Date In: 1/2/17-17, 10	Jeb description		Date & Time Completed	1 Done	
Ref No: NA MC 19003316/24	SAS e-filing				
Veh No: 242 487k.	E-mail (within 8	hrs, AIC 2hrs)			
D.O.A: Av 19-17:55	i-Motor Clair		M1 1033113-001	nlvlig	12:25
	I-Motor W/O	(Within: OD 2h			o coloredo.
OD / (TP) ! Reporting Only	i-Photo Uplos				
	Assessment/Su				
TP Insurer:			to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	-
	N 8755D.	INC (	)/Non-INC( )		
Owner / Driver: (	W 0 755 D		Tel:	)	
Policy No: ( )	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
	Note-Est. Status (V	VO): N: 0-2	20%; P: 21-79%. F: 30	0-100%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$		( )			
General Remarks:-	SAN THE SECTION APPROVE				
Remarks:- (INC hotline: 6788 6616		)	Date&Taris Comple 30	I. Don	e by
	) / Courtesy Car (	) ) )	Date&Time Comple 30	Don	e by
Apply for Transport Allowance (     QC Check / Post Repair Inspection	) / Courtesy Car (	) ) )	Date&Tune Comple 30	Don	eby
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:	) / Courtesy Car (		Date&Time Completo	Don	e by
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:	) / Courtesy Car (	)	Date&Timb Completed	Don	e by
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:	) / Courtesy Car (	)	Date&Taris Completed	Don	e by
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:	) / Courtesy Car (		Date&Time Completo	Don	e by
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:	) / Courtesy Car (	)	Date&Time Completed	Don	e by
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:	) / Courtesy Car (	)	Date&Taris Completed		
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time Actions	) / Courtesy Car (	) ) Invoice Pr	Date Time Completo	Anit(S)	Amil
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions	) / Courtesy Car (	1) AR : Accide	eparation Checklist.	Ant (s)	Amil
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury :  Date/Time: Actions:  NAIGODAY.  Claimant's Particulars :-	) / Courtesy Car (	1) AR : Accide 2) DA : Dame	eparation Checklist: ent Reporting (\$30); ge Assessment (\$100); INC	Anit(S)	Amil
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  NAIGONGY  Claimant's Particulars:	) / Courtesy Car (	1) AR : Accide 2) DA : Dame 3) TF : Towing 4) FT : Follow	eparation Checklist.  ent Reporting (\$30); ge Assessment (\$100); INC g Fee  -Through Survey	Ant (S)	Amil
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury :  Date/Time Actions  PAIGODAY  Claimant's Particulars :-  Driver/Owner:	) / Courtesy Car (	1) AR : Accide 2) DA : Dame 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming	eparation Checklist: ent Reporting (\$30); ge Assessment (\$100); ING g Fee -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan.	Amit (5)	Amil
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  Claimant's Particulars :-  Driver/Owner:  Contact No:	) / Courtesy Car (	1) AR : Accide 2) DA : Dames 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming 6) TR : Re-ins	eparation Checklist.  Int Reporting (\$30);  Re Assessment (\$100); INC  Fee  Through Survey  Through Survey (Resurvey)  Regainst INC Only (wef 10 Jan.  pection	Anit (5)    fit Bill     C (\$80)     \$40/\$45     \$120     \$30	Amil
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  Claimant's Particulars :-  Driver/Owner:  Contact No:	) / Courtesy Car (	1) AR: Accide 2) DA: Dame; 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idae D 8) NTUC Add	eparation Checklist: ent Reporting (\$30); ge Assessment (\$100); ING g Fee -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan.	Amt (5)  Amt	Amil
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time: Actions  HAIGONGY  Claimant's Particulars:-  Driver/Owner:  Contact No:  Damaged Portion:	) / Courtesy Car ( ( ) > \$3000] (	1) AR: Accide 2) DA: Dame; 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idae D 8) NTUC Add OD*	eparation Checklist  ent Reporting (\$30); ge Assessment (\$100); INC g Fee  Through Survey (Resurvey) g against INC Only (wef 10 Jan pection A + SMRT Survey ilional Services.	Amt (5)  Amt	Amil
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time: Actions  HAIGONGY  Claimant's Particulars:-  Driver/Owner:  Contact No:  Damaged Portion:	) / Courtesy Car ( ( ) > \$3000] (	1) AR: Accide 2) DA: Dame 3) TF: Towing 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-ins 7) N1: Idae D 8) NTUC Add OD* *N5: Courte *N6: Repair	eparation Checklist  ant Reporting (\$30);  ge Assessment (\$100); INC  gree  Through Survey (Resurvey)  geginst INC Only (wef 10 Jan  pection  A + SMRT Survey  itional Services  csy Car / Tpt Allowance  r Co-ordination	Ant (5)  fit Bill  C (\$80)  \$40/\$45  \$120  \$30  2005)  \$75  \$160	Amil
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time Actions	) / Courtesy Car ( ( ) > \$3000] (	1) AR: Accide 2) DA: Dame 3) TF: Towing 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-ins 7) N1: Idao D 8) NTUC Add OD* *N5: Courte *N6: Repair *N7: Fost R *N8: DV / 6	eparation Checklist.  Introduction (\$30);  ge Assessment (\$100); INC  ge Fee  -Through Survey (Resurvey)  geasinst INC Only (wef 10 Jan  pection  A + SMRT Survey  itional Services:  ssy Car / Tpt Allowance  trace (Co-ordination  Repair Inspection  Collect Excess Coordination	Amt (5)  fit Bill  C (\$80)  \$40/\$45  \$120  \$30  2005)  \$75  \$160  \$55  \$10  \$225  \$33	
1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  HAIGONGY  Claimant's Particulars :-  Driver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):	) / Courtesy Car ( ( ) > \$3000] (	1) AR: Accide 2) DA: Dame 3) TF: Towing 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-ins 7) N1: Idao D 8) NTUC Add OD* *N5: Courte *N6: Repair *N7: Fost R *N8: DV / 6	eparation Checklist  ant Reporting (\$30); ge Assessment (\$100); INC ge Fee  Through Survey (Resurvey) geaginst INC Only (wef 10 Jan pection A + SMRT Survey ilional Services:  asy Car / Tpt Allowance tro-ordination Repair Inspection Collect Excess Coordination TP (Non INC) against INC	Amit (5)    fit Bill     C (\$80)     \$40/\$45     \$120     \$30     \$2005)     \$75     \$160     \$53     \$510     \$525	Arit

1 . par 41 + 20

#### 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.
- 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.
- 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	21/02/2019 17:20
Date Of Accident	20/02/2019 17:55
Exact Location Of Accident	PIE (CHANGI) BEFORE KJE EXIT
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM2485K
Insured/Policyholder	
Name Of Registered Owner	AUTOBAHN RENT A CAR PTE LTD
Co Reg No	201607970Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	PRIUS HYBRID 1.8S CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5079864471-02
Cover Note Number	
Driver	
Name of Driver	MOHAMAD ISHAM BIN MOHAMAD IBRAHIM
NRIC No	S7903007D
Date Of Birth	04/01/1979
Occupation	OUTDOOR
Date Of Driving Pass	13/03/2017
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87550063
Fax Number	
Contact Number	OFFICE-87550063
EMail Address	NOEMAIL

Address

BLK 166B TECK WHYE CRESCENT

#05-365

Postcode

682166

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

### General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

#### Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

3

involved in the accident

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) soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

# **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

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 Vehicle Make/Model/Colour

GV8755D

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SKV7223G

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

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 truthful and accurate as possible. Any wilful misrepresentation or withholding 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. 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:
  - 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.:

Vehicle A: SLM 2485K

Vehicle B: 6V 8755D.

Vehille C: SKV72236

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	On	tne	ctated	date Y	time	, I, \	enicle	7, S	LM2485K,
has tr	ave liv	1g st	vaigni	along	tru	state	d ven	LIP. P	wnt
vehicle	Стор	ped o	and I	slowed o	ownas	well-	sudde	nly,	vehicle
13', GV	87550	, hit	· onto	my v	ehicle 's	rear	porti	on. 71	ni great
im pact	cause	ed mu	1 vehic	u to pu	opel fo	rward	and	nit	onto
funt	vehill.	e·							
		5							
0									2
	- April								

DECLARATION

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

Policyholder's Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# ACCIDENT STATEMENT

I. DETAILS OF VEHICLE  GIVERICLE NUMBER:  GIVERICLE COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  GIVERICLE CATEGORY: (PRIVATE / COMMERCIAL) MOTORCYCLE / OTHERS)  GIVER COMMINION ACCIDENT TIME:  NOTE MAY DOUGH PARTY OF A MAY DEPORTING ONLY)  1. INSURED / FOLICY HOLDER  AINAME: MATINANING LINE PROTING ONLY)  2. INSURED / FOLICY HOLDER  AINAME: MATINANING LINE PROTING ONLY)  2. INSURED / FOLICY HOLDER  AINAME: MATINANING LINE BY MOTORCYCLE / OTHERS  GIVER DETAILS OF BUTHER LINE LINE DETAILS AND	ACCIDENT DATE	120/02/2019	(DD/MM/YYYY), TI	ME: 17: 35	HHU:WWI
1. DETAILS OF VEHICLE  DINSURANCE COMPANY:  CIPCLICY NUMBER:  DINSURANCE COMPANY:  CIPCLICY NUMBER:  DINAKE & MODE:  TONOTO PINAS.  (ITYPE: ISCOMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  BIMAKE & MODE:  TONOTO PINAS.  (ITYPE: ISCOMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  BIMAKE & MODE:  TONOTO PINAS.  (ITYPE: ISCOMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  BIMAKE & MODE:  TONOTO PINAS.  (ITYPE: ISCOMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  BIMAKE & MODE:  TONOTO PINAS.  (ITYPE: ISCOMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  BIPURPOSE OF USING AT ACCIDENT TIME.  NOT K. DAY POST  IF NO, PLEASE STATE (THIRD PARTY / COMMERCIAL / MOTORCYCLE / OTHERS)  INSURED / FOUCH FOLDER  ANAME:  AN	LOCATION	PIE(Chanai)	, before FJE	12.00	
OIVEHICLE NUMBER: JEM 2405 K  DINSURANCE COMPANY:  OPOLICY NUMBER: OIPOLICY YNEE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  OIMAKE & MODE: TONDITO PYLAN / LORRY / MOTORCYCLE / OTHERS)  OIVEHICLE CATEGORY: PRIVATE / COMMÉRCIAL / MOTORCYCLE / OTHERS)  OIVEHICLE CATEGORY: PRIVATE / COMMÉRCIAL / MOTORCYCLE / OTHERS)  OIVEHICLE CATEGORY: PRIVATE / COMMÉRCIAL / MOTORCYCLE / OTHERS)  OIVEHICLE CATEGORY: PRIVATE / COMMÉRCIAL / MOTORCYCLE / OTHERS)  OIVEHICLE CATEGORY: PRIVATE / COMMÉRCIAL / MOTORCYCLE / OTHERS)  IJARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES NO)  IF NO, PLEASE STATE (THIRD PARTY (CLAIM / REPORTING ONLY)  2. INSURED / FOULCY HOLDER  AINAME: MINIMAN PLUT A (CAY PL MA)  DINRIC/FIN/PASSPORT: JOIL OF ADA CONTACT:  OIADRESS: GDDL REGISLA PROMOTORY  (JABBORY ONLY ON THE DRIVER ALSO POLICY HOLDER  DRIVER  OINAME: MONAMACH ICHMIN BIN MONAMACH AND E FEMALE  DINRIC/FIN/PASSPORT: JOIL OF AND CONTACT: STEED DOLD  OINAME: MONAMACH ICHMIN BIN MONAMACH AND E FEMALE  DINRIC/FIN/PASSPORT: JOIL DRIVER WITH INSURED:  (JOID STEED OF DIRTH: (DL) JAA JIDDOMNYYYY)  OIOCCUPATION: (INDOOR / OUTDOOR)  IT YOU REALTONSHIP OF THE DRIVER WITH INSURED: HITELY  OINAME: MAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HITELY  OINEMENT OF DRIVER OF THE DRIVER WITH INSURED:  OINEMENT OF DRIVER OF THE DRIVER WITH INSURED: HITELY  OINEMENT OF DRIVER OF THE DRIVER WITH INSURED:  OINEMENT OF DRIVER OF THE DRIVER WITH INSURED: HITELY  OINEMENT OF THE DRIVER OF THE ORD O	LOCKHON.	1100000			
DINSURANCE COMPANY:  CIPOLICY NUMBER:  CIPOLICY TYPE: [COMPRÉHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT]  E)MAKE & MODE:  TONOTA PILAS.  (ITYPE: [SALDON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  G)VEHICLE CATEGORY: [PRIVATE / COMMÉRCAL / MOTORCYCLE]  H)PURPOSE OF USING AT ACCIDENT TIME:  NOTE MYDOR  H)ARE YOU CLAMMING UNDER YOUP OWN INSURANCE (YES NO)  IF NO, PLEASE STATE [THIRD PARTY (CLAIM / REPORTING ONLY)  2. INSURED / FOLICY HOLDER  A)NAME:  A)NAME: A)NAME: A)NAME: A)NAME: A)NAME: A)NAME: A)NAME: A)NAME: A)NAME: A)NAME: A)NAM	No. 1000000000000000000000000000000000000	Ot	พาแชิธิช		
C)POLICY NUMBER:  d)POLICY TYPE: (COMPRÉHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  e)MAKE & MODEE:  TONOTIO PYIAS.  (ITTYPE:(SALDON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  g)VEHICLE CATEGORY: (PRIVATE / COMMÉRCUL / MOTORCYCLE)  h)PURPOSE OF USING AT ACCIDENT TIME:  (M) IF MO PURPOSE OF USING AT ACCIDENT TIME:  (M) IF NO, PLEASE STATE (THIRD PARTY (CLAIM / REPORTING ONLY)  1. INSURED / FOLICY HOLDER  A)NAME:  A)NAME: A)NAME: A)NAME: A)NAME: A)NAME: A)NAME: A)NAME: A)NAME: A)NAME: A)NAME: A)NAME: A)NAME: A)NAME: A)NAME:	100 50 1277 1977		1112407 1		
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & MODEL:  (B)MAKE & MODEL:  (C)MODEL:  (MALE / FEMALE)  (MALE / FEM	11.6				
e)MAKE & MODEL: (INDIN TYTIAL)  (I)TYPE:(SALDON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  (E)VEHICLE CATEGORY: (PRIVATE / COMMÉRCIAL / MOTORCYCLE)  (E) PUPPOSE OF USING AT ACCIDENT TIME: NOTE MY POSE  (I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES NO)  (IF NO, PLEASE STATE (THIRD PART (GLAIM / REPORTING ONLY)  (I) INSURED / FOLICY HOLDER  A)NAME: MINDIAM PLUT A (AY PLUTA)  (I) ADDRESS: 600 & ROLLEY HOLDER  A)NAME: MINDIAM PLUTA (AY PLUTA)  (I) ADDRESS: 600 & ROLLEY HOLDER  (I) ADDRESS: 100 & TOUR BIY MOVAMAD AMALE (FEMALE)  (I) ADDRESS: 100 & TOUR CASE (FEMALE)  (I) ADDRESS: 100 & TOUR BIY MOVAMAD AMALE (FEMALE)  (I) ADDRESS: 100 & TOUR BIY MOVAMAD AMALE (FEMALE)  (I) ADDRESS: 100 & TOUR BIY MOVAMAD AMALE (FEMALE)  (I) ADDRESS: 100 & TOUR BIY MOVAMAD AMALE (FEMALE)  (I) ADDRESS: 100 & TOUR BIY MOVAMAD AMALE (FEMALE)  (I) ADDRESS: 100 & TOUR BIY MOVAMAD AMALE (FEMALE)  (I) ADDRESS: 100 & TOUR BIY MOVAMAD AMALE (FEMALE)  (I) ADDRESS: 100 & TOUR BIY MOVAMAD AMALE (FEMALE)  (I) ADDRESS: 100 & TOUR BIY MOVAMAD AMALE (FEMALE)  (I) ADDRESS: 100 & TOUR MOVAMAD AMALE (FEMALE)  (I) ADDRESS: 100 & TOUR BIY MOVAMAD AMALE (FEMALE)  (I) ADDRESS: 100 & TOUR MOVAMAD AMALE (FEMALE)  (I) ADDRESS (FEMALE	CIPOLICY	NUMBER:	VE / THIRD PARTY /	THIRD PARTY FIRE	&THEFT)
STYPE: (SALBON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)   GIVEHICLE CATEGORY: (PRIVATE / COMMÉRCIAL / MOTORCYCLE     h) PURPOSE OF USING AT ACCIDENT TIME: NOT K MY POSE   h) PURPOSE OF USING AT ACCIDENT TIME: NOT K MY POSE   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/DO)   iF NO, PLEASE STATE (HIRD PART (OLAIM / REPORTING ONLY)   2. INSURED / FOLICY HOLDER   AINAME: MITOMIN PENT A CAY PAC LAC (MALE / FEMALE)   b) NRIC/FIN/PASSPORT: DO 16 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CILLANE D	MODEL:	IDIA PVIAS.		
SIVEHICLE CATEGORY: [PRIVATE / COMMERCIAL! MOTOR TO SET HIPURPOSE OF USING AT ACCIDENT TIME: NOT K MY POSE  I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / FOLICY HOLDER  A) NAME: AINTOMY PLUT A (AY PL UN)  A) MALE / FEMALE)  b) NRIC/FIN/PASSPORT: DOILO 70-06 GOIDEN WIRE TOWE  C) ADDRESS: 6001 RECILL PLAY 70-06 GOIDEN WIRE TOWE  C) ADDRESS: 6001 RECILL PLAY 70-06 GOIDEN WIRE TOWE  C) ADDRESS: 6001 RECILL PLAY 70-06 GOIDEN WIRE TOWE  C) ADDRESS: 1668 TELL LIMP CYESCENT #06-365 ST 600-63  C) ADDRESS: 1668 TELL LIMP CYESCENT #06-60-60-60-60-60-60-60-60-60-60-60-60-6	/ITYPE-/SA	BON / COUPE / MPV	/VAN/LORRY/N	OTORCYCLE./ OT	(HERS)
h)PURPOSE OF USING AT ACCIDENT TIME: NOTE POT PUBLICATIONS  I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES NO)  IF NO, PLEASE STATE (THIRD PART (CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A)NAME: AINTOMIN PUNT A CAY PL VAI (MALE / FEMALE)  b)NRIC/FIN/PASSPORT: 2016 0 90 0 6 40 100 MILE TOWN  C)ADDRESS: 6001 BEALTH PART 400 0 6 40 100 MILE TOWN  C)ADDRESS: 6001 BEALTH PART 400 0 6 40 100 MILE TOWN  C)ADDRESS: 6001 BEALTH PART 400 0 6 40 100 MILE TOWN  C)ADDRESS: 100 BEALTH PART 400 0 6 40 100 MILE TOWN  C)ADDRESS: 100 BEALTH PART 400 0 6 40 100 MILE TOWN  C)ADDRESS: 100 BEALTH PART 400 0 6 40 100 MILE TOWN  C)ADDRESS: 100 BEALTH PART 400 0 6 100 MILE TOWN  C)ADDRESS: 100 BEALTH PART 400 MILE TOWN  C)ADDRESS: 100 BEALT ACCOUNTS  C)	g)VEHICLE	CATEGORY: (PRIVATE	/ COMMERCIAL /	MOIORCICLE	W W
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/GO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / FOLICY HOLDER  A NAME: AINTO MINY PLAT & CAY PLE VAC (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: 2016 0 707-72 CONTACT:  C) ADDRESS: 6001 REAL PARA 708-06 GOIDEN WIRE TOWE  CONTINUE TO 3.0 IF DRIVER ALSO POLICY HOLDER  DRIVER  C) NAME: MONAYMACH LISMIN BIN MCNOWARD AMAGE (FEMALE)  b) NRIC/FIN/PASSPORT: 27005070 CONTACT: 2755 0063  C) ADDRESS: 1668 TELE LIMYE CYES(ENT # 05 - 365 C 662-166)  "d) DATE OF BIRTH: (04 / 01 / 974 ) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  T) YEARS OF DRIVING EXPRENIENCE:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: THILE!  5. O) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  b) IROAD SURFACE: (DRY) / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  17. O) REPORTED TO POLICE (YES / NO)  18. THIRD PARTY VEHICLE  US of PASSENGET  O) VEHICLE NUMBER: GV 87550 MODEL:  Unduding driver)  b) DRIVER'S NAME:  C) NRIC/FIN/PASSPORT: CONTACT:  O) VEHICLE NUMBER: 9KV7 2236 MODEL:  UNDURING APRIVE HICLE  O) VEHICLE NUMBER: 9KV7 2236 MODEL:  O) NRIC/FIN/PASSPORT: CONTACT:  O) NRIC/FIN/PASSPORT: CONTAC	hipurpos	OF USING AT ACCID	ENT TIME: IVC	in political	
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / FOLICY HOLDER A   NAME   AINTONNIN PLUT   A CAY PL VICE   (MALE / FEMALE)   DINRIC/FIN/PASSPORT:   2016 0 797-0 CONTACT:   C   ADDRESS:   6001	II ARE YOU	CLAIMING UNDER YO	UP OWN INSURAN	CE (YES/NO)	
AINAME: AINTOMING RUIT A COY PTO UTO (MALE FEMALE)  binric/Fin/Passport: 2016 A ADB-06 GDIDEN WIRE  c) ADDRESS: 6001 BRUCK PRID 708-06 GDIDEN WIRE  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  DINAME: MONAMO I SAME BIY MONAMO MARE FEMALE!  b) NRIC/FIN/PASSPORT: 27005007D CONTACT: 8765 0063  c) ADDRESS: 1068 TRLE LIMYR CYRS(RUIT 705-365 C 682/166)  "d) DATE OF BIRTH: (04/0)/974 J(DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 11/12 ft  b) ROAD SURFACE: (DRY) WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. OJREPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  C) VEHICLE NUMBER: GV 8755D MODEL:  WO of PASSENGER  C) VEHICLE NUMBER: 9KV7223G MODEL:  DI NRIC/FIN/PASSPORT: CONTACT::  CONTACT:  CONTACT	IF NO, PLI	ASE STATE (THIRD PAR	TY GLAIM / REPOR	TING ONLY)	
b)NRIC/FIN/PASSPORT: DIE O'MATO CONTACT:  c)ADDRESS: 6001 Beauth Pand 708-06 Gr) den Wille Towe 2 (199589)  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER  d)NAME: MOMAMO ISMM BIY MOVAMAD MARE FEMALE) b)NRIC/FIN/PASSPORT: 27050070 CONTACT: 8765 0063  c)ADDRESS: 1066 Tell Lynyle (Vesient #06-365 5 662) 166)  **d)DATE OF BIRTH: (04/01) 9740 J(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hijler  5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS ) b)ROAD SURFACE: (DRY/WET / OTHERS ) 6. WAS ANYBODY INJURED (YES / NO) 7. a)REPORTED TO POLICE (YES / NO) 1 IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE UND OF PASSENGER  O) VEHICLE NUMBER: GV 8755D MODEL:  WAS OF PASSENGER  (D) 9. THIRD PARTY VEHICLE (D) VEHICLE NUMBER: Q KV7 2236 MODEL:  DRIVER'S NAME: CONTACT: CONT	2. INSURED /	POLICY HOLDER	Law Die IAc	04415 / EEA	AAIE)
C)ADDRESS: 6001 BEALLY FOOD \$0.06 GO) GEN WILL TO WE S (199509)  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER O) NAME: MOMONIAN ISMM BIY MOMONIAN AMAGE (FEMALE) DINRIC/FIN/PASSPORT: 29050070 CONTACT: \$7550063 (1000) DINRIC/FIN/PASSPORT: 19050070 CONTACT: 19050070 CONTA	A)NAME:_	Autobahn Revit	A LOV MU VIO	MALE / PEN	INCL
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  O)NAME: MONOMING CMM BIY MONOMING AMAGE (FEMALE)  b)NRIC/FIN/PASSPORT: \$7405007D CONTACT: \$765 0063  c)ADDRESS: 1068 TP(L LIMPE (VESCENT #05 -365 & 60063)  d)DATE OF BIRTH: (04 / 01 / 974 ) (DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: THILE?  5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b)ROAD SURFACE: (DRY) / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. a)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  UNDURING OF PRISONAGE:  (01) 9. THIRD PARTY VEHICLE  (1) VEHICLE NUMBER: 9KV72236 MODEL:  WO OF PRISONAGE:  (1) VEHICLE NUMBER: 9KV72236 MODEL:  DRIVER'S NAME:  (1) VEHICLE NUMBER: 9KV72236 MODEL:  DRIVER'S NAME:  (2) VEHICLE NUMBER: 9KV72236 MODEL:  DRIVER'S NAME:  (3) DRIVER'S NAME:  (4) OPTION OF THE PRISONAGE:  (5) DRIVER'S NAME:  (6) DRIVER'S NAME:  (7) DRIVER'S NAME:  (8) DRIVER'S NAME:  (9) DRIVER'S NAME:  (1) VEHICLE NUMBER: 9KV72236 MODEL:  (1) NRIC/FIN/PASSPORT: CONTACT::  (2) ONTACT::  (3) ONTACT:  (4) ONTACT:  (5) ONTACT:  (6) DRIVER'S NAME:  (7) ONTACT:  (8) ONTACT:  (8) ONTACT:  (9) DRIVER'S NAME:  (1) ONTACT:  (1) ONTACT:  (2) ONTACT:  (3) ONTACT:  (4) ONTACT:  (5) ONTACT:  (6) DRIVER'S NAME:  (7) ONTACT:  (8) ONTACT:  (8) ONTACT:  (9) DRIVER'S NAME:  (1) ONTACT:  (1) ONTACT:  (1) ONTACT:  (2) ONTACT:  (3) ONTACT:  (4) ONTACT:  (5) ONTACT:  (6) ONTACT:  (7) ONTACT:  (8) ONTACT:  (9) DRIVER'S NAME:  (1) ONTACT:  (2) ONTACT:  (1) ONTACT:  (1) ONTACT:  (2) ONTACT:  (3) ONTACT:  (4) ONTACT:  (5) ONTACT:  (6) ONTACT:  (7) ONTACT:  (8) ONTACT:  (9) ONTACT:  (9) ONTACT:  (1)	A 1990 - 21 (1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 -	/	tola pond to	2-06 Anlden	Will Tower
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER  O)NAME: MONOMICA ISMM BIY MONOMICA MALE FEMALE) D)NRIC/FIN/PASSPORT: 27405007D CONTACT: 2755 0063 D)NRIC/FIN/PASSPORT: 1068 TPLE LIMYL (YPS(UIT #05 - 365 C 68) 166)  *d)DATE OF BIRTH: (04/01/01/000R) O)OCCUPATION: (INDOOR / OUTDOOR) O)OCCUPATION: (INDOOR / OUTDOOR) O)YEARS OF DRIVING EXPRERIENCE:  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: #11/0"  5. O)WEATHER CONDITION: (OLFAR / RAINING / OTHERS D)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO) 7. O)REPORTED TO POLICE (YES / NO) 1F YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: GV 8755D MODEL: Induding driver) D) DRIVER'S NAME:  C) NRIC/FIN/PASSPORT: CONTACT::  O) VEHICLE NUMBER: 9KV72236 MODEL: O) VEHICLE NUMBER: ON VATORICE O) NRIC/FIN/PASSPORT: CONTACT:	c)ADDRESS	6001 600		D OB ODISION	
Clindiding driver)	4 CO. F.	TO 2 JE DROVED ALS	The state of the s		- 19
CINCLETING STATES  CONTACT:  CINCLETING STATES  CONTACT:  CINCLETING STATES  CONTACT:  CINCLETING STATES  CONTACT:  C		- 100 Dec		branim	•
b) NRIC/FIN/PASSPORT: 27405070 CONTACT: 8765066  c) ADDRESS: 1666 76(12 L/MYE CYES(EVIT #06 - 365 S 662)66)  d) DATE OF BIRTH: (04 / 01 / 0740 ) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Higher  5. d) WEATHER CONDITION: (CLEAR / RAINING / OTHERS )  b) IROAD SURFACE: (DRY / WET / OTHERS )  6. WAS ANYBODY INJURED (YES / NO)  7. d) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  WE of passenger of VEHICLE NUMBER: GV 87550 MODEL:    Malding driver   D) DRIVER'S NAME:  (01)  9. THIRD PARTY VEHICLE  d) VEHICLE NUMBER: SKV72236 MODEL:  e) DRIVER'S NAME:  10 OF PASSENGER  CONTACT:		mohamad isha	m Bin Monaw	AMARE LIFEM	ALE)
d) date of birth: (04 / 01 / 07 / 07 / 07 / 07 / 07 / 07 / 07	CINGLOUNG SHILEY) PINDICIEIN	(27/10	5007Dc	ONTACT: 8765	0063
e)OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: THIRE  5. a) WEATHER CONDITION: [CLEAR / RAINING / OTHERS]  b) IROAD SURFACE: (DRY) / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  WE of passenger a) VEHICLE NUMBER: GV 8755D MODEL:  Including driver)  b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT: CONTACT:  e) DRIVER'S NAME:  modulating driver)  f) NRIC/FIN/PASSPORT: CONTACT:  e) DRIVER'S NAME:  CONTACT:	(0)) claddress	alo Tark I	mye crescent	705 365 bi	602100)
e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: THIRT  5. a)WEATHER CONDITION: [CLEAR / RAINING / OTHERS]  b)ROAD SURFACE: (DRY) / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. a)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  We of passenger a) VEHICLE NUMBER: GV 8755D MODEL:  Including driver)  b) DRIVER'S NAME:  (01) 9. THIRD PARTY VEHICLE  d) VEHICLE NUMBER: SKV7223G MODEL:  e) DRIVER'S NAME:  contact:	9	- 14 14	47.0		
f)YEARS OF DRIVING EXPRERIENCE:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: ##\[Ye\]  5. a)WEATHER CONDITION: [CLEAR / RAINING / OTHERS	*d)DATE OF	BIRTH: (	(DD/MM/Y	1111	
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES 7 NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: ##\for 1 for NO, RELATIONSHIP OF THE DRIVER WITH INSURED: ##\for 1 for NO, RELATIONSHIP OF THE DRIVER WITH INSURED: ##\for 1 for NO policies (PES / NO)  7. a)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  Who of passenger a) VEHICLE NUMBER: GV 8755D MODEL:  (01) 9. THIRD PARTY VEHICLE  (01) 9. THIRD PARTY VEHICLE  (01) VEHICLE NUMBER: GFV7223G MODEL:  (12) VEHICLE NUMBER: GFV7223G MODEL:  (13) VEHICLE NUMBER: GFV7223G MODEL:  (14) VEHICLE NUMBER: GFV7223G MODEL:  (15) DRIVER'S NAME: GONTACT:  (16) DRIVER'S NAME: GONTACT: GONTACT:  (17) CONTACT: GONTACT:	eJOCCUPAT	ION: (INDOOR / OUT	DOOK)	.55	
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	f)YEARS OF I	RIVING EXPRERIENCE	THE INCUDENCE	COMPANY? (YES	1 NB)
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	4. WAS DRIVE	TONCHED OF THE	DIVED WITH INS	URED: Hirer	
b)ROAD SURFACE: (DRY) / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. O)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  (b) DRIVER'S NAME:  (c) NRIC/FIN/PASSPORT:  (d) VEHICLE NUMBER:  (d) VEHICLE NUMBER:  (e) DRIVER'S NAME:  (f) VEHICLE NUMBER:  (g) VEHICLE NUMBER:  (h) VEHICLE NUMBER:	1F NU, KELP	CONDITIONS ICLEAR	RAINING / OTHER	A CONTRACTOR OF THE PARTY OF TH	
6. WAS ANYBODY INJURED (YES / NO)  7. O)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  40 of passenger of VEHICLE NUMBER:  (0) DRIVER'S NAME:  (1) NRIC/FIN/PASSPORT:  (2) NRIC/FIN/PASSPORT:  (3) VEHICLE NUMBER:  (4) VEHICLE NUMBER:  (5) DRIVER'S NAME:  (6) DRIVER'S NAME:  (7) NRIC/FIN/PASSPORT:  (8) OF PASSENGER  (9) NRIC/FIN/PASSPORT:  (1) NRIC/FIN/PASSPORT:  (1) NRIC/FIN/PASSPORT:  (2) CONTACT:  (3) ONTACT:  (4) ONTACT:  (5) ONTACT:  (6) DRIVER'S NAME:  (7) NRIC/FIN/PASSPORT:  (8) ONTACT:  (9) ONTACT:  (1) NRIC/FIN/PASSPORT:  (1) ONTACT:  (2) ONTACT:  (3) ONTACT:  (4) ONTACT:  (5) ONTACT:  (6) DRIVER'S NAME:  (7) ONTACT:  (8) ONTACT:  (8) ONTACT:  (9) ONTACT:  (9) ONTACT:	bIROAD SUR	FACE (DRY / WET / O	THERS		
7. a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  40 of passenger a) VEHICLE NUMBER: GV 8755D MODEL:  41 Induding driver) b) DRIVER'S NAME:  (01) 9. THIRD PARTY VEHICLE  (01) 9. THIRD PARTY VEHICLE  (01) VEHICLE NUMBER: SKV7223G MODEL:  (1) DRIVER'S NAME:  (2) DRIVER'S NAME:  (3) VEHICLE NUMBER: SKV7223G MODEL:  (4) DRIVER'S NAME:  (5) DRIVER'S NAME:  (6) DRIVER'S NAME:  (7) DRIC/FIN/PASSPORT: CONTACT::				4 .	NA NA
IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  10 of passenger of VEHICLE NUMBER: GV 8755D MODEL:  11 Induding driver) b) DRIVER'S NAME:  (01) 9. THIRD PARTY VEHICLE  (01) 9. THIRD PARTY VEHICLE  (01) VEHICLE NUMBER: SKV7223G MODEL:  (1) OF PASSENGER  (2) OF PASSENGER  (3) VEHICLE NUMBER: SKV7223G MODEL:  (4) OF PASSENGER  (5) DRIVER'S NAME:  (6) DRIVER'S NAME:  (7) NRIC/FIN/PASSPORT: CONTACT:					20
the of passenger of Vehicle Number: GV 8755D MODEL:  Including driver) b) DRIVER'S NAME:  (01) 9. THIRD PARTY VEHICLE  (0) VEHICLE NUMBER: SKV7223G MODEL:  (1) DRIVER'S NAME:  (2) DRIVER'S NAME:  (3) NRIC/FIN/PASSPORT:  (4) DRIVER'S NAME:  (5) DRIVER'S NAME:  (6) DRIVER'S NAME:  (7) DRIVER'S NAME:  (8) CONTACT:					
Induding driver) b) DRIVER'S NAME:  (01) 9. THIRD PARTY VEHICLE  (1) VEHICLE NUMBER:  (2) VEHICLE NUMBER:  (2) VEHICLE NUMBER:  (3) VEHICLE NUMBER:  (4) DRIVER'S NAME:  (5) DRIVER'S NAME:  (6) DRIVER'S NAME:  (7) DRIC/FIN/PASSPORT:  (8) CONTACT:	8. THIRD PARTY	VEHICLE CL.O			
(01) 9. THIRD PARTY VEHICLE  OF PRESSENGER  E) DRIVER'S NAME:  CONTACT:  MODEL:  DRIVER'S NAME:  CONTACT:  CONTACT:  CONTACT:  CONTACT:  CONTACT:  CONTACT:	to of passenger a) VEHICLE	NUMBER: GV 8	1550 MO	DEL:	
(01) 9. THIRD PARTY VEHICLE  No of pressinger e) DRIVER'S NAME:  Including driver) 1) NRIC/FIN/PASSPORT:  CONTACT:  CONTACT:  CONTACT:  CONTACT:  CONTACT:  CONTACT:  CONTACT:	in what we have I	THE PARTY OF THE P			
No of passenger e) DRIVER'S NAME:	C) NRIC/FIN		cc	NTACT:	
No of pressunger e) DRIVER'S NAME:			7236.		9
nduding driver)   NRIC/FIN/PASSPORT:CONTACT:		TOTAL CONTRACTOR OF THE PARTY O	MO MO	DEL:	
	e) DRIVER'S		-		
		PASSPORT:	co	NIACI:	
(01)	(01)	0			
			. E	9	82
	7 .	. 31			

email =

fax =

# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S 7 9 0 3 0 0 7 D

Name:

MOHAMAD ISHAM BIN MOHAMAD IBRAHIM

Birth Date: 04 Jan 1979

Issue Date: 13 Mar 2017



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7903007D





Name

MOHAMAD ISHAM BIN

Race

MALAY

Date of birth

Sex

04-01-1979

M

Country of birth

SINGAPORE



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

EFFECTIVE DATE

Class 3

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

13 Mar 2017

NP 428A



5057658



NRIC No. S7903007D



Date of Issue

19-06-2012

APT BLK 166B TECK WHYE CRESCENT #05-365 SINGAPORE 682166

NRIC No:

S7903007D

Date: 18/11/2017

Scanned by CamScanner



	10000000000000000000000000000000000000	Policyholder	PALOCES NO.	William State State State	Dollowholder	Table San Consultation	
Policy No. Certificate	5079864471-02	Policyholder Name	AUTOBAHN RENT A CAR PTE. I		Policyholder NRIC	201607970Z	
No.							
ddress	6001 BEACH ROAD #08-06 G	DLDEN MILE TO	WER SING	APORE 199589			
roduct lame	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy ssue ate	04/04/2018	Effective Date	26/04/20	018 00:00	Expiry Date	25/04/2019	23:59
xcess ype		All Claims Excess					
hird arty xcess	3000	Own damage Excess	3500		Windscreen Excess	100	
dditional xcess	0	OS Premium	496.93				
Outside Singapore	3500	Outside Singapore	3000			You	ng/Inexperience Oriver Excess
xcess		TP Excess					
lgent Io-	HAMILTON AUTOHUB PTE. LTI	). Agent Tel.	6475194	6	GST Flag	Υ	
Insurance Flag Open Policy Info Certificate Info	No holder Mailing Address						
ddress 1	6001 BEACH ROAD	Adda		#00 07 COLDEN WITH		*******	***********
	6001 BEACH ROAD	Addre		#08-06 GOLDEN MI		Address 3	SINGAPORE 199589
Address 4			ess Type ed Policy	Singapore address		Post Code	199589
Jnit No.	LOT38	Numi		5079864471-02			
Insure	ed Object: SLM2485K						
	sements						
Sequei	Date of Endorsement 26/04/2018 00:00	Endorseme Basic Informa Endorsement	ition	Endorsement Number	Endorsem Endorsem Effective	ment Status ent Take	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(shas/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SKD8673 26-04-2018 \$1,807.36 In view of this amendment, a refund of \$1,807.36 (inclusive of GST) will badjusted against the outstanding premium.
	18/05/2018 00:00	Basic Informa Endorsement	ition	000001286820035	Endorsem Effective	ent Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) at follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLC6150C 18-05-2018 \$1,747.29 In view of this amendment, an additional premium of \$1,747.29 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque favour of "NTUC Income" with you name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by

Claim Handling	Washington Company				3
The premium on this policy has Accident MT/1023112	not been corrected.				
Policy No.	5079864471-02	Vehicle No.	SLM2485K	GST Registration No.	
Certificate No.					
Policyholder Name	AUTOBAHN RENT A CAR PTE. LTD.			Policyholder NRIC	201607970Z
Product Code	FLEET INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No. (Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	TA V
CFK	® No ⊜Yes	TCA	® No ○ Yes	eCode Reason	1
VCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details		TOTAL MINISTER	250	Private Private	103
Report Date	21/02/2019 17:28	Accident Report Within 24 hrs	Yes	******	ALCO ACCOUNT
Date of Accident	20/02/2019			Acodent Type	Chain Collision
	2010212014	Time of Acodent hh:mm	17,55	Country of Accident	Singapore
sporting Centre	Table 1 and	Orange Force		ICM No.	
ccident Location	PSE (CHANGE) BEFORE KJE EXIT				
♥ Excess					
Wn Damage Excess	3,500.00	Additional Excess	0	Windscreen Excess	100.00
Innamed Driver Excess		Outside Singapore 00 Excess	3,500.00		
hird Party Excess	3,000.00	Outside Singapore TP Excess	3,000.00		
⊕ Benefits					
GST Registered Informa					
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
fodification History					
The Bellevis III and the Control of					
Policyholder Mailing Ad	Control of the Contro				
ddress 1	6001 BEACH ROAD	Address 2	#08-06 GOLDEN MILE TOWER	Address 3	SINGAPORE 199589
ddress 4		Address Type	Singapore address	Post Code	199589
Init No.	LOTSE	Related Policy Number	5079864471-02		
U Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
Innamed driver Name	MOHAMAD ISHAM BIN MOHAMA	Driver MRIC	579030070	Driver DOS	04/01/1979
egister Date of Driver License		Driver Age	40	Driving Experience	1
ontact No.(Mobile)	87550063	Contact No. (Office)	0	Contact No.(Home)	0
ddress 1	BLK 1668	Address 2	TECK WHYE CRESCENT	Address 3	TECK WHYE CREST
Iddress 4	SINGAPORE 682166	Address Type	Singapore address	Post Code	682166
Init No.	05-365				
opes he own a Singapore registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
reathalyser or Blood Test eading?	Omg	Any injury?	○ Yes ® No		
780V510					
lodification History					
optication regiony					
Claim 001 New					
laim Type *	OD-MX	Insured Name	AUTOBAHN RENT A CAR PTE. LT	Insured NR3C	201607970Z
entact No.(Mobile)	88380101	Contact No.(Home)		Contact No.(Office)	64751946
mail Address	INSURANCEHAMILTONAUTOHUE	Of Vehicle Number	SLM2485K	TP Vehicle Number	GV8755D
laimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		16
alment Name *	25	Claimant NR3C *			
almant Address					
aim Description	SLM2485K / GV8755D ON 20 Feb 2019			Name of Preferred Workshop	
referred Workshop Contact		Insured Liability •	Not at Fault	75	(t)
equire Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
ate Registered	21/02/2019 17:30	Claim Close Date	The state of the s	Date Received	21/02/2019 00:00
eport Taken By	Jackson	8.3 (1.55) (6.5) (40)		Poster Management	E-1002019-0000
Print AK letter	Manual Parks				
D. Print As. letter					
			Save Submit		
Attachment					
9					
ccident No.	MT/1033113	Claim No.	001		
ast Dec. Received	® Yes ○ No	Upload Date	21/02/2019 17:32		
	Path *		Category *	Confidential Urgeni	cy * Description *
		Browse.	A second Process of the second Process of th	V Normal	V Description •
		Browse			
				V Normal	
		Browse.	I make I Please Select	V Normal	Tanal 1

