NATIONAL Assessment Centre Se	arvices (nr 12-101)	MAERE	10/1/10	1	
Date In: 29 08 2018 14:351 10	b description	Date &	Time Complet	old Di	oue py.
	SAS e-filing	i		1	
	E-mail (within Shrs, AIC Shrs)				1.1
	-Motor Claim Form	: M1	00535/1	002 3	19/08/2
	-Motor W/O (Within: OD 2	2hrs. TP 4hrs)			0136
OD . TP (Reporting Only	-Photo Uploaded				
	Assessment/Survey Report	t į			
TP Insurer:	Ass't Report by Fax / Han	d to Owner	Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:		Fax:	
TP Particulars: Veli No: -	INC	(,)/N	on-INC ()	
Owner / Driver: (Tel:)	
Policy No: () Period:	() Cover	Туре: (A)
Canfirmed by : (Dates		Time:)	
Insured/Driver Liability: (%) [Note-	-Est Status (WO): N: 0	0-20%; P:	21-79%. F:	80-100%]	
. vo. v. ingriner	anty: YES ()/NO ()			
Excess: (\$) Loading: \$1,000 (N. A Soldier			
General Remarks:-		A Transport of the Control of the Co			
() Walk-In Customer: Customer's informat	ion strictly Confidential &	Strictly NO	rafer of tepa	irer.	
() Total Loss Case : to e-mail Insurer U	RGENTLY.				
Drive-In () / Towed-In (); Invoice: YE	ES()/NO()	; Towing	30. (
Remarks:- (INC horline: 6788/6616)		Se Dales	eTime Comple	ed Prince I	Done by
	tesy Car ()				
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$3000)] ()				
Injury:			DETERMINATE !	AND THE RESERVE AND THE RESERV	
	Later Scheres Concert	SAR FIRES	中心是100%。15	Service here.	
Date/Time Actions			STATE A		4
Date/Time Actions				digital and	
Date/Time Actions					
Dafe/Tune Actions			* 3 u.k. / A	To the second	
Dafe/Time Actions			10 July 10		
					ir(S) Ami
MAG05472	Invoice	Preparati	on Checklist	12 1-01,12 A	in(S) Am
	Invoice 1) AR: Ao 2) DA: Do	Preparati sident Report smage Assosan	on Checklist	TNC (S80)	37.37
XIDISTS Y72	Invoice 1) AR: As 2) DA: Ds 3) TF: To	Preparation of the second of t	on Checklist ng (\$30); tent (\$100);	INC (\$80) \$40/\$45 \$120	37.37
MOISOS 472 Cinimant's Particulars: Driver/Owner:	Invoice 1) AR: Ac 2) DA: De 3) TF: To 4) FT: Fol	Preparati prident Reports smage Assessa wing Fee llow-Through	on Checklist ng (530); nent (5100); Survey Survey (Resurvey	INC (\$80) \$40/\$45 \$120) \$30 Jen 2005)	37.37
Chumant's Particulars: Driver/Owner: Contact No:	Invoice 1) AR: Ao 2) DA: Do 3) TF: To 4) FT: Fol 5) FT: Fol For clai	Preparation of the property of	on Checklist ng (\$30); nent (\$100); Survey Survey (Resurvey NC Only (wef 10	INC (\$80) \$40/\$45 \$120) \$30 Jen 2005) \$75	37.37
MOISOS 472 Cinimant's Particulars: Driver/Owner:	Invoice 1) AR: Ao 2) DA: Do 3) TF: To 4) FT: Fol 5) FT: Fol For clai 6) TR: Re T) N1: 14	Preparation of the property of	on Checklist ng (\$30); ment (\$100); Survey Survey (Resurvey NC Only (wef 10)	INC (\$80) \$40/\$45 \$120) \$30 Jen 2005)	37.37
Chaimant's Particulars; Driver/Owner: Contact No: Damaged Portion:	Invoice 1) AR: As 2) DA: Ds 3) TF: To 4) FT: Fo 5) FT: Fe Forelsi 6) TR: Rs 7) N1: 14 8) NTUC	Preparation of the property of the property of the property of the property of the preparation of the prepar	on Checklist ng (\$30); tent (\$100); Survey Survey (Resurvey NC Only (well 10) I Survey vices:-	INC (\$80) \$40/\$45 \$120) \$30 Jen 2005) \$75	37.37
Chaimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	Invoice 1) AR: As 2) DA: Ds 3) TF: To 4) FT: Fol 5) FT: Fol For sisi 6) TR: Rs 7) N1: 14 8) NTUC Ont *N5: C	Preparation of the property of the preparation of the preparati	on Checklist on Checklist on (\$30); sent (\$100); Survey Survey (Resurvey NC Only (wef.10 I Survey vices:- pi Allowance stion	INC (\$80) \$40/\$45 \$120) \$300 Jen 2005) \$75 \$160	37.37
Chaimant's Particulars; Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	Invoice 1) AR: As 2) DA: Ds 3) TF: To 4) FT: Fol 5) FT: Fol For sisi 6) TR: Rs 7) N1: 14 8) NTUC Ont *N5: C	Preparation of the property of the property of the property of the property of the preparation of the prepar	on Checklist ng (\$30); tent (\$100); Survey Survey (Resurvey NC Only (well 10 I Survey vices:- pi Allowante ation cetion	INC (\$80) \$40/\$45 \$120 \$300 Jen 2005) \$75 \$160 \$55 \$510 \$25 \$55	37.37
Chaimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors! Comments:	Invoice 1) AR: As 2) DA: Ds 3) TF: To 4) FT: Fo 5) FT: Fo For elsi 6) TR: Rs 7) N1: Id 8) NTUC Ont *N5: C *N6: R *N7: P	Preparation of the property of	on Checklist on Checklist on (\$30); sent (\$100); Survey Survey (Resurvey NC Only (wef.10 I Survey vices:- pi Allowance stion	INC (\$80) \$40/\$45 \$120) \$30 Jon 2005) \$75 \$160 \$55 \$10 \$25 \$5	37.37
Cinimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	Invoice 1) AR: As 2) DA: Ds 3) TF: To 4) FT: Fo 5) FT: Fo For elsi 6) TR: Rs 7) N1: Id 8) NTUC Ont *N5: C *N6: R *N7: P	Preparation of the property of	on Checklist on Checklist ng (\$30); nent (\$100); Survey Survey (Resurvey NC Only (wef 10 F Survey vices:- pi Allowande ation cets Coordination NC) against INC	INC (\$80) \$40/\$45 \$120 \$300 Jen 2005) \$75 \$160 \$55 \$510 \$25 \$55	37.37

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

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

- 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.	ANALITEIS RENVERTORIO COMVENIONI DE PRESENTA ESCAPA CASALINES DE ESCAPA
	ACCIDENT STATEMENT
Date Of Report	29/08/2018 14:35
Date Of Accident	05/06/2018 10:55
Exact Location Of Accident	AT 988 TOA PAYOH NORTH
Country/State of Loss	SINGAPORE
表示。Participation of English	ETAILS OF OWN VEHICLE
Vehicle Registration Number	YM1902B
Insured/Policyholder	
Name Of Registered Owner	AMMAN SERVICES
Co Reg No	53175999K
Email Address	AMMANSERVICES7075@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93844370
Alternative Phone No	OFFICE-93844370
Vehicle Particulars	
Manufacturer	ISUZU
Model	FRR33P-8.2 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
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	5074830573-02
Cover Note Number	
Driver	
Name of Driver	VIJAKUMAR S/O NAVASIVAYAM
NRIC No	S7043988C
Date Of Birth	02/12/1970
Occupation	OUTDOOR
Date Of Driving Pass	21/01/1991
Driving Experience	27 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93844370
Fax Number	
Contact Number	OTHERS-93844370
THE RESERVE AND ADDRESS OF THE RESERVE AND ADDRE	AND AND EDWING TO THE WALLOO COM

AMMANSERVICES7075@YAHOO.COM

BLK 12 CANTONMENT CLOSE Address #02-13 080012 Postcode Was driver an employee of the Insured's Company YES 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 NO COLLISION Weather Conditions CLEAR Road Surface DRY Other Information Was any foreign vehicle involved in this accident? Number of vehicles involved in the accident NO Was any body injured in the Accident? Was any injured conveyed to hospital by NO ambulance? NO Was any other material or property damaged? 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? NO If Yes, Please state which Police Station Was notice of intended Prosecution given? NO If Yes, against whom? Circumstances of Accident PLEASE REFER TO SKETCH PLAN Attachment(s) YES Are accident photos available for attachment?

NO

NO

Was there any video captured by Car Camera?

Was there any audio recorded?

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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)

Lunderstand, 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 UNKNOWN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Accident ONly CINIY about TOU OF NO letter NTUC After receive Stom a 10 Aug 2018 dute DECLARATION I/We declare the foregoing particulars are true in every respect. Driver's Signature (If driver is not the policyholder) Reporting Centre Person Policyholder's Signature Name: Date & Time NRIC/FIN No.: Date & Time:

STARGET SECTION FORD VA

Claim Handling Accidemi MT/1005351 V9419U2H 1757 Registration No. Policy No. 5074830573-02 Confidence No. **Fullcyheider NRIC** \$3175999× AHMAN SERVICES PaticyNulder Name Throp Party, Fire & Theft Landing Ö Cover Type Product Code COMMERCIAL VEHICLE INSURAN Contact No.[Horse] Contact No (Other) Contact No (Mobile) eCode No. 9 Special Remark Small Address + Bit 789 eCircle Reprint 100 NCD Entitlement(%) Private Him. NCD Protection No Accident Details Cuttided into Property Apparent Type Accident Report William 24 Firs 125 31/07/2010/13:93 Singepure Country of Accident Time of Accident thomas Date of Accident 05/06/2018 IOM No. Orange Force Reporting Centre Accident Location 1998 TING PAYON MORTH 0.00 Windscreen Excess Additional Excess Own demage Excess 0.06 Outside Singapore OD Excess Linnamed Driver Excess Outside Singspore IP Evokes 9.66 Thirt Facty Expent T Benefits GST Registered Information GST Regwiretion Date OST Registration No. 31/03/2018:14 39:19 Carol Wan changed GST Status Verified from No to Yea Policyholder Mailing Address GINGAPORE DROUGS Address I CANTONMENT CLOSE BLK 13:#02+13 Address 1 0300042 Singapore address Post Code Address Type Angress 4 5074830573-03 Rataced Policy Number Unit No. TO Driver Info Driver Type Driver hame Oriver DOS Unnamed driver Name Driver NATC Driving Experience Driver Age Register Date of Driver License Contact No.(Home) Contact No.comice) Contact No.(Hobite) Address 3 Address 2 Address 1 Post Code Foreign address Address Type Unit No. Driver Insurer Company Does he own a Singapine Registered car? 795 + 700 though peticle bin. Munification History Claim 003 Next * Insured AMMAN SERVICES DD-MX Clien Type * 93547379 Contact No 2Monte) Vehicle VM1902B Email Address (M19028 / + 0N 9 Jun 2018 Claim Description Preserved Liability Fully at Fault Repair Preferred Min-Workshop Benietz No. Yes Finalisation Yes GIA Received Preferred Workshop, Name unk 29/08/2018 16:31 Date Registered **#OSLI WAHAB** Report Teken By F. Frint All letter Save | Submit Attachment 002 MT/1005351 Claim No. Appident No. Upload Date 29/08/2018 16:36 14st Doc. Received S. Yes IV No. Urgency * Category * Fath * * Normal Clear Please Select Choose File No file chosen Cen Phease Select T NO * Normal Choose File No file chosen * Normal Char Please Select * IND Choose File No file chosen Normal Choose File No file chosen Clear Please Select * NO * Normei Please Select Ches Choose File No file chosen * NO w. Napronal 53665 Please Select Choose File No file chosen Message Read - Attachment List Lingency: Description Uploaded By/Date Attachment NAC BURST MERAN, 8006761 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURST MERAN)) on 29 Aug 3018 16:36 5A5 2018-8-29 546 NAC_BURIT_MERAH_BOOK76(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 25 Aug 2018 18:36 National NATO: Driving License 2018-5-29 NRICU Driving License

	Optoaded By/Date	Folger Date	File No	me	Source Source
→ Videe List					
2.100/s	NAC_BURIT_MENAH_B05676(NAT. S (BURIT MERAH))	IONAL ASSESSMENT CENTRE SERVICE on 29-Aug 2018 16:31	Photos	Normal	Photos 2018-8-29
-	S (BUKIT MERAH))	IDNAL ASSESSMENT CENTRE SERVICE on 39 Aug 3018 16:31	Photos	Netroal	Photos 2018-8-29
4	NAC_BUNIT_MERAH_800676(NAT) S (BUNIT MERAH))	ONAL ASSESSMENT CENTRE SERVICE OR 29 Aug 2019 16:31	Photos	Normal	Vinctus 2018-8-25
		ONAL ASSESSMENT CENTRE SERVICE on 29 Aug 2018 16:31	Photos	Normal	Photos 2018-8-29
	NAC_BURTT_MERAH_BUUDTS(NATI 5 (BURTT MERAH))	DAAL ASSESSMENT CENTRE SERVICE on 29 Aug 2018 18:31	Protos	Normal	Phones 3018-8-20
	NAC_BUKIT_MERAH_BUODFS; NATI S (BUKIT MERAH))	DAAL ASSESSMENT CENTRE SERVICE V= 29 Avg 2018 18:31	Photos	Normal	Photos 2018-8-29
10	NAC_BUKIT_MERAH_800676(NATI S (BUKIT MERAH))	ONAL ASSESSMENT CENTRE SERVICE on 29 Aug 2018 16:31	Priotos	Normal	Photos 2018-8-29
MIS .		ONAL ASSESSMENT CENTRE SERVICE on 29 Aug 2018 16:36	NRIC/ Driving Liverse	hormal	NEXC Oriving sidence 2018-6-29
SCHOOL STATES	NAC_BUNIT_MERAH_880678(NATI S (BUNIT MERAH))	DNAL ASSESSMENT CENTRE SERVICE on 29 Aug 2018 15:36	NRIC/ Driving License	Stomal	NRIC/ Driving Limits 2018-4-29
			Claimy	(Claim Task)	

Display in New Window | Scan and uploading



Our Ref: MT/CA/TP/020/1005351-001/DP/NHF

10 Aug 2018

CERTIFICATE OF POSTING REMINDER

AMMAN SERVICES BLK 12 #02-13 CANTONMENT CLOSE SINGAPORE 080012

Dear Policyholder

CLAIM NUMBER: MT/1005351-001 ACCIDENT INVOLVING YM1902B / PROPERTY on 5 Jun 2018

We refer to our letter of 31 Jul 2018.

We have yet to receive your report on the accident. We would like to inform you that under your motor insurance policy, you have to report within 24 hours or the next working day after the accident, even if there is no damage to your vehicle. If you have not done so, please report the accident to any of our reporting centres immediately. Otherwise, we may not be able to handle the claim on your behalf.

We reserve the rights to seek recovery from you and/or your driver if we are bound by law or statute to settle the third party injury claim.

If you have any queries, please contact David Phua at 6430 7918 or email us at motor@income.com.sg.

Yours sincerely

Jenny Pe

Deputy Vice President

Motor Insurance

1/c.

ACCIDENT DATE: \$ 16 18 (IOD/MM/YYYY), TIME: \$ 30 (IH:MM) LOCATION: \$ 100 PA 40 H NO TH. 1. DETAILS OF VEHICLE GIVERICLE NUMBER: \$ 1900 B DINSURANCE COMPANY: \$ 100 COMPC CIPOLICY NUMBER: \$ 14 830 \$13 / 0.2 CIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE & THEFT) E) MAKE & MODEL: \$ 100 PM V / VAN (LORR) / MOTORCYCLE / OTHERS) GIVERICLE CATEGORY: (PRIVATE (COMMERCIAD) MOTORCYCLE) H) PURPOSE OF USING AT ACCIDENT TIME: \$ 100 PM V (VAN) IF NO, PLEASE STATE (THIRD PARTY CLAIM (REPORTING ONLY) IF NO, PLEASE STATE (THIRD PARTY CLAIM (REPORTING ONLY) IF NO, PLEASE STATE (THIRD PARTY CLAIM (REPORTING ONLY) IF NO, PLEASE STATE (THIRD PARTY CLAIM (REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: \$ 100 PM V V V V V V V V V V V V V V V V V V		ACCIDENT STATEMENT	-4
1. DETAILS OF VEHICLE OIVEHICLE NUMBER: DINSURANCE COMPANY: SOURCE OIPOLICY NUMBER: OIT 4 830 573 / 02 OITOMARCE AND THE COMMERCIAD/ MOTORCYCLE/OTHERS) OIT 1		22 (1)	
1. DETAILS OF VEHICLE DIVERICLE NUMBER: M 1902 B DINSURANCE COMPANY: TO COMP CIPOLICY NUMBER: SO T 4 830 573 02 CIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) CIMAKE & MODEL: SUZU CITYPE: (SALOON / COUPE / MPV / VAN (LORRY) MOTORCYCLE / OTHERS) GIVENICLE CATEGORY: (PRIVATE (COMMERCIAL) MOTORCYCLE) IJARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YESAO) IF NO, PLEASE STATE (THIRD PARTY CLAIM REPORTING ONLYD 2. INSURED / POLICY HOLDER A)NAME: A MATHUM SERVICES (MALE / FEMALE) DINRIC/FIN/PASSPORT: CONTACT: CONTACT: C) ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER C) MALE / FEMALE DINRIC/FIN/PASSPORT: 7043988 CONTACT: CONTACT: C) ADDRESS: CONTACT: CONTACT: C) ADDRESS: CONTACT: CONTACT: CONTACT: C) ADDRESS: CONTACT: CONTACT: C) ADDRE	ACCI	Decorate of the Control of the Contr	
DINSURANCE COMPANY: DINSURANCE COMPANY: DIPOLICY NUMBER: OT 4 830 573 02 DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY (THIRD PARTY FIRE &THEFT) BIMAKE & MODEL: DITYPE: (SALOON / COUPE / MPV / VAN (LORRY) / MOTORCYCLE / OTHERS) DIVERICLE CATEGORY: (PRIVATE COMMERCIADY MOTORCYCLE) HIPURPOSE OF USING AT ACCIDENT TIME: DIARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YESALO) IF NO, PLEASE STATE (THIRD PARTY CLAIM REPORTING ONLY) IF NO, PLEASE STATE (THIRD PARTY CLAIM REPORTING ONLY) 2. INSURED / POLICY HOLDER ANAME: ANAME: ANAME: DINRIC/FIN/PASSPORT: CONTACT: CONTACT: DINRIC/FIN/PASSPORT: DINRIC/FI	LOCA	ATION: 988 109 TAYOH WITH	
DINSURANCE COMPANY: DINSURANCE COMPANY: DIPOLICY NUMBER: OT 4 830 573 02 DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY (THIRD PARTY FIRE &THEFT) BIMAKE & MODEL: DITYPE: (SALOON / COUPE / MPV / VAN (LORRY) / MOTORCYCLE / OTHERS) DIVERICLE CATEGORY: (PRIVATE COMMERCIADY MOTORCYCLE) HIPURPOSE OF USING AT ACCIDENT TIME: DIARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YESALO) IF NO, PLEASE STATE (THIRD PARTY CLAIM REPORTING ONLY) IF NO, PLEASE STATE (THIRD PARTY CLAIM REPORTING ONLY) 2. INSURED / POLICY HOLDER ANAME: ANAME: ANAME: DINRIC/FIN/PASSPORT: CONTACT: CONTACT: DINRIC/FIN/PASSPORT: DINRIC/FI	TI.	, ,	
CIPOLICY NUMBER: 5074830573/02 DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE LITHEF) B) MAKE & MODEL: SUZU (ITYPE: (SALOON / COUPE / MPV / VAN (LORRY) MOTORCYCLE / OTHERS) B) WEHICLE CATEGORY: (PRIVATE (COMMERCIAD) MOTORCYCLE) B) PURPOSE OF USING AT ACCIDENT TIME: DOLLAR MOTORCYCLE / OTHERS) IF NO, PLEASE STATE [THIRD PARTY CLAIM REPORTING ONLYD 2. INSURED / POLICY HOLDER A) NAME: D MM HA SPUICES (MALE / FEMALE) D) NRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: 7043988 CONTACT: C3844370 C) ADDRESS: (III / 2 #02-13 COTOMECT CLOSE) "d) DATE OF BIRTH: (02/12 / 70) (DD/MM/YYYY) B) OCCUPATION: (INDOOR OUTDOOR) (I) DATE OF DRIVING PASS DORT MAIN MOTORCYCLE / OTHERS D) ROAD SUPFACE: (DRY) WET / OTHERS D) WEATHER CONDITION: (CLEAR) RAINING / OTHERS D) ROAD SUPFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES MO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE C) VEHICLE NUMBER: MODEL: C) NRIC/FIN/PASSPORT: CONTACT: C) NRIC/FIN/PASSPORT: C	1.	a VEHICLE NUMBER:	- 10
e)MAKE & MODEL:		100 US NUMBER 507 4 830 573 /02	Y FIRE &THEFT
ITYPE: (SALOON / COUPE / MPV /V AN (LORBY) MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE (COMMERCIA) MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: JARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YESMO) IF NO, PLEASE STATE (THIRD PARTY CLAIM REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: A) MARY OF POLICY HOLDER A) NAME: C) ADDRESS: CONTACT: C) ADDRESS: C) CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER G) NAME: DINRIC/FIN/PASSPORT: C) ADDRESS: C) CONTACT: C) ADDRESS: C) MALE / FEMALE DINRIC/FIN/PASSPORT: C) ADDRESS: C) MALE / FEMALE DINRIC/FIN/PASSPORT: C) ADDRESS: C) MALE / FEMALE C) ADDRESS: C) DIDDORN (MALE / FEMALE) DINRIC/FIN/PASSPORT: C) ADDRESS: (MALE / FEMALE) DINRIC/FIN/PASSPORT: C) ONTACT: DIPORT OF DIRE INSURED'S COMPANY? (YES)		dIPOLICY TYPE: (COMPREHENSIVE) THIRD FAXT (THIRD)	
GIVENICLE CATEGORY: (PRIVATE L'OMMERCIAD) MOTORIOTE h)PURPOSE OF USING AT ACCIDENT TIME: IJARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: A MAN AND SERVICES (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: C)ADDRESS: *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER GINAME: A DI ALCUMAR (MALE / FEMALE) b)NRIC/FIN/PASSPORT: 7043988 C CONTACT: Q3844370 CINCUMAN (INDOOR FOUTDOOR) *d)DATE OF BIRTH: (O2 12 / 70 (IDD/MM/YYYY) *e)OCCUPATION: (INDOOR FOUTDOOR) 1/DATE OF BIRTH: (O2 12 / 70 (IDD/MM/YYYY) *e)OCCUPATION: (INDOOR FOUTDOOR) 1/DATE OF BIRTH: (O2 12 / 70 (IDD/MM/YYYY) *e)OCCUPATION: (INDOOR FOUTDOOR) 1/DATE OF BIRTH: (O2 12 / 70 (IDD/MM/YYYY) *e)OCCUPATION: (INDOOR FOUTDOOR) 1/DATE OF BIRTH: (O2 12 / 70 (IDD/MM/YYYY) *e)OCCUPATION: (INDOOR FOUTDOOR) 1/DATE OF BIRTH: (O2 12 / 70 (IDD/MM/YYYY) *e)OCCUPATION: (INDOOR FOUTDOOR) 1/DATE OF BIRTH: (O2 12 / 70 (IDD/MM/YYYY) *e)OCCUPATION: (INDOOR FOUTDOOR) 1/DATE OF BIRTH: (O2 12 / 70 (IDD/MM/YYYY) *e)OCCUPATION: (INDOOR FOUTDOOR) 1/DATE OF BIRTH: (O2 12 / 70 (IDD/MM/YYYY) *e)OCCUPATION: (INDOOR FOUTDOOR) 1/DATE OF BIRTH: (O2 12 / 70 (IDD/MM/YYYY) *e)OCCUPATION: (INDOOR FOUTDOOR) 1/DATE OF BIRTH: (O2 12 / 70 (IDD/MM/YYYY) *e)OCCUPATION: (INDOOR FOUTDOOR) 1/DATE OF BIRTH: (O2 12 / 70 (IDD/MM/YYYY) *e)OCCUPATION: (INDOOR FOUTDOOR) 1/DATE OF BIRTH: (O2 12 / 70 (IDD/MM/YYYY) *e)OCCUPATION: (INDOOR FOUTDOOR) 1/DATE OF BIRTH: (O2 12 / 70 (IDD/MM/YYYY) *e)OCCUPATION: (INDOOR FOUTDOOR) 1/DATE OF BIRTH: (O2 12 / 70 (IDD/MM/YYYY) *e)OCCUPATION: (INDOOR FOUTDOOR) 1/DATE OF BIRTH: (O2 12 / 70 (IDD/MM/YYYY) *e)OCCUPATION: (INDOOR FOUTDOOR) 1/DATE OF BIRTH: (O2 12 / 70 (IDD/MM/YYYY) *e)OCCUPATION: (INDOOR FOUTDOOR) 1/DATE OF BIRTH: (O2 12 / 70 (IDD/MM/YYYY) *e)OCCUPATION: (INDOOR FOUTDOOR) 1/DATE OF BIRTH: (O2 12 / 70 (IDD/MM/YYYY) *e)OCCUPATION: (INDOOR FOUTDOOR) 1/DATE OF BIRTH: (ON TO		e MAKE & MODEL: LOPPY MOTORCYCL	E / OTHERS)
h)PURPOSE OF USING AT ACCIDENT TIME: I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: A MAY AND SERVICES (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER Q) NAME: D. DY ALCUMAR C) MALE / FEMALE) b) NRIC/FIN/PASSPORT: 7043988 C CONTACT: 93844370 C) ADDRESS: BIK 12 HO2 -13 COTONNOOT CLOSE **d)DATE OF BIRTH: (O2/12/70)(DD/MM/YYYY) 9) OCCUPATION: (INDOOR OUTDOOR) 1/DATE OF DRIVING PASS : 21 SAN B91 4 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5 D) WEATHER CONDITION: (CLEAR) RAINING / OTHERS 6 WAS ANYBODY INJURED (YES (NO)) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 0) VEHICLE NUMBER: MODEL: C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD FARTY VEHICLE 0) VEHICLE NUMBER: MODEL: C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD FARTY VEHICLE 0) VEHICLE NUMBER: MODEL: C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD FARTY VEHICLE 0) VEHICLE NUMBER: MODEL: C) DRIVER'S NAME:		TYPE:(SALOON / COUPE / MFV / VAIT (COMMERCIAD / MOTORCYC	CLE)
IJARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: A MAN SERVICES (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C) NAME: N. D) A ICUL MR C(MALE / FEMALE) b) NRIC/FIN/PASSPORT: 7043988 CONTACT: C3844370 C) ADDRESS: BIK / 2 #02-13 CONTACT: C3844370 C) ADDRESS: BIK / 2 #02-13 CONTACT: C3844370 C) ADDRESS: BIK / 2 #02-13 CONTACT: C10SC *djDATE OF BIRTH: (Q2 / 2 / 70 (DD/MM/YYYY)) e) OCCUPATION: (INDOOR / OUTDOOR) IJ PARTY OF THE INSURED'S COMPANY? (YES) NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: D) ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES MO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: MODEL:		GIVEHICLE CATEGORY IT A COIDENT TIME. LOGICING	
IF NO, PLEASE STATE (THIRD PARTY CLAIM REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: A MM AND SERVICES (MALE / FEMALE) D) NRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (INCluding divisor) D) NRIC/FIN/PASSPORT: 7043988 CONTACT: 93844370 C] ADDRESS: BIK 12 #02-13 COUTDONN COUTDOOR **OJDATE OF BIRTH: (02/12/70)(DD/MM/YYYY) **DOCCUPATION: (INDOOR OUTDOOR) **OJDATE OF BIRTH: (02/12/70)(DD/MM/YYYY) **DOCCUPATION: (INDOOR OUTDOOR) **AND PROPOSED OF THE INSURED'S COMPANY? (YES) NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: D) WEATHER CONDITION: (CLEAR) RAINING / OTHERS D) ROAD SURFACE: (DRY) WET / OTHERS **OJREPORTED TO POLICE (YES (NO)) IF YES, PLEASE STATE WHICH POLICE STATION: **STATE PLATE OF ARTY VEHICLE D) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT: **ONTACT: D) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT: **ONTACT: D) CHICLE NUMBER: MODEL: D) UPHICLE NUMBER: MODEL: D) DRIVER'S NAME: C) DRIVER'S NAME: D) DRIVER'S NAME: **ONTACT: D) DRIVER'S NAME:			D
2. INSURED / POLICY HOLDER A) NAME: A MAN AND SERVICES (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: c) ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (INcluding claiver) b) NRIC/FIN/PASSPORT: 7043988 C CONTACT: 93844370 c) ADDRESS: BIK 12 #02-13 CONTACT: 94844370 c) ADDRESS: PARAME: 948444370 c) ADDRESS: PARAME: 9484447370 c) ADDRESS: PARAME: 948444470 c) ADDRESS: PAR		IT NO DIENCE STATE ITHIRD PARTY CLAIM AREPORTING ONLY	D
A)NAME: A MAN SECTION (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: c)ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER a)NAME: A. D. HICLIAM (MALE / FEMALE) b)NRIC/FIN/PASSPORT: 7043188 CONTACT: 93844370 c)ADDRESS: BIK /2 #02-13 CONTACT: 9484370 c)ADRESS: BIK /		The state of the s	
DINRIC/FIN/PASSPORT: C) ADDRESS: *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER GINAME: DINRIC/FIN/PASSPORT: DINRIC/FIN/PASSPOR	2.	MALI	E / FEMALE)
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Including divider) DRIVER DINRIC/FIN/PASSPORT: 7043988 C CONTACT: 93844370 CIADDRESS: BIK 12 #02-13 COTONMONT CLOSC "d)DATE OF BIRTH: (021/2-/70 ICDD/MM/YYYY) POCCUPATION: (INDOOR FOUTDOOR) (I)DATE OF DRIVING PASS: 12 INCLUDING PASS: 12 INCLUDING PASS: 12 INCLUDING PASS: 12 INCLUDING PASS: 13 INCLUDING PASS: 14 INCLUDING PASS: 15 INCLUDING PASS PORT: 15 INCLUDING PASS PORT: 15 INCLUDING PARTY VEHICLE D) VEHICLE NUMBER: MODEL: 15 INCLUDING PARTY VEHICLE O) VEHICLE NUMBER: MODEL: 15 INCLUDING PARTY VEHICLE O		HINRIC/FIN/PASSPORT:CONTACT:	
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DINAME: N. D. M. C. MALE / FEMALE) DINAME: N. D. M. C. MARC (MALE / FEMALE) DINAME: N. D. M. C. MARC (MALE / FEMALE) DINAME: N. D. M. C. MARC (MALE / FEMALE) DINAME: N. D. M. M. C. MARC (MALE / FEMALE) DINAME: N. D. M. M. C. M. M. C. M. M. M. C. M. M. M. C. M.			
DRIVER DINAME: DINAME			
DRIVER DINAME: DINAME		* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
CINCLUDING CONTACT: CS844370 CIADDRESS: BIK 12 #02-13 COUTONMENT CLOSE *dIDATE OF BIRTH: (O2/12/70 I(DD/MM/YYYY)) #JOCCUPATION: (INDOOR COUTDOOR) (I)DATE OF BIRTH: (O2/12/70 I(DD/MM/YYYY)) #JOCCUPATION: (INDOOR COUTDOOR) #JOC	Wile of ourcon a3	the state of the s	
DINRIC/FIN/PASSPORT: 7045188 CONTACT: GLADDRESS: BIK 12 #02-13 CONTACT: GLADDRESS: BIK 12 #02-13 CONTACT: CLOSC *dIDATE OF BIRTH: (02/12/70 I(DD/MM/YYYY)) #JOCCUPATION: (INDOOR LOUTDOOR) IDATE OF DRIVING PASS** 2 21 SAN 84! WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DINOAD SURFACE: (DRY) WET / OTHERS DINOAD SURFACE: (DRY) WET / OTHERS WAS ANYBODY INJURED (YES NO) IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE O) VEHICLE NUMBER: MODEL: O) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: G) DRIVER'S NAME: O) DRIVER'S NAME: O) DRIVER'S NAME: O) VEHICLE NUMBER: MODEL: O) VEHICLE NUMBER: MODEL: O) VEHICLE NUMBER: MODEL: O) DRIVER'S NAME: O) DRIVER'S NAME: MODEL:	2011	GINAME: MAL	OZQUUZTO
*d)DATE OF BIRTH: (02 / 12 / 70) (DD/MM/YYYY) # JOCCUPATION: (INDOOR FOUTDOOR) *I)DATE OF DRIVING PASS***********************************	L Including dinuar	HINDIO (EINIPASSPORT: 7045186) - CONTACT:	CLOSE
# OCCUPATION: (INDOOR OUTDOOR) (I) DATE OF DRIVING PASS: 31 AN RG! WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. D) WEATHER CONDITION: (CLEAR) RAINING / OTHERS b) ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES NO) 7. D) REPORTED TO POLICE (YES NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE C) VEHICLE NUMBER: MODEL: 9. THIRD PARTY VEHICLE C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE C) VEHICLE NUMBER: MODEL:	(1)	CIADDRESS: BIR 12 #02-13 COCIONMEN !	CIUSC
# OCCUPATION: (INDOOR OUTDOOR) (I) DATE OF DRIVING PASS: 31 AN RG! WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. D) WEATHER CONDITION: (CLEAR) RAINING / OTHERS b) ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES NO) 7. D) REPORTED TO POLICE (YES NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE C) VEHICLE NUMBER: MODEL: 9. THIRD PARTY VEHICLE C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE C) VEHICLE NUMBER: MODEL:			
## PROPERTY OF DRIVING PASS	111	*d)DATE OF BIRTH: (02/12 / 10)(DD/MM/YYYY)	8 8
WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. D)WEATHER CONDITION: (CLEAR) RAINING / OTHERS b)ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES (NO) 7. D)REPORTED TO POLICE (YES (NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: MODEL: C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: 6. DRIVER'S NAME: MODEL:		eloccupation: (INDOOR COUTDOOR)	
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. p)WEATHER CONDITION: (CLEAR) RAINING / OTHERS b)ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES (NO)) 7. a)REPORTED TO POLICE (YES (NO)) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: 7. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL:		DATE OF DRIVING PASS : : STEEL INSURED'S COMPANY	(YES) NO)
5. D)WEATHER CONDITION: (CLEAR) RAINING / OTHERS D)ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES (NO) 7. D)REPORTED TO POLICE (YES (NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE D) VEHICLE NUMBER: MODEL: C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: E) DRIVER'S NAME: E) DRIVER'S NAME:	-4	TE NO RELATIONSHIP OF THE DRIVER WITH INSURED:	0//14
b)ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES (NO) 7. D)REPORTED TO POLICE (YES (NO) 1F YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER:		IF NO, RELATIONSHIP OF THE DRAWEN OTHERS	
6. WAS ANYBODY INJURED (YES (NO) 7. CI)REPORTED TO POLICE (YES (NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE CI) VEHICLE NUMBER: CI) DRIVER'S NAME: CI) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE CI) VEHICLE NUMBER: MODEL: 9. THIRD PARTY VEHICLE CI) VEHICLE NUMBER: MODEL: DRIVER'S NAME:	57	HIROAD SUPEACE/(DRY) WET / OTHERS	
7. G)REPORTED TO POLICE (YES (NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE G) VEHICLE NUMBER: G) DRIVER'S NAME: G) NRIC/FIN/PASSPORT: G) NRIC/FIN/PASSPORT: HIRD PARTY VEHICLE G) VEHICLE NUMBER: MODEL: 9. THIRD PARTY VEHICLE G) VEHICLE NUMBER: MODEL:	X	WAS ANYBODY INJURED (YES (NO)	140
IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 9. DRIVER'S NAME: 9. THIRD PARTY VEHICLE 4. VEHICLE NUMBER: 9. THIRD PARTY VEHICLE 4. VEHICLE NUMBER: 9. DRIVER'S NAME: 9. DRIVER'S NAME:			10
8. THIRD PARTY VEHICLE O) VEHICLE NUMBER:	3:42		
O VEHICLE NUMBER:MODEL:	Я		
c) NRIC/FIN/PASSPORT:CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER:MODEL: e) DRIVER'S NAME:	to the second of	al VEHICLE NUMBER:MODEL:	-
c) NRIC/FIN/PASSPORT:CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER:MODEL: e) DRIVER'S NAME:		BI DRIVER'S NAME:	
9. THIRD PARTY VEHICLE d) VEHICLE NUMBER:	A A Property States		
e) DRIVER'S NAME:	1 9	THIRD PARTY VEHICLE	12
e) DRIVER'S NAME:	90 mg	d) VEHICLE NUMBER:MODEL:	
CONTACT:	at her all her times	e) DRIVER'S NAME:	
The state of the s	a the three says define	nric/fin/passport:Contact:	

email =

Pax =



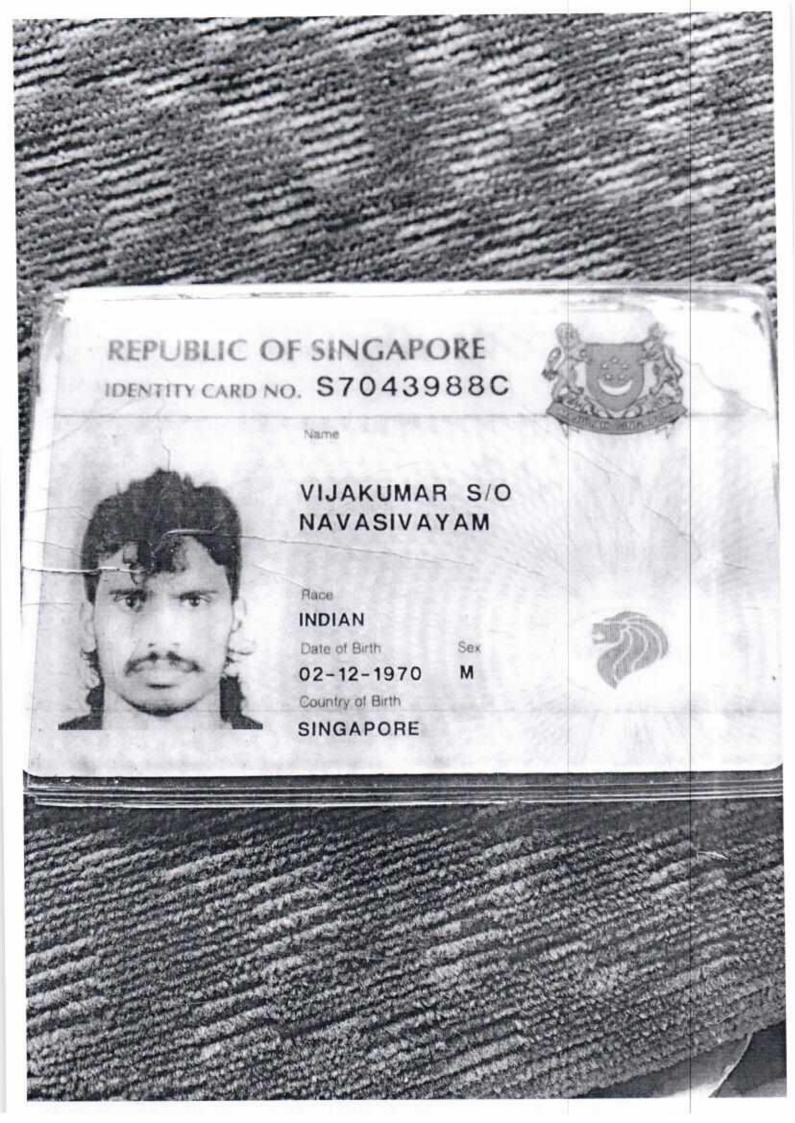
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class 28 Motorcycle's not exceeding 200 cc
Class 2A Metorcycle's be tream 201 cc and 400 cc
Class 3 Motorcycle's exceeding 400 cc
Class 3 Motor Cars and Motor Tractors the weight of
Wiech unladen does not exceed 2500 killograms
Hearry Motor Cars and Notor Tractors the
weight of which unladen exceeds 2500 killograms
Mutor Vehicles which are not constructed
themselves to carry any load and the weight
of which unladen exceeds 7250 killograms

17. Sep 1996

Licence No. 57043968CI

NP AZSA





eBao Tech			Genera Cla							Claim	
Hello, NAC_BUKIT_MERAH_600676			15,000				• Change	Language	+ Chang	ge Password	Log Out
My Desktop	Poli	cy Query									3.8
Notice of Loss	Policy 6	ła.					of Accident				1
	Vehicle	No.(For Motor)	YM1902	28		Certif	icate Number	I			
					1	Search					
	Select	Policy No.	Certificate	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5074830573- 02		AMMAN SERVICES	53175999K	GCV	Third Party, Fire & Theft	YM19025	YM1902B	14/11/2017	13/08/2018
		2000-			- 1	Continue	W				