	Jcb description	Ľ	Date & Time C	ompleted	Done	by
Ref No: NA [ Hago 11334 ] 24	SAS e-filing					
Veh No: JLX WJ9A	E-mail (within	Shrs. AIC 2hrs)				
D.O.A: 20 6 9-22:01	i-Motor Clai		M/105073	1001	26/6/14 1	w 41
		) (Within: OD 2hrs			691141	0.76
OD TP Reporting Only	i-Photo Uplo					97.7
	Assessment/S					
TP Insurer:	1		o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QV		, and a second	Tel:	Fau	x:	
	JF51831R	INC (		100		
Owner / Driver: (	-13/12/1		Tel:			
Policy No: ( )	Period: (	)	Cover Type: (		<del></del>	
Confirmed by : (		Date:	Time	::	)	
Insured/Driver Liability: (	%) [Note-Est. Status (	WO): N: 0-20	0%; P: 21-79%	F: 80-10	0%]	
Year of Registration: (	) Warranty: YES (	)/NO(	)	-		-
Excess: (S ) Loading	:\$1,000()/\$2,000					
General Remarks:		8808W2 V6V4		ुबारुक्ट्रामा	315 17 77	
	( )	)				
3) Upload Resurvey Photo [Repair Cos	( ) st>\$3000] (				Selective	1
JAINOUP 4  Actions  Jame Time Actions	( ) st>\$3000] (	1) AR : Accident	Assessment (\$100);	list:  INC (\$80) \$40/\$		
JAINOUP 4  Sumant's Particulars:-  iver/Owner:	( ) st>\$3000] (	1) AR : Accident 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th	Reporting (\$30); Assessment (\$100); te trough Survey	INC (\$80) \$40/\$	fit Bill	
JAINOUPY  aumant's Particulars:- iver/Owner: ntact No:	( ) st>\$3000] (	1) AR : Accident 2) DA : Darrage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th For claiming as	Reporting (\$30); Assessment (\$100); te trough Survey trough Survey (Resulainst INC Only (we	INC (\$80) \$40/5 \$1 (vey) \$ [10 Jan 2005)	19t Bill 45 20 30	The second second
JAINOUNT Particulars:- iver/Owner: ntact No:	st>\$3000] (	1) AR : Accident 2) DA : Darrage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th For claiming as 6) TR : Re-inspec 7) N1 : Idae DA +	Reporting (\$30); Assessment (\$100); te trough Survey trough Survey (Resulainst INC Only (we tion SMRT Survey	INC (\$80) \$40/5 \$1 (vey) \$ [10 Jan 2005)	19t Bill 45 20 30	The state of the state of
Onte/Time Actions  Actions  Salurate Particulars:  iver/Owner:  ntact No:  maged Portion:	( ) st>\$3000] (	1) AR : Accident 2) DA : Darrage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th For claiming as 6) TR : Re-inspec 7) N1 : Idae DA + 8) NTUC Addition	Reporting (\$30); Assessment (\$100); te trough Survey trough Survey (Resulainst INC Only (we tion SMRT Survey	INC (\$80) \$40/\$ \$1: (vey) \$ [10 Jan 2005)	19t Bill 45 20 30	
Jate/Fime Actions  Actions  Actions  Actions  Actions  iver/Owner:  ntact No:  maged Portion:	st>\$3000] (	1) AR : Accident 2) DA : Darrage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th For claiming as 6) TR : Re-inspec 7) N1 : Idae DA + 8) NTUC Addition OD*	Reporting (\$30); Assessment (\$100); te trough Survey trough Survey (Resulainst INC Only (we tion SMRT Survey	INC (\$80) \$40/\$ \$1: (vey) \$ [10 Jan 2005) \$	19t Bill 45 20 30	
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Jate/Fime Actions  Actions  Actions  Actions  Actions  iver/Owner:  intact No:  maged Portion:	st > \$3000] (	1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy *N6: Repair Co *N7: Fost Repair	Reporting (\$30); Assessment (\$100); Assessment (\$10	INC (\$80) \$40/\$ \$1: rvey) \$ \$10 Jon 2005) \$3: \$3:	75 Bill 75 Bil	
3) Upload Resurvey Photo [Repair Cos  Injury:  Date/Fime Actions  aumant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	( ) st > \$3000] (	1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy *N6: Repair Co *N7: Fost Repair *N8: DV / Coll	Reporting (\$30); Assessment (\$100); In the second of the s	INC (\$80) \$40/\$ \$1; rvey) \$ \$10 Jon 2005) \$3 \$3 \$3 \$3	75 660 55 10 10 25 5	

#### 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

altiresalt.	30 (1991) 1
It in that I make particular	ACCIDENT STATEMENT
Date Of Report	26/06/2019 16:25
Date Of Accident	25/06/2019 22:05
Exact Location Of Accident	COMMONWEALTH AVE WEST
Country/State of Loss	SINGAPORE
THE RESERVE OF THE PARTY OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLX2059A
Insured/Policyholder	
Name Of Registered Owner	FARISS HAIQEL BIN MOHAMED HAMRAN
NRIC No	S9106412Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94509697
Alternative Phone No	OFFICE-94509697
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CLA180 (R18 BI)
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 5109931450

Cover Note Number

#### Driver

Name of Driver FARISS HAIQEL BIN MOHAMED HAMRAN

NRIC No S9106412Z Date Of Birth 21/02/1991 Occupation **INDOOR** Date Of Driving Pass 02/01/2014

**Driving Experience** 5 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94509697

Fax Number

Contact Number OFFICE-94509697

EMail Address NOEMAIL Address

BLK 693 JURONG WEST CENTRAL 1

#03-99

Postcode

640693

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

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)

2

involved in the accident
Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

....

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

ES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: CHAN KOK KIONG (CHEN GUOQIANG)

GENDER:

: MALE

**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

SFS1831R

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

# **DETAILS OF INJURED PERSON 1**

Name

FARISS HAIQEL BIN MOHAMED HAMRAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLX2059A

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

# **DETAILS OF INJURED PERSON 2**

Name

CHAN KOK KIONG (CHEN GUOQIANG)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLX2059A

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

## SKETCH PLAN

### MPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Avthorised Driver.
- Information provided must be as truthful and accurate as possible. Any wiful misrepresentation or withingising of material
  facts may allow insurance companies to repudiate policy liability.
- The issue and ecceptance of this Form by insurance companies is not an admission of policy liability on the dark 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 dentre and to copies of the report being made available aforeseid.
- 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monstery 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 dains 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, invokes, 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 dains (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this occident 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) thy 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 Singapora, for one or more of the above Purposes.
- (6) 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 dates.
- (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.

Policypolacers Signature

Date & Time:

Orly of a Signature

(I driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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International and the second of the first of the second of	
[	1-1-1-

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/6/19 at around 2205 hr I was at commonwealth Ave we
Stationary wait for the traffic light to turn green,
Suddenly I heared a loud bung and felt a great impact
from behine my car. I got down and see, car 13-5F518
had collieded into the back of my car causing damage t
my whole rear side of my car

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

Policiholder's Signature Date & Time:

Opper's Signature

(# driver is not the policyholder)

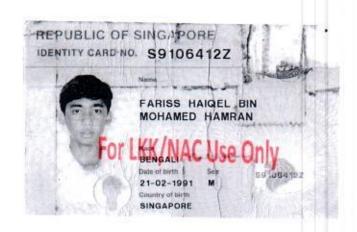
Date & Time:

Reporting Centre Personnel's Signature

Name:

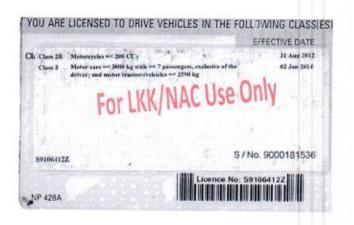
NRIC/FIN No :

Date of Accident	25/6/19 Accident Time: 2205 (24-HR-Format)
Accident Place	compon wealth Ave west
Vehicle Reg. No. (Car Plate No.)	:SLX 2059 4
Vehicle Make/Model	: CLA 180
Insurance Company	: NTUC Policy No.
Owner or Company Name /IC No.	: Fariss Horigel Bin Mohamed Hamran
Owner or Company Contact No.	Owner's Hp 4450 9697 Company Tel
DRIVER'S Name / IC No.	: Fariss Haigel Bin Mohamed Hamran 184106412 Z
DRIVER'S Date Of Birth	21-02-1991 DRIVER'S License Pass Date 02 11 12014
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: 0wner
DRIVER'S Address	: 693 Jurong West central 2 #03-99 (640693)
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation	INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	: QLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	priver): 2 (1 male) 21 nymes
Was there any video Captured by co Exact purpose for which vehicle wa	ar camera: YES 💥 as being used at the time of accident: Private Use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: UN 1801R	Vehicle Reg. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	
Driver's Contact & Add:	Driver's Contact & Add:









pawanger





## Certificate of Insurance

Cover : drivo CLASSIC

: WDD1173422N300555

: FARISS HAIQEL BIN MOHAMED HAMRAN

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: 5109931450

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

Effective Date of insurance

Expiry Date of Insurance

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.

: SLX2059A

: 31 May 2019

: 30 May 2020

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.

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO
INSURE WITH COE : YES
NCD PROTECTION : NO
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : FARISS HAIQEL BIN MOHAMED HAMRAN

NAMED DRIVER (1) : N/A
NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : TECK WEI CREDIT PTE LTD

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.

: TECK WEI CREDIT PTE. LTD. (00000572499)

Date of Issue

: 03 Jun 2019 11:11 hrs

德威信贷私人有限公司 TECK WE CREDIT PTE LTD Co. Co. Roy No. 200512300K

Co. Reg. No. 200512300K 210 Turf Club Road, The Grandstand Lot As Singapore 287995 Tel: 6485 0020 Fax: 6465 0017 Equals: info@teckwei.com.sg

Countersigned By:

Zonaf

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Sun

Authorised Officer

Chief Executive

<b>eBao</b> Tech									Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					) Change	Language	• Chang	e Password	· Log Ou
My Desktop	Policy Query						17,11100		2002471300	
Notice of Loss	Policy No.			= 33	Date o	of Accident	[2:	5/06/2019 2	2:05	
	Vehicle No.(For Motor)	SLX205	59A		Certifi	icate Number	Ē			
				1	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5109931450		FARISS HAIQEL BIN MOHAMED HAMRAN	S9106412Z	GPC	drivo CLASSIC		SLX2059A	31/05/2019	30/05/2020
					Continue					

Policy No.	5109931450	Policyholder Name	FARISS H	AIQEL BIN MOHAMED	Policyholder	S9106412Z	
Certificate No.		Name		DOVERNO PER PORTO PER PORTO PORTO	NRIC		
Address	BLK 693 #03-99 JURONG WES	T CENTRAL 1 S	INGAPORE	640693			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	Harmon .
Policy issue Date	03/06/2019	Effective Date	31/05/20	19 00:00	Expiry Date	30/05/2020 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	1667.42				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/I	nexperience Driver Excess
Agent	TECK WEI CREDIT PTE, LTD,	Agent Tel.	64650020	null	GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy!	holder Mailing Address						
Address 1	BLK 693 #03-99	Addre	ss 2	JURONG WEST CEN	ITRAL 1	Address 3	SINGAPORE 640693
Address 4		Addre	ss Type	Singapore address		Post Code	640693
Jnit No.	#03-99	Relate Numb	ed Policy er	5109931450			
Jint 1101	d Object: SLX2059A						
5000	d Object: SLX2059A						
5350	was viscours						

Claim Handling					
The premium on this policy ha Accident HT/1050732	s not been collected.				·
Policy No.	5109931450	Vehicle No.	Caracata Caracata		
Certificate No.		verios no.	SLX2059A	GST Registration No.	
Policyholder Name	FARISS HAIQEL BIN MOHAMED HAMRAN				
Product Code	PRIVATE CAR INSURANCE	200		Policyholder NRIC	591064122
Contact No. (Mobile)	94509697	Cover Type	drive CLASSIC	Loading	0
Email Address		Contact No. (Office) Special Remark	0	Contact No.(Home)	0
KFK	® No ○ Yes	TCA	® No ○Yes	eCode	THE V
NCD Protection	No	NCD Entitlement(%)	10	eCode Reason	
→ Accident Details		and the second second second	10	Private Hire	No
Report Date	26/06/2019 16:44	Accident Report Within 24 hrs	Yes		
Date of Accident	25/06/2019	Time of Accident hhomm	22:05	Accident Type	Collision - Head to Rear
Reporting Centre		Orange Force	22:05	Country of Accident	Singapore
Accident Location	COMMONWEALTH AVE WEST	Grange Force		ICM No.	
Total Excuss Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
00.00					
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0,00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
Senefits GST Registered Inform	sation				
GST Registeres	No.		IMPERIOR DE CONTRACTOR DE CONT		
GST Registration No.	40		GST Registration Date	4-3414-340	1000
Modification History			GST Status Verified	Yes	
Policyholder Mailing A	ddress				
Address 1	BLK 693 #03-99	Address 2	JURONG WEST CENTRAL 1	Address 3	SINGAPORE 640693
Address 4		Address Type	Singapore address	Post Code	640693
Unit No.	W03-99	Related Policy Number	5109931450		
₩ OI Driver Info					
Driver Name	FARISS HAIQEL IIIN MOHAMED HAMRAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NICC	591064122	Driver DOB	21/02/1991
Register Date of Driver License	02/01/2014	Driver Age	28	Driving Experience	1
Contact No. (Mobile)	94509697	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	RFK 283	Address 2	SURGING WEST CENTRAL 1	Address 3	SINGAPORE 640693
Address 4		Address Type	Singapore address	Post Code	640693
Unit No. Does he own a Singapore	#03-99				
Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test		wire outed			
Reading?	0 mg	Any injury?	® Yes ○ No		
Modification History  Claims 001 New					3
Claim Type +	OD-MX	Insured Name	FARISS HAIQEL BIN MOHAMED	Insured NR3C	\$91064122
Contact No.(Modele)	94509097	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLX2059A	TP Vehicle Number	SFS1831R
Owmant Type Claimant Type •	Please Select	Type of Benefit *	Please Select		
Claimant Name *	22	Claimant NRIC *			
Claim Description					
Preferred Workshop Contact	SLX2059A / SFS1831R ON 25 Jun 2019			Name of Preferred Workshop	
No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	26/06/2019 16:46	Claim Close Date		Date Received	26/06/2019 00:00
Report Taken By	Jackson				(4.50
Print AK letter					
Attachment		3	Sere Submit		
Accident No.	MT/1050732	Claim No.	201		
ast Doc. Received	® Yes ○ No	Upload Date	2001		
	Path *		25/06/2019 16:47		
	W.W.C.		Category *	Confidential Urger	Ky * Description *

