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Date In: 5/11/19-13:48	Jeb description		Date & Time Completed	Done	: 01
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Veh No: SCX1904	E-mail (within	Shrs, AIC 2hrs)			
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TDI	Assessment/St	irvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tol:	Fax:	
TP Particulars: Veh No:	278574	INC ()/Non-INC()		
Owner / Driver: (15 1		Tel:)	COSC CONTRACTOR
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (7	Date:	Time:)	
) Note-Est Status (V	VO): N: 0-2	0%; P: 21-79%. P: 80-	100%1	
Year of Registration: ()			1		-
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() Total Loss Case : to e-mail Ins		7			
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Remarks:- (INC hotline: 6788 6616))	100000000000000000000000000000000000000	Date&Time Completed	Done	by
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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 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.
- 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

aforesaid.	
Separati Esperante Aprilia de Caración de	ACCIDENT STATEMENT
Date Of Report	05/11/2019 13:48
Date Of Accident	04/11/2019 22:25
Exact Location Of Accident	BALESTIER RD TWDS MOULMEIN RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SCX190Y
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD SHEQAL BIN SARMANI
NRIC No	S9010429B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97114903
Alternative Phone No	OFFICE-97114903
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANC 1.6MR
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5097295661-01
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD SHEQAL BIN SARMANI

Name of Driver MUHAMMAD SHEQAL BIN SARMANI
NRIC No S9010429B

 Date Of Birth
 24/03/1990

 Occupation
 INDOOR

 Date Of Driving Pass
 09/10/2015

Driving Experience 4 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97114903

Fax Number

Contact Number OFFICE-97114903

EMail Address NOEMAIL

BLK 115B CANBERRA WALK Address

#05-129

752115 Postcode

NO Was driver an employee of the Insured's Company

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

CHAIN COLLISION Type Of Accident

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

3

NO

NO

2

YES

NO

NO

SLZ7857U

: TAN JIAN ZHAU

: MALE GENDER:

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

WOODLANDS DIVISION HQ Police Station Name

ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: Police Station Address

SINGAPORE

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - L/20191105/7005.

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

MOHAMED YUNUS BIN MOHAMED SULTAN Name of Driver

NRIC/Passport Number

91599256 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLP9933Y

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

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD SHEQAL BIN SARMANI

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SCX190Y

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

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 and 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)

Lunderstand, 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 Personne Vs Signature

Name:

NRIC/FIN No.:

KETCH PLAN	
>	Vehicle A: SCX1904
← 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Vehicle B: SLZ 78574
	Vehicle C: SLP 99337
	Venice C - SET (105)
В	
ale step	
0	
SCRIBE CIRCUMSTANCES OF THE ACCI	DENT
On the above said do	te & time, I was driving my vehicle A (SCX)ac
2 1 1 2	
railling along Dalestler R	ld twds Moulmein Rd on second lane of a
3-lanes, two carriage way	. I was driving slow, out of suddenly,
0 0	to stopped
ehrele B (SLZ78574) W/	noch from near of my which failed, and collided
Who is a real order than the	AN TILLEY TOWN
vill my vericle rear points	on. After I alighted then I realized I was

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 Personne Signature Name:

NRIC/FIN No.:

Vehicle No.	SCX 1904 Model/Make Mitsubishi Lancer CK4
Date of Accident	4/11/2019
Time of Accident	2225 HRS
Location of Accident	Along Balestier Rol twds Moulmein Rd
Exact purpose use during acci	
Name of Owner	Muhammad Shegal Bin Sormani
Telephone No.	H/P:97114903 Home: Office:
NRIC	590104298
Address	BLK 115B Canberra Walt #05-129 (752115)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	5097295661 - 01
Name of Driver	As About 16 No.
Name of Driver	As Above If No,
NRIC	Any Passengers: /
Date of birth	24/3/1990 Tan Jan Zhau (Male)
Occupation	Outdoor / Indoor
Driving License Pass Date	9/10/2015
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.	Muhammad Shegal Bin Sarmani 97114903
Name And Contact No.	
Police Report	No, If Yes, Where? Woodlands Division HQ
Vehicle B No.	SLZ 7857U Any Passengers : -
Name of Driver	Mohamed Yunus Bin Contact No.: 9159 9256
Vehicle C No.	SLP 9933 Y Mohamed Any Passengers : —
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	
Accident Portion	
Camera Recorder	Yes / No
Email Address	Sheq-i+ahotmail.com
Witness Name Accident Portion Camera Recorder	Witness Contact: Reav control Yes / No
PARTICULAR WORKSHOP	Twincar Automotive Pte (to)
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Zi Tma
FAX NO	6741 0510
WORKSHOP EMAIL APDRESS	



L/20191105/7005

1 of 2

Report No. L/20191105/7005

POLICE REPORT (NP299)

Police Station Of Origin Woodlands Division HQ 1 Woodlands Street 12 SINGAPORE 738622 Tel No:1800-4660000

Date/Time Report Made	Vide Re	port No.		Station Diary No.
05/11/2019 03:40	VIII - L			100 100 100 100 100 100 100 100 100 100
Name Of Informant	Address			
MUHAMMAD SHEQAL BIN SARMANI	115B C	ANBERRA	WALK #05-129 SI	NGAPORE 752115
ID Type / ID No.	Contact			
NRIC NO / S9010429B	Home/C	ffice:	Mobile:	
			97114903	
Nationality	Email A	ddress	50.00	
SINGAPORE CITIZEN	SHEQ	Т@НОТМА	AIL.COM	
Occupation	Sex	Age	Date of Birth	Race
Other teaching associate professionals nec	Male	29	24/03/1990	Boyanese
Institution/School Name	Languag English	je		
Date/Time Of Incident	Location	Of Inciden	t	
04/11/2019 22:20 - 04/11/2019 22:30	BALEST	IER ROAD		
Drief details				

Brief details.

I was involve in a chain accident around Balestier Road on the 4th November 2019 at around 1020pm to 1030pm. My car number is SCX190Y (Mitsubishi Lancer MR) was hit by another two cars from the back as i was driving on a slow moving traffic upon reaching the traffic lights. The third car is a dark grey BMW plate no. SLP9933Y follow by the second car white KIA plate no. SLZ7857U which i got knock on the rear part of my car. After the accident, all three party decided to move in to the left alley to exchange particulars and photograph all damages. The second car which is the white KIA claim that he has car camera front and back to clarify more on the accident. After the accident, i was injured and went to see the doctor at Mt Alvenia Hospital, received treatment and was given 5 days mc due to lower back injury.

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/11/2019 03:40
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20191105/7005

Victim	MUHAMMAD SHEQAL BIN S	DADMANI	
Person Name			D0040400D
ID Type	NRIC NO	ID No	S9010429B
Gender	Male	Age	29
Race	Boyanese	Language	English
Occupation	Other teaching associate	Address	115B CANBERRA WALK #05
A STATE OF THE STA	professionals nec		129 SINGAPORE 752115
Mobile No	97114903	Is Informant A	Yes
		Victim?	
Person Name	MUHAMMAD SHEQAL BIN :	SARMANI (Informant)

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: 05/11/2019 03:40
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 185	9)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960	
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	
The second secon	

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

Certificate Number: 5097295661-01

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: SCX190Y

Chassis Number

: JMYSNCK4AXU001887

2. Name of Policyholder

: MUHAMMAD SHEQAL BIN SARMANI

3. Effective Date of Insurance

: 08 Jan 2019

4. Expiry Date of Insurance

: 30 Apr 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) : N/A EXCESS (SECTION 2) : N/A ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : N/A REPAIR AT OWNER'S PREFERRED WORKSHOP . NO INSURE WITH COE 8 YES NCD PROTECTION : NO PRIMARY DRIVER : MUHAMMAD SHEQAL BIN SARMANI NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : HONG LEONG FINANCE 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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue : 12 Dec 2018 11:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

man

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech										Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601						· Change	Languag	e • Char	nge Password	· Log Out
My Desktop	Poli	cy Query									,
Notice of Loss	Policy N	10.				Date (of Accident		04/11/2019	22 25	
	Vehicle	No.(For Motor)	SCX190)Y		Certifi	cate Number		i -		
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097295661- 01		MUHAMMAD SHEQAL BIN SARMANI	S9010429B	GPC	Third Party, Fire & Theft	5CX190Y	SCX190Y	08/01/2019	30/04/2020
						Continue					

Policy No.	5097295661-01	Policyholder Name	МИНАММА	D SHEQAL BIN SARM	Policyholder NRIC	590104298	
Certificate No.		and the s		erang appear of the Mon	rinal.		
ddress	BLK 115B #05-129 CANBERRA V	WALK EASTLA	CE @ CANBE	RRA SINGAPORE 752	115		
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date xcess ype	12/12/2018	Effective Date All Claims Excess	08/01/2019	9 00:00	Expiry Date	30/04/2020	23:59
hird Party xcess	0	Own damage Excess	0		Windscreen Excess	0	
dditional xcess	0	OS Premium	0				
lutside Ingapore ID Excess	0	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
gent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Υ	
o- nsurance lag open olicy Info ertificate nfo	No						
Policyh	older Mailing Address						
ddress 1	BLK 115B #05-129	Addres	ss 2	CANBERRA WALK	,	Address 3	EASTLACE @ CANBERRA
ddress 4 nit No.	SINGAPORE 752115		s Type d Policy	Singapore address 5097295661-01		Post Code	752115
Insured	Object: SCX190Y	NUTTO					
7 Endors	ements						
Sequen	27/03/2019 00:00		indorsement information ement	3277	endorsement	0.000	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 27 Mar 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: LIEN CHONG ENTERPRISES PTE LTD CHASSIS NUMBER: JMYSNCK4AXU001887 ENGINE NUMBER: 4G92KC1333 VEHICLE REGISTRATION NUMBER: SCX190Y ORIGINAL REGISTRATION DATE: 17 May 1999 Thank you for giving us the
	28/03/2019 00:00	Basic I Endors	nformation ement	Endorsen	nent Take Effe	ective	opportunity to serve you. We confirm that from 28 Mar 2019, the following amendment(s) is/at made to this policy: 1. The cover is amended from Third Party to Third Party Fire and Theft 2. The Endorsement M1 stated in the Policy is not applicable 3. The Policy is subject to Endorsement M2 attached. In view of this amendment, an additional premium of \$293.38 (inclusive of GST) is payable under your policy
	10/04/2019 00:00	Basic II Endors	nformation ement	Endorsen	nent Take Effe	ective	Thank you for giving us the opportunity to serve you. We confirm that from 10 Apr 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: LIAN HONE PRIVATE LIMITED CHASSIS NUMBER: JMYSNCK4AXU001887 ENGINE NUMBER: 4G92KC1333 VEHICLE REGISTRATION NUMBER SCX190Y ORIGINAL REGISTRATION DATE: 17 May 1999
							Thank you for giving us the opportunity to serve you. We confirm that from 12 Apr 2019,

Accident MT/1070030									
falley No.	5097295661-0t	Vehicle No.	SCX190%			GST Registration N	10.		
Tertificate No.									
Policyholder Name	MUHAMMAD SHEQAL BIN SARMANI					Policyholder NR.IC		590104299	
Product Code	PRIVATE CAR INSURANCE	Cover Type		Pire & Theft		Loading		0	
Contact No. (Mobile)	97114903	Contact No. (Office)	0			Contact No.(Home)	0	
mail Address		Special Remark				eCode :		V.	
FK	® No ○ Yes	TCA	® No ○Y	4		eCode Reason			
CD Protection	No	NCD Entitlement(%)	30			Private Hire		No	
Accident Details									
eport Date	05/11/2019 14:06	Accident Report Within 24 hrs.	Yes			Accident Type		Chain Colle	Ban
ate of Accident	84/11/2019	Time of Accident hhomm	22:25			Country of Acoden		Singapore	
eparting Centre		Drange Force				3CM No.			
codent Location	BALESTIER RD TWDS MOULHEIN RD								
⊕ Excess									
wn damage Excess	0.00	Additional Excess	0			Windscreen Excess		0.00	
nnamed Driver Excess	0.00	Outside Singapore OD Excess		0.00					
and Party Excess	0.00	Outside Singapore TP Excess		0.00					
7 Benefits									
GST Registered Inform	ation								
T Registered	No		GST	Registration Date					
T Registration No.			GST	Status verified		Yes			
dification History									
Policyholder Mailing Ad	Idress								
sarese 1	BUK 1158 #05-129	Address 2	CANBERRA	WALK		Address 3		EASTLACE	@ CANBERRA
ddress 4	SINGAPORE 752115	Address Type	Singapore a			Post Code		752115	A 250 (1887)
nt No.		Related Policy Number	509729566					000000	
OI Driver Info									
river Name	MUHAMMAD SHEQAL BON SARMANI	Driver Type	Main Driver						
named driver Name		Driver NR3C	590104298			Driver DOB		24/03/1990	2
gister Date of Driver License	09/10/2015	Driver Age	29			Driving Experience		4	
ntact No. (Mobile)	97114903	Contact No.(Office)	0			Contact No.(Home)	17	0	
dress 3	BLK 1158	Address 2	CANBERRA	WALK		Address 3		EASTLACE	() CANBERRA
0.000 0								752115	
	SINGAPORE 752115	Address Type	Singapore a	ddress		Post Code			
ddress 4	SINGAPORE 752115 05-129	Address Type	Singapore a	ddress		Post Code		732113	
ddrikse 4 nit No. oes he own a Singapore	05-129		Singapore a	ddress				/24112	
oddrisse 4 Init No. Ioes he own a Singapore		Address Type Driver Vehicle No.	Singapore a	doress		Post Code Driver Insurer Com	рапи	192213	
ddress 4 inst No. ioes he own a Singapore epistered (air?	05-129		Singapore a	doress			pany	194445	
ddress 4 int No. ioes he own a Singapore epistered Car? ectiaración reathalyser or Blood Test	05-129		Singapore a				рапу	22413	
ddress 4 int No. loes he own a Singapore egistered car? eclaration reethalyser or Blood Test mading?	05-129 ○ Yes ® No	Driver Vehicle No.					pany	22442	
ddress 4 Init No. Ioes he bwn a Singapore egistered car? ectaración reethalyser or Blood Test wadnig?	05-129 ○ Yes ® No	Driver Vehicle No.					pany	724112	
ddrises 4 not No. toes he own a Singapore apstered Car? charación reethalyser or Blood Test auding?	05-129 ○ Yes ® No	Driver Vehicle No.					pany	724113	
sdriver 4 not No. poes he own a Singapore apstrored car? coloration eathalyser or Blood Test anding?	05-129 ○ Yes ® No	Driver Vehicle No.					openy	32413	
odness 4 vt No. ves he own a Singapore gistered car? coaraction enthalyser or Blood Test auding? dification History	05-129 ○ Yes ® No	Driver Vehicle No.					pany	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
idnese 4 In No. In No. In Singapore gistored Car? Claración eenhalyser or Blood Test lading? dification History Claim 001 New	05-129 ○ Yes ® No	Driver Vehicle No.	® Yes ○ N				pany	590104298	E.
odress 4 Int No. In	05-129 ○ Yes ® No O mg	Driver Vehicle No. Any Injury?	® Yes ○ N			Driver Insurer Com			R
othese 4 In No. In No. In No. In Singapore Claración enthalyser or Blood Test aiding? Claim 001 New Aim Type * Intact No. (Mobile)	05-119	Driver Vehicle No. Any Injury? Insured Name	® Yes ○ N			Driver Insurer Com			K.
othese 4 Int No. In	05-130 ○ Yes ● No 0 mg □ No □ No □ No □ No □ No □ No □ No □ No	Driver Vehicle No. Any injury? Insured Name Contact No.(Home)	® Yes ○ N	SHEQAL BIN SAAM		Driver Insurer Com		5901.04298	K.
odress 4 Int No. In	05-130 ○ Yes ● No 0 mg □ No □ No □ No □ No □ No □ No □ No □ No	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Oll Vehicle Number	® Yes ○ N	SHEQAL BIN SAAM		Driver Insurer Com		5901.04298	K
sdress 4 Int No. In	05-139 ○ Yes ® No 0 mg CO-MX 97114903 SHEQ_TTSHOTMAIL.COM Please Select ▼	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	® Yes ○ N	SHEQAL BIN SAAM		Driver Insurer Com		5901.04298	
odress 4 Int No. In	05-139 ○ Yes ® No 0 mg CO-MX 97114903 SHEQ_TTSHOTMAIL.COM Please Select ▼	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	® Yes ○ N	SHEQAL BIN SAAM		Driver Insurer Com		5901.04298	
int No. bes he own a Singapore gistered car? claración eenhalyser or Blood Test ading? dification History Claim 001 New aim Type * intact No.(Mobile) noi Address aimant Type Cleimant Type * aimant Name * aim Description, eferred Workshep Contact	05-130 ○ Yes ® No 0 mg DO-MX Y \$7314903 SHEQ_TT@HOTMAIL.COM Please Select Y ≥≥	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	® Yes ○ N	SHEQAL BIN SARM		Driver Insurer Com Insured NRIC Contact No. (Office) TP Vehicle Number		5901.04298	
sdrive 4 Int No. Does he own a Singapore spistored Car? Claim Cost Richard Test aid Reation History Claim Cost New Aim Type * Defact No. (Mobile) Total Address aimant Address aimant Address aimant Address aimant Address aim Description The Contact Th	05-130 ○ Yes ® No 0 mg DO-MX Y \$7314903 SHEQ_TT@HOTMAIL.COM Please Select Y ≥≥	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Chemant NRJC *	® Yes ON MUHAMMAD SCX190Y Please Selection	SHEQAL BIN SARM		Driver Insurer Com Insured NRIC Contact No. (Office) TP Vehicle Number		S90104298 	
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odrises 4 not No. poes he own a Singapore apstered Car? contraction reachalyser or Blood Test audification History Claim GOS New aim Type * ontact No. (Mobile) noti Address aimant Name * aimant Name * aimant Address aim Description referred Workshop Contact or quine Finalisation yie Rogistored	05-139 ○ Yes No O mg O mg O mg Flease Select	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) C0 Vehicle Number Type of Benefit + Claimant NR3C + Insured Liability + Preference Repair Option	® Yes ON MUHAMMAD SCX190Y Please Selection	SHEQAL BIN SARM	>	Insured MRIC Contact No. (Office) TP Vehicle Number Name of Preferred		\$901.04298 \$127857U	
ddrinee 4 int No. int	05-119 ○ Yes ® No 0 mg CO-MX 97114901 SHEQ_TQHOTMAIL.COM Please Select ≥≥ SCX190Y / SLZ7857U ON 4 Nov 2019 Ves Ves Ves Ves Ves Ves Ves Ve	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) C0 Vehicle Number Type of Benefit + Claimant NR3C + Insured Liability + Preference Repair Option	® Yes ON MUHAMMAD SCX190Y Please Selection	SHEQAL BIN SARM	>	Insured MRIC Contact No. (Office) TP Vehicle Number Name of Preferred		\$901.04298 \$127857U	
odrisse 4 Init No. Does he own a Singapore spistored Car? Claim Ods New Aum Type * Citaim Ods New Aum Type * Aumant No. (Mobile) Mod Address Aumant Add	05-119 ○ Yes ® No 0 mg CO-MX 97114901 SHEQ_TQHOTMAIL.COM Please Select ≥≥ SCX190Y / SLZ7857U ON 4 Nov 2019 Ves Ves Ves Ves Ves Ves Ves Ve	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Clement NRJC * Insured Liability * Preference Repair Option Cleim Close Date	W Yes N	SHEQAL BIN SARM	>	Insured MRIC Contact No. (Office) TP Vehicle Number Name of Preferred		\$901.04298 \$127857U	
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sdress 4 nt No. pes he own a Singapore spistered car? claración restnal/ser or Blood Test addication History Claim 003 New aim Type * antact No. (Mobile) mol Address almant Rame * aim Description, eferred Workshop Contact or, quare Finalisation sic Registered sport Taken By Pont AK letter	05-119 ○ Yes ® No 0 mg CO-MX 97114901 SHEQ_TQHOTMAIL.COM Please Select ≥≥ SCX190Y / SLZ7857U ON 4 Nov 2019 Ves Ves Ves Ves Ves Ves Ves Ve	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Clement NRJC * Insured Liability * Preference Repair Option Cleim Close Date	W Yes N	SHEQAL BIN SARM	>	Insured MRIC Contact No. (Office) TP Vehicle Number Name of Preferred		\$901.04298 \$127857U	
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street 4 Int No. In	05-119 ○ Yes ® No 0 mg CO-MX 97114901 SHEQ_TQHOTMAIL.COM Please Select ≥≥ SCX190Y / SLZ7857U ON 4 Nov 2019 Ves Ves Ves Ves Ves Ves Ves Ve	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Clement NRJC * Insured Liability * Preference Repair Option Cleim Close Date	W Yes N	SHEQAL BIN SARM	>	Insured MRIC Contact No. (Office) TP Vehicle Number Name of Preferred		\$901.04298 \$127857U	
introse 4 Int No. Interest N	05-130 ○ Yes ® No 0 mg CO-MX 97114903 SHEQ_TT@HOTMAIL.COM Please Select ≥≥ SCX190Y / SLZ7857U ON 4 Nov 2019 Ves Ves SS(11/2019 14:07) Jackson	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Charmant NR3C + Insured Liability + Pretarened Repair Option Cleim Close Date	W Yes N	SHEQAL BIN SARM	>	Insured MRIC Contact No. (Office) TP Vehicle Number Name of Preferred		\$901.04298 \$127857U	
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introse 4 Int No. Interest N	05-130 ○ Yes ® No 0 mg DO-MX	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Charmam NR3C + Insured Liability + Pretarened Repair Option Claim Claim Claim Chare Upload Date	Wyes O N MUHAMMAD SCX190Y Please Sele Preferred W Save Subn	SHEQAL BIN SARM TO SHERRAN BIN SARM TO SHERRAN BIN SARM OCI COS/11/2019 14:08 Category *	V	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred GIA report Date Received	Workshop	\$901.04298 \$127857U Received 05/11/2019	00.00
indress 4 Int No. Interest N	05-130 ○ Yes ® No 0 mg DO-MX	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Charmant NRJC + Insured Liability + Pretarened Repair Option Claim Close Date Claim No. Upload Date Browse. Browse.	Wyes O N MUHAMMAD SCX190Y Please Sele Preferred W Seve Subn Clear	SHEQAL BIN SARM Driestog, Name unknown OC1 OS/11/2019 14:08 Category * Please Select		Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred GIA report Date Received	Workshop Urgen Normal Normal	S90104298 SL27857U Received O5/11/2019 Cy •	00.00
indress 4 Int No. Interest N	05-130 ○ Yes ® No 0 mg DO-MX	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Charmant NRUC + Insured Usability + Preference Repair Option Claim Close Date Garm No. Upload Date Browse. Browse.	MUHAMMAD SCX190V Please Sele Preferred W Serve Subn Clear Clear Clear	SHEQAL BIN SARM Drieshop, Name unknown OC1 OS/11/2019 14:08 Category * Please Select Please Select		Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred GIA report Date Received Confidential	Ungen Normal Normal	\$901.04298 \$127857U Received 05/11/2019	00.00
street 4 Int No. In	05-130 ○ Yes ® No 0 mg DO-MX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Charmant NRUC + Insured Usability + Pretarened Repair Option Claim Close Date Garm No. Upload Date Browse. Browse. Browse.	MUHAMMAD SCX190V Please Sele Preferred W Serve Subn Clear Clear Clear Clear	SHEQAL BIN SARM TO SHEQAL BIN SARM Onleshop, Name unknown OS/11/2019 14:08 Category * Please Select Please Select Please Select		Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred GIA report Date Received	Urgen Normal Normal Normal	\$901.04298 \$127857U Received 05/11/2019	00.00
sdrive 4 Int No. Does he own a Singapore systemed car? Chain con Blood Test adding? Interaction History Claim 003 New Interaction (Mobile) Interact	05-130 ○ Yes ® No 0 mg DO-MX	Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Charmant NR3C + Insured Liability + Pretarened Repair Option Claim Close Date Claim No. Upload Date Browse. Browse. Browse. Browse.	MUHAMMAD SCX15GY Please Select Not at Fault Preferred W Save Subn Clear Clear Clear Clear Clear	SHEQAL BIN SAAM TO SHEQAL BIN SAAM TO SHEAD SAME Unknown TO STILL STATE OF SAME Unknown TO STILL STATE OF SAME Unknown TO SHEAD SAME SAME SAME SAME SAME SAME SAME SAME		Insured MRIC Contact No.(Office) TP Vehicle Number Name of Preferred GIA report Date Received	Urgen Normal Normal Normal Normal	\$901.04298 \$1,27857U Rectaved 05/11/2018	00.00
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