NATIONAL Assessment Centre Services. WHI I Janios MAIN 1903 Date In: 11/3/19-12:25 Jeb description Date & Time Completed Done by Ref No: NAINI (1900/42/24 SAS e-filing Veh No: SCREGIU. E-mail (within Shrs, AIC 2hrs) D.O.A 91/19-18:17 i-Motor Claim Form M1/105 VAV 001 77:04 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD ! TP ! Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: ( Fax: TP Particulars: Veh No: ADDOKO INC ( )/Non-INC ( Owner / Driver: ( Tcl: Policy No: ( Period: ( Cover Type: ( ) Confirmed by : ( Date: Time: Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Year of Registration: ( Warranty: YES ( )/NO( Excess: (\$ Loading: \$1,000 ( )/\$2,000 ( General Remarks;-) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer. ) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ( )/Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( Remarks:- (INC hotline: 6788 6616) Date&Time Completed 1) Apply for Transport Allowance ( ) / Courtesy Car ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Amt (1) Anit (S) Invoice Preparation Checklist NA 190 1802" Add Bill 1) AR : Accident Reporting (530); Claimant's Particulars :-2) DA: Damage Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40/\$45 Driver/Owner: \$120 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) Contact No: For claiming against INC Only (wef 10 Jan 2005) \$75 6) TR: Re-inspection Damaged Portion: 7) N1 : Idac DA + SMRT Survey \$160 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): \*NS: Courtesy Car / Tpt Allowance \$5 \*N6: Repair Co-ordination 510 \*N7: Fost Repair Inspection \$25 Auditors' Comments :-\*N8: DV / Collect Excess Coordination 55 Zat. 1: TP (NII): TP (Non INC) against INC \$20 9) N12: Idac Mobile Zat. 2/3; Fee Charged Involce dated Fee Charged Invoice dated

## 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.

Any false reporting may be referred to the Police for investigation.

- 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.

Date Of Report Date Of Accident Date Date Date Date Date Date Date Date	
Exact Location Of Accident Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number Insured/Policyholder  Name Of Registered Owner Co Reg No 201611527N NOEMAIL  Mobille Phone No Alternative Phone No OFFICE-89999999  Vehicle Particulars Model Particulars Model Particulars  Model Particulars  Model PRIUS HYBRID 1.8S CVT  Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken REPORTING ONLY Vehicle Category PRIVATE HIRE  Insurance Company  Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number  Driver	
Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number  SLR861U  Insured/Policyholder  Name Of Registered Owner  Co Reg No  201611527N  Email Address  NOEMAIL  Mobile Phone No  Alternative Phone No  OFFICE-89999999  Vehicle Particulars  Manufacturer  TOYOTA  Model  PRIUS HYBRID 1.8S CVT  COMMERCIAL USE  Are you claiming under your own insurance policy for repair to your vehicle?  If No. Please state action to be taken  REPORTING ONLY  Vehicle Category  Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  COMPREHENSIVE  Fleet Policy  NO  Policy Number  Cover Note Number  Driver	
Vehicle Registration Number SLR861U  Insured/Policyholder  Name Of Registered Owner RELIABLE RIDES PTE LTD  Co Reg No 201611527N  Email Address NOEMAIL  Mobile Phone No  Alternative Phone No OFFICE-899999999  Vehicle Particulars  Manufacturer TOYOTA  Model PRIUS HYBRID 1.8S CVT  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken REPORTING ONLY  Vehicle Category PRIVATE HIRE  Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage COMPREHENSIVE  Fleet Policy NO  Policy Number  Cover Note Number  Driver	
Vehicle Registration Number  Insured/Policyholder  Name Of Registered Owner  RELIABLE RIDES PTE LTD  Co Reg No  201611527N  NOEMAIL  Mobile Phone No  Alternative Phone No  OFFICE-89999999  Vehicle Particulars  Manufacturer  Model  PRIUS HYBRID 1.8S CVT  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  NO  REPORTING ONLY  Vehicle Category  NO  NO  NOEMERCIAL USE  NO  REPORTING ONLY  Vehicle Category  NOUS INSURANCE CO-OPERATIVE LTD  Type Of Coverage  COMPREHENSIVE  Fleet Policy  NO  S092811656-01  Cover Note Number  Driver	
Insured/Policyholder  Name Of Registered Owner  Co Reg No  Email Address  NOEMAIL  Mobile Phone No  Alternative Phone No  OFFICE-89999999  Vehicle Particulars  Manufacturer  Model  PRIUS HYBRID 1.8S CVT  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  REPORTING ONLY  Vehicle Category  NO  REPORTING ONLY  Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage  COMPREHENSIVE  Fleet Policy  NO  Policy Number  Cover Note Number  Driver	
Name Of Registered Owner  Co Reg No  201611527N  Mobile Phone No  Alternative Phone No  OFFICE-89999999  Vehicle Particulars  Manufacturer  Model  PRIUS HYBRID 1.8S CVT  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  REPORTING ONLY  Vehicle Category  NO  REPORTING ONLY  PRIVATE HIRE  Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage  COMPREHENSIVE  Fleet Policy  NO  S092811656-01  Cover Note Number  Driver	
Co Reg No 201611527N Email Address NOEMAIL  Mobile Phone No Alternative Phone No OFFICE-89999999  Vehicle Particulars  Manufacturer TOYOTA  Model PRIUS HYBRID 1.8S CVT  Exact Purpose for which vehicle was being used at itime of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken REPORTING ONLY  Vehicle Category PRIVATE HIRE  Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage COMPREHENSIVE Fleet Policy NO  Policy Number  Cover Note Number  Driver	
Email Address NOEMAIL  Mobile Phone No  Alternative Phone No  OFFICE-89999999  Vehicle Particulars  Manufacturer  Model  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  NO  If No, Please state action to be taken  Vehicle Category  Name of Insurance Company  Name of Insurance Company  Name of Insurance Company  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	
Mobile Phone No Alternative Phone No OFFICE-89999999  Vehicle Particulars  Manufacturer TOYOTA Model PRIUS HYBRID 1.8S CVT  Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken REPORTING ONLY Vehicle Category PRIVATE HIRE  Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number  Driver	
Alternative Phone No OFFICE-89999999  Vehicle Particulars  Manufacturer TOYOTA  Model PRIUS HYBRID 1.8S CVT  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken REPORTING ONLY Vehicle Category PRIVATE HIRE  Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage COMPREHENSIVE Fleet Policy NO  Policy Number  Cover Note Number  Driver	
Wehicle Particulars  Manufacturer TOYOTA  Model PRIUS HYBRID 1.8S CVT  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken REPORTING ONLY Vehicle Category PRIVATE HIRE  Insurance Company  Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage COMPREHENSIVE Fleet Policy NO  Policy Number Cover Note Number  Driver	
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Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  PRIVATE HIRE  Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage  Fleet Policy  NO  Policy Number  Cover Note Number  Driver	
Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  NO  REPORTING ONLY  PRIVATE HIRE  Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  COMPREHENSIVE  Fleet Policy  NO  Policy Number  Cover Note Number  Driver	
for repair to your vehicle?  If No, Please state action to be taken  REPORTING ONLY  Vehicle Category  PRIVATE HIRE  Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage  COMPREHENSIVE  Fleet Policy  Policy Number  Cover Note Number  Driver	
Vehicle Category  Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage  COMPREHENSIVE  Fleet Policy  NO  Policy Number  Cover Note Number  Driver	
Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD COMPREHENSIVE Fleet Policy NO Policy Number 5092811656-01  Driver	
Name of Insurance Company  Type Of Coverage  COMPREHENSIVE Fleet Policy  Policy Number  Cover Note Number  Driver	
Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 5092811656-01 Cover Note Number  Driver	
Fleet Policy NO Policy Number 5092811656-01 Cover Note Number Driver	
Policy Number 5092811656-01 Cover Note Number  Driver	
Cover Note Number  Driver	
Driver Control of the	
Name of Driver	
Name of Driver YEO SWEE PENG	
NRIC No \$1363192A	
Date Of Birth 13/12/1959	
Occupation OUTDOOR	
Date Of Driving Pass 20/12/1979	
Driving Experience 39 YEARS AND 2 MONTHS	
Gender MALE	
Mobile Number (LOCAL) +65-81836506	
Fax Number	
Contact Number OFFICE-81836506	
EMail Address NOEMAIL	

BLK 582 BUANGKOK GREEN Address

#04-534

530582

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

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

2

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.

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

## 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

SLD5018D

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)

## SKETCH PLAN

## **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

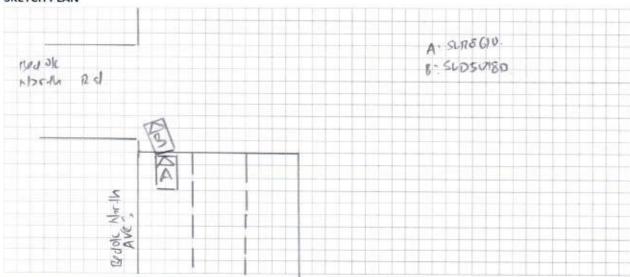
(ii) for complying with requirements under any regulations, laws or court orders.

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

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

## SKETCH PLAN



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refor to	Hatenmy.			
		-		

DECLARATION

I/We decide the largoing 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. \$1363192A





YEO SWEE PENG

Race

CHINESE Date of beth

SINGAPORE

Date of birth 13-12-1959 Country/Place of birth

W,



VOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Class 3 Motor Cars < 5000kg with <7 passengers, exclusive 20 Dec 1979
of the driver; and other mater vehicles <2500kg
'Motor vehicles which are constructed to carry
ioud or passengers and the unladen weight > 2500kg
'Motor vehicles which me not constructed to carry load and the unladen weight <7250kg

No 426A

6052632



No. S1363192A

ate of issue

25-10-2018

Accress

APT BLK 582 BUANGKOK GREEN #04-534 SINGAPORE 530582



Policy No.	5092811656-01	Policyholder Name	RELIABLE	RIDES PTE LTD	Policyholder NRIC	201611527N	
Certificate No.					11110		
Address	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKI	SINGAPORE 41587	75		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	25/06/2018	Effective Date	31/07/201	18 00:00	Expiry Date	30/07/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	1000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	3000	Outside Singapore TP Excess	3000			Young	/Inexperience Driver Excess
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	8 KAKI BUKIT AVENUE 4	Addr	ess 2	#05-50 PREMIER	@ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Addr	ess Type	Singapore addres	ss	Post Code	415875
Unit No.	05-50	Relat	ed Policy ber	5106937496			
	ed Object: SLR861U						
1 Insure	d Object: SERB610						
♪ Insure	A CONTRACTOR OF						

ccident MT/1035472					
OHCY NO.	5092811656-01	Venicle No.	5LR861U	GST Registration No.	
ertificate No.					
olicyholder Name	RELIABLE RIDES PTE LTD			Policyholder NR3C	201611527N
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ontact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
nell Address		Special Remark		eCode	THE V
FK .	® No ○ Yes	TCA	® No ⊜ Yes	eCode Reason	( Constant
CD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details		reco Contraction of	*	Principle Paire	163
	10 46 44 4 5 5 5				
port Date	11/03/2019 21:02	Accident Report Within 24 hrs		Accident Type	Collision - Head to Rear
te of Accident	09/03/2019	Time of Accident hhumm	08:15	Country of Academt	Singapore
parting Centre		Orange Force		ICM No.	
odent Location	JUNC BEDOK NORTH RD & BEDOK NORTH A	VE 3			
Excess					
on damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess	3,000.00		
ird Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
Benefits					
GST Registered Informa	ation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Ventled	No	
diffication History					
Bollochelder Malling &	nemas .				
Policyholder Mailing Ad	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMDER @ KAKI BUKIT	Address 2	Chicanon
dress 4		Address Type		Address 3	SINGAPORE 415875
	Postor		Singapore address	Post Code	415875
of No.	05-50	Related Policy Number	\$106937496		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	YEO SWEE PENG	Driver NRIC	S1363192A	Driver DOB	13/12/1959
gister Date of Driver License		Driver Age	59	Driving Experience	39
ntact No.(Mobile)	81836506	Contact No.(Office)	g .	Contact No. (Home)	0
dress 1	BLK 582	Address 2	BUANGKOK GREEN	Address 3	GOLDEN MINT
dress 4	SINGAPORE 530582	Address Type	Singapore address	Post Code	530582
et No.	04-534				
es he own a Singapore gistered car?	☐ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
9 31 31 32 33 17				54000 Mission (1940)	
cianation					
nathalyser or Blood Test ading?	0 mg	Any injury?	○ Yes ® No		
dification History					
Claim 001 New					
.isim oo1 New					
				27	
im Type *	00-MX	Insured Name	RELIABLE RIDES PTE LTD	Insured NRIC	201611527N
ntact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	66351820
av Address		OI Vehicle Number	SLR861U	TP Vehicle Number	SLD5018D
imant Type Claimant Type *	Please Select 💟	Type of Benefit .	Please Select.		
	22	Claiment NRIC +			
mare Name *					
ment Address	SLR861U / SLD501BD ON 9 Mar 2019			Name of Preferred Workshop	
ment Address im Description	SLR861U / SLDS018D ON 9 Mar 2019	Insured Liability *	Fully at Fault	Name of Preferred Workshop	
iment Address im Description ferred Workshop Contact			Fully at Fault		Paramet
iment Address im Description ferred Workshop Contact quire Finalisation	ve 💟	Preferened Repair Option	Fully at Fault  Preferred Workshop, Name unknown	GIA report	Received
iment Address im Description ferred Workshop Contact surre Finalisation e Registered	Yes 💟				Received 11/03/2019 00:00
mart Address in Description ferred Workshop Contact urre Finalisation e Registered ort Taken By	ve 💟	Preferened Repair Option		GIA report	
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imars Name * imars Address im Description ferred Workshop Contact quire Finalisation is Registered port Taken By Print AK letter  Attachment p. Siders No. It Doc. Received	Yes	Preference Repair Option  Claim Close Date  Claim No.  Upload Date	Preferred Workshop, Name unknown  Save Submit  001  11/03/2019 21:05  Category *  Cear Please Select	GIA report  Date Received  Confidential Urgen	11/03/2019 00:00

