

NATIONAL Assessment Centre Services. (Unit 1 2000)

Date: 19/06/2018 17:59
Ref No: NA/INC1801137/KY
Veh No: EV6872Z
D.O.A: 08/05/2018 17:10

OD / TP / Reporting Only

TP Insured:

Job description	Date & Time Completed	Done by
SAS e-illing		
E-mail (vehicle sheet, AIC 2018)		
1-Motor Claim Form	MT/0999288-001	20/6/18 09:46
1-Motor V/O (vehicle sheet, AIC 2018)		
1-Photo Uploaded		
Assessment/Survey Report		
Assessment Report by Fax/Hand to Owner/VKSP		

Preferred Wksp / INC Assign Wksp / OWI:

TP Particulars: Yell No: GBF1964G, INC() / Non-INC()

Owner / Driver:

Policy No: ()

Period: ()

Tel: ()

Cover Type: ()

Confirmed by: ()

Date: ()

Time: ()

Insured/Driver Liability: ()

% (Note: B/L, SLAN) (WO): N: 0-20%; P: 21-79%; P: 80-100%

Year of Registration: ()

Warranty: YES() / NO()

Excess: (\$)

Loading: \$1,000() / \$2,000()

General Remarks:

() Work-in-Garage: Customer's information strictly confidential & strictly NO role of repeller.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () / Invoice: YES() / NO() / Towing Co: ()

Remarks: INC Hotline: 6788 0016

Date & Time Completed:

Done by:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury:

Signature	Action

NA1803852

Vehicle/Owner:

Policy No:

Insured Portion:

Checked by (Engineer/Charge):

Additional Comments:

Additional Comments:

L.L.

17/2

Invoice Preparation Checklist

1) AR: Accident Reporting (3302)	
2) DA: Damage Assessment (3100): INC (40)	
3) TP: Towing Fee (\$475.00)	
4) PT: Follow Through Survey (3120)	
5) PT: Follow Through Survey (Recovery) (3120)	
6) TR: Re-Inspection (3120)	
7) NTUC: DA + SMRT Survey (3140)	
8) NTUC: Additional Survey (0011)	
9) NTUC: Additional Survey (0011)	
10) NTUC: Additional Survey (0011)	
11) NTUC: Additional Survey (0011)	
12) NTUC: Additional Survey (0011)	
13) NTUC: Additional Survey (0011)	
14) NTUC: Additional Survey (0011)	
15) NTUC: Additional Survey (0011)	
16) NTUC: Additional Survey (0011)	
17) NTUC: Additional Survey (0011)	
18) NTUC: Additional Survey (0011)	
19) NTUC: Additional Survey (0011)	
20) NTUC: Additional Survey (0011)	

Invoice Total

Net Charge

Net Charge

DP 5/2

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 withholding 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report 19/06/2018 17:59
Date Of Accident 08/05/2018 17:10
Exact Location Of Accident KPE TOWARDS TPE
Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FV6872Z
Insured/Policyholder
Name Of Registered Owner CHEN WEIQUAN
NRIC No S8922499C
Email Address RUSSELL_1989@HOTMAIL.COM
Mobile Phone No (LOCAL) +65-85003232
Alternative Phone No OTHERS-85003232

Vehicle Particulars

Manufacturer HONDA
Model CB400SF2J
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 MOTORCYCLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage THIRD PARTY
Fleet Policy NO
Policy Number 5071077538-03
Cover Note Number

Driver

Name of Driver CHEN WEIQUAN
NRIC No S8922499C
Date Of Birth 27/06/1989
Occupation OUTDOOR
Date Of Driving Pass 29/10/2009
Driving Experience 8 YEARS AND 6 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-85003232
Fax Number
Contact Number OTHERS-85003232
EMail Address RUSSELL_1989@HOTMAIL.COM

Address	BLK 192C RIVERVALE DRIVE
	#01-948
Postcode	543192
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

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

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180514/2110

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF1964G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHEN WEIQUAN

Approximate Age

Injuries Sustain SERIOUS

Injured person in which vehicle? FV6872Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

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 possible**. 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 companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. 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 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:

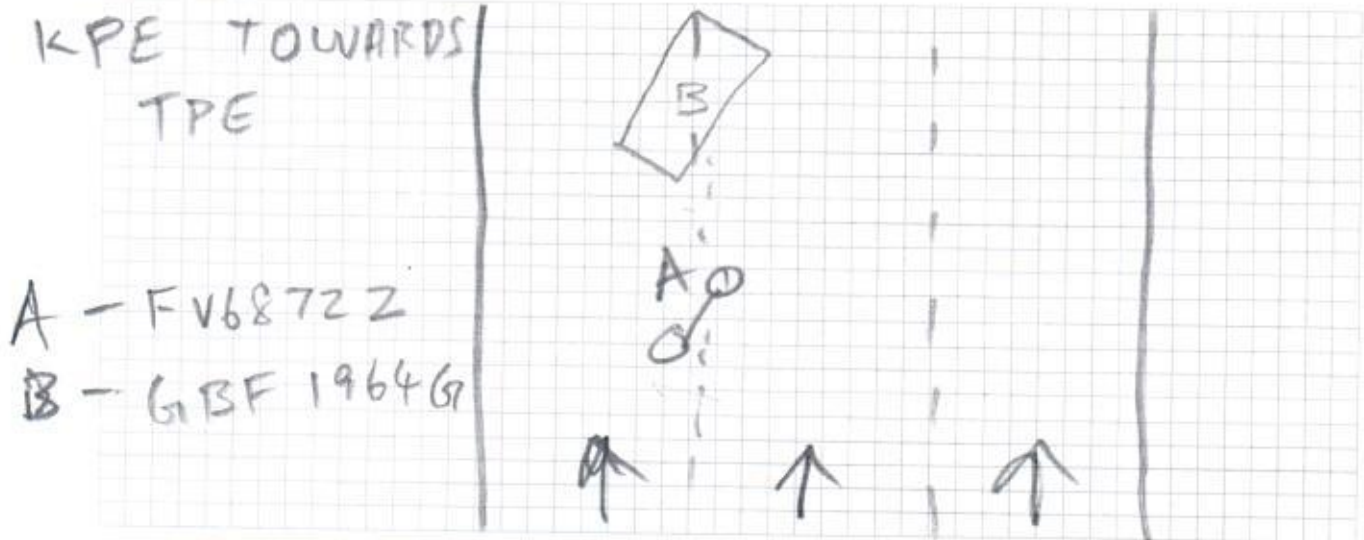
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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, 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:
 - (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:

19/6/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pls Refer to the Police Report
T/20180514/2110*

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.:



**SINGAPORE
POLICE FORCE**



T/20180514/2110

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180514/2110

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/05/2018 14:56		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEN WEIQUAN			Address: APT BLK 192C RIVERVALE DRIVE #01-948 HDB-KANGKAR SINGAPORE 543192		
ID Type / ID No.: NRIC NO / S8922499C			Contact No.: Home/Office: Mobile: 85003232		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 27/06/1989	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Chef			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/05/2018 17:10	Type of Location:
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY TOWARDS TPE				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FV6872Z	Motorcycle	HONDA	CB400SF2J	Blue	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FV6872Z	NTUC Income Insurance Co-Operative Limited	5071077538-03	21/04/2018	20/04/2019



**SINGAPORE
POLICE FORCE**



T/20180514/2110

2 of 3

Report No. T/20180514/2110

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHEN WEIQUAN	ID No.	S8922499C
Related Vehicle	FV6872Z (Motorcycle)	Contact No.	85003232
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/05/2018	Date Discharge	12/05/2018
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

On 8/5/18 at about 1710hrs

While riding along KPE towards TPE, I was traveling between lane 2 and 3 cutting vehicles. Suddenly a lorry from the 3rd lane changed to 2nd lane. I pressed my horn and brakes and tried to swerve to prevent collision. I noticed the lorry swerving back a little as well. But it was too late and I still managed to brush against the lorry rear right side and fell.



**SINGAPORE
POLICE FORCE**



T/20180514/2110

3 of 3

Report No. T/20180514/2110

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
TP /
WONG ZI WEI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMED SUFIAN BIN SUDIN
Contact No.: 65476367

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
14/05/2018 14:56

Classification Of Case:

20



**SINGAPORE
POLICE FORCE**

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 0000
Fax +65 6547 6259
www.police.gov.sg

Our Ref : TP/IP/27323/2018
Date : 12 June 2018

Chen Weiquan
Blk 192C Rivervale Crescent
#01-948
Singapore 543192

Dear Sir,

**TRAFFIC ACCIDENT INVOLVING FV6872Z AND GBF1964G ALONG KPE TOWARDS TPE
BEFORE TAMPINES ROAD EXIT ON 08/05/2018 AT ABOUT 5.09 P.M.**

I refer to the above accident.

- 2 Our investigations into the case have been completed.
- 3 Please be informed that action has been initiated against the driver of GBF1964G for the offence of Inconsiderate Driving under Section 65(b) of the Road Traffic Act Chapter 276.
- 4 If you have any clarification, you may contact the Investigation Officer Mohamed Sufian at office number: 6547 6367 or via email address at [Mohamed Sufian Sudin@spf.gov.sg](mailto:Mohamed.Sufian.Sudin@spf.gov.sg).


MOHD SUFIAN, SSGT
for HEAD INVESTIGATION
TRAFFIC POLICE

ACCIDENT STATEMENT

Reported on 16/06/2018
@ 1140AM

ACCIDENT DATE: (08/05/2018) (DD/MM/YYYY), TIME: (17:10) (HH:MM)

LOCATION: KPE TOWARDS TPE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FV6872Z
b) INSURANCE COMPANY:
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL:
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHEN WEIQIAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8922499C CONTACT: 85003232
c) ADDRESS: 192C RIVERSIDE DRIVE #01-948
S'PORE 543192

* d) DATE OF BIRTH: (27/06/1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) OWNER
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: GBF1964G MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

c) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

Email = russell_1989@hotmail.com

Fax = russell_1989@hotmail.com

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8922499C



Name
CHEN WEIQUAN

陳 韋 全

Race
CHINESE

Date of birth
27-06-1989

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S8922499C

Name
CHEN WEIQUAN

Birth Date 27 Jun 1989

Issue Date 20 Oct 2008



NRIC No. S8922499C

Date of issue
05-07-2004

Address
APT BLK 192C RIVERVALE DRIVE
#01-94B
SINGAPORE 543192

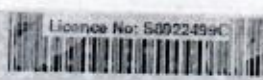
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Vehicle Class	Valid Until
Class 2B	Motorcycles <= 200 CC	29 Oct 2009
Class 2A	Motorcycles between 201 CC and 400 CC	27 Mar 2012
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractor/vehicles <= 2500 kg	20 Oct 2008

S8922499C

S/No. 9000156529

NP 426A



Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

08/05/2018 17:10

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5071077538-03	CHEN WEIQUAN	S8922499C	GMC	Third Party	FV6872Z	FV6872Z	21/04/2018	20/04/2019

Continue

▼ Policy Information

Policy No.	5071077538-03	Policyholder Name	CHEN WEIQUN	Policyholder NRIC	S8922499C
Address	BLK 192C #01-948 RIVERVALE DRIVE SINGAPORE 543192				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	12/03/2018	Effective Date	21/04/2018 00:00	Expiry Date	20/04/2019 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	VICOM LTD	Agent Tel.	66975221	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 192C #01-948	Address 2	RIVERVALE DRIVE	Address 3	SINGAPORE 543192
Address 4		Address Type	Singapore address	Post Code	543192
Unit No.	01-948	Related Policy Number	5071077538-03		

▶ Insured Object: FV6872Z

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/0999288

Policy No.	5071077538-03	Vehicle No.	FV6872Z	GST Registration No.	
Policyholder Name	CHEN WEIQUAN	Cover Type	Third Party	Policyholder NRIC	S89
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	85003232	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

▼ Accident Details

Report Date	20/06/2018 09:38	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	08/05/2018	Time of Accident hh:mm	17:10	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	KPE TOWARDS TPE				

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	Windscreen Excess
Third Party Excess	0.00	Outside Singapore TP Excess	

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 192C #01-948	Address 2	RIVERVALE DRIVE	Address 3	SJN
Address 4		Address Type	Singapore address	Post Code	543
Unit No.	01-948	Related Policy Number	5071077538-03		

▼ OI Driver Info

Driver Name	CHEN WEIQUAN	Driver Type	Main Driver	Driver DOB	27/c
Unnamed driver Name		Driver NRIC	S8922499C	Driving Experience	8
Register Date of Driver License	29/10/2009	Driver Age	28	Contact No.(Home)	0
Contact No.(Mobile)	85003232	Contact No.(Office)	0	Address 3	
Address 1	BLK 192C	Address 2	RIVERVALE DRIVE	Post Code	543
Address 4		Address Type	Singapore address		
Unit No.	#01-948	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	CHEN WEIQUAN	Insured NRIC	S89
Contact No.(Mobile)	85003232	Contact No.(Home)	NTL	Contact No.(Office)	
Email Address	RUSSELL_1989@HOTMAIL.COM	OI Vehicle Number	FV6872Z	TP Vehicle Number	GBF
Claim Description	FV6872Z / GBF1964G ON 8 May 2018	Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Preferred Workshop Contact No.		Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Require Finalisation	Yes	Claim Close Date		Date Received	20K
Date Registered	20/06/2018 09:45	Workshop Repairer		Total Loss but Repaired	
Report Taken By	KRISHNASAMY				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

