NATIONAL Assessment Centre	Services	seef Tulani00]	MMA 118014046			33
Date In: 2911118 15:01	Jeb description		Dine & Time Completed		Done	by
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OD . Reporting Only	i-Photo Uplos	ded	1			
La company	Assessment/Su	rvey Report				
TP Insurer:	Ass't Report by	Fax/Hand t	o Owner/Whsp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: 5	JY 8544 U	INC ()/Non-INC()	E		
Owner / Driver: (31 00110		Tel:)	
Policy No: () Perio	od: ()	Cover Type: ()	
Confirmed by : (Date:	Times)	
	te-Est. Status (W	O): N: 0-2	0%; P: 21-79%. F: 80	-100%]		10
Year of Registration: () Wa	arranty: YES ()/NO()			
Excess: (\$) Loading: \$1,000)()/\$2,000	()				
General Remarks:-						
() Walk-In Customer: Customer's inform	ation strictly Con	fidential & St	rictly NO refer of repaire	r.		
() Total Loss Case : to e-mail Insurer						V
Drive-In ()/Towed-In (); Invoice:	STATE OF THE STATE	0/ \.T	owing Co: (-	Y
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Remarks:- (INC horline: 6788 6616)			Date&Time Completed	N see ye l	Done	by
Apply for Transport Allowance ()/Cou	irtesy Car (l.		
2) QC Check / Post Repair Inspection	()		I	la Popular		
3) Upload Resurvey Photo [Repair Cost > \$300	00] ()					
Injury:						
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Date/Time Actions					ALC:	
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	-				- AND STATE OF	
		Incidio Dec	paration Checklist	An	ot (\$)	Arti (\$)
W.	A1800640				Bill	Add Bill
aimant's Particulars :-		1) AR : Accident		(380)	0.00	
iver/Owner:		3) TF: Towing I	es .	\$40/\$45		
Trenowner.		4) FT : Follow-T	hrough Survey hrough Survey (Resurvey)	\$120		
ntact No:			gainst JNC Only (wef 10 Jan 2			*1
maged Portion:		6) TR: Re-inspe	ction	\$75	أعت	-
		7) N1 : Idao DA 8) NTUC Additi	The second secon	\$160		
Charlast Co. V. C.		OD.	A1140 M B) 114 A3(1			
Checked by (Engr-In-Charge):		* N5 : Courtesy	Car / Tpt Allowance	\$3		
With the second	Alignological Place	*N6: Repair C *N7: Post Rep		310 525	9	
aditors' Comments :-		* 748: DV / Co	leet Excess Coordination	5.5		
		TP (N11) : TF 9) N12: Idno Mo	(Non-INC) against INC	\$20 30		
2/3						Committee of the Commit
		Invaice dated	Fee Charg	6.0		

SINGAPORE ACCIDENT STATEMENT

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 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 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.

ACC	DENT	STA	EME	Ш

29/01/2018 15:01 Date Of Report 24/01/2018 22:55 Date Of Accident

PIE TWDS JURONG B4 CLEMENTI EXIT Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

FBJ7317P Vehicle Registration Number

Insured/Policyholder

MÜHAMMAD SYAHNAZ HASLAM S/O MOHAMED AYUB Name Of Registered Owner

S8415218H NRIC No NOFMAIL Email Address

(LOCAL) +65-92257974 Mobile Phone No OFFICE-92257974 Alternative Phone No

Vehicle Particulars

HONDA Manufacturer AFS125MSF Model

Exact Purpose for which vehicle was being used at

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

THIRD PARTY If No. Please state action to be taken MOTORCYCLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

NO Fleet Policy

5067786622-03 Policy Number

Cover Note Number

Driver

MUHAMMAD SYAHNAZ HASLAM S/O MOHAMED AYUB Name of Driver

S8415218H NRIC No 05/06/1984 Date Of Birth OUTDOOR Occupation 18/12/2003 Date Of Driving Pass

14 YEARS AND 1 MONTH Driving Experience

MALE Gender

(LOCAL) +65-92257974 Mobile Number

Fax Number

OFFICE-92257974 Contact Number

NOEMAIL **EMail Address**

Address

BLK 705 JURONG WEST ST 71 #02-86

Postcode

640705

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

DRIZZLING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

YES

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES E

If Yes, Please state which Police Station

JURONG WEST NPC

Police Station Name Police Station Address

ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY:

SINGAPORE

Police Station Contact Was notice of intended Prosecution given? TEL NO: - FAX NO:

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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

SJY8544U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 25

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD SYAHNAZ HASLAM S/O MOHAMED AYUB

Approximate Age Injuries Sustain

BOTH KNEE, BOTH FEET, HIP, HAND, FOREHEAD

Injured person in which vehicle?

FBJ7317P

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

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 aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

4		
10		+
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3		
3	B = 22 Y 85 4	f U
Clement;		
	(6/2)	
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RIBE CIRCUMS	ISTANCES OF THE ACCIDENT	
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CLARATION The declare the form the control of the	pregoing particulars are true in every respect. Reporting Centre Personnel's	Signature

Date & Time:



T/20180125/2185

1 of 3

Report No. T/20180125/2185

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

REPORT OF	F A TRAFFIC	ACCIDENT	Lift - Deport No :	Station Diary No.		
Date/Tim 25/01/20	e Report M 18 21:26	ade:	Vide Report No.:	136		
Informat	nt's Particu	lars				
Name of Informant: MUHAMMAD SYAHNAZ HASLAM S/O MOHAMED AYUB ID Type / ID No.: NRIC NO / S8415218H Nationality: SINGAPORE CITIZEN		NAZ HASLAM	Address: APT BLK 705 JURONG WE SINGAPORE 640705	ST STREET 71 #02-86		
			Contact No.: Home/Office: 92257974 Mobile: 92257974			
			Email:			
Sex: Male	Age:	Date of Birth: 05/06/1984	Type of Informant: Rider	La vicina / Sahaal Nama		
Race: Indian Occupation: COURIER			Language:	Institution / School Name:		
			Driving Licence Information Class: 2B,2A,3	Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambulance		Drink Drive: No	Drive: Accident:		Type of Location Straight Road	
PAN ISLAND CLEMENTI A before Cleme	Traveling Toward Ros EXPRESSWAY VENUE 6 Inti Ave 6 exit camera		Surface:		J. 10000 C. 10000	Speed Limit:	
Weather: Drizzling		Wet	September 1		90 Ki		
		Traffic Not C			Traffic Volume: Light		
Traffic Flow: One Way		Not (Jonitrolled			one conveyed by	

Details of V	ehicle Involve		Madel	Color	Condition	No of Passenger
Vehicle No.	Type	Make	Model	COIOI		0
	AES125MS	AFS125MSF	Red	Seriously	0	
FBJ7317P		Motorcycle HONDA	7.1 7	CALL CONTROL OF THE PARTY OF TH	Damaged	
					Slightly	0
SJY8544D (Not Accurate)	Car				Slightly Damaged	1985

AUT X SEE SEE SEE SEE SEE					
Details of Vehicle Insurance		January No.	Effective	Expiry Date	
Vehicle No.	Insurance Company	Insurance No	Lilouite	1 - 1 /	





2 of 3

Report No. T/20180125/2185

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

CONTINUATION OF REPORT

The second secon	ehicle Insurance		T#cotive	Evoiry Data
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ7317P	NTUC Income Insurance Co-Operative	5067786622-03	25/09/2017	24/09/2018

Details of Perso						
	Any Pedestrian Involved: No Use of Pedestrians Injured: NIL Use of Pe				Cross	ing: NA
No. of Pedestrian	No. of Pedestrians Injured: NIL Use of			Cacoanan	01000	
Rider				The state of the		0011501011
Name	MUHAMMAD SYAHNAZ HASLAM S/O MOHAMED AYUB		ID No.		S8415218H	
Related Vehicle	NIL		Conta	ct No.	92257974	
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g	Class: 2B,2A,3 Date of Expiry: NIL	
Date Treatment	NIL			scharge	NIL	
	ted Medical Leave	NIL	Degree	of Injury	NIL	

Brief Details.

On 24 Jan 2018 at about 11.00 pm, I was riding along PIE towards Clementi Ave 6 on the left lane when I saw a motor-car driving in a high speed behind me so I swerve left for safety. He overtook me and stayed on the third lane. About 30-40 metre ahead, the motor-car suddenly jammed brake and so I swerve right to the second lane. Suddenly the motor car swerve right into my path and I applied brake but collided into the motor-car (a white Toyota SUV). I then fell off my motor-cycle and the car driver stop. Later the ambulance came and I was conveyed to Ng Teng Fong Hospital before being transferred to NUH. I was discharged on the same day and given 5 days MC.

81/1/20





3 of 3

Report No. T/20180125/2185

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

Authentication Stamp

NP168

CONTINUATION OF REPORT

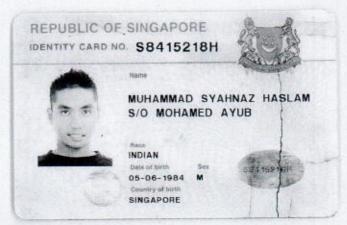
Sketch Plan

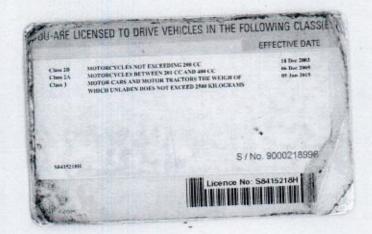
Informant is not able to provide sketch plan

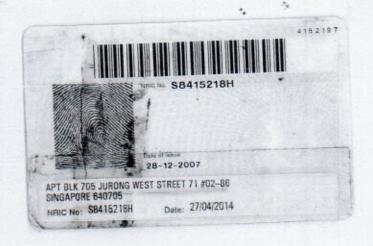
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: J / SI IRWAN SUMARTO BIN IBRAHIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/01/2018 21:26
Officer In Charge Of Case: TP / GIT / Staff Sgt LEE GUANG HUI Contact No.: 65476138	Classification Of Case:











Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AN	D COMPENSATION) ACT (CHAPTER 189
MOTOR VEHICLES (THIRD PARTY RISKS AN	
DOAD TRANSPORT ACT 1987 (MALAYSIA)	

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Cover : Third Party, Fire & Theft Certificate Number : 5067786622-03

FB17317P Index mark and Registration Number of Vehicle

: MLHJA2138D5000257 Chassis Number

: MUHAMMAD SYAHNAZ HASLAM S/O MOHAMED AYUB 2. Name of Policyholder : 25 Sep 2017

3. Effective Date of Insurance : 24 Sep 2018 4. Expiry Date of Insurance

Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only. 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.

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.

N/A EXCESS (SECTION 1) N/A

EXCESS (SECTION 2) EXCESS (THEFT OUTSIDE SINGAPORE) PLEASE REFER OVERLEAF

INSURE WITH COE

: MUHAMMAD SYAHNAZ HASLAM S/O MOHAMED AYUB NAMED DRIVER (1)

: N/A NAMED DRIVER (2)

: A.S. PHOON PTE LTD 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)

: A S PHOON PTE LTD (00000571911)

: 18 Sep 2017 17:37 hrs Date of Issue : 18 Sep 2017 17:37 hrs Reprint

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By: Chief Executive Authorised Officer

Claim Handling

Memory March Man Septime Sep	ccident MT/0979990		,	rm173170	GST Registration No.	
Multi-Montack Fame Multi-Montack Fame Multi-Montack Fame Multi-Montack Code Montack Robother Mon		5007700022-03		FBJ73179	Salita and incompany	584
Marches Montane Mont	olicyholder Name	MUHAMMAD SYAHNAZ HASLAM S/O MOHAMED	AYUB			0
Description Control	Product Code	MOTORCTICE INDUNINA		Third Party, Fire & Thert		
Transpare Section Se	Contact No.(Mobile)	SEEDING				No
No.	mail Address			to No. 19 Var		-
Accident Report Within 2 Am Yes	CFIC	■ No □ Yes				No
Access 24 10 10 10 10 10 10 10 1	NCD Protection	No	NCD Entitlement(%)	20		
Application 2901/2018 913-14					Assistant Tuna	Colli
Date of Accident 24,01,2018 Time of Accident Natural 22,155 Country of Accident Accident Accident (Accident Accident Accident Accident Accident (Accident Accident Accident Accident Accident Accident Accident (Accident Accident	Report Date	29/01/2018 19:34	Accident Report Within 24 hrs	Yes		
Reporting Centric Accident Location PE TWOS JURONG BY CLEMENT EXT *** Exercis** Decision PECES Outside Singapore DExcess Uncared Driver Excess Uncared Driver Excess Outside Singapore DExcess Uncared Driver Excess ***OGT Registered Information OST Registered Information OST Registered Information OST Registered Information OST Registered Information No		24/01/2018	Time of Accident hh:mm	22:55		Sing
PETWOS JURGNOS DE CLEMENT EXT			Orange Force		ICM No.	
OP BLOCKES O.00 Additional Excess Outside Simpageine OD Excess Unwanted Driver Excess Unwanted Driver Excess Unwanted Driver Excess Windscreen Excess Outside Simpageine OD Excess Unwanted Driver Excess Windscreen Excess Outside Simpageine OD Excess Unwanted Driver Excess Windscreen Excess Outside Simpageine OD Excess Unwanted Driver Excess Outside Simpageine OD Excess Unwanted Driver Excess GGST Registeration Date (National Property Office Outside National Property O	Act and the second second	PIE TWOS JURONG B4 CLEMENTI EXIT				
Decision		FIL (MDS JOHONG & TOTAL)				
Owin damage Excess						
United Priver Exercis Dutside Singapore To Excess Dutside Singapore Address Address 2 Duktor Walling Address Address 3 Post Code Address 7 Post Code Driver Natic Sala 122 Bell Driver Natic Contact Natic (Home) Address 3 JUKIONG WEST STREET 71 Address 3 Address 3 Driver Natic Contact Natic Contact Natic Driver Nat	NO STREET, STREET,	0.00	Additional Excess		Windscreen Excess	
There Party Excess © GST Registered Information SST Registered No GST Registered No SNOBLE NO Registered No No GST Registered No No No GST Registered No No GST Registered No			Outside Singapore OD Excess			
### ST Registered Information ### ST Registered No ### GST Registeration Date Address 2 JURONG WEST STREET 71 Address 3 Driver Date Contact No.(Home) GATORIC Date Address 3 JURONG WEST STREET 71 Address 3 Address 3 Address 3 Address 4 Address 2 JURONG WEST STREET 71 Address 3 Address 3 Address 3 Address 4 Address 2 JURONG WEST STREET 71 Address 3 Address 3 Post Code Contact No.(Home) Driver Insured Company Peternation Breathalpase or Blood Test Reading? Claim Oo1 Nacc Claim Oo1 Nacc Claim Oo1 Nacc Claim Oo1 FROM Type * Contact No.(Home) FROM Type Type Street Workshop Contact No. Require Finalization Frestreet Workshop Contact No. Require Finalization Frestreet Workshop Contact Report Talken By From AAK letter Saver Submit From Aak letter	* 1454 (54) K C C = C (146) (141) C (16)	0.00	Outside Singapore TP Excess			
SST Registration Date (SST Registration Date) (SST Reg			The state of the s			
SST Registration No. Modification History - Policyholder Mailing Address - Address 1 - BLK 705 #02-86 - Address 2 - Address 2 - Address 3 - BUK 705 #02-86 - Address 7ype - Singapore address - Post Code - Contact No. Oz-96 - Register Date of Driver License - Register Date of Driver License - Bulk 705 #02-86 - Address 3 - Driver Name - MUHAMMAD SYAHNAZ HASLAM S/O MONAMED - Driver Name - Register Date of Driver License - Register Date of Driver License - Bulk 705 #02-86 - Address 3 - Driver Name - Register Date of Driver License - Bulk 705 #02-86 - Address 3 - Driver Name - Register Date of Driver License - Bulk 705 #02-86 - Address 3 - Address 2 - JURONG WEST STREET 71 - Address 3 - Address 3 - Address 4 - Address 2 - JURONG WEST STREET 72 - Address 3 - Post Code - License No. Driver Insurer Company - Register Date of Driver License - Insured Name - Driver Insurer Company - North Insured Name - Driver Insurer Company - North Insured Name - MUHAMMAD SYAHNAZ HASLAM - Driver Insurer Company - North Insured Name - Driver Insure				GST Registration Date	West	
### PolicyNolder Mailing Address Address 1 BUX 705 #02-86 Address 2 JURONG WEST STREET 71 Address 3 Address 4 Address 4 Address 7ype Singapore address Past Code Address 1	25	2779		GST Status Verified	Yes	
## Policyholder Halling Address Address 1 BLK 705 #02-86 Address Type Singapore address Pet Software Type Singapore address Pet Software Type						
Address 1 BLX 703 #02-86 Address 7Pe Singapore address Post Code Address 7Pe Singapore address Post Code MUHAMMAD SYAHNAZ HASLAM S/O MOHAMED Policy Number S067786627-03 Driver Info Driver Name MUHAMMAD SYAHNAZ HASLAM S/O MOHAMED Policy Number S067786627-03 Driver Name AVIU Driver AVIU Driver AVIU Driver Role S415218H Driver DOB Driver Name Segister Date of Driver License 18/12/2003 Driver Age 33 Driving Experience Contact No. (Mobile) 92257974 Contact No. (Office) Address 1 BLX 705 #02-86 Address 7Pp Singapore address Post Code Unit No. 02-86 Unit No. 02-86 Ves * No Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Insurer Company Declaration Driver Insurer Company Collaim Type * Company Claim Type * Contact No. (Mobile) Segisterior Card Synthylazing Contact No. (Mobile) Segisterior Card No. (Mobile) Segisterior No. (Mobile) Segisterio	Modification History					
Address 1 BLX 703 #02-86 Address 7Pe Singapore address Post Code Address 7Pe Singapore address Post Code MUHAMMAD SYAHNAZ HASLAM S/O MOHAMED Policy Number S067786627-03 Driver Info Driver Name MUHAMMAD SYAHNAZ HASLAM S/O MOHAMED Policy Number S067786627-03 Driver Name AVIU Driver AVIU Driver AVIU Driver Role S415218H Driver DOB Driver Name Segister Date of Driver License 18/12/2003 Driver Age 33 Driving Experience Contact No. (Mobile) 92257974 Contact No. (Office) Address 1 BLX 705 #02-86 Address 7Pp Singapore address Post Code Unit No. 02-86 Unit No. 02-86 Ves * No Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Insurer Company Declaration Driver Insurer Company Collaim Type * Company Claim Type * Contact No. (Mobile) Segisterior Card Synthylazing Contact No. (Mobile) Segisterior Card No. (Mobile) Segisterior No. (Mobile) Segisterio	- Delleuholder Mailing Ad	dress				
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No. 02-86 Related Policy Number 5067786622-03 W OZ Priver Info MUHAMMAD SYAHNAZ HASLAM S/O MOHAMED Driver Type AUU BURNAMED Driver Rick Self 15218H Driver DOB Driver Name AUU Burnamed driver Name Register Date of Driver License 18/12/2003 Driver Age 33 Driving Experience Contact No. (Mobile) 92257974 Contact No. (Office) Contact No. (Mobile) 92257974 Contact No. (Office) JURONG WEST STREET 71 Address 3 Address 1 Address 2 JURONG WEST STREET 71 Address 3 Pest Code Unit No. 02-86 Unit No. 02-86 Does in comin a Singapore Registered Cart Singapore Breathayser or Blood Test. Reading? Claim Type * OD-MX		BCK 703 #02-00		Singapore address	Post Code	64
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Claim Handling(accident reporting Claim Task)

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