NATIONAL Assessment Centre Services	(www. 194406) 📆 🕏			
Date In: 10/09/2018 13:29 Job description	Date &	Time Completed	Done by	
Res No. NA/INC18016418/K4 SAS e-filing	i			
Veh No. SLR 87 98 ST E-mail (within	Shrs, AlC 2hrs;			
D.OA: 07(09/2018 13:00 i-Motor Clai	m Form ! M	T/1010993	-001 1196	8 13:14
	O (Within: OD 2hrs. TP 4hrs)			
Assessment/S	VIII		10 10 COMP 11 COMP	
TD Brancher	by Fax / Hand to Owner	Wksp		
Preferred Wksp / INC Assign Wksp / QW; (Tel:		ax:)
TP Particulars: Veh No: SKT 790	SE INC()/N	on-INC()		
Owner / Driver: (Tel:)	
Policy No: () Period: () Cover	Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20%; P:	21-79%. F: 30-	100%]	
Year of Registration: () Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1,000 ()/\$2,00	0()			
General Remarks:		BARRALL SALE		
() Walk-In Customer's information strictly C	onfidential & Strictly NO	rafer of repairer.		-
() Total Loss Case : to e-mail Insurer URGENTLY				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NO(); Towing	Co. ()
Different // / / / / / / / / / / / / / / / / /			17 Toll Vitabank by	-
Remarks: (INC horline: 6788 6616)	PAIS	Time Completed	- Sept. Bolle.by	
1) Apply for Transport Allowance () / Courtesy Car ()	 		
2) QC Check / Post Repair Inspection ()	 		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	-		
Injury:		+	4	,
Date/Time Actions	CONSTRUCTION OF THE SECOND	STATE AND		
Date/Time Actions	North Barton Street, Till Barton Service Services		i.	
	2.50			
			Anic (S)	Amit (\$)
WA1805796.	Invoice Preparat	on Checklist 🕢	A 5 M 1 A 5 W 1 A 5 W 2 W 2 W 2 W 2 W 2 W 2 W 2 W 2 W 2 W	Add Bill
Claimant's Particulars :-	1) AR : Accident Reports 2) DA : Damage Assess	ing (\$30);	(\$30)	
Chumant strafficulitiss.	3) TF : Towing Fee		540/545	
Driver/Owner:	4) FT : Follow-Through 5) FT : Follow-Through	Survey (Resurvey)	\$120 \$30	
Contact No:	For claiming against I	NC Only (wef 10 Jan 2	005)	
D. Carl Bartion	6) TR: Re-inspection 7) N1: Idao DA + SMR		\$160	
Damäged Portion:	8) NTUC Additional Ser	rvioos:-		
QC Checked by (Engr-In-Charge):	OD* *NS: Courlesy Car / 7	Tp(Allowanus	\$5	
	*N6: Repair Co-ordir *N7: Post Repair Ins	ation	\$10 \$25	
Auditors Comments :=		acss Coordination	\$5	
Auditors! Comments :	- MS: DA / Collect PY	-	The second secon	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TP (N11): TP (Non.	INC) against INC	\$20 ·	
Zat. 1:	TP (N11): TP (Non. 9) N12: Idae Mobile Invoice dated	INC) against INC Fee Char	\$20 30	((()



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

EMail Address

- 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.
- 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.

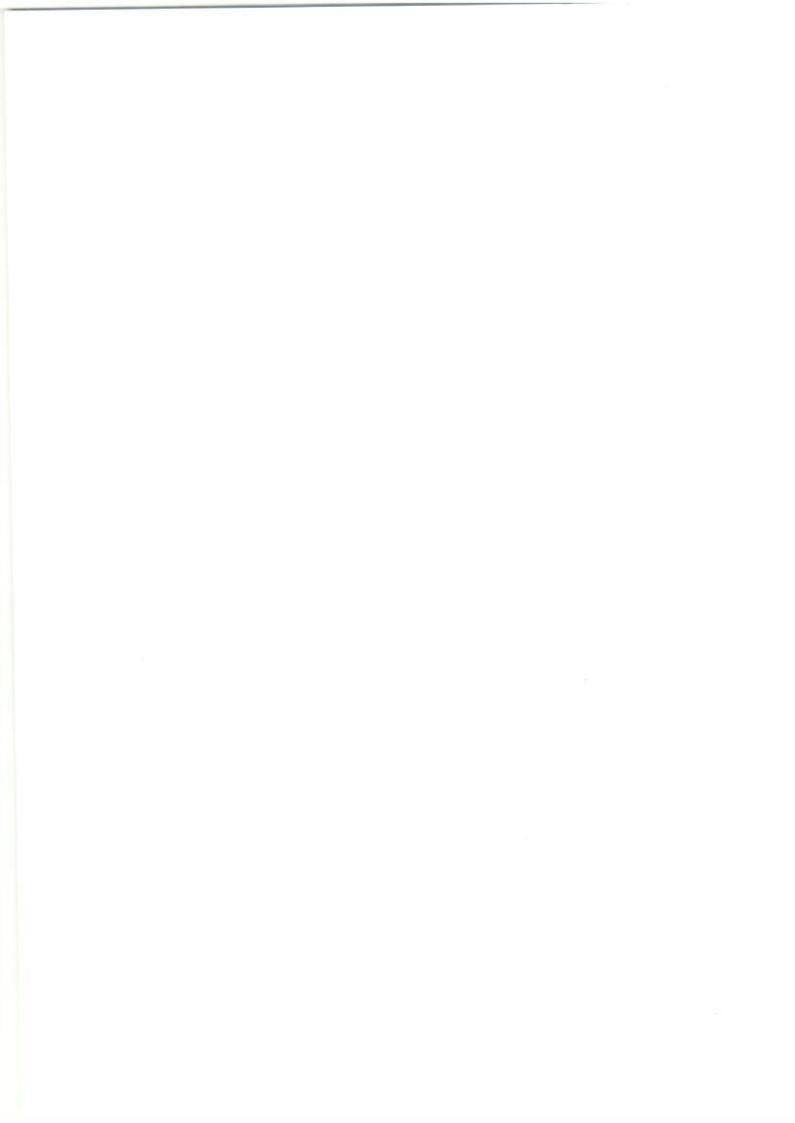
- Any false reporting may be referred to the Police for investigation.
 This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available 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

and to the archiving of this report of the centre and to copies of the report being made available
ACCIDENT STATEMENT
10/09/2018 13:29
07/09/2018 13:00
PASIR RIS STREET 21 / LOYANG POINT CARPARK
SINGAPORE
DETAILS OF OWN VEHICLE
SLR8798S
RELIABLE RIDES PTE LTD
201611527N
NOEMAIL
(LOCAL) +65-83281017
OFFICE-83281017
ТОУОТА
PRIUS 1.8E HYBRID CVT
WORK
NO
THIRD PARTY
PRIVATE HIRE
NTUC INCOME INSURANCE CO-OPERATIVE LTD
COMPREHENSIVE
NO
5093843518-01
TAI LIP YIN
S1047203B
05/01/1954
INDOOR
28/04/1975
43 YEARS AND 4 MONTHS
MALE

(LOCAL) +65-83281017

OTHERS-83281017

NOEMAIL



Address

BLK 266 PASIR RIS STREET 21

#02-408

Postcode

510266

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

COLLISION - HEAD TO REAR

Weather Conditions

DRIZZI ING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

YES

Was any body injured in the Accident?

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)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

PASIR RIS NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 1 PASIR RIS DRIVE 4, POSTCODE: 519457, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-5852999 - FAX NO: 65855261

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180907/2149

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

REVERT

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKT7906E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NURHANIS BINTE AZMAN

NRIC/Passport Number

S9716821J

Contact Number

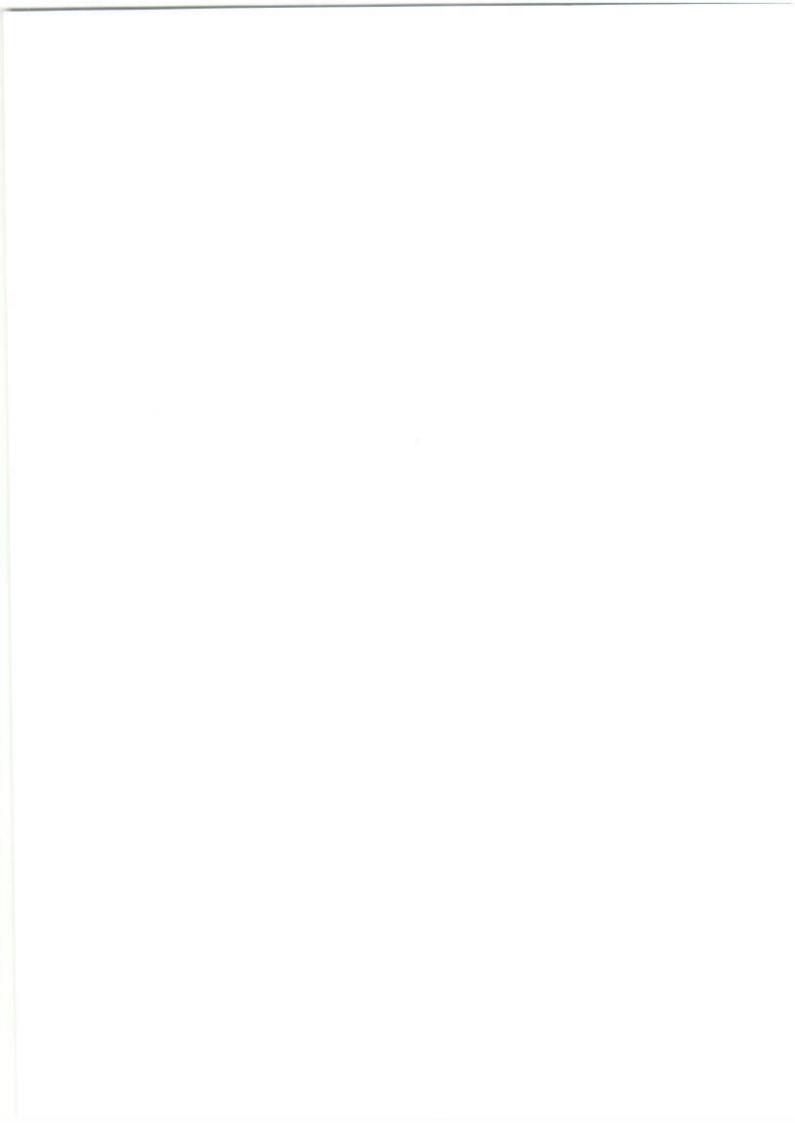
84446764

Address

Postcode

Insurance Company Name

Page 2 of 26



Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAI LIP YIN

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SLR8798S

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode



SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

Driver's Signature

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

Name:

NRIC/FIN No .:

Reporting Centre Personnel's Signature

ISTARSIC SANTHPLANFORM, US-



PASIR RIS STREET 21 SKETCH PLAN LOYANG POINT CARPARK A-SLR87985 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT **DECLARATION** I/We declare the foregoing particulars are true in every respect. Driver's Signature Reporting Centre Personnel's Signature Date & Time (If driver is not the policyholder) Name: Date & Time: NRIC/FIN No .:







1 of 3 Report No. T/20180907/2149

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

	me Report I 018 21:48	Made:	Vide Report No.:	Station Diary No.: 100			
Informa	nt's Partic	ulars	TO THE OWNER WHEN THE RESIDENCE OF THE PARTY	The Sales of the S			
Name o	f Informant: YIN		Address: APT BLK 266 PASIR RIS ST 510266	REET 21 #02-408 SINGAPORE			
ID Type / ID No.: NRIC NO / S1047203B		03B ·	Contact No.: Home/Office: Mobile: 83281017				
National SINGAF	lity: PORE CITIZ	ΈN	Email:				
Sex: Male	Age: 64	Date of Birth: 05/01/1954	Type of Informant: Driver				
Race: Chinese	Race: Chinese		Language:	Institution / School Name:			
	Occupation: CLEANING SERVICE		Driving Licence Information: Class: 3	Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/09/2018 13:0	Type of Loc Car Park	cation
Location: Along Road 1 PASIR RIS ST	TREET 21			3	8
Weather: Drizzling	-	Road Surface: Wet		Road Speed Limi	it:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collisi Between Movi	on: ng Vehicles - Head	To Rear		Anyone conveyed ambulance:	d by

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
SKT7906E	Car					0		
SLR8798S	Car					0		







1/20180907/2149

2 of 3

Report No. T/20180907/2149

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

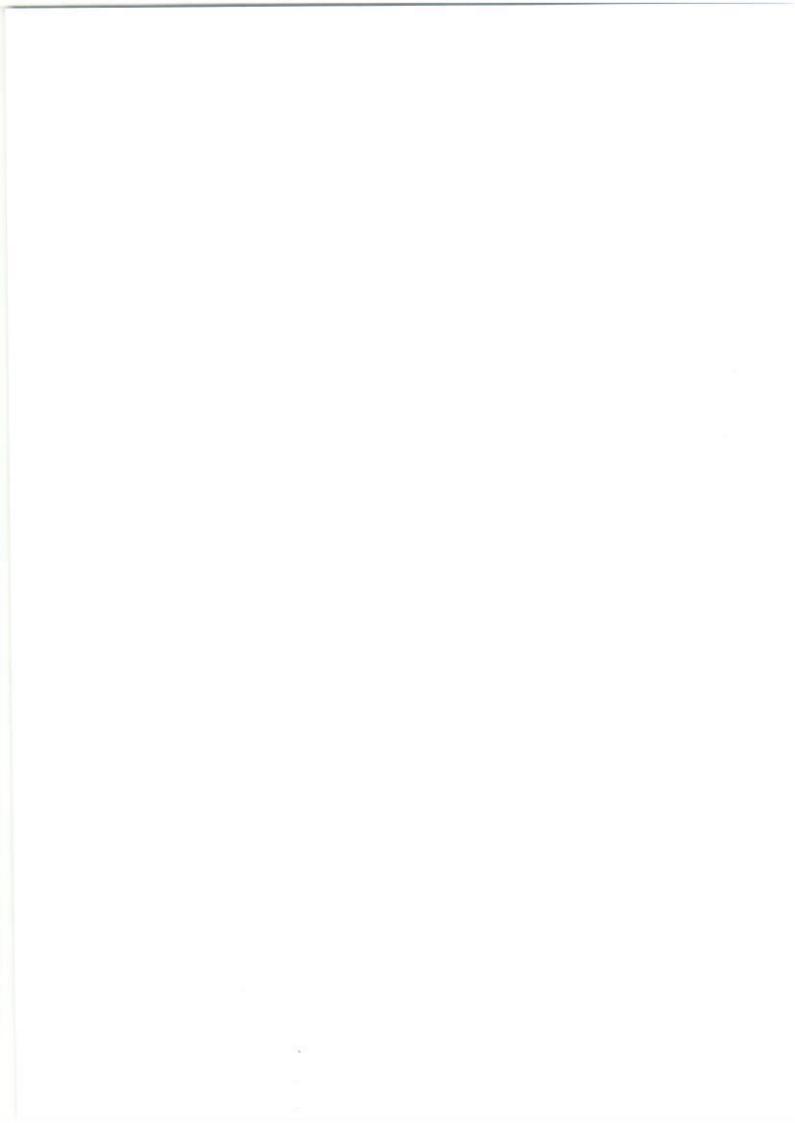
Tel No: 1800-5852999

CONTINUATION OF REPORT

Brief Details.

On 07/09/2018 at about 1300hrs, I was driving my vehicle, a white colored Toyota Prius bearing the registration number of SLR8798S, at the sheltered car park of Loyang Point. There was a car in front of me that was parking his vehicle. Hence, I stopped and was at a stationary position, waiting for the driver to park before moving off.

Suddenly, I felt an impact from the rear of my vehicle. I went down to make a check and discovered that the front portion of another vehicle, a gold colored Toyota Vios bearing the registration number of SKT7906E, had collided onto the rear of my vehicle. The rear bumper of my vehicle was slightly dislodged. The driver and I both exchanged particulars and took the necessary photos. As I was not feeling well, I went to see Doctor Timothy Tan at Mount Alvernia Hospital and was granted three days of MC from 07/09/2018 to 09/09/2018, MC number: M18012277. No Police and Ambulance attended to this accident. I have a rear in-car camera and it recorded the incident.







3 of 3

Report No. T/20180907/2149

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999

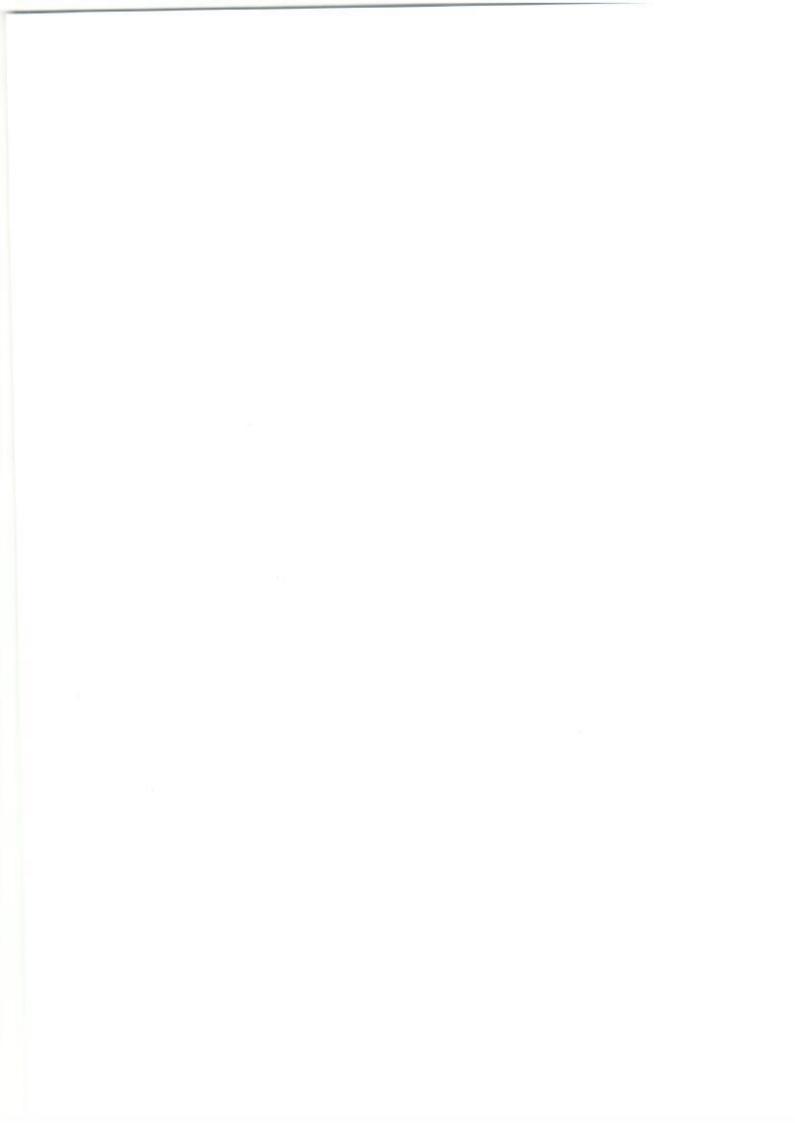
CONTINUATION OF REPORT

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

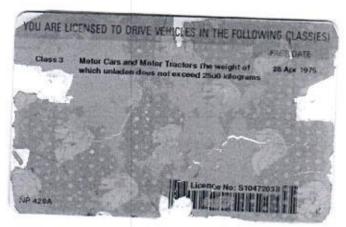
ing The Report:	Signature Of Informant:
(<u>6</u>)	- failipy
10	Date/Time: 07/09/2018 21:48
CK	Classification Of Case:
SINGAPORE POLICE FORCE	
	CK SINGAPORE















Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5093843518-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLR8798S

Chassis Number

: ZVW518036218

2. Name of Policyholder

: RELIABLE RIDES PTE LTD

3. Effective Date of Insurance

: 30 Aug 2018

4. Expiry Date of Insurance

: 29 Aug 2019

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 drive 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 social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

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.

EXCESS (SECTION 1) : \$\$1,000 EXCESS (SECTION 2) : \$\$1,500 WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : TECK WEI CREDIT PTE LTD

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 Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: TAN INSURANCE BROKERS PTE LTD (00000690287)

Date of Issue

: 31 Jul 2018 18:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

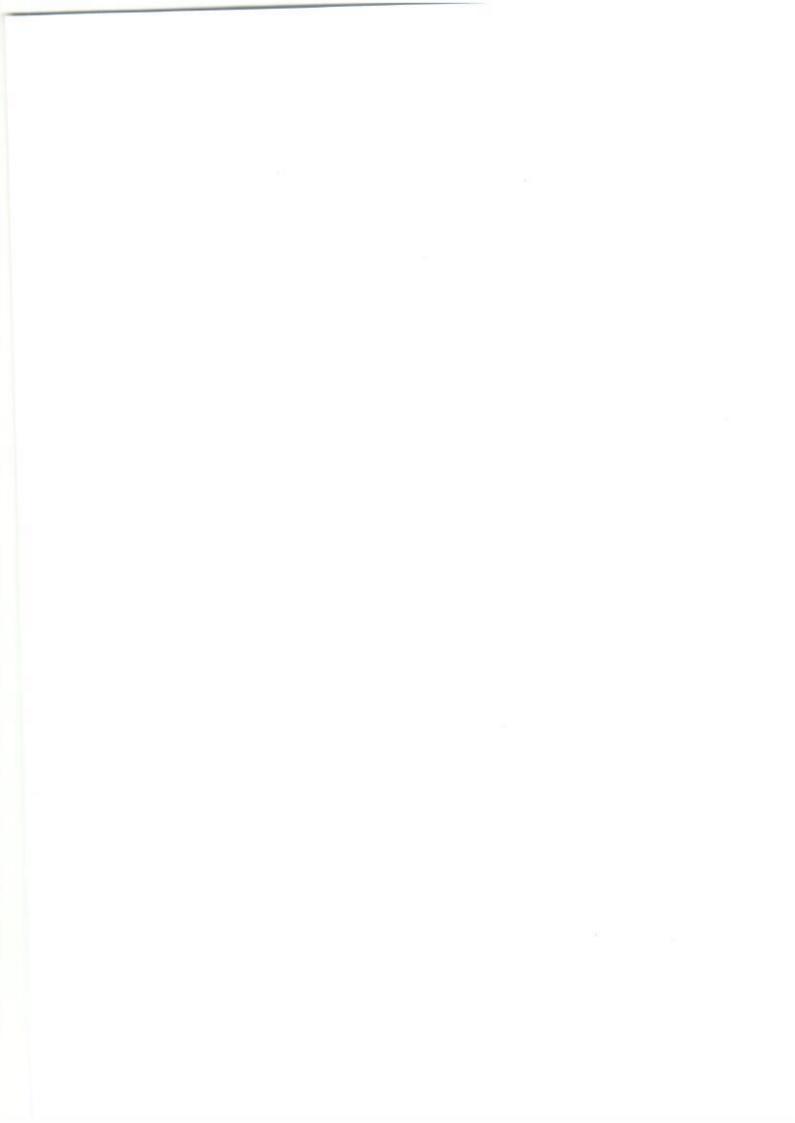
Countersigned By:



eBao Tech										Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601			The second second	THE REAL PROPERTY.	- T	• Chang	e Languag	e + Char	nge Password	
My Desktop	Pol	icy Query						A STREET, SQUARE			Log Ou
Notice of Loss	Policy	No.				Date	of Accident		07/09/2018	13:00	
	Vehicle	No.(For Motor)	SLR87	985		Cert	ificate Numbe				
						Search	1				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehide No.	Insured Object	Commence Date	Expiry Date
	0	5093843518- 01		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLR87985	23	30/08/2018	29/08/2019
						Continue	1				



Policy No.	5093843518-01	Policyholder Name	RELIABLE RIDES PTE LTD	Policyholder	201611527N
Certificate No.				NRIC	
Address	8 KAKI BUKIT AVENUE 4 #05-5	0 PREMIER @	KAKI BUKIT SINGAPORE 415875		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	31/07/2018	Effective Date	30/08/2018 00:00	Expiry Date	29/08/2019 23:59
Third Party Excess	1500	Own damage Excess	1000	Windscreen Excess	100
Additional Excess	0	OS Premium	1400.00		
Outside Singapore OD Excess	3000	Outside Singapore TP Excess	3000		
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL	GST Flag	Υ
Co- nsurance Flag	No				
Open Policy Info					
Certificate nfo					
Policyh	older Mailing Address				
ddress 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKI	Address 3	SINGAPORE 415875
ddress 4		Address Type	Singapore address		415875
Init No.	05-50	Related Policy Number	5094551582-01		
Insured	Object: SLR8798S				
Endorse	ements				
Sequence	Date of Endorsement	200400000	ent Type Endorsemen	76-805-01	



Claim Handling					
The premium on this policy h Accident MT/1010993	as not been collected.				
Policy No.	5093843518-01				
Certificate No.	2092043318-01	Vehicle No.	SLR8798S	GST Registration No.	
Policyholder Name	RELIABLE RIDES PTE LTD				
Product Code		120 (21)		Policyholder NRJC	20
Contact No. (Mobile)	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Email Address	83281017	Contact No.(Office)	0	Contact No.(Home)	0
KPK	® No ⊜ Yes	Special Remark		eCode	No
NCD Protection		TCA	® No ○ Yes	eCode Reason	
Accident Details	No	NCD Entitlement(%)	0	Private Hire	Yes
Report Date	Wall de la constant d				
Date of Accident	11/09/2018 13:29	Accident Report Within 24 hrs	Yes	Accident Type	Col
	07/09/2018	Time of Accident hh:mm	13:00	Country of Accident	Sin
Reporting Centre	V 2000 12 10 0 10 10 10 10 10 10 10 10 10 10 10 1	Orange Force		ICM No.	
Accident Location	PASIR RIS STREET 21 / LOYANG POINT	CARPARK			
♥ Excess					
Own damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100
Unnamed Driver Excess		Outside Singapore OD Excess	3,000.00	1 4 111 - 1200 - 1200 - 1200	100
Third Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
⇒ Benefits			004 COOK 201		
□ GST Registered Inform	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Venfied	No	
Modification History					
Policyholder Mailing Ac	idress				
Address 1	8 KAKI BUKIT AVENUE 4	Address 2			
Address 4	200000000000000000000000000000000000000		#05-50 PREMIER @ KAKI BUKIT	Address 3	SINC
Unit No.	05-50	Address Type	Singapore address	Post Code	4158
OI Driver Info		Related Policy Number	5094551582-01		
Driver Name	Unnamed Driver	7.60			
Unnamed driver Name	TAI LIP YIN	Driver Type	Unnamed Driver		
Register Date of Driver License		Driver NRJC	S1047203B	Driver DOB	05/0
Contact No.(Mobile)	83281017	Oriver Age	64	Driving Experience	43
Address 1	BLK 266	Contact No.(Office) Address 2	0	Contact No.(Home)	0
Address 4	:03.00.000 to	Address Type	PASIR RIS STREET 21	Address 3	
Unit No.	#02-408	numera rype	Singapore address	Post Code	5102
Does he own a Singapore	○ Yes ● No	729 3893 25			
Registered car?	O 166 # 160	Driver Vehicle No.		Driver Insurer Company	
eclaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	0.60.46.6		
		you again.	○ Yes ● No		
lodification History					
Claim 001 OD-MX New					
laim Type *	OD-MX	Insured Name	RELIABLE RIDES PTE LTD	Taxana Perse	
ontact No.(Mobile)		Contact No.(Home)	RELIABLE RIDES FIE LID	Insured NRIC	2016
mail Address			SLR8798S	Contact No.(Office)	6635
laim Description	SLR87985 / SKT7906E ON 7 Sept 2018		DENGTON	TP Vehicle Number	SKT7
referred Workshop Contact		*C300231130000000000000000000000000000000		Name of Preferred Workshop	
o. equire Finalisation	Vac	Francisco de Sela Santo America	Not at Fault		
	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	✓ GIA report	Rece
	11/09/2018 13:42	Claim Close Date		Date Received	11/0
	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	1.00
Print AK letter				Company of the Compan	
		F			
Attachment		5	ave Submit		
,					
cident No.	MT/1010993		Claim No.	901	
				OC.	



		Path *			20700 8	5		1/09/201	23.40		
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			Browse.	Clear		~	NO	~	Normal		
					Please Select		NO	~	Normal		
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lessage Rem	7		Browse	Clear	Please Select	~	NO .	V	Normal		
Attachme	_								A STATE OF THE PARTY OF THE PAR		
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525 MS			Category	9	Urgency			Descrip	ption		
Made Miles	CES) o	NATIONAL ASSESSMENT CENTRE SERVI 11 Sep 2018 13:39	NRIC/ Driving License		Normal		NRIC/ D	riving Lice	ense 2018-		
10	NAC_PAYA_UBI_800601(I CES) or	NATIONAL ASSESSMENT CENTRE SERVI 111 Sep 2018 13:37	SAS		Normal			SAS 2018	9-9-11		
	NAC_PAYA_UB1_800601(PCES) or	NATIONAL ASSESSMENT CENTRE SERVI 11 Sep 2018 13:36	Photos		Normal		p	hotos 201	18-9-11		
	NAC_PAYA_UBI_800601(N CES) on	IATIONAL ASSESSMENT CENTRE SERVI 11 Sep 2018 13:36	Photos		Normal		p	hotos 201	8-9-11		
	NAC_PAYA_UBJ_800601(N CES) on	ATIONAL ASSESSMENT CENTRE SERVI 11 Sep 2018 13:36	Photos		Normal	Photos 2018-9 Photos 2018-9			018-9-11		
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Ē	NAC_PAYA_UBI_800601(N CES) on	ATIONAL ASSESSMENT CENTRE SERVI 11 Sep 2018 13:36	Photos		Normal				8-9-11		
1	NAC_PAYA_UB1_800601(N CES) on	ATIONAL ASSESSMENT CENTRE SERVI 11 Sep 2018 13:35	Photos		Normal	Photos 2018-9-			3-9-11		
30	NAC_PAYA_UBI_800601(NAC_PAYA_UBI_800601) NAC_PAYA_UBI_800601	ATIONAL ASSESSMENT CENTRE SERVI 11 Sep 2018 13:35	Photos		Normal	Photos 2018-9-			1-9-11		
V	NAC_PAYA_UBI_800601(N/ CES) on	TIONAL ASSESSMENT CENTRE SERVI 11 Sep 2018 13:35	Photos		Normal	Photos 2018-9-			-9-11		
TO THE	NAC_PAYA_UBI_800601(NA CES) on :	TIONAL ASSESSMENT CENTRE SERVI 1 Sep 2018 13:35	Photos		Normal	Photos 2018-9-1			9-11		
	NAC_PAYA_UB1_800601(NA CES) on 1	TIONAL ASSESSMENT CENTRE SERVI 1 Sep 2018 13:35	Photos		Normal		Pho	tos 2018	s 2018-9-11 s 2018-9-11 s 2018-9-11		
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SI	CES) on 11	IONAL ASSESSMENT CENTRE SERVI Sep 2018 13:35	Photos		Normal				⊢ 11		
385	NAC_PAYA_UB1_800601(NAT CES) on 11	IONAL ASSESSMENT CENTRE SERVI Sep 2018 13:35	Photos		Normal		Phot	os 2018-9	-11		
deo List	NAC_PAYA_UBI_800601(NAT CES) on 11	ONAL ASSESSMENT CENTRE SERVI Sep 2018 13:35	Photos		Normal		Photo	os 2018-9	-11		
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