

| | | | |
|---|--|-----------------------|--------------|
| Date In: 3/1/18 09:28 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC 18000082/64 | SAS e-filing | | |
| Veh No: GRD 5738 C | E-mail (within 8hrs, A/C 2hrs) | | |
| D.O.A: 2/1/18 07:50 | i-Motor Claim Form | MT/0976045 | 3/1/18 09:59 |
| OD <input checked="" type="checkbox"/> Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: (| Fax: (|
| TP Particulars: | Veh No: SLA 6767 J | INC () / Non-INC () |
| Owner / Driver: (| Tel: (| |
| Policy No: (| Period: (| Cover Type: (|
| Confirmed by: (| Date: (| Time: (|
| Insured/Driver Liability: (| %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%] | |
| Year of Registration: (| Warranty: YES () / NO () | |
| Excess: (\$ | Loading: \$1,000 () / \$2,000 () | |

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

| | | |
|---|-----------------------|---------|
| Remarks:- (INC hotline: 6788 6616) | Date & Time Completed | Done by |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|----------------------|----------------------|
| NA1800077 | Invoice Preparation Checklist | Amt (\$) 1st Bill | Amt (\$) Add Bill |
| Claimant's Particulars :- | 1) AR: Accident Reporting (\$30); | 30.00 | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF: Towing Fee \$40.545 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idac DA + SMRI Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | OD: | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11): TP (Non INC) against INC \$20 | | |
| | 9) N12: Idac Mobile 30 | | |
| QC Checked by (Engr-In-Charge): | Invoice dated | Fee Charged | |
| Auditors' Comments :- | Invoice dated | Fee Charged | |
| Dat 1: | | | |
| Dat 2/3: | | | |

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 withholding of material facts may allow insurance companies to repudiate policy ability.
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 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 Report | 03/01/2018 09:28 |
| Date Of Accident | 02/01/2018 07:50 |
| Exact Location Of Accident | BEDOK NORTH ST 1 BLK 217 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | GBD5738C |
| Insured/Policyholder | |
| Name Of Registered Owner | FUTUREAIR ENGINEERING PTE LTD |
| Co Reg No | 201417824R |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-90261971 |

Vehicle Particulars

| | |
|--|------------------------------------|
| Manufacturer | NISSAN |
| Model | NV350 PANEL VAN 2.5 5MT 5DR EURO V |
| Exact Purpose for which vehicle was being used at time of accident | WORK |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5091785675 |
| Cover Note Number | - |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | TEO ENG HAI |
| NRIC No | S7044387B |
| Date Of Birth | 08/12/1970 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 15/09/1997 |
| Driving Experience | 20 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90261971 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|-------------------------------|
| Address | BLK 518 WEST COAST RD #08-585 |
| Postcode | 120518 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

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 this accident? | NO |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO ATTACHED 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 VEHICLE PROPERTY 1

| | |
|-------------------------------------|------------------------------|
| Vehicle Registration Number | SLA6767J |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | MANJIT SINGH S/O GANGA SINGH |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

SKETCH PLAN

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 withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) 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' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

FUTUREAIR ENGINEERING PTE LTD

No. 15 Yishun Ind. St 1 #02-23 Win 5
Singapore 768091

Tel: +65 6803 9942 Fax: +65 6803 9974

Email: futureair.engr@gmail.com

Co. Reg No / GST: 2014/7624R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Personal Particulars

Date of Accident: 2/1/18 Time of Accident: 7:50 am
Exact Location of Accident: Bedok North St 1 Bk 217
Owner's Name: Futureair Engineering PL NRIC No: _____ HP No: _____
Driver's Name: Teo Eng Hai NRIC No: 570443878 HP No: 90261971
Date of Birth: 8/12/1970 Driving Licence Passing Date: 15/9/1997 Occupation: Indoor / Outdoor
Address: Bk 518 West Coast Rd #08-585 (120518)
Relationship of Driver with Insured: Owner Email Address: _____
Vehicle No: GSD 5738C Make & Model: Nissan
Insurance Co: NTUC Coverage: Comprehensive Policy No: 5091785675

- *Purpose of Reporting? ☒ Own Damage Claim / ☒ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only
- *Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☒ Private Use / ☐ Work
- *Weather Condition? ☒ Clear / ☐ Raining / Others: _____ Wet / ☒ Dry / Others: _____
- *Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
A: 1 + 0 B: 1 + 0 C: _____ D: _____
- *Was Anybody Injured? (Yes / ☒ No) If yes,
Name / NRIC / In Vehicle: _____
- *Was The Accident Reported To The Police?
☒ No ☐ Yes, Which Police Station? _____
- *Does the Driver Own Any Other Vehicle?
☒ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____
- *Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category: _____
- *Was there any video captured by Car Camera? (Yes / ☒ No)


Third Party Driver's Particulars

Vehicle B No: SLA 6767J Make & Model: _____
Driver's Name: Manjit Singh s/o Ganga NRIC No: 56946166 HP No: _____
Vehicle C No: _____ Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7044387B




Name
TEO ENG HAI

Race
CHINESE

Date of birth
08-12-1970

Sex
M

Country of birth
SINGAPORE



S7044387B

License Number: S7044387B

Name
TEO ENG HAI

Birth Date: 08 Dec 1970

Issue Date: 20 Aug 2003



10007622414

4315+46

NRIC No. S7044387B



Date of issue
01-12-2008

Address
APT BLK 518 WEST COAST ROAD
#08-585
SINGAPORE 120518




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE 15 Sep 1997

License No. S7044387B



NIP 429A



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)

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

Certificate Number : 5091785675

Cover : Comprehensive

- | | |
|--|---------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBD5738C |
| Chassis Number | : JN1MC2E26Z0002969 |
| 2. Name of Policyholder | : FUTUREAIR ENGINEERING PTE LTD |
| 3. Effective Date of Insurance | : 16 Dec 2017 |
| 4. Expiry Date of Insurance | : 15 Dec 2018 |
| 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) | : S\$600 |
| EXCESS (SECTION 2) | : N/A |
| WINDSCREEN EXCESS | : S\$100 |
| INSURE WITH COE | : YES |
| HIRE PURCHASE COMPANY | : TAN CHONG CREDIT PTE LTD |
| 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 : ONG HUI SENG LIFE & GENERAL INS AGENCY (00000571953)
Date of Issue : 09 Jun 2017 09:35 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

4/A Lorong 27 Geylang, Singapore 388179
Tel: 6841 0920 (24 HR SERVICE)
HP: 9785 0900 Fax: 6841 1721

Claim Handling

The premium on this policy has not been collected.

Accident MT/0976045

| | | | | | |
|---------------------|---|---------------------|---|----------------------|-----|
| Policy No. | 5091785675 | Vehicle No. | GBD5738C | GST Registration No. | |
| Policyholder Name | FUTUREAIR ENGINEERING PTE LTD | | | Policyholder NRIC | 201 |
| Product Code | FLEET INSURANCE | Cover Type | Comprehensive | Loading | 0 |
| Contact No.(Mobile) | 90261971 | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | No |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 0 | Private Hire | No |

▼ Accident Details

| | | | | | |
|-------------------|--------------------------|-------------------------------|-------|---------------------|-------|
| Report Date | 03/01/2018 09:55 | Accident Report Within 24 hrs | Yes | Accident Type | Colli |
| Date of Accident | 02/01/2018 | Time of Accident hh:mm | 07:50 | Country of Accident | Sing |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | BEDOK NORTH ST 1 BLK 217 | | | | |

▼ Benefits

▼ Excess

| | | | | | |
|-----------------------|--------|-----------------------------|--|-------------------|--|
| Own damage Excess | 600.00 | Additional Excess | | Windscreen Excess | |
| Unnamed Driver Excess | | Outside Singapore OD Excess | | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | | | |

▼ GST Registered Information

| | | | |
|----------------------|----|-----------------------|----|
| GST Registered | No | GST Registration Date | |
| GST Registration No. | | GST Status Verified | No |
| Modification History | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|------------------------------|-----------------------|-------------------|-----------|------|
| Address 1 | 15 YISHUN INDUSTRIAL STREET1 | Address 2 | #02-23 WIN 5 | Address 3 | SING |
| Address 4 | | Address Type | Singapore address | Post Code | 768 |
| Unit No. | #03-538 | Related Policy Number | 5091785675 | | |

▼ OI Driver Info

| | | | | | |
|---|---|---------------------|-------------------|------------------------|------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| Unnamed driver Name | TEO ENG HAI | Driver NRIC | S7044387B | Driver DOB | 08/1 |
| Register Date of Driver License | 15/09/1997 | Driver Age | 47 | Driving Experience | 20 |
| Contact No.(Mobile) | 90261971 | Contact No.(Office) | | Contact No.(Home) | |
| Address 1 | BLK 518 #08-585 | Address 2 | WEST COAST ROAD | Address 3 | WES |
| Address 4 | SINGAPORE 120518 | Address Type | Singapore address | Post Code | 120 |
| Unit No. | 08-585 | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |

Declaration

| | | | |
|-------------------------------------|------|-------------|---|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001 **New**

| | | | | | |
|---|-----------------------------------|-------------------------|----------------------------------|----------------------------|-----|
| Claim Type * | OD-MX | Insured Name | FUTUREAIR ENGINEERING PTE | Insured NRIC | 201 |
| Contact No.(Mobile) | 97850900 | Contact No.(Home) | | Contact No.(Office) | NIL |
| Email Address | | OI Vehicle Number | GBD5738C | TP Vehicle Number | SLA |
| Claim Description | GBD5738C / SLA6767J ON 2 Jan 2018 | | | Name of Preferred Workshop | 0 |
| Preferred Workshop Contact No. | 0 | Insured Liability * | Not at Fault | | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Re |
| Date Registered | 03/01/2018 09:58 | Claim Close Date | | Date Received | 03/ |
| Report Taken By | LIEW SHAN HUI | | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/0976045 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 03/01/2018 09:59 |

| | | | |
|----------------------------|---------------------|--------------|-----------|
| Path * | Category * | Confidential | Urgency * |
| Choose File No file chosen | Clear Please Select | NO | Normal |
| Choose File No file chosen | Clear Please Select | NO | Normal |
| Choose File No file chosen | Clear Please Select | NO | Normal |
| Choose File No file chosen | Clear Please Select | NO | Normal |
| Choose File No file chosen | Clear Please Select | NO | Normal |
| Choose File No file chosen | Clear Please Select | NO | Normal |
| Message Read | Clear Please Select | NO | Normal |

Attachment List

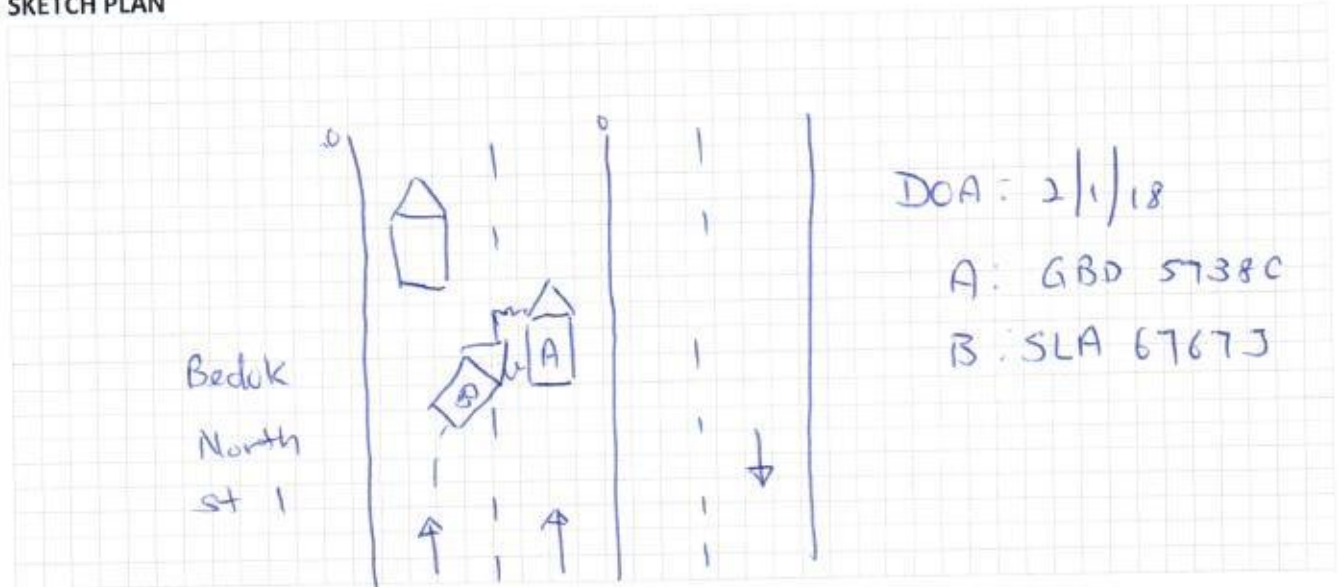
| Attachment | Uploaded By/Date | Category | Urgency | Description |
|------------|--|-----------------------|---------|-------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 09:59 | NRIC/ Driving License | Normal | NRIC/ Driving Lic |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 09:58 | SAS | Normal | SAS 201 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 09:58 | Photos | Normal | Photos 20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 09:58 | Photos | Normal | Photos 20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 09:58 | Photos | Normal | Photos 20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 09:58 | Photos | Normal | Photos 20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 09:58 | Photos | Normal | Photos 20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 09:58 | Photos | Normal | Photos 20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 09:58 | Photos | Normal | Photos 20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 09:58 | Photos | Normal | Photos 20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 09:58 | Photos | Normal | Photos 20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 09:58 | Photos | Normal | Photos 20 |

Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|-----------|--------|
|------------------|-------------|-----------|--------|

[Display in New Window](#)
[Scan and uploading](#)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Bedok North St 1, suddenly
veh B cut into my lane & collided onto my
veh. LH portion of my van. The driver asked
me to lodge a claim against his insurance.

DECLARATION

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

Tel: +65 6803 9942 Fax: +65 6803 9974
Email: futureair.engr@gmail.com
Co. Reg No / GST 201417824R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: