NATIONAL Assessment C	Centre Services (well Jan'05)	MN4118137075		
Date In: 11/10/8-15:12	Job description	Date & Time Completed	Done	py.
Ref No: NA INCIRO RYGNIZY	SAS e-filing			
Veh No: 16/24324	E-mail (within Shrs, AIC 2hrs)			4
D.O.A: 11/10/19-10:50	i-Motor Claim Form	M7/105290-001	1110/18	16:05
OD : (P) ' Reporting Only	i-Motor W/O (Within: OD 2)	hrs, TP 4hrs)		
OD : NE REPORTING OTHY	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
Ti lisuroi.	Ass't Report by Fax / Hand	to Owner/Wksp		totalistical de
Preferred Wksp / INC Assign Wksp / QV	N: (	Tel:	Fax:	
TP Particulars: Veh No:	48412690 . INC	( )/Non-INC( )		
Owner / Driver: (		Tel:	)	
Policy No: ( )	Period: ( )	Cover Type: (	)	-1011 - 1011
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: (	%) [Note-Est Status (WO): N: 0-	20%; P: 21-79%. P: 80-	100%]	
Year of Registration: (	) Warranty: YES ( )/NO(	)		
Excess: (\$ ) Loading	:\$1,000( )/\$2,000( )			
General Remarks:			0.00	100
	's information strictly Confidential & S			
( ) Total Loss Case : to e-mail !	The state of the s	1		4-2-0-20
		Touris Co. /		
		Towing Co: (		
Remarks;- (INC hodine: 6788 66	(16)	Date&Time Completed	Done	by
1) Apply for Transport Allowance (	)/Courtesy Car ( )			100
2) QC Check / Post Repair Inspection	( )	7	1	
3) Upload Resurvey Photo [Repair Cos	st > \$3000] ( )			
Intimus				***************************************
Injury:				
Date/Time Actions				The Property of the Party of th
	+ 177			
	1			
121		and the state of	Anit (S)	Amit (\$)
141806488		eparation Checklist	füBill	Add Bill
nimant's Particulars :-	1) AR : Accident 2) DA : Damage		20)	
river/Owner:	3) TF: Towing		0/\$45	
ive/owner.	4) FT : Follow-1		\$120	
ontact No:		Through Survey (Resurvey) against INC Only (wef 10 Jan 2005	530	
maged Portion:	6) TR : Re-inspe	ection	\$75	
	7) N1 : Idao DA 8) NTUC Additi	The second section of the second	\$160	
Checked by (Engr-In-Charge):	OD.	. One of these		
Checked by (Engr-In-Charge):	*NS: Courles	y Car / Tpt Allowance	\$5 510	
direct Comment	• N6: Repair 0 • N7: Fost Re	pair Inspection	\$25	
iditors' Comments :-		llect Excess Coordination	\$5	
<u></u>	9) N12: Idne Me	P (Non INC) against INC	30	
2/3:	Involce dated	Fee Charged		动而了是
was-	Invoice dated	Fee Charged	经产品的	

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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 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	ı
Date Of Report	11/10/2018 15:12	
Date Of Accident	11/10/2018 10:50	
Exact Location Of Accident	UBI CRES OUTSIDE OF WINTECH CENTRE	
Country/State of Loss	SINGAPORE	
Secretary and the second	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGJ3432G	
Insured/Policyholder		
Name Of Registered Owner	HANAFIYAH BIN MOHAMED ALI	
NRIC No	S7511573C	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-93878942	
Alternative Phone No	OFFICE-93878942	

Vehicle Particulars

Manufacturer TOYOTA Model **WISH 1.8 A** Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR

**Insurance Company** 

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5092441994-01

Cover Note Number

Driver

Name of Driver HANAFIYAH BIN MOHAMED ALI

NRIC No S7511573C Date Of Birth 23/04/1975 Occupation OUTDOOR Date Of Driving Pass 28/10/1996

Driving Experience 21 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93878942

Fax Number

Contact Number OFFICE-93878942

EMail Address NOEMAIL Address

BLK 250D COMPASSVALE STREET

#15-45

Postcode

544250

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident

COLLISION - 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?

NO

Was any injured conveyed to hospital by

ambulance?

YES

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)

0

#### **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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY PARKED ALONG UBI CRES CARPARK LOT. SUDDENLY VEHICLE B ROLL FORWARD AND HIT ONTO MY VEHICLE REAR PORTION.

## 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

GBH1269U

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE THIAM DAO BIN

Name of Driver NRIC/Passport Number

S9249511F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### 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.
- 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:

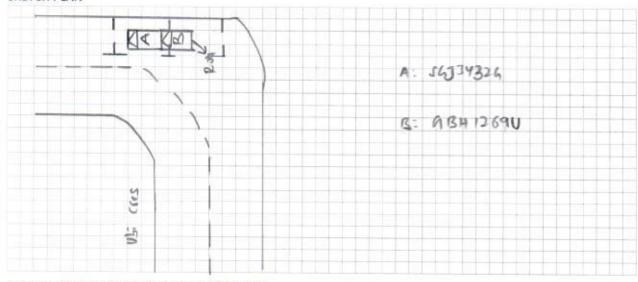
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

## 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.:









						二級性			Genera	alClaim
00601			- STREET, STRE			• Change	Language	• Chang	ge Password	• Log Ou
Policy (	Query									
Policy No.					Date	of Accident	F	1/10/2018 1	10:50	
Vehicle No.(	(For Motor)	SGJ34	32G		Certi	ficate Number				
					Search					
Select Po	licy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
O 509	2441994- 01		BIN MOHAMED	S7511573C	GPC	drivo CLASSIC	SGJ3432G	SGJ3432G	07/07/2018	06/07/2019
	Policy No. Vehicle No.(	Policy Query Policy No. Vehicle No.(For Motor)  Select Policy No.  5092441994- 01	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No.  Certificate Number  5092441994- 01	Policy Query  Policy No.  Vehicle No.(For Motor)  SGJ3432G  Select Policy No. Certificate Number Name HANAFIYAH BIN D1 BIN MOHAMED	Policy Query  Policy No.  Vehicle No.(For Motor)  SGJ3432G  Select Policy No. Certificate Number Name Policyholder Name NRJC  HANAFIYAH BIN S7511573C	Policy Query  Policy No. Date  Vehicle No.(For Motor) SGJ3432G Certificate Number Name Policyholder Name NRIC Product  Select Policy No. Certificate Number Name NRIC Product  DIN NDHAMED S7511573C GPC	Policy Query  Policy No. Date of Accident  Vehicle No.(For Motor) SG33432G Certificate Number  Select Policy No. Certificate Number Name NRIC Product Cover Type  HANAFIYAH BIN S7511573C GPC drivo CLASSIC	Policy Query  Policy No. Date of Accident [1]  Vehicle No.(For Motor) SGJ3432G Certificate Number Search  Select Policy No. Certificate Number Name Policyholder Name NRIC No.  5092441994- BIN S7511573C GPC CLASSIC SGJ3432G	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No.  Certificate Number  Search  Select Policy No.  Certificate Number  Name Name Name NRIC  For Motor  No.  Object  HANAFIYAH BIN MOHAMED  S7511573C  GPC  CLASSIC  SGJ3432G  Contact  Accident  11/10/2018  11/10/2018  11/10/2018  11/10/2018  11/10/2018  11/10/2018  11/10/2018  11/10/2018  11/10/2018  11/10/2018  11/10/2018  11/10/2018  Search	Policy Query  Policy No. Vehicle No.(For Motor)  Select Policy No. Certificate Number Number Name NRIC Product Cover Type Vehicle No. Object Date No. Policy No. Object Date

Policy No.	5092441994-01	Policyholder Name	HANAFIYAH	BIN MOHAMED ALI	Policyholder NRIC	S7511573C	
Certificate No.		, and a			NAC		
Address	BLK 250D #15-45 COMPASSVAL	E STREET SIN	GAPORE 54	4250			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	05/07/2018	Effective Date	07/07/2018	3 00:00	Expiry Date	06/07/2019 23	:59
Excess Type		All Claims Excess					
Third	9500	Own			Windscreen		
Party Excess	0	damage Excess	0.0		Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore		Outside					
OD	0.0	Singapore	0			Young/	Inexperience Driver Excess
Excess		TP Excess					
Agent	MARLINI BINTE MOHAMED RAH	Agent Tel.	67280742		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 250D #15-45	Addre	ess 2	COMPASSVALE STR	EET	Address 3	SINGAPORE 544250
Address 4		Addre	ss Type	Singapore address		Post Code	544250
Jnit No.		Relate Numb	ed Policy er	5092441994-01			
	d Object: SGJ3432G						
D Insure	d Object: SGJ3432G						
D Insure							

Accident MT/1015290					
Policy No.	5092441994-01	Vehicle No.	SGJ3432G	GST Registration No.	
Certificate No.				NECONSTRUCTOR NEW	
folicyholder Name	HANAFIYAH BIN MOHAMED ALI			Policyholder NRIC	\$7511573C
Product Code	PRIVATE CAR INSURANCE	Cover Type	erive CLASSIC	Loading	0
Contact No.(Mobile)	93878942	Contact No. (Office)	0	Contact No. (Home)	0
maii Address		Special Remark		eCode	N-V
FK.	® No ○Yes	TCA	® No ○ Yes	eCode Reason	3. 38
ACD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
<ul> <li>Accident Details</li> </ul>					
eport Date	11/10/2018 16:04	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ate of Acodent	11/10/2016	Time of Appldent Nh:mm	10:50	Country of Academs	Singapore
eporting Centre		Orange Force		3CM No.	
ccident Location	UBI CRES OUTSIDE OF WINTEOH CENT	RE			
♥ Excess					
wn damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Innamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
hird Party Excess	0.00	Outside Singapore TP Excess	0.00		
□ Benefits					
overage			Sum Insured		
ecess Waver  GST Registered Informs	ation		99999999.99		
ST Registered Informa	No		GST Registration Date		
ST Registration No.	- 396		GST Registration Date GST Status Verified	Yes	
fodelication History				185	
▼ Policyholder Hailing Ad	dress				
Address 1	BUK 2500 #15-45	Address 2	COMPASSVALE STREET	Address 3	SINGAPORE 544250
Address 4		Address Type	Singapore address	Post Code	544250
int No.		Related Policy Number	5092441994-01		
OI Driver Info					
Iriver Name	Hanafiyah Bin Mohamed All.	Driver Type	Main Driver		
Innamed driver Name		Driver NRIC	\$7511573C	Driver DOS	23/04/1975
tegister Date of Oriver License	28/10/1996	Driver Age	43	Driving Experience	21
Contact No.(Mobile)	93878942	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 2500	Address 2	COMPASSVALE STREET	Address 3	SINGAPORE 544250
Address 4	1000	Address Type	Singapore address	Post Code	544250
Unit No. Does he own a Singapore	15-45				
legistered car?	☐ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
reclaration					
	12 E W	VOICESTATI	200200		
reathalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
reathalyser or Blood Test	0 mg	Any injury?	() Yes ® No		
reathalyser or Blood Test leading?	Omg	Any injury?	() YES ® No		
reathalyser or Blood Test eading? addication History	0 mg	Any Injury?	() YES ® No		
reathalyser or Blood Test eading? oddfication History	0 mg	Any Injury?	○ YES  ® No		
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reathalyser or \$100d Test eading? addication History Claim 001 New	OD-MX	Any Injury?  Insured Name	() YES (®) NO HANAFIYAH BIN NGHAMED ALI	Insured NRIC	\$7511573C
reathalyser or Blood Test eading? addication History Claim 001 New Claim Type + Intact No. (Mobile)	OD-MX 93878942	Insured Name Contact No.(Home)	HARAFIYAH BIN MOHAMED ALI 67280742	Insured NRIC Contact No.(Office)	\$7511573C
reathalyser or Brood Test eading?  codification History  Claim 001 New  Usim Type *  Ontact No. (Mobile)  mail Address	OD-MX S9878942 Hanafiyah.ali@gmail.com	Insured Name Contact No.(Home) OI Vehicle Number	HARAFIYAH BIN MOHAMED ALI 67280742 SGJ3432G		\$7511573C GBH1269U
reathalyser or Blood Test eading?  codification History  Claim 001 New  Laim Type *  ontact No. (Mobile)  mail Address  laiment Type Claiment Type *	OD-MX 93878942 Hanafiyah,ali@gmail.com Please Select	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit *	HARAFIYAH BIN MOHAMED ALI 67280742	Contact No. (Office)	
reathalyser or Blood Test eading?  Claim 001 Next  Jaim Type *  Ontact No. (Mobile)  Imail Address  Jamant Type Claimant Type *	OD-MX S9878942 Hanafiyah.ali@gmail.com	Insured Name Contact No.(Home) OI Vehicle Number	HARAFIYAH BIN MOHAMED ALI 67280742 SGJ3432G	Contact No. (Office)	
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reathalyser or Brood Test eading?  Claim 001 Nam  Usim Type *  Contact No. (Mobile)  Imail Address  Claiment Type Claimant Type *  Claimant Name *  Claimant Address  Claimant Address  Claimant Workshop Contact to  Cequire Finalisation	OD-MX   V   93878942   Hanafiyah.ali-@gmail.com   Please Select   V   ≥≥	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preference Repair Option	HANAPIYAH BIN MOHAMED ALI 67260742 SG33432G Please Select	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop GIA report	GBH1269U
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reathalyser or Brood Test eading?  Claim 001 Name  Laim Type * Contact No. (Mobile) Imail Address Claiment Type Claimant Type * Claiment Type Claimant Type * Claiment Description referred Workshop Contact Io. equire Finalisation alse Registered aport Taken By	OD-MX   V   93878942   Hanafiyah.ali-@gmail.com   Please Select   V   ≥≥	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preference Repair Option	HANAPIYAH BIN MOHAMED ALT 67260742 SG33432G Please Select  Not at Fault	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop GIA report	GBH1269U
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creathalyser or Blood Test leading?  Claim 001 Next  Claim Type *  Contact No. (Mobile)  Intel Address	OD-MX   V	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preferend Repair Option Claim Close Date	HANAPIYAH ISIN HONAMED ALI 67280742 SG33432G Please Select  Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop GIA report	GBH1269U
reathalyser or Brood Test leading?  Claim 001 Nam:  Claim Type * Contact No. (Mobile) Imail Address Claimant Type Claimant Type * Claimant Name * Claimant Nam	OD-MX   V	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preferend Repair Option Claim Close Date	HANAPIYAH BIN MOHAMED ALT 67260742 SG33432G Please Select  Not at Fault	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop GIA report	GBH1269U
reathalyser or Brood Test eading?  Claim 001 Name  Laim Type * Contact No. (Mobile) Imail Address Claiment Type Claimant Type * Claiment Type Claimant Type * Claiment Address Claim Description referred Workshop Contact Io.  equire Finalisation able Registered aport Taken By  Print AK letter  Attachment	OD-MX   V	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preferend Repair Option Claim Close Date	HANAPIYAH ISIN HONAMED ALI 67280742 SG33432G Please Select  Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop GIA report	GBH1269U
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Ireathalyser or Blood Test leading?  Claim 001 New State Of State	OD-MX   V	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preferend Repair Option Claim Close Date	HANAPIYAH ISIN HONAMED ALI 67280742 SG33432G Please Select  Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop GIA report	GBH1269U
Ireathalyser or Brood Test leading?  Indification History  Claim 001 Nam  Claim Type *  Contact No. (Mobile)  Imail Address  Claiment Type Claimant Type *  Claiment Type Claimant Type *  Claiment Marie *  Claiment Moreix  Claiment Moreix  Claiment Pascription  referred Workshop Contact  include Registered  aport Taken By  Print AK letter  Attachment	OD-MX   V   93878942   Hanafiyah.al-@gmail.com   Please Select   V   E   V   V   V   V   V   V   V   V	Insured Name Contact No. (Home) DI Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferenced Repair Option Claim Close Date	HANAPIYAH BIN MOHAMED ALI 67260742 SG33432G Please Select  Not at Fault  Preferred Workshop, Name unknown  Seve Submit	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop GIA report	GBH1269U

