No. of the second secon	The state of the s		A STATE OF THE STA	-	Level
Date In: 12 14/18 - 16:39	Jeb description		Date &Time Completed	Done	ož.
Rel No: NA / INC 1800 7130 /24	SAS e-filing		i		
Veh No: SCE9160M	E-mail (within 8	hrs, AIC 2hrs)			•
D.O.A .: 17/4/18 - 06:50	i-Motor Clain	n Form	M1/0990815-001	17/4/18 18	15
02 (FD) B	i-Motor W/O	(Within: OD 2hrs	, TP 4hrs)		
OD TP Reporting Only	i-Photo Uploa	ided			
	Assessment/Sur	vey Report			
TP Insurer:	Ass't Report by	Fax/Handt	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 56	V7630L .	. INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (W	O): N: 0-20	%; P: 21-79%. F: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1	1,000 ()/\$2,000 (()			
Geneval Remarks:	KE CONTROL OF SE	**************************************	MARKET TO	Con A	
() Walk-In Customer : Customer's in			A STATE OF THE STA		
() Total Loss Case : to e-mail Insu			N		
	ice: YES () / No	0().T	owing Co: (·)
Enve-in ()/ Towed-in (), invol	icc. TES () / IV	0 (), 1		DEAT FROM SPERKERS TOWN	W. 197
Remarks:- (INC horline: 6788 6616)			Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/	/ Courtesy Car ()				
-1					
2) QC Check / Post Repair Inspection	()				
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > 1]	() \$3000] ()		· · · · · · · · · · · · · · · · · · ·		
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()				
	\$3000] ()				· p.
3) Upload Resurvey Photo [Repair Cost > Injury :	() \$3000] ()	1000		White Control	,
3) Upload Resurvey Photo [Repair Cost > Injury :	\$3000] ()			en a company	, -1. 7.
3) Upload Resurvey Photo [Repair Cost > Injury :	()	1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			S
3) Upload Resurvey Photo [Repair Cost > Injury :	() \$3000] ()				P-
3) Upload Resurvey Photo [Repair Cost > Injury :	() \$3000] ()				20.00
3) Upload Resurvey Photo [Repair Cost > Injury :	() \$3000] ()				
3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions	1	Inveice Pre	paration Checklist	Anit (S)	
3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NAIRO 2388	1 334		paration Checklist	Ant(S)	
3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NAIRO 2388		1) AR : Accident 2) DA : Damege	Reporting (\$30); Assessment (\$100); INC (\$	fit Bill	
NAISO 188	1 11-4	1) AR : Accident 2) DA : Damage 3) TF : Towing F	Reporting (\$30); Assessment (\$100); INC (\$	fú.Bill	
NAISO 1888 Injury: Date/Time Actions NAISO 1888 Inimant's Particulars:	• 11-4	1) AR : Accident 2) DA : Damege 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T	Reporting (\$30); Assessment (\$100); INC (\$ 66 \$ 66 \$ 67 Arough Survey 67 Arough Survey (Resurvey)	fit.Bill \$80) \$0/\$45 \$120 \$30	
NAISO 188 Injury: Date/Time: Actions Naisonalist Particulars: river/Owner:		1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a	Reporting (\$30); Assessment (\$100); INC (\$ ee \$ contrough Survey (Resurvey) geinst INC Only (wef 10 Jan 200	fit.Bill \$80) \$0/\$45 \$120 \$30	
NAIRO 2388 Injury: Date/Time: Actions Nairo 2388 Inimant's Particulars:- river/Owner: ontact No:		1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspect 7) N1: Idao DA	Reporting (\$30); Assessment (\$100); INC (\$ ee \$1 hrough Survey hrough Survey (Resurvey) geinst INC Only (wef 10 Jan 200 stion + SMRT Survey	\$4.Bill \$80) \$0/\$45 \$120 \$30 \$5)	
NAISO 2388 Injury: Date/Time Actions Naisons Injury: Date/Time Actions Injury:		1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspet 7) N1: Idac DA 8) NTUC Addition	Reporting (\$30); Assessment (\$100); INC (\$ ee \$1 hrough Survey hrough Survey (Resurvey) geinst INC Only (wef 10 Jan 200 stion + SMRT Survey	\$60) \$0/\$45 \$120 \$30 \$75	
Date/Time Actions NAIVOLISE Injury: Date/Time Actions		1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idac DA 8) NTUC Addition	Reporting (\$30); Assessment (\$100); INC (\$ ee	\$60) \$0/\$45 \$120 \$30 \$75	
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions NAIVOLUSE Inimant's Particulars: river/Owner: ontact No: amaged Portion:		1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C	Reporting (\$30); Assessment (\$100); INC (\$ ee	\$60) \$40/\$45 \$120 \$30 \$51 \$75 \$160	
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions NAIVOLISE Inimant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):		1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idac DA 3) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep	Reporting (\$30); Assessment (\$100); INC (\$ ee	\$60) \$40/\$45 \$120 \$30 \$55 \$160 \$55 \$10 \$25	
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions NAISO 188 Inimant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): uditors' Comments:-		1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$30); see Someough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 20) stion + SMRT Survey hal Services Cer / Tpt Allowance hordination hir Inspection lect Excess Coordination	\$60) \$40/\$45 \$120 \$30 \$51 \$75 \$160	Am (3
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time: Actions		1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$30); ee	\$60) \$60/\$45 \$120 \$30 \$55 \$75 \$160 \$55 \$510 \$25 \$55 \$20 \$30	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.

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

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

aloresalo.	
The state of the s	ACCIDENT STATEMENT
Date Of Report	17/04/2018 16:39
Date Of Accident	17/04/2018 06:50
Exact Location Of Accident	JB CHECKPOINT TWDS WOODLANDS CHECKPOINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLF9160M
Insured/Policyholder	
Name Of Registered Owner	APEX LEASING PTE LTD
Co Reg No	201616961Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94508445
Alternative Phone No	OFFICE-94508445
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X CVT ABS D/AIRBAG 2WD
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5082827526-01
Cover Note Number	
Driver	

VELLAICHAMY SUBRAMANIAN Name of Driver

S8062128J NRIC No 15/12/1980 Date Of Birth OUTDOOR Occupation 16/02/2011 Date Of Driving Pass

7 YEARS AND 2 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-91411833 Mobile Number

Fax Number

OFFICE-91411833 Contact Number

NOEMAIL EMail Address

BLK 23 HOUGANG AVENUE 3 Address #02-301

530023

NO Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OTHER - HIRER

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

Postcode

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

1

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

SGV7630L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.

(Co. Reg. No. 1m)

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.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

000	THE WALL DOORS	
ke toc	to Statement.	

DECLARATION

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

Co. Reg. No. 2016169612

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.:

Sport Stanfordam, V.

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG JB CHECKPOINT AFTER GANTRY TWDS WOODLANDS CHECKPOINT. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

ACCIDENT STATEMENT

ACCI	DENT DATE: 17 / 4 / 18)(DD/MM/YY	YY), TIME:(06 : 50)(HH:MM)	
0.00		woodlands chielepan.	† _
un f	DETAILS OF VEHICLE		
	a) VEHICLE NUMBER: SUF 9160M	<u> </u>	
++	PINGIDANCE COMPANY:		
- 18	LINGUAL HILLIPED. FAX 1X 122 / 6	THE TANK FIRE STREET	*
	dIPOLICY TYPE: (COMPREHENSIVE / THIRD P	ARTY / THIRD PARTY FIRE & THE T	(E)
	CIMARE & MODEL.		
	FITYPE-ISALOON / COUPE / MPV /VAN / LOI	RRY / MOTORCYCLE / OTHERS)	
	CIVEHICLE CATEGORY: (PRIVATE / COMMER	CIAL / MOTORCYCLE)	102
1	h)PURPOSE OF USING AT ACCIDENT TIME:	OW WOLCO	
,	I) ARE YOU CLAIMING UNDER YOUR OWN IN	DEBORTING ONLY	(9)
cons:	IF NO, PLEASE STATE (THIRD PARTY CLAIM /	REP.ORTING CITETY	
2.	ANAME: APEX LEASING PIE LED	[MALE / FEMALE]	10
	b)NRIC/FIN/PASSPORT: 316/6/6/2	CONTACT: 94508493	- the of
	c)ADDRESS:		N HO OF
*	*		. (Including d
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER	())
3.	DRIVER	(MALE FEMALE)	
	a) NAME: Ve 1/gichamy Subramania	CONTACT: 9141183	3
	DITAKICIT II TOOL OKT	- (11	<u> </u>
	CIADDRESS: BIK 13 Hanging Avenue		-
	*d)DATE OF BIRTH: (5) (OD)	D/MM/YYYY)	
*	e)OCCUPATION: (INDOOR / OUTDOOR)		98
	TYEARS OF DRIVING EXPRERIENCE: 16 3	PEDIS COMPANYS (VES./ NO)	39 323
4.	WAS DRIVER AN EMPLOYEE OF THE INSU IF NO, RELATIONSHIP OF THE DRIVER W	TTH INSURED:	
•	a) WEATHER CONDITION: (CLEAR / RAINING	/OTHERS	
5.	b)ROAD SURFACE: (DRY / WET / OTHERS)
4	WAS ANYBODY INJURED (YES / NO)		, N
7.	a)REPORTED TO POLICE (YES / NO)	9	623
5.55	IF YES, PLEASE STATE WHICH POLICE STATIC	N:	_
. 8.	THIRD PARTY VEHICLE		- *No of passo
	a) VEHICLE NUMBER: 1647630L	MODEL:	7/2 70
	b) DRIVER'S NAME:	CONTACT:	- Claduding du
9.	C) NRIC/FIN/PASSPORT:THIRD PARTY VEHICLE		(-)
1.	d) VEHICLE NUMBER:	MODEL:	Ho of possi
77	e) DRIVER'S NAME:		-
'1	f) NRIC/FIN/PASSPORT:	CONTACT::-	_ : (Including d
			(-).
			1
	· 1:1-1 @ ON X-	trading com sq'.	*
	in the state of	Jun Japan anna	
	email = v8rL-ma@	2 yarres com	
	C	€5 E	7000
	0		- T

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8062128J





VELLAICHAMY SUBRAMANIAN

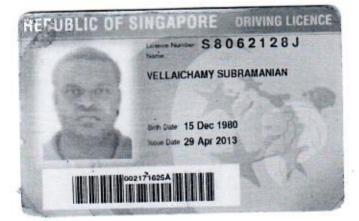
General augrement

INDIAN

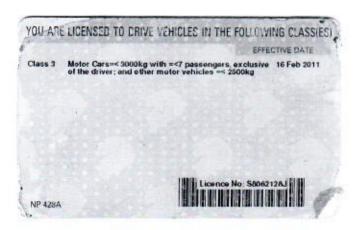
Date of birth

15-12-1980 M

Country of birth







eBao Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage '	Change Passwor	d › Log Ou
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	lo.				Date of Acc	ident	17/04/	2018 06:50	
	Vehicle	No.(For Motor)	SLF9160M							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5082827526- 01	APEX LEASING PTE LTD	201616961Z	GFT	drivo CLASSIC	SLF9160M	SLF9160M	04/08/2017	
					- 8	Continue				

Address of Jubi AVENUE 2 #02-20 AUTONOBILE MEGAMART SINGAPORE 408898 FEET INSURANCE Plan	▽ Polic	y Information				
Plan	Policy No.	5082827526-01		APEX LEASING PTE LTD		201616961Z
FIEET INSURANCE Plan Policy Flag Notes Plan Policy Flag Notes Plan Policy Flag Notes Premium Policy Plan Notes Premium Policy	Address	61 UBI AVENUE 2 #02-20	AUTOMOBILE MEGAN	MART SINGAPORE 40889	98	
Date O4/08/2017 O2/08/2017 O2/08/2017 O2/08/2017 O2/09 Date O4/08/2017 O2/09 Date O4/08/		FLEET INSURANCE	Plan			N
tarty 1500.00 damage 2000.00 Excess 100.00 Excess 10	ssue	02/08/2017		04/08/2017 00:00	Expiry Date	03/08/2018 23:59
Dutaside Sources 2	Party	1500.00	damage	2000.00		100.00
Singapore 2000.00 Singapore TP Excess KCB AGENCY Agent Tel. 63913813 GST Flag Y Consurance No Flag Doen Poblicy Info Certificate Info Derivation of Policy Policy Info Certificate Info Derivation of Policy Info Related Policy Info Policy Info Derivation of Policy Info Derivative of Info Deri	CONTRACTOR STATE	0		0		
Agent KCB AGENCY Agent Tel. 63913813 GST Flag Y Consumer to No Flag Doen No Flag D	Singapore OD	2000.00	Singapore	1500.00		
Doen nsurance No Insurance No I		KCB AGENCY	Agent Tel.	63913813	GST Flag	Y
Policyholder Mailing Address Address 1 61 UBI AVENUE 2 Address 2 #02-20 AUTOMOBILE MEGAMAF Address 3 SINGAPORE 408898 Address 4 Address 7type Singapore address Post Code 408898 Unit No. 02-20 Policy Number Insured Object: SLF9160M Endorsements Sequence Date of Endorsement Type Endorsement Number Endorsement Type Endorsement Thank you for giving us the opportunity to serve you. We extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJ167282 27-12-2017 \$848.8 (inclusive of GST) 1s payable under your policy, Please ignore you have since made payment, Otherwise, we woul appreciate it if you have since made payment, Otherwise, we woul appreciate it if you could make payment to us within 14 days from the date of this letter. Freque payment, please is the cheque in favour of "NTU" income" with your name and policy number indicated on the verse of the cheque. Alternatively, you could also make payment at any of the cheque. Alternatively, you could also make payment at any of the cheque. Alternatively, you could also make payment at any of the cheque. Alternatively, you could also make payment at any of the cheque. Alternatively, you could also make payment at any of the cheque. Alternatively, you could also make payment at any of the cheque. Alternatively, you could also make payment at any of the cheque and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of the cheque and policy number indicated on the opportunity to serve you. We	Co- insurance Flag					
Address 1 61 UBI AVENUE 2 Address 7 Address 7 Address 7 Address 7 Address 8 Address 9 Address 9 Address 1 61 UBI AVENUE 2 Address 1 61 UBI AVENUE 2 Address 1 61 UBI AVENUE 2 Address 1 Address 2 #02-20 AUTOMOBILE MEGAMAF Address 3 Address 9 Address 9 Address 9 Address 1 Address 2 #02-20 AUTOMOBILE MEGAMAF Address 3 Address 9 Address 1 Address 2 #02-20 AUTOMOBILE MEGAMAF Address 3 Address 9 Address 1 Address 2 #02-20 AUTOMOBILE MEGAMAF Address 3 Address 9 Address 1 Address 2 #02-20 AUTOMOBILE MEGAMAF Address 3 Address 9 Address 4 Address 2 #02-20 AUTOMOBILE MEGAMAF Address 3 Address 9 Address 4 Address 2 #02-20 AUTOMOBILE MEGAMAF Address 3 Address 4 Address 2 #02-20 AUTOMOBILE MEGAMAF Address 3 Address 4 Address 2 #02-20 AUTOMOBILE MEGAMAF Address 3 Address 9 Address 4 Address 2 #02-20 AUTOMOBILE MEGAMAF Address 3 Address 9 Address 4 Address 2 #02-20 AUTOMOBILE MEGAMAF Address 3 Address 4 Address 3 Address 4 Address 2 #02-20 AUTOMOBILE MEGAMAF Address 3 Address 4 Address 2 #02-20 AUTOMOBILE MEGAMAF Address 3 Address 4 408898 Address 4 Address 2 #02-20 AUTOMOBILE MEGAMAF Address 3 Address 4 408898 Address 4 4088	Policy Info					
Address 1 61 UBI AVENUE 2 Address 2 #02-20 AUTOMOBILE MEGAMAF Address 3 SINGAPORE 408898 Address 4 Singapore address Post Code Related Policy Number 5093501453 Insured Object: SLF9160M Findorsements Sequence Date of Endorsement Type Endorsement Number Endorsement Status 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. S1)67282 27-12-2017 \$848.8 In view of this amendment, at additional premium of \$848.8 (inclusive of GST) is payable under your policy. Please ignor fly our have since made payment. Otherwise, we appreciate it if you have since made payment. Otherwise, we can from the date of this letter. For cheque payment, please is good appreciate it if you nave in favour of "NTUL Income" with your name and policy number of infavour of "NTUL Income" with your name and policy number indicated on the reverse of the cheque. In favour of "NTUL Income" with your name and policy number indicated on the reverse of the cheque, and the payment at any of our branches by cash or NETS.						
Address 4 Address Type Related Policy Number Insured Object: SLF9160M Findorsements Sequence Date of Endorsement Endorsement Type Endorsement Number Endorsement Sequence Date of Endorsement Sequence Date of Endorsement Endorsement Endorsement O00001286722030 Endorsement Endorsement Take Effective Endorsement Endorsement Take Effective Endorsement Endorsement Take Effective Endorsement 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. S3)67282 27-12-2017 \$848.8 In view of this amendment, and additional premium of \$848.8 (inclusive of GST) is payable under your policy. Please ignored the payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. Fence 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 make payment at any of our branches by cash or NETS. Thank you for giving us the opportunity to serve you. We	→ Policyl	nolder Mailing Address	warna albanifis nigar			CINCADODE 408808
Address 4 Unit No. 02-20 Insured Object: SLF9160M Findorsements Sequence Date of Endorsement Type Endorsement Number Endorsement Endorsement Type Endorsement Number Endorsement Endorsement Status Endorsement Status 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. SJI67282 27-12-2017 \$848.8 In view of this amendment, are additional premium of \$848.8 (inclusive of GST) is payable under your policy. Please ignore this premium payment reques if you have since made payment. Otherwise, we woul 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 or "NTUC. Endorsement Take Effective Endorsement Take Effective Endorsement Take Effective Endorsement Take Effective If you have since made payment, please issue the cheque in favour or "NTUC. Income" with you round appreciate it if you could make payment of this letter. For cheque payment, please issue the cheque in favour or "NTUC. Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS. Thank you for giving us the opportunity to serve you. We	Address 1	61 UBI AVENUE 2		#02-20 AUTOMOBILE	MEGAMAF Address 3	SINGAPORE 400090
Unit No. 02-20 Policy Number 5093501453 Insured Object: SLF9160M ■ Endorsements Sequence Date of Endorsement Type Endorsement Number Endorsement Status 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. S3167282 27-12-2017 \$848.8 In view of this amendment, at additional premium of \$848.8 (inclusive of GST) is payable under your policy. Please ignored the proposed of the proposed of the payament. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. Fetheduse payment, please isnow the cheque in favour of "NTUL Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS. Thank you for giving us the opportunity to serve you. We confirm that the proportunity 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. S3167282 27-12-2017 \$848.8 In view of this amendment, at additional premium of \$848.8 (inclusive of GST) is payable under your policy. Please ignored the payament of "You could make payment to us within 14 days from the date of this letter. Fetheduse payment, please issue the cheque in favour of "NTUL Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS. Thank you for giving us the opportunity to serve you. We confirm that the payament of the payable of	Address 4		Туре	Singapore address	Post Code	408898
Sequence Date of Endorsement Type Endorsement Number Endorsement Status 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. \$3,367.28Z 27-12-2017 \$848.8 In view of this amendment, at additional premium of \$848.8 (inclusive of GST) is payable under your policy. Please ignounder your policy. Please ignounder your policy. Please ignounder your policy have since made payment to us within 14 days from the date of this letter. Fit 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 make payment at any of our branches by cash or NETS. Thank you for giving us the opportunity to serve you. We opportunity to serve you. We	Unit No.	02-20	Policy	5093501453		
Sequence Date of Endorsement Type Endorsement Number Endorsement Status Endorsement Status 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. S3)6728Z 27-12-2017 \$848.8 In view of this amendment, at additional premium of \$848.8 (inclusive of GST) is payable under your policy. Please ignouples feet of the feet of this letter. For the date of this letter. For 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 make payment at any of our branches by cash or NETS. 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. S3)16728Z 27-12-2017 \$848.8 In view of this amendment, at additional premium of \$848.8 (inclusive of GST) is payable under your policy. Please ignored if you have since made payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS. Thank you for giving us the opportunity to serve you. We	1 Insure	d Object: SLF9160M				
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. S3J6728Z 27-12-2017 \$848.8 In view of this amendment. additional premium of \$848.8 (inclusive of GST) is payable under your policy. Please ignor this premium payment request from the date of this premium 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 make payment at any of our branches by cash or NETS. 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. S3J6728Z 27-12-2017 \$848.8 In view of this amendment, additional premium of \$848.8 (inclusive of GST) is payable under your policy. Please ignore this premium payment request from the date of the server 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 make payment at any of our branches by cash or NETS. Thank you for giving us the opportunity to serve you. We	□ Endor	sements				
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. SJJ6728Z 27-12-2017 \$848.8 In view of this amendment, as additional premium of \$848.8 (inclusive of GST) is payable under your policy. Please ignor this premium payment requestify our have since made payment. Otherwise, we woul 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 make payment at any of our branches by cash or NETS. Thank you for giving us the opportunity to serve you. We	Sequen	CO	Endorsement Type		Endorsement Status	Endorsement Content
opportunity to serve you. We	1	29/12/2017 00:00		000001286722030		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. SJJ6728Z 27-12-2017 \$848.87 In view of this amendment, an additional premium of \$848.87 (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 make payment at any of our branches by cash or NETS.
						opportunity to serve you. We

ident MT/0990815					GST Registration No.			
ticy No.	5062827526-01	Vehicle No.	SLF9160M		Policyholder NRIC		516961Z	
olicyholder Name	APEX LEASING PTE LTD					0		
oduct Code	FLEET INSURANCE	Cover Type	drivo CLASSIC		Loading			
erract No.(Mobile)	94508445	Contact No.(Office)	0		Contect No (Home)	0	_	
nail Address		Special Remark			eCade	1963	Y	
K	® No ○ Yes	TCA	® No ○ Yes		eCode Reason	- Inne		
D Protection	No.	NCD Entitlement (%)	0		Private Hire	Yes		
Accident Details								
port Date	17/04/2018 18:13	Accident Report Within 24 fml	Yes		Accident Type		sion - Head to Rear	
te of Accident	17/04/2018	Time of Accident Intomin	06:50		Country of Accident	Dutt	ide Singapore	
parting Centre		Drange Force			ICM No.			
ordent Location	38 CHECKPOINT TWOS WOODLANDS	CHECHPOINT						
Benefits								
Excess								
	2,000,00	Additional Excess		0.00	Windscreen Excess		100.00	
in damage Excess	2,444,144	Dutilide Singapore OD Excess		2,000.00				
named Driver Excess	1 620 60	Outside Singapore TP Excess		1,500.00				
ard Party Excess	1,500.00	Occade Singapore 17 Excess		10000				
GST Registered Informa			CST Se	gistration Date				
T Registered	No			stus Venfied	Yes			
T Registration No. dificación History			(9041)/80					
Policyholder Mailing Adv		Address 2	202-30 autro	NOBILE MEGAMAF	Address 3	SIN	GAPORE 408898	
Idress 1	61 UBI AVENUE Z		Singapore add		Post Code	408	888	
ddress 4	144	Address Type	5093501453				1000	
nit No.	02-20	Related Policy Number	20,91301423					
OI Driver Info		1140 S. 440 V	There is a second second					
river Name	Unnamed Driver	Driver Type	Unnamed Orivi	EC;	Driver DOB	187	12/1980	
nnamed driver Name	VELLAICHAMY GUBRANANIAN	Driver NR3C	58062128)		Driving Experience	2		
agister Date of Driver License	16/02/2011	Driver Age	37			. 8		
ontact No.(Mobile)	91411833	Contact No. (Office)	•		Contact No (Home)		0	
doness 1	BUX 23	Address 2	HOUGANG AVENUE 3		Address 3		HOUGANG VIEW	
		Hodress E	HOUGANG AV	those 3	Autress 3			
ddress 4	EINGAPORE \$30023	Aptress Type	Singapore add		Post Code		0023	
							0023	
indress 4 Init No. Does he own a Singapore legistered car?	SINGAPORE \$30023					530	0023	
init No. loes he own a Singapore agistered car?	EINGAPOPE \$30023 02-301	Address Type			Post Code	530	0023	
nit ko. Des he own a Singapore egistered car? Ectarolico ceathalyser or fillood Test	SINGAPORE \$30021 02-301 ○ Yes ® No	Address Type			Post Code	530	0023	
init No. Does he own a Singapore	EINGAPOPE \$30023 02-301	Address Type Driver Vehicle No.	Singapore add		Post Code	530	0023	
int No. Joes he own a Singapore egistered car? ectaration creathalyser or fillood Test	SINGAPORE \$30021 02-301 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore add		Post Code	530	0023	
nit No. Des he own a Singapore spistered car? CCArolion Healthalyser or Blood Test auding?	SINGAPORE \$30021 02-301 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore add		Post Code	530	0023	
nt No. bes he own a Singapore registered car? coaration waithayser or fixed Test aading?	SINGAPORE \$30021 02-301 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore add		Post Code	530	0023	
nt No. bes he own a Singapore restriction coardigo reathshipser or Blood Test addification History Claim 001 New	SINGAPORE \$30021 02-301 ○ Yes Mo	Address Type Driver Vehicle No. Any Injury?	Singapore add	ress	Post Code	530	1616961Z	
not No. Des he own a Singapore restantion restantion reathalyser or fixed Test reading? Claim 001 Mex. Laim Type *	SINGAPORE \$30021 02-301 ○ Yes ® No	Address Type Driver Vehicle No. Any Injury? Insured Name	Singapore add	ress	Post Code Onver Insurer Comp	530		
not No. bes he com a Singapore restriction reathlyser or fixed Test addification History Claim 001 New Jaim Type + refact No. (Mobile)	SINGAPORE \$30021 02-301 ○ Yes Mo	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home)	Singapore add	ress	Post Code Onver Insurer Comp	530 barry	16169612	
nor No. Des he own a Singapore space of the Car? Character Char	SINGAPORE \$30023 03-301 ○ Yes ® No 0 mg	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OS Vehicle Number	Singapore add	ress	Post Code Oniver Insurer Comp Insured NRIC Contact No.(Office) TP Vehicle Number	530 Namy		
not No. Des ne own a Singapora agistered car? Ectarosion reauthalyser or Blood Test adding? Citalm 001 New Jaim Type + antact No. (Mobile) mail Address Jaim Description	SINGAPORE \$30021 02-301 ○ Yes No 0 mg	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OS Vehicle Number	Singapore add	S PTE LTD	Post Code Oniver Insurer Comp Insured NRIC Concact No.(Office)	530 Namy	16169612	
not No. Des he own a Singapore agistiered car? Colaration reathlyser or Bood Test reading? Colaration History Colaim 001 New Islam Type + contact No. (Nobile) mad Address Islam Description referred Workshop Contact	SINGAPORE \$30023 03-301 ○ Yes ® No 0 mg	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OS Vehicle Number	Singapore add	ress	Post Code Oniver Insurer Comp Insured NRIC Contact No.(Office) TP Vehicle Number	20: + SG	1616961Z V2630s	
not ke. Des he cen a Singapore restricted car? Claration reathlayser or fixed Test reading? Claim 001 New Laim Type + Instant No. (Nobile) mad Address Jaim Description referred Workshop Contact ones and the contact of the conta	SINGAPORE \$30023 03-301 ○ Yes ® No 0 mg	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number	O Yes ® No APEX LEASING SLFP160M	S PTE LTD	Post Code Oniver Insurer Comp Insured NRIC Contact No.(Office) TP Vehicle Number	20: + SG Norkshop	1616961Z V7630s	
nor No. bes he own a Singapore registered car? Claration wathlayser or Blood Test adding? claim 001 New aim Type + artast No. (Mobile) was Address aim Description referred Workshop Contact b. cigure Pinafisation	SINGAPORE \$30023 03-301	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number 18 Insured Liability *	O Yes ® No APEX LEASING SLFP160M	S PTE LTD	Post Code Oniver Insurer Comp Insured NRIC Contact No. (Office) TP United Number Name of Preferred V	20: + SG Norkshop	1616961Z V2630s	
nt No. bes he own a Singapore registered car? Clairation wathlayser or Blood Test adding? clair 001 New aim Type + artast No. (Mobile) was Address alm Description referred Workshop Contact b. ciquire Pinalisation atab Registanted	51WGAPORE \$30023 03-301	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OS Vehicle Number 18 Insured Liability * Preferend Repair Option	O Yes ® No APEX LEASING SLFP160M	S PTE LTD	Post Code Oniver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report	20: + SG Norkshop	1616961Z V7630s	
not No. Des ne own a Singapore agistered car? Ectarosion reathalyser or Blood Test auding? Citalm 001 Niew Jaim Type + antact No. (Mobile) mai Address Jaim Description referred Workshop Contact ocquire Finafastion Jate Registered aport Taken By	SINGAPORE \$30023 03-301 O Yes ® No 0 mg OD-MX SLF9160M / SGV7630L ON 17 Apr 20 Yes V	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OS Vehicle Number 18 Insured Liability * Preferend Repair Option	O Yes ® No APEX LEASING SLFP160M	S PTE LTD	Post Code Oniver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report	20: + SG Norkshop	1616961Z V7630s	
not No. bes he own a Singapora agistered car? Eclaration reathalyser or fixed Test adding? oddication History	SINGAPORE \$30023 03-301 O Yes ® No 0 mg OD-MX SLF9160M / SGV7630L ON 17 Apr 20 Yes V	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OS Vehicle Number 18 Insured Liability * Preferend Repair Option	O Yes (a) No APEX LEASON SUPPLICAN Freferred Wo	S PTE LTD	Post Code Oniver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report	20: + SG Norkshop	1616961Z V7630s	
nor No. Des he own a Singapore restaration mathalyser or fixed Test reading? Claim 001 New Liaim Type + Detact No. (Nobile) mail Address Liaim Description referred Workshop Cortact ob. Claim 001 New Liaim Description referred Workshop Cortact ob. Claim 001 New Liaim Description referred Workshop Cortact ob. Claim 001 New Liaim Description referred Workshop Cortact ob. Claim 001 New Liaim Description Referred Workshop Cortact ob. Claim 001 New Liaim Description Referred Workshop Cortact ob. Claim 001 New Liaim Description Referred Workshop Cortact ob. Claim 001 New Liaim New L	SINGAPORE \$30023 03-301 O Yes ® No 0 mg OD-MX SLF9160M / SGV7630L ON 17 Apr 20 Yes V	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OS Vehicle Number 18 Insured Liability * Preferend Repair Option	O Yes ® No APEX LEASING SLFP160M	S PTE LTD	Post Code Oniver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report	20: + SG Norkshop	1616961Z V7630s	
in No. Jes he own a Singapore gastered car? Chardion eatharyser or Blood Test adding? diffication History Claim 001 New sim Type + sociati No. (Mobile) hal Address sim Description eiterned Workshop Contact by Expere Finalization at Registered sport Taken By Fiver AK letter Attachment	SINGAPORE \$30023 03-301 O Yes ® No 0 mg OD-MX SLF9160M / SGV7630L ON 17 Apr 20 Yes V	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OS Vehicle Number 18 Insured Liability * Preferend Repair Option	O Yes (a) No APEX LEASON SUPPLICAN Freferred Wo	S PTE LTD	Post Code Oniver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report	20: + SG Norkshop	1616961Z V7630s	
not No. Does he own a Singapore agistered car? Charoliso realthalyser or Blood Test realthalyser or Blood realthalyser or Blood realthalyser realthal	51WGAPORE \$30021 03-301	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) Of Vehicle Number 18 Incured Liability * Praferened Sepair Option Claim Close Date	O Yes (a) No APEX LEASON SUPPLICAN Freferred Wo	s PTE LTD	Post Code Oniver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report	20: + SG Norkshop	1616961Z V7630s	
not No. Does he own a Singapore sigstered car? Charoliso realthalyser or Blood Test sading? Odification History Claim 001 New Saim Type + ontact No. (Mobile) mail Abbress Isim Description referred Workshop Contact o. Oppure Finalization ate Registaned aport Taken By Privit AK letter Attachment	SINGAPORE \$30023 03-301 O Yes ® No 0 mg OD-MX SLF9160M / SGV7630L ON 17 Apr 20 Yes V	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) Of Vehicle Number 18 Incured Liability * Praferend Sepair Option Claim Close Date	O Yes (a) No APEX LEASON SUPPLICAN Freferred Wo	s PTE LTD ashoo, Name unknown out	Post Code Oniver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report	20: + SG Norkshop	1616961Z V7630s	
not No. Does he own a Singapore agistered car? Charoliso realthalyser or Blood Test adding? Odification History Claim 001 New Jaim Type + contact No. (Mobile) mai Address Jaim Description referred Workshop Contact about Taken By Privit AK letter Attachment	51WGAPORE \$30021 03-301	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) Of Vehicle Number 18 Incured Liability * Praferened Sepair Option Claim Close Date	O Yes (a) No APEX LEASON SUPPLICAN Freferred Wo	s PTE LTD	Post Code Oriver Insurer Comp Insured NRTC Contact No. (Office) TP Unhale Number Name of Preferred V GIA report Date Received	20: t SG Rorkshop	1616961Z V7630L Ceived V	
in No. Jes he own a Singapore gastered car? Chardian eatharyser or Blood Test adding? diffication History Claim 001 New sim Type + sociati No. (Mobile) hall Address sim Description eiterred Workshop Contact by Fiver An Institution at Registered sport Taken By Fiver AK letter Attachment	61WGAPORE \$30021 03-301	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) Of Vehicle Number 18 Incured Liability * Praferened Sepair Option Claim Close Date	O Yes (a) No APEX LEASON SUPPLICAN Freferred Wo	s PTE LTD ashoo, Name unknown out	Post Code Oniver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report	20: t SG Rearkshap Rearkshap Inches 17:	1616961Z V7630L Cenved V	
in No. Jes he own a Singapore gastered car? Chardian eatharyser or Blood Test adding? diffication History Claim 001 New sim Type + sociati No. (Mobile) hall Address sim Description eiterred Workshop Contact by Fiver An Institution at Registered sport Taken By Fiver AK letter Attachment	61WGAPORE \$30021 03-301	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) Of Vehicle Number 18 Incured Liability * Praferened Sepair Option Claim Close Date	O Yes ® No APEX LEASING SLF9160M Not at Fault Preferred Woo	RISHOO, Name unknown V	Post Code Oniver Insurer Comp Insured NR IC Contact No. (Omos) TP Vahicle Number Name of Preferred V GIA report Date Received	20: t SG Rearkshap Rearkshap Inches 17:	1616961Z V7630L Ceived V	
in No. Jes he own a Singapore gastered car? Chardian eatharyser or Blood Test adding? diffication History Claim 001 New sim Type + sociati No. (Mobile) hall Address sim Description eiterred Workshop Contact by Fiver An Institution at Registered sport Taken By Fiver AK letter Attachment	61WGAPORE \$30021 03-301	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) Of Vehicle Number 18 Insured Liability * Praferened Repair Option Claim Close Date Claim No. Upload Date Brows	O Yes ® No APEX LEASING SLF9160M Not at Fault Freferred Woo Seve Subm	RShoo, Name unknown V RShoo, Name unknown V 17/04/2018 18:16 Category • Tease Select V	Post Code Oriver Insurer Comp Insured NRTC Contact No. (Office) TP Unbicle Number Name of Preferred V GIA report Date Received Confidential	20: t SG erarkshap Rearkshap Irgency * Normal	1616961Z V7630L Cenved V	
not No. Des he own a Singapore agistered car? Ectaroliso readthalyser or Blood Test adding? Citain 001 New Lisim Type + Entact No. (Mobile) mail Address Jaim Description referred Workshop Contact No. Ectaroliso Privit AK letter Attachment	61WGAPORE \$30021 03-301	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number 18 Incured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date Brows Brows	O Yes ® No APEX LEASING SLF9160M Not at Fault Freferred Woo Save Submi	sshoo, Name unknown V sshoo, Name unknown V 17/04/2018 18:16 Category • Tease Select V Tease Select V	Post Code Oriver Insurer Comp Insured NRTC Contact No. (Office) TP Unbicle Number Name of Preferred V GIA report Date Received Confidential	20. t SG workshop Irgency * Normal Normal	Description *	
not No. Des he own a Singapore agistered car? Ectaroliso readthalyser or Blood Test adding? Citain 001 New Lisim Type + Entact No. (Mobile) mail Address Jaim Description referred Workshop Contact No. Ectaroliso Privit AK letter Attachment	61WGAPORE \$30021 03-301	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number 18 Incured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date Brows Brows Brows	O Yes ® No APEX LEASING SLF9160M Not at Fault Freferred Woo Seve Submi	shoo, Name unknown shoo, Name unknown interest category • fease Select rease Select rease Select rease Select verse Select v	Post Code Oniver Insurer Comp Insured NR IC Contact No. (Omos) TP Vahicle Number Name of Preferred V GIA report Oate Received Confidential	20. t SG workshop Rearkshop Ingency * Normal Normal	Description *	
not No. Does he own a Singapore agistered car? Colaroliso readhalyser of Blood Test eaching? Colaim 001 New Jaim Type + Donast No. (Mobile) mail Address Jaim Description referred Workshop Contact to, Course Finalisation at a Registered aport Taken By Print AK Letter Attachment	61WGAPORE \$30021 03-301	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number 18 Incured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date Brows Brows	O Yes ® No APEX LEASING SLF9160N Not at Fault Freferred Wo Seve Submi	schoo, Name unknown schoo, Name unknown income school income school category * fease Select income	Post Code Oniver Insurer Comp Insured NRTC Contact No. (Office) TP Unbicle Number Name of Preferred V GIA report Date Received Confidential INC. V INC. V INC. V	200 ± SG Norrication Normal Normal	Description *	
not No. Des he own a Singapore agistered car? Ectaroliso reathalyser or Blood Test adding? Oddification History Claim 001 New Isim Type + Intact No. (Mobile) mail Address Isim Description referred Workshop Contact No. Govern Finalisation at a Registered aport Taken By Print AK letter Attachment	61WGAPORE \$30021 03-301	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number 18 Incured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date Brows Brows Brows	Singapore add O Yes ® No APEX LEASING SLF9560M Not at Fault Preferred Wo Save Submi	schoo, Name unknown schoo, Name unknown income school income school category * fease Select income	Post Code Oniver Insurer Comp Insured NRTC Contact No. (Office) TP Unbicle Number Name of Preferred V GIA report Date Received Confidential INC. V INC. V INC. V	20: t SG workshop Recreshop Recreshop Normal Normal Normal Normal	Description *	

	Uploaded By/Date	Folder Date	file Name		?	Source	Action
Video List		11.00					
	NAC_PAYA_UB3_800601(NATI)	ONAL ASSESSMENT CENTRE SERVICES) on 17 Ap	Photos		Normal	Photos 2018-4-17	E
-	NAC_PAYA_UBI_BOOKOI[NATK	MAL ASSESSMENT CENTRE SERVICES) on 17 Ap r 2018 18:15	Photos		Normal	Photos 2018-4-17	t.
3	NAC_PAYA_URL_BODSOL(NATX	INAL ASSESSMENT CENTRE SERVICES) on 17 Ap r 2018 18:15	Photos		Normal	Photos 2018-4-17	E
1		NAL ASSESSMENT CENTRE SERVICES) on 17 Ap r 2018 IB:15	Photos		Normal	Photos 2018-4-17	
-		NAL ASSESSMENT CENTRE SERVICES) on 17 Ap. (2018 18:15	Photos		Normal		E.
as L		r 2018 18:15				Photos 2018-4-17	E
W		MAI, ASSESSMENT CENTRE SERVICES) on 17 Ap.	Photos		Normal	Photos 2018-4-17	
See .	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 17 Ap + 2018 18:15	Photos		Normal	Photos 2018-4-17	E
	NAC_PAYA_UB1_800501(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 17 Ap r 2018 18:15	Photos		Normal	Photos 2018-4-17	Ē
	NAC_PAYA_UB1_BD0601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 17 Ap. + 2018 18:15	Photos		Normal	Priotos 2018-4-17	E
	NAC_PAYA_UBI_B00601[NATIO	NAL ASSESSMENT CHNTRE SERVICES) on 17 Ap : + 2018 18:15	Photos		Normal	Photos 2018-4-17.	L
4064	NAC_PAYA_UBI_S00501(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 17 Ap + 2018 18:15	Photos		Normal	Photos 2018-4-17	
		+2018 18:15	Photos		received		Ed
PER	LICE NEWS YEAR ORDERS AND THE	NAL ASSESSMENT CENTRE SERVICES) on 17 Ap	-		Normal	Photos 2018-4-17	Ed
903	NAC_PAYA_UB[_800601[NATIO	NAL ASSESSMENT CENTRE SERVICES) OF 17 Ap	SAS		Normal	SAS 2018-4-17	Ed
ा भग सं	NAC_PAYA_UBI_BOOGOI[NATIO	NAL ASSESSMENT CENTRE SERVICES) on 17 Ap + 2018 18:16	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-4-17	Ed
ttachment	0	ploaded By/Date	Category	Ŷ	Urgency	Description	(CO)