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Date In: 2 618-1676	Jeb description	Da	e & Time Completed	Don	e o'i
Ref No: NA INC180 17558 724	SAS e-filing				
Veh No: PC4989R	E-mail (within Shrs,	AIC 2hrs)			
D.O.A : 24/6/18 - 03:50	i-Motor Claim F	orm M	7/1000318-002	26/6/18	16:38
OD TD OD OT	i-Motor W/O (w	ithin: OD 2hrs, TP 4t	nrs)		
OD TP Preporting Only	i-Photo Uploade	d ¦			1
	Assessment/Surve	y Report			
TP Insurer:	Ass't Report by Fa	x/Hand to Ow	ner/Wksp		
Preferred Wksp / INC Assign Wksp / QW	:(To	lt	Fax:	
TP Particulars: Veh No:	KEITOIE .	. INC(,)/	Non-INC ()		
Owner / Driver: (To	al:)	-
Policy No: ()	Period: () Cov	er Type: ()	
Confirmed by : (ate:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO)	: N: 0-20%;	P: 21-79%. P: 80-	100%]	
Year of Registration: (/NO()			
	\$1,000 () / \$2,000 ()		SAME STOP OF STR	
Remarks: . (INC hotline: 6788 661		Da	e&Time Completed	Dor	e by
2) OC Check / Past Repair Inspection	()			24	
	()				
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost	()				
3) Upload Resurvey Photo [Repair Cost Injury:	()				Secretary States
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3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions NA 180 4000	() (>\$3000] ()	AR : Accident Repor	ion Checklist	Ant (\$)	Amt (\$
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
 Information provided must be as 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 Singapora (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

aroresaid,	
	ACCIDENT STATEMENT
Date Of Report	25/06/2018 16:56
Date Of Accident	24/06/2018 03:50
Exact Location Of Accident	JUNC GRANGE RD & TANGLIN RD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC4989R
Insured/Policyholder	
Name Of Registered Owner	E2D LIMOUSINE
Co Reg No	53339104X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE COMMUTER GL 3.0 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	THIRD PARTY
Vehicle Category	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5082023466-01
Cover Note Number	

Cover Note Number		
Driver		
Name of Driver	KOR TIEN HWA, ELTON	
NRIC No	S8914600C	
Date Of Birth	27/04/1989	
Occupation	OUTDOOR	
Date Of Driving Pass	13/04/2011	
Driving Experience	7 YEARS AND 2 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-81836445	
Fax Number		
Contact Number	OFFICE-81836445	
EMail Address	NOEMAIL	

BLK 32 GHIM MOH LINK Address

#10-292 271032

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 COLLISION - CROSS JUNCTION

Weather Conditions CLEAR DRY Road Surface

Other Information

Postcode

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?

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

6

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SKF1321E Vehicle Registration Number

VOLKSWAGEN SCIROCCO 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

KOR TIEN HWA, ELTON Name

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & BACK

PC4989R

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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:

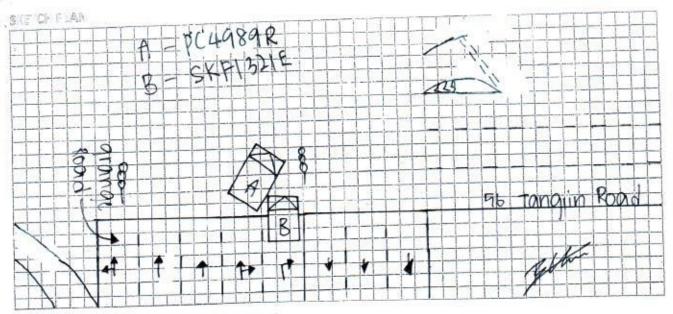
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - 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

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 .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

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

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.:

2

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre. ٠
- 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 wliful 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.

190 W. Carlotte, March and March 1971	ACCIDENT DETAILS	STATE OF THE PARTY
Date of accident	24/6/2018	(DD/MM/YY)
Time of accident	3.50 a.m	(HH:MM)
Exact location of accident	Grange Road Junction towards turning	to tanglin Road

MICH. WARRY AND STREET	DETAILS OF VEHICLE
Vehicle registration number	PC 4989R
Vehicle make and model	TOYOTA HIACE
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	
Are you claiming under your own insurance company?	Yes □ No Ø if no, please select: Third part claim Ø Reporting only □

	INSURANCE IN	FORMATION	and a productive state
Insurance company	NT	ŪČ .	
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆

数1488 建杂配 (1481)	INSURED / POLICY HOLDER	de la companya de la	744.7 6 55
Name	EDD LIMOUSINE	Male 🗆	Female 🗆
NRIC / Fin / Passport number	53739104 X		
Contact	81836445		
Address	32 GHIM MOH LINK \$ 10 - 292 GHI SINGAPORE J71032	M MOH ED	CIE

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	KOR TIEN HWA EITON Male & Female 0
NRIC / Fin / Passport number	58914600 C
Contact	81836445
Address	APT BLK 32 GHM MOH LINK \$10-292 SINGAPORE 271032.
Email address	
Date of birth	27/4/1989
Occupation	Indoor Outdoor
Driving date pass	14 June 2012

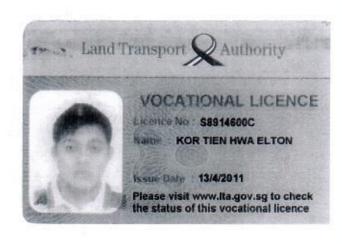
A PARTY OF THE PAR	STATE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.		F THE ACCIDENT	
as driver an employee of	Yes	No 🗆	driver and incured:	
nė insured's company?		tionship of the	driver and insured:	Allights Pile
ccident captured by camera?	Yes 🗆	No.	0.1.	
/eather condition	Clear 🗷	Raining 🗆	Others:	
oad surface	Dry	Wet 🗆		(Inclusive of driver)
lo of passenger	6			(Inclusive of driver)
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Gender	Male	Female	A CONTRACTOR	
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Gender	Male 🗆	remaleza		
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Name				
Gender	Male 🗆	Female		
				CHANGE THE PARTY OF THE PARTY O
DESCRIPTION OF STREET	100	OTHER INFOR	MATION	
Was anybody injured?	Yes 🗆	No 🗆		
Was other vehicle damaged?	Yes	No 🗆		
				A HOUSE PORT AND AND A PORT OF
The second second second	D AND	ETAILS OF POL	CE ACTION	
Reported to police?	Yes 🗆	No/G I	yes, please state which	n police station.
Police station name				
LAure season trains				
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图 20 电影影影影响影响		COLC. STOLEN	AND DESCRIPTION OF THE PARTY OF	
Name		The second of th		

THE CONTROL OF STREET	THIRD PARTY VEHICLE 1
/ehicle registration number	SKF1321E
/ehicle make model	VOIKWAMEN SOFOCCO
Name	
NRIC / Fin / Passport number	
Contact	
THE RESERVE TO STATE OF THE PARTY OF THE PAR	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
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	THIRD PARTY VEHICLE 3
Vehicle registration number	
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Vehicle make model	
Name	
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	THIRD PARTY VEHICLE 4
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Vehicle registration number	
Vehicle make model	7
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
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Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
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经过过水准板 的外接500	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	INJURED PERSON 1
Name	KOR TIEN HWA EITON
Injuries sustained	Neck in back
Which vehicle person in?	PC4989R
Were seat belts worn?	Yes 🗹 No 🗆
Was injured conveyed to	Yes 🗆 No 🗹
hospital by ambulance?	
Maria Valuation Co. 1 4 Activ	INJURED PERSON 2
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
Was Injured conveyed to	Yes D No D
hospital by ambulance?	
MAN WEST SERVICE	INJURED PERSON 3
Name	/ /
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes 🗆 No 🗆
hospital by ambulance?	
The second second	INJURED PERSON 4
Name	INJURED PERSON 4
Injuries sustained	INJURED PERSON 4
13.31.11	INJURED PERSON 4
Injuries sustained	Yes No No
Injuries sustained Which vehicle person in?	
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes No No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes D No D Yes D No D
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes No No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	Yes D No D Yes D No D
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes D No D Yes D No D
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes No INJURED PERSON 5
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	Yes No Yes No INJURED PERSON 5 Yes No Yes No Yes No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes No INJURED PERSON 5 Yes No Yes No INJURED PERSON 6











This card is not transferable and is the property of the Land Transpo Authority (LTA), it must be surrendered to LTA on request. If found, plea: return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

Issue Date

03 04

BUS VL BUS ATTENDANT

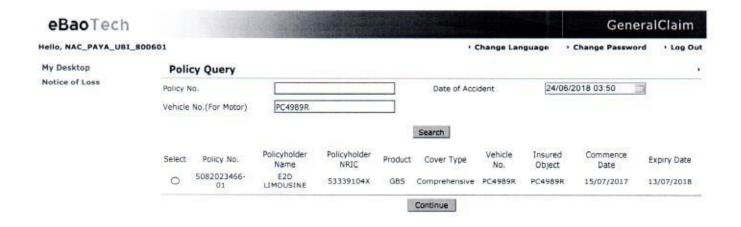
13/04/2011





Certificate of Insurance

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor	Certificate Number : 5082023466-01 1. Index mark and Registration Number of Vehicle Chassis Number 2. Name of Policyholder 3. Effective Date of Insurance 4. Expiry Date of Insurance 5. Persons or Classes of Persons entitled to drive* (a) The Policyholder. (b) Any other person who is driving on the Policyholder. Provided that the person driving is permitted in	Cover: Comprehensive : PC4989R : KDH2230028210 : E2D LIMOUSINE : 15 Jul 2017 : 13 Jul 2018
1. Index mark and Registration Number of Vehicle Chassis Number Ch	1. Index mark and Registration Number of Vehicle Chassis Number 2. Name of Policyholder 3. Effective Date of Insurance 4. Expiry Date of Insurance 5. Persons or Classes of Persons entitled to drive* (a) The Policyholder. (b) Any other person who is driving on the Policyholder Provided that the person driving is permitted in	: PC4989R : KDH2230028210 : E2D LIMOUSINE : 15 Jul 2017 : 13 Jul 2018
Chassis Number : KDH2230028210 2. Name of Policyholder : E2D LIMOUSINE 3. Effective Date of Insurance : 15 Jul 2017 4. Expiry Date of Insurance : 13 Jul 2018 5. Persons or Classes of Persons entitled to drive* (a) The Policyholder. (b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to driv 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 the carriage of passengers in connection with the Policyholder's business. (b) Limited to carry 14 passengers This Policy does not cover (a) Use for racing, pace-making, reliability trial or speed-testing. (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelle vehicle. * 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. GEOGRAPHICAL LIMIT : WITHIN THE REPUBLIC OF SINGAPORE ONLY EXCESS (SECTION II) : \$52,000 INSURE WITH COE : YES HIRE PURCHASE COMPANY : LIAN HONG PRIVATE LIMITED SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS	Chassis Number 2. Name of Policyholder 3. Effective Date of Insurance 4. Expiry Date of Insurance 5. Persons or Classes of Persons entitled to drive* (a) The Policyholder. (b) Any other person who is driving on the Policyholder. Provided that the person driving is permitted in	: KDH2230028210 : E2D LIMOUSINE : 15 Jul 2017 : 13 Jul 2018
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EXCESS (SECTION I) : \$\$2,000 EXCESS (SECTION II) : \$\$1,500 WINDSCREEN EXCESS : \$\$100 INSURE WITH COE : YES HIRE PURCHASE COMPANY : LIAN HONG PRIVATE LIMITED 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 Motor	headings.	
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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 Motor	INSURE WITH COE : YES	
I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor	HIRE PURCHASE COMPANY : LIAN HONG PRI	IVATE LIMITED
I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor	SUM INSURED : MARKET VALUE	E OF INSURED VEHICLE AT TIME OF LOSS
Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malays	EXCESS (SECTION I) : \$\$2,000 EXCESS (SECTION II) : \$\$1,500 WINDSCREEN EXCESS : \$\$100 INSURE WITH COE : YES HIRE PURCHASE COMPANY : LIAN HONG PRI SUM INSURED : MARKET VALUE I/We hereby Certify that the Policy to which this Certificat	IVATE LIMITED E OF INSURED VEHICLE AT TIME OF LOSS te relates is issued in accordance with the provisions of the
Agency ARWIN DTE LTD (00000514334)	Agency ADMINISTER TO (ORGANICA CO. C.)	E.
Date of Issue : 29 Jun 2017 16:34 hrs		
Date of Issue : 29 Jun 2017 16:34 hrs		For NTUC INCOME INSURANCE CO-OPERATIVE LIMITE
Date of Issue : 29 Jun 2017 16:34 hrs		
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Date of Issue : 29 Jun 2017 16:34 hrs For NTUC INCOME INSURANCE CO-OPERATIVE LIMIT The state of Issue in the state of th		



Policy Information



cident HT/1000318								
icy No.	5082023466-01	Vehicle No.	PC4989R	3	GST Registration No			
icyholder Name	E20 LIMOUSINE			9	Policyholder NR3C		53339104	
duct Code	BUS INSURANCE	Cover Type	Comprehensive		Loading		0	
tact No.(Mobile)	NA.	Contact No. (Office)	59999999		Contact No.(Home)			
ail Address	(12)	Special Remark	NOTIFICATION .				To be	
i Asului	0.0		00		eCode		N.V	
	® No ○ Yes	TCA	® No ⊜Yes		eCode Reason			
Protection	No.	NCO Enodement(%)	10	3	Private Hire		No	
Accident Details								
ort Date	26/06/2018 15:55	Accident Report Within 24 hrs	Yes	i i	Accident Type		Collision -	Cross Junction
e of Accident	24/06/2018	Time of Accident hh:mm	03:50	į.	Country of Accident		Singapore	
orting Centre		Orange Force			ICM No.			
ident Location	JUNC GRANGE RO & TANGLIN RO							
Benefits								
Excess								
damage Excess	2,000.00	Additional Excess			Windscreen Excess		100.00	
amed Driver Excess		Outside Singapore OD Excess						
d Party Excess	1,500.00	Outside Singapore TP Excess						
GST Registered Informa	ation							
Registered	No		GST Registration Date					
Registration No.			GST Status Verified		Yes			
fication History								
Policyholder Mailing Ad	Idress							
ess 1	BLK 417 #07-271	Address 2	CLEMENTI AVENUE 1	- 1	Address 3		CASA CLE	KENTI
ress 4	SINGAPORE 120417	Address Type	Singapore address	0	Post Code		120417	
No.	10-292	Related Policy Number	5082023466-01				444	
OI Driver Info	\$100 MOTES	mental a work statutes.						
er Name	Unnamed Driver	Driver Type	Unnamed Driver					
ar name amed driver Name	KOR TIEN HWA, ELTON	Driver Type Driver NRIC	S8914600C		Driver DOB		22.00	9
							27/04/198	
ster Date of Driver License		Driver Age	29		Driving Experience		7	
fact No.(Mobile)	81836445	Contact No.(Office)		9	Contact No.(Home)			
ress 1	BLK 32 #10-292	Address 2	GHIM MOH LINK	a a	Address 3		GH3M МОН	EDGE
iress 4	SINGAPORE 271032	Address Type					271032	
1633 4		Service of Albert	Singapore address	2	Post Code			
		Chapters, 1999	Singapore address	8	Post Cope			
No. s he own a Singapore	10-292		Singapore address					
No. s he own a Singapore		Driver Vehicle No.	Eingapore address		Driver Insurer Comp	pany		
No. s he own a Singapore stered car?	10-292		Singapore address			pany		
No. s he own a Singapore stered car? aration	10-292 ○ Yes ® No	Driver Vehicle No.				pany		
t No. Is he own a Singapore Istered car? Isration athalyser or Blood Test	10-292		O Yes ® No			pany		
t No. es he own a Singepore gatered cair! daration daration File Singepore direction of the state of the stat	10-292 ○ Yes ® No	Driver Vehicle No.				pany		
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No. she own a Singapore stered car? tration thalser or Blood Test ling? fication History aim 002 Msw n Type *	10-292 ○ Yes ® No D mg	Driver Vehicle No. Any injury? Insured Name Contact No.(Home)	○ Yes ® No EZO LEMOUSINE NIL		Driver Insurer Comp Insured NRICC Contact No. (Office)	pany	\$2339104)	
No. s he own a Singapore stered car? sration thalyser or Blood Test ling? scatton History aim 002 New n Type • set No.(Mobile) e Address	10-292 ○ Yes No D mg	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Ol Vehicle Number	○ Yes ® No		Driver Insurer Comp Insured NR3C Contact No.(Office) TP Vehicle Number			
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No. s he own a Singapore stered car? aration sthalaster or Blood Test ding? fication History laim 002 New m Type * tect No. (Mobile) in Address m Description erred Workshop Contact	10-292	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Ol Vehicle Number Insured Liability * Preferered Repair Option	○ Yes ® No EZO LEMOUSINE NIL PC4989R	<u> </u>	Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred k		\$2339104) SKF1321E	<u> </u>
No. s he own a Singapore stered car? aration sthalaster or Blood Test ding? fication History laim 002 New m Type * tect No. (Mobile) in Address m Description erred Workshop Contact uine Finalization is Registered	10-292	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability *	© Yes ® No EZO LEMOUSINE NIL PC4989R Not at Fault	<u> </u>	Driver Insurer Comp Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferred V		\$2339104) SKF1321E	<u> </u>
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Attachment		Uploaded By/Date	Category	Urgency	Description	Mag Sent? Action (CO)
202 107 100 100 47 100	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 July n 2018 16:29		NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-26	Edit
100	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 26 July n 2018 16:29	SAS	Normal	SAS 2018-6-26	Edit
	NAC_PAYA_UBI_BD06D1(NAT	ional assessment centre services) on 26 Julin 2018 16:29	Photos	Normal	Photos 2018-6-25	Edit
3	NAC_PAYA_UB2_800601(NAT	CONAL ASSESSMENT CENTRE SERVICES) on 26 Ju n 2018 16:29	Photos	Normal	Photos 2018-6-26	Edit
	NAC_PAYA_UBI_BDD00D1(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 26 Ju n 2016 16:29	Photos	Normal	Photos 2018-6-26	Edit
1	NAC_PAYA_UB3_BD0601(NAT	IDNAL ASSESSMENT CENTRE SERVICES) on 26 July 2018 16:29	Photos	Normal	Photos 2018-6-26	Edit
	NAC_PAYA_UBI_800601(NAT	IDNAL ASSESSMENT CENTRE SERVICES) on 26 Ju n 2016 16:29	Photos	Normal	Photos 2018-6-26	Edit
	NAC_PAYA_URI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 26 Ju n 2018 16:29	Photos	Normal	Photos 2018-6-26	Edit
1	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 26 Ju n 2018 16:29	Photos	Normal	Photos 2018-6-26	Edit
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-	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 July 12018 16:28		Photos	Normal	Photos 2018-6-26	Edit
♥ Video List		111 W. J. J. M.				
	Uploaded By/Date	Folder Date	File Name	8	Source	Action