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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Contact Number EMail Address

Fax Number

Gender

- 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 <u>truthful and accurate</u> 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	19/09/2018 15:46
Date Of Accident	18/09/2018 15:55
Exact Location Of Accident	WAN THO AVE TWDS UPP SERANGOON RD
Country/State of Loss	SINGAPORE
The state of the s	ETAILS OF OWN VEHICLE
Vehicle Registration Number	PA5852E
Insured/Policyholder	
Name Of Registered Owner	LEOW BEE ENG
NRIC No	S6908667E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93633881
Alternative Phone No	OFFICE-93633881
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE DX 3.0 AUTO
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	REPORTING ONLY
Vehicle Category	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097031407
Cover Note Number	
Driver	
Name of Driver	YEO YUK CHYE
NRIC No	S1725517G
Date Of Birth	10/11/1965
Occupation	OUTDOOR
Date Of Driving Pass	03/12/1999

18 YEARS AND 9 MONTHS

(LOCAL) +65-81835582

OFFICE-81835582

MALE

NOEMAIL

Address BLK 275 BANGKIT ROAD

#04-84

Postcode 670275

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

...

General Information of the Accident

Type Of Accident SIDE SWIPE
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.

5

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes,against whom?

NO

NO

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

SKR6236Y

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver PEUGEOT

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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.
- 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:

- 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)
 - (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
- 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.
- 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.

Date & Time:

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

NRIC/FIN No .:

Reporting Centre Personnel's Signature

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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:

Name: NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IN PORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre. Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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 traffic police department for investigation.

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Vehicle registration number	PASSSZE (11 Seater)
Vehicle make and model	Toyota Hiace
Type of vehicle	Saloon D MPV D CRV D Van D Van D Others:
Vehicle category	Private Commercial Motorcycle D
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes D No D if no, please select: Third part claim D Reporting only D

AND REAL PROPERTY.	INSURANCE IN	FORMATION	
Insurance company		NTUC	
Policy number	S	097031407	The second secon
Type of policy	Comprehensive D	Third party fire & theft	TP only [

the management of the state of	INSURED / POLICY HOLDER	A A A A	Female 🗗
Name	Leon Bee Eng	Male 🗆	remale 🗗
NRIC / Fin / Passport number	56908667E		
Contact	9363 3881		
Address	BK 275 Bangkit Road #04-	84	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)						
Name	400 Yuk Chye	Male Female					
NRIC / Fin / Passport number	5/7255/76	- 2					
Contact	81835582						
Address	BIK 275 Bangkit Road # 04-84	5(670275)					
Email address							
Date of birth	10/11/1465						
Occupation	Indoor Outdoor						
Driving date pass	31/08/1987	31/08/1987					

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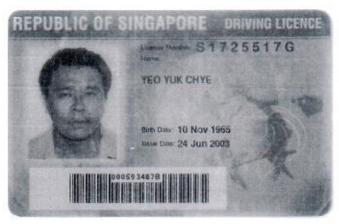
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Was injured conveyed to	Yes □	No 🗆
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VOCATIONAL LICENCE Name : YEO YUK CHYE

Issue Date : 24/10/2014

Please visit www.lta.gov.sg to check the status of this vocational licence





This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701

Type Description

03 04

03/12/1999

BUS VL BUS ATTENDANT

03/12/1999

NP 428A

PASS DATE

31 Aug 1987

05 May 1988

29 Jun 1988





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 killograms

weight of which unladen exceeds 2500 kilograms Motor Vehicles which are not constructed

themselves to carry any load and the weight of which unladen exceeds 7250 kilograms

Heavy Motor Cars and Motor Tractors the



Certificate of Insurance

/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Pehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) agency S'PORE SCH&PTE HIRE BUS OWNS ASS (00000601247) ate of Issue For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED		Certifica	ite or	insurance	
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1950 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA) Cover: Comprehensive Index mark and Registration Number of Vehicle Chasis Number: Index mark and Registration Number of Vehicle Chasis Number: Index mark and Registration Number of Vehicle Chasis Number: Index mark and Registration Number of Vehicle Chasis Number: Index mark and Registration Number of Vehicle Chasis Number: Index mark and Registration Number of Vehicle Chasis Number: Index mark and Registration Number of Vehicle Chasis Number: Index mark and Registration Number of Vehicle Chasis Number: Index mark and Registration Number of Vehicle Chasis Number: Index mark and Registration Number of Vehicle of Number	MOTOR VEHICLES (TUIRD BART)	DIEVE AND COMORNEAS	01111	(Cupress and	
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Chassis Number : KDH2010230482 Name of Policyholder : LEOW BEE ENG : 29 Dec 2017 Expiry Date of Insurance : 29 Dec 2017 Expiry Date of Insurance : 29 Dec 2018 Paraons 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 parmitted in accordance with the literaling 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. Limitations as to Use* [a) Use for the carriage of passengers in connection with the Policyholder's business. [b) Limited to carry 11 passengers This Policy does not cover [a) Use for racing, pace-making, reliability trial or spead-testing. [b) Use whilst drewing a trailer except the towing (Other than for neward) of any one disabled mechanically propelled vehicle. *** Limitations randered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chepter 189) and Section 95 of the Road Transport Act, 1997 (Malaysis), are not to be included under these headings. SECOGRAPHICAL LIMIT : WITHIN THE REPUBLIC OF SINGAPORE ONLY EXCESS (SECTION I) : \$\$2,000 EXCESS (SECTION I) : \$\$2,000 EXCESS (SECTION I) : \$\$1,500 MINDSCREEN EXCES : \$5.00 MINDSCREEN EXCES : \$5.00 MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS We hareby Cartify that the Policy to which this Cardificate relates is issued in accordance with the provisions of the Motor ehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) are of issue : \$100 Compensation and Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) are of issue : \$200 Court 13:35 hrs For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED **FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED **FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED **FOR NTUC INCOME INSURANCE	1. Index mark and Registration	Number of Vehicle	12		
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IMP PURCHASE COMPANY IMPORTANT IN MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS 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) Important Importa		58) 63 0000000			
MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS (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 Compansation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) **gency S'PORE SCH&PTE HIRE BUS OWNS ASS (00000601247) **get of Issue** **For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED** **Third Party Risks and Compansation of the Motor Vehicles (Third Party Risks and Compansation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) **FORM TO THE BUS OWNS ASS (00000601247) **Third Party Risks and Compansation of the Motor Vehicles (Third Party Risks and Compansation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) **FORM TO THE BUS OWNS ASS (00000601247) **Third Party Risks and Compansation of the Motor Vehicles (Third Party Risks and Compansation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) **FORM TO THE BUS OWNS ASS (00000601247) **Third Party Risks and Compansation of the Motor Vehicles (Third Party Risks and Compansation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) **Third Party Risks and Compansation of the Motor Vehicles (Third Party Risks and Compansation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) **Third Party Risks and Compansation of the Motor Vehicles (Third Party Risks and Compansation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) **Third Party Risks and Compansation of the Motor Vehicles (Third Party Risks and Compansation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) **Third Party Risks and Compansation of the Motor Vehicles (Third Party Risks and Compansation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) **Third Party Risks and Compansation of the Motor Vehicles (Third Party Risks and Compansation) Act (Chapter 189) **Third Party Risks		(a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	TO	(4)	
We hereby Certify that the Policy to which this Cartificate relates is issued in accordance with the provisions of the Motor /ehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) gency : S'PORE SCH&PTE HIRE BUS OWNS ASS (00000601247) ate of Issue : 28 Dec 2017 19:35 hrs For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED	SUM INSURED			PED VEHICLE AT TIME OF LOSS	
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gency : S'PORE SCH&PTE HIRE BUS OWNS ASS (00000601247) sate of Issue : 28 Dec 2017 13:35 hrs For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED	/We hereby Certify that the Police	to which this Certificate	rolates i	is issued in accordance with the secondary	
gency : S'PORE SCH&PTE HIRE BUS OWNS ASS (00000601247) : 28 Dec 2017 13:35 hrs For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED	Vehicles (Third Party Risks and Cor	npansation) Act (Chapter	189) an	d Part IV of the Road Transport Act 199	ns of the Motor
For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED		3. 87 1. 367		The state was manapare rick and	1 finition Azier)
For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED	Agency : S'PORE	SCH&PTE HIRE BUS OWN	S ASS (O	0000601247)	
Frank Om	Date of Issue : 28 Dec :	2017 13:35 hrs	120	100.21 00 00 100 500	
Frank Om					
Frank Om				For NTUC INCOME INSURANCE CO-OF	PERATIVE LIMITED
Anthony Our		A			ASSETTING AUGUSTS
MAT VM	low	and -			
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Duntersiened By:	ountersigned By:	Y			

Chief Executive

Authorised Officer

eBao Tech								Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601				· Change L	anguage	Chang	ge Password) Log Out
My Desktop	Policy Query								
Notice of Loss	Policy No.			Date o	of Accident	1	8/09/2018	15:55	
	Vehicle No. (For Motor)	PA5852E		Certifi	cate Number			200-101-11-12	
			1	Search					
	Select Policy No.	Certificate Policyhold Number Name	er Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5097031407	LEOW BE	E S6908667E	GBS	Comprehensive	PA5852E	(100)	29/12/2017	28/12/2018
			100	Continue	1				

Policy Information

Seque	nce Date of Endorsement		Endorsement Type		Endorsement Status		Endorsement Content	
□ Endors	sements							
D Insure	d Object: PA5852E							
Unit No.		Related Policy Number		5097031407				
Address 4			ess Type	Singapore address		Post Code	670275	
Address 1	BLK 275 #04-84	Addre	ess 2	BANGKIT ROAD		Address 3	SINGAPORE 670275	
→ Policy	nolder Mailing Address							
Certificate Info								
Policy Info								
Open								
insurance Flag	No							
Agent Co-	S'PORE SCH&PTE HIRE BUS OW	Agent rei.	67410788		GST Flag	1		
Excess	C'DODE COURNTE UIDE DUC OU		63410700		COT FIG.	v		
Singapore OD		Outside Singapore TP Excess				Young	/Inexperience Driver Excess	
Excess Outside		Premium	0					
Excess Additional		Excess OS			Excess	830		
Third Party	1500	Own damage	2000		Windscreen	100		
Excess Type		All Claims Excess						
Policy Issue Date	28/12/2017	Effective Date	29/12/201	7 00:00	Expiry Date	28/12/2018 2	3:59	
Product Name	BUS INSURANCE	Plan			Group Policy Flag	N		
Address	BLK 275 #04-84 BANGKIT ROAD	SINGAPORE	670275					
Certificate No.								
Policy No.	5097031407	Policyholder Name	LEOW BEE	ENG	Policyholder NRIC	S6908667E		

Claim Handling					- Sais	
Accident MT/1012176				. On Contract Contract		
Pakcy No.	5097031407	Vehicle No.	#A58526	GST Registration No.		
Certificate No.						
Policyholder Name	LEOW BEE ENG			Policyholder NRIC	56908667E	
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0	
Contact No. (Mobile)	93633881	Contact No.(Office)	0	Contact No.(Home)	0	
Email Address	COLUMN CO	Special Remark		eCode	41. 💙	
KFK	® No ○Yes	TCA	® No ○ Yes	eCode Reason		
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No	
Accident Details						
Report Date	19/09/2018 17:20	Accident Report Within 24 hrs.	Yes	Accident Type	Side Swipe	
Date of Accident	18/09/2018	Time of Accident his mm	15:55	Country of Academ	Singapore	
Reporting Centre		Orange Force		ICM No.		
Accident Location	WAN THO AVE TWOS UPP SERANGOON RD					
▼ Excess						
Dwn damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00	
unnamed Driver Excess		Outside Singapore OD Excess				
Third Party Excess	1,500.00	Outside Singapore TP Excess				
□ Benefits						
□ GST Registered Inform	ation					
GST Registered	No.		GST Registration Date			
GSY Registration No.			GST Status Verified	Yes		
Modification History						
The Ballion States and March	Manager 1					
→ Policyholder Mailing Ad Address 1	8UK 275 #04-84					
	BLX 275 #Q4-84	Address 2	BANGKIT ROAD	Address 3	SINGAPORE 670275	
Address 4 Unit No.		Address Type	Singapore address	Post Code	670275	
♥ OI Driver Info		Related Policy Number	5097031407			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	YEO YUK CHYE	Driver NRIC	\$1725517G	Driver DOB	10/11/1965	
Register Date of Driver License		Driver Age	52	Driving Experience	16	
Contact No.(Mobile)	81835582	Contact No.(Office)	0	Contact No.(Home)	0	
Address 1	BUK 275	Address 2	BANGKIT ROAD	Address 3	SINGAPORE 670275	
Address 4		Address Type	Singapore address			
Unit No.	04-84	Audress Type	Singapore address	Post Code	670275	
Does he own a Singapore		- CONTRACTOR CONTRACTO				
Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company		
Declaration						
Breathalyser or Blood Test	0 mg	Any injury?	○ Yes ® No			
Reading?			0.110			
And the state of t					= 3	
Modification History						
Claim 001 New						
Claim Type *	Ор-мх 🔻	Insured Name	LEOW BEE ENG	Insured NRIC	remares	
Contact No. (Mobile)	93633881	Contact No.(Home)			\$6908667E	
	(320300)		NU.	Contact No. (Office)	gund hadu	
Email Address	P	OI Vehicle Number	PAS852E	TP Vehicle Number	SKR6236Y	
Claimant Type Claimant Type *		Type of Benefit *	Please Select			
Claimant Address	>>	Claimant NRIC *				
	Increase consideration in the constant					
Claim Description Preferred Workshop Contact	PAS852E / SKR6236Y ON 18 Sept 2018			Name of Preferred Workshop	45	
No.		Intured Liability *	Fully at Fault			
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown		Received	
Date Registered	19/09/2018 17:21	Claim Close Date		Date Received	19/09/2018 00:00	
Report Taken By	Jeckson					
Print AK letter						
			Save Submit			
Attachment						
w .						
Accident No.	MT/1012176	Claim No.	001			
Last Doc. Received	Yes □ No	Upload Date	19/09/2018 17:22			
	Path *	85(4)(5254)	Category *	Confidential Urgen	y * Description *	
	1900	Browse.		V Normal	y · Gescription ·	
		Browse		V Normal	V	
		Browse.		V Normal	<u>v</u>	
					1100	
1		Browse.	Clear Please Select	V Normal	V	

