Date In: 31 12 - 16:33	Jeb description		Date & Time Completed	Done	by
	SAS e-filing				
Ref No: Maline 200 4775 py	E-mail (within 8	Shrs. AfC 2hrs)		İ	
Veh No: POEISCC	i-Motor Clair		m711590256-031	71/5/20 16	· Vr
D.O.A: nupp -18:30	i-Motor W/O			17/12/10	71
OD / P Reporting Only	i-Photo Uplos		s, / P + 0rs/		
Th. I	Assessment/Su	rvey Report			
TP Insurer:	Ass't Report by	y <u>Fax / Hand</u> (o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: FB	13972	INC ()/Non-INC().		
Owner / Driver: (STESSHESWISS/III.S	Tel:)	
Policy No: () Pe	eriod: ()	Cover Type: ()_	
Confirmed by : (**************************************	Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (W	VO): N: 0-2	0%; P: 21-79%. P: 80	-100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,0	000 ()/\$2,000	()			
General Remarks:-		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Mark Carlos	- 3
() Walk-In Customer: Customer's info	rmation strictly Con	didential & St	rictly NO refer of repaire		-
				ALTO SOLAR SOLAR SOL	Carlo Lane
	SAN AND THE PROPERTY OF STREET	\	Date&Tims Completed	Done	by
1) Apply for Transport Allowance ()/C	Courtesy Car ()	Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection	Courtesy Car ())	Date&Time Completed	, Done	by
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3	Courtesy Car ())	Date&Time Completed	Done	by
Apply for Transport Allowance ()/(QC Check / Post Repair Inspection	Courtesy Car ())			
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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 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	31/03/2020 16:33
Date Of Accident	29/03/2020 18:30
Exact Location Of Accident	CANBERRA LINK
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBE1318C
Insured/Policyholder	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	2XXXX700L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62730369
Vehicle Particulars	
Manufacturer	YAMAHA
Model	X-1R
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5109280207
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD IRSHARUDIN BIN KHAMIS
NRIC No	TXXXX915I
Date Of Birth	13/06/2001
Occupation	OUTDOOR
Date Of Driving Pass	24/10/2019
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83726479
Fax Number	
	0.55,05,00,00,00

OFFICE-83726479

NOEMAIL

BLK 58 LENGKONG BAHRU Address

#08-509

150058 Postcode

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 - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO YES

Was any other material or property damaged?

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

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

Vehicle Registration Number FBE1397Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

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

MUHAMMAD IRSHARUDIN BIN KHAMIS

Page 2 of 21

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Was this injured conveyed to hospital by ambulance?

Address Postcode

Were seat belts worn?

NO

FBE1318C

LEG, HAND & BACK

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.

THE THE PARTY OF T

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time:

reporting centre personnel's Signature Date / time:

SKETCH PLAN

Ve h A: FBE B & C

Ven B: FBE 1397Z

The state of the st

Dh 29+	March 2020, I was planning to turn right along
011	March 2020 / Court of
Cauboss	a Link. Suddenly, ven B (FBE 1397Z) was going
Canberra	
	ð
Striagnt	along Turn Right lane. His front portion of his
venicle	hit anto the right side portion of my vehicle.
POSCHEDUS LE	

DECLARATION

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

HE SON

Policy holder's signature Date & time:

Jo.

Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS			
Date of accident	29/03/ 2020	(DD/MM/YY)	
Time of accident	6:30pm	(HH:MM)	
Exact location of accident	Along Canberra Link.		

		DETAILS OF \	VEHICLE
Vehicle registration number	FI	BE 1318C	
Vehicle make and model	Yan	naha x1r	
Type of vehicle	Saloon Lorry	MPV 🗆	
Vehicle category	Private 🗆	Comme	ercial Motorcycle,
Purpose of using at said time		,	
Are you claiming under your own insurance company?	Ye: Third part o	No d	if no, please select: Reporting only □

	INSURANCE IN	FORMATION	A STATE OF THE PARTY.
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft \square	TP only

INSURED / POLICY HOLDER	
Southern Motor	Male □ Female □
6273 0369	
BIK 1006 Bukit Merah Lane 2	#01-10 5(159762)
֡	Southern Motor 6273 0369

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)					
Name	Muhammad Irsharu'd'in Bin Khamis Male Female -					
NRIC / Fin / Passport number	701179151					
Contact	8372 6479					
Address	BIK 58 Lengkok Bahrn #08-509 5 (150058)					
Email address						
Date of birth	13 / 06 / 200					
Occupation	Indoor Outdoor					
Driving date pass	24 / 10 / 2019					

	oeueou.		N OF THE ACCIDENT	
THE RESERVE OF THE PARTY OF THE	COLUMN TO SERVICE STREET	CANDIDATE ON LA REAL PROPERTY.	N OF THE ACCIDENT	以表现的 A E A LA LA LA SEE
Was driver an employee of	Yes 🗆	Noz		Hiver
the insured's company?		A REAL PROPERTY AND ADDRESS OF THE PARTY AND A	e driver and insured:	1110
Accident captured by camera?	Yes 🗆	No.		
Weather condition	Clear 🗷	Raining 🗆	Others:	
Road surface	Dry	Wet □		
No of passenger	l			(Inclusive of driver)
277		-4		
校正是理想不是由建筑技术		PASSENG	SER 1	
Name				
Gender	Male 🗆	Female		
	化自然地	PASSENG	SER 2	
Name				
Gender	Male 🗆	Female		
	111010			
	Eligible.	PASSENG	CD 2	
Name	Contract of the last	PASSEINC	JEN 3	STATE OF THE PARTY
Gender	Male 🗆	Female		
Gender	iviale 🗆	remale u		
National Control of the Control of t	TO THE REAL PROPERTY.			
经过过去 医外胚 医生物	2 7 7 2	PASSENC	SER 4	是對於於公司也是在於於書談
Name				
Gender	Male 🗆	Female 🗆		
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Name				
Gender	Male 🗆	Female		
				7.0-4.1.2011.
为国际国际企业的政策	The state of the s	PASSENC	GER 6	
Name				
Gender	Male 🗆	Female		
		OTHER INFO	RMATION	
Was anybody injured?	Yes	No 🗆		
Was other vehicle damaged?	Yes	No 🗆		
	DETAIL	S OF POLICE	STATION ACTION	
Reported to police?	Yes 🗆		yes, please state which	nolice station
Police station name	163 []	NOE II	yes, pieuse state willen	ponee station.
Fonce station name				
	NAME OF TAXABLE PARTY.			
	S. L. St.	WITNE	55 1	
Name				
		WITNE	SS 2	
Name				

	THIRD PARTY VEHICLE 1
Vehicle registration number	FBE 1397Z
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	THE PROPERTY OF THE PARTY OF TH
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	THIRD PARTY VEHICLE 5
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
CALLED THE SECOND SECON	THIRD PARTY VEHICLE C
Vehicle registration number	THIRD PARTY VEHICLE 6
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	AND THE RESERVE OF THE PARTY OF
AND DESCRIPTION OF THE PERSON	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	

NRIC / Fin / Passport number

Contact

A CONTRACTOR OF THE STATE OF TH	INJURED PERSON 1
Name	Muhamad Irsharudin Bin Khamis
Injuries sustained	Leg, Hand and Back
Which vehicle person in?	Driver
Were seat belts worn?	Yes D No 2
Was injured conveyed to	Yes D No P
hospital by ambulance?	45
	INJURED PERSON 2
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes No
Was injured conveyed to	Yes 🗆 No 🗅
hospital by ambulance?	TO STATE OF THE ST
40 1 19 	
No. of the Control of	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to	Yes 🗆 No 🗆
hospital by ambulance?	
Secretary and the secretary an	
	INJURED PERSON 4
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes No
Was injured conveyed to	Yes □ No □
hospital by ambulance?	
运搬的第三人称单数	INJURED PERSON 5
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to	Yes No
hospital by ambulance?	
AUG POLICE AND A SECOND	INJURED PERSON 6
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes No
Was injured conveyed to	Yes No
hospital by ambulance?	

	Certificate	of Insurance		
OTOR VEHICLES, ITHIRD PARTY BOKS				
DEDG MERCLES STERRY PARTY BOX	ABO COMPENSATION			
ADTRACTORS ACT, 1987 (MALAY				
STOR VENEZAS TREBO PARTY RISKS et Grate Romber - \$109280207-000	017	Cover 1 Third	Party	100
Index mark and Registration Numb	sec of Vehicle	*BEIAINC		
Chasses Number		43390311	muh	ammed Irshandin
Name of Policyholder Liflective Date of Insurance		07.6Asy 2019	Rin	ammed Irshandin thamis
Expery Date of Insurance		06 May 2000		
Persons or Classes of Persons entit	fed to drive#			
(a) The Policyholder. (b) Any other person who is driver	og on the Policybolder	graer or with his/he	c permission.	
Provided that the person driving	ng is permitted in acco	refance with this scen	cong or other)	aws or regulations to drive
the Motor Vehicle or has been enactment or regulation in the			er of a Court o	I FIRM OLDA MATORIE OL BUA
Emitations as to Used				
(a) Use for social domestic and pl	easure purposes and in	s connection with the	Policyholder's	e or Hirer's business
is Policy does not cover (a) Use for racing, pace-making, r	eliability trial or specif	testing.		
(b) the for the carriage of goods ((other than samples) in	connection with any	trade or fund	NESS
(c) Use for any purpose in connec	tion with the Motor To	rade.		
# timitations rendered inoperat	ive by Section & of the	Motor Vehicle (Third	Party fisks an	d Compensation; Act
(Dapter 189) and Section 95 (of the Road Transport	ACE 3587 (Midaysia),	era nor tei beg	nstuded under these
beauty.		1 3		TOTAL TOTAL PROPERTY.
CESSECTION 1)	N/A	STATE OF	STATE OF	
MORE (SECTION S)	\$ 3500			
ISINE WITH COE	N/A			
MMEDDRIVER (2)	± N/A			
IN PACHASE COMPANY	N/A			
OM HOUSED			5000	
/We berely Certify that the Policy to	which this Certificate o	etates is issued in acc	ordance with	the provisions of the Motor out Act, 1987 (Malaysia)
Vehicle (Bud Party Risks and Compe	nuation) Act (Chapter)	189) and Part iv or the	C MOSIC TI MICE	
ACTIVY ASSURE P	TE LTD (00000572842	1		
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		For MIDC IN	COME INSUR	ANCE CO-OFERATIVE UMITED
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Combridged by			Chief Ex	ncutive
4	thorised Officer			
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Sello a

lello, NAC_PAYA_UBI_800	601						· Change	Language	• Chan	ge Password	· Log Ou	
My Desktop	Policy Query											
Notice of Loss	Policy N	Va.	5109280	5109280207			Date of Accident			29/03/2020 18:30		
	Vehicle	No.(For Motor)	FBE1318	FBE1318C		Certificate Number						
						Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5109280207	5109280207- 000017	SOUTHERN MOTOR	23414700L	GFM	Third Party	FBE1318C	FBE1318C	07/05/2019	06/05/2020	

Policy No.	5109280207	Policyholder Name	SOUTHER	N MOTOR	Policyholder NRIC	23414700L	
Certificate No.	5109280207-000017						
Address	BLK 1006 #01-10 BUKIT MERA	H LANE 2 SING	APORE 15	9762			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	02/05/2019	Effective Date	07/05/20	19 00:00	Expiry Date	06/05/2020 23	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess			Windscreen Excess		
Additional Excess		OS Premium	166.39				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young,	/Inexperience Driver Excess
Agent	ASSURE PTE, LTD,	Agent Tel.	68489119	9	GST Flag	Y	
Co- insurance	ASSURE PTE, LTD,	Agent Tel.	68489119		GST Flag	Y	
Co- insurance Flag Open		Agent Tel.	68489119		GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate		Agent Tel.	68489119		GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate Info		Agent Tel.	68489119		GST Flag	Y.	
Co- insurance Flag Open Policy Info Certificate Info Policyh	No	Agent Tel.		BUKIT MERAH LANI		Address 3	SINGAPORE 159762
Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1	No older Mailing Address	Addre			E 2	Address 3 Post Code	SINGAPORE 159762 159762
Co- insurance Flag Open Policy Info Certificate Info	No older Mailing Address	Addre: Addre:	ss 2 ss Type d Policy	BUKIT MERAH LANI	E 2		
Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	No older Mailing Address	Addres Addres Relate Numbe	ss 2 ss Type d Policy	BUKIT MERAH LANI Singapore address	E 2		
Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address BLK 1006 #01-10	Addres Addres Relate Numbe	ss 2 ss Type d Policy	BUKIT MERAH LANI Singapore address	E 2		
Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured	older Mailing Address BLK 1006 #01-10 d Object: 5109280207-00001	Addres Addres Relate Numbe	ss 2 ss Type d Policy er	BUKIT MERAH LANI Singapore address	E 2		
Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured Sequen	older Mailing Address BLK 1006 #01-10 d Object: 5109280207-00001	Addres Addres Relate Number	ss 2 ss Type d Policy er	BUKIT MERAH LAN Singapore address 5109280207	E 2	Post Code	159762

Accident MT/1090236					
		A SHORESTEE	(2019-073)	755	
Policy No.	5109280207	Vehicle No.	MBE1319C	GST Registration No.	234147000,
Certificate No.	5109280207-000017				
Policyholder Name	SOUTHERN MOTOR			Palicyholder NRIC	23414700L
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	62730369	Contact No.(Home)	0
Email Address		Special Remark		eCode	ti V
(FK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
ACD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
leport Date	31/03/2020 16:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Pate of Accident	29/03/2020	Time of Accident hhomm	18:30	Country of Assident	Singapore
eporting Centre		Orange Force		3CM No.	
ccident Location	CANBERRA LINK				
Total Excess Applicable	A COLUMN TO THE PARTY OF THE PA				
xcess Type	Per Accident	Windscreen Excess			
D Standard Excess		TP Standard Excess	5,500.00		
IED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
dditional Excess					
otal OD Excess Applicable	0.00	Total TP Excess Applicable			
♥ Benefits					
ST Registered Inform					
ST Registered ST Registration No.	Yes 23414700L		GST Registration Date	18/06/2001	
lodification History	23414 /OUL		GST Status Venfied	Yes	
Policyholder Mailing Ad	Idress				
ddress 1	BLK 1006 #01-10	Adoress 2	BUKIT MERAH LANE 2	Address 3	PROPERTY AND ADDRESS OF THE PARTY OF THE PAR
ddress 4		Address Type			SINGAPORE 159762
nit No.			Singapore address	Post Code	159762
9 OI Driver Info		Related Policy Number	5109280207		
river Name	Unnamed Driver	WOODS WAS A			
nnamed driver Name	MUHAMMAO IRSHARUDIN BIN F	Driver Type Driver NRIC	Unnamed Driver TXXXX915I	Date 100	
egister Date of Driver License		Driver Age		Driver DOB	13/06/2001
ontact No.(Mobile)	83726479		18	Driving Experience	0
Odress 1	BLK 58	Contact No.(Office)	0	Contact No. (Home)	0
ddress 4	SAN 30	Address 2	LENGKOK BAHRU	Address 3	SINGAPORE 150058
	AD EAD	Address Type	Singapore address	Post Code	150058
nit No.	08-509		Singapore address	Post Code	150058
nit No. oes he own a Singapore	08-509 ○ Yes ® No	Driver Vehicle No.	Singapore address	Post Code Driver Insurer Company	150058
nit No. oes he own a Singapore egistered car?			Singapore address		150058
nit No. oes he own a Singapore egistered carri coleration	○ Yes ® No	Driver Vehicle No.	0.000.000000000000000000000000000000000		150058
nit No. oes he own a Singapore egistered car? coloration reathalyser or Blood Test			® Yes ○ No		150058
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Seo List								
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Mar 2020 16:45		Photos		Normal		Photos 2020-3-31	
9	NAC_PAYA_UB1_800601(NAT: CES) on 31	Photos		Normal		Photos 2020-3-31		
2	NAC_PAYA_UBI_800601(NAT CES) on 31	Photos		Normal		Photos 2020-3-31		
このログラフラ	NAC_PAYA_UBI_B00601(NAT CES) on 31	Photos		Normal		Photos 2020-3-31		
3	NAC_PAYA_UBJ_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Mar 2020 16:45		Photos		Normal		Photos 2020-3-31	
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8	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Mar 2020 16:46		Photos		Normal		Photos 2020-3-31	
	NAC_PAYA_UBI_800601(NAT CES) on 31	TONAL ASSESSMENT CENTRE SERVI Mar 2020 16:46	Photos		Normal		Photos 2020-3-31	
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	NAC_PAYA_UBI_800601[NAT CES) on 3	Photos		Normal		Photos 2020-3-31		
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	NAC_PAYA_UB1_800501(NA CES) on 1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Mar 2020 15:47			Normal	NR30	/ Driving License 2020-3-33	
tachment Marin	Uplo	eded By/Date	Category	Ŷ	Urpancy		Description	Msg Sent? (CO)

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