NATIONAL Assessment Cer	tre Services.	[20'06] M	111111111111111111111111111111111111111		
Date In: 973/2 - 09: 20	Jeb descripti		Date &Time Completed	Done	e by
Ref No: HALLEWAR INTE	SAS e-filin	g			
Veh No: 57 2845	E-mail (with	hin Shrs, AIC 2hrs)			
D.O.A: 612/20 -14:42	i-Motor Cl	laim Form	100 FHEE8011M.	1913/20	9:32
	i-Motor W	O (Within: OD 2hrs			
OD TP ! Reporting Only	i-Photo Up	loaded	I .		
TP Insurer:	Assessment	Survey Report			PORCANES SE
17 insurer:	Ass't Repor	t by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No:	275574	. INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	7-7-7-1
Insured/Driver Liability: (%)	Note-Est. Status	(WO): N: 0-20	0%; P: 21-79%. P: 80	-100%]	354
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$	1,000 ()/\$2,00	00()			
General Remarks:				33.00	
() Walk-In Customer: Customer's in	nformation strictly C	onfidential & Str	ictly NO refer of repairer	v	200100000000000000000000000000000000000
() Total Loss Case : to e-mail Ins	urer URGENTLY		* * * * * *	13-	
Drive-In ()/ Towed-In (); Invo	ice: YES () /	NO();To	owing Co: (40)
Remarks:- (INC horline: 6788 6616			Date&Time Completed	Done	hv
	/ Courtesy Car (`	Liacoc In.io Compac su	Paris A STATE	7,03
2) QC Check / Post Repair Inspection	/ Courtesy Car ()		-	24.1102-23
3) Upload Resurvey Photo [Repair Cost >	(200052	'	 		
	\$3000] ()	1		
Injurý:					
Date/Time Actions	(1) (2)	30, 19,4-34, 19		KBALCHI SE	
		7-1			- 515
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	,				
•					rivers and a
Maria 2 T. V.		Invoice Prep	aration Checklist	Anit (S) fit Bill	Ant (1)
MUJOUN 2 .		1) AR : Accident	CONTRACTOR AND CONTRACTOR	(CAST INBITE)	- Men Dill
laimant's Particulars :-		2) DA : Damage A	Assessment (\$100); INC (\$80) 40/\$45	
river/Owner:		3) TF : Towing Fe 4) FT : Follow-Th		\$120	
ontact No:		5) FT : Follow-Th	rough Survey (Resurvey) sinst INC Only (wef 10 Jan 200	530	
and 1 D 4		6) TR: Re-inspect		\$75	
maged Portion:		7) N1 : Idao DA +	SMRT Survey	\$160	
		8) NTUC Addition	nal Services:-		
Checked by (Engr-In-Charge):		*N5: Courtesy	Cer / Tpt Allowence	\$5	
TWEE SHARE SOURCE STREET		*N6: Repair Co	ir Inspection	\$10 \$25	
uditors' Comments :-		*N8: DV / Coll	ect Excess Coordination	55	-
<u>.1:</u>	to the second se	TP (N11): TP (9) N12: Idae Mob	(Non INC) against INC	30	12
2/3:		Invoice dated	Fee Chargea	MARCHAE SPECIES	动物了湖
10000 N		Invoice dated	Fee Charged	MARIN	

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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

aforesaid.	to recess consent to the archiving of this report at the centre and to copies of the report being made available
海洋海 岛与海岸岛市。南岸岛市	ACCIDENT STATEMENT
Date Of Report	09/03/2020 09:20
Date Of Accident	06/03/2020 14:45
Exact Location Of Accident	PIE (TUAS) BEFORE STEVENS RD EXIT
Country/State of Loss	SINGAPORE
基础的基础的	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT2840E
Insured/Policyholder	
Name Of Registered Owner	NEW AUTODRIVE CREDIT (S) PTE LTD
Co Reg No	2XXXXX137E
Email Address	NOEMAIL
Mobile Phone No	

Alternative Phone No Vehicle Particulars

Manufacturer KIA

Model CERATO FORTE 1.6 AT SX ABS D/AB 2WD 4DR

Exact Purpose for which vehicle was being used at

time of accident

WORKING

OFFICE-89999999

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 5113014248

Cover Note Number

Driver

Name of Driver MO BOON KIAT, ANDREW (MAO WENJIE, ANDREW)

 NRIC No
 SXXXX435D

 Date Of Birth
 25/10/1980

 Occupation
 OUTDOOR

 Date Of Driving Pass
 12/11/2001

Driving Experience 18 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87794540

Fax Number

Contact Number OFFICE-87794540

EMail Address NOEMAIL

BLK 341 HOUGANG AVENUE 7 Address

#06-451

Postcode 530341

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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

YES

NO

2

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

ambulance?

NAME:

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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

SJR7337U Vehicle Registration Number

TOYOTA ALTIS Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Postcode

Name MO BOON KIAT, ANDREW (MAO WENJIE,ANDREW) Approximate Age Injuries Sustain BODY Injured person in which vehicle? SJT2840E Were seat belts worn? YES Was this injured conveyed to hospital by ambulance? Address

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4. The Issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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:
 - 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 invoive 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.

NEW AUTODRIVE CREDIT(S) PTE LTD 210 furt Club Road, Lot B40 Singapore 28 7995.

> Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personn d's Signature

Name:

HRIC/FIN No.:

PIF towards Thas before STEVENS EXIT. SKETCH PLAN A:SJT2840F B: SJR73374 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT On date the time, was traveling stated PIE Turs to wards inst Stevens along The car infront down Slowed Lane impact suit. Sudden y follow the. reav-I realise vehicle alignted and has collided onto vehide portion re2r DECLARATION I/We declare the foregoing particulars are true in every respec NEW AUTODRIVE CREDIT(S) PTE LTD 210 Turf Club Road, Lot B40 Singapore 287,995 17

Date & Time:

Driver's Signalyre

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

albert Grand Hadren V.

Date of Accident	6/3/2020 Accident Time: 1445 (24-HR-Format)
Accident Place	PIE TOWARDS TUAS BEFORE STEVENS EXIT
Vehicle Reg. No. (Car Plate No.	
Vehicle Make/Model	: KIR CERATO
Insurance Company	Policy No.
Owner or Company Name /IC No	
Owner or Company Contact No.	Owner's HpCompany Tel
DRIVER'S Name / IC No.	: MU BOON KIAT, ANDREW S8033435D
DRIVER'S Date Of Birth	: 25/10/1980 DRIVER'S License Pass Date 12/11/2001
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: 341 + WUGANG AVENTLE 7 # 06-451.5(5
DRIVER'S Contact No./ Alt No.	:1) 8779 4540 2)
DRIVER'S Occupation	: INDOOR (OUTDOOR (e.g. working inside or outside office)
Email Address	: ADMINOMYTAR. SY
Weather & Road Surface	CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only (Claim Other Party) Claim Own Insurance
Number of Passengers (Including I	
Was there any video Captured by c Exact purpose for which vehicle w	oar camera: YES \NO 4 2 Day 5 MC 4 injury was being used at the time of accident: Private use Work purpose unknown
Other	Party Driver's Particular (if any)
Vehicle Reg. No: SJR 732	Vehicle Reg. No:
Vehicle Make Wodel: TOYOTE	Yehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:

(5)



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COM MOTOR VEHICLES (THIRD PARTY RISKS AND COM ROAD TRANSFORT ACT, 1987 (MALAYSIA)	PENSATION) ACT (CHAPTER 189) PENSATION) RULES, 1960
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 19	59 (MALAYSIA)

Certificate Number: 5113014248

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

: SJT2840E

Chassis Number

2. Name of Policyholder

: KNAFW411MA5121060 : NEW AUTODRIVE CREDIT (S) PTE. LTD.

3. Effective Date of Insurance

: 30 Sep 2019

4. Expiry Date of Insurance

: 29 Sep 2020

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.

6. 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 : \$\$100 ADDITIONAL EXCESS : \$\$1,000 UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : INDEX CREDIT 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)

Agency

: GOLDEN PRIME INSURANCE AGENCY (00000613808)

Date of Issue

: 30 Sep 2019 13:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech	00601					FREE	· Change	Language	Chan	ge Password	alClaim • Log Out
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Notice of Loss	Policy N Vehicle	o. No.(For Mator)	SJT284	DE.			f Accident	9	06/03/2020	14:45	
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0	5113014248		NEW AUTODRIVE CREDIT (S) PTE, LTD.	201223137E	GPC	drivo CLASSIC	SJT2840E	5)T2840E	30/09/2019	29/09/2020

Policy No.	5113014248	Policyholder Name	NEW AUTO	DRIVE CREDIT (S) P1	Policyholder NRIC	201223137E	
Certificate No.		128-38-5					
Address	6B SWANAGE ROAD DUNMAN GA	ARDEN SINGA	PORE 43719	1			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	30/09/2019	Effective Date	30/09/2019	00:00	Expiry Date	29/09/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	1000	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	GOLDEN PRIME INSURANCE AG	Agent Tel.	68426788		GST Flag	Y	
Co- insurance	No						
Flag							
Flag Open Policy Info							
Flag Open Policy Info Certificate							
Flag Open Policy Info Certificate Info	older Mailing Address						
Flag Open Policy Info Certificate Info	older Mailing Address 6B SWANAGE ROAD	Addre	ss 2	DUNMAN GARDEN		Address 3	SINGAPORE 437191
Flag Open Policy Info Certificate Info Policyh		0.0000000000000000000000000000000000000	ss 2 ss Type	DUNMAN GARDEN Singapore address		Address 3 Post Code	SINGAPORE 437191 437191
Flag Open Policy Info Certificate Info Policyh Address 1		Addre	ss Type d Policy			**********	
Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.		Addre Relate	ss Type d Policy	Singapore address		**********	
Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	6B SWANAGE ROAD d Object: SJT2840E	Addre Relate	ss Type d Policy	Singapore address		**********	

Accident MT/1087347					
elicy No.	5113014248	Vehicle No.	SJY2840E	GST Registration No.	
Certificate No.	AND THE RESERVE OF TH				
Policyholder Name	NEW AUTODRIVE CREDIT (S) PTE. LTD.			Policyholder NRJC	201223137E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	Nr. V
FK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
♥ Accident Details					
seport Date	09/03/2020 09:30	Accident Report Within 24 hrs	Yes	Acadent Type	Collision - Head to Rear
Date of Accident	06/03/2020	Time of Accident hhumm	14:45	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	angapare.
coident Location	PIE (TUAS) BEFORE STEVENS RD EXIT	Grange Force		JCH NO.	
Total Excess Applicable	PIE (TURS) BEFORE STEVENS RO EXT				
xcess Type	Per Accident	Windscreen Excess	100.00		
Incess 1996	Per Accident	Windscreen excess	100.00		
DD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
TED OD Excess	0.00	YIED TP Excess	102380753	Driver is Covered?	
dditional Excess	1000			And the control of th	
otal OD Excess Applicable	3000.00	Total TP Excess Applicable			
Senefita	1000.00	rotal te excess appacable			
ST Registered Informa	1000		***		
ST Registered	Yes 20122222		GST Registration Date	01/09/2017	
ST Registration No.	201223137E	on channel CDV Basses of Eco.	GST Status Verified	Yes	
fodification History	09/03/2020 09:32:10 Syste	em changed GST Registered from N em changed GST Registration No. fr	om null to 201223137E		
▽ Pelicybolder Hailing Ad		em changed GST Registration Date	rom null to 01/09/2017		
				2000000	
ddress 1	68 SWANAGE ROAD	Address 2	DUNMAN GARDEN	Address 3	SINGAPORE 437191
Address 4		Address Type	Singapore address	Post Code	437191
mit No.		Related Policy Number	5116375837		
9 OI Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
innamed driver Name	MO BOON KIAT, ANDREW (MAC	Driver NR3C	SXXXX4350	Driver DOB	25/10/1980
egister Date of Driver License	12/11/2001	Driver Age	39	Driving Experience	18
ontact No.(Mobile)	87794540	Contact No. (Office)	0	Contact No. (Home)	0
ddress 1	BLK 341	Address 2	HOUGANG AVENUE 7	Address 3	SINGAPORE 530341
ddress 4					
		Address Tyne	Sinnanore address	Bret Code	E20241
	06-461	Address Type	Singapore address	Post Code	530341
Init No.	06-451		Singapore address		530341
init No. Oest he own a Singapore	05-451 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore address	Post Code Driver Insurer Company	530341
init No. loes he own a Singapore legistered car?			Singapore address		530341
nit No. ost he own a Singapore egistered car? coaration	○ Yes ® No	Driver Vehicle No.			530341
init No. loes he own a Singapore egistered car? ediaration reathalyser or Blood Test			© Yes ○No		530241
Init No. Jose he own a Singapore legistered car? ectaration Insuthalyser or Blood Test	○ Yes ® No	Driver Vehicle No.			\$30241
Inst No. Does he own a Singapore legistered car? ectaration reachalyser or Blood Test leading?	○ Yes ® No	Driver Vehicle No.			530341
Init No. Joes he own a Singapore legistered car? eclaration treathalyser or Blood Test eading?	○ Yes ® No	Driver Vehicle No.			530341
init No. Jose he own a Singapore egistered car? ediaration reathalyser or Blood Test eading?	○ Yes ® No	Driver Vehicle No.			530341
nit No. ces he own a Singapore egistered car? ediaration reaths/year or Blood Test eading?	○ Yes ® No	Driver Vehicle No.			530341
nit No. coes he own a Singapore egistered car? ediration reachalyser or Blood Test eading? colification History Claim 001	○ Yes ® No	Driver Vehicle No. Any injury?	® Yes ○No	Driver Insurer Company	
nit No. cest he own a Singapore egistered car? ediration reathalyser or Blood Test eading? Claim 001 New	○ Yes ® No	Driver Vehicle No. Any Injury? Insured Name		Driver Insurer Company Insured NRIC	201223137E
not No. cost he own a Singapore egistered car? ediaration matchayear or Blood Test eading? Chaim 001 New with Type * ornact No.(Mobile)	○ Yes ® No	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home)	® Yes ○ No NEW AUTODRIVE CREDIT (\$) P	Oriver Insurer Company Insured NRIC Contact No. (Office)	201223137E +
not No. ces he cwn a Singapore egistered car? coloration reachayear or Blood Test eachg? Chaim 001 New laim Type * portact No. (Mobile) nail Address	○ Yes ③ No ○ mg	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number	® Yes ○ No WEW AUTODRIVE CREDIT (S) P	Driver Insurer Company Insured NRIC	201223137E
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