		1A118065757	
Date In: )1/5/18-12:38	Jeb description	Date &Time Completed	Done by
Ref No: NA/INC18009230/24	SAS e-filing	i	
Veh No: SICZ9093E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 70/5/18-10:00	i-Motor Claim Form	MT/0995283-001	21/5/18 19:51
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hr.		
OD 7 Tr 7 Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		Million West - Tellion Science (A)
IF insurer:	Ass't Report by Fax / Hand t	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (	(	Tel: F	ax:
TP Particulars: Veh No: J	96112314 . INC (	)/Non-INC( ).	and the grades are the
Owner / Driver: (		Tel:	)
Policy No: ( )	Period: ( )	Cover Type: (	)_
Confirmed by: (	Date:	Time:	)
Insured/Driver Liability: ( %	Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 80-1	00%]
Year of Registration: ( )	Warranty: YES ( )/NO (	)	
	51,000 ( )/\$2,000 ( )		
General Remarks:			
( ) Walk-In Customer : Customer's i	information strictly Confidential & Str	ictly NO refer of repairer.	100
( ) Total Loss Case : to e-mail Ins			
		owing Co: (	<u> </u>
			,
Remarks:- (INC hotline: 6788 6616	Doctorer of the first	Date&Time Completed	Done by
1) Apply for Transport Allowance ( )	/ Courtesy Car ( )		
	/ Courtesy Car ( )		
2) QC Check / Post Repair Inspection	( )	1	
	( )		
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost >	( )		
2) QC Check / Post Repair Inspection	( )		
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost >	( )		The state of the s
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	( )		San Pacado a Pro-
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2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  MA 1803182	Invoice Prep   1) AR : Accident   2) DA : Damage A   3) TF : Towing Fe	Reporting (\$30); Assessment (\$100); INC (\$80 • \$40/	ist Bill Add B
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  MA 1803182  aimant's Particulars:	Invoice Prepared	Reporting (\$30); Assessment (\$100); INC (\$80)  o \$40/ rough Survey \$	friBill Add B
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time   Actions  MA 1803182  aimant's Particulars: iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Prep  I) AR: Accident I  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-Th  5) FT: Follow-Th  For claiming as  6) TR: Re-inspect  7) N1: Idac DA +  8) NTUC Addition  OD*  *N5: Courtesy (  *N6: Repair Co  *N7: Fost Repair	Reporting (\$30); Assessment (\$100); INC (\$80)  Frough Survey Strough Survey (Resurvey)  Sinst INC Only (wef 10 Jan 2005)  SMRT Survey Stal Services  Cer / Tpt Allowence  -ordination  ir Inspection	\$1.Bill Add Bi
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time   Actions  MA 1803182  aimant's Particulars: iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Prep  Invoice Prep  I) AR: Accident  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-Th  5) i-T: Follow-Th  For claiming as  6) TR: Re-inspect  7) N1: Idae DA +  8) NTUC Addition  OD*  *N5: Courtesy (  *N6: Repair Co  *N7: Fost Repair  *N8: DV / Collete  *N8: DV / Collete	Reporting (\$30); Assessment (\$100); INC (\$80)  TOUGH SURVEY  TOUGH SURVEY (RESURVEY)  ADDITIONAL CONTROL (WEF 10 Jen 2005)  TOUGH SURVEY  SMRT SURVEY  SMRT SURVEY  SMRT SURVEY  SMRT SURVEY  TOUGH Allowance  Fordination  Tough Survey  SMRT	\$1.Bill Add B

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver,
- 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.
- Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties,

  7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available.

aforesaid.	ou nereby consent to the archiving of this report at the centre and to copies of the report being made available.	ible
The state of the state of the state of	ACCIDENT STATEMENT	- 50
Date Of Report	21/05/2018 12:38	
Date Of Accident	20/05/2018 10:00	
Exact Location Of Accident	JUNG TOH TUCK AVE & OLD TOH TUCK RD	
Country/State of Loss	SINGAPORE	
Salaria and and are a salar	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKZ9093E	
Insured/Policyholder		
Name Of Registered Owner	CHIA KOK FUI (XIE GUOHUI)	
NRIC No	S7243793D	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-97263852	

Alternative	Phone	No
Vehicle Pa	rticula	rs

NISSAN Manufacturer

Model NOTE 1.2 DIG-S CVT 2WD LED

Exact Purpose for which vehicle was being used at time of accident

PRIVATE USE

OFFICE-97263852

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken Vehicle Category

THIRD PARTY PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5086882407-01

Cover Note Number

Driver

Name of Driver CHONG NAI HIONG

NRIC No S1835078E Date Of Birth 22/02/1946 Occupation INDOOR Date Of Driving Pass 25/01/1972

Driving Experience 46 YEARS AND 3 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-90073084

Fax Number

Contact Number OFFICE-90073084

EMail Address NOEMAIL

BLK 532 JURONG WEST STREET 52 Address

#21-429

640532 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PARENT

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2

Was any body injured in the Accident? 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) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 3

Passenger 1 NAME:

> GENDER: : FEMALE

Passenger 2

NAME:

NO

GENDER: : FEMALE

**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?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

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

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SGF1123H

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number 96397088

Address Postcode

## SKETCH PLAN

## 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of a
  - 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

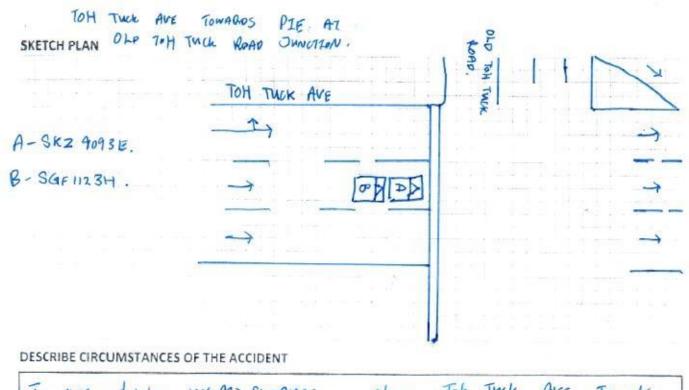
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signature

Name:

NRIC/FIN No.:



TE on the center lane of 3-LANNES, Carringe may. AT Imotion of Toh Tuch AVE-OLD TOH THEN ROAD, my veh stationary stopped due the traffic light. Out of snolden, I telt a great impact from the ear. Therefore, I realised veh(B) Saff 1123 H front portion collided outs my reh rear portion. So I alighted and take photos of the scene and	DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
of Joh Tuch AVE-OLD TOH THEN ROAD, my veh stationary stopped the traffic light. Out of snedden, I telt or great impact from the ear. Therefore, I realised veh (B) SGF 1123 H front portion collided outs my reh near portion. So I alighted and take photos of the scene and	I was doing ven 19) SKZ 90936 along Toh Tuck AVE Towards
of Joh Tuch AVE-OLD TOH THEN ROAD, my veh stationary stopped the traffic light. Out of snedden, I telt or great impact from the ear. Therefore, I realised veh (B) SGF 1123 H front portion collided outs my reh near portion. So I alighted and take photos of the scene and	PTE on the center lane of 3-LANES, Carriage may. Al amotion
the traffic light. Out of soulder, I telt or great impact from the ear. Therefore, I realised veh(B) Saff 1123 H front portion collided outs my reh near portion. So I alighted and take photos of the scene and	96 Joh Tuch AVE - OLD TOH THEE ROAD, my veh stationary Stopped day
enr. Therefore, I realised veh(B) SGF 1123 H front portion collided and my reh rear portion. So I alighted and take photos of the scene and	to the truthic light. Only of sudden, I tell or great impact from t
reh rear portion. So I alighted and take photos of the scene and	rear. Therefore, I realised veh (B) SGF 1123 H front portion collided and my
	veh rear portion. So I alighted and take photos of the scene and
	point of contact.

# DECLARATION

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

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personne's Signature

Name: NRIC/FIN No.:

Vehicle No.	SKZ 9093 E Model / Make NISS AN NOTE.
Date of Accident	20/5/18
Time of Accident	0957 HRS
Location of Accident	TOH THE AVE TOWARDS PIFE AT OLD TOH THEE ROSO JUNCTION
Exact purpose use during acci	dent Personal
Name of Owner	CHIA Kok GUZ
Telephone No.	H/P: 9726 3852 Home: Office:
NRIC	\$72437430
Address	APT BLK 532 JUKONG WEST STREET 52 #21-429 S1640532
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTILL
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	508 6882 407-01
Name of Driver	As Above If No, CHONG NAI HEONG.
NRIC	S18 35078 Any Passengers: 2 (FEMALE).
Date of birth	22/02/1946
Occupation	Outdoor / Indoor
Driving License Pass Date	12/02/1946
Gender	Male / Female
Contact No.	H/P:9007 3084 Home:6562 0405 Office:
Address	APT BLK 532 JURONG WEST STREET 52 #21-429 S (640532)
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state MOTHER.
Weather condition	Clean Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No. If Yes, Where?
Vehicle B No.	SGF 1123 H Any Passengers : NZL.
Name of Driver	Contact No.: 9639 7088
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	REAR PORTEON.
Camera Recorder	Yes No
Email Address '	design Throo @ vahoo. com.sa
	BY UNKNOWN PERSON SOLICITING /
OFFERING ACCIDENT CLAIMS	
PARTICULAR WORKSHOP	TWENCAR AUTOMOTERE PIE LID.
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	I'M MING.
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	sales @ n51. com. sg



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7243793D





CHIA KOK FUI (XIE GUOHUI) 谢国辉

CHINESE

Owte of Birth 04-12-1972

SINGAPORE



Buner

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

PASS DATE

Motorcycles not exceeding 200 cc Class 2B Class 2A Motorcycles between 201 cc and 400 cc
Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 killograms

NP 428A

03 Apr 1996 28 Jul 1997 27 Jun 1991



1059610



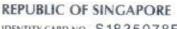
NRC No. S7243793D

AB+

21-06-1993

APT BLK 532 JURONG WEST STREET 52 #21-429 SINGAPORE 2264





IDENTITY CARD NO. \$1835078E



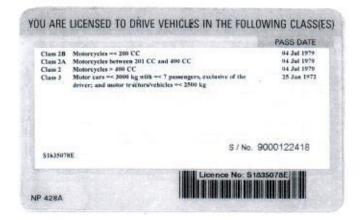


CHONG NAI HIONG

張乃香 CHINESE

22-02-1946 Country of Birth JOHORE

Oriver







# 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: 5086882407-01

1. Index mark and Registration Number of Vehicle

SKZ9093E

Chassis Number

: JN1TBAE12Z0982343

Cover : drivo CLASSIC

2. Name of Policyholder

; CHIA KOK FUI

3. Effective Date of Insurance

: 15 Feb 2018

4. Expiry Date of Insurance

: 14 Feb 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 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.

EXCESS (SECTION 1) : \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100 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 : CHIA KOK FUI NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A

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

: HUA YANG CREDIT PTE LTD (00000613824)

Date of Issue

SUM INSURED

: 03 Jan 2018 21:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

Countersigned By:

**Authorised Officer** 

Chief Executive



Policy No.	5086882407-01	Policyholder Name	CHIA KOK	FUI (XIE GUOHUI)	Policyholder NRIC	S7243793D	
Address	BLK 532 #21-429 JURONG WE	ST STREET 52	SINGAPORE	640532			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	03/01/2018	Effective Date	15/02/201	8 00:00	Expiry Date	14/02/2019 2	23:59
Excess Type		All Claim Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Agent	HUA YANG CREDIT PTE LTD	Agent Tel.	64585111		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
□ Policyl	holder Mailing Address						
Address 1	BLK 532 #21-429	Addre	ss 2	JURONG WEST STI	REET 52	Address 3	SINGAPORE 640532
Address 4		Addre	ss Type	Singapore address		Post Code	640532
Unit No.		Relate Numb	d Policy er	5086882407-01			
) Insure	ed Object: SKZ9093E						
	sements						

ccident MT/0995283							
folicy No.	5086882407-01	Vehicle No.	SK29093E	GST Registration N	io.		
folicyholder Name	CHIA KOK FUI (KIE GUOHUI)			Policyholder NRJC		S7243793D	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading		0	
Contact No. (Mobile)			0	Contact No. (Home)		0	
mail Address		Special Remark		eCode		N/V	
t Fix	® No ○Yes TCA		® No ○Yes	eCode Reason		1.9.70	
ICD Protection			10			200	
V Accident Details	1.040	NCD Emillement(%)	10	Private Hire		No.	
	1999-106-00465						
leport Date	ZL/05/2018 19:+9	Acadent Report Wehin 24 hrs	Yes	Accident Type		Collision - Head to Rear	
Pate of Accident	20/05/2018	Time of Accident nh:mm	10:00	Country of Acodeni	ť	Singapore	
eporting Centre		Orange Force		ICM No.			
ccident Location	JUNC TOH TUCK AVE & OLD TOH TUCK RD						
♥ Benefits							
♥ Excess							
wn damage Excess	600.00	Additional Excess	0	Windscreen Excess		100.00	
nnamed Driver Excess	500,00	Outside Singapore OD Excess		Million Carl Carles		100.00	
			600.00				
Hird Party Excess	0.00	Outside Singapore TP Excess	0.00				
GST Registered Inform							
T Registered	No		GST Registration Date				
ST Registration No.			GST Status Verified	Yes			
odification History							
	A Leaders						
Policyholder Mailing Ad							
ddress 1	BLK 532 #21 429	Address 2	JURONG WEST STREET 52	Address 3		SINGAPORE 640532	
ddress 4		Address Type	Singapore address	Post Code		640532	
nit No.		Related Policy, Number	5086882407-01				
OI Driver Info							
iver Name	Unnamed Driver	Driver Type	Unnamed Driver				
named driver Name	CHONG NAT HIDNG	Driver NRIC	51835078E	Driver DOS		22/02/1946	
gister Date of Driver License	25/01/1972	Driver Age	72	Oriving Experience		46	
ntact No. (Mobile)	90073084	Contact No.(Office)	0.				
Idress 1	BLK 532	Address 2			Contact No.(Home) 0		
	B/V 215						
			JURONG WEST STREET S2	Address 3		SINGAPORE 640532	
ddress 4		Address Type	Singapore address	Post Code		SINGAPORE 640532 640532	
ddress 4 nit No.	21-429						
ddress 4 nrt No. oes he oen a Singapore epistered car?	21-429 ○ Yes ® Ne						
ddress 4 nrt No. bès he own a Singapons egistered car?		Address Type		Post Code			
idress 4 lat No. resi he own a Singapora gestered car?		Address Type		Post Code			
ddress 4  NN No.  bes he own a Singapone opstered car?  claration reatnayser or Blood Test		Address Type		Post Code			
ddress 4  NN No.  bes he own a Singapone opstered car?  claration reatnayser or Blood Test	○ Yes  ® No	Address Type  Driver Vehicle No.	Singapore address	Post Code			
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ddress 4 M No. Ses he cein a Singapore spistered car? claration	○ Yes  ® No	Address Type  Driver Vehicle No.	Singapore address	Post Code			
idress 4 Int No. Hell the own a Singapons gratered car? Claration eachalyser or Blood Test ading?	○ Yes  ® No	Address Type  Driver Vehicle No.	Singapore address	Post Code			
dress 4 If No. es he cent a Singapore pistered car? deration activation activation of Blood Test ading?	○ Yes  ® No	Address Type  Driver Vehicle No.	Singapore address	Post Code			
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Attachment		Uploaded By/Date	Category	Y	Urgency	Description	Msg Sent? Action (CO)
== +	NAC_PAYA_UBI_BOOK01( N	TIONAL ASSESSMENT CENTRE SERVICES) on 21 v 2018 19:52	Ma NRIC/ Driving License		Normal	NR3C/ Driving License 2018-5-21	Edit
79	NAC_PAYA_UBI_800601  NA	VTIGNAL ASSESSMENT CENTRE SERVICES) on 21 y 2018 19:52	Ma SAS		Normal	SAS 2018-5-21	Edit
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