NATIONAL Assessment Ce	ntre Services   we	INAM ISOURT	8076909		4-10-11-11
Date In: 13/6/18-19:16	Jeb description		are &Time Completed	Done	by by
Rel No: MA) MIC18010836 24	SAS e-filing				
Veli No: 6413233	E-mail (within Shrs	, AIC 2hrs)			4
D.O.A: 13/6/18-14:10	i-Motor Claim	Form .	M10998595-001	13/6/18	20:02
	i-Motor W/O (W				
OD (TP:) Reporting Only	i-Photo Uploade	ed			39
TD Incurary	Assessment/Surve	y Report	2 III-		
TP Insurer:	Ass't Report by F	ax / Hand to Ov	vner/Wksp		
Preferred Wksp / INC Assign Wksp / QW	:(	Т	el: F	Fax:	)
TP Particulars: Veh No:	GBC5612L	INC( )	/Non-INC()		
Owner / Driver: (			Tel:	)	
Policy No: ( )	Period: (	) Co	ver Type: (	)	
Confirmed by : (	1	Date:	Time:	)	
Insured/Driver Liability: (	%) [Note-Est. Status (WO	): N: 0-20%;	P: 21-79%. P: 80-1	100%]	
Year of Registration: (	) Warranty: YES ( )	/NO( )			
Excess: (\$ ) Loading:	\$1,000()/\$2,000(	)			
General Remarks;-				27.6%	
( ) Walk-In Customer: Customer's	The same of the same of	ential & Strictly	NO refer of repairer.		
( ) Total Loss Case : to e-mail Is	nsurer URGENTLY.				
Drive-In ( )/Towed-In ( ); In	voice: YES ( ) / NO	( ); Towi	ng Co: (		)
Remarks: (INC horline: 6788 66)	(6)\\	т,	ite& Time Completed	Done	by
1) Apply for Transport Allowance (	)/Courtesy Car ( )			N-3.14	-
2) QC Check / Post Repair Inspection	( )			1	
3) Upload Resurvey Photo [Repair Cost	:>\$3000] ( )	2 200			
Injury:			records and		
				21916 F. 1.0	x-1, 20, 5, 7, 7, 1
Date/Time Actions				Research to	
	1			West State of the	
				-	
		· · ·		Anit (S)	Amt(\$)
NA1803770	1ir	ivoice Prepara	ition Checklist	fit Bill	Add Bill
laimant's Particulars :-	MEDICARD DOS BOOKS, PUBLICATIONS, MEDICARD STORES SECURIO TO CO.	AR : Accident Repo DA : Damage Asses		30)	
river/Owner:	3)	TF : Towing Fee	. S4	0/\$45	
	4)	FT : Follow-Throug	h Survey h Survey (Resurvey)	\$120 \$30	
ontact No:		For claiming agains	UNC Only (wef 10 Jan 200	\$75	
amaged Portion:		TR: Re-inspection N1: Idao DA + SM	RT Survey	\$160	
	ž 8)	NTUC Additional S			
C Checked by (Engr-In-Charge):		OD*  N5: Courtesy Car /	Tpt Allowance	\$5	
		N6: Repair Co-ord	ination	\$10 \$25	
uditors' Comments :-			xcess Coordination	\$5	
1.1:		TP (N11) : TP (Nor N12: Idac Mobile		30	-
1.2/3;		N12: Ideo Mobile	Fee Charged	2.00	when Jak
Manager Mark	In	voice dated	Fee Charged	MACHINE.	

in a part of the state

## 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,
- 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 aforesaid.

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menantific in the section of the	ACCIDENT STATEMENT
Date Of Report	13/06/2018 19:16
Date Of Accident	13/06/2018 14:10
Exact Location Of Accident	31 DEFU LANE 10 LOADING BAY
Country/State of Loss	SINGAPORE
P. Control of the Con	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GY1757D
Insured/Policyholder	
Name Of Registered Owner	QUALITY PTE LTD
Co Reg No	201624281H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90088701
Alternative Phone No	OFFICE-90088701
Vehicle Particulars	
Manufacturer	TOYOTA
Model	REGIUS 2.5 A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5093505700-01
Cover Note Number	
Driver	
Name of Driver	ANG CHYE POH
	0.000,0000

 Name of Driver
 ANG CHYE POH

 NRIC No
 \$8924866C

 Date Of Birth
 24/07/1989

 Occupation
 OUTDOOR

 Date Of Driving Pass
 23/03/2017

Driving Experience 1 YEAR AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83884474

Fax Number

Contact Number OFFICE-83884474

EMail Address NOEMAIL

BLK 737 PASIR RIS DRIVE 10 Address

#08-37

510737 Postcode

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured OTHER - HIRER

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

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1 Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? NO

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? NO NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

GBC5612L Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME: GENDER:

Page 2 of 15

#### 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.
- 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.

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 .:

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.:

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY PARKED IN A LOADING BAY 31 DEFU LANE 10. SUDDENLY VEHICLE B REVERSED HIS VEHICLE AND HIT ONTO MY VEHICLE WHICH IS STATIONARY.

# ACCIDENT STATEMENT

ACC	IDENT DATE:(_	13/6/	18 )(D	D/MM/Y	YYY), TIME:(_	14:10	)(HH:MM)
LOCA	ATION: 31	Def.	Lane	.10	want ng	Bag.	
1	. DETAILS OF	VEHICLE					
,			hy 1757	D		75	
			NY: NTO				
			5093565		1	_	
		100	PREHENSIVE			D PARTY FI	RE &THEFT
	e)MAKE & N		, Karingine	7 111110	DISTI / ITHIS	D17111111	NC CATTLETT
		The state of the s	JPE / MPV /	VAN/IO	RRY / MOTO	PRCYCIE /	OTHERS)
			:(PRIVATE /				
			AT ACCIDEN				
			JNDER YOU				
			THIRD PARTY	The second secon			
2.	. INSURED / P					80 35	
			, He L	fol		_{MALE / F	
	b) NRIC/FIN/	PASSPORT	2016247	181H	CONT	ACT: 90	088701
	c) ADDRESS:				M2==38	See No.	
							4
4	* CONTINUE	TO 3.d IF D	DRIVER ALSO	POLICY	HOLDER	197	
Clinduding driver	DRIVER		1			0	
(Including driver)	aJNAME:	ing chye	, ph	21/6			EMALE
(1)	~/11/15/15/11/1/	PASSPORT:	189747	8660	CONT	D8-37 (	1107171
	C) ADDRESS:	131 10 12	7 persir	eis Dri	/e 10 x	00-37	310731)
	*d)DATE OF	BIRTH: / X	11711	984 110	D/MM/YYY	<u> </u>	
			OR / OUTD		D/MINI/ 1 1 1	% e	(9)
	f)YEARS OF				12017	\$5	
4.	WAS DRIVE					MPANY? (Y	ES / NO)
	IF NO, RELA						
5.	a)WEATHER					Sec.	
	b)ROAD SUR	FACE: (DR	Y) WET / AT	HERS	, ,		
6.	WAS ANYBO						
7.							
			VHICH POLIC	CE STATIC	N:		
8.	THIRD PARTY	VEHICLE	Ca. = (1	2.1			
thic of passonger	a) VEHICLE	NUMBER:_	(VI)( PO)	L L	MODE	L:	
(Including driver)					22252		
(2) 9.	c) NRIC/FIN	V/PASSPOR	RT:		CONT	ACT:	
		VEHICLE					
His of passanger	d) VEHICLE	NUMBER: _			MODE	L:	
(Induding driver	e) DRIVER'S	NAME:	т.		000	1 CT:	-
( )	/ I) NRIC/FIN	N/PASSPOR			CONI	ACI:	
(_)							

Cmail = 99 stephenlee agmail.com fax = REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8924866C



ANG CHYE POH

洪 财

CHINESE

24-07-1989

SINGAPORE







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg

NP 428A



eBaoTech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601					. 0	hange Lan	guage	· Change Passwore	d + Log Ou
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	10.				Date of Acci	dent	13/0	6/2018 14:10	
	Vehicle	No.(For Motor)	GY1757D							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5093505700- 01	QUALITY PTE. LTD.	201624281H	GFT	Comprehensive	GY1757D	GY17570	07/11/2017	
		255	1000		1	Continue				

Policy No.	5093505700-01	Policyholder Name	QUALITY	PTE. LTD.	Policyholder NRIC	201624281	Н
Address	317 OUTRAM ROAD #B1-37 C	ONCORDE SHOP	PING CEN	TRE SINGAPORE 16907	5		
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	31/08/2017	Effective Date	04/10/20	017 00:00	Expiry Date	03/10/2018	23:59
Excess		All Claim Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess		os Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				You	ng/Inexperience Driver Excess
Agent	ALL INS AGENCY PTE. LTD.	Agent Tel.	FAX 645	14549	GST Flag	Υ	
Co- insurance Flag Open Policy Info Certificate Info	No						
Policyl	holder Mailing Address						
Address 1	317 OUTRAM ROAD	Addre	rss 2	#B1-37 CONCORDE	SHOPPING	Address 3	SINGAPORE 169075
Address 4		Addre	ss Type	Singapore address		Post Code	169075
Unit No.	#04-03	Relate	ed Policy	5094748950			
) Insure	ed Object: GY1757D	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	310				
♥ Endors	sements						
Sequen	nce Date of Endorsement	Endorseme	nt Type	Endorsement Numbe	r Endorse	ment Status	Endorsement Content
1	06/11/2017 00:00	Basic Informa Endorsement	tion	000001286687452	Endorsem Effective	ent Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GY1757D 07-11-2017 \$1,316.74 In view of this amendment, an additional premium of \$1,316.74 (Inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
1	08/11/2017 00:00	Basic Informa Endorsement	tion	000001286688593	Endorsem Effective	ent Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GBG8219Z 08-11-2017 \$1,312.76 In view of this amendment, an additional premium of \$1,312.76 (inclusive of GST) is

Accident MT/0998595							Ex
Policy No.	5093505700-01		Vehicle No.	GY1757D	GST Registration No.		
Poscynolaer Name	QUALITY PTE. LTD.				Policyholder NRIC	201624281H	
Product Code	PLEET INSURANCE		Cover Type	Comprehensive	Loading	o .	
Contact No. (Mobile)	90088701		Consact No.(Office)	0	Contact No.(Home)	0	
Email Address			Special Remark		eCode	I No. O.	
KFK	No   Yes		TCA	® No ○ Yes	eCode Reason		
NCD Protection	No.		NCD Emidement(%)	0	Private Hire	No	
▼ Accident Details							
Report Date	13/06/2018 19:59		Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked	
trate of Accident	13/06/2018		Time of Accident Nhomm.	14:10	Country of Accident	Singapore	
Reporting Centre			Orange Force		ICH No.		
Accident Location	31 DEPU LANE 10 L	GADING BAY					
♥ Benefits							
♥ Excess							
Dwn damage Excess		2,000.00	Additional Excess		Windscreen Excess	100.00	
Unnamed Oriver Excess		-2500000	Outside Singapore OD Excess				
Third Party Excess		1,500.00	Outside Singapore TP Excess				
GST Registered Inform	atton	1,000,00	College and Space 17 College				
GST Registered	No			GST Registration Date			
GST Registration No.	1140			GST Status Verified	Yes		
Modification History							
Policyholder Hailing Ad	idress						
Address 1	317 OUTRAM ROAD	E	Address 2	#B1-37 CONCORDE SHOPPING	Address 3	SINGAPORE 169075	
Address 4			Address Type	Singapore address	Post Code	169075	
Unit No.	#04-03		Related Policy Number	5094748950			
⇒ OI Driver Info							
Driver Name	Unnamed Driver		Driver Type	Unnamed Driver			
Unnamed driver Name	ANG OHYE POH		Driver NRIC	58924866C	Driver DOB	24/07/1989	
Register Date of Driver License	23/03/2017		Driver Age	20	Driving Experience	4	
Contact No.(Mobile)	83884474		Contact No.(Office)	0	Contact No.(Home)	0	
Address 1	BLK 737		Address 2	PASIR RIS DRIVE 10	Address 3	SINGAPORE \$10737	
Address 4			Address Type	Singapore address	Post Code	510737	
Unit No.	08-37						
Does he own a Singapore Registered car?	() YES ® NO		Driver Vehicle No.		Driver Indurer Compo	ary	
Declaration							
Declaration Breathelyser or Blood Test	0 mg		Any injury?	○ Yes ® No			
	0 mg		Any injuny?	○ ves ( No			
Breathelyser or Blood Test Reading?	0 mg		Any injury?	○ Yes ® No			
Breathelyser or Blood Test	0 mg		Any injury?	○ Yes ® No			
Breathalyser or Blood Test Reading?	0 mg		Any injury?	○ Yes ® No			
Breathelyser or Blood Test Reading? Modification History	0 mg		Any injuny?	75170378000			
Breathelyser or Blood Test Reading? Modification History	0 mg	⊻	Any injury? Irolared Name	○ Yes ® No  QUALITY PTE. LTD.	Insured NRJC	201624281H	
Breathalyser or Blood Test Reading? Modification History Chaim 001 New	9200	V		75170378000	Insured NRJC Contact No.(Office)	201624261H	
Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *	9200	V	Injured Name	75170378000	Contact No.(Office) TP Vehicle Number	GBC5612L	
Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No. [Mobile]  Email Address  Claim Description	ОС-МХ	12L ON 13 Jun 2018	Indured Name Contact No. (Home)	QUALITY PTE. LTD.	Contact No.(Office)	GBC5612L	
Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claim Description  Preferred Workshop Contact	ОС-МХ		Indured Name Contact No. (Home)	QUALITY PTE. LTD.	Contact No.(Office) TP Vehicle Number	GBC5612L	
Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type *  Contact No. [Mobile]  Email Address  Claim Description  Preferred Workshop Cortact No.	ОС-МХ		Indured Name Contact No. (Home) OI Vehicle Number	QUALITY PTE, LTD.	Contact No.(Office) TP Vehicle Number	GBC5612L	
Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type * Centact No. (Mobile) Email Address Claim Description Preferred Workshop Cortact No. Require Finalisation		12L ON 13 Jun 2018	Indured Name Contact No. (Home) Of Vehicle Number Insured Liability *	QUALITY PTE, LTD.  GY17570  Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred W	GBC5612L	
Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type * Centact No. (Mobile) Email Address Claim Description Preferred Widrishop Contact No. Require Finalisation Date Registered	OD-MX	12L ON 13 Jun 2018	Indured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option	QUALITY PTE, LTD.  GY17570  Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred W GSA report	GBC5612L  Received   V	
Breathalyser or Blood Test Reading?  Modification History  Claim 001 New  Claim Type * Centact No. (Mobile) Email Address Claim Description Preferred Workshop Cortact No. Require Finalisation		12L ON 13 Jun 2018	Indured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option	QUALITY PTE, LTD.  GY17570  Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred W GSA report	GBC5612L  Received   V	
Breathalyser or Blood Test Reading?  Claim 001 New  Claim 19pe * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken Sy	OD-MX	12L ON 13 Jun 2018	Indured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option	QUALITY PTE. LTD.  GY17570  Not at Fault  Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred W GSA report	GBC5612L  Received   V	
Breathalyser or Blood Test Reading?  Claim 001 New  Claim 1ype * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By  Print AK lietter	OD-MX	12L ON 13 Jun 2018	Indured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option	QUALITY PTE, LTD.  GY17570  Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred W GSA report	GBC5612L  Received   V	
Breathalyser or Blood Test Reading?  Claim 001 New  Claim 19pe * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken Sy	OD-MX	12L ON 13 Jun 2018	Indured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option	QUALITY PTE. LTD.  GY17570  Not at Fault  Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred W GSA report	GBC5612L  Received   V	
Breathalyser or Blood Test Reading?  Chaim 001 New  Claim Type *  Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken Sy  Print AK lietter	OD-MX	12L ON 13 Jun 2018	Indured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option	QUALITY PTE. LTD.  GY17570  Not at Fault  Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred W GSA report	GBC5612L  Received   V	
Breathalyser or Blood Test Reading?  Claim 001 New  Claim 001 New  Claim Type *  Centact No. (Mobile) Email Address  Claim Description Preferred Workshop Cortact No. Require Finalisation Date Registered Report Taken by  Prim AK lietter  Attachment	OD-MX	12L ON 13 Jun 2018	Indured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option	QUALITY PTE. LTD.  GY17570  Not at Fault  Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred W GSA report	GBC5612L  Received   V	
Breathalyser or Blood Test Reading?  Claim 001 New  Claim 19pe * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Cortact No. Require Finalisation Date Registered Report Taken by  Prim AX lietter  Attachment	OD-MX GY1757D / GBC56: Yes 13/06/2018 20:02 Jackson	12L ON 13 Jun 2018	Indured Name Cornact No. (Home) OI Vehicle Number  Indured Liability * Preferend Repair Option Claim Close Date	QUALITY PTE. LTD.  Gr17570  Not at Fault  Preferred Workshop, Name unknown  Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred W GSA report	GBC5612L  Received   V	
Breathalyser or Blood Test Reading?  Claim 001 New  Claim 1ype * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Date Registered Report Taken By  Print AK lighter  Attachment	GY1757D / GBCS6:  Yes  13/06/2018 20:02  Jackson  MT/0998595	12L ON 13 Jun 2018	Insured Name Cornact No. (Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Code Date  Claim No.	QUALITY PTE. LTD.  GY17570  Not at Fault  Preferred Workshop, Name unknown  Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred W GSA report	GBC5612L  Received   V	
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