VATIONAL Assessment Contre	Services (400) 34,000	
Date In. 14/03/18	Job description Date & Time Com	pleted Done by
Rei No NM/INC 1800 4834/13	SAS e-filing	
Veh No FBK8017T	E-mail (within Shrs, ABC 2hrs)	
DON 09/03/18 1140	i-Motor Claim Form 107/098600	2
OD IP (cporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs) i-Photo Uploaded	
	Assessment/Survey Report	
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (CIM KEAT (BABC) Tel:	Fax:
	223460E INC()/Non-INC()
Owner / Driver: (Tel:)
Policy No: () Per	d: () Cover Type: ()
Confirmed by : (Date: Time:)
	ote-Est. Status (WO): N: 0-20%; P: 21-79%.	F: 80-100%]
Year of Registration () V	arranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,00		
General Remarks:-		
	nation strictly Confidential & Strictly NO refer of re	
At the second se		
) Total Loss Case : to e-mail Insure		
Drive-In () / Towed-In (); Invoice	YES () / NO (); Towing Co. (
emarks:- (INC horline: 6788 6616)	Date&Time Com	pleted Done by
A CONTRACT TO SERVICE CONTRACT	urtesy Car ()	
) QC Check / Post Repair Inspection	()	
	001 ()	
) Upload Resurvey Photo [Repair Cost > \$3	00) ()	
Injury:		
		20.50 (4)
ate/Time Actions	The state of the s	AUCC 9 -350 12 -5 11
		7.75
	Invoice Preparation Checkli	St Anit (S) Amt (S) Ist Bill Add Bill
NA1801652	1) AR : Accident Reporting (\$30);	
ılmant's Particulars :-	2) DA: Damage Assessment (\$100);	INC (\$80)
iver/Owner:	3) TF : Towing Fee 4) FT : Follow-Through Survey	\$40/\$45 \$120
ntact No:	5) FT : Follow-Through Survey (Resurv For claiming against INC Only (wef	cy) \$30 10 Jan 2005)
	6) TR: Re-inspection	\$75
maged Portion:	7) N1 : idac DA + SMRT Survey 8) NTUC Additional Services	\$160
	8) NTUC Additional Services	
Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance	\$5 510
	*N6: Repair Co-ordination *N7: Post Repair Inspection	\$25
ditors' Comments :-	*N8: DV / Collect Excess Coordinate	
II.	TP (N11): TP (Non INC) against IN 9) N12: Idae Mobile	C \$20
2/2		e Charged
2/3:	4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	e Charged

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.

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 ladgement 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.

ACCI	DENI	SIA	EW	EN.

14/03/2018 10:58 Date Of Report 09/03/2018 11:40 Date Of Accident MAIN CIRCUIT(BBDC) Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

FBK8017T Vehicle Registration Number

Insured/Policyholder

BUKIT BATOK DRIVING CENTRE LTD Name Of Registered Owner

198801155R Co Reg No NOEMAIL **Email Address**

Mobile Phone No

OFFICE-64833167 Alternative Phone No

Vehicle Particulars

HONDA Manufacturer GLR125LWH Model

Exact Purpose for which vehicle was being used at

TRAINING

Are you claiming under your own insurance policy

for repair to your vehicle?

REPORTING ONLY If No. Please state action to be taken MOTORCYCLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

YES Fleet Policy

0073451220-14 Policy Number

Cover Note Number

Driver

MOHAMAD RASUL BIN RAMLEE Name of Driver

S9117981D NRIC No 27/05/1991 Date Of Birth INDOOR Occupation 09/03/2018 Date Of Driving Pass

0 YEAR AND 0 MONTH Driving Experience

MALE Gender

(LOCAL) +65-98563945 Mobile Number

Fax Number

OTHERS-67919341 Contact Number

NOEMAIL EMail Address

BLK 945 JURONG WEST ST 91 Address #04-505

Postcode

640945

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

OTHER - TRAINEE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident CLEAR Weather Conditions DRY

Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

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

WHILE MOVING OUT FROM THE CHEVRON LINE, I SUDDENLY LOST CONTROL ON MY CLUTCH AND HIT ONTO VEH(B)BEARING REG NO SLL3460E ON THE FRT LEFT SIDE PORTION.

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

SLL3460E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This 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 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 faise 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 (ell 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:
 - 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.

JKIT PATOK DRIVING CENTRE LTD AS BUKIT BATOK WIEST AVENUE 5

SINGAPORE 659085 TEL: 6661 1233 FAX: 6569 07

> Policyholder's Signature Date & Time:

Driver's Signature

(if driver is not the policyholder)

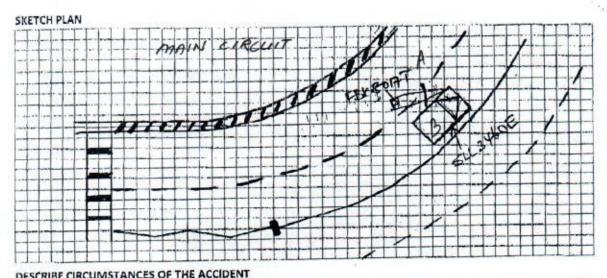
Date & Time:

Secondar Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMC StorighPranForm_V3



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convent on m	dutch and bong to car no. 8	LL 3460 B. J
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B-521346	0 E	
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SINGAPORE: 859085 YEL: 6581 1233 FAX: 6563

Policyholder's Signature Date & Time:

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMIC SkerchPlanForm_V3

-		-
	O Owner	
	O Driver	
_	DITTO	

ACCIDENT STATEMENT

Date of Accident Time	Location of Accident
9 3/18 11.40am	Mah Circuit
INSURED ROLICY HOLDER (VEHICLE A)	
Vehicle Registration Number	FB K SOFT
Name of Policyholder	1
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Address	The state of the s
Contact Number	Tek Hp:
Occupation	a quigital () is a consequence and about the Consequence of a short toward.
VEHICLE PARTICULARS (VEHICLE A)	
Vehicle Make / Model	Horda GLRISS
Type of Vehicle	Saluon, MPV, CRV, Van, Lorry, Busawcycle Others:
Exact Purpose for which vehicle was being used	Menty.
	1,4.0.
at the time of accident. Are you claiming under your own insurance policy?	Yes O No Remarks:
	Annual Control of the
Vehicle category	O Private O Commercial O Motorcycle
INSURANCE COMPANY (VEHICLE A)	
Name of Insurance Company	1 Kruc
Type of Policy	Comprehensive O TP Fire & Theft O Third party
Fleet Policy	Ø Yes O No
Policy Number	il
ORIVER	monand Ruis bin Rand &
Contraction of the Contraction o	O. I long the last th
NRIC/ FIN/ Passport	\$407491D
Date of Birth	27 mAY 199
Occupation	Biotechnologist
Orlving Pass Data	A CONTRACTOR OF THE PROPERTY O
3ender	Ø Mala O Femalé
Contact Number	Tel: 67414341 Hp: 97563945
Address	Jurung west st 91, 18k 945 (#04-205
Email Addrese	' rus-frank(27 fignation)
Was driver an employee of the insured's Company?	O Yes O No
f No, relationship of Driver with the Insured.	Trance
Vehicle Number of Driver's Own Vehicle (if applicable)	The second of th
nsurance of Driver's Own Vehicle (If applicable)	
BENERALINFORMATION DETHE ACCIDENT	
ype of Collision (E.g. Chain Collision/ Head-On, etc)	Isole Collisin
Veather Conditions	Clear O Raining O Others;
Road Surface	O Wet O Dry O Others:
Damage Area	144
Approximate Speed	
TETERINEORNAMONE	15talh
Vas there any foreign vehicle(s) involved?	O No O Yes
and the state of t	No Vas
Viss anybody injured in the accident? (Including Witness	No Yes
Ves any other vehicle(s) or property damaged?	to the property of the party of
Vas there any camera video footage (in car)?	O No O Yes
ETAUS OF FOLICE ACTION	
Vas the accident reported to the Police?	No O Yes
Yes, please state which police station & Report No.	· · · · · · · · · · · · · · · · · · ·
the entire of intended December of the 20	No O Yes
Vas notice of Intended Prosecution given?	The second of th

OWN VEHICLE REGISTRATION NUMBER	PBK	8017 T	86		1
DETAILS OF OTHER VEHICLES OR PROPERTY DA	MAGED				AN CONTRACT
Other Vehicle or Property & (VEHICLE B)	3112	2000年110年	经国际经济的	A STANSFER S	enterentes 3
Vehicle Registration Number		JK22			1
Vehicle Make/ Model/ Colour Details of Properties (If Other Party Is not a Vehicle)	Moore		***		**
26-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	174	but bus	cr and	Ander'	ments to Newson
Damage Area	-	Jei Lien	Perrenta	The same of	
Name of Driver	3980		To a love and the	1.038.00 + 6.000 + 20.000 + 200.000	a turacre to the
NRIC/ FIN/ Passport Contact Number / Ernell Address	10-1		garante da la compressa de la 16	all accounts and it as benefit to	
Address	1	a annulina con a i + +)			
Name of Insurance Company				Colored and Property Street Tolk	monds summerores
Other Vehicle or Property 2 1		1000	Service Control	A CONTRACTOR OF STREET	
Vehicle Registration Number				- and an bangin areas.	
Vehicle Make/ Model/ Colour				Lannannon;	orlanical - +
Details of Properties (If Other Party is not a Vehicle)	n.i			a company product a con-	ma arand
Damage Area Name of Driver	Jan 14-11 - 11	. 4	/		The section of the se
AN ADDRESS AND THE PARTY OF THE	may also conservated		/	and the same of th	
NRIC/ FIN/ Passport Contact Number / Emeil Address	inner to the		/	10	
Address	<u></u>				
Name of Insurance Company				er anners de la caracter de la carac	STREET, TOTAL
DETAILS OF WITNESS	BUN SERVICE	5 9 9 9 9 9	48,672,1953,18		3000000C
Phone / Email Address		/			E-40014012 1906-1
Address	/				
NRIC/ FIN/ Passport	in a famous	makeni sumasarakan	CANTENNESSANIA	DATE OF THE PROPERTY AND ADDRESS OF	SECURIOR SEC
DETAILS OF INMIRED FERBONIA	and the same			AND DESCRIPTION OF THE PARTY OF	
Namo	4			and the second section of the second	
INRIC/ FIN/ Passport		+ To resident makes			are to a mission
Address				to the second straightful property assessment	
Approximate Age Injuries Sustained				man of a management	20.
If Vehicle Occupants, state in which vehicle?				enclaration of the second of efficient	
Were Soul Bells Worn?	0	Yes C	No .	1 (: thr :	1,41
Was injured conveyed to hospital by ambulance?	0	Yes C	No	VIII AMMERICANI WALLE	MANAGEMENT OF THE PARTY OF THE
DETAILS OF INJURED PURSON				The second	
Name					,
NRIC/ FIN/ Passport				akana ya yan sanga dan karasan samanan	
Addrese					m/10-11-11-11-11-11-11-11-11-11-11-11-11-1
Approximate Age		action a balance median. With		manana finadasia ma em. 1 ce	
Injuries Sustained			er anne manual de la contraction	a v V Skolave vičen imposedilate	***** 1. PROBLEM
If Vehicle Occupants, state in which vehicle? Were Ses/Belts Worn?	10	Yes C	No No		
Was injured conveyed to Hospital by Ambulance?	10	Yes	No No		
Type III and Collection to American and American Street Co.	******		THE RESERVE TO SERVE		
HARIATARON DRIVING CENTRE (17)		4.1	Total (1)	**	
Tive deciars that the above particulars & information provide	led above ar	e true in every a	spect		3
SINGAPORE 659085			50 00 0	*	
TELL PERS COND CAN CENT CAN	20				
540 % 1111	е		- 4		
Signature of Policy Holder (Company Chop if applicable)				**	

Date & Time

Signature of Driver / Date & Time (If Driver is not the Polloy Holder)

REPUBLIC OF SINGAPORE



Marrie

MOHAMAD RASUL BIN RAMLEE

MALAY Oute of birth 27-08-1991

No.

501120810

1000 M 59117981D

On the state of

-

APT BLK 945 JURONG WEST STREET 91



Certificate of Insurance

: IC641000308

: 01 Jan 2018

: 31 Dec 2018

BUKIT BATOK DRIVING CENTRE LTD

MOTOR VEHICLES (THIRD PARTY I	RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY)	RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MA	LAYSIAI

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

Certificate Number : 0073451220-14

Cover : Comprehensive Index mark and Registration Number of Vehicle FBK8017T

Chassis Number

2. Name of Policyholder 3. Effective Date of Insurance

4 Expiry Date of Insurance

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. This Policy does not cover

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

EXCESS (SECTION 1) N/A EXCESS (SECTION 2) N/A EXCESS (THEFT OUTSIDE SINGAPORE) PLEASE REFER OVERLEAF INSURE WITH COE YES NAMED DRIVER (1) N/A NAMED DRIVER (2) N/A 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

BUKIT BATOK DRIVING CENTRE (00000662435)

Date of Issue

: 02 Jan 2018 09:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

82

Annex A

Transaction ref 20160201093402792163

The owner and vehicle particulars for Vehicle No. FBK8017T as at 01 Feb 2016 are as follows:

1.	Name	: BUKIT BATOK DRIVING CENTRE LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 198801155R
4.	Place Of Passport Issue	: -
5.	Registered Address	: 815 BUKIT BATOK WEST AVENUE 5 SINGAPORE 659085
6.	Mailing Address	
7.	Vehicle No.	: FBK8017T
8.	Effective Date of Ownership	: 01 Feb 2016
9.	Original Registration Date	: 01 Feb 2016
10.	First Registration Date	: 01 Feb 2016
11.	Vehicle Type	: P00 - Passenger Motorcycle/Autocycle/Moped
12.	Vehicle Scheme	: Normal
13	Attachment 1	: No Attachment
14.	Attachment 2	: +
15.	Attachment 3	1 -
16.	Vehicle Make	: HONDA
17.	Vehicle Model	: GLR125LWH
18.	Year of Manufacture	: 2015
19.	Primary Colour	: White
20.	At the state of th	1 *
21.	Passenger Capacity	: 1
22.	Chassis/Trailer Chassis No.	: JC641000308 / -
23,	Propellant/Emission Standard	: Petrol / Euro III
24.	Engine No./Motor No.	: JC64E1000307 / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 124/-
26.	Maximum Power Output(kW/bhp)	: -/-
27.	Unladen Weight(kg)	: 131
28.	Maximum Laden Weight(kg)	: 289
29.	Open Market Value	: \$3,464.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	1 -
32.	Minimum PARF Benefit	: \$0.00
33.	IU Label No.	: •
34.	COE No.	: 2016020106000244M
35.	COE Expiry Date	: 31 Jan 2026
36.	COE Category	: D - Motorcycle
37.	Quota Premium/Prevailing Quota Premium	: \$6,889.00
38.	Actual Quota Premium/PQP Paid	: \$6,889.00
39.	Actual ARF Paid	: \$520.00
40.	CO2 Emission(g/km)	
41.	Actual CEVS Rebate Utilised	:-
42.	CEVS Surcharge Paid	i -
43.	Actual Green Vehicle Rebate Utilised	•
44.	Vehicle Lifespan Expiry Date	
45.	Road Tax Amount	: \$45.00
46.	Road Tax Start Date	: 01 Feb 2016
47.	Road Tax End Date	: 31 Jan 2017
48.	Remarks	To renew the COE, the Prevailing Quota Premium
		payable is that of Category D.

Claim Handling

		Market No.	FBK8017T	c	ST Registration No.	M	20080532	1
ficy No.	0073451220-14	Vehicle No.	FBK80171		olicyholder NRIC	15	98801155	R
Ecyholder Name	BUKIT BATOK DRIVING CENTRE LTD				cading	0		
oduct Code	FLEET INSURANCE	Cover Type	Comprehensive			0		
ntact No.(Mobile)	0	Contact No.(Office)	64833167		ontact No.(Home)		-	
ail Address		Special Remark			Code	1.00	¥0 ¥	
K	- No Yes	TCA	- No Yas	e	Code Reason			
		NCD Entitlement(%)	0	P	rivate Hire	No	0	
D Protection	No	7746						
Accident Details			W		ocident Type	S	ide Swipe	
port Date	14/03/2018 14:48	Accident Report Within 24 hrs					ingapore	
te of Accident	09/03/2018	Time of Accident hh:mm	11:40		country of Accident		mgapure.	
- Latina Contra		Orange Force		1	CM No.			
parting Centre	775 T-28 ENGLES NAME OF USF	S S						
cident Location	MAIN CIRCUIT(BBDC)							
> Benefits								
Z Excess								
vn damage Excess	0.00	Additional Excess		27	Windscreen Excess			
named Driver Excess		Outside Singapore OD Excess						
and Party Excess	0.00	Outside Singapore TP Excess						
GST Registered Informa			GST Registration Date	n'	01/04/1994			
IT Registered	Yes		GST Status Verified		Yes			
T Registration No.	M200805321							
dification History								
Policyholder Mailing Ad	dress							r croope
idress 1	815 BUKIT BATOK WEST AVENU	Address 2	BUKIT BATOK DRIVING CENT		Address 3		51NGAPOR	r 039083
idress 4		Address Type	Singapore address	1	Post Code		659085	
		Related Policy Number	5082205146-02					
nit No.								
OI Driver Info	The same was to be a second	Patrick Trees	Unnamed Driver					
iver Name	Unnamed Driver	Driver Type			Driver DOB		27/05/199	1
nnamed driver Name	MOHAMAD RASUL BIN RAMLEE	Driver NRIC	59117981D				0	
gister Date of Driver License	09/03/2018	Driver Age	26		Driving Experience			
ontact No.(Mobile)	98563945	Contact No.(Office)	0		Contact No.(Home)		0	onic.
ddress 1	8LK 945	Address 2	JURONG WEST STREET 91		Address 3		NANYANG	RUBY
		Address Type	Singapore address		Post Code		640945	
ddress 4	SINGAPORE 640945	7,000	500					
nit No.	±04-505				Driver Insurer Compa	nv		
loes he own a Singapore segistered car?	Yes + No	Driver Vehicle No.			Dilyer Inadics Compa	650		
eclaration								
25/00/15/00/15	a ma	Any injury?	Yes No					
reathalyser or Blood Test	0 mg	Any Injury?	Yes No					
reathalyser or Blood Test	0 mg	Any injury?	yes ☀ No					
eclaration freathalyser or Blood Test leading?	0 mg	Any injury?	Yes - No					
reathalyser or Blood Test eading?	0 mg	Any injury?	Yes - No					
reathalyser or Blood Test eading? odification History	D.	Any injury?	Yes - No					
reathalyser or Blood Test eading?	D.	Any injury?	Yes - No					
reathalyser or Blood Test eading? odification History	D.	Any injury?	Yes • No					
reathalyser or Blood Test eading? odification History Claim 001 OD-MX	×	Any injury?	Yes No	TRE	Insured NRIC		19880115	5R
reathalyser or Blood Test eading? odification History Claim 001 OD-MX Ne	α	Insured Name		TRE	Insured NRIC Contact No.(Office)		19880115	-
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reathalyser or Blood Test eading? odification History Claim 001 OD-MX Ne Claim Type * contact No. (Mobile)	OD-MX RACHEL@BBDC.SG	Insured Name		TRE	Contact No.(Office) TP Vehicle Number		65943506 SLL3460E	
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Claim Handling(accident reporting Claim Task 001 OD-MX)

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Video List						
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9	NAC_PAYA_UBI_S00601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 15:01	SAS		Normal	SAS 2018-3-14
127	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 15:01	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-3-14
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