NATIONAL Assessment Cent		100	100000000000000000000000000000000000000	
Date In: 21/3/18 - 11: Vo	Jeb description	Date &Time Completed	Done by	y
Ref No: NA INCRO 05248/24	SAS e-filing			
Vch No: P272005	E-mail (within Shrs, AIC 2hrs	)		- W
D.O.A. 15/8/17-09:45	i-Motor Claim Form	MT 0986059	21/3/18 12:	36
	i-Motor W/O (Within: OD			
OD / TP / Reporting Only	i-Photo Uploaded			
	Assessment/Survey Repor	t		
TP Insurer:	Ass't Report by Fax / Har	nd to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	)
TP Particulars: Veh No: SkR	16144 INC	C( )/Non-INC( )		
Owner / Driver: (		Tel:	)	
Policy No: ( ) F	Period: (	) Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %)	[Note-Est. Status (WO): N:	0-20%; P: 21-79%. P: 80-	100%]	-
Year of Registration: ( )	Warranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1	,000()/\$2,000()			
General Remarks:			1000 A	
( ) Walk-In Customer: Customer's in	formation strictly Confidential &			
		Suicay 140 Islat of 1660mor		
( ) Total Loss Case : to e-mail Insu		; Towing Co: (		)
			P1125-A3928021*****	,
Remarks:- (INC horline: 6788 6616)		Date&Tame Completed	Done by	У
			1	
Apply for Transport Allowance ( )/	Courtesy Car ( )			
Apply for Transport Allowance ( )/     QC Check / Post Repair Inspection	( )			
2) QC Check / Post Repair Inspection	( )			
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > ]	( )			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )	100 AND 12 AND 1		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )			SALES STATE OF THE SALES STATE O
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions	( )	Preparation Checklist	Ant(S)	Am (3)
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time: Actions  NA/80 17.59	( ) \$3000] ( )  Invoice I	Preparation Checklist	Ant(S)	Control of the control
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  NA[80 1759]	( ) \$3000] ( )  Invoice:  1) AR: Acc 2) DA: Dan 3) TF: Tow	Preparation Checklist  Ident Reporting (\$30);  Tage Assessment (\$100); INC ( ing Fee \$	Anit(S) fitBill (\$80) (40/\$45	Control of the control
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time: Actions  NA[80 17.59]	Inverce	Preparation Checklist  (dent Reporting (530);  (along Fee Sow-Through Survey  (bow-Through Survey (Resurvey)	Ant(5) fitBill \$80) 40/\$45 \$120 \$30	Control of the control
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time   Actions  NAISO 1759  Inimant's Particulars:	( ) \$3000] ( )  Invoice I  1) AR : Acc 2) DA : Dan 3) TF : Tow 4) FT : Folic 5) FT : Folic For claim	Preparation Checklist  Ident Reporting (530);  Inege Assessment (5100); INC ( Ing Fee Sow-Through Survey  Ow-Through Survey (Resurvey)  Ing against INC Only (wef 10 Jan 20)	Ant(5) fitBill 580) 40/545 5120 530 05)	The state of the s
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time   Actions    NAISO 1759  Claimant's Particulars :- river/Owner: ontact No:	1 Invoice:  1) AR: Acc 2) DA: Dan 3) TF: Tow 4) FT: Folic 5) FT: Folic For claim 6) TR: Re-i	Preparation Checklist  Ident Reporting (530);  nege Assessment (5100); INC ( ing Fee Sow-Through Survey  ow-Through Survey (Resurvey)  ing against INC Only (wef 10 Jan 20  naspection	Ant(5) fitBill \$80) 40/\$45 \$120 \$30	Control of the control
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time   Actions    NAISO 1759  Claimant's Particulars :- river/Owner: ontact No:	Invoice	Preparation Checklist  Ident Reporting (530);  Inege Assessment (5100); INC ( Ing Fee Sow-Through Survey  Ow-Through Survey (Resurvey)  Ing against INC Only (wef 10 Jan 20)	Ant(S)  fit Bill  \$80) 40/\$45 \$120 \$30  95) \$75	Control of the control
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time   Actions  Inimant's Particulars: river/Owner: ontact No: amaged Portion:	Invoice	Preparation Checklist.  Ident Reporting (\$30); Insign Assessment (\$100); INC ( Ing Fee Sow-Through Survey Ow-Through Survey (Resurvey) Ing against INC Only (wef 10 Jan 20) Inspection DA + SMRT Survey  dditional Services.	Ant(S)  fit Bill  \$80) 40/\$45 \$120 \$30  95) \$75	Control of the control
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time   Actions    NA(80 1759    Inimant's Particulars :- river/Owner: ontact No: amaged Portion:	Invoice	Preparation Checklist.  ident Reporting (\$30);  isge Assessment (\$100); INC ( ing Fee Sow-Through Survey  ow-Through Survey (Resurvey)  ing against INC Only (wef 10 Jan 20)  inspection  DA + SMRT Survey  dditional Services:  rlesy Car / Tpt Allowance  air Co-ordination	\$80) \$40/\$45 \$120 \$30 \$55 \$10	Control of the control
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date Time   Actions  Inimant's Particulars:  river/Owner: ontact No: amaged Portion:  C Checked by (Engr-In-Charge):	Invoice	Preparation Checklist.  Ident Reporting (\$30);  Image Assessment (\$100); INC ( Ing Fee Sow-Through Survey (Resurvey)  Ing Assessment (\$100); INC ( Ing Fee Sow-Through Survey (Resurvey)  Ing Assessment (\$100); INC ( Ing Fee Sow-Through Survey (Resurvey)  Ing Assessment (\$100); INC ( Ing Fee Sow-Through Survey ( Ing Assessment (\$100); INC ( Ing Fee Sow-Through Survey ( Ing Ing Fee Sow-Through Survey ( Ing	\$40(\$) fitBill \$80) \$40/\$45 \$120 \$30 \$75 \$160 \$5 \$10 \$25	The state of the s
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time   Actions  NA(80 1759  Inimant's Particulars:- river/Owner: ontact No: amaged Portion:  C Checked by (Engr-In-Charge): anditors' Comments:-	( )	Preparation Checklist  ident Reporting (\$30);  nege Assessment (\$100); INC ( ing Fee Sow-Through Survey  ow-Through Survey (Resurvey)  ing against INC Only (wef 10 Jan 20)  nspection  DA + SMRT Survey  dditional Services:  rtesy Car / Tpt Allowance  air Co-ordination  Repair Inspection  / Collect Excess Coordination	\$80) \$60 Bill \$120 \$30 \$30 \$55 \$160 \$55 \$50 \$25 \$50 \$25	The state of the s
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions	( )	Preparation Checklist  Ident Reporting (\$30); Inage Assessment (\$100); INC ( Ing Fee Sow-Through Survey Ing against INC Only (Wef 10 Jan 20) Inspection DA + SMRT Survey Idditional Services Intervention I Repair Inspection / Collect Excess Coordination   TP (Non INC) against INC   Mobile	\$80) \$40/\$45 \$120 \$30  \$55 \$160  \$55 \$510 \$25 \$55 \$20 \$30	The state of the s

### Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 21/03/2018 11:56

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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.	
to you have the second and a second second	ACCIDENT STATEMENT
Date Of Report	21/03/2018 11:40
Date Of Accident	15/08/2017 09:45
Exact Location Of Accident	BESIDE OASIA HOTEL NOVENA
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PZ7200S
Insured/Policyholder	
Name Of Registered Owner	YOO HAN TRAVEL PTE LTD
Co Reg No	200101095G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62755516
Vehicle Particulars	
Manufacturer	GOLDEN DRAGON
Model	XML6113J98 A
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092085138
Cover Note Number	
Driver	
Name of Driver	ZHAO ZHEHAO

Name of Driver G5483445X Passport No/FIN 16/05/1979 Date Of Birth OUTDOOR Occupation 10/02/2016 Date Of Driving Pass 1 YEAR AND 6 MONTHS Driving Experience MALE Gender (LOCAL) +65-90545155

Mobile Number

Fax Number

OFFICE-90545155 Contact Number

NOEMAIL **EMail Address** 

Address

16 JALAN KILANG BARAT #03-01 CYBER CENTRE

Postcode

159358

Was driver an employee of the Insured's Company YES

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

8

**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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

**SKR1614Y** 

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

- Please report <u>correctly</u> 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 <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's Signature\
Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

ON STATED DATE AND TIME, MY VEHICLE WAS TURNING TO OASIA HOTEL NOVENA. SUDDENLY VEHICLE B FROM LANE 2 AND HIT ONTO MY VEHICLE LEFT PORTION.

# ACCIDENT STATEMENT

CA	MON: Beside Dasig Hotel Hover	19	
	DETAILS OF VEHICLE		
92 92	a) VEHICLE NUMBER:		
	DINSURANCE COMPANY: NTUC	<u> </u>	Sac Sac
500	C)POLICY NUMBER:	PARTY / THIRD PARTY FIRE &THEFT	)
	d)POLICY TYPE: (COMPREHENSIVE / THIRD I	PARTY THIRD I ARTT THE	\$3.00 \$2.00
	e)MAKE & MODEL:	DRY (MOTOPCYCLE / OTHERS)	
	f)TYPE:(SALOON / COUPE / MPV /VAN / LO	POLIT (MOTORCYCLE)	
	g) VEHICLE CATEGORY: (PRIVATE / COMME	RCIAL / MOTORCTCEE)	÷
	h) PURPOSE OF USING AT ACCIDENT TIME:_	INITIALICE (VESTINO)	
	I) ARE YOU CLAIMING UNDER YOUR OWN IN	A BEBOOTING ONLY	797 33
	IF NO, PLEASE STATE (THIRD PARTY CLAIM	KEF.OKTING OTTELL	1942
2.	INSURED / POLICY HOLDER	(MALE / FEMALE)	•
	DINRIC/FIN/PASSPORT: 2001010956	CONTACT: 6275 5516	0
ŧŝ.	DINRIC/FIN/PASSPORT:		- X HO of
	c]ADDRESS:		- Juscenger
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER	. (Including
3.			(8)
٥.	a)NAME:	(MALE / FEMALE)	
	b)NRIC/FIN/PASSPORT:	CONTACT: 90545155	<del></del>
	c)ADDRESS:	•	
		- 444 - 50000	
		DD/MM/YYYY)	
	e OCCUPATION: (INDOOR / OUTDOOR)	W 20 1001	22
	f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INS	UPED'S COMPANY? (YES!/ NO	)
4.	IF NO, RELATIONSHIP OF THE DRIVER V	WITH INSURED:	5).
	a)WEATHER CONDITION: (CLEAR / RAINING	OTHERS	
٠.	b)ROAD SURFACE: (DRY / WET / OTHERS		)
	WAS ANYBODY INJURED (YES / NO)		
	a)REPORTED TO POLICE (YES / NO)	500 <del>-</del> 500	20
	ajkei okieb to to boot (to)	ON-	
	IE YES, PLEASE STATE WHICH POLICE STATE	011	
	IF YES, PLEASE STATE WHICH POLICE STATE		٥
	THIRD PARTY VEHICLE	MODEL:	- *Ho of po
	THIRD PARTY VEHICLE  a) VEHICLE NUMBER: 4KR 16144	MODEL:	- XNO of po
۲. د	third party vehicle  a) VEHICLE NUMBER: 4KR 16144  b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT:		110.1
۲. د	THIRD PARTY VEHICLE  a) VEHICLE NUMBER:	MODEL:	110.1
	third party vehicle  a) Vehicle Number: <u>JKR   614  </u> b) Driver's Name:  c) NRIC/FIN/PASSPORT:  THIRD PARTY VEHICLE  d) VEHICLE NUMBER:	MODEL:	= (Including
	THIRD PARTY VEHICLE  a) VEHICLE NUMBER:	MODEL:	- * Ho of po - (Including) - A Ho of (Including)

Qmail = yoohantravel@hanmail.net





## VOCATIONAL LICENCE .

Licence No: G5483445X

Name : ZHAO ZHEHAO

Issue Date : 10/2/2016

Please visit www.lta.gov.sg to check the status of this vocational licence





This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Description 03 BUS VL

Issue Date

10/02/2016

# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class 4 Heavy motor cars and motor fractors > 2500 kg

EFFECTIVE DATE

G5483445X

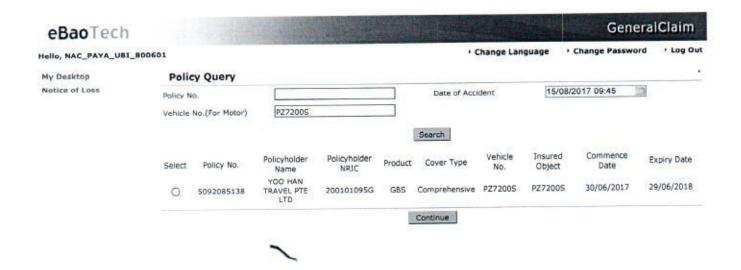
NP 428A

S/No. 9000201413

Licence No: G5483445X

Immigration Regulations ZHAO ZHEHAO CHINESE G5483445X 18-11-2017 MULTIPLE JOURNEY VISA ISSUED YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU

VISIT PASS



im Handling									
dent HT/0986059		No. of the last of		10.465					
y No.	5092085138	Vehicle	No.	PZ7200S		ST Registration No.		200000000000000000000000000000000000000	
holder Name	YOO HAN TRAVEL PTE LTD					Nicyholder NR3C		200101095G	
ct Code	BUS INSURANCE	Cover T	ype	Comprehensive		sading		0	
ct No. (Mobile)	NA	Contact	No.(Office)		٥	ontact No.(Home)			
Address		Special	Remark		ė	Code	3	161 V	
Abdress	Que Over	TCA		® No ○Yes		Code Reason			
	® No ⊜Yes		titles service t	20		rivate Hire		Not available	
Protection	No	MCD EN	titlement(%)	20					
Accident Details									
rt Date	15/03/2018 07:47	Acciden	g Report Within 24 hrs	Yes	A	coident Type		Side Swipe	
		*****	According to the control	09:45		ountry of Accident		Singapore	
of Accident	15/08/2017		Accident hh:mm	02149		OM No.		CHECKET -	
ting Centre		Orange	Force		- 15	That sales			
ent Location	SINARAN DRIVE								
Benefits									
Excess									
damage Extens	3,000	n co Addisor	nal Excess		W	rindscreen Excess			500.00
	50.73		Singapore OD Excess						
med Driver Excess									
Party Excess	3,000	0.00 Outside	Singapore TP Excess						
GST Registered Informa	ation								
egistered	No			GST Registration					
egistration No.				GST Status Verifi	led	Yes			
cation History	15/03/2018	09:01:02 Karthlyn Yuen ch	anged GST Status Veri	led from No to Yes					
Policyholder Mailing Ad	ldress								
		Addres	e >	#03-01 CYBER CENTRE		ddress 3		SINGAPORE	159358
185 1	16 JALAN KILANG BARAT					ost Code		159358	8013/100
ess 4		Addres		Singapore address		net were			
No.	03-01	Related	Policy Number	5067510682-03					
OI Driver Info									
r Name		Driver	Туре						
med driver Name		Driver	NRIC			inver DOB			
		Driver.	Ana			triving Experience			
tter Date of Driver License									
			27 Sharaterate			Contact No. (Home)			
act No.(Mobile)		Contac	z No. (Office)			Contact No.(Home)			
			z No. (Office)			Address 3			
ress 1		Contac	t No.(Office)	Foreign address					
ress 1 ress 4		Contac Addres	t No.(Office)	Foreign address		Address 3			
ress 1 ress 4 Np. s he own a Singapore	○ Ves  ® No	Contac Addres Addres	t No.(Office)	Foreign address		Address 3	arry		
maco No. (Mobile) dress 1 dress 4 if No. es he own a Singasore gistered car?		Contac Addres Addres	z No. (Office) is 2 is Type	Foreign address		Address 3 Post Code	intry		
ress 1 ress 4 No. s he own a Singapore spered car?		Contac Addres Addres	z No. (Office) is 2 is Type	Foreign address		Address 3 Post Code	inny		
ress 1  No. Is he own a Singapore speed car?		Contac Addres Addres	z No. (Office) is 2 is Type	Foreign address		Address 3 Post Code	arry		
ess 1  ess 4  No. In the own a Singasore stered car?  Cation History  alm 002 New	○ Yes <b>②</b> No	Contac Addres Addres Driver	t No. (Office) is 2 is Type Vehicle No.			Address 3 Post Code Oriver Insurer Compl	arry	2001010950	
ess 1 ess 4 No. I he own a Singapore opered car? fication History alim 002 New		Contact Addres Addres  Driver	t No. (Office) is 2 is Type Vehicle No.	Foreign address  YOO HAN TRAVEL PTE	LTD	Address 3 Post Code Oriver Insurer Comple	erry	2001010950	
ess 1 ess 4 No. The own a Singapore greed car? Cation History Simm 002 New	○ Yes <b>②</b> No	Comisc Address Address Driver	z No. (Officia) is 2 is Type Vehicle No.	YOO HAN TRAVEL PTE	LTO	Address 3 Post Code Oriver Insurer Comple Insured NR3C Contact No.(Office)	erry		
ess 1 ess 4 No. The own a Singapore opered car? fication History alim 002 New n Type *	○ Yes <b>②</b> No	Comisc Address Address Driver	t No. (Office) is 2 is Type Vehicle No.		LTD	Address 3 Post Code Oriver Insurer Comple Insured NR3C Contact No.(Office) TP Vehicle Number	80	SK81614A 5001010880	
ess 1  ess 4  No. In he own a Singapore stered car?  fication History  alim 002 New  If Type *  set No.(Mobile)  If Address	○ Yes <b>②</b> No	Comac Addres Addres  Driver  Insure  Contac  Of ver	z No. (Officia) is 2 is Type Vehicle No.	YOO HAN TRAVEL PTE	LTD	Address 3 Post Code Oriver Insurer Comple Insured NR3C Contact No.(Office)	80		
ess 1  No. I he own a Singapore speed car?	○ Yes <b>®</b> No	Comac Addres Addres  Driver  Insure Contac OI ver	t No. (Office) is 2 is Type Vehicle No. d Neme tt No. (Home)	YOO HAN TRAVEL PTE	LTD	Address 3 Post Code Oriver Insurer Comple Insured NR3C Contact No.(Office) TP Vehicle Number	80		
ess 1 ess 4 No. I he own a Singapore stered car?  hoation History alim 002 New  In Type * act No.(Mobile) II Address In Description bered Workshop Contact	O Yes	Contac Addres Addres  Driver  Insure  Contac Of ver 15 Aug 2017	t No. (Office) is 2 is Type Vehicle No. d Name tt No. (Home) use Number	YOO HAN TRAVEL PTE I PZ72005  Not at Fault	LTD	Address 3 Post Code Oriver Insurer Compi Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred W	80	SKR1614V	
ess 1  ess 4  No. He own a Singapore gered car?  location History  sales 002   New    In Type *  act No. (Mobile)    Il Address    Il Description    In Programme Workshop Contact    fore Programme    In Pro	OO-MX  P272005 / SKR1614V ON 3  Ves	Comac Addres Addres  Addres  Driver  Insure  Contac Of ver  Insure  Prefere	t No. (Office) is 2 is Type Vehicle No. d Name tt No. (Home) you Number d Liability 4 ered Rapair Option	YOO HAN TRAVEL PTE I	LTD I	Address 3 Post Code Driver Insurer Compa Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred W	80	SKR1614V	V
ess 1  ess 4  No.  the own a Singapore streed car?  loation History  alim 002 New  in Type *  act No. (Mobile)  il Address in Description  bress Workshop Contact  are Phalisation	O Yes	Comac Addres Addres  Addres  Driver  Insure  Contac Of ver  Insure  Prefere	t No. (Office) is 2 is Type Vehicle No. d Name tt No. (Home) use Number	YOO HAN TRAVEL PTE I PZ72005  Not at Fault	LTD I	Address 3 Post Code Oriver Insurer Compi Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred W	80	SKR1614V	V
ess 1  ess 4  No. he own a Singapore gered car?  lication History  sales 002 New  In Type *  act No. (Mobile)  Il Address In Description  ered Workshop Contact  are Phasisation  Registered	OO-MX  P272005 / SKR1614V ON 3  Ves	Comac Addres Addres  Addres  Driver  Insure  Contac Of ver  Insure  Prefere	t No. (Office) is 2 is Type Vehicle No. d Name It No. (Home) you Number d Liability 4 ered Rapair Option	YOO HAN TRAVEL PTE I PZ72005  Not at Fault	LTD I	Address 3 Post Code Driver Insurer Compa Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred W	80	SKR1614V	V
ess 1 ess 4 No. The own a Singapore stered car? fication History alim 002 New In Type * lact No. (Mobile) If Address In Description lered Workshop Contact Line Principalities Registered on Taken By	OO-MX P272005 / SKR1014V GN 1 Ves 21/03/2018 12:36	Comac Addres Addres  Addres  Driver  Insure  Contac Of ver  Insure  Prefere	t No. (Office) is 2 is Type Vehicle No. d Name It No. (Home) you Number d Liability 4 ered Rapair Option	YOO HAN TRAVEL PTE I PZ72005  Not at Fault	LTD I	Address 3 Post Code Driver Insurer Compa Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred W	80	SKR1614V	V
ess 1 ress 4 No. I he own a Singasore spered car? fication History aim 602 New In Type * lact No.(Mobile) II Address In Description	OO-MX P272005 / SKR1014V GN 1 Ves 21/03/2018 12:36	Comac Addres Addres  Addres  Driver  Insure  Contac Of ver  Insure  Prefere	t No. (Office) is 2 is Type Vehicle No. d Name It No. (Home) you Number d Liability 4 ered Rapair Option	YOO HAN TRAVEL PTE I PZ72005  Not at Fault	LTD I	Address 3 Post Code Driver Insurer Compa Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred W	80	SKR1614V	V
ess 1 ess 4 No. The own a Singapore greed car? Cation History alon 002 New In Type * act No. (Mobile) Il Address In Description Irred Workshop Contact are Finalisation Registered ort Taken By	OO-MX P272005 / SKR1014V GN 1 Ves 21/03/2018 12:36	Comac Addres Addres  Addres  Driver  Insure  Contac Of ver  Insure  Prefere	t No. (Office) is 2 is Type Vehicle No. d Name It No. (Home) you Number d Liability 4 ered Rapair Option	YOO HAN TRAVEL PTE I P272005 Not at Fault Preferred Workshop, N	LTD I	Address 3 Post Code Driver Insurer Compa Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred W	80	SKR1614V	V
ses 1  ses 4  No. He own a Singapore zered car?  scation History  silm 002 Mew  n Type *  act No. (Mobile)  I Address Description  rend Workshop Contact  size Finalisation  Registered  rt Taken By  Print AK letter	OO-MX P272005 / SKR1014V GN 1 Ves 21/03/2018 12:36	Comac Addres Addres  Addres  Driver  Insure  Contac Of ver  Insure  Prefere	t No. (Office) is 2 is Type Vehicle No. d Name It No. (Home) you Number d Liability 4 ered Rapair Option	YOO HAN TRAVEL PTE I P272005 Not at Fault Preferred Workshop, N	LTD I	Address 3 Post Code Driver Insurer Compa Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred W	80	SKR1614V	V
ses 1  ses 4  No. He own a Singapore zered car?  scation History  silm 002 Mew  n Type *  act No. (Mobile)  I Address Description  rend Workshop Contact  size Finalisation  Registered  rt Taken By  Print AK letter	OO-MX P272005 / SKR1014V GN 1 Ves 21/03/2018 12:36	Comac Addres Addres  Addres  Driver  Insure  Contac Of ver  Insure  Prefere	t No. (Office) is 2 is Type Vehicle No. d Name It No. (Home) you Number d Liability 4 ered Rapair Option	YOO HAN TRAVEL PTE I P272005 Not at Fault Preferred Workshop, N	LTD I	Address 3 Post Code Driver Insurer Compa Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred W	80	SKR1614V	V
55 1 55 4 50. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1	OO-MX  P272005 / SKR1814Y ON 3  Ves 22/03/2018 12:36  Jackson  MIT/0960059	Comac Addres Addres  Addres  Driver  Insure  Contac Of ver  Insure  Prefere	t No. (Office) is 2 is Type Vehicle No.  Id Name It No. (Home) Inde Number  Id Lability *  and Repair Option Close Date  Clean No.	PZ72005  PX72005  Not at Fault Preferred Workshop, N  Save Submit	LTD I	Address 3 Post Code Driver Insurer Compa Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred W	80	SKR1614V	V
ss 1 ss 4 sp. ss 4 sp. ss 4 sp. ss 4 sp. ss 6 sp. ss 6 sp. ss 7 ss 9 ss 1 ss 9 ss 9 ss 9 ss 9 ss 9 ss 9	OO-MX  P272005 / SKR1814Y ON 3  Ves 22/03/2018 12:36  Jackson  MIT/0965059  ••• Yes: ○ No	Contact Address Address Driver  Driver  Contact Contac	t No. (Office) is 2 is Type Vehicle No.  d Name it No. (Home) vice Number  d Lability * ered Rapair Option Close Date	PZ72005  PX72005  Not at Fault Preferred Workshop, N  Save Submit	LTD  Iame unknown   V2018 12:36	Address 3 Post Code Driver Insurer Compa Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report Date Received	iorkshop	SKR 1614Y  Received 21/03/2018	00-00
ss 1 ss 4 ss 4 ss 4 ss 5 ss 4 ss 6 ss 6 ss 6 ss 7 ss 7 ss 8 ss 7 ss 8 ss 8 ss 8 ss 8	OO-MX  P272005 / SKR1814Y ON 3  Ves 22/03/2018 12:36  Jackson  MIT/0960059	Contact Address Address Driver  Driver  Contact Contac	t No. (Office) is 2 is Type Vehicle No.  Id Name It No. (Home) incle Number Id Usbility * ared Repair Option Close Date  Claim No. Upload Date	P272005  P272005  Not at Fault Preferred Workshop, N  Save   Submit	LTD  Iame unknown   Iame unknown	Insured NRIC Contact No.(Office) The Vehicle Number Name of Preferred W GIA report Date Received  Confidential	orkshop Urgenc	SKR 1614Y  Seceived 21/03/2018	V
ss 1 ss 4 sp. ss 4 sp. ss 4 sp. ss 4 sp. ss 6 sp. ss 6 sp. ss 7 ss 9 ss 1 ss 9 ss 9 ss 9 ss 9 ss 9 ss 9	OO-MX  P272005 / SKR1814Y ON 3  Ves 22/03/2018 12:36  Jackson  MIT/0965059  ••• Yes: ○ No	Contact Address Address Driver  Driver  Contact Contac	t No. (Office) is 2 is Type Vehicle No.  Id Name It No. (Home) Inde Number  Id Lability *  and Repair Option Close Date  Clean No.	P272005  P272005  Not at Fault Preferred Workshop, N  Save   Submit	LTD  Jame unknown V  LTD  LTD  LTD  LTD  LTD  LTD  LTD  LT	Insured NR3C Contact No.(Office) The Vehicle Number Name of Preferred W Confidential NO.  Confidential	iorkshop	SKR 1614Y	00-00
55 1 55 4 50. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1	OO-MX  P272005 / SKR1814Y ON 3  Ves 22/03/2018 12:36  Jackson  MIT/0965059  ••• Yes: ○ No	Contact Address Address Driver  Driver  Contact Contac	t No. (Office) is 2 is Type Vehicle No.  Id Name It No. (Home) incle Number Id Usbility * ared Repair Option Close Date  Claim No. Upload Date	P272005  P272005  Not at Fault Preferred Workshop, N  Save Submit  002 21/03	LTD  Iame unknown   Iame unknown	Insured NR3C Contact No.(Office) The Vehicle Number Name of Preferred W Confidential NO.  Confidential	orkshop Urgenc	SKR 1614Y  Seceived 21/03/2018	00-00
55 1 55 4 50. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1	OO-MX  P272005 / SKR1814Y ON 3  Ves 22/03/2018 12:36  Jackson  MIT/0965059  ••• Yes: ○ No	Contact Address Address Driver  Driver  Contact Contac	z No. (Omice) is 2 is Type Vehicle No.  Id Name it No. (Nome) inche Number Id Liebility * ared Rapair Option Close Date  Claim No. Upload Date  Brows  Brows	PZ72005  PZ72005  Not at Fault Preferred Workshop, N  Save Submit  002 21/03  e Clear Please Sel-	LTD  Jame unknown V  Jame unknown V  LTD  LTD  LTD  LTD  LTD  LTD  LTD  LT	Confidential	Urgenc Normal	SKR 1614Y	00-00
195 1 195 4 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	OO-MX  P272005 / SKR1814Y ON 3  Ves 22/03/2018 12:36  Jackson  MIT/0965059  ••• Yes: ○ No	Contact Address Address Driver  Driver  Contact Contac	z No. (Omice) is 2 is Type Vehicle No.  Id Name it No. (Nome) inche Number d Lability * ared Rapair Option Close Date  Claim No. Upload Date  Brows  Brows  Brows	PZ72005  Not at Fault Preferred Workshop, N  Save Submit  O02  21/03  e Clear Please Sel- e Clear Please Sel- e Clear Please Sel-	W2018 12:36 Category * lect  Water W	Confidential	Urgenc Normal Normal	SKR 1614Y	00-00
he own a Singapore tered car?  cation History  cation History  lim 602 New  Type *  ick No. (Mobie)  I Address  I Description  red Workshop Contact  ire Finalisation  Registered  rf Taken By  Print AK letter  lachment	OO-MX  P272005 / SKR1814Y ON 3  Ves 22/03/2018 12:36  Jackson  MIT/0965059  ••• Yes: ○ No	Contact Address Address Driver  Driver  Contact Contac	z No. (Omice) is 2 is Type Vehicle No.  Id Name it No. (Nome) inche Number Id Liebility * ared Rapair Option Close Date  Claim No. Upload Date  Brows  Brows	PZ72005  PZ72005  Not at Fault Preferred Workshop, N  Save Submit  002 21/03  e Clear Please Sele. Clear Please Sele. Clear Please Sele. Clear Please Sele.	LTD  LTD  LTD  LTD  LTD  LTD  LTD  LTD	Confidential  Confidential	Urgenc Normal Normal Normal	SKR 1614Y	00-00
195 1 195 4 10. The own a Singapore rered car? Cation History 200 002 New 1 Type * 1 txt No. (Mobile) 1 Address Description rered Workshop Contect ing Phalisation Registered ri Taken By ring AK letter 1 tachment	OO-MX  P272005 / SKR1814Y ON 3  Ves 22/03/2018 12:36  Jackson  MIT/0965059  ••• Yes: ○ No	Contact Address Address Driver  Driver  Contact Contac	z No. (Omice) is 2 is Type Vehicle No.  Id Name it No. (Nome) inche Number d Lability * ared Rapair Option Close Date  Claim No. Upload Date  Brows  Brows  Brows	P272005  P272005  Not at Fault Preferred Workshop, M  Save Submit  002 21/03  e Clear Please Sele. Clear Please Sele. Clear Please Sele. Clear Please Sele.	LTD  LTD  LTD  LTD  LTD  LTD  LTD  LTD	Confidential  Confidential	Urgenc Normal Normal	SKR 1614Y	00-00
he own a Singapore tered car?  cation History  cation History  lim 602 New  Type *  ick No. (Mobie)  Address  Description  red Workshop Contact  ire Finalisation  Registered  rf Taken By  Print AK letter	OO-MX  P272005 / SKR1814Y ON 3  Ves 22/03/2018 12:36  Jackson  MIT/0965059  ••• Yes: ○ No	Contact Address Address Driver  Driver  Contact Contac	z No. (Omice) is 2 is Type Vehicle No.  Id Name It No. (Home) inche Number Id Lability * ared Rapair Option Close Date  Claim No. Upload Date  Brows Brows Brows Brows Brows	P272005  P272005  Not at Fault Preferred Workshop, M  Save Submit  Clear Please Sele.	LTD  Iame unknown   Iame unknown	Confidential  Co	Urgenc Normal Normal Normal	SKR 1614Y	Description •
195 1 195 4 10. The own a Singapore rered car? Cation History 200 002 New 1 Type * 1 txt No. (Mobile) 1 Address Description rered Workshop Contect ing Phalisation Registered ri Taken By ring AK letter 1 tachment	OO-MX  P272005 / SKR1814Y ON 3  Ves 22/03/2018 12:36  Jackson  MIT/0965059  ••• Yes: ○ No	Contact Address Address Driver  Driver  Contact Contac	z No. (Omice) is 2 is Type Vehicle No.  Id Name It No. (Home) inche Number Id Lability * ared Repair Option Close Date  Brows Brows Brows Brows Brows Brows	PZ72005  PZ72005  Not at Fault Preferred Workshop, N  Save Submit  002 21/03  e Clear Please Sele.	LTD  Iame unknown   Iame unknown	Confidential  Co	Urgenc Normal Normal Normal		00-00

NAC\_PAYA\_UB1\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Ma

	Uploaded By/Date	Folder Date	File Name	P	Source	Action
Video List						
	NAC_PAYA_URI_BD0601( NAT	(ONAL ASSESSMENT CENTRE SERVICES) on 21 Ma r 2018 12:36	Photos	Normal	Photos 2018-3-21	E
	NAC_PAYA_UBI_BOOKOL[ NAT	IONAL ASSESSMENT CENTRE SERVICES) on 21 Ma r 2018 12:36	Photos	Normal	Photos 2018-3-21	Ed
	NAC_PAYA_UBI_800601( NAT	CONAL ASSESSMENT CENTRE SERVICES) on 21 Ma + 2018 12:36	Photos	Normal	Photos 2018-3-21	Ed
	NAC_PAYA_USI_SOCIOL( NAT	ONAL ASSESSMENT CENTRE SERVICES) on 21 Ha + 2018 12:36	Photos	Normal	Photos 2018-3-21	Ed
	NAC_PAYA_UB1_800501( NAT	ONAL ASSESSMENT CENTRE SERVICES) on 21 Ma r 2018 12:36	Photos	Normali	Photos 2018-3-21	Ed
	NAC_PAYA_UB1_800601( NAT	ONAL ASSESSMENT CENTRE SERVICES) on 21 Ma r 2018 12:36	Photos	Normal	Photos 2018-3-21	td
藁	NAC_PAYA_UBI_800601( NAT	ONAL ASSESSMENT CENTRE SERVICES) on 21 Ma r 2018 12:36	Photos	Normal	Photos 2018-3-21	Ed
	NAC_PAYA_UBI_ROBBO1[ NAT	ONAL ASSESSMENT CENTRE SERVICES) on 21 Ma r 2018 12:36	Photos	Normal	Photos 2018-3-21	Edi
9	NAC_PAYA_UBI_R00601( NATI	ONAL ASSESSMENT CENTRE SERVICES) on 21 Ma r 2018 12:36	SAS	Normal	SAS 2018-3-21	Ed
			NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-21	Edi