NATIONAL Assessment Centre Services. wet 1 Jan'05 MAIA 118/1939 6 Done by Date &Time Completed Jeb description Date In: 13/9/18-16-T1 SAS e-filing Ref No: NA | INC 180167 T2/24 E-mail (within Shrs, AIC 2hrs) Vch No: THE IN 33 M 13/9/18 i-Motor Claim Form 100-FC4110117M 17/9/18 -09:00 D.O.A : i-Motor W/O (Within: OD 2hrs, TP 4hrs) TP-J Reporting Only OD I i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Preferred Wksp / INC Assign Wksp / QW: ()/Non-INC (INC (Veh No: POLJAJA TP Particulars:) Tel: Owner / Driver: (Cover Type: (Period: (Policy No: () Date: Confirmed by : (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: (Warranty: YES ()/NO(Year of Registration: (Loading: \$1,000 ()/\$2,000(Excess: (\$ General Remarks) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. : to e-mail Insurer URGENTLY.) Total Loss Case); Towing Co: (); Invoice: YES () / NO () / Towed-In (Drive-In (Remarks:- (INC hotline: 6788 6615) 1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Ami (1) Ant (S) Invoice Preparation Checklist NA 1805864 1) AR : Accident Reporting INC (\$80) Claimant's Particulars :-2) DA : Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee \$120 4) FT : Follow-Through Survey Driver/Owner: 5) FT : Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) Contact No: 6) TR : Re-inspection \$160 7) N1 : Idao DA + SMRT Survey Damaged Portion: 8) NTUC Additional Services:-\$5 * NS: Courtesy Car / Tpt Allowance QC Checked by (Engr-In-Charge): 510 *N6: Repair Co-ordination \$25 *N7: Post Repair Inspection \$5 *N8: DV / Collect Excess Coordination Auditors' Comments :-TP (N11): TP (Non INC) against INC \$20 Cat. 1: 30 9) N12: Idac Mobile Fee Charged Invoice dated Cat. 2 / 3; Fee Charged Invoice dated

to per at 1.2

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number Fax Number

Contact Number 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	13/09/2018 16:51
Date Of Accident	12/09/2018 08:00
Exact Location Of Accident	PIE (TUAS) AFTER BKE EXIT
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBE1233M
Insured/Policyholder	
Name Of Registered Owner	NASIRUDDIN BIN MATHANIF
NRIC No	S9329677Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97286754
Alternative Phone No	OFFICE-97286754
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YZF-R15
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	5090243712-01
Cover Note Number	
Driver	
Name of Driver	NASIRUDDIN BIN MATHANIF
NRIC No	S9329677Z
Date Of Birth	10/08/1993
Occupation	INDOOR
Date Of Driving Pass	14/05/2015
Driving Experience	3 YEARS AND 3 MONTHS

MALE

NOEMAIL

(LOCAL) +65-97286754

OFFICE-97286754

BLK 532 BEDOK NORTH STREET 3 Address

#14-720

Postcode 460532

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 - HEAD TO REAR

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 ambulance?

NO

Was any other material or property damaged?

YES

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

NO

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

BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2449999 - FAX NO: 62447258

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20180913/2043.

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBL3093A

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE

Vehicle Category

Name of Driver NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 23

DETAILS OF INJURED PERSON 1

NASIRUDDIN BIN MATHANIF Name

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? FBE1233M

YES Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

NO

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy liability.
- 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:
 - (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.

holder's Signature

men

nam

Reporting Centre Person

el's Signature

Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

the second of the

SKETCH PLAN	B18	TOWARDS	TWAS	AFTER B	SKIZ EXIT
VEHICUE A - FE	SE 1233 M	leg of the second			
vanicus B - FI		4-5	7		
		3 -	,		
		2			
				-610 -	
			-> (8	TO TO	
			- 1		
		n tem x j =			
DESCRIBE CIRCUMSTANCES					
As PER POLICE	e report			12 € PC	ort numair
			1112 119		80913/2043
URMICUE A - F	BE 1233M				
MINICUE B-F	BL 3093 A				
				Land Landson III	
			\		
			111		
		/			
	/				
DECLARATION /We declare the foregoing partic	culars are true in every res	pect.			~ 1
new	re	en			Y
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the p Date & Time:	policyhalder)	Nan		rsonges's Signature

Vehicle No.	FOIZ 1233 M Model/Make YAMAHA YZF-1C15
Date of Accident	12/69/18
Time of Accident	O 5 O O HRS
Location of Accident	PIE TOWARDS TURS AFTER BEE EXIT
Exact purpose use during acci	dent PRIVATIE USE
Name of Owner	NASIRADDIN BIN MATHAMIC
Telephone No.	H/P: 97286754 Home: Office:
NRIC	593296777
Address	BUK 532 BEOUR NONTH STRIET 3 \$14-720 5(4605)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTMC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5090243712-01
	7112 31
Name of Driver	As Above If No,
NRIC	Any Passengers: NIC
Date of birth	10/08/1993
Occupation	Outdoor / Indoor
Driving License Pass Date	05 DEC 2016 CLASS 2A
Gender	Mate / Female
Contact No.	H/P: Home: Office:
Address	Tione:
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state
Weather condition	Clear Raining Other
Road Surface	Ory Wet Other
Any Injuries Name And Contact No.	No, If Yes, Who?
Name And Contact No.	NASIKUDDIN DIN MATHANIF 97286754
Police Report	No, If Yes, Where?
Vehicle B No.	FOL 3093 Any Passengers: NIL
Name of Driver	Contact No. :
Vehicle C No.	
Vehicle D No.	Any Passengers :
	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	REAR AND LEFT
Camera Recorder	Yes / No
Email Address	
2000 10 10 10 10 10 10 10 10 10 10 10 10	BY UNKNOWN PERSON SOLICITING /
OFFERING ACCIDENT CLAIMS	ASSISTANCE? Yes / No
PARTICULAR WORKSHOP	MOTO 51 PTIZ LTD
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Ian
	and the state of t
FAX NO	6741 0510





Report No. T/20180913/2043

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

REPORT C	F A TRAFFIC	CACCIDENT		
	ne Report M 018 11:17	lade:	Vide Report No.:	Station Diary No.: 52
Informa	nt's Partici	ulars		
	Informant: DDIN BIN I	MATHANIF	Address: APT BLK 532 BEDOK NOR SINGAPORE 460532	TH STREET 3 #14-720
	/ ID No.: O / S93296	77Z	Contact No.: Home/Office: Mobile: 97286754	
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 25	Date of Birth: 10/08/1993	Type of Informant:	
Race: Boyanes	se		Language: English	Institution / School Name: Nanyang Technological University
Occupat			Driving Licence Information:	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/09/2018 08:00	Type of Location: expressway	
	EXPRESSWAY wards Tuas after Bh	E exit Road Surface:	e de la compa	Road Speed Limit:	
Clear		Dry			
100 100 100 100 100 100 100 100 100 100		Traffic Control: Not Controlled		Traffic Volume: Heavy	
	sion:			Anyone conveyed by	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBE1233M	Motorcycle	YAMAHA	YZF-R15	Blue	Slightly Damaged	0
FBL3093A	Motorcycle	HONDA		White	No Damage	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE1233M	NTUC Income Insurance Co-Operative Limited	5090243712-01	22/05/2018	21/05/2019





Report No. T/20180913/2043

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

CONTINUATION OF REPORT

Any Pedestrian Ir	volved: No				
No. of Pedestrian	s Injured: NIL	Use of Pedestrian Crossing: NA			
Rider					
Name	NASIRUDDIN BIN MATHANIF		ID No.		S9329677Z
Related Vehicle	FBE1233M (Motorcycle)			ct No.	97286754
Hospital/Clinic	NATIONAL UNIVERSITY POLYCLINIC		Class of Driving Licence & Expiry Date		Class: 2B,2A Date of Expiry: NIL
Date Treatment	12/09/2018	Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave 01	Degree o	of Injury	Slight	
Rider				The same	
Name	NASIRUDDIN BIN MATHANIF		ID No	a	S9329677Z
Related Vehicle	FBE1233M (Motorcycle)			ct No.	97286754
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class Drivin Licend Expiry	g ce &	Class: 2B,2A Date of Expiry: NIL
Date Treatment	13/09/2018	Date Disc		NIL	
THE RESIDENCE OF THE PARTY OF T	ted Medical Leave 02	Degree o		Sligh	
Rider					
Name	MUHAMMAD IHSAN DANI BIN	AZEMAN	ID No		S9503173T
Related Vehicle	FBL3093A (Motorcycle)		Conta	ct No.	97772681
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
	ted Medical Leave NIL	Degree o		NIL	

Brief Details.

On 12/09/2018 at about 0800hrs, I was riding my motorcycle (FBE 1233M) at lane 1 along PIE heading towards TUAS. Subsequently after the BKE exit, the traffic was congested and thus the vehicle in front me did an emergency brake. I also managed to stop. However, the motorcycle (FBL 3093A) behind me was unable to stop in time and the motorcycle had hit the left side of my motorbike. I did not fall but the other motorcycle's crash bar was protruding out and had hit my left calf. My left mirror was also damaged. I was granted 3 days MC for my injury.





Report No. T/20180913/2043

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

CONTINUATION OF REPORT





Report No. T/20180913/2043

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

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:	Signature Of Informant:
Sr Staff Sgt ZARIFAH ADILAH BINTE ZAINOL	hager
Signature Of Interpreter: Not applicable	Date/Time: 13/09/2018 11:17
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	apolis T
	LE PURCE



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9329677Z





NASIRUDDIN BIN MATHANIF

BOYANESE

10-08-1993 M

393296777

Country of birth SINGAPORE

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

EFFECTIVE DATE

C Class 2B Motorcycles =< 260 CC
Class 2A Motorcycles between 201 CC and 400 CC

14 May 2015 05 Dec 2016

593296772.

S / No.9000254430

NP 428A

Licence No:S9329677Z

4267382



NRIC No. S9329677Z

21-08-2008

APT BLK 532 BEDOK NORTH STREET 3 #14-720 SINGAPORE 460532



Certificate of Insurance

	001111100	te of msurance
MOTOR VEHICLES (THIRD PARTY RI		// Million 19 19 19 19 19 19 19 19 19 19 19 19 19
MOTOR VEHICLES (THIRD PARTY RI	SKS AND COMPENSATION	ON) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MAL	177	
MOTOR VEHICLES (THIRD PARTY RI	SKS) RULES, 1959 (MAL	AYSIA)
Certificate Number : 509024371	2-01	Cover : Third Party
1. Index mark and Registration Nu	imber of Vehicle	: FBE1233M
Chassis Number		: ME120P01192021256
2. Name of Policyholder		: NASIRUDDIN BIN MATHANIF
3. Effective Date of Insurance		: 22 May 2018
4. Expiry Date of Insurance		: 21 May 2019
Persons or Classes of Persons e	ntitled to drive#	
(a) Named Driver(s) Only.		
	een so permitted and is	cordance with the licensing or other laws or regulations to drive s not disqualified by order of a Court of Law or by reason of any ig the Motor Vehicle.
6. Limitations as to Use#		
(a) Use for social domestic and	i pleasure purposes and	d 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	g, reliability trial or sper	ed-testing.
(c) Use for the carriage of good	ds (other than samples)) in connection with any trade or business.
(d) Use for any purpose in con-	nection with the Motor	Trade.
EXCESS (SECTION 1)	: N/A	
EXCESS (SECTION 2)	: N/A	
INSURE WITH COE	: N/A	
NAMED DRIVER (1)		IN BIN MATHANIF
NAMED DRIVER (2)	: N/A	
HIRE PURCHASE COMPANY	: N/A	
SUM INSURED	: N/A	
Vehicles (Third Party Risks and Com Agency : NURKH Date of Issue : 18 May		e relates is issued in accordance with the provisions of the Motor er 189) and Part IV of the Road Transport Act, 1987 (Malaysia) ASSAN (00000602499) For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Countersigned By:	Authorised Officer	Chief Executive





ocident MT/1011407					
folicy No.	5090243712-01	Vehicle No.	P8E1233P4	GST Registration No.	
Certificate No.				0.700,000	
oncyholder Name	NASIRUDDIN BIN MATHANIF			Policyholder NRIC	59329677Z
roduct Code	MOTORCYCLE INSURANCE		Total Section		
		Cover Type	Third Perty	Loading	0
Cornact No (Mobile)	97286754	Contact No.(Office)	0	Contact No.(Home)	0
meil Address		Special Remark		eCode	110 V
FK.	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
CD Protection Accident Details	No	NCD Entitlement(%)	10	Private Hire	No
aport Date	13/09/2016 17:04	Accident Report Within 24 hrs	Yes	Academ Type	Collision - Head to Rear
ate of Accident					
	12/09/2018	Time of Accident hh:mm	08:00	Country of Accident	Singapore
eporting Centre		Orange Force		1CM No.	
codent Location	PIE (TUAS) AFTER BKE EXIT				
2 Excess					
wn damage Excess	0.00	Additional Excess		Windscreen Excess	
nnamed Driver Excess	3,00			Ministration Excess	
		Outside Singapore OD Excess			
and Party Bacess	0.00	Outside Singapore TP Excess			
₽ Benefita					
GST Registered Inform	ation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Ventied	Vec	
dification History					
Policyholder Mailing Ac	ldress				
Ovess 1	BLK 532 ##14-720	Address 2	BEDOK NORTH STREET 3	Address 3	SINGAPORE 460532
10/ESS 4	THE PERSON OF TH				
		Address Type	Singapore address	Post Code	460532
Nt No.	*14-720	Related Policy Number	5090243712-01		
OI Driver Info					
iver Name	NASIRUDDIN BIN MATHANIF	Driver Type	Main Driver		
named driver Name		Driver NRIC	\$9329677Z	Driver DOB	10/08/1993
gister Date of Driver License	14/05/2015	Driver Age	25		3
				Driving Experience	
react No.(Mobile)	97286754	Contact No. (Office)	0	Contact No. (Home)	0
dress I	BLK 532	Adoress 2	BEDOK NORTH STREET 3	Address 3	SINGAPORE 460532
idress 4		Address Type	Singapore address	Post Code	460532
nt No.	#14-720				
	0				
es he own a Singapore	5-3 Yes (#0 No.	Driver Webicte No.		Driver for user Company	
es he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
egistered car?	☐ Yes ⊕ No	Driver Vehicle No.		Driver Insurer Company	
ciaration eathalyser or Blood Test				Driver Insurer Company	
egistered car? cdaration reathalyser or Blood Test	O mg	Driver Vehicle No. Any injury?	® Yes ○No	Driver Insurer Company	
oes he own a Singapore egistered car? iclaration reathalyser or Blood Test eading?			₩ Yes ○ No	Driver Insurer Company	
egistered car? inclaration reachalyser or Blood Test			® Yes ⊜ No	Driver Insurer Company	
ojstered car? claration eathalyser or Blood Test iading?			® Yes ○No	Driver Insurer Company	
distance (air? distance extravyser or Blood Test ading? distribution History			® Yes ○ No	Driver Insurer Company	
distored Car? Saration Saration Saration Saration Saration Saration Saration Saration			® Yes ○ No	Driver Insurer Company	
gistered Car? Saration Sethalyser or Blood Test ading? Sification History Chaims 001 New	O mg	Any injury?			
gistered Car? Saration Sethalyser or Blood Test ading? Sification History Chaims 001 New			NASIRLIDDIN BIN MATHANIF	Driver Insurer Company Insured NATC	59329677Z
gistered Car? Garation esthalyser or Blood Test ading? Gification History Chaims 001 New Inter Type *	O mg	Any injury?			59329677Z
pistered Car? Saration SetTralyser or Blood Test ading? Safication History Claims 001 New In Type * Tact No (Mobile)	O mg	Any injury? Insured Name	NASIRUDOIN BIN MATHANIF	Insured NRIC, Contact No. (Office)	
pistored car? Saration Sethalyser or Blood Test song? Safication History Chaim 001 New In Type * Tact No (Mobile) all Address	Omg	Any injury? Insured Name Contact No (Home) Of Vehicle Number	NASIRLOOIN BIN MATHANIF	Insured NAIC,	59329677Z
iaration ethalyser or Blood Test iding? sheation History taim 001 New en Type * ttact No.(Mobile) ail Address mant Type Claimant Type *	Op-MX 97286754	Any injury? Insured Name Contact No.(Home) G0 Vehicle Number Type of Benefit *	NASIRUDOIN BIN MATHANIF	Insured NRIC, Contact No. (Office)	
Section Sectio	Omg	Any injury? Insured Name Contact No (Home) Of Vehicle Number	NASIRLOOIN BIN MATHANIF	Insured NRIC, Contact No. (Office)	
pistered car? Saration sethalyser or Blood Test ading? Shication History Chaim 001 New In Type * Intoct No (Mobile) all Address Imant Name * Imant Address Imant Address	Omg OD-MX 97286754 Please Select ≥≥≥	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC. *	NASIRLOOIN BIN MATHANIF	Insured NATC, Contact No. (Office) TP Vehicle Number	
carried carr carration carratio	Op-MX 97286754	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC. *	NASIRLOOIN BIN MATHANIF	Insured NRIC, Contact No. (Office)	
saration sethalyser or Blood Test ading? shcation History chaim 001 New inn Type * macr No (Mobile) all Address imant Address imant Address imant Address im Description ferred Workshop Contact	Omg OD-MX 97286754 Please Select ≥≥≥	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC. *	NASIRLOOIN BIN MATHANIF	Insured NATC, Contact No. (Office) TP Vehicle Number	
diaration eather/ser or Blood Test ading? diffication History Chaim 061 New Inter Type * Inter No. (Mostle) Inter No. (Mostl	Omg OD-MX 97286754 Please Select ≥≥≥	Any injury? Insured Name Contact No.(Home) Oil Vehicle Number Type of Benefit * Claimant NRIC. *	NASIRLIDOEN BIN MATHANEP FBE1233M Please Select	Insured NATC, Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	
diaration eather/ser or Blood Test ading? discation History Chaim 061 New Inter Type * Inter No. (Mostle)	Omg OD-MX 97286754 Please Select ≥≥≥ PBE1233M / PBL3093A ON 12 Sept 20	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC. *	NASIRLOODN BIN MATHANIP FBE1233M Please Select	Insured NR.IC, Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	FBI3093A
pistered car? Saration sethalyser or Blood Test ading? Sheation History Chaim 001 New In Type * Itact No. (Mosile) all Address Imant Address Im Description ferred Workshop Contact pure Finalisation ie Registered	Omg OD-MX 97286754 Please Select ≥≥≥ PB£1233M / PB£3093A ON 12 Sept 20 Vec 13/09/2018 17:05	Any injury? Insured Name Contact No.(Home) Oil Vehicle Number Type of Benefit * Claimant NRIC *	NASIRLOODN BIN MATHANIP FBE1233M Please Select	Insured NATC, Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	FBI3092A
ilaration sethalyser or Blood Test ading? sheation History thaim 001 New in Type * thact No. (Mobile) all Address imant Address im Description ferred Workshop Contact pairs Finalisation e Registered	Omg OD-MX 97286754 Please Select ≥≥≥ PBE1233M / PBL3093A ON 12 Sept 20	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC. *	NASIRLOODN BIN MATHANIP FBE1233M Please Select	Insured NR.IC, Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	FBI3093A
pistered car? Saration sethalyser or Blood Test ading? Safication History Chaim 001 New Int Type * Intact No. (Mooile) all Address Inmant Type Claimant Type * Inmant Address Int Description ferred Werkshop Contact quark Finalisation is Registered sort Taken By	Omg OD-MX 97286754 Please Select ≥≥≥ PB£1233M / PB£3093A ON 12 Sept 20 Vec 13/09/2018 17:05	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC. *	NASIRLOODN BIN MATHANIP FBE1233M Please Select	Insured NR.IC, Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	FBI3093A
carried carry carration carrati	Omg OD-MX 97286754 Please Select ≥≥≥ PB£1233M / PB£3093A ON 12 Sept 20 Vec 13/09/2018 17:05	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC. *	NASIRLOOP BIN MATHANIP PBEL233M Please Select Not at Fault Proferred Workshop, Name unknown	Insured NR.IC, Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	FBI3093A
diaration eachalyser or Blood Test ading? discation History Chaim 061 New Inter Type * Inter No. (Mostle)	Omg OD-MX 97286754 Please Select ≥≥≥ PB£1233M / PB£3093A ON 12 Sept 20 Vec 13/09/2018 17:05	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC. *	NASIRLOODN BIN MATHANIP FBE1233M Please Select	Insured NR.IC, Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	FBI3093A
carried (ar? carried	Omg OD-MX 97286754 Please Select ≥≥≥ PB£1233M / PB£3093A ON 12 Sept 20 Vec 13/09/2018 17:05	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC. *	NASIRLOOP BIN MATHANIP PBEL233M Please Select Not at Fault Proferred Workshop, Name unknown	Insured NR.IC, Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	FBI3093A
claration eathalyser or Blood Test ading? claim 001 New ann Type * claim 001 New ann Type * claim 001 New ann Type (laimant Type * annant Address annant	Omg OD-MX 97286754 Please Select ≥≥≥ PB£1233M / PB£3093A ON 12 Sept 20 Vec 13/09/2018 17:05	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC. *	NASIRLOOP BIN MATHANIP PBEL233M Please Select Not at Fault Proferred Workshop, Name unknown	Insured NR.IC, Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	FBI3093A
claration eathalyser or Blood Test ading? claim 001 New ann Type * claim 001 New ann Type * claim 001 New ann Type (laimant Type * annant Address annant	Omg OD-MX 97286754 Please Select ≥≥≥ PB£1233M / PB£3093A ON 12 Sept 20 Vec 13/09/2018 17:05	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC. *	NASIRLOOP BIN MATHANIP PBEL233M Please Select Not at Fault Proferred Workshop, Name unknown	Insured NR.IC, Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	FBI3093A
claim of the top of th	Op-MX \$7286754 Phease Select PBE1233M / PBL3093A ON 12 Sept 20 Ves 13/05/2018 17:05 Jackson	Any injury? Insured Name Contact No.(Home) GI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Class Date	NASIRLOOEN BIN MATHANEP FBE1233M Please Select V Nest at Pault Preferred Workshop, Name unknown Save Submit	Insured NR.IC, Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	FBI3093A
claim 001 New control New con	Omg OD-MX \$7286754 Please Select PBE1233M / PBL3093A ON 12 Sept 20 I3/09/2018 17:05 Jackson MT/1011407	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Claim Claim Date	NASIRLOODN BIN MATHANIP FBE1233M Please Select V Preferred Workshop, Name unknown Save Submit	Insured NR.IC, Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	FBI3093A
diaration eachalyser or Blood Test ading? discation History Chaim 061 New Interpretable Chaim Office Interpretable Chaim Office Interpretable Chaim Office Interpretable Chaim Interpretable Chaim Interpretable Chaim Interpretable Chaim Interpretable Chaim Interpretable Interpreta	Omg OD-MX \$7286754 Please Select PBE1233M / PBL3093A ON 12 Sept 20 13/09/2018 17:05 Jackson MT/1011407 ▼ Yes ○ No	Any injury? Insured Name Contact No.(Home) GI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Class Date	NASIRLOOEN BIN MATHANEP FBE1233M Please Select V Preferred Workshop, Name unknown Save Submit CO1 13/09/2018 17:07	Innured NATC, Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	Received V
diaration eachalyser or Blood Test ading? discation History Chaim 061 New Interpretable Chaim Office Interpretable Chaim Office Interpretable Chaim Office Interpretable Chaim Interpretable Chaim Interpretable Chaim Interpretable Chaim Interpretable Chaim Interpretable Interpreta	Omg OD-MX \$7286754 Please Select PBE1233M / PBL3093A ON 12 Sept 20 I3/09/2018 17:05 Jackson MT/1011407	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC. * Insured Liability * Preferend Repair Option Claim Claim Date Claim No. Upload Date	NASIRLOODN BIN MATHANIF PBEL233M Please Select V Preferred Workshop, Name unknown. V Save Submit CO1 13/09/2018 17:07 Category *	Insured NAIC, Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	Received V
pistered car? Saration sethalyser or Blood Test ading? Safication History Chaim 001 New Int Type * Intact No. (Mooile) all Address Int Address Int Description Served Werkshop Contact Query Prindication to Registered sort Taken By Print AK letter Mitachment Fr sident No.	Omg OD-MX \$7286754 Please Select PBE1233M / PBL3093A ON 12 Sept 20 13/09/2018 17:05 Jackson MT/1011407 ▼ Yes ○ No	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Claim Claim Date	NASIRLOODN BIN MATHANIF PBEL233M Please Select V Preferred Workshop, Name unknown. V Save Submit CO1 13/09/2018 17:07 Category *	Innured NATC, Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	Received V
claim of the top of th	Omg OD-MX \$7286754 Please Select PBE1233M / PBL3093A ON 12 Sept 20 13/09/2018 17:05 Jackson MT/1011407 ▼ Yes ○ No	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC. * Insured Liability * Preferend Repair Option Claim Claim Date Claim No. Upload Date	NASIRLOODN BIN MATHANIF PBE1233M Please Select Preferred Workshop, Name unknown. Save Submit C01 13/09/2018 17:07 Category *	Insured NAIC, Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	Received

