Duta Inc. 1		A49019803.	
Date In: 17-1,9-18:11	Jcb description	Date & Time Completed	Done by
Rel No: 114 /4 C190 0253 24	SAS e-filing		
Veli No: Jul 20280	E-mail (within Shrs, AIC 2hrs)	100	
D.O.A: 1/ 19-12:00	i-Motor Claim Form	M7/103774 -07	12/2/19 8:27
	i-Motor W/O (Within: OD 2hr		
OD TP Reporting Only	i-Photo Uploaded	1	
TP Insurer:	Assessment/Survey Report		
ir illsulei.	Ass't Report by Fax / Hand t	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars: Veh No:	Inc. INC	)/Non-INC( ).	
Owner / Driver: (		Tel:	)
Policy No: ( ) Po	eriod: (	Cover Type: (	) .
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-	100%]
Year of Registration: ( )	Warranty: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$1,	000()/\$2,000()		
General Remarks -	建设有效 化二氯化		Company of the compan
( ) Walk-In Customer : Customer's info	day Arms An Haradalahar San San Andreas	rictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insur		*	
Drive-In ( )/ Towed-In ( ); Invoice		owing Co: (	·
			POLICE AND THE PROPERTY OF THE
Remarks: (INC horline: 6788 6616)		Date&Time Comple 34	Done by
1) Apply for Transport Allowance ( )/	Courtesy Car ( )		
		-	
2) QC Check / Post Repair Inspection	( )		
	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$	( )		
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2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time   Actions  NAI92134  Claimant's Particulars:  priver/Owner:  ontact No:	Invoice Pre  Invoice Pre  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 Additio  OD!*  *N5: Courtesy	Reporting (\$30); Assessment (\$100); INC (\$ ee \$4 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 200) tion - SMRT Survey hal Services:- Cer / Tpl Allowance	
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Figure 1 1 199

## SINGAPORE ACCIDENT STATEMENT

## 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.
- Information provided must be as <u>truthful</u> 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.
- 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.	a service and the service and
	ACCIDENT STATEMENT
Date Of Report	12/02/2019 18:11
Date Of Accident	11/02/2019 10:00
Exact Location Of Accident	JUNC JURONG WEST AVE 1 TWDS CORPORATION RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLK2558U
Insured/Policyholder	
Name Of Registered Owner	GUSTAVO'S DELIGHT
Co Reg No	53351078C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
FILMS PARASS	

Fleet Policy NO

Policy Number 5087384393-02

Cover Note Number

Driver

Name of Driver ABDUL RAZAK BIN SALIM

 NRIC No
 \$7720532B

 Date Of Birth
 30/07/1977

 Occupation
 INDOOR

 Date Of Driving Pass
 26/04/1997

Driving Experience 21 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96651522

Fax Number

Contact Number OFFICE-96651522

EMail Address NOEMAIL

BLK 677A JURONG WEST STREET 64 Address

#05-275

Postcode 641677

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

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?

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.

Number of Passengers (Including Driver)

Passenger 1

YES

2

2

NO

NO

NAME:

: RAZALIANA BTE RAHIM

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO NO

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

SJX5111K

Vehicle Make/Model/Colour

MERC E250

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

#### 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.
- 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:
  - 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.

Policybolders Sphature Date & Time:

Driver's Signature

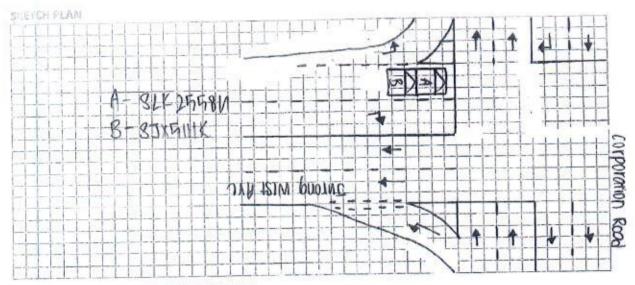
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

turn to	Corporation Road. When the traffic light turned red at
	ction, my vehicle came to a stop and waited for the ight to be green. All of a sudden, I felt an impact on
	r portion of my vehicle. When I got down of my
	, I realized that vehicle B had collided onto the rear
portion	of my vehicle.

DECLARAT

egoing particulars are true in every respect. I/We g

Policyholder's Signature Date & Time:

Driver's <del>dignature</del> (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

# SINGAPORE ACCIDENT STATEMENT

# MIPOSTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre. Please report correctly on the details of the accident to speed up the claim process. This form must be filled up by the policy holder and/or authorised driver. 000

- information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

Date of accident	11 FCb 2019	(DD/	MM/YY)
Time of accident	10:00a.m		HH:MM)
Exact location of accident	Junction of Jurong Wes	t Ave 1 tomards Corpora	ation Roa

	DETAILS OF VEHICLE
Vehicle registration number	SLK255811
Vehicle make and model	Hondon vezu
Type of vehicle	Saloon MPV CRV Van CRV O Others:
Vehicle category	Private   Commercial   Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes  No  if no, please select:  Third part claim  Reporting only

	INSURANCE IN	FORMATION	unini stori dan d
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive a	Third party fire & theft	TP only 🗆

Name	anstavo's Deliant	Male 🗅	Female
NRIC / Fin / Passport number	F3351078C		
Contact			
Address			

DRIVER	SAME AS INSURED ABOVE 🗆 (SI	(IP TO D.O.B)	
Name	Abdul Razak Bin Salim	Male	Female 🗆
NRIC / Fin / Passport number	877205328		
Contact	96651522	18	
Address	BIK 677A JUrong Wist St 64 #05-275 S(641677)		
Email address	A A.razale. S@guail. com	training and the second	
Date of birth	30 July 1977		
Occupation	Indoor D Outdoor D		
Driving date pass	26 Apr 1997		

		1	VESS 2	
Name		1		
		WITN	IESS 1	
Police station name				
Reported to police?	Yes 🗆	Noe	If yes, please state wh	ich police station.
	DE	TAILS OF P	OLICE ACTION	NAME OF TAXABLE PARTY.
Was other vehicle damaged?	Yes p	IVO LI	10.0	
Was anybody injured?	Yes 🗆	No 🗆		
	STATE OF THE OWNER, TH	No Ø	ORMATION	Leaving a state of the state of
Gender	Male 🗆	Female	90	
Name				
		PASSE	NGER 6	
Gender	Male 🗆	Female	9 0	
Name	Participation of the State of t			
		PASSE	VGER 5	
Gender	Iviale Li	Cinda		
Name	Male 🗆	Female	2 П	
		PASSE	NGEK 4	
	The state of the s			
Gender	Male 🗆	Female	9.0	
Name				
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				and the second second second
Gender	Male 🗆	Female		
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AND RESIDENCE AND PARTY.		PASSEN	IGER 2	<b>医性病检验物的活动性的</b>
acinei		(4)		
Name Gender	Male 🗹	Female		
	Abdul		in Salim	
		PASSEN	IGER 1	
No of passenger	1			(morasive or error
Road surface	Dry p	wern		(Inclusive of driver
Weather condition	Clear	Raining Wet 🗆	D Others:	
Accident captured by camera?	Yes D	No.el	- Others	
	A RESIDENCE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN		the driver and insured:	ACTION CONTRACTOR CONT
Was driver an employee of	Yes 🗷	No 🗆		
Was driver an employee of the insured's company?	Yes a If no, rela		the driver and insured:	

Name

STATE OF STA	THIRD PARTY VEHICLE 1
Vehicle registration number	
Vehicle make model	MITC E250
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
CONTRACTOR CONTRACTOR	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
214	
WHEN SELECTION AND ADDRESS.	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	\
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
Vehicle registration number	Sense to the sense time.
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

Contact

and the state of t	SECULIARISM	INJURED PERS	ONTINE	THE RESERVE	HART MANAGEMENT	A STATE OF THE STA
Name		TOTAL STATE OF THE				
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Were seat belts worn?	Yes□	No 🗆				
Was injured conveyed to	Yes □	Мо □				
hospital by ambulance?	Constitution of the Consti		10000			
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Name	SECURITY OF SECURITY	Reference de la filia de la fi	COST CHARLES AND CONTRACT	AND DESCRIPTION OF THE PERSON	A CANADA MANAGA	
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hospital by ambulance?	1.00					
	/			-	80 10	SE N. 1694 W
		INJURED PER	SON 3	Company of	de la company	
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Was injured conveyed to	Yes□	Nou		SOUTH STATE		
hospital by ambulance?	1000000000				100-21-0	
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No 🗆	SON 4			
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No 🗆				
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No 🗆 No 🗈				
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained		No 🗆 No 🗈				
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes 🗅	No 🗆 No 🗆 INJURED PER				
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	Yes 🗆	No 🗆 No 🗆 INJURED PER				
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗅	No 🗆 No 🗆 INJURED PER				
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆 No 🗆 INJURED PER				
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes D Yes D	No D No D INJURED PER No D No D INJURED PER	SON 5			

BROWNING OF DESCRIPTIONS

PRESTITY CARD NO. \$77205328





ABDUL RAZAK BIN SALIM

عبدالرازق بن ساليم MALAY

30-07-1977

Cowiding (Finesy of Binds) SINGAPORE



5791799



29-08-2017

APT BLK 677A JURONG WEST STREET 64 \$05-275 SINGAPORE 641677

ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIC Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms



Policy No.	5087384393-02	Policyholder Name	GUSTAVO	O'S DELIGHT	Policyholder NRIC	53351078C	
Certificate No.		3.3574673678			Mac		
Address	BLK 178 #07-135 YUNG SHE	NG ROAD CORPO	RATION S	PRING SINGAPORE 61	0178		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	09/01/2019	Effective Date	11/01/20	19 00:00	Expiry Date	10/01/2020 2	23:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Youn	g/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Υ	
Co- insurance Flag	No				1.5		
Open Policy Info							
Certificate Info							
Policyl	nolder Mailing Address						
Address 1	BLK 178 #07-135	Addre	ss 2	YUNG SHENG ROA	D	Address 3	CORPORATION SPRING
ddress 4	SINGAPORE 610178	Addre	ss Type	Singapore address		Post Code	610178
to be Mad	07-135	Relate Numb	d Policy er	5087384393-02			
mit No.							
Init No.	d Object: SLK2558U						
50506	Harden extract						

olicy No.	5087384393-02	Vehicle No.	SLK2556U	GST Registration No.	
ertificate No.					
nicyholder Name	GUSTAVO'S DELIGHT			Policyholder NRIC	53351078C
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
intact No.(Mobile)	٥	Contact No.(Office)	0	Contact No.(Home)	0
nell Address		Special Remark		eCode	NI V
K	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	14. 4
D Protection	No	NCD Enginement(%)	20	Private Hire	42.0
Accident Details		and the same of th		- Hadie Fire	Yes
port Date	12/02/2019 18:21	Accident Report Within 24 hrs	Yes		
or of Accident	11/02/2019			Acadent Type	Collision - Head to Rear
orting Centre	3470474045	Time of Accident hh:mm.	10:00	Country of Acadent	Singapore
ident Location	THE THERM WHIT HIS I THEN TO	Orange Force		JOM No.	
Excess	JUNC JURONS WEST AVE 1 TWOS COR	POMATION RD			
n damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess	2,000.00		
rd Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Inform	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	No	
Afficiation History					
Policyholder Mailing As	Mary				
ress 1	BLK 178 #07-135	*****	No. 21 (21) 7 (11)	0.0000000000000000000000000000000000000	
ress 4	SINGAPORE 610178	Address 2	YUNG SHENG ROAD	Address 3	CORPORATION SPRING
t No.		Address Type	Singapore address	Post Code	610178
OI Driver Info	07-135	Related Policy Number	5087384393-02		
or briver time					
arreame amed driver Name	Unnamed Driver	Oriver Type	Unnamed Driver		
	ABDUL RAZAK BIN SALIM	Driver NR3C	577205328	Driver DOB	30/07/1977
ister Date of Driver License		Driver Age	41	Driving Experience	21
tact No.(Mobile)	96651522	Contact No.(Office)	٥	Contact No.(Home)	0
resa 1	BLK 677A	Address 2	JURONG WEST STREET 64	Address 3	EDELWEISS@3UROWG
ress 4	SINGAPORE 641677	Address Type	Singapore address	Post Code	641677
t No.	05-275				
is he own a Singapore patered car?	○ Yes  No	Oriver Vehicle No.		Driver Insurer Company	
laration					
Whalyser or Slood Test ding?	0 mg	Any injury?	○ Yes ® No		
ification History					
and the same					
alm 001 New					
Type •	OD-MX	Insured Name	GUSTAVO'S DELIGHT	Insured NRIC	53351078C
act No.(Mobile)	96651522	Contact No.(Home)		Contact No.(Office)	(333310100
	F	OI Vehicle Number	SUK2558U	TP Vehicle Number	Table 1 - 1
Address .			Please Select	15 Asurcia whitefall	SJK5111K
	Please Select (V.)				
nant Type Claimant Type •		Type of Benefit • Claimant NR1C •			
ant Type Claimant Type *	Please Select	Claimant NRIC +			
nord Type Claimant Type * nord Name * rant Address	22				
nant Type Claimant Type * nant Name * nant Address i Description		Claimant NRJC *		Name of Preferred Workshop	
nant Type Claimant Type * tent Name * tent Address i Description typed Workshop Contact	SLK7558U / 5.XK5111K ON 11 Feb 2019	Claimant NRIC •	Not at Fault		
nant Type Claimant Type * nant Address I Description ried Workshop Contact ive Finalisation	SLK7558U / 57X5111K ON 11 Feb 2019	Claimant NRIC *  Insured Labrity *  Preferered Repair Option	Not at Fault	Name of Preferred Workshop  GIA report	Received
nanc Type Claimant Type * nant Address t Description med Workshop Contact ive Finalisation Registered	SLK2558U / 52K5111K ON 11 Feb 2019  Ves  12/02/2019 18:23	Claimant NRIC •	Not at Fault		
nant, Type Claimant Type + tent Aldress I Description med Workshop Contact ine Finalisation Registered	SLK7558U / 57X5111K ON 11 Feb 2019	Claimant NRIC *  Insured Labrity *  Preferered Repair Option	Not at Fault	GIA report	Received
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nanc Type Claimant Type * nent Name * nant Address in Description rived Workshop Contact circ Finalisation Registered et Taken By hinc AK letter	SLK2558U / 52K5111K ON 11 Feb 2019  Ves  12/02/2019 18:23	Claimant NRIC *  Incured Labrity *  Preference Repair Option Claim Close Date	Not at Fault	GIA report	Received
mant Type Caimant Type * ment Name * mant Address in Description tried Workshop Contect wire Finalisation Registered ort Taken By Print AK letter	SLK2558U / 52K5111K ON 11 Feb 2019  Ves  12/02/2019 18:23	Claimant NRIC *  Incured Labrity *  Preference Repair Option Claim Close Date	Not at Fault  Preferred Workshop, Name unknown	GIA report	Received
mant Type Claimant Type * ment Marrie * mant Address in Description more Workshop Contact over Finalisation Registered et Taken By  Print AK letter	SLK2558U / 52K5111K ON 11 Feb 2019  Ves  12/02/2019 18:23	Claimant NRIC *  Incured Labrity *  Preference Repair Option Claim Close Date	Not at Fault  Preferred Workshop, Name unknown	GIA report	Received
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of Address mant Type Claimant Type * mant Address mant Address m Description terred Workshop Contact usive Finalisation # Registered ord Taken By Print AK letter  stachment  dent No. Doc. Received	≥≥  SLK2558U / 52X5111K ON 11 Feb 2019  Yes	Claimant NRIC *  Insured Labrety * Preference Repair Option Claim Close Date  Claim No. Upload Date  Browse	Not at Fault  Preferred Workshop, Name unknown  Save Submit  001  12/02/2019 18:24  Category *  Clear Prease Select	GIA report Date Received  Confidential Urger	Received   12/02/2019 00:00

