NATIONAL Assessment Ce	Ich description	. jr	Date & Time Completed	1 Done	py.
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Veh No: 55 1599 H	E-mail (within Shrs,	AIC 2hrs)		ĺ	
D.O.A .: 7/4/18-19:15	i-Motor Claim F		17/09801649	19/4/18 20	95.10
	i-Motor W/O (w				
OD (TP) Reporting Only	i-Photo Uploade				
	Assessment/Surve	y Report			
TP Insurer:	Ass't Report by F	ax / Hand to O	wner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(7	el:	Fax:	
TP Particulars: Veh No:		. INC()/Non-INC().	3 4	
Owner / Driver: (01 HANDON HANDON HANDESSEE	Tel:)	
Policy No: ()	Period: () C	over Type: ()_	
Confirmed by : (ate:	Time:)	
Insured/Driver Liability: (%	6) [Note-Est. Status (WO)): N: 0-20%;	P: 21-79%. P: 80	-100%]	
Year of Registration: (/NO()			
	\$1,000 ()/\$2,000 ()	MARKET STATE	3 N. P. C. Sept. 10	
General Remarks,-				35.00 B	
() Walk-In Customer: Customer's	information strictly Confid	ential & Strictl	y NO refer of repaire	r.	
() Total Loss Case : to e-mail In	surer URGENTLY.		· ** * .*		
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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.

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	09/04/2018 18:37
Date Of Accident	07/04/2018 19:15
Exact Location Of Accident	KPE TWDS ECP AT TAMPINES RD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJF1599H
Insured/Policyholder	
Name Of Registered Owner	I-SMILES SERVICES

Co Reg No 53271193M Email Address NOEMAIL

Mobile Phone No

Alternative Phone No

OFFICE-89999999

Vehicle Particulars

Manufacturer RENAULT

Manufacturer RENAULT

Model G.ESPACE IMPULSION 2.0T A ABS A.BAG SR

Exact Purpose for which vehicle was being used at WORKING

time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

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 YES

Policy Number 5073316163-02

Cover Note Number

Driver

Name of Driver GAN JUN WEI, ADRIAN

 NRIC No
 S9543017A

 Date Of Birth
 26/11/1995

 Occupation
 OUTDOOR

 Date Of Driving Pass
 01/08/2014

Driving Experience 3 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97885358

Fax Number

Contact Number OFFICE-97885358

EMail Address NOEMAIL

BLK 1 SENGKANG EAST AVENUE Address

#01-03 544811

Postcode

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 - HEAD TO REAR 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? YES

Was any injured conveyed to hospital by ambulance?

NO

YES Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

4

Number of Passengers (Including Driver)

NAME:

Passenger 1

GENDER: : MALE

Passenger 2

NAME:

GENDER: : MALE

Passenger 3

NAME:

1 -

GENDER: : MALE

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 Vehicle Make/Model/Colour

SJP7521P

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 15

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

GAN JUN WEI, ADRIAN

Approximate Age

Injuries Sustain

BACK

Injured person in which vehicle?

SJF1599H

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

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 (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.: KPE towards Ecp at tampinese Rd exit

SKETCH	PLAN																								
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

Policyholder's Signature

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

 $\psi_{\mathcal{F}} = x_{i,j}^{\dagger}$

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 07/04/18			(DD/MM/YY) Time: 7:15Pm				
Exact location of accident	KEE towards	ECP	at	tump nere	Rd	exit		

Details of vehicle

Vehicle registration number	STEISS				
Vehicle make and model	Renault	espace			
Type of vehicle	Saloon D Lorry D	MPV a	CRV a	Van □ ycle □	Others:
Vehicle category	Private 🗆	Comme	ercial 🗹 🔝 🛚	Motorcycle	20
Purpose of using at said time	Work	119			
Are you claiming under your own insurance company?	Yes Third part of	No 🗹	if no, please Reporting o		

Insurance information

Insurance company	HTUC .		
Policy number	5073316163-	02	
Type of policy	Comprehensive	Third party fire & theft \square	TP only @

Insured / Policy holder

Name	I-SMILES SERVICES Male D	Female 🗆
NRIC / Fin / Passport number	53271193M	
Contact	9788 5358	
Address	Singapun 544811	

Driver

Same as insured above □ (skip to D.O.B)

Name	GAH JUN WEI	Male 🗆	Female a
NRIC / Fin / Passport number	59543017/4		
Contact	9788 5358		
Address	BIK I sengking east Avenue # 01-03 singapore 54 4811		
Email address	Adrian @ Smilestronsport.com		and the second
Date of birth	26/11/1995		
Occupation	Indoor Outdoor	N TO LIE WAY TO SEE	
Driving date pass	01/08/2014		

General information of the accident

Was driver an employee of the insured's company?	Yes o	No 🗆 ationship of the	driver and insured:	
Accident captured by camera?	Yes 🗆	No 🖭		
Weather condition	Clear o	Raining 🗆	Others:	
Road surface	Dry 🗹	Wet 🗆		
No of passenger	4			(Inclusive of driver)

Passenger 1

Name			
Gender	Male 🗆	Female 🗆	

Passenger 2

Name			
Gender	Male □	Female 🗆	

Passenger 3

Name			
Gender	Male 🗆	Female 🗆	

Passenger 4

Name		
Gender	Male 🗆	Female

Passenger 5

Name			
Gender	Male 🗆	Female □	The state of the s

Passenger 6

WALLEST TO SEE THE SECOND SECO			
Name			
Gender	Male □	Female 🗆	

Other information

Was anybody injured?	Yes 🗹	No 🗆	
Was other vehicle damaged?	Yes 🗗	No 🗆	Personal Service and Service a

Details of police action

Reported to police?	Yes 🗆	Noe	If yes, please state which police station.
Police station name			

Third party vehicle 1

Name	SJP7521P
Contact number	
NRIC / Fin / Passport number	The second secon
Vehicle registration number	
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	Will be a second of the second
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	**************************************
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	the second secon

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

	The state of the s	
Name		

Witness 2

The second secon			
Name			

Injured person 1

Name	Gan Jun wei
Injuries sustained	Back
Which vehicle person in?	5JF18991-1
Were seat belts worn?	Yes 🗹 No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗗

Injured person 2

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆

Injured person 3

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆

Injured person 4

Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

FFEECTIVE DATE

Class 3

Motor Cars=< 3000kg with =<7 passengers, exclusive 01 Aug 2014 of the driver; and other motor vehicles =< 2500kg

NP 428A



GEMALTOSGPU106451980116

0000000000000000000

NRIC No/Colour S9543017A/ PINK

CHINESE

Date Of Birth

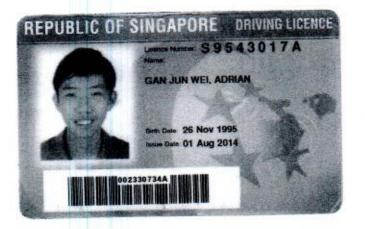
26/11/1995 Service Status

NSF Address O (+) Country Of Birth

SINGAPORE Military Rank Status ENLISTEE

Bik 1 SENGKANG EAST AVENUE #01-03 SINGAPORE 544811







SINGAPORE ARMED FORCES

IDENTITY CARD

Name

GAN JUN WEI, ADRIAN

NRIC No

S9543017A



This card is the property of the Bingapore Armed Forces. Any person finding this card is requested to forw it without delay to Central Manpower Base or any Police Station.



Certificate of Insurance

MOTOR VEHICLES	(THIRD PARTY RISKS A	AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES	(THIRD PARTY RISKS A	ND COMPENSATION) RULES, 1960
ROAD TRANSPORT	ACT, 1987 (MALAYSIA	4)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA) Cover : drivo CLASSIC

Certificate Number: 5073316163-02

1. Index mark and Registration Number of Vehicle

: SJF1599H

Chassis Number

: VF1JK0ADB38413703

2. Name of Policyholder

: I-SMILES SERVICES

3. Effective Date of Insurance

: 03 Oct 2017

4. Expiry Date of Insurance

: 02 Oct 2018

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : \$\$2,000 : \$\$1,500 **EXCESS (SECTION 2)** : S\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS

: PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO · YES INSURE WITH COE · NO NCD PROTECTION TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO : N/A PRIMARY DRIVER : N/A NAMED DRIVER (1) NAMED DRIVER (2) : N/A : N/A HIRE PURCHASE COMPANY

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of Issue

: 17 Aug 2017 18:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Authorised Officer

Chief Executive

Countersigned By:

eBaoTech								Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601	The state of the s		BOIL TO		Change Lan	guage	Change Passwor	d + Log Out
My Desktop	Policy Query								
Notice of Loss	Policy No.	5073316163	-02		Date of Acc	ident	07/04	2018 19:15	
	Vehicle No.(For Motor)	SJF1599H							
					Search				
	Select Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5073316163- 02	I-SMILES SERVICES	53271193M	GFT	drivo CLASSIC	SJF1599H	SJF1599H	03/10/2017	
					Continue				

	Name	I-SMILES SERVICES	NRIC	53271193M
1 SENGKANG EAST A		IND RESIDENCE SINGA	ORE 544811	
FLEET INSURANCE	Plan		Group Policy Flag	N
17/08/2017	Effective Date	18/08/2017 00:00	Expiry Date	17/08/2018 23:59
1500	Own damage Excess	2000	Windscreen Excess	100
0	OS Premium	0		
2000	Outside Singapore TP Excess	1500		
COWELL INSURANCE	(AGENCY) Agent Tel.	63392592	GST Flag	Υ
No	966			
		#01-03 BIVERSOUND	DESTDENI Address 3	SINGAPORE 544811
1 SENGKANG EAST	MICHELES INC.			
	Type	Singapore address	Post Code	544811
08-39	Policy Number	5086366891-01		
100000000000000000000000000000000000000		Endorsement	27.00	
ce Endorsemer	Basic Information	Number 000001286666842	Endorsement Status Endorsement Take Effective	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJF1599H 03-10-2017 \$1,743.67 In view of this amendment, an additional premium of \$1,743.67 (inclusive of GST) is payable under your policy. Please ignor this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also
	17/08/2017 1500 0 2000 COWELL INSURANCE No nolder Mailing Addre 1 SENGKANG EAST 08-39 d Object: SJF1599H sements ce Date of Endorsement	FLEET INSURANCE Plan 17/08/2017 Effective Date Own damage Excess O S Premium Outside Singapore TP Excess COWELL INSURANCE (AGENCY) Agent Tel. No colder Mailing Address 1 SENGKANG EAST AVENUE Address 2 Address Type 08-39 Related Policy Number d Object: SJF1599H sements Ce Date of Endorsement Type Endorsement Endorsement Type Date of Endorsement Type Date of Endorsement Type Date of Endorsement Endorsem	### Plan 17/08/2017	### Plan Policy Flag 17/08/2017 Effective Date 18/08/2017 00:00 Expiry Date

ccident HT/0989649								
ricy No.	9073316163-02	Venicle No.	S3F1599H		GST Registration No.			
	1-SMILES SERVICES				Policyholder NRIC	13	53271193M	
aduct Code	PLEET INSURANCE	Cover Type	drivo CLASSI	rė.	Loading	0	0	
	9	Cornact No.(Office)	o		Contact No. (Home)	9	0	
ontact No.(Mobile)	. The second second	Special Remark			ecode	1	the Y	
mail Address	0.1000000	TCA	® No ○Yes		eCode Reason			
FK .	® No ○Yes	NCD Entitlement(%)	0		Private Hire	3	Yes	
CD Protection	No	NCD Euppement(se)						
Accident Details			Yes		Accident Type	19	Collision - Head to	Rear
aport bate	09/04/2018 20:25	Accident Report Within 24 hrs			Country of Accident		Singapore	
ate of Acodem	07/04/2018	Time of Accident hh:mm	19:15				ar grown c	
eporting Centre		Orange Force			ICM No.			
codent Location	KPE TWOS ECP AT TAMPINES RD EXIT							
□ Benefits								
♥ Excess								100.00
wn damage Excess	2,000,00	Additional Excess		0,00	Windscreen Excess			100,00
nnamed Driver Excess		Outside Singapore OO Excess	0	2,000.00				
Ned Party Excess.	1,500.00	Dutside Singapore TP Excess		1,500.00				
GST Registered Informa	stion							
ST Registered	No		GST	Registration Date				
ST Registration No.			GST:	Status Verified	Yes			
odification History								
□ Policyholder Mailing Ad	dress							
doress 1	1 SENGKANG BAST AVENUE	Address 2	#01-03 RIV	ERSOUND RESIDEN	Address 3		SINGAPORE 544	811
Address 1		Address Type	Singapore ac		Post Code		544811	
72000	08-39	Related Policy Number	5086366893					
unit No.	05-29	Hadded Party Harman		5000.0				
⇒ OI Driver Info	Unnamed Driver	Driver Type	Unnamed Dr	river				
Inver Name Innamed driver Name	GAN JUN WEI, ADRIAN	Driver NR3C	S9543017A		Driver DOB		26/11/1995	
register Date of Driver License		Driver Age	22		Driving Experience		3	
	97885358	Contact No.(Office)	0		Contact No.(Home)		0	
Contact No.(Mobile)	1 SENCKANS EAST AVENUE	Address 2		O RESIDENCE	Address 1		SINGAPORE 544	811
Address I	I SENGANO EAST AVENUE	Address Type	Singapore a		Post Cade		544811	
Address 4		Manager of the						
Unit No. Does he own a Singapore Registered car?	01-03 ○ Yes ® No	Driver Vehicle No.			Driver Insurer Comp	pany		
Does he coun a Singapore Registered car? Declaration					Driver Insurer Comp	pany		
Does he own a Singapore		Driver Vehicle No. Any injuny?	®Yes⊙N	10	Driver Insurer Comp	pany		
Does he own a Singapore Registered (air? Declaration Breatharyser or Blood Test	O yes ® No		® Yes ○ N	10	Driver Insurer Comp	pany		
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Does he own a Singapore Registered Car? Recistration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type *	O yes ® No	Any injury? Insured Name	® Yes ○ N		Insured NRIC		53271193M	
Does he own a Singapore Registered Car? Recistration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type *	O Yes ® No	Any injury? Insured Name Contact No.(Home)	[I-SMILES S		Insured NkIC Contact No.(Office)			
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	Uploaded By/Date	Folder Date	File Name		Ÿ	Source	Action
Video List	NAC_PAYA_UBI_800501(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 09 Ap r 2018 20:28	Photos		Normal	Photos 2018-4-9	Edit
		onal assessment Centre Services) on 09 Ap + 2018 20:28	60.000 EP.		Normal	Photos 2018-4-9	Edit
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	NAC_PAYA_UBI_800601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 09 Ap r 2018 20:26	Photos		Normal	Photos 2015-4-9	Edit
3	NAC_PAYA_USI_800603(NATIO	MAL ASSESSMENT CENTRE SERVICES) on 09 Ap + 2018 20:25	Photos		Normal	Photos 2018-4-9	Edit
	NAC_PAVA_UBI_800603[NATIO	WAL ASSESSMENT CENTRE SERVICES) on D9 Ap y 2018 20:28	Photos		Normal	Photos 2018-4-9	Edit
4	NAC_PAYA_UBI_BOOKOTI NATK	NAL ASSESSMENT CENTRE SERVICES) on 09 Ap r 2018 20:28	Photos		Normal	Process 2018-4-9	Edit
3	NAC PAYA UBI 8006011 NATIO	NAL ASSESSMENT CENTRE SERVICES) on 09 Ap r 2018 20:28	Photos		Normal	Photos 2018-4-9	Edit
-	NAC_RAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 09 Ap / 2018 20:28	Photos		Normal	Photos 2018-4-9	Edit
19	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 09 Ap r 2018 20:28	SAS		Normal	SAS 2018-4-9	Edit
364 TV	NAC_PAYA_UBI_BOOBOI(NATIO	NAL ASSESSMENT CENTRE SERVICES) on D9 Ap r 2018 20:29	NRTC/ Driving License		Normal	NRIC/ Driving License 2018-4-9	Edit
Attachment		lploaded By/Date	Category	î	Urgency	Description	Serie? Action (CO)