NATIONAL Assessment Centre	Services.	just 1 Jan'os Mk	Aligolomo	nana ang panasan	MARINE CONST
Date In: 31 1/15 - 2012	Job description		Date & Time Completed	Don	e py
Ref No: HA INCIG . DISEATE	SAS e-filing				
Veh No: Sprogs.	E-mail (within	Shrs, AIC 2hrs)			
D.O.A : 4/1/19-0623	i-Motor Clai	m Form	M7/1078888-00)	21/1/19	21:35.
OD (TP : Reporting Only	i-Motor W/C	(Within: OD 2hrs			
OD Reporting Only	i-Photo Uplo	aded			
TP Insurer:	Assessment/St	irvey Report			
IF Insuler.	Ass't Report b	y Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:)
TP Particulars: Veh No: Suk 60	942	, INC()/Non-INC()	3	oha sakese
Owner / Driver: (Tel:)	
Policy No: () Peri	iod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [N	ote-Est. Status (V	WO): N: 0-20	%; P: 21-79%. P: 80-1	00%]	+11
Year of Registration: () W	/arranty: YES ()/NO()		
Excess: (\$) Loading: \$1,00	0()/\$2,000	()			
General Remarks:-		* * * * * * *		124 S 174 174	
() Walk-In Customer : Customer's inform	nation strictly Cor			1	
() Total Loss Case : to e-mail Insurer			7		
Drive-In ()/ Towed-In (); Invoice:	YES()/N	IO () ; To	owing Co: ()
Remarks: (INC hotline: 6788 6616)				Done	SEL
			Date&Time Completed	Septembone	py
1) Apply for Transport Allowance ()/Co	ourtesy Car ()			
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$30	[00])			
Injury:					-
Date/Time Actions			a se to year		A
				AND MEDICAL SERVICES.	
•	-1		- Wilsten and State Control of Manager	14	
NAIG00604	n i	Invoice Prep	aration Checklist	Anit (S) fit Bill	Aint (\$) Add Bill
laimant's Particulars :-		1) AR : Accident I			
		2) DA : Damage A 3) TF : Towing Fe	ssessment (\$100); INC (\$8	0) /\$45	
iver/Owner:		4) FT : Follow-The	rough Survey	\$120 \$30	
ntact No:	95	For claiming age	rough Survey (Resurvey) aipst INC Only (wef 10 Jan 2005		
imaged Portion:		6) TR : Re-inspect 7) N1 : Idao DA +		\$75	
		8) NTUC Addition	22.16.17	100	
Checked by (Engr-In-Charge):	- 14	OD*	7 - 1 Alleman	\$5	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	*N5: Courtesy C	Car / Tpt Allowanne ordination	510	
iditors' Comments:-		*N7: Fost Repai		\$25	
1:			Non INC) against INC	\$20 \$20	-
		9) N12: Idea Mobi		30	and the first the
2/3:		Invoice dated	Fee Charged		

1 . 101 11 1 70

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.
- Information provided must be as <u>truthful and accurate</u> 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.

aforesaid.	someon to the distinstity of the report of the confidence to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	21/01/2019 20:20
Date Of Accident	19/01/2019 01:00
Exact Location Of Accident	TAMPINES AVE 10
Country/State of Loss	SINGAPORE
The second of the second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP1309B
Insured/Policyholder	
Name Of Registered Owner	EAZY RENTALS PTE LTD
Co Reg No	201723629E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83184681
Alternative Phone No	OFFICE-83184681
Vehicle Particulars	
Manufacturer	NISSAN
Model	LATIO CVT 1.5L ABS D/AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being use time of accident	d at PRIVATE USE
Are you claiming under your own insurance pol for repair to your vehicle?	icy 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	YES
Policy Number	5094576865-01

GLENDON GOH	
S9532142I	

 NRIC No
 \$9532142I

 Date Of Birth
 11/09/1995

 Occupation
 INDOOR

 Date Of Driving Pass
 09/02/2017

Driving Experience 1 YEAR AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97396553

Fax Number

Contact Number OFFICE-97396553

EMail Address NOEMAIL

BLK 240 TAMPINES STREET 21 Address

#11-463

Postcode 520240

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - CUSTOMER

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

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? YES

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

3

2

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : CHEN CHII WAI NICHOLAS

GENDER: : MALE

Passenger 2 NAME: : TAN CHUN KAI BRENDAN

> GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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

SLK6094P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver POH SAY MENG NRIC/Passport Number

S1581998G

Contact Number

93589336

Address

Postcode

Page 2 of 18

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name GLENDON GOH

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJP1309B

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name CHEN CHII WAI NICHOLAS

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJP1309B

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 3

Name TAN CHUN KAI BRENDAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJP1309B

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

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.
- 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.
- 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 explicate the report being made available aforessid.
- 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 Monstary 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 desiing 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 peckages); and/or
 - (v) complying with applicable low in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insured(s) who have insured vehicle(s) involved in this occident 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 losurers 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.
- (6) my Personal Informedon will also be collected and used to compile claims history for the purpose of fraud defection, investigation and management in present and all future claims.
- ie) the information so collected ander (a) 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

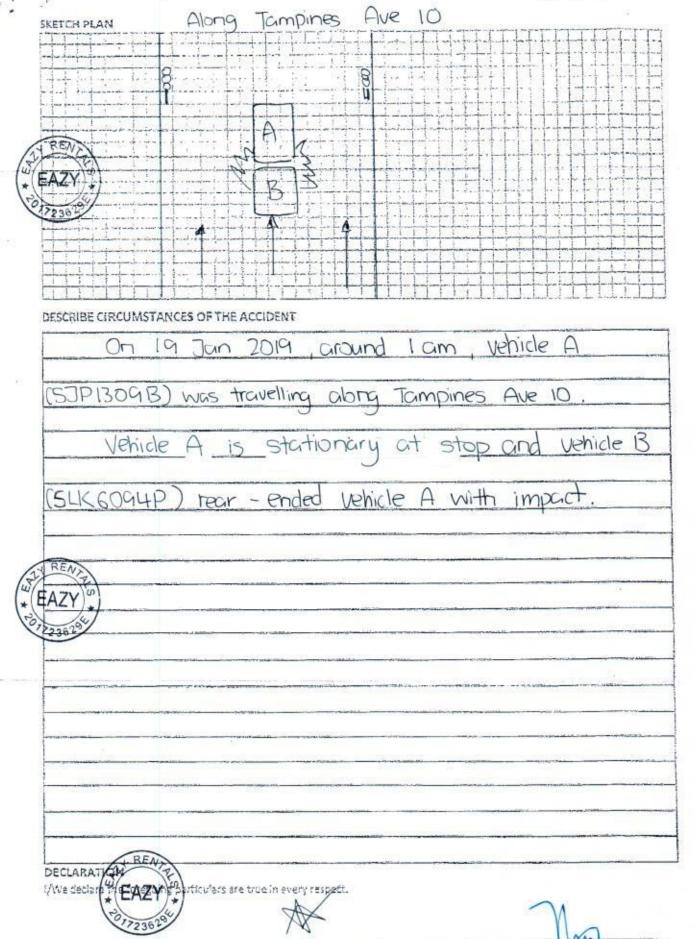
for any ving with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Senature Name:

NRIC/FIN No.:

vehicle A: SJP1309 B Vehicle B: SLK6094P



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.;

Date of Accident	: 19 Jan 19 Accident Time: 1 CM (24-HR-Format)
Accident Place	: D Tampines Ave 10
Vehicle Reg. No. (Car Plate No.)	: SJP1309B
Vehicle Make/Model	: Nissan Latio CVT 1.5L
Insurance Company	: NTUC Policy No.
Owner or Company Name /IC No.	EAZY RENTALS PTE LTD
Owner or Company Contact No.	: 8318 4681 Owner's HpCompany Tel
DRIVER'S Name / IC No.	GLENDON GOH
DRIVER'S Date Of Birth	: 11 - 09 - 1995 DRIVER'S License Pass Date 09 Feb 2017
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Customer
DRIVER'S Address	: ADT BLK 240 TAMPINES STREET 21 # 11-463
DRIVER'S Contact No./ Alt No.	5520240 :1) 9739 6553
DRIVER'S Occupation	:(INDOOR) OUTDOOR (e.g. working inside or outside office)
Email Address	: Weiguan 0312@gmail.com
Weather & Road Surface	: CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party \ Claim Own Insurance
Number of Passengers (Including I	Oriver): 03
Was there any video Captured by o Exact purpose for which vehicle w	ar camera: YES NO as being used at the time of accident: Frivate use Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: SLK 609L	Vehicle Reg. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver: POH SAY MI	
IC No. Driver: S158 19986	
Driver's Contact & Add: 935%	9336 Driver's Contact & Add:

Driver

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$95321421





Name

GLENDON GOH

Race CHINESE Date of birth

11-09-1995

Country of birth SINGAPORE 19582140



Driver



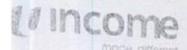
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES

EFFECTIVE DATE

Class 3

Motor cars with unladen weight =< 3000kg with =< 7 09 Feb 2017 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A



Cartificate of insurance

::SJP1309B

: 21 May 2018

20 May 2019

Cover : drive CLASSIC

1 JN18AAC11Z0021224

: EAZY RENTALS PIE LTD

MIDTOR VEHICLES (THERE-PARTY MEST AND COME ENSATION) ACT (CHAPTER 189) MOTOR WHICLES STHIRD PARTY SCIRC AND COMPENSATION RULES, 1960 ROAD TRADSPORT ATT, 1987 (MALAYSIP) MOTOR VEHICLES (THIRD PARTY RISIGNED) 1959 (MALAYSIA)

Certificate Number: 5094576865

1. Index mark and Registration Number of Vehicle Chassis Number

- 2 Name of Policyholder
- 3. Effective Date of Insurance
- 4. Expiry Date of Insurance
- Persons or Classes of Persons entitled to drive#
 - (a) The Policyholder.
 - (b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
- 6. Limitations as to Use#
 - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

EXCESS (SECTION 1)

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

: 552,000

EXCESS (SECTION 2) : 5\$1,500 WINDSCREEN EXCESS ADDITIONAL EXCESS UNNAMED DRIVER EXCESS PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP NO INSURE WITH COE YES NCD PROTECTION NO TRANSPORT ALLOWANCE NO EXCESS WAIVER NO

N/A PRIMARY DRIVER N/A NAMED DRIVER (1) N/A NAMED DRIVER (2) HIRE PURCHASE COMPANY N/A

MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency Date of Issue 5 & M ALLIANCE PTE LTD (00000614373)

: 26 Sep 2017 10:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Authorised Officer

Chief Executive

Countersigned By:

eBaoTech									G	eneralC	laim
Hello, NAC_PAYA_UBI_8006	01						· Change Lan	guage	Change Pa	assword	Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	ło.	12			Date of	Accident	19/0	1/2019 01:00		
	Vehicle	No.(For Motor)	SJP1309	ЭВ		Certifica	te Number				
					Se	arch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured	Commence Date	Expiry
	0	5094576865- 01		EAZY RENTALS PTE LTD	201723629E	GFT	drivo CLASSIC	SJP1309B	SJP1309B	26/09/2018	
					Cor	ntinue					

Policy No.	5094576865-01	Policyholder	EAZY RENTALS PTE LTD	Policyholder	2017236291	
Certificate		Name	PART DENINES FIELD	NRIC	2017236291	
Address	10 BUROH STREET #02-2	0 WEST CONNECT B	UILDING SINGAPORE 627564			
Product	FLEET INSURANCE		31001110 01110111 0112 02750	Group		
Name	PEEET INSURANCE	Plan		Policy Flag	N	
Policy ssue Date	24/09/2018	Effective Date	26/09/2018 00:00	Expiry Date	25/09/2019	23:59
Excess Type		All Claims Excess				
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00	
Additional Excess	0	OS Premium	1982.46			
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00		You	ng/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y	
Co- insurance Flag Open Policy Info	No					
Certificate Info						
	holder Mailing Address					
Address 1	10 BUROH STREET	T Addre	ss 2 #02-20 WEST (CONNECT BUILDI	Address 3	SINGAPORE 627564
Address 4		Addre	ss Type Singapore addre	ess	Post Code	627564
Jnit No.	14	Relate	ed Policy 5094576865-01		***************************************	श्वरूपम्बद्धार्थः -
1000	d Object: SJP1309B	Numb	er 303,137,0003-0.			
00000000000	S4 - 1800 -					
▼ Endors		sata Marangaran	NUMBEROS UN WIEDERS NOS PROMETOS	Charles Marketin		Maria Parage Pa
Sequen	26/09/2018 00:00	Basic Informat Endorsement		Endorreme	ent Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJP1791R 26-09-2018 \$1,328.94 In view of this amendment, an additional premium of \$1,328.94 (inclusive of GST) is payable under your policy Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque favour of "NTUC Income" with your name and policy number indicated
						on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by

ident MT/1028888						
icy No.	5094576865-01		Vehicle No.	S0P1309B	GST Registration No.	
rtificate No.			Tana Care	2012220	dat neglaciation inc.	
ricyholder Name	BAZY RENTALS PTE	LTD			Policyholder MRIC	201723629E
oduct Code	FLEET INSURANCE		Cover Type	drivo CLASSIC	Loading	0
intact No.(Mobile)	83184681		Contact No.(Office)	Ó	Contact No.(Home)	0
nail Address			Special Remark		eCode	No. V
×	® No ○Yes		TCA	® No ○ Yes	eCode Reason	4/25/c2/4
D Protection	No		NCD Entitlement(%)	0	Private Hire	No
Accident Details			6000		er absolute	
port Date	21/01/2019 21:33		Accident Report Within 24 hrs	Yes	Acoders Type	Collision - Head to Rear
ite of Accident	19/01/2019		Time of Accident htt:mm	01:00	Country of Accident	Singapore
sporting Centre			Orange Force	2017	3CM No.	
cident Location	TAMPINES AVE 10		3		E MANAGE	
Excess						
m damage Excess		2,000.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess			Outside Singapore OD Excess	2,000.00		
int Party Excess		1,500.00	Outside Singapore TP Excess	1,500,00		
Benefits						
GST Registered Inform	ation					
Registered	No			GST Registration Date		
T Registration No.				GST Status Verified	Yes	
Ofication History						
Bellevi-14	44					
Policyholder Mailing Ad			2223.20		1200000	150000000000000000000000000000000000000
dress 1 dress 4	10 BURGH STREET		Address 2	#02-20 WEST CONNECT BUILDS	Address 3	SINGAPORE 627564
oress 4 vt No.	14		Address Type	Singapore address	Post Code	627564
OI Driver Info	14		Related Policy Number	5094576865-01		
iver Name	Unnamed Onver		Driver Type	Unnamed Driver		
named driver Name	GLENDON GOH		Driver NRIC	\$95321421	Driver DOS	11/09/1995
gister Date of Driver License	09/02/2017		Driver Age	23	Driving Experience	1
ntact No.(Mobile)	97396553		Contact No.(Office)	0	Contact No.(Home)	0
ovess 1	BLK 240		Address Z	TAMPINES STREET 21	Address 3	SINGAPORE 520240
dress 4			Address Type	Singapore address	Post Code	520240
nt No.	11-463				0.000000	-
es he own a Singapore gottered car?	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
daration :						
eathalyser or Blood Test ading?	0 mg		Any injury?	® Yes ○ No		
-0						
diffication History						
	/ NO.					
laim 001 OD-MX New	will					
laim 001 OD-MX	• II					
		াতা	Insured Name	EAZY RENTALS PTE LTD	Intured NROF	2017236295
m Type *	DD-MX	V	Insured Name	EAZY RENTALS PTE LTD	Insured NRIC	201723629E
im Type *	DO-MX 88694660		Contact No.(Home)		Contact No.(Office)	NDL
m Type * eact No. (Mobile) all Address	DD-MX 88694660 SHAWN.APEXAUTON	MOTIVEOGN	Contact No.(Home) Of Vehicle Number	SJP1309B		
m Type * tact No. (Mobile) sil Address mans Type Claimant Type *	DO-MX 88694660 SHAWN.APEXAUTON	MOTTIVE@GM	Contact No.(Home) OI Vehicle Number Type of Benefit *		Contact No.(Office)	NDL
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im Type * ntact No. (Mobile) al Address imans Type Claimant Type * imans Marie * imans Address im Description ferred Workshop Contact	DO-MX 88694660 SHAWN.APEXAUTON Please Select	MOTIVE@GP >> 4P ON 19 Jan 2019	Contact No.(Horne) OI Vehicle Number Type of Benefit * Claimant NRIC *	SJP1309B Please Select	Centact No.(Office) TP Vehicle Number Name of Preferred Workshop	NEL SLK6094P
im Type * eact No. (Mobile) al Address mans Type Claimans Type * mans Name * mans Address im Description fored Workshop Coreact uire Finalisation	DO-MX B8694660 SHAWN.APEXAUTON Please Select SIP13096 / SLK6094	MOTIVE@GM V	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	SJP1209B Please Select Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop.	NIL SLK6094P Received
im Type * stact No. (Mobile) al Address mans Type Claimans Type * mans Name * mans Address im Description ferred Workshop Contact uire Finalisation e Registered	DO-MOX B8694660 SHAWN.APEXALITON Please Select SJP13096 / SLK609-1 Yesi 21/01/2019 21:35	MOTIVE@GP >> 4P ON 19 Jan 2019	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NIKIC * Insured Liability * Preferend Repair Option Claim Class Date	SJP1309B Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	NEL SLK6094P
im Type * stact No. (Mobile) all Address mans Type Claimant Type * mans Name * mans Address im Description ferred Workshop Contact urre Finalssation e Registered oort Taken By	DO-MX B8694660 SHAWN.APEXAUTON Please Select SIP13096 / SLK6094	MOTIVE@GP >> 4P ON 19 Jan 2019	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NIKIC * Insured Liability * Preferered Repair Option	SJP1309B Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop.	NIL SLK6094P Received
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