Date In: 20/7/18-16:29	Jeb description		Date &Time Completes	d Dor	
Ref No: NA / 14(80/3269/24	SAS e-filing				
Veh No: 300 139 6H	E-mail (within Shr	rs, AIC 2hrs)			, a
D.O.A: 20/2/18-13:05	i-Motor Claim	Form	MT 10079 15-001	20/7/18	9:18
	i-Motor W/O	Within: OD 2hrs,	TP 4brs)		
OD TP Reporting Only	i-Photo Upload	led			
	Assessment/Surv	vey Report			
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp	ne and street and a	and the same of th
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: SBP 1818	17 .	. INC()/Non-INC()	8 6 5	
Owner / Driver: (17	Tel:)	
Policy No: () Perio	od: ()	Cover Type: ()	
Confirmed by : (100/2001-0000	Date:	Time:)	
Insured/Driver Liability: (%) [No	ote-Est. Status (Wo	O): N: 0-20	%; P: 21-79%. P: 30	0-100%]	
Year of Registration: () Wa	arranty: YES ()/NO()		
Excess: (\$) Loading: \$1,000)/\$2,000()			
General Remarks:-				STATE OF THE	v
() Walk-In Customer: Customer's inform		idential & Stri	ctly NO refer of repaire	er.	
() Total Loss Case : to e-mail Insurer			5		
/ lotel lace foce the e-mail insurer	I DECEMBER 1. I. V.				
	Witness Co.) /) . T	wing Co: (+1)
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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.
- 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

	ACCIDENT STATEMENT
Date Of Report	20/07/2018 16:29
Date Of Accident	20/07/2018 13:05
Exact Location Of Accident	ALONG CTE (SLE)
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGU1396H
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD RIDHWAN B SHAHRIL
NRIC No	S8900439Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98247227
Alternative Phone No	OFFICE-98247227
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS 1.5E A
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	PRIVATE CAR
Insurance Company	

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5091823429-01

Cover Note Number

Driver

Name of Driver MOHAMMAD RIDHWAN BIN SHAHRIL

 NRIC No
 \$8900439Z

 Date Of Birth
 11/01/1989

 Occupation
 INDOOR

 Date Of Driving Pass
 12/10/2007

Driving Experience 10 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98247227

Fax Number

Contact Number OFFICE-98247227

EMail Address NOEMAIL

BLK 509A YISHUN AVENUE 4 Address

#11-12

NO

NO

NO

761509 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

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?

YES Was any other material or property damaged?

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

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)

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

SBP1818T

PRIVATE CAR

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLW5562Z

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)

DETAILS OF INJURED PERSON 1

Name MOHAMMAD RIDHWAN BIN SHAHRII

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SGU1396
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode MOHAMMAD RIDHWAN BIN SHAHRIL

BODY
SGU1396H
YES
NO

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- Any false reporting may be referred to the Police for Investigation.
- 6. 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.
- 7. 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)
 - (i) 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:
 - (i) 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

I was driving along CTE AND lovads SLE on the 2nd here. The car infrat
of me sheed down and 2 2/50 stand down when all of a solder the ear blood
me hit may car from the back. The impact from the accident country me to
Int the car in fant of me, The car that hit me was vehile SBP 1819T(B)
The car that I sumpled due to the impact was while sim series and
Due to the infert, I teel a shop pain at my neck and the pain has to available
dan to my back.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

20/09/18

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

CULTATE Skyp I different own LYS.

SINGAPOR	E ACCIDENT STATEMENT
ACC	CIDENT STATEMENT
Date Of Accident	* 70/07/2018 Time 1300 Hrs
Exact Location Of Accident	· CTE/SLE
	OWN VEHICLE (VEHICLE A)
Vehicle Registration Number	· SGU 1396 H
Insurgal/Palicylinidal	
Name of Registered Owner	· MOHAMMAD RIOHWAN BLA SHAHKIL
NRIC/FIN/Passport Number	* S8400439t
Manifestantemps	CONTROL OF THE PROPERTY OF THE
Manufacturer	ATOYOT
Model	VEOS
Exact Purpose for which vehicle was being	
used at time of accident	Private use
Are you claiming under your own insuran	
policy for repair to your vehicle?	* Yes No Others
If No, please state action to be taken	* Third Party Claim Reporting Only
Vehicle Category	* Private
hismenice vannen.	* NATELY - NE CANCE
Name of Insurance Company	MING THRICK
Type of Coverage	* Contrantsurve
Fleet Policy	Yes No 🗸
Policy Number	+ 409182347901
Cover Note Number	
DIVERSE SECTION OF STREET	
Name of Driver	- ISHAHZ MIS HAWHELS GAMMAHOM
NRIC/FIN/Passport Number	· S ? 100130t
Date of Birth	11/01/1919
Occupation	· Property Manage
Date of Driving Pass	12/10/2007
Gender	* Male Female
Mobile Number	98247227
Address	509 A 725MUN AVENUE \$ #11-12 5(761509)
Email Address	wanshahrilliologmail.com
Was driver an employee of the Insured's	
Company?	* Yes No No
If no, Relationship of the Driver with the	
Insured	

Vehicle Registration Number of Driver's Own Vehicle (if applicable) Insurance Company of Driver's Own Vehicle (if applicable)	MUC JURNEAHIE
General Information of the Accident	
Type of Accident	· Wain alisin.
Weather Conditions	Clear Raining Others
Road Surface	Dry Wet Others
Other Information	
Was any body injured in the Accident?	Yes No
Was any other material or property damaged?	Yes No
Details of Injured Relisions	
Name ·	MOHAMMAD REDHWAN BEN SHOWELL
Address	509A TESHUN AVE 4 411-12, S(7(1507)
Approximate Age	29
Injuries Sustained	Neck & Back injury
If vehicle Occupants, state in which vehicle?	
Were seat belts worn?	Yes No
Was injured conveyed to hospital by	
ambulance?	Yes No
Details of Police Action	The second secon
	Yes No
If Yes, please state which Police Station	
Was notice of intended Prosecution given?	Yes No
If Yes, against whom?	
DETAILS OF OTHER VE	HICLE(S) / PROPERTIES (VEHICLE B)
Vehicle Registration Number	SBP 1818 12-
Vehicle Make / Model / Colour	
Detail Of Properties	
Name of Driver *	
NRIC/Passport Number	
Contact Number •	
Email Address	Appropriate the second
Address	
Insurance Company Name	
Nature of Damage	
Details Of Witness	
Name	
Phone Number	
Email Address	



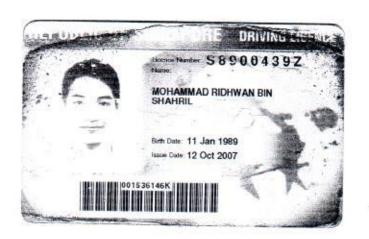
GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

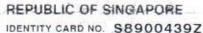
6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

with whom you submitted the Original Report.

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre

		ADDE	NDUM	
(A)	PARTICULARS OF PERSON	NMAKINGTHEAMENDN	MENTS:	
	Original Report No : Ms	1A18093953	Vehicle Registratio	on No: _ SAU 19617
	Name(as shownin NRIC) : Mo	sammad Ridhum Di	Shahn NRIC/FIN/Passpor	tNo: 589 004792
	(*Vehicle Driver / Vehicle	Owner) (*) Please delete	e as appropriate	SOUTH CONTROL OF THE PARTY OF T
	Address : p1	k Joga Yishun Avenu	ne y \$11-12	Singapore(761500)
	Contact (Tel) :		Mobile No. :83	म्प्रभा
	Email Address :			
	Date of Accident : 2	13/18	Time of Accident :	12:05
	Place of Accident :	long CTE (SLE)		
	Insurance Company:	TVC		
(B)				
	1. Amend name of	diver (Mohamm	had Ridhwyn Bin 1	shahri)
	00-			
	0		/	
	0)		<u> </u>	
	9	/		
	£1			
			<u></u>	J.
	Policyholder / Driver's Sig Date:	nature	Reporting Centrol Name: NRIC/FIN No.: Date:	re Personnel's Signature





IDENTITY CARD NO. \$8900439Z



3461625



MOHAMMAD RIDHWAN BIN SHAHRIL

MALAY Date of birth 11-01-1989 · M

Country of birth SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSISS

C Class 2B Motorcycles =< 260 CC
Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg

PASS DATE

S / No. 9000125900



NRIC No. S8900439Z 26-01-2004

APT BLK 509A YISHUN AVENUE 4 #11-12 SINGAPORE 781509

NRIC No: \$8900439Z

Date: 06/06/2017



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

Certificate Number: 5091823429-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SGU1396H

Chassis Number

: MR053HY4204217384

2. Name of Policyholder

: MOHAMMAD RIDHWAN B SHAHRIL

3. Effective Date of Insurance

: 13 Jun 2018

4. Expiry Date of Insurance

: 12 Jun 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

EXCESS (SECTION 1) : \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER**

PRIMARY DRIVER

: MOHAMMAD RIDHWAN BIN SHAHRIL NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY

: TOKYO CENTURY LEASING (S) PTE LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: CARS CONSULTANCY INSURANCE AGENCY (00000573833)

Date of Issue

: 07 Jun 2018 18:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

							Gene	eralClaim
00601					Change Lan	guage ,	Change Passwo	ord • Log Ou
Policy Query								- 8
Policy No.				Date of Acc	ident	20/07/2	018 13:05	7
Vehicle No.(For Motor)	SGU1396H							
				Search				
Select Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
O 5091823429- 01	MOHAMMAD RIDHWAN B SHAHRIL	58900439Z	GPC	drivo CLASSIC	SGU1396H	5GU1396H	13/06/2018	12/06/2019
	Policy No. Vehicle No.(For Motor) Select Policy No. 5091823429	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Policyholder Name MOHAMMAD RIDHWAN B	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Policyholder Name NRIC S091823429- RIDHWAN B S8900439Z	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Policyholder Name NRIC So91823429- MOHAMMAD RIDHWAN B S89004392 GPC	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Policyholder Name NRIC So91823429 MOHAMMAD RIDHWAN B S8900439Z GPC drivo CLASSIC	Policy Query Policy No. Vehicle No.(For Motor) Search Select Policy No. Policyholder Name NRIC Sognasia 23429- MOHAMMAD RIDHWAN B S8900439Z GPC drive CLASSIC SGU1396H	Policy Query Policy No. Vehicle No.(For Motor) Search Search Search Search Search Search Search Search Solicyholder Name NRIC Product Cover Type Vehicle No. Object MOHAMMAD RIDHWAN B S8900439Z GPC drive CLASSIC SGU1396H SGU1396H	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Policyholder Name NRIC Product Cover Type Vehicle Insured Object Date No. Object Date Sepondary Sepondar

Policy No.	5091823429-01	Policyholder Name	монамма	RIDHWAN B SHAH	Policyholder NRIC	58900439Z	
Address	BLK 509A #11-12 YISHUN AVER		NA BREEZE @	YISHUN SINGAPORI			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	07/06/2018	Effective Date	13/06/2018	00:00	Expiry Date	12/06/2019 2	23:59
Excess Type		All Claim Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	1384.31				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	g/Inexperience Driver Excess
Agent	CARS CONSULTANCY INSURANCE	Agent Tel.	62507030		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy!	holder Mailing Address						
Address 1	BLK 509A #11-12	Addre	ess 2	YISHUN AVENUE 4		Address 3	ANGSANA BREEZE @ YISHUN
Address 4	SINGAPORE 761509	Addre	ss Type	Singapore address		Post Code	761509
Unit No.	11-12	Relate Numb	ed Policy er	5091823429-01			
D Insure	d Object: SGU1396H						
- (-)	sements						
▼ Endors						D. 1512-191	

	not been collected.				
Accident MT/1003915	THE SOUTH SANGES				
Paircy No.	5091823429-01	Vehicle No.	9GU1396H	GST Registration No.	
Poscyholder Name	MOHAMMAD RIDHWAN B SHAHRIL			Policyholder NRIC	58900439Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	Griyo CLASSIC	Loading	0
Contact No. (Mobile)	98247227	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	N: V
CFK:	⊕ No ○Yes	TCA	® No ○Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
♥ Accident Details	10000	inco El obement ny		Private rice	NO
Report Date	20/07/2018 19:16	Accident Report Within 24 hrs	20	121 AURO 2787 V	12/00/20/20/00/00
•		Maria de Caracteria de Caracte		Accident Type	Chain Collision
Date of Accident	20/07/2018	Time of Accident hh:mm	13:05	Country of Accident	Singapore
keporting Cerere		Orange Force		ICM No.	
Accident Location	ALONG CTE (SLE)				
□ Benefits					
♥ Excess					
Dwn damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Innemed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
hird Party Excels	0.00	Outside Singapore TP Excess	0.00		
♥ GST Registered Inform	ation				
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status Venified	Yes	
fodification History					
Policyholder Mailing Ad	idress				
Address 1	BLK 509A #11-12	Address 2	YISHUN AVENUE 4	Address 3	ANGSANA BREEZE @ YISHUN
Address 4	SINGAPORE 761509	Address Type	Singapore address	Post Code	761509
unit No.	11-12	Related Policy Number	5091823429-01		
□ 01 Driver Info					
Driver Name	MOHAMMAD RIDHWAN BIN SHAHRIL	Driver Type	Main Driver		
Innamed driver Name		Driver NR3C	589004392	Driver DDB	11/01/1989
legister Date of Driver License	12/10/2007	Driver Age	29	Driving Experience	10
Contact No.(Mobile)	98247227	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 509A	Address 2	YISHUN AVENUE 4	Address 3	ANGSANA BREEZE Ø YISHUN
Address 4	SINGAPORE 761509				
		Address Type	Singapore address	Post Code	761509
	11-12				
Does he own a Singapore	11-12 ☐ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car? Reclaration	□ Yes ® No	Driver Vehicle No.	CONTRACTORS	Driver Insurer Company	
Does he own a Singapore Registered car? reclaration Breathalyser or Blood Test		Driver Vehicle No. Any injury?	Yes ○ No	Driver Insurer Company	
Does he own a Singapore Registered car? Reclaration Breathalyser or Blood Test	□ Yes ® No	625 (C. S. B.	Yes ○ No	Driver Insurer Company	
Unit No. Does he own a Singapore Registered car? Declaration Steathalyser or Blood Test leading? fodification History	□ Yes ® No	625 (C. S. B.	® Yes ○ No	Driver Insurer Company	
Does he own a Singapore legistered car? leciaration freathalyser or Blood Test leading?	□ Yes ® No	625 (C. S. B.	∀es ○ No	Driver Insurer Company	
Does he own a Singapore Registered car? Reclaration Preathalyser or Blood Test Reading?	□ Yes ® No	625 (C. S. B.	® Yes ○ No	Driver Insurer Company	
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ose he own a Singapore legistered car? eclaration resthalyser or Blood Test leading? codification History Claim 001: New	○ Yes ® No	Any injuny?	22 TERRITO TERRITO		S897M107
claim OD1: New New New New New New New New	○ yes ® No O mg	Any injury? Insured Name	MCHAMMAD RIDHWAN B SHAHI	Insured NRJC	\$89004392
claim Type * Liaim Type * Londact No. [Mobile]	○ Yes ® No	Any injury? Insured Name Contact No.(Home)	MCHAMMAD RIDHWAN B SHAHI NIL	Insured NRJC Contact No.(Office)	
cost he own a Singapore legistered car? ectaration reathalyser or Blood Test leading? Claim 001: New Listin Type 1 contact No. (Mobile) med Address	○ Yes ® No O mg CO-MX 96247227	Any injury? Insured Name	MCHAMMAD RIDHWAN B SHAHI	Insured NRIC Contact No.(Office) TP Vehicle Number	\$8900439Z \$891818T
cost he own a Singapore legistered car? ectaration reathalyser or Blood Test leading? Claim 601: Name Listin Type * Locact No. (Mobile) Limit Address Listin Description	○ yes ® No O mg	Any injury? Insured Name Contact No. (Home) Of Vehicle Number	MCHAMMAD RIDHWAN 8 SHAHE MIL SGU1396H	Insured NRJC Contact No.(Office)	
claim OO1: Next Location Next Claim OO1: Next Location Next Claim OO1: Next Location Next	O mg OD-MX 96247227 SGU11964 / SBP1818T ON 20 34 2018	Any injury? Insured Name Contact No.(Home)	MCHAMMAD RIDHWAN 8 SHAHI NIL SGU1396H Not at Fault	Insured NRIC Contact No.(Office) TP Vehicle Number	
Does he own a Singapore legistered car? Sectaration Sectaration Sectaration Section of East leading? Claim 001: New Claim 001: New Claim 1/pe * Contact No. (Mobile) Semal Address Claim Description referred Workshop Contact to.	○ Yes ® No O mg CO-MX 96247227	Any injury? Insured Name Contact No. (Home) Of Vehicle Number	MCHAMMAD RIDHWAN 8 SHAHE MIL SGU1396H	Insured NRIC Contact No.(Office) TP Vehicle Number	
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Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	O mg O mg OO-MX 96247227 SGU1196H / SBP1818T ON 20 Jul 2018 Yes Ves Ves V	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Labrity * Preference Repeir Option	MCHAMMAD RIDHWAN 8 SHAHI NIL SGU1396H Not at Fault	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	SBP1818T
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Does he own a Singapore Registered car? Seesthalyser or Blood Test teading? Codination History Claim 001: Name Claim Yype * Contact No. (Mobile) Small Address Claim Description Verterred Workshop Contact to Require Finalisation Date Registered Report Taken By Print AK letter Attachment	Orng Orng Orng ORNX 98247227 SGU11964 / SBP1818T ON 20 34 2018 Yes 20/07/2018 19:18 Jackson MT/1003915 • Yes O No	Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferenced Repair Option Claim Close Date Claim No. Upload Date Browse. Browse.	MCHAMMAD RIDHWAN 8 SHAHI MIL SGU1396H Not at Fault Preferred Workshop, Name unknown Oot 20/07/2018 19:20 Category * Clear Prease Select Clear Prease Select	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urgan INC V Normal	September Septem
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Cook he own a Singapore Registered Car? Colaim Cook Name Colaim Cook Col	Orng Orng Orng ORNX 98247227 SGU11964 / SBP1818T ON 20 34 2018 Yes 20/07/2018 19:18 Jackson MT/1003915 • Yes O No	Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferenced Repeir Option Claim Close Date Claim No. Upload Date Browse. Browse.	MOHAMMAD RIDHWAN 8 SHAHI NIL SGU3396H Not at Fault Preferred Workshop, Name unknown Oot 20/07/2018 19:20 Category * Clear Prease Select Clear Prease Select Clear Prease Select Clear Prease Select	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urgan INC V Normal	September Septem

	Uploaded By/Date	Folder Date	File Name		9	Source	Action
deo List	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 19:18	Photos		Normal	Photos 2018-7-20	
	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 19:18	Photos		Normal	Photos 2018-7-20	
3	NAC_PAYA_UBI_800603(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 19:18	Photos		Normal	Photos 2018-7-20	
V	NAC_PAYA_UB1_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) to 20 Jul 2018 19:18	Photos		Normal	Photos 2018-7-20	
	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 19:18	Priotos		Normel	Photos 2018-7-20	
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2	NAC_PAYA_UBI_B00601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2016 19:19	Photos		Normal	Photos 2018-7-20	
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193	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 19:20	SAS		Normal	SAS 2018-7-20	
	NAC_PAYA_UBI_BD0601(NAT	10NAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 19:20	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-7-20	
chment		Uploaded By/Date	Category	8	urgency	Description	Msg Sent (CO