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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 <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,	100
	ACCIDENT STATEMENT
Date Of Report	28/08/2019 15:17
Date Of Accident	25/08/2019 17:30
Exact Location Of Accident	JUNC CHOA CHU KANG AVE 1 & TECK WHYE LANE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBN2055G
Insured/Policyholder	
Name Of Registered Owner	REZA EDSMAN BIN NOR RAHMAN
NRIC No	S8440813A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87175687
Alternative Phone No	OFFICE-87175687
Vehicle Particulars	
Manufacturer	YAMAHA
Model	GDR155A (AEROX)
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO

Fleet Policy	NO

Policy Number 5103049668-01

Cover Note Number

#### Driver

Name of Driver REZA EDSMAN BIN NOR RAHMAN

 NRIC No
 \$8440813A

 Date Of Birth
 15/12/1984

 Occupation
 INDOOR

 Date Of Driving Pass
 24/12/2003

Driving Experience 15 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87175687

Fax Number

Contact Number OFFICE-87175687

EMail Address NOEMAIL

Address BLK 130 CHOA CHU KANG AVENUE 1

#02-26 680130

Postcode 680

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 - MAJOR/MINOR RD

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

ambulance?

YES

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?

YES

NO

1

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190827/7000.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

VIDEO FOOTAGE WITH DRIVER

Remarks/ Reasons:

NO

**Details of Witness 1** 

Name

TAN YONG KWANG

Phone Number

Was there any audio recorded?

97460793

Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number GW2077L

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

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name REZA EDSMAN BIN NOR RAHMAN

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? FBN2055G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode

YES

# 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 truthful 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 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 aforesald.
- 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.:

SKETCH PLAN	33
(A O+O) FBA	
(B) GW	20772
	×
1>	
$\rightarrow$	O+00
	Choa Chu Kang Ave 1.
DESCRIBE CIRCUMSTANCES OF T	HE ACCIDENT
Pla	refer to Popul Report
1/2	ingo is injust ing
Na	: 1/2019 0827/7000
	1/01/02/
DECLARATION	
<b>DECLARATION</b> 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 Personnelle Signature Name:

NRIC/FIN No .:

ehicle No.	FBN 2055 G. Model/Make Yamaha GDR 155A
ate of Accident	25/08/19
ime of Accident	1730 HRS
ocation of Accident	Choa Chu Kang Ave I Juntion Teck Whye Lane.
xact purpose use during acci	dent Private Used
Name of Owner	Reza Edeman Ben Hor Rahman.
elephone No.	H/P: 8717 588 7 Home: Office:
NRIC	\$8440813A
Address	BLK 130 Chaa Chu Kung Ave 1 #02-26(8) 680130-
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC.
Type of Coverage	Comprehensive Third Party / Fire /Theft
Policy No.	5103049668-01.
Name of Driver	As Above If No,
VRIC	Any Passengers: N-A
Date of birth	15/12/1984.
Occupation	Outdoor / Indoor
Driving License Pass Date	24/12/2003.
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state Owner.
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	Reza Edsman Ben Nor Rahman (H/P: 87175687)
Name And Contact No.	= 00 11
Police Report	No, If Yes, Where? Traffic Police.
Vehicle B No.	Gw 2077 L . Any Passengers:
Name of Driver	Contact No.:
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:  Tan Yong Kwang Witness Contact: 9746 0793.
Witness Name	ian long rounds
Accident Portion	front and left portion.
Camera Recorder	Yes P No
Email Address	rezards reza. edgman aquacl. com.
PARTICULAR WORKSHOP	MOTO SI
CONTACT NO.	6842 0051 / 6744 0510
	7 /
CONTACT PERSON	Jackte .





1 of 3

Report No. T/20190827/7000

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT	REPORT	OF A	TRAFFIC	ACCIDENT
------------------------------	--------	------	---------	----------

	ne Report M 19 00:49	lade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Particu	ulars			
Name of REZA E	Address: APT BLK 130 CHOA CHU KANG AVENUE SINGAPORE 680130				
ID Type / ID No.: NRIC NO / S8440813A		13A	Contact No.: Home/Office: Mobile: 87175687		
National SINGAP	ity: ORE CITIZ	EN	Email: reza.edsman@gmail.com		
Sex: Male	Age:	Date of Birth: 15/12/1984	Type of Informant: Rider		
Race: Javanes	е		Language: English	Institution / School Name:	
Occupation: Premises and facilities maintenance		ies maintenance	Driving Licence Information: Class: 2B	Date of Expiry:	

Type of Accident:	Attended by Police Drive: Acci		Date/Time of Accident: 25/08/2019 17:30	Type of Location T-Junction	
Location: CHOA CHU I	KANG AVENUE 1	Road Surface:		Road Speed Limit:	
Clear		Dry		50 Km/h	
		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collis	sion:	11		Anyone conveyed by ambulance:	

Details of V	ehicle Involve	d	Charles and Control		STATE OF THE PARTY OF	Designation of the last of the
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBN2055G	Motorcycle	YAMAHA	GDR155A (AEROX)	White		0
GW2077L	Van	TOYOTA		Grey	Slightly Damaged	0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
FBN2055G	NTUC Income Insurance Co-Operative Limited	5103049668-01	13/08/2019	12/08/2020		





2 of 3

Report No. T/20190827/7000

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

#### CONTINUATION OF REPORT

<b>Details of Perso</b>	n Involved		SCIENNED SO			
Any Pedestrian Ir	nvolved: No				NI KAN	
No. of Pedestrian	s Injured: NIL		Use of Pe	edestrian	Cross	ing: NA
Rider			HE WALLEY			
Name	REZA EDSMAN BIN NOR RAHMAN			ID No		S8440813A
Related Vehicle	FBN2055G (Motorcycle)			Conta	ct No.	87175687
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		HOSPITAL	Class Drivin Licent Expiry	g	Class: 2B Date of Expiry: NIL
Date Treatment	25/08/2019		Date Dis	charge	25/08	3/2019
No. of Days gran	ted Medical Leave	05	Degree o	of Injury	Sligh	Land to the second of the second of
Driver					PERSON	
Name	TAN CHIN HENG			ID No		NIL
Related Vehicle	GW2077L (Van)		- 1	Conta	ict No.	93807600
Hospital/Clinic	NIL			Class Drivin Licen Expire	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dis	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	of Injury	NIL	

### Brief Details.

I was riding on my motorcycle non-pillion, Yamaha GDR155 (FBN2055G), along Choa Chu Kang Avenue 1 after exiting from the carpark (S680130) within speed limits towards Keat Hong when I reached a T-junction (near to S680124), and with no traffic lights in between, I proceeded towards destination. Upon reaching the T-junction, the driver (Mr Tan Chin Heng) of a commercial goods van (GW2077L) moved out from the minor road (Teck Whye Lane) without looking towards my direction but focussed on Keat Hong's traffic, with intent to turn right towards CCK Polyclinic (S688846). I had tried to apply emergency brake to prevent a collision but because of the sudden manner that he had accelerated outwards from the stop line located at the minor road (Teck Whye Lane) and the positioning of his vehicle, I had collided with the driver's side of the vehicle. I was attended by members of public who attended and assisted in helping me to the side as well as pushing my motorcycle to the side of the road (S680124) along Choa Chu Kang Avenue 1. A member of public had contacted for ambulance to convey myself to hospital due to acute pain in my chest, ribs, thigh, neck and back areas. Before I was conveyed to Ng Teng Fong Hospital, an officer presumably from Traffic Police had taken down my particulars whilst I was in the ambulance. I have particulars of witnesses and the video footage from the vehicular dashboard (SFY8333J) of a samaritan (Mr Tan Yong Kwang) who was driving behind the commercial goods van (GW2077L). I would be sending my motorcycle for repairs due to damages arising from the accident. That is all.





Report No. T/20190827/7000

3 of 3

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

## CONTINUATION OF REPORT

Sketch Plan				
Informant is	not able	to provide	sketch	plan

**Authentication Stamp** 

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/08/2019 00:49
Officer In Charge Of Case: TP / TPIB / PHUA TIAK YEE Contact No.: 65472077	Classification Of Case:
Contact No.: 65472077	



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8440813A





REZA EDSMAN BIN NOR RAHMAN



JAVANESE

15-12-1984

S8440813A

5522992

SINGAPORE

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

Class 2B Motorcycles not exceeding 200 cc

PASS DATE

24 Dec 2003

For LKK/NAC Us

02-09-2015

APT BLK 130 CHOA CHU KANG AVENUE 1 #02-26

SINGAPORE 680130 NRIC No: \$8440813A

Date: 29/11/2017



# 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 : 5103049668-01 Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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.

- FRN2055G

: 13 Aug 2019

: 12 Aug 2020

: MH3SG4640JJ044446

: REZA EDSMAN BIN NOR RAHMAN

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) : N/A

EXCESS (SECTION 2) + N/A

EXCESS (THEFT OUTSIDE SINGAPORE)

PLEASE REFER OVERLEAF

INSURE WITH COE

YES

NAMED DRIVER (1)

: REZA EDSMAN BIN NOR RAHMAN

NAMED DRIVER (2)

N/A

HIRE PURCHASE COMPANY

A.S. PHOON 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

: A S PHOON PTE LTD (00000571911)

Date of Issue

: 08 Aug 2019 17:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

<b>eBao</b> Tech										Gener	alClaim
Hello, NAC_PAYA_UBI_80	00601			The state of the s		at on the last	) Chang	e Languag	e / Chan	ge Password	No. A. Stead of Co., St. Co.,
My Desktop	Polic	cy Query									Log Ou
Notice of Loss Policy No.			Date of Accident 25/0				25/08/2019	/08/2019 17:30			
	Vehicle	No.(For Motor)	FBN20	FBN2055G		Certificate Number					
						Search	E				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0	5103049668- 01		REZA EDSMAN BIN NOR RAHMAN	S844D813A	GMC	Third Party, Fire & Theft		FBN2055G		12/08/2020
	SCHOOL STATE	5103049668-		Name REZA EDSMAN BIN	NRIC	Product	Third Party, Fire & Theft	No.	Object	Date	

Policy No.	5103049668-01	Policyholder Name	REZA EDSN	AN BIN NOR RAHMA	Policyholder	S8440813A	
Certificate No.		(value )			NRIC		
Address	BLK 130 #02-26 CHOA CHU K	ANG AVENUE 1	SINGAPORE	680130			
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	08/08/2019	Effective Date	13/08/2019	00:00	Expiry Date	12/08/2020 2	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess		
Additional Excess		OS Premium	218.14				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	g/Inexperience Driver Excess
Agent	A S PHOON PTE LTD	Agent Tel.	67470770		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 130 #02-26	Addre	ss 2	CHOA CHU KANG AV	VENUE 1	Address 3	SINGAPORE 680130
		Addre	ss Type	Singapore address		Post Code	680130
ddress 4			2.60				
Address 4 Unit No.		Relate Numb		5103049668-01			
Jnit No.	ed Object: FBN2055G			5103049668-01			
Jnit No.	Carlo Mario Carlo Car			5103049668-01			

ccident MT/1059903				6794281005	200000000000000000000000000000000000000	
olicy No. Settificate No.	5103049668-01		Vehicle No.	FBN2055G	GST Registration No.	
olicyholder Name	REZA EDSMAN BIN NO	OR RAHMAN			Policyholder NRIC	S8440813A
roduct Code	MOTORCYCLE INSUIU	ewce.	Cover Type	Third Party, Fire & Theft	Loading	D
ontact No.(Mobile)	87175687		Contact No.(Office)	0	Contact No.(Home)	0
mail Address	7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Special Remark	***	eCode	70
	0.0					400
FK	® No ○ Yes		TCA	® No ○Yes	eCode Reason	
CD Protection  Accident Details	No		NCD Entitlement(%)	20	Private Hire	No
eport Date	28/08/2019 16:56		Accident Report Within 24 hr	s Yes	Accident Type	Collision - Major Minor Road
ate of Accident	25/08/2019		Time of Accident hhumm	17:30	Country of Accident	Singapore
sporting Centre			Orange Force		ICM No.	S. Market
cident Location	JUNC CHOA CHU KAN	G AVE 1 & TECK W	FC1011040101010		Terr me	
▼ Total Excess Applicable		IN MILE & MILES HI	THE DANC			
cuss Type	Per Acodent		Windscreen Excess			
	SEASON S		WITH THE STATE OF			
D Standard Excess		0.00	TP Standard Excess	0.00		
IED OD Excess		0.00	VIED TP Excess	0.00	Driver is Covered?	Not Covered
dditional Excess						
otal OD Excess Applicable		0.00	Total TP Excess Applicable	0.00		
⊋ Benefits						
GST Registered Inform	ation					
ST Registered	Ng			GST Registration Date		
ST Registration No.:				GST Status Venfied	Yes	
odification History						
	12000					
Policyholder Hailing Ad						
ddrets 1	8LK 130 #02-26		Address 2	CHOA CHU KANG AVENUE 1	Address 3	SINGAPORE 600130
ddress 4			Address Type	Singapore address	Post Code	680130
nit No.			Related Policy Number	5103049668-01		
♥ OI Driver Info						
tiver harne	REZA EDSMAN BIN NO	OR RAHMAN	Driver Type	Main Driver		
nnamed driver Name			Driver NRIC	S8440813A	Driver DDB	15/12/1984
geter Date of Driver License	24/12/2003		Driver Age	34	Oriving Experience	15
ontact No.(Mobile)	87175687		Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BLK 130		Address 2	OHOA CHU KANG AVENUE 1	Address 3	SINGAPORE 680130
ddress 4	200		Address Type			
nit No.	02-26		Address Type	Singapore address	Post Code	680130
oes he own a Singapore						
egistered car?	○ Yes  No		Driver Vehicle No.		Driver Insurer Company	
daration						
eathalyser or Blood Test	0 mg		Manufacture 2	8		
rading?	omg		Any injury?	® Yes ○ No		
dification History						
Claim 001 New						
100000000000000000000000000000000000000						
sim Type *	GD-MX	V	Insured Name	REZA EDSMAN BIN NOR RAHMA	Insured NRIC	S8440813A
ntact No.(Mobile)	87175687		Contact No.(Home)	NIL	Contact No.(Office)	
neil Address	reza edeman@gmeil.c	om.	Of Vehicle Number	FBN2055G	TP Vehicle Number	GW2077L
smant Type Claimant Type *	Commission of the Commission o	- V	Type of Benefit *	Please Select	F versue Number	UM EUI IL
emant Name *		>>	Claimant NRIC +			
mam Address		122	Secretary at the Dec. 2		1	
im Description	FBN2055G / GW2077L	ON 25 Avr. 2010			Thomas of Bush and a control	
	CONTROL OF GWADY/L	STAN AND ANTA	1745000 (COSSESSES		Name of Preferred Workshop	
			Insured Liability *	Not at Pault		
ferred Workshop Contact	Refre	V	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
eferred Workshop Contect	Yes		Claim Close Date		Date Received	28/08/2019 00:00
eferred Workshop Contect quire Finalisation	28/08/2019 16:57					
iferred Workshop Contact quire Finalisation te Registered						
eferred Workshop Contect quire Finalisation rie Registered port Taken By	28/08/2019 16:57					
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