NATIONAL Assessment Centr	Jeb description	3.11	Date &Time Completed	Do	ne by
Date In: 5/3/18 - 17:20	SAS e-filing				
Ref No: N A /mc 1800 4232/24			1		+
Vch No: 0K 672 TB	E-mail (within		1	l a la La	17. 117
D.O.A: 5/1/8-14:00	i-Motor Clair		m19984767	5/3/18	17:43
OD TTP Reporting Only	i-Motor W/O		s, 7'P 4hrs)	-	
OD (11) reporting only	i-Photo Uplo:	aded			
TP insurer:	Assessment/Su		i .		
Transitor.	Ass't Report by	y Fax / Hand to	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: Yma	1790 D	. INC()/Non-INC()	-	
Owner / Driver: (Tel:		
Policy No: () Pe	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
			0%; P: 21-79%. P: 30-	100%]	
	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,0	000 ()/\$2,000	()		\$15.92.5 TH. 15	10.0
General Remarks:			death and the	200 S	. 7 . 7 .
() Walk-In Customer: Customer's info	rmation strictly Cor	nfidential & St	rictly NO refer of repairer		
() Total Luss Case : to e-mail Insur	er URGENTLY.		The state of		
Drive-In ()/ Towed-In (); Invoice	e: YES() / N	O();T	owing Co: ()
Remarks:- (INC horline: 6788 6616)			Date&Time Completed	Do	ne by
The state of the s	Courtesy Car ()		A. 100 1 A	
2) QC Check / Post Repair Inspection	()	,			
3) Upload Resurvey Photo [Repair Cost > \$:	30001				
3) Opioad Resulvey Filoto [Repair Cost > 5.	5000] (-	
Injury:					1.000 T. O. T. P. T.
Date/Time Actions	A service			1850 O.C	88-1
•				Anit (S) Amt (3
NA1801912		Invoice Pre	paration Checklist	In B	Grand Control
laimant's Particulars :-		1) AR : Accident		280)	
		2) DA : Damage 3) TF : Towing F	Fee S	40/\$45	
river/Owner:		4) FT : Follow-T	Through Survey Through Survey (Resurvey)	\$120	
ontact No:		For claiming a	egojust INC Only (wef 10 Jan 20	05)	
nmäged Portion:		6) TR : Re-inspe	ection	\$160	and the same of th
arragod i Ordon		ALATE 11 TO	L CM/DT Cheveu	9	
	*	7) N1 : Idao DA 8) NTUC Additi	+ SMRT Survey		
C Checked by (Engy-In-Charge)	*	8) NTUC Additi	ional Services:-	\$5	
C Checked by (Engr-In-Charge):	1	8) NTUC Additi OD* *N5: Courtes) *N6: Repair C	onal Services:- y Car / Tpt Allowanse Co-ordination	\$5 510	
Spirite a water \$ 1986 at the production of the phase of the	•	8) NTUC Additi OD.* *N5: Courtes) *N6: Repair C *N7: Fost Rep	onal Services:- y Car / Tpt Allowance Co-ordination pair Inspection		
uditors! Comments :-		8) NTUC Additi OD* N5: Courtes N6: Repair C N7: Post Rep N8: DV / Co TP (N11): TF	y Car / Tpt Allowance Co-ordination pair Inspection bleet Excess Coordination P (N:n INC) against INC	\$10 \$25 \$5 \$20	
C Checked by (Engr-In-Charge): additors' Comments:: 1. 1: 1. 2 / 3:		8) NTUC Additi OD.* *N5: Courtes) *N6: Repair C *N7: Post Rep *N8: DV / Co	y Car / Tpt Allowance Co-ordination pair Inspection bleet Excess Coordination P (N:n INC) against INC	\$10 \$25 \$5 \$20 30	

Figure 1 1 - 201

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.
- 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 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 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

05/03/2018 17:20 Date Of Report

05/03/2018 14:00 Date Of Accident

GENTRY OF VERTEX Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJK6725B

Insured/Policyholder

MUHAMMED RISZAL BIN ZAINAL ABIDIN Name Of Registered Owner

S84267977 NRIC No NOEMAIL Email Address

Mobile Phone No (LOCAL) +65-90218245 Alternative Phone No. OFFICE-90218245

Vehicle Particulars

Manufacturer MITSUBISHI

LANCER 1.5 MIVEC GLS 4A/T Model

Exact Purpose for which vehicle was being used at WORKING

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken PRIVATE HIRE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5095361555 Policy Number

Cover Note Number

Driver

MUHAMMED RISZAL BIN ZAINAL ABIDIN Name of Driver

S8426797Z NRIC No 30/08/1984 Date Of Birth OUTDOOR Occupation 11/04/2008 Date Of Driving Pass

9 YEARS AND 10 MONTHS **Driving Experience**

Gender

(LOCAL) +65-90218245 Mobile Number

Fax Number

OFFICE-90218245 Contact Number

NOEMAIL EMail Address

BLK 498G TAMPINES STREET 45 Address

#10-436

525498 Postcode

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident? Number of vehicles involved in the accident 2

Was any body injured in the Accident? YES Was any injured conveyed to hospital by NO

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME:

> GENDER: : MALE

Passenger 2 NAME: 05 F

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

NO

YES

3

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: Police Station Address

SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180305/7013.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YM9790D

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

NO

DETAILS OF INJURED PERSON 1

Name MUHAMMED RISZAL BIN ZAINAL ABIDIN

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SJK6725B
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

Page 3 of 18

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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>.
- 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.
- 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 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:
 - 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.

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.:

SKETCH PLAN		1	
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		TAI	
		BII	5
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		82	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	venicu B: Ym 9790D	A	Park
DESCRIBE CIRCUMST	ANCES OF THE ACCIDENT		
DESCRIBE CIRCUIVISTA		21.00	
	REFER to P	OLICE RE	PORT
			1
			-
DECLARATION			
	ng particulars are true in every respect.		
1	1		The
(11038	an of		Hom
Policyholder's Signature	Driver's Signature	Reporting Ce	ntre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:	

Date & Time:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 05 /03 / 20	18)(DD/MM/YYYY), TIME:(14:00)(HH:MM)
LOCATION: GENTRY OF	VERTEX
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: 5	JK 6725 B
DJINSURANCE COMPANY:_	
CIPOLICY NUMBER	
dIPOLICY TYPE: (COMPREHE	NSIVE THIRD PARTY / THIRD PARTY FIRE &THEFT)
eJMAKE & MODEL:	MITSURISHI LANCER EX
FITYPERSALOON COUPE / I	MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIV	ATE (COMMERCIAL) MOTORCYCLE)
h) PURPOSE OF USING AT AC	CIDENT TIME: WORK
	YOUR OWN INSURANCE (YESTNO)
	PARTY CLAIMY REPORTING ONLY)
2. INSURED / POLICY HOLDER	Asidin
	ISZAL BIN ZAINAL (MALE / FEMALE)
b)NRIC/FIN/PASSPORT:	8426797 7 CONTACT: 90218245
	G TAMPINES STREET 45 #10-43
· (S) 5254	
* CONTINUE TO 3.d IF DRIVER	ALSO POLICY HOLDER
14 Ho of passengs DRIVER	
(Including direct OfNAME.	(MALE / FEMALE)
113 2 DIMICHIAN USSI OKI.	CONTACT:
I diver	
	11984 1100/1111/11/11
e OCCUPATION: (INDOOR / C	The Artist Contract of the Con
f)YEARS OF DRIVING EXPRESE	
	OF THE INSURED'S COMPANY? (YES / NO)
	E DRIVER WITH INSURED: OWNER
5. a) WEATHER CONDITION: (CLE	
b)ROAD SURFACE; DRY WET	
6. WAS ANYBODY INJURED (YES)	
7. a)REPORTED TO POLICE (YES)	
IF YES, PLEASE STATE WHICH P	
8. THIRD PARTY VEHICLE	
He of passenger a) VEHICLE NUMBER: YM	9790 D MODEL:
Including driver) b) DRIVER'S NAME:	
(2) Wales c) NRIC/FIN/PASSPORT:	CONTACT:
9. THIRD PARTY VEHICLE	FII.
No of passinger all DRIVER'S NAME	MODEL:
La La La Constitue de la Const	
(NRIC/FIN/PASSPORT:	CONTACT:

email = 200 mautowerrs @gmail.com





1 of 3

Report No. T/20180305/7013

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 18 16:30	lade:	Vide Report No.:	Station Diary No.:
Informa	nt's Particu	ulars		《范怀斯斯提及指数表现的变形 》
	Informant: MED RISZ	AL BIN ZAINAL	Address: APT BLK 498G TAMPINES S 525498	TREET 45 #10-436 SINGAPORE
ID Type	/ ID No.: D / S84267	97Z	Contact No.: Home/Office:	Mobile: 90218245
National SINGAP	ity: ORE CITIZ	EN	Email: EJAL_84@HOTMAIL.COM	
Sex: Male	Age:	Date of Birth: 30/08/1984	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupat GRAB D			Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/03/2018 14:0	Type of Loca Car Park
Location: UBI LINK GANTRY OF	VERTEX			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
		Traffic Control:	ers e.g. Workmen	Traffic Volume: Light
Traffic Flow: One Way		Controlled by Othe		

Details of V	enicie invo	ived				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SJK6725B	Car	MITSUBISHI	LANCER		Slightly Damaged	3
YM9790D	Lorry				Slightly Damaged	2

Details of Person Involved	是有是一种的特別的學術學的學術學的學術學的學術學
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





T/20180305/7013

2 of 3

Report No. T/20180305/7013

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Driver		THE STATE OF THE S				MATA PRINCIPAL CO.
Name	MUHAMMED RISZA	AL BIN ZA	INAL ABIDIN	ID No		S8426797Z
Related Vehicle	SJK6725B (Car)			Conta	ct No.	90218245
Hospital/Clinic	GALILEE CLINIC			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	05/03/2018		Date Disc	harge		3/2018
	ted Medical Leave	03	Degree o	f Injury	Sligh	t

Brief Details.

ON 05/03/2018, AT ABOUT 1400HR, I PICKED UP MY PASSENGERS FROM LOBBY A OF VERTEX & WAS EXITING AT THE GANTRY OF VERTEX. I WAS STATIONARY BEHIND OF VEHICLE YM9790D, WHEN SUDDENLY, HE REVERSED AND HIT ONTO MY VEHICLE'S FRONT POTION, DESPITE ME HAVING HORN AT HIM.

I THEN SEEKED MEDICAL ATTENTION AT GAILILEE CLINIC & WAS GIVEN 3 DAYS MC.



Sketch Plan

Authentication Stamp

NP168



Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20180305/7013

CONTINUATION OF REPORT

Informant is not able to provide sketch plan	
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is
Signature Of Interpreter: Not applicable	required. Date/Time: 05/03/2018 16:30
Officer In Charge Of Case:	Classification Of Case:





Date of issue 04-03-2015

APT BLK 498G TAMPINES STREET 45 #10-436 SINGAPORE 525498

NRIC No: S8426797Z

Date: 26/12/2016

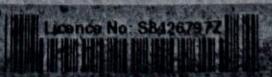
Class 2B Motorcycles =< 200 CC Class 3

Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500-kg

17 Nov 2005 11 Apr 2008

S8426797Z

S / No. 9000086696



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8426797Z





Name

MUHAMMED RISZAL BIN ZAINAL

MALAY
Date of birth
30-08-1984
Country/Place of birth

SINGAPORE

Sex

58428797Z

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Nur Name: MUHAM ZAINAL

Licence Number: S8426797Z

MUHAMMED RISZAL BIN ZAINAL ABIDIN

Birth Date: 30 Aug 1984 Issue Date: 17 Nov 2005



eBao Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_800	0601			5	and the same		Change Lan	guage	Change Passwor	rd + Log Out
My Desktop		y Query								
Notice of Loss	Policy N	0.				Date of Acc	ident	05/03	3/2018 14:00	
	Vehicle	No.(For Motor)	SJK6725B							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095361555	MUHAMMED RISZAL BIN ZAINAL ABIDIN	584267972	GPC	drivo CLASSIC	S3K6725B	SJK67258	30/10/2017	29/10/2018
			- BION 75 1 10 10 10 10 10 10 10 10 10 10 10 10 1		- 1	Continue				

Policy No.	5095361555	Policyholder Name	MUHAMMED RISZAL BIN ZAINA	Policyholder NRIC	S8426797Z
ddress	BLK 498G #10-436 TAMPINES S	TREET 45 SIN	GAPORE 525498		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	27/10/2017	Effective Date	30/10/2017 00:00	Expiry Date	29/10/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	ASSURE (SINGAPORE) PTE. LTC	Agent Tel.	68038751	GST Flag	Υ
Flag Open	No				
Policy Info					
Info	older Mailing Address				
Certificate Info Policyh Address 1	older Mailing Address BLK 498G #10-436	Address 2	TAMPINES STREET 45	Address 3	SINGAPORE 525498
Info Policyh Address 1	SWEET STATES	Address 2 Address Type	TAMPINES STREET 45 Singapore address	Address 3 Post Code	SINGAPORE 525498 525498
Info Policyh	SWEET STATES	Address	A	SCHOOL STREET	
Info Policyh Address 1 Address 4 Unit No.	BLK 498G #10-436	Address Type Related Policy	Singapore address	SCHOOL STREET	
Info Policyh Address 1 Address 4 Unit No.	BLK 498G #10-436 10-436 1 Object: SJK6725B	Address Type Related Policy	Singapore address	SCHOOL STREET	
Info Policyh Address 1 Address 4 Unit No. Insured	BLK 498G #10-436 10-436 1 Object: SJK6725B ements	Address Type Related Policy Number	Singapore address	Post Code	

rcident MT/0984767				(02)				
story No.	5095361568	Versicle No.	5306725B		ST Registration No.		884267972	
okcyholder Name	MUHAMMED RISZAL BIN ZAINAL ABIDIN		77.5 7 10 1220		aeding		0	
oduct Code	PRIVATE CAR INSURANCE	Cover Type	driva CLASSIC	1			0	
ontact No.(Mobile)	90218245	Contact No.(Office)	0		ontact No.(Home)	- 63		
Hail Address		Special Remark			Code	(1	14.4	
nc .	® No ○ Yes	TCA	® No ○Yes		Code Reason			
CD Protection	Yes	NCD Entitlement(%)	50	Pr Pr	rivate Hire		Yes	
	, ree.							
Accident Details	1000000000000000	Accident Report Within 24 hrs.	Ves	- A	ccident Type		Damaged who	ist parked
epart Date	05/03/2018 17:40	- 1111					Singapore	
ace of Accident	05/03/2018	Time of Accident hhomm	14:00		buntry of Accident		Singapore	
eporting Centre		Orange Force		30	CM No.			
ccident Location	GENTRY OF VERTEX							
□ Benefits								
- Excess	/2,000.00	Additional Excess		0.00	Vindscreen Excess			100.00
wn damage Excess	2,000,00	Outside Singapore OD Excess		2,000.00				
nnamed Driver Excess	5-9550000			1,500.00				
nyo Party Excess	1,500.00	Outside Singapore TP Excess		1,500.00				
GST Registered Informa			Security 1	and the same of th				
ST Registered	No			egistration Date tatus Verified	No			
ST Registration No.			4515					
edification History								
	200							
Policyholder Halling Ad		Address 2	TAMPINES ST	TREET 45	Address 3		SINGAPORE	525498
iddress 1	mux 498G #10-436	Address 2		INDET 49			525498	
iddress 4		Address Type	Singapore ad	dress	rost Code		252499	
Init No.	10-436	Related Policy Number	5095361555					
□ OI Driver Infe								
oriver Name	MUHAMMED RISZAL BIN ZAINAL ABIDIN	Driver Type	Main Driver					
Innamed driver Name		Driver NRIC	\$84267972		Driver DOS		30/08/1984	
Register Date of Driver License	11/04/2008	Onver Age	33		Driving Experience		9	
Contact No (Mobile)	90218245	Contact No.(Office)	0		Contact No (Home)		0	
	BLK 498G	Address 2	TAMPONES S	TREET 45	Address 3		SINGAPORE	525498
Eddinger 5								
	BLK 4700			idress	Post Code		525498	
Address 4		Address Type	Singapore ad	idress	Post Code		525498	
Address 4 Unit No.	10-436	Address Type					\$25498	
Address 1 Address 4 Unit No. Does he own a Singagore Registered car?					Poet Code Onver Insurer Comp	any	525498	
Address 4 Unit No. Does he own a Singagore Registered Car?	10-436	Address Type				any	\$25498	
Address 4 Unit No. Does he own a Singasore Registered car? Opedaration	10-436	Address Type Driver Vehicle No.	Singapore ad	9		any	\$25498	
Address 4 Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test	10-436	Address Type		9		any	525498	
Address 4 Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test	10-436 ○ Yes @ l No	Address Type Driver Vehicle No.	Singapore ad	9		any	525498	
Address 4 Unit No. Does he own a Singagore Registered Car? Declaration Breathalyser or Blood Test Reading?	10-436 ○ Yes @ l No	Address Type Driver Vehicle No.	Singapore ad	9		any	525498	
Address 4 Unit No. Does he own a Singagore Registered Car? Declaration Breathalyser or Blood Test Reading?	10-436 ○ Yes @ l No	Address Type Driver Vehicle No.	Singapore ad	9		arny	525498	
Address 4 Unit No. Does he own a Singagore Registered Car? Declaration Breathalyser or Blood Test Reading?	10-436 ○ Yes @ l No	Address Type Driver Vehicle No.	Singapore ad	9		any	525498	
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Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Routhcarion History Claim 901 Next	10-436 ① Yes ③ .No	Address Type Driver Vehicle No. Any injury?	Singapore ad	•		any	\$35498	
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Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type *	10-436 ① Yes ③ .No	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home)	® Yes O No	RISZAL BIN ZAINA	Onver Insurer Comp Insured NR3C Contact No.(Office)	any	584267972	
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Attachment	3	lploaded By/Date	Category	?	Urgency	bescription	Msg Sent? Action (CD)
	NAC_PAYA_UBI_800801(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 05 Ma r 2018 17:44	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-3-5	Edit
	NAC PAYA URL 800601 NATIO	NAL ASSESSMENT CENTRE SERVICES) on 05 Ma r 2018 17:44	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-3-5	Edit
463	NAC_PAYA_UBJ_800001(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Ma / 2018 17:43		SAS		Normal	SAS 2018-3-5	Edit
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3/-1	NAC_PRYA_URE_BOOGOT(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Ma r 2016 17:43		Photos		Normal	Photos 2018-3-5	Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Ma / 2018 17:43		Photos		Normal	Photos 2018-3-5	Edit
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3	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Ma r 2018 17:43		Photos		Normal	Photos 2018-3-5	Edit
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7	NAC_PAYA_URIT_BOOKOT[NATIONAL ASSESSMENT CENTRÉ SERVICES) on Q5 Ma r 2018 17:43		Photos		Normal	Photos 2019-3-5	Edit
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