	1111		Date & Time Completed	Done	by
Date In: 16/4/18-12:32	Jcb description		Jate & Time Completed	Done	· ·
Ref No: NA INC 18007005 24	SAS e-filing	!			-
Veh No: GN 3840 R	E-mail (within 8hr	s, AIC 2hrs)			
D.O.A .: 16/4/18 - 08:30	i-Motor Claim	Form	M7/0990583	16/4/18	7:10
OD TP ! Reporting Only	i-Motor W/O (v	Vithin: OD 2hrs, 71	4hrs)		
OB . 11). According Only	i-Photo Upload	ed			
TRI	Assessment/Surv	ey Report			
TP Insurer:	Ass't Report by I	Fax / Hand to C	wner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 54	87826	INC()/Non-INC()	Y. C	
Owner / Driver: (Tel:)	
Policy No: ()	Period: () (over Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WC		; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()			
	31,000 ()/\$2,000 ()		SADE OF THE	-
General Remarks:-				\$16.00 \$1.100	0.78
() Walk-In Customer : Customer's i	information strictly Confid	dential & Strict	y NO refer of repairer	-	
() Total Loss Case : to e-mail Ins	surer URGENTLY.	*		64	
Drive-In ()/Towed-In (); Inve	pice: YES () / NO	(); Tow	ing Co: (1)
Remarks:- (INC hotline: 6788 6616		i i	oate&Time Completed	Done	by
	/ Courtesy Car ()	Commission of the Commission o		10.42414	
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost >					
o) opiona reconstruction					
Injury:					
	Transfer of the Control of the Contr				· · · · · · · · · · · · · · · · · · ·
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	1				Ami (1)
Date/Time Actions	1	nveice Prepa	atton Checklist	SAME MANU(S)	*** * * * * * * * * * * * * * * * * *
NAI809367	1	AR : Accident Re	ation Checklist	Anit (S)	245 A 200
NAI803367	1 1 1 1 2)	AR : Accident Re DA : Darriego Ass	ation Checklist orting (\$30); essment (\$100); INC (Anit (S)	Cto A Control
NAISO 3167	1 1 2 2 3)	AR : Accident Re DA : Darriege Ass TF : Towing Fee FT : Follow-Thron	ration Checklist porting (\$30); essment (\$100); INC (\$196 Survey	Ant (\$) 56 Bill \$80) 40/\$45 \$120	Cto A Control
NAISO 2367 Inimant's Particulars:	1 1 2 2 3)	AR : Accident Re DA : Darriege Ass TF : Towing Fee FT : Follow-Thro	ation Checklist. porting (\$30); essment (\$100); INC (\$18h Survey igh Survey (Resurvey)	And (\$) 	Cto A Control
NAISO 2367 Inimant's Particulars:- river/Owner:	1 (1) (2) (3) (4) (5)	AR: Accident Rep DA: Damege Ass TF: Towing Fea FT: Follow-Through FT: Follow-Through For claiming again TR: Re-inspection	ration Checklist. porting (\$30); essment (\$100); INC (\$19h Survey Igh Survey (Resurvey) IstINC Only (wef 10 Jon 20)	\$80) 40/\$45 \$120 \$30 05) \$75	Cto A Control
NAISO 2367 Inimant's Particulars:- river/Owner:	1 (1) (2) (3) (4) (5) (6) (7)	AR: Accident Rep DA: Darriege Ass TF: Towing Fee FT: Follow-Through FT: Follow-Through For claiming again	ration Checklist porting (\$30); essment (\$100); INC (\$19h Survey Igh Survey (Resurvey) IstINC Only (wef 10 Jon 20) MRT Survey	And (S) fit Bill \$80) 40/\$45 \$120 \$30 05)	245 A 200
NAISO 2362 Inimant's Particulars:- river/Owner: ontact No: amaged Portion:	1 (1) (2) (3) (4) (5) (6) (7)	AR: Accident Rep DA: Darriege Ass TF: Towing Fee FT: Follow-Through FT: Follow-Through FT: Re-inspection N1: Idae DA + Si NTUC Additional	ation Checklist. porting (\$30); essment (\$100); INC (\$19h Survey Igh Survey (Resurvey) Ist INC Only (wef 10 Jon 20) IMMET Survey Services -	\$80) 40/\$45 \$120 \$30 05) \$75 \$160	245 A 200
NAIRO 2167 Inimant's Particulars:- river/Owner: ontact No: amaged Portion:	1 (1) (2) (3) (4) (5) (6) (7)	AR: Accident Re; DA: Darrage Ass TF: Towing Fee FT: Follow-Throu FT: Follow-Throu FT: Follow-Throu FT: Re-inspectio N1: Idae DA + SI NTUC Additional	ation Checklist porting (\$30); essment (\$100); INC (sigh Survey igh Survey (Resurvey) stUNC Only (wef 10 Jen 20) MRT Survey Services.	\$80) 40/\$45 \$120 \$30 05) \$75 \$160	*** * * * * * * * * * * * * * * * * *
NAIRO 2167 Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C. Checked by (Engr-In-Charge):	1 (1) (2) (3) (4) (5) (6) (7)	AR: Accident Re DA: Darriege Ass TF: Towing Fee FT: Follow-Throu FT: Follow-Throu FT: Follow-Throu FT: Re-inspectio N1: Idae DA + SI NTUC Additional OD* *N5: Courtesy Ca *N6: Repair Co-o *N7: Post Repair	ation Checklist. porting (\$30); essment (\$100); INC (\$19h Survey Igh Survey (Resurvey) Ist INC Only (wef 10 Jon 20) IMART Survey Services If Tpt Allowance Idination Inspection	Ani((S)) \$80) 40/\$45 \$120 \$30 05) \$75 \$160 \$51 \$510 \$525	24% A 20%
NAIRO 2167 Plaimant's Particulars:- river/Owner: ontact No: amaged Portion: C. Checked by (Engr-In-Charge):	1 (1) (2) (3) (4) (5) (6) (7)	AR: Accident Report For Claiming again TR: Re-inspection NT: Idae DA + Si NTUC Additional OD* N6: Repair Co-o N7: Post Repair N8: DV / Collect N8: DV / Collect	ation Checklist porting (\$30); essment (\$100); INC (sigh Survey igh Survey (Resurvey) stUNC Only (wef 10 Jen 20) MRT Survey Services.	\$80) 40/\$45 \$120 \$30 \$55 \$160 \$55 \$50 \$25 \$50 \$20	Am.(3)
Date/Time / Actions	1 1 2 3 3 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	AR: Accident Report For Claiming again TR: Re-inspection NT: Idae DA + Si NTUC Additional OD* N6: Repair Co-o N7: Post Repair N8: DV / Collect N8: DV / Collect	ration Checklist. porting (\$30); essment (\$100); INC (\$19h Survey Igh Survey (Resurvey) IstINC Only (wef 10 Jon 20) IMART Survey Services - If Tpt Allowance Idination Inspection Excess Coordination	\$5 \$10 \$25 \$5 \$20 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$3	Cto A Common Com

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.
- 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.

ACCI	ГСТАТ	DESIGNATION OF THE PARTY.	ENI	
ACCI	STA	-14		ш

Date Of Report 16/04/2018 12:32
Date Of Accident 16/04/2018 08:30

Exact Location Of Accident ALONG CHANGI RD OPP GEYLANG SERAI MARKET

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GN3840R

Insured/Policyholder

Name Of Registered Owner LAM THONG CORPORATION PTE LTD

Co Reg No 197802620G Email Address NOEMAIL

Mobile Phone No.

Alternative Phone No OFFICE-67460266

Vehicle Particulars

Manufacturer NISSAN

Model URVAN 5DR(D)

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 THIRD PARTY

Vehicle Category COMMERCIAL VEHICLE

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 5080072416-01

Cover Note Number

Driver

 Name of Driver
 NEO KOK HUA

 NRIC No
 \$1463692G

 Date Of Birth
 04/02/1961

 Occupation
 OUTDOOR

 Date Of Driving Pass
 09/04/1981

Driving Experience 37 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97854247

Fax Number

Contact Number OFFICE-97854247

EMail Address NOEMAIL

BLK 230 SIMEI STREET 4 Address

#10-184

Postcode 520230

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

NO Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident 2 Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER:

: FEMALE

YES

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

NO

2

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police 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/20180416/2018.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SH8782G Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

2

SKETCH PLAN

IMPORTANT NOTICE

- 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:
 - (i) 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:

POP

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

refor	to police Report - 7/20/804/6/2018.	

DECLARATION

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

Policyholders Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

16/4/18"

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





T/20180416/2018

1 of 3

Report No. T/20180416/2018

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

Tel No: 65470000

REPORT O	F A TRAFFIC	ACCIDENT		Chatian Diam No :
	e Report M 18 09:35	lade:	Vide Report No.:	Station Diary No.:
Informa	nt's Particu	ılars		THE CHARLESPAY MAN AND THE PARTY OF THE PART
	Informant:		Address:	
ID Type	The second secon	92G	Contact No.: Home/Office:	Mobile: 97854247
National			Email:	
Sex: Male	Age: 57	Date of Birth: 04/02/1961	Type of Informant: Driver	
Race: Chinese	e e		Language:	Institution / School Name:
Occupat SUPER			Driving Licence Information: Class:	Date of Expiry:

General Infor	mation of the Accider	nt	THE PERSON NAMED IN COLUMN	T
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/04/2018 08:30	Type of Location
Location: Along Road 1 CHANGI ROA OPPOSITE O		RKET		
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collis	sion:			Anyone conveyed by ambulance: No

Details of V	Total State of the Control of the Co	The second secon	Model	Color	Condition	No of Passenger
Vehicle No.	Type	Make	Model	COIO	All and the second	
GN3840R	Van	NISSAN	URVAN 5DR(D)		Slightly Damaged	0
SH8782G	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR		Slightly Damaged	1

Details of Person Involved	名。135-195 年中国中国中国中国中国中国中国中国中国
Any Pedestrian Involved: No	C - I NA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





T/20180416/2018

2 of 3

Report No. T/20180416/2018

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

CONTINUATION OF REPORT

Driver		of the same	and the same of			044000000
Name	NEO KOK HUA			ID No.		S1463692G
Related Vehicle	GN3840R (Van)			Conta	ct No.	97854247
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dis		NIL	
	ted Medical Leave	NIL	Degree o	of Injury	NIL	

Brief Details.

On 16/4/18 at about 0830hrs

I was driving on the first lane along Changi Road towards Geylang, on a 4 lane road, a taxi on my right.

from the second lane wanted to pick up a passenger at the taxi stand just ahead and suddenly cut to the left-infront of me. I quickly hit the breaks but could not stop in time and hit onto the rear right side of the taxi. I then stopped my car at the side and got out of my car to find the taxi driver but he just picked up the passenger and drove off. I tried to chase him, I used high beams and my horn to get his attention but he did not stop.

My van has no camera but the taxi stand has 2 LTA cameras.





T/20180416/2018

3 of 3

Report No. T/20180416/2018

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

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

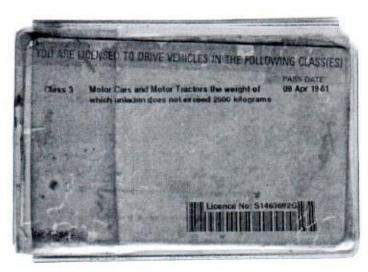
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: TP / WONG ZI WEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/04/2018 09:35
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	Classification Of Case:
Authentication Stamp	









eBao Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601			The second second			Change Lan	guage	Change Passwo	rd • Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	ю.				Date of Acr	cident	16/04	/2018 08:30	
	Vehicle	No.(For Motor)	GN3840R							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5080072416- 01	LAM THONG CORPORATION PTE LTD	197802620G	GCV	Third Party, Fire & Theft	GN3840R	GN3840R	08/05/2017	07/05/2018
						Continue				

▽ Endors	sements				
) Insure	d Object: GN3840R				
Unit No.		Related Policy Number	5080072416-02		
Address 4		Address Type	Singapore address	Post Code	388429
Address 1	11 LORONG 21A GEYLANG	Address 2	#01-00 LAM THONG BUILDING	Address 3	SINGAPORE 388429
Policyl	nolder Mailing Address				
Certificate Info					
Open Policy Info					
Co- nsurance Flag	No				
Agent	PANA HARRISON (ASIA) PTE LT	Agent Tel.	62948966	GST Flag	Υ
Outside Singapore OD Excess		Outside Singapore TP Excess			
Additional Excess		OS Premium	0		
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Policy ssue Date	26/04/2017	Effective Date	08/05/2017 00:00	Expiry Date	07/05/2018 23:59
Product Name	COMMERCIAL VEHICLE INSURA!	Plan		Group Policy Flag	N
ddress	11 LORONG 21A GEYLANG #01-	00 LAM THON	G BUILDING SINGAPORE 388429		
Policy No.	5080072416-01	Policyholder Name	LAM THONG CORPORATION PTE	NRIC	197802620G

ccident MT/0990583					000	Charletonian No.		M20032395	i.	
oncy No.	5080072416:01	Vehicle No.	GN3840R			Registration No.		1978028200		
akcyholder Name	LAM THONG CORPORATION PTE LTD					cyholder NRIC		0		
roduct Code	COMMERCIAL VEHICLE INBURA	Cover Typ#	Tring Party, F	Fire & Trieft		ding tact No.(Home)		0		
ontatt No (Mobile)	0	Centact No. (Office)	67460266		eCo		- 12	The V		
mail Address		Special Remark	1000000000							
FK	No ○ Yes	TCA	No ○Yes			de Resson		Mari		
CD-Protection	No	NCD Entitlement(%)	0		Priv	rate Hire		No		
Accident Details								areas in re	one of water	operation and the second
eport Date	16/04/2018 17:08	Accident Report Within 24 hrs	Yes		Acc	ident Type		Collision - C	nange / Cross	s rane :
late of Accident	16/04/2018	Time of Accident hh:mm	08:30		Cou	untry of Accident		Singapore		
	100000000	Orange Force			tov	4 No.				
eporting Centre	ALONG CHANGERD OPP GEYLANG SERAL	160 177 177 CV 174 CV 1								
coident Location	ALONG CHANGI RD OFF DETERMS 30VAL	(News E)								
⇒ Benefits										
· Excess	5932	Additional Excess			Wir	ndscreen Excess				0.00
Own damage Excess	0.00	Duesde Singapore OD Excess								
Innamed Driver Excess	2227									
hird Party Excess	8.00	Outside Singapore TP Excess								
GST Registered Informa	ation		CCT	Santalana Pata		01/01/2015				
IST Registered	Yes			Registration Date Status Venhed		No.				
IST Registration No. todification History	M200323965		2000							
Policyholder Mailing Ad	ddress									
Address 1	11 LORONG 21A GEYLANG	Address 2	#01-00 LAM	THONG BUILDING	Ad	dress 3		SINGAPORI	185429	
Address 4	STANDON SE CONSCRIPTO	Address Type	Singapore ad	idress	Pos	st Code		388429		
		Related Policy Number	5080072416	5-02						
Unit No.		3,34541447,34543,5447-253								
OI Driver Info	Unnamed Driver	Driver Type	Unnamed Dr	over						
Driver Name Unnamed driver Name	NEO KOK HUA	Driver NRIC	S1463692G		Dr	wer DOB		04/02/196	r.	
		Driver Age	57		Dr	iving Experience		37		
Register Date of Driver License		Contact No.(Office)	0		Co	intect No.(Home)		0		
Contact No.(Mobile)	97054247		SIMEI STREE	ET 4		idress 3		SINGAPOR	520230	
Address 1	8LK 230	Address 2								
Agaress.4			Cincipates 2	Advance	Po			520230		
Address 4		Address Type	Singapore ad	ddress	Po	st Code		520230		
	10-184 () Yes (§) No	Address Type Driver Vehicle No.	Singapore ad	ddress			впу	520230		
Address 4 Unit No. Does he own a Singapore Registered car? Declaration			Singapore as	ddress		est Code	any	520230		
Address 4 Unit No. Does he own a Singapora Registered car?			Singapore ad			est Code	any	520230		
Address 4 Une No. Does he own a Singapore Registered car? Declaration Breathatyser or Blood Test	○ vez No	Driver Vehicle No.				est Code	апу	520230		
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	○ vez No	Driver Vehicle No.				est Code	вту	520230		
Address 4 Unit No. Does he own a Singapora Registered 54/2 Declaration Breathalyser or Blood Test Reading? Modification History	○ Yez No	Driver Vehicle No. Any Injury?	○Yes ® N	18	De	st Code	ату		30	
Address 4 Unit No. Does he own a Singapora Registered 54/2 Declaration Breathalyser or Blood Test Reading? Modification History	○ vez No	Driver Vehicle No. Any Injury? Insured Name	○Yes ® N		De	st Code ther Insurer Comp	eny	19780262	30	
Address 4 Une No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim 19ps +	○ Yez No	Driver Vehicle No. Any injuny? Insured Name Contact No.(Home)	○ Yes ® N	18	In Co	st Code ther Insurer Comp mured NATC oreact No. (Office)	eny	19780262	90	
Address 4 Une No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim 19ps +	○ Yez No	Driver Vehicle No. Any Injury? Insured Name	○Yes ® N	18	In Cr	ist Code ther Insurer Comp there is a second of the code th		19780262	30	
Address 4 Une No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type 4 Contact No. (Mobile) Email Address Claim Description	○ Yez No	Driver Vehicle No. Any injuny? Insured Name Contact No.(Home)	○ Yes ® N	S CORPORATION PTE	In Cr	st Code ther Insurer Comp mured NATC oreact No. (Office)		19780262	00	
Address 4 Une No. Does he own a Singapora Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 1/4 N	O mg	Driver Vehicle No. Any injuny? Insured Name Contact No.(Home)	○ Yes ® N	S CORPORATION PTE	In Co	ist Code ther Insurer Comp there Insurer Comp		19780262 67460266 S48782G	90	
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Anachment.		uploaded By/Date	Category	9	Urgency	Description	Sent? Action (CO)
6-1 908 6-1 903	NAC_PAYA_UBI_BOOGOS[NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Ap $^{\prime}$ 2018 17:11		NRIC/ Driving Ucense		Normal	NRIC/ Driving License 2018-4-16	Edit
*G	NAC_PAYA_UBE_BDD601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Ap $_{\rm F}$ 2018 17:11		SAS		Normal	SAS 2018-4-16	Edit
TEL !	NAC_NAYA_UBI_80060)(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Ap \pm 2018 17:11		Photos		Normal	Photos 2018-4-16	Edit
6	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 12018-17:11		Photos		Normal	Photos 2018-4-15	Edit
	NAC_PAYA_UBI_800801(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 7.2018 17:11		Photos		Normal	Photos 2018-4-16	Edit
	NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Ap. r 2018 17:11		Photos		Normal	Photos 2018-4-15	Edit
	NAC_PAYA_MBI_ROOROM NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Ap 7 7018 17:10		Photos		Normal	Photos 2018:4-16	Edit
	NAC_PAYA_UBI_BOOKOT{ NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Ap y 2018 17:10		Photos		Normal	Photos 2018-4-16	Edit
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	NAC_PAVA_URL_BOOGD1(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 April 2018 17:10		Photos		Normal	Photos 2018-4-16	Edit
	MAC_PAYA_LIBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on $\xi 6$ Ap τ 2018 17:10		Photos		Normal	Photos 2018-4-16	Edit
8	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2018 17:10		Photos		Normal	Photos 2018-4-15	Edit
	Uploaded By/Date	Folder Date	File Name		9	Source	Action