| NATIONAL Assessment Centi  | I G DEF VICES. W       | , [20 het 1].  | 11 400   | 0000  |                                       |  |
|--|------------------------|--|--|---|---------------------------------------|--|
| Date In: 14/09/2000 12/37  | Jeb desemption         | 79   | Dute &Time C   | ompleted .  | Done by                               |  |
| RETHONION TO COCO 98421  | SAS c-Illing           | ·  |  |   |                                       |  |
| Veh Nor Opt DUGE   | U-mall (Ljule an       | n, Alothus)  |  |   | /                                     | 1  |
| 0.04.12/09/2020 12/18  | I-Motor Claim          |  | M7/1/03  | 3200  | 14/0                                  | 7/202  |
| 1301   | I-Motor W/O            | Withlat OD 2hrs,   | TP (brs)   |   |                                       | 04   |
| OD : TP ! Reporting Only   | I-Photo Upload         |  | 1  |   | 18.7%                                 | 1.4  |
| a 4111111111111111111111111111111111111  | Assessment/Sur         |  |  | 7   |                                       | 100  |
| TP Insurer:  |                        |  | Owner/Whan   |   |                                       | ,51 ,  |
| Protorred Whep / INC Assign Whep / QW: (   |                        | Land of Manager  | Toli   | Paxt  |                                       | )  |
| TP Mindenfarer . Veh Nor   | BC-62/2C               | NC(  | )/Non-INC  | ( )   |                                       |  |
| Owner/Driver: (  | 30115.                 |  | Tel:   |   | )                                     |  |
|  | erlod: (               | )  | Cover Typo:  |   | . ).                                  |  |
| Confirmed by 1 (   |                        | Dates,   | Tim  | 4 10 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15   | ) .                                   |  |
| Insured/Driver Liability: ( %)   | [Note-Est Sinus (W     | O): N: 0-20  | %; P: 21-79  | 6. P: 80-100%   | 1                                     |  |
| Year of Registration: ( )  | Warranty: YES (        | )/NO(  | >  |   |                                       |  |
| Bacess: (5 ') Londing: \$1   | ,000 ( )/52,000 (      | )<br>marusaurevitas  |  | eranger nat   | منستهم                                | NOTION OF A  |
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| ( ) Walk-In Customar i Customora In  | formation strictly Con | idential & St  | icily NO refer t   | of rapation.  | ,                                     |  |
| ( ) Total Loss Case 1 to c-mail Ynsu   |                        | ,  | owing Co: (  | 1 7   |                                       | )  |
| Drive-In ( )/Towed-In ( ); Invoi   | ost VES ( ) / N        | O ( ) 1 1  | MILL CO.   | ALTER VIOLENCE AND ALTER VIOLENC  |                                       | · .  |
|  |                        |  | HAULES ENTINE  | STORY OF STREET   | 1                                     |  |
| ) Apply for Transport Allowance ( )/   | Courtesy Car ( )       |  |  | u   |                                       |  |
|  | / /                    |  |  |   |                                       | The second secon |
| 2) QC Check / Post Reputr Inspection   | ( .)                   |  |  |   |                                       |  |
|  | 23000] ( )             |  | <u> </u>   |   |                                       |  |
| 3) Upload Resurvey Photo (Repuir Cost>   | 23000] ( )             |  | · · · ·  | · · ·   | WET SHOW                              | Antikiskask  |
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| MA200 / EVI  river/Owner:  omtnet No:  nranged Portion:  |                        | DALL Andrews  DALL Andrews  DAL Derneys  The Towneys  The Towneys  OTH: Reference  Note the Dall  Note the Dall | Interporting (330)  Assessment (310)  Assessment   | (12) (11) (11) (11) (11) (11) (11) (11)   |                                       | SAMON ET   |

## 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 wiful 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.

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.
- 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

| MINION MAINES THE MISSINGS   | ACCIDENT STATEMENT   |
|--|--|
| Date Of Report   | 14/09/2020 12:33   |
| Date Of Accident   | 13/09/2020 12:15   |
| Exact Location Of Accident   | BUS STOP 14219 HP 1150 DEPOT ENTRANCE  |
| Country/State of Loss  | SINGAPORE  |
| William Service Comment  | DETAILS OF OWN VEHICLE   |
| Vehicle Registration Number  | SBT2468S   |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | LIM CHER LAM   |
| NRIC No  | SXXXX107F  |
| Email Address  | LIMCL2003@GMAIL.COM  |
| Mobile Phone No  | (LOCAL) +65-96970716   |
| Alternative Phone No   | OTHERS-96970716  |
| Vehicle Particulars  |  |
| Manufacturer   | HONDA  |
| Model  | VEZEL  |
| Exact Purpose for which vehicle was being used at<br>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   | REPORTING ONLY   |
| 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  | 5088004081-03  |
| Cover Note Number  |  |
| Driver   |  |
| Name of Driver   | LIM CHER LAM   |
| NRIC No  | SXXXX107F  |
| Date Of Birth  | 09/05/1962   |
| Occupation   | INDOOR   |
| Date Of Driving Pass   | 11/08/1981   |
| Driving Experience   | 39 YEARS AND 1 MONTH   |
| Gender   | MALE   |
| Mobile Number  | (LOCAL) +65-96970716   |
| Fax Number   | AUSSENIATION PROPERTY S  |
| Contact Number   | OTHERS-96970716  |
| The same of the sa | Control of the Contro |

LIMCL2003@GMAIL.COM

Address

192 DEPOT ROAD

#09-22

Postcode

109690

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

ī

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO.

Was any injured conveyed to hospital by

NO

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)

NO

Passenger 1

2

NAME:

; SON

GENDER:

: MALE

**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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SBS6212S

Vehicle Make/Model/Colour

**Details Of Properties** 

BUS

Vehicle Category Name of Driver

RAVI

NRIC/Passport Number

Contact Number

85903090

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder 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>.
- 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:

14 Sept 20

- to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

| SKETCH PLAN | BUS 3 | 708 1471 | 9.1 HP     | 1150 | OFPOT  | FNTRANCE |
|-------------|-------|----------|------------|------|--------|----------|
|             |       |          | unne grask |      |        |          |
|             |       | 7        |            | A) ( | SBT 24 | 68S      |
|             |       |          |            |      | SBS 62 |          |

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| 2/07/20 | 12-15 | REFER 20 | ATTACH MEM ? |          |
|---------|-------|----------|--------------|----------|
| 21-11   |       |          | 1000         |          |
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#### DECLARATION

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

4 Sept 11:50 em

Policyholder's Signature Date & Time:

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

Beporting Centre Personnel's Signature

NRIC/FIN No.:

13/09/20 12:15pm (location: after bus stop 14219, around HP 1150 Depot entrance) Encountered accident with SBS bus (plate number: SBS6212S). Heavy rain has caused the road to be flooded with pools of water. The moment car is passing by the bus, bus front wheel came in contact with large pool of water has caused a large amount of water to splash onto the whole car's front screen suddenly creating visual obstruction. Driver did an emergency brake but has resulted the car to skid and swerve slightly towards the left. The car's front left side mirror came in light contact with the bus right side rear signal light cover causing some cracks on cover. The car's left wheel bumper came in contact with the bus rear right rubber tire causing the left wheel bumper to fall off the car body.

14 Sapt 20 11 + 50 am

# ACCIDENT STATEMENT

| ACCIDENT DATE: (13 /09 / 20 ) (DD/MM/YYY), TIME: (12: 16) (HH      |
|--|
| LOCATION: BUS Stop 14219, +P 1150 Depot Entrance                   |
|  |
| 1. DETAILS OF VEHICLE  |
| a) VEHICLE NUMBER: SBT24685  |
| DINSURANCE COMPANY: NTUC   |
| CIPOLICY NUMBER: 5098004081-03                                     |
| d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &TH |
| OJMAKE & MODEL: HONDA I VEZAC                                      |
| TITYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHER    |
| gIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)            |
| HIPURPOSE OF USING AT ACCIDENT TIME: DALKAGE LANCH                 |
| I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)              |
| IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)           |
| 2. INSURED / POLICY HOLDER   |
| AINAME: LIM CHER LAM (MALE/FEMALE                                  |
| bINRIC/FIN/PASSPORT: SISS 6107F CONTACT: 9677071                   |
| CIADDRESS 193 > 6 - 1 - 3  |
| : S((09696)  |
| * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER                     |
| THO of passangs, DRIVER  |
| (Including die ) OINAME: AS ASOVE. (MAIE / FEMALE)                 |
| (V) b)NRIC/FIN/PASSPORT: CONTACT:                                  |
| c ADDRESS:   |
|  |
| *d)DATE OF BIRTH: (09/05/1862)(DD/MM/YYYY)                         |
| e)OCCUPATION: (INDOOR / OUIDOOR)                                   |
| FIDATE OF DRIVING PASS   |
| 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES ) NO      |
| IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER              |
| 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS                 |
| bjroad surface: (DRY / WET / QTHERS                                |
| 6. WAS ANYBODY INJURED DESTINO)                                    |
| 7. d) REPORTED TO POLICE (YES / NO)                                |
| IF YES, PLEASE STATE WHICH POLICE STATION:                         |
| Ho of passenger a) VEHICLE NUMBER: SBS 62125 MODEL: BUS            |
| THE OF PASSENGER OF VEHICLE NUMBER: SBS 62125 MODEL: BUS           |
| (Including driver) b) DRIVER'S NAME: RQVI                          |
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|  |
| at Donastic Marie  |
| (Industing dispart)  |
| NRIC/FIN/PASSPORT:CONTACT:   |
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| email = Limcl 2003 @ email. com                                    |
| , that   |

#### Claim Handling Accident HT/1103332 GST Registration No. 38734665 9099004081-03 Vehicle No. Certificate No. S1956107F TH CHELTYN FOREVYSIGHT NACE Policyhulder Name Loading Cover Type BHV0 CLASSIC Product Code PRIVATE CAR INSURANCE Contact No.(Home) 90970716 Contact No (Office) Contact No.(Mobile) Special Remark **#Code** No.26 Email Address eCode lipation - No Yes IcNo: Yes TCA-Private Hire NCD Excitoment(%) 475 NCD Protection Tes - Accident Details Applem Type Side Swipe Accident Report Within 24 firs. Report Dide 14/09/2020 17:58 YES Country of Acodem Singapore Time of Accident Whimm 13/09/2020 Date of Accidenc Change Force TCH NO. Reporting Centre Accident Location BUS STOP 14219 HP 1150 DEPOT ENTRANCE Total Excess Applicable 100.00 Per Accident Windscreen Excess Енсия Туре U.00 TP Standard Excess 0.06 OD Standard Excess Driver is Covered? 0.00 VIED TP Evens 0.00 VIED OO Excess 11.00 Antitional Faresa 6.08 Total TP Evoes Applicable Tutal QD Excess Applicable 0.00 w Hemefitz Sum Traured Coverage 99999999,00 Excess Warver ST Registered Information **GST Registration Date** GST Registered GST Status Verified **GST Registration No.** Policyholder Mailing Address #09-22 THE INTERCACE Address T #INGAPORE 109690 LYZ SEPUT HOAD Address 2 Post Cade 109666 Singapore address Address Type Address 4 Related Policy Number 5088034081-03 Mart No. ₩ OI Oriver Info Driver Type LIM CHER CAM Driver Name Driver DOB 09/05/1942 513561079 Driver NEID Unnamed driver Name Driving Experience Driver Age 48 Register Date of Driver License 01/01/2011 Contact No.(Home) Contact No.(Office) Contact No (Motile) 96970716 SINGAPORE 109690 #09-22 THE INTERLACE Address 3 TRU DEPOT ROAD Address 2 Address 1 Fort Code 109690 Address Type Singepore address Address 4 Unit No. Driver Insurer Company NTUC Does he own a Singapore Registered car? Driver Vehicle No. SETTIMES Yes 1 No Breathalyser or Blind Test Reading? Yes o No Any Injury? 0 mg Modification History Claim 00) OD-MY Next LIN CHER LAN 515561076 V Name OD-NX Claim Type \* 68698027 96970716 4788IB36 Contact No.(Mobile) 58562125 58124685 Email Address: 58124685 / SHS62125 ON 13 Sept 2020 Claim Description Intures Liability Fest at Fault factor Preferred Workshop Workshop Sotures No. Yes Preferred Workshop, Name unkno Date 14/09/2020 0 14/09/2020 18:03 Date Registered Total Loss but Repaired ROSLI WAHAB Report Taken By Print AK letter Save Submit Attachment Claim No. 002 MT/1303332 Accident No. Optional Date 14/09/2020 18:04 THE O NA Last Doc. Received Urgency \* Donfidential Fath. v Nonnal ¥ NO Clear Piesse Select Choose File No file chosen ¥ NO. Mormal Dear Please Select Choose File No file chasen ٠ Normal w Cwar Pease Select Choose File No file chosen Y Y NO Choose File No file chosen w Normal Chir Please Select w NO v Somei ٧ Char Choose File No file chosen Please Select ٠ w NO ✓ homal Clear Please Select Choose File No file chosen agé Propri

| 1/14/2020    | Claim   | Handling(accide:      | nt repo | ting Claim Task | ( 001 OD-MX)                    |           |
|--------------|---|-----------------------|---------|-----------------|---------------------------------|-----------|
| Attactoment  | Uplueded By/Date  | Category              | 9       | Urgency         | Description                     | Mag Sent) |
| and the same | HAC HUNCH MERAN HOOLYG NATIONAL ASSESSMENT CENTRE SERVICE<br>S (BUKIT MERAN)) on 14 Sep 2020 18:04    | Photos                |         | Normal          | Photos 2020-9-14                | (00)      |
|              | AAC_BURIT_MERAH_BOGGTG; NATIONAL ASSESSMENT CENTRE SERVICE<br>5 (BURIT MERAH)) ON 14 Sep 1020 18:04   | Pleature              |         | Normal          | Photos 2020-9-14                |           |
| 1            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE<br>S (BUKIT MERAH)) on 14 Sep 2020 18:04   | Photos                |         | Normal          | Photos 2020-9-14                |           |
|              | NAC_RUNIT_MEHAH_800676  NATIONAL ASSESSMENT CENTRE SERVICE<br>S (SURIT MERAH)) on 14 Sep 2020 18:04   | Photos                |         | Normal          | Photos 2025-9-14                |           |
| 200          | NAC_BURIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE<br>S (BURIT MERAH)) on 14 Sep 2030 18:04   | Photos                |         | Normal          | Photos 2020-9-14                |           |
| 143          | NAC_BUKIT_MERAH_N00676( NATIONAL ASSESSMENT CONTRE SERVICE<br>S (BUNIT MERAH)) on 14 Sep 2020 18:04   | Photos                |         | Normal          | Prontes 2920-9-14               |           |
|              | NAC_BUKIT_MERAH_BUU6761 NATIONAL ASSESSMENT CENTRE SERVICE<br>S (BURIT MERAH)) on 14 Sep 2020 18:04   | Philips               |         | Normal          | Photoe 2020-8-14                |           |
|              | NAC_SUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE BERVICE<br>\$ (BURIT MERAH)) on 14 5ep 2020 18:04  | Photos                |         | Normal          | Proces 2020-9-14                |           |
|              | NAC_BURIT_MERAH_BODG76( NATIONAL ASSESSMENT CENTRE REPUICE<br>S (BURIT MERAH)) on 14 Sep 2020 LR 04   | Photos                |         | Normal          | Physic 2020-9-14                |           |
|              | NAC_BURST_MERAH_800670( NATIONAL ASSESSMENT CENTRE SERVICE<br>S (BURST MERAH)) on 14 Sep 2020 18:03   | Photos                |         | Normal          | Printes 2020-9-14               |           |
|              | RAC_BURST_MERAH_BOODNIC NATIONAL ASSESSMENT CENTRE SERVICE<br>S (BURST MERAH)) on 14 Sep 2020 18:03   | Photos                |         | Normal          | Photos 2020-9-14                |           |
|              | NAC_BUKIT_MERAH_BIGNTAC NATIONAL ASSESSMENT CENTRE SENVICE<br>S (BUKIT MERAH)] on 14 Sap 2020 18:03   | Photos                |         | Normal          | Photos 2020-9-14                |           |
|              | NAC_BURIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE<br>5 (BURIT MERAH)) on 14 Sep 2020 18:03   | Photos                |         | Normal          | Photos 2020-9-14                |           |
| 6            | NAC_SCRIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE<br>\$ (BUKIT HERAH)) on 14 5ap 2020 16:03  | Photos                |         | Normal          | Photos 2020-9-14                |           |
| 19           | NAC MURIT MERAN, 2006/76( NATIONAL ASSESSMENT CENTRE SERVICE<br>S (BURIT MERAN)) on 14 Sep 2010 18:02 | Photos                |         | Normal          | Protes 2020-0-14                |           |
|              | NAC_BLIKTT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE<br>8 (BURIT MERAH)) on 14 Sep 2020 16:03  | Photos                |         | Normal          | Protos 2020-5-14                |           |
| 0            | NAT_BUNIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE<br>S (BUNIT MERAH)) on 14 Sep 2010 18/03   | Photos.               |         | Normal          | Frotos 2025-9-14                |           |
| 3            | NAC_BURTT_MURRH_800676( NATIONAL ASSESSMENT CENTRE SERVICE<br>5 (BLKCT MERAH)) on 14 Sep 2020 18:03   | Photos                |         | Normal          | Photos 2020-9-14                |           |
| (E)          | NAC_BURZT_MENAH_880676( NATIONAL ASSESSMENT CENTRE SERVICE<br>5 (BURZT MERAH)) on 14 Sep 2020 18:03   | Phoces                |         | Normal          | Photos 2020-9-14                |           |
| ~ 600        | NAC_BURST_MERAY_BOXGRS; NATIONAL ASSESSMENT CENTRE SERVICE<br>\$ (BURST MERAY)) on 14 Sep 2020 16:03  | NR3C/ Driving License | Y       | Normal          | MEJC/ Driving License 2020-9-14 |           |
| 100          | NAC_BURIT_MIRAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE<br>S (BURIT MERAH)) on 34 Sep 2020 18:03   | SAS                   |         | horreal         | SAS 2020-9-14                   |           |
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