NATIONAL Assessment	Centre Services.   well Janos	MNA119108798		
Date In: (98) 9-16:43	Jeb description	Date & Time Completed	Done	py.
Res No: Na Incigolys you	SAS e-filing			
Veh No: Jyyrby	E-mail (within Shrs, AIC 2hr	5)		- 3
D.O.A: 16/8/10-15:00	i-Motor Claim Form	M7/1058440-101	14/8/14 7	:06
	i-Motor W/O (Within: OD	-		
OD : TP : Reporting Only	i-Photo Uploaded			
	Assessment/Survey Repo	rt		
TP Insurer:	Ass't Report by Fax / Ha	nd to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / C	QW: (	Tel:	Fax:	
TP Particulars: Veh No	o: sm Birbh INC	C( )/Non-INC( ).	ii.	
Owner / Driver: (		Tel:	)	
Policy No: (	) Period: (	) Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: (	%) [Note-Est. Status (WO): N:	0-20%; P: 21-79%. F: 80-	100%]	
Year of Registration: (	) Warranty: YES ( )/NO(	)		
Excess: (\$ ) Loadin	g:\$1,000( )/\$2,000( )			
General Remarks:-			5.00	4
Remarks:- (INC horline: 6788 t 1) Apply for Transport Allowance (		Date&Time Completed*	Done	by
2) QC Check / Post Repair Inspection		***************************************		-1//
3) Upload Resurvey Photo [Repair Co	ost > \$3000] ( )	P 100		
Injury:				
				- N-1 20
Date/Time Actions		anger of ATE distances and a	esse consum	
-	4			
			Ant (S)	Ami (1
MAIMOGOSA		reparation Checklist	M Bill	Add Bil
laimant's Particulars :-		dent Reporting (\$30); age Assessment (\$100); INC (\$	80)	
river/Owner:	3) TF : Towin	ng Fee . S4 v-Through Survey	\$120	
ontact No:	5) FT : Follow	r-Through Survey (Resurvey)	\$30	
	For claimin 6) TR: Re-in	ne against INC Only (wef 10 Jan 200)	\$75	
maged Portion:	7) N1 : Idao I	A + SMRT Survey	\$160	
	8) NTUC Ad	ditional Services:-		
Checked by (Engr-In-Charge):	*N5: Cour	cey Car / Tpt Allowance	\$5	
TENEDO ADRIENTADA ANTA OMA ADRIANTA ANTA CANCALANTA		ir Co-ordination Repair Inspection	\$10 \$25	
uditors' Comments :-	*N8: DV /	Collect Excess Coordination	\$5	
_1:	TP (N11): 9) N12: Idac	TP (Non INC) against INC Mobile	30	they an exec
2/3:	Invoice dated	Fee Charged		at a 7
	Invoice dated	Fee Charged	SECTION .	

#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

EMail Address

- 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 <u>truthful and accurate</u> 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	19/08/2019 16:43
Date Of Accident	16/08/2019 15:00
Exact Location Of Accident	JUNC BUKIT BATOK RD & CHOA CHU KANG WAY
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS4262S
Insured/Policyholder	
Name Of Registered Owner	HO KAI LIN, CHERYL (HE KAILIN)
NRIC No	S8735546B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81212224
Alternative Phone No	OFFICE-81212224
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8X A
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102294427-01
Cover Note Number	
Driver	
Name of Driver	HO KAI LIN, CHERYL (HE KAILIN)
NRIC No	S8735546B
Date Of Birth	05/11/1987
Occupation	INDOOR
Date Of Driving Pass	30/04/2007
Driving Experience	12 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81212224
Fax Number	
Contact Number	OFFICE-81212224

NOEMAIL

BLK 357 BUKIT BATOK STREET 31 Address

#01-365

650357 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Passenger 1

NAME: : YEO JIA EN CHERYLYN

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

HONG KAH NORTH NEIGHBOURHOOD POLICE POST Police Station Name

YES

ROAD: BLK 370 BUKIT BATOK STREET 31 , POSTCODE: 650370 , Police Station Address

**COUNTRY: SINGAPORE** 

Police Station Contact Was notice of intended Prosecution given? NO

If Yes, against whom?

TEL NO: 1800-5679999 - FAX NO: 65652508

Circumstances of Accident

REFER TO POLICE REPORT - T/20190816/2135.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMB126G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

NRIC/Passport Number

Page 2 of 19

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name

HO KAI LIN, CHERYL (HE KAILIN)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLS4262S

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

# **DETAILS OF INJURED PERSON 2**

Name

YEO JIA EN CHERYLYN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLS4262S

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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:

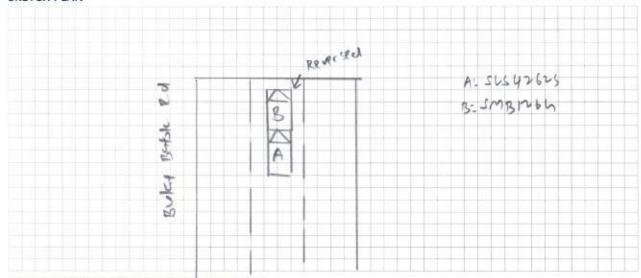
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signatu Name:

NRIC/FIN No.:

## SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SERVICE OF THE SERVIC	
refer to police report- Tholgosil 1935.	

## 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 .:





Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999 1 of 3 Report No. T/20190816/2135

#### REPORT OF A TRAFFIC ACCIDENT

Date/Tim	- Donatt	lada:	Vide Deport No.:	Station Diary No.:
Date/Time Report Made: 16/08/2019 20:10			Vide Report No.:	64
Informan	ts Partic	ulars tas a		THE PERSON NAMED IN COLUMN
Name of HO KAI L	Informant: IN, CHER		Address: APT BLK 357 BUKIT BATOK SINGAPORE 650357	STREET 31 #01-365
ID Type / NRIC NO	ID No.: / S873554	46B	Contact No.: Home/Office:	Mobile: 81212224
Nationalit SINGAPO	y: ORE CITIZ	EN	Email:	
Sex: Female	Age: 31	Date of Birth: 05/11/1987	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation	on:		Driving Licence Information:	Date of Expiry

General Infor	mation of the Accide		Content of the last	(A)
Type of Accident:	Injury Hit and Run	Drink Drive No		Straight Road
Location: Along Road 1 BUKIT BATO  Along Bukit B Weather: Clear		oa Chu Kang Ro Road Surfac Dry	ad e:	Road Speed Limit:
Traffic Flow:		Traffic Contro		Traffic Volume: Light
Type of Collis Moving Vehic	sion: le Against - Others	7		Anyone conveyed by ambulance:

Condition No of Passenge
Seriously 1
Damaged

Details of V	ehicle insurance	<b>以</b>	(E. 1915) (S. 1915)	
	Insurance Company	Insurance No	Effective	Explry Date
SLS4262S	NTUC Income Insurance Co-Operative Limited	5102294427-01	16/07/2019	15/07/2020





2 of 3

Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999

ORE 650370 CONTINUATION OF REPORT

2 of 3 Report No. T/20190816/2135

No. of Pedestriar	ns Injured: NIL	Use of Pedestr	ian Cross	sing: NA
Driver	生物 医艾兰氏 医多种性 医皮肤			
Name	HO KAI LIN, CHERYL	ID	No.	S8735546B
Related Vehicle	SLS4262S (Car)	Co	ntact No.	81212224
Hospital/Clinic	HEALTHWAY MEDICAL CLINIC	Dri Lic	ss of ving ence & oiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	16/08/2019	Date Discharg	e NIL	
No. of Days gran	ted Medical Leave 03	Degree of Inju		
Ressentant Le			<b>建</b>	
Name	YEO JIA EN CHERYLYN	ID	No.	T1407787H
Related Vehicle	SLS4262S (Car)	Co	ntact No.	NIL
Hospital/Clinic	HEALTHWAY MEDICAL CLINIC	Dri Lio	ss of ving ence & oiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/08/2019	Date Discharg	e NIL	<b>第</b> 年 2 年 3 日 4 日
			y NIL	

### Brief Details.

On 16/08/2019 at about 1500hrs, I was driving my car (Reg no: SLS4262S) along Bukit Batok Road towards Choa Chu Kang Road with my daughter onboard. The traffic light turned red and I stopped my car. At that point of time, there was a bus (SMRT Off Service) in front of my car. The bus reversed and collided with my car. I reversed my car from the collision. My daughter was scared and I had to calm her down. The bus driver did not come out and drove away. At that point of time, I was shocked and drove to the clinic.

I called up the SMRT hotline to inform about the matter and they were no helpful. Both my daughter and I consulted the doctor and were given 3 days of medical certificate each. My daughter suffered bruises on her right arm and lower back while my neck is in pain.





Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999 3 of 3 Report No. T/20190816/2135

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 3 MUHAMMAD ASHRAF BIN RAHUMAN SHAH	Signature Of Informant:
Signature Of Interpreter:  Not applicable	Date/Time: 16/08/2019 20:10
Officer In Charge Of Case: TP / HRT / SLKALESWARI PALANI Contact No.: 65476902	Classification Of Case:
Signature: Police Force	

DRIVING LICENCE S8735546B HO KAI LIN, CHERYL (HE KAILIN) Bern Date: 05 Nov 1987 Dute 30 Apr 2007

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8735546B





HO KAI LIN, CHERYL (HE KAILIN)

Race CHINESE

Date of birth 05-11-1987 Country/Place of birth SINGAPORE



5868460

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

08-02-2018

APT BLK 357 BUKIT BATOK STREET 31 #01-365 SINGAPORE 650357

NP 428A





Policy No.	5102294427-01	Policyholder Name	HO KAI LIN	, CHERYL (HE KAILIN	Policyholder NRIC	S8735546B	
Certificate No.		-tome					
Address	BLK 357 #01-365 BUKIT BATO	K STREET 31 S	INGAPORE 6	50357			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	19/06/2019	Effective Date	16/07/2019	00:00	Expiry Date	15/07/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Y	
Co- insurance Flag Open	No						
Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 357 #01-365	Addre	ess 2	BUKIT BATOK STRE	ET 31	Address 3	SINGAPORE 650357
Address 4		Addre	ess Type	Singapore address		Post Code	650357
	04-419	Relate Numb	ed Policy per	5102294427-01			
Unit No.							
Unit No.	ed Object: SLS4262S						
0.002.00244							

Accident MT/1058440					
folicy No.	5102294427-05	Vehicle No.	SLS4262S	GST Registration No.	
ertificate No.				75500 AT \$1000 TO A T	
olicyholder Name	HO KAI LIN, CHERYL (HE KAILIN)			Policyholder NR3C	587355468
voduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	81212224	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	No. V
(FK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
ICD Protection	No	NCD Entitlement(%)	30	Private Hire	No
♥ Accident Details					
Report Date	19/08/2019 21:04	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	16/08/2019	Time of Accident hindren.	15:00	Country of Acadent	Singapore
Reporting Centre		Drange Force		ICM No.	
Accident Location	JUNC BUKIT BATOK RD & CHOA CHU	CANG WAY			
→ Total Excess Applicable	- Company Company				
Excess Type	Per Accident	Windscreen Excess	100.00		
E EMPLOY TO THE PROPERTY OF					
DO Standard Excess	600,00	TP Standard Excess	0,00		
TED OD Excess	0.00	VIEO TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0		722		
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
<ul> <li>♥ Benefits</li> <li>♥ GST Registered Information</li> </ul>	ation				
GST Registered Informa	No No		GST Registration Date		
SST Registration No.	755		GST Status Venified	Yes	
Modification History					
⇒ Policyholder Mailing Ad	dress				
Address 1	BLK 357 #01-365	Address 2	BUKIT BATOK STREET 31	Address 3	\$3NGAPORE 650357
Address 4		Address Type	Singapore address	Post Code	650357
Jinit No.	04-619	Related Policy Number	5102294427-01		
⊕ OI Driver Info					
Driver Name	HO KAI LIN CHERYL (HE KAILIN)	Driver Type	Main Driver		Processing.
Unnamed driver Name		Driver NR3C	587355468	Driver DOB	05/11/1987
Register Date of Driver License	30/04/2007	Driver Age	31	Driving Experience	12
Contact No.(Mobile)	01212224	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 357	Address 2	BUKIT BATOK STREET 31	Address 3	SINGAPORE 650357
Address 4		Address Type	Singapore address	Post Code	650357
Unit No.	01-365				
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
registered car?					
eclaration	OKONO-ONA S				
eclaration Breathalyser or Blood Test	Omp	Any injury?	® Yes ○ No		
eclaration Breathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
Declaration Breathalyser or Blood Test Reading?	Omp	Any injury?	® Yes ○ No		
reclaration reachayser or Blood Test reading? foolification History	Omg	Any injury?	Yes ○ No		
reclaration Breatharyser or Blood Test leading?	O mg	Any injury?	Yes ○ No		
eclaration freathalyser or Blood Test leading? fostfication History Chaim 001 Nave		Any injury?		E: 05886	
reclaration. greathalyser or Blood Test leading? footfication History Chaim 001 Naw	GD-MX ☑	Any injury?  Insured Name	HG KALLIN, CHERVL (HE KAILIN	Insured NRIC	\$87355468
rederation  areathalyser or Blood Test leading?  Conflication History  Claim 001 Hexx  Daim Type *  Contact No.(Meolie)	GD-MK ♥	Insured Name Contact No.(Home)	HO KALLIN, CHERYL (HE KAILIN NIL	Insured NRIC Contact No.(Office)	\$8735546B
reclaration reachayser or Blood Test reading?  foolification History  Claim 001   Name  Claim Type *  Contact No. (Mobile)  mail Address	GD-MX S1212224 Cheryl.hki@myfintakpol.com	Insured Name Contact No.(Home) Of Vehicle Number	HO KALLIN, CHERYL (HE KAILIN NIL SL542625		\$8735546B SMB126G
readration irrestrialyser or Blood Test teading?  Codification History  Claim 001   Name  Comm Type *  Contact No. (Mobile) Imail Address  Damant Type Claimant Type *	GD-MX S1212224 cheryl.hki@myfintskpol.com	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	HO KALLIN, CHERYL (HE KAILIN NIL	Contact No.(Office)	
readaration readaration readaration reading?  Codification History  Codim 001 Mass  Codim Type *  Contact No.(Mobile) Finall Address  Demant Type Claimant Type *  Demant Type Claimant Type *	GD-MX S1212224 Cheryl.hki@myfintakpol.com	Insured Name Contact No.(Home) Of Vehicle Number	HO KALLIN, CHERYL (HE KAILIN NIL SL542625	Contact No.(Office)	
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eclaration irreathalyser or Blood Test teading?  codification History  Claim 001 Name  Committe No. (Mobile) Imail Address Demant Type Claimant Type + Demant Name + Demant Address Islam Description	OD-MX 81312224 cheryl.hkil@myfintekool.com Please Select	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	HO KAZ LIN, CHERYL (HE KAILIN NIL SLS42625 Please Salect	Contact No.(Office)	
reclaration. Sreathalyser or Blood Test Reading?  Conflication History  Chaim 001   Mass  Connect No. (Mobile)  mail Address  Claimant Type Claimant Type *  Claimant Name *  Claimant Address  Claimant Address  Claimant Experiment Contact  Conflication Contact  Conflication Contact  Conflication Contact  Conflication  Confl	GD-MX 81212224 Cheryl.hki@myfintskool.com Please Select	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	HO KALLIN, CHERYL (HE KAILIN NIL SL542625	Contact No.(Office) TP Vehicle Number	
readaration readar	GD-MX 81212224 Cheryl.hki@myfintskool.com Please Select	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C *	HO KAZ LIN, CHERYL (HE KAILIN NIL SLS42625 Please Salect	Contact No.(Office) TP Vehicle Number	
clearation preathayser or Blood Test Reading?  Confication History  Claim 001 Name  Contact No. (Medile)  Email Address  Daimant Type Claimant Type +  Daimant Address  Claim 000 Contact  Contact No. (Medile)  Cont	OD-MX 81212224 Cheryl.hki@myfintskool.com Please Select  >>>  SLS42625 / SM8126G ON 16 Aug 201	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C *	HO KAZ LIN, CHERYL (HE KAILIN NIL SLS42625 Please Select V	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	SM8126G
Declaration  Breathayser or Blood Test Reading?  Adolfication History  Claim 001 Name  Contact No. (Mobile)  Email Address  Dismant Type Claimant Type +  Darmant Name +  Claim 100 Description  Preferred Workshop Contact  No. (Require Finalisation  Address Finalisation  Address Registered	OD-MX 81312224 Cheryl-hki@myfintskool.com Please Select  >>> SLS42625 / SM8126G ON 16 Aug 201  Ves	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C *	HO KAZ LIN, CHERYL (HE KAILIN NIL SLS42625 Please Select V	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SMB126G
clearation preathayser or Blood Test Reading?  Claim 001 Name  Claim 001 Name  Commant Type *  Contact No. (Medile)  Email Address  Daimant Type Claimant Type *  Daimant Address  Claimant Addr	OD-MX  81212224  cheryl.hki@myfintskool.com  Please Select  SLS42625 / SM8126G ON 16 Aug 201  Ves  19/08/2019 21:06	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C *	HO KAZ LIN, CHERYL (HE KAILIN NIL SLS42625 Please Select V	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SMB126G
Declaration  Breathayser or Blood Test Reading?  Color History  Claim 001 Name  Commart Type *  Contact No. (Mobile)  Email Address  Darmant Type Claimant Type *  Darmant Name *  Darmant Address  Laim Description  Areferered Workshop Contact  No.  Require Finalization  Date Registered  Report Taken By	OD-MX  81212224  cheryl.hki@myfintskool.com  Please Select  SLS42625 / SM8126G ON 16 Aug 201  Ves  19/08/2019 21:06	Insured Name Contact No.(Home) Oil Vehicle Number Type of Benefit * Olemant NRIC *  Insured Uability * Preferened Repair Option Claim Close Date	HO KAZ LIN, CHERYL (HE KAILIP NIL SL\$42625 Please Select  Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	SMB126G
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