Date In: 14 12/19-18/00	Job description	Date &Time Completed	Done	ь by
Res No: Hallyago1829774	SAS e-filing			
Veh No: FRESSOR.	E-mail (within Shrs, AIC 2hrs)	i i		
D.O.A: 13/19/19-20130	i-Motor Claim Form	m7/1066803-201	H/19 19	4:21
	i-Motor W/O (Within: OD 2hr	- 1////	11111	1,01
OD : (TP) ! Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
IF hisurer.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:		Tel: F	ax:	
TP Particulars: Veh No:	1897647E INC ()/Non-INC()	· ·	Out -
Owner / Driver: (Tel:)	RESUL
Policy No: ()	Period: ()	Cover Type: ()	-
Confirmed by : (Date:	Time:)	e et e
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()			
General Remarks;-	THE PARTY OF THE PARTY OF	See Sheer Roots at 175	1917 (2017)	
	STATE OF STA	Date&Time Completed	Done	by
1) Apply for Transport Allowance ()	/ Courtesy Car ()	Date & Time Completed	Done	by
Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ()	Date & Time Completed	(Done)	by
Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ()	Date&Turie Completed	(Done)	by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	/ Courtesy Car ()	Date&Time Completed	Done	by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: ———————————————————————————————————	/ Courtesy Car ()	Date&Turie Completed	Sections 1	by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	/ Courtesy Car ()	Date&Turie Completed	Done	by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ()	Date & Time Completed	Done	by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	/ Courtesy Car ()	Date & Time Completed	Done	by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: ———————————————————————————————————	/ Courtesy Car ()	Date&Turie Completed	Done	hy
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	/ Courtesy Car ()	Date&Time Completed	Ant (S)	, Anu
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date Time Actions	/ Courtesy Car ()	aration Chrcklist Reporting (\$30);	Ant (S)	, and
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Actions Implied Actions	/ Courtesy Car ()	saration Checklist Reporting (\$30); Assessment (\$100); INC (\$80	Ant (S)	, and
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Actions Implied Actions	Courtesy Car ()	raration Checklist Reporting (\$30); Assessment (\$100); INC (\$80);	Ant (5) fit Bill 0) (545	, ma
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Pate/Time / Actions Limant's Particulars:- iver/Owner:	Courtesy Car ()	raration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); Incomplete (\$40);	Ant (5) (6.Bill 0) (545	, in a
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Ham Aby iver/Owner: intact No:	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For Claiming as 6) TR: Re-inspec	Caration Checklist Reporting (\$30); Assessment (\$100); INC (\$8); Frough Survey (\$200); Frough Survey (Resurvey)	Ant (S) fit.Bill 0) 545 120 530	, in a
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Ham Aby iver/Owner: intact No:	Courtesy Car ()	Caration Checklist Reporting (\$30); Assessment (\$100); INC (\$8); Frough Survey (\$200); Assessment (\$100); INC (\$8); Frough Survey (\$200); Frough Survey (\$	Ant (S) fit Bill 0) 545 120 530	, in a
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Actions iver/Owner: intact No: imaged Portion;	Courtesy Car () ()	Caration Checklist Reporting (\$30); Assessment (\$100); INC (\$8) Frough Survey (\$200) Frough Survey (Resurvey) Frough Survey (Resurvey) Frough Survey (\$200)	Ant (S) fit Bill 0) 545 120 \$30	, in a
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Actions	Invoice Prep Invoice Prep Invoice Prep I) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition OD.* *N5: Courtesy *N6: Repair Co	Paration Checklist Reporting (\$30); Assessment (\$100); INC (\$86); Assessment (\$100); INC (\$100); Assessment (\$100); INC (\$	3. Ant (5) fie Bill 0) (545 120 (530 (575 160	, and
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time: Actions Law of two iver/Owner: Intact No: maged Portion: Checked by (Engr-In-Charge):	Courtesy Car ()	Paration Checklist Reporting (\$30); Assessment (\$100); INC (\$86); Assessment (\$100); INC (\$100); Assessment (\$100); INC (Ant (S) fit Bill 0) 545 120 530 \$75 160 \$5 510 525	Add B
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions dimant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	Courtesy Car ()	Caration Checklist Reporting (530); Assessment (5100); INC (58) For State (3. Ant (5) fie Bill 0) (545 120 (530 (575 160	, And
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	Courtesy Car ()	Caration Checklist Reporting (\$30); Assessment (\$100); INC (\$8) Frough Survey (Resurvey) Frough	\$75 160 \$25 \$5 \$20 30	, and

SINGAPORE ACCIDENT STATEMENT

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.
- 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.

aloresalu.	
STANCE AND LOCATED TO THE	ACCIDENT STATEMENT
Date Of Report	14/10/2019 18:50
Date Of Accident	13/10/2019 20:30
Exact Location Of Accident	NEWTON CIRCUS ROUNDABOUT
Country/State of Loss	SINGAPORE
Company of the Compan	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBF830R
Insured/Policyholder	
Name Of Registered Owner	BERNARD RAM BAGTHA
NRIC No	S1691953E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98360250
Alternative Phone No	OFFICE-98360250
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5069150719-04
Cover Note Number	
Driver	
V	CDF CODY OF ALL COMO WILLIA

Name of Driver GREGORY SEAH SONG YUAN

 NRIC No
 S9512431C

 Date Of Birth
 12/04/1995

 Occupation
 INDOOR

 Date Of Driving Pass
 17/01/2018

Driving Experience 1 YEAR AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96569395

Fax Number

Contact Number OFFICE-96569395

EMail Address NOEMAIL

Address 121 JALAN JARAK

Postcode 809262

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured RELATIVE

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - ROUNDABOUT

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

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

...

Was any other material or property damaged? I have been approached by unknown person(s) YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

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

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191014/7018.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBP7647E

Vehicle Make/Model/Colour

YAMAHA R3

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 25

DETAILS OF INJURED PERSON 1

Name GREGORY SEAH SONG YUAN

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? FBF830R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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

Name:

NRIC/FIN No .:

SKETCH PLAN				
8,14	Times Rd	/ / /	ckras	A: FBF830R. B: FBP7647E
		1 AF	Newton o	
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT			
A 0 3	a delice De	pul.		
		1000		
DECLARATION				
I/We declare the foregoing partic	culars are true in every respect	<u>.</u>		\mathcal{M}_{Δ}
	1/2			Im
Policyholder's Signature	Driver's Signature		Reporting Centre	Personnel's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

ACCIDENT STATEMENT

ACCIDENT DATE: (13. / 10 / 2019) (DD/MM/YYYY), TIME: (08:30) (HH:MM)
LOCATION: New Tan Circles
1. DETAILS OF VEHICLE G) VEHICLE NUMBER: FBF 630 R b) INSURANCE COMPANY: NHUC INCOME C) POLICY NUMBER:
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) e)MAKE & MODEL:
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: Be rand Rum Bag tha MALE AFEMALE) b) NRIC/FIN/PASSPORT: 546919731: 50NTACT: 98360250 c) ADDRESS: BIK 147 Luncay 2 Tom payor # 26-346
Continue to 3.d if Driver also Policy Holder Driver Onduding driver) Continue to 3.d if Driver also Policy Holder Driver Onder Gregory Seah Song Yuan (MALE / FEMALE) Dinric/Fin/Passport: SGC12431C CONTACT: 9656 9495 Claddress: 121 Jalan Jarak
*d)DATE OF BIRTH: (12/04/) 995)(DD/MM/YYYY) e)OCCUPATION: (INDOOR) OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 29 June 2016 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Son in 1900 (10) of 1900 (10
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b) ROAD SURFACE: (DRY) / WET / OTHERS) 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:
HAR of passenger a) VEHICLE NUMBER: FBP 7647 E MODEL: YOMAHANS Linduding driver) b) DRIVER'S NAME:
C) NRIC/FIN/PASSPORT:CONTACT: 9. THIRD PARTY VEHICLE 4) VEHICLE NUMBER:MODEL:
(Induding driver) f) VEHICLE NUMBER:MODEL: (Induding driver) f) NRIC/FIN/PASSPORT:CONTACT:

email = GREGSEAHSONGYVAN @Gmail. com

fax =

VIDEO = 1





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20191014/7018

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 119 14:22	Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
	Informant: RY SEAH :	SONG YUAN	Address: 121 JALAN JARAK SINGAPO	ORE 809262		
ID Type NRIC NO	/ ID No.: D / S95124	31C	Contact No.: Home/Office:	Mobile: 96569395		
National SINGAP	ty: ORE CITIZ	EN	Email: Gregseahsongyuan@gmail.com			
Sex: Male	Age: 24	Date of Birth: 12/04/1995	Type of Informant: Rider	50.5 (1.0)		
Race: Chinese			Language: English	Institution / School Name:		
Occupat Paralega			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/10/2019 08:30	Type of Location Roundabout
Location: NEWTON CIF	RCUS	Road Surface:		Dood Coood Limite
vveatrier.		i Nodu Suriace.		Road Speed Limit:
		Dry Dry		Road Speed Limit: 30 Km/h
Clear Traffic Flow: One Way				

Details of Vehicle Involved								
Туре	Make	Model	Color	Condition	No of Passenger			
Motorcycle		A STATE OF THE STA			0			
	Туре	Type Make	Type Make Model	Type Make Model Color	Type Make Model Color Condition			

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/20191014/7018

CONTINUATION OF REPORT

Name	GREGORY SEAH	SONG YII	ΔN	ID No.		005404040	
3.3-30,17-33	SILEGOITI GEAT	ID NO		S9512431C			
Related Vehicle	FBF830R (Motorcy	Contact No.		96569395			
Hospital/Clinic	NIII						
riospital/Cliffic	NIL		Class Drivin Licen Expire	g	Class: 2B,2A,3 Date of Expiry: NIL		
Date Treatment	14/10/2019		Date Disc	harge	14/10	/2019	
No. of Days grant	ted Medical Leave	04	Degree of		Slight		

Brief Details.

On the state time and date i was travelling in Newton circle I was in the middle lane towards Newton Road . All of a sudden FBP7647E turn left towards bukit timar road and hit my right side , it happen too fast and the next moment i was lying on the ground . i felt giddy and my right knee and left calf is bleeding . we exchange particulars and agreed to claim insurance. i went to see a doctor and was given 4 days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20191014/7018

CONTINUATION OF REPORT

Sketch Plan				
Informant is not al	ole to	provide	sketch	nlai

NP168

Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/10/2019 14:22
Officer In Charge Of Case: TP / TPHQ / ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp	

eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						· Change	Languag	e • Char	nge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.	3			Date o	f Accident		13/10/2019	20:30	
	Vehicle	No.(For Motor)	FBF830	R		Certific	ate Number				
					E	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5069150719- 04		BERNARD RAM BAGTHA	S1691953E	GMC	Third Party	FBF830R	FBF830R	24/12/2018	23/12/2019
					C	ontinue					

Policy No.	5069150719-04	Policyholder Name	BERNARD R	AM BAGTHA	Policyholder NRIC	51691953E	
Certificate No.		ACTION OF			- 000-00-70		
Address	BLK 147 #26-346 LORONG 2 T	GAPORE 310	147				
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	26/11/2018	Effective Date	24/12/2018	00:00	Expiry Date	23/12/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess	Outside Singapore TP Excess					Young/Inexperience Driver Excess	
Agent	INCOME-BRANCH SERVICES	Agent Tel.	67886616		GST Flag	Y	
Co- insurance Flag Open	No						
Policy Info Certificate							
Into	holder Mailing Address						
707 1	holder Mailing Address						
→ Policyl	BLK 147 #26-346	Addre	ss 2	LORONG 2 TOA	PAYOH	Address 3	SINGAPORE 310147
→ Policyl Address 1	POWER THORN I AND AND AND A	2779785277	ss 2 ss Type	LORONG 2 TOA I		Address 3 Post Code	SINGAPORE 310147 310147
♥ Policyl Address 1 Address 4	POWER THORN I AND AND AND A	Addre	ss Type ed Policy			CONTRACTOR.	
♥ Policyl Address 1 Address 4 Unit No.	POWER THORN I AND AND AND A	Addre Relate	ss Type ed Policy	Singapore addres		CONTRACTOR.	
Address 1 Address 4 Unit No.	BLK 147 #26-346	Addre Relate	ss Type ed Policy	Singapore addres		CONTRACTOR.	

aim Handling cident MT/1066853								
licy No.	5069150719-04	Vehicle No.	PBP830R		GST Registration N	0,		
rtificate No.								
icyholder Name	BERNARD RAM BAGTHA				Policyholder NRIC		\$1691953E	
duct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party		Loading		0	
react No.(Mobile)	98360250	Contact No.(Office)	0		Contact No. (Home)		0	
ail Address		Special Remark			eCode	- 1	No. V	
c	® No ○ Yes	TCA	® No ○Yes		eCode Reason			
D Protection	No	NCD Entitlement(%)	15		Private Hire		No.	
Accident Details								
port Date	14/10/2019 18:59	Accident Report Within 24 hrs	Yes		Accident Type		Collision - Change	e / Cross lane
te of Accident	13/10/2019	Time of Accident hhomm	20:30		Country of Accident		Singapore	
orting Centre	13/14/2015	Orange Force	40.30		ICM No.			
ident Location	NEWTON CIRCUS ROUNDABOUT	30.00			(47) (47)			
Excess	HEW TON CINCUS NOUNDADOUT							
					Windscreen Excess			
n demage Excess	0.00	Additional Excess			Windscreen Excess			
named Driver Excess	200000	Outside Singapore OO Excess						
rd Party Excess	0.00	Outside Singapore TP Excess						
Benefits								
GST Registered Inform	ation							
Registered	No			istration Date	2011			
egistration No.			GST Star	us Verified	Yes			
Micetion History								
Policyholder Hailing Ad	idress							
dress 1	BLK 147 #26-346	Address 2	LORONG 2 TOA	PAYOH	Address 3		SINGAPORE 3101	147
dress 4		Address Type	Singapore addre	rss.	Post Code		310147	
t No.		Related Policy Number	5063535503-09					
OI Driver Info								
ver Name	GREGORY SEAH SONG YUAN	Driver Type	Named Driver					
named driver Name		Driver NR3C	\$9512431C		Driver DOB		12/04/1995	
pater Date of Driver License	17/01/2016	Driver Age	24		Driving Expenence		1	
stact No.(Mobile)	96569395	Contact No.(Office)	0		Contact No.(Home)		0	
iress 1	121 JALAN JARAK	Address 2	SELETAR HILLS	ESTATE	Address 3		SINGAPORE BOS	262
		11000						
dress 4		Address Type	Singapore addre	rss	Post Code		809262	
				rss	Post Code		809262	
dress 4 nit No. oes he own a Singapore gistered Car?	○ Yes ® No			riss	Post Code Driver Insurer Com	pany	809262	
et No. les he own a Singapore gistered Car?		Address Type		rss		pany	809262	
nt No. bes he own a Singapore gistered car? claration eathalyser or Blood Test		Address Type		rss		opany	809262	
nit No. oes he own a Singapore	○ Yes ® No	Address Type Driver Vehicle No.	Singapore addre	558		pany	809262	
nt No. bes he own a Singapore sigistared car? claration reathslyser or Blood Test ading?	○ Yes ® No	Address Type Driver Vehicle No.	Singapore addre	555		pany	809262	
nt No. bes he own a Singapore gistered car? claration eathalyser or Blood Test	○ Yes ® No	Address Type Driver Vehicle No.	Singapore addre	555		pany	809262	
it No. has he own a Singapore gistared car? claration cathalyser or Blood Test ading?	○ Yes ® No	Address Type Driver Vehicle No.	Singapore addre	558		apany	809262	
It No. es he own a Singapore gstered Car? Seration eathalyser or Blood Test ading? Sification History Claim 001 New	○ Yes ® No 0 mg	Address Type Driver Vehicle No. Any injury?	Singapore addre		Driver Insurer Com	spany	A-13-600	
It No. es he own a Singapore gstered Car? Seration eathalyser or Blood Test ading? Sification History Claim 001 New	○ Yes ® No	Address Type Driver Vehicle No.	Singapore address ® Yes ○ No		Driver Insurer Com		\$16919536	
It No. as he own a Singapore gatered Car? Isration Lathalyser or Blood Test ading? Ification History Claim OCs New Im Type *	○ Yes ® No 0 mg	Address Type Driver Vehicle No. Any injury?	Singapore addre		Driver Insurer Com		A-13-600	
t No. as he own a Singapore getered car? deration anthalyser or Blood Test ading? sification History claim 001 New im Type * ntact No.(Mobile)	○ Yes ® No 0 mg	Address Type Driver Vehicle No. Any injury? Insured Name	Singapore address ® Yes ○ No		Driver Insurer Com		\$16919536	
t No. ss he own a Singapore patered car? laration athelyser or Blood Test cling? incation Hatory claim 001 New im Type * ttact No. (Mobile) oil Address	O mg O mg GD-MX 96 360250 briegthe≇gme£.com	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Heme)	® Yes ○ No		Driver Insurer Com Insured NRIC Contact No. (Office)		\$16919536 62833881	
t No. ss he own a Singapore patered car? laration ethalyser or Blood Test ding? infcation Hatory claim 003 New im Type * stact No.(Mobile) ei Address imant Type Claimant Type *	O mg O mg GD-MX 96 360250 briegthe≇gme£.com	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OI Vehicle Number	® Yes ○ No BERNARD RAM 6224641 FBF830R	BAGTHA	Driver Insurer Com Insured NRIC Contact No. (Office)		\$16919536 62833881	
t No. as he own a Singapore gatered car? claration eathalyser or Blood Test ading? claim OGS News im Type * ntact No.(Mobile) eii Address imant Type Caimant Type * imant Name *	O mg O mg GD-MX 96360250 briegthe≇gme£.com Please Select ✓	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit *	® Yes ○ No BERNARD RAM 6224641 FBF830R	BAGTHA	Driver Insurer Com Insured NRIC Contact No. (Office)		\$16919536 62833881	
t No. as he own a Singapore gatered car? claration cathelyser or Blood Test ading? claim 00s New im Type * ntact No. (Mobile) col Address imant Type Calmant Type * imant Address imant Address	O mg O mg GD-MX 96360250 briegthe≇gme£.com Please Select ✓	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit *	® Yes ○ No BERNARD RAM 6224641 FBF830R	BAGTHA	Driver Insurer Com Insured NRIC Contact No. (Office)		\$16919536 62833881	
It No. as he own a Singapore gatered car? Idention Identication Id	O mg Ong Ong Ong Ong Ong Please Select ≥≥	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Heme) OI Vehicle Number Type of Benefit * Claimant NRIC *	® Yes ○ No BERNARD RAM 6224641 FBF830R	BAGTHA	Driver Insurer Com Insured NRIC Contact No. (Office TP Vehicle Number		\$16919536 62833881	
at No. as he own a Singapore gestered car? claration eathelyser or Blood Test ading? claim OG1 New im Type * ntact No. (Mobile) hol Address limant Type Calmant Type * limant Name * limant Address l	Ores ® No Ores ® No Ores O	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Heme) OI Vehicle Number Type of Benefit * Claimant NRIC *	® Yes No BERNARO RAM 6224641 FBF830R Please Select	BAGTHA V	Insured NRIC Contact No.(Office TP Vehicle Number		\$1691957E 62833881 FBP7647E	lu
at No. ses he own a Singapore gestered car? claration eathelyser or Blood Test eding? diffication History Claim OGS New sim Type * intact No. (Mobile) heil Address aimant Type Claimant Type * aimant Address aim	Ores ® No Select Please Select ≥≥ PBF830R / F8P7647E ON 13 Oct 2019 Yes ✓	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferenced Repair Option	® Yes No BERNARO RAM 6224641 FBF830R Please Select	BAGTHA V	Driver Insurer Com Insured NRIIC Contact No. (Office TP Vehicle Number Name of Preferred GSA report		\$1691953E 62833881 FBP7647E	
at No. as he own a Singapore gestered car? claration cathalyser or Blood Test ading? diffication History Claim Oos. New im Type * intact No. (Mobile) hold Address simant Type Calmant Type * simant Address siman	O mg O mg O mg O mg O mg Fease Select Person / Pep76476 ON 13 Oct 2019 Yes 14/10/2019 19:01	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Heme) OI Vehicle Number Type of Benefit * Claimant NRIC *	® Yes No BERNARO RAM 6224641 FBF830R Please Select	BAGTHA V	Insured NRIC Contact No.(Office TP Vehicle Number		\$1691957E 62833881 FBP7647E	
at No. as he own a Singapore gestered car? claration eathelyser or Blood Test ading? claim OGS New im Type * ntact No. (Mobile) inoi Address aimant Type Calmant Type * imant Address imant Ad	Ores ® No Select Please Select ≥≥ PBF830R / F8P7647E ON 13 Oct 2019 Yes ✓	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferenced Repair Option	® Yes No BERNARO RAM 6224641 FBF830R Please Select	BAGTHA V	Driver Insurer Com Insured NRIIC Contact No. (Office TP Vehicle Number Name of Preferred GSA report		\$1691953E 62833881 FBP7647E	
st No. ses he own a Singapore gestered car? claration eathelyser or Blood Test ading?	O mg O mg O mg O mg O mg Fease Select Person / Pep76476 ON 13 Oct 2019 Yes 14/10/2019 19:01	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferenced Repair Option	® Yes No BERNARD RAM 62244641 FBF830R Please Select Not at Fault Preferred Work	BAGTHA V shop, Name unknown	Driver Insurer Com Insured NRIIC Contact No. (Office TP Vehicle Number Name of Preferred GSA report		\$1691953E 62833881 FBP7647E	
at No. as he own a Singapore gatered car? claration eathelyser or Blood Test ading? Claim OO1 New aim Type * intact No.(Mobile) aid Address aimant Address aimant Address aim Description eferred Workshop Coreact course Finalisation the Registered goot Taken By I Print AK letter	O mg O mg O mg O mg O mg Fease Select Person / Pep76476 ON 13 Oct 2019 Yes 14/10/2019 19:01	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferenced Repair Option	® Yes No BERNARO RAM 6224641 FBF830R Please Select	BAGTHA V shop, Name unknown	Driver Insurer Com Insured NRIIC Contact No. (Office TP Vehicle Number Name of Preferred GSA report		\$1691953E 62833881 FBP7647E	
at No. as he own a Singapore gestered car? claration eathelyser or Blood Test ading? claim OGS New im Type * ntact No. (Mobile) inoi Address aimant Type Calmant Type * imant Address imant Ad	O mg O mg O mg O mg O mg Fease Select Person / Pep76476 ON 13 Oct 2019 Yes 14/10/2019 19:01	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferenced Repair Option	® Yes No BERNARD RAM 62244641 FBF830R Please Select Not at Fault Preferred Work	BAGTHA V shop, Name unknown	Driver Insurer Com Insured NRIIC Contact No. (Office TP Vehicle Number Name of Preferred GSA report		\$1691953E 62833881 FBP7647E	
at No. as he own a Singapore gatered car? claration asthalyser or Blood Test ding? Claim OOS New Im Type * Intact No.(Mobile) and Address Immark Add	Ores ® No Season Please Select ≥≥ PBF8308 / F8P7647E ON 13 Oct 2019 Yes 14/10/2019 19:01 Jackson	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferenced Repair Option Claim Close Date	® Yes No BERNARD RAM 62244641 FBF830R Please Select Not at Fault Preferred Work	BAGTHA V shop, Name unknown	Driver Insurer Com Insured NRIIC Contact No. (Office TP Vehicle Number Name of Preferred GSA report		\$1691953E 62833881 FBP7647E	
t No. ss he own a Singapore patered car? laration athalyser or Blood Test ding? lification History lisaim 003 New Im Type * Itact No. (Mobile) aid Address Immark Type Calmant Type * Immark Address Immark Addres	O mg O mg O mg O mg O mg Fease Select Person / Pep76476 ON 13 Oct 2019 Yes 14/10/2019 19:01	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferenced Repair Option	® Yes No BERNARD RAM 62244641 FBF830R Please Select Not at Fault Preferred Work	BAGTHA V shop, Name unknown D01	Driver Insurer Com Insured NRIIC Contact No. (Office TP Vehicle Number Name of Preferred GSA report		\$1691953E 62833881 FBP7647E	
t No. as he own a Singapore gatered car? idention cathalyser or Blood Test ding? idification History Claim Ods New im Type * ntact No.(Mobile) and Address imark Type Claimant Type * imark Address imark Address im Description ferred workshop Coreact quire Finalisation te Registered port Taken By Print AK letter Attachment p clock No.	Ores ® No Season Please Select ≥≥ PBF8308 / F8P7647E ON 13 Oct 2019 Yes 14/10/2019 19:01 Jackson	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferenced Repair Option Claim Close Date	® Yes No BERNARD RAM 62244641 FBF830R Please Select Not at Fault Preferred Work	BAGTHA V shop, Name unknown	Driver Insurer Com Insured NRIIC Contact No. (Office TP Vehicle Number Name of Preferred GSA report		\$1691953E 62833881 FBP7647E	
at No. as he own a Singapore gatered car? claration asthalyser or Blood Test ding? Claim OOS New Im Type * Intact No.(Mobile) and Address Immark Add	Ores ® No Br8360250 Br8360250 Br8360250 Presse Select ≥≥ PBF8308 / F8P7647E ON 13 Oct 2019 Yes 14/10/2019 19:01 Dackson	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Heme) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date	® Yes O No BERNARD RAM 62244641 FBF330R Prease Scient Preferred Work Seve Submit	BAGTHA shop, Name unknown 14/10/2019 19:02 Cacegory *	Driver Insurer Com Insured NRIIC Contact No. (Office TP Vehicle Number Name of Preferred GSA report		\$1691957E 62833881 FBP7647E Received 14/10/2019 00 (00
t No. ss he own a Singapore patered car? laration athalyser or Blood Test ding? lification History lisaim 003 New Im Type * Itact No.(Mobile) aid Address Immark Type Calmant Type * Immark Address	Ores ® No Breagth ® grast.com Please Select ≥≥ PBF830R / F8P7647E ON 13 Oct 2019 Yes 14/10/2019 19:01 Dackson MT/1066853 ® Yes ○ No	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Heme) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date	® Yes No BERNARD RAM 62244641 FBF830R Please Select Not at Fault Preferred Work	BAGTHA shop, Name unknown 14/10/2019 19:02 Cacegory *	Driver Insurer Com Insured NRIIC Contact No. (Office TP Vehicle Number Name of Preferred GIA report Date Received Confidential	Workshop	\$1691957E 62833881 FBP7647E Received 14/10/2019 00 (00
t No. Is the own a Singapore patered car? Isration athalyser or Blood Test ding? Isration History Islam 003 New Im Type * Istact No. (Mobile) Islam 4 Address Islam 4 Address Islam 4 Address Islam 5 Address Islam 5 Address Islam 6 Address Islam 7 Address Islam 7 Address Islam 7 Address Islam 8 Address Islam 6 Address Islam 6 Address Islam 6 Address Islam 7	Ores ® No Breagth ® grast.com Please Select ≥≥ PBF830R / F8P7647E ON 13 Oct 2019 Yes 14/10/2019 19:01 Dackson MT/1066853 ® Yes ○ No	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Heme) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date	Singapore address W Yes No BERNARD RAM 62244641 FBF830R Please Select Not at Fault Preferred Work Save Submet	BAGTHA shop, Name unknown 14/10/2019 19:02 Category *	Insured NRIC Contact No. (Office TP Vehicle Number GIA report Date Received Confidential	Workshop	\$1691953E 62833881 FBP7647E Received 14/10/2019 00 0	00
t No. ss he own a Singapore patered car? laration athalyser or Blood Test ding? lification History lisaim 003 New Im Type * Itact No.(Mobile) aid Address Immark Type Calmant Type * Immark Address	Ores ® No Breagth ® grast.com Please Select ≥≥ PBF830R / F8P7647E ON 13 Oct 2019 Yes 14/10/2019 19:01 Dackson MT/1066853 ® Yes ○ No	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Preferenced Repair Option Claim Close Date Claim No. Upload Date Browse Browse	Singapore address W Yes No BERNARD RAM 62244641 FBF630R Please Select Not at Fault Preferred Work Save Submit	BAGTHA Shop, Name unknown 14/10/2019 19:02 Category * ase Select	Insured NRIIC Contact No. (Office TP Vehicle Number GSA report Date Received Confidential	Workshop Urgency Normal	\$16919536 62833881 FBP7647E Received 14/10/2019 00 0	00
t No. ss he own a Singapore patered car? laration athalyser or Blood Test ding? lification History lisaim 003 New Im Type * Itact No.(Mobile) aid Address Immark Type Calmant Type * Immark Address	Ores ® No Breagth ® grast.com Please Select ≥≥ PBF830R / F8P7647E ON 13 Oct 2019 Yes 14/10/2019 19:01 Dackson MT/1066853 ® Yes ○ No	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date Browse Browse Browse	BERNARD RAM 63244641 FBF830R Prease Select Not at Fault Preferred Work Save Submet	BAGTHA pathop, Name unknown 14/10/2019 19:02 Category * ase Select 25 25 26 27 28 28 28 28 28 28 28 28 28 28 28 28 28	Insured NRIC Contact No. (Office TP Vehicle Number GSA report Date Received Confidential NO. V NO. V NO. V	Urgency Normal Normal	\$1691953E 62833881 FBP7647E Received 14/10/2019 00 0	00
t No. as he own a Singapore gatered car? idention cathalyser or Blood Test ding? idification History Claim Ods New im Type * ntact No.(Mobile) and Address imark Type Claimant Type * imark Address imark Address im Description ferred workshop Coreact quire Finalisation te Registered port Taken By Print AK letter Attachment p clock No.	Ores ® No Breagth ® grast.com Please Select ≥≥ PBF830R / F8P7647E ON 13 Oct 2019 Yes 14/10/2019 19:01 Dackson MT/1066853 ® Yes ○ No	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferened Repair Option Claim Close Date Claim No. Upload Date Browse Browse Browse	BERNARD RAM 62244641 FBF630R Prease Select Not at Fault Perferred Work Save Submet	BAGTHA Dot 14/10/2019 19:02 Eategory * ase Select ase Select ase Select	Insured NRIIC Contact No. (Office TP Vehicle Number GSA report Date Received Confidential No. V No. V No. V	Urgency Normal Normal Normal	\$1691953E 62833881 FBP7647E Received 14/10/2019 00 0	00
as his own a Singapore gistered car? claration eathelyser or Blood Test ading? claration History claim Ocs New im Type * ntact No. (Mobile) hold Address immark Type Claimant Type * immark Address immark Address imm Description femred Wontshop Coreact quire Finalization te Registared port Taken By Print AK letter Attachment	Ores ® No Breagth ® grast.com Please Select ≥≥ PBF830R / F8P7647E ON 13 Oct 2019 Yes 14/10/2019 19:01 Dackson MT/1066853 ® Yes ○ No	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Preferened Repair Option Claim Close Date Browse Browse Browse Browse	Singapore addin Singap	BAGTHA Dos shop, Name unknown Lacegory ase Select	Insured NRIC Contact No.(Office TP Vehicle Number GIA report Date Received Confidential No. V No. V No. V No. V No. V	Urgency Normal Normal Normal	816919536 62833881 FBP7647E Received 14/10/2019 00:0	Description
t No. as he own a Singapore gatered car? idention cathalyser or Blood Test ding? idification History Claim Ods New im Type * ntact No.(Mobile) and Address imark Type Claimant Type * imark Address imark Address im Description ferred workshop Coreact quire Finalisation te Registered port Taken By Print AK letter Attachment p clock No.	Ores ® No Breagth ® grast.com Please Select ≥≥ PBF830R / F8P7647E ON 13 Oct 2019 Yes 14/10/2019 19:01 Dackson MT/1066853 ® Yes ○ No	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferened Repair Option Claim Close Date Claim No. Upload Date Browse Browse Browse	BERNARD RAM 62244641 FBF630R Prease Select Not at Fault Perferred Work Save Submet	BAGTHA Dos shop, Name unknown Lacegory ase Select	Insured NRIC Contact No.(Office TP Vehicle Number GIA report Date Received Confidential No. V No. V No. V No. V No. V	Urgency Normal Normal Normal	816919536 62833881 FBP7647E Received 14/10/2019 00:0	00

			Display in New Window	-					_
	Uploaded By/Date	Folder Date	File Name			P	Source		Acti
Video List	NAC_PAYA_UB3_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Oct 2019 19:01		Photos		Normal	Photo	2019-10-14		
100	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Oct 2019 19:01		Photos		Normal	Photo	s 2019-10-14		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Oct 2019 19:01		Photos		Normal	Photo	s 2019-10-14		
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Oct 2019 19:01		Photos		Normal	Photos 2019-10-14			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Oct 2019 19:01		Photos		Normal	Photos 2019-10-14			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Oct 2019 19:01		Photos		Normal	Photo	s 2019-10-14		
はなる。	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Oct 2019 19:01		Photos		Normal	Photo	s 2019-10-14		
4	NAC_PAYA_UBI_800601[NATIO CES) on 14 C	ONAL ASSESSMENT CENTRE SERVI Oct 2019 19:01	Photos		Normal	Photo	s 2019-10-14		
	NAC_PAYA_UBI_800601(NATIO CES) on 14 C	ONAL ASSESSMENT CENTRE SERVI Dot 2019 19:01	Photos		Normal	Photo	s 2019-10-14		
*	NAC_PAYA_UBI_B00601(NATIO CES) on 14 C	ONAL ASSESSMENT CENTRE SERVI Dot 2019 19:01	Photos		Normal	Photo	Photos 2019-10-14		
7	NAC_PAYA_UBI_800601(NATIO CES) on 14 0	ONAL ASSESSMENT CENTRE SERVI Dot 2019 19:01	Photos		Normal	Photo	Photos 2019-10-14		
	NAC_PAYA_UBI_B00601(NATIO CES) on 14 C	OMAL ASSESSMENT CENTRE SERVI Det 2019 19:01	Photos		Normal	Photo	Photos 2019-10-14		
	NAC_PAYA_UBI_800601(NATIO CES) on 14 0	ONAL ASSESSMENT CENTRE SERVI Dot 2019 19:01	Photos		Normal	Photo	s 2019-10-14		
16		ONAL ASSESSMENT CENTRE SERVI DOI 2019 19:01	Photos		Normal	Photo	s 2019-10-14		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Oct 2019 19:01		Photos		Normal	Photo	s 2019-10-14		
	NAC_PAYA_UBI_800801(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Oct 2019 19:01		Photos		Normal	Photo	is 2019-10-14		
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Oct 2019 19:01		Photos		Normal	Photo	s 2019-10-14		
**	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Oct 2019 19:01		SAS		Normal	SAS	2019-10-14		
問題	NAC_PAYA_UBI_800601(NATIO CES) on 14 (OWAL ASSESSMENT CENTRE SERVI Oct 2019 19:02	NRJC/ Oriving License	Y	Normal	NRIC/ Oriving	NRIC/ Driving License 2019-10-14		
Attachment		id By/Date	Category		Urgency	-	escription	015/04/2000	

https://giclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do