NATIONAL Assessment Cen	ntre Services.   well sands	MHAU8/66213		
Date In: 29/14/18 12:14	Jcb description	Date & Time Completed	Done	ş by
ROLINO: NAJINCISOSSIBY / 24	SAS e-filing			(A) 1 (A)
Veh No: GOLBS92V	E-mail (within Shrs, AIC 2h	rs)	1000	*
D.O.A: 26/14/18-18:42	i-Motor Claim Form	My 1025373-201	MINIS I	U:39.
OD : P Peporung Only	i-Motor W/O (Within: Of			T. indian
OD : 17 reporting Only	i-Photo Uploaded			ente en
TP Insurer:	Assessment/Survey Repo	rt	Andanie Assess	
	Ass't Report by Fax / Ha	nd to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:		Tel: F	Fax:	J
TP Particulars: Veh No: \$	VIJ9513 IN	C( )/Non-INC( )	Aller Street	
Owner / Driver: (		Tel:	)	
Policy No: (	Period: (	) Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
	) [Note-Est. Status (WO): N:		00%]	
Year of Registration: ( )				
Excess: (\$ ) Loading: \$	1,000 ( )/\$2,000 ( )	Story and Assessment of the Story of the Story	**************************************	
General Remarks -		and their fitting recovering in the	work Free 1	
( ) Walk-In Customer : Customer's i		Strictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Ins				
Drive-In ( )/ Towed-In ( ); Invo	pice: YES ( ) / NO ( )	; Towing Co: (	7.	)
Remarks:- (INC hotline: 6788 6616	);	Date&Time Completed	Done	by
1) Apply for Transport Allowance ( )	/ Courtesy Car ( )	1	1-1-1-1-1	
2) QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost >	\$3000] ( )			
Injury:				
Date/Time Actions			TOWNS TO A SECOND	10,00,00
Date/Time Actions			Karlowy.	
	4			
National State of the State of	1.450		Anit (\$)	Amt (\$)
Ma1808537	7.53.45.20	reparation Checklist	fitBill	Add Bill
laimant's Particulars :-		dent Reporting (\$30); age Assessment (\$100); INC (\$80	0)	
river/Owner:	3) TF : Towin	ng Fee . \$40.	7545	
ontact No:			\$30 \$30	
	For claimin	g against JNC Only (wef 10 Jan 2005)	Carried Ch	
maged Portion:	6) TR : Re-in 7) N1 : Idao I		160	-
	8) NTUC Add	ditional Services:-		
Checked by (Engr-In-Charge):	*N5: Court	csy Car / Tpt Allowanue	\$5	
N. Village M. S. Philade B. O. J. Barbara and S. S. Sandara.	*N6: Repai	r Co-ordination	\$10 \$25	
iditors' Comments :-	*N8: DV /	Collect Excess Coordination	55	
.1:	TP (N11): 9) N12: Idac l		30	
2/3:	Invoice dated	Pee Charged		at a Jaki
	Invoice dated	Fee Charged	SECRETAL SECTION	2000 may

#### 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.

	ACCIDENT STATEMENT
Date Of Report	27/12/2018 12:14
Date Of Accident	26/12/2018 18:40
Exact Location Of Accident	JUNC TAMPINES AVE 2 & TAMPINES ST 22
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG8592U
Insured/Policyholder	
Name Of Registered Owner	TSF INTEGRATED PTE LTD
Co Reg No	201833264E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96435255
Alternative Phone No	OFFICE-96435255
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE VAN TURBO 5DR MT
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105488994
Cover Note Number	
Driver	
Name of Driver	LIZHI

Cover regulate	
Driver	
Name of Driver	LIZHI
Passport No/FIN	G7066476W
Date Of Birth	14/08/1979
Occupation	INDOOR
Date Of Driving Pass	22/08/2012
Driving Experience	6 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96435255
Fax Number	
Contact Number	OFFICE-96435255
EMail Address	NOEMAIL

**BLK 274 TAMPINES STREET 22** Address

#03-118 520274

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

Postcode

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? 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?

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

YES 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

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

FY1395B

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

MOTORCYCLE

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.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for Investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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
- (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.

Date & Time:

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

Date & Time:

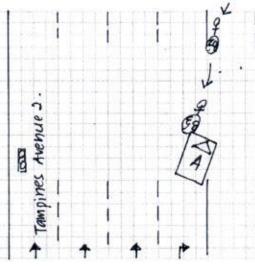
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

vehicle A: GBG 85924

venicle b: fy1395B



→ Tampines · 8+32.

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	on	The	stated	date	0 8 1	ime, I,	veh,	ich h'	, GBG 8.	5924,
was	stati	onan	g at	tne	trattic	light	· Sua	Idenly	, which	8
FYI	395B	, (	ame ;	tiom	the	opposite	dire	ction,	mounti	ng the
terb	and	can	ne on	at	my	vehicle	, da	magiv	g my	ront
eft	portion	. I	wich	+0	state	that	Ì	was	station	navy
for	about		12	seco	ands.		181110-20			
									3	
			114	DESTRUCTION OF THE PARTY OF THE						
			11.0							

#### DECLARATION

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

Policyhol Simary Date & Tim

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

### ACCIDENT STATEMENT

ACCIDENT DATE: 26/ 12 / 2018 (DD/MM/YYYY), TIME: 18: 38 HHH:A	(M)
LOCATION: Tampines Ave 2 X Tampines St 22	
DETAILS OF VEHICLE  GIVENICLE NUMBER: GBG 8592 U  DINSURANCE COMPANY: NTUC  CIPOLICY NUMBER: 510548994	
d)POLICY TYPE: (COMPRÉHENSIVE / THIRD PARTY / THÎRD PARTY FIRE &THE  )MAKE & MODEL: (ONDIA H)Q(C,  )TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)  g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h)PURPOSE OF USING AT ACCIDENT TIME: (YUVATE)  i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	
2. INSURED / POLICY HOLDER  A) NAME: TSF IMEGYATED PTE LTD. (MADE / FEMALE)  b) NRIC/FIN/PASSPORT: 201833264E CONTACT: 9643525  c) ADDRESS: 2 Kgluang Pudding Padd #07-04  Mactech Building S(349307)  * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	<u>-</u>
Conducting striver Dinkies Li 2Ni (MALE / FEMALE)  Conducting striver Dinkies Li 2Ni (MALE / FEMALE)  Dinkies Li 2Ni (MALE / F	_
e)OCCUPATION: (INDOOR / OUTDOOR)  1) YEARS OF DRIVING EXPRERIENCE: 648	
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO	) —
5. GIWEATHER CONDITION: (CLEAR / RAINING / OTHERS	
6. WAS ANYBODY INJURED (YES / 10) 7. DIREPORTED TO POLICE (YES / 10) IF YES, PLEASE STATE WHICH POLICE STATION:	
8. THIRD PARTY VEHICLE  Who of passenger of VEHICLE NUMBER: #Y 13958 MODEL:	-
(Induding driver) b) DRIVER'S NAME:	-
Ho of passenger al DRIVER'S NAME: MODEL:	
(Including driver) 1) NRIC/FIN/PASSPORT:CONTACT:	

email =

fax =

## EDITORIO DE SINGAPORE DRIVING HIGHNO



Licence Number: G 7 0 6 6 4 7 6 W

Name:

LI ZHI

Birth Date: 14 Aug 1979

Issue Date: 24 Jul 2017

Valid Till 21/08/2022





#### S PASS

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
TSF INTEGRATED PTE. LTD.



Name LI ZHI

S Pass No. 0 56117970 Sector: SERVICE

0 56117970



K1038813

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

**EFFECTIVE DATE** 

Class 3

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

22 Aug 2012

NP 428A



### VISIT PASS Immigration Regulations

19-12-201

Name LI ZHI



FIN G7066476W

Date of Birth 14-08-1979

Nationality CHINESE

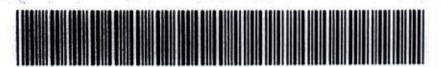
MULTIPLE JOURNEY VISA ISSUED

Sex

Download SGWorkPass App to check status



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_800	601						• Chang	e Language	Chang	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.			- 1	Date	of Accident	-	26/12/2018 1	18:40	
	Vehicle	No.(For Motor)	GBG8	592U		Cert	ficate Numbe	. [			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured	Commence Date	Expiry Date
	0	5105488994		TSF INTEGRATED PTE LTD	201833264E	GCV	Preferred Workshop Plan	GBG8592U	GBG8592U		16/11/2019

Policy No.	5105488994	Policyholder Name	TSF INTEG	GRATED PTE LTD	Policyholder	201833264E	
Certificate No.		Name	20T-000-000-000	noscode del Francisco	NRIC	E03003204E	
Address	2 KALLANG PUDDING ROAD #07	-04 MACTECI	H BUILDING	SINGAPORE 349307			
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy issue Date	16/11/2018	Effective Date	17/11/201	8 00:00	Expiry Date	16/11/2019 23	59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/I	Inexperience Driver Excess
Agent	CAR INSURANCE AGENCY PTE. I	Agent Tel.	63842777		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	2 KALLANG PUDDING RO	AD Addre	ss 2	#07-04 MACTECH	BUILDING	Address 3	SINGAPORE 349307
Address 4		Addre	ss Type	Singapore address		Post Code	349307
Jnit No.	07-04	Relate	ed Policy er	5105488994			
D Insure	d Object: GBG8592U	ALTONO SEL					
	ements						

Policy No.						
	5105488994		Vehicle No.	G8G8592U	GST Registration No.	
Certificace No.						
blicyholder Name	TSF INTEGRATED PTE	LTD			Policyholder NRIC	2018332646
roduct Code	COMMERCIAL VEHICLE	E INSURAI	Cover Type	Preferred Workshop Plan	Loading	0
ornact No.(Mobile)	96435255		Contact No.(Office)	0	Contact No.(Home)	0
mail Address	ranger measures		Special Remark		eCode .	No. Co
PK	® No ○ Yes		TCA	® No ○ Yes	«Code Reason	
CD Protection	No		NCD Entitlement(%)	9	Private Hire	No
Accident Details						
eport Date	27/12/2018 14:37		Accident Report Within 24 nrs	Yes	Accident Type	Collision - Cross Junction
ete of Accident	26/12/2018		Time of Accident hh:mm	18:40	Country of Accident	Singapore
eporting Centre			Orange Force		3CM No.	
ccident Location	JUNIC TAMPINES AVE 2	2 & TAMPINES ST 27	E.			
₹ Excess						
wn damage Excess		600.00	Additional Excess		Windscreen Excess	100.00
nnamed Driver Escess			Outside Singapore OD Excess			
and Party Excess		0.00	Outside Singapore TP Excess			
7 Benefits						
7 GST Registered Inform						
T Registered T Registration No.	No			GST Registration Date	92210	
dification History				GST Status Verified	No	
Policyholder Hailing Ad	idress					
itiress 1	2 KALLANG PUDDING	ROAD	Address 2	#07-04 MACTECH BUILDING	Address 3	SINGAPORE 349307
Odress 4			Address Type	Singapore address	Post Code	349307
nit Na:	07-04		Related Policy Number	5105488994	\$00000000	3000000
OI Driver Info						
iver Name	Unnamed Oriver		Driver Type	Unnamed Driver		
named driver Name.	LIZHI		Driver NR3C	G7066476W	Driver DOB	14/08/1979
gister Date of Driver License			Driver Age	39	Oriving Experience	6
ntact No.(Mobile)	96435255		Contact No. (Office)	0	Contact No.(Home)	0
dress 1	BLK 274		Address 2	TAMPINES STREET 22	Address 3	SINGAPORE 520274
dress 4			Address Type	Singapore address	Post Code	520274
nt No. Ses he own a Singapore	03-116					
gatered car?	○ Yes   No		Driver Vehicle No.		Driver Insurer Company	
claration						
eathalyser or Blood Test	96-22-0 T		resumment of the second	UL COULD WAY		
ading?	0 mg		Any injury?	○ Yes ® No		
Offication History						
Claim 001 New	[OD HI					
m Type 4	Гор-мх	◙	Insured Name	TSF INTEGRATED PTE LTD	Insured NR3C	201833254E
claim 603 New Im Type * mack No.(Mobile)	[ор-мх	<u> </u>	Contact No.(Home)		Insured NRIC Contact No.(Office)	201833264E 63209290
m Type * mact No.(Mobile)			Contact No.(Home) Of Vehicle Number	G8G8592U		
m Type * mact No.(Mobile) all Address mant Type Claimant Type *		v	Contact No.(Home) Of Vehicle Number Type of Benefit *		Contact No.(Office)	63209290
m Type * mact No.(Mobile) bit Address mant Type Claimant Type * mare Name *			Contact No.(Home) Of Vehicle Number	G8G8592U	Contact No.(Office)	63209290
im Type * mact No.(Mobile) eii Address imant Type Claimant Type * imant Kame *	Please Select	22	Contact No.(Home) Of Vehicle Number Type of Benefit *	G8G8592U	Contact No.(Office) TP Versite Number	63209290
im Type * itact No.(Mobile) all Address imant Type Claimant Type * imant Address imant Address im Description		22	Contact No.(Home) OI Vehicle Number Type of Benefit • Claimant NRIC •	G8G8592U Please Select	Contact No.(Office)	63209290
im Type * mact No.(Mobile) aii Address imant Type Claimant Type * imant Address im Description ferred Workshop Contact	Please Select GBG8592U / FY13956 C	22 2018 ON 26 Dec 2018	Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC *	G8G8592U Please Select  Mot at Pault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop	62209290 PY13958
im Type * mact No.(Mobile) all Address imant Type Claimant Type * imant Aame * imant Address im Description ferred Workshop Contact	Please Select GBG8592U / FY13958 C	22	Contact No.(Home) Of Vehicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preferend Repair Option	G8G8592U Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	62209290 PV13958  Received
m Type * nact No.(Mobile) til Address mant Type Claimant Type * mant Address m Description erred Workshop Contact ure Finalisation Registered	Please Select  GBG8592U / FY13958 C  Ves  27/12/2018 14:39	22 2018 ON 26 Dec 2018	Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC *	G8G8592U Please Select  Mot at Pault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop	62209290 PY13958
im Type * mact No.(Mobile) all Address imant Type Claimant Type * imant Address imant Address im Description ferred Workshop Contact ture Finalisation e Registered ont Teken By	Please Select GBG8592U / FY13958 C	22 2018 ON 26 Dec 2018	Contact No.(Home) Of Vehicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preferend Repair Option	G8G8592U Please Select  Mot at Pault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	62209290 PV13958  Received
im Type * mact No.(Mobile) eii Address imant Type Claimant Type * imant Address imant Address im Description ferred Workshop Contact pure Finalisation e Registered ont Taken By	Please Select  GBG8592U / FY13958 C  Ves  27/12/2018 14:39	22 2018 ON 26 Dec 2018	Contact No.(Home) Of Vehicle Number Type of Benefit * Claiment NRIC *  Insured Liability * Preferend Repair Option	G8G8592U Please Select  Mot at Pault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	62209290 PV13958  Received
im Type * mact No.(Mobile) eii Address imant Type Claimant Type * imant Address imant Address im Description ferred Workshop Contact pure Finalisation e Registered ont Taken By	Please Select  GBG8592U / FY13958 C  Ves  27/12/2018 14:39	22 2018 ON 26 Dec 2018	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Repair Option Claim Close Date	G8G8592U Please Select  Mot at Pault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	62209290 PV13958  Received
im Type * mact No. (Mobile) all Address imant Type Claimant Type * imant Address imant Address im Description ferred Workshop Contact guire Finalisation e Registered out Taken By Print AX Jetter	Please Select  GBG8592U / FY13958 C  Ves  27/12/2018 14:39	22 2018 ON 26 Dec 2018	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Repair Option Claim Close Date	0808592U Please Select V Not at Pault Preferred Workshop, Name unknown V	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	62209290 PV13958  Received
arm Type * mact No.(Mobile) hall Address Hmant Type Claimant Type * Hmant Type Claimant Type * Hmant Address Hmant Hma	Please Select  GBG8592U / FY13958 C  Ves  27/12/2018 14:39	22 2018 ON 26 Dec 2018	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Repair Option Claim Close Date	0808592U Please Select V Not at Pault Preferred Workshop, Name unknown V	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	62209290 PV13958  Received
um Type * mack No. (Mobile) hall Address simant Type Claimant Type * imant Address ima	Please Select  GBG8592U / FY13958 C  Yes  27/12/2018 14:39  Jackson	22 2018 ON 26 Dec 2018	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Repair Option Claim Close Date	0808592U Please Select V Not at Pault Preferred Workshop, Name unknown V	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	62209290 PV13958  Received
am Type * misch No. (Mobile) nail Address immart Type Claimant Type * immart Address immart Addr	Please Select  GBG8592U / FY13958 C  Ves  27/12/2018 14:39	22 2018 ON 26 Dec 2018	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Repair Option Claim Close Date	0808592U Please Select V Not at Pault Preferred Workshop, Name unknown V	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	62209290 PV13958  Received
Claim GO1 New  Arm Type *  Inmact No.(Mobile)  Inmact No.  Inm	Please Select  GBG8592U / FY13958 C  Yes  27/12/2018 14:39  Jackson	22 2018 ON 26 Dec 2018	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Repair Option Claim Close Date	Seve Submit	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	62209290 PV13958  Received
arm Type * misch No. (Mobile) nail Address immart Type Claimant Type * immart Address immart Add	Please Select  GBG8592U / FY13958 C  Ves 27/12/2018 14:39  Jackson  HT/1025373  • Yes No	22 2018 ON 26 Dec 2018	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Repair Option Claim Close Date	Save Submit	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Receives	Received 27/12/2018 00 00
im Type * mact No. (Mobile) all Address imant Type Claimant Type * imant Name * imant Address im Description ferred Workshop Contact pure Finalisation e Registered out Taken By Print AK Jetter  ttachment dent No.	Please Select  GBG8592U / FY13958 C  Ves 27/12/2018 14:39  Jackson  HT/1025373  • Yes No	22 0W 26 Dec 2018	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Repair Option Claim Close Date	Save Submit  O01 27/12/2018 14:41 Category *	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received	Received 27/12/2018 00:00 Description •
im Type * mact No. (Mobile) all Address imant Type Claimant Type * imant Address imant Address im Description ferred Workshop Contact puire Finalisation e Registered ont Taken By Print AX Setter  ttachment	Please Select  GBG8592U / FY13958 C  Ves 27/12/2018 14:39  Jackson  HT/1025373  • Yes No	22 0W 26 Dec 2018	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Repair Option Claim Close Date	Save Submit  Oo1  27/12/2018 14:41  Category *	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Receives	Received 27/12/2018 00 00

