The state of the s	Jeb description	Date & Time Completed	Done by
Ref No: Wallyc 1907055 0/24	SAS e-filing		
Veli No: FMYKATIS	E-mail (within Shrs, AIC 2hrs)		
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	i-Motor W/O (Within: OD 2)	M7 1577492-001	Anlia n
OD / TP / Reporting Only	i-Photo Uploaded	1	
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand		
Preferred Wksp / INC Assign Wksp / QW: (			ax:
TP Particulars: Veh No: Wo	knawn INC		
Owner / Driver: (	riengwn	Tel:	)
Policy No: (	Period: ( )	Cover Type: (	
Confirmed by : (	Date:	Time:	1
	[Note-Est. Status (WO): N: 0-2		00%1
Year of Registration: ( )	Warranty: YES ( )/NO (	\	
		<del></del>	
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General Remarks:-		A stand Life of the property and the	San Silve
( ) Walk-In Customer: Customer's in		trictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insu	irer URGENTLY.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2.5
Drive-In ( )/ Towed-In ( ); Invoi	ice: YES( )/NO( );	Towing Co: (	
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done by
	Courtesy Car ( )	Later and Southern on	A CONTRACTOR OF THE PARTY OF TH
The state of the s	Courtesy Car ( )		
2) QC Check / Post Repair Inspection	( )		
<ol> <li>Upload Resurvey Photo [Repair Cost &gt; 5</li> </ol>			
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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.

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

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

aror cauci,	
New publication of the second order of the second	ACCIDENT STATEMENT
Date Of Report	20/11/2019 11:30
Date Of Accident	14/11/2019 15:15
Exact Location Of Accident	UBI AVE 2
Country/State of Loss	SINGAPORE
A STATE OF THE PARTY OF THE PAR	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FW4695B
Insured/Policyholder	
Name Of Registered Owner	OMAR BIN ZAILAN
NRIC No	S9324485J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91832102
Alternative Phone No	OFFICE-91832102
Vehicle Particulars	
Manufacturer	YAMAHA
Model	RXZ
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5103514295-01
Cover Note Number	
Driver	

Name of Driver MUHAMMAD HAZWAN BIN ITAM NRIC No S9526628B

Date Of Birth 31/07/1995
Occupation OUTDOOR
Date Of Driving Pass 01/09/2014

Driving Experience 5 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96523193

Fax Number

Contact Number OFFICE-96523193

EMail Address NOEMAIL

BLK 311 UBI AVENUE 1 Address

#10-377

400311 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

2

NO

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

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 YES ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

**Details of Police Action** 

YES Was the accident reported to the police?

If Yes, Please state which Police Station

CHANGI NEIGHBOURHOOD POLICE CENTRE Police Station Name

ROAD: 9 SIMEI STREET 2, POSTCODE: 529914, COUNTRY:

Police Station Address SINGAPORE

TEL NO: 1800-5872999 - FAX NO: 65872900 Police Station Contact

NO

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191114/2161.

Attachment(s)

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

NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

UNKNOWN Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 22

## **DETAILS OF INJURED PERSON 1**

Name

MUHAMMAD HAZWAN BIN ITAM

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FW4695B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

#### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <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)

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.

gh.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

neter to	phice	report	7/20/9/11/4/ 21	61.	

# DECLARATION

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

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

Name: NRIC/FIN No.:

# **ACCIDENT STATEMENT**

ACCIDENT DATE: Y/11/19 (DD/M	M/YYYY), TIME:( 5 :15 )(HH:MM)
LOCATION: NST AVE V.	
1. DETAILS OF VEHICLE  a) VEHICLE NUMBER: FW 4656	
G)POLICY NUMBER: 510 3514 45-0	1.
d)POLICY TYPE: (COMPREHENSIVE / TH e)MAKE & MODEL:	IRD PARTY / THIRD PARTY FIRE &THEFT)
f)TYPE:(SALOON / COUPE / MPV /VAN	/ LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / CON h) PURPOSE OF USING AT ACCIDENT TIM	MMERCIAL / MOTORCYCLE)
I) ARE YOU CLAIMING UNDER YOUR OW IF NO, PLEASE STATE (THIRD PARTY CA)	VN INSURANCE (YES/NO)
2. INSURED / POLICY HOLDER A) NAME: OMAC BIO Zailan	
b) NRIC/FIN/PASSPORT: S 93W4 ST	CONTACT: 9183 VIOV
c)ADDRESS:	
* CONTINUE TO 3.d IF DRIVER ALSO POL	ICY HOLDER
(Including driver) DINRIC/FIN/PASSPORT: S 95 2668	Bin Han (M) LE / FEMALE)  CONTACT: 96523193
(La) CIADDRESS: BIE SII US AVE I	
*d)DATE OF BIRTH: (31 / 7 / 1995)	_)(DD/MM/YYYY)
f) YEARS OF DRIVING EXPRERIENCE:	
<ol> <li>WAS DRIVER AN EMPLOYEE OF THE I IF NO, RELATIONSHIP OF THE DRIVE</li> </ol>	R WITH INSURED: AT FORD
<ol> <li>a) WEATHER CONDITION: (CLEAR / RAIN)</li> <li>b) ROAD SURFACE: (DRY) / WET / OTHERS</li> </ol>	ING / OTHERS
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STA	ATION:
8. THIRD PARTY VEHICLE  THE OF PASSENGER O) VEHICLE NUMBER: MIGHOUN -> ()	MODEL:
( Induding driver) b) DRIVER'S NAME:  C) NRIC/FIN/PASSPORT:	CONTACT:
9. THIRD PARTY VEHICLE	
The of passinger d) VEHICLE NUMBER:	MODEL:
(Induding driver) f) VEHICLE NUMBER:  (Induding driver) f) NRIC/FIN/PASSPORT:	CONTACT:

email = htwothree & grail.com

fax =

VIDEO =





Police Station Of Origin:

Changi N.P.C

9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

1 of 3 Report No. T/20191114/2161

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2019 21:01		//ade:	Vide Report No.:	Station Diary No.: 52	
Informa	nt's Partic	ulars			
Name of Informant: MUHAMMAD HAZWAN BIN ITAM			Address: APT BLK 311 UBI AVENUE 1 #10-377 SINGAPORE 400311		
	/ ID No.: D / S95266	28B	Contact No.: Home/Office:	Mobile: 96523193	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age: 24	Date of Birth: 31/07/1995	: Type of Informant: Rider		
Race: Malay			Language: English	Institution / School Name:	
Occupation: Customer Service Agent		gent	Driving Licence Information: Class: 2B,2A	Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambulan	Drink ce Drive: No	Date/Time of Accident: 14/11/2019 15:15	Type of Location Straight Road
34.25.25 (4.75.25)	ds Geylang NPC	oad Surface:		Bood Conned Limits
Weather: Clear	\$50000 PM (1997)			Road Speed Limit:
Traffic Flow: Traffic Con		raffic Control		Traffic Volume:
Traffic Flow:	100	amo control.		

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FW4695B	Motorcycle				Seriously Damaged	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20191114/2161

Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999

### CONTINUATION OF REPORT

Rider					3462	
Name	MUHAMMAD HAZWAN BIN ITAM		ID No		S9526628B	
Related Vehicle	FW4695B (Motorcycle)			Conta	ct No.	96523193
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class Drivin Licen Expir	g	Class: 2B,2A Date of Expiry: NIL
Date Treatment	14/11/2019 Date I			charge	14/11	/2019
No. of Days granted Medical Leave 04			Degree o	f Injury	Sligh	t

### Brief Details.

On the above date and time, I was riding along Ubi Avenue 2 towards Geylang NPC on lane 1 when a lorry from lane 2 on my left drove into my lane. He did not signal and his actions causes me to avoid the lorry which made me lost control of my motorcycle. My motorcycle skidded and I fell off. I sustained injuries on both hands, legs and feet. My shoulder and waist were also injured. The traffic police and ambulance came. I was conveyed to Changi General Hospital. I was given 4 days MC from 14/11/2019 to 17/11/2019 and light duty from 18/11/2019 till 01/12/2019.

There was a witness (Taxi Driver).





Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999

3 of 3 Report No. T/20191114/2161

CONTINUATION OF REPORT

Sketch	Plan	
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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: G / Sr Staff Sgt MUHAMMAD IMRAN BIN RAMLI	Signature Of Informant:
Signature Of Interpreter: / Not applicable	Date/Time: 14/11/2019 21:01
Officer In Charge Of Case: TP / GIT / Staff Sgt MUHAMMAD TAUFIQ BIN MOHAMED Contact No.: 92977771	Classification Of Case:
Authentication Stamp	

Hello, NAC_PAYA_UBI_800	501						· Change	Languag	e • Chan	ge Password	+ Log Ou
My Desktop Notice of Loss	Policy Query									11.11.10.11	
	Policy N	io.				Date o	f Accident	- 1	14/11/2019	15:15	
	Vehicle	No.(For Motor)	FW4695	FW4695B			Certificate Number				
					1000	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expery Date
	0	5103514295- 01		OMAR BIN ZAILAN	S9324485J	GMC	Third Party	FW4695B	FW4695B	03/09/2019	02/09/2020

OD Excess Agent Co-	A S PHOON PTE LTD	TP Excess Agent Tel.	67470770		GST Flag	Y	type and one perfect the second secon
	A S PHOON PTE LTD		67470770		GST Flag		ng/Inexperience Driver Excess
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insurance Flag Open Policy Info Certificate Info	older Mailing Address						
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Flag Open Policy Info Certificate Info Policyh Address 1	Concretion restormant of the Mona	Addre	ss Type	Singapore address		Address 3 Post Code	SINGAPORE 641657 641657
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Den Policy Info Certificate Info Policy Policy Address 1 Address 4 Unit No.	Concretion restormant of the Mona	Addre Relate	ss Type	Singapore address			
lag open olicy Info certificate info Policyh ddress 1 ddress 4 Init No. Insure	BLK 657A #10-684 d Object: FW4695B	Addre Relate	ss Type	Singapore address			
pen pelicy Info certificate info pelicy Policyh address 1 address 4 Unit No.	BLK 657A #10-684 d Object: FW4695B ements	Addre Relate Numb	ss Type	Singapore address 5103514295-01		Post Code	

MATERIAN DE MATERIAN DE MINORANCE DE MINORA	cident HT/1072190								
March   Marc	ikcy Na.	5103514295-01		Vehicle No.	FW46958		GST Registration No.		
MICHANIS	rtificate No.								
Content No.	Scynolder Name	OMAR BIN ZAÎLAN					Policyholder NRIC	993244857	
Section   Sect			E	Cover Type			Loading		
Comment				Contact No.(Office)			Contact No.(Home)		
Marchane				Special Remark			eCode	THE VE	
## ADMINISTRATION OF THE PROPERTY OF THE PROP	K()	® No ○Yes		TCA:	No ○ Yes		sCode Reason		
Marche   March   Marche   M	ID Protection	No		NCD Entitlement(%)	15		Private Hire	No	
Marche   March   Marche   M	Accident Details								
Control   Marcale   Marc		2011120101212		Accident Capate Within 24 hrs.	No.		Accident Tune	Colleges - Change / Corce lane	
Continue									
Color   Colo		14/11/2019			15:15			Singapore	
Post   Targer   Post	gorting Centre			Orange Force			ICM No.		
Part	cident Location	UBI AVE 2							
10   10   10   10   10   10   10   10	Total Excess Applicable								
100   100	cess Type	Per Accident		Windscreen Excess					
100   100									
Mare   1960	Standard Excess		0.00			0.00			
Machine   Mach	D OD Excess		0.00	YIED TP Excess		0.00	Driver is Covered?	Not Covered	
Part	ditional Excess								
Pagement	al OD Excess Applicable		0.00	Total TP Excess Applicable		0.00			
Registration   10	Benefits								
Teagration No.	GST Registered Informa	ition							
***Pelicyhalete Malling Address**  ***Pelicyhalete	T Registered	No			GST Re	gistration Date			
## Description					GST St	atus Verified	Yes		
## DO-14   Do-15   Do	dification History								
## DO-14   Do-15   Do									
Address Type	Policyholder Mailing Ad	dress							
Residence Pasco Number  Of Driver Turbu  Of Driver Turbu  Of Service Marcie  Mississimphia Supplication  Driver Marcie  Supplication of Service Marcie  Office Type  Driver Marcie  Driver Driv	dress 1	BLK 6574 #10-684		Address 2	JURONG WEST	STREET 65	Apdress 3	SINGAPORE 641657	
## PATE PATE PATE  ***********************************	dress 4	ess 4		Address Type	Singapore add	ress	Post Code	641657	
## PATE OF MANUAL PATE NAME OF TYPE    Named Driver NAME   Driver NAME   Driver NAME   Driver NAME   SP\$\$562500   Driver DOB   \$1,077,1995   Driver NAME   SP\$\$562500   Driver NAME   SP\$\$562500   Driver NAME   SP\$\$562500   Driver NAME   SP\$\$562500   Driver Name Name Name Name Name Name Name Name				Related Policy Number	5103514295-0	11			
Name				nedica rang namari	310004-000				
Drive No.   Drive No.   Drive No.   S93,362,869   Drive O.   3,107,1395		MULANMAN HATWAN SIT	O TTAIN	Oriver Type	Named Driver				
grate Date of Privar Lisanie   01/03/2014   Driver Age   24   Driving Expensions   5    Friedrich Rey (Solder)   9623193   Correct Rey (Officia)   0   Contract Rey (Officia)   0    Friedrich Rey (Solder)   9623193   Correct Rey (Officia)   0    Friedrich Rey (Solder)   162319   Red (Solder)   Red (Solder)   162319    Friedrich Rey (Solder)   162319   Red (Solder)   Red (Solder)   Red (Solder)   Red (Solder)   Red (Solder)    Friedrich Rey (Solder)   Red (Solder)   Red (Solder)   Red (Solder)   Red (Solder)    Friedrich Rey (Solder)   Red (Solder)   Red (Solder)   Red (Solder)   Red (Solder)    Friedrich Rey (Solder)   Red (Solder)   Red (Solder)   Red (Solder)    Friedrich Rey (Solder)   Red (Solder)   Red (Solder)   Red (Solder)    Friedrich Rey (Solder)   Red (Solder)   Red (Solder)   Red (Solder)    Friedrich Rey (Solder)   Red (Solder)   Red (Solder)   Red (Solder)    Friedrich Rey (Solder)   Red (Solder)   Red (Solder)   Red (Solder)    Friedrich Rey (Solder)   Red (Solder)   Red (Solder)   Red (Solder)    Friedrich Rey (Solder)   Red (Solder)   Red (Solder)   Red (Solder)    Friedrich Rey (Solder)   Red (Solder)   Red (Solder)   Red (Solder)    Friedrich Rey (Solder)   Red (Solder)   Red (Solder)   Red (Solder)    Friedrich Rey (Solder)   Red (Solder)   Red (Solder)   Red (Solder)    Friedrich Rey (Solder)   Red (Solder)   Red (Solder)   Red (Solder)    Friedrich Rey (Solder)   Red (Solder)   Red (Solder)   Red (Solder)    Friedrich Rey (Solder)   Red (Solder)   Red (Solder)   Red (Solder)    Friedrich Rey (Solder)   Red (Solder)   Red (Solder)   Red (Solder)    Friedrich Rey (Solder)   Red (Solder)   Red (Solder)   Red (Solder)    Friedrich Rey (Solder)   Red (Solder)   Red (Solder)   Red (Solder)    Friedrich Rey (Solder)   Red (Solder)   Red (Solder)   Red (Solder)    Friedrich Rey (Solder)   Red (Solder)   Red (Solder)   Red (Solder)   Red (Solder)    Friedrich Rey (Solder)   Red (Solder)   Red (Solder)   Red (Solder)   Red (Solder)    Friedrich Rey (Solder)   Red (Solder)   Red (Solder)   Red (Solde			F 31 (1967)				Driver DOB	31/07/1995	
March No. (Morphole)		gater Date of Driver Science 01/09/2014 Driver Age							
Detail									
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15-277		BLK 311							
Driver Versicies No.   Driver Driver   Driver Driver   Driver Driver   Driver Driver   Driver Driver   Driver Driver Driver   Driver Dri	dress 4			Address Type	Singapore add	ress	Past Code	400311	
Elevation  Any injury?   Oracle No.  Any injury?  Oracle No.  Any injury?  Oracle No.  Ora	nit No.	10-377							
Claim 001	oes he own a Singapore	☐ Yes ® No		Driver Venicle No.			Driver Insurer Company		
Any Injury?  Any Injury?  B Yes he  Statement State  State State State  State State  Any Injury?  B Yes he  Browne  State State  State State  State State  State State  State State  State  State State  Stat	20								
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arm Type * OD-MX	Claim 001 New								
Instruction No. [Mootle]  91832102  Contact No. [Home]  OI Venicle Number  FIN46058  TP Venicle Number  UNKNOWN  Anneal Yape Claimant Type  Please Select  Type of Result   Anneal Yape Claimant Type  Please Select  Type of Result   Anneal Yape Claimant Type  Please Select  Type of Result   Anneal Yape Claimant Type  Please Select  Type of Result   Anneal Yape Claimant Type  Please Select  Type of Result   Anneal Yape Claimant Type  Please Select  Type of Result   Anneal Yape Claimant Type  Type of Result   Anneal Yape Claimant Type  Type of Result   Type of Result   Type of Result   Anneal Yape Claimant Type  Type of Result   Type of Result  Type of Res	Claim Got Haw								
Inter No.   Mobile   91832102   Contact No.   Home   S0327172   Contact No. (Office)   Insil Address   Onand 2009@Notemail.com   O1 Vehicle Number   FN4603B   TP Vehicle Number   UNKNOWN   Insil Address   Please Select   V   Type of Benefit *   Please Select   V   Insil Address   Please Select   V   Type of Benefit *   Please Select   V   Insil Address   Please Select   V   Normal   V   Insil Address   Please Select   V   Normal   V   Insil Address   Please Select   V   Normal   V   Insil Address   Please Select   V   V   Insil Address   Please Select   V   V   Insil Address   No.   NT/1072190   Claim No.   O01   Insil Address   NT/1072190   Claim No.   O0									
smant Type Claimant Type Please Select	sim Type *	ор-мх	V	Insured Name	OMAR BIN ZA	DAN	Insured NRIC	59324485)	
Same Address   Same	ritact No.(Mobile)	91832102		Contact No. (Home)	63637172		Contact No.(Office)		
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