Districted as a				
Date In: 15/5/18-17:44	Jeb description	Date &Time Completed	Done	py.
Res No: NA) INC 18008844124	SAS e-filing			
Veh No: 56926285	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 15/18-08:50	i-Motor Claim Form	MT/0994505-001	15/4/18	19:48
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hr			
OD Fresh Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
17 hisurei.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (	THE SECOND WILLIAM SECTION CO. 1991	Tel: F	ax:	)
TP Particulars: Veh No: 68	DROOSP . INC (	)/Non-INC( )	W	
Owner / Driver: (		Tel:	)	
Policy No: ( ) P	Period: (	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 30-1	00%]	3_
Year of Registration: ( )	Warranty: YES ( )/NO(	)		
Excess: (\$ ) Loading: \$1,				
General Remarks -		A was a supply designed to the same as	1.0°	. 7.
( ) Walk-In Customer: Customer's info			- WH 201-200-0111	
( ) Total Loss Case : to e-mail Insur	rer URGENTLY.			
Drive-In ( )/Towed-In ( ); Invoice	ce: YES( ) / NO( ); T	owing Co: (		)
Remarks:- (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/	Courtesy Car ( )	Date&Time Completed®	Action of the control	
2 00 C 1 / 2 1 1 1		1	-	
	( )			
3) Upload Resurvey Photo [Repair Cost > \$	( )			
	( )			
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	( )		en o	
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	( )		PAR CALL	, p.s.
3) Upload Resurvey Photo [Repair Cost > \$  Injury:	( )	- 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12	eser.c.	
	( )		ese const	
3) Upload Resurvey Photo [Repair Cost > \$  Injury:	( )		energe and a	
3) Upload Resurvey Photo [Repair Cost > \$  Injury:	( )			
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JA1803079.	( ) (3000] ( )  Invoice Prej	Reporting (\$30);	The Bill	Amu(3)
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JAISO3679.  umant's Particulars:- ver/Owner:	Invoice Prej  Invoice Prej  1) AR: Accident  2) DA: Darrage  3) TF: Towing Fe  4) FT: Follow-Th  5) FT: Follow-Th  For claiming as  6) TR: Re-inspec	Reporting (\$30); Assessment (\$100); INC (\$8) see \$40, brough Survey \$ brough Survey (Resurvey) coinst INC Only (wef 10 Jan 2005) tion	79 Bill 0) 75 45 51 20 53 0	0.000
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Date/Time Actions  Actions  Injury:  Date/Time Actions  Immant's Particulars:  Ver/Owner:  ntact No:  maged Portion:	Invoice Prej  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additio	Reporting (\$30); Assessment (\$100); INC (\$8); Assessment (\$100); INC (\$100); Assessment	7545 1120 530 575	0.000
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Onte/Time Actions  Cer/Owner:  Intact No:  Checked by (Engr-In-Charge):	Invoice Prejain	Reporting (\$30); Assessment (\$100); INC (\$8); Assessment (\$100); INC (\$8); Arough Survey (\$8]; Arough Survey (Resurvey); Arough Survey (Resurvey); Arough Survey (\$8];	545 5120 530 575 1160 55 510 525	0.000
Jailery:  Onte/Time Actions  Actions  Actions  Algo3639  Actions  Acti	Invoice Prej	Reporting (\$30); Assessment (\$100); INC (\$8); Assessment (\$100); INC (\$8); Arough Survey (\$8]; Arough Survey (Resurvey); Arough Survey (Resurvey); Arough Survey (\$8];	56 Bill (545 5120 530 575 5160 55 510 55 510 56 56 56 56 56 56 56 56 56 56 56 56 56	0.000
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Onte/Time: Actions	Invoice Prej	Reporting (\$30); Assessment (\$100); INC (\$8); Assessment (\$100); INC (\$8); Arough Survey (\$8]; Arough Survey (Resurvey); Arough Survey (\$8]; Aroug	\$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$	0.000

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly 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.
- 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.

<ol><li>By the lodgement of this report to the insurers, yo aforesaid.</li></ol>	u hereby consent to the archiving of this report at the centre and to copies of the report being made available
Charles of Contract of	ACCIDENT STATEMENT
Date Of Report	15/05/2018 17:44
Date Of Accident	15/05/2018 08:50
Exact Location Of Accident	HOUGANG AVE 7 TWDS DEFU LANE
Country/State of Loss	SINGAPORE
<b>基本的从于产业中国共和国的</b>	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGP2628J
Insured/Policyholder	
Name Of Registered Owner	RAMESH S/O GNAMANI
NRIC No	S8327891I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87999741
Alternative Phone No	OFFICE-87999741
and the fact of the control of the c	

Vehicle	Particu	lars
---------	---------	------

Manufacturer	HONDA
Model	CIVIC 1.8L A
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

THIRD PARTY If No, Please state action to be taken PRIVATE HIRE Vehicle Category

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

NO Fleet Policy

5099529222 Policy Number

Cover Note Number

#### Driver

Name of Driver RAMESH S/O GNAMANI

NRIC No S8327891I 11/09/1983 Date Of Birth INDOOR Occupation 02/06/2006 Date Of Driving Pass

Driving Experience 11 YEARS AND 11 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-87999741

Fax Number

OFFICE-87999741 Contact Number

EMail Address NOEMAIL

BLK 310B PUNGGOL WALK Address

#07-552

822310 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

NO

NO

#### General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions Road Surface DRY

#### Other Information

NO Was any foreign vehicle involved in this accident?

2 Number of vehicles involved in the accident YES Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO 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) 1

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

#### Circumstances of Accident

#### REFER TO STATEMENT.

#### Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? Was there any audio recorded? NO

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

GBD8005P Vehicle Registration Number

THE PESTMAN PTE LTD Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

96264404 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF INJURED PERSON 1**

RAMESH S/O GNAMANI Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode NECK & BACK

SGP2628J

YES

NO

#### 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:
  - (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:

MOIC/CIN No

NRIC/FIN No.:

# Hougang Ave 7 towards Defu lane

SKETCH PLAN	
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	111111111111111111111111111111111111111
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	<u></u>						1000								

#### 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:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

#### 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.

#### Accident details

Date and time of accident	Date: 15	105/	2010	(DD/M	(DD/MM/YY) Time: 08/49gn(HH:M				
Exact location of accident	Hougang	Ave	7				the state of the s		

#### Details of vehicle

Vehicle registration number	SGP2	628 J				
Vehicle make and model	Honda	Civic				
Type of vehicle	Saloon  Lorry	MPV 🗆 Bus 🗆	CRV a	Van	Others:	
Vehicle category	Private 🗷	Comme		Motorcy		
Purpose of using at said time	Private					
Are you claiming under your own insurance company?	Yes  Third part cl	No a	if no, please Reporting o			

#### Insurance information

Insurance company	HTUC .		
Policy number	5099529222	L	
Type of policy	Comprehensive a	Third party fire & theft a	TP only to

## Insured / Policy holder

Name	Ramesh s/o Gnamani	Male o	Female D
NRIC / Fin / Passport number			
Contact	87999741		
Address	RIK 310B punggol Walk # 07-552		
	Singapore \$ 22310		

### Driver

## 

Name				Male D	Female
NRIC / Fin / Passport number					
Contact			No. of the last		
Address					
Email address				 	
Date of birth					
Occupation	Indoor 🗆	Outdoor 🗆			
Driving date pass					

## General information of the accident

Was driver an employee of the insured's company?	Yes or	No □ ationship of the	driver and insured:	
Accident captured by camera?	Yes 🗆	No or		
Weather condition	Clear 🗹	Raining	Others:	
Road surface	Dry o	Wet 🗆		
No of passenger				(Inclusive of driver)

## Passenger 1

Name			
Gender	Male 🗆	Female	

## Passenger 2

Name			
Gender	Male 🗆	Female 🗆	

#### Passenger 3

Name			
Gender	Male 🗆	Female 🗆	

#### Passenger 4

Name			
Gender	Male 🗆	Female 🗆	

#### Passenger 5

Name			
Gender	Male 🗆	Female □	

## Passenger 6

Name			
Gender	Male 🗆	Female	

## Other information

Was anybody injured?	Yes to	No 🗆	
Was other vehicle damaged?	Yes 🗹	No 🗆	

## Details of police action

Reported to police? Yes D No of If yes, please state which police station.
--

## Third party vehicle 1

Name	The Pestman Pte Ltd
Contact number	96264404
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	GBD8005P

## Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 5

Name	The state of the s
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 6

Name .	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Witness 1

4		
-1	1	477 - 112 - 1
	Name	
	radifie	

## Witness 2

	Name	
- 23		

## Injured person 1

Name	Ramesh S/O Gnamani
Injuries sustained	Back and Neck
Which vehicle person in?	SEP 2628 J
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗗

## Injured person 2

Name	- Crons		
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	

## Injured person 3

Name		
Injuries sustained	110	
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No a

## Injured person 4

Name		- 1 ava v	
Injuries sustained			
Which vehicle person in?			W
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	

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

FFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 02 Jun 2006 of the driver; and other motor vehicles =< 2500kg

NP 428A



5242611

NRIC No. S8327891

Date of Tasius 27-11-2013

APT BLK 310B PUNGGOL WALK #07-552 SINGAPORE 822310

NRIC No: \$83278911

Date: 17/08/2017



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8327891



RAMESH S/O GNAMANI



INDIAN
Date of birth
11-09-1983
Country/Place of birth

Sex

88327891



#### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5099529222

: SGP2628J

1. Index mark and Registration Number of Vehicle

Chassis Number

: HMFD16306S211998

2. Name of Policyholder

: RAMESH S/O GNAMANI

Cover : drivo CLASSIC

3. Effective Date of Insurance

: 04 Apr 2018

4. Expiry Date of Insurance

: 03 Apr 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

#### This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

**EXCESS (SECTION 1)** : \$\$2,000 EXCESS (SECTION 2) : S\$1,500 : \$\$100 WINDSCREEN EXCESS ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : RAMESH S/O GNAMNI

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : TECK WEI CREDIT PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: AUTOSHIELD PTE. LTD. (00000573469)

Date of Issue

: 04 Apr 2018 10:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

<b>eBao</b> Tech									Gene	ralClaim
iello, NAC_PAYA_UBI_80	0601						Change Lan	guage ,	Change Passwo	rd • Log O
My Desktop	Polic	cy Query								
Natice of Loss	Policy N	0.				Date of Acc	dent	15/05/	2018 08:50	b
	Vehicle	No.(For Motor)	SGP26283							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5099529222	RAMESH S/O GNAMANI	S83278911	GPC	drivo CLASSIC	SGP2628J	SGP26283	04/04/2018	03/04/2019

Page 1 of 1



cident MT/0994505	5099529222	Vehicle No.	SGP26283	GST Registration N	0.	
		rende no.	30720403	Palicyholder NRIC		\$83278911
Hcyholder Name	RAMESH S/O GNAMANI	Day 1 or a room	OUT TO THE SAME			
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading		0
ntact No.(Mobile)	87999741	Contact No. (Office)	0	Contact No.(Home)	- 14	ů.
ail Address		Special Remark		eCode .		to v
K	No     Yes	TCA	® No ○ Yes	eCode Reason		
D Protection	No	NCD Entitlement(%)	10	Private Hire	88	Yes
Accident Details						
	0.0200000	V2000000000000000000000000000000000000	200	9300000400	66	24225
ort Date	15/05/2018 19:46	Acadent Report Within 24 hrs	Yes	Accident Type	3	Collision - Head to Rear
te of Accident	15/05/2018	Time of Accident hnomin	96;50	Country of Acodem	t i	Singapore
porting Centre		Orange Force		ICM No.		
ident Location	HOUGANG AVE 7 TWDS DEFU LANE					
Benefits						
Excess						
n damage Excess	2,000.00	Additional Excess	0	Windspreen Excess		100.00
named Driver Excess	0.00	Outside Singapore OD Excess	2,000.00			
nd Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00			
GST Registered Inform						
Registered	No		GST Registration Date			
Registration No.			GST Status Venfied	Yes		
Incation History						
Policyholder Hailing A	ddress					
ress 1	BLK 3108 #07-552	Address 2	PUNGGOL WALK	Address 3		WATERWAY TERRACES II
fress 4	SINGAPORE 822310	Address Type	Singapore address	Post Code		822310
ff No.	07-552	Related Policy Number	5099529222			
OI Driver Info			100 (100 (100 (100 (100 (100 (100 (100			
			AUG/90/09/Next			
rer Name	RAMESH S/O GNAMNI	Driver Type	Main Driver	17-200-007-201		VIII.
armed driver Name		Driver NRIC	583278911	Driver DOB		11/09/1983
ister Date of Driver Licens	e 02/06/2006	Driver Age	34	Driving Experience		11
tact No.(Mobile)	87999741	Contact No. (Office)	0	Contact No.(Home)	77	a a
irets t	8LX 3108	Address 2	PUNGGOL WALK	Address 3		WATERWAY TERRACES II
STREE 4	SINGAPORE 822310	Address Type	Singapore address	Post Code		822310
	07-552	Address Type	Singapore address	Post Code		822310
r. No. es he own a Singapore		Address Type  Driver Vehicle No.	Singapore address	Post Code  Driver Insurer Com		822310
r. No. es he own a Singapore	07-552		Singapore address			822310
r. No. es he own a Singapore pistered car?	07-552		Singapore address			822310
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it No. es he own a Singapore gistered car?  Garation eathalyser or Blood Test	0)-552 ○ Yes <b>®</b> No	Driver Vehicle No.	134-1500-1544-1500-1			822310
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i No.  Is no own a Singapore intered car?  aration  athinists or Blood Test ding?  Ification History  Iaim 001 Next  In Type *  tact No (Mobile)  If Address	07-552 ○ Yes ® No 0 mg	Driver Vehicle No.  Any injury?  Insured Name	® Yes ○ No RAMESH S/Q GNAMANI	Insured NRIC Contact No.(Office) TP Vehicle Number	      Daux	
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Attachment	1	uploaded By/Date	Category	P Urge	ncy	Description	Sent? Actio (CO)
T13	NAC_PAYA_UBL_800601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 15 Ma y 2018 19:50	NRIC/ Driving License	Norm	nel	NRIC/ Driving License 2018-5-15	Edi
10	NAC_PAYA_UBL_800601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 15 Ma y 2018 19:49	545	Nom	nai	SAS 2018-5-15	Edi
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32	NAC_PAYA_UB1_800601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 1,5 Ma y 2018 19:49	Photos	Norm	nal	Photos 2018-5-15	Edi
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9	NAC_PAYA_UBI_B00601( NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 15 Ma y 2018 19:48	Photos	Non	mai	Photos 2018-5-15	Edi
♥ Video List	Uploaded By/Date	Foiger Date	Fite Name		P	Source	Action