NATIONAL Assessment Centre	e Services. puet 1 Ja		
Date In: 17/4/18-16-18	Jeb description	Date &Time Complete	Done by
Ref No: NA/INC 1800 7133/24	SAS e-filing		
Veh No: 6016375	E-mail (within Shrs, AIC	C 2hrs)	
D.O.A 10 4/18-1535	i-Motor Claim For	m MT 099 0816-001	17/4/18 18:35
	i-Motor W/O (Within	: OD 2hrs, TP 4hrs)	
OD (TP)! Reporting Only	i-Photo Uploaded	1	
	Assessment/Survey R	eport	
TP Insurer:		Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Assert by Esser	Tol:	Fax:
TP Particulars: Veli No: Im3	Cir	INC()/Non-INC()	AN AN
Owner / Driver: (1136	Tel:)
	iod: () Cover Type: ()
Confirmed by : (Date)
그는 살고 아니는 하는데 가게 하는데 하다 하는데	2500000	N: 0-20%; P: 21-79%. P: 80	0-100%]
	Varranty: YES ()/N		
Excess: (\$) Loading: \$1,00		MANAGA SERRETAKAN ANG SECENTE	718575 T
Seneral Remarks:-		A CONTRACTOR OF THE PARTY OF TH	
() Walk-In Customer: Customer's infor		ial & Strictly NO refer of repaire	r.
() Total Loss Case : to e-mail Insure	r URGENTLY.	99 7 0	
Drive-In ()/ Towed-In (); Invoice	YES () / NO (); Towing Co: (.)
Remarks; (INC horline: 6788 6616)		Date&Time Comple of	Done by
	ourtesy Car ()	(10 m) (10 m)	30.07.10
2) QC Check / Post Repair Inspection	ouriesy car ()		
	0007		
3) Upload Resurvey Photo [Repair Cost > \$3	000) ()		
Injury:			
Date/Time Actions	1000	21	Maria Micarya
1150010	CONTRACTOR OF STATE SERVICE STATE AND ASSESSED.		33,4390 1300
			W. (1997)
	-\		
	Torres		Anit (S) Amit (S
2 PE6081AL	Inve	ce Preparation Checklist	fit Bill Add Bi
aimant's Particulars :-		Accident Reporting (530);	(590)
		Damage Assessment (\$100); INC Towing Fee	(\$80) \$40/\$45
iver/Owner:	4) FT:	Follow-Through Survey	\$120
ntact No:	5) FT:	Follow-Through Survey (Resurvey) leiming against JNC Only (wef 10 Jan 2	\$30 (005)
	6) TR:	Re-inspection	575
maged Portion:		Idao DA + SMRT Survey	\$160
	8) NTU	JC Additional Services:-	
Checked by (Engr-In-Charge):	*N5	Courtesy Cor / Tpt Allowance	\$5
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Repair Co-ordination Fost Repair Inspection	\$10 \$25
iditors! Comments :-	*N8	: DV / Collect Excess Coordination	23
. 1:		N11): TP (Non INC) against INC	30
2/2	9) N12	: Idac Mobile r dated Fee Charg	ed Similar
2/3;		s dated Fee Charg	ed RESIDE

2 . pri 11 + 22

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

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

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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	17/04/2018 16:18
Date Of Accident	10/04/2018 13:35
Exact Location Of Accident	JUNC GEYLANG RD & LOR 17 GEYLANG
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GU1627S
Insured/Policyholder	
Name Of Registered Owner	ABJ PTE LTD
Co Reg No	200009785D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62555333
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5MT 5DR EURO V
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5078853956-02
Cover Note Number	
Driver	
Name of Driver	NOORHISHAM BIN MAIM
NRIC No.	S6919282C
A CONTRACTOR OF THE CONTRACTOR	47/00/4000

17/06/1969 Date Of Birth OUTDOOR Occupation Date Of Driving Pass 20/10/2000

17 YEARS AND 5 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-98968260 Mobile Number

Fax Number

OFFICE-98968260 Contact Number

NOEMAIL EMail Address

BLK 350 ANCHORVALE ROAD

#10-113 540350

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

Address

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED 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

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)

2

Passenger 1

NAME:

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

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?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180417/2031.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

NO Was there any audio recorded?

Details of Witness 1

EUGENE TEO Name 97707749

Phone Number Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJM3513E

Vehicle Make/Model/Colour

Details Of Properties

Page 2 of 20

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)

1

DETAILS OF INJURED PERSON 1

Name

NOORHISHAM BIN MAIM

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GU1627S

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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.
- 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:

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

efer to	potice report	7/20180417/2031	
	<u> </u>		
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	/		
	1		

DECLARATION

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

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature Name:

ACCIDENT STATEMENT

	IDENT DATE: 10 4 18)(DD/MM/YYYY), TIME: (13 . 35)(HH:MM)	
	C . h) & 125 12 60,1600	
LOC	ATION: IMOC helling ka	565 86
,	. DETAILS OF VEHICLE	
8	a)VEHICLE NUMBER: 6016275	
8	WINSTIPANCE COMPANY: NTVC	
		*
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)	
	ALLER A MODELLA	8
	STYPE-ISALOON / COUPE / MPV /VAN / LORRY / MOTORC'TELE.	
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)	9
1	h)PURPOSE OF USING AT ACCIDENT TIME: LONG CAR	
1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES NO)	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	
000	IL NO' LEVE 21 VIE (LLIKE) I CKL I GENTLE	
2	ANAME: ANT HE CHA (MALE / FEMALE)	-
	b) NRIC/FIN/PASSPORT: 20060 4787 CONTACT: 63577	
	c)ADDRESS:	X HO OF
	507 Base 10000 Bull 10	Including d
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	(7.1
3	DRIVED	(-)
	CINAME: HOST hichon The Main (MALEY FEMALE)	* mole
	HINDIC/FIN/PASSPORT: >(9 19282C CONTACT:	-
	CIADDRESS: BIK Iso Eggs Anchorvale Road & 10-113	
	(340750)	2 2
	*d) DATE OF BIRTH: (17/6/6)(DD/MM/YYYY)	
15	e)OCCUPATION: (INDOOR / OUTDOOR)	
	THE ARE OF BOWING EVEDEDIENCE: 6 10 10 10 10	5277 20
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)	<u>0</u> 8
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:)
5.	a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS	
	b)ROAD SURFACE: (DRY) WET / OTHERS	
6.	WAS ANYBODY INJURED (YES) NO)	# ·
7.	a)REPORTED TO POLICE (YES (NO)	
	IF YES, PLEASE STATE WHICH POLICE STATION:	50 1000
8.	THIRD PARTY VEHICLE a) VEHICLE NUMBER: 5 m 35 13E MODEL:	*No of passo
	b) DRIVER'S NAME:	Clududing do
	c) NRIC/FIN/PASSPORT:CONTACT:	
Q	THIRD PARTY VEHICLE	(-+)
4.	d) VEHICLE NUMBER:MODEL:	* Ho of passi
	e) DRIVER'S NAME:	61 34355 N. CO.
*1	f) NRIC/FIN/PASSPORT:CONTACT:	. (Including d
	I) TIKIO/TIT/T TOOL OWI	().
	witness: Eggne Teo.	C/ .
	11p = 97709749 video = ye	3
	email = SUSHENG U LATE GMAIL COM LITH	driver
	email = sustates of the	Villet II. 1 a
25		- 21
El .	fax =	987 W
4	ACCEPTAGE TO THE PROPERTY OF T	





1 of 4

Report No. T/20180417/2031

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

Tel No: 65470000

REPORT O	F A TRAFFIC	ACCIDENT					
	ne Report M 18 11:25	lade:	Vide Report No.:	Station Diary No.:			
Informa	nt's Particu	ılars	以中,四次发生的程				
Name of	Informant: ISHAM BIN	A SANSAN PROCESS	Address: 350 ANCHORVALE ROAD	#10-113 SINGAPORE 540350			
ID Type			Contact No.: Home/Office: Mobile: 98968260				
Nationality: SINGAPORE CITIZEN			Email:				
Sex: Male	Age: 48	Date of Birth: 17/06/1969	Type of Informant: Driver				
Race: Malay			Language:	Institution / School Name:			
Occupation: Fumigators/Pest and weed controllers			Driving Licence Information Class: 2B,2A,2,3	ation: Date of Expiry:			

General Infor	mation of the Acci	dent	ELICY FALL TREES	Tune of Leasting
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/04/2018 13:35	Type of Location Straight Road
Location: Along Road 1 GEYLANG R Weather:		Road Surface:		Road Speed Limit:
Clear Traffic Flow:		Dry Traffic Control:	l l	Traffic Volume: Heavy
One Way Type of Collis Between Mov	sion: ving Vehicles - Head	d To Rear		Anyone conveyed by ambulance: No

Details of V	Contraction of the Contraction	CONTRACTOR OF STREET PROPERTY OF STREET	Madel	Color	Condition	No of Passenger
Vehicle No.	Туре	Make	Model	COIOI		
GU1627S	Van				Seriously	1
0010270	Vali				Damaged	
0 11405405	Cor				Slightly	0
SJM3513E	Car				Damaged	

Details of Person Involved	
Any Pedestrian Involved: No	- NA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





T/20180417/2031

2 of 4

Report No. T/20180417/2031

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

CONTINUATION OF REPORT

Driver	The second secon			ID N-		S6919282C	
Name	NOORHISHAM BIN	MAIM		ID No.		309192020	
Related Vehicle	GU1627S (Van)			Contac	t No.	98968260	
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class Driving Licence Expiry	e &	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	NIL		Date Dis	charge	NIL		
Na of Dove gran	ted Medical Leave	10	Degree o	of Injury	NIL		
	ted Wedicar Loave				HERON		
Passenger Name	MOHD ALFIAN			ID No.	58	S7814756C	
Related Vehicle	GU1627S (Van)			Conta	ct No.	82677243	
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class Drivin Licent Expire	g	Class: NIL Date of Expiry: NIL	
D . Testment	NIL		Date Dis	scharge	NIL		
Date Treatment	ited Medical Leave	14		of Injury	The same of the sa		
	ited Wedicar Leave				HILLIAN		
Driver Name	TAN WEI TECK			ID No		S7931041G	
Related Vehicle	SJM3513E (Car)			Conta	act No.	NIL	
Hospital/Clinic	NIL			Class Drivin Licen Expir	ng	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	79	Date Di	ischarge	NIL		
Date Heatiment	nted Medical Leave	NIL	Dograe	of Injury	NIL		

Brief Details.

ON THE ABOVE MENTIONED TIME, DATE AND LOCATION.

I WAS TRAVELLING ALONG GEYLANG ROAD, I WAS ON THE EXTREME RIGHT LANE OF A 4 LANE ROAD. LORONG 17 GEYLANG WAS ON MY RIGHT. THE CAR MENTIONED ABOVE STOPPED AHEAD OF ME AND ON HIS HAZARD LIGHT. SO I STOPPED BEHIND HIM AND WAS CHECKING MY BLINDSPOT SO THAT I COULD TAKE OVER. I WAS STATIONARY AND THEN SUDDENLY I FELT A HARD IMPACT. THE IMPACT WAS ON THE LEFT FRONT SIDE OF MY VEHICLE. THE CAR ACTUALLY REVERSED AND COLLIDED INTO THE FRONT SIDE OF MY VEHICLE. AFTER THE ACCIDENT, MY PASSENGER TOOK A PHOTO OF THE CAR AHEAD. WE THEN MOVED TO LORONG 17 GEYLANG AND STOPPED OUR VEHICLES, EXCHANGED PARTICULARS AND LEFT THE SCENE.





3 of 4

Report No. T/20180417/2031

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

CONTINUATION OF REPORT

I HAVE A WITNESS OF THE INCIDENT. HIS PARTICULARS: EUGENE TEO; HP:97707749 IF NEED FOOTAGE OF THE INCIDENT, IT CAN BE RETRIEVED FROM THE COMPANY (ABJ PEST MANAGEMENT PTE LTD)

THAT'S ALL .





T/20180417/2031

4 of 4

Report No. T/20180417/2031

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

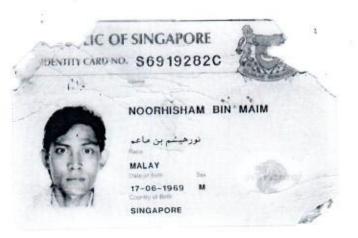
CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

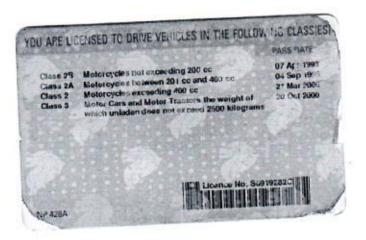
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: TP / KHALED AMR HASSAN MOHSSEN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/04/2018 11:25
Officer In Charge Of Case:	Classification Of Case:
TP / AEIT / Staff Sgt TANG SIEW PING Contact No.: 65476430	SINGAPORE POLICE FORCE
Authentication Stamp	Contract of the contract of th









eBaoTech								ANGU.	Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601				the court	, (hange Lan	guage	Change Passwor	d · Log Out
My Desktop	Polic	y Query								
Notice of Loss	Palicy N	10.				Date of Acci	dent	10/04	1/2018 13:35	
	Vehicle	No.(For Motor)	GU1627S							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5078853956- 02	ABJ PTE LTD	200009785D	GCV	Comprehensive	GU1627S	GU1627S	31/03/2018	30/03/2019
						Continue				

olicy No.	5078853956-02	Policyholder Name		Policyholder NRIC	200009785D
Address	14 NEW INDUSTRIAL ROAD #0	2-06 HUDSON	INDUSTRIAL BUILDING SINGAPOR	RE 536203	
Product Name	COMMERCIAL VEHICLE INSURA			Group Policy Flag	N
Policy ssue Date	23/02/2018	Effective Date	31/03/2018 00:00	Expiry Date	30/03/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	BIZFOLIO MOTOR TRADING	Agent Tel.	62444464	GST Flag	Y
Co- insurance Flag Open	No				
Policy Info Certificate Info					
Policy!	holder Mailing Address				
Address 1	14 NEW INDUSTRIAL ROAD	Address 2	#02-06 HUDSON INDUSTRIAL E	Address 3	SINGAPORE 536203
Address 4		Address Type	Singapore address	Post Code	536203
Unit No.		Related Policy Number	5053091594-06		
D Insure	ed Object: GU1627S	a consessant all			
	sements				
Sequen	ce Date of Endorsement	Endors	ement Type Endorseme	nt Status	Endorsement Content

Married No. Spring Spring
System
Shark Service
Description
Andrews Special Remark Special Re
Address Security
Production No
Profession No
Accident Report Within 24 Into 9 Ves
ACCOUNTY OF AC
Effect of According 1004/2018 Carry Car
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Address 0.00 Dutside Singapore TP Excess 0.00 Dutside Singapore TP Excess 0.00 Dutside Singapore TP Excess 0.00 CST Registration Date CST Registration Date CST Status Venfied No CST Status Venfied
Registered No
Registred No GST Registration Date (Registration No GST Satus Verified No Registration No Stratus Verified No No STATUS Verified No No No STATUS Verified No No No No STATUS Verified No
Registration No
Policyholder Mailing Address
Policyholder Malling Address 1 14 NEW INDUSTRIAL ROAD Address 2 #02-06 HUDSON INDUSTRIAL £ Address 3 SINGAPORE 536203 101656 4 Address Type Singapore address Post Code 536203 1016 VIV. 1016 VIV. 1016 VIV. 1017 VIV. 1017 VIV. 1018 VIV
1 14 MEW INDUSTRIAL ROAD Address 2 #02-06 HUDSON INDUSTRIAL € Address 3 SINGAPORE 536203 ### No.
1 14 NEW INDUSTRIAL ROAD Address 2 #02-06 HUDSON INDUSTRIAL € Address 3 SINGAPORE 536203 ### 100
ress 4 Address Type Singapore address Post Code 536201 Address Type Unnamed Driver Driver Name Unnamed Driver Driver Name NORHIBHAM Bits MAIH Driver NAIC 56010382C Driver DDB 17/06/1969 parted Driver License 20/10/2000 Driver Age A8 Driving Experience 17 tack No. (Mobile) 9936826O Contact No. (Office) © Contact No. (Name) O Address 1 BLK 350 Address 2 ANICHORVALE RDAD Address 3 SINGAPORE 540350 Driver Singapore address Post Code 540350 irress 1 BLK 350 Address 2 Singapore address Post Code 540350 irress 1 BLK 350 Address 2 Driver Vehicle No. Driver Singapore Driver Insurer Company Irrestion Invertigation Platfory Invertigation Platfory
Related Policy Number 5053001594-05 **No.** **OI Driver Infe ver Name Unhamed Driver NOOHITISHAM BUR MAIM Driver NBC S6010282C Driver DOB 17/06/1969 17/06/1969 17/06/1969 Driver Age A8 Driving Experience 17 Contact No. (Mobile) 98968260 Contact No. (Office) G Address 2 ANCHORVALE ROAD Address 3 SINGAPORE 540350 arcss 4 **No.** 10-113 **Enhance Singapore gistered car?** O mg Any injury? **EYES O No.** 10-124 **EYES O No.** **Incation History **EYES O No.** **Incation History **EYES O No.** **Incation History **EXECUTE: SUBJECT OFFI **EXECUTE: SUBJECT
To Diriver Info ver Name Unnamed Driver NOCHISHAM BIN MAIM Driver NBSC S6019292C Driver DDB 17/06/1969 17/06/1969 pster Date of Driver License 20/10/2000 Driver Age A8 Driving Experience 17 Contact No. (Mobile) 98968260 Contact No. (Office) Q Address 2 ANCHORVALE ROAD Address 3 SINGAPORE 540350 dress 4 E No. 10-113 E No. 10-113 O' Yes ® No. Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Shood Test Any Injury? 89 Yes © No. 40 Yes © No. 40 Yes © No.
wer Name Unhamed Driver Page Unhamed Driver Type Unhamed Driver Name NODRHISHAM Bilk MAIH Driver NRIC S6919382C Driver D
priver Name NOGHISHAM BIN MAIM Driver NRSC \$6919282C Driver DOB 17/06/1969 geter Date of Driver License 20/10/2000 Driver Age A8 Driving Experience 17 milect No. (Mobile) 99968260 Contact No. (Office) © Contact No. (Home) O dress 1 BLK 330 Address 2 ANCHORVALE ROAD Address 3 SINGAPORE 540350 dress 4 at No. 10-113 asch is own a Singapore of Singapore of Singapore address Driver Vehicle No. Driver Vehicle No. Driver Singapore Office Original Or
gater Date of Driver Age gater Date of Driver License gater Date of Driver License 20/10/2000 Driver Age A8 Driving Experience 17 Contact No. (Home) 0 Sep68250 Address 1 BLK 350 Address 2 ANCHORIVALE ROAD Address 3 SINGAPORE 540350 Idensis 4 Idensis 4 Idensis 4 Idensis 7 Idensis 6 Idensis 7 Idensis 7 Idensis 8 Ide
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Address 1 BLK 350 Address 2 ANCHORVALE ROAD Address 3 SINGAPORE 540350 dress 4 Singapore address Post Code 540350 at No. 10-113 C Yes @ No Driver Vehicle No. Driver Vehicle No. Driver Orangery darration asthalyser or Blood Test O mg Any injury?
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m Description Gu16275 / STM35130 ON 10 Apr 2018 Name of Preferred Workshop
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, 109 y 1 190	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 18:36		NRIC/ Driving License		Normal	NRIC/ Driving License 2018-4-17	Edit
663	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ap - 2019 18:25		SAS		Normal	SAS 2018-4-17	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Ap r 2018 18:35		Photos		Normal	Photos 2018-4-17	Edit
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