NATIONAL Assessment Centr	e Services   well Janios J	10920CZ000Z	
Date In: 3/1/6-17:74	Jeb description	Date & Time Completed	Done by
Ref No: MA/ 14C 20 013316/24	SAS e-filing		
Veh No: 127 0404	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 1/1/10 -07:05	i-Motor Claim Form	M7/11/205-001	3/1/2 16:39
OD (TD) Paragram Cult	i-Motor W/O (Within: OD 2h		
OD . (TP)! Reporting Only	i-Photo Uploaded		,
TP Insurer:	Assessment/Survey Report		
IF Insurer.	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars: Veh No. Past	144 INC (	( )/Non-INC( )	
Owner / Driver: (		Tel:	)
Policy No: ( ) Per	riod: (	Cover Type: (	) .
Confirmed by : (	Date:	Time:	)
	Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-	100%]
	Varranty: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$1,00 General Remarks:-	00 ( ) / \$2,000 ( )		
A a constitution of the co		4-4-1-NO	SAM BOLL S
( ) Walk-In Customer: Customer's infor		trictly NO refer of repairer.	
Drive-In ( ) / Towed-In ( ); Invoice:		Familia Co. (	
	YES( )/NO( );	Fowing Co: (	/
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done by
	ourtesy Car ( )	-	
2) QC Check / Post Repair Inspection	( )		
3) Upload Resurvey Photo [Repair Cost > \$30	000] ( )		
Injury:			
Date/Time: Actions			
	,		
		•	
•			Anit (5) Amt (5)
14206531	Invoice Pro	paration Checklist	Tat Bill Add Bill
laimant's Particulars :-	1) AR : Acciden	t Reporting (\$30); Assessment (\$100); INC (\$	80)
river/Owner:	3) TF : Towing I	Fee . S4	0/\$45
	4) FT : Follow-T	Through Survey (Resurvey)	\$120 \$30
ontact No:	For claiming	against INC Only (wef 10 Jan 200)	
amaged Portion:	6) TR : Re-inspe 7) N1 : Idao DA	+ SMRT Survey	\$75
	8) NTUC Additi	ional Services:-	
C Checked by (Engr-In-Charge):	*N5: Courtes	y Car / Tpt Allowance	\$5
	*N6: Repair C	Co-ordination pair Inspection	\$10 \$25
uditors' Comments :=	*N8; DV / Co	llect Excess Coordination	55
.1:	9) N12: Idac Mo	P (Non INC) against INC	30
2/3:	Invoice dated	Fee Charged	and the second
	Invoice dated	Fee Charged	

SN0920C3000I / National Assessment Centre Services [408933] ENTRY DATE & TIME: 03/12/2020 15:54 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (03/12/2020 15:54 (SGT))



# 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
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

- 5. Any false reporting may be referred to the Police for investigation.
  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 aforesaid.

#### **ACCIDENT STATEMENT**

Date of Submission 03/12/2020 15:54 (SGT) Date of Accident 01/12/2020 07:05 (SGT) Exact Location of Accident Pioneer Rd, Singapore Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

**Employment** 

Outdoor

Vehicle Registration Number PC7040H

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner ARF TRANSPORT Company Reg No 5XXXX912X

**Email Address** john.felix.francis@gmail.com Mobile Phone No (Phone) +65-89999999

Alternative Phone No +65-89999999

VEHICLE PARTICULARS

Toyota Model Hiace Variant .....

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

No - Claiming third party Vehicle Category

INSURANCE COMPANY

Name of Insurance Company NTUC

Type of Coverage Comprehensive

Fleet Policy

Policy Number 5096989360-02

Cover Note Number

DRIVER

Name of Driver JOHN FELIX FRANCIS

NRIC No SXXXX823E Date Of Birth 28/06/1983

Occupation Accident report SN0920C3000I

Date Of Driving Pass	15/01/2020
Driving experience	11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88166359
Alt. Phone Number	-
Email Address	john.felix.francis@gmail.com
Address	BLK 65 COMMONWEALTH DRIVE
Address complement	#03-315
Postcode	140065
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	•
and the second s	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	AL.
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	2
Was any injured conveyed to hospital by ambulance?	Yes No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s)	2
soliciting/offering accident claims assistance?	No
PASSENGER 1	
NI	
Name	LUNE CHARLES
Gender	Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Wa-
Police Station Name	Yes
Police Station Phone No	Traffic Police (Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT - T/20201202/2064.	
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	POTENTI
Vehicle Registration Number Vehicle Manufacturer	PC1584U
Vehicle Model	

Vehicle Colour	2
Vehicle Category	Bus
Name of Driver	Dus
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

# INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	JOHN FELIX FRANCIS
Address	:-
Address Complement	-
Post Code	<b>H</b>
Approximate Age Years Old	.=.
Injuries Sustained	BODY
Injured person in which vehicle?	PC7040H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	

INJURED 2	
Name of injured person	LUNE CHARLES
Address	-
Address Complement	•
Post Code	_
Approximate Age Years Old	_
Injuries Sustained	BODY
Injured person in which vehicle?	PC7040H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### SKETCH PLAN

### IMPORTANT NOTICE

- 1) Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2) This Form must be completely by the Policyholder and/ or the Authorised Driver.
- 3) Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material fact 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 as 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 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 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, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or;
  - ii. For complying with the requirements under any regulations, law or court orders.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not policyholder)

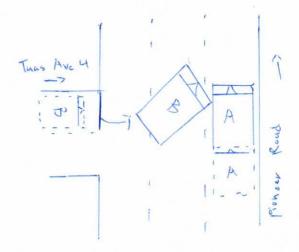
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:

### **SKETCH PLAN**



Veh A: PC7040H Veh B: PC1584 W

Refer	to police report T/20261202/2004

**DECLARATION** 

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

Policyholder's Signatur

Date & Time:

Driver's Signature

(If driver is not policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:

# Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: <u>61 / 12 / 2626</u> (dd/mm/yy) Time of Accident: <u>67 : 05</u> (24-HR-FORMAT)
Vehicle No.: PC 7040H Vehicle Make & Model: to yota Hace 13th seater high roo
Exact location of Accident: Road
Policyholder's Name/IC No.: ARF Transport
Driver's Name/IC No.: John felix francis (583188236) (As Above)
Driver's Contact No.: Company Contact No.:
Driver's Address: BIK 65 commonwealth Drive #03-315 (5140065)
Insurance Company: NTILL Email address (if any): John telly francis Ggmail.com
Relationship between Owner & Driver:  Owner / Spouse / Children / Friend / Parent / or Others specify:
What do you wish to claim? (Please TICK ONE only)
Own Insurance/ Other Vehicle (The one you want to claim against)/ Reporting (For Record Purpose)
Exact purpose for which the vehicle was being used at time of accident?  Private use/ Work purpose  Occupation (nature of job): Indoor/ Outdoor  No. of Passengers (Including Driver): 02
Private use/ Work purpose No. of Passengers (Including Driver): 02
Passenger Name: Charles SE440135F Gender: Gender:
Weather Condition & Road Conditions? (On the day of accident)  Clear & Dry/ Raining & Wet/ After-Rain & Wet/ Drizzling & Wet/ Others:
Was there any video captured by your Car Camera? Yes/ No
Any Injuries: Yes/ No (If YES) Injured Person's Name: John telix & lune charles
Injuries Sustain: Injured Person's in which vehicle: PC 1040 H
Police Report filed: Yes/ No (If YES) Which Police Station: Truffic Police HQ
The Other Party(s) Details:
1. Driver's Name/IC No.: Vehicle NoPC 15 &H \( \text{N} \)
Driver's Contact No.: Insurance Company (If any):
2. Driver's Name/ IC No.:Vehicle No
Driver's Contact No.: Insurance Company (If any):
*Independent Witness (If Any): Contact No.:
Preferred Workshop Name: Contact No.:
*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3

Report No. T/20201202/2064

REPORT	OF A	TRAFFIC	ACCIDENT
--------	------	---------	----------

Date/Time Report Made: 02/12/2020 13:48		lade:	Vide Report No.:	Station Diary No.:	
Informant	t's Particu	llars			
Name of In JOHN FEI	LIX FRAN	CIS	Address: APT BLK 65 COMMONWEAI COMMONWEALTH GREEN	LTH DRIVE #03-315 SINGAPORE 140065	
NRIC NO / S8318823E  Nationality: SINGAPORE CITIZEN			Contact No.: Home/Office: Email:	Mobile: 88166359	
Sex: Male	Age: 37	Date of Birth: 28/06/1983	Type of Informant:		
Race: Indian			Language:	Institution / School Name:	
Occupation OTHERS	า:		Driving Licence Information: Class:	Date of Expiry:	

General Inform	mation of the Accident			
Type of Accident:	Injury Conveyed By Ambulan	Drink Drive:	Date/Time of Accident: 01/12/2020 07:05	Type of Location:
Location:				
PIONEER RO	DAD			
Weather:	Ro	oad Surface:	Ro	pad Speed Limit:
Traffic Flow:	Tr	affic Control:	Tra	affic Volume:
Type of Collisi	ion:			
Type of Come	OII.			yone conveyed by ibulance: s

Vehicle No.	Type	Make	Model	Color	Condition	No of Door
PC7040H	Puo/Cooch/Mi	THE RESERVE THE PARTY OF THE PA	W.OGO!	COIOI	Condition	No of Passenger
0704011	Bus/Coach/Mi				Seriously	1
	nibus				Damaged	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA
	and the same of th





2 of 3

Report No. T/20201202/2064

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

#### **CONTINUATION OF REPORT**

Driver						
Name	JOHN FELIX FRANCIS			ID No		S8318823E
Related Vehicle	PC7040H (Bus/Coac	h/Minibus)		Conta	ct No.	88166359
Hospital/Clinic	NG TENG FONG GE	NERAL HOS	SPITAL	Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	01/12/2020		Date Disc	harge	01/12	2/2020
No. of Days gran	ted Medical Leave	05	Degree of	Injury	NIL	

#### **Brief Details.**

ON THE ABOVE LOCATION, DATE AND TIME. I WAS DRIVING STRAIGHT ALONG PIONEER RD THEN I HEARD A LOUD BANG AND SAW A BIG BUS AT THE LEFT FRONT OF ME NEAR MY FRONT DOOR.

IO IC HIDAYAH THAT IS ALL.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20201202/2064

**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	е
the certificate with you now, please fax a copy to 65474885 stating the report number as reference.	1

	CANTA PO
Signature Of Officer Recording The Report: TP / SC MUHAMMAD ZAIM BIN MUHAMMAD ZAINI	Signature Of Informant.
Signature Of Interpreter: Not applicable	Date/Time!ure: 02/12/2020 13:48
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt ABDUL RAHIM BIN SALIM Contact No.: 65476437	Classification Of Case:

Authentication Stamp NP168



#### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5096989360-02 Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : PC7040H

Chassis Number : KDH2230034812

Name of Policyholder : ARF TRANSPORT

3. Effective Date of Insurance : 02 Jan 2020

4. Expiry Date of Insurance : 01 Jan 2021

5. Persons or Classes of Persons entitled to drive\*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any

enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use\*

(a) Use for the carriage of passengers in connection with the Policyholder's business.

(b) Limited to carry 14 passengers

#### This Policy does not cover

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

- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.
  - \* 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.

GEOGRAPHICAL LIMIT : WITHIN THE REPUBLIC OF SINGAPORE ONLY

EXCESS (SECTION I) : \$\$2,000

EXCESS (SECTION II) : \$\$1,500

WINDSCREEN EXCESS : \$\$500

INSURE WITH COE : YES

HIRE PURCHASE COMPANY : THINK ONE 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 : THINK ONE AUTOMOBILE & TRADING PTE LTD (00000571089)

Date of Issue : 02 Jan 2020 17:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

<b>eBao</b> Tech									Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601	The second second second second				› Change L	anguage	• Chan	ge Password	→ Log Out
My Desktop	<b>Policy Query</b>									
Notice of Loss	Policy No.				Date	of Accident	01	/12/2020 (	07:05	
	Vehicle No.(For Motor)	PC7040H			Certif	icate Number		Marie Marie Valle of the		
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5096989360- 02		ARF TRANSPORT	53368912X	GBS	Comprehensive	PC7040H	PC7040H	02/01/2020	01/01/2021
	-				Continue					

Sequen	ce Date of Endorsement	E	ndorsemen	t Type	Endorsement	Status	Endorsement Content
<b>▽</b> Endors	ements						
Insure	Object: PC7040H						
Jnit No.	05-187	Relate Numb	d Policy er	5094123739-03			
Address 4			ss Type	Singapore address		Post Code	730547
Address 1	BLK 547 #05-187	Addres	ss 2	WOODLANDS DRIV	E 16	Address 3	SINGAPORE 730547
▼ Policyh	older Mailing Address						
Info							
Policy Info							
Flag Open							
Co- nsurance	No						
Agent	THINK ONE AUTOMOBILE & TRA	Agent Tel.	65553300		GST Flag	Y	
Singapore OD Excess		Singapore TP Excess				Young/	Inexperience Driver Excess
Excess Outside		Premium Outside	U				
Additional		os	0				
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	500	
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	02/01/2020	Effective Date	02/01/202	0 00:00	Expiry Date	01/01/2021 23	:59
Name	BUS INSURANCE	Plan			Policy Flag	N	
Address Product	BLK 547 #05-187 WOODLANDS		IGAPORE 73	30547	Group		
Certificate No.							
Policy No.	5096989360-02	Policyholder Name	ARF TRANS	SPORT	Policyholder NRIC	53368912X	

ccident MT/1112265					
olicy No.	5096989360-02	Vehicle No.	PC7040H	GST Registration No.	
ertificate No.					
	ADE TO ANGROOM				A STREET AND THE STREET STREET
licyholder Name	ARF TRANSPORT			Policyholder NRIC	53368912X
oduct Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
ntact No.(Mobile)	0	Contact No.(Office)		Contact No. (Home)	0
nail Address		Special Remark		eCode	Nc 🗸
K	● No ◯ Yes	TCA	● No ○ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	15	Private Hire	No
Accident Details					
	SE VIEW DELICITIES OF THE SECOND	a wa sa <u>a</u> Saano <mark>a</mark> an			
port Date	03/12/2020 16:35	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
te of Accident	01/12/2020	Time of Accident hh:mm	07:05	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	Pioneer Rd				
Total Excess Applicable	•				
cess Type	Per Accident	Windscreen Excess	500.00		
			300,00		
Standard Excess	2,000.00	TP Standard Excess	1,500.00		
D OD Excess	1000.00	YIED TP Excess		Deliver in Coursed?	
	1000.00	TIED IP EXCESS		Driver is Covered?	
ditional Excess					
tal OD Excess Applicable	3000,00	Total TP Excess Applicable			
Benefits					
GST Registered Inform	ation				
r Registered	No		GST Registration Date		
Registration No.			GST Status Verified	Yes	
dification History	03/12/2020 16:38:05 Syste	m changed GST Status Verified from	m No to Yes		
Policyholder Mailing Ac	idress				
dress 1	BLK 547 #05-187	Address 2	WOODLANDS DRIVE 16	Address 3	SINGAPORE 730547
dress 4					
		Address Type	Singapore address	Post Code	730547
t No.	05-187	Related Policy Number	5094123739-03		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	JOHN FELIX FRANCIS	Driver NRIC	S8318823E	Driver DOB	28/06/1983
gister Date of Driver License	15/01/2020	Driver Age	37	Driving Experience	0
ntact No.(Mobile)	88166359	Contact No.(Office)	0		
				Contact No (Home)	0
dress 1	BLK 65			Contact No.(Home)	O COMMONIMENTAL CREEN
	BLK 65	Address 2	COMMONWEALTH DRIVE	Address 3	COMMONWEALTH GREEN
dress 4	SINGAPORE 140065				
ddress 1 ddress 4 nit No.		Address 2	COMMONWEALTH DRIVE	Address 3	COMMONWEALTH GREEN
dress 4 bit No. bes he own a Singapore	SINGAPORE 140065	Address 2	COMMONWEALTH DRIVE	Address 3	COMMONWEALTH GREEN
dress 4 it No. es he own a Singapore	SINGAPORE 140065 03-315	Address 2 Address Type	COMMONWEALTH DRIVE	Address 3 Post Code	COMMONWEALTH GREEN
dress 4 it No. es he own a Singapore gistered car?	SINGAPORE 140065 03-315	Address 2 Address Type	COMMONWEALTH DRIVE	Address 3 Post Code	COMMONWEALTH GREEN
dress 4  It No. es he own a Singapore pistered car?  laration athalyser or Blood Test	SINGAPORE 140065 03-315 ○ Yes <b>③</b> No	Address 2 Address Type Driver Vehicle No.	COMMONWEALTH DRIVE Singapore address	Address 3 Post Code	COMMONWEALTH GREEN
dress 4 it No. es he own a Singapore gistered car? claration eathalyser or Blood Test	SINGAPORE 140065 03-315	Address 2 Address Type	COMMONWEALTH DRIVE	Address 3 Post Code	COMMONWEALTH GREEN
dress 4 iit No. ses he own a Singapore gistered car? claration eathalyser or Blood Test	SINGAPORE 140065 03-315 ○ Yes <b>③</b> No	Address 2 Address Type Driver Vehicle No.	COMMONWEALTH DRIVE Singapore address	Address 3 Post Code	COMMONWEALTH GREEN
dress 4	SINGAPORE 140065 03-315 ○ Yes <b>③</b> No	Address 2 Address Type Driver Vehicle No.	COMMONWEALTH DRIVE Singapore address	Address 3 Post Code	COMMONWEALTH GREEN
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