NATIONAL Assessment Centre S	ervices. well Jamos N	144118130827		
Date In: 9/10/18-12:11	Ich description	Date & Time Completed	Done	e by
Ref No: NA INC18018713/24	SAS e-filing			
Veh No: 516763318	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 8/10/18 - 13:10	i-Motor Claim Form	M7 1014978-001	9/0/18 18	117
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4brs)		
OD : 17 Reporting Only	i-Photo Uploaded			4.
TP Insurer:	Assessment/Survey Report			
Ti histrer.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No: Jum 1776	1 . INC()/Non-INC()	Warran -	
Owner / Driver: (M	Tel:)	640 Q-11 (May 1)
Policy No: () Period:	()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note	-Est. Status (WO): N: 0-2	20%; P: 21-79%. F: 30-1	00%]	
	ranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,000 (
CONTRACTOR STATE OF THE STATE O		A CONTROL OF THE PARTY	122 - 171 - 171	
Control of the Contro		Seat the constant	Sept. Program	
() Walk-In Customer: Customer's informat	CONTRACTOR OF CONTRACTOR OF THE PARTY OF THE	trictly NO refer of repairer.		
() Total Loss Case : to e-mail Insurer U.	RGENTLY.			
Drive-In ()/ Towed-In (); Invoice: YI	ES()/NO();T	Towing Co: (,)
Remarks;- (INC hotline: 6788 6616)		1	929, ABR <u>EA</u>	garpin
		Date&Time Completed	Done	by
Apply for Transport Allowance ()/ Court	esy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$3000]	()			
Injury:				
7/(4/)				Tree-Esteron
Date/Time Actions	10.00			T THE RES
			Angel (America), for a	
1				
•				
NA180 6450	Invoice Pre	paration Checklist	Anit (\$)	Amt (\$)
	1) AR : Accident		fu Bill	Add Bill
laimant's Particulars :-	2) DA : Damege	Assessment (\$100); INC (\$80		
river/Owner:	3) TF : Towing F 4) FT : Follow-T		120	
ontact No:			\$30	
		gainst INC Only (wof 10 Jan 2005)	2 2 2 2	
imaged Portion:	6) TR: Re-inspect		160	-
	8) NTUC Addition		200	
Checked by (Engr-In-Charge):	OD*			
	*N5: Courtesy *N6: Repair C	Car / Tpt Allowance	\$5 510	
iditors! Comments :-	INO: Kepair C		\$25	
	*N7: Fost Rep	ant mapeenon	320	Commission with a
The state of the s	*N8: DV / Col	lect Excess Coordination	\$5	
	*N8: DV / Col TP (N11): TP	lect Excess Coordination (N:n INC) against INC	\$5 \$20	4
_1; _2/3;	*N8: DV / Col	lect Excess Coordination (N:n INC) against INC	\$5 \$20 30	aria) a

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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 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 companies.
- 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.

	ACCIDENT STATEMENT
Date Of Report	09/10/2018 12:11
Date Of Accident	08/10/2018 13:10
Exact Location Of Accident	ALONG BEDOK NORTH AVE 3
Country/State of Loss	SINGAPORE
D. D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJK7633B
Insured/Policyholder	
Name Of Registered Owner	YAHYA B U K MOHAMED
NRIC No	S0071617J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90073731
Alternative Phone No.	OFFICE-90073731
Vehicle Particulars	
Manufacturer	HONDA
Model	HONDA CIVIC 1.8L 5AT
Exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	PRIVATE CAR
nsurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093981684
Cover Note Number	
Driver	
Name of Driver	YAHYA B U K MOHAMED
NRIC No	S0071617J
Date Of Birth	30/07/1951
Occupation	INDOOR
Date Of Driving Pass	

9 YEARS AND 1 MONTH

(LOCAL) +65-90073731

OFFICE-90073731

MALE

NOEMAIL

Address 36A JALAN MARIAM

Postcode 509314
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

42

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?
Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) 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

NO

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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

SLM1770T

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)

1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (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

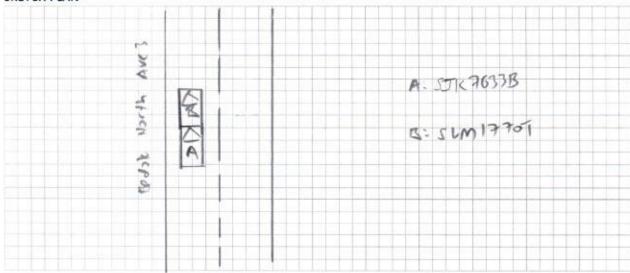
Date & Time:

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

Refer to Matement.

DECLARATION

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

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.: ON STATED DATE AND TIME, I WAS TRAVELLING SLOWLYALONG BEDOK NORTH AVE 3 AS IT WAS CONGESTED. MY VEHICLE ACCIDENTALLY SLIGHTLY GRAZED ONTO VEHICLE B REAR PORTION.

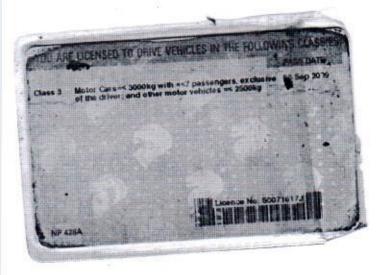
ACCIDENT STATEMENT

ACC	CIDENT DATE: (& /10 / 18)(DD	O/MM/YYYY), TIME:()(HH:MM)
	ATION: Abog Bedok Horth	
29	I. DETAILS OF VEHICLE	
89		n.
	a) VEHICLE NUMBER: 1107627	
	DINSURANCE COMPANY: NT	
	CIPOLICY NUMBER: 509798161	
	a)POLICY TYPE: (COMPREHENSIVE /	THIRD PARTY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL:	
	g) VEHICLE CATEGORY: (PRIVATE / C 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	1 10
	AINAME: YA hya D V 10 M	[MINEL / LEWINGE]
	b) NRIC/FIN/PASSPORT: 4 0071617	CONTACT: GUUTATI
	c)ADDRESS:	
	* CONTINUE TO 3.d IF DRIVER ALSO F	
* No of more . 3	DRIVER	POLICY HOLDER
*Ho of passenga	a)NAME:	
(Including driver)	b)NRIC/FIN/PASSPORT:	(MALE / FEMALE)
()	c)ADDRESS:	CONTACT:
3113	C)ADDRESS.	
	*d) DATE OF BIRTH: (10/7 / 19.	\$1 1/DD/MM 199991
	e)OCCUPATION: (INDOOR / OUTDO	OPI -
	f) YEARS OF DRIVING EXPRERIENCE:	
4.	WAS DRIVER AN EMPLOYEE OF TH	E INSURED'S COMPANY? (YES / NO)
	IF NO, RELATIONSHIP OF THE DRI	IVER WITH INSURED : WALC
5.	a) WEATHER CONDITION: (CLEAR / RA	AINING / OTHERS
	b) ROAD SURFACE: DRY WET / OTH	ERS
6.	WAS ANYBODY INJURED PES / NO	
7.	a) REPORTED TO POLICE (YES / NO	
	IF YES, PLEASE STATE WHICH POLICE	STATION
8.	THE DO DA DAY MALE	
the of passenger	a) VEHICLE NUMBER: JLM 17707	MODEL:
(Including driver)	b) DRIVER'S NAME:	MODEL
()	C) NRIC/FIN/PASSPORT:	CONTACT:
9.	THIRD PARTY VEHICLE	
4 No of passenger	d) VEHICLE NUMBER:	MODEL:
Industrial Control		
conducting driver)	f) DRIVER'S NAME:	CONTACT
	2	
-		
	*	25 Es 24 CI

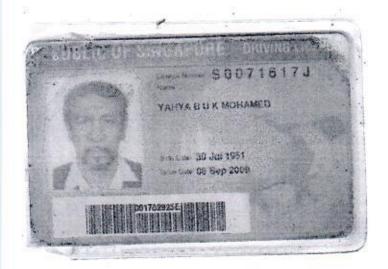
email =

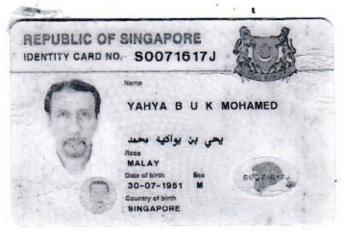
fax =

VIDEO =











E - 1

Certificate of Insurance

MOTOR	VEHICLES	(THIRD	PARTY	RISKS	AND	COMPE	NSATION)	ACT (CHAPTE	R 189)
MOTOR	VEHICLES	(THIRD	PARTY	RISKS	AND	COMPE	NSATION)	RULES, 1960	
ROAD TR	RANSPORT	ACT, 19	987 (M	ALAYS	IA)				

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

Certificate Number: 5093981684 Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle : SJK7633B

hassis Number

Chassis Number : JHMFD163095200901
2. Name of Policyholder : YAHYA B U K MOHAMED

3. Effective Date of Insurance : 08 Sep 2017 4. Expiry Date of Insurance : 31 Oct 2018

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 : YES (FREE)
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : YAHYA B U K MOHAMED

NAMED DRIVER (1) : N/A
NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : STANDARD CHARTERED BANK (SINGAPORE) LIMITED
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 : JIN-SHI (HOLDINGS) PTE LTD (00000614399)

Date of Issue : 07 Sep 2017 14:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

					• Change	Language	• Chang	ge Password	• Log Ou
icy Query									
No.	1			Date o	of Accident	O	8/10/2018 1	13:10	
No.(For Motor)	SJK763	3B		Certifi	cate Number				
				Search					
Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
5093981684		YAHYA B U K MOHAMED	S0071617)	GPC	drivo CLASSIC	S3K7633B	SJK7633B	08/09/2017	31/10/2018
(No. e No.(For Motor) : Pelicy No.	No. e No.(For Motor) SJK763 Policy No. Certificate Number	No. SJK7633B Policy No. Certificate Policyholder Name YAHYA B U K	No. SJK7633B Policy No. Certificate Policyholder Policyholder Name NRIC YAHYA B U K CONTROL	No. Date of the No. (For Motor) SJK7633B Certificate Policyholder Policyholder Policyholder Name NRIC Product YAHYA B U K CONTRALL CONTRAL	No. Date of Accident e No. (For Motor) SJK76338 Certificate Number Search Policy No. Certificate Policyholder Name NRIC Product Cover Type Search YAHYA B U K 200236133 CPC drivo	No. Date of Accident 0 e No. (For Motor) SJK7633B Certificate Number Search Policy No. Certificate Policyholder Policyholder Name NRIC Product Cover Type Vehicle No. YAHYA B U K 200316131 CPC drivo 20036338	No. Date of Accident 08/10/2018 : e No. (For Motor) SJK7633B Certificate Number Search Policy No. Certificate Policyholder Policyholder Product Cover Type Vehicle Insured No. Object YAHYA B U K CON316131 CRC drivo COVERAGE CANAGAS CANA	No. Date of Accident

Policy No. Certificate No.	5093981684	Policyholder Name	УАНУА В U	K MOHAMED	Policyholder NRIC	500716173	
Address	36A JALAN MARIAM CHANGI GA	RDEN SINGAF	ORE 509314				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	07/09/2017	Effective Date	08/09/2017	7 00:00	8 W S	31/10/2018	23:59
xcess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			You	ng/Inexperience Driver Excess
Agent	JIN-SHI (HOLDINGS) PTE LTD	Agent Tel.	64678380		GST Flag	Y	
co- nsurance Flag	No						
Open Policy Info							
Certificate nfo							
→ Policyl	holder Mailing Address					10.15	
ddress 1	36A JALAN MARIAM	Addre		CHANGI GARDEN		Address 3	SINGAPORE 509314
Address 4			ess Type	Singapore address	i	Post Code	509314
Unit No.			and Washington				
400000000000000000000000000000000000000		Numl	ed Policy per	5093981684			
THEOREM	ed Object: SJK7633B			5093981684			
₩ Endors	sements	Numl	per	200	F-1	St-tu-	
THEOREM	sements	Numl		200	Endorsement	t Status	Endorsement Content Thank you for giving us the
♥ Endors	sements	Numl nt Basic	per	nt Type	Endorsement sement Take Et		Thank you for giving us the opportunity to serve you. We confirm that from 08 Sep 2017, this policy is extended to include Free NCD protection and is subject to Endorsement M4 enclosed.
Sequer	nce Date of Endorseme	nt Basic Endor	Endorsemen Information	nt Type Endor		ffective	Thank you for giving us the opportunity to serve you. We confirm that from 08 Sep 2017, this policy is extended to include Free NCD protection and is subject

ocident MT/1014998 Policy No.					
	5093981684	Vehicle No.	S1K7633B	GST Registration No.	
rtificate No.		2220000		GST Registration No.	
icyholder Name	YAHYA B U K MDHAMED			189535200013	
oduct Code	PRIVATE CAR INSURANCE			Policyholder NRIC	500716171
ntact No.(Mobile)		Cover Type	drive CLASSIC	Loading	0
	90073731	Contact No. (Office)	0	Contact No.(Home)	0
ail Address		Special Remark		eCode	NC Y
C	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
O Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
port Date	09/10/2018 18:15	Acadent Report Within 24 hrs.	Yes	Academ Type	Collision - Head to Rear
te of Accident	06/10/2018	Time of Accident hh:mm	13:10	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
ident Location	ALONG BEDOK NORTH AVE 3				
Excess					
n damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	0.00	Outside Singagore OD Excess	600.00	C. T. Company of the Company	330,00
nd Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits		Andrew Surgester II Careers	70.00		
GST Registered Inform	Section 1				
Registered Inform.	atien No		224220000000000000000000000000000000000		
Registered Registration No.	-NO		GST Registration Date	2	
Ification History			GST Status Verified	Yes	
MANAGEMENT (1975)					
Policyheider Mailing Ad	Idress				
iress 1	36A JALAN MARIAM	Address 2	CHANGI GARDEN	Address 5	- Marie Marie - Marie
dress 4	SOUTH TO STATE OF THE STATE OF	Address Type	Singapore address	Address 3	SUNGAPORE 509314
t No.				Post Code	509314
OI Driver Info		Related Policy Number	5093981684		
ver Name	VALUE D II P MALIEUM.	74200400			
named driver Name	YAHYA B U K MOHAMED	Driver Type	Main Driver		
		Driver NRIC	500716171	Driver DOB	30/07/1951
poter Date of Driver License		Driver Age	67	Driving Experience	9
tract No.(Mobile)	90073731	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	36A JALAN MARJAM	Address 2	CHANGI GARDEN	Address 3	SINGAPORE 509314
dress 4		Address Type	Singapore address	Post Code	509314
it No.					
es he own a Singapore pistered car?	○ Yes ⑥ No	Driver Vehicle No.		Driver Insurer Company	
pistered cary	Since			Griver Insurer Company	
Saration					
athalyser or Blood Test	Omg	Any injury?	○ Yes ® No		
iding?		7114 4020	C 188 (E) 189		
diffication History					
Claim 001 New					
	OD-MX	Insured Name	YAHYA B U K MOHAMED	Insured NRIC	\$00716173
m Type •	00-MX 💟	Insured Name Contact No.(Home)	YAHYA B U K MOHAMED 62465095		\$00716177
m Type • tact No.(Mobile)	and the same of th	Contact No. (Home)	62465095	Contact No.(Office)	
m Type • tact No.(Mobile) If Address	90073731	Contact No. (Home) OI Vehicle Number	62465095 53K76338		\$00716173 \$4,M1770T
m Type • tact No.(Mobile) ii Address mant Type Claimant Type •	90073731 Pease Select	Contact No. (Home) OI Vehicle Number Type of Benefit *	62465095	Contact No.(Office)	
m Type * tact No.(Mobile) if Address ment Type Claimant Type * mant Name *	90073731	Contact No. (Home) OI Vehicle Number Type of Benefit *	62465095 53K76338	Contact No.(Office)	
m Type * tact No.(Mobile) is Address ment Type Claimant Type * mant Name *	90073731 Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimert NRIC *	62465095 53K76338	Contact No. (Office) TP Vehicle Number	
m Type • tact No.(Mobile) IF Address ment Type Claimant Type • mant Name • mant Address in Description	90073731 Pease Select	Contact No. (Home) OI Vehicle Number Type of Benefit * Claiment NRIC *	62455095 SIK76338 Please Select	Contact No.(Office)	
m Type * fact No.(Mobile) ili Address mant Type Claimant Type * mant Name * mant Address m Description arred Workshop Contact	90073731 Please Select ≥≥≥ SJK76336 / SLM1770T ON 8 Oct 20	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimert NRIC *	62465095 53K76338	Contact No. (Office) TP Vehicle Number	
m Type * tact No. (Mobile) il Address mem Type Claimant Type * ment Name * ment Address in Description sered Workshop Contact use Finalisation	90073731 Please Select ≥≥≥ SJK76336 / SLM1770T ON 8 Oct 20	Contact No. (Home) OI Vehicle Number Type of Benefit * Claiment NRIC *	62455095 SIK76338 Please Select	Contact No. (Office) TP Vehicle Number	
m Type * tact No (Mobile) is Address mem Type Claimant Type * mark Name * mark Address in Description sered Workshop Contact sare Finalisation Registered	90073731 Please Select ≥≥≥ SJK76336 / SLM1770T ON 8 Oct 20	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimert NRIC *	62455095 SIK76338 Please Select	Corract No. (Office) TP Vehicle Number Name of Preferred Workshop	S _{3.} M3770T
m Type * tact No. (Mobile) il Address mem Type Claimant Type * ment Name * ment Address in Description sered Workshop Contact sere Finalisation Registered	90073731 Please Select ≥≥≥ SJK76336 / SLM1770T ON 8 Oct 20	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimert NRIC * Insured Liability * Preference Repair Option	62455095 SIK76338 Please Select	Corriact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLM3770T
m Type * tact No. (Mobile) il Address ment Type Claimant Type * mant Name * mant Address in Description erned Workshop Contact user Finalisation e Registered pet Taken By	90073731 Please Select >>> SJK76336 / SLM1770T ON 8 Oct 20 Yes 09/10/2018 18:17	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimert NRIC * Insured Liability * Preference Repair Option	62455095 SIK76338 Please Select	Corriact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLM3770T
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