NATIONAL Assessment Centre	Services. w	t 1 Janios . N	9NAY20014	104	
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OD Reporting Only	I-Photo Upload		1		
	Assessment/Surv				
TP Insurer:			Owner/Whan		
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Owner/Driver; (	I DUST-1.		Tel:		)
Policy No: ( ) Pe	rlod: (	)	Cover Type: (		. ).
Confirmed by 1 (		Dates,	Tliner		.)
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#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Contact Number 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.
- Information provided must be as <u>truthful and accurate</u> 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.

- 5. 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

	ACCIDENT STATEMENT
Date Of Report	31/01/2020 15:27
Date Of Accident	30/01/2020 15:05
Exact Location Of Accident	JUNCTION OF BT BATOK EAST AVE 3/BT BATOK ST 23
Country/State of Loss	SINGAPORE
A DE	ETAILS OF OWN VEHICLE
/ehicle Registration Number	SMD9655B
nsured/Policyholder	
Name Of Registered Owner	LIM FATT
and the first of the state of t	SXXXX050G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96368282
Alternative Phone No	OTHERS-96368282
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104052865-01
Cover Note Number	
Driver	
Name of Driver	LIM FATT
NRIC No	SXXXX050G
Date Of Birth	29/09/1954
Occupation	OUTDOOR
Date Of Driving Pass	15/01/1974
Driving Experience	46 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96368282
Fax Number	
Contact Number	OTHERS-96368282

NOEMAIL

Address

BLK 943 JURONG WEST STREET 91

#10-521

Postcode

640943

OWNER

Was driver an employee of the Insured's Company NO

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 - HEAD ON COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

2

involved in the accident

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

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

TIONG BAHRU NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125 , POSTCODE: 160128 ,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-2739999 - FAX NO: 62785651

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200130/2152 AND T/20200131/2057

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

GBF6113M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

### Nature Of Damage

## No. Of Passenger (Including Driver)

	DETAILS OF INJURED PERSON 1
Name	LIM FATT
Approximate Age	
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SMD9655B
Were seat belts worn?	YES
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.
- 3. 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.
- 4. The Issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. 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:
  - (i) 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:
  - (i) 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: 31120

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Name

SKETCH PLAN GBF 6113 M 3 5000 9625 B DESCRIBE CIRCUMSTANCES OF THE ACCIDENT POLICA DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature Policyholder's Signature Driver's Signature Date & Time: 31 120 Name: (If driver is not the policyholder) 1120AM Date & Time: NRIC/FIN No.:

# AGCIDENT'STATEMENT

LOCATION: ALONG ROAD I BUKIT BATOK EAST AVE 3

	17	DETAILS OF VEHICLE	P1	200000000000000000000000000000000000000
		OLYEHIOLE HUMBER SMD 9655 F	2.	
		DINSURANCE COMPANY! NTUS		
		CIPOUCY NUMBER!		
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		DIPOLICY TYPE: (COMPREHENSIVE / THIRD PAR DIMAKE & MODEL: TOYOTA /ALTIS	IT / THIRD PARTY FI	RE ATHERT
17				
W		TITYPE (SALOON / COUPE / MPV /VAN / LORRY	//Motorcycle./	OTHERS!
		TO THE RESERVE OF THE PROPERTY	41 / 11 OT	1 6
			4 1 1 (10) 11/25	
20		I) ARE YOU CLAIMING UNDER YOUR OWN INSUE	RYNCE (AER (HO))	
	2,	IF NO, PLEASE STATE (THIRD PARTY CLAIM / RE	FORTING ONLY	3
		ANAMER LIM LATT		
		DINRIC/FINIPASSPORTI S 0 2 2 80 50 CI	MALE/	SWA SO
		O) ADDRESS: BLK 943 JULONG W	CONIACTI /O	500202
15.		#10-521 (640943	631 31 11	
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(13	Prince L.	DINRIC/FIN/PASSPORTI_	(MALE / F	CWW/CC)
CT)		c)ADDRESS;		
		*d)DATE OF BIRTH: (	MWWAAAA	
	- 2	UDATE OF DRIVING PAGE WAS DRIVER AN EMPLOYER OF THE INSURE IF NO, RELATIONSHIP OF THE DRIVER WITH		
	5.0	WAS DRIVER AN EMPLOYER OF THE INSURE	ED'S COMPANY? ()	ES (NQ)
1	ž	IF NO, RELATIONSHIP OF THE DRIVER WITH	H INSURED:	DUNTHIA
	47.6	DI WEATHER CONDINON I CLESK / RAINING / C	DYHERS	
	8.	MAS ANYBODY INJORED (YES / NO)	<del></del>	
*	7.	a) REPORTED TO POUCE (TE) / NO)	1.1	A: 10
		IF YES, PLEASE STATE WHICH POLICE STATIONS	50.	- 4
and w	8.	THIRD PARTY VEHICLE O OC 1 119 4 -		
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email =





1 of 3

Report No. T/20200130/2152

Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128

Tel No: 1800-2739999

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/01/2020 19:15			Vide Report No.: J/20200130/0086	Station Diary No.: 53		
Informa	nt's Partice	ulars				
Name of Informant: LIM FATT			Address: APT BLK 943 JURONG WEST STREET 91 #10-521 SINGAPORE 640943			
ID Type / ID No.: NRIC NO / S0228050G		50G	Contact No.: Home/Office: Mobile: 96368282			
Nationality: SINGAPORE CITIZEN		EN .	Email:			
Sex: Age: Date of Birth: Male 65 29/09/1954			Type of Informant: Driver			
Race: Chinese			Language: Institution / School Name			
Occupation: PERSONAL DRIVER		R	Driving Licence Information Class: 2B,2A,2,3	on: Date of Expiry:		

Type of Accident:  Accident:  Injury Attended by Police		Drink   Date/Time of		Type of Location X-Junction	
·	K EAST AVENUE 3  n of Bukit Batok East Ave 3	and Bukit Batok Road Surface: Dry	Street 23	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Wo	DOMESTIC OF THE PARTY OF THE PA	Traffic Volume: Moderate	
Type of Collis Between Mov	sion: ring Vehicles - Head To Sid	e	a	Anyone conveyed by ambulance:	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBF6113M	Van					0
SMD9655B	Car	ТОУОТА	COROLLA ALTIS 1.6 AUTO	Black	Seriously Damaged	0

Details of V	ehicle Insurance			I and the second
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





2 of 3

Report No. T/20200130/2152

Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE

Tel No: 1800-2739999

CONTINUATION OF REPORT

Details of A	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMD9655B	NTUC Income Insurance Co-Operative	5104052865-01	18/11/2019	17/11/2020

Details of Person						
No. of Pedestrian	MANAGEMENT OF THE PARTY OF THE		Use of Peo	destrian	Cross	ing: NA
Driver				13.31	Marian	
Name	LIM FATT			ID No		S0228050G
Related Vehicle	NIL			Conta	ct No.	96368282
Hospital/Clinic	NIL ,			Class Drivin Licens Expin	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL Date Dis			harge	NIL	
No. of Days gran	NIL	Degree of	f Injury	NIL		

#### Brief Details.

On 30/01/2020 at about 1505hrs, I was driving along Bukit Batok East Ave 3 towards Bukit Batok Central. When I was approaching to the cross junction of Bukit Batok Ave 3 and Bukit Batok Street 23, the traffic light was still green. I was moving at constant speed and a van (GBF6113M) which was from opposite road suddenly make a right turn into Bukit Batok Street 23. I have jam brake but was not able to stop in time and collided onto the left middle of the van. My vehicle was seriously damaged. I felt pain on my chest area after the accident. I have not seek medical treatment. The traffic police came and given me a case number J/20200130/0086. I was advise to make a police report. There is a witness namely (Mr Chua, Hp:82289615) who have saw the whole accident. The van driver was conveyed to hospital by ambulance.





Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128 3 of 3 Report No. T/20200130/2152

Tel No: 1800-2739999

CONTINUATION OF REPORT

#### Sketch Plan

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: A / Sgt 3 PHANG JUN LONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/01/2020 19:15
Officer In Charge Of Case; TP / GIT / SI ONG CHEE HIEN Contact No.: 65476437	Classification Of Case:
Authentication Stamp	

Singapore Police Force





Report No. T/20200131/2057

Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

REPORT	F A TRAFFIC	ACCIDENT		Station Diary No.:		
Date/Time Report Made: 31/01/2020 13:53			Vide Report No.: T/20200130/2152	93		
Informant's Particulars			The second second second			
Name of Informant: LIM FATT			Address: APT BLK 943 JURONG WEST SINGAPORE 640943	STREET 91 #10-521		
ID Type / ID No.: NRIC NO / S0228050G		50G	Contact No.: Home/Office:	Mobile: 96368282		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Age: Date of Birth: Male 65 29/09/1954		Date of Birth:	Type of Informant: Driver	Institution / School Name:		
Race: Chinese			Language:	Illistitution / Control		
Occupation: PERSONAL DRIVER		R	Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:		
PERSONAL DRIVER						

General Infor	mation of the Accident	Drink	Date/Time of	Type of Location:	
Type of Accident:	Attended by Police	Anddont		X-Junction	
	K EAST AVENUE 3	Road Guildes	Street 23	Road Speed Limit:	
Clear Traffic Flow:		Dry Traffic Control: Traffic Light - W	orking	Traffic Volume: Moderate	
Two Way			Anyone conveyed by ambulance:		

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



2013

Report No. T/20200131/2057

Police Station Of Origin: Clementi N.P.C Tel No: 1800-8729999

20 Clementi Avenue 5 SINGAPORE 129858

CONTINUATION OF REPORT

Driver		ID No.	S0228050G	
Name	LIM FATT		96368282	
14cmin		Contact No.		
Related Vehicle	NIL			
Noidle -	The state of the s	Class of	Class: 2B,2A,2,3	
Hospital/Clinic	WEST COAST CLINIC & SURGERY (WEST COAST)	Driving Licence & Expiry Date	Date of Expiry: NIL	
	Date	Discharge NIL		
Date Treatment	31/01/2020 Date of the Medical Leave 04 Degree	ee of Injury   Slig	nt	

# Brief Details.

Reference to report no: T/20200130/2152.

I would like to add on to the report as I have seen a doctor at West Coast Clinic & Surgery (WC).

I have sustained injuries on the left side of the neck region and after I was examined for the injuries. I am given 4 days of MC reference to Medical Certificate: 0000158816. Certified by Dr. Yeo Kwan Ching.



Police Station Of Origin: Tel No: 1800-8729999 CONTINUATION OF REPORT

3 of 3

Report No. T/20200131/2057

Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858

Sketch Plan

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 D / Sgt 1 WONG JUN LI	t: Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/01/2020 13:53
Officer In Charge Of Case:	Classification Of Case:
TP / GIT / SI ONG CHEE HIEN Contact No.: 65476437	SN 37
Authentication Stamp NP168	SIGNATURE

#### Claim Handling

elicy No.					
	5104052865-01	Vehicle No.	SMD96558		GST Registration No.
tificate No.					
licyholder Name	LIM FATT				Palicyholder NRIC
rduct Code	PRIVATE CAR INSURANCE	Cover Type	tinve CLASSIC		Loading
ritact No.(Mobile)	96368282	Contact No.(Office)			Contact No.(Home)
rail Address		Special Remark			eCode
K	« No Yes	TCA	= No Yes		eCode Reason
					Private Hire
D Protection	Yes	NCD Entitlement(%)	50		Private rare
Accident Details					
part Date	31/01/2020 15:57	Accident Report Within 24 hrs	Yes		Accident Type
te of Accident	30/01/2020	Time of Accident hin:mm	15:05		Country of Accident
porting Centre		Cyange Porce			TOM No.
cident Location	JUNCTION OF BY BATOK EAST AVE 3/BY BATOK	ST 23			
Total Excess Applicable					
cess Type	Per Accident	Windsowen Excess		100.00	
344	The Proposition	11/12 <del>000</del> /2007/15/2004CP 1		(Indexended	
Standard Excess	600.00	TP Standard Excess		6.60	
ED OD Excets	0.00	VIED TP Excess		0.00	Driver is Covered?
ritional Eucesi	G				
tal OD Excess Applicable	600.00	Total TP Excess Applicable		0.00	
Benefits	L 300m306	OTTANIAN DESCRIPTION DESCRIPTION		DEPARTS.	
GST Registered Informat	ion				
T Registered	No		GST Registra	tion Date	
T Registration No.			GST Status \	renified	Yes
diffication History					
Policyholder Mailing Add	TM58				
tidress 1	BLK 943 #10-521	Address 2	JURONG WEST STRE	ET 91	Address 3
tdress 4		Address Type	Singapore address		Post Code
nie No.		Related Policy Number	5104052665-01		
♥ OI Driver Info					
	LIM FATT	Oriver Type	Main Driver		
river Name	LIMPATT	Driver NRIC			Driver DOB
nnamed driver Name.	B.C. S1(9) (C)		60228050G		
egister Date of Driver License	01/01/1978	Driver Age	65		Driving Experience
ontact No.(Mobile)		Coritact No.(Office)			Contact No.(Home)
ddress 1	BLK 943 #10-521	Address 2	JURONG WEST STRE	ET 91	Address 3
ddress 4		Address Type	Singapore address		Post Code
nit No.					
oes he own a Singapore	Yes = No	Driver Vehicle No.	SMD96558		Driver Insurer Company
egistered car?		The state of the s			
eclaration					
reathalyser or Blood Test	2007.55	TVWALUPSAN	1000 - 1000		
eading?	O.mg	Any injury?	Yes + Ne		
***************************************					
odification History					
dification History					
diffication History Claim 001 <u>New</u>					Ensured
diffication History Claim 001 New				ОО-МХ	Insured LIM FATT     Name
Claim 091 New					Contact
Claim 001 New				OD-MX 963(8282	Contact   No.   67926579   (Home)
Claim 001 New Laim Type * ontact No.(Nobile)					Contact No. 67926579 (Home)
Claim 001 New  Laim Type *  Contact No. (Mobile)					Contact   No.   67926579   (Home)
Claim 001 New  Laim Type *  Contact No.(Nobile)				963/68282	Contact No. 67926579 (Home) OI Vehicle SMD96558
Claim 001 New  Claim Type *  contact No. (Nobile)  mail Address  taim Description					Contact No. 67926579 (Home) OI Vehicle SMD96558
Claim 001 New  Saim Type * contact No. (Nobile)  mail Address laim Description	Insured Liability   Not at Fault	*		963/68282	Contact No. 67926579 (Home) OI Vehicle SMD96558
Claim 001 New  Laim Type *  ontact No. (Nobile)  mell Address  laim Description  referred vorkshop patters no. 1	Preferenced Preferred Workshop, Na	ma unknown . GIA Barrey	ed *	963/68282	Contact No. (Home) (Home) QI Vehicle SM09655B Number
Claim 001 New  Laim Type *  Contact No. (Mobile)  mail Address  Laim Description  referred vorkshop linatiset Nu. Yes  inalisation	Preference Proc. of Fault	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	ed *	96308282 SMD96558 / GBF5113M C	Contact No. (Home) OI Velvicle SM09655B Number
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Claim 001 New  Claim 001 New  Claim 1001 New  Contact No. (Nobile)  Contact No. (Nobile)	Preferenced Preferred Workshop, Na	ma unknown . GIA Barrey	ed *	96308282 SMD96558 / GBF5113M C	Contact No. (Home) OI Velvicle SM09655B Number
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→ Attachment List

Attachment L Attachment	WINE SWEET		0	Marian	
Attachment	Uploaded By/Date	Category	¥	Urgency	Description
47 353	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S_(B),KIT MERAH)) on 71 Jan 2020 16:16	NR3C/ Driving License	Y	Normal	NRIC/ Driving License 2029-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE - 5 (BUKIT MERAH)) on 31 Jan 2020-16:16	Photos		Normal	Photos 2820-1-31
10	NAC_BUKIT_MERAH_B00676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 31 Jan 2020 16:16	Photos		Normal	Photos 2020-1-31
1	NAC_BURIT_MENAH_BOO675( NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 31 Jan 2020 16:16	Photos		Normal	Photos 2020-1-31
	NAC_BURIT_MERAH_BD0675( NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 31 Jan 2020 16:16	Photos		Normal	Photos 2020-1-31
53/	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2020 16:15	Photos		Normal	Photos 2020-1-31
	NAC_BURIT_MERAH_BOO676( NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 31 Jan 2020 16:15	Photos		Normal	Photos 2020-1-31
	NAC_BUKIT_MERIAH_BOS76( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERIAH)) on 31 Jan 2026 16:15	Photos		Normal	Photos 2020-1-31
1	NAC_BURIT_MERAH_B00076( NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 31 Jan 2020 16:15	Photos		Normal	Photos 2026-1-33
6	NAC_BUKIT_MERAH_B00676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2020 18:15	Photos		Normal	Photos 2020-1-33
3	NAC_BUXIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUXIT MERAH)) on 31 Jan 2020 18:15	Photos		Normal	Photos 2020-1-31
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE \$ (BUKIT MERAH)) on 31 Jan 2020 16:13	Photos		Normal	Photos 2020-1-31
0	NAC_BUKIT_MERAH_800876( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2020 18:13	Photos		Normal	Photos 2020-1-21
To de	NAC_BUKIT_MERAH_BOOG76( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jun 2020 16:13	Priotos		Normal	Photos 2020-1-31
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BLIKIT MERAH)) on 31 Jan 2020 16:13	Photoe		Normal	Photos 2020-1-31
8	NAC_BUKIT_MERAH_B00676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2020 16:13	Photos		Normal	Photos 2020-1-31
100	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 31 Jan 2020 10:13	SAS		Normal	SAS 2020-1-31
Video List					
	Uploaded By/Date Folder Date		File Name		P Sour

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0676		• eBaoTech						GeneralClaim		
AH_800676 Policy Query									• Log Ou	
Palicy Na. Vehicle No.(For Motor)		SMD96558		Date of Accident Certificate Number			30/01/2020 11:09			
CONTROL IDENCES	Certificate Number	Policyholder Name	Policyholder NRIC		Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
5104052865- 01		LIM FATT	S0228050G	GPC	drivo CLASSIC	SMD96558	SMD96558	18/11/2019	17/11/2020	
	Palicy No.  Vehicle No.(Far Motor)  Select Policy No.  5104052865-	Palicy No.  Vehicle No.(Far Motor)  SMD96  Select Policy No. Certificate Number  5104052865-	Palicy No.  Vehicle No.(For Motor)  SMD96558  Select Policy No. Certificate Policyholder Name 5104052865-	Policy No.  Vehicle No.(For Motor)  SMD96558  Select Policy No. Certificate Policyholder Name NRIC  5104052865-	Policy No.  Policy No.  Policy No.  Policy No.  Search  Search  Select Policy No.  Number Name NRIC  5104052865-  01  LIM FATT S0228050G GPC	Policy Query  Policy No.  Date of Accident  Vehicle No.(For Motor)  SMD9655B  Certificate Number  Search  Select Policy No.  Certificate Policyholder Policyholder Name NAIC  S104052865-  LIM FATT S0228050G GPC drive	Policy Query  Policy No.  Date of Accident  Certificate Number  Search  Select Policy No.  Certificate Policyholder NAIC  Number Name NAIC  S104052865-  01  LIM FATT S0228050G GPC drive CLASSIC SMD9655B	Policy Query  Policy No.  Date of Accident 30/01/2020  Vehicle No.(For Motor)  SMD9655B  Certificate Number  Search  Select Policy No.  Number Name NAIC Product Cover Type Vehicle No. Object  Object  LIM FATT S0228050G GPC drivo CLASSIC SMD9655B SMD9655B	Policy Query  Policy No.  Date of Accident  Search  Search  Select Policy No.  Certificate Policyholder Name Name NRIC Product Cover Type Vehicle No.  Date of Accident  Search  Search  Search  LIM FATT S0228050G GPC drive CLASSIC SMD96558 SMD96558 18/11/2019	