NATIONAL Assessment Centr	e Services	met 1 Janos Mr		1		
Date In: 1/6/19-15.1.	Jeb description		Date & Time	Completed	Done	by
Res No: NA INCIGO 1026/14	SAS e-filing		1			
Veh No: 504 1446L	E-mail (within 8	Shrs, AIC 2hrs)				
D.O.A: 10/6/19-14:47	i-Motor Clair	n Form	M7 104856	7-001	11/6/19 1	5:24
	i-Motor W/O	(Within: OD 2hrs	, TP 4brs)			
OD TP Reporting Only	i-Photo Uplo:	aded	1			2 1/2 20 20
TP Insurer:	Assessment/Su	rvey Report				
IF insurer.	Ass't Report by	Fax/Handt	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW; (Tel;	F	ax:	
TP Particulars: Veh No: SUR	1946P	. INC()/Non-IN	C().	16	
Owner / Driver: (Tel:	91)	
Policy No: () Pe	riod: ()	Cover Type:	()	
Confirmed by : (Date:	Tin	ıe:)	
Insured/Driver Liability: (%)	Note-Est. Status (V	VO): N: 0-20	0%; P: 21-79	%. F: 30-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1,0	000 ()/\$2,000	()				
General Remarks -				\$2#.2°%		
() Walk-In Customer: Customer's info	rmation strictly Cor	nfidential & St	ictly NO refer	of repairer.		
() Total Loss Case : to e-mail Insure			5			
Drive-In ()/Towed-In (); Invoice		IO () : T	owing Co: (
Dave-in (), novem-in (), invoice	E. RES () / IV	0(),1	owing co. (,
Remarks: (INC hotline: 6788 6616)		100	Date&Time (omple od	Done	by -
1) Apply for Transport Allowance ()/C	Courtesy Car ()				W. 1000
2) QC Check / Post Repair Inspection	()		*			
3) Upload Resurvey Photo [Repair Cost > \$3	3000] ()	-			10000000000000000000000000000000000000
Injury:						
Injury:						**************************************
Date/Time Actions			and the second		50000 8000 (0000)	
		elle de con de la constante				
•						
MAIGOYYYY		Invoice Pre	paration Che	klist	Ant (S)	Amt (3)
laimant's Particulars :-		1) AR : Accident	THE RESERVE OF THE PARTY NAMED IN COLUMN 2			
river/Owner:		2) DA : Damege 3) TF : Towing F			0/\$45	
HvenOwner:		4) FT : Follow-T	hrough Survey hrough Survey (Re	A Committee of the Comm	\$120 \$30	
ontact No:		For claiming a	gainst INC Only (wef 10 Jan 2005)	
amaged Portion:		6) TR : Re-inspect 7) N1 : Idao DA		···.	\$75 \$160	
		8) NTUC Addition	Andrew Street Street, Square, and			
C Checked by (Engr-In-Charge):		OD*	Cor/Tot Allows		\$5	
7,778		*N5: Courtesy *N6: Repair C	Car / Tpt Allowar		510	
uditors' Comments :-		*N7: Fost Rep		nation	\$25	
t. 1:	V (1.3 (2645) - 440 (4.655) (3.45)		(Non INC) agains		\$20	1.
		9) N12: Ideo Mo Invoice dated	NAME AND ADDRESS OF THE OWNER, TH	Fee Charged	30	antiger for
1. 2/3;		Invoice dated		Fee Charged	WARTS.	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 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.

- 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

ACCIDENT STATEMENT

	ACCIDENT STATEMENT
Date Of Report	11/06/2019 15:11
Date Of Assidant	40/00/0040 44 45

Date Of Accident 10/06/2019 14:45

CAUSEWAY TWDS MALAYSIA CUSTOM Exact Location Of Accident

Country/State of Loss SINGAPORE

	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDY1446L	
Insured/Policyholder		
Name Of Registered Owner	LIM JOO SAN	
NRIC No	S8732194J	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-88082439	
Alternative Phone No	OFFICE-88082439	
Vehicle Particulars	THE RESERVE OF STREET	

Manufacturer HONDA Model STREAM 1.8 A

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy NO

for repair to your vehicle?

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5097380281-01

Cover Note Number

Driver

Name of Driver LIM JOO SAN NRIC No S8732194J Date Of Birth 06/10/1987 Occupation INDOOR Date Of Driving Pass 21/06/2006

Driving Experience 12 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88082439

Fax Number

Contact Number OFFICE-88082439

EMail Address NOEMAIL

BLK 347A YISHUN AVENUE 11 Address

308-507

Postcode 761347

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

2

YES

NO

NO

2

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? YES

I have been approached by unknown person(s)

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

Passenger 1

NAME:

: TRAN THI CAI

GENDER: : FEMALE

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?

NO

NO

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

YES

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLR3946P

Vehicle Make/Model/Colour

Details Of Properties

Remarks/ Reasons:

Vehicle Category PRIVATE CAR

Name of Driver PONNUSAMI THIRUMURTHI

NRIC/Passport Number S7360667E Contact Number 91847685

Address Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name

LIM JOO SAN

Approximate Age

Injuries Sustain

KNEE

Injured person in which vehicle?

SDY1446L

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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)

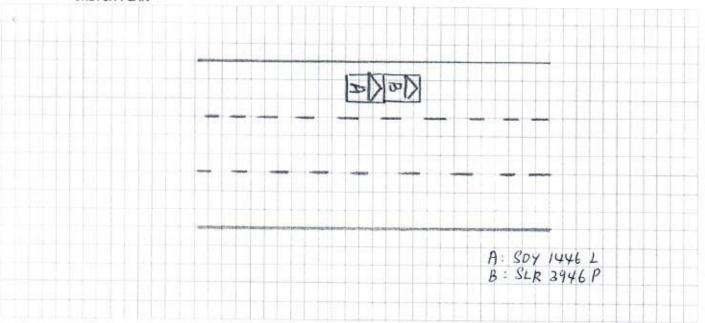
I understand, acknowledge, agree and consent that:

- (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;
 - 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:
 - 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

(II) 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:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1 was	travelling	along	Causewa	y ton	iards	Malaysia	Custo	oms.
enicle B	which w	as infron	+ of	me	sudden	ly reve	rsed i	and
collided o Doutage to	travelling which we note my prove m	front po y state	nent.	of i	my vel	hicle. 1	have	rideo

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

IMFORTANT 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.

ABT 12	ACCIDENT DETAILS	
Date of accident	10/06/2019	(DD/MM/YY)
Time of accident	14:45	(HH:MM)
Exact location of accident	Causeway towards Malaysia Customs	11

	DET	AILS OF	VEHICLE		
Vehicle registration number	804 1446 L			J	
Vehicle make and model	Honda Stre	ram			
Type of vehicle	Saloon Lorry	MPV 🗆	CRV 🗆 Motor	Van cycle 🗆	Others:
Vehicle category	Private	Comme	rcial 🗆	Motorcyc	le 🗆
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes Third part clai	No,2	if no, plea Reporting		

	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆

以是现代的 对于自己是对于1995年	INSURED / POLICY HOLDER	ASSESSED OF N	第一位的
Name	Lim Joo San	Male	Female
NRIC / Fin / Passport number	S 87 32194J		
Contact	8808 2439		
Address	BIK 347 A Yishun Avenue 11 # 08-507	5176134	7)

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Male Female
NRIC / Fin / Passport number	
Contact	
Address	
Email address	
Date of birth	06/10/1987
Occupation	Indoor Outdoor
Driving date pass	21/06/2006

Was driver an employee of the insured's company? If no, relationship of the driver and insured: Owner Accident captured by camera? Yes No Weather condition Clear Raining Others:	
the insured's company? If no, relationship of the driver and insured: Owner Accident captured by camera? Yes No	
Weather and the Class Bridge Col	
Weather condition Clear Raining Others:	
Road surface Dry Dry Wet	
No of passenger 2 (Ir	nclusive of driver)
PASSENGER 1	Manager Committee
Name TRAN THI LAI	
Gender Male D Female	
PASSENGER 2	AND DESCRIPTION OF THE PARTY OF
Name	
Gender Male D Female D	
PASSENGER 3	A STATE OF THE REAL PROPERTY.
Name	AND THE RESIDENCE OF THE PARTY
Gender Male Female	
PASSENGER 4	A STATE OF THE STA
Name	
Gender Male Female	
PASSENGER 5	Section 1914 Total
Name	Section Internal
Gender Male - Female -	
, mane e	
PASSENGER 6	
Name	A THEO ISSUED OF
Gender Male Female	
The state of the s	
OTHER INFORMATION	
Was anybody injured? Yes No -	发表的情况
Was other vehicle damaged? Yes No -	
Trus other termine dumingent. Tesse No.	
DETAILS OF POLICE STATION ACTION	A PROPERTY OF THE PARTY OF THE
Reported to police? Yes No If yes, please state which police static	on .
Police station name	/11.
WITNESS 1	A STATE OF THE PARTY OF THE PAR
	10000000000000000000000000000000000000
Name	

	THIRD	DADTY VEHICLE 4
Vehicle registration number		PARTY VEHICLE 1
Vehicle registration number	SLR 3946 P	
Name	D	71 11 2
NRIC / Fin / Passport number	Ponnysami	Ihīrumurthi
Contact	87360667E	
Contact	9184 7685	
THE CONTRACT OF THE PROPERTY O		
MELE MANUSTRANCES	THIRD	PARTY VEHICLE 2
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
建筑地域是国际政党等的	THIRD	PARTY VEHICLE 3
Vehicle registration number		
Vehicle make model	0-0-0-0	
Name		
NRIC / Fin / Passport number		
Contact		
ALL MARKET AND	THIRD	PARTY VEHICLE 4
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
	/	
Participation of the same of	THIRD	PARTY VEHICLE 5
Vehicle registration number		
Vehicle make model		
Name	/	
NRIC / Fin / Passport number	1	
Contact	/	
	/	
ALIE TO THE PARTY OF THE PARTY	THIRD	PARTY VEHICLE 6
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
- Contact		
SS MEDICAL TO STATE OF THE STAT	TIUDO	DADTY MELICIE 7
Vehicle registration with	THIRD	PARTY VEHICLE 7
Vehicle registration number Vehicle make model		
Name /	-	
NRIC / Fin / Passport number		
Contact		

		INJUE	RED PERSON 1	No.
Name	Lim	Joo Sa	THE RESERVE AND DESCRIPTIONS OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAMED IN COLUMN 2 IS NO	
Injuries sustained	Knee	50		
Which vehicle person in?	SDY 1	446 L		
Were seat belts worn?	Yes	No 🗆		
Was injured conveyed to	Yes 🗆	No		
hospital by ambulance?	0.00.00			
	ALC: NO.	INIUE	ED PERSON 2	
Name	and the farmer is not		ED I ENJOIN E	DA ALTERA
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆		
hospital by ambulance?	0.0800000	12677072		
				7
Mark of Property of	484	INJUR	ED PERSON 3	1
Name		1113011	LUT ENSON'S	1
Injuries sustained				89
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆		
hospital by ambulance?				
			/	
PART OF THE PART O	200 miles - 1900	INILIP	ED PERSON 4	H-Marie
Name		The state of the s		
Injuries sustained		-/-		
Which vehicle person in?		/		
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes	No 🗆		
hospital by ambulance?	1	110 [
,	1			
A STATE OF THE STA	S. Marie	INILIB	ED PERSON 5	A SHIP
Name	AND CHARLES	INJUK	LD PERSON 5	
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No -		
Was injured conveyed to		No 🗆		
hospital by ambulance?	Yes 🗆	No 🗆		
nospital by ambulancer				
	No Assessment			
Name /	NAME OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,	INJUR	D PERSON 6	No.
Injuries sustained				
Which vehicle person in?	V			
Were seat belts worn?	Yes 🗆	No 🗆		
Was/injured conveyed to	Yes 🗆	No □		
hospital by ambulance?				

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8732194J



LIM JOO SAN

CHINESE

06-10-1987 SINGAPORE



For LKK/NAC U S8732194J

For LKK/NAC Use Only

Class 2 Motor Cars=< 3000kg with <<7 passengers, exclusive 21 Jun 2006 of the driver; and other motor vehicles << 2500kg For LKK/NAC Use Only

APT BLK 347A YISHUN AVENUE 11 #08-507 SINGAPORE 761347

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

eBao Tech										Genera	IClaim
Hello, NAC_PAYA_UBI_80	0601						+ Change Li	anguage	→ Change	e Password	· Log Ou
My Desktop	Policy	Query									- 3
Notice of Loss	Policy No.					Date	of Accident	10	/06/2019 14	4:45	
	Vehicle N	o.(For Motor)	SDY14	46L		Certif	icate Number				
					- 1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0 5	097380281- 01		LIM JOO SAN	S8732194J	GCV	Comprehensive		- 2		12/01/2020
					100	Continue	1				

Sequen	ce Date of Endorsement	1	Endorsement	Туре	Endorsement	Status	Endorsement Content
	ements						
D Insure	d Object: SDY1446L						
Init No.	18-37	Relate Numb	ed Policy er	5097380281-01			
Address 4	SINGAPORE 761347	Addre	ss Type	Singapore address		Post Code	611337
Address 1	BLK 337A #18-37	Addre	ss 2	TAH CHING ROAD		Address 3	SINGAPORE 611337
Policyh	older Mailing Address						
Certificate Info							
Policy Info							
nsurance Flag Open	No						
Co-	STATES THE LIDE	Agent rei.	03/03925		GST Flag	Y	
Agent		Agent Tel.	65703925				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	nexperience Driver Excess
Excess		OS Premium	0				
Excess Additional	2000	damage Excess	2000		Excess	100	
Third Party	2000	Own	7777		Windscreen		
Excess Type		All Claims Excess					
Policy issue Date	14/12/2018	Effective Date	13/01/2019	00:00	Expiry Date	12/01/2020 23	59
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Address	BLK 337A #18-37 TAH CHING RO	DAD SINGAPO	RE 611337				
Certificate No.					NAIC		
Policy No.	5097380281-01	Policyholder Name	LIM JOO SA	N	Policyholder NRIC	587321941	

Continue | Cancel

olicy No. artificate No.					
intificate No.	5097380281-01	Vehicle No.	SDY1446L	GST Registration No.	
				90	
icyholder Name	LIM 300 SAN			Policyholder NR3C	58732194)
oduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
ntact No.(Mobile)	88082439	Contact No.(Office)	0	Contact No.(Mome)	0
nail Address		Special Remark		eCode	The V
¢.	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	1,4,536,750
D Protection	No	NCD Entitlement(%)	10	Private Hive	Yes
Accident Details				5000000000	
port Date	11/06/2019 15:21	Accident Report Within 24 hrs	Yes	Accident Type	
e of Accident	10/06/2019	Time of Accident Nitimin	14:45		Damaged whist parked
porting Centre	(STATEMENT)	Orange Force	47.73	Country of Accident	Singapore
ident Location	CAUSEWAY TWOS MALAYSIA CUSTOM	Grange Force		3CM No.	
Excess	CAUSEWAY TWUS MALAYSIA CUSTOM				
n damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess			
nd Party Excess	2,000.00	Outside Singapore TP Excess			
Benefits					
GST Registered Inform					
Registered	No		GST Registration Date		
Registration No.	11.000000000000000000000000000000000000	an change of the same	GST Status Venfied	Yes	
Sification History	11/00/2019 15(23)51 SVR	em changed GST Status Venfied fro	m no to res		
Policyholder Mailing As	ddreas				
ress 1		Carriero A.O.	****	W-307030040	CONSCIONARY DECISION AS
fress 4	BLK 337A #18-37	Address 2	TAH CHING ROAD	Address 3	SINGAPORE 611337
	SINGAPORE 761347	Address Type	Singapore address	Post Code	611337
I No.	18-37	Related Policy Number	5097380281-01		
OI Driver Info					
ver Name	Unnamed Onver	Driver Type	Unnamed Driver		
amed driver Name	LIM JOG SAN	Driver NA3C	587321943	Driver DOB	05/10/1987
later Date of Driver License		Driver Age	31	Oriving Experience	12
tact No.(Mobile)	86082439	Contact No.(Office)	0	Contact No.(Home)	0
ress I	BLK 347A	Address 2	YISHUN AVENUE 11	Address 3	ADORA GREEN
ress 4	SINGAPORE 761347	Address Type	Singapore address	Post Code	761347
t No.	08-507				
is he own a Singapore patered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
				The to the control of	
feration					
athalyser or Blood Test ading?	0 mg	Any inpury?	® Yes ○ No		
M. 14/2 P.M.					
tification History					
fication History					
fication History					
incation History		200 1000 Nr 1000			
inication History Laim 001 New	ор-мк	Insured Name	LIM 700 SAN	Insured NAIC	567321943
in Type * Eact No. (Mobile)	96353074	Insured Name Contact No.(Home)	LIM 300 SAN	Insured NATC Contact No.(Office)	587521943 +
in Type * Each No. (Mobile) He Address	96353074 LISHAWN@SMAIL.COM		LIM JOO SAN		
Acation History Laim 001 New Type * Eact No.(Mobile) If Address mant Type Clamant Type *	96353074 LISHAWN@SMAIL.COM	Contact No.(Home) OI Vehicle Number Type of Benefit *		Contact No.(Office)	+
in Type * (act No. (Mobile) If Address mant Type Clarmant Type *	96353074 LISHAWN@SMAIL.COM	Contact No. (Home) Of Vehicle Number	SDY1446L	Contact No.(Office)	+
in Cation History Italim 001 New In Type * Kact No. (Mobile) Id Address mant Type Clarmant Type *	96353074 LISHAWN@GMAIL.COM Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit *	SDY1446L	Contact No.(Office)	+
inication History Islim 003 New In Type * Eact No. (Mobile) If Address mark Type Clement Type * mark Address mark Address more Address more Address more Address more Address	96353074 LISHAWN@GMAIL.COM Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit *	SDY1446L	Contact No.(Office)	+
inication History Islim 003 Netw In Type * Eact No. (Mobile) If Address mark Type Clarmant Type * mark Address mark Address more Address more Address more Address more Address more Address	96353074 LISHAWN@GMAIL.COM Please Select 22	Contact No.(Home) OI Vehicle Number Type of Benefit *	SDY1446L	Contact No.(Office) TP Vehicle Number	+
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