| NATIONAL Assessment Centre Se | rvices puer 1 James] | MNAITIGNTI | | |
|--|---------------------------------|--|-------------------------|--------------|
| Date In: 9/10/17-14:23 | description | Date & Time Completed | Done | by |
| | AS e-filing | | | |
| | -mail (within Shrs, AIC 2hrs) | | | -4 |
| | Motor Claim Form | MT 0972996 | 18/10/19 | 4:49 |
| 6 | Motor W/O (Within: OD : | 2hrs, TP 4hrs) | | |
| OD TP Reporting Only | Photo Uploaded | ļ | | |
| A | ssessment/Survey Report | | Commence of the same | openwasa so |
| TP Insurer: | ss't Report by Fax / Han | d to Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | Tel: | Fax: | |
| TP Particulars: Veh No: 685 76412 | INC | ()/Non-INC() | N. | |
| Owner / Driver: (| | Tel: |) | |
| Policy No: () Period: (| |) Cover Type: (|) _ | |
| Confirmed by : (| Date: | Time: |) | |
| Insured/Driver Liability: (%) [Note-E | est. Status (WO): N: 0 | -20%; P: 21-79%. P: 80- | 100%] | |
| Year of Registration: () Warran | ity: YES ()/NO (|) | | |
| Excess: (\$) Loading: \$1,000 (|)/\$2,000() | | | |
| General Remarks:- | | | State Silver | |
| () Walk-In Customer: Customer's informatio | n strictly Confidential & | Strictly NO refer of repairer | | |
| () Total Loss Case : to e-mail Insurer UR | GENTLY. | | A second | |
| Drive-In () / Towed-In (); Invoice: YES | ()/NO(); | Towing Co: (| 79 |) |
| Remarks:- (INC horline: 6788 6616) | | Date&Time Completed | Done | chy |
| | ··· Cor· (| | | 7- |
| 1) Apply for Transport Allowance ()/Courtes | y car () | | | |
| 2) QC Check / Post Repair Inspection | () | | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] | () | | | |
| Injury: | | | | |
| Date/Time Actions | | | PROMICO AND | |
| | | | | |
| | | | | |
| | | | 11 N - VS = 1 E - S 6 | |
| | | | | termination |
| | | | Water Branch | |
| 41707612 | Invoice P | reparation Checklist | Anit (S) | Amt (\$ |
| | 1) AR : Accid | THE RESERVE OF THE PARTY OF THE | fu Bill | Add Bil |
| aimant's Particulars :- | 2) DA : Dame | ge Assessment (\$100); INC (| \$80) 40/\$45 | |
| iver/Owner: | 3) TF : Towin 4) FT : Follov | y-Through Survey | \$120 | |
| ntact No: | 5) FT : Fallov | v-Through Survey (Resurvey) ag against INC Only (wef 10 Jan 20) | \$30 | |
| | 6) TR : Re-in | | \$75 | |
| maged Portion: | 7) N1 : Idac I | A + SMRT Survey | \$160 | |
| | S) NTUC Add | ditional Services | | - |
| Checked by (Engr-In-Charge): | *N5; Court | esy Car / Tpt Allowance | \$5 | |
| t vive said City of the Annual States in the Control of the Contro | | r Co-ordination Repair Inspection | \$10 | |
| ditors' Comments :- | *N8: DV / | Collect Excess Coordination | 53 | |
| 1: | TP (N11): 9) N12: Idae | TP (Non INC) against INC | 30 | |
| 2/3: | Invoice dated | Fee Charges | 4 | 达纳 西美 |
| The state of the s | Invaire dated | Fee Charge: | | |

a gets of 1-2-1

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 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.

5. Any false reporting may be referred to the Police for investigation.

- 6. 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

| When the company of the second second second | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 09/12/2017 14:23 |
| Date Of Accident | 08/12/2017 15:00 |
| Exact Location Of Accident | INFRONT BLK 3004/3005 UBI AVE 3 TWDS PAYA LEBAR RD |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SKE3285T |
| Insured/Policyholder | |
| Name Of Registered Owner | WONG WEE KIAN MARK |
| NRIC No | S8708463I |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97501320 |
| Alternative Phone No | OFFICE-97501320 |
| Vehicle Particulars | |
| Manufacturer | VOLKSWAGEN |
| Model | JETTA 1.4 TSI AT 1K23Q5 SA |
| 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 | 5078860200-01 |
| Cover Note Number | |
| Driver | |
| Name of Driver | WONG WEE KIAN, MARK (HUANG WEIJIAN) |
| NRIC No | S8708463I |
| Date Of Birth | 12/03/1987 |
| Occupation | INDOOR |
| Date Of Driving Pass | 08/04/2008 |
| Driving Experience | 9 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97501320 |
| Fax Number | |
| Contact Number | OFFICE-97501320 |

NOEMAIL

BLK 690 HOUGANG STREET 61 Address

#03-252

530690 Postcode

Was driver an employee of the Insured's Company NO

OWNER 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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

NO

NO

NO

YES

NO NO

GBF7641Z

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Was any body injured in the Accident? NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

0 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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

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.
- 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:
 - (i) 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, involces, 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.

Driver's Signature

mosphan

MA Som

Reporting Centre Personnel's Signature

NRIC/FIN No .:

(If driver is not the policyholder)
Date & Time:

Policyholder's Signature Date & Time:

Date a faire

SKETCH PLAN

UB AVE 3 TOWARDS PASA CEAR EVANS

BUK 3004

BUK 3005

USUMULE B - SKE 32357

USUMULE B - SBE 7641 2

| SCRIBE CIRCUMSTANCES OF THE ACCIDENT | |
|---|-----------------|
| my vertice was stationers parked along the | PARKING LOTS |
| BASE ALONG THE ROAD OF US) AND 3, INFRONT | OF BLOCK |
| 3004 AND BLOCK 3005. | |
| FACING TOWARDS THE PIREUTION TO PASA LEGAR IL | 092. |
| | |
| WHEN I CAME BACK TO MY VEHICLE AND FOUND | A SUP OF NOTE |
| WAS LEFT ON MY WAD SCREEN, AND COUND OUT | THERE WAS A |
| PAMAGE ON THE FRONT RIGHT / RIGHT FRONT PORTS | ON OF MY VEHICU |
| THINK OLD | |
| AND SO I CHECKED ON THE FOOTAGE THROUGH | MY IN-CAR |
| CAMERA AND FOUND OUT THIS ACCIDENT HIPPER | NO AT THE |
| TIME OF 1459-1500 HRS | |
| | |
| VEMICUE A - SKE 3285 T | |
| VEMICLE B - CABF 7641Z | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

DECLARATION

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

MXHXan

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 .:

| ehicle No. | SKE 3285T Model / Make VW JETTA |
|-----------------------------------|--|
| ate of Accident | 08/12/2017 |
| ime of Accident | 1459 - 1500 HRS |
| ocation of Accident | INFRONT OF BLK 3004 / BLK 3005 UBI AVE 3 TOWARDS PASA LE |
| xact purpose use during accid | dent STATIONARY PARKED |
| lame of Owner | WONL WEE KIAN, MARK |
| elephone No. | H/P: 9750 B20 Home: Office: |
| IRIC | 5 82084631 |
| Address | BLK 690 HOUGARD ST 61 HO3.252 S(530690) |
| Claim type | OD THIRD PARTY REPORTING ONLY |
| nsurance Company | NTINC |
| ype of Coverage | Comprehensive Third Party Third Party / Fire /Theft |
| Policy No. | 5074860200-01 |
| oney ivo. | |
| Name of Driver | As Above If No, |
| VRIC | Any Passengers : NA |
| Date of birth | 12 MAR 1957 |
| Occupation | Outdoor / Indoor |
| Driving License Pass Date | 08 APR 2008 |
| Gender | Male / Female |
| Contact No. | H/P: 9150 13 2 0 Home: Office: |
| Address | |
| Driver have any own vehicle | No. If yes, Reg No. |
| Relationship | Employee, If no, state owner |
| Weather condition | Clear Raining Other |
| Road Surface | Dry Wet Other |
| | No. If Yes, Who? |
| Any Injuries Name And Contact No. | ito, in ics, itiis. |
| Name And Contact No. | |
| | No, If Yes, Where? |
| Police Report Vehicle B No. | GBF 76417 Any Passengers: |
| Name of Driver | Contact No. : |
| | Any Passengers : |
| Vehicle C No. | Any Passengers : |
| Vehicle D No. | Any Passengers : |
| Vehicle E no. | Any Passengers : |
| Vehicle F No. | Any Passengers : |
| Vehicle G No. | Witness Contact : |
| Witness Name | RH FRONT / FRONT RH |
| Accident Portion | |
| Camera Recorder | Yes / No |
| Email Address | |
| PARTICULAR WORKSHOP | N-51 ANOMOTIVE PTE LED |
| CONTACT NO. | 6842 0051 / 6744 0510 |
| | 1200 PSP3 |
| CONTACT PERSON | 6741 0510 |

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$87084631





WONG WEE KIAN, MARK (HUANG WEIJIAN)

Sex

伟 健

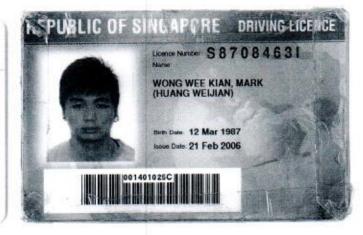
CHINESE

SINGAPORE

12-03-1987

Country/Place of birth

98708463



5721110



NRIC No. S87084631

Date of lease 29-03-2017

APT BLK 690 HOUGANG STREET 61 #03-252 SINGAPORE 530690

YOU ARE I CENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

(Class 2B Motorcycles ≈< 260 CC Class 2A Motorcycles between 201 CC and 400 CC Class 3 Motorcycles > 400 CC Class 4 Motorcycles > 5000 kg with ≈< 7 passengers, exclusive of the driver; and motor tracturs/vehicles ≈< 2500 kg

21 Feb 2006 27 Mar 2007 22 Dec 2009 08 Apr 2008

587084631

S/No. 9000115743

NP 423A



Certificate of Insurance

| MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSA MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSA | ATION) ACT (CHAPTER 189) ATION) RULES, 1960 |
|--|--|
| ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (N | |
| Certificate Number: 5078860200-01 | Cover : drivo CLASSIC |
| 1. Index mark and Registration Number of Vehicle | : SKE3285T |

Chassis Number

2. Name of Policyholder

Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive

the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

: 23 Jun 2017

: 22 Jun 2018

: WONG WEE KIAN MARK

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)
Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

: S\$600 EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : \$\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS : PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP : NO : YES INSURE WITH COE : NO NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : WONG WEE KIAN MARK PRIMARY DRIVER : KITTIYANEE THIABKAEW NAMED DRIVER (1) : N/A NAMED DRIVER (2) : HONG LEONG FINANCE LTD HIRE PURCHASE COMPANY : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: ALPINE CREDIT PTE LTD (00000610144)

Date of Issue

: 21 Jun 2017 14:01 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

| eBao Tech | | | | | | | | Gene | ralClaim |
|------------------------|---------------------|----------------------|----------------------|---------|---------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601 | | | | | Change La | nguage | · Change Passwor | d · Log Out |
| My Desktop | Policy Query | | | | | | | | 130 |
| Notice of Loss | Policy No. | | | | Date of Acc | ident | 08/12 | 2/2017 15:00 | |
| | Vehicle No.(For Mot | or) SKE3285T | | | | | | | |
| | | | | | Search | | | | |
| | Select Policy No | Policyholder Name | Policyholder NRJC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 5078860200 | 0-01 WONG WEE | 587084631 | GPC | drivo CLASSIC | SKE3285T | SKE3285T | 23/06/2017 | 22/06/2018 |
| | | | | | Continue | | | | |

| D Insure | d Object: SKE3285T | Number | | | |
|--------------------------|---------------------------|----------------------|--------------------|----------------------|------------------|
| Unit No. | | Related Policy | 5078860200-01 | | |
| Address 4 | | Address Type | Singapore address | Post Code | 530690 |
| Address 1 | BLK 690 #03-252 | Address 2 | HOUGANG STREET 61 | Address 3 | SINGAPORE 530690 |
| | older Mailing Address | | | | |
| Certificate Info | | | | | |
| Open Policy Info | | | | | |
| Co- insurance Flag | No | | | | |
| Agent | ALPINE CREDIT PTE LTD | Agent Tel. | 62529133 | GST Flag | Y |
| OD Excess | | TP Excess | | | |
| Outside Singapore | 600 | Outside Singapore | 0 | | |
| Additional Excess | 0 | OS Premium | 0 | | |
| Excess | 55 | Excess | (0.542/3 | Excess | 0.000 |
| Third Party | 0 | Own damage | 600 | Windscreen | 100 |
| Policy issue Date | 21/06/2017 | Effective Date | 23/06/2017 00:00 | Expiry Date | 22/06/2018 23:59 |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Address | BLK 690 #03-252 HOUGANG S | TREET 61 SING | SAPORE 530690 | | |
| Policy No. | 5078860200-01 | Policyholder Name | WONG WEE KIAN MARK | Policyholder NRIC | 587084631 |

| laim Handling | | | | |
|--|---------------------------|--|---|--|
| accident MT/0972996 | 5078860200-01 | Vehicle No. | SKE3285T | GST Registration No. |
| Policy No. | WONG WEE KIAN MARK | | | Policyholder NRIC |
| Policyholder Name | PRIVATE CAR INSURANCE | Cover Type | drivo CLASSIC | Loading |
| Product Code Contact No.(Mobile) | 97501320 | Contact No.(Office) | 0 | Contact No.(Home) |
| | 37301320 | Special Remark | | eCode |
| Fmail Address | Si No Si Yes | TCA | S No 17 Yes | eCode Reason |
| (FK | No | | 30 | |
| ICD Protection | No | NCD Entitlement(%) | 50 | |
| Accident Details | | | 498 | Accident Type Dama |
| Report Date | 09/12/2017 14:47 | Accident Report Within 24 hrs | | TAXABLE PARTY OF THE PARTY OF T |
| Date of Accident | 08/12/2017 | Time of Accident hh:mm | 15:00 | Country of Accident Sings |
| teporting Centre | | Orange Force | | ICM No. |
| Accident Location | INFRONT BLK 3004/3005 UBI | AVE 3 TWDS PAYA LEBAR RD | | |
| ⇒ Benefits | | | | |
| ₩ Excess | | | 400 | 10 2024 AND 2000 E |
| Own damage Excess | 600.0 | 0 Additional Excess | 0.00 | Windscreen Excess |
| Jonamed Driver Excess | 0.0 | Outside Singapore OD Excess | 600.00 | |
| Third Party Excess | 0.0 | O Outside Singapore TP Excess | 0.00 | |
| | tion | | | |
| SST Registered | No | | GST Registration Date | |
| SST Registration No. | | | GST Status Verified | Yes |
| fodification History | | | | |
| | dress | | | |
| Address 1 | BLK 690 #03-252 | Address 2 | HOUGANG STREET 61 | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | | Related Policy Number | 5078850200-01 | |
| ✓ OI Driver Info | | | | |
| Driver Name | Wong Wee Klan Mark | Driver Type | Main Driver | |
| Unnamed driver Name | | Driver NRIC | \$87084631 | Driver DOB |
| Register Date of Driver License | 08/04/2008 | Driver Age | 30 | Driving Experience |
| Contact No.(Mobile) | 97501320 | Contact No.(Office) | 0 | Contact No.(Home) |
| Address 1 | BLK 690 | Address 2 | HOUGANG STREET 61 | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | 03-252 | | | |
| Does he own a Singapore Registered car? | Yes @ No | Driver Vehicle No. | | Driver Insurer Company |
| Declaration | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | © Yes ≨ No | |
| | | | | |
| Modification History | | | | |
| Claim 001 New | | | | |
| Claim Time # | OD-MX | ▼ Insured Name | WONG WEE KIAN MARK | Insured NRIC |
| Claim Type * | 97501320 | Contact No.(Home) | | Contact No.(Office) |
| Contact No.(Mobile) | 37301320 | OI Vehicle Number | SKE3285T | TP Vehicle Number |
| Email Address | SKE3285T / GBF7641Z ON 8 | 2 (SSS20.7 (A) (SS | | Name of Preferred Workshop |
| Claim Description Preferred Workshop Contact | SKE32031 / GBF/0412 ON G | 202 PRODUCTS - 4.5 | Not at Fault ▼ | 405 |
| No. | | Insured Liability * | 100.00.1000 | wn - GIA report |
| Require Finalisation | Yes | Preferend Repair Option | Preferred Workshop, Name unknow | Date Received |
| Date Registered | 09/12/2017 14:49 | Claim Close Date | | Date Necewed |
| Report Taken By | Jackson | | | |
| Print AK letter | | | | |
| Attachment | | | Save Submit | |
| 9 | - 200335515 | (1.000)72.550e. | 922 | |
| | MT/0972996 | Claim No. | 001 | |
| Accident No. | 141/09/2990 | | 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - | |
| Accident No. Last Doc. Received | ₩ Yes 🖺 No | Upload Date | 09/12/2017 14:50 Category | THE MENTAL MARKET WAS TO SEE THE TOTAL OF TH |

