Date In: 28/3/18-14:52	Jeb description	Date & Time Completed	Done by
Re[No: NA] INC18005758/24	SAS e-filing		
Veh No: FBB622X	E-mail (within Shrs, AIC 2	hrs)	
D.O.A .: 27/3/18-17:40	i-Motor Claim Form		28/3/18 15:5
	i-Motor W/O (Within:		
OD TP Reporting Only	i-Photo Uploaded		+1
	Assessment/Survey Rep	port	
TP Insurer:	Ass't Report by Fax / H	land to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (	(	Tel:	Fax:
TP Particulars: Veh No:		NC( )/Non-INC( )	+12 +12
Owner / Driver: (		Tel:	)
Policy No: ( )	Period: (	) Cover Type: (	).
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %	Note-Est. Status (WO): N	I: 0-20%; P: 21-79%. P: 80-	-100%]
Year of Registration: ( )	Warranty: YES ( )/NC	)( )	
	\$1,000( )/\$2,000( )		
General Remarks.			53.00 S
( ) Walk-In Customer : Customer's i			
in the second se		*	
( ) Total Loss Case : to e-mail Ins		) = 1 5 ( pt	
Drive-In ( )/ Towed-In ( ); Invo	oice: YES ( ) / NO (	); Towing Co: (	
Remarks:- (INC horline: 6788 6616	O. Maria and a second	Date&Time Completed	Done by
	DECEMBER 1997 AND SERVICE AND ADDRESS OF SERVICE PARTIES AND ADDRESS OF SERVICE PARTIES.	ACCUSAGE AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PE	The state of the s
1) Annhy for Transact Allowanes (			
	/ Courtesy Car ( )	**	-
2) QC Check / Post Repair Inspection	) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection	) / Courtesy Car ( )		
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	) / Courtesy Car ( )		3.724
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2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  NAI80 1959  Inimant's Particulars:-	Courtesy Car (	ceident Reporting (\$30); Damage Assessment (\$100); INC oping Fee follow-Through Survey follow-Through Survey (Resurvey) from against INC Only (wef 10 Jan 20	(\$80) \$40/\$45 \$120 \$30
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2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time   Actions  NAISO 1959  laimant's Particulars :-  river/Owner:  ontact No:  amaged Portion:	Courtesy Car (	ceident Reporting (\$30);  barrage Assessment (\$100); INC ( owing Fee Sollow-Through Survey (Resurvey)  iming against INC Only (wef 10 Jan 20 ce-inspection  lao DA + SMRT Survey	\$80) \$40/\$45 \$120 \$30 \$75 \$160
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  NAISO 1979  Inimant's Particulars :- river/Owner: ontact No: nmaged Portion:  C Checked by (Engr-In-Charge):	Courtesy Car (	ceident Reporting (\$30);  larrage Assessment (\$100); INC ( lowing Fee Sollow-Through Survey (Resurvey)  low-Through Survey (Resurvey)  low-Through Survey (Resurvey)  low-inspection  lac DA + SMRT Survey  Additional Services  Courtesy Car / Tpt Allowance  Repair Co-ordination  lost Repair Inspection	\$80) \$40/\$45 \$120 \$30 \$35 \$15 \$160 \$5 \$10 \$25
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time   Actions  NAISO 1959  laimant's Particulars :- river/Owner: ontact No: amaged Portion:  C Checked by (Engr-In-Charge): uditors' Comments :-	Courtesy Car (	cecident Reporting (\$30);  larrage Assessment (\$100); INC ( lowing Fee Sollow-Through Survey  collow-Through Survey (Resurvey)  iming against INC Only (wef 10 Jan 20 ce-inspection  day DA + SMRT Survey  Additional Services  Courtesy Car / Tpt Allowance  Repair Ca-ordination  Fost Repair Inspection  DV / Collect Excess Coordination	\$80) \$40/\$45 \$120 \$30 \$75 \$160
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time	Courtesy Car (	cecident Reporting (\$30);  lamage Assessment (\$100); INC ( lowing Fee Sollow-Through Survey (Resurvey)  liming against INC Only (wef 10 Jan 20  le-inspection lac DA + SMRT Survey  Additional Services - Courtesy Car / Tpt Allowance  Repair Co-ordination  locate Repair Inspection  DV / Collect Excess Coordination  11): TP (N:a INC) against INC  dae Mobile	(\$80) \$40/\$45 \$120 \$30 \$25 \$10 \$25 \$20 \$30

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Occupation

Gender

Mobile Number Fax Number Contact Number

**EMail Address** 

Date Of Driving Pass Driving Experience

- 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 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	28/03/2018 14:52
Date Of Accident	27/03/2018 17:40
Exact Location Of Accident	PIE (CHANGI) AFTER CTE EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBB622X
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD AMIN BIN ABDUL RAHMAN
NRIC No	S8421767J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83324479
Alternative Phone No	OFFICE-83324479
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400X M
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	THIRD PARTY
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	5064077064-03
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD AMIN BIN ABDUL RAHMAN
NRIC No	S8421767J
Date Of Birth	06/08/1984

OUTDOOR

15/04/2009

8 YEARS AND 11 MONTHS

(LOCAL) +65-83324479

OFFICE-83324479

NOEMAIL

Page 1 of 30

BLK 489C CHOA CHU KANG AVENUE 5 Address

#04-217 683489

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 SIDE SWIPE DRIZZLING Weather Conditions

Road Surface WET

Other Information

Postcode

NO 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

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver) 1

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

KALLANG NEIGHBOURHOOD POLICE POST Police Station Name

NO

NO

ROAD: BLK 105 TOWNER ROAD #01-400, POSTCODE: 321105, Police Station Address

**COUNTRY: SINGAPORE** 

TEL NO: 1800-2996999 - FAX NO: 63912397 Police Station Contact

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180328/2076.

Attachment(s)

YES Are accident photos available for attachment? NO

Was there any video captured by Car Camera? Was there any audio recorded?

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

FBC4471H

MOTORCYCLE

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SJQ6069E

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

No. Of Passenger (Including Driver)

-8

# **DETAILS OF INJURED PERSON 1**

Name MOHAMMAD AMIN BIN ABDUL RAHMAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FBB622X

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### SKETCH PLAN

### IMPORTANT NOTICE

- 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 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

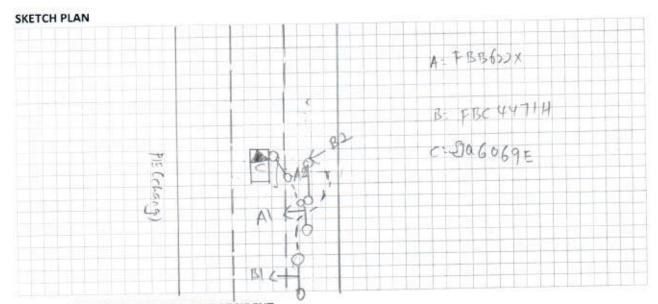
(ii) for complying with requirements under any regulations, laws or court orders.

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.:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

000-	1 - 00/sca - 2001 Tl 2018 03 28/ 2076.	
RIPL	to police report- 1/20180728/2076.	
		7000 700 700

# 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.:





Date of Expiry:

1 of 3

Report No. T/20180328/2076

Police Station Of Origin: Kallang NPP 105 Towner Road #01-400 SINGAPORE 321105

Tel No: 1800-2996999

SAFETY OFFICER

### REPORT OF A TRAFFIC ACCIDENT

	ne Report M 18 12:57	lade:	Vide Report No.:	Station Diary No. 19	
Informa	nt's Partice	ulars			
		BIN ABDUL	Address: APT BLK 489C CHOA CHU.K SINGAPORE 683489	ANG AVE 5 #04-217	
ID Type / ID No.: NRIC NO / S8421767J		67J	Contact No.: Home/Office: Mobile: 83324479		
National SINGAP	ity: ORE CITIZ	EN	Email:	(*)	
Sex: Male	Age:	Date of Birth: 06/08/1984	Type of Informant: Rider		
Race: Malay			Language:	Institution / School Name: PUB	
Occupat	tion:		Driving Licence Information:		

Class: 2B,2A,3

neral Infor	mation of the Accid	dent				
Type of Accident:	Injury Others		Drink Drive: No	Date/Time of Accident: 27/03/2018 17:40	Type of Location Straight Road	
	I EXPRESSWAY changi, after CTE Ex	xit Lane 1 Road So Wet	urface:	F	Road Speed Limit:	
Traffic Flow: Traff			raffic Control: lot Controlled		Traffic Volume: Heavy	
Type of Collis		Swipe - Same	Direction	а	Anyone conveyed by ambulance: No	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB622X	Motorcycle	HONDA	CB400X M	Red	Slightly Damaged	0 ,.
FBC4471H	Motorcycle	52 32			Seriously Damaged	

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB622X	NTUC Income Insurance Co-Operative	5064077064-03	19/05/2017	12/05/2018





2 of 3

Report No. T/20180328/2076

Polic Station Of Origin: Kallang NPP 105 Towner Road #01-400 SINGAPORE

321105

Tel No: 1800-2996999

# CONTINUATION OF REPORT

Any Pedestrian Ir	n Involved						
No. of Pedestrian	s Injured: NIL		Use of Peo	destrian	Cross	ing: NA	
Rider		September					
Name	MOHAMMAD AMIN	BIN ABDU	L RAHMAN	ID No.		S8421767J	
Related Vehicle	FBB622X (Motorcycle)			Conta	ct No.	83324479	
Hospital/Clinic	STARCARE CLINIC AND SURGERY PTE. LTD.			Class of Driving Licence & Expiry Date		Class: 2B,2A,3 Date of Expiry: NIL	
Date Treatment	28/03/2018	and the second	Date Disc	harge	28/03	3/2018	
	ted Medical Leave	03	Degree of	Injury	Sligh		
Rider		THE REAL PROPERTY.					
Name	DENY PRIATNA			ID No.		S8364732I	
Related Vehicle	FBC4471H (Motorcycle)			Contact No.		97553206	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	the state of the s	
	nted Medical Leave	NIL	Degree o	f Injury	NIL		

## Brief Details.

On 2703/2018, I was riding along PIE towards changi, after CTE Exit on Lane 1, it was drizzling.

At about 1740hrs, FBC4471H wanted to overtake my bike and the bike in front of me. B1 tried to over take me on the right hand side when a car in front of him braked. B1 then jam braked and skidded towards his left side and hit me on my front right side. Both of us then fell onto the floor. There was scratches to the right side of my bike, foot brake lever is broke, windshield was broke, alignment of my handlebars was out and scratches to my exhaust. I could not remember the damages on his bike but his bike was towed away by EMAS soon after.

Both of us exchanged particulars and left the scene without police or ambulance.





3 of 3

Report No. T/20': .328/2076

Police Station Of Origin: Kallang NPP 105 Towner Road #01-400 SINGAPORE 321105 Tel No: 1800-2996999

# 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 Informant:
Date/Time: 28/03/2018 12:57
Classification Of Case:

# STARCARE CLINIC AND SURGERY PTE LTD

Blk 207 Bukit Batok Street 21 #01-108 Singapore 650207 Tel: 65616878 Fax: 65617698

### Medical Certificate

Date

: 28 Mar 2018

MC No.

: 0000032918

This is to certify that:

114

Name : MOUD AMIN BIN ALDUL RAHMAN

NRIC : \$8421767J

is Unfit for Work/School for 3 days

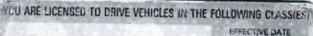
from 28/03/2018 to 30/03/2011 in clusive.

OR LOKE FOO SHIN, KELLY MEBS (Spore)

DR KELLY LOKE







Class 2B Motorcycles =< 200 cc Class 2A Motorcycles between 201 cc and 400 cc Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusion of the driver; and offer motor vehicles =< 2500kg

Licence No: \$8421767J

06-03-2010 APT BLK 489C CHOA CHU KANG AVE 5 #04-217 SINGAPORE 683489

NRIG No: \$8421767J

Date: 16/10/2015

S8421767J

NP 428A

licy Query			F2-10V		et	umanana I pr		
licy Query				*	Change Lan	guage '	Change Passwo	ord + Log Ou
y No.				Date of Acc	ident	27/03/	2018 17:40	m
cle No.(For Motor)	FBB622X							
			1	Search				
ct Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
5064077064- 03	MOHAMMAD AMIN BIN ABDUL RAHMAN	584217673	GMC	Third Party, Fire & Theft	FB8622X	FBB622X	19/05/2017	12/05/2018
	ct Policy No.	ct Policy No. Policyholder Name  MOHAMMAD 5064077064- AMIN BIN 03 ABDUL	tet Policy No. Policyholder NAIC  MOHAMMAD  5064077064- AMIN BIN S8421767)  03 ABDUL  FBB622X  Policyholder NRIC MOHAMMAD S064077064- AMIN BIN S8421767)	tet Policy No. Policyholder NRIC Product MOHAMMAD 5064077064- AMIN BIN 03 ABDUL RAHMAN SIN PRODUCT RAHMAN SI	tet Policy No. Policyholder NRIC Product Cover Type  MOHAMMAD 5064077064- AMIN BIN S84217673 GMC Third Party, 03 ABDUL S84217673 GMC Fire & Theft	tet Policy No. Policyholder No.  Policyholder NRIC Product Cover Type No.  MOHAMMAD AMIN BIN ABDUL RAHMAN  Policyholder Product Cover Type No.  Third Party, FBB622X	Search  Et Policy No. Policyholder NAIC Product Cover Type Vehicle No. Object  MOHAMMAD AMIN BIN ABDUL RAHMAN  S84217673 GMC Third Party, FB8622X FB8622X	Search  The No. (For Motor)  Search  Search  Search  Third Party, FBB622X  Search  Search  Third Party, FBB622X  FBB622X  Search  Commence No. Object  Date  MOHAMMAD  AMIN BIN ABDUL RAHMAN  ABDUL RAHMAN  S84217673  GMC  Third Party, FBB622X  FBB622X  FBB622X  FBB622X  FBB622X  FBB622X

Sequence	ce Date of Endorsement	Endorse	ment Type Endorsemen	nt Status	Endorsement Content
	ements				
Insure	d Object: FBB622X				
Unit No.	03-186	Related Policy Number	5064077064-03		
Address 4	SINGAPORE 683489	Address Type	Singapore address	Post Code	683489
Address 1	BLK 489C #04-217	Address 2	CHOA CHU KANG AVENUE 5	Address 3	SUNSHINE GARDENS
→ Policyh	older Mailing Address				
Certificate Info					
Open Policy Info					
Co- nsurance Flag	No				
Agent	AXIS LINK PTE LTD	Agent Tel.	68419308	GST Flag	Y
DD Excess		TP Excess			
Outside Singapore		Outside Singapore			
Additional Excess		OS Premium	0		
Party Excess	0	damage Excess	0	Excess	
Date Third	2	Own		Windscreen	
Policy ssue	19/05/2017	Effective Date	19/05/2017 00:00	Expiry Date	12/05/2018 23:59
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Address	BLK 489C #04-217 CHOA CHU	KANG AVENUE	5 SUNSHINE GARDENS SINGAPO	RE 683489	
Policy No.	5064077064-03	Name	MOHAMMAD AMIN BIN ABDUL R	NRIC	S8421767J

laim Handling							+ Exit
ocident MT/0988074							
Policy No.	5064077064-03		Vehicle No.	F88622X	GST Registration No.		
Policyholder Name	MOHAMMAD AMIN BIN AB	DUL RAHMAN			Policyholder NRIC	S84217673	
Product Code	MOTORCYCLE INSURANCE	E .	Cover Type	Tried Party, Fire & Theft	Loading	٥	
Contact No.(Mobile)	83324479		Contact No.(Office)	0	Contact No.(Home)	0	
Email Address			Special Remark		eCode	ne 🗸	
erk.	® No ○ Yes		TCA	No ○Yes	eCode Reason		
NCD Protection	No		NCD Entitlement(%)	20	Private Hire	No	
<b>☞</b> Accident Details							
Report Date	28/03/2018 15:20		Accident Report Within 24 hm	Yes	Accident Type	Side Swipe	
				17.40	Country of Accident	Singapore	
Date of Accident	27/03/2018		Time of Accident hh:mm	17.40	ICM No.	9750 <del>8</del> 755095	
Reporting Centra			Oranga Force		JCH NO.		
Accident Location	PIE (CHANGI) AFTER CTE	EXIT					
♥ Benefits							
♥ Excess					1221927407270868		
Own damage Excess		0.00	Additional Excess		Windscreen Excess		
Unnamed Driver Excess			Outside Singagore OD Excess				
Third Party Excess		0.00	Outside Singapore TP Excess				
□ GST Registered Information	etion						
OST Registered	No			GST Registration Date	Yes		
SST Registration No.				GST Status Venfied	101		
Modification History							
Policyholder Mailing Ad	BLK 489C #04-217		Address 2	CHOA CHU KANG AVENUE 5	Address 3	SUNSHINE GA	RDENS
Address 1			Address Type	Singapore address	Post Code	683489	
Address 4	SINGAPORE 583489		Related Policy Number	5064077064-03			
Unit No.	03-186		Related Policy Humber	30007700-03			
₩ OI Driver Info				Main Driver			
Driver Name	MOHAMMAD AMIN BIN AF	BOUL RAHMAN	Onver Type Oriver NR3C	584217671	Driver DOB	06/08/1984	
Unnamed driver Name					Driving Experience	9	
Register Date of Driver License			Driver Age	33		0	
Contact No.(Mobile)	83324479		Contact No.(Office)	0	Contact No.(Home) Address 3	SUNSHINE GA	BODUS
Address 1	BLK 489C		Address 2	CHOA CHU KANG AVENUE 5	Post Code	683489	NO CHO
Address 4	SINGAPORE 683489		Address Type	Singepore address	Post Lode	003409	
UNIT NO:	04-217						
Does he own a Singapore Registered car?	○ Yes   No		Driver Vehicle No.		Driver Insurer Compan	y).	
Declaration							
	-100		0.000022012				
Breathalyser or Blood Test Reading?	0 mg		Any injuny?	® Yes ○ No			
Breathalyser or Blood Test	0 mg		Any injury?	Yes ○ No			
Breathalyser or Blood Test	0 mg		Any injury?	Yes ○ No			
Breathalyser or Blood Test Reading? Modification History	0 mg		Any injuny?	® Yes ○ No			
Breathalyser or Blood Test Reading?	0 mg		Any injury?	® Yes ○ No			
Breathalyser or Blood Test Reading? Modification History	0 mg		Any injury?	® Yes ○ No			
Breathalyser or Blood Test Reading? Modification History	0 mg	V	Any injury?	® Yes ○ No  MCHAMMAD AMIN BIN ABOUL R	Insured NRIC	564217677	
Breathalyser or Blood Test Reading?  Modification History  Claim 001 New	0.000	¥	ACCOMPANY		Insured NRIC Consect No.(Office)	594217677	
Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *	[ор-мх		Insured Name		Contact No.(Office) TP Vehicle Number	FBC4471H	
Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No.(Mobile)	ОО-МХ 83324279	DM	Insured Name Contact No. (Holine)	MCHAMMAD AMIN BIN ABDUL R	Contact No.(Office)	FBC4471H	
Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Calem Description  Preferred Workshop Contact	OD-MX 83324279 MDAMINARDRIGOMAIL CI	DM	Insured Name Contact No. (Holine)	MCHAMMAD AMIN BIN ABDUL R	Contact No.(Office) TP Vehicle Number	FBC4471H	
Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claim Description	OD-MX 83324279 MDAMINARDRIGOMAIL CI	DM	Insured Name Contact No. (Holine) OI Vehicle Number	MOHAMMAD AMIN SIN ABDUL R FB8622X PAOT of Fourt	Contact No.(Office) TP Vehicle Number	FBC4471H	
Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No.(Mobile)  Emait Andress  Claim Description  Pireferred Workshop Contact No.	OD-MX 83324279 MDAMUNARD9@GMADLCI FBB622X / FBC4471H ON	OM N 27 Mar 2018	Insured Name Confact No. (Holline) Of Vehicle Number Insured Liebility *	MOHAMMAD AMIN SIN ABDUL R FB8622X PAOT of Fourt	Contact No.(Office)  TP Vehicle Number  Name of Preferred Wor	FRC4471H	<b>y</b>
Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No. (Mobile) Email Address  Claim Description Perferred Workshop Contact No.  Require Finalisation	OD-MX 83324279 MDAMINARD9@GMADLCI FBB622X / FBC4471H ON Yes	OM N 27 Mar 2018	Insured Name Confact No. (Holle) Of Vehicle Number Insured Liability * Preference Repair Option	MOHAMMAD AMIN SIN ABDUL R FB8622X PAOT of Fourt	Contact No.(DMice) TP Vehicle Number Name of Preferred Wor  GSA report	FBC4471H Received	<b>V</b>
Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type * Contact No.(Mobile) Email Andress Claim Description Preferred Workshop Contact No.  Require Finalisation Date Registered Report Towen By	OD-MX 83324279 MDAMUNARD9@GMADLCI FBB622X / FBC4471H ON Yes 28/03/2018 15:23	OM N 27 Mar 2018	Insured Name Confact No. (Holle) Of Vehicle Number Insured Liability * Preference Repair Option	MOHAMMAD AMIN SIN ABDUL R FB8622X PAOT of Fourt	Contact No.(DMice) TP Vehicle Number Name of Preferred Wor  GSA report	FBC4471H Received	<b>V</b>
Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No.(Mobile)  Emait Address  Claim Description  Preferred Workshop Contact No.  Require Finalization  Date Registered	OD-MX 83324279 MDAMUNARD9@GMADLCI FBB622X / FBC4471H ON Yes 28/03/2018 15:23	OM N 27 Mar 2018	Insured Name Confact No. (Holle) Of Vehicle Number Insured Liability * Preference Repair Option	MOHAMMAD AMIN SIN ABOUL R FBB622X  Not at Fault  Preferred Workshop, Name unknown	Contact No.(DMice) TP Vehicle Number Name of Preferred Wor  GSA report	FBC4471H Received	<b>V</b>
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Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim 1906 *  Contact No. (Mobile)  Email Address  Claim Description  Preferred Workshop Contact  No.  Require Finalisation  Date Registered  Report Taven By  Print AK letter  Attachment	OD-MX 83324279 MDAMINARD9@GMAD. CI FBB622X / FBC4471H ON Yes 28/03/2018 15:23 Jackson	OM N 27 Mar 2018	Insured Name Contact No. (Holme) Of Vehicle Number Insured Liability * Preferenced Repair Option Claim Close Date	MCHAMMAD AMIN BIN ABDUL R PB8622X  Prot of Fault  Preferred Workshop, Name unknown  Save Submit	Contact No.(DMice) TP Vehicle Number Name of Preferred Wor  GSA report	FBC4471H Received	<b>y</b>
Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim 1ype *  Contact No. (Mobile)  Emait Andress  Claim Description Preferred Workshop Contact No.  Require Finalization  Date Registered  Report Towen By  Print AK letter  Attachment  V  Accident No.	OD-MX 83324279 MDAMINARD9@OMAD. CI FBB622X / FBC4471H ON Yes 28/03/2018 15:23 Dackson MT/0398074	OM N 27 Mar 2018	Insured Name Contact No. (Holme) OI Vehicle Number  Insured Liability * Preferenced Repair Option Claim Close Date  Claim No.	MCHAMMAD AMIN BIN ABOUL R FB8622X  Prot of Fault  Preferred Workshop, Name unknown  Save Submit  001	Contact No.(DMice) TP Vehicle Number Name of Preferred Wor  GSA report	FBC4471H Received	<b>y</b>
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28/3/2018

Attachment	Uploaded By/Date	Category	8	Urgency	Description	Sent? Action (CO)
Mil see	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 2 r 2018 15:24	8 Ma NRIC/ Driving License		Normal	NRIC/ Driving License 2018-3-28	Edit
99	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CINTRE SERVICES) on 2 r 2018 15:24	8 Ma SAS		Normal	SAS 2018-3-28	Edit
PIC.	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 2 r 2018 15:24	8 Ma Photos		Normal	Photos 2018-3-28	Edit
<b>F</b> 3	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 2 r 2018 15:24	8 Ma Photos		Normal	Photos 2018-3-28	Edit
33	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Ma r 2018 15:24 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Ma r 2018 15:23	S Ma Photos		Normal	Photos 2015-3-25	Edit
50		E Ma Photos		Normal	Photos 2018-3-28	Edit
54	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 2 r 2018 15:23	8 Ma Photos		Normal	Photos 2018-2-28	Edit
50	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 2 r 2018 15:23	8 Ma Photos		Normal	Photos 2018-3-28	Edit
13.	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 2 r 2018 15:23	8 Ma Photos		Normal	Photos 2018-3-28	Edit
	NAC_PAYA_URL_RD0601( NATIONAL ASSESSMENT CENTRE SERVICES) on 2 r 2018 15:23	tă Ma Photos		Normal	Proces 2018-3-28	Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 2 r 2018 15:23	25 Ma Photos		Normal	Photos 2018-3-28	Edit
4	NAC_PAYA_UB1_800601( MATIONAL ASSESSMENT CENTRE SERVICES) on 2 r 2018 15:23	28 Ma Photos		Normal	Photos 2018-3-28	Edit
	NAC_PAYA_UBI, 800601( NATIONAL ASSESSMENT CENTRE SERVICES) on a r 2018 15:23	26 Ma Photos		Normal	Photos 2018-3-28	Edit
1	NAC_PAYA_UBI_BOOKO1[ NATIONAL ASSESSMENT CENTRE SERVICES) on 3 y 2018 15:23	28 Ma Photos		Normal	Photos 2018-3-28	Edit
2	NAC_PAYA_UBI_BOOGOT( NATIONAL ASSESSMENT CENTRE SERVICES) on 1 r 2018 15:23	28 Ma Photos		Normal	Photos 2018-3-28	Edit
1	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on r 2018 15:23	28 Ma Photos		Normal	Photos 2018-3-28	Edit
8	NAC_PAYA_UB1.800603( NATIONAL ASSESSMENT CENTRE SERVICES) on r 2018 15:23	28 Ma Photos		Normal	Photos 2018-3-28	Edit
1	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on r 2018 15:23	28 Ma Photos		Normal	Photos 2018-3-28	Edit
200	NAC_PAYA_UBI_800603( NATIONAL ASSESSMENT CENTRE SERVICES) on r 2016 15:23	28 Ma Photos		Normal	Photos 2018-3-28	Edit
	NAC_PAYA_UBI_800801( NATIONAL ASSESSMENT CENTRE SERVICES) on r 2018 15:23			Normal	Photos 2018-3-28	Edit
	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 7 2018 15:23			Normal	Photos 2018-3-28	Edit
	NAC_PAYA_UBI_BOOKOI( NAYIONAL ASSESSMENT CENTRE SERVICES) on v 2018 15:23	200		Normal	Photos 2018-3-28	Edit
63	NAC_PAYA_UBI_B0060L( NATIONAL ASSESSMENT CENTRE SERVICES) on r-2018 15:23	28 He Photos		Normal	Photos 2018-3-28	Edit
♥ Video List	Uptoades By/Date Folder Date	File Name		7	Source	Action

Orapley in New Window Scan and upon