Date In: 2/2/18-17:21	Jeb description	Date &Time Completed	Done b	λ.
Res No: NA/ MC 1800) 150/24	SAS e-filing			
Veh No: SGC 667 45	E-mail (within Shrs, AIC 2hr	s)		•
D.O.A: 1/2/18-20:00	i-Motor Claim Form	M/0980743	17/18 19:	32
	i-Motor W/O (Within: OD			1998
OD : (P)! Reporting Only	i-Photo Uploaded			
75 ·	Assessment/Survey Repo	rt		
TP Insurer:	Ass't Report by Fax / Ha	nd to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	:(	Tel:	Fax:	
TP Particulars: Veh No:	EKM7365C NO	C( )/Non-INC( ).		
Owner / Driver: (		Tel:	)	
Policy No: ( )	Period: (	) Cover Type: (	),	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: (	%) [Note-Est. Status (WO): N:	0-20%; P: 21-79%. P: 30-	100%]	1
Year of Registration: (	) Warranty: YES ( )/NO (	)		
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) Total Loss Case : to e-mail In		* · .		
		; Towing Co: (		)
Drive-In ( )/ Towed-In ( ); Inv	voice: YES ( ) / NO ( )			
emarks: (INC horline) 6788 661	6)::	Date& Time Completed	Done	у
) Apply for Transport Allowance (	) / Courtesy Car ( )			
) QC Check / Post Repair Inspection	( )			1000 - 0
) Upload Resurvey Photo [Repair Cost	>\$3000] ( )	2 44	1/2	
Injury:				
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ver/Owner:	3) TF : Towi	w-Through Survey	\$120	
ntact No:	5) FT : Follo	w-Through Survey (Resurvey)	\$30	
	For claims 6) TR: Re-in	ng against INC Only (wef 10 Jan 200 aspection	\$75	
naged Portion:	7) N1 : Idac	DA + SMRT Survey	\$160	
	\$) NTUC AC	iditional Services:-		
Checked by (Engr-In-Charge):		ricsy Cer / Tpt Allowerne	\$5	
	• N6: Rep	sir Co-ordination	\$10 \$25	
ditors' Comments :-	*N7: Fost	Repair Inspection / Collect Excess Coordination	\$5	
1:	TP (N11)	: TP (Non INC) against INC	\$20	
<u></u>	9) N12: Idao	Mobile	30	alen J
2/3:	Invoice date		MANAGE VYTEN	

#### 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 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 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

	791
	ACCIDENT STATEMENT
Date Of Report	02/02/2018 12:01
Date Of Accident	01/02/2018 20:00
Exact Location Of Accident	CTE TUNNEL TWDS MERCHANT RD EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGC6674S
Insured/Policyholder	
Name Of Registered Owner	NG YOU WEI, PHILIP
NRIC No	S9412092F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92262423
Alternative Phone No	OFFICE-92262423
Vehicle Particulars	
Manufacturer	MĄZDA
Model	MAZDA6 MPS
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	5076235227-02
Cover Note Number	
Driver	

NG YOU WEI, PHILIP Name of Driver

S9412092F NRIC No 06/04/1994 Date Of Birth INDOOR Occupation 04/10/2013 Date Of Driving Pass

4 YEARS AND 3 MONTHS **Driving Experience** 

Gender MALE

(LOCAL) +65-92262423 Mobile Number

Fax Number

OFFICE-92262423 Contact Number

NOEMAIL EMail Address

205 RIVER VALLEY ROAD

#16-53 238274

NO Was driver an employee of the Insured's Company

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Address

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged?

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

NO 2

Number of Passengers (Including Driver)

**Details of Police Action** 

NO

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

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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

SKM7365C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver

PRIVATE CAR ONG CHYE ONG

NRIC/Passport Number

S1760107E

Contact Number

96333152

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Page 2 of 15

Name

NG YOU WEI, PHILIP

Approximate Age

Injuries Sustain

NECK & BODY

Injured person in which vehicle?

SGC6674S

Were seat belts worn?

YES NO

Was this injured conveyed to hospital by ambulance?

Address Postcode

## **DETAILS OF INJURED PERSON 2**

Name

LIM SZE HUI

Approximate Age

Injuries Sustain

NECK & BODY

Injured person in which vehicle?

SGC6674S

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.
- 3. Information provided must be as truthful and accurate as nossible. Any wilful misrepresentation or withholding 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
- Any false reporting may be referred to the Police for investigation.
- 5. 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.
- 7. By the ladgment 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:

- 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)
  - (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, 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
- 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 lawyars/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed;
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Per Name:

NRIC/FIN No.:

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DECLARATION

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

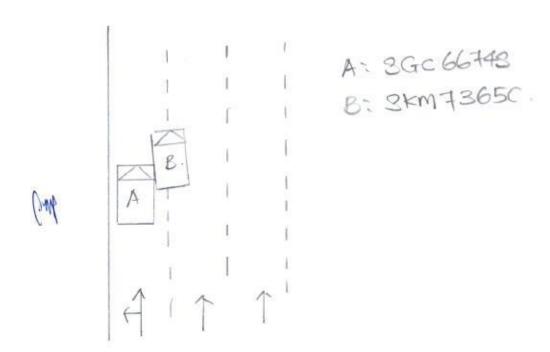
Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Smith's model Province of

My car was all along travelling along the left most lanes, maintaining a moderate speed along the tunnel of CTE towards Merchant Road. Vehicle B which was travelling on my right without ensuring the safety of other road user travelling along the left most lane, recklessly cut into my lane and hit onto the right front side portion of my car. After hitting my car, the driver of vehicle B did not stop his car but trying to swerve towards to the right lane and move on, until I chase the driver of vehicle B and both of us manage to come to a stop after exit of Merchant Road near to Clarke Quay Central.



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

	ACCIDENT DETAILS		STATE OF STA
Date of accident	01.00.0018		(DD/MM/YY)
Time of accident	2000		(HH:MM)
Exact location of accident	CTE Tunnel tudo	Merchant	Road exit

	DETAILS OF VEHICLE
Vehicle registration number	3GC 66743
Vehicle make and model	mazda 6 mis.
Type of vehicle	Saloon MPV CRV Van D
Vehicle category	Private Commercial  Motorcycle
Purpose of using at said time	Private
Are you claiming under your own insurance company?	Yes □ No□ if no, please select: Third part claim Reporting only □

	INSURANCE IN	FORMATION	NEW YORK OF THE PARTY OF THE PA
Insurance company	NTUC.		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆

	INSURED / POLICY HOLDER	
Name	Na You Wei, Philip	Male Female
NRIC / Fin / Passport number	39412092F	
Contact	92062423	
Address	205 River volley Rd #16-53. 5(238274)	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Name	Male 🗆	Female 🗆
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth		
Occupation	Indoor Outdoor	
Driving date pass	04 007 2013.	

G	ENERAL IN	NFORMATION OF	THE ACCIDENT	
Was driver an employee of	Yes 🗆	No		owner.
the insured's company?			Iriver and insured: _	2001-44
Accident captured by camera?	Yes	No 🗆		
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry	Wet □		
No of passenger	De	· ·		(Inclusive of driver)
		PASSENGER :	1	
Name	Lim	Sze Hui		
Gender	Male 🗆	Female Z		
		PASSENGER :	2	
Name				
Gender	Male □	Female □	1	
		PASSENGER	3	
Name				
Gender	Male □	Female 🗆		
		PASSENGER	4	
Name		P. M. S. Marchine, C. M. Marchine, C. M. S. Marchine, C. M. S. Marchine, C. M. S. Marchin		
Gender	Male 🗆	Female 🗆		
		PASSENGER	5	
Name				J. San Change (Inc. 100 Apr.)
Gender	Male 🗆	Female 🗆		
			./	
		PASSENGER	6	
Name				
Gender	Male □	Female □		
		OTHER INFORMA	TION	
Was anybody injured?	Yes□	No 🗆		
Was other vehicle damaged?	Yes □	No □		
	DE	TAILS OF POLICE		ARTERIOR STATE
Reported to police?	Yes 🗆	No If ye	s, please state whic	h police station.
Police station name		in-		
		WITNESS 1		
Name			/	
		WITNESS 2	/	
Name				

	THIRD PARTY VEHICLE 1	
Vehicle registration number	2km 7365C	
Vehicle make model		
Name	ong thye ong	
NRIC / Fin / Passport number	31760107E 96333152	
Contact	96333152	
Communication		
	THIRD PARTY VEHICLE 2	
Vehicle registration number		
Vehicle make model		W
Name		
NRIC / Fin / Passport number		
Contact		
Contact		
	THIRD PARTY VEHICLE 3	
Vehicle registration number		
Vehicle make model	102	
Name		
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	THIRD PARTY VEHICLE 4	
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Contact		
	THIRD PARTY VEHICLE 6	
Vehicle registration number		
Vehicle make model		
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Contact		
	THIRD PARTY VEHICLE 7	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

	INJURED PERSON 1
Name	Na You week
Injuries sustained	Week / Body
Which vehicle person in?	2GC 66745
Were seat belts worn?	Yes No 🗆
Was injured conveyed to	Yes No No
hospital by ambulance?	
<b>是一个人的现在分词是一个人</b>	INJURED PERSON 2
Name	Lim Sze thii
Injuries sustained	Neek 7 Body
Which vehicle person in?	SGC 4548
Were seat belts worn?	Yes No a
Was injured conveyed to	Yes 🗆 No 🗷
hospital by ambulance?	0.76
	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes No D
Was injured conveyed to	Yes O No O
hospital by ambulance?	
	INVERSED DERSON 4
	INJURED PERSON 4
Name	
Injuries sustained	
Which vehicle person in?	Voc = No =
Were seat belts worn?	Yes No No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	
MIS IN COLUMN TO THE RESIDENCE OF THE PARTY	INJURED PERSON 5
Name	
Name Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes No No D
hospital by ambulance?	
morphism of ambandmen	
	INJURED PERSON 6
Name	
19,590,530,500	
	Yes  No  No
	Yes D No D
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes  No



# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

# ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Vehicle Registration No: \_\_\_\_\_\_\_SGC 66745 Original Report No : MN A 118016360 Name(as shownin NRIC): Mg You Wei, Phitp NRIC/FIN/Passport No: 59412092 F (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate \_Singapore(138274) : DOS River Valley Road \$16-53 Address Mobile No.:\_ Contact (Tel) Email Address Place of Accident : CTE france | fuds merchant Road Exit Insurance Company: \_ XITUC (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Remark: video footage with driver. Reporting Centre Personnel's Signature Policyholder / Driver's Signature Name: Date: NRIC/FIN No .:

Date:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9412092F





NG YOU WEI, PHILIP

黄

为 有

CHINESE 06-04-1994 Country of birth

SINGAPORE

194 12092F



S9412092F

19-10-2009

205 RIVER VALLEY ROAD #16-53 SINGAPORE 238274

NRIC No: \$9412092F

03/01/2017 Date:

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES).

Motor Cari=< 3000kg with =<7 passengers, exclusive 04 Oct 2013 of the driver; and other motor vehicles =< 2500kg

NP 428A

<b>eBao</b> Tech		17.38	TO SAM						Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601			12 SCOPPLIGHT & PROPERTY	CHICAD IN		Change Lan	guage	Change Passwo	rd + Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	lo.				Date of Acc	cident	01/02/	2018 20:00	
	Vehicle	No.(For Motor)	SGC6674S							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5076235227- 02	NG YOU WEI,	59412092F	GPC	drivo CLASSIC	SGC66745	SGC6674S	23/01/2018	22/01/2019
					1	Continue				

▼ Police	y Information					
Policy No.	5076235227-02	Policyholder Name	NG YOU WEI, PHILIF	Policyholder NRIC	S9412092F	
Address	205 RIVER VALLEY ROAD #18-	53 SINGAPORE	238274			
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N	
Policy ssue Date	09/01/2018	Effective Date	23/01/2018 00:00	Expiry Date	22/01/2019 23:59	
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100	
Additional Excess	0	OS Premium	0			
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			
Agent	TENG GIM HEONG SEAN	Agent Tel.	97881111	GST Flag	Y	
Co- insurance Flag Open Policy Info	No		*			
Certificate Info						
	nolder Mailing Address					
Address 1	205 RIVER VALLEY ROAD	Address 2	#18-53	Address 3	SINGAPORE 238274	
Address 4		Address Type	Singapore address	Post Code	238274	
Unit No.		Related Policy Number	5076235227-02			
D Insure	ed Object: SGC6674S					
	sements					
Sequen	ce Date of Endorsement	Endors	ement Type	Endorsement Status	Endorsement Conten	

cident HT/0980743									
	5076235227-02		Vehicle No.	90066745		GST Registration No.			
stcy No. skcynoider Name	NG YOU WELL PHO	LIP	A STATE OF THE STA			Palicyholder NRIC	5	9412092F	
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	PRIVATE CAR INS		Cover Type	drive CLASSIC		Loading	0		
oduct Code		10000000	Contact No.(Office)	0		Contact No. (Home)	0	0	
ontact No.(Mobile)	92262423					eCode	Γ	No. V	
mail Address	2727		Special Remark YCA	® No ○Yes		eCode Reason	10		
FK	® No ○Yes		NCD Entitlement(%)	40		Private Hire		ia	
CD Protection	No		NED Encounters (14)						
W Accident Details			1250 80 01 200 80 EE AM 1450	700		Accident Type	200	Collision - Change / Cross	Tane
eport Date	02/02/2018 19:2	<b>8</b>	Accident Report Within 24 hrs	Yes					
ate of Accident	01/02/2018		Time of Accident hh:mm	20:00		Country of Academi		ingapore	
eporting Centre			Orange Force			3CM No.			
codent Location	CTE TUNNEL TWO	S MERCHANT RD EXIT							
♥ Benefits									
T Excess									
wn plamage Excess		600.00	Additional Excess		0.00	Windscreen Excess			100.00
		0.00	Outside Singapore OO Excess	0	600.00				
nnamed Oriver Excess			Outside Ringapore TP Excess		0.00				
hird Party Excess	1220-01	0.00	Officials Rudabous in Caresa		200				
GST Registered Informa		Nav.		GST R	egistration Date				
ST Registered		No			tatus Venfied	Yes			
ST Registration No.									
odification History									
Pelleyholder Halling Ad	idress								
ddress 1	205 RIVER VALL	EY ROAD	Address 2	#16-53		Address 3		SINGAPORE 238274	
	X 5 150 100 100 100 100 100 100 100 100 1	20000000	Address Type	Singapore add	dress	Post Code		238274	
uddress 4			Related Policy Number	9076235227-					
Init No.				11 TO SOCIETY (					
♥ Of Driver Info	and which will be a	110	Driver Type	Main Driver					
Iriver Name	NG YOU WE! PHI		Driver NRIC	59412092F		Driver DOB		06/04/1994	
Innamed driver Name				23		Driving Experience		4	
Register Date of Driver License			3723000	0		Contact No.(Home)		0	
Contact No.(Mobile)	92262423		Contact No.(Office)	W-		Address 3		SINGAPORE 238274	
Address 1	205 RIVER VALL	ET ROAD	Address 2	Service Co.	dess	Post Code		239274	
Address 4			Address Type	Singapore ad	W 530			100 - 5750V	
Unit No.	16-53								
Does he own a Singapore Registered car?	() Yes ® No		Driver Vehicle No.			Driver Insurer Comp.	arry		
Declaration									
Breathalyser or Blood Test Reading?	Omg		Any injury?	∀es ○ No					
Medification History									
			81						
Claim 001 New									
						55000.5000202.0		To a constant	
267,027,357,00	OD-MX	V	Insured Name	NG YOU WE	I, PHILIP	Intured NRIC		S9412092F	
Claim Type *			Contact No.(Hame)	65246968	7.	Contact No.(Office)			
	92262423	CONTRACTOR OF THE PROPERTY OF			TP Vehicle Number		SKM7365C		
Contact No.(Mobile)		ILIVE.COM	Of Vehicle Number	SGC8674S				SKM7365C	
Contect No.(Mobile) Email Address	RJAGTRVSPECE	PLIVE.COM M7365C ON 1 Feb 2018	OI Vehicle Number	SGC8674S		Name of Preferred W	workshop	SKM7365C	35
Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact	RJAGTRVSPECE		Of Vehicle Number	SGC8674S Not at Fault	<u> </u>		Workshop	SKM7365C	
Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No.	RJAGTRVSPECE SGC66745 / SK	M7365C ON 1 Feb 2018	Insured Liability *	Not at Fault	7.00		Workshop	Received	V
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	R34GTRVSPECE SGC6674S / SX Yes	M7365C ON 1 Feb 2018	Indured Liability * Preference Repair Option	Not at Fault		Name of Preferred W	Workshop		
Contact No.(Mobile)  Emai Address  Claim Description  Preferred Workshop Contact  No.  Require Finalisation  Done Registered	R34GTRVSPECE SGC66745 / SK Yes 02/02/2018 19	M7365C ON 1 Feb 2018	Preference Repair Option Claim Close Date	Not at Fault	7.00	Name of Preferred W	Workshop	Received	<b>V</b>
Claim Type * Contact No. (Mobile) Emal Address Claim Description Preferred Workshop Contact No. Require Finalisation Doce Registered Report Taken By	R34GTRVSPECE SGC6674S / SX Yes	M7365C ON 1 Feb 2018	Indured Liability * Preference Repair Option	Not at Fault	7.00	Name of Preferred W	Workshop	Received	¥
Contact No.(Mobile)  Emai Address  Claim Description  Preferred Workshop Contact No.  Require Finalisation  Doce Registered	R34GTRVSPECE SGC66745 / SK Yes 02/02/2018 19	M7365C ON 1 Feb 2018	Preference Repair Option Claim Close Date	Not at Fault	7.00	Name of Preferred W	Workshop	Received	V
Contact No.(Mobile) Emai Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	R34GTRVSPECE SGC66745 / SK Yes 02/02/2018 19	M7365C ON 1 Feb 2018	Preference Repair Option Claim Close Date	Not at Fault	forkshop, Name unknown	Name of Preferred W	workshop	Received	V I
Contact No.(Mobile) Emai Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	R34GTRVSPECE SGC66745 / SK Yes 02/02/2018 19	M7365C ON 1 Feb 2018	Preference Repair Option Claim Close Date	Not at Fault Preferred W	forkshop, Name unknown	Name of Preferred W	workshop	Received	<b>Y</b>
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Region Taken By  Prim AK letter  Attachment	R34GTRV5FECE SGC66745 / Sk Yes 02/02/2018 19 Jackson	M716SC ON 1 Feb 2018	Indured Liability * Preference Repair Option Claim Close Date	Not at Fault Preferred W	orkshop, Name unknown	Name of Preferred W	Workshop	Received	v i
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Regort Taken By  Attachment  Accident No.	R34GTRV5PECE SGC66745 / SK Yes 02/02/2018 19 Iackson	M716SC ON 1 Feb 2018	Indured Liability * Preferenced Repair Option Claim Close Date  4* Claim No.	Not at Fault Preferred W	Torkshop, Name unknown	Name of Preferred W	Workshop	Received	V
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Region Taken By  Prim AK letter  Attachment	R34GTRV5FECE SGC66745 / Sk Yes 02/02/2018 19 Jackson	M716SC ON 1 Feb 2018	Indured Liability * Preference Repair Option Claim Close Date	Not at Fault Preferred W	001 02/02/2018 19:33	Name of Preferred W		Received   02/02/2018 00:00	scription *
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3	ploaded By/Date	Category	P	Urgency	Description	Sent? Action (CO)
NAC_PAYA_UBI_800601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 02 Fe b 2018 19:33	NR3C/ Driving License		Normal	NRJC/ Driving License 2018-2-2	Edit
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NAC_PAYA_UBI_BOORD1  NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Fe b 2018 39-13		Photos		Normal	Photos 2018-2-2	Edit
NAC_PAYA_UBI_BOOGOL( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Fe to 2018 19:33		Photos		Normal	Photos 2018-2-2	Las
NAC_PAYA_LIBI_800601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 02 Fe p 2018 19:32	Photos		Normal	Photos 2018-2-2	Edit
NAC_PAYA_UBI_800501( NATIO	INAL ASSESSMENT CENTRE SERVICES) on 02 Fe b 2018 19:32	Photos		Normal	Photos 2018-2-2	Edit
NAC_PAYA_UBI_B00601( NAT)	MAL ASSESSMENT CENTRE SERVICES) on 02 Fe b 2018 19:32	Photos		Normal	Photos 2018-2-2	Edit
NAC_PAYA_UBI_800603( NATI	b 2018 19:32	Photos		Normal	Photos 2018-2-2	Edit
NAC_PAYA_USI_800601( NATI		Photos		Normal	Photos 2018-2-2	Edit
NAC_PAYA_UBI_800601( NATI	CNAL ASSESSMENT CENTRE SERVICES) on D2 Fe b 2018 19:32	Photos		Normal	Photos 2018-2-2	Edit
		950		0	80000	Action
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