		THE RESERVE TO SHAREST PROPERTY.	A118063498			
Date In: 15 /1/18-18:34	Jeb description		Date & Time C	mpleted	Don	e by
Res No: NAJINCI8008842/24	SAS c-filing					
Veh No: FUGSZJI	E-mail (within Shrs	, AIC 2hrs)				4
D.O.A: 14/1/18-17:30	i-Motor Claim	Form	M1099450	4-001	15/1/18	19:41
A	i-Motor W/O (W	ithin: OD 2hrs,	TP 4hrs)			
OD (TP)! Reporting Only	i-Photo Uploade	ed	1			
TD.	Assessment/Surve	y Report	İ			
TP Insurer:	Ass't Report by F	ax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (	and the same of th		Tel:	Fa	c	
TP Particulars: Veh No: 5 po	IJO9M .	. INC(	)/Non-INC	( ).		
Owner / Driver: (			Tel:		)	
Policy No: ( ) Per	iod: (	)	Cover Type: (		)	
Confirmed by : (	1	Date:	Time		)	
Insured/Driver Liability: ( %) [N	Note-Est. Status (WO	): N: 0-20°	%; P: 21-79%	P: 80-10	0%]	
Year of Registration: ( ) W	Varranty: YES ( )	/NO( )				
	00()/\$2,000(	)				
General Remarks:	Ex. P. No. 6.				OT 7:	
( ) Walk-In Customer : Customer's inform						
( ) Total Loss Case : to e-mail Insurer			5		7	
Drive-In ( )/ Towed-In ( ); Invoice:		( ) · To	wing Co: (		-	
		( ),10		1		,
Remarks: (INC hotline: 6788 6616)		1.0	Date&Time Co	nple ad	Don	by
1) Apply for Transport Allowance ( )/Co	ourtesy Car ( )			•		
the first could be a second of the second of						
2) QC Check / Post Repair Inspection	( )					
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$30	( )				- A	
3) Upload Resurvey Photo [Repair Cost > \$30	( )					
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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.

77	ACCIDENT STATEMENT
	15/05/2018 18:04

Date Of Report 15/05/2018 18:04

Date Of Accident 14/05/2018 17:30

Exact Location Of Accident JUNC UPP BUKIT TIMAH RD & UPP BUKIT TIMAH VIEW

Country/State of Loss SINGAPORE

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number FV9575L

Insured/Policyholder

Name Of Registered Owner AZHAR BIN AJIMAN

NRIC No S1819361B Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-90287534

 Alternative Phone No
 OFFICE-90287534

Vehicle Particulars

Manufacturer HONDA
Model TA200

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

Fleet Policy NO

Policy Number 0088722229-14

Cover Note Number

Driver

Name of Driver AZHAR BIN AJIMAN

 NRIC No
 \$1819361B

 Date Of Birth
 12/02/1967

 Occupation
 OUTDOOR

 Date Of Driving Pass
 20/05/1988

Driving Experience 29 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90287534

Fax Number

Contact Number OFFICE-90287534

EMail Address NOEMAIL

BLK 557 WOODLANDS DRIVE 53 Address

#05-65

730557 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

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions DRY Road Surface

Other Information

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?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

**Details of Police Action** 

YES Was the accident reported to the police?

If Yes Please state which Police Station

Number of Passengers (Including Driver)

EUNOS NEIGHBOURHOOD POLICE POST Police Station Name

1

ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: Police Station Address

470629 , COUNTRY: SINGAPORE

TEL NO: 1800-4439999 - FAX NO: 62444376 Police Station Contact

NO

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180515/2074.

Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SJP9509M Vehicle Registration Number

Vehicle Make/Model/Colour Details Of Properties

PRIVATE CAR Vehicle Category QUEK YE, SHAUN Name of Driver

NRIC/Passport Number

91385404 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 17

# DETAILS OF INJURED PERSON 1

Name AZHAR BIN AJIMAN

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? FV9575L

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

Page 3 of 17

# SKETCH PLAN

### IMPORTANT NOTICE

- 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.:

Upper butil Timeh road Towards hardlands toad. SKETCH PLAN N N MIREL BUKIT TEMAH ROAD B-SJP 9509m. DESCRIBE CIRCUMSTANCES OF THE ACCIDENT report NO. T 20180515 /2074. Oolice DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Reporting Centre-Personnel's Signature Driver's Signature Name: Date & Time: (If driver is not the policyholder) NRIC/FIN No.: Date & Time:

ate of Accident	FV 9575L Model / Make HONDA TAZOO
	14 05/2018
ime of Accident	1730 HRS
ocation of Accident	
xact purpose use during acc	ident upp Bukit Timan Rd twids buildinds Rd
Name of Owner	AZHAR BIN ADIMAN
elephone No.	H/P: 9028 7534 Home: Office:
IRIC	\$18193618
Address	APT BLK 557 WOODLANDS DRIVE 53 \$05-65 8(730557)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC
ype of Coverage	Comprehensive (Third Party ) Third Party / Fire /Theft
Policy No.	
Name of Driver	As Above If No,
VRIC	Any Passengers: NIL
Date of birth	
Occupation	Outdoor / Indoor
Driving License Pass Date	20/05/1988
Gender	(Male) / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state OWNER.
Weather condition	(Clear) Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If (Yes, Who?
Name And Contact No.	AZHAR BEN AZMAN.
Name And Contact No.	The Delta Control of the Control of
Police Report	No, If Yes, Where? ELWOS NPP.
Vehicle B No.	SJe 9509 M Any Passengers :
Name of Driver	Quek Ye, SHAUN Contact No.: 91385404.
V. 1.: 1 . G.N.	Any Passengers :
Vehicle C No.	Any Passengers :
Vehicle D No.	
	Any Passengers :
Vehicle D No.	Any Passengers : Any Passengers :
Vehicle D No. Vehicle E no.	
Vehicle D No. Vehicle E no. Vehicle F No.	Any Passengers :
Vehicle D No. Vehicle E no. Vehicle F No. Vehicle G No.	Any Passengers : Any Passengers :
Vehicle D No. Vehicle E no. Vehicle F No. Vehicle G No. Witness Name	Any Passengers : Any Passengers : Witness Contact :





1 of 4

Report No. T/20180515/2074

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629

# REPORT OF A TRAFFIC ACCIDENT

Tel No: 1800-4439999

	ne Report N 018 13:54	//ade:	Vide Report No.:	Station Diary No.: 16
Informa	nt's Partic	ulars		
and the second second	f Informant: BIN AJIMA		Address: APT BLK 557 WOODL 730557	ANDS DRIVE 53 #05-65 SINGAPORE
	/ ID No.: O / S18193	61B	Contact No.: Home/Office:	Mobile: 90287534
National SINGAP	ity: ORE CITIZ	ĽΕΝ	Email:	=
Sex: Male	Age:	Date of Birth: 12/02/1967	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupat FIELD E	tion: NGINEER		Driving Licence Informa Class: 2B,3	ation: Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/05/2018 17:30	Type of Location Straight Road
Inside the yel	T TIMAH ROAD	r Bukit Timah Road and		
Weather: Clear	*1	Road Surface: Dry		Road Speed Limit:
Traffic Flow:	90); Ewg	Traffic Control:		Traffic Volume: Moderate
Two Way				Moderate

Details of V	ehicle Involve	d				HOUSE THE REAL PROPERTY.
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FV9575L	Motorcycle	HONDA	TA200-	Blue	Slightly Damaged	1
SJP9509M	Car	VOLKSWAGO N	SCIROCCO 1.4L AT TSI 1372Q5	Black	Slightly Damaged	1

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



T/20180515/2074

2 of 4

Report No. T/20180515/2074

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

#### CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No .	Effective	Expiry Date
FV9575L	NTUC Income Insurance Co-Operative Limited	0088722229-14	12/12/2017	11/12/2018

<b>Details of Perso</b>	n Involved					
Any Pedestrian In	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of P	edestrian	Cross	ing: NA
Rider				a post		
Name	AZHAR BIN AJIMAN	I		ID No	8	S1819361B
Related Vehicle	FV9575L (Motorcycle	e)		Conta	ct No.	90287534
Hospital/Clinic	NATIONAL HEALTH POLYCLINICS (WO			Class Drivin Licend Expiry	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	15/05/2018		Date Di	scharge		5/2018
No. of Days gran	ted Medical Leave	03	Degree	of Injury	Sligh	t ·
Driver					<b>Marin</b>	
Name	QUEK YE, SHAUN			ID No		S9033085C
Related Vehicle	SJP9509M (Car)		11	Conta	ct No.	91385404
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	(interessed		scharge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree	of Injury	NIL	

# Brief Details.

On 14th May 2018 at about 1730hrs, I was riding my motorcycle (Honda Phantom Silver, FV9575L) along Upper Bukit Timah Road towards Woodlands Road. I was riding alone, weather was clear, road surface was dry.

When I was reaching the yellow box of Upper Bukit Timah Road and Upper Bukit Timah View, a car (Volkswagen Scirocco Black, SJP9509M) suddenly exited out from Upper Bukit Timah View towards Upper Bukit Timah Road in the direction of Woodlands Road. I did not have the time to react as the car suddenly came out from Upper Bukit Timah view, as such my motorcycle collided with the rear right body of the Volkswagen car, near to its right rear wheel. I subsequently fell onto the road as a result of the accident:

My motorcycle's front fork was bend inwards as a result of the accident. The car's rear right body near to the rear right wheel also was bend inwards due to the accident.





3 of 4

Report No. T/20180515/2074

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

#### CONTINUATION OF REPORT

I slowly stood up and talked to the driver of the Volkswagen car. We exchanged particulars and took photos of the accident scene. There is a tow truck who is nearby at the accident scene as such, the truck helped brought my motorcycle to the workshop. I felt pain behind my neck and the right part of my body as such, I went home to rest. This morning, the pain still remained as such, I went to Woodlands Polyclinic to see a doctor. I then received medications and 3 days MC.





4 of 4

Report No. T/20180515/2074

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

# 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 Recordin G / Sgt 2 NUR 'ASRI BIN AGUS	ng The Report:	Signature Of Informant:
Signature Of Interpreter: Not applicable	0	Date/Time: 15/05/2018 13:54
Officer In Charge Of Case: TP / AEIT /		Classification Of Case:
Staff Sgt WONG SIEU LUI Contact No.: 65476151	SINGAPORE POLICE FORCE	
Authentication Stamp	-	1
55	SIGNA	TURE

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1819361B





AZHAR BIN AJIMAN

MALAY

12-02-1967

SINGAPORE



5296005



01-04-2014

APT BLK 557 WOODLANDS DRIVE 53 #05-65 SINGAPORE 730557 NRIO NO: \$1819361B Date: 27/08/20

Date: 27/08/2016



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

Class 28 Motorcycles not exceeding 200 co Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kills grams

PASS DATE

20 May 1988 24 Sep 2001





<b>eBao</b> Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage '	Change Passwo	rd + Log Ou
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	io.				Date of Ac	cident	14/05	2018 17:30	
	Vehicle	No.(For Motor)	FV9575L							
					1	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	0088722229- 14	AZHAR BIN AJIMAN	S1819361B	GMC	Third Party	FV9575L	FV9575L	12/12/2017	11/12/2018
					100	Continue				

olicy No.	0088722229-14	Policyholder Name	AZHAR BI	NAMILA N	Policyholder NRIC	S1819361B	
ddress	BLK 533 #02-575 WOODLANDS	DRIVE 14 SI	NGAPORE 73	0533			
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	22/11/2017	Effective Date	12/12/201	7 00:00	Expiry Date	11/12/2018 2	3:59
Excess Type		All Claim Excess					
Third Party Excess	0.0	Own damage Excess	0.0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
	INCOME-CUSTOMER RELATIONS	Agent Tel.	NIL		GST Flag	Y	
Agent Co- insurance		Agent Tel.	NIL		GST Flag	Y	
Agent Co- insurance Flag Open Policy		Agent Tel.	NIL		GST Flag	Y	
Agent Co- insurance Flag Open Policy Info Certificate		Agent Tel.	NIL		GST Flag	Y	
Agent Co- insurance Flag Open Policy Info Certificate Info		Agent Tel.	NIL		GST Flag	Y	
Agent Co- nsurance Flag Open Policy Info Certificate Info Policy	No		NIL	WOODLANDS DR 1		Y Address 3	SINGAPORE 730533
Agent Co- insurance Flag Open Policy Info Certificate Info Policy Address 1	No holder Mailing Address	Addi		WOODLANDS DR 1 Singapore address			SINGAPORE 730533 730533
Agent Co- insurance Flag Open Policy Info Certificate Info	No holder Mailing Address	Addi Addi	ess 2 ess Type ted Policy			Address 3	Colonia de la co
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Agent Co- insurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	holder Mailing Address  BLK 533 #02-575  ed Object: FV9575L	Addi Addi Rela	ess 2 ess Type ted Policy	Singapore address		Address 3	Colonia de la co

Accident MT/0994504 Policy No.	0088722229-14	Vehicle No.	PV957SL		GST Registration No	kë.		
Policyholder Name	AZHAR BIN AJIMAN				Poscyholder NRIC		51819361	in .
	MOTORCYCLE INSURANCE	Service Vices	Third Dark		Loading		0	1203
roduct Code		Cover Type	Third Party					
ontact No.(Mobile)	90287534	Contact No. (Office)	0		Contact No.(Home)		0	
mail Address		Special Remark			eCode		Mr. A.	
FK	® No ○Yes	TCA	® No ○ Yes		eCode Reason			
CD Protection	No	NCD Entitlement(%)	20		Private Hire		No	
Accident Details								
eport Date	15/05/2018 19:39	Accident Report Within 24 hrs	Yes		Accident Type		Collision .	Cross Junction
ate of Accident	14/05/2018	Time of Accident hh:mm	17:30		Country of Accident		Singapore	
eporting Centre		Orange Force			ICM No.			
ccident Location	JUNC UPP BUKIT TIMAH RD & UP	P BUKIT TIMAH VIEW						
⇒ Benefits								
₩ Excess								
wn damage Excess.	0.00	Additional Excess		-	Windscreen Excess		0.00	
nnamed Driver Excess		Outside Singapore OD Excess						
hird Party Excess	0.00	Outside Singapore TP Excess						
GST Registered Inform								
ST Registered	No		GST Registration Date					
ST Registration No.			GST Status Verified		Yes			
odification History								
Policyholder Halling Ac		Coloradores Coloradores	1000 and though a beautiful		2000 00 EA		2012-1-1	o would
ddress 1	8LK 533 #02-575	Address 2	WOODLANDS DR 14		Address 3		SINGAPO	RE 730533
ddress 4		Address Type	Singapore address	1	Post Code		730533	
mit No.		Related Policy Number	0088722229-14					
OI Driver Info								
river Name	AZHAR BIN AJIMAN	Driver Type	Main Driver					
nnamed driver Name		Driver NRIC	S1819361B	1	Driver DOB		12/02/19	67
egister Date of Driver License	20/05/1988	Driver Age	51		Driving Expenence		29	
	90287534	Contact No.(Office)	0		Contact No.(Home)		0	
ontact No.(Mobile)			-				(iii)	
ddress 1	BLX 557	Address 2	WOODLANDS DRIVE 53		Address 3		SINGAPO	RE 730557
doress 4		Address Type	Singapore address	1	Post Code		730557	
			Carried State of the Control of the					
his No.	05-65		Sample of the sa					
Does he own a Singapore	05-65 ○ Yes <b>®</b> No	Driver Vehicle No.	and the second s		Driver Insurer Comp	pany		
oes he own a Singapore egistered car?		Driver Vehicle No.				pany		
Does he own a Singapore Registered car? Reclaration Sneathelyser or Blood Test		Driver Vehicle No.  Any injury?	® Yes ○ No			pany		
Unit No. Does he own a Singapore Registered car? Redistance Researation Researation	○ Yes  No		10.55700 ANV			pany		
ooks he own a Singapore registered car? ediaration Invachalyser or Blood Text	○ Yes  No		10.55700 ANV			pany		
oos he own a Singapore legistered car? ediaration ireachalyser or Blood Test eading?	○ Yes  No		10.55700 AV			pany		
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ces he own a Singapore egistered car?  edication reschalyser or Blood Test eading?  Claim 001 New	○ Yes <b>⊗</b> No O mg	Any injury?	® Yes ○ No		Denver Insurer Comp	pany	\$1819361 NIL	i è
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cosi he own a Singapore egistered car?  ediaration reschalyser or Blood Test eading?  Claim 601 New  laim Type +  ontact No. (Mostle) med Address laim Description	O mg  OD-MX  90287534	Any injury?  Insured Name Comact No.(Home) Of Vehicle Number	® Ves ○ No  AZHAR BIN AZIMAN  BERSH3322  PV957SL		Driver Insurer Comp Insured MAIC Contact No.(Office) TP Vehicle Number	200	NIL	
cos he own a Singapore egistered (air) edication restnalyser or Blood Test eading?  Claim 001 New  Laim Type + ontart No. (Mostle) med Address Laim Destription referred Workshop Contact	O mg  OD-MX  90287534  PV9575L / S3P9509M ON 14 May	Any injury?  Insured Name Comact No.(Home) Of Vehicle Number 2018 Insured Lability *	AZHAR BEN AZIMAN BERSH SZZZ PV957SL  Not at Fault		Insured MRIC Contact No. (Office) TO Vehicle Number Name of Preferred N	200	NIL S1P9509M	
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oos he own a Singapore legistered car? ediaration ireachalyser or Blood Test eading?	O mg  O mg  O mg  O MX  Va287534  Pv9575L / S3P9509M ON 14 May  Yes  LSV05/2016 19:41	Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  2018  Insured Lability * Preferend Repair Option	AZHAR BEN AZIMAN BERSH SZZZ PV957SL  Not at Fault		Insured MRIC Contact No. (Office) TP Vehicle Number Name of Preferred N	200	NIL SIP9509M	· ·
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