NATIONAL Assessment Cen	tre Services. wet 1 January	NA119157868		
Date In: 1811 19-1622	Jeb description	Date & Time Completed	Done	by:
Res No: Na lucino 22 ylinty	SAS e-filing			
Veh No: FDK3564M	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 8/11/19 - 18:36	i-Motor Claim Form	M7/107/8/201	18/11/19	6.36
OD : fP Reporting Only	i-Motor W/O (Within: OD 2	thrs, TP 4hrs)		
OD : Reporting Only	i-Photo Uploaded	1		
TD I.	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Han-	d to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:)
TP Particulars: Veh No: 50	NYTHOD INC	()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: () Cover Type: ()	717 71 7
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0	-20%; P: 21-79%. F: 80-1	00%]	
Year of Registration: ()	Warranty: YES () / NO ()		
Excess: (\$) Loading: \$1	1,000 ()/\$2,000 ()			
General Remarks;-				
() Walk-In Customer : Customer's in	and the second s	- I HILLIAN III III III III III III III III III		
	irer URGENTLY.			
		Towing Co: ()
		3	79 400 83% 61 77	ST. III
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	py
	Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()			
Injury:				
			73.046 F	
Date/Time Actions		grave, i se	WILDER COURT LE	
	1.	CLE DE	Anit (\$)	Amt (\$)
Na 1908 X V.		eparation Checklist	fitBill	Add Bill
laimant's Particulars :-	1) AR : Accide 2) DA : Dama		(0)	
river/Owner:	3) TF : Towin	Fee . 540	3120	
	5) FT : Follow	-Through Survey (Resurvey)	\$30	
ontact No:	For claimin 6) TR: Re-ins	g against INC Only (wef 10 Jan 2005	\$75	
amaged Portion:			\$160	
		itional Services		
C Checked by (Engr-In-Charge):	OD.	sy Car / Tpt Allowence	\$5	
	*N6: Repair	Co-ordination	510	
uditors! Comments :-		epair Inspection Collect Excess Coordination	\$25 \$3	
d. 1:	TP (N11):	TP (Non INC) against INC	\$20	
1 2/3;	9) N12: Idne N	Mobile Fee Chargea	30	and a second
1. 2 / 3,	Invalce dated	Fee Charged	器院和政	Province and a

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 18/11/2019 16:31

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.
- 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.

aforesaid.	
Photographic and the state of t	ACCIDENT STATEMENT
Date Of Report	18/11/2019 16:22
Date Of Accident	08/11/2019 08:35
Exact Location Of Accident	AMK AVE 5
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBK3564M
Insured/Policyholder	
Name Of Registered Owner	NORFATEHA BINTE KAMARUDIN
NRIC No	S8822601A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90050095
Alternative Phone No	OFFICE-90050095
Vehicle Particulars	
Manufacturer	VESPA
Model	VESPA PRIMAVERA 150
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
Policy Number	5102533143-01
Cover Note Number	
Driver	
Name of Driver	NORFATEHA BINTE KAMARUDIN
- VANCA (M. 1877)	S8822601A

S8822601A NRIC No 26/06/1988 Date Of Birth INDOOR Occupation 17/07/2008 Date Of Driving Pass

11 YEARS AND 3 MONTHS **Driving Experience**

FEMALE Gender

(LOCAL) +65-90050095 Mobile Number

Fax Number

OFFICE-90050095 Contact Number

NOEMAIL **EMail Address**

BLK 279A SENGKANG EAST AVENUE Address

#07-517

541279 Postcode

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

COLLISION - MAJOR/MINOR RD Type Of Accident

DRIZZLING Weather Conditions WET 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?

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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

SERANGOON NEIGHBOURHOOD POLICE CENTRE Police Station Name

YES

2

YES

YES

NO

1

ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY:

Police Station Address SINGAPORE

TEL NO: 1800-4880999 - FAX NO: 64883561 Police Station Contact

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191109/2094.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

SDY4370D Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Page 2 of 20

DETAILS OF INJURED PERSON 1 NORFATEHA BINTE KAMARUDIN Name Approximate Age BODY Injuries Sustain FBK3564M Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? YES 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.
- 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.:

- FBK3564						
- SDY 4370	D					
	ANCES OF THE		DB I	101	 1	ANY MU LUD ANE 5
IBE CIRCUMST	ANCES OF THE	ACCIDENT):			
As	refe	70	Police	Repor	1	
A3	refer No:		Police	, /		
A3				, /		
As				, /		
Az				, /		
Az				, /		
As				, /		

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 Signature

Name:

NRIC/FIN No.:

ehicle No.	FBK3564M Model/Make PAGGIO VESPA PRIMAVERA
ate of Accident	8 HOV 3019
ime of Accident	0835 HRS
ocation of Accident	ALONG AMK AVE S
xact purpose use during accid	dent
lame of Owner	MOR FATEHA BIN IE KAMARUDIN
elephone No.	H/P: 900 500 95 Home: Office:
NRIC	6822601A
Address	279A SENGRANG EAST AVE \$107-517
Claim type	THIRD PARTY REPORTING ONLY
nsurance Company	MTYC IMCOME
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5102533143-01
Name of Driver	As Above If No,
NRIC	Any Passengers :
Date of birth	36 JUNE 1988
Occupation	Outdoor / Indoor
Driving License Pass Date	17 duly 2008
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
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No, If Yes, Where? SCRANGON NPC
Vehicle B No.	SOY 4370 D 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 :
Witness Name	Witness Contact :
Accident Portion	
Camera Recorder	Yes / No
Email Address	norfatcha : kamanudin @ gmail : com
Email Address	Thorfular Kamarour C S
PARTICULAR WORKSHOP	moto 51
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	5380 2233 6741 0510





T/20191109/2094

1 of 3

Report No. T/20191109/2094

Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129

Tel No: 1800-4880999

REPORT OF A TRAFFIC ACCIDENT

Date/Time 09/11/201		lade:	Vide Report No.: F/20191108/0060	Station Diary No.: 56
Informani	t's Particu	ılars		
Name of I	nformant:	E KAMARUDIN	Address: APT BLK 279A SENGKANG E SINGAPORE 541279	EAST AVENUE #07-517
ID Type / NRIC NO	ID No.: / S88226	01A	Contact No.: Home/Office:	Mobile: 90050095
Nationality SINGAPO		EN	Email:	iii
Sex: Female	Age:	Date of Birth: 26/06/1988	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation	on: QUALIT	Y OFFICER	Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/11/2019 08:35	Type of Location Straight Road
Location: Along Road 1 ANG MO KIC Ang mo Kio A Weather:	AVENUE 5 Avenue 5 towards CTE, near e	ntrance of blo ad Surface:	ck 7000 ang mo kio ind	ustrial park Road Speed Limit:
Drizzling	VVe	et		
Traffic Flow: One Way	115000	affic Control: t Controlled		Traffic Volume: Heavy
Type of Collis				Anyone conveyed by ambulance: Yes

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
FBK3564M	Motorcycle	PIAGGIO	VESPA PRIMAVERA 150	Blue	Slightly Damaged	0
SDY4370D	Car		100		Slightly	0

Dataile of V	ehicle Insurance			
	Insurance Company	Insurance No	Effective	Expiry Date
venicie ivo.	Illisurance Company	THE RESIDENCE TO SERVICE THE PROPERTY OF THE PERSON OF THE		





2 of 3

Report No. T/20191109/2094

Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE

Tel No: 1800-4880999

CONTINUATION OF REPORT

Details of V	ehicle Insurance	and the second second		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
		5102533143-01	24/07/2019	23/07/2020

Brief Details.

On 8 November 2019 at about 0835hrs, I was riding my motorcycle bearing FBK3564M along Ang Mo Kio Avenue 5 towards CTE. I had stopped my motorcycle on lane 2 and 3 at the traffic light junction near block 7000 Ang Mo Kio industrial park. All other vehicles was also stationary due to the traffic light. Suddenly from the most left lane, 1 car bearing SDY4370D drove towards me and did not stop in time. As a result, the front right of SDY4370D collided onto the front left of my motorcycle. I fell off my motorcycle and landed on right side.

The driver came out to assist as I sustained some abrasions and bruises. Traffic police and ambulance was then at scene and I was conveyed to Seng Kang Hospital. I was discharged on the same day and granted 5 days medical leave till 12 November 2019.





3 of 3

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129 CONTINUATION OF REPORT

Report No. T/20191109/2094

Tel No: 1800-4880999

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Sgt 2 TOH RUI YUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/11/2019 15:32
Officer In Charge Of Case: TP / GIT / Insp TAN CHIN YONG Contact No.: 654761	Classification Of Case:
Authentication Standard Signature: NP168 Signature: ngapore Police Force	



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 : 5102533143-01

Cover : Third Party, Fire & Theft

: FBK3564M

Chassis Number

1. Index mark and Registration Number of Vehicle

: ZAPM8120000003738

2. Name of Policyholder

: NORFATEHA BINTE KAMARUDIN

3. Effective Date of Insurance

: 24 Jul 2019

4. Expiry Date of Insurance

± 23 Jul 2020

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.

- 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

NAMED DRIVER (1)

: NORFATEHA BINTE KAMARUDIN

NAMED DRIVER (2)

: ROSMAH BINTE RASID

HIRE PURCHASE COMPANY

: N/A

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

: TELESALES-DIRECT MARKETING (00000601661)

Date of Issue

: 19 Jul 2019 11:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



olicy No.	5102533143-01	Policyholder Name	NORFATEH	HA BINTE KAMARUDIN	Policyholder NRIC	S8822601A	
ertificate o.		SO 35, 33,56					
ddress	BLK 279A #07-517 SENGKAN	G EAST AVENUE	SINGAPOR	E 541279			
roduct ame	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N:	
Policy ssue Date	19/07/2019	Effective Date	24/07/201	9 00:00	Expiry Date	23/07/2020 2	3:59
xcess Type	Per Accident	All Claims Excess					
Third Party Excess	0:	Own damage Excess	0		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	TELESALES-DIRECT MARKETI	INC Agent Tel.			GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policyl	holder Mailing Address						La talana manana manana manana
Address 1	BLK 279A #07-517	Addre	ess 2	SENGKANG EAST A	VENUE	Address 3	SINGAPORE 541279
Address 4		Addre	ess Type	Singapore address		Post Code	541279
Unit No.		Relat Numb	ed Policy per	5102533143-01			
	ed Object: FBK3564M						
) Insure							
Insure	sements						

Series of School Schoo	cident MT/1071862					
Marce Name And March Ma						
Marchan Marc	or Scate No.	5102533143-01	Vehicle No.	PBK3564M	GST Registration No.	
March Date Ma						SCHOOLSTEEL SCHOOL
Contact Augument 1 And Segons	icyholder Name			te free published the specialists		
Series S	duct Code	MOTOREYCLE INSURANCE				
Second	ntact No.(Mobile)	90050095		0		
Content	ail Address		Special Remark			1
### Control C		® No ○Yes	TCA	® No ○ Yes	eCode Reason	
Marticus	D Protection	No	NCD Entitlement(%)	20	Private Pire	No .
Martin M	Accident Details					
Control Cont	port Date	18/11/2019 16:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Control Control Control Control Control	te of Accident		Time of Accident hhimm	08:35	Country of Academs	Singapore
March Marc			Orange Force		ICM No.	
### PAY ADMINISTRATION OF TAXABLE DELIES 1.000 1.0		AMP AVE T				
Marient File Marient		ANN MES				
19 19 19 19 19 19 19 19		Day bendered	Winds/rean Fe/ass			
100 Decision	orași (ype	Per included.	WINDSCOUNT EXCESS			
Color Section Application Color Color Trick 17F Excess Application Color	Standard Excess	0.00	TP Standard Excess	0.00		
100 Deces Application	D GD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered
100 Deces Application						
Parameter Par		0.00	Total TP Excess Applicable	0.00		
Part	100	- WWW	The state of the state of			
Targetrace No		elon.				
Targetine				GST Repistration Date		
Part		100			Yes	
Presidence Marie				C.21-7-70-72-72-72-72-72-72-72-72-72-72-72-72-72-		
Marie No. Mari	director remark					
Description	Palicyholder Malling Ad	dress				
## ABSTEAL TYPE ## ABSTEAL TYPE ## ADDRESS TYPE ## AD			Address 2	SENGKANG EAST AVENUE	Address 3	SINGAPORE 541279
Secretar Secretar Science Sc		des grass recovery				541229
## ADDRITTOR FOR Distant Type					Fost Code	3444.4
March Convert Name			Related Policy Number	5102533143-01		
Design Name		Construction and Construction	Part of Table	Main Driver		
grame Date of Envert Loomes 17/77/2008 Driver Age 21 Driving Experience 13 Environment National Process Taylor (Comman Nat (C		NORFATEHA BINTE KAMARUDIN			Depute DOB	26/06/1988
Contact No. (**Contact No. (**Con						
### SINGLAPORE \$41279 #### Address 7 #### Address 7: SINGLAPORE \$41279 ##### Address 7: SINGLAPORE \$41279 ####################################						
## Address Type	intact No.(Mobile)	90050095				
## 18 be on # Singspore 19 kg (# No.)	toress 1	BLK 279A	Address 2	SENGICANG EAST AVENUE		
Driver Industries Company	Idress 4		Address Type	Singapore address	Post Code	541279
Any epland Carlo Cale Boll De HX Any epland? Any eplan	nit No.	07-517				
Claim 001 OD-MX Mex alm Type * OO-MC	oes he own a Singapore	☐ Yes ⊕ No	Driver Vehicle No.		Driver Insurer Company	
Any ejuny?	gateries carr					
### Support Table 19 10 10 10 10 10 10 10	claration					
All And Processes Content No. Content	reathelyser or Blood Test	0 mg	Any injury?	® Yes ○No		
Amin 1998 * OO-MK						
Amin 1998 * OO-MK	omfication History					
aim Type * OO-MK	opinication mosory					
Moract No. (Mobile) 90050095 Corract No. (Interes) 57444413 Corriact No. (Office) 174 Vehicle Number 174 Veh		St.				
Moract No. (Mobile) 90050095 Corract No. (Interes) 57444413 Corriact No. (Office) 174 Vehicle Number 174 Veh	Claim 001 OD-MX New	Y.				
Contact No (Hobile) S0050095 Contact No (Home) 57444413 Centact No (Office) Naf Address NORFATENA KAMARUDINGHAM OI Venice Number PRK3564M TH Vehicle Number S0743700 Insurant Name * Insurant N	Claim 001 OD-MX New	1				
NORFATEHAL XAMARLODINE COMMENT Type of Banefit * Disase Select V Type Select V Type of Banefit * Disase Sele	CV000100		0,000,000	POPERATERS SPORE BALLIANIAN	Insurant NOTE:	588736012
### Services Peace Select V Type of Benefit * Peace Select V #### Authors ####################################	27000000		Insured Name			58822501A
amart Name *	aim Type *	00-MX			Contact No.(Office)	
Attachment Attachment Attachment Attachment Attachment Attachment Attachment Browse Brow	aim Type * incact No.(Mobile)	CO-MK	Contact No.(Home)	67444413	Contact No.(Office)	
Sem Description FINAL SEAM / SDY4370D CN 8 New 2019 Insured Lightly * Not at Fault	eim Type * orcact No.(Mobile) nes Address	CO-MK 90050095 NORFATEHA KAMARUDINISCHA	Contact No.(Home) Of Venicle Number	57444413 FBH3504M	Contact No.(Office)	
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