NATIONAL Assessment Cen	tre Services	wef 1 Jan'05] M	NA 119 0742 78		
Date In: 7/6/19-16-10	Jeb description		Date & Time Completed	Don	e by
Res No: Ala JANCIA DIOSE Try	SAS e-filing				
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D.O.A : 7/6/19-11:70	i-Motor Clai	m Form	M1/1048040-001	7/6/19	16:27
OD : TP Reporting Only	i-Motor W/C	(Within: OD 2hr			
OD : No reporting Only	i-Photo Uplo	aded		,	
TP Insurer:	Assessment/St	irvey Report	i		
IF Insurer.	Ass't Report b	y Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW; (Tel:	Fax:)
TP Particulars: Veh No: Ye	47081C .	. INC ()/Non-INC()	100	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (V	VO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()	The Control of the Control	
Excess: (\$) Loading: \$	1,000 ()/\$2,000	()			
General Remarks;-	K. B. C. T. C. S. S.	N SYAN	BRITISH VICENIA NO.		
() Walk-In Customer: Customer's in	nformation strictly Co	nfidential & St	rictly NO refer of repairer.	Now, and a second	· · · · ·
() Total Loss Case : to e-mail Inst	The second secon	0)	*	ay.	
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Remarks: (INC hotline: 6788 6616)	STERROR SCIENCES PROCESSOR DE SELECTORISMON		Date&Time Completed	Don	e by
	/ Courtesy Car ()			
2) QC Check / Post Repair Inspection	()				
 Upload Resurvey Photo [Repair Cost > 	\$3000] ()			
Injury:					
Date/Time Actions	nationists and			50224(E), An	William Broom
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Harten and Assault	····		2.00	Anit (S)	Amt (3)
HA1904739		COLOR STATE	paration Checklist	füBill	Add Bill
laimant's Particulars :-	ARLE LA CA	1) AR : Accident 2) DA : Damage	Reporting (\$30); Assessment (\$100); INC (\$	80)	-
river/Owner:	1344	3) TF : Towing F	ce . S4	0/\$45	
ontact No:		4) FT : Follow-T	hrough Survey hrough Survey (Resurvey)	\$120 \$30	
		CALL TO SECURIT A SECURIT SECURITION OF THE SECU	gainst INC Only (wef 10 Jan 200)	\$75	
amaged Portion:		6) TR: Re-inspec 7) N1: Idao DA		\$160	
	1	8) NTUC Additio	nal Services:-		
C Checked by (Engr-In-Charge):		OD* *N5: Courtesy	Car / Tpt Allowance	\$5	
AT Mayo constitutions of a sound of the second	and a substitution of the	*N6: Repair C	n-ordination	310	
uditors! Comments :-		*N7: Fost Reps *N8: DV / Col	eir Inspection lect Excess Coordination	\$25	
		TP (N11): TP 9) N12: Idac Mol	(N'in INC) against INC	\$20 30	-
2/3:		Invoice dated	Fee Charged		Carlott Sale
F 90 / Yeak	1	Invoice dated	Fee Charged	SE IN	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 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 ladgement 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.

ACCIDENT STATEMENT

Date Of Report	07/06/2019 16:12
Date Of Accident	07/06/2019 11:30
Exact Location Of Accident	TPE (SLE) BEFORE TAMPINES RD EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YN4365B
Insured/Policyholder	
Name Of Registered Owner	PRINCE'S LANDSCAPE AND CONSTRUCTION PTE LTD
Co Reg No	199506496W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67637000
Vehicle Particulars	
Manufacturer	ISUZU
Model	NPR85UH5AKC
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?	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	5094481647-01
Cover Note Number	
Driver	
Name of Driver	ISLAM MOHAMMAD MERAJUL
Passport No/FIN	G6983933P
Date Of Birth	01/01/1992
Occupation	OUTDOOR
Date Of Driving Pass	11/02/2017
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81736649
Fax Number	
Contact Number	OFFICE-81736649
F14-11 4-14	

NOEMAIL

Address 53 SUNGEI TENGAH ROAD

Postcode 698998

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

3

YES

NO

YES

NO

1

NO

NO

YES NO

NO

YP4708K

Weather Conditions RAINING Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

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

Was there any audio recorded?

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBA42A

Vehicle Make/Model/Colour

Details Of Properties

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)

DETAILS OF INJURED PERSON 1

Name ISLAM MOHAMMAD MERAJUL

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? YN4365B

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder 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>.
- 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.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time:

Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time: SKETCH PLAN

Vehicle & YN4316B

Vehicle & YP4708X

Vehicle C & BAK2A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
I was traveling along TPE to ward SIE before tampines road exit. I a The cur infront of me brake and stop. So I followed to brake and stop. Suddening I telt a huge impact from the rear of my vehicle. I got down and saw vehicle BCTP470HD had hit onto me, total 3 vehicle is involved and I was the first vehicle.
infront of me brake and stop. So I followed to brake and stop. Suddenly I felt a
have impact from the rear of my vehicle. I got down and san vehicle BCTP470H)
has hit onto me, total 3 vehicle is involved and I was the first vehicle.

DECLARATION

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

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS		
Date of accident	7/6/2019	(DD/MM/YY)
Time of accident	11:30 am	(HH:MM)
Exact location of accident	TPE toward SLE before tampines 17d Exit	

	DETAILS OF VEHICLE
Vehicle registration number	YN 4365B
Vehicle make and model	ISVZV
Type of vehicle	Saloon □ MPV □ CRV □ Van □ Lorry ≠ Bus □ Motorcycle □ Others:
Vehicle category	Private □ Commercial ✓ Motorcycle □
Purpose of using at said time	Working
Are you claiming under your own insurance company?	Yes □ No □ if no, please select: Third part claim Reporting only □

	INSURANCE IN	FORMATION	
Insurance company	NTVC		
Policy number	5094481647-01	l l	
Type of policy	Comprehensive Z	Third party fire & theft □	TP only □

INSURED / POLICY HOLDER				
Name	PRINCE'S LANDSCAPE AND CONSTRUCTION PTE Male	Female 🗆		
NRIC / Fin / Passport number	199506496W			
Contact	5 6763 7000			
Address	53 Sunyer Tengah Road SC698998)			

DRIVER	SAME AS INSURED ABOVE - (SKIP T	O D.O.B)	on Notati
Name	ISLAM MUHAMMAD MERAJUL	Male □	Female 🗆
NRIC / Fin / Passport number	G6983433P		
Contact	81736649		
Address	SUNGEN TENGAH LODGE		
	BIK 506 # 12-63		
Email address	madhana Prince Com Sa		
Date of birth	01 Jan 1992		
Occupation	Indoor Outdoor		
Driving date pass	11 Feb 2017		

THE PERSON NAMED IN	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes 🗆 No, 🗸
the insured's company?	If no, relationship of the driver and insured: # Employee
Accident captured by camera?	
Weather condition	Clear Raining Others:
Road surface	Dry □ Wet, △
No of passenger	(Inclusive of driver)
	PASSENGER 1
Name	ISLAM MUHAMMAD MERAJUL
Gender	Male ✓ Female □
	PASSENGER 2
Name	
Gender	Male Female
The Sales of the S	PASSENGER 3
Name	
Gender	Male Female
Property of the second	PASSENGER 4
Name	
Gender	Male - Female -
	PASSENGER 5
Name	
Gender	Male - Female -
	PASSENGER 6
Name	
Gender	Male Female
	OTHER INFORMATION
Was anybody injured?	Yes 🗷 No 🗆
Was other vehicle damaged?	Yes No 🗆
The second second second	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes □ No □ If yes, please state which police station.
Police station name	100, preude state Willen police station.
THE RESERVE OF THE PARTY OF THE	WITNESS 1
Name	· · · · · · · · · · · · · · · · · · ·
Marie (Marie Marie	
NAME OF TAXABLE PARTY OF TAXABLE PARTY.	WITNESS 2
Name	WIIILUS Z

T _M		
THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COL	THIRD PART	VEHICLE 1
Vehicle registration number	YP4708K	
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
	THIRD PART	Y VEHICLE 2
Vehicle registration number	GBA42A	
Vehicle make model	2011124	
Name		
NRIC / Fin / Passport number		
Contact		
J. 10. 48. 49.	W	
	THIRD PART	V VEHICLE 3
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
Contact		
	THIRD DARK	VVEHICLE
Vehicle registration number	THIRD PART	VEHICLE 4
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
	THIRD PART	Y VEHICLE 5
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
	THIRD PART	Y VEHICLE 6
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
	-	
	THIRD PART	Y VEHICLE 7
Vehicle registration number	THIS TAIN	A STATE OF THE PARTY OF THE PAR
Vehicle make model		
Name	+	
NRIC / Fin / Passport number		
Contact		
	I .	

Year State of the	OF RESERVE	INJURED PERSON 1
Name	ISLAM	MUHAMMAD MEREAJUL
Injuries sustained	*	
Which vehicle person in?	YN43	65 B
Were seat belts worn?	Yes 🗹	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No ≠
		INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No □
hospital by ambulance?		
8 <u> </u>		
THE RESERVE OF THE PERSON NAMED IN	CALLET A	INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes □	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	310	
Marie Constitution of the	No. of Concession, Name of Street, or other Designation, Name of Street, or other Designation, Name of Street,	INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?	V-	No =
Were seat belts worn?	Yes □	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
THE RESERVE OF THE PERSON NAMED IN	WINDS IN	INITIDED DEDSON E
Name		INJURED PERSON 5
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	1.00 []	1670.00
NAME OF TAXABLE PARTY.		INJURED PERSON 6
Name		
Injuries sustained		
	-	
which vehicle person in?		
Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆
	Yes □	No 🗆

WORK PERMIT

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

PRINCE'S LANDSCAPE & CONSTRUCTION PTE LTD Employer

ISLAM MOHAMMAD MERAJUL Name

4

Work Permit No. 0 63610771

Sector

CONSTRUCTION

For LKK/NAC Use Only

0 63610771

Male

K1247935



Immigration Regulations

ISLAM MOHAMMAD MERAJUL Name

G6983933P

Date of Birth 01-01-1992

Sex

BANGLADESHOT LKK/NAC Use Only Nationality

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.

Download SGWorkPass App to check status

TP on





DRIVING LICENCE Landd / G



ISLAM MOHAMMAD MERAJUL



Birth Date: 01 Jan 1992

Issue Date: 11 Feb 2017

Valid Till 10/02/2022



..mber

EFFECTIVE DATE

Class 3

11 Feb 2017 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

For LKK/NAC Use Only

Licence No:G6983933P

ALCINEED M

. NP 428A



Certificate of Insurance

			ULES, 1959 (MALAYSIA)
Ce	ertificate Number: 509	94481647-01	Cover : Preferred Workshop Plan
1.	Index mark and Regis	tration Number o	of Vehicle: YN4365B
	Chassis Number		: JAANPR85HD7100347
2.	Name of Policyholder		: PRINCE'S LANDSCAPE AND CONSTRUCTION PTE LTD
3.	Effective Date of Insu	irance	: 09 Oct 2018
	Expiry Date of Insurar		: 08 Oct 2019
5.	Persons or Classes of		to drive#
	(a) The Policyholder		
			in the Policyholder's order or with his/her permission.
	the Motor Vehicl	le or has been so	s permitted in accordance with the licensing or other laws or regulations to drive permitted and is not disqualified by order of a Court of Law or by reason of any
	Limitations as to User		ehalf from driving the Motor Vehicle.
-			ure ourmorer and in connection with the Delin building to the
	(h) Use for the carrie	age of passengers	ure purposes and in connection with the Policyholder's business or profession. s or goods in connection with the Policyholder's business.
L			s or goods in connection with the Policyholder's business.
n	is Policy does not cove		
	(a) Use for hire or re		E-th-
			bility trial or speed-testing.
	(c) Ose whilst drawii	ng a traner excep	t the towing of any one disabled mechanically propelled vehicle.
	# Limitations rende Act (Chapter 189 headings.	ered inoperative t i) and Section 95 (by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) of the Road Transport Act, 1987 (Malaysia), are not to be included under these
			\$\$600
X	CESS (SECTION 1)		3000
	CESS (SECTION 1)		N/A
X	CESS (SECTION 2)	82	N/A \$\$100
N		3	S\$100
N:	CESS (SECTION 2) INDSCREEN EXCESS		

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						· Change I	Language	• Chan	ge Password	Log Out
My Desktop	Poli	cy Query									
Natice of Loss	Policy N	Vo.				Date o	f Accident	0	7/06/2019	11:30	
	Vehicle	No.(For Motor)	YN436	55B		Certific	ate Number				
					19	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5094481647- 01		PRINCE'S LANDSCAPE AND CONSTRUCTION PTE LTD	199506496W	GCV	Preferred Workshop Plan		YN4365B	09/10/2018	08/10/2019
					C	ontinue					

Policy Information Policyholder Policyholder Policy No. 5094481647-01 PRINCE'S LANDSCAPE AND CON 199506496W Name Certificate 53 SUNGEI TENGAH ROAD SINGAPORE 698998 Address Product Group Policy Flag COMMERCIAL VEHICLE INSURAL Plan Name Policy issue 25/09/2018 09/10/2018 00:00 Expiry Date 08/10/2019 23:59 Date Date Excess All Claims Type Excess Third Own Windscreen Party 0 damage 600 100 Excess Excess Excess Additional OS 0 Excess Premium Outside Outside Singapore OD Singapore TP Excess Young/Inexperience Driver Excess Excess Agent TONG HIN INSURANCE AGENCY Agent Tel. 65155333 Coinsurance No Flag Open Policy Info Certificate Policyholder Mailing Address Address 1 53 SUNGEI TENGAH ROAD Address 2 SINGAPORE 698998 Address 3 Address 4 Address Type Singapore address Post Code 698998 Related Policy Unit No. 5108511918 Number D Insured Object: YN4365B Endorsements Sequence Date of Endorsement Endorsement Type **Endorsement Status Endorsement Content** Continue Cancel

GST Registration Date GST Status Verified ad from No to Yes SINGAPORE 698998 Singapore address 5108511918 Unitemed Driver G6983933P 27 0 SINGAPORE 698990 Singapore address Singapore address WYES No PRINCE'S LANDSCAPE AND CON NIL THM 2658 Please Select V Preferred Workshop, Name unknown Save Submit Oot 07/06/2019 16:28 Category *	Address 3 Post Code Driver DOB Driving Experience Contact No.(Home) Address 3 Post Code Driver Insurer Company Insured NRIC Contact No.(Office) TP Vehicle Number V GIA report Date Received Confidential Urgs Confidential Urgs V Normal V III V Normal	Received 07/06/2019 00:00 00 00 00 00 00 00 00 00 00 00 00	en •
GST Status Verified of from No to Yes SINGAPORE 698998 Singapore address S108511918 Uninemed Driver G0831933P 27 0 SINGAPORE 698998 Singapore address PRINCE'S LANDSCAPE AND CON NIL TN43658 Please Select V Preferred Workshop, Name unknown Save Submit Oot 07/05/2019 16:28 Category *	Address 3 Post Code Driver DOB. Driving Experience Contact No. (Home) Address 3 Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Warne of Preferred Workshop GIA report Date Received	01/01/1992 2 0 699998 199506496W 67637000 VP4708K	
GST Status Verified of from No to Yes SINGAPORE 698996 Singapore address 5108511918 Uninemed Driver G0933933P 27 0 SINGAPORE 698998 Singapore address WYES No PRINCE'S LANDSCAPE AND CON NIL YM42658 Please Select Preferred Workshop, Name unknown Save Submit 001 07/06/2019 16:28	Address 3 Post Code Driver DOB Driving Experience Contact No. (Home) Address 3 Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	01/01/1992 2 0 698998 199506496W 67637000 VP4708K	
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