	1		14118067808			-
Date In: 24/1/18 - 18:01	Jeb description		Date & Time Com	pleted	Don	e by
Res No: NA/ INC 1800 9500/24	SAS e-filing		İ			
Veh No: Jaygola	E-mail (within 8)	rs, AIC 2hrs)				
D.O.A: 17/1/18-00:15	i-Motor Claim	Form	MT/0995807.	-001	8/11/16	19:
OD : TP : Reporting Only	i-Motor W/O	Within: OD 2hrs,	TP 4hrs)			
	i-Photo Uploa	led				CI CI
TP Insurer:	Assessment/Sur	ey Report				
	Ass't Report by	Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW:	(raeta - Atlan - Hebb	Tol:	Fax		-80000
TP Particulars: Veh No:	unknown .	INC()/Non-INC().	89	
Owner / Driver: (CONTRACTOR CONTRACTOR		Tel:	Stan)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (%	(William) [Note-Est. Status (Wil): N: 0-20	%; P: 21-79%.	P: 80-100	%]	
Year of Registration: ()	Warranty: YES ()/NO()				
Excess: (\$) Loading: \$	\$1,000 ()/\$2,000 ()	· · · · · · · · · · · · · · · · · · ·			
General Remarks;-		ess comme		25 mg	30.00	-
CONTRACTOR OF THE PROPERTY OF	SCHOOL STORY CONTRACTOR	CACALAGARAD SI		A 183 30	M. 61.5 - 4	
() Walk-In Customer: Customer's i	information strictly Confi	dential & Stric	tly NO refer of rep	pairer.		III CONTRACTOR
() Total Loss Case : to e-mail Ins	surer URGENTLY.				63	
Drive-In ()/ Towed-In (); Invo	pice: YES () / NO	(); To	wing Co: (r.s.)
Remarks:- (INC horline: 6788 6616		21222		18/00/1977	esa esa e	100.100
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2) QC Check / Post Repair Inspection	()				allowers - An	
Upload Resurvey Photo [Repair Cost >	\$3000] ()			-		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.
- 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.
- 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.

BEST OF BEPOMPT SAME AND ADDRESS.	ACCIDENT STATEMENT
Date Of Report	24/05/2018 18:01
Date Of Accident	17/05/2018 00:15
Exact Location Of Accident	ALONG MARINA BOULEVARD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ4901R
Insured/Policyholder	
Name Of Registered Owner	VISTA CAR LEASING PTE LTD
Co Reg No	201811675W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5099863863
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD SYAHID BIN MOHAMAD HUSSEIN
NRIC No	S8603131J
Date Of Birth	27/01/1986
Occupation	OUTDOOR
Date Of Driving Pass	07/07/2008
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87484852
Fax Number	
Contact Number	OFFICE-87484852

NOEMAIL

BLK 431B YISHUN AVENUE 1 Address

#06-595

762431

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

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? YES

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)

YES

NO 1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)

ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-2180000 - FAX NO: 64814246

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - F/20180517/7044.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

MERCEDES

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Name MUHAMMAD SYAHID BIN MOHAMAD HUSSEIN Approximate Age Injuries Sustain BODY Injured person in which vehicle? SJQ4901R Were seat belts worn? YES Was this injured conveyed to hospital by ambulance? Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

4

- 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.
- 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.
- 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:

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

B: Unknown

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

APPLOX DOISHIPS MOONE NAS 18 Supering 19 raitive site andustr 12090 3424 choten; 20 50 4444 July state of mitable six Fo see LORDAFIO feel igat a college as some years sund SLOP HOM BURG. and gray are with Looking the outsing supplied out 14/2/20 CONTROL DECLARATION 690

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 .:

amounted.

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: / 7/5/18	(DD/MM/YY) Time: 00: 15	(HH:MM)
Exact location of accident			
	MEDINE ON	PRAILE II	

Details of vehicle

Vehicle registration number	SDQ 4901R		
Vehicle make and model	TOYOTA VIOS		
Type of vehicle	Saloon MPV of Bus of		
Vehicle category	Private Comm	nercial Motorcycle	
Purpose of using at said time	Wiston		
Are you claiming under your own insurance company?	Yes No Third part claim	if no, please select: Reporting only of	

Insurance information

Insurance company	N700 .		
Policy number	5099863863		
Type of policy	Comprehensive a	Third party fire & theft	TP only

Insured / Policy holder

Name	VIETA CAR LEAGINA DT. LTD	Male 🗆	Female
NRIC / Fin / Passport number			
Contact			
Address			

Driver

Same as insured above (skip to D.O.B)

Name	MUHAMMAD STATIO BID MOHAMED Male & Female C
NRIC / Fin / Passport number	58603131)
Contact	8748 4852
Address	BIK 17318 413410A ANE 1 # 06 - 342 182431
Email address	
Date of birth	27-01-1986
Occupation	Indoor Outdoor
Driving date pass	07-07-2008

General information of the accident

Was driver an employee of the insured's company?	Yes □ If no, rel	No of ationship of the	driver and insured:	
Accident captured by camera?	Yes a	No		
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry	Wet 🗆		
No of passenger	1			(Inclusive of driver)

Passenger 1

Name		
Gender	Male 🗆	Female

Passenger 2

Name			
Gender	Male 🗆	Female D	

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 🗆	No 🗆
Was other vehicle damaged?	Yes 🗆	No 🗆

Details of police action

Reported to police?	Yes 🗆	No 🗆	If yes, please state which police station.
Police station name			

Third party vehicle 1

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

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	
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

Managa	
Name	
h	

Witness 2

1 0	2000	
1 14	dille	
N	ame	

Injured person 1

Name	MUNIAMORE SYNTHON WILL MANNERS CHIMARIAM
Injuries sustained	
Which vehicle person in?	21004 062
Were seat belts worn?	Yes o No 🗆
Was injured conveyed to hospital by ambulance?	Yes of No D

Injured person 2

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

Injured person 4

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





1 of

Report No. F/20180517/7044

POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Police Divisional HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No:1800-2180000

Date/Time Report Made	Vide Re	port No.		Station Diary No.	
17/05/2018 21:12 Name Of Informant	Address				
MUHAMMAD SYAHID BIN MOHAMAD HUSSEIN	APT BLK 431B YISHUN AVENUE 1 SINGAPORE 762431			#06-595	
ID Type / ID No. NRIC NO / S8603131J	Contact Home/C		Mobile: 87484852		
Nationality SINGAPORE CITIZEN	Email Address syahid3131@gmail.com				
Occupation	Sex	Age	Date of Birth	Race	
Taxi driver	Male	32	27/01/1986	Malay	
Institution/School Name	Language English				
Date/Time Of Incident	Location	Of Inciden	t		
17/05/2018 00:15 - 17/05/2018 00:30	MARINA	BOULEVA	ARD		

Brief details.

At Approx 0015hrs, i was about to approached the junction where Red Dot is. Upon reaching the traffic light there was a Merc taxi in front of me which abruptly stop his vehicle. Not sure of his intention as there were no signal lights activated.

At Approx 0016hrs, when i realize the taxi had stop in front of me and I didn't have enough time to stop my car on time before bumping him from the back.

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/05/2018 21:12
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





2 -6 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

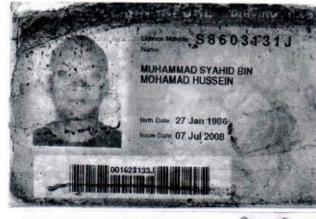
Report No. F/20180517/7044

At Approx 0019hrs, after the hard bump i was stuck in the car and wasn't able to move my legs and was having difficulties in breathing due to the impact of the airbags. Looking at my situation the taxi driver involved called in the ambulance immediately.

At Approx 0030hrs, I was carried away from my vehicle onto the stretcher and into the ambulance.

Victim	AUDIO CONTRACTOR DIVINO							
Person Name	MUHAMMAD SYAHID BIN MOHAMAD HUSSEIN							
ID Type	NRIC NO	ID No	S8603131J					
Gender	Male	Age	32					
Race	Malay	Language	English					
Occupation	Taxi driver	Address Type						
Address	APT BLK 431B YISHUN AVENUE 1 #06-595 SINGAPORE 762431	Mobile No	87484852					
Is Informant A Victim?	Yes							

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/05/2018 21:12
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8603131J



MUHAMMAD SYAHID BIN MOHAMAD HUSSEIN

MALAY Date of birth 27-01-1986

58803131J

428047

Country of birth
SINGAPORE





RIC No. S8603131J

30-08-2008

APT BLK 431B YISHUN AVENUE 1 #06-595 SINGAPORE 762431

NRIC No: \$8603131J

Date: 25/02/2015

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: 5099863863

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: SJQ4901R

Chassis Number

: MR053HY9305112215

: VISTA CAR LEASING PTE. LTD.

Name of Policyholder 3. Effective Date of Insurance

: 06 May 2018

4. Expiry Date of Insurance

: 05 May 2019

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) : N/A EXCESS (SECTION 2) : S\$1,500 **ADDITIONAL EXCESS** : N/A UNNAMED DRIVER EXCESS : N/A REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A 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 Miotor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: 5 & M ALLIANCE PTE LTD (00000614373)

Date of Issue

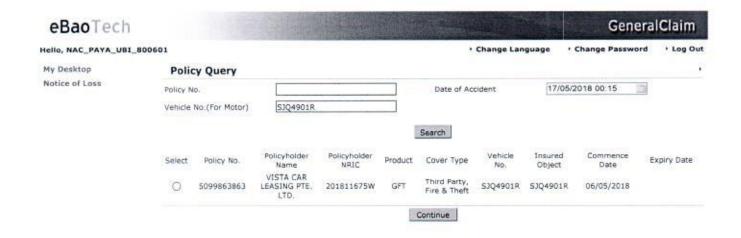
: 13 Apr 2018 09:53 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



Policy No.	5099863863	Policyholder Name	VISTA CA	AR LEASING PTE. LTD.	Policyholder NRIC	201811675	V
Address	6 YISHUN INDUSTRIAL STREET	T 1 #01-20 NO	RTH VIEW	BIZHUB SINGAPORE 76	8090		
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy Ssue Date	13/04/2018	Effective Date	13/04/20	18 00:00	Expiry Date	12/04/2019	23:59
Excess Type		All Claim Excess					
Third Party Excess	1500	Own damage Excess			Windscreen Excess		
Additional Excess	0	OS Premium	1413.63				
Outside Singapore OD Excess		Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	9635428	8	GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	6 YISHUN INDUSTRIAL	STREET Addre	ess 2	#01-20 NORTH VIE	W BIZHUB	Address 3	SINGAPORE 768090
Address 4		Addr	ess Type	Singapore address		Post Code	768090
Unit No.	01-20	Relat Numi	ed Policy per	5099863863			
1 Insure	d Object: SJQ4901R						
Endore							
Ciluois	sements						

he premium on this policy has					
ccident MT/0995807	not been collected.				
roncy No.	5099863863	100000000000	144000000	PQ22420 (4.50 TO 752 TO	
Policyholder Name		Vehicle No.	51Q4901R	GST Registration No.	
	VISTA CAR LEASING PTE, LTD.			Policyholder NRJC	201811675W
reduct Code	PLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
ontact No.(Mobile)	а	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	- V
FK	® No ○ Ves	TCA	No ○ Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
port Date	24/05/2018 19:18	Acadent Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
te of Accident	17/05/2018	Time of Accident hh:mm	00:15	Country of Academ	Singepore
porting Centre		Orange Force		ICM No.	
cident Location	ALONG MARINA BOULEVARD				
Benefits					
Excess					
n damage Excess		Additional Excess	0	Windscreen Excess	
named Driver Excess		Outside Singapore OD Excess			
int Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registered Informa		Outside singapore (P Estess	1,500.00		
Registered	No.		ware workload to be up		
Registration No.	190		GST Registration Date GST Status Ventled	82	
diffication History			GSF Statut verned	No	
and the control of the control of					
Policyholder Mailing Ad	dress				
dress 1	6 YISHUN INDUSTRIAL STREET	Address 2	#01-20 NORTH VIEW BIZHLIS	Address 3	SINGAPORE 768090
dress 4	DENSITY POWERFACTOR CONTROL	Address Type	Singapore address	Post Code	768090 768090
et No.	01-20	Related Policy Number	5099063863	Pest Cope	760090
OI Driver Info		Koresea Porcy rightser:	3099003003		
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	MUHAMMAD SYAHID BIN MOHA	Driver NRIC	586031313	Driver DOB	27/01/1986
pster Date of Driver License		Driver Age	12		
KECT No.(Mobile)	87464852			Driving Experience	9
dream 1		Contact No. (Office)	0	Contact No.(Home)	0
ar end 1	BUK 431B	Address 2	YISHUN AVENUE 1	Address 3:	VISTA SPRING @ YISHUN
and a second	SINGAPORE 762431 Address Type		200		
		Address Type	Singapore address	Post Code	762431
it No.	06-595	Address Type	Singapore address	Past Code	762431
it No. es he own a Singapore		Address Type Driver Vehicle No.	Singapore address	Past Code Briver Insurer Company	762431
it No. es he own a Singapore pistered car?	06-595		Singapore address		762431
it No. es he own a Singapore gistered car? daration	06-595 ○ 14s ® No		Singapore address		762431
it No. es he own a Singapore pistered car? daration esthelyser or Blood Test	06-595		Singapore address ® Yes ○ No		762431
et No. es he own a Singapore gistered car? daration sathelyser or Blood Test	06-595 ○ 14s ® No	Driver vehicle No.			762431
nt No. Nes he own a Singapore gistered car? Claration eathelyser or Blood Test ading?	06-595 ○ 14s ® No	Driver vehicle No.			762431
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No. s he own a Singapore intered car? aration sthelayer or Blood Test ding?	06-595 ○ 14s ® No	Driver vehicle No.			762431
No. Is he own a Singapore Intered car? Bration Sthelyser or Brood Test Ging? Incation History Islam 001 New	06-595 ○ Yes ® No	Driver vehicle No. Any injury?	® Yes ○ No	Briver Insurer Company	
t No. Is he own a Singapore Istered car? Is an	06-595 ○ Yes ® No □ mg	Driver vehicle No. Any injury? Insured Name		Driver Insurer Company Insured NRIC	201811675W
t No. Is he own a Singapore Istered car? Istalian Blood Test Cing? Ification History Islam 001 New In Type * Int. No. (Mobile)	06-595 Yes ® No Ding 00-MX 96621601	Oriver vehicle No. Any injury? Insured Name Contact No.(Home)	® Yes ○ No VISTA CAR LEASING PTE. LTD.	Briver Insurer Company Insured NRIC Contact No.(Office)	201811675W
t No. Is he own a Singapore Istered car? Isration Isr	06-595 Tres (9) No Ding DO-Not 96621601 vistacarl.enquiry@gmail.com	Driver vehicle No. Any injury? Insured Name	® Yes ○ No	Driver Insurer Company Insured NRIC Contact No.(Office) TP Vehicle Number	201811675W
t No. Is he own a Singapore Israbon athelyser or Blood Test Israbon Is	06-595 Yes ® No Ding 00-MX 96621601	Oriver vehicle No. Any injury? Insured Name Contact No.(Home)	® Yes ○ No VISTA CAR LEASING PTE. LTD.	Briver Insurer Company Insured NRIC Contact No.(Office)	201811675W
t No. Is he own a Singapore Intered car? Idration Atheliser or Blood Test Inflation Hattery Ialim 001 New Interest No. (Mobile) Interest No. (Mobile) Interest No. (Mobile) Interest No. (Mobile)	06-595 Tres (9) No Ding DO-Not 96621601 vistacarl.enquiry@gmail.com	Oriver vehicle No. Any injury? Insured Name Contact No.(Home)	® Yes ○ No VISTA CAR LEASING PTE. LTD.	Driver Insurer Company Insured NRIC Contact No.(Office) TP Vehicle Number	201811675W
is No. es he own a Singapore justered car? Saration esthalyser or Blood Test sting? Stration Hatory Italiam 001 New Im Type * Kact No (Mobile) at Address Im Description ferred Workshop Cortact	06-595 Tres (9) No Ding DO-Not 96621601 vistacarl.enquiry@gmail.com	Oriver vehicle No. Any injury? Insured Name Contact No.(Home) CS Vehicle Number	® Yes ○No VISTA CAR LEASING PTE_LTD. S3Q4901R Fully at Fault	Driver Insurer Company Insured NRIC Contact No.(Office) TP Vehicle Number	201811675W
t No. Is he own a Singapore Intered car? Isration Athalyser or Blood Test Islam 001 New In Type * fact No. (Mobile) If Address In Description Indered Workshop Contact In Finalisation	06-595 Tres ® No Ing OO-MX 96621601 Vistacerf.enquiry@gmail.com S1Q4901R / UNKNOWN ON 17 May 2018	Oriver vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liebility *	® Yes ○ No VISTA CAR LEASING PTE_LTD. S3Q4901R Fully at Fault	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	201811675W + LINENDWIN
t No. Is he own a Singapore Istered car? Isration athalyser or Blood Test Isration History Islam 001 New In Type * Ract No (Mobile) Ist Address In Description In Type The Singapore In Type The Singapore In Type The Singapore Isration No (Mobile) Is Address In Description In Type The Singapore In Type Type The Singapore In Type Type Type Type Type Type Type Type	06-595 Tres (® No Ding DO-Not 96621601 Vistacarl.enquiry@gmail.com SIQ49018 / UNKNOWN ON 17 May 2018 Yes	Driver vehicle No. Any injury? Insured hame Contact No.(Home) CI Vehicle Number Insured Liebility * Preference Repair Option	® Yes ○ No VISTA CAR LEASING PTE_LTD. S3Q4901R Fully at Fault	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	203811675W + UNKNOWN
t No. Is he own a Singapore partered car? Isration attraction Blood Test isficultion Hattery Islam 601 New Type * fact No (Mobile) at Address m Description Ierred Workshop Contact wire Finalisation a Registered out Taken By	06-595 Tes ® No Tes ® No Ding DO-MX 96621601 Viscacif enquiry®gmail.com SIQ4901R / UNKNOWN ON 17 May 2018 Ves 24/05/2018 19:20	Driver vehicle No. Any injury? Insured hame Contact No.(Home) CI Vehicle Number Insured Liebility * Preference Repair Option	® Yes ○ No VISTA CAR LEASING PTE_LTD. S3Q4901R Fully at Fault	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	203811675W + UNKNOWN
t No. Is he own a Singapore Isteration Straition Hattery Islam 801 New In Type * Ract No. (Mobile) Ist Address In Description In Term Workshop Contact In Final Saction In Registered port Taken By	06-595 Tes ® No Tes ® No Ding DO-MX 96621601 Viscacif enquiry®gmail.com SIQ4901R / UNKNOWN ON 17 May 2018 Ves 24/05/2018 19:20	Driver vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liebility • Preference Repair Option Claim Close Date	® Yes ○ No VISTA CAR LEASING PTE_LTD. S3Q4901R Fully at Fault Preferred Workshop, Name unknown	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	203811675W + UNKNOWN
No. Is he own a Singapore intered car? Intradison Heatory Intradison Heatory Interest of Mobile In Address In Description In Registered Intradison By Print, AX Letter	06-595 Tes ® No Tes ® No Ding DO-MX 96621601 Viscacif enquiry®gmail.com SIQ4901R / UNKNOWN ON 17 May 2018 Ves 24/05/2018 19:20	Driver vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liebility • Preference Repair Option Claim Close Date	® Yes ○ No VISTA CAR LEASING PTE_LTD. S3Q4901R Fully at Fault	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	201811675W + LINKNOWN Received
No. Is he own a Singapore intered car? Intradison Heatory Intradison Heatory Interest of Mobile In Address In Description In Registered Intradison By Print, AX Letter	06-595 Tes ® No Tes ® No Ding DO-MX 96621601 Viscacif enquiry®gmail.com SIQ4901R / UNKNOWN ON 17 May 2018 Ves 24/05/2018 19:20	Driver vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liebility • Preference Repair Option Claim Close Date	® Yes ○ No VISTA CAR LEASING PTE_LTD. S3Q4901R Fully at Fault Preferred Workshop, Name unknown	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	201811675W + LINKNOWN Received
No. s he own a Singapore stered car? aration tchaluser or Blood Test sing? fication Heatory aim 001 New in Type * lact No (Mobile) if Address in Description size Finalisation (Registered art Takan By Print AK letter	06-595 Tes ® No Tes ® No Ding DO-MX 96621601 Viscacif enquiry®gmail.com SIQ4901R / UNKNOWN ON 17 May 2018 Ves 24/05/2018 19:20	Driver vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liebility • Preference Repair Option Claim Close Date	® Yes ○ No VISTA CAR LEASING PTE_LTD. S3Q4901R Fully at Fault Preferred Workshop, Name unknown	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	201811675W + LINKNOWN Received
in No. Is he own a Singapore Issered car? Israbon Istralyser or Blood Test Islam 601 Incation Hatory Islam 601 Incation Isl	06-595 Tes ® No Tes ® No Ding DO-MX 96621601 Viscacif enquiry®gmail.com SIQ4901R / UNKNOWN ON 17 May 2018 Ves 24/05/2018 19:20	Driver vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liebility • Preference Repair Option Claim Close Date	W Yes O No VISTA CAR LEASING FTE LTD. S3Q4901R Folly at Fault Preferred Workshop, Name unknown Save Submit	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	203811675W + UNKNOWN
s No. Is he own a Singapore Issered car? Isration athelyser or Blood Test Island Incation Hattery Island OOI Incation Hattery Island OOI Incation Hattery Island OOI Incation Hattery Island OOI Incation Incation Hattery Island OOI Incation I	06-595 O res ® No O mg OO-MX 96621601 Vistacart.enquiry@gmail.com SIQ4901R / UNKNOWN ON 17 May 2018 Yes 24/05/2018 19:20 JECUSON	Driver vehicle No. Any Injury? Insured Name Contact No. (Home) Oil Vehicle Number Insured Liebility * Preference Repair Option Claim Close Date	VISTA CAR LEASING PTE. LTD. S3Q4901R Folly at Fault Preferred Workshop, Name unknown Save Submit 001	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	203811675W + UNKNOWN
in No. Is he own a Singapore Issered car? Israbon Isthelyser or Blood Test Island Incation Hattery Island Incation Incation Island I	06-595 ○ Yes ® No 0 mg 00-MX 96621601 VISECENT.ENQUIY@gmail.com SIQ4901R / UNKNOWN ON 17 May 2018 Yes 24/05/2018 19:20 JECKSON MT./0995807 • Yes □ No	Driver vehicle No. Any Injury? Insured Name Contact No. (Home) Cit Vehicle Number Insured Liebility * Preference Repair Option Claim Close Date	W Yes O No VISTA CAR LEASING PTE. LTD. S3Q4901R Fully at Fault Preferred Workshop, Name unknown Save Submit 001 24/05/2018 19:21	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Dace Received.	201811675W + LINKNOWN Received 24/05/2018 00:00
No. Is he own a Singapore interest car? In a second service of the second second service of the second second service of the second	06-595 O res ® No O mg OO-MX 96621601 Vistacart.enquiry@gmail.com SIQ4901R / UNKNOWN ON 17 May 2018 Yes 24/05/2018 19:20 JECUSON	Driver vehicle No. Any Injury? Insured Name Contact No. (Home) Cit Vehicle Number Insured Liebility * Preference Repair Option Claim Close Date Claim No. Upload Date	VISTA CAR LEASING PTE. LTD. S3Q4901R Fully at Fault Preferred Workshop, Name unknown 001 24/05/2018 19:21 Category *	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Dase Received Confidential Urgen	201811675W + LINKINDWIN Received 24/05/2018 00:00
No. Is he own a Singapore interest car? In a second service of the second second service of the second second service of the second	06-595 ○ Yes ® No 0 mg 00-MX 96621601 VISECENT.ENQUIY@gmail.com SIQ4901R / UNKNOWN ON 17 May 2018 Yes 24/05/2018 19:20 JECKSON MT./0995807 • Yes □ No	Driver vehicle No. Any Injury? Insured Name Contact No. (Home) Oil Vehicle Number Insured Liebility * Preference Repair Option Claim Close Date	VISTA CAR LEASING PTE. LTD. S3Q4901R Folly at Fault Preferred Workshop, Name unknown 001 24/05/2018 19:21 Category * Clear Press Select	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Dase Received Confidential Urgen	201811675W + LINKNOWN Received 24/05/2018 00:00
is No. Is he own a Singapore Isration Israt	06-595 ○ Yes ® No 0 mg 00-MX 96621601 VISECENT.ENQUIY@gmail.com SIQ4901R / UNKNOWN ON 17 May 2018 Yes 24/05/2018 19:20 JECKSON MT./0995807 • Yes □ No	Driver vehicle No. Any Injury? Insured Name Contact No. (Home) Cit Vehicle Number Insured Liebility * Preference Repair Option Claim Close Date Claim No. Upload Date	VISTA CAR LEASING PTE. LTD. S3Q4901R Fully at Fault Preferred Workshop, Name unknown 001 24/05/2018 19:21 Category *	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Dase Received Confidential Urgen	201811675W + LINKINDWIN Received 24/05/2018 00:00
is No. Is he own a Singapore present car? Saration Mexic In Type = Nact No. (Mobile) as Address Im Description ferred Workshop Cortact Saration Sa	06-595 ○ Yes ® No 0 mg 00-MX 96621601 VISECENT.ENQUIY@gmail.com SIQ4901R / UNKNOWN ON 17 May 2018 Yes 24/05/2018 19:20 JECKSON MT./0995807 • Yes □ No	Driver vehicle No. Any Injury? Insured Name Contact No.(Home) Oil Vehicle Number Insured Lability * Proference Repair Option Claim Close Date Claim No. Upload Date Browse.	VISTA CAR LEASING PTE. LTD. S3Q4901R Folly at Fault Preferred Workshop, Name unknown 001 24/05/2018 19:21 Category * Clear Press Select	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Dace Received Confidential Urgen	201811675W + LINKINDWIN Received 24/05/2018 00:00
It No. es he own a Singapore gistered car? daration esthelizer or Blood Test asing?	06-595 ○ Yes ® No 0 mg 00-MX 96621601 VISECENT.ENQUIY@gmail.com SIQ4901R / UNKNOWN ON 17 May 2018 Yes 24/05/2018 19:20 JECKSON MT./0995807 • Yes □ No	Insured Name Contact No. (Home) Of Vehicle Number Insured Lability * Preference Repair Option Claim Close Date Claim No. Upload Date Browse, Browse,	W Yes O No VISTA CAR LEASING PTE. LTD. S3Q4901R Fully at Fault Preferred Workshop, Name unknown 001 24/05/2018 19:21 Category * Caur Please Select Cear Please Select	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Dace Received Confidential Urgen V IV V Normal V IV Normal V Normal	201811675W + LINKCNDWIN
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tachment		Uploaded By/Date	Category	9	Lingency	Description	Msg Sent? Act (CO)
500 200	NAC_PAYA_UB1_800603(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 24 Mg y 2018 19:21	NRSC/ Driving License		Normal	NR3C/ Driving License 2018-5-24	(CD)
13	NAC_PAYA_UB1_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 24 Ma y 2018 19:21	SAS		Normal	SAS 2018-5-24	
(S)		ONAL ASSESSMENT CENTRE SERVICES) on 24 Ma y 2018 19:21	Photos		Normal	Photos 2018-5-24	-
1	NAC_PAYA_UBI_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 24 Ma y 2018 19:21	Photos		Normal	Photos 2018-5-24	1.0
50	NAC_PAYA_UBI_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 24 Ma y 2018 19:21	Photos		Normal	Photos 2018-5-24	
	NAC_PAYA_LIBI_BD0601(NAT	DNAL ASSESSMENT CENTRE SERVICES) on 24 Ma y 2018 19:21	Photos		Normal	Photos 2018-5-24	
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10	NAC_PAYA_UB1_800601{ NAT	ONAL ASSESSMENT CENTRE SERVICES) on 24 Ma y 2018 19:21	Photos		Normal	Photos 2018-5-24	
	NAC_PAYA_UBI_BOOBO1/ NAT	ONAL ASSESSMENT CENTRE SERVICES) on 24 Ma y 2018 19:20	Photos		Normal	Photos 2018-5-24	9
3	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 24 Ma y 2018 19:20	Photos		Normal	Photos 2018-5-24	_ 0
	NAC PAYA_UBI_BOOKDI(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 24 Ma y 2018 19:20	Photos		Normal	Photos 2018-5-24	
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5	NAC_PAYA_UB1_800601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 24 Ma y 2018 19:20	Photos		Normal	Photos 2018-5-24	
	NAC_PAYA_UB1_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 24 Ma y 2018 19:20	Photos		Normal	Photois 2018-5-24	
ideo List	Uploaded By/Date	Folder Date	File Name		9	Source	Action