NATIONAL Assessment Centre	. 019	07 77 7000)		
Date In: 3   M-13:33	Jeb description	Date & Time Completed	Done	pì.
Ref No: LA INCMOODERY MY	SAS e-filing			
Veh No: 57495397.	E-mail (within 8hrs, AIC 2hrs)			4
D.O.A: 6/1/4-2116	i-Motor Claim Form	m1116429-07	7/1/11/13	.37
	i-Motor W/O (Within: OD 2hrs	The second secon		
OD / (TP)/ Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	
TP Particulars: Veh No: 17 200/	· INC(	)/Non-INC( )	7747	
Owner / Driver: (		Tel:	)	
Policy No: ( ) Period	d: ( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [No	te-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: ( ) Wa	rranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,000	( )/\$2,000( )			
General Remarks:-				
( ) Walk-In Customer: Customer's information	ation strictly Confidential & Str	ictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insurer U	URGENTLY.	* ** ** 3		
Drive-In ( )/ Towed-In ( ); Invoice: Y	YES( )/NO( );T	owing Co: (		)
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	by
1) Apply for Transport Allowance ( )/Cou	rtesy Car ( )		No. 147 a halla a sana a	
2) QC Check / Post Repair Inspection	( )	*	20	
3) Upload Resurvey Photo [Repair Cost > \$3000	0] ( )		7.	
Injury:				
			G 87 200 20 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 ( Mil. 8.1.)
Date/Time Actions			MARIONIE.	
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		naration Ghecklist.	Ant(5)	Amt(\$)
4400397.	1) AR : Accident	Reporting (\$30); Assessment (\$100); INC (\$	ficBill 80)	
MM00397 : Inimant's Particulars :-	1) AR : Accident 2) DA : Damage 3) TF : Towing F	Reporting (\$30); Assessment (\$100); INC (\$200); See	ficBill	
MM00397 : laimant's Particulars :-	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti	Reporting (\$30); Assessment (\$100); INC (\$ te	fit Bill 80) 0/\$45 \$120 \$30	
MM00393 : Inimant's Particulars:- river/Owner: ontact No:	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming a	Reporting (\$30); Assessment (\$100); INC (\$ se \$4 nrough Survey (Resurvey) rough Survey (Resurvey)	fit Bill 80) 0/\$45 \$120 \$30	
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Inimant's Particulars:- river/Owner: ontact No: amaged Portion:	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Additio	Reporting (\$30); Assessment (\$100); INC (\$ see \$4 irough Survey (Resurvey) toinst INC Only (wef 10 Jan 200) tion - SMRT Survey nal Services:-	51:Bill 80) 00/\$45 \$120 \$30 \$5) \$75 \$160	
Myoo393  Inimant's Particulars:-  river/Owner:  Ontact No:  Imaged Portion:	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Additio QDI* *N5: Courtesy	Reporting (\$30); Assessment (\$100); INC (\$ see \$4 arough Survey (Resurvey) (ainst INC Only (wef 10 Jan 200) (tion - SMRT Survey nal Services:-	51:Bill 80) 00/\$45 \$120 \$30 \$5) \$75	
Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	1) AR: Accident 2) DA: Damage. 3) TF: Towing F 4) FT: Follow-TI 5) FT: Follow-TI For claiming at 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio OD: *N5: Courtesy *N6: Repair C *N7: Fost Rep.	Reporting (\$30); Assessment (\$100); INC (\$50); See \$40 Arough Survey (Resurvey) Assist INC Only (wef 10 Jan 200); Ition SMRT Survey And Services:  Car / Tpt Allowance Accordination Air Inspection	\$100 \$100 \$100 \$100 \$25	
Inimant's Particulars:- river/Owner: ontact No: amaged Portion:  C Checked by (Engr-In-Charge):	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idac DA 8) NTUC Additio OD* *N5: Courtesy *N6: Repair Co *N7: Fost Rep. *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$50); See \$40 Arough Survey (Resurvey) Assist INC Only (wef 10 Jan 200); Assessment (\$100); INC (\$100); Assessment (\$100)	\$00 00/\$45 \$120 \$30 \$5 \$160	
Inimant's Particulars:- river/Owner: ontact No: amaged Portion:  C. Checked by (Engr-In-Charge):	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idac DA 8) NTUC Additio OD* *N5: Courtesy *N6: Repair Co *N7: Fost Rep. *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$50); Assessment (\$100);	\$10 Bill 80) 00/\$45 \$120 \$30 \$55 \$160 \$55 \$510 \$25 \$55 \$20 \$30	

# 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
- 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	07/01/2021 13:33 (SGT)
Date of Accident	06/01/2021 20:25 (SGT)
Exact Location of Accident	Woodlands Ave 12, Singapore
Additional Location Information	twds sle
Country/State of Loss	Singapore

# **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number	***********************************	SJY9539D
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOK SOON PENG
Passport No/FIN	GXXXX038R
Email Address	koksoonpeng@gmail.com
Mobile Phone No	(Phone) +65-89491258
Alternative Phone No	+

### VEHICLE PARTICULARS

Manufacturer

Thailada and an annual and an	Toyota
Model	Corolla
Variant	-
Exact purpose for which vehicle was being used at time of	
accident	Private use
Are you claiming under your own insurance policy for repair to	
your vehicle?	No - Claiming third party
Vehicle Category	Private car

# INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119706941
Cover Note Number	_

#### DRIVER

Name of Driver	KOK SOON PENG
Passport No/FIN	GXXXX038R
Date Of Birth	02/12/1990
Occupation	Outdoor

Date Of Driving Pass 27/10/2020 Driving experience 3 MONTHS Gender Male Mobile Number (Phone) +65-89491258 Alt. Phone Number Email Address koksoonpeng@gmail.com Address **BLK 53 COMMONWEALTH DRIVE** Address complement ..... #29-558 Postcode 142053 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Type of Accident Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? No Was any other material or property damaged? Yes 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 Police Station Name Traffic Police Police Station Phone No (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/20210106/7081. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number YP7200M Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver 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	KOK SOON PENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK
Injured person in which vehicle?	SJY9539D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
	10.0.00

# SKETCH PLAN

#### **IMPORTANT NOTICE**

- 1) Please report correctly 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:

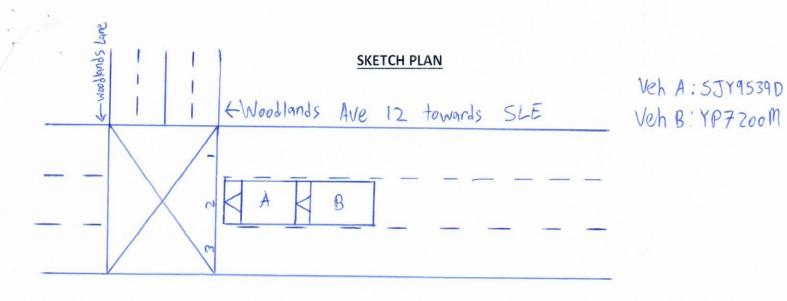
Driver's Signature (If driver is not policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:



Refer	to police report 1/20210106/7081.
/	

**DECLARATION** 

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

Policyholder's Signature Date & Time: Driver's Signature (If driver is not policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/ FIN No:

Date of Accident	: <u>06/01/2021</u> Accident Time: <u>2028</u> (24-HR-Format)		
	: WOODLANDS AVE 12 TOWARDS SLE		
Accident Place			
Vehicle No. (Car Plate No.)	: SJY9539D Make/Model: Toyota Corolla Altis		
Insurance Company	: NTUC Income Policy No: 5119706941		
Owner or Company Name /IC No.	: KOK SOON PENG/G4000038R		
Owner or Company Contact No.	: <u>8949 1258</u> Owner's HpCompany Tel		
DRIVER'S Name / IC No.	:		
DRIVER'S Date Of Birth	: 07/12/1990 DRIVER'S License Pass Date 27/10/2020		
Relationship of Owner & Driver	$: Spouse \backslash Parent \backslash Children \backslash Sibling \backslash Employee \backslash Others: \_\_\_$		
DRIVER'S Address	: 53 Commonwealth Drive #29-558 S(142053)		
DRIVER'S Contact No./ Alt No.	:1)		
DRIVER'S Occupation : INDO	OOR \ OUTDOOR (e.g. working inside or outside office)		
Email Address	: Kok Soonpeng Q gmail. (om		
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET		
Reporting Type : Report	rting Only \ Claim Other Party \ Claim Own Insurance		
Number of Passengers (Including Driv	ver): 0		
Was there any video Captured by car of Exact purpose for which vehicle was be Any Injury (If YES, Pls state):	eing used at time of accident: Private use \ Work Purpose		
Othon Pow	ty Duiyou's Pouticulou (if ony)		
	ty Driver's Particular (if any)		
Vehicle. No: YP7700M	Vehicle. No:		
Vehicle Make \Model: ISUZU/N	Vehicle Make \Model:		
Name Driver: Name Driver:			
IC No. Driver/Contact: IC No. Driver/Contact:			

NEW – Passenger's name & gender:





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

T/20210106/7081

1 of 3 Report No. T/20210106/7081

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/01/2021 23:35		lade:	Vide Report No.:	Station Diary No.:
Informan	t's Particu	ılars		
Name of I			Address:	
ID Type / ID No.: FIN NO / G4000038R		R	Contact No.: Home/Office: Mobile: 89491258	
Nationality: MALAYSIAN			Email: KOKSOONPENG@GMAIL.COM	
Šex: Male	Age: 30	Date of Birth: 02/12/1990	Type of Informant: Driver	
Race: Chinese			Language: Institution / School Name: English	
Occupation: Sales Executive			Driving Licence Information: Class: 3	Date of Expiry: 26/10/2025

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/01/2021 20:30	Type of Location: Straight Road
Location: WOODLAND	S AVENUE 12			
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h
			king	

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SJY9539D	Car	ТОУОТА	COROLLA ALTIS 1.6 AUTO	Silver		0
YP7200M	Lorry	ISUZU	NNR85UH4			0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210106/7081

#### **CONTINUATION OF REPORT**

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
SJY9539D	NTUC Income Insurance Co-Operative Limited	5119706941	06/11/2020	05/11/2021			

<b>Details of Perso</b>	n Involved						
Any Pedestrian II	nvolved: No						
No. of Pedestrian	ns Injured: NIL		Use of Pedestrian Crossing: NA				
Driver							
Name	KOK SOON PENG			ID No		G4000038R	
Related Vehicle	SJY9539D (Car)			Conta	ct No.	89491258	
Hospital/Clinic	NIL				of g ce &	Class: 3 Date of Expiry: 26/10/2025	
Date	NIL		Date	1	NIL		
No. of Days gran	ted Medical Leave	03	Degree o	f	Sligh	t	

## Brief Details.

On the stated time and date, I was driving my vehicle (SJY9539D) home from work. I was driving on lane 2 along woodlands ave 12 towards SLE. As i approached the traffic junction, I started slowing down as the traffic lights were red. While i came to a stop at the second lane of the traffic junction, I felt a huge impact from my rear. I alighted my vehicle and realised that YP7200M had rear ended my vehicle. We moved our vehicle to the left most side of the road to avoid congestion. We exchanged particulars and left the scene shortly. After which i went to Unihealth Toa Payoh as I was feeling pain at my neck and received 3 days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210106/7081

CONTINUATION OF REPORT

Sketch Plan					
Informant is	not	able	to	provide	sketcl

Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/01/2021 23:35
Officer In Charge Of Case: TP / TPIB / BOON YEN KIAN Contact No.: 65476172	Classification Of Case:

Authentication Stamp NP168



# Certificate of Insurance

: SJY9539D

Cover : drivo CLASSIC

: MR053REE104102363

: KOK SOON PENG

: 06 Nov 2020

: 05 Nov 2021

, UTUU 1 4 07

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: 5119706941

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drivell

(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 business or profession.

#### This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Umitations 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)	: 5\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: 5\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: KOK SOON PENG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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

: KA-HUP VEHICLES TRADING (00000572059)

Date of Issue

: 06 Nov 2020 14:27 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

the

Chief Executive

Hello, NAC_PAYA_UBI_80060	1						→ Change	Language	→ Chan	ge Password	· Log Ou
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	lo.				Date o	of Accident	0	6/01/2021 2	20:25	
	Vehicle	No.(For Motor)	SJY9539	9D		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	5119706941		KOK SOON PENG	G4000038R	GPC	drivo CLASSIC	SJY9539D	SJY9539D	06/11/2020	05/11/2021

Policy No.	5119706941	Policyholder Name	KOK SOON	PENG	Policyholder NRIC	G4000038R	
Certificate No.							
Address	BLK 53 #29-558 COMMONWE	ALTH DRIVE CO	MMONWEAL	TH 10 SINGAPORE 1	42053		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	06/11/2020	Effective Date	06/11/202	0 00:00	Expiry Date	05/11/2021 2	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Agent	KA-HUP VEHICLES TRADING	Agent Tel.	64589997		GST Flag	Υ	
Co- insurance Flag	No						
insurance Flag Open	No						
insurance	No						
Insurance Flag Open Policy Info Certificate Info	No older Mailing Address						
insurance Flag Open Policy Info Certificate Info Policyh		Addre	ess 2	COMMONWEALTH	DRIVE	Address 3	COMMONWEALTH 10
insurance Flag Open Policy Info Certificate Info	older Mailing Address		ess 2	COMMONWEALTH Singapore address		Address 3 Post Code	COMMONWEALTH 10 142053
insurance Flag Open Policy Info Certificate Info Policyh Address 1	older Mailing Address BLK 53 #29-558	Addre	ess Type ed Policy				
insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	BLK 53 #29-558 SINGAPORE 142053	Addre Relat	ess Type ed Policy	Singapore address			
insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	BLK 53 #29-558 SINGAPORE 142053 29-558 d Object: SJY9539D	Addre Relat	ess Type ed Policy	Singapore address			



\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		DNAL ASSESSMENT CENTRE SERVI Jan 2021 13:37	Photos		Normal	Photos	s 2021-1-7	
		DNAL ASSESSMENT CENTRE SERVI Jan 2021 13:37	Photos		Normal	Photo:	s 2021-1-7	
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		ONAL ASSESSMENT CENTRE SERVI Jan 2021 13:37	Photos		Normal	Photo	s 2021-1-7	
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Attachment	Upload	ed By/Date	Category	9	Urgency	Des	scription	Msg Sent? (CO)