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# 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
- 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. 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

Date Of Report 27/04/2018 14:47 Date Of Accident 21/04/2018 14:45 Date Of Accident 21/04/2018 14:45 Exact Location Of Accident 3URNONG WEST MULTISTOREY CARPARK BLK 962A Country/State of Loss DETAILS OF OWN VEHICLE  Vehicle Registration Number GB9578E Insured/Policyholder Name Of Registered Owner PN-DATA PTE LTD Co Reg No 199403755G NOEMAIL Mobile Phone No OFFICE-91176049  Vehicle Particulars  TOYOTA HIACE VAN TURBO 5DR MT Exact Purpose for which vehicle was being used at time of accident 1 accident 1 flower of Particulary 1 flower 1 flower of Particulary 1 flower 1 flow		ACCIDENT STATEMENT
Date Of Accident 21/04/2018 14.45 Exact Location Of Accident JURONG WEST MULTISTOREY CARPARK BLK 962A SINGAPORE  DETAILS OF OWN VEHICLE  Webicle Registration Number GBG9678E  Insured/Policyholder Name Of Registered Owner 199403755G Core Reg No 199403755G Email Address NOEMAIL Mobile Phone No OFFICE-91176049  Vehicle Particulars  Manufacturer TOYOTA HIACE VAN TURBO 5DR MT  Exact Purpose for which vehicle was being used at time of accident a calcident are your own insurance policy for repair to your vehicle?  If No., Please state action to be taken Personal LVEHICLE  Insurance Company Name of Insurance Company Name of Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD COMPREHENSIVE Fleet Policy No Policy Number 5096642657  Cover Note Number  Driver Name of Driver Net Number  Driver Name of Driver Net Number  Driver Name of Driver Net Number  Driver Net Occupation OutDoor Date Of Driving Pass 29/11/2017  Driving Experience 0 YEAR AND 4 MONTH MALE  MALE  MALE  MALE  MALE  NOEMAIL  MALE  NOEMAIL  NOEMAIL  NOEMAIL	Date Of Report	27/04/2018 14:47
Exact Location Of Accident Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number GBG9578E  Insured/Policyholder Name Of Registered Owner Co Reg No Email Address Mobile Phone No Alternative Phone No OFFICE-91176049  Vehicle Particulars Manufacturer Model Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Pleass estate action to be taken Vehicle Category Vehicle Category Name of Insurance Company Name of Insurance Company Name of Insurance Company Piet Policy Policy Number Cover Note Number  NEO TECK HENG S149518B Date Of Birth Occupation Date Of Driving Pass Driving Experience Gender MALE  NAME OFFICE-91176049  PN-DATA PTE LTD GBG9578E  PN-DATA PTE LTD GBG9678E  Insurance Company And CE VAN TURBO 5DR MT  PERSONAL USE Insurance Company NO GOMMERCIAL VEHICLE  NO GMMERCIAL VEHICLE  NO GMMERCIAL VEHICLE  Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD COMPREHENSIVE NO S096642657  COMPREHENSIVE NO S096642657  COURD NUMBER  PR-DATING ONLY  OWNER PROVING S149518B  OR OF CK HENG S149518B  OR OF	Date Of Accident	
Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number GBG9578E  Insured/Policyholder  Name Of Registered Owner Co Reg No 1994037550 NOEMAIL  Mobile Phone No OFFICE-91176049  Vehicle Particulars  Manufacturer Model HIACE VAN TURBO 5DR MT Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category Name of Insurance Company Name of Insurance Company Type Of Coverage Piect Policy No Policy Number Cover Note Number  Driver Name of Driver Name of Driver Name of Driver Name of Driving Pass Date Of Birth Occupation Date Of Driving Pass Driving Experience MALE Mobile Number Fax	THE PART OF THE PA	JURONG WEST MULTISTOREY CARPARK BLK 962A
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Name Of Registered Owner         PN-DATA PTE LTD           Co Reg No         199403755G           Email Address         NOEMAIL           Mobile Phone No         OFFICE-91176049           Vahicle Particulars         TOYOTA           Manufacturer         HIACE VAN TURBO 5DR MT           Model         HIACE VAN TURBO 5DR MT           Exact Purpose for which vehicle was being used at itme of accident         PERSONAL USE           Are you claiming under your own insurance policy for repair to your vehicle?         NO           If No. Please state action to be taken         REPORTING ONLY           Vehicle Category         COMMERCIAL VEHICLE           Insurance Company         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         COMPREHENSIVE           Filed Policy         NO           Policy Number         COMPREHENSIVE           Folicy Number         NO           Sover Note Number         -           Driver         NEO TECK HENG           NRIC No         S1491518D           Date Of Birth         08/02/1961           Occupation         09/1/2017           Driving Experience         MALE           Gender         MALE           Mobile Number         LOCAL) +65-91176049		
Co Reg No 199403755G Email Address NOEMAIL Mobile Phone No OFFICE-91176049  Vehicle Particulars  Manufacturer TOYOTA HIACE VAN TURBO 5DR MT  Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Commercial Vehicle Category Commercial Vehicle Category Name of Insurance Company  Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage COMPREHENSIVE NO Song Cover Note Number Optiver Note Number Optiver  Name of Driver Note Number NEO TECK HENG NRIC No S1491518D Date Of Birth Occupation Date Of Driving Pass 29/11/2017  Driving Experience MALE Mobile Number (LOCAL) +65-91176049  Fax Number Contact Number		PN-DATA PTE LTD
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If No, Please state action to be taken  Vehicle Category  Insurance Company  Name of Insurance Company  Name of Insurance Company  Type Of Coverage  Fleet Policy  Policy Number  Cover Note Number  Driver  NAME of Driver  NEO TECK HENG  NILO No  Date Of Birth  Occupation  Date Of Driving Pass  Driving Experience  Mobile Number  Fax Number  Commandation  REPORTING ONLY  COMMERCIAL VEHICLE  INSURANCE CO-OPERATIVE LTD  COMPREHENSIVE  NO  OMPREHENSIVE  NO  TOMPREHENSIVE  NO  S096642657  COMPREHENSIVE  NO  NO  S149642657  NEO TECK HENG  S1491518D  O8/02/1961  O8/02/1961  OUTDOOR  29/11/2017  O'YEAR AND 4 MONTH  Gender  MALE  (LOCAL) +65-91176049  EMAIL Address  NOEMAIL	Are you claiming under your own insurance policy	NO
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Contact Number  EMail Address  NOEMAIL	A Company of the Comp	
EMail Address NOEMAIL		
	EMail Address	

Address

BLK 298B COMPASSVALE ST #11-166

Postcode

542298

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

Type Of Accident

COLLIDED INTO PARKED VEHICLE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

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

PLEASE REFER TO ATTACHED 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

SKK3045M

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.
- 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 withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 6. 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.
- 7. 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)
  - (i) 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.

3014A Policyholog Signatu Date & Tir

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

#### DECLARATION

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

Policy of der's Signature Date & Nime:

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT  ACCIDENT DATE: 21 4 2018 MOD/MM/YYYY, TIME: LY 45. THE BUK 9627  LOCATION: Javong West Multistorey Carpark Buk 9627
ACCIDENT STATES THE SECTION OF THE S
ACCIDENT DATE: 21 4 2018 MOD/MM/YYYY, TIME: LY 45. MINIMUM, A62H
Carpar & BC
Maltistores
Luxong West
LOCATION
1. DETAILS OF VEHICLE GBG 9578E
GIVEHICLE NUMBER:
DETAILS CLE NUMBER:  a)VEHICLE NUMBER:  b)INSURANCE COMPANY:  b)INSURANCE COMPANY:  c)POLICY NUMBER:  d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)  d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / MOTORCYCLE / OTHERS)  c)MAKE & MODEL:  c)
DINSURANCE OF THE COMPREHENSIVE / THIRD PARTY / THIRD PART
CIPOLICY TYPE: (COMPREHENS)
d)POLICY TYPE: (COMPRETED AND LORRY / MOTORCYCLE)  o)MAKE & MODEL:  ()TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE)  ()TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE)  ()TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE)  ()TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE)  ()TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE)  ()TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE)  ()TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE)  ()TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE)  ()TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE)  ()TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE)  ()TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE)  ()TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE)  ()TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE)  ()TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE)  ()TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE)  ()TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE)  ()TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE)  ()TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE)
GIVEHICLE CATEGORY: (PRIVATE / COMMENTED PURPOSE OF USING AT ACCIDENT TIME:  INPURPOSE OF USING AT ACCIDENT
INPURPOSE OF USING UNDER YOUR OWN A REPORTING ONLY
HARE YOU CLAIMING UNDER PARTY CLAIM / REF. O. MALE / FEMALE)
INSURED / POUCY HOLDER  (MALE / FEMALE)
2 INSURED.
ANAMIC FIN/PASSPORT:
CIADDRESS:USQ POLICY HOLDER
ONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  (MALE FEMALE)
· CONTINUE TO 3.0 "
(Including driver) DRIVER ONNAME:
(Including driver) bINRIC/FINITION
(Including diviter) b)NKIC/THAT  CIADDRESS:
*d)DATE OF BIRTH: [
STOCCUPATION: IN EXPRERIENCE: OF THE INSURED'S COMPANY
1) YEARS OF DRIVING EXPRERIENCE OF THE INSURED'S COURSED: WAS DRIVER AN EMPLOYEE OF THE DRIVER WITH INSURED: WAS DRIVER AN EMPLOYEE OF THE DRIVER WITH INSURED: WAS DRIVER AN EMPLOYEE OF THE DRIVER WITH INSURED:  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COURSE.
WAS DRIVER AN EMPLOY THE DRIVER WITT  IF NO, RELATIONSHIP OF THE DRIVER WITT  IF NO, RELATIONSHIP OF THE DRIVER WITT  O) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
ISTRICIAL SOUTH
WAS ANYBODY INJURED (YES / NO)  WAS ANYBODY TO POUCE (YES / NO)
WAS ANYBODY INJURED (YES / NO)  TO REPORTED TO POLICE (YES / NO)  THE YES, PLEASE STATE WHICH POLICE STATION:  MAS ANYBODY INJURED (YES / NO)  TO REPORTED TO POLICE (YES / NO)  TO REPORTED TO POLICE (YES / NO)  MAS ANYBODY INJURED (YES / NO)  TO REPORTED TO POLICE (YES / NO)  TO REPORT Y VEHICLE  TO REPORT
IF YES, PULL VEHICLE
8. THIRD PAICLE NUMBER:
I hardward of MRICHE
9 FINAL SUNGER NUMBER:
ORIVER'S NAME:  ORIVER'S NAME:  ORIVER'S NAME:
ORIVER'S NAME:  ORIVER'S NAME:  NRIC/FIN/PASSPORT:
( Industring shares) 1) NRIC/FIN/PASSI CO.
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# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1491518D





1.5

Name

NEO TECK HENG



CHINESE Date of birth



08-02-1961 Country/Place of birth SINGAPORE



5873712



19-02-2018

APT BLK 298B COMPASSVALE STREET #11-166 SINGAPORE 542298



# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 29 Nov 2017 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A



GeneralClaim eBaoTech · Change Password · Change Language Hello, NAC\_PAYA\_UBI\_800601 **Policy Query** My Desktop 21/04/2018 14:45 Date of Accident Notice of Loss Policy No. GBG9578E Vehicle No.(For Motor) Search Commence Date Insured Object Vehicle Expiry Date Policyholder Name Policyholder NRIC Cover Type Product No. Policy No. Select 17/12/2018 Preferred 18/12/2017 PN-DATA PTE LTD GBG9578E GBG9578E **GCV** 199403755G Workshop Plan 5096642657 Continue

# Policy Information

olicy No.	5096642657	Policyholder Name	PN-DATA PTE LTD	Policyholder NRIC	199403755G
ddress	BLK 3025 UBI ROAD 3 #03-127	SINGAPORE 4	408653		
roduct lame	COMMERCIAL VEHICLE INSURAL			Group Policy Flag	N
olicy ssue Date	12/12/2017	Effective Date	18/12/2017 00:0	Expiry Date	17/12/2018 23:59
hird arty xcess	0	Own damage Excess	600	Windscreen Excess	100
Additional xcess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		GST Flag	Υ
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119	GS1 Flag	- T
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
Policy	holder Mailing Address				
Address 1	3014A UBI ROAD 1	Address 2	#06-07 null	Address 3	SINGAPORE 408703
Address 4		Address Type	Singapore addre	ss Post Code	408703
Unit No.	06-07	Related Policy Number	5096642657		
Insu	ed Object: GBG9578E				
<b>▽</b> Endo	rsements				
Seque	nce Date of Endorsement	Endor	sement Type	Endorsement Status	Endorsement Content
1	18/12/2017 00:00	POI Move	E	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 18 Dec 2017 TO 17 Dec 2018
2	18/12/2017 00:00	Basic Info Endorsem		Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 18 Dec 2017, the following amendment(s) is/are made this policy: 1. PERIOD OF INSURANCE: 18 Dec 2017 TO 17 Dec 2018 2. VEHICLE REGISTRATION NUMBER: GBG9578E 3. ORIGINAL REGISTRATION DATE: 18 Decease of the property of the prope

# Claim Handling

cident MT/0992185		SERVICE DECISION	enenezec		GST Registration No.		
dicy No.	5096642657	Vehicle No.	GBG9578E		Policyholder NRIC	19940375	5G
	N-DATA PTE LTD					0	
	COMMERCIAL VEHICLE INSURAT	Cover Type	Preferred Works	TOP FIRM	Loading	80	
TOTAL STATE OF THE	91176849	Contact No.(Office)			Contact No.(Home)	No.▼	
nail Address		Special Remark			eCode	NO.	
	- No Yes	TCA	= No Yes		eCode Reason	2020	
CD Protection	No.	NCD Entitlement(%)	20		Private Hire	No	
Accident Details	10					war war and	Contract and Contract Contract
	28/04/2018 09:23	Accident Report Within 24 hrs	Yes		Accident Type		nto Parked Vehi
		Time of Accident hh:mm	14:45		Country of Accident	Singapore	2.3
	21/04/2018	Orange Force			ICM No.		
eporting Centre	JURONG WEST MULTISTOREY CARPARK BLK 9						
	JURONG WEST MUCHSTOKET CARPAGE BEST						
▽ Excess		Additional Excess			Windscreen Excess	100.00	
wn damage Excess	600.00						
nnamed Driver Excess		Outside Singapore OD Excess					
nird Party Excess	0.00	Outside Singapore TP Excess					
GST Registered Informa	tion			outcooking Date:			
ST Registered	No			gistration Date atus Verified	No		
ST Registration No.			651.50	itus venneu	0000		
odification History							
Policyholder Mailing Ado	iress		#06-07 mull		Address 3	SINGAP	DRE 408703
ddress 1	3014A UBI ROAD I	Address 2	Singapore add	age:	Post Code	408703	
ddress 4		Address Type		cos	A Carrier		
Init No.	06-07	Related Policy Number	5096642657				
♥ OI Driver Info							
Driver Name	Unnamed Driver	Driver Type	Unnamed Driv	er.	Driver DOB	08/02/1	961
Innamed driver Name	NEO TECK HENG	Driver NRIC	S1491518D			0	200
Register Date of Driver License	29/11/2017	Driver Age	57		Driving Experience	0	
	91176049	Contact No.(Office)			Contact No.(Home)		merce temperatures
Contact No.(Mobile)	BLK 298B #11-165	Address 2	COMPASSVAL	STREET	Address 3	COMPAS	55VALE GREEN
Address 1		Address Type	Singapore add	ress	Post Code	542298	
Address 4	SINGAPORE 542298	5.6					
Unit No.	11-166	CAPTER CONTRACTOR AND CONTRACTOR			Driver Insurer Company		
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.					
	Michaelphi	7.4.0.71460m72	Ves + No				
Breathalyser or Blood Test	0 mg	Any injury?	Yes + No				
Breathalyser or Blood Test	0 mg	Any injury?	Yes + No				
Declaration  Breathalyser or Blood Test Reading?  Modification History	0 mg	Any Injury?	Yes * No				
Breathalyser or Blood Test	0 mg	Any Injury?	Yes + No				
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes + No				
Breathalyser or Blood Test Reading? Modification History	0 mg	Any Injury?	Yes + No				
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Breathalyser or Blood Test Reading? Modification History  Claim 001 New	0 mg	Insured Name		LTD	Insured NRIC Contact No.(Office)	19940: 67430:	
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NAC_PAYA_URI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Apr 2018 09:27	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-4-28
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Apr 2018 09:27	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-4-28
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