| | tre Services | | | 1 | |
|--|---|--|--|--|---|
| Date In: 26/3/18-19:18 | Jeb description | | Date & Time Completed | Done | oż. |
| Ref No: NA INC18001634/24 | SAS e-filing | | İ | 1 | |
| Vch No: F038780 C | E-mail (within | Shrs, AIC 2hrs) | | | |
| D.O.A .: 15/1/18-22:00 | i-Motor Clair | m Form | MT/0987749 | 26/3/18 1 | 9:47 |
| 7 | i-Motor W/O | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | | |
| OD : TP/! Reporting Only | i-Photo Uplo | aded | 1. | | |
| Massag | Assessment/Su | rvey Report | | | |
| TP Insurer: | Ass't Report b | y Fax / Hand | to Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | | Tel: | Fax: | |
| TP Particulars: Veh No: 11 | 629m | . INC (|)/Non-INC(). | | |
| Owner / Driver: (| | | Tel: |) | |
| Policy No: () | Period: (|) | Cover Type: (|) | |
| Confirmed by : (| | Date: | Time: |) | - |
| Insured/Driver Liability: (%) | [Note-Est. Status (V | VO): N: 0-2 | 0%; P: 21-79%. P: 80- | -100%] | |
| Year of Registration: () | Warranty: YES (|)/NO(|) | | |
| The state of the s | ,000 ()/\$2,000 | | | | |
| General Remarks: | | CONTRACTOR CONTRACTOR | | Clark Street | |
| a second the contract between the contract of | 100 | The state of the state of | 100 minute 70 c 00 100 100 | | |
| () Walk-In Customer: Customer's in | | nfidential & St | nctly NO refer of repairer | | |
| () Total Loss Case : to e-mail Insu | rer URGENTLY. | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| Drive-In ()/ Towed-In (); Invoi | ce: YES () / N | IO(); T | owing Co: (| |) |
| Remarks; (INC hotline: 6788 6616) | | | Date&Tirris Completed | Done | ov . |
| | 4 4 7 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 | No. of the state o | 1 | M-9712 | - |
| 1) Apply for Transport Allowance ()/ | |) | 7 | - | |
| 2) QC Check / Post Repair Inspection | () | | | A STATE OF THE PARTY OF THE PAR | |
| | | | | | |
| 3) Upload Resurvey Photo [Repair Cost> | |) | | | |
| 3) Upload Resurvey Photo [Repair Cost> Injury: | |) | 1. 1. | | |
| Injury: | |) | | | 1, -1, 5, |
| Injury: | |) | | | |
| Injury: | | | | | · · · · · · · · · · · · · · · · · · · |
| Injury: | |) | | | |
| Injury: | | | | | · V · · · · · · · · · · · · · · · · · · |
| Injury: | | | | | |
| Injury: | | | | | |
| Injury: ———————————————————————————————————— | | Invoice Pre | paration Checklist. | Ant (S) | THE PERSON |
| Injury: Date/Time Actions NAI801909 | | 100 A | paration Checklist. | Ant (5) | THE PERSON |
| Injury: Date/Time Actions NAI801909 | | 1) AR : Acciden 2) DA : Damage | t Reporting (\$30); Assessment (\$100); INC (| fat Bill (\$880) | THE PURE STATE |
| Injury: Date/Time Actions Actions VAISO(909 Laimant's Particulars: | | 1) AR : Acciden 2) DA : Damage 3) TF : Towing I 4) FT : Follow-T | t Reporting (\$30); Assessment (\$100); INC (Fee | fit Bill | THE PURE STATE |
| Injury: Date/Time Actions Actions Injury: Actions Actions Injury: Actions Actions Actions Actions Actions Actions Actions | | 1) AR : Acciden 2) DA : Damage 3) TF : Towing I 4) FT : Follow-I 5) FT : Follow-I | t Reporting (\$30); Assessment (\$100); INC (Fee \$ Through Survey Through Survey (Resurvey) | 19: Bill (\$80) (40/\$45 \$120 \$30 | THE PERSON |
| Injury: Date/Time Actions Actions Injury: Actions Actions Injury: Actions Ac | | 1) AR : Acciden 2) DA : Damage 3) TF : Towing I 4) FT : Fellow-I 5) FT : Fellow-I For claiming | t Reporting (\$30); Assessment (\$100); INC (Fee \$5 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 20) | 19: Bill (\$80) (40/\$45 \$120 \$30 | THE PURE STATE |
| Injury: Date/Time Actions Actions Injury: Actions Actions Injury: Actions Ac | | 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming I 6) TR: Re-inspe 7) N1: Idae DA | t Reporting (\$30); Assessment (\$100); INC (Fee \$5 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 20) setion + SMRT Survey | \$50) \$40/\$45 \$120 \$30 \$5) | THE PERSON |
| Injury: Date/Time Actions NAI801909 Laimant's Particulars:- river/Owner: | | 1) AR: Acciden 2) DA: Damege 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For cleiming I 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi | t Reporting (\$30); Assessment (\$100); INC (Fee \$5 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 20) setion + SMRT Survey | \$80) 40/545 \$120 \$30 95) \$75 | THE PURE STATE |
| Injury: Date/Time Actions NAI8019 0 9 Injury: Injury: Actions Actions Injury: Injury: Actions Actions Injury: | 1) AR: Acciden 2) DA: Damege 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For cleiming I 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi | t Reporting (\$30); Assessment (\$100); INC (Fee \$ Through Survey (Resurvey) against INC Only (wef 10 Jan 20) cition + SMRT Survey ional Services:- | \$80) 40/545 \$120 \$30 95) \$75 | THE PERSON |
| Injury: Date/Time Actions NAI8019 0 9 Injury: Injury: Actions Actions Injury: Injury: Actions Actions Injury: | 1) AR: Acciden 2) DA: Damege 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming I 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD: *N5: Courtes *N6: Repair (| t Reporting (\$30); Assessment (\$100); INC (Fee S Through Survey (Resurvey) against INC Only (wef 10 Jan 20) cotion + SMRT Survey ional Services:- y Car / Tpt Allowance | \$80) 40/\$45 \$120 \$30 \$51 \$75 \$160 | THE PERSON |
| Injury: Date/Time Actions NAI8019 0 9 Inimant's Particulars:: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): | | 1) AR: Acciden 2) DA: Damege 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For cleiming I 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD* *N5: Courtes *N6: Repair C *N7: Fost Re | t Reporting (\$30); Assessment (\$100); INC (Fee \$ Through Survey (Resurvey) against INC Only (wef 10 Jan 20) action + SMRT Survey ional Services:- y Car / Tpt Allowance Co-ordination pair Inspection | \$80) 40/\$45 \$120 \$30 \$51 \$51 \$51 \$51 \$51 \$51 \$51 \$51 \$51 \$51 | THE PURE STATE |
| Injury: Date/Time Actions NAI80(909 Injury: Injury: Actions Actions Injury: Injury: Actions Actions The property of | | 1) AR: Acciden 2) DA: Damege 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For cleiming I 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD* *N5: Courtes *N6: Repair (*N7: Fost Rep *N8: DV / Co | t Reporting (\$30); Assessment (\$100); INC (Fee S Through Survey (Resurvey) against INC Only (wef 10 Jan 20) cotion + SMRT Survey ional Services:- y Car / Tpt Allowance | \$80) \$40/\$45 \$120 \$30 \$55 \$160 \$55 \$160 \$55 \$50 \$55 \$50 \$50 \$50 \$50 \$5 | Ami (1 |
| Injury: | | 1) AR: Acciden 2) DA: Damege 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For cleiming I 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD* *N5: Courtes *N6: Repair (*N7: Fost Rep *N8: DV / Co | t Reporting (\$30); Assessment (\$100); INC (Fee S Through Survey (Resurvey) against INC Only (wef 10 Jan 20) against INC Only (wef 1 | \$80) \$40/\$45 \$120 \$30 \$55 \$160 \$55 \$160 \$55 \$50 \$50 \$50 \$50 \$50 \$50 \$5 | THE PERSON |

Figure 1 1 and

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number Fax Number Contact Number

EMail Address

Gender

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

| | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 26/03/2018 19:18 |
| Date Of Accident | 15/03/2018 22:00 |
| Exact Location Of Accident | PIE (CHANGI) BEFORE BEDOK NORTH AVE 3 EXIT |
| Country/State of Loss | SINGAPORE |
| D | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | FBJ8780C |
| Insured/Policyholder | |
| Name Of Registered Owner | HOW JING GUO |
| NRIC No | S8627898G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-94362260 |
| Alternative Phone No | OFFICE-94362260 |
| Vehicle Particulars | |
| Manufacturer | SYM |
| Model | JOYRIDE 2001 EVO CVT |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| 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 | MOTORCYCLE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | 5069787592-02 |
| Cover Note Number | |
| Driver | |
| Name of Driver | HOW JING GUO |
| NRIC No | S8627898G |
| Date Of Birth | 02/10/1986 |
| Occupation | INDOOR |
| | |

30/08/2007

NOEMAIL

10 YEARS AND 6 MONTHS

(LOCAL) +65-94362260

OFFICE-94362260

BLK 774 BEDOK RESERVOIR VIEW

Address #07-103

Postcode 470774

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

900,550A407

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 2
Was any body injured in the Accident? YES

Was any injured conveyed to hospital by YES

ambulance?

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?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

YES

1

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

Station Address SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT -T/20180321/2074.

Attachment(s)

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

Was there any audio recorded?

Vehicle Registration Number

Vehicle Make/Model/Colour

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SLF629M MAZDA

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 24

DETAILS OF INJURED PERSON 1

Name HOW JING GUO

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle?

FBJ8780C

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

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.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident 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.

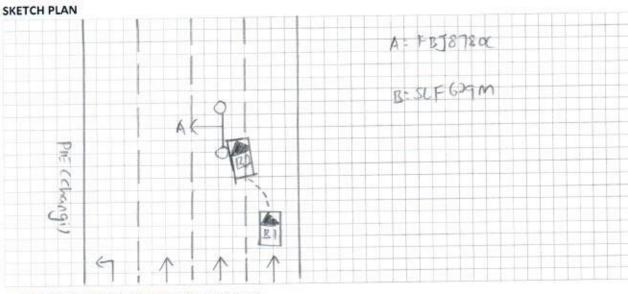
Policyholder's Signature Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| of he | police report- 1/20180321/2074. |
|-------|-------------------------------------|
| 16 10 | bolice report- 1) and a solution of |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| DE | | |
|----|--|--|
| | | |
| | | |

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

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.:

ACCIDENT STATEMENT

| ACCI | DENT DATE: 5/3/8 (DD/M | M/YYYY), TIME:(32:00)(HH:MM) | |
|------|--|------------------------------------|--------------------------|
| | The state of the s | sedok Horth Ave 3 | EXT |
| LOCA | MON: PIE (Changi) le bre | 211 | 1.1 |
| - TO | | • | 22.0 |
| 1. | DETAILS OF VEHICLE | mi/L | • |
| 190 | DETAILS OF VEHICLE DETAILS OF VEHICLE DIVERSIPANCE COMPANY: N10 | . 14 | |
| | WINICIDANICE COMPANY. | - 63 | |
| | CJPOLICY NUMBER: 566978759 | 1 - 0 2 | *** |
| | d)POLICY TYPE: (COMPREHENSIVE / TH | IRD PARTY / THIRD PARTY FIRE WITCH | 7 (2) |
| | THE RESIDENCE OF THE PARTY OF T | | |
| | SITURE IS ALOON I COUPE / MPV /VAN | /LORRY / MOTORCYCLE / OTHERS) | |
| | g) VEHICLE CATEGORY: (PRIVATE / COM | MMERCIAL / MOTORCYCLE) | |
| 4 | g) VEHICLE CATEGORY. (FRIVALE) | use private use | 150 |
| | h) PURPOSE OF USING AT ACCIDENT TIME | MEWES (NOT | |
| | ILADE VOLLCI AIMING UNDER YOUR OV | WW INPOKAUCE LIESVIZOL | |
| | IF NO, PLEASE STATE (THIRD PARTY CL | AIM / REPORTING ONLY | |
| 2. | INSURED / POLICY HOLDER | | 50 |
| | AINAME HOW JING GUD. | (MALE / FEMALE) | 72. 0 |
| 100 | HINRIC/FIN/PASSPORT: 586278 | TONIACI. | A Ho of |
| | CIADDRESS: BIK 774 Dedok Re | sprisir view \$07-103 | |
| | CIADDRESO | (.476774) | · lackeding . |
| | * CONTINUE TO 3.d IF DRIVER ALSO PO | DLICY HOLDER | . Champing . |
| 124 | | th. | (L) |
| 3. | DRIVER | (MALE / FEMALE) | 7 |
| | a)NAME: | CONTACT: | _ |
| | b]NRIC/FIN/PASSPORT: | | · // |
| | c)ADDRESS: | | THE RESERVE AND ADDRESS. |
| | - 0/ | 1100 4414 000001 | • |
| ** | *d) DATE OF BIRTH: | | |
| | eJOCCUPATION: (INDOOR / OUTDOO | R) | |
| | TYEARS OF DRIVING EXPRERIENCE: | SOLD TOO | () |
| 4. | WAC DOTIVED AN EMPLOYEE OF THE | INSURED'S COMPANT! (163/110) | |
| | TE NO RELATIONSHIP OF THE DRIV | ER WITH INSURED: | |
| 5. | a) WEATHER CONDITION: (CLEAR / RAII | NING / OTHERS | - ', |
| | BIROAD SURFACE: (DRY / WET / OTHER | RS | _ |
| 4 | WAS ANYBODY INJURED (YES / NO) | | 40 (3) |
| 0. | a) REPORTED TO POLICE (YES / NO) | | |
| . /. | IF YES, PLEASE STATE WHICH POLICES | STATION: | |
| | | STATION | 12 |
| . 8. | THIRD PARTY VEHICLE | MODEL: Marda | · * Ho of pass |
| | a) VEHICLE NUMBER: 40 629M | MODEL: N. P. | |
| | b) DRIVER'S NAME: | CONTACT: | - Clududing a |
| | c) NRIC/FIN/PASSPORT: | CONIACT: | $-(\perp)$ |
| 9. | THIRD PARTY VEHICLE | | |
| | d) VEHICLE NUMBER: | MODEL: | Ho of pas |
| 29 | e) DRIVER'S NAME: | | |
| 1 | f) NRIC/FIN/PASSPORT: | CONTACT: | _ (Induding |
| | 4 | | (). |
| | * | | () |

email = JINGGO 86 (2) gmail com.





1 of 3

Report No. T/20180321/2074

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

Tel No: 65470000

| | REPORT OF | A TRAFFIC | ACCIDENT |
|--|-----------|-----------|----------|
|--|-----------|-----------|----------|

| REPURI | AIIIAIII | 7.00. | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Station Diary No. | |
|----------------------|--------------------------|---------------------------|---|--|--|
| Date/Tim 21/03/20 | ne Report M 18 14:21 | lade: | Vide Report No.: G/20180315/0252 | Station Diary No. | |
| Informa | nt's Particu | ulars | | A STATE OF THE PARTY OF THE PAR | |
| Name of | Informant: NG GUO | | Address: 774 BEDOK RESERVOIR VIE SINGAPORE 470774 | EW #07-103 HDB-BEDOK | |
| ID Type | / ID No.: D / S862789 | 98G | Contact No.: Home/Office: Mobile: 94362260 | | |
| National | | | Email: | | |
| Sex: Male | Age: | Date of Birth: 02/10/1986 | Type of Informant: Rider | | |
| Race: Chinese | | • | Language: | Institution / School Name: | |
| Occupation: | | | Driving Licence Information: Class: 2B,2A,3 | Date of Expiry: | |

| Type of Accident: | | | Date/Time of Accident: 15/03/2018 22:00 | Type of Location Straight Road | |
|-------------------|-----------------|--------------------|---|--|--|
| | DOK NORTH AVE 3 | | | De d'Occad Limite | |
| Weather: Road Dry | | oad Surface: ry | | Road Speed Limit: | |
| Traffic Flow: | Т | raffic Control: | | Traffic Volume: | |
| Type of Collis | sion: | | | Anyone conveyed by ambulance: No | |

| The second second second second second | ehicle Involve | AND RESIDENCE THE RESIDENCE AND ADDRESS OF THE | Madal | Color | Condition | No of Passenger |
|--|----------------|--|----------------------------|-------|-----------|-------------------|
| Vehicle No. | Type | Make | Model | COIOI | Condition | 110 or r docorige |
| FBJ8780C | Motorcycle | SYM | JOYRIDE 2001 EVO CVT | Black | | 0 |

| Details of V | ehicle Insurance | | | Land to the state of the state |
|--------------|-------------------|---------------|------------|---|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| | | 5069787592-02 | 12/06/2017 | 11/06/2018 |





20100321/2014

2 of 3

Report No. T/20180321/2074

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

CONTINUATION OF REPORT

| Details of Person Any Pedestrian In | volved: No | | | | 0 | ing NA | |
|---|--|--|------------|-------------------------|-----------|---------------------|--|
| No. of Pedestrians Injured: NIL Use of Pe | | | Use of Ped | estrian | Cross | ing. NA | |
| Rider | | | | ID No. | 17.70 | S8627898G | |
| Name | HOW JING GUO | | | Contact No. | | 000270000 | |
| | | | | | | 94362260 | |
| Related Vehicle | FBJ8780C (Motorcycle) | | | Ooma | 00. | | |
| | CHANGI CENEDAL HOSPITAL | | | Class of | | Class: 2B,2A,3 | |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL 15/03/2018 Date | | | Drivin | g ce & | Date of Expiry: NIL | |
| | | | | Expiry Date | | | |
| Data Treetment | | | Date Disc | | | 3/2018 | |
| Date Treatment | | | | egree of Injury Serio | | ous | |

Brief Details.

AT THE ABOVE MENTIONED DATE AND TIME.

I WAS TRAVELLING ALONG PAN ISLAND EXPRESSWAY AND ALL OF A SUDDEN I BLACKED OUT AND THE MOMENT I WOKE UP I WAS ALREADY LYING ON THE ROAD AND COULDN'T FEEL ANYTHING. AROUND 4 PEOPLE CAME AND HELPED CALL MY SISTER AND MY MOTHER DOWN TO THE SCENE BUT IT WAS A BLUR. AMBULANCE CAME DOWN AND SENT ME TO THE HOSPITAL, THATS ALL.





3 of 3 Report No. T/20180321/2074

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

CONTINUATION OF REPORT

| CL | - | ak | , D | lan |
|-----|---|----|-----|-----|
| - N | | | | all |

Informant is not able to provide sketch plan

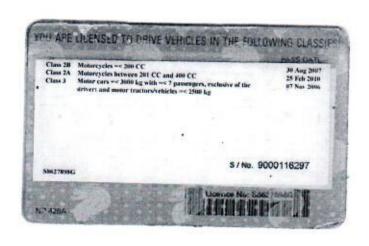
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

| Signature Of Officer Recording The Report: TP / TAN KIN WAH | Signature Of Informant: |
|---|--------------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 21/03/2018 14:21 |
| Officer In Charge Of Case: TP / GIT / Sgt 2 LIM HONG LEE Contact No.: 65476438 | Classification Of Case: |









| eBao Tech | | | | | | | | | Gene | ralClaim |
|-------------------------|----------|-------------------|----------------------|----------------------|---------|------------------------------|----------------|-------------------|------------------|--------------|
| Hello, NAC_PAYA_UBI_800 | 0601 | 10000 | THE RESERVE | S THE PERSON | | | Change Lan | guage | Change Passwo | rd • Log Out |
| My Desktop | Polic | cy Query | | | | | 79 | | | |
| Notice of Loss | Policy N | lo. | | | | Date of Ac | cident | 15/03 | /2018 22:00 | |
| | Vehicle | No.(For Motor) | FB38780C | | | | | | | |
| | | | | | 1 | Search | | | | |
| | Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5069787592- 02 | HOW JING GUO | S8627898G | GMC | Third Party, Fire & Theft | FB38780C | FB38780C | 12/06/2017 | 11/06/2018 |
| | | | | | | Continue | | | | |

| Sequen | ce Date of Endorsement | Endorse | ement Type Endorse | ment Status | Endorsement Content |
|--------------------------------------|----------------------------|-----------------------------------|----------------------|----------------------|---------------------|
| | sements | | | | |
|) Insure | ed Object: FBJ8780C | | | | |
| Unit No. | | Related Policy Number | 5069787592-02 | | |
| Address 4 | | Address Type | Singapore address | Post Code | 470774 |
| Address 1 | BLK 774 #07-103 | Address 2 | BEDOK RESERVOIR VIEW | Address 3 | SINGAPORE 470774 |
| → Policyl | holder Mailing Address | | | | |
| Certificate Info | | | | | |
| Open Policy Info | | | | | |
| Co- insurance Flag | No | | | | |
| Agent | A S PHOON PTE LTD | Agent Tel. | 67470770 | GST Flag | Y |
| Outside Singapore OD Excess | | Outside Singapore TP Excess | | CANADA | San |
| Additional Excess | | OS Premium | 0 | | |
| Third Party Excess | 0 | Own damage Excess | 0 | Windscreen Excess | |
| Policy ssue Date | 06/05/2017 | Effective Date | 12/06/2017 00:00 | Expiry Date | 11/06/2018 23:59 |
| Product Name | MOTORCYCLE INSURANCE | Plan | | Group Policy Flag | N |
| Address | BLK 774 #07-103 BEDOK RESI | ERVOIR VIEW S | INGAPORE 470774 | | |
| olicy No. | 5069787592-02 | Policyholder Name | HOW JING GUO | Policyholder NRIC | S8627898G |

| laim Handling | | | | | | | | | |
|--|---|---|---|---|--|--|--|-------------------|---|
| ccident MT/0987749 | | | | | | | | | |
| rolley No. | 9069787692-02 | Véhicle No. | FB38780C | GS | T Registration No. | | | | |
| oscyholder Name | HOW 19NG GUO | | | Po | licyholder NRJC | | 58627898G | | |
| roduct Code | MOTORCYCLE INSURANCE | Cover Type | Third Porty, Fire & Theft | 1.0 | eding | | 0 | | |
| Contact No.(Mobile) | 94362260 | Contact No.(Office) | 0 | Ce | intact No.(Home) | 100 | 0 | | |
| mail Address | | Special Remark | | | lode | 11 | No.Y | | |
| CPK. | ® No ○ Yes | TCA | ® No ○ Yes | | ode Reason | | | | |
| WCD Protection | No. | NCD Entitlement(%) | 15 | Pr | wate Hire | | No | | |
| ♥ Accident Details | | | | | | | | | |
| Teport Date | 26/03/2018 19:45 | Acquent Report Within 24 hrs | Yes | | cident Type | | | ange / Cross lane | |
| Date of Accident | 15/03/2018 | Time of Accident Thomas | 22:00 | | suntry of Accident | | Singapore | | |
| Reporting Centre | | Ovange Force | | 10 | M No. | | | | |
| Accident Location | PIE (CHANGE) BEFORE BEDOK N | ORTH AVE 3 EXIT | | | | | | | |
| ⇒ Benefits | | | | | | | | | |
| ⊕ Excess | | | | | 3. 32 | | | | |
| Own damage Excess | 0.00 | Additional Excess | | | Indscreen Excess | | | | |
| Unnamed Driver Excess | | Outside Singapore OD Excess | | | | | | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | | | | | | | |
| ♥ GST Registered Informa | ation | | | | | | | | |
| SST Registered | No. | | GST Registration Date | | 74600 | | | | |
| ast Registration No. Modification History | | | GST Status Verified | | Yes | | | | |
| Policyholder Mailing Ad | dress | Vertice and the second | | 50 | -0.000.07 | | | | |
| Address 1 | BLK 774 #07-103 | Address 2 | BEDOK RESERVOIR VIEW | | ddress 3 | | SINGAPORE | 4/0774 | |
| Address 4 | | Address Type | Singapore address | p | ost Code | | 470774 | | |
| Unit No. | | Related Policy Number | 5069787592-02 | | | | | | |
| ⇒ OI Driver Info | | W0000000000 | | | | | | | - |
| Driver Name | HOW JING GUO | Driver Type | Main Driver | | river DOB | | 02/10/1986 | | |
| Unnamed driver Name | | Driver NR3C | S8627898G | | | | 10 | | |
| Register Date of Driver License | 30/08/2007 | Driver Age | 31 | | ontact No.(Home) | | 0 | | |
| Contact No.(Mobile) | 94362260 | Contact No.(Office) | 0 | | | | Chernana | 470774 | |
| | | | | | | | | | |
| Address 1 | DLK 774 | Address 2 | BEDOK RESERVOIR VIEW | | ddress 3 | | SINGAPORE | | |
| Address 1 Address 4 | BUX 774 | Address Type | Singapore address | | ddress 3 ost Code | | SINGAPORE 470774 | | |
| Address 4 Unit No. | 9LK 774 97-103 | | | P | ost Code | | | | |
| Address 4 | | | | P | | any | | | |
| Address 4 Unit No. Does he own a Singapore Registered car? | 07-103 | Address Type | | P | ost Code | any | | | |
| Address 4 Unit No. Does he own a Singapore | 07-103 | Address Type | | P | ost Code | any | | | |
| Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test | 07-103 () Yes () No | Address Type Driver Vehicle No. | Singapore address | P | ost Code | any | | | |
| Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Tast Reading? Modification History Claim 001: New | U7-103 ○ Yes No | Address Type Driver Vehicle No. Any injury? | Singapore address | D | ost Code | any | 470774 | | |
| Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 601: New | 07-1031 ○ Yes No D mg | Address Type Direct Vehicle No. Any injury? Insured Name | Singapore address | P | ost Code rever Insurer Comp | any | | | |
| Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001: New Claim Type * Contact No.(Mobile) | 07-1031 ○ Yes No D mg CO-MX 94382250 | Address Type Direct Vehicle No. Any injury? Insured Name Contact No.(Home) | Singapore address | P C | ost Code mver Insurer Comp msured NRIC contact No. (Office) | any | \$3627899G | | |
| Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001: New Claim Type * Contact No. (Mobile) Email Address | 07-1031 ☐ Yes ® No □ mg mg | Address Type Direct Vehicle No. Any injury? Insured Name Contact No.(Hame) Ot Vehicle Number | Singapore address | P D | nsured NRIC oncact No.(Office) | 1 | 470774 | | |
| Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001: New Claim 001: New Carract No. (Mobile) Email Address Claim Description | 07-1031 ○ Yes No D mg CO-MX 94382250 | Address Type Direct Vehicle No. Any injury? Insured Name Contact No.(Hame) Ot Vehicle Number | Singapore address | P D | ost Code mver Insurer Comp msured NRIC contact No. (Office) | 1 | \$3627899G | | |
| Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001: New Claim Type * Contact No. (Mobile) Email Address | 07-1031 ☐ Yes ® No □ mg mg | Address Type Direct Vehicle No. Any injury? Insured Name Contact No.(Hame) Ot Vehicle Number | Singapore address | D C T | nsured NRIC Contact No. (Office) P Vehicle Number | 1 | \$3627898G SLF629M | | |
| Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History: Claim 001: New Contact No. (Mobile) Email Address Cairm Description Preferred Workshop Contact | 07-1031 ☐ Yes ® No □ mg mg | Address Type Dinver Vehicle No. Any Injury? Insured Name Contact No.(Home) Ot Vehicle Number ar 2018 Insured Liability * Preferend Repair Option | Singapore address | D C | nsured NRIC ontact No.(Office) P Vehicle Number tame of Preferred W | 1 | \$8627898G SLF629M | • | |
| Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 601: New Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. | 07-1031 ☐ Yes ® No D mg DO-MX 9436250 ZINGGU086@GMAIL.COM FB38780C / SLF029M ON 15 M | Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Ot Vehicle Number at 2018 Insured Liability * | Singapore address ® Yes O No HOW JING GUO 62463971 FB36780C | D C | nsured NRIC Contact No. (Office) P Vehicle Number | 1 | \$3627898G SLF629M | • | |
| Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001: New Contact No. (Mobile) Email Address Caim Description Preferred Workshop Contact No. Require Finalisation | 07-1031 ☐ Yes | Address Type Dinver Vehicle No. Any Injury? Insured Name Contact No.(Home) Ot Vehicle Number ar 2018 Insured Liability * Preferend Repair Option | Singapore address ® Yes O No HOW JING GUO 62463971 FB36780C | D C | nsured NRIC Insured NRIC Insured NRIC Insured Number | 1 | \$8627898G SLF629M | • | |
| Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breakhalyser or Blood Test Reading? Claim 001: New Claim 001: New Contact No. (Mobile) Email Address Caim Description Preferred Workshop Contact No. Require Finalisation Dose Registered | 07-1031 ☐ Yes ® No D mg D m | Address Type Dinver Vehicle No. Any Injury? Insured Name Contact No.(Home) Ot Vehicle Number ar 2018 Insured Liability * Preferend Repair Option | Singapore address ® Yes No HOW 21NG GUO 52463971 FBJ0780C Not at Fault Preferred Workshop, Name unknown | D C | nsured NRIC Insured NRIC Insured NRIC Insured Number | 1 | \$8627898G SLF629M | • | |
| Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001: New Carm Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Dore Registered Report Taken By | 07-1031 ☐ Yes ® No D mg D m | Address Type Dinver Vehicle No. Any Injury? Insured Name Contact No.(Home) Ot Vehicle Number ar 2018 Insured Liability * Preferend Repair Option | Singapore address ® Yes O No HOW JING GUO 62463971 FB36780C | D C | nsured NRIC Insured NRIC Insured NRIC Insured Number | 1 | \$8627898G SLF629M | • | |
| Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breakhalyser or Blood Test Reading? Claim 001: New Contact No. (Mobile) Email Address Caim Description Preferred Workshop Contact No. Require Finalisation Does Registered Report Taken By G Print AK letter | 07-1031 ☐ Yes ® No D mg D m | Address Type Dinver Vehicle No. Any Injury? Insured Name Contact No.(Home) Ot Vehicle Number ar 2018 Insured Liability * Preferend Repair Option | Singapore address ® Yes No HOW 21NG GUO 52463971 FBJ0780C Not at Fault Preferred Workshop, Name unknown | D C | nsured NRIC Insured NRIC Insured NRIC Insured Number | 1 | \$8627898G SLF629M | • | |
| Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 7096 * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Reguire Finalisation Dore Registered Report Taken By July Drink AK lietter | 07-1031 ☐ Yes ® No D mg D m | Address Type Direct Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number ar 2018 Insured Liability * Preferend Repair Option | Singapore address ® Yes No HOW 21NG GUO 52463971 FBJ0780C Not at Fault Preferred Workshop, Name unknown | D C | nsured NRIC Insured NRIC Insured NRIC Insured Number | 1 | \$8627898G SLF629M | • | |
| Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 7096 * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Registered Workshop Contact No. Registered Report Taken By July Drink AK lietter Attachment | D7-1031 ☐ Yes ® No D mg D | Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Oi Vehicle Number ar 2018 Insured Liability * Preferend Repair Option Claim Clock Date | Singapore address © Yes No HOW 21NG GUD 62463971 FB30780C Not at Fault Preferred Workshop, Name unknown | D C | nsured NRIC Insured NRIC Insured NRIC Insured Number | 1 | \$8627898G SLF629M | • | |
| Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 7096 * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Register Finalisation Dore Registered Report Taken By July Drink AK lietter | D7-1031 ☐ Yes | Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OJ Vehicle Number ar 2018 Insured Liability * Preference Repair Opsion Claim Close Date Claim No. | Singapore address © Yes No HOW 21NG GUD 62463971 FB30750C Not at Fault Preferred Workshep, Name unknown Sevel Summt | D C | nsured NRIC Insured NRIC Insured NRIC Insured Number | 1 | \$8627898G SLF629M Received 26/03/2016 | • | |
| Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 7096 * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Registered Workshop Contact No. Registered Report Taken By July Drink AK lietter Attachment | D7-1031 ☐ Yes ® No D mg D | Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Or Vehicle Number ar 2018 Insured Namber Preference Repair Option Claim Close Date Claim No. Upload Date | Singapore address We Yes No HOW 21NG GUO 62463971 FB38780C Not at Fault Preferred Workshop, Name unknown 001 26/03/2018 19:48 Category * | D C C C C C C C C C C C C C C C C C C C | nsured NRIC Contact No. (Office) P Vehicle Number Jame of Preferred W SIA report. Late Received | rorkshop | \$8627898G SLF629M Received 26/03/2016 | 00:00 | |
| Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 7096 * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Registered Workshop Contact No. Registered Report Taken By July Drink AK lietter Attachment | D7-1031 ☐ Yes | Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Or Vehicle Number ar 2018 Insured Namber Preferend Repair Option Claim Close Date Claim No. Upload Date | Singapore address © Yes No HOW 21NG GUO 62463971 FB30780C Not at Fault Preferred Workshop, Name unknown 001 26/03/2018 19:40 Category † e Clear Flease Select | | nsured NRIC Contact No. (Office) P Vehicle Number Jame of Preferred W Cantidential | Urgenc Normal | \$86278986 SLF629M Received 26/03/2018 | 00:00 | |
| Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 7096 * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Registered Workshop Contact No. Registered Report Taken By July Drink AK lietter Attachment | D7-1031 ☐ Yes | Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Or Vehicle Number ar 2018 Insured Lability * Preferend Repair Option Claim Close Date Claim No. Upload Date Brows Brows | Singapore address © Yes No HOW 21NG GUO 62463971 FB30780C Not at Fault Preferred Workshop, Name unknown 001 26/03/2018 19:40 Category * c Clear Please Select 0 Clear Please Select | | neured NRIC Contact No.(Office) P Vehicle Number Jame of Preferred W Confidential Confidential | Urgenç Normal Rormal | \$86278986 SLF629M Received 26/03/2018 | 00:00 | |
| Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 7096 * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Registered Workshop Contact No. Registered Report Taken By July Drink AK lietter Attachment | D7-1031 ☐ Yes | Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Or Vehicle Number ar 2018 Insured Namber Preferend Repair Option Claim Close Date Claim No. Upload Date Brows Brows Brows | Singapore address We Yes No HOW 21NG GUD 62463971 FB30780C Not at Fault Preferred Workshop, Name unknown 001 26/03/2016 19:40 Category * e Clear Please Select e Clear Please Select e Clear Please Select | | neured NRIC Contact No.(Office) P Vehicle Number lame of Preferred W Confidential Confidential | Urgeno Normal Normal | \$8627898G SLF629M Received 26/03/2016 | 00:00 | |
| Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 7096 * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Registered Workshop Contact No. Registered Report Taken By July Drink AK lietter Attachment | D7-1031 ☐ Yes | Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Or Vehicle Number ar 2018 Insured Lability * Preferend Repair Option Claim Close Date Claim No. Upload Date Brows Brows Brows Brows | Singapore address We Yes No HOW 21NG GUD 62463971 FB30780C Not at Fault Preferred Workshop, Name unknown 001 26/03/2016 19:40 Category * e Clear Please Select | | neured NRIC Contact No.(Office) P Vehicle Number Jame of Preferred W Confidential NO Confidential NO V NO V NO V | Urgenc Normal Normal Normal Normal | \$8627898G \$LF629M Received 26/03/2018 | 00:00 | |
| Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 7096 * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Registered Workshop Contact No. Registered Report Taken By July Drink AK lietter Attachment | D7-1031 ☐ Yes | Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Or Vehicle Number ar 2018 Insured Namber Preferend Repair Option Claim Close Date Claim No. Upload Date Brows Brows Brows | Singapore address We Yes No HOW 21NG GUO 62463971 FB30780C Not at Fault Preferred Workshop, Name unknown Oos 26/03/2018 19:48 Category * e Clear Please Select | | neured NRIC Contact No.(Office) P Vehicle Number Jame of Preferred W Confidential NO Confidential NO V NO V NO V NO V | Urgeno Normal Normal | \$8627898G SLF629M Received 26/03/2016 | 00:00 | |

| | Uploaded By/Date Folder Date | File Name | | Source | Action |
|------------|--|-----------------------|-----------|---------------------------------|--------|
| Video List | | | | | 37710 |
| I | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Ma r 2018 19:47 | Photos | Normal | Photos 2018-3-26 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Ma $_{\rm 7}$ 2018 19:47 | Photos | Normal | Photos 2018-3-26 | |
| | NAC_PAYA_UBI_BODS01(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Ma r 2018 19:47 | Photos | Normal | Photos 2018-3-26 | |
| 1 | NAC_PAYA_US1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Ma r 2018 19:47 | Photos | Normal | Photos 2018-3-26 | |
| | NAC_PAYA_UB1_B00801(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Ma r 2018 19:47 | Photos | Normal | Photos 2018-3-26 | |
| i | NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Ma r 2018 19:47 | Photos | Normal | Photos 2018-3-26 | |
| | NAC_PAYA_UBI_BOOK01(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Ma 7 2018 19:47 | Photos | Normal | Prior 2018-3-26 | |
| 2 | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Ma r 2018 19:47 | Photos | Normal | Photos 2018-3-26 | |
| | NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Ma = 2018 19:47 | Photos | Normal | Photos 2018-3-26 | |
| O | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Ma r 2018 19:47 | Photos | Normal | Photos 2018-3-26 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Ma r 2018 19:47 | Photos | Normal | Photos 2018-3-25 | |
| 8. | NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Ma r 2016 19:47 | Photos | Normal | Photos 2018-3-26 | |
| 1 | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Ma r 2018 19:48 | Photos | Normal | Photos 2018-3-26 | |
| Y. | NAC PAYA LIBIT BOOGGT(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Ma r 2018 19:48 | Photos | Normal | Photos 2018-3-26 | |
| | NAC_PAYA_UBI_BD0601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Ma * 2018 19:48 | Photos | Normal | Photos 2018-3-26 | |
| 1 | NAC_PAYA_UBI_BIO0601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Me y 2018 19-45. | Photos | Normal | Photosi 2018-3-26 | |
| 9 | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Ma = 2018 39-48 | SAS | Normal | SAS 2018-3-26 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Ma r 2018 19:46 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-3-26 | |
| achment | Uploaded By/Dace | Category | T Urgency | Description | (CO) |

Display in New Window Scan ar

Scan and uploading