Date In: 21/3/18 - 10:48	Jeb description	Date & Time Completed	Done b	D.
Re(No: NA) INC 18005249/24	SAS e-filing			
	E-mail (within Shrs, AIC 2hrs)	I		
Veh No: FW98700	i-Motor Claim Form	MT/0987016	21/3/8 13	2:43
D.O.A .: 11/2/18-06:15	i-Motor W/O (Within: OD 2h	- C:		
OD / TP ! Reporting Only	i-Photo Uploaded	1		93
	Assessment/Survey Report	-		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
100	Ass t Report of The Athena	And the second s	Fax:	
Preferred Wksp / INC Assign Wksp / QW: (Rμ INC (
TP Particulars: Veh No: 547353	84(Tel:)	
Owner / Driver: (Policy No: () Period)	Cover Type: (-
	Date:	Time:)	
Confirmed by : (-100%]	- 50%
1	e-Est. Status (WO): N: 0-2		-10070	-
	ranty: YES ()/NO ()		_
Excess: (\$) Loading: \$1,000 (()/\$2,000()	AND THE PROPERTY OF THE PARTY.	2785 5 17, 7,00	77.50
General Remarks:-			S 500 P	1.00
() Walk-In Customer: Customer's information	ition strictly Confidential & S	trictly NO refer of repairer	r.	
() Total Loss Case : to e-mail Insurer U		. *		
Drive-In ()/Towed-In (); Invoice: Y		Towing Co: (W)
Remarks:- (INC hotline: 6788 6616)		Date& Time Comple 34	1127 1237 1501 133	A 17
1 1) A - 1. C - Manual and Allowers of 1/Cour	ters Cor (The state of the s	1	
Apply for Transport Allowance ()/Cour QC Check / Post Repair Inspection	()			
	()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000]	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury:	()			
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F 1 p.21 kt + 132

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.

5. Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for
- archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

THE RESIDENCE OF THE PARTY OF T	ACCIDENT STATEMENT
Date Of Report	21/03/2018 10:48
Date Of Accident	11/02/2018 06:15
Exact Location Of Accident	BLK 668A CHOA CHU KANG OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	FW9870D
Insured/Policyholder	
Name Of Registered Owner	ALIFF NUR HEDAYAT BIN MOHD SHAFE'I
NRIC No	S9321728D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91064860
Alternative Phone No	OFFICE-91064860
Vehicle Particulars	
Manufacturer	KAWASAKI
Model	KRR-ZX150
Exact Purpose for which vehicle was being used a 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	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	5055784994-05
Cover Note Number	
Driver	
Name of Driver	ALIFF NUR HEDAYAT BIN MOHD SHAFE'I
NRIC No	S9321728D
Date Of Birth	21/06/1993
Occupation	OUTDOOR
Date Of Driving Pass	01/01/2013
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91064860
WOODIG THATTOCT	(EOCAE) +63-51004000
Fax Number	(EOCAL) +03-91004000

NOEMAIL

BLK 664 CHOA CHU KANG CRESCENT Address

#05-255

YES

NO

NO

NO

YES

NO NO

680664 Postcode

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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident 2

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

1 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

SLJ2538H

PRIVATE CAR

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

SKETCH PLAN

IMPORTANT NOTICE

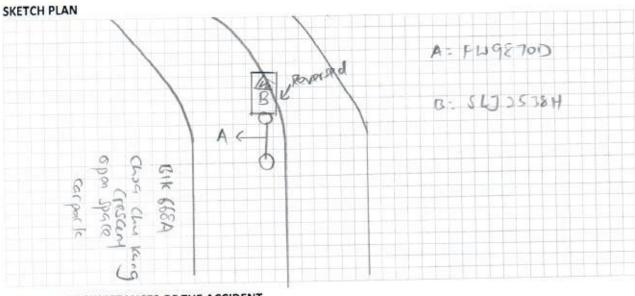
- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material 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.
- 5. 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

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

efer to	statement.	
25-1-1-1-1		

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.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG BLK 646 CHOA CHU KANG OPEN SPACE CARPARK. SUDDENLY VEHICLE B REVERSED AND HIT ONTO MY VEHICLE FRONT PORTION.

ACCIDENT STATEMENT

cci	DENT DATE: (1. / 2 / 18)(DD/MM/Y	(HH:MM)	*3 *3 *3
OCA	MON: Blk 688 4 Chay cha	kang open space carpar	C
	DETAILS OF VEHICLE	with the	
	ONEHICLE NUMBER: W9870D	<u> </u>	
**	LINELIDANCE COMPANY.		
*			73
	d)POLICY TYPE: (COMPREHENSIVE / THIRD	PARTY / THIRD PARTY FIRE & THEFT)	
	· · · · · · · · · · · · · · · · · · ·	The state of the s	
	6)MAKE & MODEL:	ORRY / MOTORCYCLE. / OTHERS)	
	g) VEHICLE CATEGORY: (PRIVATE / COMM	ERCIAL / MOTORCYCLE)	
	h) PURPOSE OF USING AT ACCIDENT TIME:	Private use	2
	I) ARE YOU CLAIMING UNDER YOUR OWN	INSURANCE (YES/NO)	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM	/ PEPORTING ONLY	000000
	IF NO, PLEASE STATE (THIRD PARTY CLAIM	, Shafe'i	20
2.	A) NAME: Aliff Nor Hedgy of Big	Maha (MAIF / FEMALE)	
	A)NAME: AITE NO HE CONT. (9331738D	CONTACT: 9106 4860	. 0
4	DINRIC/FIN/PASSPORT.	and creation + 802-127 (88699	TO OF
	CJADDRESS: 17/16 664 Chaq Chy 16	MC SH	bascenger.
99	· · · · · · · · · · · · · · · · · · ·	VUOLDER	. (Including .
	* CONTINUE TO 3.d IF DRIVER ALSO POLICE	T HOLDER	
3.		(MALE / FEMALE)	
	a)NAME:	CONTACT:	
	b)NRIC/FIN/PASSPORT:	CONTACT	W 2020
	c) ADDRESS:		200 S0•13
	11. [1903 1	(DD/MM/XXX)	
	*d)DATE OF BIRTH:	(DD/MM/TTT)	
	e)OCCUPATION: (INDOOR / OUTDOOR)		€3 CV
	MAS DRIVER AN EMPLOYEE OF THE IN	SUPER'S COMPANY? (YES / NO)	50
4.	IF NO, RELATIONSHIP OF THE DRIVER	WITH INSURED: OLINE	
0	a)WEATHER CONDITION (CLEAR / RAININ	IC / OTHERS	
5.	d)WEATHER CONDITION: (CLEAR / KAININ)
	bIROAD SURFACE: (DRY / WET / OTHERS_		
6.	WAS ANYBODY INJURED (YES / NO)		S 5
7.	a)REPORTED TO POLICE (YES) NO)	TION!	
	IF YES, PLEASE STATE WHICH POLICE STA		
8.	THIRD PARTY VEHICLE	MODEL:	*Ho of pass
	a) VEHICLE NUMBER: SW 7538 H	MODEL	
	b) DRIVER'S NAME:	CONTACT:	Cluding a
2017	c) NRIC/FIN/PASSPORT:		(3)
9.	THIRD PARTY VEHICLE	MODEL:	
	d) VEHICLE NUMBER:		* He of pas
	e) DRIVER'S NAME:	CONTACTO	(Including
	f) NRIC/FIN/PASSPORT:	CONTACT:	
	97 M		() .
		24 AV TO SE	10 miles

email = aliffrur dayer @ gmail. com



CONFIDENTIAL

NOTICE OF COMPLIANCE

This is to inform that Mr Aliff Nur Hedayat Bin Muhd Shafe'i Hp: 91064860, NRIC/FIN S9321728D, residing at Blk 664 Choa Chu Kang Crescent #05-255 S680664 has reported to the Police a non-injury traffic accident, which occurred along Blk 668A Choa Chu Kang Crescent MSCP on 11th February 2018 at about 0615hrs involving the following vehicle:

1 _	SLJ 2538 H – Toyota Prius (Silver)
II	FW 9870 D - Kawasaki KR (Green)

Additional Information: The driver's hand phone number is 83160055.

If the accident was reported to Police within 24 hours of its occurrence, He/she therefore had complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Bukit Panjang NPC

1 Segar Frad #01-05 Singapore 577738

Tel: 6892 9999

SC/SGT Muhd Haggan Rank/Name of issuing Officer : ____

11/02/2018 Date

2120hrs Time

122 S/D Ref

Bukit Panjang NPC Police Post/ Unit

- To be issued to informant

Original - To be retained at NPC or Police Post Duplicate





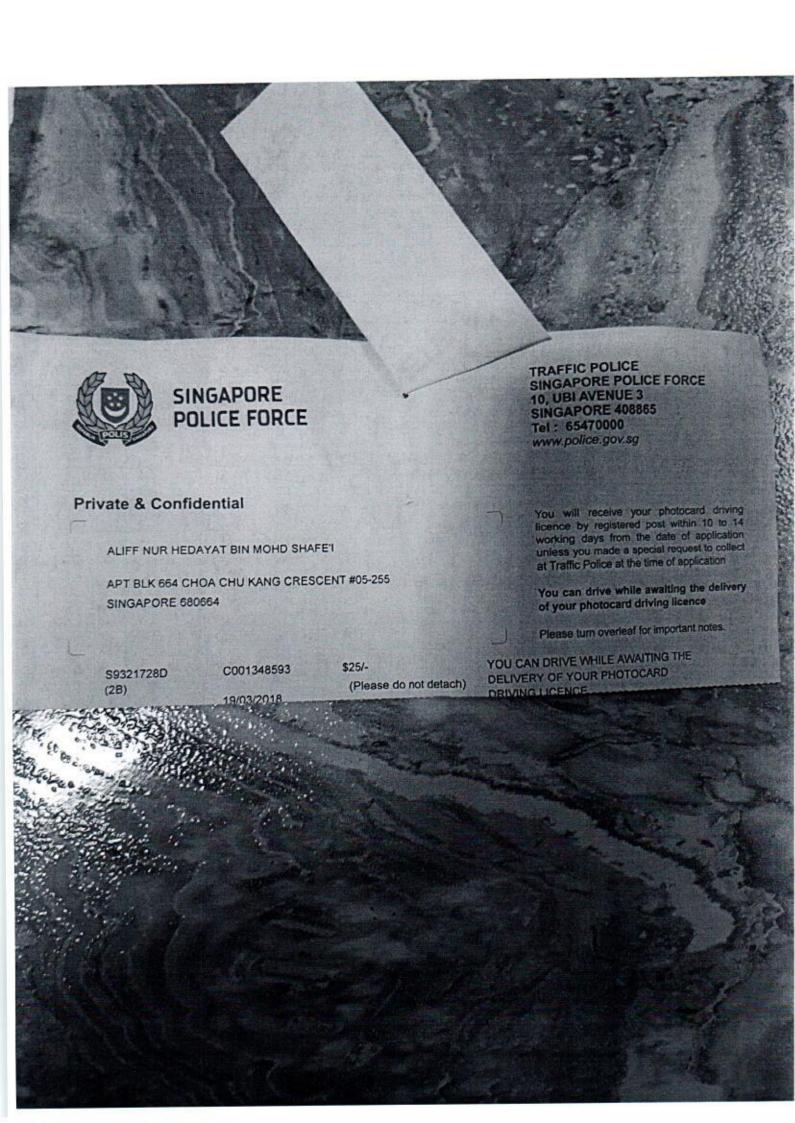
16 No. S9321728D

19-06-200B

Address

APT BLK 664 CHOA CHU KANG CRESCENT #05-255 SINGAPORE 680664





eBao Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage '	Change Passwo	rd › Log Out
My Desktop Notice of Loss		y Query			_	Date of Ao	edent	11/02	/2018 06:15	
Hottee or East	Policy N Vehicle	o. No.(For Motor)	FW9870D			Date of Ac	oldent	11102	2010 00.10	
					1	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5055784994- 05	ALIFF NUR HEDAYAT BIN MOHD SHAFE'I	S9321728D	GMC	Third Party	FW9870D	FW9870D	06/09/2017	05/09/2018
						Continue				

Policy No.	5055784994-05	Policyholder Name	ALIFF NUR HEDAYAT BIN MOHD	Policyholder NRIC	S9321728D
Address	BLK 664 #05-255 CHOA CHU KA	NG CRESCEN	T SINGAPORE 680664		
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	04/09/2017	Effective Date	06/09/2017 00:00	Expiry Date	05/09/2018 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	COMMERCIAL AGENCY PTE LTD	Agent Tel.	63373133	GST Flag	Y
Co- Insurance Flag	No				
Open Policy Info Certificate Info					
□ Policyl	nolder Mailing Address				
Address 1	BLK 664 #05-255	Address 2	CHOA CHU KANG CRESCENT	Address 3	SINGAPORE 680664
Address 4		Address Type	Singapore address	Post Code	680664
Unit No.	05-255	Related Policy Number	5055784994-05		
) Insure	d Object: FW9870D				
	sements				
Endors					

The same of the sa					
ocident MT/0987016	William VIV the Amount	To an experience	Value	OFF Benjatration No.	
Policy No.	5055784994-05	Vehicle No.	FW9670D	GST Registration No.	593217280
Policyholder Name	ALIFF NUR HEDAYAT BIN MOHD SHAFET		12/04/2019	Policyholder NR1C Loeding	0
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Contact No.(Home)	0
Contact No.(Mobile)	91064860	Contact No.(Office)	0	eCode	N. V
Email Address		Special Remark	50	eCode Reason	132.52
(FK	® No ○ Yes	TCA	® No ○Yes	Private Hire	No
NCD Protection	No	NCO Entitlement(%)	20	rivate nite	
				Accident Type	Collision - Head to Rear
Report Date	21/03/2018 12:43	Accident Report Within 24 hrs			
Date of Accident	11/02/2018	Time of Accident hh:mm	06:15	Country of Accident	Singapore
Reporting Centre		Orange Force		3CM No.	
Accident Location	BLK 668A CHOA CHU KANG OPEN SPACE CA	LAPARK			
♥ Benefits					
⊕ Excess				124727077770247242	
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore DD Excess			
Third Party Excess	0.00	Dutside Singapore TP Excess			
□ GST Registered Informa			2012-0100 MINES		
SST Registered	No		GST Registration Date GST Status Ventiled	Yes	
SST Registration No.			was additional and the second	ARZES	
Modification History					
▽ Policyholder Halling Ad	Idress			20000000	
Address 1	BUX 664 #05-255	Address 2	CHOA CHU KANG CRESCENT	Address 3	SINGAPORE 680664
Address 4		Address Type	Singapore address	Post Code	680664
Unit No.	05-255	Related Policy Number	5055784994-05		
© OI Driver Info					
Driver Name	ALIFF NUR HEDAYAT BIN MOHD SHAPE'I	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	593217280	Driver DOB	21/06/1993
Register Date of Driver License	01/01/2013	Driver Age	24	Driving Experience	5
Contact No. (Motive)	91064860	Contact No. (Office)	0	Consact No. (Home)	0
Address 1	BLK 664	Address 2	OHOA CHU KANG CRESCENT	Address 3	SINGAPORE 680664
Address 4		Address Type	Singapore address	Post Code	680664
	F22 8227				
Unit No.	05-255				
Unit No. Does he own a Singapore Registered car?	05-255 ○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?		Driver Vehicle No Any injury?	○ Yes ® No	Driver Insurer Company	
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	○ Yes ® No	00/10/06/07	○ Yes ® No	Driver Insurer Company	
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History	○ Yes ® No	00/10/06/07	○ Yes ® No	Driver Insurer Company	
Does the own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	○ Yes ® No	00/10/06/07	○ Yes ® No	Driver Insurer Company	
Does the own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New	○ Yes ® No	Any injury?		Driver Insurer Company Insured NRIC	593217280
Does be own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New	OD-MX ▼	Any injury?	○ Yes ® No ALIFF NUR HEDAYAT BIN MOHO		593217280
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile)	○ Yes ® No	Any injury?		Insured NRIC	\$93217280 SLI2538H
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address	○ Yes	Any injury? Insured Name Contact No.(Home)	ALIFF NUR HEDAYAT 85N MOHO	Insured NRIC Consect Ne.(Office)	SLI2538H
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile)	OD-MX ▼	Any injury? Insured Name Contact No.(Home) OI Vehicle Number	ALIFF NUR HEDAYAT 85N MOHO	Insured NRIC Cornect No.(Office) TP Vehicle Number	SLI2538H
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 1/Ppe * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Confact No.	OD-MX	Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability *	ALIFF NUR HEDAYAT BEN MOMO FW98700 Not at Fault	Insured NRIC Cornect No.(Office) TP Vehicle Number	SLI2538H
Does no own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 17pe * Contact No. (Mobile) Email Address Claim Decurption Preferred Workshop Confact No. Require Finalisation	O mg OD-MX ©2674065 Pw96700 / SL32538H DN 11 Feb 2018 Ves	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option	ALIFF NUR HEDAYAT BEN MOMO FW98700 Not at Fault	Insured NRIC Consect No.(Office) TP Vehicle Number Name of Preferred Works	SLI2538H
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 17pe * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Confact No. Require Finalisation Date Registered	Op-MX	Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability *	ALIFF NUR HEDAYAT BEN MOMO FW98700 Not at Fault	Insured NRIC Cornact No.(Office) TP Vehicle Number Name of Preferred Works GGA report	SLI2S38H Received
Does he own a Singapore Registered car? Declaration Benathalyser or Blood Test Reading? Modification History Claim 001 New Claim 19pe * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Confact No. Require Pinalisation Date Registered Raport Taxen By	O mg OD-MX ©2674065 Pw96700 / SL32538H DN 11 Feb 2018 Ves	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option	ALIFF NUR HEDAYAT BEN MOMO FW98700 Not at Fault	Insured NRIC Cornact No.(Office) TP Vehicle Number Name of Preferred Works GGA report	SLI2S38H Received
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 17pe * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Confact No. Require Finalisation Date Registered	Op-MX	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option	ALIFF NUR HEDAYAT BEN MOHO FW96700 Not at Fault Preferred Workshop, Name unknown	Insured NRIC Cornact No.(Office) TP Vehicle Number Name of Preferred Works GGA report	SLI2S38H Received
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 190 * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Confact No. Require Pinalisation Date Registered Report Taxen By [x] Print AK letter	Op-MX	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option	ALIFF NUR HEDAYAT BEN MOMO FW98700 Not at Fault	Insured NRIC Cornact No.(Office) TP Vehicle Number Name of Preferred Works GGA report	SLI2S38H Received
Does he own a Singapore Registered car? Declaration Benathalyser or Blood Test Reading? Modification History Claim 001 New Claim 19pe * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Confact No. Require Pinalisation Date Registered Raport Taxen By	Op-MX	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option	ALIFF NUR HEDAYAT BEN MOHO FW96700 Not at Fault Preferred Workshop, Name unknown	Insured NRIC Cornact No.(Office) TP Vehicle Number Name of Preferred Works GGA report	SLI2S38H Received
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 190 * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Confact No. Require Pinalisation Date Registered Report Taxen By [x] Print AK letter	Op-MX	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option	ALIFF NUR HEDAYAT BEN MOHO FW96700 Not at Fault Preferred Workshop, Name unknown	Insured NRIC Cornact No.(Office) TP Vehicle Number Name of Preferred Works GGA report	SLI2S38H Received
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 001 New Claim 19pe * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Conflact No. Require Finalisation Date Registered Report Taxen By Print AK letter	Op-MX	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option	ALIFF NUR HEDAYAT 65N MOHO FW96700 Not at Fault Preferred Workshop, Name unknown Sexe Sulms.	Insured NRIC Cornact No.(Office) TP Vehicle Number Name of Preferred Works GGA report	SLI2S38H Received
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 001 New Claim 1/pp * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Conflact No. Require Finalisation Date Registered Report Taxen By Print AK letter Attachment	Op-MX	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	ALIFF NUR HEDAYAT 65N MOHO FW96700 Not at Fault Preferred Workshop, Name unknown 3 Sext Sulms 001 21/03/2018 12:46	Insured NRIC Consect No. (Office) TP Vehicle Number Name of Preferred Works GIA report Date Received	SLI2538H Shop Received 21/03/2018 00:00
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Address Claim Description Preferred Workshop Confact No. Require Finalisation Date Registered Report Taxen By Print AK letter Attachment	OD-MX	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date	Not at Fault Preferred Workshop, Name unknown Seve Submit O01 21/03/2018 12:46 Category 4	Insured NRIC Consect No. (Office) TP Vehicle Number Name of Preferred Works GIA report Date Received Confidential	SLI2538H Shop Received 21/03/2018 00:00 Urgency * Description *
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Address Claim Description Preferred Workshop Confact No. Require Finalisation Date Registered Report Taxen By Print AK letter Attachment	OD-MX	Any injury? Insured Name Corriact No. (Home) O1 Vehicle Number Insured Liability * Preferented Repair Option Claim Close Date	Sere Sulms Oo1 21/03/2018 12:46 Category * Dear Please Select	Insured NRIC Consect No. (Office) TP Vehicle Number Name of Preferred Works GIA report Date Received Confidential	SLI2538H Received 21/03/2018 00:00 Urgency * Description *
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Address Claim Description Preferred Workshop Confact No. Require Finalisation Date Registered Report Taxen By Print AK letter Attachment	OD-MX	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date	Not at Fault Preferred Workshop, Name unknown 3001 21/03/2018 12:46 Category *	Insured NRIC Consect No. (Office) TP Vehicle Number Name of Preferred Works GIA report Date Received Confidential V NO V TO V No	SLI2538H Shop Received 21/03/2018 00:00 Urgency * Description * mail
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Address Claim Description Preferred Workshop Confact No. Require Finalisation Date Registered Report Taxen By Print AK letter Attachment	OD-MX	Any injury? Insured Name Contact No. (Home) OI vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date Brows	FW96700 Not at Fault Preferred Workshop, Name unknown 21/03/2016 12146 Category * Dear Please Select	Confidential Confidential Confidential Confidential Confidential Rice No N	SLI2538H Shop Received 21/03/2018 00:00 Urgency * Description * mail
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Address Claim Description Preferred Workshop Confact No. Require Finalisation Date Registered Report Taxen By Print AK letter Attachment	OD-MX	Any injury? Insured Name Contact No. (Home) OI vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date Brows Brows	FW96700 Not at Fault Preferred Workshop, Name unknown 21/03/2018 12/46 Category 4 18 Cear Please Select Gear Please Select	Insured NRIC Consect No. (Office) TP Vehicle Number Name of Preferred Works GIA report Date Received Confidential V NO V TO V No	SLI2538H Shop Received 21/03/2018 00:00 Urgency * Description * mail mail
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Address Claim Description Preferred Workshop Confact No. Require Finalisation Date Registered Report Taxen By Print AK letter Attachment	OD-MX	Any injury? Insured Name Corriso No. (Home) OI vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Gate Brows Brows Brows	FW96700 Nor at Fault Preferred Workshop, Name unknown 21/03/2018 12/46 Category * 18 Cear Please Select Cear Please Select Cear Please Select Cear Please Select Cear Please Select	Confidential Confidential Confidential Confidential Confidential Rice No N	SLI2538H Shop Received 21/03/2018 00:00 Urgancy * Description * Imal

Attachment		Uploaded By/Date	Category	9	Urgency	Description	Sent? Action (CO)
2.0	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 21 Ma r 2018 12:46	NRJC/ Driving Licerde		Normal	NRTC/ Driving License 2018-3-2)	Edit
4"	NAC_PAYA_UB1_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 21 Ma r 2018 12:46	NR3C/ Driving License		Normal	NRIC/ Driving License 2018-3-21	Edit
193	NAC_PAYA_USI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 21 Ma r 2018 12:46	SAS		Normal	SAS 2018-3-21	Edit
197	NAC_PAYA_UB1_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 21 Ma / 2018 12:46	Photos		Normal	Photos 2018-3-21	Edit
	NAC_PAYA_UBI_B00601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 21 Ma 7 2018 12:46	Photos		Normal	Photos 2018-3-21	Edit
11 (8)	NAC_PAYA_UBI_800601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 21 Ma r 2018 12:46	Photos		Normal	Photos 2018-3-21	Edit
1	NAC_PAYA_UB1_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 21 Ma / 2018 12:46	Photos		Normal	Photos 2018-3-21	Edit
FK.	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 21 Ma r 2018 12:46	Photos		Normal	Photos 2018-3-21	Edit
1	NAC_PAYA_UBI_800601{ NATI	ONAL ASSESSMENT CENTRE SERVICES) on 21 Ma r 2018 12:46	Photos		Normal	Photos 2018-3-21	Edit
46	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 21 Ma r 2018 12:46	Photos		Normal	Photos 2018-3-21	Edil
1	NAC_PAYA_UBI_800601(NAT	IDNAL ASSESSMENT CENTRE SERVICES) on 21 Ma + 2018 12:46	Photos		Normal	Photos 2018-3-21	Edit
35	NAC_PAYA_UB1_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 21 Ma y 2018 12:46	Photos		Normal	Photos 2018-3-21	Edit
70.5	NAC_PAYA_UBI_800601(NAT	tONAL ASSESSMENT CENTRE SERVICES) on 21 Ma + 2018 12:46	Photos		Normal	Photos 2018-3-21	Edit
	NAC_PAYA_UBI_B00601[NAT	IONAL ASSESSMENT CENTRE SERVICES) on 21 Ma r 2018 12:46	Photos		Normal	Photos 2018-3-21	Edi
1	NAC_PAYA_UBI_B00601[NAT	ICNAL ASSESSMENT CENTRE SERVICES) on 21 Ma r 2018 12:45	Photos		Normal	Photos 2018-3-21	Edi
,(E	NAC_PAYA_UBI_B00601(NAT	IDNAL ASSESSMENT CENTRE SERVICES) on 21 Ma r 2018 12:45	Photos		Normal	Photos 2016-3-21	Edi
*	NAC_PAYA_UB1_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 21 Ma r 2018 12:45	Photos		Normal	Photos 2018-3-21	Edi
-37	NAC_PAYA_UB1_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 21 Ma r 2018 12:45	Photos		Normal	Phonos 2018-3-21	Edi
	NAC_PAYA_UBI_600601[NAT	IONAL ASSESSMENT CENTRE SERVICES) on 21 Ma r 2018 12:45	Photos		Normal	Photos 2018-3-21	Edi
E#19	NAC_PAYA_UBI_600601(NAT	TONAL ASSESSMENT CENTRE SERVICES) on 21 Ma + 2018 12:45	Photos		Normal	Photos 2018-3-21	Ed
					Ŷ		Action

Diaptay in New Window Scan and uploading