NATIONAL Assessment Co	entre Services	wef 1 Jan'05 M	NAIN0034876		
Date In: 14/12-15:30	Jeb descripțio	1	Date &Time Completed	Done	pì.
Ref No: NA/14C220452/4	SAS e-filing				
Veh No: JEHST84D.	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 23/3/20-11:50	i-Motor Cla	im Form	M7/1089841-207	130120 13	5:44
	i-Motor W/0	O (Within: OD 2h			3307307 2370
OD (TP) : Reporting Only	i-Photo Uplo	paded			
	Assessment/S	urvey Report			
TP Insurer:	Ass't Report l	by Fax / Hand	to Owner/Wksp		*****
Preferred Wksp / INC Assign Wksp / QW	/: (Tel:	Fax:	
TP Particulars: Veh No:	147076R	. INC()/Non-INC()		
Owner / Driver: (1 - 4 0 5		Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 30-	100%]	
Year of Registration: () Warranty: YES ()/NO()		
	\$1,000 ()/\$2,000	-			
General Remarks:-			Acceptance of the		7
() Walk-In Customer: Customers	101	Vii. 11 - 10 - 11 - 11 - 11 - 11 - 11 - 11			
		nnoential & S	incuy NO 131er of repailer.		
() Total Loss Case : to e-mail I					
Drive-In ()/ Towed-In (); In	voice: YES () / I	NO();T	owing Co: (
Remarks: (INC hotline: 6788 661	16)		Date&Time Completed	Done	by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection	()	 	-	
3) Upload Resurvey Photo [Repair Cost	> \$30007 (1			
5) Opiosa resurvey r noto (recpan cost	(- \$3000)				
Injurý:					
Date/Time Actions		and the state	3. 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	ROMOS SE	18 00 84
	V.			***	IN THE OWNER OF THE
		A CONTRACTOR OF THE PARTY OF TH			
		140		Anit (S)	Amt (3)
Haroorobs.	War and the second seco	Invoice Pre	paration Checklist	fu Bill	Add Bill
laimant's Particulars :-		1) AR : Acciden	Reporting (\$30); Assessment (\$100); INC (\$	(30)	AT THE OWN
		3) TF : Towing l	Fee . S	40/\$45	
river/Owner:		4) FT : Follow-T	hrough Survey	\$120	
ontact No:		For claiming	hrough Survey (Resurvey) seainst INC Only (wef 10 Jan 200		
amaged Portion:		6) TR : Re-inspe	ction	\$75	
imaged Fordon.		7) N1 : Idao DA 8) NTUC Additi	+ SMRT Survey	\$160	
		OD.			
C Checked by (Engr-In-Charge):		*N5: Courtes	Car / Tpt Allowanne	\$5 510	
NE SERVE SAME ESTRE RANGE COMPANION OF THE CASE	STARONO DANSAS RAPSAS	*N6: Repair C	neir Inspection	\$25	
uditors' Comments :-		+N8: DV / Co	liect Excess Coordination	\$3	
1.1:	(#)	TP (N11) : TI 9) N12: Idao Mo	(Non INC) against INC	30	
. 2/3;		Invoice dated	Fee Charges		arting a
To see the see of the		Invoice dated	Fee Charges	SERVIN	

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	20/03/2020 15:32
Date Of Accident	20/03/2020 11:50
Exact Location Of Accident	CTE TWDS CITY BEFORE PIE EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFN5584D
Insured/Policyholder	
Name Of Registered Owner	KOH CHEK KOON (XU JIQIN)
NRIC No	SXXXX092H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98244607
Alternative Phone No	OFFICE-98244607
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT 1.3G 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	5027710911-11
Cover Note Number	
Driver	
Name of Driver	KOH CHEK KOON (XU JIQIN)
20400454 parties	

 NRIC No
 SXXXX092H

 Date Of Birth
 07/03/1974

 Occupation
 INDOOR

 Date Of Driving Pass
 22/02/1996

Driving Experience 24 YEARS AND 0 MONTHS

Gender MALI

Mobile Number (LOCAL) +65-98244607

Fax Number

Contact Number OFFICE-98244607

EMail Address NOEMAIL

93 LORONG N TELOK KURAU Address

#04-01

425244 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

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions Road Surface DRY

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

3

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

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

Was the accident reported to the police?

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

YES

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200320/7005.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKT3076B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBH2322S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KOH CHEK KOON (XU JIQIN)

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SFN5584D

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)

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:
 - (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:

ler's Signature Drivet's Signature

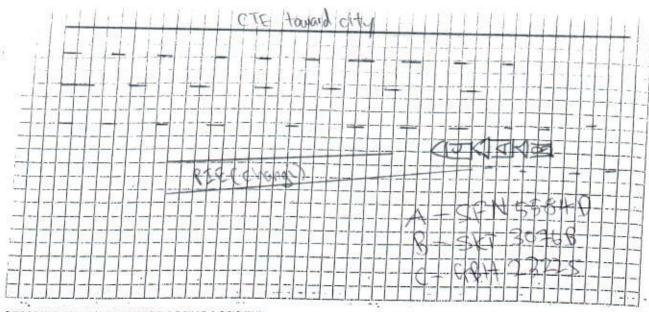
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's

Name:

NRIC/FIN Ho .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Follow Pallee Report.	
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ZATION	

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

Policyholder's Signature

Date & Time:

Driver's Signature

(II driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

MRIC/FIN No :

Date of Accident	20/03/2020 Accident Time: 11 49 (24-HR-Format)
Accident Place	:CTE (toward city before PIE Ext)
Vehicle Reg. No. (Car Plate No.)	
Vehicle Make/Model	: Handa Fit
lisuranco Company	:NTUCPolicy No
Owner or Company Name /IC No.	: Koh Chek Koon ' = 7408092H
Owner or Company Contact No.	:Owner's Hp 498244607 Company Tel
DRIVER'S Name / IC No.	
DRIVER'S Date Of Birth	: 07/03/1974 DRIVER'S License Pass Date 14-22/02/1996
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	:93 Lorang N Telox Kuray #04-01 S (425244).
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: chekkoon@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 Di	river): O\
Was there any video Captured by car Exact purpose for which vehicle was	r camera: YES \ NO s being used at the time of accident: Private use \ Work purpose
Other P	arty Driver's Particular (if anv)
Vehicle Reg. No: SKT 30768	Vehicle Reg. No: CTBH 23225
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20200320/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 20/03/20	e Report N 20 14:23	Made:	Vide Report No.:	Station Diary No.:	
Informar	nt's Partic	ulars			
	Informant: EK KOON		Address: 93 LORONG N TELOK KURA	AU #04-01 SINGAPORE 425244	
ID Type / NRIC NC	ID No.: 7 S74080	92H	Contact No.: Home/Office:	Mobile: 98244607	
Nationali	ty: ORE CITIZ	EN	Email: chekkoon@gmail.com		
Sex: Male	Age: 46	Date of Birth: 07/03/1974	Type of Informant: Driver		
Race: Chinese	se		Language: English	Institution / School Name:	
Occupati IT PROF	Occupation: IT PROFESSION		Driving Licence Information: Class: 3	Date of Expiry:	

General Inform	nation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/03/2020 11:50	Type of Location: Straight Road
Location: CENTRAL EX	(PRESSWAY			
Weather: Clear		Road Surface: Dry	F	Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		raffic Volume: leavy
Type of Collis Between Mov	ion: ing Vehicles - Head	l To Rear	a	nyone conveyed by mbulance: lo

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
GBD2322S	Van					0
SFN5584D	Car	HONDA	FIT 1.3G A	Silver		0
SKT3076B	Car			-	+	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SFN5584D	NTUC Income Insurance Co-Operative Limited	5027710911-11	01/04/2019	31/03/2020	





2 of 3

Report No. T/20200320/7005

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of Perso	n Involved			DEN LAWS			
Any Pedestrian I	nvolved: No						
No. of Pedestrians Injured: NIL Use of Pe				Pedestrian Crossing: NA			
Driver				STATE OF THE PARTY OF	41-19-61		
Name	KOH CHEK KOON			ID No		S7408092H	
Related Vehicle	SFN5584D (Car)			Contact No.		98244607	
Hospital/Clinic	NIL	NIL		Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	20/03/2020	200	Date Disc	harge	20/03	3/2020	
No. of Days gran	ted Medical Leave	03		Degree of Injury		t	

Brief Details.

On the above mention date time and location I was travelling in my vehicle (A) it was heavy traffic during that time. Vehicle(C) slowed down and came to a complete stop hence I follow suit. Seconds later I felt a huge impact from my rear and when I alighted from my vehicle (A) i realised it was vehicle (B) that collided onto the rear portion of my vehicle causing damage to my vehicle (A) and pushing my vehicle (A) to hit onto the rear portion of vehicle(C).

I felt unwell on my neck and lower back so I went to inte medical 24hr clinic to seek consultation and was given 3days medical leaves.

Vehicle(A) sfn5584d Vehicle(b) skt3076b Vehicle (c) gbh2322s





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20200320/7005

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/03/2020 14:23
Officer In Charge Of Case: TP / TPHQ / YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:

Authentication Stamp

NP168

eBao Tech									Genera	alClaim	
Hello, NAC_PAYA_UBI_800	0601						+ Chang	e Languag	e + Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	ło.				Date	of Accident	6.	20/03/2020 1	1:50	
	Vehicle	No.(For Motor)	SFN558	14D		Certif	cate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5027710911- 11		KOH CHEK KOON (XU JIQIN)	57408092H	GPC	drivo CLASSIC	SFN5584D	SFN5584D	01/04/2019	31/03/2020
				100000000		Continue	J				

Policy Info Certificate							
Flag Open							
Co- nsurance	No						
Agent	KRUISE AUTO PTE. LTD.	Agent Tel.	65471511		GST Flag	Υ:	
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	0	damage Excess	600		Windscreen Excess	100	
Excess Type		All Claims Excess Own					
Policy ssue Date	19/03/2019	Effective Date	01/04/201	9 00:00	Expiry Date	31/03/2020 2	23:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 4 #10-306 MARINE TERR	ACE SINGAPORE	440004				
Certificate Vo.		1884 MAR.					
	5027710911-11	Policyholder Name	KOH CHEK	KOON (XU JIQIN)	Policyholder NRIC	S7408092H	

Accident MT/1089041	:ESWERSON (III)	I Washington	1580.000		BROTH SHEED STOR	SV925		
Policy No.	5027710911-11	Vehicle No.	SPN55840		GST Registration	No.		
Certificate No.								
Policyholder Name	KOH CHEK KOON (XU JIQIN)			Policyholder NR3C		\$740809	RZH.	
Product Code	PRIVATE CAR INSURANCE		Cover Type drivo CLASSIC		Loading		0	
Contact No.(Mobile)	98244507	Contact No.(Office) Special Remark	0		Contact No.(HoneCode	ve)	N: V	
CPIC	® No ○ Yes	TCA TCA	® No ○Yes		eCode Reason		Inches	
NCD Protection	Yes	NCD Entitlement(%)	50		Private Hire		No	
♥ Accident Details	00325		2532		A100000 S05			
Report Date	20/03/2020 15:42	Accident Report Within 24 hrs	Yes		Accident Type		Chain Co	itsion
Date of Accident	20/03/2020	Time of Accident thomm	11:50		Country of Acod	ent	Singapor	
Reporting Centre		Orange Force			ICM No.			
locident Location	CTE TWDS CITY BEFORE PIE EXIT							
♥ Excess								
Own damage Excess	600.00	Additional Excess	0		Windscreen Exce	68	100.00	
Innamed Driver Excess	0.00	Outside Singapore OD Excess		600.00				
Third Party Excess	0.00	Outside Singapore TP Excess		0.00				
♥ Benefits								
GST Registered Informa	ation							
ST Registered	No			egistration Date	9500			
SST Registration No. Additional History			GST SI	tatus Verified	Yes			
TOTAL								
Policyholder Malling Ad	dress							
Address 1	BLK 4 #10-306	Address 2	MARINE TERR	IACE	Address 3		SINGAPO	ORE 440004
Address 4		Address Type	Singapore add	iress	Post Code		440004	
Unit No.		Related Policy Number	5027710911-	11				
♥ OI Driver Info	Non-president form							
Driver Name	KOH CHEK KOON (XI) 31G(M)	Driver Type	Main Driver					
Innamed driver Name		Driver NRIC	57408092H		Driver DOB	33	07/03/1	974
Register Date of Driver License Contact No. (Mobile)	98244607	Driver Age Contact No.(Office)	46		Driving Experien Contact No.(Hon		0	
Address 1	93 LORONG N TELOK KURAU	Address 2	EMPRADO SU	TTEE	Address 3	re)		ORE 425244
Address 4	93 CONDING IN TELOK KONAO	Address Type	Singapore add		Post Code		425244	ME RESERVE
Unit No.	04-01		b000004000378				Second Second	
Does he own a Singapore	○ Yest No	Driver Vehicle No.			Driver Insurer Co	ynsquo		
Registered car?								
Breathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No					
beclaration Breathalyser or Blood Test Reading?	0 mg	Any injury?	® Yes ○ No	8				
Breathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No	:				
Breathalyser or Blood Test Reading? Hoddication History	0 mg	Any injury?	® Yes ○ No	9				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	® Yes ○ No	9				
Sreathalyser or Blood Test leading? foddfcaltion History								
Sreathalyser or Blood Test leading? toddfcation History Claim 001 Naw	Оп-мх 🔻	Insured Name	KOH CHEK KO	DON (NU SIQIN)	Insured NRIC	100	5740809	121
Sreathalyser or Blood Test leading? foddication History Claim 001 Naw	ОО-МX	Insured Name Contact No.(Home)	KOH CHEK KO	DON (NO 31QIN)	Contact No.(Offi			
Sreathalyser or Blood Test leading? foddication History Claim 001 New Dairn Type * Cornact No (Mobile)	OD-MX	Insured Name Contact No. (Home) Of Wehicle Number	KOH CHEK KO NIL SPN5584D				5740809 SKT3076	
Sreathalyser or Blood Test leading? Colaim 001 New Dairm Type * Connect No (Mobile) Imail Address Daimant Type Claimant Type *	OD-MX 98244607 Chekkson@gmail.com Please Select	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	KOH CHEK KO		Contact No.(Offi			
Sreathalyser or Blood Test leading? foddication History Claim 001 New Daim Type * Connect No (Mobile) Imail Address Daimant Type Claimant Type *	OD-MX	Insured Name Contact No. (Home) Of Wehicle Number	KOH CHEK KO NIL SPN5584D		Contact No.(Offi			
sreathalyser or Blood Test leading? Colaim 001 New Claim Type * Comact No (Mobile) Imail Address Daimant Type Claimant Type * Daimant Name *	OD-MX 98244607 Chekkson@gmef.com Plesse Select	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	KOH CHEK KO NIL SPN5584D		Contact No. (Office Numb	er		
creathalyser or Blood Test leading? Claim 001 New Claim 001 New Cornact No. (Mobile) Imail Address Dalmant Type Claimant Type * Dalmant Name * Dalmant Address Dalman Description referred workshop Contact	OD-MX 98244607 Chekkson@gmail.com Please Select	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NR3C *	KOH CHEK KO NIL SPKSS84D Please Select	V	Contact No.(Offi	er		
creathalyser or Blood Test leading? Claim 001 New Claim 79pe * Connect No. (Mobile) Imail Address Dalmant Name * Dalmant Name * Dalmant Address	OD-MX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benafit * Claimant NR3C *	KOH CHEK KO NJL SPKSS84D Please Select	V	Contact No. (Off) TP Vehicle Numb Name of Preferre	er	SKT3076	ie .
claim 001 Naw Claim 001 Naw Claim 001 Naw Claim 001 Naw Comact No. (Mobile) Imali Address Dalmant Type Claimant Type * Dalmant Name * Dalmant Address Dalmant Address Dalmant Address Dalmant Address Dalmant Open Contact Vo. Require Finalisation	OD-MX 98244607 Chekkson@gmef.com Plesse Select	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NR3C *	KOH CHEK KO NJL SPKSS84D Please Select	V	Contact No. (Off) TP Vehicle Numb Name of Preferre	er	SKT3076	ie .
Breathalyser or Blood Test Reading? Hoddication History	OD-MX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C * Insured Liability * Preferend Repair Option	KOH CHEK KO NJL SPKSS84D Please Select	V	Contact No. (Off) TP Vehicle Numb Name of Preferre	er	SKT3076	5 V
claim 001 Naw Claim 001 Naw Claim 001 Naw Claim 001 Naw Contact No. (Mobile) Imali Address Dalmant Type Claimant Type * Columnant Name * Columnant Address Dalmant Address Dalmant Education Date Registered Report Taken By	OD-MX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C * Insured Liability * Preferend Repair Option	KOH CHEK KO NJL SPKSS84D Please Select	V	Contact No. (Off) TP Vehicle Numb Name of Preferre	er	SKT3076	5 V
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