TIONAL Assessment Centre	e Services. well 1	SAICON MI ATWISSOM		Done	av.
ale In: 5/1/9-16:20	Jeb description	Date & Time	Completed	Done	
CNO: 44 MC 19000278/24	SAS e-filing	İ			
th No: FOF6083J	E-mail (within Shrs, Al	C 2hrs)			•
O.A : 71/18 -17:30	i-Motor Claim For	m [m] 10265	39-001	Slilia 16	73
	i-Motor W/O (Withi	n: OD 2hrs, TP 4hrs)			
D / TP / Reporting Only	i-Photo Uploaded	1			- The state of the
	Assessment/Survey I	Report			er water trans
Insurer:	Ass't Report by Fax	Hand to Owner/Wks	Р		
ferred Wksp / INC Assign Wksp / QW: (Tel:	Fa	ix:)
Particulars: Veh No: 0x &		INC()/Non-IN	IC().	1	
wner / Driver: (Tel:)	
olicy No: () Per	riod: () Cover Type		,	
Confirmed by: (Da	-	me:)	
	Note-Est. Status (WO):		9%. F: 80-10	00%]	
		40()			
xcess: (\$) Loading: \$1,0	A STATE OF THE PARTY OF THE PAR) 	न्द्राच्या सम्बद्धाः अ	1235 5 171, 171	
				C. O. S. C. F. S.	- 100
) Walk-In Customer : Customers info	rmation strictly Confiden	tial & Strictly NO refe	of repairer.		
) Total Loss Case : to e-mail Insure	er URGENTLY.		·		
ive-In ()/ Towed-In (); Invoice	: YES () / NO (); Towing Co: ()
narks:- (INC hotline: 6788 6616)		- V Date&Time	Completed	Done	by
Apply for Transport Allowance ()/C				= 11002 - 100 - 100	
QC Check / Post Repair Inspection	()		1		
Jpload Resurvey Photo [Repair Cost > \$3	3000] ()	-			
jurý :	And the state of t			Marian Creek	
jury:			CONTRACTOR	12.34 F	10 m. ec.
Time Actions	Nacional de la company	The same sections		RESIDED IN	
	1 -				
			Victorial Control		
	1				
***		S. CI	1000	Ant (S)	Amt(\$)
190050	1000	100 A	数の数据を表示。	fn Bill	Add Bill
nant's Particulars:-	1) AI 2) D/	: Accident Reporting (53 : Damage Assessment (51	00); INC (\$8		
t/Oumer:	3) TF	: Towing Fee	540	\$120	
	5) FT	: Follow-Through Survey (I	Resurvey)	\$30	
			(wef 10 Jan 200)	\$75	
ged Portion:	7) NI	: Idae DA + SMRT Survey	100	\$160	
	The same of the sa				
hecked by (Engr-In-Charge):	1.	5: Courtesy Cor / Tpt Allow	ville	\$5	
Dr. Des Cinario de la Companya de l	A. Lower Supplementation . V	7: Fost Repair Inspection		\$25	
tors' Comments :	· N	8: DV / Collect Excess Coor		\$5 \$20	
		(N11): TP (Nin INC) aga: 12: Idae Mobile		30	A 10 10 10 10 10 10 10 10 10 10 10 10 10
73.		ce dated	State of the state	REAL PROPERTY.	新聞
n/Owner: oct No: ged Portion: hecked by (Engr-In-Charge): tors! Comments:	1) AE 2) D/ 3) TF 4) FT 5) FT Fg 6) TF 7) NI 2	: Follow-Through Survey : Follow-Through Survey (I claiming against INC Only : Re-inspection : Idae DA + SMRT Survey 'UC Additional Services:- '* 5: Courtesy Car / Tpt Allow 6: Repair Co-ordination 7: Fost Repair Inspection 8: DV / Collect Excess Coor (N11): TP (Non INC) again 2: Idae Mobile	O); OO); INC (\$8 \$40 Resurvey) (wef 10 Jan 2005	\$100	

1 1 por st 1 1 20

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.
- 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	05/01/2019 16:20
Date Of Accident	31/12/2018 13:30
Exact Location Of Accident	BEDOK NORTH RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBF6683J
Insured/Policyholder	
Name Of Registered Owner	KOK XIU YUAN, IVAN
NRIC No	S9044666E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98789352
Alternative Phone No	OFFICE-98789352
Vehicle Particulars	
Manufacturer	YAMAHA
Model	FZ 16
Exact Purpose for which vehicle was being used a time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5075595608-03
Cover Note Number	
Driver	
Name of Driver	KOK XIU YUAN, IVAN
NRIC No	S9044666E
Date Of Birth	20/11/1990
Occupation	OUTDOOR
Date Of Driving Pass	05/11/2015
Priving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98789352
ax Number	
Contact Number	OFFICE-98789352
Mail Address	NOEMAIL

BLK 15 BEDOK SOUTH ROAD Address

#07-95

460015

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

2

YES

NO

NO

1

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

YES

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190102/7007.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLX8641D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver ONG SOO MIN NRIC/Passport Number S8586684B

Contact Number

Address Postcode Postcode

No. Of Passenger (Including Driver)

1

Name KOK XIU YUAN, IVAN Approximate Age Injuries Sustain BODY Injured person in which vehicle? FBF6683J Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address

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:

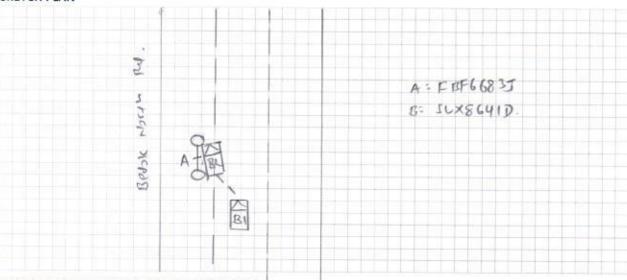
Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

		200		
Refer to	police mass	19-7/20190102/	7007.	
	1050	- 10		

DECLARATION

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

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

	NT DATE: (31 / 1~ / 18	2 (00)), TIME:()(HH:MM)
LOCATIO	ON: bedst North	nd.	
1. [DETAILS OF VEHICLE	4	
1000	VEHICLE NUMBER:	ENF668 II.	
	JINSURANCE COMPANY:		
	POLICY NUMBER: 5075		
			TY / THÎRD PARTY FIRE &THEFT)
e	MAKE & MODEL:	LINSIVE / ITINO PAR	IT / IHIRD PARIT FIRE & IHEFI
		MPV /V AN / LORDY	//MOTORCYCLE/OTHERS)
g h)	PURPOSE OF USING AT AC	VATE / COMMERCI.	AL / MOTORCYCLE)
1) /	ARE YOU CLAIMING UNDE	R YOUR OWN INSUF	RANCE (YES/NO)
2 IN	F NO, PLEASE STATE (THIRD SURED / POLICY HOLDER	PARTY CLAIM / RE	PORTING ONLY)
	NAME: KOK KIN YMAN	has	
	NRIC/FIN/PASSPORT: 59		(MALE / FEMALE)
	ADDRESS: DIC K ISC		_CONTACT: 98789352
	7/10	10 10 10 10 10 d	907-95 (460)NJ
* (Including driver) all	CONTINUE TO 3.d IF DRIVER	R ALSO POLICY HOL	LDER
(Including dian) all	NAME:		(MALE / FEMALE)
() bli	NRIC/FIN/PASSPORT:		
CT) c)/	ADDRESS:		
*d)	DATE OF BIRTH: (2)	1 / 1990 HDD/M	M/YYYYI
e)(OCCUPATION: (INDOOR /	OUTDOOR)	
f)Yt	EARS OF DRIVING EXPRERI	ENCE:	DEC
4. WA	S DRIVER AN EMPLOYEE	OF THE INSURE	O'S COMPANY? (YES / NO)
11-1	VO, RELATIONSHIP OF T	HE DRIVER WITH	INSURED: Alvare
s. ajv	VEATHER CONDITION: (QLE	EAR / RAINING / OT	THERS
b)R	OAD SURFACE: (DRY / WE	T / OTHERS	**Yo !
6. WA	S ANYBODY INJURED (YES	/NO)	
7. a)Ri	EPORTED TO POLICE HES	/ NO)	
IF.	YES, PLEASE STATE WHICH	POLICE STATION:_	
8. THIR	D PARTY VEHICLE		
the of prosenger of	VEHICLE NUMBER: JUST	5410	MODEL:
including driver 1 01	DRIVER'S NAME: (NG	DO MIN	
(_) O TUIDI	NRIC/FIN/PASSPORT: 3	NO 600 713.	_CONTACT:
	VEHICLE NUMBER:		MODEL:
Indudias del a	DRIVER'S NAME:		
()	NRIC/FIN/PASSPORT:	Harries - 1	CONTACT:
	8		
19			9 9

email =

fax =

VIDEO = /





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20190102/7007

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 019 13:59	Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
	f Informant: J YUAN, IV		Address: APT BLK 15 BEDOK SOUTH 460015	ROAD #07-95 SINGAPORE	
	/ ID No.: O / S90446	66E	Contact No.: Home/Office: Mobile: 98789352		
National SINGAP	ity: ORE CITIZ	EN	Email: ivankok90@gmail.com		
Sex: Male	Age: 28	Date of Birth: 20/11/1990	Type of Informant: Rider		
Race: Chinese			Language: English	Institution / School Name:	
	Occupation: Driving Licence Class:			Date of Expiry:	

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/12/2018 13:30	Type of Location: Straight Road	
Location:	T				
BEDOK NOR	TH ROAD				
Weather:		Road Surface:		Poad Spood Limit	
(8/10)		Road Surface: Dry		Road Speed Limit: 50 Km/h	
Weather: Clear Traffic Flow: One Way					

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
FBF6683J	Motorcycle	YAMAHA	FZ 16	Black		0	
SLX8641D	Car	VOLKSWAGO N	Golf	Silver	Seriously Damaged	11000	

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
FBF6683J	NTUC Income Insurance Co-Operative Limited	5075595608-03	13/11/2018	12/11/2019		





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20190102/7007

CONTINUATION OF REPORT

Details of Perso	n involved		A AMERICAN			
Any Pedestrian I	nvolved: No				11-	
No. of Pedestrian	ns Injured: NIL		Use of Per	destriar	Cross	sing: NA
Rider		A SHAM				
Name	KOK XIU YUAN, IVAN			ID No		S9044666E
Related Vehicle	FBF6683J (Motorcycle)			Conta	ct No.	98789352
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	<i>-</i>
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

I was traveling on my bike (Vehicle A: FBF6683J) along Bedok North Road, Lane 3, suddenly a car (Vehicle B: SLX8641D) abruptly swerve out from lane 2 and hit me on the right side of my bike while i was riding on lane 3 causing me to be flung off from my bike.

I have sustained injuries from the above mentioned accident and was issued 3 days of medical certificate.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20190102/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/01/2019 13:59
Officer In Charge Of Case: TP / TPHQ / RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case:

Authentication Stamp

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9044666E





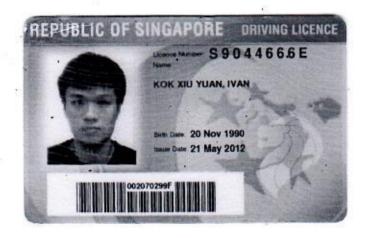
KOK XIU YUAN, IVAN

郭

CHINESE Date of birth 20-11-1990

SINGAPORE







NRIC No. S9044666E

25-02-2006

APT BLK 15 BEDOK SOUTH ROAD #07-95 SINGAPORE 460015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Monarcycles == 280 CC
Motorcycles between 291 CC and 400 CC
Motorcycles > 480 CC
Motorcycles > 480 CC
Motorcycles == 2800 kg with == 7 pasteragets, variance of the
first; said author treatment-theires == 2500 kg
Hervy name cars and motor treatment > 2500 kg

S / No.9000286616

S9014665E

NP 428A

eBao Tech								GeneralCl		alClaim	
Hello, NAC_PAYA_UBI_80	0601				THE PERSON NAMED IN	or other transfer	+ Change	Language	• Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy 1	No.				Date	of Accident	3	1/12/2018	13:30	
	Vehicle	No.(For Motor)	FBF668	333		Certif	icate Number	× [
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5075595608- 03		KOK XIU YUAN, IVAN	S9044666E	GMC	Third Party	FBF6683J		13/11/2018	12/11/2019
						Continue					

Policy No.	5075595608-03	Policyholder Name	KOK XIU	YUAN, IVAN	Policyholder NRIC	S9044666E	
Certificate No.		Hallie			MICE		
Address	BLK 15 #07-95 BEDOK SOUTH	H ROAD SINGAP	ORE 46001	5			
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	30/09/2018	Effective Date	13/11/20	18 00:00	Expiry Date	12/11/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	0.0	Own damage Excess	0.0		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Youn	g/Inexperience Driver Excess
Agent	TELESALES-DIRECT MARKETI	NC Agent Tel.			GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policy!	holder Mailing Address						
Address 1	BLK 15 #07-95	Addre	ss 2	BEDOK SOUTH	ROAD	Address 3	SINGAPORE 460015
Address 4		Addre	ss Type	Singapore addr	ess	Post Code	460015
	07-95	Relati Numb	ed Policy er	5075595608-0	3		
Unit No.							
3///53436	d Object: FBF6683J						
3///53436	197600000						

Claim Handling Accident MT/1026539						
Policy No.	5075595608-03		Vehicle No.	FBP66833	<u> </u>	
Certificate No.	CHILDREN SON		egister see.	PBPG0833	GST Registration No.	
Policyholder Name	KOK XIU YUAN, IVAN					
Product Code					Policyholder NR3C	S9044666E
	MOTORCYCLE INSURAN	4CE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	98789352		Contact No.(Office)	0	Contact No.(Home)	0
Email Address			Special Remark		eCode	No. of
CFK	® No ○ Yes		TCA .	No ○ Yes	eCode Reason	Bot Modals
CD Protection	No		NCD Entitlement(%)	0		28.5
✓ Accident Details					Private Hire	No
eport Date	05/01/2019 16:48					
			Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
ate of Accident	31/12/2018		Time of Accident hhimm	13:30	Country of Accident	Singapore
eporting Centre			Drange Force		ICM No.	
codent Location	BEDOK NORTH RD					
♥ Excess						
wn damage Excess		0.00	Additional Excess		Windscreen Excess	
nnamed Driver Excess			Outside Singapore OD Excess		Windscreen Extens	
ned Party Excess		0.00				
→ Benefits		W.00	Outside Singapore TP Excess			
GST Registered Inform						
ST Registered	No			GST Registration Date		
T Registration No.				GST Status Venfied	Yes	
odification History						
	22000					
Policyholder Mailing Ad			regards and			///
ddress I	BLK 15 #07-95		Address 2	BEDOK SOUTH ROAD	Address 3	SINGAPORE 450015
ddress 4			Address Type	Singapore address	Post Code	460015
nit No.	07-95		Related Policy Number	5075595608-03		
OI Driver Info						
iver Name	KOK XIU YUAN IVAN		Driver Type	Main Driver		
named driver Name			Driver NRJC	590446668	Driver DOS	20/11/1990
gister Date of Driver License	05/11/2015		Driver Age	28	Driving Experience	1
intact No.(Mobile)	98789352		Contact No.(Office)	0		1
dress 1	BLK 15				Contact No.(Home)	0
	01X 13		Address 2	BEDOK SOUTH ROAD	Address 3	SINGAPORE 460015
dress 4			Address Type	Singapore address	Post Code	460015
nit No.	07-95					
pes he own a Singapore gistered car?	○ Yes (No		Driver Vehicle No.		Driver Insurer Company	
and the same of th					arrest made of company	
claration						
eathalyser or Blood Test	0 mg		Any injury?	® Yes ○ No		
ading?	17.015		ent interv	W 163 U NO		
dification History						
Chaire and						
Claim 001 New						
m Type *	OD-MK	V	Insured Name	HOK KIU YUAN, IVAN	Insured NAIC	S9044566E
react No.(Mobile)	98789352		Contact No (Home)		Contact No.(Office)	
al Address	wankok90@gmail.com		Of Vehicle Number	FBF66833	TP Vehicle Number	SLX8641D
imant Type Claimant Type •	processor and the second	V	Type of Benefit *	Please Select	A STATE OF THE PARTY OF THE PAR	SPURMIN
imant Name *			Claimant NRIC *	Luciae seem		
		>>	Claiman, NK/C			
mant Address	220000000000000000000000000000000000000		1717			
m Description	/BF6683) / SLX8641D OF	N 31 Dec 2018			Name of Preferred Workshop	
ferred Workshop Contact			Insured Liability *	Not at Fault		
puire Finalisation	Yes	V	Preferend Repair Option	Preferred Workshop, Name unknown	✓ GIA report	Decement
e Registered	05/01/2019 16:47	- 111	Claim Close Date	The say, same windown		Received U
	Jackson		CONTRACTOR LINES		Date Received	05/01/2019 00:00
	Parkage.					
Print AK letter						
				Save Submit		
ttachment			1	DATE DUDING		
010020101044						
C.						
ident No.	MT/1026539		Plane to	0.00		
			Claim No.	100		
Doc. Received	● Yes ○ No		Upload Date	05/01/2019 16:50		
	Patr	K *		Category *	Confidential Lingui	ncy * Description *
			Browse	Clear Please Select	No V Normal	▼
			Browse			
			P in particular in	the state of the s		V
			Browse	Char Please Select	V Normal	
			Decure	CARROLL AND ADDRESS OF THE PARTY OF THE PART	The second second	The same of the sa

