

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA18084217

Date In: 29/6/18-19:28	Job description	Date & Time Completed	Done by
Ref No: NA/INC 801913/24	SAS e-filing		
Veh No: SJL71928	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 28/6/18-17:20	i-Motor Claim Form	M7/1000965-001	29/6/18 20:11
OD : TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SJH77814	INC () / 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: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

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

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

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA180425

Claimant's Particulars:-	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		Int Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

Auditors' Comments:-

Ref 1:

Ref 2/3:

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	29/06/2018 19:28
Date Of Accident	28/06/2018 17:20
Exact Location Of Accident	ALONG AYE (TUAS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL7192B
Insured/Policyholder	
Name Of Registered Owner	CARWISE PTE LTD
Co Reg No	201725931G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98575910
Alternative Phone No	OFFICE-98575910

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5094372947
Cover Note Number	

Driver

Name of Driver	VINN SNG YI XIONG
NRIC No	S9509473B
Date Of Birth	13/03/1995
Occupation	OUTDOOR
Date Of Driving Pass	25/11/2014
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91291166
Fax Number	
Contact Number	OFFICE-91291166
EEmail Address	NOEMAIL

Address	BLK 25B JALAN MEMBINA #17-112
Postcode	164025
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

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	2
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

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
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJH7781Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED ADIL
NRIC/Passport Number	
Contact Number	98213876
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	VINN SNG YI XIONG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJL7192B
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 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.



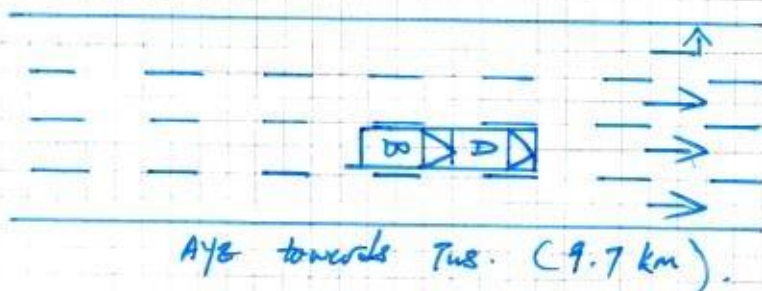
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

(A) SJL 7192B

(B) SJH 7781Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/06/18 at @ 1720hrs, I was travelling in my vehicle (SJL 7192B) along A/B towards Tns (9.7 km) on the second lane from the right. I slow down and stopped due to traffic jammed ahead. Suddenly, a vehicle (SJH 7781Y) from behind collided onto the rear portion of my vehicle.

DECLARATION

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

Policyholder's Signature
Date & Time: 28/06/18 1725

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

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

Vehicle No.	SJL 7192B	Model / Make	Toyota Vios
Date of Accident	28/06/18		
Time of Accident	1730 HRS		
Location of Accident	Apt towards Tias (9.7 km)		
Exact purpose use during accident	Chauffeur		
Name of Owner	Carwise Pte Ltd		
Telephone No.	H/P: 9857 5910	Home :	Office :
NRIC	2017259316		
Address	8, Canberra Drive #11-11, Zight Courtyard (S) 768 141		
Claim type	OD <u>THIRD PARTY</u>	REPORTING ONLY	
Insurance Company	N/A		
Type of Coverage	Comprehensive <u>Third Party</u>	Third Party / Fire / Theft	
Policy No.	1094372947		
Name of Driver	As Above If No, Vinn Sng Yi Xiang		
NRIC	8950947318	Any Passengers :	01 (F)
Date of birth	13/03/1995		
Occupation	<u>Outdoor</u> / Indoor		
Driving License Pass Date	25/11/2014		
Gender	<u>Male</u> / Female		
Contact No.	H/P: 9129 1160	Home :	Office :
Address	BLK 25/B Jalan Membina #17-112 (S) 184 025		
Driver have any own vehicle	<u>No</u> If yes, Reg No.		
Relationship	Employee, If no, state <u>Hirer</u>		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.	Vinn Sng Yi Xiang (H/P: 9129 1160)		
Name And Contact No.			
Police Report	<u>No</u> If Yes, Where?		
Vehicle B No.	SJH 7781 Y	Any Passengers :	N-A
Name of Driver	Mohamed Adil	Contact No. :	9821 3876
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name	N/A	Witness Contact :	
Accident Portion	Rear Portion		
Camera Recorder	Yes / <u>No</u>		
Email Address	zero1995@hotmail.com		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?		Yes / <u>No</u>	
PARTICULAR WORKSHOP	Twincar		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Huixia		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9509473B**

Name: **VINN SNG YI XIONG**

Birth Date: **13 Mar 1995**

Issue Date: **25 Nov 2014**

002369502C

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9509473B**

Name: **VINN SNG YI XIONG**

孙 一 雄

Race: **CHINESE**

Date of birth: **13-03-1995**

Sex: **M**

Country of birth: **SINGAPORE**

S9509473B

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg **25 Nov 2014**

NP 428A

Licence No: S9509473B

4527782

S9509473B

Date of issue: **12-02-2010**

Address: **APT BLK 25B JALAN MEMBINA #17-112 SINGAPORE 164025**

Name: Voon Sng Yi Xiong

NRIC: S9509473 B

TEMPORARY PRIVATE HIRE CAR DRIVER'S VOCATIONAL LICENCE

1. You have passed the vocational licence competency test and have been granted a Private Hire Car Driver's Vocational Licence (PDVL).

PDVL Commencement Date: 16 APR 2018

2. You must display this Temporary PDVL in your car at all times while driving a chauffeured private hire car.

3. LTA will subsequently inform you to collect your Vocational Licence Card that will replace this Temporary PDVL.

You must collect your Vocational Licence Card within 6 months of the PDVL Commencement Date and display it in your car thereafter. **Otherwise, your PDVL may be revoked.**

Kwan Mei Fong
Assistant Registrar of Vehicles
Land Transport Authority of Singapore



This Temporary PDVL is handed to you by **VINCENT** (centre officer name), **OFFICER P**
(centre officer designation), of _____ (centre name).

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5094372947

Cover : Third Party

- | | |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SJL7192B |
| Chassis Number | : MR053HY9305084331 |
| 2. Name of Policyholder | : CARWISE PTE. LTD. |
| 3. Effective Date of Insurance | : 30 Apr 2018 |
| 4. Expiry Date of Insurance | : 29 Apr 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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

Agency : HOBBS INSURANCE AGENCY (00000572363)
Date of Issue : 18 Sep 2017 16:06 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="28/06/2018 17:20"/>						
Vehicle No. (For Motor)	<input type="text" value="SJL7192B"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094372947	CARWISE PTE. LTD.	201725931G	GFT	Third Party	SJL7192B	SJL7192B	30/04/2018	
<input type="button" value="Continue"/>									

▼ Policy Information

Policy No.	5094372947	Policyholder Name	CARWISE PTE. LTD.	Policyholder NRIC	201725931G
Address	8 CANBERRA DRIVE #11-11 EIGHT COURTYARDS SINGAPORE 768141				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	18/09/2017	Effective Date	19/09/2017 00:00	Expiry Date	18/09/2018 23:59
Excess Type		All Claim Excess			
Third Party Excess	1500	Own damage Excess		Windscreen Excess	
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	1500	Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	HOBBS INSURANCE AGENCY	Agent Tel.	97919911	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	8 CANBERRA DRIVE	Address 2	#11-11 EIGHT COURTYARDS	Address 3	SINGAPORE 768141
Address 4		Address Type	Singapore address	Post Code	768141
Unit No.	11-11	Related Policy Number	5100148093		

Insured Object: SJL7192B

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	29/09/2017 00:00	Basic Information Endorsement	000001286663568	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 2 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJG6486L 29-09-2017 \$988.65 2. SLR6293U 29-09-2017 \$988.65 In view of this amendment, an additional premium of \$1,977.30 (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 in 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.</p>
2	05/10/2017 00:00	Basic Information Endorsement	000001286667753	Endorsement Take Effective	<p>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. SJN5049K 07-10-2017 \$966.37 In view of this amendment, an additional premium of \$966.37 (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</p>

Claim Handling

Exit

Accident MT/1000965

Policy No.	5094372947	Vehicle No.	SJL7192B	GST Registration No.	
Policyholder Name	CARWISE PTE. LTD.			Policyholder NRIC	201725931G
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	98575910	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KPI	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	29/06/2018 20:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	28/06/2018	Time of Accident hh:mm	17:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG AYE (TUAS)				

Benefits

Excess

Own damage Excess		Additional Excess	0	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	1,500.00		
Third Party Excess	1,500.00	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	8 CANBERRA DRIVE	Address 2	#11-11 EIGHT COURTYARDS	Address 3	SINGAPORE 768141
Address 4		Address Type	Singapore address	Post Code	768141
Unit No.	11-11	Related Policy Number	S100148093		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	VINN SNG YE XIONG	Driver NRIC	S9509473B	Driver DOB	13/03/1995
Register Date of Driver License	25/11/2014	Driver Age	23	Driving Experience	3
Contact No.(Mobile)	91291166	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 25B	Address 2	JALAN MEMBINA	Address 3	MEMBINA COURT
Address 4	SINGAPORE 164025	Address Type	Singapore address	Post Code	164025
Unit No.	17-112				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading ¹	0 mg	Any Injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CARWISE PTE. LTD.	Insured NRIC	201725931G
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SJL7192B	TP Vehicle Number	S3H7781Y
Claim Description	SJL7192B / S3H7781Y ON 28 Jun 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	29/06/2018 20:11	Claim Close Date		Date Received	29/06/2018 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1000965	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/06/2018 20:12

Path *

	Browse...	Clear	Category *	Confidential	Urgency *	Description *
			Please Select	<input type="text"/>	Normal	
			Please Select	<input type="text"/>	Normal	
			Please Select	<input type="text"/>	Normal	
			Please Select	<input type="text"/>	Normal	
			Please Select	<input type="text"/>	Normal	
			Please Select	<input type="text"/>	Normal	
			Please Select	<input type="text"/>	Normal	

☐ Send Message

Attachment List

29/6/2018