NATIONAL Assessment Centre	Services posts			gardenin.	
Date In: 1913/18 17:13	Jeb description	Date &Time	Completed	Done	37
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Veh No: SLN 9226 R	E-mail (within Shrs, A	C 2hts)			16
D.O.A: 16/3/18 23:50	i-Motor Claim Fo	m MT/09	86588 23	13118	15:19.
622 5025 SAW	i-Motor W/O (with	n: OD Zhrs, TP 4hrs)			
OD / Reporting Only	i-Photo Uploaded	1			
	Assessment/Survey I	Report			
TP Insurer:	Ass't Report by Fax	/ Hand to Owner/Wks	2		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: 5	JP S354T	INC () / Non-IN	C()		
Owner / Driver: (Tel)	
Policy No: () Perio	od: () Cover Type	:()	
Confirmed by : (Da		nte:)	
Insured/Driver Liability: (%) [No	ote-Est. Status (WO):	N: 0-20%; P: 21-79	9%. F: 80-1009	6]	
Year of Registration: () W	arranty: YES ()/	МО()			
Excess: (\$) Loading: \$1,000	0()/\$2,000()	Treatment was		
General Remarks:-			\$245 A. Z. S. C.		11.8
() Walk-In Customer: Customer's inform	nation strictly Confider	itial & Strictly NO refer	of repairer.		
() Total Loss Case : to e-mail Insurer		100			
Drive-In ()/Towed-In (); Invoice:) ; Towing Co: (78)
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Remarks:- (INC horline: 6788 6616)	one della	Date&Time	Comple'sd	Done	Dy
Apply for Transport Allowance () / Co	urtesy Car ()				
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$30	00] ()		resident to the second		
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Driver/Owner:	3) TI	: Towing Fee	\$40/\$43		
	4) F7	: Follow-Through Survey : Follow-Through Survey (F			
Contact No:	Fo	r claiming against JNC Only	(wef 10 Jan 2005)		
Damaged Portion:		R: Re-inspection L: Idac DA + SMRT Survey	\$7:	1	
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Co. Checked by (Bugi-th-Charge).	4.	15: Courtesy Car / Tpt Allows 16: Repair Co-ordination	510	0	
Auditors' Comments :-		17: Fost Repair Inspection	dination 52		
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	Links	APROCAL STATE			

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 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.

- 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 Report	19/03/2018 17:13
Date Of Accident	16/03/2018 23:50
Exact Location Of Accident	RAFFLES AVE
Country/State of Loss	SINGAPORE
Description of the second of t	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN9226R
Insured/Policyholder	
Name Of Registered Owner	LIMOCARS & TRANSPORTATION PTE LTD
Co Reg No	201721325E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91542153
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E220D
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097477298
Cover Note Number	•
Driver	
Name of Driver	HAN LIANGCHOU

 Name of Driver
 HAN LIANGCHOU

 NRIC No
 \$8730974F

 Date Of Birth
 23/09/1987

 Occupation
 OUTDOOR

 Date Of Driving Pass
 25/03/2010

Driving Experience 7 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91542153

Fax Number Contact Number

EMail Address NOEMAIL

BLK 345 AMK AVE 3 #08-2254 Address

560345 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE 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

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

NO

1

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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?

Was there any video captured by Car Camera?

YES NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1 SJP5354T

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

EDWARD NG YONG YEW

NRIC/Passport Number

S9243543A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

HAN LIANGCHOU Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SLN9226R

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be 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.
- 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:
 - 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 50 harure

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN		Vehicle A: SLN 9226R
g	B2 A2	Vehicle B: SJP5354T
Bus Lan	Raffle	

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							une de la companya de		
									2576

DECLARATION

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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

GENERAL 6 Raffles Quay #18-00 Singapore 048580
INSURANCE Tel (65) 6224 0010 Fax (65) 6224 0030
ASSOCIATION
Operating Moure (A45) 6224 0030 RECORDS MANAGEMENT CENTRE UEN; S6655002DG / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

	ADI	DENDUM
A)	PARTICULARS OF PERSON MAKING THE AMEND	DMENTS:
	Original Report No: MNA 1180 37443	Vehicle Registration No: SLN 926 R
	Name(as shown in NRIC): Limocars Pte	Ltd NRIC/FIN/Passport No : 2009 20625N
	(*Vehicle Driver / Vehicle Owner) (*) Please dele	ete as appropriate
	Address : 20 Sin Ming	Lare #66-51 Midwen Misingapore (573968)
	Contact (Tel) : 9/54 2/53	Mobile No. :
	Email Address :	
	Date of Accident : 16/03/ 22/8	Time of Accident :
	Place of Accident : Raffles A	ue
	Insurance Company: NTUC	
(B)	ADDITIONALINFORMATION / AMENDMENTS:	
	I have made a report on the above mentioned at make the following amendments:	ccident and would like to include additional information or
	Kindly change the Insure	and anapany and the aurpany
	nane, rea number	
	1100	
		,
	(MCD)	
	Rag. No 00 201721325E	nut
	Policyholder / Driver's Signature Date:	Reporting Centre Personnel's Signature Name:
		NRIC/FIN No.: Date: 22 13 118 -

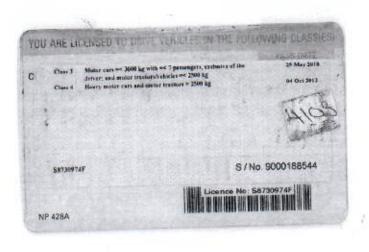
ACCIDENT STATEMENT

1. DETAILS OF VEHICLE a) VEHICLE NUMBER: SLN926R b) INSURANCE COMPANY: Ching Toi ping c) POLICY NUMBER: DMHCSN 1737031700 c) POLICY TYPE: COMPREHENSIVE! THIRD PARTY FIRE &THEFT) e) MAKE & MODEL: Merculas F220D f) TYPE: (\$100D) COUPE / MPV /V AN /LORRY MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: WOLL i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: Li MOCAVS Pte Ltd (MALE / FEMALE) b) INRIC/FIN/PASSPORT: 2009 20 (25N) CONTACT: c) ADDRESS: 20 Sin Ming Lane # 06-51 midvice aty CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER O) NAME: Hay Liang Chox (MALE / FEMALE)	1. DETAILS OF VEHICLE OIVEHICLE NUMBER: SLN 9226 R DIRECTION IMMERS: DMAKE JACQUE! MAKE JACQUE!	ACCIDENT DATE: (16) 03, 2018 1(DE	D/MM/YYYY), TIME:(
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DIVERIOLE NUMBER: SLN 726 R billisurance Company: China Taiping cipolicy number: DMHCSN 1737031700 cipolicy type: Comprehensive) Third party third party fire athering e)make amodel: Meyodds E222D fitter(Sciolif) Couper / MPV / VAL/LORRY (MOTORCYCLE / OTHERS) givehicle category: (private (Commercial / Motorcycle / Others) givehicle category: (private (Commercial / Motorcycle) h)purpose of using at accident time: Ware i) Are you claiming under and coldent time: Ware i) Are you claiming under and clown insurance (yes (O)) if ho, please state (HIRD Party Claim) reporting only) 2. Insured / Policy Holder Almane: Li mocas Pt Ltd b) NRIC/FIN/PASSPORT: 209 2025N Contact: c) Cantinue to 3 die Driver also Policy Holder b) NRIC/FIN/PASSPORT: 5720974 F Contact: 9 154 215 c) Continue to 3 die Driver also Policy Holder b) NRIC/FIN/PASSPORT: 5720974 F CONTACT: 9 154 215 c) Address: Bit 345 Ang via ki o Ave 3 4 08 - 2254 *d) Date of Birth: (23/07) (987) [DD/MM/YYYY) e) Occupation: (Indoor / Oddoor) if years of Driving exprerience: 8 years d) List of Driver and melloyee of the Insured's Company? (yes / Wo) if no, relationship of the Driver with Insured: Hivel b) Road Sufface: (DR) / WEI / Others b) Road Sufface: (DR) / WEI / Others b) Road Sufface: (DR) / WEI / Others c) Was anybody injured (FE) / NO) Han Ling Chain if yes, please state which police station: b) Road Sufface: (DR) / WEI / Others c) Vehicle Number: SJ 2 4 35 4 3 A Contact: c) Vehicle Number: SJ 2 4 35 4 3 A Contact: d) Vehicle Number: SJ 2 4 35 4 3 A Contact: c) DRIVER'S NAME: (DWHERE) d) Vehicle Number: (DR) Police Station:	DIVEHICLE NUMBER: SLN926 A BINSURANCE COMPANY: China Tai ping CIPOLICY TYPE: COMPREHENSIVE THIRD PARTY THRE & THEFT] BINAKE & MODEL: MACCONT THE COMMERCIAL / MOTORCYCLE / OTHERS) BIVEHICLE CATEGORY: [PRIVATE COMMERCIAL / MOTORCYCLE / OTHERS) BINECE LIMOCAUS PARTY CLAIMY REPORTING ONLY) 2. INSURED / FOLICY HOLDER ANAME: LIMOCAUS PARTY CLAIMY REPORTING ONLY) 2. INSURED / FOLICY HOLDER BINECE/FINIPASSPORT: 209 2025 N CONTACT: CIADRESS: 20 Sin wing Law # 06-51 midules aty CONTINUE TO 3. dir DRIVER ALSO POLICY HOLDER CIADRESS: 20 Sin wing Law # 06-51 midules aty CONTINUE TO 3. dir DRIVER ALSO POLICY HOLDER CIADRESS: 20 Sin wing Law # 06-51 midules aty CONTINUE TO 3. dir DRIVER ALSO POLICY HOLDER CIADRESS: 21 Sin wing Law # 06-51 midules aty COMMERCE HAM Lang Chow MARCE FEMALE) DRIVER HAM Lang Chow (Induding Ariver) DRIVER SHOP STANDARD FEMALES BINECE STATE WHICH POLICE STATION: A HO OF PASSENGER (INDURATIVE TO POLICE (YES //60)) IF YES, PLEASE STATE WHICH POLICE STATION: A HO OF PASSENGER (INDURING CHORDER) DRIVER'S NAME: CONTACT: THIRD PARTY VEHICLE O) VEHICLE NUMBER: MODEL: DRIVER'S NAME: (Induding driver) DRIVER'S NAME: (Induding driver) DRIVER'S NAME: (Induding driver) DRIVER'S NAME: (Induding driver) HOPPUE SCOTT CONTACT: CON		
DINSURANCE COMPANY: Ching Taiping CIPOLICY NUMBER: DIMHCSV 17 3 TO 3 [TOO CIPOLICY YEE, COMPREHENSIVE) THIRD PARTY FIRE ETHEFT) e)MARE & MODEL: Moveded 5220 D fitype: (COLD) COUPE / MPV /VAN/LORRY, MOTORCYCLE / OTHERS) e)WARE & MODEL: Moveded 5220 D fitype: (COLD) COUPE / MPV /VAN/LORRY, MOTORCYCLE / OTHERS) e)Wellicle Category: (PRIVATE (COMMERCIAL) MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: WOLL i) ARE YOU CLAIMING UNDER YOLL OWN INSURANCE (YES (10)) IF NO, PLEASE STATE (HIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / FOILCY HOLDER A)NAME: LIMOCAY Pt. Ltd. (MALE / FEMALE) b)NRIC/FIN/PASSPORT: 209 20(21) CONTACT: c)ADDRESS: 20 Sin Ming Land 406-51 midview aty S(573763) **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER ONAME: Han Liang Chon (MALE / FEMALE) b)NRIC/FIN/PASSPORT: S720974 F CONTACT: 9 154 2153 c)ADDRESS: BIK 345 Ang vino (K) Ave 3 + 08-2254 **d)DATE OF BIRTH: (23) 97 / 1987 (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OCTOOR) i) YEARS OF DRIVING EXPRERIENCE: 8 UKAYS. 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 10) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIVEL 5. D)WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b)DROAD SURFACE: (DDR) / WET / OTHERS 6. WAS ANYBODY INJURED (ES) / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 14 No of PASSENGER C) NEIC/FIN/PASSPORT: S9243543 CONTACT: O) NEIC/FIN/PASSPORT: S9243543 CONTACT:	DINSURANCE COMPANY: Ching To, ping CIPCLICY NUMBER: DM HCSN 173703700 CIPCLICY NUMBER: DM HCSN 173703700 CIPCLICY NUMBER: DM HCSN 173700 CIPCLICY NUMBER: DM HCSN 173700 CIPCLICY NUMBER: DM HCSN 173700 COMPANY: COMPANY: COMMERCIAL, MOTORCYCLE / OTHERS) DIVERIGE CATEGORY: (PRIVATE COMMERCIAL, MOTORCYCLE / OTHERS) DIVERIOR OF GENERAL ACCIDENT TIME: LOCAL DIPERSON OF USING AT ACCIDENT TIME: LOCAL DIPERSON OF USING A TACCIDENT TIME: LOCAL DIPERSON OF USING A TACCIDENT TIME: LOCAL DIPERSON OF USING A TACCIDENT TIME: LOCAL CONTINUE TO 3 dif DRIVER ALSO POLICY HOLDER DIPERSON OF USING A TACCIDENT TIME: LOCAL CONTINUE TO 3 dif DRIVER ALSO POLICY HOLDER DIPERSON OF USING A TACCIDENT TIME AND CLOAN (MALE / FEMALE) DIPERSON OF USING A TACCIDENT TIME AND CLOAN (MALE / FEMALE) DIPERSON OF USING A TACCIDENT TIME AND CLOAN (MALE / FEMALE) DIPERSON OF USING A TACCIDENT TIME AND CLOAN (MALE / FEMALE) DIPERSON OF USING A TACCIDENT TIME AND CLOAN (MALE / FEMALE) DIPERSON OF USING A TACCIDENT TIME AND CLOAN (MALE / FEMALE) DIPERSON OF USING A TACCIDENT TIME AND CLOAN (MALE / FEMALE) DIPERSON OF USING A TACCIDENT TIME AND CLOAN (MALE / FEMALE) DIPERSON OF USING A TACCIDENT TIME AND CLOAN (MALE / FEMALE) DIPERSON OF USING A TACCIDENT TIME AND CLOAN (MALE / FEMALE) DIPERSON OF USING AND	CIAI	92768
CIPOLICY NUMBER: DMHCSN 173703[700 CIPOLICY YPE: COMPREHENSIVE) THIRD PARTY FIRE &THEFT) E)MAKE & MODEL: MOVED AND LIDRRY MOTORCYCLE / OTHERS) E)MAKE & MODEL: MOVED & COUPE / MPV / MALLIDRRY MOTORCYCLE / OTHERS) E)MAKE & MODEL: MOVED & MOTORCYCLE / OTHERS) E)MIPURPOSE OF USING AT ACCIDENT TIME: LIDRY MOTORCYCLE H)PURPOSE OF USING AT ACCIDENT TIME: LIDRY I)MARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES NO) IF NO, PLEASE STATE (HIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / FOLICY HOLDER A)NAME: LI MOCGUS Pte Ltd (MALE / FEMALE) b)NRIC/FIN/PASSPORT: 209705N CONTACT: C)ADDRESS: DS SIN WAY LAVE 406-51 MIDVIEW CATY CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Induding divier) DINEC/FIN/PASSPORT: S730974 F CONTACT: 9 1542153 C)ADDRESS: BIK 345 Ang vinc k(10 Ave 3 + 05 - 2254) ** d)DATE OF BIRTH: (23/09/1957 (IDD/MM/YYYY) e)OCCUPATION: (INDOOR / ODDOOR) I) YEARS OF DRIVING EXPRERIENCE: SUASS. 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIVEL 5. CIPMENT OF THE DRIVER WITH INSURED: HIVEL 5. CIPMENT OF THE DRIVER WITH INSURED: HIVEL 7. CIPMENT OF THE DRIVER WITH INSURED: HIVEL 4. WAS ANYBODY INJURED (TES)/NO) HAN LIVING / OTHERS 6. WAS ANYBODY INJURED (TES)/NO) HAN LIVING / OTHERS 6. WAS ANYBODY INJURED (TES)/NO) HAN LIVING / OTHERS 6. WAS ANYBODY INJURED (TES)/NO) HAN LIVING / OTHERS 6. WAS ANYBODY INJURED (TES)/NO) HAN LIVING / OTHERS 6. WAS ANYBODY INJURED (TES)/NO) HAN LIVING / OTHERS 6. WAS ANYBODY INJURED (TES)/NO) HAN LIVING / OTHERS 6. WAS ANYBODY INJURED (TES)/NO) HAN LIVING / OTHERS 6. WAS ANYBODY INJURED (TES)/NO) HAN LIVING / OTHERS 6. WAS ANYBODY INJURED (TES)/NO) HAN LIVING / OTHERS 6. WAS ANYBODY INJURED (TES)/NO) HAN LIVING / OTHERS 6. WAS ANYBODY INJURED (TES)/NO) HAN LIVING / OTHERS 6. WAS ANYBODY INJURED (TES)/NO) HAN LIVING / OTHERS 6. WAS ANYBODY INJURED (TES)/NO) HAN LIVING / OTHERS 6. WAS ANYBODY OF THE MODEL HANDER (TES)/NO) HAN LIVING / OTHERS 6. WAS ANYBODY OF THE MODEL (TES)	CIPOLICY NUMBER: DMHCSN 173031700 dIPOLICY TYPE: COMPREHENSIZE THIRD PARTY THIRD PARTY FIRE & THEFT) EMAKE & MODEL: MACCOME COUPE / MPV /VAN/LORRY/ MOTORCYCLE / OTHERS) BY VEHICLE CATEGORY: IPRIVATE (COMMERCIA! MOTORCYCLE) BY VEHICLE CATEGORY: IPRIVATE (COMMERCIA! MOTORCYCLE) BY VEHICLE CATEGORY: IPRIVATE (COMMERCIA! MOTORCYCLE) BY VEHICLE CATEGORY: IPRIVATE (LAIM) REPORTING ONLY) 1. INSURED / POLICY HOLDER AINAME: LI MOCGUS Ptc Ltd (MALE / FEMALE) BINRIC/FIN/PASSPORT: 209 2021N CONTACT: CIADDRESS: 26 SIM MIND LAVE 4 66-51 MINDICAS **COMMINUTE TO 3. di F DRIVER ALSO POLICY HOLDER DINNEC/FIN/PASSPORT: 2972974 F CONTACT: 9154 215 CIADDRESS: BIK 345 Ang und KI O AVE 3 HOS -2254 **dIDATE OF BIRTH: (23/9) 987 (IDD/MM/YYYY) BIOCCUPATION: (INDOOR / OUTDOOR) 1) YEARS OF DRIVING EXPRERIENCE: 8 YEARS. 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / O) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIVELE 5. CIMEATHER CONDITION: (LEARY RAINING / OTHERS) BIROAD SURFACE: (DR) / WET / OTHERS 6. WAS ANYBODY INJURED (ES) / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 14 No of PASSENGER 17 O' VEHICLE NUMBER: STAPE: MODEL: Honda 18 No REPORTING PARTY VEHICLE 20 VEHICLE NUMBER: MODEL: 19 CHICLE NUMBER: MODEL: 20 CHICLE NUMBER: MODEL: 30 CHICLE NUMBER: MODEL: 4 No of PASSENGER 21 O' VEHICLE NUMBER: MODEL: 31 HIRD PARTY VEHICLE 32 O' VEHICLE NUMBER: MODEL: 4 No of PASSENGER 21 O' VEHICLE NUMBER: MODEL: 4 NO OF PASSENGER 22 O' VEHICLE NUMBER: MODEL: 4 NO O' VEHICLE NUMBER: MODEL: 5 DRIVER'S NAME: CINCIPAL PASSPORT: CONTACT: 5 THIRD PARTY VEHICLE 6 DRIVER'S NAME: CONTACT: CONTACT:		
OJPOLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT) e) MARE & MODEL: MOVEL & 220 D f) TYPE: (&LOCAL) COUPE / MPV / NAN / LORRYY MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: WOLL i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES (NO)) IF NO, PLEASE STATE (HIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: LIMOCAY Pte Ltd (MALE / FEMALE) b) NRIC/FIN/PASSPORT: 2002 2002 N CONTACT: c) ADDRESS: 20 Sin Ming) Lave # 06-51 midview aty C(5730/3) **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DONAME: Ham Liang Cham (Induding driver) O) NAME: Ham Liang Cham (Induding driver) 4. WAS DRIVER AND HOLDER OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hivel 3. COMPANDED OF THE DRIVER WITH INSURED: Hivel 4. WAS ANYBOOT INJURED (TES) NO) IF YES, PLEASE STATE WHICH POLICE STATION: 4. WAS ANYBOOT INJURED (TES) NO) IF YES, PLEASE STATE WHICH POLICE STATION: 4. WAS ANYBOOT INJURED (TES) NO) IF YES, PLEASE STATE WHICH POLICE STATION: 4. WAS ANYBOOT INJURED (TES) NO) IF YES, PLEASE STATE WHICH POLICE STATION: 4. WAS ANYBOOT INJURED (TES) NO) IF YES, PLEASE STATE WHICH POLICE STATION: 4. WAS ANYBOOT INJURED (TES) NO) IF YES, PLEASE STATE WHICH POLICE STATION: 4. WAS ANYBOOT INJURED (TES) NO) IF YES, PLEASE STATE WHICH POLICE STATION: 4. WAS ANYBOOT INJURED (TES) NO) IF YES, PLEASE STATE WHICH POLICE STATION: 4. WAS ANYBOOT INJURED (TES) NO) IF YES, PLEASE STATE WHICH POLICE STATION: 4. WAS ANYBOOT INJURED (TES) NO) IF YES, PLEASE STATE WHICH POLICE STATION: 4. WAS ANYBOOT INJURED (TES) NO) IF YES, PLEASE STATE WHICH POLICE STATION: AND APPROXIMATE: O) DRIVER'S NAME: O) DRIVER'S NAME: O) PRIVER'S NAME:	OPPOLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT) # MARK & MOCRET: Mercades (2020) IF TYPE ((LOOD) COUPE / MPV YAN / LORDY MOTORCYCLE / OTHERS) # OF PARTY CALL COMMERCIAL / MOTORCYCLE / OTHERS) # OF PARTY CALL COMMERCIAL / MOTORCYCLE / OTHERS) # OF PARTY CALL COMMERCIAL / MOTORCYCLE / OTHERS) # OF PARTY CALL COMMERCIAL / MOTORCYCLE / OTHERS / OTHERS / OTHERS / OTHER / OT	N 10- 11-0 0	111222 - 31200
## SIMAKE & MODEL: MANDERY MOTORCYCLE / OTHERS) ## SITTYPE: (SLOCUE COUPE / MPV VY ANALLORRY MOTORCYCLE) ## SITYPE: (SLOCUE COUPE / MPV VY ANALLORRY MOTORCYCLE) ## SITYPE: (SLOCUE COUPE / MPV VY ANALLORRY MOTORCYCLE) ## SITYPE: (SLOCUE COUPE / MPV VY ANALLORRY MOTORCYCLE) ## SITYPE: (SLOCUE COUPE / MPV VY ANALLORRY MOTORCYCLE) ## SITYPE: (SLOCUE / MPV VANALLORRY MOTORCYCLE) ## SITYPE: (SLOCUE / MPV VANALLORRY) ## SITYPE: (SLOCUE /	e MAKE & MODEL: Merchade () De Motorcycle / Others) 1) TYPE (SUCCUP / MPV NAN LORRY (MOTORCYCLE / OTHERS) 2) VEHICLE CATEGORY: (PRIVATE (COMMERCIAL / MOTORCYCLE) 1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES ()) 1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES ()) 1) IF NO, PLEASE STATE (HIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A) MAME: LI MOCONS CONTACT: C) ADDRESS: 20 SM MAND LAW # 06-51 MINIOR ATY CONTINUE TO 3.0 IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: 29724 F CONTACT: 9 IS 4 215 CADDRESS: BIK 345 Ang way Ki O Ave 3 + 06-2254 *d) DATE OF BIRTH: (23/9) / 1937 (IDD/MM/YYYY) e) OCCUPATION: (INDOOR / O(TODOR) 1) YEARS OF DRIVING EXPERIENCE: 8 YAYS. 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 10) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIVEL 5. O(WEATHER CONDITION: (LLEAF / RAINING / OTHERS) b) BOAD SURFACE((DR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / 10) IF YES, PLEASE STATE WHICH POLICE (YES / 10) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 10 VEHICLE NUMBER: STAPE WHICH POLICE STATION: 11 HIRD PARTY VEHICLE 12 HO OF PASSENGER (Including driver) 1) DRIVER'S NAME: MODEL: 1) DRIVER'S NAME: MODEL: 1) NRIC/FIN/PASSPORT: 97 2 435 437 CONTACT: 1) NRIC/FIN/PASSPORT: MODEL: 2) DRIVER'S NAME: MODEL: 2) DRIVER'S NAME: MODEL: 3) NRIC/FIN/PASSPORT: MODEL: 4) NRIC/FIN/PASSPORT: MODEL: 4) NRIC/FIN/PASSPORT: MODEL: 5) NRIC/FIN/PASSPORT: MODEL: 6) DRIVER'S NAME: 6) NRIC/FIN/PASSPORT: MODEL: 1) NRIC/FIN/PASSPORT: MODEL: 1) NRIC/FIN/PASSPORT: MODEL: 2) NRIC/FIN/PASSPORT: MODEL: 3) NRIC/FIN/PASSPORT: MODEL: 4) NRIC/FIN/PASSPORT: MODEL: 5) NRIC/FIN/PASSPORT: MODEL: 6) NRIC/FIN/PASSPORT: MODEL: 7) NRIC/FIN/PASSPORT: MODEL: 8) NRIC/FIN/PASSPORT: MODEL: 9) NRIC/FIN/PASSPORT: MODEL: 1) N		The state of the s
TITYPE: (LLOCAL) COUPE / MPV / VAN/LORRY MOTORCYCLE / OTHERS) 9 VEHICLE CATEGORY: (PRIVATE COMMERCIAL / MOTORCYCLE) H) PURPOSE OF USING AT ACCIDENT TIME: Work I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES (NO) IF NO, PLEASE STATE (HIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: LI MOCCAY C) ADDRESS: DO SIM MIND LAVE # 66-51 MINDICEMENT OF THE MINDICEMENT O	1) TYPE: (SLOCK) COUPE / MPV / VAN LLORRY MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: Work i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES (NO)) IF NO, PLEASE STATE (HIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: LI MOCAYS Pte Ltd (MALE / FEMALE) b) NRIC/FIN/PASSPORT: 2092 20 (25N) CONTACT: c) ADDRESS: 20 SM MAND LANGE # 65-51 midview city C(5+3968) DRIVER C) NAME: LI MOCAYS Pte Ltd (MALE / FEMALE) b) NRIC/FIN/PASSPORT: 30 POLICY HOLDER DRIVER C) NAME: LI MOCAYS PTE Ltd (MALE / FEMALE) b) NRIC/FIN/PASSPORT: 37 2097 LP CONTACT: 4 15 4 215 c) ADDRESS: BIK 345 Ang MOC KA O AND 3 HOS 225 4 "d) DATE OF BIRTH: (23/9) 1987 (IDD/MM/YYY) e) OCCUPATION: (INDOOR / OCTOOR) d) OREATONSHIP OF THE DRIVER WITH INSURED: HIVELY 5. C) WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 60) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIVELY 5. C) WAS ANYBODY INJURED (ES) NO) FYES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: SOP 535 TT MODEL: Honda (Induding driver) D) DRIVER'S NAME: CAUSED NO POLICY (INC/FIN/PASSPORT: SP 2 435437 CONTACT: O) NRIC/FIN/PASSPORT: CONTACT: O) NRIC/FIN/PA		
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This purpose of using at accident time: Work JARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES NO) IF NO, PLEASE STATE (HIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: LI MOCAUS Pte Ltd (MALE / FEMALE) D)NRIC/FIN/PASSPORT: 2009 20(25N) CONTACT: C)ADDRESS: 20 Sin Many) Lane # 06-51 midview aty C(573968) *CONTINUE TO 3 of IF DRIVER ALSO POLICY HOLDER DINVER: Han Liang Chom (MALE / FEMALE) D)NAME: Han Liang Chom (MALE / FEMALE) D)NRIC/FIN/PASSPORT: 28720974 F CONTACT: 9 154 215 3 C)ADDRESS: BIK 345 Ang unc ki 0 Ave 3 H 08-225 4 *d)DATE OF BIRTH: (23/9) / (987) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OOTDOOR) T)YEARS OF DRIVING EXPRERIENCE: 8 YEARS. 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIVEL 5. O)WEATHER CONDITION: (LLEAR / RAINING / OTHERS D)ROAD SURFACE: (DB) / WET / OTHERS. 6. WAS ANYBODY INJURED (TES)/NO) Han Liang Chom 7. O)REPORTED TO POLICE (YES /NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE (1) VEHICLE NUMBER: STP 53547 MODEL: Honda C) NRIC/FIN/PASSPORT: S9 243543 CONTACT: 9. THIRD PARTY VEHICLE O) VEHICLE NUMBER: MODEL: O) VEHICLE NUMBER: MODEL: O) VEHICLE NUMBER: MODEL: O) PRIVER'S NAME: O) VEHICLE NUMBER: MODEL:	INPURPOSE OF USING AT ACCIDENT TIME: WORL JARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES (NO)) IF NO, PLEASE STATE (HIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / FOLICY HOLDER ANAME: LI MOCAUS PTE LTD DINRIC/FIN/PASSPORT: 209 20(25) CONTACT: CIADDRESS: 20 SIN W.M.) LAND # 06-51 MIDNICO CHY CONTINUE TO 3.0 IF DRIVER ALSO POLICY HOLDER PRIVER (Including driver) ONAME: Han Liang Chan (OI) "CONTINUE TO 3.0 IF DRIVER ALSO POLICY HOLDER DRIVER (Including driver) ONAME: Han Liang Chan (OI) "CONTACT: 9154 215 CIADDRESS: BIK 345 Ang und K1 0 Ave 3 H 08-2254 "CONTACT: 9154 215 CIADDRESS: BIK 345 Ang und K1 0 Ave 3 H 08-2254 "CONTACT: 9154 215 (OI) "CONTACT: 9154 215 CONTACT: 9154 215 CONTACT: 9154 215 CONTACT: 9154 215 (OI) "CONTACT: 9154 215 CONTACT: 9154 215		
IJARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES NO) IF NO, PLEASE STATE (HIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / FOLICY HOLDER A)NAME: Li mocars Pte Ltd (MALE / FEMALE) b)NRIC/FIN/PASSPORT: 2009 20(25N) CONTACT: C)ADDRESS: 20 Sin Ming Lane # 06-51 midview aty (C)ADDRESS: 20 Sin Ming Lane # 06-51 midview aty (C)ADDRESS: 20 Sin Ming Lane # 06-51 midview aty (C)ADDRESS: 20 Sin Ming Lane # 06-51 midview aty (C)ADDRESS: 30 Sin Ming Lane # 06-51 midview aty (C)ADDRESS: 30 Sin Ming Lane # 06-51 midview aty (C)ADDRESS: 31 Sin Ming Lane # 06-51 midview aty (C)ADDRESS: 31 Sin Ming Lane # 06-51 midview aty (C)ADDRESS: 31 Sin Ming Lane # 06-51 midview aty (ADDRESS: 31 Sin Ming Lane # 06-51 midview aty (ADDRESS: 31 Sin Ming Lane # 06-51 midview aty (I)ADDRESS: 31 Sin Ming Lane # 06-51 midview aty (I) ADDRESS: 31 Sin Ming Lane # 06-51 midview aty (I) ADDRESS: 31 Sin Ming Characterial Ming Lane (I) WEAT OF BIRTH: (23/97/1987) [DD/MM/YYYY] (I) ADDRESS: 31 Sin Ming Lane # 06-51 midview aty (I) ADDRESS: 31 Sin Ming Lane # 06-51 midview aty (I) ADDRESS: 31 Sin Ming Lane # 06-51 midview aty (I) ADDRESS: 31 Sin Ming Lane # 06-51 midview aty (I) ADDRESS: 31 Sin Ming Lane # 06-51 midview aty (I) ADDRESS: 31 Sin Ming Lane # 06-51 midview aty (I) ADDRESS: 31 Sin Ming Lane # 06-51 midview aty (I) ADDRESS: 31 Sin Ming Lane # 06-51 midview aty (I) ADDRESS: 31 Sin Ming Lane # 06-51 midview aty (I) ADDRESS: 31 Sin Ming Lane # 06-51 midview aty (I) ADDRESS: 31 Sin Ming Lane # 06-51 midview aty (I) ADDRESS: 31 Sin Ming Lane # 06-51 midview aty (I) ADDRESS: 31 Sin Ming Lane # 06-51 midview aty (I) ADDRESS: 31 Sin Ming Lane # 06-51 midview aty (I) ADDRESS: 31 Sin Ming Lane # 06-51 midview aty (I) ADDRESS: 31 Sin Ming Lane # 06-51 midview aty (I) ADDRESS: 31 Sin Ming Lane # 06-51 midview aty (I) ADDRESS: 31 Sin Ming Lane # 06-51 midview aty (I) ADDRESS: 31 Sin Ming Lane # 06-51 midview aty (I) ADDRESS: 32 Sin Ming Lane # 06-51 midview aty (I) ADDRESS: 32 Sin Ming Lane # 06-51 midview aty (I) ADDRESS:	IJARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES (1) IF NO, PLEASE STATE (HIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / FOLICY HOLDER ANAME: LI MOCAUS PLE LLA (MALE / FEMALE) b)NRIC/FIN/PASSPORT: 2097 2075 N. CONTACT: C)ADDRESS: 20 Sin Wing Lave # 06-51 midvice aty C(5737168) **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER BRIVER HAN LIANG Chou (MALE / FEMALE) d)NAME: Han Liang Chou (MALE / FEMALE) d)NRIC/FIN/PASSPORT: 59720974 F. CONTACT: 9 154 215 c)ADDRESS: BIK 345 Ang vio Kg of Ave 3 # 08-2254 **d)DATE OF BIRTH: (23/9)/1987 J(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) 1/*JYEARS OF DRIVING EXPREEMENCE: 8 UPALS. 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 60) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIVEL 5. O) WEATHER CONDITION: (CLEAR / RAINING / OTHERS 6. WAS ANYBODY INJURED (ES)/NO) Han Liang Chou 7. C)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 4 Ho of passenger of VEHICLE NUMBER: SOP 53547 MODEL: 4 Ho of passenger of VEHICLE NUMBER: MODEL: 4 Ho of passenger of VEHICLE NUMBER: MODEL: 4 Ho of passenger of VEHICLE NUMBER: MODEL: 5 DRIVER'S NAME: 6 Induding driver) 1) NRIC/FIN/PASSPORT: CONTACT: 6 DRIVER'S NAME: 6 ONTACT: CONTACT: CONTACT		
IF NO, PLEASE STATE (HIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: LI MOCAYS Pte Ltd (MALE / FEMALE) b)NRIC/FIN/PASSPORT: 209 20(25N) CONTACT: c)ADDRESS: 20 Sin Many Lane # 06-51 midview aty S(573968) *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER CINDIDATE: HAN LIANS CLOSS CIADDRESS: BIK 345 Ang MO K10 Ave 3 # 08-2254 *d)DATE OF BIRTH: (23/97/1987) I(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) If years of DRIVING EXPRERIENCE: 8 years. 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hiver 5. C)WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b)ROAD SURFACE: (DR) / WET / OTHERS. 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: SJP 335 47 MODEL: Honda C NEIC/FIN/PASSPORT: S9 243543A CONTACT: P) THIRD FARTY VEHICLE O) VEHICLE NUMBER: MODEL: O) VEHICLE NUMBER: MODEL: O) VEHICLE NUMBER: MODEL: O) VEHICLE NUMBER: MODEL:	IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: LI MOCCUS Pte Ltd (MALE / FEMALE) b)NRIC/FIN/PASSPORT: 2009 20(25) CONTACT: c)ADDRESS: 20 Sim Many Lave \$100-51 midules aty CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER O)NAME: Han Liang Chou (MALE / FEMALE) b)NRIC/FIN/PASSPORT: 58720974 F CONTACT: 9 154 215 c)ADDRESS: BIK 345 Ang vac Kg O Ave 3 \$108-2254 "d)DATE OF BIRTH: (23/9)/(987-110D/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) 1) YEARS OF DRIVING EXPRERIENCE: 8 YEARS. 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / KO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIVEL 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DB) / WET / OTHERS 6. WAS ANYBODY INJURED (TES)/NO) IF YES, PILEASE STATE WHICH POLICE STATION: 8. THRD PARTY VEHICLE 10 VEHICLE NUMBER: ST 2 243543 CONTACT: 11 No of passenger of VEHICLE NUMBER: MODEL: 12 Ha of passenger of VEHICLE NUMBER: MODEL: 13 Ha of passenger of VEHICLE NUMBER: MODEL: 14 Ha of passenger of VEHICLE NUMBER: MODEL: 15 DRIVER'S NAME: 16 Including driver) 16 NRIC/FIN/PASSPORT: CONTACT: 17 NRIC/FIN/PASSPORT: CONTACT: 18 Ha of passenger of VEHICLE NUMBER: MODEL: 19 DRIVER'S NAME: 10 DRIVER'S NAME: 11 NRIC/FIN/PASSPORT: CONTACT: 11 NRIC/FIN/PASSPORT: CONTACT: 12 NRIC/FIN/PASSPORT: CONTACT: 15 NRIC/FIN/PASSPORT: CONTACT: 16 NRIC/FIN/PASSPORT: CONTACT: 17 NRIC/FIN/PASSPORT: CONTACT: 18 NRIC/FIN/PASSPORT: CONTACT: 19 DRIVER'S NAME: 10 DRIVER'S NAME: 10 DRIVER'S NAME: 11 NRIC/FIN/PASSPORT: CONTACT: 11 NRIC/FIN/PASSPORT: CONTACT:		
2. INSURED / POLICY HOLDER A)NAME: Li MOCAN PTELLED D)NRIC/FIN/PASSPORT: 2009 20(25N) CONTACT: C)ADDRESS: 20 Sin Ming) Lane # 06-51 midview aty C(5739(8)) *CONTINUE TO 3:d IF DRIVER ALSO POLICY HOLDER DRIVER DINRIC/FIN/PASSPORT: 59730974 F CONTACT: 91542153 C)ADDRESS: BIK 345 Ang uno Ki O Ave 3 # 08-2254 *d)DATE OF BIRTH: (23/09/1987 (DD/MM/YYYY)) e)OCCUPATION: (INDOOR / OUTDOOR) T)YEARS OF DRIVING EXPRERIENCE: 8 YEAS. 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIVEL 5. O)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: STP 53547 MODEL: Honda (Including driver) O) DRIVER'S NAME: Edward Ng Yong Yem C) NRIC/FIN/PASSPORT: S92435439 CONTACT: 9. THIRD PARTY VEHICLE O) VEHICLE NUMBER: MODEL: P) DRIVER'S NAME: O) VEHICLE NUMBER: MODEL: O) VEHICLE NUMBER: MODEL: O) VEHICLE NUMBER: MODEL: O) VEHICLE NUMBER: MODEL:	2. INSURED / POLICY HOLDER ANAME: LI MOCAUS DINNEC/FIN/PASSPORT: 2009 20075N CONTACT: C)ADDRESS: 20 Sin MM7 Lave # 06-51 midvices aty **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Induding thice) **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER G)NAME: Han Liang Chou **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER G)NAME: Han Liang Chou **ODATE OF BIRTH: (23/97/1987 (DD/MM/YYYY) **OJOCUPATION: (INDOOR / OUTDOOR) **OJOCUPATION: (INDOOR / OU		
binric/Fin/Passport: 2009 20(25N CONTACT: c) ADDRESS: 20 Sin Minn? Lave \$106-51 midview aty S(573968) **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Industing shiver) O) NAME: Han Lians Chon (MALP/FEMALE) Dinric/Fin/Passport: \$872.0974 F CONTACT: 9 154 2153 c) ADDRESS: BIK 345 Ang uno Ki O Ave 3 # 08-2254 **d) DATE OF BIRTH: (23/59/1987 I(DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 8 years. 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hiver 5. O) WEATHER CONDITION: (LEAR / RAINING / OTHERS b) ROAD SURFACE: (DR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) Han Liang Chon. 7. O) REPORTED TO POLICE (YES / (NO)) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE G) VEHICLE NUMBER: STP 5354T MODEL: Honda (Including driver) O) DRIVER'S NAME: MODEL: WHO OF PASSENGER O) VEHICLE NUMBER: MODEL: DRIVER'S NAME: MODEL: DRIVER'S NAME:	DINRIC/FIN/PASSPORT: 2009 2005N CONTACT: C) ADDRESS: 20 Sin Many Lane # 06-51 midview dry C(573968) **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DINAME: Han Liang Chou (MALE/ FEMALE) DINRIC/FIN/PASSPORT: 58730974 F CONTACT: 9 154 215 COLD DINRIC/FIN/PASSPORT: 58730974 F CONTACT: 9 154 215 COLD DINRIC/FIN/PASSPORT: 58730974 F CONTACT: 9 154 215 C) ADDRESS: GIK 345 Ang vno (K10 Ave 3 + 08-2254 **GIDATE OF BIRTH: (23/09/1987) (IDD/MM/YYYY) e) OCCUPATION: (INDOOR / OTDOOR) TYPEARS OF DRIVING EXPRERIENCE: 8 445 UNS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 10) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hivel SO JIMEATHER CONDITION: (CLEAR / RAINING / OTHERS DIPROAD SURFACE: (DR) / WET / OTHERS WAS ANYBODY INJURED (FES/NO) Han Liang Chou 7. OIREPORTED TO POLICE (YES (NO)) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE O) VEHICLE NUMBER: SOP 53547 MODEL: Handa CINCLUMING driver) DI DRIVER'S NAME: MODEL: O) VEHICLE NUMBER: MODEL: O) NEIC/FIN/PASSPORT: S92435437 CONTACT: O) NRIC/FIN/PASSPORT: CONTACT: O) NRIC/FIN/PASSPORT: CONTACT: O) NRIC/FIN/PASSPORT: CONTACT: TOPQUE 5 com	2. INSURED / POLICY HOLDER	12 (6)
C)ADDRESS: 20 Sin Ming Lane \$106-51 midview aty "CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Induding driver) O)NAME: Han Liang Chou (MALP/FEMALE) D)NRIC/FIN/PASSPORT: \$8720974 F CONTACT: 9 154 2153 c)ADDRESS: BIK 345 Ang uno Ki O Ave 3 # 08-2254 "d)DATE OF BIRTH: (23) -9/1987 (IDD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 8 years. 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hiver 5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) Han Liang Chou. 7. a)REPORTED TO POLICE (YES / (NO)) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 4 No of passenger a) VEHICLE NUMBER: STP 5354T MODEL: Handa (Induding driver) 9. THIRD FARTY VEHICLE A No of passenger a) VEHICLE NUMBER: MODEL: A No of passenger a) VEHICLE NUMBER: MODEL: DRIVER'S NAME: MODEL: DRIVER'S NAME: MODEL: MODEL: DRIVER'S NAME:	C)ADDRESS: 20 Sin Ming Lane # 06-51 midview aty S(573968) **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER OINAME: Han Liang Chow WALE FEMALE; DINRIC/FIN/PASSPORT: 5720974 F CONTACT: 9154215 C)ADDRESS: BIK 345 Ang vino K10 Ave 3 # 08-2254 **d)DATE OF BIRTH: (23/09/1987 JIDD/MM/YYYY) e)OCCUPATION: (INDOOR / ODDOOR) f)YEARS OF DRIVING EXPRERIENCE: 8 YEARS. 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 10) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIVEL 5. DIWEATHER CONDITION: (LEAR / RAINING / OTHERS 6. WAS ANYBODY INJURED (YES / 10) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 10 VEHICLE NUMBER: SJP 5354T MODEL: Honda 11 INCLUDING ARTY VEHICLE 12 Ho of passenger 13 VEHICLE NUMBER: MODEL: 14 Ho of passenger 15 ONIVER'S NAME: MODEL: 16 ONIVER'S NAME: Contact: 17 ONIVER'S NAME: CONTACT: 18 ONIVER'S NAME: CONTACT: 18 ONIVER'S NAME: CONTACT: 19 DRIVER'S NAME: CONTACT: 10 ONIACT: 10 ONIACT: 11 OPQUE 5 com	AINAME: Limocars Pte	(MALE / FEMALE)
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER Chadding driver DINAME: Han Liang Chou (OI) "d) DATE OF BIRTH: (23/9/1987 I(DD/MM/YYYY) 9/OCCUPATION: (INDOOR / OUTDOOR) 1/YEARS OF DRIVING EXPRERIENCE: 8 years. 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hiver 5. O/WEATHER CONDITION: (LEAR / RAINING / OTHERS) 1/ROAD SURFACE: (DR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 1/YEARS OF DRIVING BEARS (NO) IF YES, PLEASE STATE WHICH POLICE STATION: 1/YEARS OF DRIVING BEARS (NO) IF YES, PLEASE STATE WHICH POLICE STATION: 1/YEARS OF DRIVING EXPRENENCE: 9 DRIVER SNAME: MODEL: 9. THIRD PARTY VEHICLE O/ VEHICLE NUMBER: SP 2 4 35 4 3 A CONTACT: 9. THIRD PARTY VEHICLE O/ VEHICLE NUMBER: MODEL: 1/YEARS OF DRIVING CHOM 1/YEARS OF DRIVER ALSO POLICY HOLDER WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 1/YEARS OF DRIVING CHOM	CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DRIVER Cladding driver COLDERS: BIK JUST AND WOULK! OF AND JUST AND JUS	b)NRIC/FIN/PASSPORT: 2009 2	O (25N CONTACT:
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Including Arriver) COLO CIACLED BIRTH: 23 09 1987 (DD/MM/YYYY) DIOCCUPATION: (INDOOR / ODIDOOR) FYEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hiver S. DIWEATHER CONDITION: (CLEAR / RAINING / OTHERS DIROAD SURFACE: (DR) / WET / OTHERS WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: STP 53547 MODEL: Honda CINCLENUMBER: STP 243543A CONTACT: 9. THIRD PARTY VEHICLE O) VEHICLE NUMBER: MODEL:	CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER Cladiding driver COT COT COT COT COT COT COT CO	CIADDRESS: 20 SIN MING LAN	e # 06-51 midview city
Cladidate driver Cladidate driver Color	Conducting there of the Liang Chon (Including there) (O) Colorest: Bir Hay Liang Chon (Mark) Female; b)NRIC/FIN/PASSPORT: 58720974 F CONTACT: 9154215 c)ADDRESS: BIR 345 Ang unc ki o Ave 3 H 08-2254 *d)DATE OF BIRTH: (23/09/1987 IDD/MM/YYYY) e)OCCUPATION: (INDOOR / OCTOOR) f)YEARS OF DRIVING EXPRENIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 60) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hivel 5. O)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DB) / WET / OTHERS 6. WAS ANYBODY INJURED (ES)/NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: SJP 5354T MODEL: Honda (Including driver) b) DRIVER'S NAME: Edward Ng Young Yew C) NRIC/FIN/PASSPORT: S9243543A CONTACT: 9. THIRD PARTY VEHICLE O) VEHICLE NUMBER: MODEL: (Including driver) f) NRIC/FIN/PASSPORT: CONTACT: O) NRIC/FIN/PASSPORT: O) NRIC/FIN/PASSPORT: O) NRIC/FIN/PASSPORT: O) NRIC/FIN/PASSPORT: O) NRIC/FIN/PASSPORT: O) NRIC/FIN/PASSPORT: O) NRIC/FIN/		
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b)NRIC/FIN/PASSPORT: 58720974 F CONTACT: 91542153 c)ADDRESS: BIK 345 Ang MO KI O AVE 3 # 08-2254 *d)DATE OF BIRTH: (23/09/1987)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / ODTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 8 years. 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 100) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hiver 5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES) / NO) Hear Liang chou. 7. a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 4. WO of passenger a) VEHICLE NUMBER: SJP 535 47 MODEL: Honda C) NRIC/FIN/PASSPORT: SJ 2435437 CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: e) DRIVER'S NAME: MODEL: ONDEL: ONTACT:	b) NRIC/FIN/PASSPORT: 58720974 F CONTACT: 9 154215 c) ADDRESS: BIK 345 Ang Mo K10 Ave 3 + 08-2254 "d) DATE OF BIRTH: (23/09/1987) (IDD/MM/YYYY) e) OCCUPATION: (INDOOR / ODIDOOR) f) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/100) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hiver 5. O] WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) PROAD SURFACE: (DR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES/NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 15 NO of PASSENGER OF VEHICLE NUMBER: SJP 53547 MODEL: Honda 16 Including driver) 17 DRIVER'S NAME: Edward Ng Young Year 18 No of PASSENGER 18 ON VEHICLE NUMBER: MODEL: 19 ORIVER'S NAME: MODEL: 20 ORIVER'S NAME: MODEL: 21 ORIVER'S NAME: MODEL: 22 OD RIVER'S NAME: MODEL: 23 OD RIVER'S NAME: MODEL: 24 OD RIVER'S NAME: MODEL: 25 ORIVER'S NAME: MODEL: 26 ORIVER'S NAME: MODEL: 27 ORITACT: CONTACT: 28 ORIVER'S NAME: MODEL: 28 ORIVER'S NAME: MODEL: 39 ORIVER'S NAME: MODEL: 30 ORIVER'S NAME: MODEL: 31 ORIGINAL PASSPORT: MODEL: 31 OP QUE 5 com		(MALE) FEMALE
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	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5097477298	LIMOCARS & TRANSPORTATION PTE LTD	201721325E	GPC	drivo PREMIUM	SLN9226R	SLN9226R	16/01/2018	15/01/2019

Claim Handling Accident MT/0986588 GST Registration No. Vehicle No. SLN9226R 5097477298 Policy No. Policyholder NRIC 201721325E LIMOCARS & TRANSPORTATION PTE LTD Policyholder Name 0 Loading drivo PREMIUM Cover Type PRIVATE CAR INSURANCE Product Code Contact No.(Home) Contact No.(Office) Contact No.(Mobile) No Y eCode Special Remark Email Address eCode Reason # No Yes TCA + No Yes KFK Not available Private Hire NCD Entitlement(%) 0 NCD Protection No Accident Details Unknown Accident Type Accident Report Within 24 hrs. Yes 19/03/2018 15:02 Report Date Singapore Country of Accident Time of Accident hh: mm 11:43 16/03/2018 Date of Accident ICM No. Reporting Centre Accident Location ALONG RAFFLLES AVENUE → Benefits ♥ Excess Windscreen Excess Additional Excess 0.00 2,000.00 Own damage Excess 2,000.00 Outside Singapore OD Excess Unnamed Driver Excess 1,500.00 Outside Singapore TP Excess 1,500.00 Third Party Excess GST Registration Date No **GST Registered** Yes **GST Status Verified** GST Registration No. 19/03/2018 16:22:47 Karthlyn Yuen changed GST Status Verified from No to Yes Modification History Policyholder Mailing Address SINGAPORE 573968 Address 3 Address 2 #06-51 MIDVIEW CITY 20 SIN MING LANE Address 1 573968 Post Code Address Type Singapore address Address 4 5097669616 Related Policy Number 21-30 Unit No. OI Driver Info Driver Type Driver Name Driver DOB Driver NRIC Unnamed driver Name Driving Experience Driver Age Register Date of Driver License Contact No.(Home) Contact No.(Office) Contact No.(Mobile) Address 3 Address 2 Address 1 Post Code Foreign address Address Type Address 4 Unit No. Driver Insurer Company Does he own a Singapore Registered car? Driver Vehicle No. Yes - No Modification History Claim 002 New Insured NRIC 201721325E LIMOCARS & TRANSPORTATION Insured Name Claim Type * OD-MX Contact No.(Office) Contact No.(Home) Contact No.(Mobile) 96853900 TP Vehicle Number S3P5354T OI Vehicle Number SLN9226R Email Address Name of Preferred Workshop 0 SLN9226R / SJP5354T ON 16 Mar 2018 Claim Description . Preferred Workshop Contact Not at Fault Insured Liability * GIA report Received Preferred Workshop, Name unknown Preferered Repair Option Require Finalisation Yes Date Received 22/03/2018 00:00 Claim Close Date 22/03/2018 15:18 Date Registered LIEW SHAN HUI Print AK letter Save Submit Attachment 002 Claim No. MT/0986588 Accident No. 22/03/2018 15:19 **Upload Date** yes O No Last Doc. Received Urgency * Descr Category * Confidential Patn . ▼ Normal ٠ T NO Clear Please Select Choose File No file chosen * ٠ NO ٠ Normal Clear Please Select Chaose File No file chosen . ٠ Normal Clear Please Select NO Choose File No file chosen ٠ ٠ • Normal NO Clear Please Select Choose File No file chosen Ý T NO Normal Clear Please Select Choose File No file chosen ▼ Normal * * NO Clear Please Select Choose File No file chosen

Message Read

Attachment		Joloaded By/Date	Category	P Un	gency	Description
	NAC PAYA URI BOOSDI(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 22	SAS	No.	ormal	SAS 2018-3-22
60		Mar 2018 15:19	30.3			
Auto LLCD Anny Decision	NAC_PAYA_UB1_B00G01(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 15:19	NRIC/ Driving License	No	ormal	NRIC/ Driving License 2018-3-22
	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 15:19	Photos	No	ormal	Photos 2018-3-22
2.1	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 15:19	Photos	No	ormal	Photos 2018-3-22
	NAC_PAYA_UBI_800601(NAT	(ONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 15:18	Photos	Ne	ormal	Photos 2018-3-22
	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 15:18	Photos	N	ormal	Photos 2018-3-22
	NAC_PAYA_UBI_B00601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 15:18	Photos	N	ormal	Photos 2018-3-22
	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 22 Mar-2018 15:18	Photos	N	ormal	Photos 2018-3-22
	NAC_PAYA_UBI_800601(NA	IONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 15:18	Photos	N	ormal	Photos 2018-3-22
4	NAC_PAYA_UBI_800601(NAT	TONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 15:18	Photos	N	ormal	Photos 2018-3-22
40	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 15:18	Photos	N	ormal	Photos 2018-3-22
	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 15:18	Photos	N	iormal	Photos 2018-3-22
4	NAC_PAYA_UB1_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 15:18	Photos	N	iormal	Photos 2018-3-22
4	NAC_PAYA_UBI_800601(NA	FIONAL ASSESSMENT CENTRE SERVICES) on 22 mar 2018 15:18	Photos	N	lormal .	Photos 2018-3-22
	NAC_PAYA_UBI_800601(NA	FIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 15:18	Photos	N	formal	Photos 2018-3-22
	NAC_PAYA_UBT_800601{ NA	TIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 15:18	Photos	8	iormal	Photos 2018-3-22
Video List		2 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	c in examine.		P	Source

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