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Date In: 29/19-09112	Jeb description		Date &Time Complete	ed De	ne by
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Veh No: JEBRAX	E-mail (within 8	hrs, AIC 2hrs)			-1
D.O.A: 26/12/19-13:50	i-Motor Clain	Form	m 110 68767001	24/12/19	10.30
OD : TP ' Reporting Only	i-Motor W/O	(Within: OD 2hrs			
OD A Reporting Only	i-Photo Uploa	ded			
TP Insurer:	Assessment/Sur	vey Report			
ir insurei.	Ass't Report by	Fax / Hand t	Owner/Wksp		5334-34-3
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	
TP Particulars: Veh No: X	E434372	. INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	6) [Note-Est. Status (W	O): N: 0-20	0%; P: 21-79%. P: 8	0-100%]	
Year of Registration: () Warranty: YES ()/NO()		
Excess: (\$) Loading:					X-m-X-min
General Remarks;	na taum Harasser rest rations (re	CONTRACTOR CONTRACTOR		<u> </u>	
temarks:- (INC horline: 6788 661)			Date&Time Complete	1 Do	one by
1) Apply for Transport Allowance () / Courtesy Car ()				
)/Courtesy Car ()				
2) QC Check / Post Repair Inspection	()				
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 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	
Date Of Report	29/10/2019 09:10	
Date Of Accident	26/10/2019 13:50	
Exact Location Of Accident	BLK 90 BEDOK NORTH AVE 4	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKE1895X	
Insured/Policyholder		
Name Of Registered Owner	J4 LEASING	
Co Reg No	53326516M	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-92319945	
Alternative Phone No	OFFICE-92319945	
Vehicle Particulars		
Manufacturer	HYUNDAI	
Model	ELANTRA 1.6 AT ABS D/AB 2WD 4DR	
Exact Purpose for which vehicle was being used at time of accident	WORKING	
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	5097973115-01	
Cover Note Number		
Driver		
Name of Driver	LEONG CHUN KIT (LIANG JUNJIE)	
NRIC No	S7611521D	
Date Of Birth	11/04/1976	
Occupation	OUTDOOR	
Date Of Driving Pass	16/01/2008	
Driving Experience	11 YEARS AND 9 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-92319945	
Fax Number		
Contact Number	OFFICE-92319945	
EMail Address	NOEMAII	

NOEMAIL

Address BLK 108 BEDOK NORTH ROAD

#08-2210

Postcode 460108

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name GEYLANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 132 PAYA LEBAR ROAD, POSTCODE: 409014, COUNTRY:

SINGAPORE

NO

Police Station Contact TEL NO: 1800-8486999 - FAX NO: 68486799

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191029/2052

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XE4343Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver YANG DAJUN

NRIC/Passport Number

Contact Number 91210859

Address Postcode

Insurance Company Name

Page 2 of 20

DETAILS OF INJURED PERSON 1

Name LEONG CHUN KIT (LIANG JUNJIE)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKE1895X

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 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.

E A S/Z (53326516M) O

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

Date & Time:

3.30 pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN	BIK 97	BUDOKALOVAK	AVA 4		
	A) SK B) XE	E 1895X 4343Z		1/82/	31,
DESCRIBE CIRCUN	ISTANCES OF T	HE ACCIDENT			
Un 26 10 1 Went p Suddenly my cour domaged	assed H	ne carperk g an impact from	mmy sig	to Kick	straight.
DECLARATION I/We declare the fore		are true in every respect.	26/10/2019		
Policyholder's Signatur Date & Time:	re	Driver's Signature (If driver is not the policyhold		Reporting Centre Name:	e Personnel's Signature

3.30 pm

ACCIDENT STATEMENT

ACCIDENT DATE: 26, 10, 2019)(DD/MM/YYYY), TIME: (13 . 50)(HH:MM)
DIK 40 O I I NI .II
LOCATION: Bedok Worth are 4 5 pore 460090
1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: SKE 1895 X
DINSURANCE COMPANY: NTUC
CIPOLICY NUMBER: 5097973115-01
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
OJMAKE & MODEL: Hyunda, Elantron 2012
F)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h)PURPOSE OF USING AT ACCIDENT TIME: WOFKING
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
Alname: JA Leasing (MALE/FEMALE)
DINRIC/FIN/PASSPORT: S/7611521/D CONTACT: 92319945
c)ADDRESS:
* CONTINUE TO A LIFE TO A
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DRIVER
Challet and alliame: Leong chun Kit
(Including driver) diNAME: Wally STORT: STATE ONTACT: 92319945
CJADDRESS: BIK 108 bed ok north Rd #08-2210 Spore 46010
10010
"d) DATE OF BIRTH: (11 / 04 / 1976) (DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)
FIDATE OF DRIVING PASS 16/1/2008
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: YES
5. d)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:
9 THOS DADTY VITAGE
No of passenger a) VEHICLE NUMBER: XE 43 43 2 MODEL.
Including driver) b) DRIVER'S NAME: Yang Dayun
CONTACT: 91210859
9. THIRD PARTY VEHICLE
No of passenger e) VEHICLE NUMBER:MODEL:
17/4 digitary
(CONTACT:
1987

email = Ama niwde.gnoel@gmail.com





Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

1 of 3

Report No. T/20191029/2052

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 29/10/2019 12:24		Vide Report No.:	Station Diary No.: 53	
Informa	nt's Partic	ulars		AND THE MEDICAL PROPERTY.	
College College	f Informant: CHUN KIT		Address: APT BLK 108 BEDOK 1 460108	NORTH ROAD #08-2210 SINGAPORE	
	/ ID No.: O / S76115:	21D	Contact No.: Home/Office:	Mobile: 92319945	
National SINGAP	ity: ORE CITIZ	ΈN	Email:		
Sex: Male	Age:	Date of Birth: 11/04/1976	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3A Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/10/2019 15:30	Type of Location Straight Road	
	TH AVENUE 4	Open Carpark			
Weather: Heavy rain	ok North 7 to Hade 17	Road Surface: Wet		Road Speed Limit:	
Traffic Flow: Traff		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collis Between Mov		Swipe - Same Direction		Anyone conveyed by ambulance: No	

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
SKE1895X	Car				Seriously Damaged			
XE4343Z	Lorry				No Damage	0		

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





Police Station Of Origin: Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

CONTINUATION OF REPORT

2 of 3 Report No. T/20191029/2052

Driver				Treplan.		
Name	LEONG CHUN KIT		estentino de sobre de la composición de	ID No),	S7611521D
Related Vehicle	SKE1895X (Car)			Conta	act No.	92319945
Hospital/Clinic	ADVANCE CLINIC & SURGERY PTE LTD				of g ce & / Date	Class: 3A Date of Expiry: NIL
Date Treatment	29/10/2019 Date Disc			harge 29/10/2019		0/2019
No. of Days gran	ted Medical Leave	03	Degree of		Sligh	
Driver				A SALES	3.	
Name	Yang Dajun			ID No		G2612052M
Related Vehicle	XE4343Z (Lorry)			Contact No.		91210859
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days grant	ted Medical Leave	NIL	Degree of		NIL	- 14/1/4/10 No. 144-10-10-10-10-10-10-10-10-10-10-10-10-10-

Brief Details.

On 26/10/2019 at about 3:30pm, I was driving my vehicle (Registration Number: SKE1895X) along Bedok North Ave 4. After I turned into the open space carpark of Block 90 Bedok North Avenue 4 and is proceeding straight right after entering the Gantry. There was a rubbish truck (Registration Number: XE4343Z) whom was collecting rubbish at the central rubbish chute.

When I was passing the Rubbish Truck, the rubbish truck began to accelerate forward and it collided into the right passenger side door, causing my passenger side door to be severely dented and also caused it to be unable to open.

I then got off the vehicle and exchanged my particulars with the driver and I went to Advance Clinic & Surgery Pte Ltd on 29/10/2019 whom awarded me with 3 days MC due to Neck Pain.





Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

3 of 3 Report No. T/20191029/2052

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 1 CHUN KHANG YEE	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 29/10/2019 12:24	
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:	



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre

with whom you submitted the Original Report. ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MNA119142335 Vehicle Registration No: SKE1895X Name(as shown in NRIC) : _J4 LEASING ____NRIC/FIN/Passport No: 53326516M (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(Mobile No.: 92319945 Contact (Tel) Email Address Date of Accident : 26/10/2019 ____Time of Accident : 13:50 Place of Accident : BLK 90 BEDOK NORTH AVE 4 Insurance Company: NTUC Income Insurance Co-operative Ltd. (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Add in police report - T/20191029/2052.

Policyholder / Driver's Signature
Date:

Reporting Centry
Name:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.: Date:



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Cover : drivo CLASSIC

Certificate Number: 5097973115-01

: SKE1895X

1. Index mark and Registration Number of Vehicle

Chassis Number

: KMHDH41CMCU423645

2. Name of Policyholder

: J4 LEASING

3. Effective Date of Insurance

: 14 Feb 2019

4. Expiry Date of Insurance

: 13 Feb 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

· \$\$2,000

EXCESS (SECTION 2)

: \$\$1,500

WINDSCREEN EXCESS

: S\$100

ADDITIONAL EXCESS

: N/A

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO : YES

INSURE WITH COE

: NO

NCD PROTECTION

: NO

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

PRIMARY DRIVER

: N/A

NAMED DRIVER (1)

: N/A : N/A

NAMED DRIVER (2) HIRE PURCHASE COMPANY

: KENSO LEASING PTE LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: AUTOSHIELD PTE. LTD. (00000573469)

Date of Issue

: 23 Jan 2019 15:58 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech			Genera			alClaim					
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Notice of Loss	Policy N	Va.				Date o	of Accident	1	26/10/2019	13:50	
	Vehicle	No.(For Motor)	SKE189	5x		Certifi	cate Number	1			
					19	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097973115- 01		J4 LEASING	53326516M	GPC	drivo CLASSIC	SKE1895)	SKE1895X	14/02/2019	13/02/2020
					C	Continue					

Sequen	ce Date of Endorsemen	t E	ndorsement	Туре	Endorsement	Status	Endorsement Content
♥ Endors	ements						
Insured	Object: SKE1895X						
Unit No.	08-2210	Relate Numbe	d Policy er	5097973115-01			
Address 4			ss Type	Singapore address	81	Post Code	460108
Address 1	BLK 108 #08-2210	Addres	ss 2	BEDOK NORTH ROA	AD .	Address 3	SINGAPORE 460108
→ Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
nsurance Flag	No						
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Outside Singapore	2000	Outside Singapore	1500			Young	/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Excess Type		All Claims Excess					
Policy ssue Date	23/01/2019	Effective Date	14/02/2019	00:00	Expiry Date	13/02/2020 23	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 108 #08-2210 BEDOK NOR	TH ROAD SING	GAPORE 460	108			
Certificate No.							
Policy No.	5097973115-01	Policyholder Name	J4 LEASING	ì	Policyholder NRIC	53326516M	

Marchester Mar	Policy No. Certificate No. Policyholder Name Product Code Confact No.(Mobile)										
SCHOOLS STATE OF THE STATE OF T	Certificate No. Policyholder Name Product Code Contact No.(Mobile)										
Ministry	Policyhalder Name Product Code Contact No. (Mobile)	5097973115-01	Vehicle No.	SKE1895)		GST Reg	stration N	in.			
March 15	Product Code Contact No (Mobile)										
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Marchane									1000		
March Endows - March Control		07			res						
March Marc		No	NCD Entitlement(%)	30		Private H	ire.		Yes		
County of Accident Section Sec											
Marches Marc	report Date	29/10/2019 10:28	Accident Report Within 24 hrs.	Yes		Accident 1	Туре		Collision - Ma	or Minor Road	
March Marc	Sate of Accident	26/10/2019	Time of Accident Nicimm	13:50		Country o	of Acciden	t .	Singapore		
	leporting Centre		Orange Force			DOM No.					
March Marc	Iccident Location	BLK 90 BEDOK NORTH AVE 4									
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18 18 18 18 18 18 18 18	hird Party Excess	1,500.00	Outside Singapore TP Excess		1,500.00						
Stragerrand No	⇒ Benefits										
Column C	□ GST Registered Information	ation									
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Marie	□ Policyholder Maillon Ad	dress									
Modest Modest Modest Type			Address 2	BEDOW NO	PTH SCAD	Address 2	12		RINGS AND CO.	ekonosi.	
March Marc		DEN 100 #0012210								VBG 108	
## District Folia		accession.				Post Code			460108		
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Driver Natural Strategore Part		25075000	Address Type	Singapore	address	Post Code			460108		
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Taylor of Benefit * Please Select	ontact No.(Mobile)	92319940	Contact No.(Home)			Contact N	o.(Office)				
Type of Bernett * Prease Select * Type of Bernett * Ty	mail Address		DI Vehicle Number	SKE1895X		TP Vehicle	Number		XE4343Z		
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