		the second section of the second section is the second section of the sect			
Date In: 1916 - N:18	Jeb description		Date & Time Complete	bd	Done by
Ref No: NA/NCBOOMA	SAS e-filing				
Veh No: Justine	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 1/1/19-15:00	i-Motor Clai	m Form	M1 1028770-031	161.11	7 18:31
THE TAXABLE ASSESSMENT OF THE PROPERTY OF THE	i-Motor W/C	(Within: OD 2hr			-1
OD TPY Reporting Only	i-Photo Uplo				
0.250	Assessment/St	irvey Report			
TP Insurer:			to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 4	215686.	. INC ()/Non-INC()	+	WW. Care To Ca
Owner / Driver: (.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	Note-Est. Status (V	WO): N: 0-2	0%; P: 21-79%. F: 8	0-100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$	1,000 ()/\$2,000	()			
General Remarks:-		5, 51 3 1Y A 3		Attack S	
() Walk-In Customer : Customer's in	nformation strictly Co.	The state of the state of	manusas <u> </u>	*****	
The state of the s		Illideridai & St	nedy NO Talet of Tepair		
() Total Loss Case : to e-mail Ins			11.00		
Drive-In ()/ Towed-In (); Invo	pice: YES()/N	NO (); T	owing Co: (
					-
Remarks: (INC hotline: 6788 6616)): -		Date&Timb Completes		Done by
	THE RESIDENCE AND ADDRESS OF THE PARTY OF TH)	Date&Turis Comple 30		Done by
1) Apply for Transport Allowance ()	THE RESIDENCE AND ADDRESS OF THE PARTY OF TH)	Date&Time Completed		Done by
Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ()	Date&Timb Completes		Done by
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost>	/ Courtesy Car ()	Date&Timb Completes		Done by
Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ()	Date&Time Completes		Done by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ()	Date&Time Complets		Done by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ()	Date&Time Completes		Done by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ()	Date&Time Complets		Done by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ()	Date&Time Completes		Done by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ()	Date&Time Completes		Done by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car (Done by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions	/ Courtesy Car (paration Checklist		((CS)) Amit(S)
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	/ Courtesy Car (1) AR : Accident	paration Checklist Reporting (\$30);	An	(C(5)) Amit(\$)
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions NA 1900346. Inimant's Particulars:	/ Courtesy Car (1) AR : Accident 2) DA : Damage 3) TF : Towing F	paration Checklist Reporting (\$30); Assessment (\$100); INC	(\$80) \$40/\$45	(CO) Amil(t)
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions NA 1920346 Inimant's Particulars:	/ Courtesy Car (1) AR : Accident 2) DA : Darrage 3) TF : Towing F 4) FT : Follow-T	paration Checklist Reporting (\$30); Assessment (\$100); INC	An fill	(C(5)) Amit(\$)
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions MA 1920346 Inimant's Particulars:	/ Courtesy Car (1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a	paration Checklist Reporting (\$30); Assessment (\$100); INC ee hrough Survey hrough Survey (Resurvey) geinst INC Only (wef 10 Jan 2	(\$80) \$40/\$45 \$120 \$30	(CO) Ami(t)
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions NA 1900346 Inimant's Particulars:- river/Owner:	/ Courtesy Car (1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T	paration Checklist Reporting (\$30); Assessment (\$100); INC ee hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan a	(\$80) \$40/\$45 \$120 \$30	(CO) Amil(t)
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions NA 1900346 Inimant's Particulars:- river/Owner:	/ Courtesy Car (1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idac DA 8) NTUC Addition	paration Checklist Reporting (\$30); Assessment (\$100); INC ee hrough Survey hrough Survey (Resurvey) geinst INC Only (wef 10 Jan 2 ction + SMRT Survey	(\$80) \$40/\$45 \$120 \$30 (005) \$75	(C(5)) Amit(\$)
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions MA 1900 46 Inimant's Particulars: inver/Owner: ontact No: amaged Portion:	/ Courtesy Car (1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition	paration Checklist Reporting (\$30); Assessment (\$100); INC rec hrough Survey (Resurvey) goinst INC Only (wef 10 Jan 2 ction + SMRT Survey onal Services:-	(\$80) \$40/\$45 \$120 \$30 (005) \$75	(C(5)) Amit(\$)
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions MA 1900 46 Inimant's Particulars: inver/Owner: ontact No: hmaged Portion:	/ Courtesy Car (1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C	paration Checklist Reporting (330); Assessment (\$100); INC ree hrough Survey hrough Survey (Resurvey) seinst INC Only (wef 10 Jan action + SMRT Survey onal Services:- Car/Tpt Allowance o-ordination	(\$80) \$40/\$45 \$120 \$30 (905) \$75 \$160	(CO) Amil(t)
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions MA 1920346 Inimant's Particulars :- river/Owner: Ontact No: Inmaged Portion: C Checked by (Engr-In-Charge):	/ Courtesy Car (1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep	paration Checklist Reporting (\$30); Assessment (\$100); INC ree hrough Survey (Resurvey) seinst INC Only (wef 10 Jan action + SMRT Survey onal Services: Car / Tpt Allowance to-ordination air Inspection	(\$80) \$40/\$45 \$120 \$30 \$75 \$160	(CO) Amil(t)
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions MA 1900346 Inimant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	/ Courtesy Car (1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming 8 6) TR: Re-inspec 7) N1: Idac DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col TP (N11): TP	paration Checklist Reporting (\$30); Assessment (\$100); INC receptor (\$10	(\$80) \$40/\$45 \$120 \$30 \$75 \$160 \$25 \$3 \$20	(CO) Ami(t)
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> Injury: Date/Time Actions	/ Courtesy Car (1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	paration Checklist Reporting (\$30); Assessment (\$100); INC receptor (\$10	(\$80) \$40/\$45 \$120 \$30 \$005) \$75 \$160 \$25 \$3 \$20 \$30	(CO) Ami(t)

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	16/01/2019 14:18
Date Of Accident	15/01/2019 15:00
Exact Location Of Accident	JUNC CLEMENTI RD & MAJU DR
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKF4172Z
Insured/Policyholder	
Name Of Registered Owner	YONG BOON SHEN
NRIC No	S8822676C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91887637
Alternative Phone No	OFFICE-91887637
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS 1.6 AUTO
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
Delles Nombre	5000570000

Policy Number 5098573208

Cover Note Number

Driver

Name of Driver YONG BOON SHEN

NRIC No S8822676C Date Of Birth 07/07/1988 Occupation OUTDOOR Date Of Driving Pass 28/10/2008

Driving Experience 10 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91887637

Fax Number

OFFICE-91887637 Contact Number

EMail Address NOEMAIL

BLK 606 HOUGANG AVENUE 4 Address

#10-173 530606

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 - HEAD TO REAR

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

2

NO

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.

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 STOPPED ALONG THE STATED VENUE AS TRAFFIC JUNCTION WAS RED. SUDDENLY VEHICLE B REVERSED AND HIT ONTO MY VEHICLE FRONT PORTION.

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? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GZ1568C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 14

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.
- 5. 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.
- 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)

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)
 - (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
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

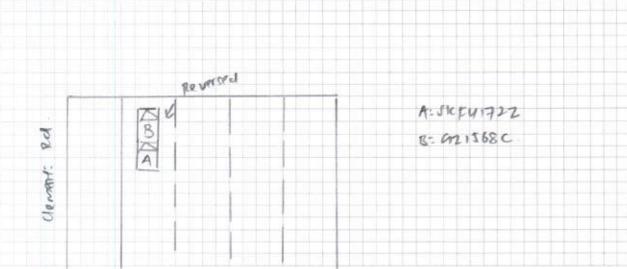
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to	datement.	

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.:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8822676C



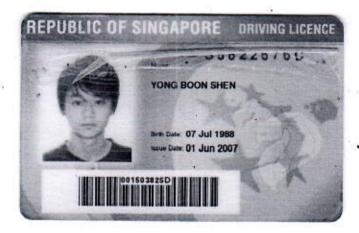


YONG BOON SHEN



CHINESE

07-07-1988 SINGAPORE



6000906





09-07-2018

APT BLK 606 HOUGANG AVENUE 4 #10-173 SINGAPORE 530606

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

Class 3A Monter cars without clutch pedala =< 3600 kg with exclusive of the driver; and motor tractors/schicl pedala =< 2500 kg
Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive; and motor tractors/schicks =< 2500 kg

28 Oct 2008

58822676C

NP 428A

S / No. 9000081590

eBao Tech									Genera	alClaim
Hello, NAC_PAYA_UBI_80060	1					• Change	Language	• Chang	e Password	› Log Out
My Desktop	Policy Quer	y								100
Notice of Loss	Policy No.				Date	of Accident	1	5/01/2019 1	5:00	
	Vehicle No.(For M	fotor) SKF	4172Z		Certif	icate Number				
				1	Search					
	Select Policy N	io. Certificat Number	and the second s	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5098573	208	YONG BOON SHEN	S8822676C	GPC	drivo CLASSIC	SKF4172Z	SKF4172Z	07/03/2018	15/03/2019
				8	Continue	1				

	50005777700	Policyholder	VONC BOO	N CHEN	Policyholder	00000000	
Policy No.	5098573208	Name	YONG BOO		NRIC	S8822676C	
Certificate No.							
Address	BLK 606 #10-173 HOUGANG	AVENUE 4 SING	APORE 5306	06			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	06/03/2018	Effective Date	07/03/2018	3 00:00	Expiry Date	15/03/2019 2	3:59
Excess Type		All Claims Excess					
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			Young	/Inexperience Driver Excess
Agent	ALPINE CREDIT PTE LTD	Agent Tel.	65113025		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 606 #10-173	Addre	ess 2	HOUGANG AVENUE	4	Address 3	SINGAPORE 530606
Address 4		Addre	ss Type	Singapore address		Post Code	530606
Unit No.	10-173	Relate Numb	ed Policy er	5098573208			
) Insure	ed Object: SKF4172Z	0078303					
	sements						

aim Handling						
icy No.	5098573208		Vehicle No.	SKF4172Z	GST Registration No.	
rificate No.						
licyholder Name	YONG BOON SHEN				Policyholder NRIC	58822676C
oduct Code	PRIVATE CAR INSURA	ANCE	Cover Type	drivo CLASSIC	Loading	0
intact No.(Mobile)	91887637		Contact No. (Office)	o .	Contact No.(Home)	0
nel Address			Special Remark		eCode	NEW
×	® No ○Yes		TCA	® No ○Yes	eCode Reason	
D Protection	No		NCD Entitlement(%)	0	Private Hire.	No
Accident Details						
port Date	16/01/2019 18:30		Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
nter of Accident	15/01/2019		Time of Accident hh:mm	15:00		
porting Centre	13/01/1012			15:00	Country of Accident	Singapore
cident Location	NAME OF THE OWNER, OR AS		Orange Force		ICM No.	
	JUNIC CLEMENTI RD 6	K MAOU DIE				
Excess						
m damage Excess		600.00	Additional Excess	0	Windscreen Excess	100.00
names Driver Excess		0.00	Outside Singapore OD Excess	600.00		
nd Party Excess		0.00	Outside Singapore TP Excess	0.00		
Benefits						
GST Registered Inform	ation					
Registered	No			GST Registration Date		
Registration No.				GST Status Verified	ves	
Affication History						
Policyholder Mailing Ad	Idrana					
Vess 1	BLK 606 #10-173		Address 2	HOUGANG AVENUE 4	Address 3	AMERICAN PROPER
ivess 4	Jan 1072 11 107 173		Address Type			SINGAPORE 530506
	10.101		THE COURSE OF THE PARTY OF THE	Singapore address	Post Code	530606
it No.	10-173		Related Policy Number	5098573208		
OI Driver Info			200000000000000000000000000000000000000			
ver Name	YONG BOON SHEN		Oriver Type	Main Driver	CANADA PARA PARA PARA PARA PARA PARA PARA P	
samed driver Name			Driver NRIC	58822676C	Driver DD8	07/07/1988
jister Date of Driver License			Driver Age	30	Driving Experience	10
Hact No.(Mosile)	91887637		Contact No.(Office)	0	Contact No.(Home)	0
fress 1	BUK 606		Address 2	HOUGANG AVENUE 4	Address 3	SINGAPORE 530606
tress 4			Address Type	Singapore address	Post Code	530606
it No.	10-173					
es he own a Singapore gistered car?	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
Saration						
athalyser or Blood Test iding?	0 mg		Any injury?	○ Yes ® No.		
10.00						
220000000000000000000000000000000000000						
dification History						
laim 001 New						
m Type *	00-MX	[2]	*******	WORLD BOOK E-100	Q-550000000	(2172-127-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
m Type *	POO PM	V	Insured Name	YONG BOON SHEN	Insured NRIC	S8822676C
tact No.(Mobile)			Contact No.(Home)		Contact No. (Office)	65113025
il Address			Ol Vehicle Number	SKF41722	TP Vehicle Number	GZ156BC
ment Type Claimant Type *	Please Select	~	Type of Benefit *	Please Select		
mant Name *		28	Claimant NRIC *			
nant Address						
m Description	SKF4172Z / GZ1568C	ON 15 Jan 2019			Name of Preferred Workshop	
erred Workshop Contact			Insured Liability *	Not at Fault		
ure Finalisation	Ves	V	Preferered Repair Option	Preferred Workshop, Name unknown	♥ GIA report	Received
Registered	16/01/2019 18:31	1	Claim Cose Date		Date Received	16/01/2019 00:00
ort Taken by	Jackson				A CONTRACTOR OF THE CONTRACTOR	Tare trace to we do
	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NA					
Frint AK letter						
				Save Submit		
tachment						
ident No.	MT/1028170		Claim No.	001		
t Doc. Received	🖲 Yes 🗀 No .		Upload Date	16/01/2019 18:32		
		Path *		Category *	Confidential Urgen	cy * Description *
			Browse	Clear Please Select	V Normal	▼
			Browse.		V No V Normal	_
			Browse			
			Druwse	The second second	V Normal	

