

NATIONAL Assessment Centre Services. [ver 1 Jan'05]

Date In: 29/10/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18019675/13	SAS e-filing		
Veh No: SJ45896T	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 28/10/18 1450	I-Motor Claim Form	27/10/18 1643	001
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: ( TWNCAR ) Tel: Fax: )

TP Particulars: Veh No: SJ51909L 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: 678816016)	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

Claimant's Particulars: NA1807028	Invoice Preparation Checklist	Am (\$)	R: Add (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (ver 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

## 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 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. 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	29/10/2018 18:16
Date Of Accident	28/10/2018 14:50
Exact Location Of Accident	WESTGATE 33 INDOOR CARPARK(NEAR OFFICE LOBBY)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG5896T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NURFADILAH BINTE RASHID
NRIC No	S8523499D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92289185
Alternative Phone No	OTHERS-92289185

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104926486
Cover Note Number	

### Driver

Name of Driver	MUHAMAD FAUZI BIN MAT ISA
NRIC No	S8110868D
Date Of Birth	28/04/1981
Occupation	INDOOR
Date Of Driving Pass	12/12/2013
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92955164
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 114 HO CHING RD #10-56
Postcode	610114
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	
Was any body injured in the Accident?	NO
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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN 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

PLS REFER TO THE ATTACHED 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	SGJ1909L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

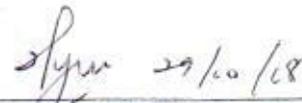
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

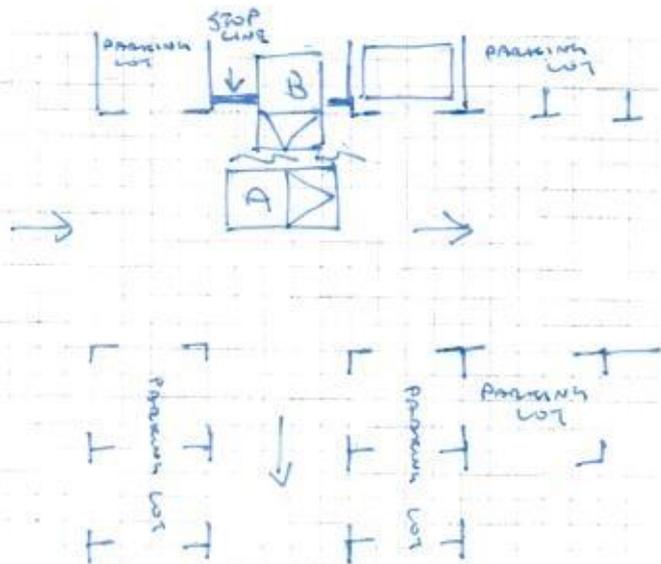


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**SKETCH PLAN**

WEST GATE SHOPPING MALL  
B3 CARPARK

VEHICLE A - SJG 5896T  
VEHICLE B - SGJ 1909L



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I WAS DRIVING ALONG THE DRIVE WAY OF THE BASEMENT B3 CARPARK OF WESTGATE SHOPPING MALL. IT IS A ONE LANE ONE WAY DRIVE WAY.

WHILE DRIVING STRAIGHT AHEAD, COMING TO A INTERSECTION, I PROCEED ON AS I WAS ON THE RIGHT OF WAY.

SUDDENLY A VEHICLE CAME OUT ON THE LEFT OF MY VEHICLE AND HIT ONTO THE LEFT SIDE OF MY VEHICLE. AS IT WAS TOO SUDDEN, I COULDN'T REACT OR TO AVOID THE COLLISION.

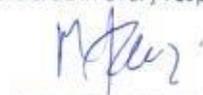
ALIGHTED FROM MY VEHICLE IT WAS A VEHICLE WITH LICENCE PLATE NUMBER (SGJ 1909 L) THAT FAIL TO STOP AT THE STOP LINE AND DIDN'T CHECK ON ON-GOING VEHICLE, AND HIT ONTO MY VEHICLE WHEN I WAS DRIVING STRAIGHT ALONG THE DRIVEWAY.

VEHICLE A - SJG 5896T  
VEHICLE B - SGJ 1909 L

**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.:

<b>Vehicle No.</b>	55658967	<b>Model / Make</b>	TOYOTA VIOS
<b>Date of Accident</b>	28/10/2018		
<b>Time of Accident</b>	1450	<b>HRS</b>	
<b>Location of Accident</b>	WEST CATER 33 IN-DOOR CARPARK (NEAR OFFICE LOBBY)		
<b>Exact purpose use during accident</b>	PRIVATE USE		
<b>Name of Owner</b>	NURFADILAH BINTI RASHID		
<b>Telephone No.</b>	H/P: 9228 9185	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S 9523497D		
<b>Address</b>	BLK 114 HO CHING ROAD #10-56 S(610114)		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	<b>Comprehensive</b>	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5104926456		
<b>Name of Driver</b>	As Above If <input checked="" type="radio"/> No	MUHAMAD FAUZI BIN MAT SA	
<b>NRIC</b>	S 9110868D	<b>Any Passengers :</b> (2 MALE 1 FEMALE)	
<b>Date of birth</b>	28 APR 1981		
<b>Occupation</b>	Outdoor	/	<b>Indoor</b>
<b>Driving License Pass Date</b>	12 DEC 2013		
<b>Gender</b>	<b>Male</b> / Female		
<b>Contact No.</b>	H/P: 92955164	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	BLK 114 HO CHING ROAD #10-56 S(610114)		
<b>Driver have any own vehicle</b>	<input checked="" type="radio"/> No	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state	SPOUSE
<b>Weather condition</b>	<b>Clear</b>	Raining Other	IN-DOOR
<b>Road Surface</b>	<b>Dry</b>	Wet Other	IN-DOOR
<b>Any Injuries</b>	<input checked="" type="radio"/> No	If Yes, Who? (MONITORING)	
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	<input checked="" type="radio"/> No	If Yes, Where?	
<b>Vehicle B No.</b>	565 1909L	<b>Any Passengers :</b>	
<b>Name of Driver</b>	<b>Contact No. :</b>		
<b>Vehicle C No.</b>	<b>Any Passengers :</b>		
<b>Vehicle D No.</b>	<b>Any Passengers :</b>		
<b>Vehicle E no.</b>	<b>Any Passengers :</b>		
<b>Vehicle F No.</b>	<b>Any Passengers :</b>		
<b>Vehicle G No.</b>	<b>Any Passengers :</b>		
<b>Witness Name</b>	<b>Witness Contact :</b>		
<b>Accident Portion</b>	LEFT SIDE OF VEHICLE.		
<b>Camera Recorder</b>	Yes / <input checked="" type="radio"/> No		
<b>Email Address</b>			
<b>HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?</b>			
			Yes / No
<b>PARTICULAR WORKSHOP</b>	TWINLAN AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP Email ADDRESS</b>	SALES@NSI.COM.SG		

Driver

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8110868D



Name  
**MUHAMAD FAUZI BIN MAT  
ISA**

Race  
**MALAY**  
Date of Birth  
**28-04-1981** Sex  
**M** S8110868D  
Country of Birth  
**SINGAPORE**

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8110868D**

Name  
**MUHAMAD FAUZI BIN MAT  
ISA**

Birth Date: **28 Apr 1981**  
Issue Date: **12 Dec 2013**



A0018824



NRIC No. **S8110868D**

Group/Class Date of issue  
**A+ 10-05-2001**

Address  
**APT BLK 114 HO CHING ROAD  
#10-56  
SINGAPORE 610114**

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 12 Dec 2013

NP 428A



Licence No: S8110868D

OWNER



IDENTITY CARD NO: S8523499D



Name: NURFADILAH BINTE RASHID

Race: MALAY  
Date of birth: 21-07-1985  
Country/Place of birth: SINGAPORE

Sex: F NRIC No: S8523499D

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8523499D  
Name: NURFADILAH BINTE RASHID  
Birth Date: 21 Jul 1985  
Issue Date: 28 Aug 2008

001644365H



5597216

NRIC No: S8523499D



Date of issue:

APT BLK 114 HO CHING ROAD #10-56  
SINGAPORE 610114

NRIC No: S8523499D

Date: 03/02/2017

SIGNATURE: [Signature]

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

	PASS DATE
Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg	28 Aug 2008



NP 428A

Hello, NAC\_PAYA\_UBI\_800601

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.  Date of Accident

Vehicle No.(For Motor)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104926486		NURFADILAH BINTE RASHID	S8523499D	GPC	drive CLASSIC	SJG5896T	SJG5896T	24/10/2018	23/10/2019

Continue

**Certificate of Insurance**

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1968  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** S164926486 **Cover :** DR100 CLASSIC

1. Index mark and Registration Number of Vehicle **SIG5896T**  
 Chassis Number **MRO53HY9405070294**

2. Name of Policyholder **NURFADILAH BINTE RASHID**

3. Effective Date of Insurance **24 Oct 2018**

4. Expiry Date of Insurance **23 Oct 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 business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.
  - (b) Use for racing, pace-making, reliability trial or speed testing.
  - (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (d) 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)	SS600
EXCESS (SECTION 2)	N/A
WINDSCREEN EXCESS	SS100
ADDITIONAL EXCESS	N/A
UNNAMED DRIVER EXCESS	PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	NO
INSURE WITH COE	YES
NCD PROTECTION	NO
TRANSPORT ALLOWANCE	NO
EXCESS WAIVER	NO
PRIMARY DRIVER	NURFADILAH BINTE RASHID
NAMED DRIVER (1)	N/A
NAMED DRIVER (2)	N/A
HIRE PURCHASE COMPANY	ABWIN PTE LTD
SUM INSURED	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).)

Agency **ABWIN PTE LTD (00000614234)**  
 Date of Issue **24 Oct 2018 14:12 hrs**

For NTUC INCOME INSURANCE CO OPERATIVE LIMITED

**ABWIN PTE LTD**  
 8 Kaki Bukit Road 2 #01-33  
 Ruby Warehouse Complex  
 Singapore 417841  
 Tel: 6542 3332 Fax: 6542 3301 (Admin Office)

Countersigned By:

Authorised Officer

Chief Executive

**Claim Handling**

Accident MT/1017643

Policy No.	5104926486	Vehicle No.	SJG5896T	GST Registration No.
Certificate No.				
Policyholder Name	NURFADILAH BINTE RASHID			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	92289185	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<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

▼ **Accident Details**

Report Date	29/10/2018 18:33	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	28/10/2018	Time of Accident hh:mm	14:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	WESTGATE 33 INDOOR CARPARK(NEAR OFFICE LOBBY)			

▼ **Excess**

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	

▼ **Benefits**

▼ **GST Registered Information**

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

▼ **Policyholder Mailing Address**

Address 1	BLK 114 #10-56	Address 2	HO CHING ROAD	Address 3
Address 4	SINGAPORE 610114	Address Type	Singapore address	Post Code
Unit No.	10-56	Related Policy Number	5104926486	

▼ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	MUHAMAD FAUZI BIN MAT ISA	Driver NRIC	S8110868D	Driver DOB
Register Date of Driver License	12/12/2013	Driver Age	37	Driving Experience
Contact No.(Mobile)	92955164	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 114	Address 2	HO CHING ROAD	Address 3
Address 4	SINGAPORE 610114	Address Type	Singapore address	Post Code
Unit No.	#10-56			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

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	NURFADILAH BINTE RASHID
Contact No.(Mobile)		Contact No.(Home)	NIL
Email Address		OI Vehicle Number	SJG5896T
Claim Description	SJG5896T / SGJ1909L ON 28 Oct 2018		
Preferred Workshop Finalisation	<input checked="" type="radio"/> Yes <input type="radio"/> No	Insured Liability	Not at Fault
Date Registered	29/10/2018 18:38	Preferred Repair Option	Preferred Workshop (refer below)
Report Taken By	ROSLINDA	GJA report	Received
		Claim Close Date	
		Workshop Repairer	

Print AK letter



