Date In: Maha - 10:00	Jeb description	Date & Time Completed	Done	by
Ref No: 4414 (2000 - 77 34/24	SAS e-filing	i	3	
Veh NovamJ8247X	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 5710-08:40	i-Motor Claim Form	m7 109 688 2 101	וו ברו מדו	77.0
	i-Motor W/O (Within: OD 2h)		13 7 7	14
OD (The ! Reporting Only	i-Photo Uploaded			***
TD I	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:			ax:	
TP Particulars: Veh No:	FIP8 JOTK INC ()/Non-INC()		West State
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 30-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: 5	\$1,000()/\$2,000()	<u></u>		
A STATE OF THE PARTY OF THE PAR		STATES AND SECTION OF	191. 17. 17.	
() Walk-In Customer: Customer's			14,000 61-1-5	
() Total Loss Case : to e-mail Ins	The state of the s	nctly NO rater of repairer.		
Drive-In ()/ Towed-In (); Inve	oice: YES() / NO(); T	owing Co: ()
Remarks: (INC hotline: 6788 6616	0) \	Date&Time Completed	Done	by
Apply for Transport Allowance ()) / Courtesy Car ()		<u> </u>	
2) QC Check / Post Repair Inspection	()	***************************************		
3) Upload Resurvey Photo [Repair Cost >	> \$30001	 		
	()			
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Pate/Time Actions	Invoice Prep	aration Checklist	Ant (S)	
Actions Actions Actions Actions MA 120 1617	Invoice Prep 1) AR: Accident 2) DA: Damage A	aration Checklist. Reporting (\$30); Assessment (\$100); INC (\$80	And (S)	
Pate/Time Actions Actions Actions MA 12026 Actions Actions Actions	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th	Paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$80); Tough Survey \$	And (S)	
Actions	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) iFT: Follow-Th	Paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); Tough Survey \$ Tough Survey (Resurvey)	Ant (5) fst Bill 0) 545	
Date/Time Actions	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) iFT: Follow-Th	Paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); Inc (\$40) Frough Survey \$ Frough Survey (Resurvey) Ajnst JNC Only (wef 10 Jan 2005)	Ant (5) fst Bill 0) 545 120	
Date/Time Actions	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) iFT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA +	Paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); Tough Survey \$ Tough Survey (Resurvey) Sinst INC Only (wef 10 Jan 2005) SMRT Survey \$	Amt(S) fat Bill 0) 545 120 530	
Date/Time Actions Ac	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA + 8) NTUC Addition	Paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); Tough Survey \$ Tough Survey (Resurvey) Sinst INC Only (wef 10 Jan 2005) SMRT Survey \$	Ant (S) fit Bill 0) 545 120 530	
Date/Time Actions Ac	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA + 8) NTUC Addition OD.*	Paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); Tough Survey \$ Tough Survey (Resurvey) Sinst INC Only (wef 10 Jan 2005) SMRT Survey \$	Ant (S) fit Bill 0) 545 120 530	
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Date/Time Actions A 200567 aimant's Particulars:- iver/Owner: ntact No: maged Portion:	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy 6 *N6: Repair Co *N7: Fost Repair	Paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); Tough Survey \$ Tough Survey (Resurvey) Sinst INC Only (wef 10 Jan 2005); SMRT Survey \$ Tough Survey \$ SMRT Survey \$ Tough Survey \$	Ant (S) fit Bill)) \$45 120 \$30 \$75	
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Date/Time Actions MA 2006/Comments:- Checked by (Engr-In-Charge): ditors' Comments:- 1:	Invoice Prep 1) AR: Assident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) i*T: Follow-Th For elaiming as 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy 6 *N6: Repair Co *N7: Post Repair *N8: DV / Collow TP (N11): TP (9) N12: Idae Mob	Paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80 or 0.00); INC (\$80 or 0.00); Frough Survey (\$20 or 0.00); Some and the survey (\$20 or 0.00); Some and the survey or 0.00; Some and the survey or 0	Amt(S) fst Bill 345 120 530 575 160 53 510 525 55 520 30	'Add B
Date/Time Actions MA 120 161 Sumant's Particulars:- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy *N6: Repair Co *N7: Fost Repair *N8: DV / Colle TP (N11): TP	Reporting (\$30); Assessment (\$100); INC (\$80); Tough Survey \$700 on the Survey (Resurvey) Sinst INC Only (wef 10 Jan 2005) tion SMRT Survey \$700 on the Survey \$700 o	Amt(S) fst Bill 345 120 530 575 160 53 510 525 55 520 30	

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

	ACCIDENT STATEMENT
Date Of Report	15/07/2020 10:27
Date Of Accident	15/07/2020 08:40
Exact Location Of Accident	BARTLEY BIZ CENTRE
Country/State of Loss	SINGAPORE
March 1988, 1988 State Grand State of the	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMJ8247X
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD YUSRI BIN MOHAMAD SIDEK
NRIC No	SXXXX835D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81897741
Alternative Phone No	OFFICE-81897741
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used ime of accident	at WORKING
Are you claiming under your own insurance polic or repair to your vehicle?	y NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109663000
Cover Note Number	
Driver	
Name of Driver	MOHAMAD YUSRI BIN MOHAMAD SIDEK

Name of Driver MOHAMAD YUSRI BIN MOHAMAD SIDEK
NRIC No SXXXX835D
Date Of Birth 06/06/1970
Occupation OUTDOOR

Date Of Driving Pass 30/09/1995
Driving Experience 24 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81897741

Fax Number

Contact Number OFFICE-81897741

EMail Address NOEMAIL

BLK 222 PASIR RIS STREET 21 Address

#04-120

Postcode 510222

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

CLEAR Weather Conditions Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Passenger 1

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

2

Number of Passengers (Including Driver)

NAME:

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES

YES

Was there any video captured by Car Camera?

VIDEO FOOTAGE TOO LARGE

Remarks/ Reasons: Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBP8305K

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE

Vehicle Category

MOHAMAD LUKE FARENTINO BIN MOHAMAD FAZLAN

NRIC/Passport Number

TXXXX862D

Contact Number

Name of Driver

Address

Postcode

Insurance Company Name

SKETCH PLAN

IMPORTANT NOTICE

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

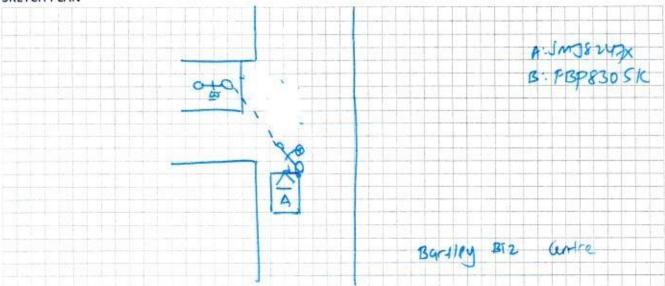
I understand, acknowledge, agree and consent that:

- (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.

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

on t	ated	date	and	+:m1, 1	Wa	s frau	eli n	g H	raight	aprid	Bartley
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belore	the	stapping	line	Vehicle	ß	41 c	onto	my	vehide	front	portion.
		TI.									

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 STATEMENT

ACCIE	DENT DATE: (15 / 7 / 2000) (DD/MM/YYYY), TIME: (08: 43) (HE	l:MM)
LOCA	TION: BOTHLY BIZ LINTR	
1	DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: SMJ8247X	
	b)INSURANCE COMPANY: NTO	41
65		
	c)POLICY NUMBER:	227
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &T	HEFT)
	e)MAKE & MODEL:	8.5
	f)TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHE	RS)
	g) VEHICLE CATEGORY; (PRIVATE / COMMERCIAL / MOTORCYCLE)	0
	h) PURPOSE OF USING AT ACCIDENT TIME: WIT KING	
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/149)	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	60
2.	INSURED / POLICY HOLDER	
	A)NAME:(MAJE / FEMAL	.E)
	b)NRIC/FIN/PASSPORT: CONTACT: 81897	741.
	c) ADDRESS:	
145 14 13		
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
He of personges	DRIVER	
Including driver)	a)NAME:(MALE / FEMAL	E)
(a)	b)NRIC/FIN/PASSPORT:CONTACT:	
	c)ADDRESS:	
imale.		
*:	*d)DATE OF BIRTH: (/)(DD/MM/YYYY)	27
	e)OCCUPATION: (INDOOR / OUTDOOR)	8
	f)YEARS OF DRIVING EXPRERIENCE:	A
4,	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!)	N(O)
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	
	a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	
	b)ROAD SURFACE: (OR) / WET / OTHERS	
6.	WAS ANYBODY INJURED (YES / NO)	16
7. (a) REPORTED TO POLICE (YES / NO)	
	IF YES, PLEASE STATE WHICH POLICE STATION:	
8. 1	THIRD PARTY VEHICLE	
e of passenger	a) VEHICLE NUMBER: PRPS 3 05 K MODEL:	annud Fuzl
relations driver)	b) DRIVER'S NAME: Mohamad Wice Farentino Bin mo	namad fazi
17 25 10 11 15 14 1	c) NRIC/FIN/PASSPORT: \$ 700038 67 D. CONTACT:	
(1,) 9, 1	THIRD PARTY VEHICLE	**
lo of prosenger	d) VEHICLE NUMBER:MODEL:	(i)
in of bastander	e) DRIVER'S NAME:	
nduding driver)	f) NRIC/FIN/PASSPORT:CONTACT:	
($)$		+
*G		Ma
	Cmail = yusri - 441@yahoo C	
	100 d 10501 - 441 65	
	6144 11 = 2	
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17 I 332	fax =	

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My Desktop	Polic	cy Query								The Bridge Alles Sec	1.4
Notice of Loss	Policy N	lo.				Date o	of Accident	[1	5/07/2020 0	8:40	
	Vehicle	No.(For Motor)	SMJ824	7X		Certifi	cate Number				
					8	Search					
	Select	Palicy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109663000		MOHAMAD YUSRI BIN MOHAMAD SIDEK	S7017835D	GPC	drivo CLASSIC	SM)8247X	SMJ8247X	17/05/2019	29/09/2020

Policy No.	E100662000	Policyholder	MONAMA	VIIICUT BIN MOUNT	Policyholder	PR04 7075	
Policy No. Certificate No.	5109663000	Name	IAMAHUM	YUSRI BIN MOHAMA	NRIC	S7017835D	
Address	BLK 222 #04-120 PASIR RIS ST	REET 21 SING	SAPORE 510	0222			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	17/05/2019	Effective Date	17/05/201	9 00:00	Expiry Date	29/09/2020	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Your	ng/Inexperience Driver Excess
Agent	PCMI INSURANCE BROKERS PTE	Agent Tel.			GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate	No						
Info Policyh	older Mailing Address						
Address 1	BLK 222 #04-120	Addre	ss 2	PASIR RIS STREET	21	Address 3	SINGAPORE 510222
Address 4		Addre	ss Type	Singapore address		Post Code	510222
Unit No.		Relate Numb	d Policy er	5109663000			
▶ Insured	d Object: SMJ8247X						
♥ Endors	ements						
Sequen	ce Date of Endorsement		Endorsemen	nt Type	Endorsement	Status	Endorsement Content
1	19/03/2020 00:00	POI Ex	tension/Sho	orten Endorse	ment Take Eff	fective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 17 May 2019 TO 29 Sep 2020 In view of this amendment, an additional premium of \$859.43 (Inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and

Continue Cancel

Accident MT/1096882 Policy No.					
folicy No.					
	5109663000	Vehicle No.	SM38247X	GST Registration No.	
rtificate No.					
licyholder Name	MOHAMAD YUSRI BIN MOHAMAD SIDEK			Policyholder NRIC	570178350
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ntact No.(Mobile)	81897741	Contact No. (Office)	0	Contact No.(Home)	0
aid Address		Special Remark		eCode	NO.
K	® No ○ Yes	TCA	® No ⊜ Yes	eCode Reason	Contract Con
D Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details			*	Private rive	ies i
port Date	15/07/2020 10:35	Accident Report Within 24 hrs	Was	Fredding Town	
te of Accident			ves	Accident Type	Collision - Major Minor Road
	15/07/2020	Time of Accident hhimm	08:40	Country of Accident	Singapore
parting Centre		Orange Force		3CM No.	
cident Location	BARTLEY BIZ CENTRE				
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100,00		
Standard Excess	2,000.00	TP Standard Excess	1,500.00		
D OO Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
titional Excess	0				
w OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		
Benefits					
GST Registered Inform	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	Yes	
History					
Policyholder Mailing Ad	idress				
Gress 1	BLK 222 #04-120	Address 2	PASIR RIS STREET 21	Address 3	SINGAPORE 510222
dress 4		Address Type	Singapore address	Post Code	
				Post Code	510222
t No.		Related Policy Number	5109663000		
OI Driver Info					
ver Name	MOHAMAD YUSRI BIN MOHAMAD SIDEK	Driver Type	Main Driver		
named driver Name		Driver NRIC	\$70178350	Driver DOB	06/06/1970
ister Date of Driver License	30/09/1995	Driver Age	50	Driving Experience	24
tact No.(Mobile)	81897741	Contact No. (Office)	0	Contact No.(Home)	0
tress 1	BLK 222	Address 2	PASIR RIS STREET 21	Address 3	SINGAPORE 510222
dress 4		Address Type	Singapore address	Post Code	510222
it No.	04-120			1 500 5000	210242
es he own a Singapore	○ Yes ® No	Driver Vehicle No.		17245-0210-0025000-00	
	U YES (NO				
gistered car?		A CONTRACTOR CONTRACTOR		Driver Insurer Company	
				Univer Insurer Company	
Taracion				Driver Insurer Company	
laration athalyser or Blood Test	Omg	Any injuny?	○ res ® No	Driver Insurer Company	
plaration	0 mg		○ Yes ho	onser insurer company	
gistered car? cloration eachalyser or Blood Test ading?	Omg		○ Yes ® No	onser insurer company	
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eration athalyser or Blood Test ding? efication History	Omg		○ Yes ® No	onser insurer company	
eration athlyser or Blood Test ding? Africation lostory Raim OOS New		Any mjuny?			
eration Athabyser or Blood Test drig? fication listory laim 001 New	[ар-мх ☑		○ Yes No NOHAMAD YUSRI BIN MOHAMA	Insured NRIC	\$7017835D
enston athlyser or Blood Test drig? fication listory falm 001 New		Any mjuny?			57017835D
enation athlyser or Blood Test drig? fication History faim 001 New m Type + tact No.(Mobile)	[ар-мх ☑	Any injury? Insured Name		Insured NRIC	57017835D FBP8305K
eration athalyser or Blood Test drig? fication listory laim 005 New m Type * tact No.(Mobile) iii Address	GD-MX	Any injury? Insured Name Contact No. (Home)	MCHAMAD YUSRI BIN MOHAMA	Insured NRIC Contact No.(Office)	
eration ethalyser or Blood Test, drig? fication listory laim 005 New m Type * tact No.(Mobile) et Address mant Type Claimant Type *	GD-MX	Any injury? Insured Name Contact No. (Home) Of Vehicle Number	MOHAMAD YUSRI BIN MOHAMA	Insured NRIC Contact No.(Office)	
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