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D.O.A: 1/4/19-16:50	i-Motor Claim Form	100- 12888 CI ITM	ulylig 1	8:17
OD Reporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)		
	i-Photo Uploaded		2.5000	
TP Insurer:	Assessment/Survey Report	İ		
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Preferred Wksp / INC Assign Wksp / QW: TP Particulars: Veh No: A	<u> </u>		ex:	
Owner / Driver: (	15C2807 L INC (	)/Non-INC( )		
Policy No: (	Dadie de C	Tel:	)	
Confirmed by : (	Period: ( )	Cover Type: (	)	
	Date:	Time:	)	
Year of Registration: ( )	Note-Est Status (WO): N: 0-2		00%]	
	Warranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$ General Remarks:-	51,000 ( )/\$2,000 ( )			
A CONTRACTOR OF THE PROPERTY O		Mand Company of the Company	2000	a
( ) Walk-In Customer: Customer's i	nformation strictly Confidential & St	rictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Ins	urer URGENTLY.			
			-	
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Remarks: (INC hotline: 6788 6616)		o la company and the same of t	AC-1300 Nov. 2011	
(		Date & Turne Completed	Mark Thomas	har
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#### 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.
- 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.	and the architecture of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	04/04/2019 18:02
Date Of Accident	03/04/2019 16:50
Exact Location Of Accident	JUNC YISHUN AVE 10
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKS2443L
Insured/Policyholder	
Name Of Registered Owner	MOHAMED ILYAS FAKRUDEEN S/O ABDUL SALAM
NRIC No	S7690040Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91120805
Alternative Phone No	OFFICE-91120805
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA GP 1.4 TSI 90 A/T TL 1632G5
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	COMPREHENSIVE
Fleet Policy	NO

Policy Number 5107587525

Cover Note Number

#### Driver

Name of Driver PARVEEN BANU BINTE ABU HANIFAH

 NRIC No
 \$8134431J

 Date Of Birth
 14/10/1981

 Occupation
 INDOOR

 Date Of Driving Pass
 27/01/2005

Driving Experience 14 YEARS AND 2 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-91120805

Fax Number

Contact Number OFFICE-91120805

EMail Address NOEMAIL

BLK 357A ADMIRALTY DRIVE Address

#14-154

751357

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES NO

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:

GENDER:

: MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

GBC2807L

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

# Name PARVEEN BANU BINTE ABU HANIFAH Approximate Age Injuries Sustain NECK Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address Postcode

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder 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>.
- 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) 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.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time: SKETCH PLAN

A SK S 2 4 3 L

S G B C 2 8 0 7 L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT was travelling at My our lane and come to a stop Sale front vehicle. All of a sudden x fell an the huge imposed portion. After vehicle sear which collide & me.

DECLARATION

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

Date & time:

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder)

NRIC/FIN No.:

Name:

reporting centre personnels Signature

Page 6

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.

- Complete and south this form to the individual insurance according to reporting certain.
   Please report correctly on the details of the accident to speed up the claim process.
   This form must be filled up by the policy holder and/or authorised driver.
   Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

15central and some	ACCIDEN	T DETA	ILS	10	
Date of accident	03/04/2019				(DD/MM/YY)
Time of accident	4.50 PM				(HH:MM)
Exact location of accident	Junction	of	Yishun	Aucio	(

Real Control of the C	DETAILS OF VEHICLE	O TELE
Vehicle registration number	SK5 2443L	
Vehicle make and model	voll-swagen Jetta	
Type of vehicle	Saloon  MPV  CRV  Van   Lorry  Bus  Motorcycle  Others:	
Vehicle category	Private Commercial Motorcycle	
Purpose of using at said time		
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only	

Belleville of the life	INSURANCE IN	FORMATION	Total Contract
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

INSURED / POLICY HOLDER				
Name	Mohamed Ilyas Fakruden slo Abblil Salam Male & Female 0			
NRIC / Fin / Passport number	\$7690040Z			
Contact				
Address	1315 357A Admiralty stive \$14-154 5(751357)			

DRIVER SAME AS INSURED ABOVE (SKIP TO D.O.B)				
Name	Parveen Banu Binte Abu Havitah Male Female -			
NRIC / Fin / Passport number	58134431 J			
Contact	91120805			
Address	Blk 357A Admirally Dive #14-15+ 5(751357)			
Email address				
Date of birth	14/10/1981			
Occupation	Indoor Ø Outdoor 🗆			
Driving date pass	27/01/2005			

The Control of the Co	GENERAL	INFORMATION	OF THE ACCIDENT	
Was driver an employee of	Yes 🗆	No 🗷		
the insured's company?	If no, rela	ationship of the	driver and insured: _	Spouse
Accident captured by camera?	Yes	No 🗷		
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry 🗗	Wet 🗆		
No of passenger	2	75		(Inclusive of dri
4				
District the second		PASSENGE	R 1	
Name				
Gender	Male 🗸	Female 🗆		
	Superior.	PASSENGE	R 2	f
Name				
Gender	Male 🗆	Female 🗆		
Letter the second second	Enter	PASSENGE	R3	
Name				
Gender	Male 🗆	Female 🗆		
100000		PASSENGE	R 4	
Name				
Gender	Male 🗆	Female 🗆		
Mary Care to the Control of	Strong of	PASSENGE	R 5	Company of the last of the las
Name				
Gender	Male 🗆	Female		
NAME OF THE OWNER O		PASSENGE	R 6	
Name				
Gender	Male 🗆	Female 🗆		
Name of the last o		OTHER INFORM	IATION	
Was anybody injured?	Yes 🗹	No 🗆		
Was other vehicle damaged?	Yes 🗷	No 🗆		
	DETAILS	OF POLICE STA	TION ACTION	
Reported to police?	Yes 🗆	No □ If ye	s, please state which	police station.
Police station name				
E STORES TO A LOCAL DE LOCAL D	OLIVERY.	WITNESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Name	mr Sa			
Mine And the San	Maria B	WITNESS :	2	The same of the sa
Name				

THIRD PARTY VEHICLE 1				
Vehicle registration number	GBC 1867L			
Vehicle make model				
Name				
NRIC / Fin / Passport number	72.1			
Contact				

kawai o say peringan	THIRD PARTY VEHICLE 2	1	T W	
Vehicle registration number				
Vehicle make model			-	
Name				
NRIC / Fin / Passport number		7		
Contact				

	THIRD PARTY VEHICLE 3	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

Mark Company of the C	THIRD PARTY VEHICLE 4	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

	THIRD PARTY VEHICLE 5	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

THIRD PARTY VEHICLE 6					
Vehicle registration number					
Vehicle make model					
Name					
NRIC / Fin / Passport number					
Contact					

THIRD PARTY VEHICLE 7						
Vehicle registration number						
Vehicle make model						
Name						
NRIC / Fin / Passport number						
Contact						

ASSET TO CONTRACT OF THE PARTY		INJURE	D PERSON 1				- 13	
Name			Parveen	Banv	vinte	Abu	Harifah	
Injuries sustained				neck			A	
Which vehicle person in?			SIC	524431				
Were seat belts worn?	Yes	No 🗆						
Was injured conveyed to hospital by ambulance?	Yes 🗆	No □⁄						

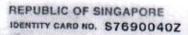
Merrica Company	11,000	INJURED PERSON 2	1	
Name				
Injuries sustained				
Which vehicle person in?				- 1112
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆		

	ogo day	INJURED PERSON 3	V 6	9.	8 1 1 1 1 1
Name					
Injuries sustained					
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆			

		INJURED PERSON 4		1450
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆		

INJURED PERSON 5					
Name					
Injuries sustained					
Which vehicle person in?					
Were seat belts worn?	Yes 🗆 No 🗈				
Was injured conveyed to hospital by ambulance?	Yes D No D				

	Name of	INJURED PERSON 6	41	San Marian Maria
Name				
Injuries sustained				
Which vehicle person in?			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆		







MOHAMED ILYAS FAKRUDEEN S/O ABDUL SALAM

group Holuse sugar

INDIAN

One of birth | Dec | 04-09-1976 | M

INDIA







Licence Number, S 8 1 3 4 4 3 1 J Name

PARVEEN BANU BINTE ABU HANIFAH

Birth Date: 14 Oct 1981



## REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8134431J





PARVEEN BANU BINTE ABU



Sex F



Country of birth

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

PASS DATE

Class 3

Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors /vehicles =< 2500 kg

27 Jan 2005

3971028

NP 428A



NRIC No. S8134431J

Date of issue 20-11-2006

APT BLK 357A ADMIRALTY DRIVE #14-154 SINGAPORE 751357

NRIC No: \$8134431J Date: 15/12/2007 No: 5867898



MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSA	
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSA ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (M	ATION) RULES, 1960
Certificate Number: 5107587525	Cover : drivo CLASSIC
1. Index mark and Registration Number of Vehicle	: SKS2443L
Chassis Number	: WVWZZZ16ZFM002431
2. Name of Policyholder	: MOHAMED ILYAS FAKRUDEEN S/O ABDUL SALAM
3. Effective Date of Insurance	: 31 Mar 2019
4. Expiry Date of Insurance	: 30 Mar 2020
<ol> <li>Persons or Classes of Persons entitled to drive#</li> <li>(a) The Policyholder.</li> </ol>	
(b) Any other person who is driving on the Policyho	older's order or with his/her permission.
Provided that the person driving is permitted in the Motor Vehicle or has been so permitted and enactment or regulation in that behalf from driv	accordance with the licensing or other laws or regulations to drive d is not disqualified by order of a Court of Law or by reason of any ving the Motor Vehicle.
6. Limitations as to Use#	
	and in connection with the Policyholder's business or profession.
This Policy does not cover	
(a) Use for hire or reward.	
(b) Use for racing, pace-making, reliability trial or s	peed-testing.
<ul> <li>(c) Use for the carriage of goods (other than sample)</li> <li>(d) Use for any purpose in connection with the Mo</li> </ul>	
	f the Motor Vehicle (Third Party Risks and Compensation)
Act (Chapter 189) and Section 95 of the Road Tra headings.	ansport Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	: \$\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: \$\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: NO
PRIMARY DRIVER	: MOHAMED ILYAS FAKRUDEEN S/O ABDUL SALAM
NAMED DRIVER (1)	: PARVEEN BANU
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

<b>eBao</b> Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601				OF REAL PROPERTY OF THE PARTY.	A PERSON NAMED IN	• Change	Language	• Chang	e Password	· Log Ou
My Desktop	Polic	y Query									
Notice of Loss	Policy No	o.				Date	of Accident	0:	3/04/2019 1	6:50	
	Vehicle f	No.(For Motor)	SKS24	43L		Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5107587525		MOHAMED ILYAS FAKRUDEEN S/O ABDUL SALAM	57690040Z	GPC	drivo CLASSIC		SKS2443L		30/03/2020
				SALAM:		Continue	]				

Policy No.	5107587525	Policyholder Name	MOHAMED	ILYAS FAKRUDEEN S	Policyholder	S7690040Z	
Certificate		Name			NRIC		
Address	BLK 357A #14-154 ADMIRAL	TY DRIVE SINGA	PORE 75135	17			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	19/02/2019	Effective Date	31/03/201	9 00:00	Expiry Date	30/03/2020 23	59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/I	Inexperience Driver Excess
Agent	AUTOSHIELD PTE, LTD.	Agent Tel.	63850777		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
	BLK 357A #14-154	Addre	ss 2	ADMIRALTY DRIVE		Address 3	SINGAPORE 751357
LOS CONTROLS	DEK 2214 #14-124	1000000					
Address 1 Address 4	DLN 337N #14-134		ss Type	Singapore address		Post Code	751357
Address 1	DEN 337H #14-134	Addre	ss Type ed Policy	Singapore address 5107587525		Post Code	751357
Address 1 Address 4 Unit No.	ed Object: SKS2443L	Addre Relate	ss Type ed Policy			Post Code	751357
Address 1 Address 4 Unit No.	ed Object: SKS2443L	Addre Relate	ss Type ed Policy			Post Code	751357

Claim Handling					> Exit.
Accident MT/1038884					
Policy No.	5107567525	Vehicle No.	SK52443L	GST Registration No.	
Certificate No.					
Policyholder Name	MOHAMED ILYAS FAKRUDEEN S/O ABD			Policyholder NR3C	57690040Z
Product Code Contact No.(Mobile)	PRIVATE CAR INSURANCE	Cover Type	enve CLASSIC	Loading	0
Email Address	91120805	Contact No.(Office)	0	Contact No. (Home)	0
KEK	® No ○Yes	Special Remark TGA		eCode	No. C
NCD Protection	No.	NCD Entitlement(%)	® No ○Yes	eCode Reason	
Accident Details		nco crattement(ve)	30	Private Hire	No
Report Date	04/04/2019 18:11	Accident Report Within 24 hrs	. Yes	17 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	New Author (New York Control of
Date of Accident	03/04/2019	Time of Accident htt:mm	16:50	Accident Type	Collision - Head to Rear
Reporting Centre		Drange Force	10.30	Country of Acadent ICM No.	Singapore
Accident Location	JUNC YISHUN AVE 10	70000000		20,41 (40)	
♥ Total Excess Applicable					
Excess Type	Per Accident	Windspreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIEO OO Excess	0.00	Y100 TP Excess	0.00	Driver is Covered?	Not Applicable
Additional Excess	0.00		4104	Division to Constitution	rest approache
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
₩ Benefits					
Coverage			Sum Insured		
Transport Allowance			99999999.99		
□ GST Registered Inform GST Registered					
GST Registration No.	No		GST Registration Date GST Status Verified	100	
Modification History			GOT Status Venneu	Yes	
Policyholder Mailing Ar	ddress				
Address I	BLK 357A #14-154	Address 2	ADMIRALTY DRIVE	Address 3	SINGAPORE 751357
Address 4 Unit No.		Address Type	Singapore address	Post Code	751357
OI Driver Info		Related Policy Number	5107587525		
Driver Name	PARVEEN BANU	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	581344313	Driver DOS	14/10/1981
Register Date of Driver License	27/01/2005	Driver Age	37	Driving Experience	14
Contact No.(Mobile)	91120805	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLX 357A	Address 2	ADMIRALTY DRIVE	Address 3	SUN BLISS
Address 4	SINGAPORE 751357	Address Type	Singapore address	Post Code	751357
Unit No.	14-154				
Does he own a Singapore Registered car?	○ Yes  No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	D mg	Any injury?	₩ Yes ○ No		
201200000000					
Modification History					
Claim 001 New					
Claim Type +	OD-MX V				
Contact No.(Mobile)	90685123	Insured Name Contact No.(Home)	MOHAMED ILYAS FAKRUDEEN S 65551796	Insured NRIC	S7690040Z
Email Address	ilyasdeen@gmail.com	Of Vehicle Number	5KS2443L	Contact No.(Office)  TP Vehicle Number	[marriage]
Claimant Type Claimant Type+		Type of Benefit *	Please Select	ir vende number	GBC2807L
Clarment Name *	>>	Claimant NR3C *			
Claimant Address				1	
Claim Description	SK\$2443L / GBC2807L ON 3 Apr 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes 🔍	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	04/04/2019 18:13	Claim Close Date		Date Received	04/04/2019 00:00
Report Taken By	Jackson				
Print AK letter					
V 22223 C. S.			Save Submit		
Attachment					
w.					
Accident No.	MT/1038884	Claim No.	001		
Last Doc. Received	® Yes ○ No	Upload Date	04/04/2019 18:14		

