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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 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

Date Of Driving Pass 14/11/2017 Driving Experience 0 YEAR AND 8 MONTH Gender MALE Mobile Number (LOCAL) +65-97699749 Fax Number OFFICE-97699749	MARIE STATE OF THE	ACCIDENT STATEMENT	
Exact Location Of Accident Country/State of Loss SINGAPORE DETAILS OF DOWN VEHICLE Vehicle Registration Number SLCS215G Insured/Policyholder Name Of Registered Owner Co Reg No S3375868L Mobile Phone No Alternative Phone No OFFICE-89999999 Vehicle Particulars Manufacturer TOYOTA Model Vios E GRADE 1.5 A/T Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken REPORTING ONLY Vehicle Category COMMERCIAL USE Insurance Company Name of Insurance Company Name of Insurance Company Name of Insurance Company Truc INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage COMPREHENSIVE Fleet Policy Policy Number Cover Note Number Driver Name of Driver LI CHENGJUN Passport No/FiN Q7555074Q Date Of Birth Q000000000000000000000000000000000000	Date Of Report	16/07/2018 17:42	100
Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE	Date Of Accident	14/07/2018 11:50	
Vehicle Registration Number SLCS215G Insured/Policyholder Name Of Registered Owner EASYDRIVE CAR RENTAL Co Reg No 53375868L Email Address NOEMAIL Mobile Phone No Alternative Phone No OFFICE-89999999 Vehicle Particulars Manufacturer TOYOTA Wodel VIOS E GRADE 1.5 A/T Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken REPORTING ONLY Vehicle Category COMMERCIAL VEHICLE Insurance Company Name of Insurance Company Name of Insurance Company Yes Ooverage COMPREHENSIVE Fleet Policy YES Policy Works Policy Vender So98649458 Cover Note Number Driver Name of Driver LI CHENGJUN Passport No/FiN G7555074Q Date Of Birth 2008/1973 Occupation OutDoor Date Of Driving Pass 14/11/2017 Driving Experience O YEAR AND 8 MONTH Mabile Number Contact Number OFFICE-97699749	Exact Location Of Accident	PIE (TUAS) BEFORE LORNIE RD EXIT	
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Fax Number Contact Number OFFICE-97699749	Gender	MALE	
Contact Number OFFICE-97699749	Mobile Number	(LOCAL) +65-97699749	
	Fax Number		
EMail Address NOEMAIL	Contact Number	OFFICE-97699749	
	EMail Address	NOEMAIL	

Address

10 KAKI BUKIT ROAD 1

#03-08 KB INDUSTRIAL BUILDING

Postcode

416175

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

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

NO 3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

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

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

2

Passenger 1

NAME: . .

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

ET1021T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LIM POH LAI

NRIC/Passport Number

S1177459H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 22

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKU2059C

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

YEO LE TZE

S8623473D

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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. 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.
- 7. 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:

- 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:
 - (i) 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
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

EasyDrive Car Rental 200 Jalan Sultan

#02-38 Textile Centre Singapore 199018 Tel: 9673 5989 Fax: 6883 2418

Email: easydrivesg@gmail.com UEN: 53375868L

Driver's Signature

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

EasyDrive Car Rental 200 Jalan Sultan #02-38 Textile Centre Singapore 199018

Tel: 9673 5989 Fax: 6883 2418 Email: easydrivesg@gmail.com UEN: 53375868L

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

Name:

NRIC/FIN No.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG STATED VANUE.
SUDDENLY VEHICLE B BRAKE HIS VEHICLE. I COULDN'T BRAKE MY VEHICLE IN
TIME AND HIT ONTO VEHICLE B REAR PORTION. AFTER THE IMPACT, I ALIGHT
FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO VEHICLE C REAR
PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: () / + / 18)(DD/MM/YYYY), TIME: (1) :50)(HH:MM)	*1
LOCATION: PIE (Tuas) be bee worse Rd Exit	
DETAILS OF VEHICLE a) VEHICLE NUMBER: SUCTIONS b) INSURANCE COMPANY: LITTLE c) POLICY NUMBER: 5698 649948	
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)	2
f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: (2mm VG4) - 412 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: Boy drive (or Rong) (MALE / FEMALE)	
b)NRIC/FIN/PASSPORT: 53375868L CONTACT:	
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Including driver) DINRIC/FIN/PASSPORT: (2275274)	
CIADDRESS: 10 Kake Bully Raid 1 193-08 KB Indistrict Milding (4.1617
e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 14 12 12	38
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)	33
b)ROAD SURFACE: (DRY) WET / OTHERS	
8. THIRD PARTY VEHICLE WE of passenger a) VEHICLE NUMBER: ETION T MODEL: Including driver) b) DRIVER'S NAME: Lim Joh La:	
() NRIC/FIN/PASSPORT: SIRVING CONTACT:	8
Mo of passenger d) VEHICLE NUMBER: JKO 2059 C MODEL: Induding driver f) NRIC/FIN/PASSPORT: SS 627430 CONTACT:	

email =

fax =

VIDEO =



WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

Employer H KLASSIC INTERIOR DESIGN PTE, LTD.



LI CHENGJUN

Work Permit No. 0 56644954

CONSTRUCTION



DRIVING LICENCE G7555074Q LICHENGJUN Bem Date: 20 Aug 1973 ue Date: 14 Nov 2017 Valid Till 13/11/2022

VISIT PASS

Immigration Regulations

LI CHENGJUN

G7555074Q

20-08-1973

CHINESE

MULTIPLE JOURNEY VISA ISSUED



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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

EFFECTIVE DATE

NP 428A



eBao Tech								Gen	eralClaim	
Hello, NAC_PAYA_UBI_80	0601					70	Change Lar	guage ,	Change Passwo	ord + Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	io.				Date of Acc	cident	14/07/	2018 11:50	3
	Vehicle	No.(Far Mator)	SLC5215G							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5098649458	EASYDRIVE CAR RENTAL	53375868L	GFT	drivo CLASSIC	SLC5215G	SLC5215G	02/05/2018	
					- 1	Continue				

olicy No.	5098649458	Policyholder Name	EASYDRI	VE CAR RENTAL	Policyholder NRIC	53375868L		
Address	200 JALAN SULTAN #02-38		SINGAPOR	E 199018	80427A			
Product	FLEET INSURANCE	Plan			Group	N		
Name Policy	, 555, 1155, 1155				Policy Flag	er.		
ssue Date	05/03/2018	Effective Date	06/03/20	18 00:00	Expiry Date	05/03/2019 23:59		
xcess ype		All Claim Excess						
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess			
dditional xcess	.0	OS Premium	0					
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			You	ing/Inexperience Driver Excess	
Agent	ASSURE PTE, LTD.	Agent Tel.	68489119		GST Flag	Υ		
Co- nsurance Flag Open Policy Info Certificate	No							
nfo Policyl	holder Mailing Address							
ddress 1	200 JALAN SULTAN	Addr	ess 2	#02-38 TEXTILE CE	NTRE	Address 3	SINGAPORE 199018	Ī
ddress 4		Addr	ess Type	Singapore address		Post Code	199018	
Jnit No.	02-38	Relat Num	ed Policy	5098649458				
D Insure	ed Object: SLC5215G	140111	ber					
□ Endors	sements							f
Sequer	nce Date of Endorsemer	nt Endorseme	ent Type	Endorsement Number	Endorse	ment Status	Endorsement Content	T
1	06/03/2018 00:00	Basic Informa Endorsement		null	Underwriti	ng Rejected	Thank you for giving us the opportunity to serve you. We confirm that from 06 Mar 2018, following amendment(s) is/are made to this policy:	the
2	09/03/2018 00:00	Basic Informa Endorsement		000001286771847	Endorseme Effective	ent Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extent to cover the following vehicle(s follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INGST) 1. SLD5564T 12-03-2018 \$1,662.81 In view of this amendment, an additional pren of \$1,662.81 (inclusive of GST) payable under your policy. Plea ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days fit the date of this letter. For cheq payment, please issue the cheque favour of "NTUC Income" with yname and policy number indication the reverse of the cheque. Alternatively, you could also mapayment at any of our branches cash or NETS.	cl. CL
							Thank you for giving us the opportunity to serve you. We confirm that this policy is exten to cover the following vehicle(s) follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INC GST) 1. SLD6445Y 14-03-2018 \$1,653.55 In view of this amendment, an additional prem	as

locident MT/1003249						
olicy No.	5098649458	Vehicle No.	SLC5215G	GST Registration No		
Policyholder Name	EASYDRIVE CAR RENTAL			Policyholder NR1C	53375868L	
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0	
Contact No. (Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0	
mail Address		Special Remark		eCode	790. 🗸	
OFK:	® No ○ Yes	TCA	® No ○ Yes	eCode Reason		
NCD Protection	No	NCO Entitlement(%)	0	Private Hire	No	
Accident Details						
Report Date	1610717018 70.10	Anna Anna Nasara (Maria da Anna	202			
	16/07/2018 20:10	Accident Report Within 24 hrs.	Yes	Accident Type	Chain Collision	
Date of Accident	14/07/2018	Time of Accident No-mm	11:50	Country of Accident	Singapore	
teporting Centre		Orange Force		ICM No.		
Accident Location	PIE (TUAS) BEFORE LORNIE RD EXIT					
₩ Benefits						
₩ Excess						
Own demage Excess	2,000.00	Additional Excess	0	Windscreen Excess		
Innamed Driver Excess		Outside Singapore OD Excess	2,000.00			
	trausaut					
hird Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00			
GST Registered Information						
ST Registered	No		GST Registration Date			
ST Registration No.			GST Status Verified	Yes		
location History						
Policyholder Mailing Ad	idress					
Address 1	200 JALAN SULTAN	Address 2	#02-38 TEXTILE CENTRE	Address 3	SINGAPORE 1990	018
Address 4		Address Type	Singapore address	Post Code	199018	
init No.	02-38	Related Policy Number	5098649458			
OI Driver Info						
Oriver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Innamed driver Name	LI CHENGJUN	Driver NRIC	G7555074Q	Driver DOB	20/08/1973	
egister Date of Driver License		Driver Age	44		0	
				Driving Expenence		
Contact No. (Mobile)	97599749	Contact No.(Office)	0	Contact No. (Home)	0	
Address 1	10 KAKI BUKIT ROAD 1	Address 2	KB INDUSTRIAL BUILDING	Address 3	SINGAPORE 416:	175
			NO STOOD HIPE DOLLDING		STRUMPORE 410.	
Address 4		Address Type	Singapore address	Post Code	416175	
	03-08	Address Type				
Address 4 Unit ko: Does he own a Singapore Registered car ⁹	03-08 ○ Yes ⊕ No	Address Type Oriver Vehicle No.			416175	
Unit No. Opes he bein a Singapore Registered car?				Post Code	416175	
Unit No. Does he own a Singapore Registered car ³ rediration Breatharyser or Blood Test				Post Code	416175	
Unit No. Does he dwn a Singapore	○ Yes ® No	Oriver Vehicle No.	Singapore eddress	Post Code	416175	
Unit No. Does he own a Singapore Registered car ³ Seclaration Breatharyser or Blood Test	○ Yes ® No	Oriver Vehicle No.	Singapore eddress	Post Code	416175	-
Ant No. Does he den a Singapore legistered car? ediaration reathwayer or Blood Test leading?	○ Yes ® No	Oriver Vehicle No.	Singapore eddress	Post Code	416175	-
nit No. bes he dewn a Singapore ngistered Car? ediaration reattrahyser or Blood Test eading?	○ Yes ® No	Oriver Vehicle No.	Singapore eddress	Post Code	416175	
Init No. Does he dwn a Singapore legistered car? ediaration reathayser or Blood Test leading? Iddication History Claim 001 New	○ Yes ® No	Oriver Vehicle No.	Singapore address ○ Yes No	Post Code	416175	
Init No. Does he dwn a Singapore legistered car? ediaration reathwayser or Blood Test leading? Claim 001 New Daim Type *	○ Yes ® No	Oriver vienicle No. Any injury? Insured Name	Singapore eddress	Post Code Driver Insurer Comp	416175 Dany	
And No. Does he deen a Singapore registered Car? edianation readmayser or Blood Test leading? Claim 001 New Claim Type + Contact No. (Mobile)	○ Yes ® No	Oriver Vehicle No. Any Injury? Insured Name Contact No.(Home)	Singapore address ○ Yes No EASYDRIVE CAR RENTAL	Post Code Driver Insurer Comp Insured NRIC Contact No.(Office)	416175 Dany 53375868L +	
And No. Does he deen a Singapore registered Car? edianation readmayser or Blood Test leading? Claim 001 New Claim Type 4 Contact No. (Mobile) mail Address	○ Yes ® No O mp	Oriver vienicle No. Any injury? Insured Name	Singapore address ○ Yes No	Post Code Driver Insurer Comp Insured NRIC Contact No.(Office) TP Vehicle Number	\$3375868L # E71021T	
And No. Does he own a Singapore registered Car? edianation treatmayser or Blood Test leading? Claim 001 New Claim Type * Contact No. (Mobile) Imail Address Claim Description	○ Yes ® No	Oriver Vehicle No. Any injury? Insured Name Contact No. (Home) OI Vehicle Number	Singapore address ○ Yes ® No EASYDRIVE CAR RENTAL SLC5215G	Post Code Driver Insurer Comp Insured NRIC Contact No.(Office)	\$3375868L # E71021T	
Init No. Does he dem a Singapore egistered Car ² ediaration reachayser or Blood Test eading? Claim 002 New Usim Type + contact No. [Mobile] mail Address Jaim Description referred Workshop Contact	○ Yes ® No O mp	Oriver Vehicle No. Any Injury? Insured Name Contact No.(Home)	Singapore address ○ Yes No EASYDRIVE CAR RENTAL	Post Code Driver Insurer Comp Insured NRIC Contact No.(Office) TP Vehicle Number	\$3375868L # E71021T	
Init No. Does he deen a Singapore egistered Car? edication reserranyser or Blood Test eading? Claim 001 Mexic Ilaim Type * contact No.[Mobile) mail Address Isam Description referred Workshop Contact or for the contact of the c	○ Yes ® No O mp	Oriver Vehicle No. Any injury? Insured Name Contact No. (Home) OI Vehicle Number	Singapore address ○ Yes ® No EASYDRIVE CAR RENTAL SLC5215G	Post Code Driver Insurer Comp Insured NRIC Contact No.(Office) TP Vehicle Number	\$3375868L # E71021T	
Inst No. Does he deen a Singapore egistered Car? edication resemanyser or Blood Test eading? Claim 001 New Daim Type 4 contact No. [Mobile) mail Address Jaim Description referred Workshop Contact or equire Finalisation	O mg. OD-MX SLC52150 / ET1021T ON 14 2ul 2018	Oriver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number	Singapore address ○ Yes ® No EASYDRIVE CAR RENTAL SLC5215G	Post Code Driver Insurer Comp Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W	\$3375868L # E71021T	2000
And No. Does he deen a Singapore registered Car? edianation readmayser or Blood Test leading? Claim 001 New Claim Type 4 Contact No. (Mobile) Imail Address Lisim Description referred Workshop Contact lose Registered	O mp OD-MX SLC5215G / ET1021T ON 14 Jul 2018 Yes ▼	Oriver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Reper Option	Singapore address ○ Yes ® No EASYDRIVE CAR RENTAL SLC5215G	Post Code Driver Insurer Comp Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W	\$3375868L + ET1021T Received	1000
Inst No. Does he own a Singapore registered car? reclaration breathayser or Blood Test reading? Colaim 001 New Claim 1001 New Claim 14 Address Liam Description breferred Workshop Contact to Require Finalization Date Registered Report Taken By	O mp OD-MX SLCS215G / ET1021T ON 14 2ui 2018 Yes 16/07/2018 20:13	Oriver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Reper Option	Singapore address ○ Yes ® No EASYDRIVE CAR RENTAL SLC5215G	Post Code Driver Insurer Comp Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W	\$3375868L + ET1021T Received	1000
Unit ha: Does he own a Singapore Registered Ear? Redaration Reachayser or Blood Test Reading?	O mp OD-MX SLCS215G / ET1021T ON 14 2ui 2018 Yes 16/07/2018 20:13	Oriver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Reper Option	Singapore address Yes ® No EASYDRIVE CAR RENTAL SLC5215G Fully at Fault Preferred Workshop, Name unknown	Post Code Driver Insurer Comp Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W	\$3375868L + ET1021T	1000
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Attachment		Uploaded By/Date	Category	Ŷ	Urgency	Description	Sent? Actio (CO)
	NAC_PAYA_UBI_800601(NATH	ONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:14	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-7-16	Edit
*9	NAC_PAYA_UBJ_800603(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:14	SAS		Normal	SAS 2018-7-16	Edil
0	NAC_PAYA_UBI_B00601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 16 July 2018 20:14	Photos		Normal	Photos 2018-7-16	Edit
	NAC_PAYA_URL_RDOGDS(NATIO	MAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:14	Priotos		Normal	Photos 2018-7-16	Edit
4	NAC_PAYA_UBI_800601(NATII	ONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:14	Photos		Normal	Photos 2018-7-16	Edit
1	NAC_PAYA_UBI_800603(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:14	Photos		Normal	Photos 2018-7-16	Edi
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	NAC_PAYA_UBI_800603(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:13	Photos		Normal	Photos 2018-7-16	Edi
0	NAC_PAYA_UBI_BDDSD1(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:13	Photos		Normal	Photos 2018-7-16	Ldr
30	NAC_PAYA_UBI_800601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:13	Photos		Normal	Photos 2018-7-16	Edi
	NAC_PAYA_UBI_800601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:13	Photos		Normal	Photos 2018-7-16	E
	NAC_PAYA_UBI_800501(NATIO	DNAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:13	Photos		Normal	Photos 2018-7-16	E42
	NAC_PAYA_UBI_800601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:13	Photos		Normal	Priotos 2018-7-16	Edit
	NAC_PAYA_USI_800803(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:13	Photos		Normal	Photos 2015-7-15	Edi
J	NAC_PAYA_UBI_800601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:13	Photos		Normal	Photos 2018-7-16	Edi
	NAC_PAYA_UBI_800601(NATIO	DNAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:13	Photos		Normal	Photos 2018-7-16	Edi
	NAC_PAYA_UBI_BD0601(NATII	ONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:13	Photos		Normal	Photos 2018-7-16	Edi
♥ Video List	Uploaded By/Date	Forder Date	File Name		9	Source	Action