURFACE: (DRY / WET / OTH WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE THIRD PARTY VEHICLE a) VEHICLE NUMBER:	ESTATION:MODEL:	
6. 7. 8. Who of patsonger (Induding driver)	a) WEATHER CONDITION: (CLEAR / R. b) ROAD SURFACE: (DRY / WET / OTH WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE THIRD PARTY VEHICLE a) VEHICLE NUMBER: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT:	ESTATION:	
6. 7. 8. Who of patsonger (Including driver) () 9.	a)WEATHER CONDITION: (CLEAR / R. b)ROAD SURFACE: (DRY / WET / OTH WAS ANYBODY INJURED (YES / NO) a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE THIRD PARTY VEHICLE a) VEHICLE NUMBER: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE	ESTATION:MODEL:	
6. 7. 8. Which of passenger (Including driver) () 9. Who of passenger	a)WEATHER CONDITION: (CLEAR / R. b)ROAD SURFACE: (DRY / WET / OTH WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE THIRD PARTY VEHICLE a) VEHICLE NUMBER: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE d) VEHICLE NUMBER:	ESTATION:MODEL:	
6. 7. 8. Which of passenger (Including driver) () 9. Who of passenger	a)WEATHER CONDITION: (CLEAR / R. b)ROAD SURFACE: (DRY / WET / OTH WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE THIRD PARTY VEHICLE a) VEHICLE NUMBER: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE d) VEHICLE NUMBER:	AINING / OTHERS ERS ESTATION: MODEL: MODEL:	
6. 7. 8. Which of passenger (Including driver) () 9. Who of passenger	a)WEATHER CONDITION: (CLEAR / R. b)ROAD SURFACE: (DRY / WET / OTH WAS ANYBODY INJURED (YES / NO) a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE THIRD PARTY VEHICLE a) VEHICLE NUMBER: SPACEY (C) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE d) VEHICLE NUMBER: D'ARTY VEHICLE d) VEHICLE NUMBER: F) DRIVER'S NAME: (E) DRIVER'S	AINING / OTHERS ERS ESTATION: MODEL: CONTACT: CONTACT:	
6. 7. 8. Which of passenger (Including driver) () 9. Who of passenger	a)WEATHER CONDITION: (CLEAR / R. b)ROAD SURFACE: (DRY / WET / OTH WAS ANYBODY INJURED (YES / NO) a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE THIRD PARTY VEHICLE a) VEHICLE NUMBER: SPACEY (C) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE d) VEHICLE NUMBER: D'ARTY VEHICLE d) VEHICLE NUMBER: F) DRIVER'S NAME: (E) DRIVER'S	AINING / OTHERS ERS ESTATION: MODEL: CONTACT: CONTACT:	
6. 7. 8. Which of passenger (Including driver) () 9. Who of passenger	a)WEATHER CONDITION: (CLEAR / R. b)ROAD SURFACE: (DRY / WET / OTH WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE THIRD PARTY VEHICLE a) VEHICLE NUMBER: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE d) VEHICLE NUMBER:	AINING / OTHERS ERS ESTATION: MODEL: CONTACT: CONTACT:	
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6. 7. 8. 4 No of patsonger (Including driver) 9. 4 No of passanger (Including driver) () ()	a) WEATHER CONDITION: (CLEAR / R. b) ROAD SURFACE: (DRY / WET / OTH WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE THIRD PARTY VEHICLE a) VEHICLE NUMBER: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE d) VEHICLE NUMBER: e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT:	AINING / OTHERS ERS ESTATION: MODEL: MODEL: CONTACT:	Con
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8. He of passenger (Including driver) 9. Ho of passenger (Including driver) () (Including driver)	a) WEATHER CONDITION: (CLEAR / R. b) ROAD SURFACE: (DRY / WET / OTH WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE THIRD PARTY VEHICLE a) VEHICLE NUMBER: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE d) VEHICLE NUMBER: e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT:	AINING / OTHERS ERS ESTATION: MODEL: MODEL: CONTACT:	Con



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: 5116070444

Cover : drivo CLASSIC

: KMHD841CMKU935818

: SOUTHERN CARS PTE LTD

: SMS2137Y

: 17 Feb 2020

: 16 Feb 2021

1. Index mark and Registration Number of Vehicle

Chassis Number

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

Expiry Date of Insurance

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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: S\$1,500
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	; NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TAI THONG LEE TRADING (PRIVATE) LIMITED
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 (Malaysla)

Agency

: ASSURE PTE. LTD. (00000572842)

Date of Issue

: 07 Feb 2020 12:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

12

Chief Executive

Claim Handling

rolicy No.	5116070444	Vehicle No.	SMS2137Y		GST Registr	ation No.		
ertificate No.						ARCONAL C		SEAST!
olicyholder Name	SOUTHERN CARS PTE LTD				Policyholder	NRIC	2019044	48W
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading		0	
Contact No.(Mobile)	NA .	Contact No.(Office)			Contact No.	(Home)	-	
mail Address		Special Remark			eCode		No V	
(FK	é No ∵Yes	TCA	No Yes		eCode Reas	on		
ICD Protection	No	NCD Entitlement(%)	0		Private Hire		Not avails	able
▽ Accident Details								
Report Date	19/01/2021 10:25	Accident Report Within 24 hrs	Yes		Accident Ty	pe	Collision -	- Head to
Date of Accident	18/01/2021	Time of Accident hh:mm	07:32		Country of	Accident	Singapore	e
Reporting Centre		Orange Force			ICM No.			
Accident Location	New Upper Changi Rd,							
♥ Total Excess Applicable								
Excess Type	Per Accident	Windscreen Excess		100.00				
raceas sype								
OD Standard Excess	2,000.00	TP Standard Excess		1,500.00				
VIED OD Excess		VIED TP Excess			Driver is Co	overed?	Not Appli	icable
Additional Excess	1,500.00							
Total OD Excess Applicable	3,500.00	Total TP Excess Applicable		1,500.00				
⇒ Benefits				2//				
GST Registered Informat	tion							
GST Registered	No		GST Registr	ation Date				
GST Registration No.			GST Status	Verified	72	res		
Modification History								
Policyholder Hailing Add	Iress	WARREN - 1704	The state of the s		Address 3		SINGAP	ORE 4087
Address 1	65 UBI ROAD 1	Address 2	#04-24 OXLEY BIZE	108	Post Code		408729	
Address 4		Address Type	Singapore address		Post Code		400723	
Unit No.	04-24	Related Policy Number	5113413027-01					
Driver Name		Driver Type			SE 10 - MA			
Unnamed driver Name		Driver NRIC			Driver DOI			
Register Date of Driver License		Driver Age			Driving Ex			
Contact No.(Mobile)		Contact No.(Office)			Contact No	(Home)		
Address 1		Address 2			Address 3			
		Address 2 Address Type	Foreign address		Address 3 Post Code			
Address 1			Foreign address					
Address 1 Address 4 Unit No. Does he own a Singapore	Yes w No		Foreign address		Post Code	arer Company		
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Claim Handling(Claim Task 002 OD-MX)

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Attachment L	ist						
Attachment	Upload	ed By/Date	Category	9	Urgency	Des	cription
100 acr 100 acr 100 fb7	NAC_PAYA_UBI_800601{ NATIONA 19 Jan	L ASSESSMENT CENTRE SERVICES) on 2021 18:22	NRIC/ Driving License	Y	Normal	NRIC/ Driving	License 2021-1-19
1	NAC_PAYA_UB1_800601(NATIONA 19 Jan	L ASSESSMENT CENTRE SERVICES) on 2021 18:22	SAS		Normal	SAS :	2021-1-19
医多	NAC_PAYA_UB1_800601(NATIONA 19 Jan	L ASSESSMENT CENTRE SERVICES) on 2021 18:22	Photos		Normal	Photos	2021-1-19
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<i>5</i> 20	NAC_PAYA_UBI_800601(NATIONA 19 Jan	AL ASSESSMENT CENTRE SERVICES) on 2021 18:22	Photos		Normal	Photos	2021-1-19
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	NAC_PAYA_UBI_800601(NATION: 19 Jan	AL ASSESSMENT CENTRE SERVICES) on 2021 18:22	Photos		Normal		2021-1-19
7.4	NAC_PAYA_URI_800601(NATION 19 Jan	AL ASSESSMENT CENTRE SERVICES) on 2021 18:22	Photos		Normal	Photos	2021-1-19
Video List						-	
	Uploaded By/Date	Folder Date		File Name		?	Source

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