Y				1	-
NATIONAL Assessment Centi	re Services. Well	Jan'05/ Jh72	9000h	Don	e by
	Jeb description	Date	&Time Completed		
Date In: 30 1/20-10: V	SAS e-filing	i			
Rei No: 11 11/2017777 MY	E-mail (within Shrs,	AIC 2hrs)			
Veh No: 1713107	i-Motor Claim F		7/11/5234-001	30/12/20	13:29
D.O.A: 2/12/2-12:15	i-Motor W/O (Wi				
OD / TP / Reporting Only	i-Photo Uploade				
	Assessment/Surve				
TP Insurer:	Ass't Report by F		ner/Wksp		
When I OW:		Тө		Fax:)
Preferred Wksp / INC Assign Wksp / QW: (INC()	Non-INC().		
TP Particulars: Veh No:		To	el:)	
Owner / Driver: (Period: () Cov	ver Type: ()	
Policy No. (1	Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20%;	P: 21-79%. F: 30)-100%]	
Year of Registration: ()		/NO()			
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()		C37835 - 17.	
DACOS. (C				18.50 Per 1911	
General Remarks: () Walk-In Customer: Customer's i	nformation strictly Confid	dential & Strictly	NO refer of repair	er.	
() Total Luss Case : to e-mail Ins	surer URGENTLY.)
Drive-In ()/Towed-In (); Invo	oice: YES () / NO		ng Co: (
Remarks: (INC hotline: 6788 6616 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost 2]) / Courtesy Car ()				
Injury: Date/Time Actions					10 28 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	1			**************	it (5) Amt (3)
		Invoice Prepar	ration Checklist	A CASTILLA SING	t(S) Amt(3) Bill Add Bill
MAN OOKS NA NOONEY		1) AR : Accident Re	porting (\$30);	10 (580)	
Claimant's Particulars :-		2) DA: Damage Ass 3) TF: Towing Fee	sessment (\$100); 10	NC (\$80) \$40/\$45	
Driver/Owner:		4) FT : Follow-Thro	L CHEVEY (RESULVEY)	\$120 \$30	
Contact No:		For claiming agai	ast No Omy Iwell to	n 2005) \$75	
		6) TR: Re-inspection 7) N1: Idao DA + S	MRT Survey	. \$160	
Damaged Portion:		8) NTUC Additions	Services:-		
QC Checked by (Engr-In-Charge):	:	*N5: Courlesy C	ar / Tpt Allowance	\$5 \$10	
QC. Checked by (Brig. In On-189)		*N6: Repair Co-	Inspection	\$25	
Auditors Comments ::		+N8. DV / Colle	ct Excess Coordination	\$5 \$20	·· ·
Cat. 1:		9) N12: Idac Mobi	Non INC) against INC	30	自由的
2at. 2/3;		Invoice dated	reeC	harged	
2al. 2/3.		Invoice dated			

SN0920CU0006 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 30/12/2020 10:25 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (30/12/2020 10:25 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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

30/12/2020 10:25 (SGT) Date of Submission 24/12/2020 12:15 (SGT) Date of Accident Balestier Rd, Singapore Exact Location of Accident Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJT2310T

INSURED/POLICYHOLDER

Is company? FRESH CARS PTE LTD Name Of Registered Owner Company Reg No 2XXXXX540Z desmondfreshcars105@gmail.com Email Address (Phone) +65-89999999 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer Axio Model Variant Exact purpose for which vehicle was being used at time of Private hire

accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

No - Reporting only Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage **ThirdParty** Fleet Policy 5118938574 Policy Number Cover Note Number

DRIVER

TAN CHOON MEI (CHEN CHUNMEI) Name of Driver SXXXX549B NRIC No 11/05/1980 Date Of Birth Outdoor Occupation

20/05/2005 Date Of Driving Pass 15 YEARS AND 7 MONTHS Driving experience Female Gender (Phone) +65-93670200 Mobile Number Alt. Phone Number Email Address desmondfreshcars105@gmail.com BLK 368 BUKIT BATOK STREET 31 Address Address complement #12-479 650368 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collided into Property Type of Accident Raining Weather Conditions Wet Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? No Number of Passengers (Including Driver) 1 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Cairnhill Neighbourhood Police Post Police Station Name (Phone) +65-18002968999 Police Station Phone No Blk 9 Gloucester Road #01-03 Singapore 210009 Police Station Address Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20201224/2056. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No

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.
- 3. 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.
- 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:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - 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)

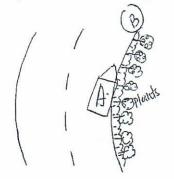
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Balestier Rond Two CTE.



BGovernant Broperty

	Please	refer	to	the	Police	Report	Noi	T/202	01224/2
						- Company		1, 100	
			- AUI - AUI - AUI -						
**									
		acijio Y							
		W.L.W.							
					A COMPANY COM				
	Company of the state of the sta				4114				
		And the second							

DECLARATION

Date & Time.

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

Policyholder's Signature

Driver's Signature

7) (If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No .:

Reporting Centre Personnel's Signature

Accident Time: DIShu-(24-HR-FORMAT) Date of Accident Accident Place Vehicle Make/Modol: T - AX LO. Vehicle Reg. No (Car plate No.) Insurance Company : Company / Individual Name of Registered Owner : Co Reg No: 20 (08542 Owner's NRIC No:__ ID of Registered Owner : Co Contact No: THN CHOON ME Owner's Contact No: ____ : CEHEN CHUMMED) DRIVER'S NRIC NO: 5 80 15549 DRIVER'S Name DRIVER'S License Pass Date 70 MM 2005. DRIVER'S Date of Birth : Spouse \ Parents \Children\ Sibling \ Employee\ Others) W Relationship bet. Owner & Driver DRIVER'S Address DRIVER'S Contact No./ Alt No. : INDOOR NOUTDOOR (eg. working inside or outside of an ofc) DRIVER'S Occupation Email Address : CLEAR & DRY YRAINING & WEDVAFTER RAIN & WET Weather & Road Surface (Reporting Only Claim Other Party \ Claim Own Insurance Reporting Type Number of Passengers (including Driver); Was the accident reported to the police? YES INO Was there any video Captured by car camera YBS \ NO Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose Other Party Driver's Particulars (if any) Governend Vehicle Reg No. Vehicle Reg No: _ Vehicle Make Model: Vehicle MakelModel: _ Name DRIVER: Name DRIVER: IC No. DRIVER: IC No. DRI VER: DRIVER'S Contact & add:

DRIVER'S Contact & add



Police Station Of Origin: Cairnhill NPP 9 Gloucester Road #01-03 SINGAPORE 210009

Tel No: 1800-2968999

REPORT OF A TRAFFIC ACCIDENT

T/20201224/2058

Report No. T/20201224/2056

Date/Time Report Made: 24/12/2020 14:00	Vide Report No.! A/20201224/0049	Station Diary No.: 8			
Informant's Particulars		WARANTO WARRANTA RAMA			
Name of Informant: TAN CHOON MEI	Address: APT BLK 368 BUKIT BATOK STREET 31 #12-479 SINGAPORE 650368				
ID Type / ID No.: NRIC NO / S8015549B	Contact No.: Home/Office: Mobile: 9887/0200				
Nationality: SINGAPORE CITIZEN	Email:				
Sex: Age: Date of Birth: Female: 40 11/05/1980	Type of Informant, Driver				
Racei Chinese	Language:	Institution/School Name.			
Occupation: PRIVATE HIRE DRIVER	Driving (Licence Information) Class: 3A	Date of Explint			

Type of Accident:	Non-injury Attended by Police		Drijnk Drivetj No	Date/Illime-of Accident: 24//il2/2020 12:15	Type of Location Bend	
Location;						
BALESTIER	ROAD:		104			
	MOAD				in the second second	
			gillers.			
Weather. Orizzling	2.25 (APC 1994)	Road S Wet	Mulaide:		Road Speed Limit:	
raffic Flow:	and the second second	Traffic	Sontrol.		Traffic Volume	
STATE OF THE STATE		Not Co	ntrolled		Moderate	
One Way		SEV SUPERIOR TO WRITE A REAL PROPERTY.	THE RESIDENCE OF THE PARTY OF T		Anyone conveyed by	

Defails of Valuate Involved		
Vehicle No. Type Make	Medial Coller	Condition No of Hassanger
SJT2310T Car TOYOTA	COROLLA	Sciniously (0)
X FECAL 1.53 EXAMPLE 1.50 1	AXIO 16X A	Damaged





2 of 3

Report No. T/20201224/2056

Police Station Of Origin: Cairnhill NPP 9 Gloucester Road #01-03 SINGAPORE 210009

Tel No: 1800-2968999

CONTINUATION OF REPORT

On 24/12/2020 at about 1215hrs, I was travelling on Balestier Road towards CTE direction. I was travelling on the right lane and was turning into the slip road into CTE express way. The weather was drizzling and the road was wet. Suddenly I lose control of the vehicle (SJT2310T) and knock into the right side of the railing. No one was hurt in the accident, and no other vehicle was damaged other than my vehicle. Police was at scene and attended to me, they also took my in car camera's SD card for reference.



T/20201224/2056

3 of 3 Report No. T/20201224/2058

Police Station Of Origin: Calrnhill NPP 9 Gloucester Road #01-03 SINGAPORE 210009

Tel No: 1800-2968999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
A //
Sgr 2 WANG CHAOFAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL:
Contact Noi: 65478248

Authentication Stamp
NP188

Signature Of Informant:

Date/Time:
24/12/2020 14/100

Classification Of Case:
TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL:
Signature Of Informant:

Date/Time:
24/12/2020 14/100

ACKNOWLEDGMENT

	CCHEN CHUNMED)
I, TAN	CHOON MET holding NRIC /Passport No* 58015549 to
of vehic	(*delete which is not applicable)
1.	I have been given Income's practice leaflet.
2.	The counter-staff has explained Income's practice leaflet to me accordingly.
3.	I am clear about the information disseminated by the counter-staff during my accident reporting.
4.	My accident reporting is for (please circle the appropriate one) - a) reporting purpose only b) claiming own damage
	c) claiming third party
5.,	I came - a) with my workshop] [please circle the appropriate one) b) without my workshop]
6.	My workshop who came with me is A Tec Anformative P/V (please provide the name)
7.	. My preferred workshop who did not come with me is
	(please provide the name) and not recommended by the staff.
	Signature:
	Date: 76 Mrow



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: 5118938574

Cover: Third Party

1. Index mark and Registration Number of Vehicle

: SJT2310T

Chassis Number

: NZE1416112033

2. Name of Policyholder

: FRESH CARS PTE. LTD

3. Effective Date of Insurance

: 07 Sep 2020

4. Expiry Date of Insurance

: 06 Sep 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 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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

: AA INTERNATIONAL INSURANCE AGENCY (00000572347)

Date of Issue

: 04 Sep 2020 13:35 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chan	ge Password	· Log Out
My Desktop	Polic	y Query									•
Notice of Loss	Policy N	o.				Date o	f Accident	2	4/12/2020	12:15	
	Vehicle	No.(For Motor)	SJT231	ОТ		Certific	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5118938574		FRESH CARS PTE, LTD	201608540Z	GPC	Third Party	SJT2310T	SJT2310T	07/09/2020	06/09/2021
					C	Continue					

Policy No.	5118938574	Policyholder Name	FRESH CA	RS PTE. LTD	Policyholder NRIC	201608540Z	
Certificate No.							
Address	105 KAKI BUKIT AVENUE 1 #03	-03 SHUN LI	INDUSTRIAL	PARK SINGAPORE 41	5987		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	04/09/2020	Effective Date	07/09/202	20 00:00	Expiry Date	06/09/2021 23:	59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			Young/I	nexperience Driver Excess
Agent	AA INTERNATIONAL INSURANC	E Agent Tel.	64646022		GST Flag	Y	
Co- nsurance Flag	No						
Open Policy Info Certificate Info							
	nolder Mailing Address						
Address 1	105 KAKI BUKIT AVENU	E 1 Addr	ess 2	#03-03 SHUN LI IN	NDUSTRIAL P	Address 3	SINGAPORE 415987
Address 4		Addr	ess Type	Singapore address		Post Code	415987
Jnit No.	02-03	Relat Num	ed Policy ber	5120249608			
	d Object: SJT2310T						
Insure							
▶ Insure ♥ Endors	ements	1100					

olicy No.	5118938574	Vehicle No.	SJT2310T	GST Registration No.	
	5118938574	yenicle No.	52.23.00	neg.ou anon no.	
rtificate No.					
licyholder Name	FRESH CARS PTE. LTD			Policyholder NRIC	201608540Z
oduct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
intact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	Nr. 🗸
·K	No ○ Yes	TCA	No ○ Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	O CONTRACTOR OF THE PARTY OF TH	Private Hire	Yes
Accident Details					
	Control Williams (Control Williams)		West	Andrea Torr	Collided into Property
port Date	30/12/2020 10:14	Accident Report Within 24 hrs	Yes	Accident Type	
ite of Accident	24/12/2020	Time of Accident hh:mm	12:15	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	Balestier Rd				
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	0.00		
Standard Excess	0.00	TP Standard Excess	1,500.00		
ED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
dditional Excess		Total TD Forest Applicable			
tal OD Excess Applicable	0.00	Total TP Excess Applicable			
7 Benefits					
GST Registered Informa	tion				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
dification History	30/12/2020 10:28:24 System	changed GST Status Verified fro	m No to Yes		
Policyholder Mailing Add	iress				
ddress 1	105 KAKI BUKIT AVENUE 1	Address 2	#03-03 SHUN LI INDUSTRIAL P.	Address 3	SINGAPORE 415987
ddress 4		Address Type	Singapore address	Post Code	415987
nit No.	02-03	Related Policy Number	5120249608		
	02-03	Related Folloy Hamber	3120213000		
OI Driver Info		B. C. T.	Unnamed Driver	The state of the s	
river Name	Unnamed Driver	Driver Type		Deliver DOB	11/05/1980
nnamed driver Name	TAN CHOON MEI (CHEN CHUNM	Driver NRIC	S8015549B	Driver DOB	
egister Date of Driver License	20/05/2005	Driver Age	40	Driving Experience	15
ontact No.(Mobile)	93670200	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BLK 368	Address 2	BUKIT BATOK STREET 31	Address 3	SINGAPORE 650368
ddress 4		Address Type	Singapore address	Post Code	650368
nit No.	12-479				
oes he own a Singapore egistered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
reathalyser or Blood Test	0 mg	Any injury?	○ Yes No		
reathalyser or Blood Test	0 mg	Any injury?	○ Yes ⑥ No		
eclaration reathalyser or Blood Test eading?	0 mg	Any injury?	○ Yes ③ No		
reathalyser or Blood Test eading?	0 mg	Any injury?	○ Yes ⑥ No		
reathalyser or Blood Test eading? odification History	0 mg	Any injury?	○ Yes No		
reathalyser or Blood Test eading? odification History	0 mg	Any injury?	○ Yes No		
reathalyser or Blood Test eading? odification History	0 mg	Any injury?	○ Yes ③ No		
reathalyser or Blood Test eading? odification History Claim 001 New	0 mg	Any injury? Insured Name	○ Yes No	Insured NRIC	201608540Z
reathalyser or Blood Test eading? oddification History Claim 001 New		Insured Name		Insured NRIC Contact No.(Office)	201608540Z
reathalyser or Blood Test leading? Ctalm 001 New liaim Type * ontact No.(Mobile)		Insured Name Contact No.(Home)	FRESH CARS PTE. LTD	Contact No.(Office)	201608540Z +
eathalyser or Blood Test adding? condification History Claim 001 New aim Type * ontact No. (Mobile) mail Address	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number	FRESH CARS PTE, LTD		201608540Z +
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reathalyser or Blood Test leading? Claim 001 New Italiam Type * Contact No. (Mobile) Imail Address Laimant Address Laimant Address Laimant Address Laimant Description Referred Workshop Contact	OD-MX Please Select Page 22 Page 22 Page 23 Page 24 Page 25 Page 26 P	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	FRESH CARS PTE. LTD SJT2310T Please Select	Contact No.(Office) TP Vehicle Number	•
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Attachment Attachment		led By/Date	Category	9	Urgency	Description	Msg Sent?
4.3	NAC_PAYA_UBI_800601(NAT	ONAL ASSESSMENT CENTRE SERVI Dec 2020 10:31	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-30	(co)
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