		The second secon	
Date In: 18 19-14:M	Jeb description	Date &Time Completed	Done by
Reino: LIAJUCIADIYZ WTY	SAS e-filing		
Veh No: 574788R	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 18/19-18:57	i-Motor Claim Form	M7/1058838-031	21/8/19 19:38
0	i-Motor W/O (Within: OD 2hr	s, TP 4hrs)	
OD TP ! Reporting Only	i-Photo Uploaded	1	
TD	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax;
TP Particulars: Veh No:	Jaryo . INC(	)/Non-INC( )	
Owner / Driver: (		Tel:	)
Policy No: ( ) P	Period: (	Cover Type: (	)
Confirmed by: (	Date:	Time:	)
Insured/Driver Liability: ( %)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	00%]
Year of Registration: ( )	Warranty: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$1,	,000()/\$2,000()		
General Remarks:		Talking and a	
( ) Walk-In Customer : Customer's inf	formation strictly Confidential & St	<u> </u>	2000
	rer URGENTLY.	neay NO 1ster of reporter.	211
		owing Co: (	<del></del>
		- 4	7
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by
Apply for Transport Allowance ( )/	Courtesy Car ( )		
2) QC Check / Post Repair Inspection	( )	A CHILD BOOK SERVICE CONTROL	and the second
2) QC Check? Fost Repair Inspection	( )		
3) Upload Resurvey Photo [Repair Cost > \$	33000] ( )		
3) Upload Resurvey Photo [Repair Cost > \$	( )		
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	( )		
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	( )		
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	( )		
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	( )		
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	( )		
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	33000] ( )		
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	33000] ( )		
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time   Actions	1	paration Checklist	Walter Street
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time   Actions	Invoice Pre		2 -1 4 3 S S S S -1
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time   Actions	Invoice Pre	Reporting (\$30); Assessment (\$100); INC (\$8	fitBill Add E
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  Actions  Laimant's Particulars:	Invoice Pre	Reporting (\$30); Assessment (\$100); INC (\$8	IN BILL Add E
July 5 State of the state of th	Invoice Pre  1) AR: Actident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti	Reporting (\$30); Assessment (\$100); INC (\$8 ce \$40 arough Survey arough Survey (Resurvey)	781 Bill Add E
July : Date/Time Actions  Actions  Laimant's Particulars:- river/Owner:	Invoice Pre  1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey brough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005)	781 Bill Add E
July : ———————————————————————————————————	Invoice Pre  1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming at 6) TR: Re-inspec 7) N1: Idae DA	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey brough Survey (Resurvey) reinst INC Only (wef 10 Jan 2005) tion SMRT Survey	18 Bill Add B 0) 7545 5120 530
Actions  Act	Invoice Pre  1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming at 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey brough Survey (Resurvey) reinst INC Only (wef 10 Jan 2005) tion SMRT Survey	18 Bill Add B 0) 7545 5120 530
Actions  Act	Invoice Pre  1) AR: Accident 2) DA: Darrege 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming at 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additio OD' *N5: Courtesy	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 arough Survey rough Survey (Resurvey) rough SURVEY (Wef 10 Jan 2005) tion - SMRT Survey nal Services:- Car / Tpl Allowance	16 Bill Add E
Actions  Checked by (Engr-In-Charge):	Invoice Pre  1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming at 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio OII*  *N5: Courtesy *N6: Repair Co	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 arough Survey (Resurvey) tainst INC Only (wef 10 Jan 2005) tion - SMRT Survey nal Services:- Car / Tpl Allowance	16 Bill Add E  0) /545 5120 530 575 5160  \$55 510
Actions  Checked by (Engr-In-Charge):	Invoice Prc  1) AR: Accident 2) DA: Darrege 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additio OD *N5: Courtesy *N6: Repair Co *N7: Fost Repair	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 arough Survey (Resurvey) tainst INC Only (wef 10 Jan 2005) tion - SMRT Survey nal Services:- Car / Tpl Allowance	78 Bill Add B  0) 7545 5120 530 575 5160
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions	Invoice Pre  1) AR: Accident 2) DA: Darrege 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additio OD * N5: Courtesy *N6: Repair Co *N7: Fost Repair *N8: DV / Coll	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 arough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) ation SMRT Survey and Services:  Car / Tpt Allowance condination in Inspection lect Excess Coordination (Non INC) against INC	161.Bill Add B  0) /545 5120 530 ) \$75 5160  \$51 510 525

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT 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 Authorised Driver.
   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

diol codia,	
	ACCIDENT STATEMENT
Date Of Report	21/08/2019 14:21
Date Of Accident	20/08/2019 18:50
Exact Location Of Accident	SLIP RD SENGKANG EAST RD TWDS COMPASSVALE ST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJY7808R
Insured/Policyholder	
Name Of Registered Owner	MOHAMED FIRDAUS BIN MOHD GHAZALI
NRIC No	S8709364F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97725015
Alternative Phone No	OFFICE-97725015
Vehicle Particulars	
Manufacturer	AUDI
Model	A5 SB 2.0 TFSI QU (FACELIFT)
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	5111953895
Cover Note Number	
Driver	
Name of Driver	MOHAMED FIRDAUS BIN MOHD GHAZALI

Name of Driver MOHAMED FIRDAUS BIN MOHD GHAZALI

NRIC No S8709364F Date Of Birth 15/04/1987 Occupation INDOOR Date Of Driving Pass 23/09/2010

Driving Experience 8 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97725015

Fax Number

Contact Number OFFICE-97725015

EMail Address NOEMAIL

BLK 303 CANBERRA ROAD Address

#02-29

Postcode 750303

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

NO

1

NO

NO

## 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? 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.

Number of Passengers (Including Driver)

### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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 NO

Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SMJ7174D

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number 98260634

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# SKETCH PLAN

# IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <u>truthful</u> and <u>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:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

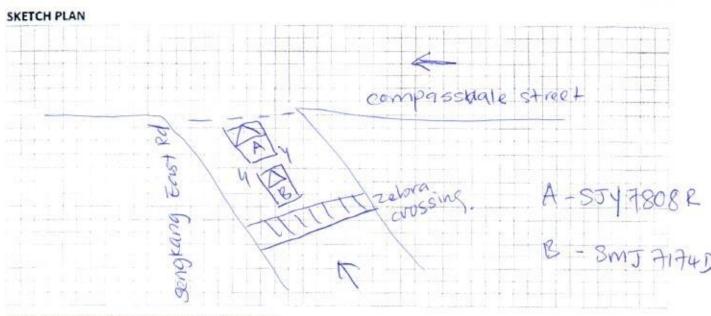
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

a 11 -	a last a 1 1 1 mms 1
On the 3	cast Rd and filtered to the left to proceed on the street. I stopped my car before the stop live that the traffic (on compassible street) is clear. The
Sengkang E	ast Rd and filtered to the left to proceed on
compassva	le street. I stopped my car before the stop line
to ensure	that the traffic (on compassible street) is clear. The
was went	I was hit by a car, SMJ 7174D, in the rear.
	accident, we exchanged our particulars.

# DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Vehicle No.	3747808R Model/Make Audi A5
Date of Accident	20 08 2019
Time of Accident	1849 HRS
Location of Accident	Sengkang East Road Filter Left to Compassible Stra
Exact purpose use during acci	
Name of Owner	Mohamed Firelaus.
Telephone No.	H/P: 97725015 Home: Office:
NRIC	38709364f
Address	BIK 303 Canberra Rd #02.29 8' 750303
Claim type	OD (THIRD PARTY) REPORTING ONLY
Insurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5111953895
Name of Driver	As Above If No, Mohamed Firedaus
NRIC	8 8709364F Any Passengers: 0
Date of birth	15/04/1987
Occupation	Outdoor / (Indoor)
Driving License Pass Date	23 Sept 2010
Gender	(Male ) / Female
Contact No.	H/P: 9772 5015 Home: Office:
Address	BIK 303, Canberra Rd #02-29 5'950303
Driver have any own vehicle	(No, ) If yes, Reg No.
Relationship	Employee, If no, state
Weather condition (	Clear Raining Other
Road Surface	(Dry) Wet Other
Any Injuries	(No, ) If Yes, Who?
Name And Contact No.	
Name And Contact No.	A V
Police Report	(No,) If Yes, Where?
Vehicle B No.	SMJ 7174 D Any Passengers: 0
Name of Driver	Contact No.: 98260634
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers:
Vehicle F No.	Any Passengers:
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Rear Portion
Camera Recorder	Yes (No)
Email Address	mohamed 17_firghaz@hotmail.com
PARTICULAR WORKSHOP	Thinear Antomotive PIL
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	sales @ n51. com. sg

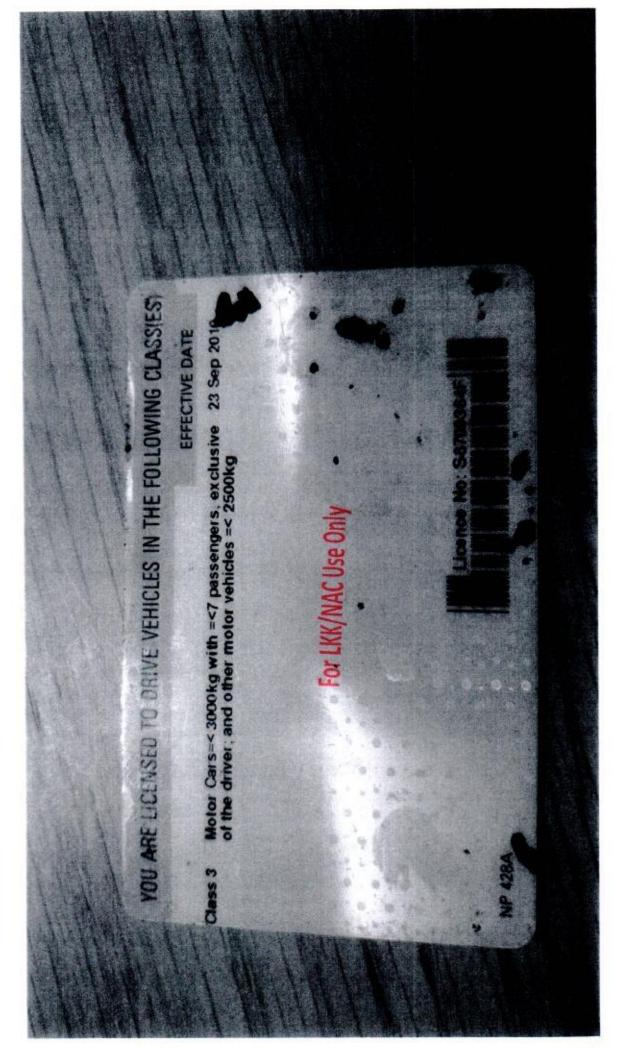






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1/1





# 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: 5111953895 Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle : SJY7808R

Chassis Number : WAUZZZ8T3CA016009

Name of Policyholder
 MOHAMED FIRDAUS BIN MOHD GHAZALI

3. Effective Date of Insurance : 20 Aug 2019
4. Expiry Date of Insurance : 19 Aug 2020

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)
 : 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 : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : MOHAMED FIRDAUS BIN MOHD GHAZALI

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

HIRE PURCHASE COMPANY : MAYBANK SINGAPORE LIMITED

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 : DQ INSURE (00000572952)
Date of Issue : 20 Aug 2019 16:08 hrs

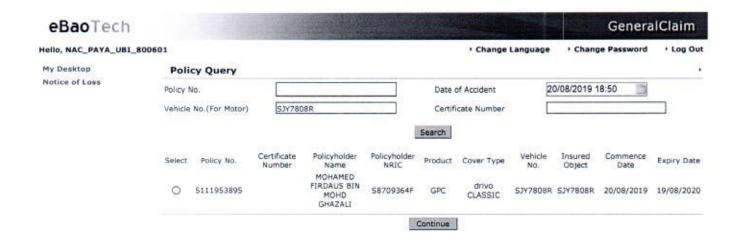
For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Tonat

**Authorised Officer** 

**Chief Executive** 

Countersigned By:



Policy No.	5111953895	Policyholder Name	MOHAMED	FIRDAUS BIN MOHD	Policyholder NRIC	S8709364F	
Certificate No.							
Address	BLK 303 #02-29 CANBERRA I	ROAD SINGAPOR	E 750303				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	20/08/2019	Effective Date	20/08/2019	9 00:00	Expiry Date	19/08/2020 2	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	1317.96				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Agent	DQ INSURE	Agent Tel.	64522788		GST Flag	Y	
Co- insurance Flag	No _						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	BLK 303 #02-29	Addre	ess 2	CANBERRA ROAD		Address 3	SINGAPORE 750303
Address 4		Addre	ss Type	Singapore address		Post Code	750303
Unit No.	Related Policy Number		5111953895				
) Insure	ed Object: SJY7808R	0700000	SIE				
- Endor	sements						
o Endors							

diese Bire	C111053805	supplied to the	Ch/16066	GET BANKET AT	
Hicy No.	5111953895	Venicle No.	S)Y76088	GST Registration No.	
ertificate No.	MOHAMED FIRDAUS BIN MOHD GHA	7411		Policyholder NR3C	58709364F
odust Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ontact No.(Mobile)	97725015	Contact No. (Office)	0	Contact No.(Home)	0
nali Address		Special Remark		eCode	74: V
rigi.	® No ○Yes	TCA	® No ○Yes	eCode Reason	1.822(4.5)
CD Protection	No.	NCD Entitlement(%)	30	Private Hire	No
Accident Details	ned .	NCD Emberneso(Nc)	30	PTIVALIS PIETE	NO
port Date	21/08/2019 19:37	Acadent Report Within 24 hrs		Academ Type	Collision - Head to Rear
ste of Accident	20/08/2019	Time of Accident hincom	IB:50	Country of Accident	Singapore :
porting Centre		Orange Force		ICM No.	
cident Location	SLIP RD SENGKANG EAST RD TWDS	COMPASSVALE ST			
<ul> <li>Total Excess Applicable</li> </ul>					
cess Type	Per Accident	Windscreen Excess	100.00		
) Standard Excess	600.00	TP Standard Excess	0.00		
ED OD Excess	0.00	YIED TR Excess	0.00	Driver is Covered?	Covered
iditional Excess	0.00	TIED IN EXCESS	0.00	Univer is Covered?	Covered
			***		
otal OD Excess Applicable  P Benefits	600.00	Total TP Excess Applicable	0.00		
	ation				
GST Registered Informa			GST Registration Date		
ST Registered ST Registration No.	No		GST Status Verified	Yes	
dification History			331 Soulde Verifica	3,675	
Policyholder Mailing Ad	dress				
Sdress I	BLX 303 #02-29	Address 2	CANBERRA ROAD	Address 3	SINGAPORE 750303
Sdress 4		Address Type	Singapore address	Post Code	750303
nt No.		Related Policy Number	5111953895	Con page	7,00000
OI Driver Info		neates raicy number	3111333033		
nver Name	MOHAMED FIRDAUS BIN MOHD GHA	ZALI Driver Type	Main Driver		
nnamed driver Name		Driver NRIC	S8709364F	Driver DOB	15/04/1987
egister Date of Driver License	23/09/2010	Driver Age	32	Driving Experience	8
intact No.(Mobile)	97725015	Contact No.(Office)	9	Contact No.(Home)	0
Idress 1	BLK 303	Address 2	CANDERRA ROAD	Address 3	SINGAPORE 750303
ddress 4		Address Type	Singapore address	Post Code	750303
nit No.	02-29	Products 1990	angepore distress	rost code	750303
oes he own a Singapore		F2000000000000000000000000000000000000		2000 St. 000 M210 W-	
egistered car?	☐ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
claration					
eathalyser or Blood Test			1507 1400		
eading?	0 mg	Any injury?	O Yes ® No		
odification History					
and the same of th					
Claim 001 New					
im Type *	OD-MX	Insured Name	MOHAMED FIRDAUS BIN MOHD	Insured NRIC	S8709364F
ntact No.(Hobile)	96403207	Contact No. (Home)	67550121	Contact No.(Office)	
nail Address		Of Vehicle Number	S7Y7808R	TP Vehicle Number	5M37174D
almant Type Claimant Type+	Please Select	Type of Benefit +	Please Select		
amant Name *	>>	Claimant NR3C *			
sment Address				1	
em Description	S7Y7808R / SMI71740 ON 20 Aug 2	019		Name of Preferred Workshop	
eferred Workshop Contact		Insured Liability *	Not at Fault		
l.	Ves 🔍			Cit most	Francisco Con
quire Finalisation		Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received V
ste Registered	21/08/2019 19:38	Claim Close Date		Date Received	21/08/2019 00:00
port Taken By	Jackson				
Print AK letter					
			Save   Submit		
Attachment					
CONTRACTOR SERVICE					
	MT/1058838	Claim No.	001		
ccident No.	MT/1058636	Claim No. Upload Date	001 21/06/2019 19:39		

