NATIONAL Assessment Cer	ntre Services. well savios	1 NA 118136018		
Date In: 19/10/18-17:03	Jeb description	Date & Time Completed	Done	e by
Ref No: HALING 1804377 /24	SAS e-filing			
Veh No: FO BJB184	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 18/10/18-12-20	i-Motor Claim Form	M7/1016360 -001	19/10/18	12:16
	i-Motor W/O (Within: OD 2)			The state of the s
OD TP Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel: Fa	ax:	
TP Particulars: Veh No:	(17716 INC	()/Non-INC()	14	i sa
Owner / Driver: (Tel:)	TO A COLUMN
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 30-10	00%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$	\$1,000 ()/\$2,000 ()			
General Remarks:		P2 (2010) (2010) (2010) (2010) (2010)	31, 17, 1, 1	o
	/ Courtesy Car ()	Date&Time Completed	Done	by
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()	* /		
Injury:				
Date/Time Actions		- Francis	Page 1	**************************************
Date/Time Actions		General Communication	SEMPLE SCHOOL	<u> </u>
70				
				
			-	
NA1806738	Invoice Pro	paration Checklist	Ant (5)	Amt (3)
laimant's Particulars :-	1) AR : Acciden			- Aug Din
	2) DA : Damage 3) TF : Towing	Assessment (\$100); INC (\$80) Fee \$40/3		E TEMP
river/Owner:	4) FT : Follow-1	Through Survey \$	120	
ontact No:		Through Survey (Resurvey) 5 against INC Only (wef 10 Jan 2005)	\$30	
armaged Portion:	6) TR : Re-inspe		160	
	8) NTUC Additi		-	
C Checked by (Engr-In-Charge):	OD*	y Car / Tpt Allowance	\$5	
To Differ and Street Control of the	*N6; Repair C	Co-ordination 5	510	
uditors' Comments :-			\$5	
1. 1:	TP (NII) : TI	(Non INC) against INC S	20	
. 2/3;	9) N12: Idao Mo Invoice dated	bile Fee Charged		abaya
	Invoice dated	Fee Charged	SECTION .	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy 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.
- 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.

aforesaid.	
Contract Children Contract	ACCIDENT STATEMENT
Date Of Report	19/10/2018 17:03
Date Of Accident	18/10/2018 12:20
Exact Location Of Accident	TAMPINES AVE 3 TWDS TAMPINES AVE 8
Country/State of Loss	SINGAPORE
ACCES OF THE PARTY	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBB5628Y
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD NURHAIZAD BIN JOHARI
NRIC No	S7938547F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83339502
Alternative Phone No	OFFICE-83339502
Vehicle Particulars	
Manufacturer	PIAGGIO
Madal	

Model Exact Purpose for which vehicle was being used at

time of accident

GILERA RUNNER VXR 200

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

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 FIRE AND/OR THEFT

Fleet Policy

Policy Number 5028452221-10

Cover Note Number

Driver

Name of Driver MUHAMMAD ZAHIB BIN JOHARI

 NRIC No
 \$8725287F

 Date Of Birth
 13/08/1987

 Occupation
 OUTDOOR

 Date Of Driving Pass
 29/06/2007

Driving Experience 11 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83339502

Fax Number

Contact Number OFFICE-83339502

EMail Address NOEMAIL

BLK 511A YISHUN STREET 51 Address

#02-421

Postcode 761511

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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?

YES

Was any other material or property damaged? YES

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

NO

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20181019/2088.

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 SHC1321G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name MUHAMMAD ZAHIB BIN JOHARI

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? FBB5628Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>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, involces, 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.

20

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

Name: NRIC/FIN No.:

Policyholder's Signature Date & Time

CH PLAN	Predex trian (nossen (A 0+0) FBB 362.
	(B) 34C 1321
	Tampines Aug 3.
	mapines the 3
	\rightarrow \circ \rightarrow \circ \rightarrow
	Predestourn Gooding.
ESCRIBE CIRCLIN	ASTANCES OF THE ACCIDENT
ESCRIBE CIRCON	131 ANCES OF THE ACCIDENT
	P13 refer To Police Report
Alle many meditions of the	No . 7/2018 1019/2088.

DECLARATION

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

Oriver's Signature (if driver is not the policyholder) Pleas & Times

Reporting Centre Postantel's Signature Name: 61871-75181 No. -

Vehicle No.	FBB 5628 Y. Model/Make Piaggio Gilera Ruye
Date of Accident	18 /10 / 18 .
Time of Accident	/220 HRS
Location of Accident	Temperes Ave 3 towards Temperes Are 8 refort of BLK 8
Exact purpose use during	accident frwate used.
Name of Owner	Muhammad Hos Norhaizad
Telephone No.	H/P: Home: Office:
NRIC	S 7938547 F.
Address	BLK 343, Yzshun Ave 11 # 05 -127 (8) 760343.
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	
Name of Driver	As Above If No, Muhammad Zahab Ben Johari
NRIC	S 8725287 F. Any Passengers: N.A.
Date of birth	13/08/1987.
Occupation	Outdoor / Indoor
Driving License Pass Date	
Gender	Male Female
Contact No.	H/P: 8333 9502 Home: Office:
Address	BLK 511A, Yoshun 8+51 # 02-421 (8) 761511.
Driver have any own vehi	cle No, If yes, Reg No.
Relationship	Employee, If no, state Brother
Weather condition	Clear Raining Other
Road Surface	Qry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	Muhammad Zahib Bin Johari
Name And Contact No.	
Police Report	No, If Yes, Where? Truffec Police Prossion 40.
Vehicle B No.	SHC 1321 G Any Passengers: N.A.
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact: N-A.
Accident Portion	Front and 18ft.
Camera Recorder	Yes (No
Email Address	zahib: johari @ quatl- com.
Topic Control of the	CH BY UNKNOWN PERSON SOLICITING /
OFFERING ACCIDENT CLA	
PARTICULAR WORKSHOI	P MOTO 51
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	La Jacky
FAX NO	6741 0510
FMAINU	





T/20181019/2088

1 of 3

Report No. T/20181019/2088

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 19/10/2018 13:16		Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		
	Informant: IMAD ZAHI	B BIN JOHARI	Address: APT BLK 511A YISHUN STR BREEZE @ YISHUN SINGAR	
	/ ID No.: D / S87252	87F	Contact No.: Home/Office:	Mobile: 83339502
National SINGAP	ity: ORE CITIZ	'EN	Email:	
Sex: Male	Age:	Date of Birth: 13/08/1987	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupat Driving I	ion; nstructor		Driving Licence Information: Class: 2B,3,4	Date of Expiry:

Type of Accident:	Injury Conveyed By Ambulance		Drink Drive: No	Date/Time of Accident: 18/10/2018 12:	20	Type of Location: Straight Road
Location: Along Road 1 TAMPINES A TAMPINES A INFRONT OF	VENUE 8	12				
		Surface:		Roa	d Speed Limit:	
Traffic Flow: Traffic		ic Control: ic Light - Working		Traffic Volume: Moderate		
Type of Collisi Between Movi	on: ng Vehicles - Head To I	Rear				one conveyed by oulance:

Details of V	ehicle Involve	d	No. of the last of			
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FBB5628Y	Motorcycle	PIAGGIO	GILERA RUNNER VXR 200	Black		0
SHC1321G	TAXI	TOYOTA	PRIU HYBRID 1.8 CVT	Blue		0





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20181019/2088

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS RIDING ALONG TAMPINES AVENUE 3, ON THE RIGHT OF 2 LANES. THERE WAS A TAXI ON THE LEFT OF 2 LANES. AT THE PEDESTRIAN CROSSING, THE TAXI SUDDENLY TURNED TO THE RIGHT AND TRIED TO MAKE AN ILLEGAL U-TURN FROM THE LEFT LANE. THIS CAUSED ME TO HAVE NO TIME TO REACT, THUS COLLIDING INTO THE RIGHT REAR SIDE OF THE TAXI.

THE TAXI DIDN'T STOP INITIALLY AFTER THE COLLISION AND CONTINUED TO MAKE THE UTURN UNTIL HE WAS STOPPED BY SOMEONE. I WAS IN PAIN AND DID NOT KNOW WHO STOPPED THE TAXI OR CALLED THE POLICE. THE AMBULANCE CAME SHORTLY AFTER AND I WAS CONVEYED TO CHANGI GENERAL HOSPITAL WHERE I WAS DISCHARGED ON THE SAME DAY AND WAS GRANTED 14DAYS OF HOSPITAL LEAVE FOR MY INJURIES.





T/20181019/2088

3 of 3

Report No. T/20181019/2088

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

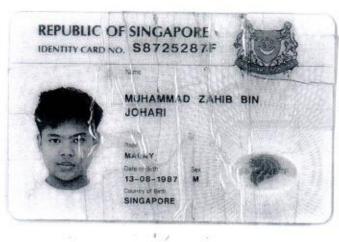
Informant is not able to provide sketch plan

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:

Signature Of Officer Recording The Report: Signature Of Informant: MUHAMMAD SYUKRI BIN ABU BAKAR Signature Of Interpreter: Date/Time: Not applicable 19/10/2018 13:16 Officer In Charge Of Case: Classification Of Case: TP/GIT/ SI YEO CHUN JIAN Contact No.: 65476213 SINGAPORE Authentication Stamp NP168

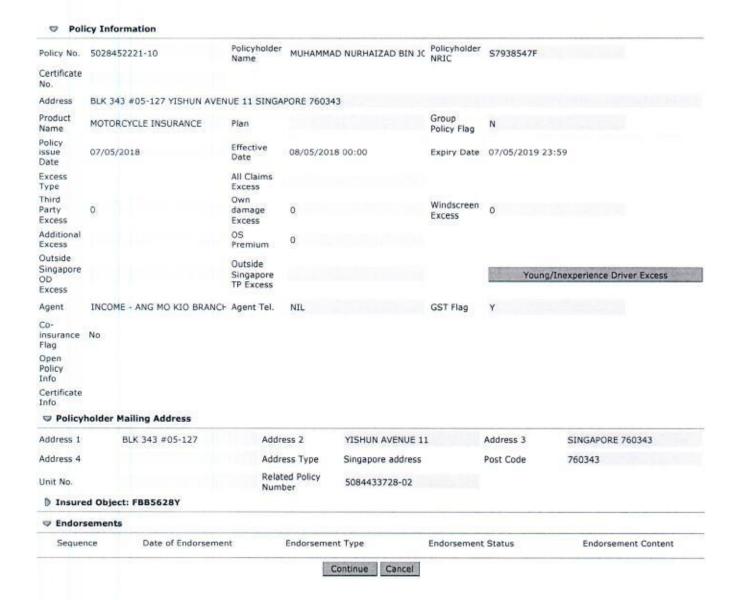












ccident MT/1016360						
folicy No.	5028452221-10		Vehicle No.	FBB5628Y	GST Registration No.	
Certificate No.						
olicyhalder Name	MUHAMMAD NURHAIZAD BI	N JOHAKI			Policyholder NRIC	57938547F
Product Code	MOTORCYCLE INSURANCE		Cover Type	Third Party, Fire & Theft	Loading	0
ontact No.(Mobile)	83339502		Contact No.(Office)	0	Contact No.(Home)	0
mail Address			Special Remark		eCode	NC V
PK	® No ○Yes		TCA	® No ○Yes	eCode Reason	, Robbinson
CD Protection	No		NCD Entitlement(%)	20	Privace Hire	No
Accident Details						
	19/10/2018 17:17					
port Date			Accident Report Within 24 hrs		Accident Type	Collision - Change / Cross lane
te of Accident	18/10/2018		Time of Accident hh:mm	12:20	Country of Accident	Singapore
porting Centre			Orange Force		ICM No.	
cident Location	TAMPINES AVE 3 TWOS TAN	MPINES AVE 8				
7 Excess						
in damage Excess		0.00	Additional Excess		Windscreen Excess	0.00
named Driver Excess			Outside Singapore OD Excess			
ng Party Excess		0.00	Outside Singapore TP Excess			
Senefits						
GST Registered Informa	ation					
Registered	No			GST Registration Date		
Registration No.				GST Status Verified	Yes	
dification Hotory						
Policyholder Mailing Ad	dress					
dress 1	BLK 343 #05-127		Address 2	YISHUN AVENUE 11	Address 3	SINGAPORE 760343
dress 4			Address Type	Singapore address	Post Code	760343
it No.			Related Folicy Number	5084433728-02		
OI Driver Info			COORDINATION CHANGE CO.			
ver Name	MUHAMMAD ZAHIB BIN JOH	(AR)	Driver Type	Named Driver		
samed driver Name			Driver NRIC	58725287F	Driver DDB	13/08/1987
ister Date of Oriver License	29/06/2007		Onver Age	11	Driving Experience	11
tact No.(Mobile)	83339502		Contact No.(Office)	0	Contact No.(Home)	0
tress 1	BLK 511A		Address 2			
				VISHUN STREET 51	Address 3	OLEANDER BREEZE @ YISHUN
iress 4	SINGAPORE 761511		Address Type	Singapore address	Post Code	761511
t No. es he own a Singapore	02-421					
gistered car?	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
gistered carr						
claration						
claration eathelyser or Blood Test	0 mg		Any injury?	® Yes ○ No		
claration eathalyser or Blood Test eathalyser or Blood Test	0 mg		Any injury?	® Yes ○ No		
claration eathelyser or Blood Test eating?	0 mg		Any injury?	® Yes ○ No		
claration eathelyser or Blood Test	0 mg		Any injury?	Yes ○ No		
claration eathelyser or Blood Test ading? diffication History	0 mg		Any injury?	Yes ○ No		
laration asthalyser or Blood Test sding? Bhoation History	0 mg		Any injury?	® Yes ○ No		
arabon athelyser or Blood Test sting? Sfloation History Talm 001 New						
taration esthelyser or Blood Test sting? Shication History Shication OI New om Type *	ОО-НХ	<u>a</u>	Insured Name	MUHAMMAQ NURHAIZAD BIN X	Insured NKIC	\$7938547#
taration esthelyser or Blood Test sting? Shication History Claim 001 New Im Type * ttact No.(Mobile)	OD-MX 94389080	V	Insured Name Contact No.(Home)	MUHAHMAQ NURHAIZAD BIN X 65249120	Contact No.(Office)	
athelyser or Blood Test sding? Shoution History Talim 001 New m Type * mact No (Mobile) an Address	OD-HX 94385080 (HAIZADBGMAIL COM	m de	Insured Name Contact No.(Home) OI Vehicle Number	MUHAMMAQ NURHAIZAD BUN XI 65249120 FBB562BY		\$7938547F \$HC1321G
athalyser or Blood Test ding? Struction History Talm 001 New m Type * nact No (Mobile) all Address mant Type Claimant Type *	OD-HX 94385080 (HAIZADBGMAIL COM		Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit *	MUHAHMAQ NURHAIZAD BIN X 65249120	Contact No.(Office)	
athalyser or Blood Test ding? Struction History Talm 001 New m Type * nact No (Mobile) all Address mant Type Claimant Type *	OD-HX 94385080 (HAIZADBGMAIL COM	m de	Insured Name Contact No.(Home) OI Vehicle Number	MUHAHMAQ NURHAIZAD BIN XI 65249120 FBII562BY	Contact No.(Office)	
athalyser or Blood Test ding? Shication History Talim 001 New m Type * nact No (Mobile) all Address mant Type Claimant Type * mart Nome *	OD-HX 94385080 (HAIZADBGMAIL COM		Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit *	MUHAHMAQ NURHAIZAD BIN XI 65249120 FBII562BY	Contact No.(Office)	
sthelyser or Blood Test sting? Stication History Talim 001 New on Type * stact No. (Mobile) air Address mant Type Claimant Type * mant Address	OD-HX 94385080 (HAIZADBGMAIL COM	∨ ≥≥	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit *	MUHAHMAQ NURHAIZAD BIN XI 65249120 FBII562BY	Contact No.(Office)	
aration athelyser or Blood Test sting? Shoution History Talm 001 New In Type * mact No.(Mobile) at Address mant Type Claimant Type * mart Name * mart Address m Discorption lerred Workshop Contact	OD-MX 94389080 EHAIZAD®SMASLCOM Please Select	∨ ≥≥	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit *	MUHAHMAQ NURHAIZAD BIN XI 65249120 FBII562BY	Contact No.(Office) TP Vehicle Number	
sthelyser or Blood Test sting? Stication History Talim 001 New In Type * Hact No (Mobile) all Address mant Type Claimant Type * mant Address m Description ferred Workshop Contact	OD-MX 94389080 EHAIZAD®SMASLCOM Please Select	≥≥ 18 Oct 2018	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	HUHAMMAQ NURHAIZAD BIN XI 65249120 FBB5628Y Please Select Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	SHC1321G
saration sathehyser or Blood Test siding? Sification History stailm 001 New Im Type * mact No (Mobile) air Address imant Type Claimant Type * imant Name * imant Address im Description ferred Workshop Coreact. pure Finalisation	OD-MX 94380000 PHAIZAD®GMASLCOM Please Select FB85628Y / SHC1321G ON Ves	∨ ≥≥	Insured Name Concact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option	HUHAMMAQ NURHAIZAD BIN XI 65249120 FBB5628Y Please Select Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SHC1321G
athelyser or Blood Test siding? Stication History Talim 001 New In Type * Hact No (Mobile) air Address mant Type Claimant Type * mant Address m Description ferred Workshop Contact sure Finalisation e Registered	OD-MX 94380000 3HAIZAD@GMASL.COM Please Select F885628Y / SHC1321G ON Ves 19/10/2018 17:19	≥≥ 18 Oct 2018	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	HUHAMMAQ NURHAIZAD BIN XI 65249120 FBB5628Y Please Select Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	SHC1321G
athelyser or Blood Test ding? Shoution History Talm 001 New Type * nact No (Mobile) all Address mant Type Claimant Type * mant Name * mant Address m Description erred Workshop Contact sure Finalisation e Registered out Taken By	OD-MX 94380000 PHAIZAD®GMASLCOM Please Select FB85628Y / SHC1321G ON Ves	≥≥ 18 Oct 2018	Insured Name Concact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option	HUHAMMAQ NURHAIZAD BIN XI 65249120 FBB5628Y Please Select Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SHC1321G
athelyser or Blood Test sding? Shication History Talim 001 New In Type * nact No (Mobile) an Address mant Type Claimant Type * mant Name * mant Address in Description ferred Workshop Contact sure Finalisation e Registered ont Taken By	OD-MX 94380000 3HAIZAD@GMASL.COM Please Select F885628Y / SHC1321G ON Ves 19/10/2018 17:19	≥≥ 18 Oct 2018	Insured Name Concact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option	HUHAMMAQ NURHAIZAD BIN XI 65249120 FBB5628Y Please Select Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SHC1321G
saration satisfyser or Blood Test sating? Sitication History trailm 001	OD-MX 94380000 3HAIZAD@GMASL.COM Please Select F885628Y / SHC1321G ON Ves 19/10/2018 17:19	≥≥ 18 Oct 2018	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date :	HUMAMMAQ NURHAIZAD BIN X 65249120 FBIIS62BY Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SHC1321G
saration esthalyser or Blood Test sting? Sticution History Chaim 001 New Im Type * mact No (Mobile) at Address imant Type Claimant Type * imant Address im Description ferred Workshop Contact guire Finalisation te Registered oort Taken By Print AK letter	OD-MX 94380000 3HAIZAD@GMASL.COM Please Select F885628Y / SHC1321G ON Ves 19/10/2018 17:19	≥≥ 18 Oct 2018	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date :	HUHAMMAQ NURHAIZAD BIN XI 65249120 FBB5628Y Please Select Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SHC1321G
claration estheyser or Blood Test ading? diffication History Claim 001 New im Type * mact No (Mobile) and Address	OD-MX 94380000 3HAIZAD@GMASL.COM Please Select F885628Y / SHC1321G ON Ves 19/10/2018 17:19	≥≥ 18 Oct 2018	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date :	HUMAMMAQ NURHAIZAD BIN X 65249120 FBIIS62BY Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SHC1321G
catabon catholyser or Blood Test dding? dification History ctain 003 New im Type * intect No (Mobile) and Address imant Type Claimant Type * imant Address imant Address imant Address im Description ferred Workshop Coreact. Dure Finalisation te Registered port Taken By Print AK letter Metachment	OD-MX 94380000 3HAIZAD@GMASL.COM Please Select F885628Y / SHC1321G ON Ves 19/10/2018 17:19	≥≥ 18 Oct 2018	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date :	HUMAMMAQ NURHAIZAD BIN X 65249120 FBIIS62BY Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SHC1321G
satisation esthelyser or Blood Test ading? Sitication History chaim 001 New Im Type = mact No (Mobile) air Address imant Type Claimant Type = imant Address im Description ferred Workshop Coreact pure Finalisation te Registered port Taken By Print AK listter stachment	OD-MX 94380000 PHAIZAD®GMAILCOM Please Select FB85628Y / SHC1321G ON Vea 19/10/2018 17:19 Jackson	≥≥ 18 Oct 2018	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date	MUHAMMAQ NURHAIZAD BIN X 65249120 PBB5628Y Please Select Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop G1A report	SHC1321G
caration eathwayser or Blood Test ading? craim 001 New craim 17pe = ntact No (Mobile) had Address wmant Type Claimant Type + smart Name	OD-MX 94380000 PHAIZAD®GMAILCOM Please Select FB85628Y / SHC1321G ON Yes 19/10/2018 17:19 Jackson	≥≥ 18 Oct 2018	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No.	MUHAMMAD NURHAIZAD BIN X 65249120 PBB5628Y Please Select Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop G1A report	SHC1321G
catabon eathelyser or Blood Test adding? chain 003 New chain 003 New chain 004 New chain 005	OD-MX 94380000 2HAIZAD®GMAILCOM Please Select FB85628Y / SHC1321G ON Ves 19/10/2018 17:19 3ackson MT/1016360 Ves O No	222 18 Oct 2018	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date	MUHAMMAQ NURHAIZAD BSN XI 65249120 FBB5628Y Please Select Not at Fault Preferred Workshop, Name unknown 19/10/2016 17:21	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	Received
satisfies or Blood Test adding? Sitication History Chairm 001 New Im Type = mact No (Mobile) an Address Immant Type Claimant Type = immant Address Imm Description ferred Workshop Contact pure Finalisation te Registered port Taken By Print AK listter Stackment Sident No.	OD-MX 94380000 PHAIZAD®GMAILCOM Please Select FB85628Y / SHC1321G ON Yes 19/10/2018 17:19 Jackson	222 18 Oct 2018	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimars NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date	MUNAMMAD NURHAIZAD BIN X 65249120 FBB5628Y Please Select Not at Fault Preferred Workshop, Name unknown 19/10/2016 17:21 Category *	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential	Received
satisfies or Blood Test adding? Sitication History Chairm 001 New Im Type = mact No (Mobile) an Address Immant Type Claimant Type = immant Address Imm Description ferred Workshop Contact pure Finalisation te Registered port Taken By Print AK listter Stackment Sident No.	OD-MX 94380000 2HAIZAD®GMAILCOM Please Select FB85628Y / SHC1321G ON Ves 19/10/2018 17:19 3ackson MT/1016360 Ves O No	222 18 Oct 2018	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No.	MUNAMMAQ NURHAIZAD BIN X 65249120 FBB5628Y Please Select Not at Fault Preferred Workshop, Name unknown 19/10/2018 17:21 Category * Cear Please Select	Confidential Urgen	Received
caration eathwayser or Blood Test ading? dification History Craim 001 New Interpretation I	OD-MX 94380000 2HAIZAD®GMAILCOM Please Select FB85628Y / SHC1321G ON Ves 19/10/2018 17:19 3ackson MT/1016360 Ves O No	222 18 Oct 2018	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimars NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date	MUNAMMAQ NURHAIZAD BIN X 65249120 FBB5628Y Please Select Not at Fault Preferred Workshop, Name unknown 19/10/2018 17:21 Category * Cear Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential	Received

