NATIONAL Assessment Centr	E DEL LICES: Mei 1 321031			
Date In: 4   4   8-14.49	Jeb description	Date & Time Completed	Done	oż.
Ref No: NA   INC18006226   Zug	SAS e-filing			
Veh No: Skm6961M	E-mail (within Shrs, AIC 2hrs)			•
D.O.A .: 4 4 18 - 67:20	i-Motor Claim Form	MT/0989014	4/4/18 17	:54
-	i-Motor W/O (Within: OD 2	thrs, TP 4hrs)		
OD ! TP ! Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			
TP insurer:	Ass't Report by Fax / Han	d to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	
TP Particulars: Veh No: 523	1235P INC	( )/Non-INC( ).	10 to	
Owner / Driver: (		Tel:	)	
Policy No: ( ) Pc	riod: (	) Cover Type: (	).	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [	Note-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 80-	100%]	
Year of Registration: ( )	Warranty: YES ( ) / NO (	)		
Excess: (\$ ) Loading: \$1,0	000()/\$2,000()			
General Remarks:-	Exposit continues		100mm	. * .
( ) Walk-In Customer : Customer's info	A STATE OF THE PARTY OF THE PAR			
( ) Total Loss Case : to e-mail Insure		. *		
Drive-In ( )/ Towed-In ( ); Invoice		Towing Co: (		)
		Date&Time Completed	Done	ĥv .
Remarks:- (INC hotline: 6788 6616)		Dates full to continue out	Sychia Andreada	-
	Courtesy Car ( )	*		
2) QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost > \$3	3000] ( )			
Injury:				
Date/Time Actions		and the second	STANCHES IN	The first Reco
Date time Actions	A CONTROL OF THE STATE OF THE S		TO A PORCE   DESCRIPTION OF	
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New Year	1	or the	Amt (5)	Amt (3)
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MAIS D 2084 . Laimant's Particulars :-	1) AR : Accid 2) DA : Dam 3) TF : Towin	lent Reporting (\$30); age Assessment (\$100); INC ( age Fee \$	7# Bill 580) 40/\$45	
MAIS D 2084 . Laimant's Particulars :-	1) AR : Accident (2) DA : Dame (3) TF : Towin (4) FT : Follow (5) FT : Follow (5) FT : Follow (5) FT : Follow (6) FT : Follow	lent Reporting (\$30); age Assessment (\$100); INC ( ag Fes S w-Through Survey w-Through Survey (Resurvey)	580) 40/545 \$120 \$30	
NAIS D 2084 Laimant's Particulars :- river/Owner:	1) AR : Accidence of the control of	lent Reporting (\$30); sge Assessment (\$100); INC ( ng Fee S w-Through Survey w-Through Survey (Resurvey) ng against INC Only (wef 10 Jan 20	580) 40/545 \$120 \$30 95)	
NATED 2084 Laumant's Particulars:- river/Owner: ontact No:	1) AR : Accidence of the control of	lent Reporting (\$30); sge Assessment (\$100); INC ( ng Fee S w-Through Survey w-Through Survey (Resurvey) ng against INC Only (wef 10 Jan 20) spection	580) 40/545 \$120 \$30	
NATED 2084 Laumant's Particulars:- river/Owner: ontact No:	1) AR : Accidence of the control of	lent Reporting (\$30); sge Assessment (\$100); INC ( ng Fee S w-Through Survey w-Through Survey (Resurvey) ng against INC Only (wef 10 Jan 20	580) 40/545 \$120 \$30 05) \$75	
NAIS D 2084 Laimant's Particulars :- river/Owner: ontact No: amaged Portion:	1) AR : Accidence of the control of	dent Reporting (\$30); age Assessment (\$100); INC ( age Fee S w-Through Survey w-Through Survey (Resurvey) age against INC Only (wef 10 Jan 20) spection DA + SMRT Survey ditional Services:-	\$80) 40/\$45 \$120 \$30 \$25 \$75 \$160	
VAIS 0 2084  laimant's Particulars :- river/Owner: ontact No: amaged Portion:	1) AR : Accid 2) DA : Dam 3) TF : Towin 4) FT : Follo 5) FT : Follo For claimin 6) TR : Re-in 7) N1 : Idao 3 8) NTUC Ad OIL* *N5: Cour *N6: Repe	dent Reporting (\$30); sage Assessment (\$100); INC ( ng Fee S w-Through Survey w-Through Survey (Resurvey) ng against INC Only (wef 10 Jan 20) spection DA + SMRT Survey ditional Services:- tesy Cer / Tpt Allowance ir Co-ordination	\$80) 40/\$45 \$120 \$30 \$530 \$575 \$160 \$530	
NAIS D 2084 Laimant's Particulars :- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	1) AR : Accid 2) DA : Dam 3) TF : Towin 4) FT : Follo 5) FT : Follo For claimin 6) TR : Re-in 7) N1 : Idao 3 8) NTUC Ad OIL* *N5: Cour *N6: Repe *N7: Fost	dent Reporting (\$30); sage Assessment (\$100); INC ( ng Fee S w-Through Survey (Resurvey) ng against INC Only (wef 10 Jan 20) spection DA + SMRT Survey ditional Services:- tesy Car / Tpt Allowance it Co-ordination Repair Inspection	\$80) 40/\$45 \$120 \$30 \$53 \$5160 \$53 \$510 \$25	
NAIS D 2084 Laimant's Particulars :- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): uditors' Comments :-	1) AR : Accid 2) DA : Dam 3) TF : Towin 4) FT : Follo 5) FT : Follo For claimin 6) TR : Re-in 7) N1 : Idao 3) NTUC Ad OIL* *N5: Cour *N6: Repe *N7: Fost *N8: DV	dent Reporting (\$30); sege Assessment (\$100); INC ( ng Fee S w-Through Survey w-Through Survey (Resurvey) ng against INC Only (wef 10 Jan 20) spection DA + SMRT Survey ditional Services:- tesy Cer / Tpt Allowance it Co-ordination Repair Inspection Collect Excess Coordination	\$80) 40/\$45 \$120 \$30 \$55 \$160 \$55 \$510 \$25 \$55 \$20	
NAISO 2084 Plaimant's Particulars':- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): additors' Comments':-	1) AR : Accid 2) DA : Dam 3) TF : Towin 4) FT : Follo 5) FT : Follo For claimin 6) TR : Re-in 7) N1 : Idao 3) NTUC Ad OIL* *N5: Cour *N6: Repe *N7: Fost *N8: DV	dent Reporting (\$30); age Assessment (\$100); INC ( age Fee S w-Through Survey w-Through Survey (Resurvey) age against INC Only (wef 10 Jan 20) spection DA + SMRT Survey ditional Services:- tesy Cer / Tpt Allowante it Co-ordination Repair Inspection / Collect Excess Coordination : TP (Non INC) against INC Mobile	\$80) 40/\$45 \$120 \$300 \$51 \$5160 \$5160 \$525 \$53 \$20 \$30	Amt (5)

to per at 1 day

## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly 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 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

	ACCIDENT STATEMENT	
Date Of Report	04/04/2018 14:49	
Date Of Accident	04/04/2018 07:20	
Exact Location Of Accident	ALONG PUNGGOL EAST BEFORE TEBING LANE	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKM6961M	
Insured/Policyholder		

CAR TIMES AUTOMOBILE PTE LTD

200103507Z Co Reg No NOEMAIL **Email Address** 

(LOCAL) +65-91803571 Mobile Phone No OFFICE-91803571 Alternative Phone No

Vehicle Particulars

Name Of Registered Owner

NISSAN Manufacturer

ALMERA 1.5 4AT ABS AIRBAG 2WD 4DR Model

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?

If No. Please state action to be taken

REPORTING ONLY

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

NO

COMPREHENSIVE Type Of Coverage

YES Fleet Policy

5084698390-01 Policy Number

Cover Note Number

Driver

CHUNG SHUI KEAN, JUDE Name of Driver

S8907211E NRIC No 27/02/1989 Date Of Birth INDOOR Occupation 16/05/2013 Date Of Driving Pass

4 YEARS AND 10 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-97162173 Mobile Number

Fax Number

OFFICE-97162173 Contact Number

NOEMAIL EMail Address

BLK 122 RACE COURSE ROAD Address

#04-03

OTHER - HIRER

218583 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

1

NO

## General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

### Other Information

NO Was any foreign vehicle involved in this accident?

2 Number of vehicles involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

YES I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance. 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?

If Yes, against whom?

# Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 3 PUNGGOL EAST. SUDDENLY VEHICLE B BRAKE HIS VEHICLE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

### Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO Was there any audio recorded?

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJZ3235P

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

98392200 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

2 No. Of Passenger (Including Driver)

### SKETCH PLAN

# IMPORTANT NOTICE

- Please report correctly 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:
  - 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.

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

Date & Time: 4/4

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





VOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 16 May 2013 of the driver; and other motor vehicles =< 2500kg

NP 428A



<b>eBao</b> Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601			Design Control of the			Change Lan	guage )	Change Passwo	rd • Log Out
My Desktop Notice of Loss	Polic	cy Query			_	16.000(9.00)	04000	04/04/	2018 07:20	
Notice of Loss	Policy N Vehicle	No.(For Motor)	SKM6961M			Date of Acc	ident	04/04/.	2010 07.20	
	Select	Policy No.	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5084698390- 01	CAR TIMES AUTOMOBILE PTE LTD	2001035072	GFT	drivo CLASSIC	SKM6961M	SKM6961M	06/10/2017	
			Control Mark		1	Continue				

Polic	y Information				
Policy No.	5084698390-01	Policyholder Name	CAR TIMES AUTOMOBILE	PTE L1 Policyholder NRIC	200103507Z
Address	61 UBI AVENUE 2 #06-01 A	UTOMOBILE MEGAN	MART SINGAPORE 408898	3	
roduct Jame	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	26/09/2017	Effective Date	06/10/2017 00:00	Expiry Date	05/10/2018 23:59
hird Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional	0	OS Premium	917.92		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00		
Agent	CAR TIMES INSURANCE AG	SENC' Agent Tel.	68415111	GST Flag	Y
Co- insurance Flag Open Policy Info Certificate Info	No holder Mailing Address				
Address 1	61 UBI AVENUE 2 #06-01	Address 2	AUTOMOBILE MEGAMAR	Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.		Related Policy Number	5097023405		
Telephone and	ed Object: SKM6961M				
□ Endors	sements				
Sequen	ce Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	06/10/2017 00:00	Basic Information Endorsement	000001286665805	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following 1 vehicle have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SGY6375P 06-10-2017 \$1,283.68 In view of this amendment, a refund of \$1,283.68 (inclusive of GST) will be adjusted against the outstanding premium.
2	06/10/2017 00:00	Basic Information Endorsement	000001286666965	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. WDD2053422F433719 06-10-2017 \$1,681.72 In view of this amendment, an additional premium of \$1,681.72 (inclusive of GST) is payable under your policy. Please ignothis premium payment reques

ident MT/0989014	not been collected.				
cy No.	5064698390-01	Vehicle No.	SKM6961M	GST Registration No.	2001035072
cyholder Name:	CAR TIMES AUTOMOBILE PTE LTD			Policyholder NR1C	2001035072
duct Code	FLEET INSURANCE	Cover Type	drivo CLASSIC	Loeding	0
ntact No. (Mobile)	91803571	Contact No.(Office)	0	Contact No.(Home)	0
ali Address		Special Remark		eCode	NI V
	® No ○ Yes	TCA	No ○Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
port Date	04/04/2018 16:03	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
te of Accident	04/04/2018	Time of Accident hh:mm	07-20	Country of Accident	Singepore
parting Centre	51(51)2015	Drange Force		ICH No.	
	ALONG PUNGGOL EAST BEFORE TEBING LANS				
Denefits	RECORD FORWARD EACH REPORT FEBRUARY				
Excess					
in damage Excess	2,000.00	Additional Excess	0.00	Windsoren Excess	100.00
named Driver Excess	, wystorae sener p	Dutaide Singapore OD Excess	2,000.00		
and Party Excess	1,500:00	Outside Singapore TP Excess	1,500.00		
GST Registered Informa					
T Registered	Yes		GST Registration Date	06/08/2001	
IT Registration No.	2001035072		GST Status Verified	Yes	
odification History					
Policyholder Hailing Ado		702-19290332	7.500 and 200 appropriate	Address 3	CINCAPORE ANIMA
odress 1	61 UBI AVENUE Z #06-01	Address 2	AUTOMOBILE MEGAMART		SINGAPORE 408898
ddress 4		Address Type	Singapore address	Post Code	408898
nit No.		Related Policy Number	5097023405		
G OI Driver Info					
nver Name	unnamed Driver	Driver Type	Unnamed Driver	Driver DOS	27/02/1989
Marned driver Name	CHUNG SHULKEAN, JUDE	Driver NRIC	589072116		27/02/1709
gister Date of Driver License		Driver Age	29	Driving Expenence	•
swiact No. (Mobile)	87162173	Contact No. (Office)	0	Contact No.(Home) Address 3	0 SINGAPORE 218583
ddress 1	122 RACE COURSE ROAD	Address 2	RACE COURSE MANSION		
ddress 4		Address Type	Singapore address	Post Code	218583
Int No.	04-03				
loes he own a Singapore registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
eclaration reathalyser or Blood Test					
eading?	0 mg	Any injury?	○ Yea ® No		
20002					
adification History					
dification History					
adification History				TO ALONS ON THE NAME.	
claim 001 New	(оо-мх 💌	Insured Name	CAR TIMES AUTOMOBILE PTE L	Insured NRIC	2001035072
odification History  Claims 001 New  aim Type *	[00-MX 💟	Insured Name Contact No.(Home)	CAR TIMES AUTOHOBILE PTE L'	Contact No (Office)	68415111
edification History  Claim 001 New  aim Type *	[OD-MX [V]		CAR TIMES AUTOMOBILE PTE L' SKOM6961M	Contact No.(Office) TP Vehicle Number	
Claim 003 New  Claim 1yze *  Order(1 No. (Mobile))  mel Address	OD-MX	Contact No.(Home)		Contact No (Office)	68415111
Claim 091 New  Laim type *  oraget No. (Mobile) mail Address laim Description referred Workshop Confact.		Contact No.(Home)		Contact No.(Office) TP Vehicle Number	68415111
codification History  Claim 001 New  aim Type *  ordect No. (Mobile)  maif Address aim Description referred Workshop Contact		Contact No.(Home)  D) Vehicle Number	Sx046961 M	Contact No.(Office) TP Vehicle Number	68415113 5323235P Received
Claim 001 New  aim Type *  ordect No. (Mobile) mai Address aim Description referred Workshop Contact b.  equire Finalisation	SKM8981M / SIZ3Z3SP ON 4 Apr 2018	Contact No.(Home)  O) Vehicle Number  Insured Liability *	SKM6961M	Corract No (Office) TP Vehicle Number Name of Preferred Workshop	68415113 5323235P
Claim 001 New  Claim 001 New  aim Type *  Ontact No. (Mobile) mas Address aim Description referred Workshop Contact  equire Finalisation ass Registered	SKM8961M / S12323SP ON 4 Apr 2018  Yes	Contact No.(Home) DI Vehicle Number Insured Liability • Preferend Regain Option	SKM6961M	Contact No (Office) TP Vehicle Number Name of Preferred Workshop GIA report	68415113 5323235P Received
Claim 001 New  Claim 001 New  claim Type *  ontact No. (Mobile)  mai Address  laim Description  referred Workshop Contact  equire Finalisation  ate Registered  eport Taken By	5KM0961H / S12323SP ON 4 Apr 2018 Yes 04/04/2018 17/54	Contact No.(Home) DI Vehicle Number Insured Liability • Preferend Regain Option	SKM6961M	Contact No (Office) TP Vehicle Number Name of Preferred Workshop GIA report	68415113 5323235P Received
Claim 003 New  Claim 003 New  Itam Type *  ontect No. (Mobile) mai Address nam Description referred Workshop Contact equire Finalisation ate Registered eport Taken By	5KM0961H / S12323SP ON 4 Apr 2018 Yes 04/04/2018 17/54	Contact No.(Home) DI Vehicle Number Insured Liability • Preferend Regain Option	SKM6961M  Fully at Fault  Preferred Workshop, Name unknown	Contact No (Office) TP Vehicle Number Name of Preferred Workshop GIA report	68415113 5323235P Received
Claim 001 New  Claim 001 New  Itaim Type *  Oreact No. (Mobile) mail Address law Description referred Workshop Contact b.  equire Finalisation ace Registered eport Taken by  Print AK letter	5KM0961H / S12323SP ON 4 Apr 2018  Yes 04/04/2018 17/54	Contact No.(Home) DI Vehicle Number  Insured Liability • Preferend Regain Option	SKM6961M	Contact No (Office) TP Vehicle Number Name of Preferred Workshop GIA report	68415113 5323235P Received
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Claim 001 New  Claim 001 New  aim Type *  oreact No. (Mobile)  mai Address  aim Description  referred Workshop Contact  orequire Finalisation  ate Registered  apport Taken By  Print AK letter  Attachment	SKM0961M / SJ2323SP ON 4 Apr 2018  Yes  04/04/2018 17/54  Jackson	Contact No. (Home) DI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	Skin6951M  Fully at Fault  Preferred Workshop, Name unknown  Save Submit	Contact No (Office) TP Vehicle Number Name of Preferred Workshop GIA report	68415113 5323235P Received
Claim 001 New  aim Type * ones(t No. (Mobile) nes Address aim Description referred Workshop Contact sequire Finalisation see Registered seport Taken By  Print AK letter  Attachment	SKM0961M / SJ2323SP ON 4 Apr 2018  Yes  04/04/2018 17/54  Jackson  MT/0299014	Contact No. (Home) DI Vehicle Number  Insured Liability *  Preferend Repair Option Claim Close Date  Claim No.	Skin6951M  Fully at Fault  Preferred Workshop, Name unknown  Save Submit	Contact No (Office) TP Vehicle Number Name of Preferred Workshop GIA report	88415112 5323235P Received  04/04/2018 00:00
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