				1 321 41 1	4.0	
NATIONAL Assessment Centre S	ervices -	ef i Jan M	NA11816647	1/L	1	
Date In: 26 10 18 - 16:35	cb description	STAN IT IS A STAN IN	Para &Time Co		Don	ie by
Ref No: HA INC 802311 12	SAS e-filing					
Veh No: DW3935E	E-mail (within She	s, AIC 2 Inc.				
DOA : 24/18-1010	i-Motor Claim	Form	M7/102571-	100	26/10/18	16:50
	i-Motor W/O (Within: OD This			1 29	
OD TP/ Reporting Only	i-Photo Upload	ed				angela va
TD	Assessment/Surv	ey Re				
TP Insurer:	Ass't Report by I	Fax/I	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Total	Fax	:	**************************************
TP Particulars: Veh No: Jug 8302	<u>.</u>	11 = ()/Non-INC ()	.v.	
Owner / Driver: (Tel:)	
Policy No: () Period:	(y	Cover Type: (Sales and the sales and sales)	110.71
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (%) [Note	-Est. Status (WC): N: 0-20	%; P: 21-79%.	P: 30-100	%]	- 92 - W. Tue
The state of the s)/NO/)			
Excess: (\$) Loading: \$1,000 ()				
General Remarks -			100			
() Walk-In Customer: Customer's informati	on strictly Confid		ctly NO refer of r	epairer.		
() Total Loss Case : to e-mail Insurer UI					-	
Drive-In ()/ Towed-In (); Invoice: YE	S()/NO	(To	wing Co: (1)
Remarks: (INC hotline: 6788 6616)			Date & Timis Com	ple:od	Don	by
1) Apply for Transport Allowance ()/ Courte	esy Car ()		7.5		Salva III Vacan	CONTRACTOR OF THE
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$3000]	()		-			III.
Injury:						
Date/Fime Actions		114	To Angelo		2042.24	-
2101011		39.0			<u>Minaru</u>	<i>±</i>
			10			
			TO THE PART PROPERTY.			eyeponing a said
1418 08 475 - 1	In	voi cp:	aration Checkli	t.	Ant (S)	Amt (3)
laimonete Do	1) /	AR:/ ontR	eporting (\$30);	<u> </u>	fit Bill	Add Bill
iver/Owner:	THE RESIDENCE OF THE PARTY OF T	DA: Te A	sunsament (\$100);	INC (\$80) \$40/\$45		
	4) I	T : Fallow-Thr	ongh Survey	\$120		
ontact No:	P	or change age	ough Survey (Resurve	y) \$30) Jan 2005)		
maged Portion:		TR : Propection A + 8	on SMRT Survey	\$75 \$160		
	8) 1	VTUC dilion	al Services:-	3,00		
Checked by (Engr-In-Charge):	A CONTRACTOR OF THE PARTY OF TH	NS: Countray C	or / Tpt Allowance	55		170000
		N6: Co-	offication	\$10		
ulitors' Comments	MANUFACTURE OF THE TOTAL PROPERTY.	METHOD IN THE PARTY OF T	Inspection Legess Coordination	\$25 \$5	-	
1:	I	P(F TP(F	NC) against INC	\$20		-
2/3:	9) N love	oler tobil	The second secon	30 Chargea	-	中的可以
7 700	Inve	pice de la		Charged	经存货经	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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 ladgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT
Date Of Report	26/12/2018 16:35
Date Of Accident	24/12/2018 11:10
Exact Location Of Accident	AYE (CTE) AFTER PORTSDOWN AVE EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW5935E
Insured/Policyholder	
Name Of Registered Owner	ZOOM CAR LEASING
Co Reg No	53349410M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	AUDI
Model	A5 SPORTBACK 2.0 TFSI QU
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
Incurance Company	

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5106395701

Cover Note Number

Driver

Name of Driver TIONG HIN YANG (ZHANG XIANYANG)

 NRIC No
 S9140180J

 Date Of Birth
 01/11/1991

 Occupation
 INDOOR

 Date Of Driving Pass
 19/11/2012

Driving Experience 6 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-92212213

Fax Number

Contact Number OFFICE-92212213

EMail Address NOEMAIL

BLK 130 BEDOK RESERVOIR ROAD Address

#08-1339

Postcode 470130

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 COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: CAI QIANWEN, ELIN

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

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

SLK8302B

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)

3

Passenger 1

NAME: :

Passenger 2

NAME: :

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly 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
- 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)

Lunderstand, 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)

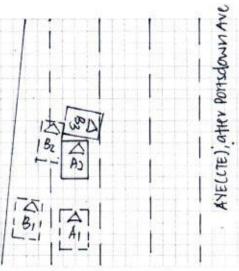
Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.

vehicle A: SJW 5935E

venille B: SLK 83026



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

		on t	ne Ctat	ed da	te y	time	, I,	vehicle	Y,	SOW 5935E
ias	trav	e Iting	Stra	gnt a	long	the s	stated	venue	· Suo	idenly,
vehicl	1 3	, 31	K8302B,	came	out	tion	n M	1 lett	lane	1 thus
caus	ing	ouv	vehicles	. to	cond	le. I	ther	aligu	nt mi	y vehicle
and	app	wach	vehicle	的	but	he	refus	ed to	acki	nowledge
NOV	to	com	e out o	t his	vehi	we.				
		ΜŊ	pascengi	V:	cai ci	anwer	ı, Eli	1		
		ANN THE SECOND	, u			289014				
			4							

DECLARATION

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

ZOOM CAR

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.:

ACCIDENT STATEMENT

	12 / 2018 (DD/MM/YYY), TIME: (11 : 10	-HHH:WM)
LOCATION: AYELE		
DETAILS OF VEHICE a)VEHICLE NUMBER	V-T lot locate to the	
b)INSURANCE COI		
SIPOLICY NUMBER	D:	
	COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIR	(E &Intri)
e)MAKE & MODEL:	COUPE / MPV /VAN / LORRY / MOTORCYCLE /	OTHERS)
a) VEHICLE CATEGO	ORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) NG AT ACCIDENT TIME: Pivate	
DARE YOU CLAIMIN	NG AT ACCIDENT TIME. THE PROPERTY OF THE STATE (YES/NO) ATE (THIRD PARTY) CLAIM / REPORTING ONLY)	_
2 INSURED / POLICY	HOLDER	
AINAME: 7	ZOOM CAY LEASING MALE/FE	EMALE)
b) NRIC/FIN/PASSPO	ORT: 53349410MYCONTACT:	
c)ADDRESS:		
4 1 1		
(A) 25 POSTA 24 ON A CONTRACTOR	IF DRIVER ALSO POLICY HOLDER	10
THO OF PASSON & DRIVER	A HIM YANA	MALE)
Clockeding driver) DINAME: TIONO		121 2213
(02) male and poress:	130 Bedok Keservoir koad #08-13	y s(470130
female passeifer	170 PICTOR INVISITION OF THE	
*d)DATE OF BIRTH: ((01 / 11 / 1991)(DD/MM/YYYY)	860
eloccupation: (In	NDOOR / OUTDOOR)	314
EVENDS OF DRIVING	S EXPRENCE:	
A MAC DETVED AN E	MPLOYER OF THE INSURED'S COMPANY? (YE	5 / N(D)
	SHIP OF THE DRIVER WITH INSURED:	LIARY
IF NO, RELATIONS		wner
a) WEATHER CONDIT	TION: (CLEAR / RAINING / OTHERS	wher
 a) WEATHER CONDIT b) ROAD SURFACE: (TION: (CLEAR / RAINING / OTHERS	wner
 a) WEATHER CONDIT b) ROAD SURFACE: (WAS ANYBODY INJU 	TION: (CLEAR / RAINING / OTHERS (DRY / WET / OTHERS URED (YES / NO)	wner_
5. a) WEATHER CONDIT b) ROAD SURFACE: (6. WAS ANYBODY INJU 7. a) REPORTED TO POU	TION: (CLEAR / RAINING / OTHERS (DRY / WET / OTHERS URED (YES / NO) LICE (YES / NO)	wner
5. a) WEATHER CONDIT b) ROAD SURFACE: (6. WAS ANYBODY INJU 7. a) REPORTED TO POU	TION: (CLEAR / RAINING / OTHERS (DRY / WET / OTHERS URED (YES / NO)	wner
5. a)WEATHER CONDIT b)ROAD SURFACE: (6. WAS ANYBODY INJU 7. a)REPORTED TO POL IF YES, PLEASE STAT 8. THIRD PARTY VEHICLE	TION: (CLEAR / RAINING / OTHERS (DRY / WET / OTHERS URED (YES / NO) LICE (YES / NO) TE WHICH POLICE STATION:	wner
5. a) WEATHER CONDIT b) ROAD SURFACE: (6. WAS ANYBODY INJU 7. a) REPORTED TO POL IF YES, PLEASE STAT 8. THIRD PARTY VEHICLE No of passenger a) VEHICLE NUMBE	TION: (CLEAR / RAINING / OTHERS	wner
5. a) WEATHER CONDIT b) ROAD SURFACE: (6. WAS ANYBODY INJU 7. a) REPORTED TO POL IF YES, PLEASE STAT 8. THIRD PARTY VEHICLE No of passenger a) VEHICLE NUMBE	TION: (CLEAR / RAINING / OTHERS	
5. a) WEATHER CONDIT b) ROAD SURFACE: (6. WAS ANYBODY INJU 7. a) REPORTED TO POL IF YES, PLEASE STAT 8. THIRD PARTY VEHICLE HO of passenger a) VEHICLE NUMBE	TION: (CLEAR / RAINING / OTHERS	
5. a) WEATHER CONDITE b) ROAD SURFACE: (6. WAS ANYBODY INJU 7. a) REPORTED TO POL IF YES, PLEASE STAT 8. THIRD PARTY VEHICLE HO of passenger a) VEHICLE NUMBE Including driver) b) DRIVER'S NAME MAIL CHILLE PARTY VEHICLE MAIL CHILLE PARTY VEHICLE	TION: (CLEAR / RAINING / OTHERS	
5. a) WEATHER CONDITE b) ROAD SURFACE: (6. WAS ANYBODY INJU 7. a) REPORTED TO POL IF YES, PLEASE STAT 8. THIRD PARTY VEHICLE HO of passenger a) VEHICLE NUMBE Including driver) b) DRIVER'S NAME Including driver) b) DRIVER'S NAME (03) HOWARD THIRD PARTY VEHICLE THE AR DESSENGER d) VEHICLE NUMBE	TION: (CLEAR / RAINING / OTHERS	WYC.
5. a) WEATHER CONDITE b) ROAD SURFACE: (6. WAS ANYBODY INJU 7. a) REPORTED TO POL IF YES, PLEASE STAT 8. THIRD PARTY VEHICLE HO of passenger a) VEHICLE NUMBE Including driver) b) DRIVER'S NAME (03) Aftermal other D'ARTY VEHICLE (03) Aftermal other D'ARTY VEHICLE (1) VEHICLE NUMBE (1) OF PASSENGER AL DRIVER'S NAME	TION: (CLEAR / RAINING / OTHERS	
5. a) WEATHER CONDITE b) ROAD SURFACE: (6. WAS ANYBODY INJU 7. a) REPORTED TO POL IF YES, PLEASE STAT 8. THIRD PARTY VEHICLE WAS ANYBODY INJU 7. a) REPORTED TO POL IF YES, PLEASE STAT 8. THIRD PARTY VEHICLE WAS PASSENGED OF PARTY VEHICLE (03) A SE WAS INTUINED PARTY VEHICLE WAS ANYBODY INJUINED IF YES, PLEASE STAT B) DRIVER'S NAME: 1 VEHICLE NUMBE 6) DRIVER'S NAME:	TION: (CLEAR / RAINING / OTHERS	

email =

fax =



REPUBLIC OF SINGAPORE DENTITY CARD NO. \$9140180J





TIONG HIN YANG (ZHANG XIANYANG)

張 显洋

CHINESE

01-11-1991 SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFESTIVE DATE

Motor Cars < 3000kg with <7 passengers, exclusive 19 Nov 2012 of the driver; and other motor vehicles < 2500kg

NP 428A

4499399



01-12-2009

APT GLK 13D BEDOK RESERVOIR ROAD #08-1239 SINGAPORE 470130

NRIC No:

S9140180J

Date: 15/07/2018

eBao Tech									Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601					• Chang	e Languag	e + Chan	ge Password	· Log Out
My Desktop	Policy Query									7.6
Notice of Loss	Policy No.				Date	of Accident		24/12/2018	11:10	
	Vehicle No. (For Mot	or) SJW59	935E		Cert	ificate Numbe			1.000	
					Search	l .				
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 510639570	1	ZOOM CAR LEASING	53349410M	GPC	drivo CLASSIC	SJW59358		18/12/2018	17/12/2019
				1	Continue	Total State of the	200			//

Policy No.	5106395701	Policyholder Name	ZOOM CA	R LEASING	Policyholder	53349410M	
Certificate No.		and the same			NRIC		
Address	BLK 130 #08-1339 BEDOK RESE	RVOIR ROAD	EUNOS SPI	RING SINGAPORE 470	130		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issué Date	18/12/2018	Effective Date	18/12/201	8 00:00	Expiry Date	17/12/2019 2	23:59
Excess Type		All Claims Excess					
Third		Own					
Party Excess	1500	damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	2448.45				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	g/Inexperience Driver Excess
	ACCURE (CINCAPORE) PER LES						
Agent	ASSURE (SINGAPORE) PTE. LTD	Agent Tel.	68038751		GST Flag	Υ	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	nolder Mailing Address						
ddress 1	BLK 130 #08-1339	Addres	ss 2	BEDOK RESERVOIR	ROAD	Address 3	EUNOS SPRING
ddress 4	SINGAPORE 470130	Addres	s Type	Singapore address		Post Code	470130
Jnit No.	12-884	Relate Numbe	d Policy	5106395701			
) Insure	d Object: SJW5935E	12.50	100				
	ements						
	ce Date of Endorsement			t Type		Status	

Claim Handling The premium on this policy has Accident MT/1025211	s not been collected.				
Policy No.	5106395701	Vehicle No.	\$7W\$935E	PPP KIND OF THE STATE OF THE ST	
Certificate No.	2007000000	The same of the sa	914/39/25	GST Registration No.	
Policyhalder Name	ZOOM CAR LEASING			Policyholder NRIC	53349410M
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No (Home)	0
Email Address		Special Remark		eCode	Manager Control of the Control of th
KFK	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	Fit V
NCD Protection	No	NCO Entitlement(%)	0	Private Hire	4457
▽ Accident Details		SASSESSED CONTRACTOR	5-70	J-Mail Hit.	No.
Report Date	26/12/2018 16:48	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	24/12/2018	Time of Accident his min.	11:10	Country of Academi	Singapore
Reporting Centre		Orange Force		ICM No.	singapore
Accident Location	AYE (CTE) AFTER PORTSDOWN AVE 6			1001 100	
♥ Excess					
Own damage Excess	2,000,00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		4000.000
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
♥ Benefits		The state of the s	1,500.00		
GST Registered Inform	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status verified	No	
Modification History					
Policyholder Mailing Ar					
Address 1	BLK 130 #08-1339	Address 2	BEDOK RESERVOIR ROAD	Address 3	BUNDS SPRING
Address 4	SINGAPORE 470130	Address Type	Singapore address	Post Code	470130
Unit No.	12-884	Related Policy Number	5106395701		
□ OI Driver Info	100000000000000000000000000000000000000				
Driver Name Unnamed driver Name	Unnamed Driver	Driver Type	Unnemed Driver		
Register Date of Oniver License	TIONG HIN YANG (ZHANG XIAN	Driver NRIC	59140180)	Driver DO8	01/11/1991
Contact No. (Mobile)	19/11/2012	Driver Age	27	Driving Experience	6
Address 1	BLK 130	Contact No.(Office)	9	Contact No.(Home)	0
Address 4	SINGAPORE 470130	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS SPRING
Unit No.		Address Type	Singapore address	Post Code	470130
Does he own a Singapore	08-1339				
Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration.					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ® No		
Hodification Hotory Claim 001 New					
Claim Type *	00-Mx 🔻	Insured Name	ZOOM CAR LEASING	500000000	F
Contact No.(Mobile)	92212213	Contact No. (Home)	NIL.	Insured NRIC	\$3349410M
Email Address		OT Vehicle Number	SIW5935E	Contact No.(Office)	NIL
Claimant Type Claimant Type •	Please Select	Type of Benefit *	SIWS935E Please Select	TP Vehicle Number	SFK8305B
Claimant Name +	22	Claimant NRIC +	p many senert		
Daimant Address	že.	wanted mark.			
Daim Description	S7W59358 / SLK83028 ON 24 Dec 201				
Preferred Workshop Contact				Name of Preferred Workshop	
Vo. Réquire Finalisation	Yes 🗸	Insured Dability •	Not at Fault		
Date Registered	26/12/2018 16:50	Preferenced Repair Option	Preferred Workshop, Name unknown	▼ GIA report	Received
Raport Taken By	Jackson	Claim Close Date		Date Received	26/12/2018 00:00
2 Print AK letter	person				
Attachment		1	Save Submit		
locident No.	MT/1025211	Claim No.	201		
ast Doc. Received	® ves ○ No	Claim No.	001		
		Uploed Date	26/12/2018 16:51		
	Path *	#AMONGOOD	Category +	Confidential Urgeni	y * Description *
		Browse	Clear Please Select	V Normal	
		Browse	Gear Please Select	V Normal	v
417		Browse	Clear Please Select	V No V Normal	TO I

