Date In: 7 11/18 - 09:52	Jeb description	Date &	ETime Completed	Done l	,
Rel No: Na INCISONOTOLY	SAS e-filing	i			
Veh No: IN WE POLY	E-mail (within Shrs, Ale	C 2hrs)			
DOA: 20/11/18-7770	i-Motor Claim For	m LMT	1020-2490601	211118	10:37
6	i-Motor W/O (Within	i: OD 2hrs, TP 4hrs)	The second secon		
OD (TP)' Reporting Only	i-Photo Uploaded				
	Assessment/Survey R	teport			
TP Insurer:	Ass't Report by Fax	Hand to Owner	/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:		Fax:	and alles
TP Particulars: Veh No:		INC()/N	on-INC()	¥	-00-01
Owner / Driver: (Tel:)	
Policy No: ()	Period: () Cover	Type: ()	
Confirmed by : (Date		Time:)	
Insured/Driver Liability: (9/	(WO):	N: 0-20%; P:	21-79%. P: 80-	100%]	
Year of Registration: (Warranty: YES ()/N	10()	MANAGEMENT OF THE REAL PROPERTY.		
Excess: (S) Loading:	\$1,000()/\$2,000()				
General Remarks;-					
() Walk-In Customer's	The state of the s	And the second second			
		uai & Strictly 14	713101 07100000	2.0	
() Total Loss Case : to e-mail In		\ T :	201		
Drive-In ()/ Towed-In (); Inv	roice: YES () / NO (); Towing	-0:(,
Remarks:- (INC hotline: 6788 661	6)	- Dates	Time Completed	Done	by
1) Apply for Transport Allowance () / Courtesy Car ()		***		
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()		- W		
TOTAL CONTROL OF THE		1			
Injury:			water to be the second of the		
	Control of the Contro	PROPERTY AND		A L St. Park 1870 St. D	100000
Date/Time Actions		Service and the service of		STATION IF	1
Date/Time Actions				22085C41E	
Date/Time Actions				SESSICALIE.	
	Inve			Anit (S)	Amt(3)
1A1807622	17 m	ice Preparatio	n Checklist.	Ant (S)	Amt (3)
1A1807622	1) AR 2) DA	ice Preparatio : Accident Reportin : Damage Assessme	n Checklist. 5 (\$30); nt (\$100); INC (An(*(\$)) 	76 m = 144 Sec.
A 18 م كرك المناسمين المن	1) AR 2) DA 3) TF 4) FT	ice Preparatio : Accident Reportin : Damage Assessme : Towing Fee : Follow-Through S	n Checklist. 3 (\$30); nt (\$100); INC (Streey	Anif (5) fit Bill 580) 40/545 5120	76 m = 144 Sec.
Algorant's Particulars:	1) AR 2) DA 3) TF 4) FT 5) FT	ice Preparatio : Accident Reportin : Damage Assessme : Towing Fee : Follow-Through St	n Checklist (\$30); nt (\$100); INC (Survey nrvey (Resurvey)	\$80) 40/\$45 \$120 \$30	76 m = 144 Sec.
laimant's Particulars:- river/Owner:	1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR	ice Preparatio : Accident Reportin : Damage Assessme : Towing Fee : Follow-Through St : Follow-Through St claiming against IN : Re-inspection	n Checklist. 5 (\$30); nt (\$100); INC (\$ irvey irvey (Resurvey) COnly (wef 10 Jan 20)	Anit (5) \$61.Bill \$80) 40/\$45 \$120 \$30 05) \$75	76 m = 112 Sec.
A 18 7622 atimant's Particulars:- iver/Owner:	1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR 7) N1	ice Preparation: Accident Reporting: Damage Assessment: Towing Fee: Follow-Through Street	n Checklist. s (\$30); nt (\$100); INC (survey survey (Resurvey) COnly (wef 10 Jon 20)	Anit (5) \$6.8 iii \$80) 40/\$45 \$120 \$30 05)	76 m = 144 Sec.
Allor622 cumant's Particulars :- river/Owner: ontact No: amaged Portion:	1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR 7) N1 3) NT	ice Preparation: Accident Reporting: Damage Assessment: Towing Fee: Follow-Through Statement of the Community of the Communit	n Checklist. (\$30); nt (\$100); INC (\$1700y (Resurvey) COnly (wef 10 Jan 20) Survey ces:-	Ant (5) (4.8) (4.8) (4.545 (5) (5) (5) (5) (5) (5) (5) (6)	76 m = 144 Sec.
Lumant's Particulars :- river/Owner: ontact No: amaged Portion:	1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR 7) N1 2 8) NT	: Accident Reporting: Damage Assessment: Towing Fee: Follow-Through Statement of the Community of the Commun	n Checklist (\$30); nt (\$100); INC (\$1700 (Resurvey) Conly (wef 10 Jan 20) Survey ccs	Ant (5) \$\$1.Bill \$\$40/\$45 \$\$120 \$\$30 05) \$\$75 \$\$160	76
Lumant's Particulars :- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR 7) N1 2 8) NT OD *NS	ice Preparatio : Accident Reportin : Damage Assessme : Towing Fee : Follow-Through Statement of the Statemen	n Chrcklist. s (\$30); nt (\$100); INC (\$ servey servey (Resurvey) C Only (wef 10 Jan 20) Survey ces:- Allowance on tion	\$80) 40/\$45 \$120 \$30 05) \$75 \$160	76
laimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR 7) N1 2 8) NT ODD *NS *NO	ice Preparation: Accident Reporting: Damage Assessment: Towing Fee: Follow-Through State of the Country of the	n Checklist. (\$30); nt (\$100); INC (\$100;	\$80) 40/\$45 \$120 \$30 \$75 \$160 \$5 \$10 \$25 \$5	76 m = 112 St
Inimant's Particulars:- river/Owner: ontact No: nmaged Portion: C Checked by (Engr-In-Charge):	1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR 7) N1 2 8) NT ODD *NS *NO	ice Preparatio : Accident Reportin : Damage Assessme : Towing Fee : Follow-Through Statement of the Statemen	n Chrcklist. g (\$30); nt (\$100); INC (\$ servey servey (Resurvey) C Only (wef 10 Jan 20) Survey ces: Allowance con tion ss Coordination C) against INC	\$80) 40/\$45 \$120 \$30 \$25 \$160 \$5 \$10 \$25 \$5 \$20 30	Add Bill
	1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR 7) N1 3) NT OD *NS	Accident Reporting: Damage Assessme: Towing Fee Follow-Through St. Follow-Through St. Re-in spection: Idac DA + SMRT: UC Additional Service: Courtesy Car / Tpl. Repair Co-ordinate: Post Repair Co-ordinate: DV / Collect Exce. (N11): TP (N-in 1N)	n Checklist. (\$30); nt (\$100); INC (\$100;	\$80) 40/\$45 \$120 \$30 05) \$75 \$160 \$5 \$10 \$25 \$3 \$20 \$30	76 m = 144 St

e a per et it de

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 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	21/11/2018 09:52
Date Of Accident	20/11/2018 23:30
Exact Location Of Accident	SENGKANG EAST RD BEFORE JUNC SENGKANG EAST WAY
Country/State of Loss	SINGAPORE
The state of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN4880H
Insured/Policyholder	
Name Of Registered Owner	AW POH BENG
NRIC No	S1504473Z
Email Address	NOEMAIL
Mobile Phone No.	(LOCAL) +65-94513539
Alternative Phone No	OFFICE-94513539
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
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	5087770700-01
Cover Note Number	
Driver	
Name of Driver	AW POH BENG
NRIC No	S1504473Z
Date Of Birth	18/07/1961
Occupation	OUTDOOR
Date Of Driving Pass	16/06/1981
Driving Experience	37 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94513539
Fax Number	
Contact Number	OFFICE-94513539

NOEMAIL

BLK 316A ANCHORVALE LINK Address

#11-187

Postcode 541316

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 3

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)

1

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 ALONG STATED VENUE AS IN FRONT VEHICLE WAS STATIONARY STOPPED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION, AFTER AN IMPACT, I REALIZE THAT THERE WERE 3 VEHICLES INVOLVED IN THIS ACCIDENT.

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 SLF1970U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver JOYCE NEO QI MIAN

NRIC/Passport Number S9335927E

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE HIRE

Name of Driver

ANG WEE TNG, DESMOND (HONG WEITANG)

NRIC/Passport Number

S8714525E

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:
 - 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.

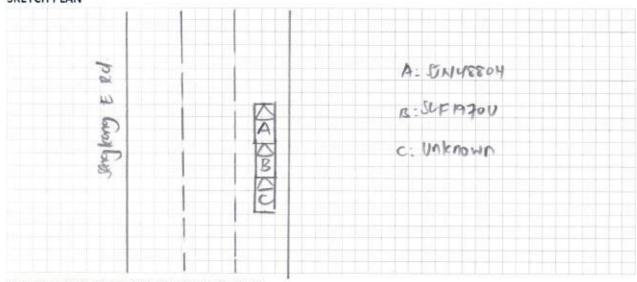
Policyholder'∮Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

NRIC/FIN No.:

Name:

Reporting Centre Personnel

s Signature



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

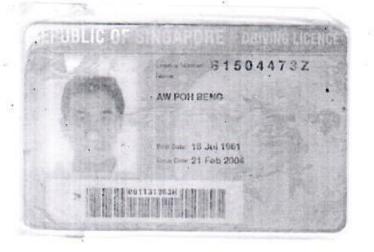
Refor +n	statement.		
101	3147044		
	/	(4)	

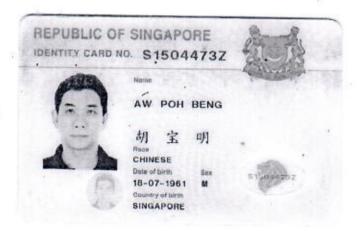
DECLARATION

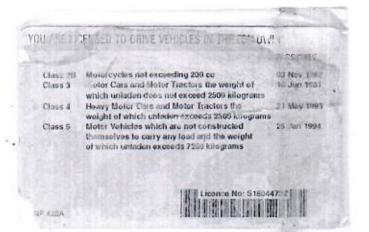
I/We declare the foregoing particulars are true in every respect.

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.:









eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. 20/11/2018 23:30 Date of Accident Vehicle No.(For Motor) Certificate Number S)N4880H Search Certificate Number Policyholder Name Policyholder NRIC Commence Date Vehicle Insured Select Policy No. Product Cover Type Expiry Date Object No. AW POH BENG 5087770700drivo CLASSIC S1504473Z GPC SJN4880H SJN4880H 18/02/2018 17/02/2019 01 Continue

Policy Information

Policy No.	5087770700-01	Policyholder Name	AW POH BENG	Policyholder NRIC	S1504473Z
Certificate					
Address	BLK 316A #11-187 ANCHORVA	LE LINK SINGA	PORE 541316		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	20/01/2018	Effective Date	18/02/2018 00:00	Expiry Date	17/02/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
\gent	SHERLYN TAN QIAN WEN	Agent Tel.	91553377	GST Flag	Υ
Co- insur <mark>ance</mark> Flag	No				
Open Policy Info					
Certificate Info					
Policy	nolder Mailing Address				
\ddress 1	BLK 316A #11-187	Address 2	ANCHORVALE LINK	Address 3	SINGAPORE 541316
\ddress 4		Address Type	Singapore address	Post Code	541316
Jnit No.		Related Policy Number	5087770700-01		
Insure	d Object: SJN4880H				
▽ Endors	ements				
Sequenc	e Date of Endorsement	Endorce	ment Type	Endorsement Status	Endorsement Content

Continue Cancel

## ADMINISTRATION OF THE PROPERTY OF THE PROP	laim Handling					
The Section of Teach Section 1997	cident MT/1020677					
Mary Park Care Mary Park Care Mark	okcy No.	5067770700-01	Vehicle No.	\$3N458DH	GST Registration No.	
# Minist For Manual And Minist For Manual A	ertificate No.					
MINISTED TO MINISTED 1909	olicyholder Name	AW POH BENG			Policyholder NRIC	515044732
Control No.	roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		
Second Second Second Secon	ontact No. (Molarie).	94513539				
March Marc	mari Address			7.	The second secon	and the same of th
March Marc	DC:	® No C Yes		@No Civer		To y
Processor Control Co						
March Marc		-	wrn curpage(#)	SU	Private Hire	No
Control Cont		sa magazini darah				
Data				Yes	Accident Type	Chain Colleion
March Marc		20/11/2018	Time of Accident hh:mm	23:30	Country of Accident	Singapore
### Manage	porting Centre				JCM No.	
Marriad Strate Froets		SENGKANG EAST RD BEFORE JUNC SENGK	ANG EAST WAY			
100.00 1						
December Color December Color December Color December Color December Color December Color December Decem	en damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Part	named Driver Excess	0.00:	Outside Singapore OD Excess	600.00		
Page	inf Party Excess	0.00	Outside Singapore TP Excess	0.00		
Registrict No	Benefits					
Registrous No.	GST Registered Inform	ation				
Registrous No. College		No		GST Registration Date		
Profection Address Control Address A					Yes	
## AGNESS ACCIONAL ELINY	diffication History					
## ADDRESS ANCHONNE LINK						
Address Type						
Mainter Parky Number S027770700-03 S02770700-03 S0277000-03 S02770000-03 S02770000-03 S02770000-03 S02770000-03 S02770000-03 S027700000-03 S027700000-03 S02770000-03 S02770000-03 S02770000-03 S027700000-0		BUK 3164 #11-107		ANOHORVALE LINK	Address 3	SINGAPORE 541316
## Potent Format Desire Type				Singapore address	Post Code	541316
March Date March Date Driver Type March Date Driver Type March Date Driver Dots 316/07/563	IE No.		Related Policy Number	5087770700-01		
Driver Name part Description Driver Name part Description Driver Name part Description Driver Name part Driver						
Driver D		AW POH BENG				
Trace No. (Mobile) 94513539				S1504473Z	Driver DOB	18/07/1961
Address 2 AACHORNACE LINK Address 3 SINCAPCRE S41316 PRISE 4 Address 7 Type Any vitury 7 O'vec ® No Driver Insurer Company Invation Any vitury 7 O'vec ® No Invation Manne Any vitury 7 O'vec ® No Invation Manne Any POH BENS Informating No. Invation Manne Invation Man		16/06/1961	Oriver Age	57	Driving Experience	37
AGYEST Type Singapore address Post Code 541316 It to, 11-187 Oracle One and a Singapore gistered car? Oracle One of the Singapore address Oracle O	ntact No.(Mobile)	94513539	Contact No.(Office)	0	Contact No.(Hame)	0
10 11-137	dress 1	BLK 316A	Address 2	ANCHORVALE LINK	Address 3	SINGAPORE S41316
con per can a Sungapore griver days? Orea ® No Driver Insurer Company Prover (Sum No) Driver Insurer Company Orea ® No Driver Insurer Insurer Company Orea ® No Driver Insurer Insure	Dress 4		Address Type	Singapore address	Post Code	541316
Driver Insurer Company Screen on Driver Insurer Company Orea ® No Insured Name	it No.	11-167				
Claim 0.1 Nove Simple of the control of the contro	es ne own a Singapore	○ Yes ® No	Person Materia No.		100 N S	
Any vijury?	gistered car?	O HERSON	priver venicle out		Driver Insurer Company	
Any vigury*	denation					
Claim 001 New Insured Name	eathwiyser or Blood Test	0.000	And below &			
In Type * OD-MX Insured Name AW PCH BENG Insured NAIC S15944732 Insured No. (Michite) 94513539 Contact No. (Home) NiL Contact No. (Office) Insured Name * Diversion Number SIMBBOH TP Venice Number SUF1970U Insured Name * Diversion Number SIMBBOH TP Venice Number SUF1970U Insured Name * Diversion Number SIMBBOH TP Venice Number SUF1970U Insured Name * Diversion Number SIMBBOH TP Venice Number SUF1970U Insured Name * Diversion Number SIMBBOH TP Venice Number SUF1970U Insured Name Nail C Name of Preferred Workshop Insured Name Nail C Name of Preferred Workshop Insured Name Nail C Preferred Norkshop Name unknown GIA report Received Venice North Name Name Insured Name Nail C Date Date Date Date Date Insured Name Nail C Date Name unknown OBAR Received 21/11/2018 00:00 Insured Name Nail C Date Date Date Date Date Insured Name Nail C Date Name unknown OBAR Received 21/11/2018 00:00 Insured Name Nail C Date Name unknown OBAR Received Date Date Name unknown OBAR Received Date Date Name unknown OBAR Received Date Name unknown OB	ading?	O IIIg	Any squiyr	C) THE (B) NO		
Figure 1 New 1 New 2 Insured Name Aw PCH BENG Insured NATIC 515944732 Insured Natic S15944732 Insured Natic S1594680H TP Venice Number SUMBBOH TP Venice						
### Type * OD-MX	diffication History					
### Type *	Claim 001 New					
Tack No (Mobile) 94519599 Contact No. (Hobile) NIL Contact No. (Omce) Ty Vehicle Number SIMM880H TP Ve	The state of the s					
Instruct No (Mobile) 945139392 Contact No. (Home) NL Contact No. (Omce) The Vehicle Number SIRMSBOH The Vehicle Nu						
AND AND THE PROOF OF THE PROOF			Insured Name	AW POH SENG	Insured NRIC	S1504473Z
mark Type Claimant Type * Prease Select	nact No (Mobile)	94513539	Contact No.(Home)	NDL	Contact No. (Office)	
mark Type Claimant Type * Please Select	si Adoress		OI Vehicle Number	SIN4880H	TP Vehicle Number	SLF1970U
Taken By That Address Insured Liability * Mot at Pault Insured Liability * Mot at Pault Insured Morkshop, Name unknown Preferred Workshop Registered 21/11/2018 10:37 Claim Close Date Save Submit Save Submit Claim No. MT/1020677 Claim No. Upload Date Profice Mose. Browse. Browse. Browse. Category * Confidencial Lingency * Description	mart Type Claiment Type *	Please Select	Type of Benefit *	Please Select		
mered Address Im Description EINMERSCH / SIF1970U ON 20 Nov 2018 Insured Liability * Mot at Fault Line frinalisation Ves	mant Name *	22				
Insured Usbrishop Contact Insured Usbrishy * Not at Fault Preference Repair Option Preference Workshop, Name unknown V GIA report Received 21/11/2018 10:37 Oam Close Date Save Submit Hackmant MT/1020677 Claim No. 001 Doc. Received * Yes No Upload Date 21/11/2018 10:39 Path * Category * Confidencial Urgency * Description * Descr	mant Address		Year the second			
Insured Liability * Not at Fault Line finalisation Fee	m Description	SIM4880H / SLF1970U ON 20 Nov 2018			Name of Professor Washing	
Preferenced Sepair Option Preferenced Sepair Option Preferenced Workshop, Name unknown GIA report Received V Registered 21/11/2018 10:37 Olem Close Date Date Received 21/11/2018 00:00 III Print AK-letter Save Submit Save Submi			Intured Liability *	Not at Parit	The second research	
Registered 21/11/2018 10:37 Oa'm Close Date Date Received 21/11/2018 00:00	sing Finalization	Ves (tel			7	Technology .
Save Submit Save Submit State Submit State Submit Save Submit Sav		AND ADDRESS OF THE PARTY OF THE		proverred workshop, Name unknown		And the second section of the section o
Save Submit Save		The second secon	Gam Close Date		Date Received	21/11/2018 00:00
Save Submit Save Sa		Dackson				
dent No. MT/L020677 Claim No. 001	Print AK letter					
dent No. MT/L020677 Claim No. 001			à	Save Submit		
dent No. MT/L020677 Claim No. 001 Doc. Received	ttachment		1	ACTUAL DESCRIPTION OF THE PERSON OF THE PERS		
Doc. Raceived MT/L020677 Claim No. 001						
Doc. Recisived Post □ No Upload Date 21/11/2018 10:39 Post □ Category * Confidential Urgency * Description * Browse □ Dear Presse Select □ NO □ Normal □ □	93					
Doc. Recisived Post □ No Upload Date 21/11/2018 10:39 Post □ Category * Confidential Urgency * Description * Browse □ Dear Presse Select □ NO □ Normal □ □	ident No.	MT/1020677	Claim No.	001		
Path * Category * Confidential Urgency * Description * Browse Clear Presse Select V NO V Normal V						
Browse Clear Please Select	SOME STATE OF THE		upidad Date			
		Path *	J Section/water	Transport publishments and the contract of the		
Brown Plans Barrie Cares	1500		Browse.	Clear Please Select	V NO V Normal	<u> </u>
DEAT THE PROPERTY OF THE PROPE			Browse.	Clear Please Select	▼ Normal	V
Browse Clear Please Select. V No V Normal V			Browse.	Clear Please Select	▼ No Y Normal	V

