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NATIONAL Assessment Cen			1
Date In: 35/19 - 17:08	Job description	Date & Time Completed	Done by
Re[No: MA]/MC19008066 124	SAS e-filing		
Veh No: 11W 1976P	E-mail (within Shrs, AIC 2	thrs)	
D.O.A: \$\$ 19-19:00	i-Motor Claim Form	MY 1043419-001	2/3/19 22:30
OD (T) ! Reporting Only	i-Motor W/O (Within:		
ob O Freporting Only	i-Photo Uploaded	1	
TD	Assessment/Survey Rep	port	
TP Insurer:	Ass't Report by Fax / H		
Preferred Wksp / INC Assign Wksp / QW: (			
TP Particulars: Veh No: Su		Tel:	Fax:
Owner / Driver: (	11990k	NC( )/Non-INC( ).	
	Period: (	Tel:	
Confirmed by : (	Date:	) Cover Type: (	
		Time:	)
Year of Registration: ( )	[Note-Est. Status (WO): N		100%]
	Warranty: YES ( )/NO		
CO NOTES VENE VINE CONT.	1,000 ( )/\$2,000 ( )		
2) QC Check / Post Repair Inspection	( ) ( )		
3) Upload Resurvey Photo [Repair Cost > 5	\$3000] ( )	7 7 7	
Injury:			
Date/Time Actions			
Actions		Annual Control	PERSONAL PROPERTY.
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4140 HB6 1	Invoice	Preparation Checklist	Street Trans 18 Taylor
umant's Particulars :-			In Bill Add
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	1) AR : Acc 2) DA : Day 3) TF : Tow	mage Assessment (\$100); INC (\$8 ing Fee . \$40	
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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.
- Information provided must be as <u>truthful and accurate</u> 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,	
	ACCIDENT STATEMENT
Date Of Report	07/05/2019 18:08
Date Of Accident	05/05/2019 19:20
Exact Location Of Accident	ONAN RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKV1956P
Insured/Policyholder	
Name Of Registered Owner	ABDUL LAJIS BIN ISMAIL
NRIC No	S1367662C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84212463
Alternative Phone No	OFFICE-84212463
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
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	5083226890-02
Cover Note Number	
Driver	
Name of Driver	RAFIZ BIN ABDUL LAJIS

Name of Driver RAFIZ BIN ABDUL LAJIS

 NRIC No
 \$8523991J

 Date Of Birth
 17/08/1985

 Occupation
 INDOOR

 Date Of Driving Pass
 27/07/2006

Driving Experience 12 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84212463

Fax Number

Contact Number OFFICE-84212463

EMail Address NOEMAIL

Address BLK 231 COMPASSVALE WALK

#02-440

Postcode 540231

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

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

\_\_\_\_

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

5

**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?

...

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SLL4990K

Vehicle Make/Model/Colour

Details Of Properties

HONDA

Vahiala Catagoni

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)

**DETAILS OF INJURED PERSON 1** 

Name

ABDUL LAJIS BIN ISMAIL

Page 2 of 20

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKV1956P

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### **DETAILS OF INJURED PERSON 2**

Name

RAFIZ BIN ABDUL LAJIS

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKV1956P

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance? Address

Postcode

#### **DETAILS OF INJURED PERSON 3**

Name

YUWABUT SUWANAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKV1956P

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### **DETAILS OF INJURED PERSON 4**

Name

ROSIAH BTE KATANI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKV1956P

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### **DETAILS OF INJURED PERSON 5**

Name

MUHAMMAD YUNUS

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKV1956P

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wifful misrapresentation 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 gest 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.
- 7. 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 aforessid.
- 3. Consent under the Personal Data Protection Act (PDPA)

t 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 Monstary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (f) processing, handling and/or dealing with my daims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims:
  - (ili) 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 low 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' (swyers/law firms, may/are perm/tted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- my Personal Information may/can be disclosed by any of the Insurers and/or SIA to their third party service providers or agents including their lawyers/law firms), which may be sked outside of Singaporo, for one or more of the above Purposes-
- (a) 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 dalms.
- (e) the information so collected under (a) 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:

Oriver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

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DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
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01 2	May 2019 arour	nd 1918, vehicle A
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(SKV1956P) 1	was stationary	y waiting for parking lot.
Suddenly	on to	
U-l- b D II	1 1 3 1 1 1	^
Vehicle 13 coll	ided by vehicle	A.
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Victoria de la composição		
DECLARATION		
Ave declare the foregoing part	iculars are true in every daspect	
/ p/	The	Y
		Jun
Policyholder's Signature	Driver's Signature	Reporting Contra-Personnel's Signature
Date & Time:	(If driver is not the policyho	Nome:
	Date & Time:	NRIC/FIN NO.1

Date of Accident	: 5 May 2019 Accident Time: 7. 18 pm (24-HR-Format)				
Accident Place	: Onan toad				
Vehicle Reg. No. (Car Plate No.)	: SKV 1956 P				
Vehicle Make/Model	: Hyundai Elentra				
Insurance Company	: NTUC Policy No.				
Owner or Company Name /IC No.	: ABDUL LADIS BIN ISMAIL 51367662C				
Owner or Company Contact No.	: 84212463 Owner's Hp Company Tel				
DRIVER'S Name / IC No.	: RAFIZ BIN ABOUL LAJIS S8523991]				
DRIVER'S Date Of Birth	: 17 08 1985 DRIVER'S License Pass Date				
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee \ Others:				
DRIVER'S Address	: APT BLK 231 COMPASSVALE WALK # 8				
DRIVER'S Contact No./ Alt No.	:1) 84212463 2) 554023				
DRIVER'S Occupation	:INDOOR OUTDOOR (e.g. working inside or outside office)				
Email Address	: platinumwerkz@gmail.com				
Weather & Road Surface	CLEAR & DRY RAINING & WET \ AFTER RAIN & WET				
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance				
Number of Passengers (Including	Driver): 05				
Was there any video Captured by Exact purpose for which vehicle w	car camera: YES \NO was being used at the time of accident (Private use)\ Work purpose				
Other	Party Driver's Particular (if any)				
Vehicle Reg. No: SLL 499	OK Vehicle Reg. No:				
Vehicle Make Model: HONDA	Vehicle Make\Model:				
Name Driver:					
IC No. Driver:					
Driver's Contact & Add:					



#### REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8523991J





RAFIZ BIN ABDUL LAJIS

Race MALAY 17-08-1985 Country/Place of birth SINGAPORE

5979221

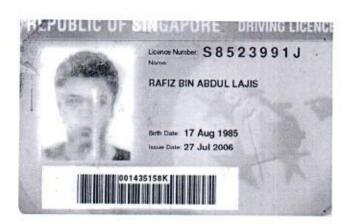




13-07-2018

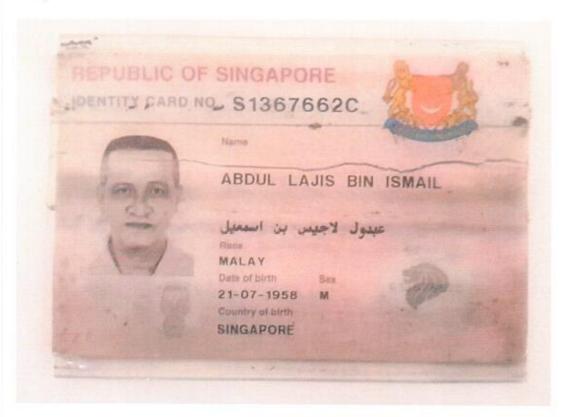
APT BLK 231 COMPASSVALE WALK #02-440 SINGAPORE 540231

Oriver





OWNER





Deissanger

## REPUBLIC OF SINGAPORE

FIN G1716686M



YUWABUT SUWANAN

Date of Birth 13-05-1995 Nationality THAI Sex

G1716686M

FA2149213

### VISIT PASS

Immigration Regulations



FIN G1716686M

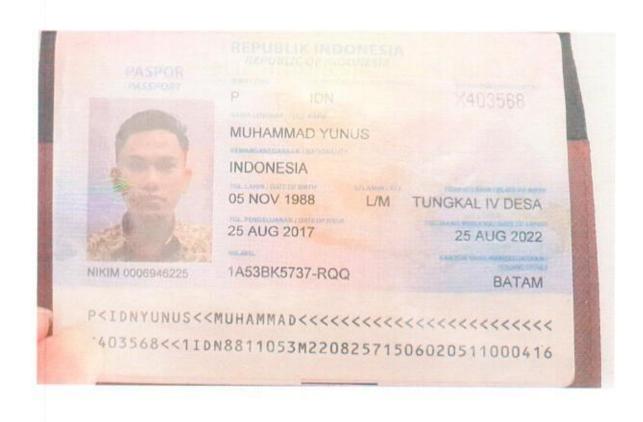
MULTIPLE JOURNEY VISA ISSUED

22-10-2018

Date of Expiry 22-10-2019



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU



# IDENTITY CARD NO. \$15698791





Name

ROSIAH BTE KATANI

روسيأه بنت كاتنى Race

JAVANESE

Date of birth

21-07-1962

Country/Place of birth

SINGAPORE





5773504



Sex

F

NRIC No. S15698791



Date of Issue 25-07-2017

Address

APT BLK 231 COMPASSVALE WALK #02-440 SINGAPORE 540231



#### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5083226890-02

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SKV1956P

Chassis Number

: KMHDH41CMGU624442

2. Name of Policyholder

: ABDUL LAJIS BIN ISMAIL

3. Effective Date of Insurance

: 01 Sep 2018

4. Expiry Date of Insurance

: 31 Aug 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes 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 speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)

Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

: \$\$600

EXCESS (SECTION 2)

WINDSCREEN EXCESS ADDITIONAL EXCESS

: S\$100 : N/A

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

NCD PROTECTION

: YES (FREE)

TRANSPORT ALLOWANCE

: NO

**EXCESS WAIVER** 

: NO

PRIMARY DRIVER

: ABDUL LAJIS BIN ISMAIL : RAFIZ BIN ABDUL LAJIS

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

HIRE PURCHASE COMPANY

: N/A

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: LOO TZE KUEN (LU ZIKUN) (00000602244)

Date of Issue

: 28 Aug 2018 17:03 hrs

Reprint

: 28 Aug 2018 17:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

**Chief Executive** 

									Genera	Claim
1			1000			• Change	Language	Chang	e Password	Log Out
Policy	Query									,
Policy No. Vehicle No	(For Motor)	SKV19	56P		Certifi		0:	5/05/2019 1	9:20	
Select P	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
O 50	83226890- 02		ABDUL LAJIS BIN ISMAIL	S1367662C	GPC	drivo CLASSIC	SKV1956P	SKV1956P	01/09/2018	31/08/2019
	Policy Policy No. Vehicle No	Policy Query Policy No. Vehicle No.(For Motor)  Select Policy No. 5083226890-	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No.  Certificate Number  5083226890-	Policy Query  Policy No.  Vehicle No.(For Motor)  SKV1956P  Select Policy No. Certificate Number Name  5083226890- ABDUL LAIS	Policy Query  Policy No.  Vehicle No.(For Motor)  SKV1956P  Select Policy No. Certificate Name NRIC  S083226890- ABDUL LAIS \$1363630	Policy Query  Policy No. Date of the policy No. SKV1956P Certificate Policyholder Name NRIC Product NA	Policy Query  Policy No. Date of Accident  Vehicle No.(For Motor) SKV1956P Certificate Number  Select Policy No. Certificate Policyholder Name NRIC Product Cover Type  5083226890- ABDUL LAJIS \$186867C CRP drive	Policy Query  Policy No. Date of Accident Of Vehicle No. (For Motor) SKV1956P Certificate Number  Select Policy No. Certificate Number Name NRIC Product Cover Type Vehicle No. Open No. ABDUL LAITS STREET OF THE NO. OPEN	Policy Query  Policy No. Date of Accident 05/05/2019 1  Vehicle No.(For Motor) SKV1956P Certificate Number  Search  Select Policy No. Certificate Policyholder Name NRIC Product Cover Type No. Object  O 5083226890- ABDULLAIS \$13826620 GBC drive Cover September Septem	Policy Query  Policy No. Date of Accident 05/05/2019 19:20  Vehicle No.(For Motor) SKV1956P Certificate Number  Select Policy No. Certificate Number NRIC Product Cover Type Vehicle Insured Commence Number NRIC Product Cover Type No. Object Date 05083226890- ABDUL LATIS 51363650 GRC drive 5043550 CHRC PRODUCT OF ABOUL LATIS 51363650 GRC drive 5043550 CHRC PRODUCT OF ABOUL LATIS 51363650 GRC drive 5043550 CHRC PRODUCT OF ABOUL LATIS 51363650 GRC drive 5043550 CHRC PRODUCT OF ABOUL LATIS 51363650 GRC drive 5043550 CHRC PRODUCT OF ABOUL LATIS 51363650 GRC drive 5043550 CHRC PRODUCT OF ABOUL LATIS 51363650 GRC drive 5043550 CHRC PRODUCT OF ABOUL LATIS 51363650 GRC drive 5043550 CHRC PRODUCT OF ABOUL LATIS 51363650 GRC drive 5043550 CHRC PRODUCT OF ABOUL LATIS 51363650 CHRC PRODUCT OF ABOUT OF A

Policy No.	5083226890-02	Policyholder Name	ABDUL LAJ	IS BIN ISMAIL	Policyholder NRIC	S1367662C	
Certificate No.		a secularity			1111111		
Address	BLK 231 #02-440 COMPASSV	ALE WALK SING	APORE 5402	31			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	28/08/2018	Effective Date	01/09/2018	3 00:00	Expiry Date	31/08/2019 2	3:59
Excess Type		All Claims Excess					
Third		Own			0.000		
Party Excess	0	damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore		Outside					
OD Excess	600	Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	LOO TZE KUEN (LU ZIKUN)	Agent Tel.	97668316		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 231 #02-440	Addre	ess 2	COMPASSVALE WA	ALK	Address 3	SINGAPORE 540231
Address 4		Addre	ss Type	Singapore address		Post Code	540231
		Relate	ed Policy er	5083226890-02			
Unit No.							
920000	ed Object: SKV1956P						
Unit No.  D Insure  ⇒ Endors	and beauty						

laim Handling					
cident MT/1043419 Icy No.	5083226890-02	Vehicle No.	SKV1956P	Name and Desire and De	
Uficate No.		Vallage reg.	2KV1936P	GST Registration No.	
synolder Name	ABDUL LAJIS BIN ISMAIL			NEW SERVICES	
fuct Code	PRIVATE CAR INSURANCE			Policyholder NRIC	\$1367662C
tact No.(Mobile)		Cover Type	drivo CLASSIC	Loading	0
	84212463	Contact No.(Office)	0	Contact No.(Home)	0
el Address		Special Remark		eCode	THE Y
	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
ort Date	07/05/2019 22:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
of Accident	05/05/2019	Time of Accident hh:mm	19/20	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	Singapore
dent Location	ONAN RD	CONTRACTOR IV.		agery mo.	
Excess					
damage Excess	600.00	Additional Excess	0	10-40 VIII 10	A PROPERTY OF
arried Driver Excess	0.00	Outside Singapore OD Excess		Windscreen Excess	100.00
d Party Excess			600.00		
Benefits	0.00	Outside Singapore TP Excess	0.00		
	955 (SC)				
GST Registered Informa					
Registered	No		GST Registration Date		
Registration No.			GST Status Ventiled	Yes	
fication History					
Policyholder Hailing Ad	Mires				
ess 1	BLK 231 #02-440	Address 2	COMPASSVALE WALK	usreseu n	222
ress 4	400 700 778	Address Type		Address 3	SINGAPORE \$40231
No.			Singapore address	Post Code	540231
OI Driver Info		Related Policy Number	5083226890-02		
er Name	RAFIZ BIN ABOUL LAXIS		11 00		
amed driver Name	MAPIZ BIN ABOUL LAVIS	Driver Type	Named Driver		
ster Date of Driver License		Driver NRIC	585239913	Driver DOB	17/08/1985
		Driver Age	33	Driving Experience	12
act No.(Mobile)	84212463	Contact No. (Office)	0	Contact No.(Home)	0
ress 1	BLK 231	Address 2	COMPASSIVALE WALK	Address 3	SINGAPORE 540231
ess 4		Address Type	Singapore address	Post Code	540231
No.	02-440				
s he own a Singapore	○ Yes ® No	Driver Vehicle No.		Post and Income Manager	
stered car?	73040-70-03			Driver Insurer Company	
aration					
sthalyser or Blood Test	D mg	Any injury?	® Yes ○ No		
ding?		and seed of	\$ 144 CILD		
Stication History					
laim 001 New					
10.00					
Type •	OD-MX	ter and trans	Samuel Carre Street Section	303300000	
ect No.(Mobile)		Insured Name	ABDUL LAXIS BIN ISMAIL	Insured NRIC	\$1367662C
	97826474	Contact No.(Home)	63841698	Contact No. (Office)	
il Address		Of Vehicle Number	SKV1956P	TP Vehicle Number	SLL4990K
nant Type Claimant Type •	Please Select	Type of Benefit *	Please Select		
nant Name *	>>	Claimant NR3C *	The same of the sa		
ant Address					
Description	SKV1956P / SLL4990K ON 5 May 2019			Name of Preferred Workshop	
rred Workshop Contact		Insured Liebility •	Not at Fault	The state of the state of the state of	
ire Finalisation	Yes			119_25500000000	
Registered	07/05/2019 22:30	Preferend Repair Option	Preferred Workshop, Name unknown		Received
rt Taken By		Claim Close Date		Date Received	07/05/2019 00:00
	Jackson				
nint AK letter					
			Save Submit		
achment		1			
ent No.	MT/1043419	Claim No.	001		
Doc. Received	● Yes ○ No	Upload Date			
ANNA PROPERTY AND		About nant	07/05/2019 22:32		
	Path *		Category *	Confidential Urgen	
		Browse.	Clear Please Select	V Normal	V
		Browse.	Clear Please Select	NO V Normal	V
		Browse	Clear Please Select	NO V Normal	V

