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NATIONAL Assessment Ce		71, 11 1 2000 000 00 01 01		_
Date In: 10/14-1770	Jeb description	Date &Time Completed	Done b	y.
Rel No: Na INC 19015512/14	SAS e-filing	i	14 (v	
Veh No: (KBV5-184	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 31/8/14. 10:30	i-Motor Claim Form	M7 1060674-201	Nalia vi	16
OD .(TP)' Reporting Only	i-Motor W/O (Within: OD 2h			CERCIS
OD TP Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		-
Preferred Wksp / INC Assign Wksp / QW:			ax:	
TP Particulars: Veh No:Jk				
Owner / Driver: (comore	Tel:	· ·	
Policy No: (Period: ()	Cover Type: (
Confirmed by : (Date:	Time:)	_
	6) [Note-Est. Status (WO): N: 0-2		00%]	1000
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General Remarks;-	No. 780 for III of a construction and a state of the stat	A CONTROL OF THE OWN O	185 7. 1.	-
() Walk-In Customer: Customer's		and transmission of the con-	\$1000 Project	-
Remarks: (INC hodline: 6788 6610	5)) / Courtesy Car ()	Date&Time Completed	Done by	,
2) QC Check / Post Repair Inspection	()		-	
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()	V		
Injury:				
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ate/Time Actions	and and the second		RESPECTATION.	
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1A190 6666 .	Invoice Pre	paration Checklist	Control of the Contro	Add
timant's Particulars :-	1) AR : Accident	Reporting (\$30); Assessment (\$100); INC (\$80	0)	
ver/Owner:	3) TF : Towing F	ce : \$40.	/\$45	-
	4) FT : Follow-T		\$30 \$30	_
ntact No:	For claiming a	goinst INC Only (wef 10 Jan 2005)		
maged Portion:	6) TR: Re-inspec 7) N1: Idao DA	+ SMRT Survey 5	\$75	
Chalan mark	8) NTUC Addition	nal Services:-	+	- N
Checked by (Engr-In-Charge):	*N5: Courtesy	Car / Tpt Allowance	\$5	-
Water Salar Sa	*N6: Repair Co		\$25	
ditors' Comments :-	*N8: DV / Col	lect Excess Coordination	55	
1:	TP (N11) : TP 9) N12: Idao Mol		30	
2/3:	Invoice dated	Fee Charged	SAME NAME OF THE PARTY OF THE P	W.
	Invoice dated	Fee Charged	Section 2	

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 truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

A	С	c	D	=	VT	5	ΙΑ	IΕ	ME.	NI

Date Of Report 02/09/2019 17:30
Date Of Accident 31/08/2019 12:30

Exact Location Of Accident NUSA JAYA ROUNDABOUT

Country/State of Loss MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKB2548H

Insured/Policyholder

Name Of Registered Owner MOHAMAD NOR BIN MOHAMAD

NRIC No S1754105F Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-96621423

 Alternative Phone No
 OFFICE-96621423

Vehicle Particulars

Manufacturer PROTON

Model SAGA 1.3L MT M-LINE AIRBAG 2WD 4DR

Exact Purpose for which vehicle was being used at time of accident

ume or accident

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY

If No, Please state action to be taken

PRIVATE CAR

Insurance Company

Vehicle Category

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

NO

Policy Number

5082146946-03

Cover Note Number

Cover Note Number

Driver

Name of Driver MOHAMAD NOR BIN MOHAMAD

 NRIC No
 \$1754105F

 Date Of Birth
 17/10/1966

 Occupation
 INDOOR

 Date Of Driving Pass
 12/01/2006

Driving Experience 13 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96621423

Fax Number

Contact Number OFFICE-96621423

EMail Address NOEMAIL

BLK 33 BALAM ROAD Address

#20-07

Postcode 370033

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 - ROUNDABOUT

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

4

Number of Passengers (Including Driver)

NAME:

: NUR SYAMIERA BINTE MUHAMMED

GENDER: : FEMALE

Passenger 2

Passenger 1

NAME:

GENDER: : FEMALE

Passenger 3

NAME:

. .

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

GEYLANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 132 PAYA LEBAR ROAD, POSTCODE: 409014, COUNTRY:

NO

SINGAPORE

Police Station Contact TEL NO: 1800-8486999 - FAX NO: 68486799

Was notice of intended Prosecution given?

If Yes, against whom?

Police Station Address

Circumstances of Accident

REFER TO POLICE REPORT - G/20190901/2022.

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 Vehicle Make/Model/Colour

SKV1107Z

Details Of Properties

Vehicle Category

Name of Driver

PRIVATE CAR

CHARLES JOHN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

4

DETAILS OF INJURED PERSON 1

Name

NUR SYAMIERA BINTE MUHAMMED

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKB2548H

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

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 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.:

(LEBUHRAYA NUSAJAYA) ENSTEDANT SKETCH PLAN skandar Puteri ANJUNE A LEBUHRASA SULTAN ISKANDAR) DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 3/4 2019 1230 Has While Hu round about Dlong driving uteri mmedizlely stopped my vehicle and dighter vehick licence (SKV 11077) hitted onto my vehicle, due to he bre change suddenly turn to bebuhoga out East Ledmy (Tuas) surtches side vehicle on vehicle Dossengar in 8 months had accident Sent Ward sent NUH Stolement 210 dotals - SKB 2548 H 13 - SKV 1107 7 Police Report made: Gaylons defort Number: 6/20190901/2022. DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature Date & Time: (If driver is not the policyholder)

Name:

/ehicle No.	SKB 2548 H Model/Make Proton Sags
Date of Accident	31/08/2019
ime of Accident	12:30 pm HRS
ocation of Accident	Nusa Jaraya Roundabout, JAN rampung lalang
xact purpose use during a	ccident Private Used. (Johor bal
Name of Owner	Mohamad Nor Bin Mohamad
Telephone No.	H/P: 96621423 Home: Office: 9645 26 02
NRIC	S1754105F
Address	BK 33, Balam Road #20-07 5'37003
Claim type	OD (THIRD PARTY) REPORTING ONLY
Insurance Company	NTUC
Type of Coverage	(Comprehensive) Third Party Third Party / Fire /Theft
Policy No.	5082146946-03
Name of Driver	As Above If No, Mchamad Nor Bin Mohamad
NRIC	CIXSUIDSF Any Passengers: 3
Date of birth	17-10-1966
Occupation	Outdoor / (Indoor)
Driving License Pass Date	12 Jan 2006.
Gender	(Male) / Female
Contact No.	H/P: 96621423 Home: Office: 96452602. B/K 33, Balam Road # 20-07 5'370033
Address	BIK 33 Balam Road # 20-07 5' 870033
Driver have any own vehic	
Relationship	Employee, If no, state
Weather condition	(Clear) Raining Other
Road Surface	(Dry) Wet Other
Any Injuries	No, (If Yes, Who?) Nur syamiera Binte Muh. 90677108 i/c 95-409
Name And Contact No.	90677108 1/0 95-409
Name And Contact No.	
Police Report	No, (If Yes, Where?) G/2019 0901/20 22
Vehicle B No.	3KV110 7 Z Any Passengers:
Name of Driver	Charles John Contact No.: 0
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	RH Side
Camera Recorder	Yes (No)
Email Address	sitiarsat 2 hotmail. com
EITIGII Addi 633	
PARTICULAR WORKSHOP	Wincar Antonetine PIL
CONTACT NO.	6842 0051 / 6744 0510
CONTACT NO.	0012002
FAX NO	6741 0510
II MA INU	





1 of 2

Report No. G/20190901/2022

POLICE REPORT (NP299)

Police Station Of Origin Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

Date/Time Report Made 01/09/2019 11:45	Vide Re	Station Diary No. 54		
Name Of Informant	Address			
MOHAMAD NOR BIN MOHAMAD	APT BL	K 33 BALAI	M ROAD #20-07 S	INGAPORE 370033
ID Type / ID No. NRIC NO / S1754105F	Contact No. Home/Office Mobile 96621423			
Nationality SINGAPORE CITIZEN	Email A	ddress		
Occupation	Sex	Age	Date of Birth	Race
TECHNICIAN	Male	52	17/10/1966	Malay
Institution/School Name	Langua	ge		
Date/Time Of Incident 31/08/2019 12:30	Location Of Incident JORHOR BAHRU, NUSA JAYA, JLN KAMPUNG LALANG MALAYSIA			

Brief details.

While operating my vehicle SKB2548H on 31/8/2019 in Malaysia, Johor Bahru, Nusa Jaya at the Roundabout of Jalan Kampung Lalang and Persiaran Ledang, at about 1230hrs a vehicle SKB1107Z hit onto the rear right portion of my vehicle. I then stopped my vehicle and got out to check and discovered that there were some dents and scratches to the rear right door/portion of the vehicle. I then exchanged particulars with the other driver.

I wish to state that I was in the vehicle with 4 other passengers, one whom is 8 months pregnant.

Signature Of Informant:			
andar			
Date/Time: 01/09/2019 11:45			
Classification Of Case:			

Authentication Stamp







POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190901/2022

I am lodging this report for record purposes.

Signature Of Officer Recording The Report:

G / Sgt 1 SHAUN CHUA YONG QUAN

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp CHIA KA YING

Contact No.: 62440000

Authentication Stamp

Signature Of Informant:

Date/Time: 01/09/2019 11:45

Classification Of Case:

SINGAPURE S POLICE FORCE



SIGNATURE



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: 5082146946-03 Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle : SKB2548H

Chassis Number

2. Name of Policyholder

Effective Date of Insurance

4. Expiry Date of Insurance

Expiry Date of Insurance
 Persons or Classes of Persons entitled to dr

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.

: PL1BT3SNR9B099356

: 11 May 2019

: 10 May 2020

: MOHAMAD NOR BIN MOHAMAD

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 (Maiaysia), 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 : YES (FREE)
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

EXCESS WAIVER : NO
PRIMARY DRIVER : MOHAMAD NOR BIN MOHAMAD
NAMED DRIVER (1) : SITIZALIHAH BINTI ARSAT
NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : DBS BANK 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 : AUTO INSURANCE AGENCY (00000613840)

Date of Issue : 13 Apr 2019 11:31 hrs Reprint : 13 Apr 2019 11:32 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	e Language	+ Chang	e Password	+ Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy 1	No.				Date	of Accident	[31/08/2019 1	2.30	
	Vehicle	No.(For Motor)	SKB25	48H		Cert	ficate Number	1			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Palicyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5082146946- 03		MOHAMAD NOR BIN MOHAMAD	S1754105F	GPC	drivo CLASSIC	SKB2548H	SKB2548H	11/05/2019	10/05/2020
					- 1	Continue					



Accident MT/1060674					
Policy No.	5082146946-03	Vehicle No.	SKB2548H	GST Registration No.	
Certificate No.				E-e-200-Man a Control	
Policyholder Name	MOHAMAD NOR 51N MOHAMAD			Policyholder NRIC	\$1754105#
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Mobile)	98621423	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	Fire V
KPK	® No ○Yes	TCA	® No ○Yes	eCode Reason	
NCD Protection	Yes	NC0 Entitlement(%)	50	Private Hire	No.
Accident Details		1300		CTIMALE CHEE	***
Report Date	02/09/2019 21:15	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	31/08/2019	Time of Accident hh:mm			
	32/00/2019		12:30	Country of Accident	Outside Singapore
Reporting Centre	100 to 100 to 100 to 100 to 100 to	Orange Force		ICM No.	
Accident Location	NUSA 1AYA ROUNDABOUT				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OR WALL AND	500700	25700 7			
OD Standard Excess	600.00	TP Standard Excess	0.00		20061
YIED OD Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
♥ Benefits					
GST Registered Informa			- PE		
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Ves	
Modification History					
Policyholder Mailing Ade	draw				
Address 1	BLK 33 #20-07	7/25/2015/1	20.1003329	50000000	
	6LK 33 #20-07	Address 2	BALAM ROAD	Address 3	SINGAPORE 370033
Address 4		Address Type	Singapore address	Post Code	370033
Unit No.		Related Policy Number	5082146946-03		
⊕ OI Driver Info	Carrier and Carrier Control of Control	4/2010032-00	Constant		
Oriver Name	MOHAMAD NOR BIN MOHAMAD	Oriver Type	Main Driver		
Unnamed driver Name	95010000000	Driver NRIC	\$1754105#	Driver DOB	17/10/1966
Register Date of Driver License		Driver Age	52	Driving Experience	13
Contact No.(Mobile)	96621423	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 33	Address 2	BALAM ROAD	Address 3	SINGAPORE 370033
Address 4		Address Type	Singapore address	Post Code	370033
Linkt No.	20-07				
	Contract Contract	Driver Vehicle No		Driver Insurer Company	
Does he own a Singapore Registered car?	Tes ® No				
Does he own a Singapore Registered car?	C) Tes (#) No				
Registered car? Declaration	O reside No				
Registered car? Declaration Breathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
Registered car? Declaration Breathalyser or Blood Test Reading?		Any injuny?	® Yes ○ No		
Registered car? Declaration Breathalaser or Blood Test Reading? Additication History		Any injuny?	® Yes ○ No		
Registered car? Declaration Breathalyser or Blood Test Reading? Addification History Claim 601. New		Any injuny? Insured Name	® Yes ○ No MOHAMAD NOR BIN MOHAMAD	Insured NRIC	\$1754105F
Registered car? Declaration Breathalyser or Blood Test Reading? Addification History Claim 601. New	0 mg			Insured NRIC Contact No.(Office)	\$1754105F
Registered car? Declaration Breathalyser or Blood Test Reading? Addification History Claim 601. New Claim Type * Contact No. (Mobile)	0 mg	Insured Name	MOHAMAD NOR BIN MOHAMAD		\$1754105F SKV1107Z
Registered car? Declaration Breathalyser or Blood Test Reading? Addification History Claim 601. New Claim Type * Contact No. (Mobile) Email Address	0 mg OD-MX 96621423	Insured Name Contact No.(Home)	MCHAMAD NOR BIN MCHAMAD 67471979	Contact No.(Office)	
Registered car? Declaration Breathalpser or Blood Test Reading? Addition History Claim 601 New Claim Type * Contact No. (Mobile) Email Address Claimant Type e Claimant Type *	0 mg DD-MX 96621423 mmohamadnor1@yahoo.com.sc	Insured Name Contact No. (Home) OI Vehide Number	MCHAMAD NOR BIN MCHAMAD 67471979 SIGB2548H	Contact No.(Office)	
Registered car? Declaration Breathalyser or Blood Test Reading? Addition Hettory Claims 601 New Claims 701 New Contact No. (Mobile) Email Address Claims Address Claims Type + Claims Address Clai	O mg OD-MX V 96621423 mmohamadnor1@yahoo.com.sg Please Select V	Insured Name Contact No. (Home) OI vehicle Number Type of Senett: *	MCHAMAD NOR BIN MCHAMAD 67471979 SIGB2548H	Contact No.(Office)	
Registered car? Declaration Breathalyser or Blood Test Reading? Prodification History Claim 601 Meer Claim 601 Meer Contact No. (Mobile) Email Address Claimant Type 4: Claimant Type Claimant Type 4: Claimant Address	O mg OD-MX V 96621423 mmohamadnor1@yahoo.com.sg Please Select V	Insured Name Contact No. (Home) OI vehicle Number Type of Senett: *	MCHAMAD NOR BIN MCHAMAD 67471979 SIGB2548H	Contact No.(Office)	
Registered car? Declaration Breathalyser or Blood Test Reading? Addification History Claim 601. New Claim 7ype * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claim Description Pyreferred Workshop Contact	0 mg DO-MX 96631423 mmohamadnor1@yahoo.com.sc Mease Select ≥≥	Insured Name Contact No. (Home) OI vehicle Number Type of Senett: *	MCHAMAD NOR BIN MCHAMAD 67471979 SIGB2548H	Contact No.(Office) TP Vehicle Number	
Registered car? Declaration Breathalyser or Blood Test Reading? Addition History Claims 601 New Claims 701 New Claims 7	0 mg DO-MX 96631423 mmohamadnor1@yahoo.com.sc Mease Select ≥≥	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	MOHAMAD NOR BIN MOHAMAD 67471979 SKR2548H Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	SKV1107Z
Registered car? Declaration Breathalyser or Blood Test Reading? Additication History Claims 601 New Claims 601 New Claims 700 Claims 601 Claims 700	0 mg DO-MX 96621423 mmohamadnor1@yahoo.com.sg Flease Select ≥≥ SKB3548H / SKV11072 CN 31 Aug 2019 Yes	Insured Name Contact No, (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	MOHAMAD NOR BIN MOHAMAD 67471979 SKR2548H Please Select	Contact No. (Office) TP Vehicle Number	SKY1107Z
Registered car? Declaration Breathalyser or Blood Test Reading? Madification History Claims 601 New Claims 601 New Claims 700 (Mobile) Email Address Claimser Type Claimant Type + Claimser Type Claimant Type + Claimser Address Claim Description Perferred Workshop Contact No. Require Finalisation Date Registered	0 mg DO-MX P6621423 mmohamadnor1@yahoo.com.sg Flease Select ≥≥ SX82548H / SKV11072 CN 31 Aug 2019 Yes V	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	MOHAMAD NOR BIN MOHAMAD 67471979 SKR2548H Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	SKV1107Z
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