			HALIPINGSYI	D	las.
Date In: 30/1/19-17:45	Jeb description		Date &Time Completed	Done	oi.
Ref No: MAJINC 19017 vooty	SAS e-filing		i		
Veh No: Swy964	E-mail (within 8	Shrs, AIC 2hrs)			
D.O.A: 29/9/19-14:4	i-Motor Clair	n Form	m11064714-201	340/19 18	:01
	i-Motor W/O	(Within: OD 2hrs	, TP 4hrs)		
OD : TP)! Reporting Only	i-Photo Uplos	aded			
Th.	Assessment/Sur	rvey Report			
TP Insurer:	Ass't Report by	Fax/Handt	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: ((Tel:	Fax:	TO CE YES
TP Particulars: Veh No: 50	PYRZZA	, INC()/Non-INC().		
Owner / Driver: (19.5/1	N.	Tel:)	
Policy No: ()	Period: ()	Cover Type: () .	
Confirmed by : (Date:	Time:)	erani i mereke Bersalah
Insured/Driver Liability: (%) [Note-Est. Status (W	70): N: 0-20	0%; P: 21-79%. F: 80-	100%]	2.5
Year of Registration: ())/NO()		
Excess: (\$) Loading: \$	31,000 ()/\$2,000	()			
General Remarks:					
() Walk-In Customer: Customers i	information strictly Con	fidential & Str	ictly NO refer of repairer.		
() Total Loss Case : to e-mail Ins	surer URGENTLY.				
Drive-In ()/ Towed-In (); Invo	oice: YES () / N	O();T	owing Co: ()
Remarks: (INC hotline: 6788 6616) `-		Date&Time Completed	Done	by ·
Apply for Transport Allowance ()	/ Courtesy Car ())			
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost >	() 100082				
- , - production trop i now [rechair costs	. ,				
Injury:					
Injurý:				802-86-7-1	· (* 1, * 2, 2
	rion (a)	100		See See	
Injurý:		111111111111111111111111111111111111111		en en la company de la company	
Injury :					
Injury :					
Injury:					
Injury : Date/Fime Actions		Invoice Pre	paration Checklist	Ant (S)	Ant(3)
Injury: Date/Time Actions NA 1452443	1	1) AR : Accident	Reporting (530);	fic Bill	
Injury: Date/Time Actions NA 1952443. itimant's Particulars:-	Time of the control o	1) AR : Accident 2) DA : Damege 3) TF : Towing F	Reporting (\$30); Assessment (\$100); INC (\$	766 B (III 580) 40/545	
Injury: Date/Time Actions WA 1952443: alimant's Particulars:- iver/Owner:	Time of the control o	1) AR : Accident 2) DA : Damege 3) TF : Towing F 4) FT : Follow-Ti	Reporting (\$30); Assessment (\$100); INC (\$30); See \$300;	766 Bill (
Injury: Date/Time Actions NA 1952443. itimant's Particulars:-	Time of the control o	1) AR: Accident 2) DA: Darriege 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a	Reporting (\$30); Assessment (\$100); INC (\$ see \$50 nrough Survey nrough Survey (Resurvey) geinst INC Only (wef 10 Jan 200	75 Bill 880) 40/545 \$120 \$30 35)	
Injury: Date/Time Actions WA 1952443: alimant's Particulars:- iver/Owner:	Time of the control o	1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti	Reporting (\$30); Assessment (\$100); INC (\$ see \$50 arough Survey arough Survey (Resurvey) geinst INC Only (wef 10 Jan 200 ation	75 Bill 580) 40/545 \$120 \$30	
Injury: Date/Fime Actions Actions alimant's Particulars:- iver/Owner: ntact No:	Time of the control o	1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Addition	Reporting (\$30); Assessment (\$100); INC (\$30); The second of the second	156 Bill 1 880) 40/545 5120 530 05) \$75	
Injury: Date/Fime Actions Actions alimant's Particulars:- iver/Owner: ntact No:	Time of the control o	1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idao DA: 8) NTUC Additio OD: *N5: Courtesy	Reporting (\$30); Assessment (\$100); INC (\$30); Assessment (\$100); INC (\$30); Arough Survey Arough Survey (Resurvey) Assinst INC Only (wef 10 Jan 20); Assessment (\$100); Assessmen	15: Bill 3 880) 40/\$45 \$120 \$30 35) \$75 \$160	
Injury: Date/Fime Actions Actions Actions imant's Particulars: iver/Owner: intact No: imaged Portion: Checked by (Engr-In-Charge):	Time of the control o	1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio OD* *N5: Courtesy *N6: Repair C	Reporting (\$30); Assessment (\$100); INC (\$30); Assessment (\$100); Assessment (\$1	15: Bill 1 1880) 10/545 5120 530 15) 575 5160	The state of the s
Injury: Date/Fime Actions Ma 1952443. Aumant's Particulars: iver/Owner: Intact No: maged Portion:	Time of the control o	1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idao DA: 8) NTUC Additio OD: *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$30); Assessment (\$100); INC (\$30); Arough Survey Arough Survey (Resurvey) Assinst INC Only (wef 10 Jan 20) Attion SMRT Survey Anal Services: Car / Tpt Allowance Anordination Air Inspection lect Excess Coordination	\$5 \$10 \$25 \$35	
Injury: Date/Fime Actions Actions Actions imant's Particulars: iver/Owner: intact No: imaged Portion: Checked by (Engr-In-Charge):	Time of the control o	1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idao DA: 8) NTUC Additio OD: *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$100); Assessment (\$	\$80) \$0/\$45 \$120 \$30 \$5) \$75 \$160 \$5 \$10 \$25 \$30 \$20 \$30	

Frynch 1.35

SINGAPORE ACCIDENT STATEMENT

110,00

IMPORTANT NOTICE

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

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	30/09/2019 17:43
Date Of Accident	29/09/2019 19:45
Exact Location Of Accident	ORCHARD TURN
Country/State of Loss	SINGAPORE
And the second s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV496U
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	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	5096759308-01
Cover Note Number	

Driver Name of Driver MOHAMED EMDHADHULLAH BIN MOHAMED AYOOB

NRIC No S8705307E Date Of Birth 05/03/1987 Occupation OUTDOOR Date Of Driving Pass 20/11/2007

Driving Experience 11 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91771114

Fax Number

OFFICE-91771114 Contact Number

NOEMAIL **EMail Address**

Address BLK 561B JURONG WEST STREET 42

#12-1161

Postcode 642561

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 Registration Number of Drivers Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR Road Surface DRY

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)

Passenger 1

NAME:

2

YES

NO

YES

NO

2

AME: : -

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

The Harmon Annual Control Annual Control

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

YES

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/20190930/7024.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLP4837A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MICHAEL BURKE

NRIC/Passport Number S2727444G

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 MOHAMED EMDHADHULLAH BIN MOHAMED AYOOB

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLV496U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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:
 - 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.

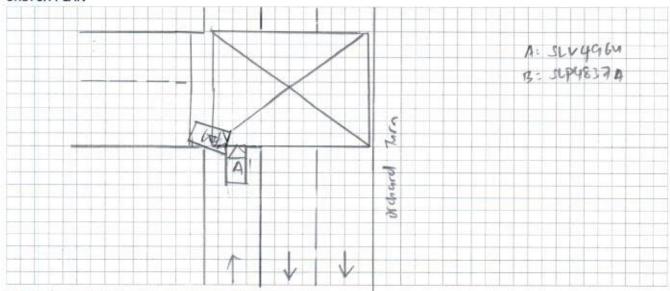
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

201.	Part Parties	SECLEMENT OF THE SEC.			
refer to	plice	11 - FJCGD	40 190 930 Josep		
		18			

DECLARATIONS

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

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:





1 of 3

Report No. T/20190930/7024

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TR	RAFFIC ACCIDENT
----------------	-----------------

Date/Tim 30/09/20	e Report M 19 17:06	lade:	Vide Report No.:	Station Diary No.:		
Informar	it's Particu	ılars				
Name of Informant: MOHAMED EMDHADHULLAH BIN MOHAMED AYOOB			Address: APT BLK 561B JURONG WEST STREET 42 #12-1161 SINGAPORE 642561			
ID Type / ID No.: NRIC NO / S8705307E			Contact No.: Home/Office: Mobile: 91771114			
Nationality: SINGAPORE CITIZEN		EN	Email: emdhad@gmail.com			
Sex: Age: Date of Birth: 05/03/1987			Type of Informant: Driver			
Race:			Language: English	Institution / School Name:		
Occupation: SHIPPING EXECUTIVE		TIVE	Driving Licence Information: Class: 3	Date of Expiry:		

General Inform	nation of the Acci	dent		A STATE OF STREET	
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/09/2019 19:45	Type of Location Straight Road	
Location: ORCHARD T	URN	D. of Our france		Road Speed Limit:	
Weather: Clear		Road Surface: Dry		Road Opecu Ellin.	
Traffic Flow: Two Way		Traffic Control: Not Controlled	To the state of th	Traffic Volume: Moderate	
Type of Collis	sion: ving Vehicles - Hea	d To Side		Anyone conveyed by ambulance: No	

Details of Volume Vehicle No.	DESCRIPTION & ADDRESS	Make	Model	Color	Condition	No of Passenge
SLP4837A	Car	TOYOTA	Prius	White	Slightly Damaged	1
SLV496U	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20190930/7024

CONTINUATION OF REPORT

Driver	A STATE OF THE STA		PERSON	Ball 2 (12)	Sec. 15.	THE STATE OF THE STATE OF
Name	MOHAMED EMDHADHULLAH BIN MOHAMED AYOOB),	S8705307E
Related Vehicle	SLV496U (Car)				act No.	91771114
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	30/09/2019		Date Disc	charge	30/09	/2019
No. of Days gran	ted Medical Leave	03	Degree o		Slight	the fact that the state of the

Brief Details.

I was driving straight along Orchard turn towards Orchard Link at a very slow speed. Suddenly, a car (SLP4837A) dashed out of the Takashimaya Mall Carpark exit without stopping at the STOP line. I was not able to stop immediately as he came out too fast and his car head hit onto my left side of my car. Due to the whiplash and impact, I had suffered neck and back pain.





3 of 3

Report No. T/20190930/7024

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan					
Informant is r	not able	to	provide	sketch	plan

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: 30/09/2019 17:06
Officer In Charge Of Case: TP / TPHQ / ONG YONG HOCK Contact No.: 65476436	Classification Of Case:

Authentication Stamp

NP168

Hello, NAC_PAYA_UBI_80	0601						Change	e Languag	e • Char	nge Password	· Log Ou
My Desktop	Poli	Policy Query									
Notice of Loss	Policy N	ło.				Date o	f Accident		29/09/2019	19:45	
	Vehicle	No.(For Motor)	SLV496	U		Certific	ate Number				
					B	Search					
Se	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096759308- 01		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLV496U	SLV496U	20/12/2018	19/12/2019

Policy No.	5096759308-01	Policyholder Name	RELIABLE	RIDES PTE LTD	Policyholder NRIC	201611527N		
Certificate No.					324,612			
Address	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKI	SINGAPORE 4158	15			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy Issue Date	26/11/2018	Effective Date	20/12/201	8 00:00	Expiry Date	19/12/2019 23:59		
Excess Type		All Claims Excess						
Third Party Excess	1500	Own damage Excess	1000		Windscreen Excess	100		
Additional Excess	0	OS Premium	0					
Outside Singapore OD Excess	3000	Outside Singapore TP Excess	3000			Young/Inexperience Driver Exce		
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Y		
Co- Insurance Flag	No							
Open Policy Info								
Poncy Into								
Certificate Info								
Certificate Info	older Mailing Address							
Certificate Info Policyh	older Mailing Address 8 KAKI BUKIT AVENUE 4	Addres	ss 2	#05-50 PREMIER	@ KAKI BUKIT /	Address 3	SINGAPORE 415875	
Certificate Info		2012000000	ss 2 ss Type	#05-50 PREMIER Singapore addres	and the same of th	Address 3	SINGAPORE 415875 415875	
Certificate Info Policyh Address 1 Address 4		Addres	ss Type d Policy		and the same of th		7.00	
Certificate Info Policyh Address 1 Address 4 Unit No.	8 KAKI BUKIT AVENUE 4	Addres Relate	ss Type d Policy	Singapore addres	and the same of th		7.00	
Certificate Info Policyh Address 1 Address 4 Unit No.	8 KAKI BUKIT AVENUE 4 05-50 d Object: SLV496U	Addres Relate	ss Type d Policy	Singapore addres	and the same of th		7007007070707070	

coldest MT/1054T14					
ocident MT/1064714	FROM TRANSA AN	1,000,000,000	723333	88,000000000000	
Itty No.	5096759308-01	Vehicle No.	SLV496U	GST Registration No.	
	ACCURAGE AND SERVICE				
Rcyholder Name	RELIABLE RIDES PTE LTD			Policyholder NRIC	201611527W
educt Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loeding	•
mact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
nall Address		Special Remark		eCode	No. V
K.	® No ○ Yes	TCA	No ○ Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	0	Privace Hire	Yes
Accident Details					
eport Date	30/09/2019 18:03	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
ate of Accident	29/09/2019	Time of Accident hhomm	19:45	Country of Academs	Singapore
sporting Centre		Orange Force		ICM No.	
cident Location	ORCHARD TURN				
P Excess					
vn damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess	3,000.00		3300
and Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
7 Benefits		2. Compressionate I vertera	-124-1124		
GST Registered Inform	ation				
T Registered	No		CCT bearings to Date		
T Registration No.	No.		GST Registration Date GST Status Verified	Was .	
diffication History			GGT Status vermes	Yes	
Policyholder Mailing Ad	dress				
Oress 1	8 KAKI BUKIT AVENUE 4	Address 5	AND DO ORGANIZA O MANO	COLUMN COLUMN	- waterway and the
idress 4	S HARLI BURLI AVERUE 4	Address 2 Address Type	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
NI No.	05-50		Singapore address	Post Code	415875
	U3-30	Related Policy Number	5106937496		
F OI Driver Info	Unnamed Driver				
named driver Name		Driver Type	Unnamed Driver		
	MOHANED EMPHADHULLAH BIN	Driver NRIC	\$8705307E	Driver DOB	05/03/1987
gister Date of Driver License		Driver Age	32	Driving Experience	11
ntact No.(Mobile)	91771114	Contact No. (Office)	0	Contact No.(Home)	0
	8LK 5618	Address 2	JURONG WEST STREET 42	Address 3	SPRING HAVEN @ JURONG
	8LK 5618 SINGAPORE 642561	Address 2 Address Type	JURONG WEST STREET 42 Singapore address	Address 3 Post Code	SPRING HAVEN @ JURONG 642561
dress 4					10000
idress 4 nit No. oes he own a Singepore	SINGAPORE 642561			Post Code	10000
adress 4 nit No. oss he own a Singapore	SINGAPORE 642561 12-1161	Address Type			10000
odress 4 nit No. oes he own a Singapore agistered car?	SINGAPORE 642561 12-1161	Address Type		Post Code	10000
odress 4 fit No. loss he own a Singapore agaitered car? sclaration mathalyser or Blood Test	SINGAPORE 642561 12-1161	Address Type		Post Code	10000
odress 4 frit No. oss he own a Singapore agistered car? sclaration reathalyser or Blood Test	SINGAPCRE 642561 12-1161 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore address	Post Code	10000
ddress 1 ddress 4 fit No. oas he own a Singapore agatared car? ectaration mathalyser or Blood Test eading?	SINGAPCRE 642561 12-1161 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore address	Post Code	10000
odress 4 fit No. loss he own a Singapore agaitered car? sclaration mathalyser or Blood Test	SINGAPCRE 642561 12-1161 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore address	Post Code	10000
odress 4 net No. bes he own a Singapore registered car? retarision reathalyser or Blood Test adding?	SINGAPCRE 642561 12-1161 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore address	Post Code	10000
othess 4 it No. bes he own a Singapore registered car? claration eathalyser or Blood Test ading?	SINGAPCRE 642561 12-1161 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore address	Post Code	10000
ndress 4 sit No. ses he own a Singapore gratared car? claration eathalyser or Blood Test ading? dification History Claim 601 New	SINGAPCRE 642561 12-1161 ○ Yes ® No 0 mg	Address Type Driver Vehicle No.	Singapore address	Post Code	10000
ndress 4 sit No. ses he own a Singapore gratared car? claration eathalyser or Blood Test ading? dification History Claim 601 New	SINGAPCRE 642561 12-1161 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore address	Post Code	10000
ndress 4 et No. bes he own a Singapore gatared car? claration earthalyser or Blood Test adding? diffication History Claim 001 New	SINGAPCRE 642561 12-1161 ○ Yes ® No 0 mg	Address Type Driver Vehicle No. Any ingury?	Singapore address	Post Code Driver Insurer Company	642561
dress 4 et No. es he own a Singapore getared car? claration eathalyser or Blood Test ading? Claim 001 New Hm Type * ntact No.(Mobile)	SINGAPCRE 642561 12-1161 ○ Yes ® No 0 mg	Address Type Driver Vehicle No. Any ingury? Insured Name	Singapore address	Post Code Driver Insurer Company Insured NRIC	642561 201611527N
idress 4 et No. les he own a Singapore gestered car? claration bathalyser or Blood Test adding? dification History Claim 601 New lim Type * ntact No.(Mobile) soil Address	SINGAPCRE 642561 12-1161 ○ Yes ® No 0 mg	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home)	© Yes ○ No	Post Code Driver Insurer Company Insured NRIC Contact No. (Office)	201611527N 66351820
dress 4 ist No. les he own a Singapore getared car? claration eathalyser or Blood Test ading? dification History Claim 001 New lim Type * ntact No. (Mobile) loid Address limant Type Claimant Type *	SINGAPORE 642561 12-1161 ○ Yes No 0 mg	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number	© Yes ○ No RELIABLE RIDES PTE LTD SLV496U	Post Code Driver Insurer Company Insured NRIC Contact No. (Office)	201611527N 66351820
dress 4 ist No. es he own a Singapore getered car? claration nathalyser or Blood Test ading? strication History Claim 001 New im Type * ntact No. (Mobile) eli Address imant Type Claimant Type * imant Name *	SINGAPORE 642561 12-1161 O Yes ® No 0 mg GO-MX Please Select	Address Type Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit *	© Yes ○ No RELIABLE RIDES PTE LTD SLV496U	Post Code Driver Insurer Company Insured NRIC Contact No. (Office)	201611527N 66351820
idness 4 et No. es he own a Singepore getered car? claration eathalyser or Blood Test ading? dification History Claim 001 New htm Type + ntact No.(Mobile) eathalyser type Claimant Type + emant Address emant Address	SINGAPORE 642561 12-1161 O Yes ® No 0 mg GO-MX Please Select	Address Type Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit *	© Yes ○ No RELIABLE RIDES PTE LTD SLV496U	Post Code Driver Insurer Company Insured NRIC Contact No. (Office)	642561 201611527N 66351820 SLP4837A
dress 4 iit No. es he own a Singapore getered car? claration sathalyser or Blood Test ading? chaction History claim 601 New iim Type * ntact No. (Mobile) ail Address iimant Name * iimant Address iimant Moress i	SINGAPORE 642561 12-1161 ○ Yes No 0 mg CO-MX Please Select >≥	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) GI Vehicle Number Type of Benefit * Cleimant NRIC *	© Yes O No RELIABLE RIDES PTE LTD SLV496U Please Select	Post Code Driver Insurer Company Insured NRIC Contact No.(Office) TP Vehicle Number	642561 201611527N 66351820 SLP4837A
idness 4 sit No. ses he own a Singepore gestered car? claration sathalyser or Blood Test ading? dification History Claim 001 New htm Type + ntact No. (Mobile) sail Address simant Type Claimant Type + simant Address	SINGAPORE 642561 12-1161 ○ Yes No 0 mg OO-MX Please Select >> SLV496U / SLP4837A ON 29 Sept 2019	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) GI Vehicle Number Type of Benefit * Claimant NRIC *	Singapore address ® Yes O No RELIABLE RIDES PTE LTD SLV496U Please Select Not at Fault	Post Code Driver Insurer Company Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	201611527N 66351820 SLP4837A
idess 4 ist No. ies he own a Singepore gestered car? claration eathalyser or Blood Test ading? dification History Claim 001 New im Type * ntact No. (Mobile) iosi Address imant Type Claimant Type * imant Address imant More * imant	SINGAPORE 642561 12-1161 O Yes ® No O mg OD-MX Please Select >> SLV496U / SLP4837A ON 29 Sept 2019 Ves Ves	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option	© Yes O No RELIABLE RIDES PTE LTD SLV496U Please Select	Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	201611527N 66351820 5LP4837A
idress 4 sit No. ses he own a Singapore gastered car? claration Batthalyser or Blood Test adding? dification History Claim 601 New sim Type * neart No. (Mobile) seal Address siment Type Claimant Type * simant Name * simant Address sim Description referred Workshop Contact quire Finalisation te Registered	SINGAPORE 642561 12-1161 O Yes ® No 0 mg OD-MX Please Select >> SLV496U / SLP4837A ON 29 Sept 2019 Ves 30/09/2019 18:05	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) GI Vehicle Number Type of Benefit * Claimant NRIC *	Singapore address ® Yes O No RELIABLE RIDES PTE LTD SLV496U Please Select Not at Fault	Post Code Driver Insurer Company Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	201611527N 66351820 SLP4837A
intress 4 at No. bes he own a Singapore gastered car? claration bathalyser or Blood Test ading? dification History Claim 601 New aim Type * neat No. (Mobile) half Address aimant Type Claimant Type * aimant Name * aimant Address aimant Addres	SINGAPORE 642561 12-1161 O Yes ® No O mg OD-MX Please Select >> SLV496U / SLP4837A ON 29 Sept 2019 Ves Ves	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option	Singapore address ® Yes O No RELIABLE RIDES PTE LTD SLV496U Please Select Not at Fault	Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	201611527N 66351820 5LP4837A
intress 4 at No. bes he own a Singapore gastered car? claration bathalyser or Blood Test ading? dification History Claim 601 New aim Type * neat No. (Mobile) half Address aimant Type Claimant Type * aimant Name * aimant Address aimant Addres	SINGAPORE 642561 12-1161 O Yes ® No 0 mg OD-MX Please Select >> SLV496U / SLP4837A ON 29 Sept 2019 Ves 30/09/2019 18:05	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option	Singapore address ® Yes O No RELIABLE RIDES PTE LTD SLV496U Please Select Not at Fault	Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	201611527N 66351820 5LP4837A
intress 4 at No. bes he own a Singapore gastered car? claration bathalyser or Blood Test ading? dification History Claim 601 New aim Type * neat No. (Mobile) half Address aimant Type Claimant Type * aimant Name * aimant Address aimant Addres	SINGAPORE 642561 12-1161 O Yes ® No 0 mg OD-MX Please Select >> SLV496U / SLP4837A ON 29 Sept 2019 Ves 30/09/2019 18:05	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIIC * Insured Liability * Preferend Repair Option Claim Close Date	Singapore address ® Yes O No RELIABLE RIDES PTE LTD SLW496U Please Select Not at Fault Preferres Workshop, Name unknown	Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	201611527N 66351820 5LP4037A
interes 4 sit No. ses he own a Singapore gestered car? claration eathalyser or Blood Test ading? challed the standard service of Blood Test ading? challed the standard service of Blood Test ading? challed the standard service of Blood Test address and Type * mant Address are Description ferred Workshop Contact quire Finalisation te Registered port Taken By Print AX letter	SINGAPORE 642561 12-1161 O Yes ® No 0 mg OD-MX Please Select >> SLV496U / SLP4837A ON 29 Sept 2019 Ves 30/09/2019 18:05	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIIC * Insured Liability * Preferend Repair Option Claim Close Date	Singapore address ® Yes O No RELIABLE RIDES PTE LTD SLV496U Please Select Not at Fault	Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	201611527N 66351820 5LP4837A
dress 4 iit No. es he own a Singapore getered car? charation sathalyser or Blood Test ading? charation sim Type * imath No. (Mobile) ail Address imant Mame * imant Address imant Description ferred Workshop Contact quire Finalisation to Registered port Taken By Print AX letter	SINGAPORE 642561 12-1161 O Yes ® No 0 mg OD-MX Please Select >> SLV496U / SLP4837A ON 29 Sept 2019 Ves 30/09/2019 18:05	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIIC * Insured Liability * Preferend Repair Option Claim Close Date	Singapore address ® Yes O No RELIABLE RIDES PTE LTD SLW496U Please Select Not at Fault Preferres Workshop, Name unknown	Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	201611527N 66351820 5LP4837A
Iress 4 It No. as he own a Singapore patered car? Idaration Intradion History Italian 601 New Im Type * Intact No. (Mobile) Int Address Imant Type Claimant Type * Imant Address Imant Addres	SINGAPORE 642561 12-1161 O Yes ® No 0 mg OD-MX Please Select >> SLV496U / SLP4837A ON 29 Sept 2019 Ves 30/09/2019 18:05	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIIC * Insured Liability * Preferend Repair Option Claim Close Date	Singapore address ® Yes O No RELIABLE RIDES PTE LTD SLW496U Please Select Not at Fault Preferres Workshop, Name unknown	Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	201611527N 66351820 5LP4837A
dress 4 Int No. as he own a Singapore gastered car? Charation Lathalyser or Blood Test ading? Sincation History Claims 603 New Im Type * Intext No. (Mobile) all Address Imant Type Claimant Type * Imant Address Imant	SINGAPORE 642561 12-1161 O Yes ® No 0 mg OD-MX Please Select >> SLV496U / SLP4837A ON 29 Sept 2019 Ves 30/09/2019 18:05	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	Singapore address © Yes O No RELIABLE RIDES PTE LTD SLV496U Please Select Not at Fault Freferred Workshop, Name unknown Save Submit	Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	201611527N 66351820 5LP4037A
Iress 4 It No. as he own a Singepore patered car? Itaration Intradion History Italian 601 New Im Type * Italian 601 New Im Type Claimant Type * Imant Address Ima	SINGAPORE 642561 12-1161 O Yes ® No 0 mg OD-MX Please Select >>> SLV496U / SLP4837A ON 29 Sept 2019 Ves 30/09/2019 18:05 Jackson HT/10647L4	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	Singapore address © Yes O No RELIABLE RIDES PTE LTD SLV496U Please Select Not at Fault Preferred Workshop, Name unknown Save Submit	Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	201611527N 66351820 5LP4037A
dress 4 Int No. as he own a Singapore gastered car? Charation Lathalyser or Blood Test adding? Chaine 003 New Interest No. (Mobile) all Address imant Type Claimant Type * imant Address imant Address imant Address imant Address im Description ferred Werkshop Contact puire Finalisation te Registered bort Taken By Print AK letter Ittachment Interest No.	SINGAPORE 642561 12-1161 O Yes ® No O mg OD-MX Please Select Please Select >>> SLV496U / SLP4837A ON 29 Sept 2019 Yes >>> MT/1064714 ® Yes O No	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	Singapore address ® Yes O No RELIABLE RIDES PTE LTD SLV496U Please Select Not at Fault Preferred Workshop, Name unknown Save Submit 001 30/09/2019 18:06	Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Workshop V GIA report Date Received	201611527N 66351820 SLP4837A
dress 4 Int No. as he own a Singapore gastered car? Charation Lathalyser or Blood Test adding? Chaine 003 New Interest No. (Mobile) all Address imant Type Claimant Type * imant Address imant Address imant Address imant Address im Description ferred Werkshop Contact puire Finalisation te Registered bort Taken By Print AK letter Ittachment Interest No.	SINGAPORE 642561 12-1161 O Yes ® No 0 mg OD-MX Please Select >>> SLV496U / SLP4837A ON 29 Sept 2019 Ves 30/09/2019 18:05 Jackson HT/10647L4	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	Singapore address ® Yes O No RELIABLE RIDES PTE LTD SLV496U Please Select Not at Fault Preferred Workshop, Name unknown 001 30/09/2019 18:06 Category *	Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Urge	201611527N 66351820 SLP4837A Received 30/09/2019 00 00
Iress 4 It No. as he own a Singepore patered car? Itaration Intradion History Italian 601 New Im Type * Italian 601 New Im Type Claimant Type * Imant Address Ima	SINGAPORE 642561 12-1161 O Yes ® No O mg OD-MX Please Select Please Select >>> SLV496U / SLP4837A ON 29 Sept 2019 Yes >>> MT/1064714 ® Yes O No	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	Singapore address ® Yes O No RELIABLE RIDES PTE LTD SLV496U Please Select Not at Fault Freferred Workshop, Name unknown Oot 30/09/2019 18:06 Category *	Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Workshop V GIA report Date Received	20161527N 66351820 SLP4837A Received 30/09/2019 00 00
dress 4 Int No. as he own a Singapore gastered car? Charation Lathalyser or Blood Test adding? Chaine 003 New Interest No. (Mobile) all Address imant Type Claimant Type * imant Address imant Address imant Address imant Address im Description ferred Werkshop Contact puire Finalisation te Registered bort Taken By Print AK letter Ittachment Interest No.	SINGAPORE 642561 12-1161 O Yes ® No O mg OD-MX Please Select Please Select >>> SLV496U / SLP4837A ON 29 Sept 2019 Yes >>> MT/1064714 ® Yes O No	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	Singapore address ® Yes O No RELIABLE RIDES PTE LTD SLV496U Please Select Not at Fault Preferred Workshop, Name unknown 001 30/09/2019 18:06 Category *	Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Urge	20161527N 66351820 SLP4837A Received 30/09/2019 00 00
Iress 4 It No. as he own a Singepore patered car? Itaration Intradion History Italian 601 New Im Type * Italian 601 New Im Type Claimant Type * Imant Address Ima	SINGAPORE 642561 12-1161 O Yes ® No O mg OD-MX Please Select Please Select >>> SLV496U / SLP4837A ON 29 Sept 2019 Yes >>> MT/1064714 ® Yes O No	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date Browse Browse	Singapore address © Yes O No RELIABLE RIDES PTE LTD SLV496U Please Select Not at Fault Preferred Workshop, Name unknown Save Submit Oot 30/09/2019 18:06 Category * Clear Please Select	Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Workshop V GIA report Date Received Urge V Normal V Normal	201611527N 66351820 5LP4637A Received 30/09/2019 00 00
Iress 4 It No. as he own a Singepore patered car? Itaration Intradion History Italian 601 New Im Type * Italian 601 New Im Type Claimant Type * Imant Address Ima	SINGAPORE 642561 12-1161 O Yes ® No O mg OD-MX Please Select Please Select >>> SLV496U / SLP4837A ON 29 Sept 2019 Yes >>> MT/1064714 ® Yes O No	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) GI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date	Singapore address © Yes O No RELIABLE RIDES PTE LTD SLV496U Please Select Not at Fault Preferred Workshop, Name unknown OOL 30/09/2019 18:06 Category * Clear Please Select Clear Please Select	Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Workshop V GIA report Date Received Confidential Urge Confidential Urge V Normal V Normal V Normal	201611527N 66351820 SLP4837A Received 30/09/2019 00 00
dress 4 ist No. as he own a Singapore gastered car? claration pathalyser or Blood Test adding? struction History Claime 001 New im Type * ntact No. (Mobile) asi Address imant Type Claimant Type * imant Address imant A	SINGAPORE 642561 12-1161 O Yes ® No O mg OD-MX Please Select Please Select >>> SLV496U / SLP4837A ON 29 Sept 2019 Yes >>> MT/1064714 ® Yes O No	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) GI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date Browse Browse Browse Browse Browse Browse Browse Browse	Singapore address © Yes O No RELIABLE RIDES PTE LTD SLV496U Please Select Not at Fault Preferred Workshop, Name unknown Save Submit Oot 30/09/2019 18:06 Category * Clear Please Select Clear Please Select Clear Please Select	Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Workshop V GIA report Date Received Urge V Normal V Normal V Normal V Normal V Normal	201611527N 66351820 SLP4637A Received 30/09/2019 00 00
idess 4 ist No. ies he own a Singepore gestered car? claration eathalyser or Blood Test ading? dification History Claime 001 New Im Type * neart No. (Mobile) iosi Address imant Type Claimant Type * imant Address imant A	SINGAPORE 642561 12-1161 O Yes ® No O mg OD-MX Please Select Please Select >>> SLV496U / SLP4837A ON 29 Sept 2019 Yes >>> MT/1064714 ® Yes O No	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Browse. Browse. Browse. Browse. Browse. Browse.	Singapore address **Yes O No **RELIABLE RIDES PTE LTD SLV496U Please Select Not at Fault Preferred Workshop, Name unknown OOL 30/09/2019 18:06 Category * Clear Please Select Clear Please Select	Post Code Driver Insurer Company Insured NR3C Contact No (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Urge V Normal	201611527N 66351820 SLP4637A Received 30/09/2019 00 00
idness 4 it No. bes he own a Singapore gistared car? claration eathalyser or Blood Test aiding?	SINGAPORE 642561 12-1161 O Yes ® No O mg OD-MX Please Select Please Select >>> SLV496U / SLP4837A ON 29 Sept 2019 Yes >>> MT/1064714 ® Yes O No	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) GI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date Browse Browse Browse Browse Browse Browse Browse Browse	Singapore address © Yes O No RELIABLE RIDES PTE LTD SLV496U Please Select Not at Fault Preferred Workshop, Name unknown Save Submit Oot 30/09/2019 18:06 Category * Clear Please Select Clear Please Select Clear Please Select	Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Workshop V GIA report Date Received Urge V Normal V Normal V Normal V Normal V Normal	201611527N 66351820 5LP4637A Received 30/09/2019 00 00

	Uploaded By/Date Folder Date			File Name		9	Source		Acti
Video List		Sep 2019 18:05	Photos		Normal	Phot	os 2019-9-30		
200	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI		ACCECCMENT CENTRE CERVI			III affinish tapanahan atom			
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Sep 2019 18:05		Photos		Normal	Photos 2019-9-30			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Sep 2019 18:05		Photos		Normal	Photos 2019-9-30			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Sep 2019 18:06		Photos		Normal	Photos 2019-9-30			
	NAC_PAYA_UBI_600601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Sep 2019 18:05		Photos		Normal	Phot	os 2019-9-30		
91		NAC_PAYA_UBI_BOOKO1(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Sep 2019 18:05		ERVI Photos Normal Photos 2019-9-30		os 2019-9-30			
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Sep 2019 18:05		Photos		Normal	Photos 2019-9-30			
100		NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Sep 2019 18:05			Normal	Normal Photos 2019-9-30			
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Sep 2019 18:05		Photos	Photos Normal Photos 2019-9-30		ros 2019-9-30			
	NAC_PAYA_UB1_800801(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Sep 2019 18:05		Photos Normal		Normal	Photos 2019-9-30			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Sep 2019 18:05		Photos		Normal	Pho	106 2019-9-30		
10	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Sep 2019 18:06		SAS		Normal	SA	5 2019-9-30		
120 EAS	NAC_PAYA_UBI_B00601 NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Sep 2019 18:06		NRIC/ Driving License	ÿ	Normal	NRIC/ Drivi	ng License 2019-9-30		
Attachment	Uploaded By/Date		Category	9	Urgency		Description	(CD)	