NATIONAL Assessment Centre	Ich description Date &Time Completed	Done by			
Date In: 25/03/21	3.00 description				
Ref No. NA/INC21003895/13	SAS e-filing		10000		
Veh No SLA 6834 Z	E-mail (widen 8krs, AIC 2krs)				
DOA: 24/03/21 1930	i-Alotor Claim Form 3 03 MT/1135 718/001		w = 111+		
	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		-		
OD / TP / Peporting Only	i-Photo Uploaded				
AND THE TOTAL SECTIONS	Assessment/Survey Report				
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp				
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:				
TP Particulars: Veh No:	SGX3666A . INC()/Non-INC()				
Owner / Driver: (Tel:)			
	iod: () Cover Type: (_)			
Confirmed by : (Date: Time:)			
Insured/Driver Liability: (%) [N	Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]				
Nation 1	Varranty: YES ()/NO ()				
Excess: (\$) Loading: \$1,00	00 ()/\$2,000 ()				
General Remarks:-					
/ N.W. I. C Customer's info	rmation strictly Confidential & Strictly NO rafer of repairer.	A (100 C C C C C C C C C C C C C C C C C C			
() Total Loss Case : to e-mail Insure	- : 0 /)		
Drive-In () / Towed-In (); Invoice	:: YES () / NO () ; Towing Co. (
Remarks:- (INC horline: 6788 6616)	Date&Time Completed	Done by			
· · · · · · · · · · · · · · · · · · ·					
	Courtesy Car ()				
Apply for Transport Allowance ()/C	Courtesy Car ()				
Apply for Transport Allowance ()/C QC Check / Post Repair Inspection	()				
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3	()				
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1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80)				
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1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No:	Invoice Preparation Checklist				
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1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury : Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion:	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) N1: idae DA + SMRT Survey \$160 8) NTUC Additional Services				
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury : Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion:	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) N1: idae DA + SMRT Survey \$160 8) NTUC Additional Services:- OD:* *N5: Courtesy Car / Tpt Allowance \$5	1st Bill A			
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury : Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion:	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey (\$20 5) itT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) N1: Idae DA + SMRT Survey \$160 8) NTUC Additional Services:- OD: *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25	1st Bill A			
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury : Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion:	Invoice Preparation Checklist	1st Bill A			
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1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury : Date/Time Actions Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :-	Invoice Preparation Checklist	1st Bill A			

SN09213P000Q / National Assessment Centre Services [408933] ENTRY DATE & TIME: 25/03/2021 17:23 (SGT) SUBMITTED BY: Roslinda Binte A, Wahab VERSION: 1 (25/03/2021 17:23 (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

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 reports 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 reports will be forwarded by the insurers of the part of this report will for a fee the made available upon application by intercented and incompanies. This report will be forwarded by the districts of the GIA Records management certain established by the General insurance Association of Singapore Carry for a ferming and that copies of this report will, for a fee, be made available upon application by interested parties.
 By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

25/03/2021 17:23 (SGT) Date of Submission 24/03/2021 19:30 (SGT) Date of Accident Havelock Rd, Singapore Exact Location of Accident JUNC OF EU TONG SENG STREET Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SLA6834Z Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? KENNETH EDWYN ERNEST Name Of Registered Owner SXXXX586F NRIC No kennboyy@gmail.com **Email Address** (Phone) +65-92715775 Mobile Phone No +65-92715775 Alternative Phone No

VEHICLE PARTICULARS

Honda Manufacturer HRV Model Variant Private hire

Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to

vour vehicle? Vehicle Category Transmission CC

No - Claiming third party

Private hire Auto 1500

INSURANCE COMPANY

NTUC Income Insurance Co-operative Ltd Name of Insurance Company Comprehensive Type of Coverage No Fleet Policy 5112114463-01 Policy Number Cover Note Number

DRIVER

KENNETH EDWYN ERNEST Name of Driver SXXXX586F NRIC No

Accident report SN09213P000Q

28/01/1988 Date Of Birth Outdoor Occupation 24/02/2014 Date Of Driving Pass 7 YEARS AND 1 MONTH Driving experience Male Gender (Phone) +65-92715775 Mobile Number +65-92715775 Alt. Phone Number kennboyy@gmail.com Email Address BLK 249 PASIR RIS ST 21 Address #07-125 Address complement 510249 Postcode Yes Is the driver the policyholder? If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Side Swipe Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No 2 Number of vehicles involved in the accident No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? PASSENGER 1 JACQUES MALZ Name Male Gender DETAILS OF POLICE ACTION No Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON THE 24TH MARCH AT ABOUT 19:30HRS I WAS DRIVING A PASSENGER FROM HAVELOCK RD TWDS EAST COST RD ON THE 2ND STRAIGHT & TURNING LEFT LANE. WHEN LIGHT TURNED GREEN, I MOVED GRADUALLY FORWARD INTO THE YELLOW BOX. SUDDENLY VEH B FROM MY RIGHT STRAIGHT LANE MAKE A LEFT TURN AND HIT ONTO MY FRT RIGHT SIDE PORTION OF MY VEH.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Was there any audio recorded?

Yes

Yes

HAVEN'T RETRIEVE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGX3666A
Vehicle Manufacturer Toyota



Vios Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category LEE MOSES Name of Driver SXXXX252G NRIC No Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

WITNESS DETAILS

WITNESS 1

Email

Name JACQUES MALZ
Phone (Phone) +65-91076254

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed 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 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.
- 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 lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

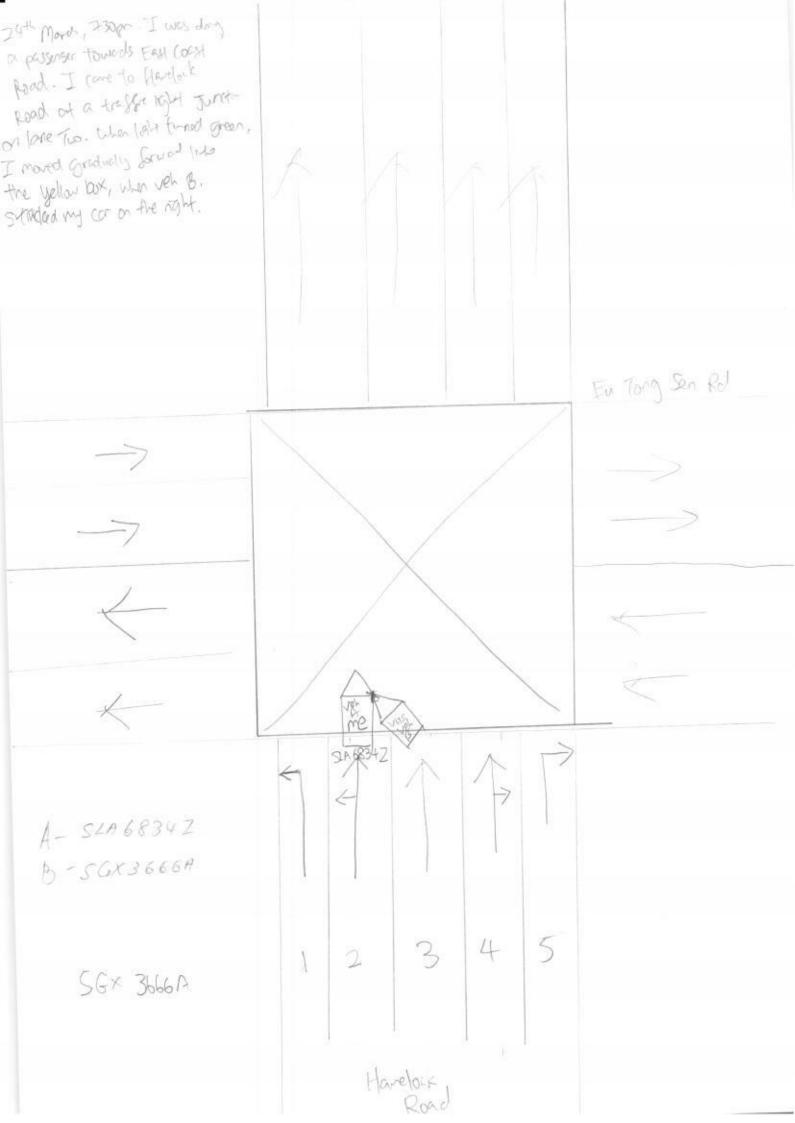
Lunderstand, acknowledge, agree and consent that:

- (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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Sketch Plan	Witnessed by Reporting Centre Personnel		
AS A CRAME AND A C	TTTTTT		



Describe	Circumstan	ces of t	he Accide	ent	
	Winner -				
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17/3	-6-	7.10			
				- Parett	
		-			
	37				
64 - ST - ST -					

Declaration

We declare the foregoing particulars are true in every respect.

25 March 2021

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel

ACCIDENT STATEMENT

	CIDENT DATE: (24/03/24)(DD/MM/Y)	
LOC	ATION: JUNC OF MAUGLOCK RD	1 EU TUNG SCNG ST
1	. DETAILS OF VEHICLE	
	DETAILS OF VEHICLE a) VEHICLE NUMBER: SEA 6 8 3 4 2	19 01 (2)
	b)INSURANCE COMPANY: WALC	
0.5	c)POLICY NUMBER:	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD F	
	f)TYPE:(SALOON / COUPE / MPV / VAN / LO	
	g) VEHICLE CATEGORY: (PRIVATE / COMMER h) PURPOSE OF USING AT ACCIDENT TIME:	
	I) ARE YOU CLAIMING UNDER YOUR OWN IN	SURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM)	REPORTING ONLY)
2.	INSURED / POLICY HOLDER	
	A)NAME: KENNETH EDWYN ERN	
8	b)NRIC/FIN/PASSPORT: S8870586F	CONTACT: 927/5775
	C)ADDRESS: BUK 249 PASIR RIS	
04: 34: X	· #07-125 (510249)	The state of the s
× 0 -	* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER
4 No of passengat	DRIVER AS ABOUT	(1115 (551115)
(Including driver)		(MALE / FEMALE)
(≥)	b)NRIC/FIN/PASSPORT:	CONTACT:
	C/ADDRESS.	
Jacques MHZ	*d)DATE OF BIRTH: (28 / 0/ / 1938)(DI	D/MM/YYYY)
21-1356	e)OCCUPATION: (INDOOR / OUTDOOR)	
91076254	f) YEARS OF DRIVING EXPRERIENCE: 24/0	2/2014.
4.	WAS DRIVER AN EMPLOYEE OF THE INSU	
theis a passings.	IF NO, RELATIONSHIP OF THE DRIVER W	ITH INSURED: DUNER
5.	a) WEATHER CONDITION: (CLEAR / RAINING	/ OTHERS
£1	b)ROAD SURFACE: (DRY / WET / OTHERS	* 4
	WAS ANYBODY INJURED (YES / NO)	
7.	a) REPORTED TO POLICE (YES / NO)	595 FAS
	IF YES, PLEASE STATE WHICH POLICE STATIO	N:
0	THIRD PARTY VEHICLE	T. 112 T. 112
14 · A		MODEL: TOYOTA ULOS
4 No of passenger	a) VEHICLE NUMBER:	MODEL:
4 No of passenger	a) VEHICLE NUMBER: SGX 3666 A b) DRIVER'S NAME: LEE MOSES	
4 No of passenger (Including driver)	c) NRIC/FIN/PASSPORT: S800/0574	CONTACT:
HNO of passenger (Including driver) () 9.	c) NRIC/FIN/PASSPORT: SEO 0/353 G THIRD PARTY VEHICLE	CONTACT:
HNO of passenger (Including driver) () 9.	c) NRIC/FIN/PASSPORT: SEO 0/353 G THIRD PARTY VEHICLE	
4 No of passenger (Including driver)	c) NRIC/FIN/PASSPORT: SEO 0/353 G THIRD PARTY VEHICLE	CONTACT:

email =

fax =

VIDEO = yes



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: 5112114463-01

Cover : drivo CLASSIC : SLA6834Z

1. Index mark and Registration Number of Vehicle Chassis Number

: MRHRU1830FP000865 : KENNETH EDWYN ERNEST

2. Name of Policyholder : 11 Sep 2020 3. Effective Date of Insurance : 10 Sep 2021 4. Expiry Date of Insurance

Persons or Classes of Persons entitled to drive#

(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.

: \$\$2,000 EXCESS (SECTION 1) : \$\$1,500 **EXCESS (SECTION 2)** : \$\$100 WINDSCREEN EXCESS : N/A

ADDITIONAL EXCESS : PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

: NO REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE : NO NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER**

: KENNETH EDWYN ERNEST PRIMARY DRIVER

: N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2)

: STANDARD CHARTERED BANK HIRE PURCHASE COMPANY

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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)

: AUTOSHIELD PTE. LTD. (00000573469) Agency

: 11 Aug 2020 21:38 hrs Date of Issue

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- 3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

: 5112114463-01 Policy Number

: KENNETH EDWYN ERNEST The Policyholder

BLK 249 #07-125 PASIR RIS STREET 21 SINGAPORE 510249

: 11 Sep 2020 To 10 Sep 2021

Period of Insurance : Market Value of Insured Vehicle at Time of Loss Sum Insured

: \$\$2,731.61 Premium (inclusive GST)

Interest Insured

: drivo CLASSIC Cover Type

: KENNETH EDWYN ERNEST Primary Driver

Named Driver (1) : N/A Named Driver (2)

: 1500cc Capacity : HONDA/HRV Make/Model Registration Year : 2016 : SLA6834Z Registration Number : No Off-peak Car : MRHRU1830FP000865 : Yes Chassis Number Insure with COE Repair at Owner's Preferred Workshop: No NCD Entitlement : 20% : \$\$2,000 NCD Protection ; No

Excess (Section 1) : \$\$1,500 Excess (Section 2) : \$\$100 Windscreen Excess

Additional Excess : Please refer to Terms and Conditions Unnamed Driver Excess : STANDARD CHARTERED BANK Hire Purchase Company

Optional Cover

: No Transport Allowance : No Excess Waiver

Memo A : 1) The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience.

2) Section 1 clause 8 on Unnamed driver excess will not apply.

Endorsement Operative : N/A

: AUTOSHIELD PTE. LTD. (00000573469) Agency

: 11 Aug 2020 21:38 hrs Date of Issue

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Claim Handling

sent MT/1125718	and the Market State of the Sta	Vehicle No.	SLA6834Z	SST Registration No.	
y No. 5	112114463-01	Venice No.	*********		
ficate No.)	Policyholder NRJC	S8870586F
140	NNETH EDWYN ERNEST			Loading	0
	RIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Contact No.(Home)	0
Wild Millians II	2715775	Contact No.(Office)	0	eCode	No V
tact No.(Mobile) 9	2/15//9	Special Remark			- Livering Control
all Address	0.000.0004	TCA	NO 100	eCode Reason	Yes
	No Yes	NCD Entitlement(%)	20	Private Hire	
) Protection	No.	MCD PHONE AND			
Accident Details		and a second second and her	Yes	Accident Type	Side Swipe
ort Date	25/03/2021 17:34	Accident Report Within 24 hrs		Country of Accident	Singapore
	24/03/2021	Time of Accident hh:mm	19:30	ICM No.	
		Orange Force			
orting Centre	JUNC OF HAVELOCK RD & EU TONG SENG ST	REET			
	JUNG OF HAVELOUS IN				
Total Excess Applicable	Charles when	Windscreen Excess	100.00		
ess Type	Per Accident				
	2,000.00	TP Standard Excess	1,500.00	0.0000000000000000000000000000000000000	Covered
Standard Excess		YIED TP Excess	0.00	Driver is Covered?	
D OD Excess	0.00				
sitional Excess	0.00	Want Wh France Applicable	1,500.00		
al OD Excess Applicable	2,000.00	Total TP Excess Applicable	14TW (1788)		
Benefits					
	tion				
GST Registered Informa	No.		GST Registration Date	Yes	
T Registered	- 110		GST Status Verified	1.046	
T Registration No.					
diffication History					
					SINGAPORE 510249
Policyholder Mailing Ad		Address 3	PASIR RIS STREET 21	Address 3	
sdress 1	BLK 249 #07-125	Address 2	Singapore address	Post Code	510249
idress 4		Address Type	5112114463-01		
nit No.	06-02A	Related Policy Number	2115114402-01		
OI Driver Info					
	KENNETH EDWYN ERNEST	Driver Type	Main Driver	Driver DOB	28/01/1968
river Name	REMNETH CONTRACTOR	Driver NRIC	58870586F		13
nnamed driver Name		Driver Age	33	Driving Experience	
egister Date of Driver License	01/01/2008	Contact No.(Office)	0	Contact No.(Home)	0
ontact No.(Mobile)	92715775		PASIR RIS STREET 21	Address 3	SINGAPORE 510249
ddress 1	BLK 249	Address 2	Singapore address	Post Code	510249
ddress 4		Address Type	Singapora		
init No. Does he own a Singapore	#07-125 Yes # No	Driver Vehicle No.		Driver Insurer Company	
Registered car/					
Registered car? Decisration Breatholyser or Blood Test Reading?	0 mg	Any injury?	Yes ⊛ No		
Registered car? Declaration Breachalyser or Blood Test Reading? Modification History	DD-MX ~	Insured Name	Yes ⊗ No KENNETH EDWYN ERNEST	Insured NRIC Contact No.(Office)	S8870586F
registered car? Reclaration Breakhalyser or Blood Test Reading? Addification History Claim 001 OD-MX	00-MX V 92715775	Insured Name Contact No.(Home)		Contact No.(Office) TP Vehicle Number	SGX3666A
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/2021	Claim	Handling(acciden	t repor	ting Claim Task	001 OD-MIX)	
Attachment	Uploaded By/Date	Category	9	Urgency	Description	Msg Sent? (CO)
1.11億円 V= PUI	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Mar 2021 17:38	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-25	
wed 'sc	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Mar 2021 17:38	NRIC/ Driving License	Υ.	Normal	NRIC/ Driving License 2021-3-25	
60	NAC_PAYA_U6I_800601(NATIONAL ASSESSMENT CENTRE SERVI SAS Normal CES) on 25 Mar 2021 17:38		Normal	SAS 2021-3-25		
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5	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Mar 2021 17:37	Photos		Normal	Photos 2021-3-25	
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Mar 2021 17:37	Photos		Normal	Photos 2021-3-25	
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1	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Mar 2021 17:37	Photos		Normal	Photos 2021-3-25	
2	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Mar 2021 17:37	1 Photos		Normal	Photos 2021-3-25	
	NAC_PAYA_UBI_BD0601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Mar 2021 17:37	1 Photos		Normal	Photos 2021-3-25	
2	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Mar 2021 17:37	1 Photos		Normal	Photos 2021-3-25	
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