	ntre Services. well Jan'os M	NATIFICAGOS	
Date In: 13/8/11-114/2	Jeb description	Date &Time Completed	Done by
Res No: NA) NC 18014 68 6/14	SAS e-filing		
Veh No: Sprenst	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 11/8/12/05	i-Motor Claim Form	MIOOPICFOCI	13/8/18 20:19
	i-Motor W/O (Within: OD 2hi		
OD TP ! Reporting Only	i-Photo Uploaded		iv
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: ((Tel: F	ax:
TP Particulars: Veh Noul	1925U INC)/Non-INC()	
Owner / Driver: (147	Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]
Year of Registration: ()	Warranty: YES () / NO ()	
	51,000 ()/\$2,000 ()		
General Remarks;-			2.0°4 3.1.1.2
() Walk-In Customar : Customer's i	information strictly Confidential & St	rictly NO refer of repairer.	
() Total Loss Case : to e-mail Ins	surer URGENTLY.	5	
		'owing Co: (.)
Remarks:- (INC hotline: 6788 6616			7258986F-SE
Kemarks::::::::::::::::::::::::::::::::::::			
		Date&Time Completed	Done by
1) Apply for Transport Allowance ()	/ Courtesy Car ()	Datex lime Comple ad	Done by
Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ()	Date& limb Comple ad	Done by
1) Apply for Transport Allowance ()	/ Courtesy Car ()	Date& limb Comple 3d	Done by
Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ()	Date& limb Comple ad	Done by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	/ Courtesy Car ()		
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >	/ Courtesy Car ()		Done by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	/ Courtesy Car ()		
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	/ Courtesy Car ()		
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	/ Courtesy Car ()		
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	/ Courtesy Car ()		
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	() () () () () () () () () ()		Ant (S) Ant (S)
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	/ Courtesy Car ()	paration Checklist	Ant(S) Ant(S)
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	/ Courtesy C2r ()	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$80)	Ani((S)) Ami(S) fitBill Add Bil
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	/ Courtesy C2r ()	paration Checklist; Reporting (\$30); Assessment (\$100); INC (\$80); Res \$400	Ant (S) Amt (S) fit Bill Add Bil
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions VA[805025] atimant's Particulars:- iver/Owner:	Courtesy Car (paration Chrcklist: Reporting (\$30); Assessment (\$100); INC (\$80); hrough Survey hrough Survey (Resurvey)	Ant (5) Ant (5) Fit Bill Add Bil 9) 545 120 530
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions VA[805025] atimant's Particulars: iver/Owner: intact No:	Courtesy Car (paration Chrcklist; Reporting (\$30); Assessment (\$100); INC (\$8) ee \$40 hrough Survey \$ hrough Survey (Resurvey) gainst INC Only (wef 10 Jen 2005)	Ant (5) Ant (5) Fit Bill Add Bil 9) 545 120 530
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions VA[805025] atimant's Particulars:- iver/Owner:	Courtesy C2r ()	paration Chrcklist; Reporting (\$30); Assessment (\$100); INC (\$80) rough Survey (\$200) rough Survey (Resurvey) resinst INC Only (wef 10 Jan 2003) rotion + SMRT Survey (\$200)	Ant (5) Amt (5) fit Bill Add Bil 7545 120 530
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Actions aimant's Particulars: iver/Owner: intact No: imaged Portion:	() ()	paration Chrcklist; Reporting (\$30); Assessment (\$100); INC (\$80) rough Survey (\$200) rough Survey (Resurvey) resinst INC Only (wef 10 Jan 2003) rotion + SMRT Survey (\$200)	Ant(S) Amt(S) fit Bill Add Bill 545 120 530
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions VA[805025] atimant's Particulars: iver/Owner: intact No:	Courtesy Car () ()	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$80); hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) thion + SMRT Survey \$ onal Services:- Cer / Tpt Allowance	Ant((5)) Amt(1) fit Bill Add Bill 7545 120 539 575 160
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Actions aimant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Pre Invoice Pre Invoice Pre I) AR: Accident 2) DA: Darnage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspet 7) N1: Idae DA 8) NTUC Addition OD: *N5: Courtesy *N6: Repair C	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$80); hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005); thion + SMRT Survey Small Services: Cer / Tpt Allowance condination	Ant((5)) Amt((5)) Fit Bill Add Bill 9) \$45 120 \$30 \$75 160
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Actions aimant's Particulars: iver/Owner: intact No: imaged Portion:	Courtesy C2r (paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$80); Res \$400; Assessment (\$100); INC (\$80); Assessment (\$100); INC (\$100); Assessment (Ant (5) Amt (3) fit Bill Add Bill 0) 545 120 530 575 160 53 510 525 55
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Actions aimant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	Courtesy C2r (paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$80); hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005); stion + SMRT Survey onal Services: Cer / Tpt Allowance o-ordination air Inspection lect Excess Coordination (Non INC) against INC	Ant (5) Am (3) fit Bill Add Bill 0) 545 120 530 575 160 535 510 525

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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

	ACCIDENT STATEMENT	
Date Of Report	13/08/2018 11:42	
Date Of Accident	11/08/2018 12:05	
Exact Location Of Accident	SLIP RD TPE(PIE) TWDS PASIR RIS DR 8	
Country/State of Loss	SINGAPORE	
District Control of the Control of t	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFZ8285J	
Insured/Policyholder		10000
Name Of Registered Owner	VOULEZ CARS	
Co Reg No	53350846X	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-91449265	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	WISH 1.8 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	REPORTING ONLY	
Vehicle Category	PRIVATE HIRE	
Insurance Company		and the
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	YES	
Policy Number	5097296239	
Cover Note Number		
Driver		
Name of Driver	TEO KIM CHYE, STEVEN	
NRIC No	S7534816I	
Date Of Birth	23/11/1975	
Occupation	OUTDOOR	
Date Of Driving Pass	07/01/2014	
Driving Experience	4 YEARS AND 7 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-91164747	
Fax Number		
Contact Number	OFFICE-91164747	

NOEMAIL

Address

BLK 211A COMPASSVALE LANE

#10-198

Postcode

541211

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?

NO

Was any injured conveyed to hospital by

ambulance?

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:

: MALE

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG SLIP RD TPE (PIE) AS VEHICLE B WAS IN FRONT OF ME WAS STATIONARY STOPPED. I WAS LOOKING FOR THE INCOMING VEHICLE ALONG THE MAIN RD. VEHICLE B WAS MOVING FORWARD AND HE SUDDENLY BRAKE HIS VEHICLE. IN A RESULT, I APPLIED MY BRAKE HOWEVER MY VEHICLE WAS TOO CLOSE TO VEHICLE B AND MY VEHICLE SLIGHTLY GRAZED ONTO VEHICLE B REAR PORTION

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

SHC1923U

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

ANG SAY KOK

NRIC/Passport Number

S0223773C

Contact Number

Address

Postcode

Page 2 of 19

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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 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:
 - (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 driven is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$75348161



Name

TEO KIM CHYE, STEVEN

张 金

CHINESE Date of birth 23-11-1975

Sex

Country/Place of birth SINGAPORE A.

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 07 Jan 2014 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A

Licence No:S7534816

5692392



NRIC No. S75348161

04-01-2017

APT BLK 211A COMPASSVALE LANE #10-198 SINGAPORE 541211

NRIC No: \$75348161

Date: 04/04/2017

eBaoTech									G	eneralC	laim
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage	· Change Pa	ssword	Log Out
My Desktop	Polic	y Query									
Notice of Loss	Policy N	o.				Date of	Accident	11/0	8/2018 12:05	13	
	Vehicle	No.(For Motor)	SFZ828	5)	20	Certifica	ite Number				
					Se	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097296239		VOULEZ CARS	53350846X	GFT	drivo CLASSIC	SFZ8285J	SFZ8285)	18/01/2018	
					Co	ntinue					

alicy No.	5097296239	Policyholder Name	VOULEZ C	CARS	Policyholder NRIC	53350846X		
ertificate lo.								
ddress	BLK 102 #09-908 SIMEI STREE	T 1 SINGAPOR	E 520102					
roduct lame	FLEET INSURANCE	Plan			Group Policy Flag	N		
Policy ssue Date	09/01/2018	Effective Date	09/01/20	18 00:00	Expiry Date	24/09/2018	23:59	
xcess ype		All Claims Excess						
hird arty xcess	1500	Own damage Excess	2000		Windscreen Excess	100		
dditional xcess	0	OS Premium	2498.90					
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Your	ng/Inexperience Dri	ver Excess
Agent	ANIKA INS BROKERS & CONSU	L Agent Tel.	66729988	3	GST Flag	Υ		
Co- nsurance Flag Open Policy Info Certificate	No.							
Info	holder Mailing Address							
S MARKAGO	BLK 102 #09-908	Adde	ess 2	SIMEI STREET 1		Address 3	SINGAPORE :	520102
Address 1	BLK 102 #09-908					Post Code	520102	
Address 4			ess Type ted Policy	Singapore address		rost code	520102	
Unit No.	09-908	Num	The state of the s	5097296239				
1 Insure	ed Object: SFZ8285J							
	sements							
Seque	18/01/2018 00:00	Endorsement	ation	Endorsement Number 000001286738851	Endorsem Endorsem Effective	ment Status	Thank you for giv opportunity to ser confirm that this to cover the follow follows: VEHICLE EFFECTIVE DATE GST) 1. SF28285, \$962.79 In view on additional prer (inclusive of GST) your policy. Pleas premium paymen have since made Otherwise, we wo you could make pwithin 14 days fro letter. For cheque issue the cheque Income" with you number indicated the cheque. Alter also make payme branches by cash	ve you. We policy is extended wing vehicle(s) as NUMBER PREMIUM (INCL J 18-01-2018 of this amendmen nium of \$962.79 is payable under eignore this t request if you payment, suid appreciate it ayment to us om the date of this payment, please in favour of "NTU r name and policion the reverse o natively, you coulnt at any of our or NETS.
2	18/01/2018 00:00	Basic Inform Endorsemen		000001286784828	Endorsem Effective	ent Take	Thank you for giv opportunity to se confirm that this to cover the follor follows: VEHICLE EFFECTIVE DATE GST) 1. SLC5120 \$633.52 2. SLC2! \$633.52 In view an additional prei (inclusive of GST) your policy. Pleas	rve you. We policy is extended wing vehicle(s) at NUMBER PREMIUM (INCL X 29-03-2018) are to this amendmen mium of \$1,267.() is payable under policy is

Claim Handling					- Exit
he premium on this policy has i Accident MT/1007019	not been collected.				
Policy No.	5097296239	Vehicle No.	SP282853	GST Registration No.	
	2017 C 2017 C		100000000000000000000000000000000000000		
Certificate No.	VOULEZ CARS			Policyholder NR3C	53350846x
Policyholder Name		Cover Type	STV9 CLASSIC	Loading	0
Product Code	FLEET INSURANCE			Contact No.(Home)	0
Contact No. (Mobile)	91,449269	Contact No.(Office)	0		Tin V
Email Address	-	Special Remark	8 N C 194	eCode eCode Reason	Junean.
CFIC	® No ○ Yes	TCA	® No ○Yés		March
NCD Protection	No.	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details				- Control Control	- 145 00000 0000 00000 00000
Report Date	13/06/2018 20:17	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	11/08/2018	Time of Accident hhimm	12:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP AO TPE(PIE) TWOS PASIR RIS OR 8				
♥ Benefits					
♥ Excess					
	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Own damage Excess	2,000.00		2,000.00	Washington Excess	300,000
Jonnamed Driver Excess		Outside Singapore CO Excess			
Fried Party Excess	1,500.00	Dutside Singapore TP Excess	1,500.00		
GST Registered Informa			MATERIAL STATES		
SST Registered	No		GST Registration Date GST Status Verified	Yes	
SST Registration No.			man attent Aeuten	300	
Modification History					
→ Policyholder Mailing Ad		SERVER	770-00-00-00-00-00-00-00-00-00-00-00-00-	CERTIFIC	AWARDAN FRANCE
Address 1	BLK 102 #09-908	Address 2	SIMEI STREET 1	Address 3	SINGAPORE 520102
Address 4		Address Type	Singapore address	Post Code	520102
Unit No.	09-908	Related Policy Number	5097296239		
□ OI Driver Info					
Driver Name	Unnamed Driver	Oriver Type	Unnamed Driver		
Unnamed driver Name	TEO KIM CHYE, STEVEN	Driver NRIC	\$75348161	Driver DOB	23/11/1975
Register Date of Driver License	07/01/2014	Driver Age	42	Driving Experience	4
Contact No (Mobile)	91164747	Contact No. (Office)	0	Contact No. (Home)	0
Address:1	86K 211A	Address 2	COMPASSVALE LANE	Address 3	COMPASSVALE BEACON
Adoress 4	SINGAPORE \$41211	Address Type	Singapore address	Post Code	541211
Unit No.	10-198				
Does he own a Singapore		and the second second		Date on Lancons Comments	
Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
20-20-000-00					
Declaration Sneathalysier or Blood Test					
Reading?	0 =g	Any injury?	○ Yes ® No		
Modification History					
Claim 001 New					
	-		(muses ones	Inc. and MRIST	ESTECULAR V
Claim Type *	OD-MX	Insured Name	VOLLEZ CARS	Insured NRIC	53350646X
Contact No. (Mobile)		Contact No.(Home)	NDL.	Contact No.(Office)	+
Email Address		Of Vehicle Number	SFZ82851	TP Vehicle Number	SHC1923U
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claiment Name +	22	Claimant NRIC *		-	25
Claim Description	SPZ82851 / SHC1923U ON 11 Aug 2018		12-	Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Ves 🔍	Preference Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	13/08/2018 20:19	Claim Close Date		Date Received	13/08/2018 00:00
Report Taken By	Jackson	2511571157117			
Report Taken by	pecision				
2 Print AK letter					
			Save Submit		
Attachment					
Attachment					
w					
	MT/1007019	Claim No.	001		
Accident No.		Upload Date	13/08/2018 20:20		
Last Doc. Received	® Yes ○ No	uproed Date		V2602000000 95006	500 Service Control Co
	Path *		Category •	Confidential Urgen	
Karaman II		Browse		V Normal	⊻
		Browse	Coar Please Select	Normal	
		Browse	Cear Please Select	V Normal	Y
		Browse	Cear Please Select	Normal	

