NATIONAL Assessment Cent	THE SERVICES well a smost Wi	VA118673504	
Date In: 6 6118-14:30	Jeb description	Date &Time Completed	Done by
Ref No: NA INC 1801 0348 24	SAS e-filing		
Veh No: 60 91120	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 4/6/18-20:30	i-Motor Claim Form	m10997589-001	6/6/18 19:4
	i-Motor W/O (Within: OD 2hr		
OD TP-Y Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
II listrei.	Ass't Report by Fax / Hand	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW; (Tel: F	ax:
TP Particulars: Veh No: UZ	8288D . INC()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: () P	eriod: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	00%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,	,000 ()/\$2,000 ()	<u></u>	
General Remarks:-	2412442100700001000010070000	American State Section	TOTAL TOTAL
General Actuary,		Carlo San	DOM Print
() Walk-In Customer: Customers inf	ormation strictly Confidential & Str	rictly NO refer of repairer.	
() Total Loss Case : to e-mail Insur	rer URGENTLY.	No. of the second	
Drive-In ()/ Towed-In (); Invoice	e: YES() / NO(); T	owing Co: (
			1-2 March 198 (200) A.C. 199 (0) 1
Remarks: (INC hotline: 6788 6616)	er gardinakan caka XX	Date&Time Completed	Done by
	Courtesy Car ()	Date&Time Completed	Done by
Apply for Transport Allowance ()/		Date&June Completed	Done by
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection	Courtesy Car ()	Date&Turne Completed	Done by
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection	Courtesy Car ()	Date & June Completed	Done by
Apply for Transport Allowance ()/ QC Check / Post Repair Inspection	Courtesy Car ()	Date & June Completed	Done by
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car ()		
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car ()		Done by
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car ()		
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car ()		
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car ()		
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car ()		
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car ()		
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Pate/Time Actions	Courtesy Car () () () () ()		
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Pate/Time Actions	Courtesy Car () () () () ()		
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Pate/Time: Actions NA 803542	Courtesy Car ()	aration Checklist	Ans (5) And (in Bill Ad
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Pate/Time Actions NA 803542	Courtesy Car ()	saration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8)	Ans (5) An (is Bill Ad
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Oate/Time Actions NA 803542	Courtesy Car ()	aration Checklist Reporting (330); Assessment (5100); INC (58); (a) 540, (rough Survey	Ans (5) An (is Bill Ad
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Pate/Time: Actions NA 803542. Umant's Particulars:- ver/Owner:	Invoice Prep 1) AR: Accident 2) DA: Damage 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Fullow-Th 5) FT: Fullow-Th 6 FT: Fullow-Th 7 FT: Fullow-Th 8 FT: Fullow-Th 9 FT: Fullow-Th 10 FT: Fullow-Th 11 FT: Fullow-Th 12 FT: Fullow-Th 13 FT: Fullow-Th 14 FT: Fullow-Th 15 FT: Fullow-Th 16 FT: Fullow-Th 17 FT: Fullow-Th 18 FT: Fullow-Th 19 FT: Fullow-Th 10 FT: Fullow-Th 10 FT: Fullow-Th 11 FT: Fullow-Th 12 FT: Fullow-Th 13 FT: Fullow-Th 14 FT: Fullow-Th 15 FT: Fullow-Th 16 FT: Fullow-Th 17 FT:	Caration Checklist: Reporting (\$30); Assessment (\$100); INC (\$8); Fough Survey (\$500); Fough Survey (\$700); Fough	Ant (\$) An (\$) An (\$) An (\$) And (\$) And (\$) And (\$) And (\$) An (
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Pate/Time: Actions NA 803542. Admant's Particulars: Ever/Owner: Intact No:	Invoice Prep Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th For claiming as	aration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 Frough Survey Frough Survey (Resurvey) Sinst UNC Only (wef 10 Jan 2005)	Ant (\$) An (\$) An (\$) An (\$) And (\$) And (\$) And (\$) And (\$) An (
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Pate/Time Actions NA 803542 . aimant's Particulars: iver/Owner:	Invoice Prep 1) AR: Accident 2) DA: Damage 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Fullow-Th 5) FT: Fullow-Th 6 FT: Fullow-Th 7 FT: Fullow-Th 8 FT: Fullow-Th 9 FT: Fullow-Th 10 FT: Fullow-Th 11 FT: Fullow-Th 12 FT: Fullow-Th 13 FT: Fullow-Th 14 FT: Fullow-Th 15 FT: Fullow-Th 16 FT: Fullow-Th 17 FT: Fullow-Th 18 FT: Fullow-Th 19 FT: Fullow-Th 10 FT: Fullow-Th 10 FT: Fullow-Th 11 FT: Fullow-Th 12 FT: Fullow-Th 13 FT: Fullow-Th 14 FT: Fullow-Th 15 FT: Fullow-Th 16 FT: Fullow-Th 17 FT:	Caration Checklist: Reporting (\$30); Assessment (\$100); INC (\$8: Tough Survey (\$100); INC (\$8: Tough Survey (Resurvey) Tough Survey (Resurvey) Tough Survey (Resurvey) Tough Survey (Resurvey)	Ant (\$) An (\$) An (\$) An (\$) And (\$) And (\$) And (\$) And (\$) An (
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Pate/Time Actions NA 803542 . aimant's Particulars: iver/Owner:	Invoice Prop Invoice Prop Invoice Prop I) AR: Accident I) DA: Damage A I) FT: Towing Fe I) FT: Follow-Th For claiming as 6) TR: Re-inspec	aration Checklist: Reporting (330); Assessment (\$100); INC (\$8); Fough Survey (Resurvey) Sinst INC Only (wef 10 Jan 2005) SMRT Survey (\$5	Ant (5) And (5) Add (5
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NA 803542 atimant's Particulars:- iver/Owner: intact No: imaged Portion:	Invoice Prop. Invoice Prop. Invoice Prop. I) AR: Accident. I) DA: Damage A I) FT: Towing Fe I) FT: Follow-Th For claiming as I) TR: Re-inspec I) NI: Idao DA + III III Idao DA + III III III III III III III III III	Caration Checklist Reporting (530); Assessment (5100); INC (58); Frough Survey (Resurvey)	Ant (\$) An fit Bill Ad (\$) \$30 \$30 \$75 \$160
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NA 803542 atimant's Particulars:- iver/Owner: intact No: imaged Portion:	Invoice Prep Invoice Prep I) AR: Accident I) DA: Damage A I) FT: Towing Fe I) FT: Follow-Th For claiming as I) TR: Re-inspec I) N1: Idao DA + I) NTUC Addition OD* * N5: Courtesy	Paration Checklist. Reporting (330); Assessment (5100); INC (58); Frough Survey (5); Frough Survey (Resurvey); Frough Survey (8); Frough	And (5) An fit Bill Ad 20 23 25 25 25
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NA 803542 alimant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Prop. Invoice Prop. Invoice Prop. I) AR: Accident. I) DA: Damage A I) FT: Towing Fe I) FT: Follow-Th For claiming as I) TR: Re-inspec I) NI: Idao DA + III III Idao DA + III III III III III III III III III	Caration Checklist: Reporting (\$30); Assessment (\$100); INC (\$8); Frough Survey (\$200); Frough Survey (Resurvey) Frough Survey (Resurvey) Frough Survey (\$200); Frough Survey (Ant (\$) An fit Bill Ad (\$) \$30 \$30 \$75 \$160
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date Time Actions NA 803542. alimant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge): ditors' Comments:	Invoice Prep Invoice Prep I) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy *N6: Repair Co *N7: Fost Repair Co *N7: Fost Repair Co *N8: DV / Coll	aration Checklist: Reporting (330); Assessment (\$100); INC (\$8); Fough Survey (Resurvey) Sinst INC Only (wef 10 Jan 2005) Ition SMRT Survey (\$5] SMRT Survey (\$6] SMRT Survey (Anit (\$) Ani
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date Time Actions NA 803542. alimant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge): ditors' Comments:	Courtesy Car (Paration Checklist. Reporting (330); Assessment (5100); INC (58); Frough Survey (Resurvey) Sinst INC Only (wef 10 Jan 2005); SMRT Survey (SMRT Survey) The Services Car / Tpt Allowance	Anit (\$) Ani
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Invoice Prep Invoice Prep I) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy *N6: Repair Co *N7: Fost Repair Co *N7: Fost Repair Co *N8: DV / Coll	Paration Checklist. Reporting (330); Assessment (5100); INC (58); Frough Survey (Resurvey) Sinst INC Only (wef 10 Jan 2005); SMRT Survey (SMRT Survey) The Services Car / Tpt Allowance	Anit (\$) Ani

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.
- 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.

DEPTH GENERAL STATE OF THE STAT	ACCIDENT STATEMENT
Date Of Report	06/06/2018 15:20
Date Of Accident	04/06/2018 20:30
Exact Location Of Accident	AMK AVE 3 BEFORE AMK SOUTH NPC
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GQ9112D
Insured/Policyholder	
Name Of Registered Owner	PAUL HOE BATTERIES & MOTOR SERVICES
Co Reg No	52832652W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67419686
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE DIESEL
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5075956996-02
Cover Note Number	
Driver	
Name of Driver	HSU MAC
NRIC No	S8514192I
Date Of Birth	22/05/1985
Occupation	OUTDOOR
Date Of Driving Pass	18/04/2018
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85754860
Fax Number	
Contact Number	OFFICE-85754860
EMail Address	NOEMAIL

BLK 255 ANG MO KIO AVENUE 4 Address

#08-109 560255

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

Postcode

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? NO

Number of vehicles involved in the accident 3 Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE

ROAD: 81 ANG MO KIO AVE 3, POSTCODE: 569929, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-4519999 - FAX NO: 65535679

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180606/2086.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES NO

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

SJZ8288D

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 SLL2204K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name HSU MAC

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? GQ9112D
Were seat belts worn? YES
Was this injured conveyed to hospital by

ambulance? Address Postcode

SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

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

Faul Hoe Batteries & Motor Services

Kako Bukit Ave 6 #01-109, #02-25 AutoBay@Kaki Bukit, Singapore 417883

fel: 6741 9686 6748 9386 Tel/Hax: 6747 6

Policyholder's Signature

Date & Time:

Driver's Signature

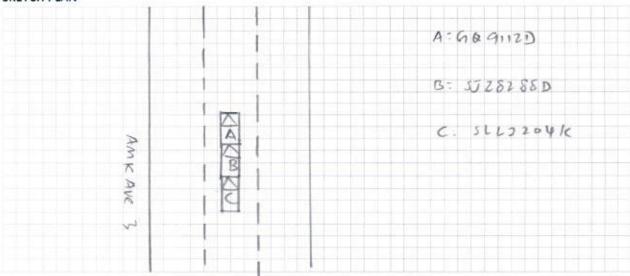
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	Police report - 7/20186606/2086.	
	2	

DECLARATION

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

Paul clee Batteries & Motor Services

Policyholder's Signature Page 6747 69 Driver's Signature Date & Time:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Police Station Of Origin:

dis 111 Ang Mo Kin Mare ? 500-458999



Serial No. F 00912

Report No. T/20 180606/ 2086

IP No.

IO In-charge:

REPORT OF A TRAFFIC ACCIDENT

Date and Time			210hm	LIO	V	ide Report N		ic nec	Station	Diar	y No.:		
90/00/20	0 4	1	-142						100				
Informant's Pa	articula	rs	201					4					
	Hsu	N	۱40		A	ddress: Blk 255	An 09	5 Mok	10 Aven	ne	4 Postal	Code : 560 ?	255
ID Type/No: NRIC Date of Birth: 22/05/1985						Contact No.:- Mobile: 85754% Driving Licence Information:- Home: Office: Class: 3 Date of Expiry:							
Race: Chinese	Age 3	: .3	Sex:	e			□ Pi	illion 🗆 Po	lice Office	r 🗆	yclist Vehicle Others (specify)		estrian
Occupation: (st	ate name		ddress of work	place i							ou are a student)		
General Inform	nation (on the	Accident							_			4
General Imori	пацоп	3 000	CONTRACTOR OF THE PARTY OF THE	1	(1.1.2.13) more		I	Date of Acc	ident:	Гур	e of Location:		-
☐ Fatal ☐ Injury ☐ Non-Inju						04/06/2	018	□В	end Flye	over □ Rour			
Type of Accide	ype of Accident : For non-injury, involved: □ Foreign vehicle □ Pedestr □ Hit & Run □ Police			destrian /	an / Cyclist Time of Accident: Car			Car Park					
Location of Acc	cident (s	state roa	ad name and sp 3 before	pecify I	andmark	[if any]. If ac	cide	nt occurred	at junction	ı, sta	ate all road name	s that form the j	junction)
Type of Collisi	on:	NI STATE OF THE PARTY OF THE PA										Weather:	
(i) Between mo ☐ Head on ☐ Head to Rea ☐ Head to Side ☐ Others (spec	□ Si	ide Swi ide Swi	pe (same direc pe (opposite d	irection	Steel .	□ Road Div	ehic vider	le Pede /Kerb O	strian A	ify)		☐ Raining ☐ Others (
Traffic Flow:	шу)	Tr	affic Control:	8 1	Traffic V	Volume: ✓ □ Moderat		Road Sur	rface:		Road Speed Limit:	Drink Dri Yes/No	ve:
☐ Two-way ☐ Dual Carriag	geway	17.7	Manual Contro Uncontrolled	ol	Light	cht		(specify):	km/h			Anyone conveyed by ambulance : Yes No	
Details Of Veh	icle(s) &	& Driv	er(s) Involved								5-7 min 11		
Vehicle No.	Type///Colou	Make	Damage (serious, slight or no damage)	Nan	ne & ID Priver	Class of D/Lic & Exp Date	Co	ontact No	Degree of Injury & Days Giv M/Leave	en	Name of Insurance Co.	Insurance Cert. No.	Validity Period of insurance
6991120	Togoto	er	SIGHT	58	mac 51 4192]		88	5754860	7 day:	s	NT46 Income	507545696	28/12/20
SJ 282881)	Blac	/	51%4+	(2)	wee 1441 1157421	+	97	155406					
5LL 2204 K	Hondo		Short	Per Sqi	- Jin - Jin 1900537								
8													
Details of Othe Name	er Perso	on(s) In ID No		enger, I Related		n, Pillion, et Contact No.		gree of	Days	-	Days given	Hospital/C	Tinic
Name		ID NO		Vehicle		contact No.		ury	Warde	d	Medical Leave		- Calline
				1	- A	*	_	-		_	-		
The sale								- 78	4		W W		
-				31		79					ig.		



Report No. 7/20170606/2086

IP No.

IO In-charge:

CONTINUATION OF REPORT

Information on Pedestrian((s) Involved			and Assets
Any Pedestrian Involved: Y			About the second of the second	
No. of Pedestrians Injured:	Whether Pedestrian Cross ☐ Used ☐ Not Used ☐ N		Pedestrian's Degree of Injury : ☐ Killed ☐ Seriously Injured ☐ Slightly Injured ☐ No.	ot Injured
Information on Eyewitness		CARCHER		CONTRACTOR OF THE PARTY OF THE
Any eyewitness available : \	Yes / No Eyewitness' Par	rticulars Availab nber to the Inves	le: Yes / No (if Yes to both, please provide the eyewitness') tigation Officer)	particulars
Brief Details. This report s	hall be signed by the inform	nant.		
- 2016/1120126	at about 2035	1- 7	was driving my vehicle 6091120 als	ng Ang
Mo 140 Ave 3 new	ar to Any mo kl	10 South 1	NAC. I was on the 2nd lane. As	the .
motorcycle in fro	1 7	stoppel,	I had stopped my vehicle as well	- Suddenly
I telt a bump	and when I we	nt down	to check, a vehicle SJZ 82880	had hit
at the rear of	my vehicle. Another	r velidi	SLL 2204k had hit onto the rear o	of the
velile SJZ 828	80. No one wa	s injured	. We exchange particulars and m	vent off.
00 06/06/18 1	I went to a	dink +	to see doctor and was given 7	days
mellial leave.		17		
			- Action Control of the Control of t	
9				
			* 1035000000 (No.10000)	
Instructions 1. Number each vehicle and sl of travel by arrow.	how direction		Sketch Plan	
→ 1 2	2			
Number each pedestrian direction by arrow.	and show			
Use solid line to show pa before accident	th of vehicle			
1 dott	ted line			
after accident.	1)			
 Show distance and direction identify by name. 	to landmarks,			
Include road signs and any or physical features.	ther important		16	
			rtificate to this report. If you don't have the certificate	with you
3.5	he Traffic Police at 6547474 Officer Recording The Repor		port number as reference. Signature Of Informant:	
 Kank/Name/Signature Of 0 	Juneer Recording The Report	T.	Signature Of Informant: A /	

Rank/Name/Signature Of Officer Recording The Report: SSSyt Chang Weng De Al	Signature Of Informant:
Name/Signature Of Interpreter:	Date:
Investigation Officer In-Charge Of Case: TP / GIA / Tang Siew Ping	Classification Of Case:

Authentication Stamp



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$85141921





HSU MAC

CHINESE

22-05-1985 SINGAPORE



5335316

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

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg 18 Apr 2018 Class 3

NP 428A

14-07-2014

APT BLK 255 ANG MO KIO AVENUE 4 #08-109 SINGAPORE 560255

								Gene	eralClaim
800601					,	Change Lan	guage +	Change Passwo	ord + Log Ou
Poli	cy Query								
Policy N	lo.				Date of Ac	cident	04/06/	2018 20:35	
Vehicle	No.(For Mator)	GQ9112D							
					Search				
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5075956996- 02	PAUL HOE BATTERIES & MOTOR SERVICES	52832652W	GCV	Third Party	GQ9112D	GQ9112D	29/12/2017	28/12/2018
	Policy N Vehicle Select	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No.	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Policyholder Name PAUL HOE BATTERIES & MOTOR	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Policyholder Name NRIC PAUL HOE BATTERIES B MOTOR 52832652W	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Policyholder Name Policyholder NRIC PAUL HOE BATTERIES & 52832652W GCV	Policy Query Policy No. Date of Active Policy No. Policyholder NRIC Product Cover Type PAUL HOE BATTERIES & BATT	Policy Query Policy No. Vehicle No.(For Motor) Search Select Policy No. Policyholder Name NRIC Product Cover Type Vehicle No. PAUL HOE BATTERIES & MCTOR 52832652W GCV Third Party GQ9112D	Policy Query Policy No. Date of Accident 04/06/ Vehicle No.(For Motor) Search Search Select Policy No. Policyholder Name NRIC Product Cover Type Vehicle No. Object PAUL HOE BATTERIES & 52832652W GCV Third Party GQ9112D GQ9112D	Policy Query Policy No. Date of Accident 04/06/2018 20:35 Vehicle No.(For Motor) GQ9112D Search Select Policy No. Policyholder Name NRIC Product Cover Type No. Object Date PAUL HOE BATTERIES & 52832652W GCV Third Party GQ9112D GQ9112D 29/12/2017

Policy Information Policyholder Policyholder NRIC 5075956996-02 PAUL HOE BATTERIES & MOTOR 52832652W Name Address 1 KAKI BUKIT AVENUE 6 #01-109 AUTOBAY @ KAKI BUKIT SINGAPORE 417883 Product Group COMMERCIAL VEHICLE INSURAL Plan Name Policy Flag Policy Effective 27/10/2017 29/12/2017 00:00 issue Expiry Date 28/12/2018 23:59 Date Date Excess All Claim Type Excess Third Own Windscreen Party damage Excess Excess Excess Additional Excess Premium Outside Outside Singapore Singapore TP Excess Young/Inexperience Driver Excess OD Excess M PLUS CONSULTANCY Agent Agent Tel. GST Flag 63777336 Coinsurance No Flag Open Policy Info Certificate Info Policyholder Mailing Address 1 KAKI BUKIT AVENUE 6 Address 1 Address 2 #01-109 AUTOBAY @ KAKI BUK Address 3 SINGAPORE 417883 Address 4 Address Type Singapore address Post Code 417883 Related Policy Unit No. 5091308169-01 Number Endorsements Sequence Date of Endorsement Endorsement Type **Endorsement Status Endorsement Content** Continue Cancel

					7.4
Accident MT/0997589					
Policy No.	5075956996-02	Vehicle No.	GQ9112D	GST Registration No.	
Palicyholder Name	PAUL HOE BATTERIES & MOTOR SERVICES			Policyholder NR3C	52832652W
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	67419686	Contact No. (Home)	0
Email Address		Special Remark		eCode	Te V
KFK	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	A
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
Accident Details				CLUMBE DES	330
Report Date	06/06/2018 19:40	Accident Report Within 24 hrs.	Yes	Accident Type	C
					Chain Collision
Date of Acodemi Reporting Centre	04/06/2018	Time of Accident his mm	20:30	Country of Acadent	Singapore
	The first of the second	Orange Force		ICM No.	
Accident Location	AMK AVE 3 BEFORE AMK SOUTH NPC				
7 Benefits					
♥ Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore DD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
□ GST Registered Informa	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	No	
Modification History					
Policyholder Mailing Ad					
Address 1	1 KAKI BUKIY AVENUE 6	Address 2	#01-109 AUTOBAY @ KAKI BUK	Address 3	SINGAPORE 417883
Address 4		Address Type	Singapore address	Post Code	417883
Unit No.		Related Policy Number	5091308169-01		
→ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	HSU MAC	Driver NRIC	585141921	Driver DOS	22/05/1985
Register Date of Driver License	18/04/2018	Driver Age	33	Driving Experience	0
Contact No (Mobile)	65754860	Contact No. (Office)	0	Contact No.(Home)	0
Address 1	BLK 255	Address 2	ANG MO KID AVENUE 4	Address 3	KEBUN BARU VIEW
Address 4	SINGAPORE 560255	Address Type	Singapore address	Post Code	560255
Unit No.	08-109				
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Registered car?					
Declaration					
Breathalyser or Blood Test	.O mg	Any injury?	® Yes ○ No		
Reading?	500,500	ACCESSES OF STATE OF			
Modification History					
Claim 001 New					
Claim 001 New					
					alueven and all the
	ОР-МХ	Insured Name	PAUL HOE BATTERIES & MOTOR	Insured NRIC	52832652W
Claim Type •	ОР-МX 96235068	Insured Name Contact No.(Home)	PAUL HOE BATTERIES & MOTOR	Insured NRIC Contact No.(Office)	52832652W 67419686
Claim Type * Contact No.(Mobile)	CARCON AS		PAUL HOE BATTERIES & MOTOR GQ91120		
Claim Type * Contact No.(Mobile) Email Address	CARCON AS	Contact No.(Home)		Contact No. (Office)	67419686
Claim Type * Contact No. (Mobrie) Email Address Claim Description Preferred Workshop Contact	96235068	Contact No. (Home) OI Vehicle Number	GQ91120	Contact No. (Office) TP Vehicle Number	67419686
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No.	96235068 GQ9112D / S228286D ON 4 Jun 2018	Contact No. (Home) Of Vehicle Number	GQ91120 Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	67419686 5328288D
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	96235068 GQ9112D / S328286D ON 4 Jun 2018 Yes	Contact No. (Home) OI Vehicle Number Insured Liability * Preference Regair Option	GQ91120	Cortact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	67419686 5328288D Received
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	96239068 G2Q9112D / 5328288D ON 4 Jun 2018 Ves V D6/D6/2018 19:42	Contact No. (Home) Of Vehicle Number	GQ91120 Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	67419686 5328288D
Claim Type * Contact No. (Mobile) Email Asdress Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Repair Taken By	96235068 GQ9112D / S328286D ON 4 Jun 2018 Yes	Contact No. (Home) OI Vehicle Number Insured Liability * Preference Regair Option	GQ91120 Not at Fault	Cortact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	67419686 5328288D Received
Claim Type * Contact No. (Mobile) Email Asdress Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Repair Taken By	96239068 G2Q9112D / 5328288D ON 4 Jun 2018 Ves V D6/D6/2018 19:42	Contact No. (Home) OI Vehicle Number Insured Liability Preference Repair Option Claim Close Date	GQ91120 Not at Fault Preferred Workshop, Name unknown	Cortact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	67419686 5328288D Received
Claim Type * Contact No. (Mobile) Email Address Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print Ak Letter	96239068 G2Q9112D / 5328288D ON 4 Jun 2018 Ves V D6/D6/2018 19:42	Contact No. (Home) OI Vehicle Number Insured Liability Preference Repair Option Claim Close Date	GQ91120 Not at Fault	Cortact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	67419686 5328288D Received
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	96239068 G2Q9112D / 5328288D ON 4 Jun 2018 Ves V D6/D6/2018 19:42	Contact No. (Home) OI Vehicle Number Insured Liability Preference Repair Option Claim Close Date	GQ91120 Not at Fault Preferred Workshop, Name unknown	Cortact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	67419686 5328288D Received
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Dest Registered Report Taken By [xi] Print AK Letter	96239068 G2Q9112D / 5328288D ON 4 Jun 2018 Ves V D6/D6/2018 19:42	Contact No. (Home) OI Vehicle Number Insured Liability Preference Repair Option Claim Close Date	GQ91120 Not at Fault Preferred Workshop, Name unknown	Cortact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	67419686 5328288D Received
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Replist Taken By Print AK letter Attachment	96239068 (929112D / 5328288D ON 4 Jun 2018 Yes D6/D6/2018 19:42 Jackson	Contact No. (Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	GQ91120 Not at Fault Preferred Workshop, Name unknown	Cortact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	67419686 5328288D Received
Claim Type * Contact No. (Mobrie) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Description Repair Taken By xi Print Ak letter Attachment	96239068 9029112D / 5328288D ON 4 Jun 2018 Yes 96/06/2018 19:42 Jackson	Contact No. (Home) Of Vehicle Number Insured Liability * Preference Regair Option Claim Close Date	GQ91120 Not at Fault Preferred Workshop, Name unknown Save Submit	Cortact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	67419686 5328288D Received
Claim Type * Contact No. (Mobrie) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Description Repair Taken By xi Print Ak letter Attachment	96235068 9029112D / 5328288D ON 4 Jun 2018 Ves 96/06/2018 19:42 Jackson Net / 0097589 Net / No	Contact No. (Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	GQ91120 Not at Fault Preferred Workshop, Name unknown	Cortact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	67419686 5328288D Received
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Replint Taken By x Print AK letter	96239068 9029112D / 5328288D ON 4 Jun 2018 Yes 96/06/2018 19:42 Jackson	Contact No. (Home) Of Vehicle Number Insured Liability * Preference Regair Option Claim Close Date	GQ91120 Not at Fault Preferred Workshop, Name unknown Save Submit	Cortact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	67419680 S128288D Received 06/06/2018 00:00
Claim Type * Contact No. (Mobrie) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Description Repair Taken By xi Print Ak letter Attachment	96235068 9029112D / 5328288D ON 4 Jun 2018 Ves 96/06/2018 19:42 Jackson Net / 0097589 Net / No	Contact No. (Home) Of Vehicle Number Insured Liability * Preference Regair Option Claim Close Date	GQ91120 Not at Fault Preferred Workshop, Name unknown Save Submit 001 06/D6/2018 19:44 Category *	Cortact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	67419680 S128288D Received 06/06/2018 00:00
Claim Type * Contact No. (Mobrie) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Description Replace Highstered Replace Taken By Scholler Act Letter Attachment	96235068 9029112D / 5328288D ON 4 Jun 2018 Ves 96/06/2018 19:42 Jackson Net / 0097589 Ves No	Contact No. (Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Claim No. Uproad Date	GQ91120 Not at Fault Preferred Workshop, Name unknown Save Submit 001 06/D6/2018 19:44 Category *	Corract No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Lings	67419680 5328288D Received 06/06/2018 00:00
Claim Type * Contact No. (Mobrie) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Description Replace Highstered Replace Taken By Scholler Act Letter Attachment	96235068 9029112D / 5328288D ON 4 Jun 2018 Ves 96/06/2018 19:42 Jackson Net / 0097589 Ves No	Contact No. (Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Claim No. Uproad Date Browse. Browse.	GQ91120 Not at Fault Preferred Workshop, Name unknown O01 O6/D6/2018 19:44 Category * Category * Cear Please Select	Corract No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urge V Normal V Normal	67419686 5328288D Received 06/06/2018 00:00
Claim Type * Contact No. (Mobrie) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Description Replace Highstered Replace Taken By Scholler Act Letter Attachment	96235068 9029112D / 5328288D ON 4 Jun 2018 Ves 96/06/2018 19:42 Jackson Net / 0097589 Ves No	Contact No. (Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Claim No. Uproad Date Browse. Browse. Browse.	Save Submit Oot Of/D6/2016 19:44 Category * Clear Prease Select Clear Prease Select	Corract No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urge Confidential Normal Normal Normal	67419680 5128288D Received 06/06/2018 00:00
Claim Type * Contact No. (Mobrie) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Description Repair Taken By xi Print Ak letter Attachment	96235068 9029112D / 5328288D ON 4 Jun 2018 Ves 96/06/2018 19:42 Jackson Net / 0097589 Ves No	Contact No. (Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Claim No. Uproad Date Browse. Browse. Browse. Browse.	Save Submit OOL OF/DE/2018 19:44 Category * Clear Please Select Clear Clear Please Select Clear Please Clear Please Clear Please Clear Clear Please Clear Clear Please Clear Clear Please Clear Clear Clear Clear Clear Please Clear Clear	Corract No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urge Confidential Urge Normal Normal Normal Normal	67419686 5128288D Received 06/06/2018 00:00
Claim Type * Contact No. (Mobrie) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Description Repair Taken By xi Print Ak letter Attachment	96235068 9029112D / 5328288D ON 4 Jun 2018 Ves 96/06/2018 19:42 Jackson Net / 0097589 Ves No	Contact No. (Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim No. Uproad Date Browse. Browse. Browse. Browse. Browse. Browse.	GQ91120 Not at Fault Preferred Workshop, Name unknown O01 O6/D6/2018 19:44 Category * Clear Please Select Dear Please Select Dear Please Select Clear Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urge Normal	67419686 5128288D Received 06/06/2018 00:00
Claim Type * Contact No. (Mobrie) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Description Repair Taken By xi Print Ak letter Attachment	96235068 9029112D / 5328288D ON 4 Jun 2018 Ves 96/06/2018 19:42 Jackson Net / 0097589 Ves No	Contact No. (Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Claim No. Uproad Date Browse. Browse. Browse. Browse.	GQ91120 Not at Fault Preferred Workshop, Name unknown O01 O6/D6/2018 19:44 Category * Clear Please Select Dear Please Select Dear Please Select Clear Please Select	Corract No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urge Confidential Urge Normal Normal Normal Normal	67419686 5128288D Received 06/06/2018 00:00

Attachment		Uploaded By/Date	Category	P Urgency	Description	Sent? Actio (CO)
100 - 1	NAC_PAYA_US1_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 06 July 2018-19:44	NR3C/ Driving License	Normal	NRIC/ Driving License 2018-6-6	Edit
60	NAC_PAYA_UBI_800601(NA	FIONAL ASSESSMENT CENTRE SERVICES) on 06 July 2018 19:43	SAS	Normal	SAS 2018-6-6	Edit
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 July 19-43		Photoe	Normal	Photos 2018-6-6	Edit
	NAC_PAYA_UBI_800601(NA	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 July n 2018 19:43		Normal	Photos 2018-6-6	Edit
	NAC_PAYA_UBI_800601/ NA	TIONAL ASSESSMENT CENTRE SERVICES) on 06 July 2018 19:43	Photos	Normal	Photos 2018-6-6	Edit
-	NAC_PAVA_UBI_B00601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 06 July n 2018 19:43	Photos	Normal	Photos 2018-6-6	Edit
	NAC_PAYA_UBI_B00601{ NA	TIONAL ASSESSMENT CENTRE SERVICES) on 06 July 12018 19:43	Photos	Normal	Photos 2018-6-6	Edit
1/2	NAC_PAYA_UBI_B00601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 06 July 2018 19:43	Photos.	Normal	Photos 2018-5-6	Edit
1	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 06 July 2018 19:43	Photos	Normal	Photos 2016-6-6	Edit
1	NAC_PAYA_UBI_B00501(NA	FIONAL ASSESSMENT CENTRE SERVICES) on 06 July n 2018 19:43	Photos	Normal	Photos 2015-5-5	Edit
2	NAC_PAYA_UBI_800601(NA	FIONAL ASSESSMENT CENTRE SERVICES) on 06 July 2018 19:43	Photos	Normal	Photos 2018-6-6	Edit
37	NAC_PAYA_UBI_800601(NA	FIONAL ASSESSMENT CENTRE SERVICES) on 06 Ju n 2018 19143	Photos	Normal	Photos 2018-6-6	Edit
=9	NAC_PAYA_UBI_800601(NA	FIONAL ASSESSMENT CENTRE SERVICES) on 06 July 2018 19:43	Photos	Normal	Photos 2018-6-6	Edit
99	NAC_PAYA_UB1_800601(NA	FIONAL ASSESSMENT CENTRE SERVICES) on 06 July 2018 19:43	Photos	Normal	Photos 2015-5-6	Edit
	NAC_PAYA_UBI_800501(NA	FIONAL ASSESSMENT CENTRE SERVICES) on 06 July 2018 19:42	Photos	Normal	Photos 2016-5-5	Edit
	NAC_PAYA_UBI_800501(NA	FIONAL ASSESSMENT CENTRE SERVICES) on 06 Ju n 2018 19:42	Photos	Normal	Photos 2018-6-6	Edit
	NAC_PAYA_UBI_800601(NA	FIONAL ASSESSMENT CENTRE SERVICES) on 06 July 2018 19:42	Photos	Normal	Photos 2018-6-6	Edit
192	NAC_PAYA_UB1_800501(NA	FIONAL ASSESSMENT CENTRE SERVICES) on 06 Ju in 2018 19:42	Photos	Normal	Photos 2018-5-6	Edit
100	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 06 Ju n 2018 19:42	Photos	Normal	Photos 2018-6-6	Edit
	NAC_PAYA_UB1_800601(NA	FIONAL ASSESSMENT CENTRE SERVICES) on 06 Ju in 2018 19:42	Photos	Normal	Photos 2016-5-6	Edit
⇒ Video List	Uploaded By/Date	Folder Date	File Name	Ŷ	Source	Action

http://giclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do