Date 111. 30.17 /18 -1 0: 01	Job description		Date &Time Completed	Don	e by
Date In: >6/5/18-14:03					
Ref No: NA//NC18009593/24	SAS e-filing		1	-	
Veh No: 6862167C	E-mail (within		-		
D.O.A : 27/1/18-14:12	i-Motor Clai	m Form	M+1099607-001	96/1/18	12:58
OD (TP) ! Reporting Only	i-Motor W/C	(Within: OD 2hr	s, TP 4hrs)		
	i-Photo Uplo	aded			1
TP Insurer:	Assessment/St	irvey Report	j		
	Ass't Report b	y Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 68	250484	. INC()/Non-INC()	on the Army and	- 7/2-2-2-
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (V	WO): N: 0-2	0%; P: 21-79%. F: 80	-100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
	,000 ()/\$2,000	()			
General Remarks:-		v * 27.75		77 75 C 17 C 1	x 755 1
() Walk-In Customer : Customer's in	1 1111				
		moental & St	ncuy NO Islet of repailer	·	
() Total Loss Case : to e-mail Insu			1 5 4		
	ce: YES()/N	iO();T	owing Co: ()_
Remarks:- (INC hotline: 6788 6616)			Date& Time Comple ad	Don	by
The state of the s				The state of the s	the law in
1) Apply for Transport Allowance ()/	Courtesy Car ()			
	Courtesy Car ()		-	
2) QC Check / Post Repair Inspection	())			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]	())			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]	())			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 1 Injury:	())			
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 1 Injury:	()				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions	()				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions	()		paration Checklist.	Ant (5)	Amil
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Onte/Time Actions	()	Invoice Prej	oar ation Checklist	Ant (5)	Amil
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5 Injury: Onte/Time Actions A 803323	()	Invoice Pres 1) AR: Accident 2) DA: Damage	nar ation Chrcklist Reporting (\$30); Assessment (\$100); INC (\$	Ant (5)	Amil
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5 Injury: Onte/Time Actions A 803323	()	Invoice Pres 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti	Paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$100); Some Survey	Anit (5) Fit Bill 580) 40/545 \$120	Amil
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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.
- 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.

Berger and the best being the second	ACCIDENT STATEMENT
Date Of Report	26/05/2018 14:03
Date Of Accident	25/05/2018 14:15
Exact Location Of Accident	KALLANG WAY FLYOVER TWDS SIMS AVE
Country/State of Loss	SINGAPORE
A STATE OF THE PARTY OF THE PAR	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG2107C
Insured/Policyholder	
Name Of Registered Owner	JIN DIING FOODSTUFF SUPPLIER PTE LTD
Co Reg No	201311782N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86131166
Alternative Phone No	OFFICE-86131166
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5MT 5DR EURO V
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5073574834-02
Cover Note Number	
Driver	
Name of Driver	ASMADI
Passport No/FIN	F2259333K
Date Of Birth	24/05/1974
Occupation	OUTDOOR
Date Of Driving Pass	22/10/2009
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97836126
Fax Number	
Contact Number	OFFICE-97836126
EMail Address	NOEMAIL

Address 656 CHOA CHU KANG CRESCENT

#05-29

NO

3

YES

NO

1

NO

NO

Postcode 680656

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

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)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

GBA8402S

YES

DETAILS OF OTHER VEHICLE PROPERTY 1

COMMERCIAL VEHICLE

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SBU1152D

Page 2 of 17

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

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:
 - 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.

JIN DIING FOODSTUFF SUPPLIER PTE, LTD.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

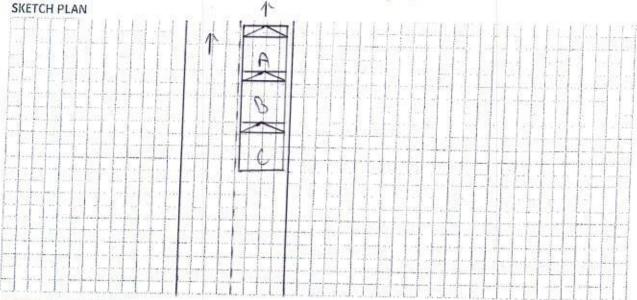
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

A: 686 2107C B: 6BA 84075

C. SBU 1132 D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was Havelling glong PIE exit Sin	antixe supply sup
cine the some on the supper I ten	t or huge impact
ioning than the year of my variety	A. I got som and
realise I was involved in a chain conj	sion of 3 vericle.
	On.

DECLARATION
JIN We declare the foregoing particulars are true in every respect.
SUPPLIER PTE. LTD.

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder) Date & Time:

Reporting Centre Personner'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: 26-05-2013 (DD/MM/YY) Time: 18 (HH:MM)

Exact location of accident

PIE exit Sims Ave before exiting sims Ave leading law Fivore touch sims Ave.

Details of vehicle

Vehicle registration number	GBG 2107 C
Vehicle make and model	NISSAN NU360 UR VAIV
Type of vehicle	Saloon D MPV D CRV D Van D Lorry D Bus D Motorcycle D Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	Werking
Are you claiming under your own insurance company?	Yes No if no, please select: Reporting only Reporting only

Insurance information

Insurance company	NTUC .		
Policy number	5073574834-0	12	
Type of policy	Comprehensive p	Third party fire & theft a	TP only

Insured / Policy holder

Name	JIN DIING FOODSTUFF	Dailogia	975 Male D	Female
NRIC / Fin / Passport number	201311787 N	- Willell I	116	10111010
Contact	8612 1166			
Address	1,00			

Driver

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

Name	ASMAO1	Male p Female a
NRIC / Fin / Passport number	F2259333K	Triale & Terriale 2
Contact	9783 6126	
Address		
Email address		
Date of birth	24-05-1974	
Occupation	Indoor Outdoor	
Driving date pass	22-10-2009	

General information of the accident

Reported to police?

Police station name

Yes 🗆

No 🗆

If yes, please state which police station.

Was driver an employee of	Yes 🗸 No 🗆	
the insured's company?	If no, relationship of the driver and insured:	
Accident captured by camera	? Yes □ No 🗹	
Weather condition	Clear to Raining to Others:	
Road surface	Dry to/ Wet 🗆	
No of passenger	1	(Inclusive of driver)
Passenger 1		
Name		
Gender	Male Female	
Passenger 2		
Name	P CONTROL OF THE SECOND	
Gender	Male Female	
Doccommon 2		
Passenger 3		
Name		
Gender	Male D Female D	
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 anybody injured		AND THE RESERVE OF THE PARTY OF

Third party vehicle 1

Name	A.20	
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number	GBA 814025	
Vehicle make model		

Third party vehicle 2

1

Name		
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number	SAU 1182 D	
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

Name		
Witness 2		
vvitriess 2		
Name		
Injured person 1		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes D No D	
Was injured conveyed to hospital by ambulance?	Yes D No D	
Injured person 2		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes D No D	
Was injured conveyed to hospital by ambulance?	Yes No	
Injured person 3		
Vame		
njuries sustained		
Which vehicle person in?		
Vere seat belts worn?	Yes D No D	
Vas injured conveyed to ospital by ambulance?	Yes No	11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Injured person 4		
lame		
njuries sustained		
hich vehicle person in?		
Vere seat belts worn?	Yes D No D	
as injured conveyed to	Yes D No D	

REPUBLIC OF SINGAPORE

FIN - F2259333K





Name ASMADI

Date of Birth 24-05-1974 Nationality INDONESIAN

Sex





Name F225933K

ASMADI

Birth Date: 24 May 1974 Issue Date: 20 Jul 2015

Valid Till 19/07/2020



FA1453255

VISIT PASS

Immigration Regulations

FIN F2259333K

PLUS



MULTIPLE JOURNEY VISA ISSUED

Date of Issue 03-11-2015

Date of Expiry 03-11-2018



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

EFFECTIVE DATE

Motor Cars =< 3000kg with =<7 passengers, exclusive 22 Oct 2009 of the driver; and other motor vehicles =< 2500kg Class 3

NP 428A





	Certificate	of Insurance
MOTOR VEHICLES (THIRD PARTY RISK: MOTOR VEHICLES (THIRD PARTY RISK: ROAD TRANSPORT ACT, 1987 (MALAY	S AND COMPENSATION SIA)	I) RULES, 1960
MOTOR VEHICLES (THIRD PARTY RISK	S) RULES, 1959 (MALAY	SIA)
Certificate Number: 5073574834-02		Cover : Comprehensive
1. Index mark and Registration Numb	per of Vehicle	GBG2107C
Chassis Number	1124	JN1MC2E26Z0008083
2. Name of Policyholder		: JIN DIING FOODSTUFF SUPPLIER PTE, LTD.
3. Effective Date of Insurance		: 13 Sep 2017
4. Expiry Date of Insurance		: 12 Sep 2018
5. Persons or Classes of Persons entir	tled to drive#	
(a) The Policyholder.		
(b) Any other person who is driving	ng on the Policyholder'	s order or with his/her permission.
Provided that the person drivi	ing is permitted in acco	rdance with the licensing or other laws or regulations to drive
the Motor Vehicle or has been	so permitted and is no	ot disqualified by order of a Court of Law or by reason of any
enactment or regulation in the	at behalf from driving t	he Motor Vehicle.
6. Limitations as to Use#	S.	
(a) Use for social domestic and pl	easure purposes and in	connection with the Policyholder's business or profession.
(b) Use for the carriage of passen	gers or goods in conne	ction with the Policyholder's business.
This Policy does not cover		3
(a) Use for hire or reward.		
(b) Use for racing, pace-making, r	eliability trial or speed.	testing
(c) Use whilst drawing a trailer ex	cent the towing of any	one disabled mechanically propelled vehicle.
Act (Chapter 189) and Section headings.	95 of the Road Transp	Motor Vehicle (Third Party Risks and Compensation) ort Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	: S\$500	
EXCESS (SECTION 2)	: N/A	
WINDSCREEN EXCESS	: S\$100	
INSURE WITH COE	: YES	
HIRE PURCHASE COMPANY	: N/A	
SUM INSURED	Committee and the contract of	OF INSURED VEHICLE AT TIME OF LOSS
Agency : ABWIN PT	which this Certificate rensation) Act (Chapter 1 E LTD (00000614234)	elates is issued in accordance with the provisions of the Motor .89) and Part IV of the Road Transport Act, 1987 (Malaysia)
. 50 Aug 20	~. *A-T-1112	
		FOR NELIC INCOME INCUDANCE CO. OPERATOR CO.
Countersigned By:	H	For NTUC INCOME INSURANCE CO-OPERATIVE LIMITE
	horised Officer	
Aut	norisea Omicer	Chief Executive
		5 2 2

eBao Tech						7 3		1000	Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601				a control or		Change Lan	guage	· Change Passwo	ord • Log Out
My Desktop	Poli	cy Query								
Notice of Loss	Palicy N	No.(For Mator)	GBG2107C	ž.		Date of Acc	cident	25/05	5/2018 14:15	
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5073574834- 02	JIN DIING FOODSTUFF SUPPLIER PTE. LTD.	201311782N	GFT	Comprehensive	GBG2107C	GBG21070		
						Continue				

♥ Pol	icy Info								
Policy No.	50735	74834-02	Policyholder Name	JIN DIII	NG FOODSTUFF SUPPLIE	Policyholder NRIC	201311782	V	
Address	BLK 6	56 #05-29 CHOA CHU K	ANG CRESCENT	SINGAPO	ORE 680656				
Product Name	FLEET	INSURANCE	Plan			Group Policy Flag	N		
Policy issue Date	30/08/	/2017	Effective Date	13/09/2	017 00:00	Expiry Date	12/09/2018	23:59	
Excess Type			All Claim Excess						
Third Party Excess	0		Own damage Excess	500		Windscreen Excess	100		
Additional Excess			OS Premium	0					
Outside Singapore OD Excess			Outside Singapore TP Excess				You	ng/Inexpe	erience Driver Excess
Agent Co- insurance		N PTE LTD	Agent Tel.	6842330	01	GST Flag	Y		
Flag									
Policy									
Open Policy Info Certificate Info									
Policy Info Certificate Info	holder I	Mailing Address							
Policy Info Certificate Info Policy	holder I	Mailing Address BLK 656 #05-29	Addre	ss 2	CHOA CHU KANG CI	RESCENT	Address 3	SIN	IGAPORE 680656
Policy Info Certificate Info Policyh Address 1	holder I	CONTRACTOR CONTRACTOR		ss 2 ss Type	CHOA CHU KANG CI		Address 3		IGAPORE 680656 0656
Policy Info Certificate Info Policy Address 1	holder I	CONTRACTOR CONTRACTOR	Addre	ss Type d Policy					
Policy Info Certificate Info Policyt Address 1 Address 4 Unit No.		BLK 656 #05-29	Addre Relate	ss Type d Policy	Singapore address				
Policy Info Certificate Info Policyt Address 1 Address 4 Unit No.	ed Objec	BLK 656 #05-29 05-29 ct: GBG2107C	Addre Relate	ss Type d Policy	Singapore address				
Policy Info Certificate Info Policy Address 1 Address 4 Unit No. Insure	ed Objec	BLK 656 #05-29 05-29 ct: GBG2107C	Addre Relate	ss Type od Policy er	Singapore address			680	Endorsement Content
Policy Info Certificate Info Policy Address 1 Address 4 Unit No. Insure Endors	ed Objectsements	BLK 656 #05-29 05-29 ct: GBG2107C	Addre Relate Numb	ss Type d Policy er	Singapore address 5077068426-02		Post Code	Finance of the Purious Confirms of the Purious CEONG Freplaced	2656 Endorsement Content

ccident MT/0996017					
MCY No.	5073574834-02	Vehicle No.	GBG2107C	GST Registration No.	
okcyholder Name	JIN DIING FOODSTUFF SUPPLIER PTE. LTD.			Policyholder NRIC	201311782N
roduct Code	FLEET INSURANCE	Cover Type	*		
ontact No.(Mobile)	85131100		Comprehensive	Loading	0
mail Address	00131100	Contact No.(Office)	0	Contact No.(Home)	D
FK :	Who Over	Special Remark	S-10 Com-	eCode	[A. V]
	® No ☐ Yes	TCA	No ○ Yes	eCode Reason	
CD Protection	Na	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
rport Date	26/05/2018 15:26	Accident Report Within 24 hrs	Yes	Academ Type	Chain Collision
ste of Accident	25/05/2018	Time of Accident hh:mm	14:15	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	180
codent Location	KALLANG WAY FLYOVER TWOS SIMS AVE	1100/6/2010/00		CHOCKED .	
⊋ Senefits					
P Excess					
	520000	2012000230000			
vn damage Excess	500.00	Additional Excess		Windscreen Excess	100.00
married Driver Excess		Outside Singapore OO Excess			
ind Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Inform	ation				
T Registered	No		GST Registration Date		
f Registration No.			GST Status Venified	Yes	
dification History					
Policyholder Mailing Ad	ldress				
ldress 1	BLK 656 #05-29	Address 2	CHOA CHU KANG CRESCENT	Address 3	SUNGAPORE 660656
ddress 4		Address Type	Singapore address	Post Code	680656
nt No.	05-29	Related Policy Number	5077068426-02	were and the	
ol Driver Info		A STATE OF THE PARTY OF THE PAR			
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	ASMADI	Driver NRIC	F2259333K	Driver DDB	24/05/1974
gister Date of Driver License					24/05/1974
		Driver Age	44	Driving Experience	
ntact No.(Mobile)	97836126	Contact No.(Office)	0	Contact No.(Home)	0
idness 3	BLK 656	Address 2	CHOA CHU KANG CRESCENT	Address 3	SINGAPORE 680656
toress 4		Address Type	Singapore address	Post Code	680656
	05-29				
es he own a Singapore	05-29 ○ Yes • No	Driver Vehicle No.		Driver Insurer Company	
es he own a Singapore		Driver Vehicle No.		Driver Insurer Company	
es he own a Singapore gistered car ³		Driver Vehicle No.		Oniver Insurer Company	
pes he own a Singapore egistered car? sclaracion reathalyser or Blood Test		Driver Vehicle No. Any injury?	○ Yes ® No	Driver Insurer Company	
nit No. Des his own a Singapore apstared car? sclaracion reathalysisr or Bood Test eading?	○ Yes ® No		○ Yes ® No	Driver Insurer Company	
oes he own a Singapore epistered car? sclaracion reathalyser or Blood Test	○ Yes ® No		○ Yes ® No	Driver Insurer Company	
oes he own a Singapore spistered car? claraction wathalyser or Blood Test aiding?	○ Yes ® No		○ Yes ® Na	Driver Insurer Company	
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is his own a Singapore istered car? laracisin athalysis or Blood Test iding?	○ Yes ® No		○ Yes ® No	Driver Insurer Company	
es he own a Singapore pisternd car? laracism lathalysisr or Blood Test ading? Sification History Claim 001 New	○ Yes ® No		○ Yes ® No JIN DIINS FOODSTUFF SUPPLIE	Driver Insurer Company Insured NRSC	201311782N
es he own a Singapore pisterned car? claracism cathalysism or Blood Test ading? Sification History Claim 001 New ent Type +	○ Yes No O mg	Any injury?	ST-P1-52 T-3007	Insured NRSC	201311782N
es he own a Singapore pisterned car? claracism cathalysism or Blood Test ading? Sification History Claim 001 New ent Type + tract ho (Mooile)	○ Yes ® No O mg	Any injury? Insured Name Contact No.(Home)	JIN DIING FOODSTUFF SUPPLIE	Insured NRSC Contact No.(Office)	
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es he own a Singapore pittered car? Israelion athalyser or Blood Test iding? Sication History Raim 001 New int Type + tract to (Mooile) air Address int Description	○ Yes ® No O mg	Any injury? Insured Name Contact No.(Home) OI Vehicle Number	JIN DIING FOODSTUFF SUPPLIE	Insured NRSC Contact No.(Office)	
es his own a Singapore patiend car? laracion athalyser or Blood Test ding? Alim GO1 New Introduction Introduction Introduction Introduction Introduction Introduction Introduction Introduction	O mg O mg OD-MX 94381166	Any injury? Insured Name Contact No.(Home)	JIN DIING FOODSTUFF SUPPLIE	Insured NRIC Contact No.(Office) TP Vehicle Number	
es he own a Singapore pistered Car? laracion ashalyser or Blood Test dding? sfication History laim 003 New ent Type + tract No. (Moorle) all Address or Description ferred Workshop Contact	O mg O mg OD-MX 94381166	Any injury? Insured Name Contact No.(Home) OI Vehicle Number	JIN DIING FOODSTUFF SUPPLIE	Insured NRIC Contact No.(Office) TP Vehicle Number	
es he own a Singapore pistered car? claracion sathalyser or Blood Test ading? Claim 001 New left Type + ntact No (Modile) salf Address tem Description ferred Workshop Contact squire Finalisation	O mg OB-HX 94381166 GBG2107C / GBA8402S DN 25 May 2016	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability *	JIN DIING FOODSTUFF SUPPLIE GRGZ107C	Insured NRICC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	58AB4025
es he own a Singapore gistered car? claracism sathalyser or Blood Test ading? diffication History Claim 001 New list Type + ntact No. (Mooile) last Address sem Description riferred Workshop Contact opure Findication to Registered	Orng OD-MX 9438166 GBG2107C / GRAR4025 ON 25 May 2018 Yes Yes Yes	Any injuny? Insured Name Contact No.(Home) OI vehicle Number Insured Liability * Preference Repair Option	JIN DIING FOODSTUFF SUPPLIE GRGZ107C	Insured NRSC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	EBAB4025
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Attachment		Uploaded By/Date	Category	P	Urgency	Description	Msg Sent? Action (CO)
- C-100	NAC_PAYA_UB1_800601(N	ATIONAL ASSESSMENT CENTRE SERVICES) on 26 Ma y 2018 15:29	NR)C/ Driving License		Normal	NRIC/ Driving License 2018-5-28	Edit
255	NAC_PAYA_UB1_800601(N	ATTONAL ASSESSMENT CENTRE SERVICES) on 26 Ma y 2018 15:29	NR3C/ Driving License		Normal	NRTC/ Driving Licerale 2018-5-26	Edit
663	NAC_PAYA_UB1_800603(N	ATTIONAL ASSESSMENT CENTRE SERVICES) on 26 Ma y 2018 15:29	SAS		Normal	SAS 2018-5-28	Edit
	NAC_PAYA_UBI_800601(N	ATIONAL ASSESSMENT CENTRE SERVICES) on 26 Ma y 2018 15:29	Photos		Normal	Photos 2018-5-26	Edit
11	NAC_PAYA_UBI_B00601(N	VTIONAL ASSESSMENT CENTRE SERVICES) on 26 Ma v 2018 15:29	Priotos		Normal	Photos 2018-5-26	Edit
	NAC_PAYA_UBI_800601(N	ATJONAL ASSESSMENT CENTRE SERVICES) on 26 Ma v 2018 15:29	Photos		Normal	Photos 2018-5-25	Edit
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10 100	NAC_PAYA_UB1_800601(NA	ATIONAL ASSESSMENT CENTRE SERVICES) on 26 Ma y 2018 15:28	Photos		Normal	Photos 2018-5-26	Edit
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2 200	NAC_PAYA_UBI_B00601[NA	TIONAL ASSESSMENT CENTRE SERVICES) on 26 Ma y 2018 15:28	Photos		Normal	Photos 2018-5-26	Edit
	Uploaded By/Date	Folder Date	File Name		?	Source	Action

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