NATIONAL Assessment Centre Services. WHI I Jan'051 MHAN 8 140269 Date In: 24 018-15-17 Job description Date & Time Completed Done by Res No: NA | INC180 19685 /24 SAS e-filing Vch No: 61385327A E-mail (within Shrs, AIC 2hrs) D.O.A: 27/10/18-17:10 i-Motor Claim Form M7 1017 649-001 29/10/18 19:27 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD TP/ Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax: TP Particulars: Veh No: JH B67 17X 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%. F: 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 (); Towing Co: (Remarks:- (INC hodline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Invoice Preparation Checklist Ant (S) Amil (3) NA1806983 fu Bill Add Bill 1) AR : Accident Reporting (\$30); Claimant's Particulars :-2) DA: Damage Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40/\$45 Driver/Owner: \$120 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) Contact No: For claiming against INC Only (wef 10 Jan 2005) \$75 6) TR : Re-inspection Damaged Portion: 7) N1 : Idao DA + SMRT Survey \$160 8) NTUC Additional Services:-OD. QC Checked by (Engr-In-Charge): *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination 510 \$25 * N7: Fost Repair Inspection Auditors' Comments :-*N8: DV / Collect Excess Coordination 35 2at. 1: TP (N11): TP (Nin INC) against INC \$20 9) N12: Idac Mobile 2at. 2/3; **动物产型** Invoice dated Fee Chargea Sec UN Invalce 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 witholding 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.
- 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.

atoresaid.	
AND TO SEE THE SECOND SECOND CO.	ACCIDENT STATEMENT
Date Of Report	29/10/2018 15:57
Date Of Accident	27/10/2018 13:10
Exact Location Of Accident	AMK AVE 5 TWDS CTE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB5327R
Insured/Policyholder	
Name Of Registered Owner	SKYRAY SINGAPORE PTE LTD
Co Reg No	200700821R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE MANUAL
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5090936954-01

Cover Note Number

Driver

 Name of Driver
 JUAY KEOK TECK

 NRIC No
 \$1820762A

 Date Of Birth
 05/08/1967

 Occupation
 OUTDOOR

 Date Of Driving Pass
 04/11/1987

Driving Experience 30 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93262268

Fax Number

Contact Number OFFICE-93262268

EMail Address NOEMAIL

Address

BLK 134 ANG MO KIO AVENUE 3

#12-1685

Postcode

560134

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

COLLISION - CROSS JUNCTION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO 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)

313

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

SHB6717X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

YEO MING SHENG VINCENT

NRIC/Passport Number

S8523570B

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.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:

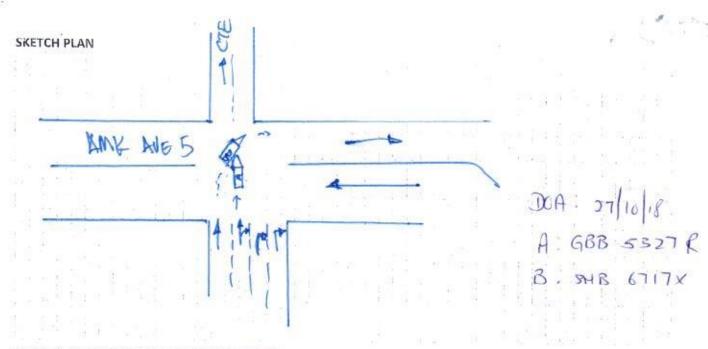
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was	. doing	straight	towards	CTE	, sudo	boly vel	1 B
	e extreme						/
turned	oight o	collided	onto	му	veh	Rt U	1 porte

							100000 (III)
					-		

re the foresting particulars are true in every respect.

Policyfiolder's Signature Date & Time

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

Personal Particulars		
Date of Accident: 27 10 18	lime of Accident:	1-10 pm
Exact Location of Accident:A	MK Ave	5 towards CTE
Owner's Name: Skyruy Sipura Ae	LtdNRIC No:	HP No:
Driver's Name: Juay Keok Teck	NRIC No:	31820 7621 HP No: 9326 2268
Date of Birth: 5 8 1967 Driving Licence Passing	Date: 4 11 1987	_Occupation: Indoor / Outdoor
Address: BIK 134 AMK Ave 3	# 12 - 1685	(560134)
Relationship of Driver with Insured: Employee Email	Address :	
Vehicle No: GBB 5327 R Make	& Model:	ota Hiaci
Insurance Co: NTU C Coverage	=: Compachorsen	Policy No: 5090936954 -01
*Purpose of Reporting? Own Damage Clair	n / 3rd Party Claim /	Not Claiming, Just Reporting Only
*Exact Purpose of The Vehicle Was Being L		
*Weather Condition ? Slear / Raining / Ot	hers:	Wet / pny / Otners:
* Any passenger inside vehicle involved? ((es / No) If yes, V	ehicle No & How many pax:
A:B	C:	D:
*Was Anybody Injured ? (Yes / 166) If yes,		
Name / NRIC / In Vehicle:		
*Was The Accident Reported To The Police	13	
O No O Yes, Which Police Station?	Table 1	
*Does the Driver Own Any Other Vehicle?		
No O Yes, Vehicle Registration No:	insurer:	
*Was any foreign vehicle involved? (Yas /	NO) If yes, Vehicle	No & Category:
*Was there any video captured by Car Can	NOTE THE PROPERTY OF THE PARTY	
Third Party Driver's Particulars		
Vehicle & No: SHB 6717 Mak	.e & Model:	
Driver's Name: 10 Ming Sheng V	incert NRIC NO	:585)3570 BHP No:
Driver's Name:		
Witness Particulars	2	
Mema-	NRIC No.	HP No:







Certificate of Insurance

: GB85327P

: 28 May 2018

: 27 May 2019

: JTFHT02PX00043241

: SKYRAY SINGAPORE PTE LTD

Cover: Preferred Workshop Plan

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: 5090936954-01

1. Index mark and Registration Number of Vehicle

Chassis Number

2 Name of Policyholder

3. Effective Date of insurance

4. Expiry Date of Insurance

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.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. This Palicy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- # 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

EXCESS (SECTION 1) : 5\$600 EXCESS (SECTION 2) N/A WINDSCREEN EXCESS : SS100 INSURE WITH COE YES HIRE PURCHASE COMPANY : N/A SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

: ONG HUI SENG LIFE & GENERAL INS AGENCY (00000571953) : 23 Apr 2018 15:17 hrs

Date of Issue

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive





cident MT/1017649	5090936954-01		Vehicle No.	G8853278	GST Registration No.	-200700821R
mificate No.						
Nicyholder Name	SKYRAY SINGAPORE PTI	E LTD			Policyholder NR3C	200700821R
oduct Code	COMMERCIAL VEHICLE		Cover Type	Preferred Workshop Plan	Loading	0
mact No.(Mobile)	0		Contact No.(Office)	0	Contact No. (Home)	0
naii Address			Special Remark		eCode	To V
K	® No ○ Yes		TCA	® No ⊜ Yes	eCode Reason	1
D Protection	373			8.		Wa.
	No		NCD Entitlement(%)	0	Private Hire	No
Accident Details						
port Date	29/10/2018 19:21		Acadent Report Within 24 hrs	Yes	Academ Type	Collision - Cross Junction
ne of Accident	27/10/2018		Time of Accident phones	13:10	Country of Accident	Singapore
porting Centre			Orange Force		ICM No.	
cident Location	AMK AVE 5 TWDS CTE					
Excess						
in damage Excess		600.00	Additional Excess		Windscreen Excess	100.00
named Driver Excess			Outside Singapore OD Excess			
ind Party Excess		0.00	Outside Singapore TP Excess			
Benefits						
GST Registered Inform	ation					
T Registered	Yes			GST Registration Date	15/02/2007	
T Registration No.	200700	3821R		GST Status venified	Yes	
dification History		70.000 E		STOCKES STOCKES STOCKES	00.52	
Policyholder Hailing Ad						
dress 1	5 ANG MD KID INDUST	REAL PAF	Address 2	#07-07 AMK TECH II	Address 3	SINGAPORE 562760
dress 4			Address Type	Singapore address	Post Code	567760
e No.			Related Policy Number	5090936954-01		
OI Driver Info						
iver Name	Unnamed Driver		Driver Type	Unnamed Driver		
named driver Name	JUAY KEOK TECK		Driver NRIC	\$1820762A	Driver DOB	05/08/1967
grater Date of Driver Learne	04/11/1987		Driver Age	51	Driving Experience	30
ntact No. (Mobile)	93262268		Contact No.(Office)	0	Contact No.(Home)	0
oress 1	BLK 134		Address 2	ANG MO KID AVENUE 3	Address 3	KEBUN BARU SPRING
idress 4	SINGAPORE 560134		Address Type	Singapore address	Post Code	560134
nt No.	12-1685		1 Control Control of Control			
oes he own a Singapore			N2000000000000000			
egistered car?	○ Yas ® No		Driver Vehicle No.		Driver Insurer Company	
ciaration						
			Any injury?	○ Yes ® No		
eathalyser or Blood Test	0 mg					
reathalyser or Blood Test	Omg					
reathalyser or Blood Test eading?	0 mg					
eathalyser or Blood Test asting? diffication History	Omg					
eathalyser or Blood Test ading? diffication History	0 mg					
earnalyser or Blood Test suting? diffication History Claim 991 New			Commence and Comme		Section Services	
akhalyser or Blood Test sting? dification History Claim 601 New	O mg	V	Insured Name	SKYRAY SINGAPORE PTE LTD	Insured NRIC	200700821R
sathalyser or Blood Test sting? - dification History Claim 001 New		V	Insured Name Contact No.(Horne)	SKYRAY SINGAPORE PTE LTD	Insured NR3C Contact No.(Office)	2007008218
satholyser or Blood Test sting? - dification History Claim 901 Nam: him Type *	GD-MX	V		SKYRAY SINGAPORE PTE LTD GBB5127R		200700821R SHB6717X
achalyser or Blood Test sting? dification History Claim 001 New him Type * ntact No. (Mobile) and Address	OD-MX 97850900	S S	Contact No.(Home)		Contact No.(Office)	
iathalyser or Blood Test string? Sification History Claim 001 New Im Type * stact No.(Mobile) aid Address umant Type Garmant Type *	OD-MX 97850900		Contact No.(Home) Of Vehicle Number	GBB5327R	Contact No.(Office)	
iathalyser or Blood Test string? Sification History Claim 001 New Im Type * stact No. (Mobile) aid Address umant Type Garmant Type * umant Name *	OD-MX 97850900	<u>v</u>	Contact No.(Home) Of Vehicle Number Type of Benefit *	GBB5327R	Contact No.(Office)	
sathalyser or Blood Test sting? dification History Claim 001 New Him Type * ntact No. (Mobile) aid Address umant Name * umant Address	OD-MX 97850900 Flease Select	≥≥	Contact No.(Home) Of Vehicle Number Type of Benefit *	GBB5327R	Contact No. (Office) TP Vehicle Number	
atholyser or Blood Test sting? Sification History Claim 001 New Imm Type * ntact No.(Nobile) and Address Imment Nype Claimant Type * Imment Name * Imment Address Imm	OD-MX 97850900	≥≥	Contact No.(Horne) OI Vehicle Number Type of Benefit * Claiment NRIC *	GBB5127R Please Select	Contact No.(Office)	
sathalyser or Blood Test string? Strication History Claim 001 New Intert No.(Mobile) And Address Jermant Type * Jermant Type termant Type * Jermant Address Jermant Addr	OD-MX 97850900 Flease Select GBB53274 / SHB6717X	≥≥ ON 27 Oct 2018	Contact No.(Horne) OI Vehicle Number Type of Benefit * Claimant NRIC *	GBB5127R Please Select	Contact No. (Office) TP Vehicle Number Nome of Preferred Workshop	SH86717X
satrialyser or Blood Test siting? dification History Claim 002 New Introduced No. (Mobile) Inal Address Inmant Type of Carmant Type of International Models International	OD-MX 97850900 Please Select GB853274 / GH86717X Yes	≥≥	Contact No.(Horne) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option	GBB5127R Please Select	Contact No. (Office) TP Vehicle Number Nome of Preferred Workshop GIA report	SH86717X
safralyser or Blood Test string? Sification History Claim 001 Nex Immayo * Intact No. (Mobile) aid Address Immart Name * Immart Address Immart Address	OD-MX 97850900 Please Select GB853274 / SH66717X Yes 29/10/2018 19123 Commonwealth Commonwealth	≥≥ ON 27 Oct 2018	Contact No.(Horne) OI Vehicle Number Type of Benefit * Claimant NRIC *	GBB5127R Please Select	Contact No. (Office) TP Vehicle Number Nome of Preferred Workshop	SH86717X
intralyser or Blood Test string? Sfication History Chalm 003 Next ImType * Intact No. (Mobile) aid Address Immert Nype Claimant Type * Immert Name * Immert Address Immert Address Immert Address Immert Name * Immert Name Im	OD-MX 97850900 Please Select GB853274 / GH86717X Yes	≥≥ ON 27 Oct 2018	Contact No.(Horne) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option	GBB5127R Please Select	Contact No. (Office) TP Vehicle Number Nome of Preferred Workshop GIA report	SH86717X
sarnalyser or Blood Test string? Sification History Claim 001 New Immayor * Intact No. (Mobile) aid Address Immart Name * Immart Name * Immart Address Immart Address	OD-MX 97850900 Please Select GB853274 / SH66717X Yes 29/10/2018 19123 Commonwealth Commonwealth	≥≥ ON 27 Oct 2018	Contact No.(Horne) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option	GBB5127R Please Select	Contact No. (Office) TP Vehicle Number Nome of Preferred Workshop GIA report	SH86717X
eachalyser or Blood Test sating? dification History Claim 001 Nex sim Type * intact No. (Mobile) hal Address simant Type (Jarmant Type * simant Same * simant Address	OD-MX 97850900 Please Select GB853274 / SH66717X Yes 29/10/2018 19123 Commonwealth Commonwealth	≥≥ ON 27 Oct 2018	Contact No.(Horne) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option	GBB5127R Please Select	Contact No. (Office) TP Vehicle Number Nome of Preferred Workshop GIA report	SH86717X
eachalyser or Blood Test siding? diffication History Claim 991 New him Type * citact No.(Nobile) hard Address siment Sype Claimant Type * siment Sype Claimant Type * siment Syme ? siment Address sime Pescription eferred Workshop Cortact quire Finalisation fer Registered port Taken by Print AK setter	OD-MX 97850900 Please Select GB853274 / SH66717X Yes 29/10/2018 19123 Commonwealth Commonwealth	≥≥ ON 27 Oct 2018	Contact No.(Horne) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option	GBB5327R Please Select V Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Nome of Preferred Workshop GIA report	SH86717X
eachalyser or Blood Test sating? diffication History Claim 001 New aim Type * intact No.(Mobile) aid Address siment Type (Jarmant Type * siment Sype (Jarmant Type * siment Name * siment Address sim Description riferred Workshop Curtact quire Finalisation fre Registered port Taken By I Port AK actter Attachment	OD-MX 97850900 Please Select GB853274 / SH66717X Yes 29/10/2018 19123 Commonwealth Commonwealth	≥≥ ON 27 Oct 2018	Contact No.(Horne) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option	GBB5327R Please Select V Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Nome of Preferred Workshop GIA report	SH86717X
eachalyser or Blood Test sating? diffication History Claim 001 New aim Type * intact No.(Mobile) aid Address siment Type (Jarmant Type * siment Sype (Jarmant Type * siment Name * siment Address sim Description riferred Workshop Curtact quire Finalisation fre Registered port Taken By I Port AK actter Attachment	GD-MX 97850900 Please Select GB853274 / GH86717X Yes 29/10/2018 19/23 Jackson	≥≥ ON 27 Oct 2018	Contact No.(Horne) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option	GBB5327R Please Select V Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Nome of Preferred Workshop GIA report	SH86717X
eathalyser or Blood Test adding? diffication History	OD-MX 97850900 Please Select GB853274 / SH66717X Yes 29/10/2018 19123 Commonwealth Commonwealth	≥≥ ON 27 Oct 2018	Contact No.(Horne) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option	GBB5327R Please Select V Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Nome of Preferred Workshop GIA report	SH86717X
eachalyser or Blood Test sating? Claim 001 Nex bim Type * intact No.(Mobile) has Address simant Type Olarmant Type * simant Address simant Address simant Address simant Address sim Description referred Workshop Curtact quire Finalisation fer Registered port Taken by I Print Ak setter Attachment	GD-MX 97850900 Please Select GB853274 / GH86717X Yes 29/10/2018 19/23 Jackson	≥≥ ON 27 Oct 2018	Contact No.(Horne) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferenced Repair Option Claim Clase Date.	GBB5127R Please Select Value Val	Contact No. (Office) TP Vehicle Number Nome of Preferred Workshop GIA report	SH86717X
eachalyser or Blood Test sating? Claim 001 Nex bim Type * intact No.(Mobile) has Address simant Type Olarmant Type * simant Address simant Address simant Address simant Address sim Description referred Workshop Curtact quire Finalisation fer Registered port Taken by I Print Ak setter Attachment	OD-MX 97850500 Please Select GBB53274 / SH66717X Yes 29/10/2018 19:23 Jackson MT/2017649 ● Yes ○ No	≥≥ ON 27 Oct 2018	Contact No.(Horne) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Classe Oate.	GBB5127R Please Select V Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Nome of Preferred Workshop GIA report	SH86717X Received 29/10/2018 00:00
safralyser or Blood Test string? Sification History Claim 001 Nex Immate No. (Mobile) as Address Immate Name * Immate Name * Immate Address Immate Address Immate Address Immate Address Immate Name * Immat	OD-MX 97850500 Please Select GBB53274 / SH66717X Yes 29/10/2018 19:23 Jackson MT/2017649 ● Yes ○ No	≥≥ ON 27 Oct 2018	Contact No.(Horne) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Classe Oate.	GBB5127R Please Select V Not at Fault Preferred Workshop, Name unknown 001 29/10/2018 19:25 Category +	Contact No. (Office) TP Vehicle Number Nome of Preferred Workshop GIA report Date Received	SH86717X Received 29/10/2018 00:00
eathalyser or Blood Test eathalyser or Blood Test eathaly diffication History Claim 001 Nex sim Type * winter No. (Mobile) not Address siment Type Claimant Type * siment Name * siment Address siment Name * s	OD-MX 97850500 Please Select GBB53274 / SH66717X Yes 29/10/2018 19:23 Jackson MT/2017649 ● Yes ○ No	≥≥ ON 27 Oct 2018	Contact No.(Horne) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Clase Date Claim No. Upload Date	GBB5127R Please Select Not at Fault Preferred Workshop, Name unknown 29/10/2018 19:25 Category + Char Please Select	Confidential Urger	Received 29/10/2018 00 00

