NATIONAL Assessment Ce.	ntre Services wer	8801 40 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Date In: 29/19-17:56	Jeb description	Date &Time	Completed	Don	e by
Ref No: MA INC 1905624	SAS e-filing				
Veh No: 5872678 c	E-mail (within Shrs,	AIC 2hrs)			-
D.O.A: 28/3/19-23:25	i-Motor Claim Fo	mro mro	195-201	29/3/19	6:14
OD / fP)' Reporting Only	I-Motor W/O (Wit	thin: OD 2hrs, TP 4hrs)			
Us and	i-Photo Uploadeo	j			
TP Insurer:	Assessment/Survey				
	The state of the s	x / Hand to Owner/Wks	B		
Preferred Wksp / INC Assign Wksp / QW;		Tel:	Fa	x:	
TP Particulars: Veh No: Sh	caryak.	INC()/Non-IN	IC().		
Owner / Driver: (Tel:	-)	
Policy No: (Period: () Cover Type)	
Confirmed by : (7370	ne:)	
	(WO):		%. F: 80-10	0%]	
Year of Registration: () Excess: (\$) Loading: \$	Wallanty: 125 ()	NO()			
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To account to a contract security account to a contract of the				ion Fig.	
() Walk-In Customer : Customer's		ntial & Strictly NO refer	of repairer.		
() Total Loss Case : to e-mail Ins			147	03	
Drive-In ()/ Towed-In (); Inve	oice: YES () / NO (); Towing Co: ()
Remarks:- (INC hotline: 6788 6616);;;	Date&Time	Completed	Done	by
1) Apply for Transport Allowance ()	/ Courtesy Car ()		• •	20.00	
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()				
Injury:			r result in the		
Date/Time Actions		To the second second second second		TARRICH DAY	
	1				
	Establish Control of the Control of		75 1886 5 No CARCLES Y		ECONO.
10100 2080	Inv	oice Preparation Che	klist	Anit (\$)	Add Bill
laimant's Particulars :-	ISSUED CALCADO CONTRODO CONTRODO POR CONTRODO POR ANTINO DE LA CONTRODO CON	R: Accident Reporting (\$30)	The second secon		
river/Owner:		: Damage Assessment (\$100 : Towing Fee); INC (\$80) \$40/\$	-	
	4) FT	: Follow-Through Survey	\$1	20	
ontact No:		: Follow-Through Survey (Re claiming against INC Only ()		30	
amaged Portion:	The second secon	: Re-inspection : Idao DA + SMRT Survey		75	
1		UC Additional Services:-	. 510	50	
Checked by (Engr-In-Charge):	OJ.			**	
		5: Courtesy Car / Tpt Allowers 6: Repair Co-ordination		10	
uditors! Comments :-	·N	7: Post Repair Inspection	S:	_	
1		8: DV / Collect Excess Coordin (N11): TP (N::n INC) against		20	4
2/3:	9) N1	2: Idao Mobile		30	artin Fall
COS INCO	100000	se dated	Fee Charged		The state of the s

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.
- 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

1003PE-0040	
	ACCIDENT STATEMENT
Date Of Report	29/03/2019 15:56
Date Of Accident	28/03/2019 23:25
Exact Location Of Accident	JUNC WOODLANDS RD & SENJA WAY
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SBT2678C
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD HAIKAL BIN ABDUL KADIR
NRIC No	S9440767B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84681900
Alternative Phone No	OFFICE-84681900
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA 1.6A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5107917523
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD HAIKAL BIN ABDUL KADIR
	16 C BENTAL BENT

NRIC No S9440767B Date Of Birth 08/11/1994 Occupation **INDOOR** Date Of Driving Pass 19/02/2019

Driving Experience 0 YEAR AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-84681900

Fax Number

Contact Number OFFICE-84681900

EMail Address NOEMAIL Address BLK 210A BUKIT BATOK STREET 21

#14-304

Postcode 651210

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident 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)

involved in the accident

3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: NUR SYAZA AMIRAH BINTE YAMIN

GENDER: : FEMALE

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 Witness 1

KEN

Phone Number 98332431

Email Address

Name

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKQ247K

Vehicle Make/Model/Colour MERCEDES/BLACK

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MELVIN EE KIM WEE

NRIC/Passport Number S7206095D Contact Number 83833355 Address BLK 660 CHOA CHU KANG CRESCENT

#02-83 680660

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJM4298U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel

Signature

Name:

NRIC/FIN No.:

CHRISTIAN SANSARAMAN - VIII

Veh A = SBT 267 8C Veh B = SKR247K SKETCH PLAN Veh C = SJM 4298 U Semo Wood and 5 Road DESCRIBE CIRCUMSTANCES OF THE ACCIDENT On 28.03.2019, at about 23.24 hrs. I was driving my vericle: 58T 2678C along Woodlands Road towards transi on the middle lane. SIM 4298 U infant of me stop 1 stap my vehicle Vehicle B hit onto my rear, causing my vehicle to roll forward and hit onto Vehicle C DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature **Driver's Signature** Reporting Centre Personnel's Signature Date & Time: (If driver is not the policyholder)

Date & Time:

SAMME Stephilistanifrom, vs.

Name:

NRIC/FIN No .:

SINGAPOR	RE ACCIDENT STATEMENT
AC	CIDENT STATEMENT
Date Of Accident	• 28 3 2019 Time 2324 Hrs
Exact Location Of Accident	
	" Woodbirds Road / senja way
	F OWN VEHICLE (VEHICLE A)
Vehicle Registration Number	* SBT 8678 C
Insurace Explosysionals	HEROTER SHOWS THE TAKE OF THE SHOWS THE
Name of Registered Owner	* MUHAMMAD HAIRAL BIN ABBUL LADIR
NRIC/FIN/Passport Number	* 09440767B
Mehicle/Particulaise	Children of the Control of the Contr
Manufacturer	TOYOTA
Model	COROLLA 1.6A
Exact Purpose for which vehicle was being	
used at time of accident	* Private use Commercial use Hire & reward
	Others please specify
Are you claiming under your own insura policy for repair to your vehicle?	
If No, please state action to be taken	* Yes No Others
Vehicle Category	* Third Party Claim Reporting Only
RISHREPERSONATION	Private Commercial Motorcycle
THE RESIDENCE OF THE PROPERTY OF THE PERSON NAMED IN THE PERSON OF THE PERSON NAMED IN	* New Journal
Name of Insurance Company	INTOC TIVEOTTE
Type of Coverage	* THURD PARTY
Fleet Policy	Yes No
Policy Number	* 5107917523
Cover Note Number	
Dityer	
Name of Driver	* MUHAMMAN HAIKAL BIN ADDUL KADIK
NRIC/FIN/Passport Number	* 594407678
Date of Birth	* 08/11/1994
Occupation	* Lashing Specialist
Date of Oriving Pass	* 19 Feb 2019
Gender	* Male Female
Mobile Number	84681900
Address	BIC 210A, RUEH BOOK S+ 21, +# 14-304
	S(651210)
Email Address	haite10811 @ gmail.com
Was driver an employee of the Insured's	THE COST OF JIVAN COM
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Company?	* Yes No C
Company? If no, Relationship of the Driver with the	* Yes No D

SAS 1

passenger: one person (Female) Nur syaza Aminah Brute Yamin

haikel 0811 @ gmailcom.

Vehicle Registration Number of Driver's Own	
Vehicle (if applicable)	
Insurance Company of Driver's Own Vehicle (if applicable)	
General information of the Accident	Section 1. Control of the section 1. Control
The second secon	AND STREET STREET, STR
7,750 511.100100111	Chan Collision
Weather Conditions	Clear Raining Others
Road Surface	Dry Wet Others
Other Information Walnut and Asset A	Additional districts of the second se
Was any body injured in the Accident?	Yes No
Was any other material or property damaged?	Yes No
Details of Injured Persons	Control of the Contro
Name .	
Address	
Approximate Age	
Injuries Sustained	
If vehicle Occupants, state in which vehicle?	
Were seat belts worn?	Yes No
Was Injured conveyed to hospital by	Yes No
ambulance? .	Yes No No
Details of Police Action	
Was the Accident reported to the Police?	Yes No
If Yes, please state which Police Station	
Was notice of intended ₱rosecution given? *	Yes No
If Yes, against whom?	
DETAILS OF OTHER VE	HICLE(S) / PROPERTIES (VEHICLE B)
Vehicle Registration Number .	
Vehicle Make / Model / Colour	Mercedes Black Colour
Detail Of Properties	menages siece capor
Name of Driver	Consular to the second
NRIC/Passport Number	MEWIN EE KILL WEE
Contact Number •	C200006E
Email Address	\$3833355
Address	
	BIC 660 CHOA CHU KANG CRESCENT #01-83
Insurance Company Name Nature of Damage	CHINA TAIDING
Details Of Witness 2	
Name	KEN
Phone Number	9833 2431
Email Address	
	- AND THE RESERVE OF THE PARTY







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

FFSECTIVE DATE

Class 2B

Motorcycles =< 200 CC Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2300 kg

31 Mar 2014 19 Feb 2019

S9440767B

S / No.9000334421

License

WD Learner No. 594407678 III

NP 428A

19



Certif	icate of Insurance
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPEN MOTOR VEHICLES (THIRD PARTY RISKS AND COMPEN ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959	ISATION) RULES, 1960
Certificate Number: 5107917523	Cover : Third Party
1. Index mark and Registration Number of Vehicle	SBT2678C
Chassis Number	: AE1013009502
Name of Policyholder	: MUHD HAIKAL BIN ABDUL KADIR
3. Effective Date of Insurance	: 04 Mar 2019
4. Expiry Date of Insurance	30 Apr 2020
 Persons or Classes of Persons entitled to drive# (a) The Policyholder. 	00000000000000000000000000000000000000
(b) Any other person who is driving on the Policy	
the Motor Vehicle or has been so permitted a enactment or regulation in that behalf from d	in accordance with the licensing or other laws or regulations to drive and is not disqualified by order of a Court of Law or by reason of any driving the Motor Vehicle.
6. Limitations as to Use#	
(a) Use for social domestic and pleasure purpose	es and in connection with the Policyholder's business or profession.
This Policy does not cover	
(a) Use for hire or reward.	W. 30
 (b) Use for racing, pace-making, reliability trial or (c) Use for the carriage of goods (other than sam 	r speed-testing.
(d) Use for any purpose in connection with the N	Aotor Trade.
# Limitations rendered inoperative by Section 8	of the Motor Vehicle (Third Party Risks and Compensation) Transport Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: MUHAMMAD HAIKAL BIN ABDUL KADIR
NAMED DRIVER (1)	; N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A
I/We hereby Certify that the Policy to which this Certiford Vehicles (Third Party Risks and Compensation) Act (Chagency WANG, YUANYUAN (00000602) Date of Issue 02 Mar 2019 13:08 hrs	ificate relates is issued in accordance with the provisions of the Motor hapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
Zon	For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Countersigned By:	
Authorised Offi	icer Chief Executive

									Genera	lClaim
601						• Change	Language	• Chang	e Password	· Log Ou
Poli	cy Query									
Policy N	10.				Date	of Accident	28	3/03/2019 2	3:25	
Vehicle	No.(For Motor)	SBT26	78C		Certifi	cate Number				
				1	Search					
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5107917523		MUHAMMAD HAIKAL BIN ABDUL KADIR	S9440767B	GPC	Third Party	SBT2678C	SBT2678C	04/03/2019	30/04/2020
	Policy N Vehicle Select	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No.	Policy Query Policy No. Vehicle No.(For Motor) SBT26 Select Policy No. Certificate Number	Policy Query Policy No. Vehicle No.(For Motor) SBT2678C Select Policy No. Certificate Number Name MUHAMMAD HAIKAL BIN	Policy Query Policy No. Vehicle No.(For Motor) SBT2678C Select Policy No. Certificate Number Name Name NRIC MUHAMMAD HAIKAL BIN S94407678	Policy Query Policy No. Vehicle No.(For Motor) SBT2678C Certificate Search Select Policy No. Certificate Number Name Policyholder NRIC Name MUHAMMAD HAIKAL BIN S9440767B GPC	Policy Query Policy No. Date of Accident Vehicle No.(For Motor) SBT2678C Certificate Number Search Select Policy No. Certificate Number Name Name NRIC Policyholder Policyholder NRIC S107917523 MUHAMMAD HAIKAL BIN S94407678 GPC Third Party	Policy Query Policy No. Date of Accident Vehicle No.(For Motor) SBT2678C Certificate Number Search Select Policy No. Certificate Number Name Name Number No. Policyholder NRIC Product Cover Type Vehicle No. Date of Accident Zi Search Search Select Policy No. Select Policy No. Policyholder NRIC No. Name Name Name Name Name Name Name Nam	Policy Query Policy No. Date of Accident 28/03/2019 2 Vehicle No.(For Motor) SBT2678C Certificate Number Search Select Policy No. Certificate Number Name NRIC Product Cover Type Vehicle Insured Object No. 5107917523 HAIKAL BIN S9440767B GPC Third Party SBT2678C SBT2678C	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Policyholder Name Number Name MUHAMMAD HAIKAL BIN S9440767B Policyholder S9440767B GPC Third Party SBT2678C SBT2678C D4/03/2019 Change Password Commence Name No. Object Date Object Date Oddient Commence No. Object Date

Sequer	nce Date of Endorsem	ent	Endorseme	nt Type	Endorsement	Status	Endorsement Content
	sements						
) Insure	d Object: SBT2678C						
Jnit No.	14-304	Relate Numb	ed Policy er	5107917523			
Address 4		Addre	ss Type	Singapore address		Post Code	651210
Address 1	BLK 210A #14-304	Addre	ess 2	BUKIT BATOK STRE	ET 21	Address 3	SINGAPORE 651210
Policy	holder Mailing Address						
Certificate Info							
Open Policy Info							
Flag	15776.2						
Co- nsurance	No				eres (Veltate)		
Agent	WANG, YUANYUAN	Agent Tel.	90916539		GST Flag	Y	
Singapore OD Excess	0	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Excess Outside		OS Premium	0				
Party Excess Additional	0	damage Excess	0		Excess	0	
Third		Own			Windscreen		
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	02/03/2019	Effective Date	04/03/201	19 00:00	Expiry Date	30/04/2020 2	23:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 210A #14-304 BUKIT BA	TOK STREET 21	SINGAPORI	E 651210			
Certificate No.							
Policy No.	5107917523	Policyholder Name	MUHAMMA	AD HAIKAL BIN ABDUL	Policyholder NRIC	S9440767B	

1000					
licy No.	5107917523	Vehicle No.	58T2678C	GST Registration No.	
rtificate No.				The second secon	
licyholder Name	MUHAMMAD HATKAL BIN ABDUL KADIR			Policyholder NRIC	594407678
oduct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
ontact No.(Mobile)	84651900	Contact No.(Office)	0	Contact No.(Home)	0
navi Address		Special Remark		eCode	Tit v
ĸ	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	(Martine 2)
TO Protection	No	NCD Entitlement(%)	0	Private rine	No
Accident Details					
port Date	29/03/2019 10:13	Acodent Report Within 24 hrs	Yes	Accident Type	Chain Collision
ite of Accident	26/03/2019	Time of Accident hn;mm	23:25	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	JUNC WOODLANDS RD & SENJA WAY				
Total Excess Applicable	G.				
ess Type	Per Accident	Windscreen Excess	0.00		
Control of the					
Standard Excess	0.00	TP Standard Excess	0.00		
D OD Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
ditional Excess		Cartorage at the control of			
al CO fixcess Applicable Benefits	0,00	Total TP Excess Applicable	0.00		
GST Registered Informs	ation				
T Registered	ation No		GST Receiptration fluor		
T Registration No.	870		GST Registration Date GST Status Verified	Yes	
Sification History				1000	
Policyholder Hailing Ad	idress				
dress 1	BLK 210A #14-304	Address 2	BUKIT BATOK STREET 21	Address 3	SINGAPORE 651210
dress 4		Address Type	Singapore address	Post Code	651210
n.No.	14-304	Related Policy Number	5107917523	Facility County	431510
OI Driver Info		X. (3.11 C.11)			
ver Name	MUHAMMAD HAJKAL BIN ABOUL KADIR	Driver Type	Main Driver		
named driver Name		Driver NRIC	594407678	Driver DOS	08/11/1994
pater Date of Driver License	19/02/2019	Driver Age	34	Driving Experience	0
ntact No. (Mosele)	84681900	Contact No.(Office)	0	Contact No.(Home)	0
iness 1	BLK 210A	Address 2	BUKIT BATOK STREET 21	Address 3	SINGAPORE 651210
dress 4		Address Type	Singapore address	Post Code	651210
it No.	14-304				
ex he own a Singapore. gistered car?	○ Yes ® No	Oriver Vehicle No.		Driver Insurer Company	
laration					
ethalyser or Blood Test	D mg	Any injury?	○ Yes ® No		
esthalyser or Blood Test ading? diffication History	Dmg	Any ingury?	○ YEE No		
ethalyser or Blood Test ding? Ification History					
ethalyser or Blood Test ding? Ification History Naim 001 New	OD-MX Y 84661900	Insured Name	YEE ® NO MUHAMMAD HAIKAL BIN ABDUL	Insured NRIC	\$94407678
ethalyser or Blood Test iding? ification History Naim GOS New Type * tact No.(Mostle)	OD-MX	Insured Name Contact No.(Home)	MUHAMMAD HAIKAL BIN ABOUL	Contact No.(Office)	
ethalyser or Blood Test ding? (Fication History Balm 001 Next Type * tact No.(Mostle) H) Address	OD-MX SAGB1900	Insured Name	MUHAMMAD HAIKAL BIN ABDUA		\$94407678 SKQ247K
ethalyser or Blood Test ding? fication History laim 001 New m Type * tact No. (Mostle) Hi Address mant Type Claimant Type *	OO-MX S4681900 HAIKEL0811@GMAIL.COM PMasse Select	Insured Name Centact No.(Home) Oil Vehicle Number	MUHAMMAD HAIKAL BIN ABOUL	Contact No.(Office)	
ethalyser or Blood Test ding? fication History laim 001 Nex m Type * tact No. (Motele) Hi Address mant Type Claimant Type * mant Name *	OD-MX SAGB1900	Insured Name Centact No.(Home) OI Vehicle Number Type of Benefit *	MUHAMMAD HAIKAL BIN ABDUA	Contact No.(Office)	
schalyser or Blood Test drigg? fication History laim 001 Nam Type * tact No.(Mobile) a) Address ment Type Claiment Type * mant Name * mant Address	OO-MX SA681900 HAIKEL0811@GMAIL.COM PMasse Select	Insured Name Centact No.(Home) OI Vehicle Number Type of Benefit *	MUHAMMAD HAIKAL BIN ABDUA	Contact No. (Office) TP Vehicle Number	
ethalyser or Stood Test drog? Internation History Internation History	OO-MX \$4681900 HAIKEL0811∲dMAIL COM Please Select ≥≥	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NR3C *	MUHAMMAD HAIKAL BIN ABDUA BBT2678C Please Select	Contact No.(Office)	
ethalyser or Slood Test ding? Incation History Italim 001	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NR3C *	MUHAMMAD HAIKAL BIN ABDUA SBT2678C Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	SKQ247K
ethalyser or Stood Test ding? Infraction History Infraction	OD-MX 84681900 HAIKEL0811@dMAIL COM Please Select ≥≥ SBT2679C / SKQ247K ON 28 Mar 2019 Yes	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option	MUHAMMAD HAIKAL BIN ABDUA BBT2678C Please Select	Contact No. (Office) TP Vehicle Number IP Vehicle Number Name of Preferred Workshop GIA report	SKQ247K
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