NATIONAL Assessment Cent	tre Services. puet 1 James N	1 MA 119070263 -		
Date In: 610 9 - 09:19	Jeb description	Date & Time Completed	Done by	
Res No: NA NCIGOSYSTYLY	SAS e-filing	i		
Veh No: 57961014.	E-mail (within Shrs, AIC 2hrs)		:	
D.O.A : 5/3/19 - 17:45	i-Motor Claim Form	ובס-ספביצדטוורת	613/9/1019	
	I-Motor W/O (Within: OD 2h		21717	
OD / TP / Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
TI MONTO.	Ass't Report by Fax / Hand	to Owner/Wksp		la de la constante de la const
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax;)
TP Particulars: Veh No: Su 6	25524 INC ()/Non-INC()		
Owner / Driver: (57	Tel:)	=0508
Policy No: () F	Period: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. F: 80-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$1	,000()/\$2,000()			
General Remarks:				
() Walk-In Customer : Customer's int	formation strictly Confidential & S	trictly NO refer of repairer.		-
() Total Loss Case : to e-mail Insu		*	-	
		Towing Co: (-
	7, 10	OWING CO.	to the same of the	
Remarks: (INC horline: 6788 6616)		Date&Tarrie Completed	Done by	
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Remarks: (INC hotline: 6788 6616)			Done by	
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection	Courtesy Car ()		Done by	
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]	Courtesy Car ()		Done by	
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	Courtesy Car () ()		Done by	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- Please report <u>correctly</u> 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 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.
- 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	06/03/2019 09:19
Date Of Accident	05/03/2019 17:45
Exact Location Of Accident	BOUNDARY RD TWDS AMK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG6101Y
Insured/Policyholder	
Name Of Registered Owner	TIAH HEE LEE
NRIC No	S0166397F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90681068
Alternative Phone No	OFFICE-90681068
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS E 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
Policy Number	5082436267-02
Cover Note Number	
Driver	
Name of Driver	TIAH HEE LEE
NRIC No	S0166397F
Date Of Birth	31/07/1952
Occupation	INDOOR
Date Of Driving Pass	05/05/1979
Driving Experience	39 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90681068

OFFICE-90681068

NOEMAIL

BLK 202 TOA PAYOH NORTH Address

#11-1085

Postcode 310202

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 CHAIN COLLISION

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

3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLG2552G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKU3097K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TIAH HEE LEE

Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJG6101Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?

Address Postcode

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:
 - 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

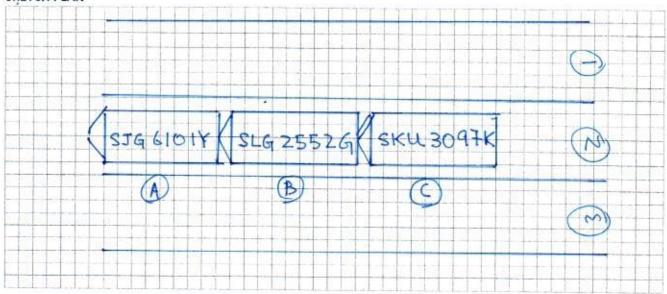
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE 5 MARCH 2019, AS I WAS DRIVING ALONG
BOUNDRY ROAD TOWARDS AND MUD KID AT ARD
5. 45 PM, THE CAR IN FRONT OF ME SLOW DOWN AND
I FOLLOW SUIT.
SUDDENCY WITHOUT WARNING I HEAR
A VERY LOUD BANG FR BEHIND, UPON INSPECTION
I FOUND OUT THAT IT IS A CHAIN COLLISION
IWVOWING 3 CARS.
I FEEL PAIN AWD MY BODY NOT
FEELING WELL.
11/1/
T 100 100 100 100 100 100 100 100 100 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.:

Date of Accident	: 5 3 2019 Accident Time: 17 45 PM (24-HR-Format)
Accident Place	: ALONG BOUNDRY RD TWRPS AMK.
Vehicle. No. (Car Plate No.)	:Make/Model:
Insurace Company	:Policy No:
Owner or Company Name /IC No.	
Owner or Company Contact No.	: 9068 1068 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: TIAH LEE LEE SO166397 F
DRIVER'S Date Of Birth	31 7 2019 DRIVER'S License Pass Date
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: APT BUT 202 TOA PAYOH NORTH # 11-10
DRIVER'S Contact No./ Alt No.	s'PORE 310202- :1)
DRIVER'S Occupation	: INDOOR \OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	river):
Was there any video Captured by ca Exact purpose for which vehicle was Any Injury (If YES, Pls state):	r camera: YES \ NO s being used at the time of accident: Private use \ Work purpose
Other F	Party Driver's Particular (if any)
Vehicle, No:	Vehicle, No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	

* NEW - Passenger's name & gender:

IDENTITY CARD NO. SO 166397F REPUBLIC OF SINGAPORE











Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 Cover : drivo CLASSIC

ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5082436267-02 : SIG6101Y 1 Index mark and Registration Number of Vehicle : MR053HY9305068241 TIAH LEE LEE

Chassis Number

21 Jul 2018 2. Name of Policyholder : 20 Jul 2019 3. Effective Date of insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(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.

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. 6. Limitations as to Use#

This Policy does not cover

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) (d) Use for any purpose in connection with the Motor Trade. Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these

headings. N/A EXCESS (SECTION 1) : N/A \$\$100 **EXCESS (SECTION 2)** WINDSCREEN EXCESS : N/A

: PLEASE REFER OVERLEAF ADDITIONAL EXCESS : NO

UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP : YES : NO INSURE WITH COE : NO NCD PROTECTION TRANSPORT ALLOWANCE : YES

: TIAH LEE LEE EXCESS WAIVER

: LINCOLN CHENG ZIPING PRIMARY DRIVER : N/A

NAMED DRIVER (1) NAMED DRIVER (2)

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS : N/A HIRE PURCHASE COMPANY

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)

: VICOM LTD (00000612210) Agency : 21 Jun 2018 15:35 hrs Date of Issue

: 21 Jun 2018 15:36 hrs Reprint

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	+ Chan	ge Password	· Log Ou
My Desktop	Policy	Query									99
Notice of Loss	Policy No.					Date	of Accident	ō	5/03/2019	7:45	
	Vehicle No	(For Motor)	SJG610)1Y		Certif	icate Number				
						Search					
	Select F	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 50	82436267- 02		TIAH LEE LEE	S0166397F	GPC	drivo CLASSIC	SJG6101Y	6 M. C. C. C. C.	21/07/2018	20/07/2019
						Continue					

CONTROL OF CONTROL	5082436267-02	Policyholder Name	TIAH LEE L	EE	Policyholder NRIC	S0166397F	
Certificate No.		Marine			NRIC		
Address	BLK 202 #11-1085 TOA PAYO	H NORTH SING	PORE 31020	02			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	21/06/2018	Effective Date	21/07/2010	3 00:00	Expiry Date	20/07/2019 23	:59
Excess Type		All Claims Excess					
Third		Own			Windows		
Party Excess	0	damage Excess	0.0		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore		Outside					
OD Excess	0.0	Singapore TP Excess	0			Young/	Inexperience Driver Excess
Agent	VICOM LTD	Agent Tel.	66975221		GST Flag	Y	
Co- insurance Flag	No				ă.		
Open Policy Info							
Certificate Info							
	nolder Mailing Address						
Policyl							
310	BLK 202 #11-1085	Addre	ss 2	TOA PAYOH NORTH		Address 3	SINGAPORE 310202
Policyl Address 1 Address 4	BLK 202 #11-1085		ss 2 ss Type	TOA PAYOH NORTH Singapore address		Address 3 Post Code	SINGAPORE 310202 310202
Address 1	BLK 202 #11-1085	Addre	ss Type	ANT X The Control of the Control			7.000 (St. Color St. Color
Address 1 Address 4 Unit No.	BLK 202 #11-1085 d Object: SJG6101Y	Addre Relate	ss Type	Singapore address			7.000 (St. Color St. Color
Address 1 Address 4 Unit No.	d Object: SJG6101Y	Addre Relate	ss Type	Singapore address			7.000 (St. Color St. Color

Accident MT/1034790						
Policy No.	5082436267-02		Vehicle No.	\$3G6101Y	GST Registration No.	
Certificate No.						
Policyholder Name	TSAH LEE LEE				Policyholder NRIC	S0166397F
Product Code	PRIVATE CAR INSURANCE		Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90581058		Contact No.(Office)	0	Contact No.(Home)	0
Email Address			Special Remark		eCode	n: v
KFK	® No ○ Yes		TCA	® No ○ Yes	eCode Reason	- Access 1
NCD Protection	No		NCD Entitlement(%)	30	Private Hire	No
Accident Details						
Report Date	06/03/2019 11:17		Acadent Report Within 24 hrs	Yes	Academ Type	Chain Collision
Date of Accident	05/03/2019		Time of Accident bhomm	17:45	Country of Accident	Singapore
Reporting Centre			Orange Force		ICH No.	E-107-3810 II
Accident Location	BOUNDARY RO TWDS AMK					
W Excess						
Own damage Excess	0.0	10	Additional Excess	0	Windscreen Excess	100.00
Unnamed Oriver Excess	0.0	10.	Outside Singapore OD Excess	0.00		
Third Party Excess	0.0	10	Outside Singapore TP Excess	0.00		
19 Benefits						
Coverage				Sum Insured		
Excess Warver				99999999.99		
GST Registered Inform						
GST Registered GST Registration No.	No			GST Registration Date		
Modification History				GST Status Venhed	Yes	
⇒ Policyholder Mailing Ac	idresa					
Address I	BLK 202 #11-1085		Address 2	TOA PAYOH NORTH	Address 3	SINGAPORE 310202
Address 4			Address Type	Singapore address	Post Code	310202
Unit No.			Related Policy Number	5082436267-02		
→ OI Driver Info.						
Driver Name	TIAH LEE LEE		Driver Type	Main Driver		
Unnamed driver Name			Driver NRIC	90166397#	Driver 008	31/07/1952
Register Date of Driver License	05/05/1979		Driver Age	66	Driving Experience	39
Contact No.(Mobile)	90581058		Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BUK 202		Address 2	TOA PAYON NORTH	Address 3	SINGAPORE 310202
Address 4			Address Type	Singapore address	Post Code	310202
Unit No.	11-1085					
Does he own a Singapore Registered car?	☐ Yes @ No		Driver Vehicle No.		Driver Insurer Company	
Declaration						
Breathalyser or Blood Test Reading?	0 mg		Any injury?	® Yes ○No		
Modification History						
Claim 001 New						
Claim 001 New						
Claim 001 New	CO-MX	1	Insured Name	TIAH LEE LEE	Insured NRIC	S0166397F
Claim 001 New	200es1068	<u> </u>	Contact No.(Home)	63006319	Insured NRIC Contact No.(Office)	50166397#
Claim 001 New Claim Type * Contact No. (Mobile) Email Address	90681088		Contact No.(Home) Of Vehicle Number	63006319 SJG6101Y		S01663977 SLG3552G
Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type *	90681088		Contact No.(Home) Of Vehicle Number Type of Benefit *	63006319	Contact No.(Office)	
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name *	90681088		Contact No.(Home) Of Vehicle Number	63006319 SJG6101Y	Contact No.(Office)	
Claim 7001 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name *	90681068 Please Select] >>	Contact No.(Home) Of Vehicle Number Type of Benefit *	63006319 SJG6101Y	Contact No.(Office) TP Vehicle Number	
Claim 701 New Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact	90681088	≥≥ ber 2019	Contact No.(Home) Of Vehicle Number Type of Benefit * Claiment NR3C *	63006319 5306101Y Please Select 🔻	Contact No.(Office)	
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Daim Description Type Testact No.	Please Select Signature Si	22 br 2019	Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC *	63006319 5306101Y Please Select Not at Pault	Contact No. (Office) TP Vehicle Number	\$1.G3552G
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Daim Description Orderned Workshop Contact No. Reguire Finalisation	Please Select SSG6101Y / SLG3SS3G ON 5 M	≥≥ w-2019	Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NR3C * Insured Liability * Preferered Repair Option	63006319 5306101Y Please Select 🔻	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLG35S2G Received
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Moscopion Description Perferred Werkshop Centact No. Reguire Finalisation Date Registered	Please Select V	≥≥ w-2019	Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC *	63006319 5306101Y Please Select Not at Pault	Contact No. (Office) TP Vehicle Number	\$1.G3552G
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claimant Weekshop Centact No. Require Finalisation Date Registered Report Taken By	Please Select SSG6101Y / SLG3SS3G ON 5 M	≥≥ w-2019	Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NR3C * Insured Liability * Preferered Repair Option	63006319 5306101Y Please Select Not at Pault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLG35S2G Received
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Daim Description Perferred Werkshop Centact 46. Require Finalisation Date Registered Report Taken By	Please Select V	≥≥ w-2019	Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NR3C * Insured Liability * Preferered Repair Option	63006319 5306101Y Please Select Not at Pault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLG35S2G Received
Claim 001 New Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Werkshop Contact 46. Require Finalisation Jate Registered Report Taken By	Please Select V	≥≥ w-2019	Contact No.(Piome) OS Vehicle Number Type of Benefit * Claimant NR3C * Insured Liability * Preference Repair Option Claim Close Date	63006319 5306101Y Please Select Not at Pault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLG35S2G Received
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Daim Description Preferred Workshop Contact Regular Finalisation Date Registered Report Taken By Print AK Inter	Please Select V	≥≥ w-2019	Contact No.(Piome) OS Vehicle Number Type of Benefit * Claimant NR3C * Insured Liability * Preference Repair Option Claim Close Date	63006319 SIG6101Y Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLG35S2G Received
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Olaim Description Preferred Werkshop Centach No. Regular Finalisation Date Registered Report Taken By Print AK Inter	90681068 Please Select S3G6101Y / S1G35S3G ON 5 M Yes Ves 06/03/2019 11:19 3ackson	≥≥ ₩ 2019	Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NR3C * Insured Lability * Preferenced Repair Option Claim Close Date	S306119 S306101Y Please Select Not at Pault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLG35S2G Received
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Mobile Perferred Workshop Contact No. Resulte Finalisation Date Registered Report Taken By Print AK Inter	90681068 Please Select S3G6101Y / S1G35S3G ON 5 M Yes 06/03/2039 13:19 3ackson HT/1034790	≥≥ ₩ 2019	Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NR3C * Insured Liability * Preference Repair Option Claim Close Date	Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLG35S2G Received
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Olaim Description Preferred Werkshop Centach No. Regular Finalisation Date Registered Report Taken By Print AK Inter	90681068 Please Select S3G6101Y / S1G35S3G ON 5 M Yes Ves 06/03/2019 11:19 3ackson	≥≥ ₩ 2019	Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NR3C * Insured Lability * Preferenced Repair Option Claim Close Date	S306119 S306101Y Please Select Not at Pault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLG3552G Received 06/03/2019 00 00

