NATIONAL Assessment Centre	Services (1811-1815)			
Date to 09/05/18	Jeb description * Date & Time Completed	Done by		
Ref No NA/INC/8008 449/13	SAS e-tiling :			
Veh No SKQ1536U	E-inail (within Slaw, APC 2lits)			
DOA -08/05/18 1435	i-Motor Claim Form 107/0993561 - 001			
OD. (P) Reporting Only	i-Motor W/O (Within, OD 2hrs, TP 4hrs)	**** * **		
TP Insurer	Assessment/Survey Report ; Ass't Report by Fax / Hand to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (TEAMWORK Tel: Fax:			
TP Particulars: Veh No: Q	8H323C INC()/Non-INC()			
Owner / Driver: (Tel:)		
Policy No: () Perio	od: () Cover Type: ()		
Confirmed by : (Date: Time:)		
Insured/Driver Liability (%) [N	ote-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-160%			
	arranty: YES () / NO ()			
Excess: (\$) Loading: \$1,000	0()/\$2,000()			
General Remarks:-				
() Walk-In Customer's inform	nation strictly Confidential & Strictly NO refer of repairer.			
() Total Loss Case : to e-mail Insurer	URGENTLY.			
Drive-In ()/ Towed-In (); Invoice:	YES () / NO () ; Towing Co. (
Remarks:- (INC hotline: 6788 6616)	Date&Time Complered	Done by		
A PROPERTY OF A SERVICE AS A SE	ourtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$30	0001 ()			
Injury:				
Date/Time Actions		Sear Heart		
A STATE OF THE STA				
		- m 4-4		
4/0.4003.000	Invoice Preparation Checklist	Amt (\$) Amt (
NA1802909	1) AR: Accident Reporting (\$30);			
Claimant's Particulars :-	2) DA: Damage Assessment (\$100); INC (\$80)			
Driver/Owner: 4) FT : Follow-Through Survey \$120				
Contact No:	5) FT : Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005)			
Damaged Portion?	6) TR : Re-inspection \$75			
Zamagou i vittorii	7) N1 : Idae DA + SMRT Survey \$160 8) NTUC Additional Services			
QC Checked by (Engr-In-Charge):	OD* *N5: Courtesy Car / Tpt Allowance \$5			
QC. Checken by (Engl-in-Chinge).	• N6: Repair Co-ordination \$10			
Auditors' Comments :-	• N7: Fost Repair Inspection \$25 • N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (N·n INC) against INC \$20	Contract of the contract of th		
Pat. L.	9) N12: Idae Mobile 30 Invoice dated Fee Charged	74.9		
lat. 2 / 3:	Invoice dater	BERN 13EG		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- Z. 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.

- 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

SOLD STREET TO STREET STANDARD	ACCIDENT STATEMENT
Date Of Report	09/05/2018 09:14
Date Of Accident	08/05/2018 14:35
Exact Location Of Accident	PIE TWDS AIRPORT B4 EUNOS EXIT
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKQ1536U
Insured/Policyholder	
Name Of Registered Owner	KWAN CHEE WOH
NRIC No	S7023651F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91811387
Alternative Phone No	OTHERS-91811387
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ESTIMA
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092654357
Cover Note Number	
Driver	
ti di Delice	KWAN CHEE WOH

Driver	
Name of Driver	KWAN CHEE WOH
NRIC No	S7023651F
Date Of Birth	12/07/1970
Occupation	INDOOR
Date Of Driving Pass	09/01/1995
Driving Experience	23 YEARS AND 3 MONTHS
Sd	MALE

Gender

(LOCAL) +65-91811387 Mobile Number

Fax Number

OTHERS-91811387 Contact Number

NOEMAIL **EMail Address**

BLK 415A FERNVALE LINK Address

#02-42

791415 Postcode

NO Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

YES Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

YES Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES NO

NO

1

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBH323C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SFT560Z

Page 2 of 19

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)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain SKQ1536U Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance? Address

Postcode

KWAN CHEE WOH

NECK & BACK

YES

NO

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.
- 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 aforesald.
- Consent under the Personal Data Protection Act (PDPA)
 Lunderstand, acknowledge, agree and consent that:
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
 - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

09/05/18

Name:

NRIC/FIN No .:

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No .:

2

GIARMC SkerchPlanForm, V3

Date & Time:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

A CAMPANIAN CONTRACTOR OF STREET	AC	CIDENT DET	OLG.	SI DESIREMENT DESIREMENT	(DD/MM/YY)
Date of accident	The state of the s	8-05-2	010			(HH:MM)
Time of accident	14.3	10	6.	EUNOS	Frit	3
Exact location of accident	PIE tower	"Aiport	Detir	FUNGS	-11	

	DETAILS OF VEHICLE
Vehicle registration number Vehicle make and model	Toyota Estima
Type of vehicle	Saloon Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time Are you claiming under your own insurance company?	Yes Now if no, please select: Third part claim Reporting only

DAY DOWN THE THEFT	INSURANCE IN	FORMATION	
Insurance company	MTHC	511000	
Policy number	50926	Third party fire & theft a	TP only [
Type of policy	Comprehensive 2	Inira party life & thert b	11.01.17

LANGUED REPORT OF THE PARTY OF	INSURED / POLICY HOLDER	Male Female
Name	Kwan Chec Woh	Iviale D Telliare
NRIC / Fin / Passport number	S7023651E	
	BIKHISH Fernvale Link# 02	-42 Spar 791415
Address	BIKHIZM LEWINGE TIVICH OF	1- 3700 111-13

	SAME AS INSURED ABOVE (SKI	P TO D.O.B)	ALESS SE
DRIVER	1-2110	Male □	Female □
Name	as above		
NRIC / Fin / Passport number			
Contact			
Address			
Email address	Renodesign 18 @gmail. Lom		
Date of birth			
Occupation	Indoor 🗈 Outdoor 🗆		
Driving date pass	09-01-1995		

		WIT	NESS 2	The second secon
Name			FI.	
	THE PERSON	/		
	W. 10	WIT	NESS 1	
Police station name				
Reported to police?	Yes	L NO		
AND PARTY AND	EN SAME OF SAME		If yes, please sta	ate which police station.
		DETAILS OF P	OLICE ACTION	The same of the sa
Was other vehicle damaged	? Yes	No 🗆		
Was anybody injured?	Yes			
· 在中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国			ORMATION	
			ORMATION	A CONTRACT PROPERTY PROPERTY
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Name	-	D Female	П	
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Name		n Female	П	
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		NAME OF TAXABLE PARTY.	CED E	A CONTRACTOR
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Name	2.6	Female	П	
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	Talento a security	PASSEN	GER 4	LOCAL TON YOUR PRINCIPLE
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Gender	Male 🗆	remaie L		
Name		Female D	1	
ATTEN AND AFFERDAL STREET	TOTAL STATE	PASSENG		
	THE RESERVE	PASSENG	ER 7	
Gender	Male 🗆	Female □		and the second line at the second
Name				
SECTION ASSESSMENT	AND WAR	PASSENG	RI	
(O O) page 9			TO SECURE AND US	2. 1000 CO.
to of passenger	0			(III)
Road surface	Dry	Wet□		(Inclusive of driver)
Veather condition	Clear	Raining 🗆	Others:	
ne insured's company? ccident captured by camera?	Yes 🗆	Nop		
as driver an employee of	If no. rela	ationship of th	e driver and insure	ed:
10 00000 0000	Yes 🗆	NOR		V V

The local artists and the same and the same	THIRD PARTY VEHICLE 1
ehicle registration number	GBH323C
enicie registration name.	Toyota
ehicle make model	
lame IRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
No. of the second of	SFT560Z
/ehicle registration number	Honds
/ehicle make model	Hora
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
AND SURANGE WAS TRUE OF THE	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
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NRIC / Fin / Passport number	
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	The state of the s
A SECTION OF THE PARTY OF THE P	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	The second secon
以来是此识于 在2017年的	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contract	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	

	Marie Age	NJURED PERS	DN 1		STATE OF THE PARTY OF	THE REAL PROPERTY.
ame	Kwai	n chee	Woh			
ame ijuries sustained		ede and	Back			
/hich vehicle person in?		rer	75			
	Yes	No 🗆				
/ere seat belts worn?	Yes 🗆	Non				
Vas injured conveyed to	1630					
ospital by ambulance?						
	TOWN AND AND	INJURED PERS	ON 2	CENTER OF THE	THE RESERVE	E 94 K
国共产业 的区域的产品有关的						
lame						
njuries sustained						
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Was injured conveyed to	163 []	140 11				
nospital by ambulance?						
	OSASS INCOMES	INJURED PER	SON 3	W. Fabrica	P. D. H. WICH	
Name						on all a
Injuries sustained	+	Sight Egypt Sight	/			
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Were seat belts worn?		No 🗆	/			
Was injured conveyed to	Yes 🗆	NO L				
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hospital by ambulance?		INTERES DEL	SON 4	A SHOW	10 DAM	
hospital by ambulance?		INJURED PER	RSON 4		Control Control	
Name		INJURED PER	RSON 4		23 439	
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REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7023651F



KWAN CHEE WOH

志和

CHINESE

Date of Buth 12-07-1970

Country of Birth SINGAPORE

or Number \$7023651F

KWAN CHEE WOH

Birth Date: 12 Jul 1970 name Date: 19 Aug 2003



MERCODING &



MIGN. S7023651F

17-01-2001

APT BLK 415A FERNVALE LINK #02-42 SINGAPORE 791415

NRIC No.: \$7023651F

01/10/2015 Date:

Class 28 Motorcycles not exceeding 200 cc
Class 3 Motor Que and Motor Tractors the weight of
which unladen does not exceed 2500 killograms

PASS DATE 03 Mar 1965

NP 428A



Certific	cate of Insurance
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENS MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENS ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (N	ATION) RULES, 1960
Certificate Number: 5092654357	Cover : drivo CLASSIC
Index mark and Registration Number of Vehicle	: SKQ1536U
Chassis Number	: ACR500095877
Name of Policyholder	: KWAN CHEE WOH
Effective Date of Insurance	: 18 Jul 2017
Expiry Date of Insurance	: 24 Aug 2018
5. Persons or Classes of Persons entitled to drive#	(STAFFORD THE ORDER OF
(a) The Policyholder	
(b) Any other person who is driving on the Policyh	nolder's order or with his/her permission.
Provided that the person driving is permitted in the Motor Vehicle or has been so permitted an enactment or regulation in that behalf from dr	n accordance with the licensing or other laws or regulations to drive and is not disqualified by order of a Court of Law or by reason of any riving the Motor Vehicle.
	s and in connection with the Policyholder's business or profession.
This Policy does not cover (a) Use for hire or reward.	
(b) Use for racing, pace-making, reliability trial or (c) Use for the carriage of goods (other than same of the connection with the Make of the connection with the connection with the conne	ples) in connection with any trade or business. otor Trade.
# Limitations randered inonerative by Section 8	of the Motor Vehicle (Third Party Risks and Compensation) Transport Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: \$\$100
ADDITIONAL EXCESS	: N/A : PLEASE REFER OVERLEAF
UNNAMED DRIVER EXCESS	
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES : NO
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: KWAN CHEE WOH
PRIMARY DRIVER	en 150 C. Lancourous sussessions on
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A : N/A
HIRE PURCHASE COMPANY	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS
SUM INSURED	. MARKET VALUE OF MOUNTED TERROLEM
I/We hereby Certify that the Policy to which this Cert Vehicles (Third Party Risks and Compensation) Act (C Agency : IVAN INSURANCE AGENCY (00 Date of Issue : 18 Jul 2017 14:50 hrs	tificate relates is issued in accordance with the provisions of the Motor hapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) 000614519)
Zonaf	FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Countersigned By:	

Authorised Officer

Chief Executive

Claim Handling

ficy No.	5092654357	Vehicle No.	5KQ1536U	GST Registration No.	
licyholder Name	KWAN CHEE WOH			Policyholder NRIC	57023651F
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ntact No.(Mobile)	91811387	Contact No.(Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	No ▼
K	+ No Yes	TCA	⇒ No ∴ Yes	eCode Reason	· No.
D Protection	No	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
port Date	09/05/2018 09:50	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
ate of Accident	08/05/2018	Time of Accident hh: mm	14:35	Country of Accident	Singapore
		Orange Force		ICM No.	
porting Centre	PLE TWOS AIRPORT B4 EUNOS EXIT	535-28 5.5 HOLDESCOR			
	PIE TWOS AIRPORT DA COMOS ENT				
∠ Benefits					
Excess		1.00	0.00	Windscreen Excess	100.00
vn damage Excess	600.00	Additional Excess	600,00		
named Driver Excess	0.00	Outside Singapore OD Excess Outside Singapore TP Excess	0.08		
and Party Excess	0,00	Outside Singapore IP Excess	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
GST Registered Informa			GST Registration Date		
T Registered	No		GST Status Verified	Yes	
T Registration No.			031 34640 441114		
dification History					
	#55a65				
Policyholder Mailing Ad		Address 2	FERNVALE LINK	Address 3	FERNVALE RIVERBOW
dress I	BLK 415A #02-42		Singapore address	Post Code	791415
dress 4	SINGAPORE 791415	Address Type			
nit No.	02-42	Related Policy Number	5092654357		
OI Driver Info		. 0.000.7.550.1	M 17 & 300		
iver Name	KWAN CHEE WOH	Driver Type	Main Driver	Davier DOB	12/07/1970
named driver Name		Driver NRIC	S7023651F	Driver DOB	
gister Date of Driver License	09/01/1995	Driver Age	47	Driving Experience	0
ontact No.(Mobile)	91811387	Contact No.(Office)	0	Contact No.(Home)	PERNVALE RIVERBOW
ddress 1	BLK 415A	Address 2	FERNVALE LINK	Address 3	
		Address Type	Singapore address		791415
ddress 4	SINGAPORE 791415	Address type	Salgapore don es	Post Code	
ddress 4	SINGAPORE 791415 #02-42	Address type	Series and the series	Past Code	
init No. loes he own a Singapore	#02-42	Driver Vehicle No.	- serifabor o asser-	Driver Insurer Company	
			Zargapora demonstra		
Init No. loes he own a Singapore legistered car?	#02-42				194135-3
init No. loes he own a Singapore	#02-42		Yes No		
nit No. oes he own a Singapone egistered car? eclaration reathalyser or Blood Test eading?	#02-42 Yes = No 0 mg	Driver Vehicle No.			
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