NATIONAL Assessment Ce	ntre Services	we! 1 Jan'05  MH	1A118137879		
Date In: 23 10/18-19:12	Jeb descriptio	n	Date & Time Completed	Don	e by
Ref No: NA INCIROIGNS 124	SAS e-filing	!	i		
Veh No: 5 NYTYYD	E-mail (withi	a Shrs, AIC 2hrs)			
D.O.A : 77/10/18-23:00	i-Motor Cla	im Form	MT 1016857-001	23/0/18	20:05
OD / TP Reporting Only	i-Motor W/	O (Within: OD 2hr:			
	i-Photo Upl	oaded			16
TP Insurer:	-	Survey Report	L		
		by Fax / Hand t	o Owner/Wksp	L	
Preferred Wksp / INC Assign Wksp / QW:				Fax:	
	AH 7761A	. INC (	)/Non-INC( )	- 1	
Owner / Driver: (			Tel:	)	
Policy No: (	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
	6) [Note-Est Status (	WO): N: 0-20	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: (	) Warranty: YES (	)/NO(	)		T118=17=1
Excess: (\$ ) Loading:	\$1,000 ( )/\$2,000	)( )			
General Remarks;-				PROSE TO THE	
( ) Walk-In Customer: Customer's	information strictly Co	onfidential & Str	ictly NO refer of repairer		
( ) Total Loss Case : to e-mail In	The second leading to the second lead of the second		1000 1000 07100000		
			100		
Drive-In ( )/ Towed-In ( ); Inv	voice: YES ( ) /	NO( ); To	owing Co: (		)
Remarks: (INC hotline: 6788 661	6) \		Date&Time Completed	Done	chy -
	THE RESERVE AND ADDRESS OF THE PERSONS	`	Estate and South	West of Strategic	23
	) / Courtesy Car (	)	-		
2) QC Check / Post Repair Inspection		)			2000 W Tax
3) Upload Resurvey Photo [Repair Cost	> \$3000] (	)			
Injury:					
				72000 0. 60 15-13 * 1 - ex	
ate/Time Actions		1970		THE STATE OF THE	
			<del>*************************************</del>	89	
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The second secon			aration Checklist	Amt (S) fit Bill	Contract to the contract of
nimant's Particulars :-		1) AR : Accident I	Reporting (\$30);	fá Bill	Contract to the contract of
<u> </u>	No.	1) AR : Accident I 2) DA : Damage A 3) TF : Towing Fe	Reporting (\$30); Assessment (\$100); INC (\$ 6 \$4	fá Bill	Contract to the contract of
iver/Owner:		1) AR : Accident I 2) DA : Darrage A 3) TF : Towing Fe 4) FT : Follow-Th	Reporting (\$30); Assessment (\$100); INC (\$ e \$4 rough Survey	fú Bill 80) 0/\$45 \$120	Contract to the contract of
iver/Owner:		1) AR: Accident I 2) DA: Darrage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th	Reporting (\$30); sssessment (\$100); INC (\$ e \$4 rough Survey rough Survey (Resurvey)	14 Bill 80) 0/\$45 \$120 \$30	Contract to the contract of
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nimant's Particulars :- iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):		1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co-	Reporting (\$30); Assessment (\$100); INC (\$20); Assessment (\$100); INC (\$30); Assessment (\$100); INC (\$30); Assessment (\$100); A	54 Bill 50) 0/\$45 \$120 \$30 5) \$75 \$160	5 m - 12 d
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iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge): ditors! Comments:-		1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co *N7: Post Repair *N8: DV / Colte TP (N11): TP (	Reporting (\$30); Assessment (\$100); INC (\$20); Assessment (\$100); INC (\$30); Assessment (\$100); Assessment	\$60) 0/\$45 \$120 \$30 \$) \$75 \$160  \$5 \$10 \$25 \$5 \$20 \$30	Contract to the contract of

### SINGAPORE ACCIDENT STATEMENT

### 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 truthful and accurate as possible. Any wilful misrepresentation or witholding 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. 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,	
SALT ON A SILVERY BEFORE SERVICE AND AND	ACCIDENT STATEMENT
Date Of Report	23/10/2018 19:12
Date Of Accident	22/10/2018 23:00
Exact Location Of Accident	ALONG HOUGANG ST 91 IN FRONT OF BLK 976
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN4544D
Insured/Policyholder	
Name Of Registered Owner	METRO CAR LEASING PTE LTD
Co Reg No	201810490D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 SP
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099728592
Cover Note Number	

### Driver

Name of Driver	JAVIER HO JING YANG
NRIC No	S9813851Z
Date Of Birth	28/04/1998
Occupation	INDOOR
Date Of Driving Pass	02/05/2017
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82656836
CALIFORNIA DE PARTICIO DE CALIFORNIA DE CALI	

Fax Number

Contact Number OFFICE-82656836

EMail Address NOEMAIL

BLK 673 HOUGANG AVENUE 8 Address

#04-655

530673 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER 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

COLLISION - MAJOR/MINOR RD Type Of Accident

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 4

Number of Passengers (Including Driver)

Passenger 1

NAME:

NO

: CHAN QIU WEN

GENDER: : FEMALE

Passenger 2

NAME:

: FRANCES OW

GENDER:

: FEMALE

Passenger 3

NAME:

: KERWIN CHENG JIE SHENG

GENDER:

: MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

YES

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20181023/7011.

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** 

Vehicle Registration Number

**GBH7761A** 

Vehicle Make/Model/Colour

**Details Of Properties** 

Page 2 of 19

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER:

**DETAILS OF INJURED PERSON 1** 

Name

JAVIER HO JING YANG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJN4544D

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

### **DETAILS OF INJURED PERSON 2**

Name

CHAN QIU WEN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJN4544D

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

### **DETAILS OF INJURED PERSON 3**

Name

FRANCES OW

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJN4544D

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address Postcode

### **DETAILS OF INJURED PERSON 4**

Name

KERWIN CHENG JIE SHENG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJN4544D

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

### SKETCH PLAN

### IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could invoive 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 regulated for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's argnature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

	[BLK 976]
VEHICLE ABH 7361V	12 V
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	Tall I thougang st 91
Refer to Police	Report.
3	
We declare the foregoing particulars are true in every respe	ect.
Olicyholder's Signature aite & Time:  Oriver's Signature (If driver is not the poil Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No :

## ACCIDENT STATEMENT

ACCIDENT DATE: 32 10 2018 10	D/MM/YYYY), TIME: ( 33 : 01 )(HH:MM)
LOCATION: 410MA HOLLAGINA CT	Champityy), TIME: US: UT HHHMM
Toring houngaing SI	91, in tuent of BIK 976
1. DETAILS OF VEHICLE	
	Irinia :
b)INSURANCE COMPANY:	5440
C)POLICY NUMBER:	NTUC
CIPOLICY TYPE	
OF OLICY TYPE: [COMPREHENSIVE	/ THIRD PARTY / THIRD PARTY FIRE &THEFT)
	aida 3
TITPE: SALODN / COUPE / MPV /	VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE /	COMMERCIAL / MOTORCYCLE)
h)PURPOSE OF USING AT ACCIDEN	
i) ARE YOU CLAIMING UNDER YOU	
IF NO, PLEASE STATE (THIRD PART)	CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	orman are led management
AINAME METED CAY LE	asing the Hale (MALE / FEMALE)
b)NRIC/FIN/PASSPORT:	CONTACT:
c)ADDRESS:	
· · · · · · · · · · · · · · · · · · ·	POLICYLLOIDED
* CONTINUE TO 3.d IF DRIVER ALSO	POLICY HOLDER
4.40 of passings DRIVER ONNE JOVIEV HO JIMA YO	MA MAR FERNALE
I I I I I I I I I I I I I I I I I I I	1138517 CONTACT: 8365 6836
CO4) CIADDRESS: 613 HOUGHIA	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
) wale	
VIII VIVIII V	199K)(DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTD	OOR)
FIVE ADS OF DRIVING EVEREPIENCE	INEAV
A WAS DRIVER AN EMPLOYEE OF T	THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE D	RIVER WITH INSURED: Three
5. a) WEATHER CONDITION: (CLEAR /	RAINING / OTHERS
b)ROAD SURFACE: (DRY / WET / OT	HERS
6. WAS ANYBODY INJURED (YES / NO	
7. GIREPORTED TO POLICE (MES)/ NO)	
IF YES, PLEASE STATE WHICH POLK	CE STATION:
8. THIRD PARTY VEHICLE	
Ho of passenger a) VEHICLE NUMBER: (ABH 77)	MODEL:
( leduding deliver) b) DRIVER'S NAME:	
	CONTACT:
9. THIRD PARTY VEHICLE	(6)
d) VEHICLE NUMBER:	MODEL:
THO OF PASSENGE . OI DRIVER'S NAME:	
(Including driver) 1) NRIC/FIN/PASSPORT:	CONTACT::
( )	

email =





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 4 Report No. T/20181023/7011

### REPORT OF A TRAFFIC ACCIDENT

	ate/Time Report Made: 3/10/2018 16:28		Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		
	f Informant: HO JING Y		Address: APT BLK 673 HOUGANG 530673	3 AVENUE 8 #04-655 SINGAPORE
	/ ID No.: D / S98138	51Z	Contact No.: Home/Office:	Mobile: 93800494
National SINGAP	ity: ORE CITIZ	EN	Email: jhjy98@icloud.com	
Sex: Male	Age: 20	Date of Birth: 28/04/1998	Type of Informant: Driver	
Race: Chinese		Annual Long and Annual Control	Language: English	Institution / School Name:
Occupat Unemplo			Driving Licence Information	on: Date of Expiry:

General Infor	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/10/2018 23:00	Type of Location T-Junction
Location: HOUGANG S	STREET 91			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled	1.00	Γraffic Volume: ∟ight
Type of Collis Between Mov	sion: ving Vehicles - Head	d To Side	8	Anyone conveyed by ambulance: No

Details of V	ehicle Invo	lved			WAS DESIGNATED BY	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBH7761A	Van				Slightly Damaged	2
SJN4544D	Car	MAZDA	3		Slightly Damaged	4

Details of Person Involved	The contract of the contract o
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20181023/7011

### CONTINUATION OF REPORT

Driver					Days 255	<b>一种的现在分词</b>
Name	JAVIER HO JING Y	ANG		ID No.		S9813851Z
Related Vehicle	SJN4544D (Car)		Conta	ct No.	93800494	
Hospital/Clinic	YSL BEDOK CLINIC & SURGERY PTE LTD				of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/10/2018		Date Dis	charge	23/10	/2018
	ted Medical Leave	03	Degree o			h
Passenger			CELL DE LE	desirate.		THE RESERVE AND ADDRESS OF THE PARTY OF THE
Name	CHAN QIU WEN			ID No		S9920839B
Related Vehicle	SJN4544D (Car)			Conta	ct No.	93250270
Hospital/Clinic	NIL	NIL			of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dis	charge	NIL	
	ted Medical Leave	NIL	Degree o		Sligh	
Passenger	A CAMPAGE CONTRACTOR	CANAL PROPERTY.	HICS INCOMES VILLE		No. of Concession, Name of Street, or other Persons, Name of Street, or ot	
Name	FRANCES OW			ID No		S9921326D
Related Vehicle	SJN4544D (Car)			Conta	ct No.	93269883
Hospital/Clinic	YSL BEDOK CLINIC	C & SURGI	ERY PTE	Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	23/10/2018		Date Dis	charge	23/10	0/2018
	ted Medical Leave	03	Degree o			
Passenger	THE RESERVE	To so his		Post month		
Name	KERWIN CHENG J	IE SHENG		ID No	2	S9831953J
Related Vehicle	SJN4544D (Car)			Conta	ct No.	91682185
Hospital/Clinic	YSL BEDOK CLINIC	C & SURGI	ERY PTE	Class Drivin Licend Expire	g	Class: NIL Date of Expiry: NIL
Date Treatment	23/10/2018		Date Dis	charge	23/10	0/2018
Date Heatilletit						



Police Station Of Origin:

Tel No: 65470000



Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Report No. T/20181023/7011

CONTINUATION OF REPORT

Brief Details.

ON 22/10/2018, AT ABOUT 11:01PM, I WAS DRIVING MY VEHICLE - SJN4544D, ALONG HOUGANG STREET 91, WITH 3 OF MY FRIENDS. APPROACHING THE ENTRANCE TO BLOCK 976, SUDDENLY VEHICLE NUMBER - GBH7761A, TURNED OUT AND COLLIDED ONTO MY VEHICLE'S REAR RIGHT PORTION.

ME & MY PASSENGERS THE FELT DISCOMFORT & SEEK MEDICAL ATTENTION AT YSL BEDOK CLINIC & SURGERY AND WERE ALL GIVEN 3 DAYS MC.





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20181023/7011

### CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

Authentication Stamp

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/10/2018 16:28
Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65472076	Classification Of Case:

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9813851Z





Name

### JAVIER HO JING YANG

何竞杨

Race

CHINESE

Date of birth

Sex

28-04-1998

M

Country/Place of birth

SINGAPORE



# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S 9 8 1 3 8 5 1 Z

Name:

JAVIER HO JING YANG

Birth Date: 28 Apr 1998

Issue Date: 02 May 2017





NRIC No. S9813851Z



Date of Issue 07-06-2013

Address

APT BLK 673 HOUGANG AVENUE 8 #04-655 SINGAPORE 530673

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

**EFFECTIVE DATE** 

Class 3

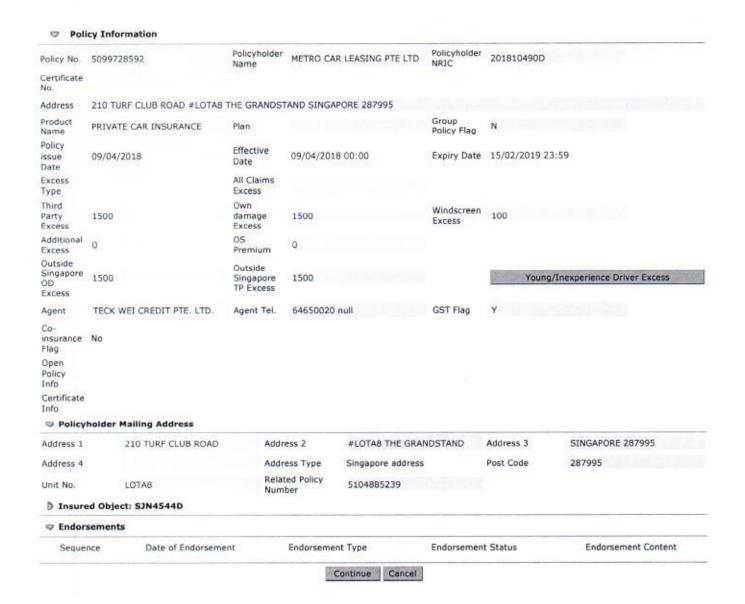
Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

02 May 2017

**NP 428A** 







Control   Con	ident MT/1016857						
Section   Sect	Co. St.				274212	cor account to	
Method	of oot	5099728592	Vehicle No.	2	SJN4544D	GST Registration No.	
Control   March   Control   Contro	ficate No.					WOOD STANFARMS	an an analysis
Carrier No. Cheeke No	cyholder Name	METRO CAR LEASING PTE LTD					
Second	fuct Code	PRIVATE CAR INSURANCE	Cover Type	9	drive CLASSIC		
Note   No.   Year   No.   Year   No.	tact No.(Mobile)	0	Contact No.(I	office)	a .	Contact No.(Home)	
Process   1900	el Address		Special Rema	rk		eCode	IN: V
*** Account Teachs*** **** Account Teach*** **** In the set 21/15/2013 20:00		® No ○ Yes	TCA		No ○ Yes	eCode Reason	
# Marcian   33-10/2013 2013   Account Raport Wintow 2 No.   County of Account   Page   Account	Protection	No	NCD Entitlem	ent(%)	٥	Private Hire	No
and functions	Accident Details						
The of Accident 12(10)008   The of Accident Normal 23:00   Courts of Accident 12(10)008   The Normal Courts   Courts of Accident 12(10)008   The Normal Courts   Courts of Accident 12(10)008   The Normal Courts   The Normal Cou		22/10/2019 20:02	Accident Ren	ort Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Comparison   Com							Singapore
## TATION OF THE PROPERTY OF POLY 379    **Excess		22/10/2018			25.00		
Marcian   Marc	orting Centre			1		JOH NO.	
Author   Column   C	ident Location	ALONG HOUGANG ST 91 IN FROM	NT OF BUK 976				
Control   Cont	Excess						
	n damage Excess	1,500.00	Additional Ex	cess	0	Windscreen Excess	100.00
State   1,500 00   1	named Driver Excess		Outside Sing	apore OD Excess	1,500.00		
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Bellete Print   Bellete Print   Bellete Print   Bellete Print   Bellete Print   Bellete Bridge   Bellete B		REGISTER WAS TONED		1			
### Command Survey Note	dress 4					rest cove	207974
Part	et No.	LOTAB	Related Police	y Number	5104885239		
Driver Name   Day/151 NO JING VANG	OI Driver Info						
Direct Name   Color	iver Name	Unnamed Driver	Oriver Type		Unnamed Driver		
Contact No. (Notice)   Contact Notice)   Contact Notice   Cont	named driver Name	JAVIER HO JING YANG	Driver NR3C		598138512	Oriver DOB	28/04/1998
Second Received   Second Rec	gister Date of Driver License	02/05/2017	Driver Age		20	Driving Experience	1
Address 2	intact No.(Mobile)	82656836	Contact No.	(Office)	0	Contact No.(Home)	0
Address Type   Singapore address   Post Code   S10073    Any Impury?					HOUGANG AVENUE B	Address 3	SINGAPORE 530673
Set Re on a Brigagore		BEK DV3				Post Code	530673
Driver Vehicle No.  Custation  Claim 005  Mex  Jung  Any injury?  Order Vehicle No.  Order Vehicle No.  Order Vehicle No.  Order No.  Order Vehicle No.  Order No.  Order Vehicle No.  Order No		20022	Abdress Typ	7.00	Singapore distress		
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