NATIONAL Assessment Contre	Services	er i Jarennij		Б. 1	i
Date In: 28/12/2017 17:24	Jcb description		Date & Time Completed	Done by	
Res No NA INC 17024636 K4	SAS e-filing				
Veh No FBD 1361 4	E-mail (within 8hr	a, AIC Shrsj			
DOA 26/12/2017 13:15	i-Motor Claim	Form	: MT/0975545	28/12/17	18-16
7 - 20 119 - 31	i-Motor W/O (	Within: OD 2hr	s. TP 4hrs)		
OD TPY Reporting Only	i-Photo Upload	led			
	Assessment/Surv	vey Report		<u> </u>	
TP Insurer:	Ass't Report by	Fax / Hand	to Owner/Wksp	1	
Preforred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	)
	B7416H	INC (	)/Non-INC( )		
Owner / Driver: (	HIERON AND AND AND	-	. Tcl:		
	iod: (	)	Cover Type: (		
Confirmed by a (		Date:	Times	)	
Insured/Driver Liability: ( %) [N	lote-Est. Status (W	O): N: 0-	20%; P: 21-79%. F: S0	-100%]	
	Varranty: YES (	) ON 1(	)		
Excess: (\$ ) Loading: \$1,00	00 ( )/\$2,000 (	)			
The second secon	AND THE SERVICE		13385 BALL N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	i	
General Remarks:  ( ) Walk-In Customer: Customer's infor	mation strictly Con	fidential & S	Strictly NO rafer of repaire	er.	
( ) Walk-In Customer : Customer's and ( ) Total Loss Case : to e-mail Insure	r URGENTLY.			1	
		0( ):	Towing Co. (	1	)
Drive-In ( )/ Towed-In ( ); Invoice	. 123( )			Done	her
Remarks:- (INC horline: 6788 6616)			Date&Time Completed	Bono	
	Courtesy Car (	)			
2) QC Check / Post Repair Inspection	( )	MIIC-11) M.			
3) Upload Resurvey Photo [Repair Cost > \$3	( )	)		4	man and a second
Injury:		Dr. Diwarny	NO SUPPRISONE TO TRANSPORT OF THE	W. E.F	Trans.
Date/Time Actions			The State Sault And	AND STATE OF THE S	
2 CSNB / ER   WC X   W	Chips American Substitute			- 100 Mar 18 - 00 3 M	
			and the state of t	Anit (5)	Amt (5)
" NA170	2035	Invoice P	reparation Checklist	lat Bill	Add Bii
NAIL	700/3	1) AR · Acci	dent Reporting (\$30);		-
laimant's Particulars :-		2) DA : Dam	uge Assessment (\$100); IN	C (\$80) \$40/\$45	
Oriver/Owner:	**************************************	3) TF : Towi	w.Through Survey	\$120	-
		11 -	w-Through Survey (Resurvey) ing against INC Only (wef 10 Jan	2005)	
Contact No:		6) TR : Re-i	aspection	313	-
Damaged Portion:		T) NI : Idac	DA + SMRT Survey	5160	
		OD.	dditional Services:-		
QC Checked by (Engr-In-Charge):		*N5: Con	orlesy Car / Tpt Allowance	510	
		PAIT Pos	oair Co-ordination at Repair Inspection	\$25	-
Auditors' Comments :-		*N8: DV	/ Collect Excess Coordination	\$5 \$20	-
	15	TP (N11 9) N12: Ide	): TP (Non INC) against INC	30	
Cat. 1:		Invoice da	Fee Ch	100	
Cat. 2 / 3:		Invoice da	ted Fee Ch	nrge1	4-19-1

# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 28/12/2017 17:48

# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

Fax Number

Contact Number

**EMail Address** 

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy 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.
- Any false reporting may be referred to the Police for investigation.
- 6. 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

AND THE STATE OF T	ACCIDENT STATEMENT
Date Of Report	28/12/2017 17:24
Date Of Accident	26/12/2017 13:15
exact Location Of Accident	HUME AVENUE ( NEAR SYMPHONY HEIGHTS CONDOMINIUM)
Country/State of Loss	SINGAPORE
Chr. Transconduction	DETAILS OF OWN VEHICLE
/ehicle Registration Number	FBD1361G
nsured/Policyholder	
Name Of Registered Owner	ABDUL SUKOR BIN ALI
NRIC No	S7200541D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91186705
Alternative Phone No	OTHERS-91186705
Vehicle Particulars	
Manufacturer	YAMAHA
Model	T135
Exact Purpose for which vehicle was being used time of accident	d at PRIVATE USE
Are you claiming under your own insurance poli for repair to your vehicle?	icy NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5088173072
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD SOLEHIN BIN ABDUL SUKOR
NRIC No	S9801465I
Date Of Birth	17/01/1998
Occupation	OUTDOOR
Date Of Driving Pass	14/02/2017
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91186705

OTHERS-91186705

NOEMAIL

BLK 244 BUKIT PANJANG RING ROAD

Address #08-195

670244

Was driver an employee of the Insured's Company NO

OTHER - SON

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

YES

NO

1

General Information of the Accident

SIDE SWIPE Type Of Accident CLEAR Weather Conditions DRY Road Surface

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by NO

ambulance?

YES Was any other material or property damaged?

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

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

**BUKIT PANJANG** Police Station Name

ROAD: 1 SEGAR ROAD, POSTCODE: 677738, COUNTRY: SINGAPORE Police Station Address

TEL NO: 1800-8929999 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20171227/2057

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO

Was there any audio recorded?

Details of Witness 1

Name

81862599 Phone Number

**Email Address** 

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

XB7416H

Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number Contact Number

Page 2 of 18

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

MUHAMMAD SOLEHIN BIN ABDUL SUKOR Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

**DETAILS OF INJURED PERSON 1** 

SLIGHT

FBD1361G

# 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.
- 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>.
- 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.
- 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 aforesald.
- 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - 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

TENNY ARRESTS NOT THE

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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	11 12 12 13 13 13 13					
			1		FBD. 1361G	
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				1	*B 7416H	
1 - 1 - 1 - 1		777	777	- b -	XIS 771619	
	Boo	« ·	-			
	- Cla					
			7.1			
DESCRIBE CIRCUM	STANCES OF THE	ACCIDENT				
	The state of the s		וחות וממת לה	-7 -		
vis per pe	olice report	no. 1/2	,01+122+120	15 +		
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	+					Oral-American
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	1					
DECLARATION	analum pantinulan as	a trua in avanues	stnect			
I/We declare the for	egoing particulars ar	e true in every re	эресс.			
						1. 28/12/2
		D. 1	20	_	Reporting Centre Pers	connel's Signature
Policyholder's Signatu	ire	Driver's Signature	6		reporting centre Pers	C. C. S. S. Interes





1 of 3

Report No. T/20171227/2057

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

A LONG DOCUMENT CONTRACTOR OF THE PARTY OF T	The second secon	
REPORT OF	ATRAFFIC	ACCIDENT

Date/Time Report Made: 27/12/2017 13:02		fade:	Vide Report No.:	Station Diary No.: 59		
Informa	nt's Particu	ulars				
	Informant: MAD SOLE	EHIN BIN ABDUL	Address: APT BLK 244 BUKIT PANJANG RING ROAD #08-195 SINGAPORE 670244			
ID Type / ID No.: NRIC NO / S9801465I			Contact No.: Home/Office: Mobile: 91186705			
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Age: Date of Birth: Male 19 17/01/1998			Type of Informant: Rider			
Race: Malay			Language: English	Institution / School Name:		
Occupation: Student			Driving Licence Information: Class: 2B Date of Expiry:			

Type of Accident:	Injury Others		Drink Drive: No	Date/Time of Accident: 26/12/2017 13:15	Type of Location Straight Road	
Location: Along Road 1 HUME AVEN  Near Sympho Weather: Clear		ninium Road S Dry	Surface:		Road Speed Limit:	
The state of the s		and the same of th	raffic Control:		Traffic Volume: Light	
Type of Collis	sion: ving Vehicles - Head	d To Side		75-	Anyone conveyed by ambulance:	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD1361G					Seriously Damaged	0
XB7416H	Lorry				No Damage	0





2 of 3

Report No. T/20171227/2057

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

CONTINUATION OF REPORT

Brief Details.

On 26 December 2017 at 1315hrs, a vehicle of lorry plate no XB7416H (Colex rubbish vehicle) hit the left side of my Motor vehicle FBD1361G (Yamaha spark). My Motor vehicle left side was damage by the accident and I was injured. A three days MC was issued to me. I have witness with Hp no:81862599. He made a report of T/20171226/2120. I am doing this report for insurance purposes.





3 of 3 Report No. T/20171227/2057

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

el No: 1800-8929999 CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

Singapoore Police Force

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: J / Sgt 1 CHUA KAI ZE JOEL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/12/2017 13:02
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt LE SOON LYE Contact No.: 65476239	Classification Of Case:
Authentication Stamp	



Traffic Police Department Charge Office 10 Ubi Avenue 3 Singapore 408865

	AMENI	DMENT	
NP 168 No. Accident Date/Time Vehicle(s) Involved	: T/20171227/2057 : 26/12/2017 / 1315hrs : FBD1361G XB7416H	Name Address NRIC No	: MUHAMMAD SOLEHIN BIN ABDUL SUKOR : APT BLK 244 BUKIT PANJANG RING ROAD #08-195 S(670244) : S98014651 : 91186705
	90	Date	: 28/12/2017
Dear Sir / Madam Accident invo	olving FBD1361G & XB	7416H	
along HUME AVE	NUE		on 26/12/2017 at 1315 hours
police report at <u>BUI</u> In NP 168 – <u>T/2017</u> On 28/12/2	KIT PANJANG NPC	(time) at Pay	(date) 1302 hours (time) make a (Police Station/NPP/NPC)  Ta Lebar NPP  Tests to the above report:
On 26/12/2017 at aro	ound 1315hrs, I was riding	g, FBD1361G	, along Hume Avenue and after
going over the pedest	trian crossing, a lorry, XE	37416H, that	was parking along the road moved
off and hit onto my n	notorcycle.		
Yours Faithfully,			
(Signature)			
If a police o		TCIAL USE ndments, plea	ase complete the following.
Nama / Donk No	MOHAMED AZMIR	IN MOHAM	ED RIDHAN / SSS

Date and Time

Station Dairy No

Signature

: 28/12/2017 / 15:48

: 17



/ehicle No.	FBI) 13619 Model / Make
ate of Accident	26/12/2017
ime of Accident	13.15 HRS
ocation of Accident	HUME AVE (Near Symphony Height Condominium)
xact purpose use during accid	
Name of Owner	Abdul Sukor Bin Ali
elephone No.	H/P: 9642 4066 Home: Office:
NRIC	5720054(1)
Address	BIK 244 Bukit Punjang Ring Road #08-195 5(670244)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	
Name of Driver	As Above (If No, Myhammad Solehin Bin Abdul Sukor
NRIC	59801465 I Any Passengers:
Date of birth	17/1/1998
Occupation	Outdoor / Indoor
Driving License Pass Date	14 Feb 2017
Gender	Male / Female
Contact No.	H/P:9118 6705 Home: Office:
Address	BIK 244 Bukit Punjang Ring Road #08-145 5(670244)
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state Sov
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No, (If Yes, Where? Bukit Panjam NPC
Vehicle B No.	XB 7416 H Any Passengers : Nil
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	
Camera Recorder	Yes /No
Email Address	
	BY UNKNOWN PERSON SOLICITING /
OFFERING ACCIDENT CLAIMS	
PARTICULAR WORKSHOP	Motor 5.1
CONTACT NO.	6842 0051 / 6744 0510
	0-1,00
CONTACT PERSON	6741 0510



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$98014651



MUHAMMAD SOLEHIN BIN ABDUL SUKOR

MALAY Date of birth 17-01-1998 Country/Place of birth

53501483

5199045

SINGAPORE

Race

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

EFFECTIVE DATE

14 Feb 2017

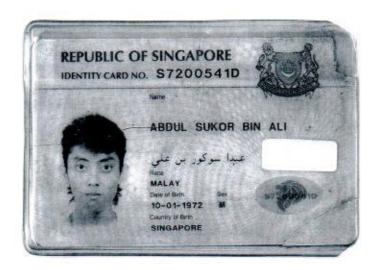
Date of issue 25-07-2013

APT BLK 244 BUKIT PANJANG RING ROAD #08-195 SINGAPORE 670244

Class 2B Motorcycles =< 200 cc

NP 428A

Duner





<b>eBao</b> Tech							GeneralClaim			
Hello, NAC_PAYA_UBI_80	0601	10.000					· Change La	nguage	Change Passwo	ord • Log Out
My Desktop	Polic	y Query								
Notice of Loss	Policy N	0. Na.(For Metor)	FBD1361G			Date of Ac	cident	26/12	/2017 13:15	
			1		-	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5088173072	ABDUL SUKOR BIN ALI	S7200541D	GMC	Third Party	FBD1361G	FBD1361G	27/02/2017	29/04/2018
						Continue				

Policy No.	5088173072	Policyholder Name	ABDUL SUKO	R BIN ALI	Policyholder NRIC	S7200541D	
Address	BLK 244 #08-195 BUKIT PANJAN	IG RING ROAL	SINGAPORE	670244			
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	23/02/2017	Effective Date	27/02/2017 (	00:00	Expiry Date	29/04/2018 23:59	
Third Party Excess	0	Own damage Excess	0	Windscreen Excess			
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess					
Agent	TELESALES-DIRECT MARKETING	Agent Tel.			GST Flag	Υ	
Co- insurance Flag Open Policy Info Certificate Info	No						
Policyl	nolder Mailing Address						
Address 1	BLK 244 #08-195	Address 2	BUKIT PANJANG RING ROAD		Address 3	SINGAPORE 670244	
Address 4		Address Type	Singapore address		Post Code	670244	
Unit No.	Related Policy Number		5090250191				
<b>▶</b> Insure	d Object: FBD1361G						
Endors	ements		1,210,00				
Sequence		Endorse  POI Extensi	on/Shorten	Endorsement Ta		Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 27 Feb 2017 TO 29 Apr 2018 In view of thi amendment, an additional premium of \$86.06 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we	
1 13/10/2017 00:00		- FOR EXCENSE				would appreciate it if you could make payment to us within 14 days from the da of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name a policy number indicated on the reverse of the cheque. Alternatively, you could als make payment at any of o branches by cash, credit cor NETS.	

laim Handling				
ccident MT/0975545	Personal Liver	WAS INVESTIGATION		COMPAND TO PROPERTY AND THE PROPERTY AND
olicy No.	5088173072	Vehicle No.	FBD1361G	GST Registration No.
olicyholder Name	ABDUL SUKOR BIN ALI			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	91186705	Contact No.(Office)	0	Contact No.(Home)
mail Address		Special Remark		eCode
CFK:	© No ○ Yes	TCA	@ No € Yes	eCode Reason
ICD Protection	No	NCD Entitlement(%)	15	Private Hire
Accident Details				
teport Date	26/12/2017 17:59	Accident Report Within 24 hrs	Yes	Accident Type
Pate of Accident	26/12/2017	Time of Accident hh:mm	13:15	Country of Accident
teporting Centre		Orange Force		ICM No.
Accident Location	HUME AVENUE ( NEAR SYMPHONY HEIGHTS			
♥ Benefits	10076 078100 ( 1200 - 17			
♥ Excess				
Own damage Excess	0.00	Additional Excess		Windscreen Excess
		Outside Singapore OD Excess		
Innamed Driver Excess	2.00	Outside Singapore TP Excess		
hird Party Excess	0.00	Cotalde Singapore 17 Excess		
GST Registered Informa			GST Registration Date	
ST Registered ST Registration No.	No		GST Status Verified	Yes
todification History				
Policyholder Mailing Ad	dress			
Address 1	BLK 244 #08-195	Address 2	BUKIT PANJANG RING ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5090250191	
OI Driver Info		(0)		
Driver Name	MUHAMMAD SOLEHIN BIN ABDUL SUKOR	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	598014651	Driver DOB
Register Date of Driver License	14/02/2017	Driver Age	19	Driving Experience
Contact No.(Mobile)	91186705	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 244	Address 2	BUKIT FANJANG RING ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#08-195	**************************************		
Does he own a Singapore		Driver Vehicle No.		Driver Insurer Company
Registered car?	Yes @ No	priver remote nor		
201000120				
Declaration Breathalyser or Blood Test	72 6/0	Any letters?	(*) Yes @ No	
Reading?	0 mg	Any injury?	1.50 1.0	
Modification History				
Modification History  Claim 001 OD-MX New				
	À			
Claim 001 OD-MX New	ОО-ИХ	Insured Name	ABDUL SUKOR BIN ALI	Insured NRIC
Claim 001 OD-MX Nex	ор-мх •	Insured Name Contact No.(Home)	ABDUL SUKOR BIN ALT	Insured NRIC Contact No.(Office)
Claim 001 OD-MX Nes	-			
Claim 001 OD-MX Nes Claim Type * Contact No.(Mobile) Email Address	OD-MX 96424066	Contact No.(Home)	67521914	Contact No.(Office)
Claim 001 OD-MX Ness  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description	ор-мх •	Contact No.(Home) OI Vehicle Number	67521914 FBD1361G	Contact No.(Office) TP Vehicle Number
Claim 001 OD-MX Nes  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Contact No.	OD-MX 96424066 FBD1361G / XB7416H ON 26 Dec 2017	Contact No.(Home) OI Vehicle Number Insured Liability •	67521914  FBD1361G  Partially at Fault	Contact No.(Office)  TP Vehicle Number  Name of Preferred Workshop
Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	OD-MX 96424066 FBD1361G / XB7416H ON 26 Dec 2017 Yes	Contact No.(Home) OI Vehicle Number  Insured Liability • Preferered Repair Option	67521914 FBD1361G  Partially at Fault	Contact No.(Office)  TP Vehicle Number  Name of Preferred Workshop  GIA report
Claim 001 OD-MX Nes  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Contact No.  Require Finalisation  Date Registered	OD-MX  96424066  FBD1361G / XB7416H ON 26 Dec 2017  Yes  7 28/12/2017 18:06	Contact No.(Home) OI Vehicle Number  Insured Liability * Preferered Repair Option Claim Close Date	67521914  FBD1361G  Partially at Fault	Contact No.(Office)  TP Vehicle Number  Name of Preferred Workshop  GIA report  Date Received
Claim 001 OD-MX New	OD-MX 96424066 FBD1361G / XB7416H ON 26 Dec 2017 Yes	Contact No.(Home) OI Vehicle Number  Insured Liability • Preferered Repair Option	67521914  FBD1361G  Partially at Fault	Contact No.(Office)  TP Vehicle Number  Name of Preferred Workshop  GIA report
Claim 001 OD-MX New  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Contact No.  Require Finalisation  Date Registered	OD-MX  96424066  FBD1361G / XB7416H ON 26 Dec 2017  Yes  7 28/12/2017 18:06	Contact No.(Home) OI Vehicle Number  Insured Liability * Preferered Repair Option Claim Close Date	67521914  FBD1361G  Partially at Fault	Contact No.(Office)  TP Vehicle Number  Name of Preferred Workshop  GIA report  Date Received
Claim OD1 OD-MX Nes  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Contact No.  Require Finalisation  Date Registered  Report Taken By	OD-MX  96424066  FBD1361G / XB7416H ON 26 Dec 2017  Yes  7 28/12/2017 18:06	Contact No.(Home) OI Vehicle Number  Insured Liability * Preferered Repair Option Claim Close Date	67521914  FBD1361G  Partially at Fault	Contact No.(Office)  TP Vehicle Number  Name of Preferred Workshop  GIA report  Date Received
Claim 001 OD-MX Nes  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Contact No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter	OD-MX  96424066  FBD1361G / XB7416H ON 26 Dec 2017  Yes  7 28/12/2017 18:06	Contact No.(Home) OI Vehicle Number  Insured Liability * Preferered Repair Option Claim Close Date	FBD1361G  Partially at Fault  Preferred Workshop, Name unknown	Contact No.(Office)  TP Vehicle Number  Name of Preferred Workshop  GIA report  Date Received
Claim 001 OD-MX Ness  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Contact No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment	OD-MX  96424066  FBD1361G / XB7416H ON 26 Dec 2017  Yes  28/12/2017 18:06  KRISHNASAMY	Contact No.(Home) OI Vehicle Number  Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer	FBD1361G  Partistry at Fault  Preferred Workshop, Name unknown  *  Save Submit	Contact No.(Office)  TP Vehicle Number  Name of Preferred Workshop  GIA report  Date Received
Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	OD-MX  96424066  FBD1361G / XB7416H ON 26 Dec 2017  Yes  7 28/12/2017 18:06	Contact No.(Home) OI Vehicle Number  Insured Liability * Preferered Repair Option Claim Close Date	FBD1361G  Partially at Fault  Preferred Workshop, Name unknown	Contact No.(Office)  TP Vehicle Number  Name of Preferred Workshop  GIA report  Date Received

