NATIONAL Assessment Contre Se	ervices 100 34	াগ্ৰ		
	b description	Date &Time Compl	eted Done	pż.
	SAS e-filing	I wante	1	
4. 2	E-mail (within 8las, Alf			inia sa
	i-Motor Claim For	m : MT/09713	+31 27/ul	17 17:4
	i-Motor W/O (Within	n: OD 2hrs. TP 4hrs)		* · · · · · ·
OD TP ' Peporting Only	i-Photo Uploaded			
	Assessment/Survey P	Report		
TP Insurer:	Ass't Report by Fax	/ Hand to Owner/Wksp		
Preforred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
	14052M	INC () / Non-INC ()	
Owner / Driver: (_ Tcl:)_	
Policy No: () Period	(') Cover Type: ()	
Confirmed by : (Dai	The second secon)	
Insured/Driver Liability: (%) [Note	e-Est. Status (WO):	N: 0-20%; P: 21-79%. I	7; S0-100%]	
Year of Registration: () War	ranty: YES ()/	NO()		
Excess: (\$) Loading: \$1,000	AND STREET OF STREET OF STREET)		
General Remarks:-		cialianitos -		
() Walk-In Customer: Customer's informa	tion strictly Confider	ntial & Strictly NO refer of re	pairer.	
() Total Loss Case : to e-mail Insurer I				
Drive-In()/Towed-In(); Invoice: Y); Towing Co. (1)
Control of the contro	SECTION CONTRACTOR	Date&Time Comp	le d Dor	ie by
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Cou	rtesy Car ()	-		
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$300	01 ()			
5) Opioda recours of these (exp				
Injury:			X	
Date/Time Actions			NS Subsièn de la	
	8.835	Control of the Contro	Amt (3) Amt (3)
NA1707	333 Inv	voice Preparation Checklis	(it Bi	Add Bin
TO THE STREET, AND ADDRESS OF THE PROPERTY OF	1) A	R: Accident Reporting (530); A: Damage Assessment (5100);	INC (580)	
laimant's Particulars :-	3) T	F : Towing Fee	110/\$45	
river/Owner:	4) F	T : Follow-Through Survey T : Follow-Through Survey (Resurve	y) \$120 y) \$30	
ontact No:	F	or claiming against INC Only [wef]	0 Jan 2005) \$75	
amaged Portion:	7) }	R: Re-inspection	\$160	
2000 9 T	1(8	NTUC Additional Services		
C Checked by (Engr-In-Charge):	93	N5: Courtesy Car / Tpt Allowance	52	
		N6: Repair Co-ordination N7: Post Repair Inspection	\$10 \$20	
Auditors' Comments :-		NII: DV / Collect Excess Coordination (NII:): TP (Non INC) against INC	sn \$5	
at. 1:	9)	N12: Idno Mobile	1	
at 2/3;	1	Dice dated	e Charge i	
	1/110	roice dated	Learning Company (CCC)	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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.

- This report will be forwarded by the insurers of 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

By the lodgement of this report to the insurers, you hereby consi aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made distinsti-
	ACCIDENT STATEMENT
Date Of Report	27/11/2017 13:50
Date Of Accident	25/11/2017 17:30
Exact Location Of Accident	CTE TWDS SLE
Country/State of Loss	SINGAPORE
D. D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE815R
Insured/Policyholder	
Name Of Registered Owner	TG M&E ENGINEERING PTE. LTD.
Co Reg No	201402011N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85238205
Alternative Phone No	OFFICE-85238205
Vehicle Particulars	
Manufacturer	TOYOTA
Model	TOYOTA DYNA 150 MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
	COMPREHENSIVE

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5082616854-01 Policy Number

Cover Note Number

Driver

BACHITER SINGH Name of Driver G8174587R Passport No/FIN 03/01/1984 Date Of Birth OUTDOOR Occupation 02/09/2014 Date Of Driving Pass

3 YEARS AND 2 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-85238205 Mobile Number

Fax Number

OTHERS-85238205 Contact Number

NOEMAIL **EMail Address**

Address

TG M&E ENGINEERING PTE LTD

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

NO

NO

7

NO

NO

YES YES

RAINING Weather Conditions WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident?

YES Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Remarks/ Reasons:

Was there any audio recorded?

NO DETAILS OF OTHER VEHICLE PROPERTY 1

SJH4052M

NG BEE NGOH (HUANG MEI'E)

REVERT

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

S7111408B NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.

TG ALE EN

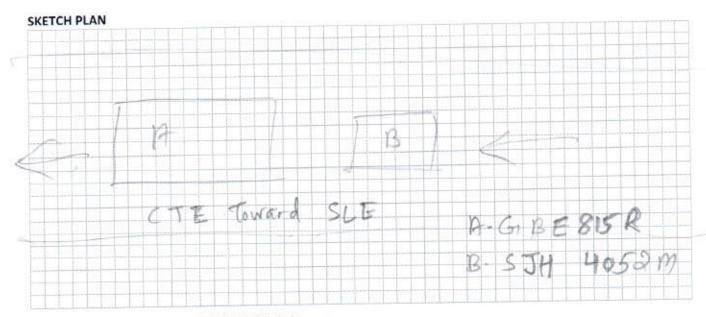
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

V	ucellhol-17	DOW	Ve CT13	Toward	SLE	Brind	Wicekhel	B Hit
かり	Vickhal	A	rear	port	isnes.			
					_			

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature

Date & Time:

(If driver is not the policyholder)

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature



MT/NB/WELCOM/001

07 Aug 2017

TG M&E ENGINEERING PTE. LTD. 53 UBI AVENUE 1 #06-19 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934

Dear Policyholder

COMMERCIAL VEHICLE INSURANCE POLICY NUMBER: 5082616854-01

Thank you for insuring with Income. We are pleased to be able to help you with your protection and financial planning needs.

Please read the enclosed policy documents to make sure that the benefits meet your needs.

The main documents in this pack carry the Crystal Mark, an international seal of approval for the clarity of a document. It guarantees that a document is written in plain English and offers simple, clear and concise information. We are the first insurance company in Asia to carry out a major Crystal Mark initiative. We know that our customers want information that is easy to understand. By being as clear as possible, we help our customers make informed decisions.

For any correspondence on your Commercial Vehicle Insurance policy, please quote your policy number. This will allow us to help you quickly. Please also let us know if there are any changes to your home address and contact numbers.

If you have any queries, please contact our customer service officers on **6788 6616** or email us at **csquery@income.com.sg**. Alternatively, you may contact your agent JG MOTOR AGENCY at **63447432** or email **jgmotoragency@yahoo.com**. Thank you.

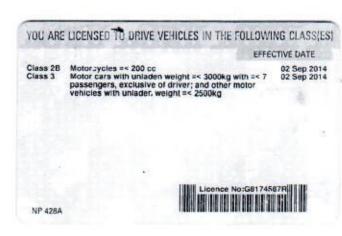
Yours sincerely

Ken Ng Chief Executive











Certificate of Insurance

	Certifica	ite oi	insurance
MOTOR VEHICLES (THIRD PARTY RIS MOTOR VEHICLES (THIRD PARTY RIS ROAD TRANSPORT ACT, 1987 (MALA	KS AND COMPENSATI (YSIA)	ION) RUL	
MOTOR VEHICLES (THIRD PARTY RIS		LAYSIA)	
Certificate Number: 5082616854-0	1		Cover : Preferred Workshop Plan
1. Index mark and Registration Nur	nber of Vehicle	2	GBE815R
Chassis Number		:	JTFAT35YX0K204893
Name of Policyholder			TG M&E ENGINEERING PTE. LTD.
Effective Date of Insurance			02 Sep 2017
 Expiry Date of Insurance 		;	01 Sep 2018
Persons or Classes of Persons er	titled to drive#		
(a) The Policyholder.		deale and	as as with his /has narmission
(b) Any other person who is dri	ving on the Policyhold	der's ord	er or with his licensing or other laws or regulations to drive
Provided that the person dr the Motor Vehicle or has be enactment or regulation in	en so permitted and i	is not dis	ce with the licensing or other laws or regulations to drive equalified by order of a Court of Law or by reason of any stotor Vehicle.
6. Limitations as to Use#			
(a) Use for social domestic and	pleasure purposes ar	nd in con	nection with the Policyholder's business or profession.
(b) Use for the carriage of pass	engers or goods in co	nnection	with the Policyholder's business.
This Policy does not cover	***		
(a) Use for hire or reward.		80	
(b) Use for racing, pace-making	, reliability trial or spe	eed-testi	ng.
(c) Use whilst drawing a trailer	except the towing of	any one	disabled mechanically propelled vehicle.
# Limitations rendered inope Act (Chapter 189) and Secti headings.	rative by Section 8 of on 95 of the Road Tra	the Mote ansport A	or Vehicle (Third Party Risks and Compensation) act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	: S\$600		
EXCESS (SECTION 2)	: N/A	25	
WINDSCREEN EXCESS	: S\$100		
INSURE WITH COE	: YES		WALLES TO THE PARTY OF THE PART
HIRE PURCHASE COMPANY	: UNITED OVER		
SUM INSURED	: MARKET VAL	UE OF IN	ISURED VEHICLE AT TIME OF LOSS
Vehicles (Third Party Risks and Com Agency : JG MO	to which this Certifican pensation) Act (Chapter AGENCY (000006 2017 11:24 hrs	oter 189)	es is issued in accordance with the provisions of the Motor and Part IV of the Road Transport Act, 1987 (Malaysia) For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Countersigned By:	Authorised Officer		Chief Executive

eBao Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_800	0601		1000			0.	Change Lar	nguage	· Change Passwor	d · Log Out
My Desktop	Poli	cy Query						powerfully)		,
Notice of Loss	Policy N	No.				Date of Acci	dent	25/11	/2017 17:30	
	Vehicle	No.(For Motor)	G8E815R							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	e	5082616854-01	TG M&E ENGINEERING PTE, LTD.	201402011N	gcv	Preferred Workshop Plan	GBEB15R	GBE815R	02/09/2017	01/09/2018
			COCCE-1010)		- 1	Continue				

Excess Outside		Premium Outside	0		
Policy ssue Date Third	04/08/2017	Effective Date Own	02/09/2017 00:00	Expiry Date Windscreen	01/09/2018 23:59
xcess Additional		OS Premium	0		
175 (Sec. 2) 1					
Agent	JG MOTOR AGENCY	Agent Tel.	63440727	GST Flag	Υ
Co- nsurance Flag	No				
Open Policy Info					
Certificate nfo					
Policyh	older Mailing Address				
Address 1	53 UBI AVENUE 1	Address 2	#06-19 PAYA UBI INDUSTRIAL	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	09-00	Related Policy Number	5086093606-01		
1 Insure	d Object: GBE815R				
	ements				
Endors					

Accident MT/0971343				
Policy No.	5082616854-01	Vehicle No.	GBE815R	GST Registration No.
Policyholder Name	TG MRE ENGINEERING PTE. LTD.			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Preferred Workshop Plan	Loading
Contact No.(Mobile)	85238205	Contact No.(Office)	0	Contact No. (Home)
Email Address		Special Remark		eCode
KFK	No Yes	TCA	@ No C Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	15	
Report Date	27/11/2017 17:35	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	25/11/2017	Time of Accident hh:mm	17:30	Country of Accident
	25/11/2017		17.30	
Reporting Centre		Orange Force		ICM No.
Accident Location	CTE TWDS SLE			
→ Benefits				
→ Excess				
Own damage Excess	600.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		
GST Registered Inform				
GST Registered GST Registration No.	No		GST Registration Date GST Status Verified	No
Modification History			GS1 Status Vermeu	NO
Tourist Time of y				
Policyholder Mailing A	ddress			
Address 1	53 UBI AVENUE 1	Address 2	#06-19 PAYA UBI INDUSTRIAL I	Address 3
	33 OBI AVENUE 1			
Address 4	22.22	Address Type	Singapore address	Post Code
Unit No.	09-00	Related Policy Number	5086093606-01	
OI Driver Info	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	BACHITER SINGH	Driver NRIC	G8174587R	Driver DOB
Register Date of Driver License		Driver Age	33	Driving Experience
Contact No.(Mobile)	85238205	Contact No.(Office)	0	Contact No.(Home)
Address 1	TG M&E ENGINEERING PTE LTD	Address 2		Address 3
Address 4	TO MAKE ENGINEERING PIE LID	Address Type	Singapore address	Post Code
		Had ess 14be	Sargapore address	Post Gode
Unit No. Does he own a Singapore				
Registered car?	Yes @ No	Driver Vehicle No.		Driver Insurer Company
Declaration Breathaluser or Blood Test	0.007	(10.00 m) (10.00 m)	DOM CONTROL	
Breathalyser or Blood Test				
Reading?	0 mg	Any injury?	Yes No	
Reading?	0 mg	Any injury?	Yes 🚱 No	
	0 mg	Any injury?	€ Yes ∰ No	
Iodification History		Any injury?	Yes 🚱 No	
		Any injury?	Yes 🚱 No	
lodification History		Any injury?	€ Yea S No	
Odification History Claim 001 OD-MX Nev		Any injury? Insured Name	Yes No	Insured NRIC
Claim 001 OD-MX Nex	•1	WAS DONAL AND COME.		Insured NRIC Contact No.(Office)
Claim 001 OD-MX Nex Claim Type * Contact No.(Mobile)	OD-MX •	Insured Name		
Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Email Address	OD-MX ▼ 91800095	Insured Name Contact No.(Home)	TG MBE ENGINEERING PTE. LTL	Contact No.(Office) TP Vehicle Number
Claim 001 OD-MX Nea Claim Type * Contact No.(Mobile) Email Address Claim Description	OD-MX •	Insured Name Contact No.(Home) OI Vehicle Number	TG MRE ENGINEERING PTE. LTC	Contact No.(Office)
Claim 001 OD-MX Nex Claim Type * Contact No.(Mobile) Imail Address Claim Description Preferred Workshop Contact No.	OD-MX 91800095 GBE815R / SJH4052M ON 25 Nov 2017	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability *	TG M&E ENGINEERING PTE, LTG G8E815R Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop
Claim 001 OD-MX Nex Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	OD-MX 91800095 GBE815R / SJH4052M ON 25 Nov 2017	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option	TG MRE ENGINEERING PTE. LTC	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report
Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Nate Registered	OD-MX 91800095 GBE81SR / SJH4052M ON 25 Nov 2017 Yes 27/11/2017 17:46	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferenced Repair Option Claim Close Date	TG M&E ENGINEERING PTE, LTG G8E815R Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received
Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	OD-MX 91800095 GBE815R / SJH4052M ON 25 Nov 2017	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option	TG M&E ENGINEERING PTE, LTG G8E815R Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report
Claim 001 OD-MX New Claim 701 OD-MX New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	OD-MX 91800095 GBE81SR / SJH4052M ON 25 Nov 2017 Yes 27/11/2017 17:46	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferenced Repair Option Claim Close Date	TG M&E ENGINEERING PTE, LTG G8E815R Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received
Claim 001 OD-MX New Claim 701 OD-MX New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	OD-MX 91800095 GBE81SR / SJH4052M ON 25 Nov 2017 Yes 27/11/2017 17:46	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Workshop Repairer	TG M&E ENGINEERING PTE, LTG G8E815R Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received
Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	OD-MX 91800095 GBE81SR / SJH4052M ON 25 Nov 2017 Yes 27/11/2017 17:46	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Workshop Repairer	TG M&E ENGINEERING PTE, LTI G8E815R Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received
Claim 001 OD-MX New Claim 701 OD-MX New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	OD-MX 91800095 GBE81SR / SJH4052M ON 25 Nov 2017 Yes 27/11/2017 17:46	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Workshop Repairer	TG M&E ENGINEERING PTE, LTI G8E815R Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received
Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	OD-MX 91800095 GBE81SR / SJH4052M ON 25 Nov 2017 Yes 27/11/2017 17:46	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Workshop Repairer	TG M&E ENGINEERING PTE, LTI G8E815R Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received
Claim 001 OD-MX New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	OD-MX 91800095 GBE81SR / SJH4052M ON 25 Nov 2017 Yes 27/11/2017 17:46	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Workshop Repairer	TG M&E ENGINEERING PTE, LTI G8E815R Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received
Claim O01 OD-MX New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Workshop Repairer	TG M&E ENGINEERING PTE, LTL G8E&15R Not at Fault Preferred Workshop, Name unknown ** Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received

