Date In 2115/18 15:50	Jeb description		Date &Time Completed	Done	Uv
Re[No: NA/ INC 18009150164	SAS e-filing		ì		
Veh No: SJL 7141 2	E-mail (within	Shrs, AIC 2hrs)			43
D.O.A 2015118 12:30	i-Motor Clai	m Form	MT10995272 -01	2115/18	18:28.
	i-Motor W/O	(Within: OD 2hrs			
OD (TP) ' Reporting Only	i-Photo Uplo	aded			
	Assessment/Su	irvey Report			
TP Insurer:	Ass't Report b	y <u>Fax / Hand</u> t	Owner/Wk5p		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veli No: G	BA 9178 H	INC ()/Non-INC()		
Owner / Driver: (Tel)	
Policy No: () Perio	d: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [No	te-Est. Status (\	VO): N: 0-2	0%; P: 21-79% F: 80	-100%]	
Year of Registration: () Wa	arranty: YES ()/NO()		
Excess: (\$) Loading: \$1,000)()/\$2,000	()		7777	
General Remarks:-			TERMINATE AT	guide Haria	
() Walk-In Customer's inform	ation strictly Co	nfidential & St	rictly NO refer of repaire	r	
() Total Loss Case : to e-mail Insurer	URGENTLY.		<u> </u>		
Drive-In ()/ Towed-In (); Invoice:	YES () / ?	YO () ; T	owing Co: ()
Remarks:- (INC horline: 6788 6616)			Date&Time Completed	Don	e by
	urtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$300	001 ()			
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P104/20081					
Injury:					
Injury: ————————————————————————————————————					
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				Anit (S)	Amt(\$)
Date/Time Actions	1 A1803165	1000 X 81 West 9 74 W	paration Checklist	Dt Bill	Add Bill
Date/Time Actions	1	1) AR : Acciden	t Reporting (\$30);	30.01	Add Bill
Date/Time Actions Note: The Actions of the Actions	1	1) AR : Acciden 2) DA : Dameg 3) TF : Towing	t Reporting (\$30); Assessment (\$100); INC	(\$30) \$40/\$45	Add Bill
Date/Time Actions Note: The Actions of the Actions	1	1) AR : Accident 2) DA : Damego 3) TF : Towing 4) FT : Follow-	t Reporting (\$30); Assessment (\$100); INC Fee Through Survey	30.01 (\$80)	Add Bill
Date/Time Actions No Claimant's Particulars :- Driver/Owner	1	1) AR : Accider 2) DA : Damege 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming	t Reporting (\$30); Assessment (\$100); INC Fee Chrough Survey Chrough Survey (Resurvey) against INC Only (wef 10 Jan 2	(\$30) \$40/\$45 \$120 \$30	Add Bill
Date/Time Actions No Claimant's Particulars:- Driver/Owner: Contact No:	1	1) AR: Accider 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp	t Reporting (\$30); Assessment (\$100); INC Fee Chrough Survey Chrough Survey (Resurvey) against INC Only (wef 10 Jan 2)	(\$30) (\$30.04 (\$30) \$40/\$45 \$120 \$30	Add Bill
Date/Time Actions No Claimant's Particulars:- Driver/Owner: Contact No:	1	1) AR : Accider 2) DA : Damege 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-inap 7) N1 : Idae DA 8) NTUC Addit	t Reporting (\$30); Assessment (\$100); INC Fee Chrough Survey Chrough Survey (Resurvey) against INC Only (well to Jan 2 schon + SMRT Survey	(\$80) \$40/\$45 \$120 \$30 (905) \$75	Add Bill
Date/Time Actions No. Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion:	1	1) AR : Accider 2) DA : Damege 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idas DA 8) NTUC Addit QD:*	t Reporting (\$30); Assessment (\$100); INC Fee Chrough Survey Chrough Survey (Resurvey) against INC Only (well to Jan 2 schon + SMRT Survey	(\$80) \$40/\$45 \$120 \$30 (\$905) \$75	Add Bill
Date/Time Actions No Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion:	1	1) AR : Accider 2) DA : Damege 3) TF: Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idan DA 8) NTUC Addit OD: *N5: Courter *N6: Repair	t Reporting (\$30); Assessment (\$100); INC Fee Chrough Survey Chrough Survey (Resurvey) against INC Only (well to Jan 2 section + SMRT Survey ional Services y Cas / Tpt Allowance Co-ordination	(\$80) \$40/\$45 \$120 \$30 \$75 \$160	Add Bill
Date/Time Actions N Claimant's Particulars :- Oriver/Owner: Contact No: Damaged Portion: OC Checked by (Engr-In-Charge):	1	1) AR : Accider 2) DA : Damege 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idas DA 8) NTUC Addit QIL* *N5: Courtes *N6: Repair *N6: Repair	t Reporting (\$30); Assessment (\$100); INC Fee Chrough Survey Chrough Survey (Resurvey) against INC Only (well 10 Jan 2 section + SMRT Survey ional Services	(\$80) \$40/\$45 \$120 \$30 \$75 \$160	Add Bill
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Date/Time Actions	1	1) AR: Accider 2) DA: Damege 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idan DA 8) NTUC Addit OIL* *N5: Courter *N6: Repair *N6: Repair *N7: Fost Re *N8: DV / C	t Reporting (\$30); Assessment (\$100); INC Fee Chrough Survey Chrough Survey (Resurvey) against INC Only (wef 10 Jan 2) cotion + SMRT Survey ional Services Cheerdination pair Inspection ollect Excess Coordination P (Non INC) against INC	(\$30) \$40/\$45 \$120 \$30 \$50.00 \$30 \$50.00 \$30 \$50.00	Add Eill

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

The second secon	ACCIDENT STATEMENT	
Date Of Report	21/05/2018 15:50	
Date Of Assidant	20/05/2018 12:30	
Exact Location Of Accident	AMK AVE 10 TWDS AMK AVE 3 NEAR AMK ST 41	
Country/State of Loss	SINGAPORE	
DE DE	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJL7141Z	
Insured/Policyholder		
Name Of Registered Owner	NG YONG SHEN KEVIN	
NRIC No	S7903314F	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-97606644	
Alternative Phone No	OFFICE-97606644	
Vehicle Particulars		
	TOYOTA	
Manufacturer	WISH	
Model Exact Purpose for which vehicle was being used at	PRIVATE USE	
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	A PARTITUE LED	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	5092609487	
Cover Note Number		
Driver		
Name of Driver	NG YONG SHEN KEVIN	
NRIC No	S7903314F	
Date Of Birth	07/02/1979	
Occupation	INDOOR	
Date Of Driving Pass	05/04/1999	
Driving Experience	19 YEARS AND 1 MONTH	
Gender	MALE	
Mobile Number	(LOCAL) +65-97606644	
Fax Number		
Contact Number	OFFICE-97606644	
EMail Address	NOEMAIL	Done 1 of

Address BLK 385 TAMPINES ST 32 #10-45

Postcode 520385

Was driver an employee of the Insured's Company NO
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

Type Of Accident SIDE SWIPE
Weather Conditions
Road Surface RAINING
WET

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?

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.

Number of Passengers (Including Driver) 3

Passenger 1 NAME: : WONG PING PING

NO

GENDER: : FEMALE

Passenger 2 NAME: SOH CHENG YONG

GENDER: : MALE

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? YES

Remarks/ Reasons: WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBA9178H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE
Name of Driver ONG CHEE LEONG

NRIC/Passport Number

Contact Number

Address Postcode

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.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN			- A	10/07/71017
		11112	Alex Kins	(A) 33L 71412. (B) GBA 9178 H
Ang mo K	co Ave 10 Ctowards A	ve3)	274	
A>				<u> </u>
\longrightarrow		DI	- A	>
		- >		
Ang me Ka	o Ave 10 Ctoward	la Ave 1. link	nonen.	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Critical along the at C 1939 hr, I was travelling in my vehicle CSIL 71412) along they mo keo Ave 10 towards Arry Mo Kto Ave 3 near the junction of Ang mo Kto set 41 and the left lone. Subtledy a van (GBA 91784) on my right cut into my lare and collected out the right state of my vehicle. The said driver admit at fault as he try to avoid another vehicle from the appropriate direction wastering to turn right into Aug mo Kto set 41. After the great suspect from the right, I found that my vehicle from wendocreen his a long crack top.	SESCRIBE CIRCUMSTANCES OF THE PRODUCTION
Are 3 near the function of Ang Mo Kros set 41 and time left lane. Sucherly a van (GBA 91784) on my right cut into my lare and collided outs the right side of my vehicle. The said draver admit at fault as he try to avoid another vehicle from the applicate direction waiting to turn right into Ang Mo Kro set 41. After the great impact from the right, I found that my vehicle from windocreen has a	On solos 18 at @ 1229 live, I was travelling in my vehicle
Are 3 near the function of Ang Mo Kros set 41 and time left lane. Sucherly a van (GBA 91784) on my right cut into my lare and collided outs the right side of my vehicle. The said draver admit at fault as he try to avoid another vehicle from the applicate direction waiting to turn right into Ang Mo Kro set 41. After the great impact from the right, I found that my vehicle from windocreen has a	(SJL 71412) along Ang mo Keo Ave 10 towards Any Mo Keo
love and collided outs the right side of my vehicle. The said draver admit at fault as he try to avoid another vehicle from the opposite direction waiting to turn right into Ang Mo Kies St 41. After the great suspect from the right, I found that my vehicle from windocreen has a	Are 3 near the function of Ang mo was set 41 an time left
lone and collided outs the right side of my vehicle. The said driver admit at fault as he try to avoid another vehicle from the opposite direction waiting to turn right into Ang Me Kes St 41. After the great support from the right, I found that my vehicle front windocreen has a	love . Surpharly a your (GBA 9178+) on my reght cut into me
The said drawer admit at fault as he try to avoid another vehicle from the opposite direction waiting to turn right into Ang Me Kes St 41. After the great suspect from the right, I found that my vehicle from windocreen has a	lose and collised parts the regist side of my vehicle
vehicle from the opposite direction waiting to turn right into Ang Mo Kis St 41. After the great supact from the right, I found that my vehicle from windocreen has a	
into Ang Mo Kes st 41. After the great supact from the right, I found that my vehicle front windscreen has a	
right, I found that my vehicle front windscreen has a	vehicle from the opposite direction waiting to turn 1291
right, I found that my vehicle front windscreen has a	ento Ang Mo Kao St 41. After the great suspect from the
	right I found that my vehicle front wendscreen has a
long crack dot.	
	long crack dole.

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.:

SIL 7141 Z. Model/Make Toyota Wish.
30/02/18.
1229 HRS
Ang Mo Kro Ave 10 towards A.M.K Ave 3 near A.M.K StAI
dent Private Need
NG YONG SHEN BEVIN.
H/P: 9760 66HH Home: Office:
57903314 F.
B 385 Tumpines St 30 # 10-45 (8) 520 3851
OD THIRD PARTY REPORTING ONLY
NTUC .
Comprehensive Third Party Third Party / Fire /Theft
5092609H87.
As Above If No,
Any Passengers: O2 (IM, IF)
07 02 1979
Outdoor / Indoor
05 04 1999 .
Male / Female
H/P: Home: Office:
No, If yes, Reg No.
Employee, If no, state
Clear Raining Other
Dry Wet Other
No, If Yes, Who? ONG YONG SHEN (HI : 9760 6644
(2) the tome wong PING PING(H/P-93262
3 SOH CHENG YONG (H/P: 8687 1168
No, If Yes, Where?
GBA 9178 H. Any Passengers: N-A
ong thee Leong. Contact No.:
Any Passengers :
Witness Contact:
Right 8ide . & Front Windscreen.
Yes / No
kxxvin @ yahoo com . 89.
H BY UNKNOWN PERSON SOLICITING /
MS ASSISTANCE? Yes No .
Turnour.
COAR COEL / CTAA OELO
6842 0051 / 6744 0510
6842 0051 / 6744 0510



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7903314F





Name

NG YONG SHEN KEVIN (HUANG YONGSHENG)

黄 永 胜

CHINESE Date of birth S

07-02-1979 M

SINGAPORE

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

Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms PASS DATE

05 Apr 1999

4391630

87903314F

Date of Issue 23-04-2009

APT BLK 385 TAMPINES STREET 32 #10-45 SINGAPORE 520385

NRIC No: \$7903314F

. .

Date: 31/05/2016

100

Licence No: 57903314F

1



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) Cover : drivo CLASSIC

Certificate Number: 5092609487

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

: SJL7141Z

: ZGE200007035

: 27 Jul 2017

: 26 Jul 2018

: NG YONG SHEN KEVIN

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes 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 speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) 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.

: 5\$600 EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : \$\$100 WINDSCREEN EXCESS

: N/A ADDITIONAL EXCESS : PLEASE REFER OVERLEAF

UNNAMED DRIVER EXCESS : NO REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE : YES NCD PROTECTION

TRANSPORT ALLOWANCE · NO : NO **EXCESS WAIVER**

: NG YONG SHEN KEVIN PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : MAYBANK

HIRE PURCHASE COMPANY : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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

: CHESSA INSURANCE AGENCIES PTE, LTD. (00000615068)

Date of Issue

: 19 Jul 2017 16:22 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

olicy No.	5092609487	Vehicle No.	SJL7141Z	GST Registration No.	
olicyholder Name	NG YONG SHEN KEVIN			Policyholder NRIC	57903314F
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ontact No.(Mobile)	97606644	Contact No.(Office)		Contact No.(Home)	
mail Address		Special Remark		eCode	No. V
FK	- No Yes	TCA	= No Yes	eCode Reason	boomer .
CD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
		1.142.1951.190120110075531			
eport Date	21/05/2018 18:25	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
ate of Accident	20/05/2018	Time of Accident hh:mm	12:30	Country of Accident	Singapore
	20,03,2018		12.30	ICM No.	10.00
eporting Centre		Orange Force		TOP NO.	
ccident Location	AMK AVE 10 TWDS AMK AVE 3 NEAR AMK ST	1 41			
♥ Excess					
wn damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
nnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
hird Party Excess	9.00	Outside Singapore TP Excess	0.00		
GST Registered Informa	tion				
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
odification History					
	2				
Policyholder Mailing Ad			1100 HO 100 N THE 1	Address 3	EINGARORS
ddress 1	BLK 436 #08-1355	Address 2	ANG MO KIO AVENUE10		SINGAPORE 56043
Address 4		Address Type	Singapore address	Post Code	560436
Init No.		Related Policy Number	5092609487		
→ OI Driver Info					
Driver Name	NG YONG SHEN KEVIN	Driver Type	Main Driver		
innamed driver Name		Driver NRIC	S7903314F	Driver DOB	07/02/1979
tegister Date of Driver License	01/01/2006	Driver Age	39	Driving Experience	12
Contact No.(Mobile)	97606644	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 436 #08-1355	Address 2	ANG MO KIO AVENUE10	Address 3	SINGAPORE 56043
Address 4		Address Type	Singapore address	Post Code	560436
ADDITION OF					
Joit No.					
Init No. Does he own a Singapore	Yes = No	Driver Vehicle No.		Driver Insurer Company	
Init No. Does he own a Singapore	Yes + No	Driver Vehicle No.		Onver Insurer Company	
Unit No. Does he own a Singapore Registered car?	Yes » No	Driver Vehicle No.		Driver Insurer Company	
Init No. Joes he own a Singapore legistered car? lectaration Breathalyser or Blood Test			= Yes No	Oniver Insurer Company	
Unit No. Does he own a Singapore Registered car? Reclaration Breathabyser or Blood Test	Yes + No	Driver Vehicle No. Any Injury?	∗ Yes ⊜ No	Onver Insurer Company	
			a Yes ○ No	Driver Insurer Company	
Unit No. Does he own a Singapore Registered car? Reclaration Breathabyser or Blood Test			+ Yes No	Driver Insurer Company	
Unit No. Does he own a Singapore Registered car? Reclaration Breathalyser or Blood Test Reading?			* Yes No	Driver Insurer Company	
Init No. Joes he own a Singapore Legistered car? Leclaration Leclaration Lectaration Lectaration Leading?			≠ Yes © No	Driver Insurer Company	
init No. Noes he own a Singapore legistered car? eclaration reathalyser or Blood Test leading? odification History Claim 001 New	0 mg	Any injury?		220 (1946) (1942) (1956)	
init No. Noes he own a Singapore legistered car? eclaration reathalyser or Blood Test leading? odification History Claim 001 New			* Yes No	Driver Insurer Company Insured NRIC	\$7903314F
nit No. loss he own a Singapore egistered car? eclaration reathalyser or Blood Test eading? odification History Claim 001 New	0 mg	Any injury?		220 (1946) (1942) (1956)	\$7903314F
nit No. Noes he dwn a Singapore egistered car? eclaration reathalyser or Blood Test eading? Claim 001 New Jaim Type * contact No.(Mobile)	0 mg	Any injury? Insured Name	NG YONG SHEN KEVIN	Insured NRIC	\$7903314F GBA9178H
nit No. loos he dwn a Singapore egistered car? eclaration reathalyser or Blood Test eading? codification History Claim 001 New Jaim Type * Lontact No. (Mobile) mail Address	0 mg	Any injury? Insured Name Contact No.(Home)	NG YONG SHEN KEVIN 97606644	Insured NRIC Contact No.(Office)	
nit No. loss he dwn a Singapore egistered car? eclaration reathalyser or Blood Test eading? codification History Claim 001 New laim Type * contact No. (Mobile) mail Address laim Description referred Workshop Contact	0 mg OD-HX ▼ 97606644	Any injury? Insured Name Contact No.(Home)	NG YONG SHEN KEVIN 97606644	Insured NRIC Contact No.(Office) TP Vehicle Number	G8A9178H
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7	Attacl	hment	List

Attachment		Uplcaded By/Date	Category	9	Urgency	Description
NOT OF	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 18:28	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-5-2
60	NAC_PAYA_UBI_B00601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 18:28	SAS		Normal	SAS 2018-5-21
100	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 18:28	Photos		Normal	Photos 2018-5-21
)(NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 18:28	Photos		Normal	Photos 2018-5-23
	NAC_PAYA_UB1_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 18:28	Photos		Normal	Photos 2018-5-21
	NAC_PAYA_UB1_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 18:28	Photos		Normal	Photos 2018-5-21
1	NAC_PAYA_UB1_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 18:27	Photos		Normal	Photos 2018-5-21
	NAC_PAYA_UB1_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 18:27	Photos		Normal	Photos 2018-5-21
	NAC_PAYA_UB1_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 18:27	Photos		Normal	Photos 2018-5-21
1	NAC_PAYA_UB1_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 18:27	Photos		Normal	Photos 2018-5-21
	NAC_PAYA_UB1_800603(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 18:27	Photos		Normal	Photos 2018-5-21
	NAC_PAYA_UB1_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 18:27	Photos		Normal	Photos 2018-5-21
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	NAC_PAYA_UB1_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 18:27	Photos		Normal	Photos 2018-5-21
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