	itre Services. wet i Jamos M	NA 1000 10		_
Date In: 257/18-11:38	Jeb description	Date & Time Completed	Done by	
Ref No: Ng MC18013505 24	SAS e-filing			
Veh No: JKM33244	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 23/7/18-11:00	i-Motor Claim Form	MT)100 448 8-001	25/7/18 1153	
	i-Motor W/O (Within: OD 2hr		And the second second	-
OD : TP ! Reporting Only	i-Photo Uploaded			8
TD I	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No:	INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]	-
Year of Registration: ()	Management / Management)		
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()			
General Remarks:-			Son S	1
() Walk-In Customer: Customer's in				
() Total Loss Case : to e-mail Inst		5		
		owing Co: ()
				_
Remarks: (INC hotline: 6788 6616)	property and the second of the second	Date&Time Completed	Done by	102
Apply for Transport Allowance ()	/ Courtesy Car ()			77.15
2) OC Charle / Para Daniel I				
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()		- 3	
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()			
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Onte/Time Actions MAI804204 Surmant's Particulars:	Invoice Pre 1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti	Reporting (\$30); Assessment (\$100); INC (\$8 te \$40	75 Bill Ad 0) 75 45 \$120 \$30)	
Onte/Time Actions MAISOV204 Actions Actions Maisovacy Actions Injury: Date/Time Actions Maisovacy Actions Injury: Inju	Invoice Prediction of the state	Reporting (\$30); Assessment (\$100); INC (\$8 tee \$40 trough Survey trough Survey (Resurvey) tainst INC Only (wef 10 Jan 2005) tion	75 Bill Ad 0) 7545 5120 530) \$75	
Onte/Time Actions MA(804204 Actions Actions Actions Market Particulars:	Invoice Prediction of the state	Reporting (\$30); Assessment (\$100); INC (\$8 te \$40 trough Survey trough Survey (Resurvey) tainst INC Only (wef 10 Jan 2005 tion SMRT Survey	75 Bill Ad 0) 75 45 \$120 \$30)	
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Onte/Time Actions MAISOV204 Actions Actions Maisovacy Actions Injury: Date/Time Actions Maisovacy Actions Injury: Inju	Invoice Pro 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming at 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Additio OD.* *N5: Courtesy	Reporting (\$30); Assessment (\$100); INC (\$8 to \$40 trough Survey trough Survey (Resurvey) tainst INC Only (wef 10 Jan 2005 tion SMRT Survey nal Services:-	75 Bill Ad 0) 7545 5120 530) \$75 \$160	
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Onte/Time Actions MAISOY204 Actions Actions Maisoy204 Actions iver/Owner: Intact No: Imaged Portion: Checked by (Engr-In-Charge):	Invoice Prediction of the property of the prop	Reporting (\$30); Assessment (\$100); INC (\$8 to \$40 trough Survey trough Survey (Resurvey) tainst INC Only (wef 10 Jan 2005 tion SMRT Survey tal Services: Car / Tpt Allowance tordination ir Inspection ect Excess Coordination (Non INC) against INC	15t Bill Ad 0) 7545 5120 530) \$75 5160 55 510 525	nt (3

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate</u> 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.

机设置 经产品的 医阿拉斯氏征 电电子电路	ACCIDENT STATEMENT
Date Of Report	25/07/2018 11:38
Date Of Accident	23/07/2018 11:00
Exact Location Of Accident	BLK 673 WOODLANDS DR 71 DRIVEWAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKM3324Y
Insured/Policyholder	
Name Of Registered Owner	CAR CLUB PTE LTD
Co Reg No	200912077G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	ALMERA 1.5 4AT ABS AIRBAG 2WD 4DR CMFT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5069447486-03
Cover Note Number	
Debase	

Driver

Name of Driver	YAN KIT FATT ALVIN (ZHEN JIEFA)
NRIC No	S7705899J
Date Of Birth	26/02/1977
Occupation	OUTDOOR
Date Of Driving Pass	12/11/1996
Driving Experience	21 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91059078

Fax Number

Contact Number OFFICE-91059078

EMail Address NOEMAIL

Address 33 MILTONIA CLOSE

#04-28

Postcode 768064

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

2 224 5 3 10000

-

Insurance Company of Driver's Own Vehicle

*

General Information of the Accident

Type Of Accident COLLIDED INTO PEDESTRIAN

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 1
Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name SEMBAWANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-5549999 - FAX NO: 68522499

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20180723/2060.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH TRAFFIC POLICE

Was there any audio recorded? NO

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
- 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)

lunderstand, 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) pt
 - (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 agentstinctuding their lawyers/faw 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:
 - [1] to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators. Taw enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders

Date & Time

Aignature (If driver bnot the policyholder)

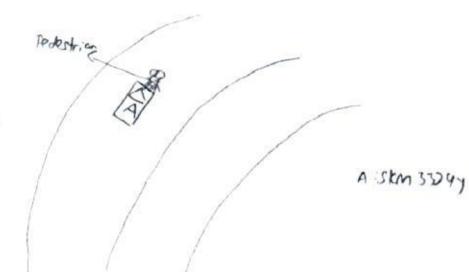
Date & Time

Reporting Centre Personner

Name

NRIC/FIN No

RIK CO3 Low oddends Dr. 71



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police tegory- +/20180723/2060.	
	ing-ammunikasa a sasa sasa sasa
	=
CLARATION	

Reporting Centre Person Name NRIC/FIN No

ACCIDENT STATEMENT

ACCIDENT DATE: (23/7/18	(DD/MM/YYYY), TIME:(
LOCATION: 11/6 673 Wordland	(Dr 71 Drively
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: SICM 33	124.
b)INSURANCE COMPANY:	λπιχ
At the state of th	
C)POLICY NUMBER:	
e)MAKE & MODEL:	VE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	//VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE	E/COMMERCIAL/MOTORCYCLE) DENT TIME: Commercial not
DARE YOU CLAIMING UNDER YO	DUP OWN INSURANCE (YES/NO)
IF NO. PLEASE STATE (THIPD PA)	RTY COAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	CALLINA / REPORTING CINETY
A)NAME:	(MANIE / FEMANIE)
b)NRIC/FIN/PASSPORT:	(MALE / FEMALE)
c)ADDRESS:	
97.1001.200.	
* CONTINUE TO 3.d IF DRIVER AL	SO POLICY HOLDER
THO OF passon as. DRIVER	
(Including dis a) a) NAME: YAN IGY FAHY A)VI	n (Then Tieth) (MALE) (FEMALE)
	18997 CONTAST: 910 19078
CIADDRESS: 73 Mittonia Chs	L 197-28 C7 68064)
500000 RE-1000	
*d)DATE OF BIRTH: (26 / 2 /	1977)(DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OU	(DOOR)
f)YEARS OF DRIVING EXPRERIENCE	E: 12/1/1990
 WAS DRIVER AN EMPLOYEE OF 	THE INSURED'S COMPANY? (YES / NO)
	DRIVER WITH INSURED:
5. a) WEATHER CONDITION: (CLEAR	
b) ROAD SURFACE: (ORY) WET /	
6. WAS ANYBODY INJURED (YES / N	
7. a) REPORTED TO POLICE (YES / N	31
IF YES, PLEASE STATE WHICH PO	LICE STATION:
He of passenger a) VEHICLE NUMBER: 1edition	And the second s
DPIVEDIS NAME:	MODEL:
Induding driver) b) DRIVER'S NAME:	
9. THIRD PARTY VEHICLE	CONTACT:
71 THING TAKET VEHICLE	
No of passenger e) VEHICLE NUMBER:	
Induding driver f) DRIVER'S NAME:	CONTACT:
Wdo:	botage with TP-
18-2	
** ***	2
	54

email =

fax =

VIDEO =





1 of 3

Report No. T/20180723/2060

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Tel No: 1800-5549999

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 118 13:00	lade:	Vide Report No.: J/20180723/0085	Station Diary No. 36	
Informa	nt's Particu	ulars			
	Informant: FATT ALV		Address: 33 MILTONIA CLOSE	#04-28 SINGAPORE 768064	
The Late of the Section of the Secti	/ ID No.: O / S770589	99J	Contact No.: Home/Office:	Mobile: 91059078	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 26/02/1977	Type of Informant: Driver		
Race: Chinese		AV	Language:	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Injury Conveyed By Ambula	nce Drive: No	Date/Time of Accident: 23/07/2018 11:00	Type of Location Service road	
Location: Along Road 1 WOODLAND Along the ser Weather:	S DRIVE 71 vice road near to Blk 673 W	Voodlands drive 7 Road Surface:	1.	Road Speed Limit:	
Clear		Dry			
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collis	sion: cle Against - Pedestrian			Anyone conveyed by ambulance:	

Details of V	ehicle Invo	Ived				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKM3324Y	Car	NISSAN		Silver	No Damage	0

Details of Person Involved	
Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 2	Use of Pedestrian Crossing: Not Available





2 of 3

Report No. T/20180723/2060

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Tel No: 1800-5549999

CONTINUATION OF REPORT

Driver		TOTAL STATE		1222		THE PERSON NAMED IN
Name	YAN KIT FATT ALVIN					S7705899J
Related Vehicle	SKM3324Y (Car)			Conta	ct No.	91059078
Hospital/Clinic	NIL			Class Drivin Licend Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	harge	NIL			
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details.

On the above mentioned date and time, I was travelling at the service road near to Blk 673 Woodlands drive 71. As I was making a delivery and was looking out for the block number, 2 female subjects suddenly appeared in front of my vehicle. As the 2 subjects were close to my vehicle front, I was unable to jam brake on time. I hit the jam brake but still hit onto them. I subsequently called for ambulance and also the Police for assistance. Ambulance conveyed the 2 subjects. TP officer arrived at scene and took my in-car camera memory card as evidence, NP 323 was issued to me by the TP officer.





3 of 3

Report No. T/20180723/2060

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Tel No: 1800-5549999

Singapore Police Force

CONTINUATION OF REPORT

Sketch Plan

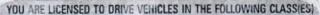
Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Sgt 3 GUNACHANDRAN S/O ARUMUGAM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/07/2018 13:00
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR FAIZAL BIN YAHYA Contact No.: 65476202	Classification Of Case:
Authentication Stamp NP168 Signature	







PASS DATE

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

12 Nov 1996

4897267 02-10-2012 33 MILTONIA CLOSE #04-28 SINGAPORE 768064 27/04/2018 S7705899J

eBao Tech								GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage	Change Passwo	rd · Log Out
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	vo.		Date of Accident 23			23/0	7/2018 11:00	3	
	Vehicle	No.(For Motor)	SKM3324Y	SKM3324Y						
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5069447486- 03	CAR CLUB PTE LTD	200912077G	GFT	drivo CLASSIC	5KM3324Y	SKM3324	Y 01/01/2018	
					-	Continue				

Policy No.	5069447486-03	Policyholder Name	CAR CLU	B PTE LTD	Policyholder NRIC	200912	077G		
Address	60 PAYA LEBAR ROAD #06-4	3 PAYA LEBAR SQUA	RE SINGAL	PORE 409051					
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N			
Policy issue Date	02/01/2018	Effective Date	01/01/20	18 00:00	Expiry Date	31/12/2	018 23:59		
Excess Type		All Claim Excess							
Third Party Excess	1000.00	Own damage Excess	1000.00		Windscreen Excess	100.00			
Additional Excess	0	OS Premium	0						
Outside Singapore OD Excess	1000.00	Outside Singapore TP Excess	1000.00			4000	Young/Inexperience Driver Excess		
Agent	INCOME - MT DEPT	Agent Tel.	6788661	6	GST Flag	Y			
Co-insurance Flag	No								
Open Policy Info									
Certificate Info									
ddress 1	er Mailing Address 60 PAYA LEBAR ROAD	Address 2		#05 43 DAVA (5D4)		.ddo.co.2			
Address 4	DU PATA LEBAK KUAD	Address 2 Address Ty	ron.	#06-43 PAYA LEBAR Singapore address		Address 3	SINGAPORE 409051		
Init No.		Related Po	333	5069447486-03		Post Code	409051		
STORY OF THE STORY	bject: SKM3324Y	Number		3003447400-03					
Endorseme	corre								
Sequence	Date of Endorsement	Endorsement Ty		Endorsement Number		nent Status			
	16/03/2018 00:00	Basic Information Endorsement		0001286776329	Endorsemer Effective		Endorsement Content Thank you for giving us the opportunit to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. JHMRC1880JC200575 19-03-2018 \$859.51 In view of this amendment, additional premium of \$859.51 (inclusive of GST) is payable under your policy. Please 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 from the date of this letter. For cheque payment please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the revers of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS. Thank you for giving us the opportunity		
2	16/03/2018 00:00	Basic Information Endorsement			Entry Rejected		to serve you. We confirm that from 14 Mar 2018, the following amendment(s is/are made to this policy: Thank you for giving us the opportunit to serve you. We confirm that the		
	22/03/2018 00:00 Basic Information Endorsement		00	0001286780062	Endorsemen Effective	t Take	following vehicle amendment(s) is/ar made to this policy: VEHICLE NUMBE EFFECTIVE DATE REVISED PREMIUM (INCL GST) 1. SLX2576Z 21-03-2018 \$853.54 In view of this amendment, refund of \$5.97 (inclusive of GST) will be adjusted against the outstanding premium.		

ccident MT/1004488											
licy No.	5069447486-03	Vehicle No.	SKM3324Y			GST Registri	ation N	0.	20	0912077G	
Noyholder Name	CAR CLUB PTE LTD					Policyholder	NRIC		20	0912077G	
roduct Code	FLEET INSURANCE	Cover Type	drive CLASS	SIC		Loading			0		
ontact No.(Mobile)	0	Cornact No. (Office)	0			Contact No.	Ottome		.0		
mail Address		Special Remark				eCode		50	197	-	
FK.	® No ○ Yes	TCA	® No ○Ye	6		eCode Reaso	10		1.25	-	
ICD Protection	No.			5.			MI.S				
	The state of the s	NCD Entitlement(%)	0			Private Hire			Yes		
Accident Details											
aport Date	25/07/2018 11:50	Academt Report Within 24 hrs	Yes			Accident Typ	e e		Col	lided into Pedestri	an
ate of Acoderic	23/07/2018	Time of Accident Inhome	11:00			Country of A	coden	t	Sin	gapore	
eporting Centre		Orange Force				ICM No.					
coident Location	BLK 673 WOODLANDS DR 71 DRIVEWAY	571309 T-2,7107				TO STREET					
▽ Benefits	- The state of the										
Own damage Excess	1,000.00	Additional Excess	0			Windscreen	Excess		100	0.00	
mnamed Oriver Excess		Outside Singapore OD Excess		1,000.00							
hird Party Excess	1,000.00	Outside Singapore TP Excess		1,000.00							
GST Registered Inform	etion										
ST Registered	Yes		GST	Registration Date		130	07/20	09			
ST Registration No.	200912077G			Status Ventied		Yes					
fodification History			108340	A 16 10 50 F-10 17 5		004					
→ Policyholder Mailing Ad	idress										
ddress 1	60 PAYA LEBAR ROAD	Address 2	#06.43 DAY	A LEBAR SQUARE		Address 3			2014	GAPORE 409051	
				18							
kddress 4		Address Type	Singapore as		9	Post Code			406	9051	
Init No.		Related Policy Number	5069447486	5-03							
♥ OI Driver Info											
Inver Name	Unnamed Driver	Driver Type	Unnamed Dr	iver							
Innamed driver Name	YAN KIT FATT ALVIN (ZHEN 116)	Driver NRJC	\$77058993		-	Driver DOB			26/	02/1977	
egister Date of Driver License	12/11/1996	Driver Age	41		3	Driving Expe	nence		21		
ontact No.(Mobile)	91059078	Contact No.(Office)	0			Contact No.1			0		
ddress t	33 MILTONIA CLOSE	Address 2	B. Commercia	more.			nome;			an etanomentos	
	SS MILPONIA COUSE	Address 2	SKIES MILTO		- 1	Address 3			Sav	IGAPORE 768064	
						ADDITORS S					
Address 4		Address Type	Singapore ad			Post Code			766	1064	
Jinit No.	D4-28	Address Type							769	1064	
Jnit No. Does he own a Singapore	04-28 ○ Yes ® No	Address Type Oriver Vehicle No.			2		er Com	pany	766	1064	
Jnit No. Does he own a Singapore					2	Past Code	er Com	pany	769	1064	
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100	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 25 Jul 2018 11:54	SAS		Normal	SAS 2018-7-25	Edit
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