Date In: v  6 19-1214   Done by     Ref No: NA   N(801015) TAY
D.O.A.: 3   1   5 - 572: T5   i-Motor Claim Form   M7   09   72   20   20   Motor W/O (Withia: OD 2hrs, TF 4hra)   i-Photo Uploaded   Assessment/Survey Report
i-Motor Claim Form   MT   0997201 - 001   46/19 20  OD   TP   Reporting Only   I-Motor W/O (Within: OD 2hts, TP 4hts)   i-Photo Uploaded   Assessment/Survey Report   Ass't Report by Fax/Hand to Owner/Wksp    Preferred Wksp / INC Assign Wksp / QW: ( Tol: Fax: TP Particulars: Veh No: 6\6973\text{M} INC ( )/Non-INC ( )    Owner / Driver: ( Tel: )   Policy No: ( ) Period: ( ) Cover Type: ( )    Confirmed by: ( Date: Time: )    Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]    Year of Registration: ( ) Warranty: YES ( )/NO ( )    Excess: (\$ ) Loading: \$1,000 ( )/\$2,000 ( )    General Remarks:- ( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. ( ) Total Loss Case : to e-mail Insurer URGENTLY.  Drive-In ( )/Towed-in ( ); Invoice: YES ( )/NO ( ); Towing Co: (   Period ( )/ Per
i-Motor W/O (within: OD 2hrs, TP 4hrs)   i-Photo Uploaded    -Photo Uploaded     Assessment/Survey Report     Ass't Report by Fax / Hand to Owner/Wksp
I-Photo Uploaded   Assessment/Survey Report   Assessment   Assessment   Assessment   Assessment   Assessment   Assessment   Assessment   Assessment   Asse
i-Photo Uploaded   Assessment/Survey Report   Assessment   Assessment   Assessment   Assessment   Assessment   Assessment   Assessment   Assessment   Asse
Preferred Wksp / INC Assign Wksp / QW: ( Tol: Fax:  TP Particulars: Veh No: 6\673\text{M} INC () / Non-INC ()  Owner / Driver: ( Tol: )  Policy No: ( Date: Time: )  Insured/Driver Liability: ( Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]  Year of Registration: ( Warranty: YES () / NO ()  Excess: (\$ ) Loading: \$1,000 () / \$2,000 ()  General Remarks:- () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.  () Total Loss Case : to e-mail Insurer URGENTLY.  Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ( Remarks:- (INC hotline: 6788 6616)  Date& Time Completed Done by  Date Time Completed Done by  Date Time Completed Done by
Ass't Report by Fax / Hand to Owner/Wksp
TP Particulars: Veln No: 6\\6\73\text{M}  \text{INC}(\) / Non-INC(\)  Owner / Driver: ( Tel: )  Policy No: ( ) Period: ( ) Cover Type: ( )  Confirmed by: ( Date: Time: )  Insured/Driver Liability: ( \( \text{\texitext{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text
Owner / Driver: ( Tel: )  Policy No: ( ) Period: ( ) Cover Type: ( )  Confirmed by: ( Date: Time: )  Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 30-100%]  Year of Registration: ( ) Warranty: YES ( ) / NO ( )  Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )  General Remarks:- ( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. ( ) Total Luss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: (  Remarks:- (INC hotline: 6788 6616) Date& time Completed Done by  1) Apply for Transg-ort Allowance ( ) / Courtesy Car ( )
Policy No: ( ) Period: ( ) Cover Type: ( )  Confirmed by: ( Date: Time: )  Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]  Year of Registration: ( ) Warranty: YES ( )/NO ( )  Excess: (\$ ) Loading: \$1,000 ( )/\$2,000 ( )  General Remarks:- ( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. ( ) Total Loss Case : to e-mail Insurer URGENTLY.  Drive-In ( )/Towed-In ( ); Invoice: YES ( )/NO ( ); Towing Co: (  Remarks:- (INC hotline: 6788 6616) Date& Time Completed Done by  1) Apply for Transport Allowance ( )/Courtesy Car ( )
Confirmed by : (
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1) Apply for Transport Allowance ( )/ Courtesy Car ( )
2) QC Check / Post Repair Inspection ( )
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )
Injury:
Date/Time Actions
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Invoice Preparation Checklist:  In AR: Accident Reporting (\$30);  Inimant's Particulars:  2) DA: Damage Assessment (\$100); INC (\$80)  Tiver/Owner:  3) TF: Towing Fee \$40/545  4) FT: Follow-Through Survey \$120  5) FT: Follow-Through Survey (Resurvey) \$30  For cleiming against INC Only (wef 10 Jan 2005)  6) TR: Re-inspection \$75
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Invoice Preparation Checklist: In Bill A  In Mark Accident Reporting (\$30);  Inimant's Particulars:-  In Date of Particula
Invoice Preparation Checklist:    Invoice Preparation Checklist:   Int Bill   A

#### SINGAPORE ACCIDENT STATEMENT

### 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 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.	u nereby consent to the archiving of this report at the centre and to copies of the report centre made available
the same of the later in the	ACCIDENT STATEMENT
Date Of Report	04/06/2018 12:43
Date Of Accident	03/06/2018 02:55
Exact Location Of Accident	JUNC TAMPINES AVE 10 & TAMPINES AVE 9
Country/State of Loss	SINGAPORE
Helicological Control	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBK4131Y
Insured/Policyholder	
Name Of Registered Owner	NOOR HANIS BIN MOHAMED YUNOS
NRIC No	S9348475D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92476563
Alternative Phone No	OFFICE-92476563
Vehicle Particulars	
Manufacturer	YAMAHA

Manufacturer YAMAHA

Model YZF-R1M

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 5097739908

Cover Note Number

Driver

Name of Driver NOOR HANIS BIN MOHAMED YUNOS

 NRIC No
 S9348475D

 Date Of Birth
 17/12/1993

 Occupation
 INDOOR

 Date Of Driving Pass
 23/11/2015

Driving Experience 2 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92476563

Fax Number

Contact Number OFFICE-92476563

EMail Address NOEMAIL

BLK 892A TAMPINES AVENUE 8 Address #12-32 Postcode 521892 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 Insurance Company of Driver's Own Vehicle General Information of the Accident Type Of Accident COLLISION - CROSS JUNCTION Weather Conditions CLEAR Road Surface DRY Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2 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. 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 Police Station Name TAMPINES NEIGHBOURHOOD POLICE CENTRE ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: Police Station Address SINGAPORE Police Station Contact TEL NO: 1800-5871999 - FAX NO: 65871699 Was notice of intended Prosecution given? NO If Yes, against whom? Circumstances of Accident

REFER TO POLICE REPORT - T/20180604/2029.

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 Witness 1** 

Name FAIZAL Phone Number 87820954

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GY6973M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

3

NAME:

GENDER:

Passenger 2

NAME:

GENDER:

# **DETAILS OF INJURED PERSON 1**

Name

NOOR HANIS BIN MOHAMED YUNOS

Approximate Age

Injuries Sustain

BACK SPRAIN, SWELLING ON RIGHT HIP & THIGH

Injured person in which vehicle?

FBK4131Y

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.
- 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

Name:

NRIC/FIN No.:

SKETCH PLAN			
Tompines Ave 9	ACP	Tampines Ave 10	A: FBK 41319 R: Gy 6973M
		,5	
DESCRIBE CIRCUMSTANCE			
Refer to polic	e report - T 20180604 /202	9.	
	× 25 47		
		1	
3	/		
Q.			
DECLARATION			
I/We declare the foregoing par	ticulars are true in every respect.		M
1			
Policyholder's Signature	Driver's Signature	Reporting Cont	tre Personnel's Signature
Date & Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:	ic resources signature





T/20180604/2029

1 of 4

Report No. T/20180604/2029

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/06/2018 10:49		Made:	Vide Report No.:	Station Diary No.: 50		
Informa	nt's Partic	ulars				
		MOHAMED	Address: APT BLK 892A TAMPINES A 521892	VENUE 8 #12-32 SINGAPORE		
ID Type / ID No.: NRIC NO / S9348475D		75D	Contact No.: Home/Office: Mobile: 92476563			
National SINGAP	lity: PORE CITIZ	EN	Email:			
Sex: Male	Age:	Date of Birth: 17/12/1993	Type of Informant: Rider			
Race: Indian			Language: English	Institution / School Name:		
Occupat Mechan	tion: ical enginee	er (general)	Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/06/2018 02:55	Type of Location T-Junction
TAMPINES A	02 (Carallel Carallel No. 1980)			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: No Traffic
Type of Collis Between Mov	on: ing Vehicles - Head	To Side		Anyone conveyed by ambulance:

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FBK4131Y	Motorcycle	YAMAHA	YZF-R1M	Silver	Seriously Damaged	
GY6973M	Van				Slightly Damaged	2

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK4131Y	NTUC Income Insurance Co-Operative Limited	5097739908	02/02/2018	01/02/2019





Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

2 of 4

Report No. T/20180604/2029

Any Pedestrian I	nvolved: No				CHAIR POR	
No. of Pedestria			Use of F	Pedestria	n Cros	cina: NA
Rider			000 011	cucstria	II CIUS	Silig. IVA
Name	NOOR HANIS BIN I	MOHAME	YUNOS	ID No	).	S9348475D
Related Vehicle	FBK4131Y (Motorcy	/cle)		Conta	act No.	92476563
Hospital/Clinic	CHANGI GENERAL	. HOSPITA	L	Class Drivin Licen Expin	ig .	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	03/06/2018		Date Dis	Date Discharge 03/06		3/2018
No. of Days gran	ted Medical Leave	03		Degree of Injury Slight		
Driver					- Cilgit	
Name	Muhammad Nur Iska	andar Bin N	Mokhtar	ID No		S8708137J
Related Vehicle	GY6973M (Van)			Contact No.		85241029
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dis		NIL	
No. of Days grant	ed Medical Leave	NIL	Degree o		NIL	

### Brief Details.

On the 03/06/2018 at about 0255hrs, I was riding my motorcycle bearing vehicle no.FBK4131Y along the right lane of Tampines Ave 10. As I was about to reach the T-junction between Tampines Ave 10 and Tampines Ave 9, the traffic light was red as such I stopped at T-junction. There were two other lorries on the two lanes beside me. When the traffic light turned green, I wanted to move off but all of a sudden, as I was crossing the junction, a van came from the oncoming side had just turned right towards Tampines Ave 9. As such, the van collided into my right side and caused me to fall on my right side but my motorcycle had continued moving forward until it fell down at the grass patch beside the road.

I was still conscious and was able to stand up. Shortly after, ambulance and traffic police came and attended to me. However, I did not want to be conveyed by the ambulance as I did not think my injuries were serious.

Afterwards, my friend came to send me to Changi General Hospital to seek medical attention and was given 3 days MC from 03/06/2018 till 05/06/2018 for back sprain and swelling at my right hip and thigh.

One of the lorry driver who was not involved in the accident but had witnessed the entire incident had given me his details, Faizal, HP: 87820954.





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

CONTINUATION OF REPORT

3 of 4 Report No. T/20180604/2029





T/20180604/2029

4 of 4

Report No. T/20180604/2029

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999
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: G / Sgt 3 MUHAMMAD DANIYAL BIN BAHARUDDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/06/2018 10:49
Officer In Charge Of Case: TP / AEIT / Sgt 2 YEO KIA HUAT Contact No.: 65476325	Classification Of Case:
Authentication Stamp	

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9348475D



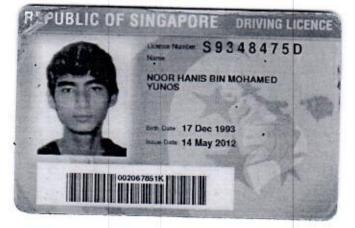
### NOOR HANIS BIN MOHAMED YUNOS

INDIAN

Date of birth

17-12-1993

SINGAPORE







S9348475D

Date of lesse 28-02-2009

APT BLK 892A TAMPINES AVENUE 8 #12-32 SINGAPORE 521892

Class 28 Sam 2A Sam 2 Sam 3

MOTORCYCLES NOT EXCEEDING 200 CC MOTORCYCLES BETWEEN 201 CC AND 400 CC MOTORCYCLES EXCEEDING 400 CC MOTORC CAES AND MOTOR TRACTORS THE WEIGH OF WHICH ENLADEN DOES NOT EXCEED 2500 KH.OGRAMS

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE

S / No.9000226417

NP 428A

<b>eBao</b> Tech									Gen	eralClaim	
Hello, NAC_PAYA_UBI_80	0601			A STATE OF THE PARTY OF THE PAR		· ·	Change Lar	iguage i	Change Passwo	to be a second of	
My Desktop Notice of Loss	Poli	cy Query								See 100.746	
	Policy N	lo:				Date of Ac	cident	03/06	2018 02 55	3	
	Vehicle	No.(For Motor)	FBK4131Y								
						Search					
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date	
	0	5097739908	NOOR HANIS BIN MOHAMED YUNOS	59348475D	GMC	Third Party, Fire & Theft	FBK4131Y	FBK4131Y	02/02/2018	01/02/2019	
						Continue					

POIICY NO.	5097739908	Policyholder Name	NOOR HAP	IS BIN MOHAMED YU	Policyholder NRIC	S9348475D	
Address	BLK 892A #12-32 TAMPINES AV	ENUE 8 SING	APORE 5218	192	MAIC		
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	02/02/2018	Effective Date	02/02/201	8 00:00	Expiry Date	01/02/2019 23:	59
Excess Type		All Claim Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/I	nexperience Driver Excess
Agent	RVA INSURANCE AGENCY PTE. I	Agent Tel.	65722141		GST Flag	Y	
Flag Open Policy	No				08501145 <del>5</del>		
Info Certificate Info							
Policyh	older Mailing Address						
ddress 1	BLK 892A #12-32	Addres	ss 2	TAMPINES AVENUE	8 /	Address 3	SINGAPORE 521892
ddress 4		Addres	s Type	Singapore address	1	Post Code	521892
Init No.	12-32	Relate Numbe	d Policy er	5097739908		3007231450	221072
	Object: FBK4131Y						
D Insured							
D Insured  ▼ Endorse							

Accident MT/0997201									-
Policy No.	5097739908	Vehicle No.	FBK4131V						-
Policyholder Name	NGOR HANZS BIN MOHAMED YUNDS	wernise no.	PBK4131Y		GST Registration	No.			
Product Code					Policyholder NRI	G.	9	9348475D	
	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft		Loading		0		
Contact No.(Mobile)	92476563	Contact No.(Office)	0		Contact No.(Horr	ne)	0		
Email Address		Special Remark			eCode		0	(AF)	
KFK	® No ○ Yes	TCA	® No ○ Yes		eCode Reason				
NCD Protection	No	NCD Entelement(%)	15		Private Hire		N		
· Accident Details									
Report Date	04/06/2018 20:36	Acadent Report Within 24 hrs	Name 1		1285531112000				
Market of American			Yes		Accident Type		Co	littion - Cross Junction	
Date of Accident	03/09/5018	Time of Accident hh:mm	02:55		Country of Acords	ent	91	ngapore	
Reporting Centre		Orange Force			TCM No.				
Accident Location	JUNC TAMPINES AVE 10 & TAMPINES AVE	9							
₩ Benefita									
W Excess									
Own damage Excess	0.00	Additional Excess			Windstreen Excer	ss			
Unnamed Driver Excess		Outside Singapore OD Excess							
Third Party Excess	0.00	Outside Singapore TP Excess							
GST Registered Inform	nation								
GST Registered	No		GET BANKETON						
GST Registration No.	1.00		GST Registration Date						
Modification History			GST Status Verified		Yes				
\$15000000000000000000000000000000000000									
The Management of the Control of the	440000								
Policyholder Mailing Ar									
Address 1	BLK 8924 #12-32	Address 2	TAMPINES AVENUE B		Address 3		SI	NGAPORE 521892	$\pm$
Address 4		Address Type	Singapore address		Post Code				
Unit No.	12-32				rvst cope		- 52	1892	
⇒ OI Driver Info	400.0	Related Policy Number	509773990B						
Driver Name	NODE HANTS BIN MOHAMED YUNGS	Driver Type	Main Driver						
Unnamed driver Name		Driver NRIC	\$9348475D		Driver DOB		17	12/1993	
Register Date of Driver License	23/11/2015	Driver Age	24		Oriving Experience	25	2	38.6766	
Contact No.(Mobile)	92476563	Contact No. (Office)	0				383		
Address 1	8UK 8924				Contact No. (Home	1)	0		
HIMITINE I	OUR 392A	Address 2			4.4.4		22.0	GAPORE 521892	
			TAMPINES AVENUE 8		Address 3		54	77.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7	
		Address Type	Singapore address		Post Code			1892	
Unit No.	12-32	Address Type							
Address 4 Unit No. Does he own a Singapore					Post Code				
Unit No.	12-32 ○ Yes <b>®</b> No	Address Type Driver Vehicle No.				npany			
Unit No. Does he own a Singapore Registered car?					Post Code	noany			
unit No. Does he own a Singapore Registered car? Sectaration	Û Yes ® No				Post Code	noany			
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Unit No. Does he own a Singapore Registered Car? Secretarion Breathwyser or Blood Test Reading?  Claim 001 New Claim Type *	Omg  On-MX  □ 22476563	Driver Vehicle No.  Any injury?	Singapore address		Post Code		52	1892	
Unit No. Does he own a Singapore Registered car? Declaration Ilmanhayser or Blood Tast Reading? Claim 001 Naw Claim 140. (Mobile) Imail Address.	O mg  O mg  OD-MX  22476583  hanis592@gmas.com	Driver Vehicle No.  Any injury?  Insured Name	Singapore address  © Yes O No  NOOR HANES BIN MOHAMED YU	1	Post Code  Driver Insurer Con	)	52	1892	
Unit No.  Does he own a Singapore Registered Car?  Declaration  Breathayler or Blood Task Reading?  Claim 001 New  Claim Type +  Contact No. (Mobile)  Small Address  Claim Description	Omg  On-MX  □ 22476563	Driver Vehicle No.  Any injury?  Insured Name  Contact No.(Home)	Singapore address  **Yes O No  NOOR HANES BIN MOHAMED YUML	1	Post Code  Oriver Insurer Cor  Insured NRIC  Contact No. (Office)		590	48475D	
Unit No. Does he own a Singapore registered car?  Peccaration  Invashwiyser or Blood Task reading?  Indiffication History  Claim 001 New  Claim Type *  Contact No. (Mobile)  Inval Address  Diam Description  referred Workshop Contact	O mg  O mg  OD-MX  22476583  hanis592@gmas.com	Driver Vehicle No.  Any injury?  Insured Name  Contact No.(Home)  Of Vehicle Number	Singapore address  © Yes O No  NOOR HANES BIN MCHAMED YUML FBK4131Y	1	Post Code  Oriver Insurer Con  Insurer NRIC  Dontact No. (Office)		590	48475D	
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46	n 2018 29:39	Photos	Normal	Photos 2018-6-4	
76	NAC, PAYA_UBI_BD0601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 July 2018 20:39	Photos	Normal		
Q"	NAC, PAYA, UBL 800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Ju	322122		Photos 2018-6-4	
	n 2018 20:39  NAC_PAYA_UBI_BOORDI( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Ju	Photos	Normal	Photos 2018-6-4	
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34	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 July 2018 20:39	Photos	Normal	Photos 2018-6-4	á
STREET	NAC_PAYA_LBE_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 July 2018 20:39	Photos	Normal	Photos 2018-6-4	
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