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NATIONAL Assessment Centre	e Services, but	1 James Ma	18 41916(24V		
Date In: 13 1 19-18-3	Jeb description		Date & Time Complete	d t	Done pi.
Heli No: MBAI INCIGORRESOIRY	SAS e-filling	•	1		
Veh No. SD#38E	E-mail(bjala this,	AIC 2hrs)			
DOV . 19/10/18-19:05	I-Motor Claim I		100-56161 Long	nimi	4 8:14
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	Assessment/Surve				···
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Protured Wksp / INC Assign Wksp / QW: (NAME OF TAXABLE PARTY OF TAXABLE PARTY.		Yol:	Faxt	
TP Pardiculars: . Veh No: SUS	Mar P.	. INC(.)/Non-INC(
Owner / Driver: (77 605	Tel:		<u>}</u>
	eriod: (.)	Cover Type: (1.
Configured by 1 (Dates,	Timer)
Insured/Driver Liability: (%)	Note-Est Status (WC)): N: 0-2	0%; P: 21-79%. P:	80-100%]	
Year of Registration: ())/NO()		
Bxccss: (S) Londing; \$1,)			
General Remarkers Land Control of the Control of th	CASTALISM SERVICE	WAY AND BE	美國聯盟國際	253360	P. 1. 1.
() Walk-In Customar : Customers Inf	formation strictly Confl	dential & St	rictly NO refer of repa	leor.	
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	ce: YES()/NO)();	Towing Co: (',		•)
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i di an anticologia de la composición	250 KW WATER ON THE OF	的關係的關係和	W. Williams Tollars	- Carlotte	Andrew
. /	Courtesy Car ()		*	-	
2) QC Check / Post Repair Inspection	(.)				
3) Upload Resurvey Photo [Repair Cost>:	\$3000] ()	<u> </u>			
Infurý:					·····································
		QUARTER S			DATE:
05-04-c100-04 < 45-040-34222 / 25-14-24-34-34 <u>7</u>	Walter Control of the	(Azebaninkerteacen	MAE PALSE HISTORY AND ASSESSMENT		•
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Driver/Owner:		4) PT : Follow	-Through Survey (Resurvey)	\$30	
Contact No:		Perelalmin	Katainal City Only	Jan 2000 }	
		MTR : Re-las	A + SMRT Survey	. 3160	
Darnaged Portion:		1) NTUC Add	Illional Services:-		
		CIL	ory Coff Tpt Allowands	\$3	
QC Checked by (Engr-In-Charge):		enice tions	t Co-ordination	\$10 \$23	
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(2/3:		Involce date	d	W-1941 & 174	Manager 1 March

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.
- 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

斯特拉斯 美国 法国际政策的 对对对对对对对	ACCIDENT STATEMENT
Date Of Report	17/12/2019 18:40
Date Of Accident	16/12/2019 10:20
Exact Location Of Accident	PIE (TUAS) AFTER KALLANG BAHRU EXIT
Country/State of Loss	SINGAPORE
A THE STATE OF THE SECOND SECURITIES AND ADDRESS OF THE SECOND SE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDQ38E
Insured/Policyholder	
Name Of Registered Owner	NEW AUTODRIVE CREDIT (S) PTE LTD
Co Reg No	201223137E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90991331
Alternative Phone No	OFFICE-90991331
Vehicle Particulars	
Manufacturer	TOYOTA
Model	NOAH HYBRID 7-SEATER 1.8X CVT
Exact Purpose for which vehicle was being used time of accident	at WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	y NO
If No, Please state action to be taken	THIRD PARTY
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	5113945426
Cover Note Number	
Driver	
Name of Driver	SHAPUAN BIN MIDI
NRIC No	S7206366Z
Date Of Birth	26/02/1972
Occupation	OUTDOOR
Date Of Driving Pass	05/08/1997
Driving Experience	22 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96437701
Fax Number	
Contact Number	OFFICE-96437701
EMail Address	NOEMAIL

Address

BLK 675C YISHUN AVENUE 4

#05-802

Postcode

763675

NO Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

2

Number of Passengers (Including Driver)

NAME:

GENDER:

100

Passenger 1

: FEMALE

Details of Police Action

Was the accident reported to the police? If Yes.Please state which Police Station

YES

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

Police Station Address

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191216/7033.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLB8100P

Vehicle Make/Model/Colour

AUDI A4

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

No. Of Passenger (including Driver)		
THE PROPERTY OF THE PROPERTY O	DETAILS OF INJURED PERSON 1	
Name	SHAPUAN BIN MIDI	
Approximate Age		
Injuries Sustain	BODY	
Injured person in which vehicle?	SDQ38E	
Were seat belts worn?	YES	
Was this injured conveyed to hospital by ambulance?	NO	
Address		

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.
- 6 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)

Lunderstand, 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.

NEW AUTODRIVE CREDIT(S) PTE LTD 210 Turf Club Road, Lot B40 Singapore 287995

> Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne's Signature

Name:

NRIC/FIN No .:

	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	VENICLE B. SLESTON
	THE PROPERTY OF THE PROPERTY O
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
Defer to police report	

DECLARATION

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

NEW AUTODRIVE CREDIT(S) PTE LTD 210 Turf Club Road, Lot B40 Singapone, 287,995 sture

SKETCH PLAN

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personners Signature

Name:

NRIC/FIN No.:

ACTION OF STREET STREET

Date of Accident	: 16 12 2011 Accident Time: 16 20Hrs (24-HR-Format)			
Accident Place	: PIE tonards Tuas after kallang Bahru Exit			
Vehicle Reg. No. (Car Plate No.)	: 50@38£			
Vehicle Make/Model	: Teyera Neah			
Issurance Company	N1u(Policy No			
Owner or Company Name /IC No.	: New Autodove credit Pte Utd			
Owner or Company Contact No.	: 90991331 Owner's HpCompany Tel			
DRIVER'S Name / IC No.	Shapuan Bin Midi			
DRIVER'S Date Of Birth	: 36 02 19+2 DRIVER'S License Pass Date 05 08 1997			
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Hiver			
DRIVER'S Address	: BIK 6756 Yishun Ave + #05-802 8763675 .			
DRIVER'S Contact No./ Alt No.	:1) 96437701 2)			
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)			
Email Address	: Admin @ wycar.sg sapuan mrdi@gmail.com			
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET			
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance			
Number of Passengers (Including I	Driver): 02 Passenger female			
Was there any video Captured by c Exact purpose for which vehicle wa	ar camera: YES\NO as being used at the time of accident: Private use \ Work purpose			
Other	Party Driver's Particular (if anv)			
Vehicle Reg. No: SLB 8100 P	Vehicle Reg, No:			
Vehicle Make Wodel: Audi A4	Vehicle Make\Model:			
Name Driver	Name Driver:			
IC No. Driver:	IC No. Driver:			
Driver's Contact & Add:	Driver's Contact & Add:			
the same bound by				

* lupuries 5 Days MC





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20191216/7033

		A GOIDERLY
REPORT OF A	TRAFFIC	ACCIDENT

Date/Time Report Made: 16/12/2019 18:53		fade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Particu	ulars		10年の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の	
	Informant: AN BIN MID		Address: APT BLK 675C YISHUN AVE 763675	NUE 4 #05-802 SINGAPORE	
ID Type NRIC NO	/ ID No.: D / S72063	66Z	Contact No.: Home/Office: Mobile: 96437701		
National SINGAP	ity: ORE CITIZ	EN	Email: sapuanmidi@gmail.com		
Sex: Male	Age:	Date of Birth: 26/02/1972	Type of Informant: Driver		
Race: Javanes	е	What is a second to the second	Language: English	Institution / School Name:	
Occupat GRAB D			Driving Licence Information: Class:	Date of Expiry:	

General Inform	mation of the Accid	lent		F. 1. T. S. H. P. S. F. L. 7.19
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/12/2019 00:00	Type of Location: Straight Road
Location: PAN ISLAND Weather: Clear	EXPRESSWAY	Road Surface:		Road Speed Limit: 90 Km/h
Traffic Flow: Traffic Control: One Way Not Controlled			Traffic Volume: Moderate	
Type of Collis	sion: ring Vehicles - Head	To Rear		Anyone conveyed by ambulance; No

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDQ38E	Car	TOYOTA	NOAH	White	Slightly Damaged	1
SLB8100P	Car	AUDI	A4	White		1

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





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20191216/7033

CONTINUATION OF REPORT

Driver			1.11	Water Co.	inc Pa	- 1540 OF STATE
Name	SHAPUAN BIN MID	1		ID No).	S7206366Z
Related Vehicle	SDQ38E (Car)		Conta	act No.	96437701	
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY		Class Drivin Licen- Expin	g	Class: NIL Date of Expiry: NIL	
Date Treatment	16/12/2019 Date Disc			harge	16/12	2/2019
No. of Days gran	ted Medical Leave				Slight	Host Are (Son Strain)

Brief Details.

ON THE STATED TIME AND DATE, I WAS TRAVELLING ON MY VEHICLE BEARING CARPLATE NUMBER SDQ38E ON PIE TOWARDS TUAS ON LANE 1. WHILE I WAS TRAVELLING, THERE WAS A VEHICLE AHEAD OF ME WHICH JAMMED BRAKE AND I FOLLOW SUIT. SHORTLY AFTER I FELT A GREAT IMPACT FROM THE REAR. I ALIGHTED FROM MY VEHICLE TO REALISE THAT I WAS INVOLVED IN A HEAD TO REAR ACCIDENT, AND THAT THERE WAS A SEPERATE ACCIDENT JUST SLIGHTLY AHEAD OF ME, REASONS TO WHY THE VEHICLE AHEAD OF ME JAMMED BRAKES. I WISH TO STATE THAT I STOP ON TIME, AND DID NOT COLLIDE WITH THE VEHICLE AHEAD OF ME, AND THAT I HAVE AN IN CAR CAMERA THAT RECORDED THE WHOLE EVENT. I FELT PAIN AND CONSULTED THE DOCTOR SHORTLY AFTER IN WHICH I WAS THEN AWARDED A





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20191216/7033

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

Authentication Stamp

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/12/2019 18:53
Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:

eBaoTech GeneralClaim Hello, NAC_BUKIT_MERAH_800676 Change Password Log Out · Change Language My Desistop **Policy Query** Notice of Loss Date of Accident 16/12/2019 10:20 Vehicle No.(Fer Mator) 39EPG2 Certificate Number Search Select Policy No. Certificate Number Pakeyholder Name Product Cover Type Vehicle No. Insured Object 5113945426 NEW AUTOORIVE CREDIT (S) PTE, LTD. 201223137E GPC drive CLASSIC SDQ38E SDQ38E 07/11/2019 06/11/2020 Continue

Policy No.	5113945426	Policyholder Name	NEW AUTODRIVE CREDIT (5) PT	Policyholder NRIC	201223137E	
Certificate No.						
Address	68 SWANAGE ROAD DUNMAN GARDEN SI	NGAPORE 437191				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N	
Policy Issue Date	07/11/2019	Effective Date	07/11/2019 00:00	Expiry Date	06/11/2020 23:59	
Excess Type	Per Accident	All Claims Excess				
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100	
Additional Excess	1500	OS Premium	0			
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess	
Agent	GOLDEN PRIME INSURANCE AGI	Agent Tel.	66426768	GST Flag	¥.	
Co-insurance Flag Open Policy Info Certificate Info	No					
	Idress					
Address 1	68 SWANAGE ROAD	Address 2	DUNMAN GERDEN	Address 3	SINGAPORE 437191	
Address 4		Address Type	Singapore address	Post Code	437191	
Unit No.		Related Policy Number	\$114835812			
↑ Insured Object: SDQ38	E.					
▼ Endorsements						
Sequence	Date of Endorsement	Endorsement Ty	ge	Endorsement Status	Endorsement Content	

Claim Handling										Ex
Accident MT/1076193 Pakey No.	9113949426	A-14-14-14-14								
Dertificate No.	3112949428	Vehicle No.	eDQ38E		GST Regis	tration No.				
ralicyhalder Name	NEW AUTODRIVE CREDIT (S) PTE, LTD.				Policyfield	- 1917				
reduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		Loading	or manue.	20122313	78		
contact No.(Mobile)	90991331	Contact No.(Office)	9:		Contact N	o.(Home)	0			
mail Address		Special Remark			eCode	DWG SW SK	No T			
FK.	- No Yes	TCA	- No. Yes		eCope Rea	ison	[res]			
ICD Protection	790	NCD Entitlement(%)	0		Private His		Yes			
leport Date	17/12/2019 18:51	Accident Report Within 24 hrs	Yes		Accident T	ype	Callision +	Head to	Rear	
Date of Accident	16/12/2019	Time of Accident hit:mm	10:25		Country or	Accident	Singapore			
separting Centre		Orange Force			TCM No.					
Accident Location	PIE (TUAS) AFTER KALLANG BAHRU EXIT									
▼ Total Excess Applicable										
xoess Type	Per Accident	Windscreen Excess		100.00						
D Standard Excess	2,000.00	TP Standard Excess		1,500.00						
IED OD Excess	0.00	YIED TP Excess		0.00	Driver is C	overed?	Covered			
dditional Excess	1500									
otal GD Excess Applicable Benefits	3500.00	Total TP Excess Applicable		1,500.00						
GST Registered Informat	lass .									
ST Registered	Yes		CST Ban	stration Date		A CHARLES				
ST Registration No.	201223137E			us Verified		01/09/2017 Yes				
odification History	17/12/2019 18: 53: 23 System cha 17/12/2019 18: 53: 23 System cha 17/12/2019 18: 53: 23 System cha	nged GST Registered from No to 1	er							
	17/12/2019 18:53:23 System che 17/12/2019 18:53:23 System che	nged GST Registration No. from in nged GST Registration Data from	all to 201223137E rull to 01/09/2017							
Policyholder Mailing Addr	***									
ddress 1.	68 SWANAGE ROAD	Address 2	DUNMAN GARDEI	ii.	Address 3		SINGAPOR	E 43711	1	
ddress 4		Address Type	Singapore addres		Post Code		437191		Section	
Init No.		Related Policy Number	5114835817							
♥ OI Driver Info										
triver Name	Unnamed Driver	Driver Type	Unnamed Driver							
Innamed driver Name	EHAPLAN BIN MEDI	Driver NR3C	672063662		Driver DO	K)	26/02/197	2		
legister Date of Oriver Ucense	05/08/1997	Driver Age	67		Driving Ex		22			
Conhect No. (Mobile)	96437701	Contact Ne.(Office)	0		Contact N	o.(Home)	٠			
ddress t	8LK 675C	Address 2	YISHUN AVENUE		Adoress 3		FERN GRO	VE ⊕ YI	SHUN	
ddress 4	SINGAPORE 76367S	Address Type	Singapore addres	tis .	Post Code		763675			
Mit No. Joes he own a Singapore	05-802									
					Photograph Long	urer Company				
Registered car?	Yes - No	Driver Vehicle No.			Strate Tries					
Registered car?	765 - F NU	Driver venice no.			Diver 10					
kegistered car? Neclaration Sreathalyser or Blood Test Reading?	0 mg	Any mury?	= Yes No		State 100					
legistered car? recibration breathalyser or Blood Test leading?			= Yes No		Street files					
eclistration realthalyser or Blood Test meding? colification History Claim 001 New			. Yes No	QD-MX	• Insured		edit (si pi la	sured	0012231378	
eclistration realtralipser or Blood Test meding? additionion History Claim 001 New			e Yes No	ор-мх		NEW AUTODRIVE CR	William Inches	1900	201223127W	
registered car? reclaration realthalyser or Blood Test leading? Claim 001 New Claim Type =			e Yes No	ОВ-МХ	Insured Name		Cr	ontact	\$01223127W	
registered car? reclaration resethalyser or Blood Test leading? Claim 001 New Claim Type * Contact No. (Mobile)			≥ Yes No	QQ-MX	Insured Name Corract No. N	WEW AUTODIEVE CK	CI Nk (0	ontact 0. office)		
legistered car? beclaration breathalyser or Blood Test leading? Claim 001 New Claim Type • Contact No. (Mobile)			a Yes No	OD-MX	Insured Name Corract No. N		Ci Ne (0 Tr	ontact 0 office) p ehicle umber	2012231378 + S.RE1000	
Registered car? Declaration Present alyser or Blood Test Reacting? Additioning History			a Yes No	GD-MX SDQ38E / SUBS1009 ON	Insured Name Corriact No. (Home) OI Vehicle Number	WEW AUTODIEVE CK	Cr PA (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0	ontact o. office) p ehicle umber ame of referred		
Deciaration President allyser or Blood Test Reading? Claim 001 New Claim Type * Contact Ne (Mobile) Email Address Claim Description Preferred	ũ mg:	Any mjury?	a Yes No		Insured Name Corriact No. (Home) OI Vehicle Number	WEW AUTODIEVE CK	Cr PA (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0	ontact 0. Office) p ehicle umber ame of		
legistered car? breathalyser or Blood Test teaching? Claim DD1 New Claim Tyde * Contact No. (Mobile) Email Address Claim Description Perferred	0 mg	Any injury?		SDQ38E / SUBB100P ON	Insured Name Corriact No. (Home) OI Vehicle Number	WEW AUTODIEVE CK	Cr PA (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0 (0	ontact o. office) p ehicle umber ame of referred		
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