Jeb description  SAS e-filing  E-mail (within Shrs, AIC 2hrs)  I-Motor Claim Form  i-Motor W/O (Within: OD 2hr  i-Photo Uploaded	Date & Time Completed  [M7] 109 (6697 - 20)  rs, TP 4hrs)	Don	is iya
E-mail (within 8hrs, AIC 2hrs) i-Motor Claim Form i-Motor W/O (Within: OD 2hr		13/7/10	5:43
i-Motor Claim Form i-Motor W/O (Within: OD 2h)		13/7/10/	5:47
i-Motor W/O (Within: OD 2h)		13/7/10 1	5:43
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Assessment/Survey Report	i		
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	Tel: F	ax:	
-4692 INC (	)/Non-INC()		
	Tel:	)	
riod: ( )	Cover Type: (	)	
Date:	Time:	)	
Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]	
Warranty: YES ( ) / NO (	)		
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ourtesy Car ( )			53 0.00000000000
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OD*  *N5: Courtesy C  *N6: Repair Co  *N7: Fost Repair  *N8: DV / Colle  TP (N11): TP (	Car / Tpt Allowance -ordination S is Inspection S ect Excess Coordination (Non INC) against INC S	\$10 \$25 \$5 \$20 30	
	Ass't Report by Fax / Hand  - Yb9	Tol:	Tel: Fax:  Tel: John-INC()  Tel: John-INC()  Tel: John-INC()  Tel: John-INC()  Date: Time: John-INC()  Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]  Warranty: YES() / NO()  Do() / \$2,000()  Mation strictly Confidential & Strictly NO refer of repairer.  FURGENTLY.  YES() / NO(); Towing Co: (John-INC)  Date& Jime Completed John-INC  Dourtesy Car()  ()  ()  Do() Jar. Accident Reporting (\$30);  2) DA: Damage Assessment (\$100); INC (\$80)  3) TF: Towing Fee St0545  4) FT: Follow-Through Survey (Resurvey) \$300  For cleiming Assessment Survey (Resurvey) \$300  For cleiming Assessment (\$00); (wef 10 Jan 2005)  (6) TR: Re-inspection \$755

#### 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	13/07/2020 15:29
Date Of Accident	11/07/2020 12:40
Exact Location Of Accident	TEO HONG RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SME1712S
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD ZAIN B JAAFAR
NRIC No	SXXXX152I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96556512
Alternative Phone No	OFFICE-96556512
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT (AMS)
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103855264-01
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD ZAIN BIN JAAFAR

 NRIC No
 SXXXX152I

 Date Of Birth
 02/07/1958

 Occupation
 OUTDOOR

 Date Of Driving Pass
 30/12/1994

Driving Experience 25 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96556512

Fax Number

Contact Number OFFICE-96556512

EMail Address NOEMAIL

BLK 936 JURONG WEST STREET 91 Address

#08-351

640936 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

Type Of Accident SIDE SWIPE Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JQQ4690 (MOTORCYCLE)

Number of vehicles (including own vehicle)

involved in the accident

2

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes. Please state which Police Station

JURONG WEST NEIGHBOURHOOD POLICE CENTRE Police Station Name

YES

ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-2689999 - FAX NO: 62672438

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200711/2064.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

JQQ4690

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

### IMPORTANT NOTICE

- 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 <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:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

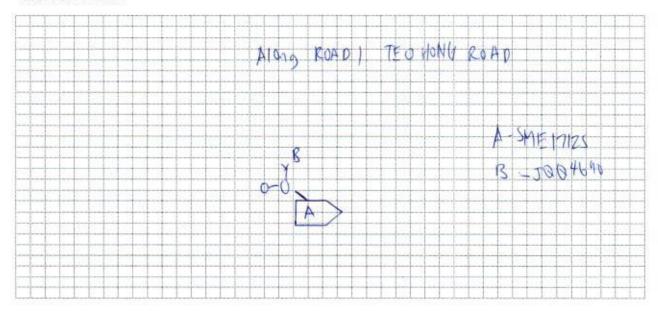
Date & Time

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## SKETCH PLAN:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

KINDLY REFER TO POLICE REPORT.	
KINDET KEI EN TO FOLIGE KEFOKT.	

## **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:

NRIC / FIN No .:

# **Accident Reporting Draft**

VEHICLE NO: SME1712S

MODEL: HYUNDAI ELANTRA AD 1.6 GLS AT (AMS)

DATE OF ACCIDENT	11/7/20
TIME OF ACCIDENT	1240 HRS AM/PM
LOCATION OF ACCIDENT	ALONG ROAD 1 TEO HONG ROAD
EXACT PURPOSE USE DURING ACCIDENT	
NAME OF OWNER	MD ZAIN BIN JAAFAR
CONTACT NO.	96556512
NRIC	S1300152I
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY
INSURANCE CO.	NTUC NTUC
TYPE OF COVERAGE	COMPREHENSIVE/THIRD PARTY/ THIRD PARTY FIRE & THEFT
POLICY NO.	
NAME OF DRIVER	AS ABOVE / IF NO:
NRIC NRIVER	
DATE OF BIRTH	S1300152I ANY PASSENGER: YES OI
OCCUPATION	OUTDOOR / INDOOR
DATE OF DRIVING PASS	OUTDOOK / INDOOK
GENDER FASS	MALE / FEMALE
CONTACT NO.	
ADDRESS	3333312
DRIVER HAVE ANY OWN VEHICLE	APT BLK 936 JURONG WEST STREET 91 #08-351 S(640936)
RELATIONSHIP	NO/ IF YES: REG NO.
	EMPLOYEE/ IF NO:
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR
ROAD SURFACE	DRY / WET/ OTHER: DRY
ANY INJURIES	NO / IF YES:
CONTACT NO. POLICE REPORT	NO / IE VEC
VIDEO RECORDING	NO / IF YES:
VEHICLE B NO.	JQQ4690 ANY PASSENGER:
NAME	JQQ4690 ANY PASSENGER:
CONTACT NO.	
VEHICLE C NO.	ANY PASSENGER:
VEHICLE D NO.	ANY PASSENGER:
VEHICLE E NO.	ANY PASSENGER:
VEHICLE F NO.	ANY PASSENGER:
ANY WITNESS	ANT PASSENGER.
WITNESS CONTACT NO.	
WITNESS CONTACT NO.	
PARTICULAR WORKSHOP	
MOBILE NO.	Dudor
CONTACT PERSON	Ryder Auto Pte Ltd
FAX NO.	2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921
	Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

Report No. T/20200711/2064

## REPORT OF A TRAFFIC ACCIDENT

Date/Ti 11/07/2	me Report 020 18:28	Made:	Vide Report No.: A/20200711/0068	Station Diary No.:
Informa	ant's Partic	ulars	还是ENVIRENTALING ENVIRON	
MOHAN	of Informant		Address: APT BLK 936 JURONG WES SINGAPORE 640936	ST STREET 91 #08-351
	/ ID No.: O / S13001	521	Contact No.: Home/Office:	Mobile: 96556512
National SINGAF	lity: PORE CITIZ	ŒN	Email:	WOONE, 30330312
Sex: Male	Age: 62	Date of Birth: 02/07/1958	Type of Informant:	•
Race: Malay	Race:		Language:	Institution / School Name:
Occupat Grab Dri			Driving Licence Information: Class:	Date of Expiry

Type of Accident:				Type of Location
Location: Along Road 1 TEO HONG F		No	11/07/2020 12:40	
Weather: Clear		Road Surface: Dry	R	oad Speed Limit:
	T			
Traffic Flow:		Traffic Control:	Tı	raffic Volume:

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
JQQ4690	Motorcycle				Condition	ind of Passenger	
	355					0	
SME1712S	Car	HYUNDAI	ELANTRA	Silver	Climbal	79	
			AD 1.6 GLS AT (AMS)		Slightly Damaged	1	

Details of V	ehicle Insurance	IN THE RESERVE TO SERVE THE RESERVE TO SERVE THE RESERVE THE RESER		
Vehicle No.	Insurance Company	Insurance No	Teta ett.	
		mourance NO	Effective	Expiry Date





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

2 o. Report No. T/20200711/20Ł

CONTINUATION OF REPORT

Details of Vehicle Insurance							
	- Company	Insurance No	Effective	Expiry Date			
SME1712S	NTUC Income Insurance Co-Operative Limited	5103855264-01	21/09/2019	20/09/2020			

Details of Person				- P. P. S.	MEN LA	CONTRACTOR OF THE PARTY OF THE	
Any Pedestrian							
No. of Pedestria	ns Injured: NIL		Use of Pe	destria	n Cross	sing: NA	
Rider		OM STATE			Alexandra de	and the second	
Name	JOSHUA RAYAR DAV	'ID	ID No.		).	G7721915W	
Related Vehicle	JQQ4690 (Motorcycle)		Contact No.		96411068		
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	n. —	
No. of Days gran	ted Medical Leave	VIL	Degree of				
Driver		TO BELLEVI	20910001	mjury			
Name	MOHAMMAD ZAIN BIN	JAAFAR		ID No		S1300152I	
Related Vehicle	SME1712S (Car)			Contact No.		96556512	
Hospital/Clinic	NIL		Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL		
Date Treatment	NIL		Date Disch		NIL		
No. of Days grant	ed Medical Leave N	IIL	Degree of		NIL		

## Brief Details.

On 11/7/2020 at about 12.40pm, I was driving my car bearing plate number SME1712S along Teo Hong Rd and was looking for my passengers intended location. Upon reaching to my passengers destination I informed her and she acknowledged. She opened the left rear passenger side door and the next moment, I felt an impact and discovered that a motorcycle bearing plate number JQQ4690 had collided onto my left rear passenger side door causing some misalignment damage to the door and the door was also dented.





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

3 of 3 Report No. T/20200711/2064

CONTINUATION OF REPORT

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:

J /
Sgt 2 NURAQILAH BINTE ABDUL HAMID

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt LEE GUANG HUI
Contact No.: 65476138

Signature Of Informant:

Date/Time:

11/07/2020 18:28

Classification Of Case:

Authentication Stamp NP168



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 COAD TRANSPORT ACT, 1987 (MALAYSIA)
TOTAL STATE (MALATSIA)

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

Certificate Number: 5103855264-01

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

: SME1712S

Chassis Number

2. Name of Policyholder

: KMHD841CMJU754261

3. Effective Date of Insurance

: MOHAMMAD ZAIN B JAAFAR

4. Expiry Date of Insurance

: 21 Sep 2019

: 20 Sep 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 or Hirer's business.

## This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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) : \$\$2,000 EXCESS (SECTION 2) : 5\$1,500 WINDSCREEN EXCESS : S\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER

: MOHAMMAD ZAIN B JAAFAR NAMED DRIVER (1)

: N/A NAMED DRIVER (2) : N/A 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

: KOMOCO TRADING PTE LTD (00000614810)

Date of Issue

: 03 Sep 2019 16:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Hello, NAC_PAYA_UBI_80	0601				The second second	- Company	. Chan	ge Languag	on the	THE REAL PROPERTY.	alClaim
My Desktop	Poli	icy Query					- Chan	ye canyuay	e Char	nge Password	· Log Ou
Notice of Loss	Policy I					Date	of Accident		11/07/2020	12 40	
	Vehicle	No. (For Mator)	SME17	125		Certi	ficate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5103855264- 01		MOHAMMAD ZAIN B JAAFAR	S1300152I	GPC	drivo CLASSIC	SME1712S	Constants.	21/09/2019	20/09/2020

Sequenc	e Date of Endorsement	Er	dorsement	Type	ndorsement 5	Status	Endorsement Content				
Endorse	ments										
Insured	Object: SME1712S										
nit No.	No.		Policy	5103855264-01							
ldress 4		Address	Туре	Singapore address	F	ost Code	640936				
ddress 1	BLK 936 #08-351	Address 2		JURONG WEST STR	EET 91 #	Address 3	SINGAPORE 640936				
Policyh	older Mailing Address										
ertificate No											
olicy Info											
lag pen											
o- Isurance	No				various (Sect.)						
gent	KOMOÇO TRADING PTE LTD	Agent Tel.	68018948		GST Flag	Υ					
outside ingapore DD Excess	2000	Outside Singapore TP Excess	1500			Youn	g/Inexperience Driver Excess				
kdditional xcess	0	OS Premium	0								
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100					
excess Type	Per Accident	All Claims Excess									
Policy ssue Date	03/09/2019	Effective Date	21/09/201	9 00:00	Expiry Date	20/09/2020	23:59				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N					
Address	BLK 936 #08-351 JURONG WEST STREET 91 SINGAPORE 640936										
Certificate No.		Name			NRIC	513001521					
Policy No.	5103855264-01	Policyholder Name	MOHAMM.	AD ZAIN B JAAFAR	Policyholder	S1300152I					

Claim Handling Accident MT/1096692					
Policy No.	5103855264-01	Vehicle No.	SME17128	GST Registration No.	
Certificate No.				-5-10000-1-100-1-1000	
Policyholder Name	HOHAMMAD ZAIN B JAAFAR			Policyholder NRIC	\$13001521
oduct Code PRIVATE CAR INSURANCE		Cover Type	CHIVO CLASSIC	Loading	
ontact No.(Mobile) 96556512		Contact No. (Office)	0	Contact No.(Home)	0
Email Address		Special Remark		«Code	0
CFK	No ○ Yes	TCA	® No () Yes	eCode Reason	( - V
NCD Protection	tvo	NCD Entitlement(%)	0		
Accident Details				Private Hire	Yes
Report Date	13/07/2020 15:43	Accident Report Within 24 h			
late of Accident	11/07/2020			Academ Type	Side Swipe
eporting Centre		Time of Accident hhimm	12:40	Country of Accident	Singapore
ccident Location	72010700	Orange Force		IOM No.	
Total Excess Applicab	TEO HONG RD				
ocesa Type					
Care Type	Per Acodere	Windscreen Excess	100.00		
D Standard Excess	2,000.00	W. Constant Co.			
ED OD Excess		TP Standard Excess	1,500.00		
Idéonal Excess	0.00	YIED TP Excess	0.00	Onver is Covered?	Coveres
stal OD Excess Applicable					
7 Benefits	2000.00	Total TP Excess Applicable	1,500.00		
GST Registered Inform	22720				
Hegistered Inform					
T Registration No.	No	GST Registration Date			
dification History		GST Status venfied		Yes	
State and the state of the stat					
Policyholder Mailing Ar	ddress				
dress 1					
dress à	BLK 936 #08-351	Address Type	JURONG WEST STREET 91	Address 3	SINGAPORE 640936
			Singapore address	Post Codw	640936
t No. F OI Driver Info		Related Policy Number	5103855264-01		17.0450000
vor Name	MOHAMMAD ZAIN B JAAFAR	Driver Type	Main Driver		
named driver Name		Driver NRIC	S1300152†	Driver DOB	02/07/1958
ster Date of Driver License 30/12/1994		Driver Age	62	Driving Expensence	25
met No (Mobile)	96556512	Contact No.(Office)	0	Contact No. (Home)	0
dress 1	BLK 936	Address 2	JURONG WEST STREET 91	Address 3	
fress 4		Address Type	Singapore address	Post Code	50NGAPORE 640936
t No.	08-351			- Loge	640936
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.			
MANAGEMA I		1 N S. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17		Driver Insurer Company	
feration					
ethalyser or Blood Test ding?	0 mg	Arty injury?			
		Act indisays	☐ Yes  ® No		
AND THE RESERVE OF THE PARTY OF					
Mcation History					
laim 001 New					
THE PARTY OF THE P					
п Туре •	DD-MX ▼	Insured Name	MOHAMMAD ZAIN B JAAFAR	Insured NRIC	G. Shares
act No. (Mobile)	96556512	Contact No.(Home)	67910597		\$13001521
I Address		Oli Vehicle Number	SME17125	Contact No. (Office)	0203500
t Type Claimant Type * Please Select 🕓		Type of Benefit *	F. Commission of the Commissio	TP Vehicle Number	3QQ4690
ant Name +	>>	Claimant NRIC +	Please Select		
ant Address		COMPANION C			
Description	SME1712S / JQQ4690 ON 11 1ul 2020				
rned Workshop Contact	1			Name of Preferred Workshop	
		Insured Liability +	Fully at Pault		
	ves 🔍	Preference Repair Option	Preferred Workshop, Name unknown	▼ GIA report	Received
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oc. Received	● Yes ○ No	Upload Date	13/07/2020 15:45		
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	17,841		Cafegory *	Confidential Urgeno	y * Description
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