| NATIONAL Assessment Centre  | 00111000  | 1002141 1 140  |  |  |
|---|---|--|--|--|
| Duklii: 05/12/2017 11:18  | Job description                                     |  | Date &Time Completed   | Done by  |
| REINO: NBA/INC17023070/K4.  | SAS e-Ming  | n t  |  |  |
| VehNo: FBJ 730A   | E-mall (while \$1                                   | hrs, AlC 7hrr)   |  | , ,  |
| DOA: 04/12/2017 17:30   | f-Motor Claim                                       | 1 Form   | MT/0972594   | 6/12/17 15:0   |
| OD / TP / Reporting Quity   | I-Motor W/O   | The second second second   | 1'8 (1072):  |  |
| OUT TO THE STATE OF THE STATE O  | I-Photo Uploa                                       | ***************************************  | !  |  |
| TP Insurer:   | Assessment/Sur                                      |  |  |  |
|   | Ass'l Report by                                     | Pax/Hond to  | Owner/Wksp   |  |
| Proterred Wkep / INC Assign Wksp / OW: (  | 4   |  | Toli   | Fax:   |
|   | HB 43551  | y , INC (  |  | 1  |
| Owner / Driver: (   | -1./  |  | Tel:   |  |
| CONTRACTOR OF THE PROPERTY OF   | od: (   |  | Cover Type: (  |  |
| Confirmed by 1 '(   | D - 0 011   | Dalei  | Timer  | 1  |
| The state of the s  | arranty: YES (                                      | )/NO(  | %; P: 21-79%. P: 80  | 7-[1/0//6]   |
| Excess: (S ) Loading: \$1,00  |   |  |  |  |
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| ( ) Walk-in Customar i Customers inform   | nation strictly Con                                 | ildenilal & Su   | Charles and the Contract of th | where the contract of the cont   |
| The second secon  | the windows for productive                          |  |  |  |
| ( ) Total Loss Case   to e-mail Insurer   | UKGENILI  | 118 115  |  |  |
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| Drive-in ( )/ Tolved-in ( ); Invoice:   | <del></del>   |  | wing Co: (   | )<br>  |
| Drive-In ( )/ Tolved-In ( ); Invoice;   | YES( )/N  |  | owing Co: (<br>DM:&TIMe Compleive  | )<br>Marini, (Done, by   |
| Drive-in ( )/ Towed-in ( ); Invoice;  Remarks: Int. (ING box line: 6788 (G16));  I) Apply for Transport Allowance ( )/ Co   | YES( )/N  |  |  | Marine Done, by  |
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### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Driving Experience

Mobile Number Fax Number

Contact Number

EMail Address

Gender

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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.
- This report will be forwarded by the insurers of 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

| <ol> <li>By the lodgement of this report to the insurers, you hereby conserved.</li> </ol> | int to the archiving of this report at the certife and to copies of the report cong |
|--|---|
|  | ACCIDENT STATEMENT  |
| Date Of Report   | 05/12/2017 11:18  |
| Date Of Accident   | 04/12/2017 17:30  |
| Exact Location Of Accident   | HOSPITAL DR   |
| Country/State of Loss  | SINGAPORE   |
| D  | ETAILS OF OWN VEHICLE   |
| Vehicle Registration Number  | FBJ730A   |
| Insured/Policyholder   |   |
| Name Of Registered Owner   | AB RAHMAN BIN MOHD UNI  |
| NRIC No  | S2160878E   |
| Email Address  | ADAWIYAH_AUFA@YAHOO.COM.SG  |
| Mobile Phone No  | (LOCAL) +65-93375661  |
| Alternative Phone No   | OTHERS-93375661   |
| Vehicle Particulars  |   |
| Manufacturer   | YAMAHA  |
| Model  | FZ 16   |
| 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  |
| If No, Please state action to be taken   | REPORTING ONLY  |
| Vehicle Category   | MOTORCYCLE  |
| Insurance Company  |   |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD  |
| Type Of Coverage   | THIRD PARTY FIRE AND/OR THEFT   |
| Fleet Policy   | NO  |
| Policy Number  | 5076279658-01   |
| Cover Note Number  |   |
| Driver   |   |
| Name of Driver   | MUHAMMAD ZULQARNAIN BIN BOYMEN  |
| NRIC No  | S8722093A   |
| Date Of Birth  | 26/07/1987  |
| Occupation   | OUTDOOR   |
| Date Of Driving Pass   | 02/02/2006  |
|  | ALLIER DO AND 40 MONTHS   |

11 YEARS AND 10 MONTHS

ADAWIYAH\_AUFA@YAHOO.COM.SG

(LOCAL) +65-93375661

OTHERS-93375661

MALE

Address

BLK 4 TECK WHYE AVENUE

#04-238

Postcode

680004

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

FRIEND

NO

Vehicle Registration Number of Driver's Own

Vehicle

2

Insurance Company of Driver's Own Vehicle

-

## General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

#### Other Information

Was any foreign vehicle involved in this accident?

NO

Was any body injured in the Accident?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

#### **Details of Police Action**

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### 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

SHB4355U

Vehicle Make/Model/Colour

**Details Of Properties** 

Name of Driver

ELANCHELIAN S/O K MANICKAM S7429499E

NRIC/Passport Number Contact Number

98502224

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Details of Witness**

Name

Phone Number

Email Address

# SKETCH PLAN

# IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 6. 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 the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesald.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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)
  - (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:
  - (i) 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 Signatur

Name: NRIC/FIN No.:

344 BLE 1 SKETCH PLAN (SHB 43550 TAXI DESCRIBE CIRCUMSTANCES OF THE ACCIDENT AMB VEHICLE B STRAIGHT HOSPITAL hough EHICLE A TOWARD YESTERNAY 1730 ... ACCIDENTI HAPPEM (EST BLK 1 homh ANE TURY

DECLARATION

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

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.:

GLARMIC Sketch Flankovin - VS

+ Reported on 5/12/2017 ,@ 10354m.

# ACCIDENT'STATEMENT

| 16 . 6 . 7   | I / SO HUULIAM   |
|--|--|
| ACCIDENT DATE: 4 1 12 1401 / 100/MM/YYY  | Y), TIME:(   |
| Hospital Dr.   |  |
| LOCATION: TO PITE  |  |
|  | Λ Λ  |
| 1. DETAILS OF VEHICLE FBJ. 73  | 50 A   |
| OIVEHICLE NUMBER:  |  |
| b)INSURANCE COMPANY:   |  |
| d)POLICY TYPE: (COMPREHENSIVE / THIRD PA   | LOTY / THIRD PARTY FIRE &THEFT!  |
| A)POLICY TYPE: (COMPREHENSIVE / TAIKO F  | RK(1) Italico testino  |
| O) MAKE & MODEL!   | RY / MOTORCYCLE. / OTHERS)   |
| g) VEHICLE CATEGORY: [PRIVATE / COMMER   | CIAL / MOTORCYCLE)   |
| g) VEHICLE CATEGORI (FRIVALE / COMMISSION  | 90167711232  |
| hipurpose of using at accident time:   | OUD ANCE IVES/NO   |
| I) ARE YOU CLAIMING UNDER YOUR OWN IN  | SUNANCE TESTINO  |
| IF INO, PLEASE STATE (THIRD PARTY CLAIM /  | KEP OKTING ONCH  |
| 2. INSURED / POLICY HOLDER .   | (MALE / FEMALE)  |
| A)NAME:  | CONTACT!   |
| b) NRIC/FIN/PASSPORT:  | CONTACT  |
| c)ADDRESS:   | 1 2 2  |
| * CONTINUE TO 3, d IF DRIVER ALSO POLICY   | HOLDER   |
| A)   |  |
| \$ No of passion gs DRIVER   | (MALE / FEMALE) / ()   |
| (Including driver) ONAME:  | CONTACT: 93375661  |
| CINGLE AND CALLED CALLED CONTROL OF THE CONTROL OF  |  |
| Olympia in the comment   | Control of the contro |
| (1) c)ADDRESS!   |  |
| ( ) CIADDRESS!   |  |
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| ( ) CIADDRESS!   | DO/MM/YYYY) : * * ?  |
| ( ) CIADDRESS!   | SURED'S COMPANY? (YES ! (O) OWNER  |
| () CIADDRESS!  **OIDATE OF BIRTH: ( )   JIE  **OIDATE OF BIRTH: (  | SURED'S COMPANY? (YES / 100) OWNER   |
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| () CIADDRESS!  **OIDATE OF BIRTH: ( )   JUDICE OF DELIVER OF THE INSTITUTE OF THE DRIVER OF THE DRIV | SURED'S COMPANY? (YES / 10) OWNER WITH INSURED:  |
| CADDRESS!  **ODATE OF BIRTH: [   | SURED'S COMPANY? (YES / 10) OWNER WITH INSURED:  |
| CADDRESS!  **O)DATE OF BIRTH: [  | SURED'S COMPANY? (YES / 10) OWNER WITH INSURED: G / OTHERS   |
| CADDRESS!  **O)DATE OF BIRTH: [  | SURED'S COMPANY? (YES / 10) OWNER WITH INSURED: G / OTHERS   |
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| CADDRESS!  **ODATE OF BIRTH: ( )   | SURED'S COMPANY? (YES / 10) OWNER WITH INSURED: G / OTHERS TION:   |
| CADDRESS!  **O]DATE OF BIRTH: [  | SURED'S COMPANY? (YES / NO) OWNER WITH INSURED: G / OTHERS TION:  SU MODEL! AN S/O K MANICHAM  |
| (1) CIADDRESS!  **OIDATE OF BIRTH: [   | SURED'S COMPANY? (YES / NO) OWNER WITH INSURED: G / OTHERS TION:  SU MODEL! AN S/O K MANICHAM  |
| (1) CIADDRESS!  **OIDATE OF BIRTH: [   | SURED'S COMPANY? (YES / NO) OWNER WITH INSURED: G / OTHERS TION:  SU MODEL! AN S/O K MANICHAM  |
| (1) CIADDRESS!  **OIDATE OF BIRTH: [   | SURED'S COMPANY? (YES / NO) OWNER WITH INSURED: G / OTHERS TION:  SU MODEL! AN S/O K MANICHAM  |
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| ( ) CIADDRESS!  **OIDATE OF BIRTH: [   | SURED'S COMPANY? (YES / 10) OWNER WITH INSURED: G / OTHERS  TION:  SU MODEL! AN S/O K MANICKAM P99E CONTACT: 9850 2224  MODEL:   |
| CIADDRESS!  **OIDATE OF BIRTH! [   | SURED'S COMPANY? (YES / 10) OWNER WITH INSURED: G / OTHERS  TION:  SU MODEL! AN S/O K MANICKAM P99E CONTACT: 9850 2224  MODEL:   |
| CIADDRESS!  **OIDATE OF BIRTH! [   | SURED'S COMPANY? (YES / 10) OWNER WITH INSURED: G / OTHERS  TION:  SU MODEL! AN S/O K MANICKAM P99E CONTACT: 9850 2224  MODEL:   |

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8722093A



MUHAMMAD ZULQARNAIN BIN BOYMEN

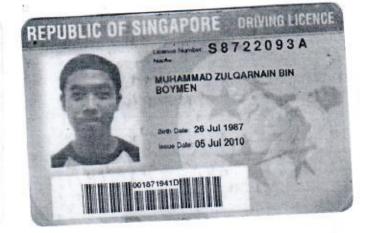
محمد توالقرنين بن بويمن

JAVANESE

26-07-1987

SINGAPORE











S8722093A

29-07-2002

APT BLK 4 TECK WHYE AVENUE #04-238 SINGAPORE 680004

# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

### EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc Motorcycles between 201 cc and 400 cc G Mar 2007
Class 2 Motorcycles > 400 cc Motorcycles between 201 cc and 400 cc G Mar 2007
24 Jun 2003
Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of Mar 2008
of the driver; and other motor vehicles =< 2500kg
of the driver; and other motor vehicles carry load or passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg
Motor vehicles for constructed to carry any load and the unladen weight > 7250kg

Class 5 Motor vehicles for constructed to carry any load and the unladen weight > 7250kg

Licence No: S8722093A

NP 428A

| <b>eBao</b> Tech       |            |             |                           |                      |         |                              |                | GeneralClaim      |                   |             |
|------------------------|------------|-------------|---------------------------|----------------------|---------|------------------------------|----------------|-------------------|-------------------|-------------|
| Hello, NAC_BUKIT_MERAH | 800676     |             | 100000                    | 10 may 2 mg          |         | The Real Property lies       | Change Lar     | guage             | · Change Password | → Log Out   |
| My Desktop             | Policy     | Query       |                           |                      |         |                              |                | 1111              |                   |             |
| Notice of Loss         | Policy No. |             |                           |                      |         | Date of Accid                | dent.          | 04/12             | /2017 17:30       |             |
|                        | Vehicle No | (For Motor) | FBJ730A                   |                      | 7       |                              |                |                   |                   |             |
|                        |            |             |                           |                      |         | Search                       |                |                   |                   |             |
|                        | Select     | Policy No.  | Policyholder<br>Name      | Policyholder<br>NRIC | Product | Cover Type                   | Vehicle<br>No. | Insured<br>Object | Commence<br>Date  | Expiry Date |
|                        | 50         | 76279658-01 | AB RAHMAN<br>BIN MOHD UNI | 52160878E            | GMC     | Third Party, Fire<br>& Theft | FB3730A        | FB1730A           | 18/12/2016        | 17/12/2017  |
|                        |            |             |                           |                      | - 1     | Continue                     |                |                   |                   |             |

|                                   | 1100000                   | Policyholder                      |                        | Policyholder         | S2160878E           |
|-----------------------------------|---------------------------|-----------------------------------|------------------------|----------------------|---------------------|
| olicy No.                         | 5076279658-01             | Name                              | AB RAHMAN BIN MOHD UNI | NRIC                 | S2160878E           |
| Address                           | BLK 774 #12-24 WOODLANDS  | CRESCENT SIN                      | IGAPORE 730774         |                      |                     |
| Product<br>Name                   | MOTORCYCLE INSURANCE      | Plan                              |                        | Group<br>Policy Flag | N                   |
| olicy<br>ssue Date                | 08/12/2016                | Effective<br>Date                 | 18/12/2016 00:00       | Expiry Date          | 17/12/2017 23:59    |
| Third<br>Party<br>Excess          | 0                         | Own<br>damage<br>Excess           | 0                      | Windscreen<br>Excess |                     |
| Additional<br>Excess              |                           | OS<br>Premium                     | o                      |                      |                     |
| Outside<br>Singapore<br>OD Excess |                           | Outside<br>Singapore<br>TP Excess |                        |                      |                     |
| Agent                             | TELESALES-DIRECT MARKETIN | NC Agent Tel.                     |                        | GST Flag             | Υ                   |
| Co-<br>insurance<br>Flag          | No                        |                                   |                        |                      |                     |
| Open<br>Policy Info               |                           |                                   |                        |                      |                     |
| Certificate<br>Info               |                           |                                   |                        |                      |                     |
| Policy                            | holder Mailing Address    |                                   |                        |                      |                     |
| Address 1                         | BLK 774 #12-24            | Address 2                         | WOODLANDS CRESCENT     | Address 3            | SINGAPORE 730774    |
| Address 4                         |                           | Address<br>Type                   | Singapore address      | Post Code            | 730774              |
| Unit No.                          |                           | Related<br>Policy<br>Number       | 5076279658-02          |                      |                     |
| D Insur                           | ed Object: FBJ730A        |                                   |                        |                      |                     |
| ⊕ Endor                           | sements                   |                                   |                        |                      |                     |
|                                   | nce Date of Endorsement   |                                   | ement Type Endorse     | ment Status          | Endorsement Content |

| Section   Sec    |           |
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| March Code   March March   March March   March March   March Mar   |           |
| Contact No. (Orbitole)   937990-1   Contact No. (Orbitole)   Separal Remark   Separal Re    |           |
| TCA  |           |
| No. 1  |           |
| Accident Details   |           |
| ### Accident Report Water 24 hay "Yes"  ### Accident Report Water 24 hay "Yes"  ### Accident Report Water 24 hay "Yes"  ### Accident No.   |           |
| ### Accident Report Water 24 hay "Yes"  ### Accident Report Water 24 hay "Yes"  ### Accident Report Water 24 hay "Yes"  ### Accident No.   | Side 9    |
| Accident   O4/12/2017   Orange Force   17-30   Country of Accident   O4/12/2017   Orange Force   17-30   Country of Accident   O4/12/2017   Orange Force     |           |
| ## CH No.   | Singap    |
| ### Description  #### Description  ##### Description  ##### Description  ##### Description  ###################################  |           |
| ■ Banefits  ■ Exces  ■ Local Stress  ■ Double Singapore OD Excess  ■ Double Singapore OD Excess  ■ Double Singapore OD Excess  ■ Double Singapore TP Excess  ■ Double Singapore DD Excess  |           |
| The Secretary No. Commander Driver Excess    Outside Singapore TP Excess   Outside Singapore TP Excess   |           |
| Address 1 BLK 4 Address 1 Priver Name MUND ZULQARNAN B BOYMEN Driver Name Driver Name BLK 4 Address 1 Priver Name BLK 4 Address 1 BLK 4 Address 1 Priver Name BLK 4 Address 1 BLK 4 Address 1 Priver Name BLK 4 Address 1 BLK 4 Address 2 TCK Novice AveRulle Address 1 BLK 4 Address 1 BLK 4 Address 2 TCK Novice AveRulle Address 1 BLK 4 Address 2 TCK Novice AveRulle Address 3 BCM BRAINING BR  |           |
| This commanded Priver Excess  Outside Singapone DD Excess Invisibility Excess  Outside Singapone TP Exc |           |
| Outside Singapore TP Excess  CST Registration Date  SST Registration Part Part SST Peast  SST Registration Date  SST Registration  SST Registration  SST Registration  SST Registration Date  SST Registration  SST Regi  |           |
| ### ST Registered Information ### ST Registered Information ### ST Registered Information No. ### ST Registered No. ### ST Register  |           |
| SST Registration No.   GST Registration Date   |           |
| TST Registarion No.    Policyholder Malling Address   GST Status Verified   Yes  |           |
| Policyholder Mailing Address Address 1 BLK 774 #12-24 Address 2 WOODLANDS CRESCENT Address 3 Address 1 BLK 774 #12-24 Address 7 Related Policy Number S078279658-02  Unin No. Polityre Info Driver Name MuhD ZULQARNAIN B BOYMEN Driver NRIC BRIZ2093A Driver Register Date of Driver License Driver License Driver Name Register Date of Driver License Driver Name Address 1 BLK 4 Address 2 TECK WAYE AVENUE Address 3 Address 1 BLK 4 Address 2 TECK WAYE AVENUE Address 3 Driver Lineurer Com Registered care Post Code  Driver Vahicle No. Driver Vahicle No. Driver Vahicle No. Driver Insurer Com Registered care Register Ostact No. (Home) Registered care Driver Lineurer Com Registered care Registered care Driver Lineurer Registered Registered care Registered |           |
| Policyholder Mailing Address  Address 1  BLK 774 #32-24  Address 2  MOODLANDS CRESCENT  Address 3  Address 3  Address 3  Address 4  Address 7ype  Singapore address  Post Code  MUHD ZULQARNAIN 8 BOYMEN  Driver Name  Driver Name  Register Date of Driver License  Univer Name  Address 1  BUK 4  Address 2  TECK WHYE AVENUE  Address 3  Address 3  Address 3  Post Code  Unit No.  #04-238  Driver Vahicle No.  Breathalyser or Blood Test  Registered care  Ves © No  Driver Vahicle No.  Breathalyser or Blood Test  Registered care  On mg  Any Injury?  Ves © No  Trever Vahicle No.  Register No.  Wes © No  Contact No.(Home)  Register No.  Register Date No.  Register Date No.  Register No.  FB173DA.  The Verlick Number  The Verlick Number  FB173DA.  Name of Preferred Workshop Contact. No.  No.  Preferred Workshop Contact. No.  Preferred Workshop Contact. No.  Preferred Workshop Contact. No.  Registered  OS/12/2017 14:58  Claim Close Date  Total Loss but Registered   |           |
| Address 1 BLK 774 #12-24 Address 2 WOODLANDS CRESCENT Address 3 Post Code  Address 4 Address 7ype Singapore address Post Code  Driver Name MUHO ZULQARNAIN B BOYMEN Driver NRIC SP2093A Driver DOB  Driver Name MUHO ZULQARNAIN B BOYMEN Driver NRIC SP2093A Driver DOB  Contact No. (Mobile) 93375661 Contact No. (Office) Driver Age 30 Driving Experience  Address 1 BLK 4 Address 2 TECK WHYE AVENUE Address 3  Address 4 Address 2 TECK WHYE AVENUE Address 3  Address 4 Address 5 Singapore address  Unit No. #04-238  Does he own a Singapore Ves © No Driver Vehicle No. Driver Vehicle No.  Beachalyser or Blood Test Reading?  Declaration  Beachalyser or Blood Test Om Beachalyser or Blood Test Om Beachalyser or Blood Test No. (Home)  Declaration  Beachalyser or Blood Test Om Beachalyser or Blood Test No. (Home)  Contact No. (Home) Beachalyser or Blood Test No. (Home) September Of S |           |
| Address 1 BLK 774 #12-24 Address 2 WOODLANDS CRESCENT Address 3 Post Code  Address 4 Address 7ype Singapore address Post Code  Driver Name MUHO ZULQARNAIN B BOYMEN Driver NRIC SP2093A Driver DOB  Driver Name MUHO ZULQARNAIN B BOYMEN Driver NRIC SP2093A Driver DOB  Contact No. (Mobile) 93375661 Contact No. (Office) Driver Age 30 Driving Experience  Address 1 BLK 4 Address 2 TECK WHYE AVENUE Address 3  Address 4 Address 2 TECK WHYE AVENUE Address 3  Address 4 Address 5 Singapore address  Unit No. #04-238  Does he own a Singapore Ves © No Driver Vehicle No. Driver Vehicle No.  Beachalyser or Blood Test Reading?  Declaration  Beachalyser or Blood Test Om Beachalyser or Blood Test Om Beachalyser or Blood Test No. (Home)  Declaration  Beachalyser or Blood Test Om Beachalyser or Blood Test No. (Home)  Contact No. (Home) Beachalyser or Blood Test No. (Home) September Of S |           |
| Address 1  Address 7ype  Related Policy Number  S076279658-02  Driver Info  Driver Name  MUND ZULQARNAIN B 80YMEN  Driver NRIC  S8722093A  Driver D08  Register Date of Driver License  Driver NRIC  S8722093A  Driver D08  Driver Age  30  Contact No. (Office)  D Contact No. (Office)  D Contact No. (Office)  D Contact No. (Office)  Driver Vehicle No.  Driver Insurer Com  Register Date No. (Office)  Driver NRIC  Contact No. (Nome)  Register Com  Register Date No. (Office)  D Vehicle Number  Partially at Fault  Try Venicle Number  Preferred Workshop, Name unknown  Total Loss but Registered  Date Registered  Total Loss but Registered   |           |
| Related Policy Number 5076279658-02    Name  |           |
| ## Diriver Info  Driver Name MUHD ZULQARNAIN 8 BOYMEN Driver RYIC S8722093A Driver D08  Unnamed driver Name MUHD ZULQARNAIN 8 BOYMEN Driver NRIC S8722093A Driver D08  Unnamed driver Name Driver Age 30 Driving Experience  Register Date of Driver License DZ/02/2006 Driver Age 30 Contact No. (Home)  Address 1 BLK 4 Address 2 TECK We'NE AVENUE Address 3  Address 1 BLK 4 Address 7 FECK We'NE AVENUE Address 3  Address 1 Address 7 FECK We'NE AVENUE Address 3  Driver Vehicle No. Driver Vehicle No. Driver Vehicle No.  Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Insurer Com  ### Paction No. Driver Insurer Com  ### Paction No. Driver Vehicle No. Driver Vehicle No. Driver Insurer Com  ### Paction No. Driver Insurer No. Driver Insurer No. Driver Insurer No. Driver Insurer Com  ### Paction No. Driver Insurer No. Driver No. Dr  |           |
| Driver Name  MUHD ZULQARNAIN B BOYMEN  Driver NRIC  S8722093A  Driver D08  Driver NRIC  S8722093A  Driver NRIC  S8722093A  Driver NRIC  S8722093A  Driver NRIC  S8722093A  Driver NRIC  Driver NRIC  Driver NRIC  S8722093A  Driver NRIC  Driver Avenue  Address 3  Post Code  Address 3  Address 4  Address 4  Address Type  Driver Vehicle No.  Driver Vehicle No.  Driver Vehicle No.  Driver NRIC  Drive  |           |
| Driver Name Univer Name Univer Name Register Date of Driver License Register Date Register Driver License Register Date Register Date Driver License Register Date Register Driver License Register Date Register Driver License Register Date Register Driver License Registe |           |
| Driver Age Register Date of Driver License Register Rame Rame Register Rame Register Rame Register Rame Register Rame Register Rame Register Rame Rame Register Rame Rame Register Rame Register Rame Register Rame Rame Rame Rame Rame Rame Rame Rame  |           |
| Contact No. (Mobile) 93375661 Contact No. (Office) 0 Contact No. (Home) Address 1 BLK 4 Address 2 TECK WHYE AVENUE Address 3 Address 4 Address 4 Address Type Singapore address Post Code  Disk of the Code of the |           |
| Contact No. (Mobile) 9337561  Address I BLK 4 Address Z TECK WHYE AVENUE Address 3 Address 3 Address 4 Address 4 Address Type Singapore address Post Code  Unit No. #04-238  Description Preferred No. Max  Claim 1910 -   |           |
| Address 1  Address Type  Andress Type  Andre |           |
| Address 1 ype  Jones Type  Jones Lower Singapore Registered Car?  Declaration  Declaration  Breathalyser or Blood Test. Reading?  Claim 001 OD-MX  New  Any Injury?  Insured Name  AB RAHMAN BIN MOHD UNI  Insured NRIC  Contact No.(Home)  B2988445  Contact No.(Home)  Email Address  RAHMANABDUL135799/BGMAIL  OI Vehicle Number  Preferred Workshop Contact  No.  Reguire Finalisation  Yes  Preferred Repair Option  Preferred Workshop, Name unknown  Fig.730A  Date Registered  Date Registered  Date Registered  Date Received  Date Received  Total Loss but Reg  |           |
| Does he own a Singapore Registered Cer?  Declaration  Declaration  Breathalyser or Blood Test Reading?  Claim 001 OD-MX New  Claim 7ype * OD-MX New  Claim 1ype * OD-MX New  Contact No.(Mobile)  B298845 Contact No.(Home)  B298845 Contact No.(Home)  Contact No.(Home)  B298845 Contact No.(Home)  Contact No.(Home)  FB1730A TP Vehicle Number  Preferred Workshop Contact No.  Require Finalisation  Yes Preferred Repair Option  Date Registered  Date Registered  Date Received  Total Loss but Reg   |           |
| Does he own a Singapore Registered car?  Declaration Breathalyser or Blood Test Reading?  Modification History  Claim 001 OD-MX  New  Claim 1ype * OD-MX  Contact No. (Home)  B2988445  Contact No. (Home)  Email Address  RAHMANABDUL135799@GMAIL  OI Vehicle Number  Claim 201 Obscription  FBJ730A / SHB4355U ON 4 Dec 2017  Preferred Workshop Contact No.  Require Finalisation  Yes  Preferred Repair Option  Preferred Workshop, Name unknown  GIA report Date Registered  O6/12/2017 14:58  Claim Close Date  Workshop Repairer  Total Loss but Reg  | han y     |
| Declaration  Breathalyser or Blood Test Reading?  Modification History  Claim 001 OD-MX  New  Claim 7ype * OD-MX  Contact No.(Mobile)  82988445  Contact No.(Home)  Contact No.(Home)  Email Address  RaHMANABDUL135799@GMAIL  OI Vehicle Number  Claim Description  FB1730A / SHB435SU ON 4 Dec 2017  Preferred Workshop Contact No.  Require Finalisation  Yes  Total Loss but Reg  Workshop Repairer  Total Loss but Reg  |           |
| Breathalyser or Blood Test Reading?  Modification History  Claim 001 OD-MX New  Claim 7ype * OD-MX   |           |
| Modification History  Claim 001 OD-MX New  Claim 7ype * OD-MX New  Claim 7ype * OD-MX Insured Name AB RAHMAN BIN MOHD UNI Insured NRIC Contact No.(Mobile) 82988445 Contact No.(Home) 68840496 Contact No.(Office Number Email Address RAHMANABDUL135799@GMAIL OI Vehicle Number FB1730A TP Vehicle Number Claim Description FB1730A / 5H84355U ON 4 Dec 2017  Preferred Workshop Contact No.  Require Finalisation Yes Preferred Repair Option Preferred Workshop, Name unknown GIA report Date Registered O6/12/2017 14:58 Claim Close Date Total Loss but Reg   |           |
| Claim 001 OD-MX New  Claim 7ype * OD-MX  |           |
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| Claim Type * OD-MX   |           |
| Claim Type * OD-MX Insured Name AB RAHMAN BIN MOHD UNI Insured NRIC  Contact No.(Mobile) 82988445 Contact No.(Home) 68840496 Contact No.(Office Email Address RAHMANABDUL135799@GMAIL OI Vehicle Number FB1730A TP Vehicle Number  Claim Description FB1730A / 5HB4355U ON 4 Dec 2017  Preferred Workshop Contact No.  Require Finalisation Yes Preferred Repair Option Preferred Workshop, Name unknown GIA report  Date Registered 05/12/2017 14:58 Claim Close Date Total Loss but Reg  |           |
| Claim Type * OD-MX Insured Name AB RAHMAN BIN MOHD UNI Insured NRIC  Contact No.(Mobile) 82988445 Contact No.(Home) 68840496 Contact No.(Office Email Address RAHMANABDUL135799@GMAIL OI Vehicle Number FB1730A TP Vehicle Number  Claim Description FB1730A / 5HB4355U ON 4 Dec 2017  Preferred Workshop Contact No.  Require Finalisation Yes Preferred Repair Option Preferred Workshop, Name unknown GIA report  Date Registered 05/12/2017 14:58 Claim Close Date Total Loss but Reg  |           |
| Claim Type * OD-MX Insured Name B8 KARMAN BULL 135799 GMAIL OI Vehicle Number FB1730A TP Vehicle Number  Contact No. (Mobile) B2988445 Contact No. (Home) 68840496 TP Vehicle Number  Email Address RAHMANABDUL135799 GMAIL OI Vehicle Number FB1730A TP Vehicle Number  Claim Description Preferred Workshop Contact No.  Require Finalisation Yes Preferred Repair Option Preferred Workshop, Name unknown GIA report  Date Registered O5/12/2017 14:58 Claim Close Date Total Loss but Reg  |           |
| Claim Type * OD-MX Insured Name B8 KARMAN BULL 135799 GMAIL OI Vehicle Number FB1730A TP Vehicle Number  Contact No. (Mobile) B2988445 Contact No. (Home) 68840496 TP Vehicle Number  Email Address RAHMANABDUL135799 GMAIL OI Vehicle Number FB1730A TP Vehicle Number  Claim Description Preferred Workshop Contact No.  Require Finalisation Yes Preferred Repair Option Preferred Workshop, Name unknown GIA report  Date Registered O5/12/2017 14:58 Claim Close Date Total Loss but Reg  |           |
| Contact No. (Mobile)  B2988445  Contact No. (Hobile)  B2988445  Partially at Fault  Partially at Fault  Partially at Fault  Preferred Workshop, Name unknown  Figure Received  Date Received  Total Loss but Res   |           |
| Email Address RAHMANABDUL135799@GMAIL OI Vehicle Number Past/Sun.  Claim Description FBJ730A / 5HB4355U ON 4 Dec 2017  Preferred Workshop Contact. No.  Require Finalisation Yes Preferred Repair Option Preferred Workshop, Name unknown GIA report  Date Registered 06/12/2017 14:58 Claim Close Date Total Loss but Registered  Workshop Repairer  Name of Preferred Vorkshop, Name unknown GIA report  Date Registered Total Loss but Registered   |           |
| Claim Description FBJ730A / 5HB4355U ON 4 Dec 2017  Preferred Workshop Contact No.  Require Finalisation Yes Preferred Repair Option Preferred Workshop, Name unknown GIA report  Date Registered 05/12/2017 14:58 Claim Close Date Date Received Total Loss but Reg   | Vorkshop  |
| Preferred Workshop Contact No.  Require Finalisation  Yes  Preferred Repair Option  Preferred Workshop, Name unknown  GIA report  Date Registered  O5/12/2017 14:58  Workshop Repairer  Total Loss but Registered  | Settle 10 |
| Require Finalisation  Yes  Preference Repair Option  Date Received  Date Registered  Date Received  Total Loss but Registered  Workshop Repairer   |           |
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| Workshop Repairer Total Loss but Res   |           |
| Report Taken by Industrial Processing Control of the Control of th | ired      |
|  |           |
| Print AK letter  |           |
| Save Submit  |           |
| Attachment   |           |
|  |           |
| Claim No. 001  |           |
| Accident No. MT/0972594  |           |
| Last Doc. Received   | Urgency   |
| Path • Category • Confidential  Browse Clear Please Select NO  |           |

