the American Company of the Company			11907 YV 08.	D	Live
Date In: Wplig-12.43	Jcb description		Date &Time Completed	Done	2 0)
Rei No: Nahin CIGORY 637/24	SAS e-filing				
Veh No: 1996998.	E-mail (within 8hr	s, AIC 2hrs)			•
D.O.A: 13/3/19 - 20: 42	i-Motor Claim	Form	M7 1035892-001	inplia	3:59
OD / FP Reporting Only	i-Motor W/O	Vithin: OD 2hrs,	P 4hrs)		
OB : IT reporting Only	i-Photo Upload	ed			
TP Insurer:	Assessment/Surv	ey Report			
IP Insurer:	Ass't Report by ]	Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	W. Stranger
TP Particulars: Veh No: S.Q.	52867	INC (	)/Non-INC( )		
Owner / Driver: (	1700		Tel:	)	
Policy No: ( )	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: (%)	[Note-Est. Status (WC	): N: 0-20%	6; P: 21-79%. P: 80-	100%]	
Year of Registration: ( )		/NO( )			
	,000 ( )/\$2,000 (	)			
General Remarks;-	Princeston Action and	25.22.22.22	BOOKES OF SCHOOL	54 <u>8(5)</u>	
General Remarks,-		a designation	and the specimens of the second	STEAM PROPERTY	
( ) Walk-In Customer: Customer's in		lential & Stric	tly NO refer of repairer	<u> </u>	
( ) Total Loss Case : to e-mail Insu	rer URGENTLY.		<u>,                                    </u>		
Drive-In ( )/ Towed-In ( ); Invoi	ce: YES ( ) / NO	( ); Tov	ving Co: (		)
Remarks: (INC hotline: 6788 6616)			Date& Time Completed ::	Done	hi
	AND COMPANY OF SALES AND A STREET SALES	MIR MARKET MICHAEL	Evarence surific solutions sur	AS STATE	by
1) Apply for Transport Allowance ( )/	Courteey Cor ( )		100 to 10	1	
	Courtesy Car ( )				
2) QC Check / Post Repair Inspection	( )				
	( )				
2) QC Check / Post Repair Inspection	( )				
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > 5]      Injury:	( )				
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > 5]      Injury:	( )			SENSON SE	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	( )				
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > 5]      Injury:	( )				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	( )			C. Raming	
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > 5]      Injury:	( )				
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > 5]      Injury:	( )				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions	( )	voice Prepa	ration Checklist	Ant (S)	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions	( ) \$3000] ( )			Ant (5)	A STATE OF THE PARTY OF THE PAR
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions	( ) \$3000] ( )	AR : Accident Re	porting (\$30); sessment (\$100); INC (\$	796.Biji 80)	A STATE OF THE PARTY OF THE PAR
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Actions  Inimant's Particulars:	( ) \$3000] ( )	AR : Accident Re DA : Damage As FF : Towing Fee	porting (\$30); lessment (\$100); INC (\$	761.Biji 80) 0/545	A STATE OF THE PARTY OF THE PAR
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Majorgae  Laimant's Particulars:	( ) \$3000] ( ) 1 1 1) 2) 3) 4)	AR : Accident Re DA : Damage As FF : Towing Fee FT : Follow-Thro FT : Follow-Thro	porting (\$30); sessment (\$100); INC (\$ ugh Survey ugh Survey (Resurvey)	80) 0/\$45 \$120 \$30	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Actions  Inimant's Particulars:	( ) \$3000] ( ) 1 1 1) 2) 3) 4)	AR: Accident Re DA: Damage As FF: Towing Fee FF: Follow-Thro FF: Fullow-Thro Tor cleiming agai	porting (\$30); sessment (\$100); INC (\$  ugh Survey self Survey (Resurvey) self INC Only (wef 10 Jen 200	80) 0/545 \$120 \$30	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Actions  Inimant's Particulars:-  river/Owner:	( ) \$3000] ( ) In ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	AR : Accident Re DA : Damage As FF : Towing Fee FT : Follow-Thro FT : Follow-Thro	porting (\$30); sessment (\$100); INC (\$  ugh Survey self Survey (Resurvey) self INC Only (wef 10 Jan 200)	80) 0/\$45 \$120 \$30	A STATE OF THE PARTY OF THE PAR
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Laimant's Particulars:  river/Owner:  Intact No:  Inmaged Portion:	( ) \$3000] ( ) \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10	AR: Accident Re DA: Damage As: FF: Towing Fee FT: Follow-Thro FT: Follow-Thro For claiming agai FR: Re-inspectio N1: Idae DA + S NTUC Additional	porting (\$30); sessment (\$100); INC (\$ \$4  ugh Survey ugh Survey (Resurvey) ast JNC Only (wef 10 Jan 200 n  MRT Survey	80) 0/\$45 \$120 \$30 \$75	A STATE OF THE PARTY OF THE PAR
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Laimant's Particulars:  river/Owner:  ontact No:  amaged Portion:	( ) \$3000] ( )  \$10  10  21  21  31  41  51  61  71  81	AR: Accident Re DA: Damage As: FF: Towing Fee FT: Follow-Thro FT: Follow-Thro For claiming agai FR: Re-inspectio N1: Idac DA + S NTUC Additional	porting (\$30); sessment (\$100); INC (\$ \$4  ugh Survey ugh Survey (Resurvey) ast JNC Only (wef 10 Jan 200 n  MRT Survey Services	80) 0/\$45 \$120 \$30 \$75	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Laimant's Particulars:  river/Owner:  ontact No:  amaged Portion:	( ) \$3000] ( ) \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10	AR: Accident Re DA: Damage As: FF: Towing Fee FT: Follow-Thro	porting (\$30); sessment (\$100); INC (\$ \$4  ugh Survey ugh Survey (Resurvey) ast JNC Only (wef 10 Jan 200 n MRT Survey Services:-  r/ Tpl Allowance rdination	80) 0/545 \$120 \$30 \$75 \$160	A STATE OF THE PARTY OF THE PAR
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions    Notions   Particulars   Particu	( ) \$3000] ( ) \$10 \$10 \$10 \$20 \$30 \$40 \$50 \$60 \$70 \$80 \$80	AR: Accident Re DA: Damage As IF: Towing Fee FT: Follow-Thro FT: Fost Repair Co-o FT: Fost Repair	porting (\$30); sessment (\$100); INC (\$ \$4  ugh Survey ugh Survey (Resurvey) ast INC Only (wef 10 Jan 200 n  MRT Survey Services:-  r/Tpt Allowance rdination Inspection	\$60) 60/\$45 \$120 \$30 \$75 \$160 \$5 \$10 \$25	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions	( ) \$3000] ( )  \$10  10  21  21  31  41  51  61  77  81	AR: Accident Re DA: Damage As: FF: Towing Fee FT: Follow-Thro FT: Fost Repair	porting (\$30); sessment (\$100); INC (\$ \$4  ugh Survey ugh Survey (Resurvey) ast JNC Only (wef 10 Jan 200 n MRT Survey Services:-  r/ Tpl Allowance rdination	80) 0/545 \$120 \$30 \$75 \$160	Amt (3)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Inimant's Particulars:- river/Owner:  Ontact No:  Inmaged Portion:  C Checked by (Engr-In-Charge):	( ) \$3000] ( ) \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10	AR: Accident Re DA: Damage As: FF: Towing Fee FT: Follow-Thro FT: Fost Repair	porting (\$30); sessment (\$100); INC (\$ \$4  ugh Survey ugh Survey (Resurvey) ast INC Only (wef 10 Jan 200 n  MRT Survey Services:-  r/Tpl Allowance redination Inspection Excess Coordination en INC) against INC	\$60) 60/\$45 \$120 \$30 \$75 \$160 \$5 \$10 \$25 \$3 \$20 \$30	

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

EMail Address

- 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 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.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT
Date Of Report	14/03/2019 12:43
Date Of Accident	13/03/2019 20:40
Exact Location Of Accident	HOUGANG ST 92 TWDS HOUGANG AVE 9
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJA9699B
Insured/Policyholder	
Name Of Registered Owner	TAY WUI KIAT
NRIC No	S7421769I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96369630
Alternative Phone No	OFFICE-96369630
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L AT TSI 1372Q5
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
f 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	5099730869
Cover Note Number	
Driver	
Name of Driver	TAY WUI KIAT (ZHENG WEIJIE)
NRIC No	S7421769I
Date Of Birth	18/07/1974
Occupation	INDOOR
Date Of Driving Pass	14/02/1996
Oriving Experience	23 YEARS AND 0 MONTHS

MALE

NOEMAIL

(LOCAL) +65-96369630

OFFICE-96369630

12 HOUGANG STREET 92 Address

#03-08

538688

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

## General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

## Other Information

Postcode

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2 YES

Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES 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?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SGQ9786J

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** 

Page 2 of 13

Name

TAY WUI KIAT (ZHENG WEIJIE)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Address Postcode

Was this injured conveyed to hospital by ambulance?

SJA9699B YES

BODY

NO

## 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 <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

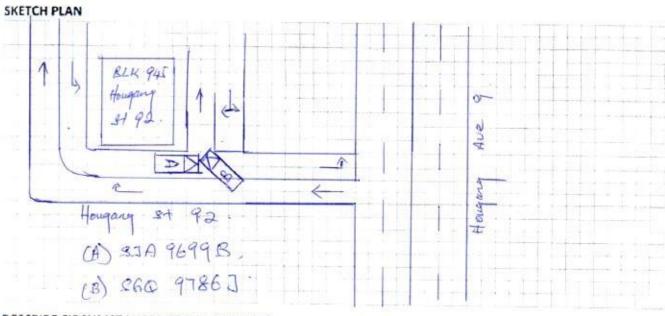
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	On	13 03	19 at	@ 20HL	lvs.	( we	us tra	we (ling	in my	
vehicle	(8JA "	9699B	along	Hougema	3+ 9	2 1	avards	Houga	ing Avel	9
infront	of BHS	945	gorna	stracylit	. Su	delenly	. 1	car c	360 9786	37
from o	posite	direction	1 nal	ce a	right	turn	withou	f grutu	y way	auc
collided	11 onto	the	front	portio.	1 of	My	vehz	ale.		
				T						
	i.					1				- HC-C
						•				
					Ec-sulpare	-				
								(UT		
										_
						Superior Control				

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 .:

Vehicle No.	SJA 9699B Model/Make Volkswagen Scirocco 1
Date of Accident	13/03/19.
Time of Accident	20 HO HRS
location of Accident	Howevery Street 92 towards Howard Ave 9.
Exact purpose use during accid	
Name of Owner	TAY WUS KIAT
Telephone No.	H/P: 9636 9630 Home: Office:
NRIC	STA217697.
Address	12, Housey St 92 #03-88 (3) 538688.
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC.
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5099730869
Name of Driver	As Above If No,
NRIC	Any Passengers: 0
Date of birth	18/07/1974.
Occupation	Outdoor / Indoor
Driving License Pass Date	14/02/1996
Gender	Male D Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state Owner.
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	Tay Wii Krat (H/P: 9636 9630)
Name And Contact No.	
Police Report	No, - If Yes, Where?
Vehicle B No.	3GQ 97867 : Any Passengers :
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers:
Vehicle G No.	Any Passengers :
Witness Name	N.A. Witness Contact: N.A.
Accident Portion	Front Postion .
Camera Recorder	Yeş / No
Email Address	tayorts 5440 De gracel com.
Camera Recorder	
PARTICULAR WORKSHOP	N-51
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Hi xin .
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	sales @ n51. com. sg



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$74217691





TAY WUI KIAT (ZHENG WEIJIE)



CHINESE Date of birth

Sex

2/421765

18-07-1974 M Country of birth SINGAPORE

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Licence No. S74217691

NRIC No S74217691



15-01-2011

Address

12 HOUGANG STREET 920 #03-08 SINGAPORE 538688



# Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5099730869 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

Chassis Number

Chassis Number

Name of Policyholder

Effective Date of Insurance

Expiry Date of Insurance

5. 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.

: SJA9699B

TAY WUI KIAT

: 09 Apr 2018

: 28 Aug 2019

: WVWZZZ13ZCV040374

6. Limitations as to Use#

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

## This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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.

 EXCESS (SECTION 1)
 : \$\$600

 EXCESS (SECTION 2)
 : N/A

 WINDSCREEN EXCESS
 : \$\$100

 ADDITIONAL EXCESS
 : N/A

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

PRIMARY DRIVER : TAY WUI KIAT (ZHENG WEIJIE)

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : HUI HUA CREDIT PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

: HUI HUA CREDIT PTE LTD (00000571762)

Date of Issue

: 09 Apr 2018 14:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

**Chief Executive** 



Policy Information

Policy No.	5099730869	Policyholder Name	TAY WUI K	CIAT	Policyholder NRIC	S7421769I	
Certificate No.					MAC		
Address	12 HOUGANG STREET 92 #03	-08 REGENTVIL	LE SINGAPO	RE 538688			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	09/04/2018	Effective Date	09/04/201	8 00:00	Expiry Date	28/08/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			You	ing/Inexperience Driver Excess
Agent	HUI HUA CREDIT PTE LTD	Agent Tel.	64696611		GST Flag	Y	
Co- insurance Flag Open Policy	No						
nsurance Flag Open Policy Info Certificate	No						
nsurance Flag Open Policy Info Certificate Info							
nsurance Flag Open Policy Info Certificate Info Policy	nolder Mailing Address  12 HOUGANG STREET	92 Addre	ess 2	#03-08 REGENTVIII	1F	Addrace 3	STNCADODE 529690
nsurance Flag Open Policy Info Certificate Info	nolder Mailing Address	0.145/516	ess 2	#03-08 REGENTVII		Address 3	SINGAPORE 538688
nsurance Flag Open Policy Info Certificate Info Policyl	nolder Mailing Address	Addre	ess Type ed Policy	#03-08 REGENTVII Singapore address 5099730869		Address 3 Post Code	SINGAPORE 538688 538688
nsurance lag Open Policy Info Certificate Info Policyl Address 1 Address 4	nolder Mailing Address	Addre Relati	ess Type ed Policy	Singapore address			
nsurance lag Open Policy Info Certificate Info Policyl Address 1 Address 4	nolder Mailing Address 12 HOUGANG STREET d Object: SJA9699B	Addre Relati	ess Type ed Policy	Singapore address			
Den Policy Polic	nolder Mailing Address  12 HOUGANG STREET  d Object: SJA9699B sements	Addre Relat Numt	ess Type ed Policy	Singapore address 5099730869		Post Code	

March   Mar						
Martin   M	licy No.	5099730869	Vehicle No.	S1A95998	GST Registration No.	
Ministry	intificate No.					
MINISTED NO MINIS	Nicyholder Name	TAY WUI KIAT			Policyholder NRIC	574217691
Marche   M	roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		
Section   Sect	ontact No.(Mobile)	96369630	Centact No. (Office)	0		
The content of the	mwii Address		Special Remark			printerior .
Part	FK	® No ○ Yes	TCA	® No ○ Yes		A COLLEGE
Processing   Control   C	D Protection	No	NCD Entitlement/%/			Mary Control of the C
Marchanian   Mar	Accident Details		AND THE SECTION AND ASSESSED.	**	Private nee	NO
College   1989   200		14/03/2019 17-58	Bank Area Charles (Marco No. You			
Comparison   Com			Academ Report Within 24 hrs	Yes	Accident Type	Colksion - Change / Cross lane
March   Marc		13/03/2019	Time of Accident hh:mm	20:40	Country of Accident	Singapore
### PATE OF THE P	porting Centre		Orange Force		ICM No.	
Memorphic	cident Location	HOUGANG ST 92 TWOS HOUGANG AVE 9				
Ministry	Excess					
March   Marc	in damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Martin Cottons	named Driver Excess	0.00	Outside Singapore OD Excess	600.00		100000
### CAST Flagistrom Date	ind Party Excess					
Registred   No	* Benefits		Carried and Supplied to Persons	0.00		
Registred   No	GST Registered Inform	ation				
Targetines Name   Strain Version   Targetines Nam	30, 70,00					
### District Mailing Address		. The			Man	
Presimphates Malling Address   12 HOUGHAS STREET 92				GOT SCALUS VENTRED	Yes	
Address 2						
Address 2	Policyholder Hailing Ad	dress				
More   State   More   State			Address 2	ANY OR RECEIVE OF THE	a 42000 w	200200000000000000000000000000000000000
Related Policy Number  Of Driver Total  TAY WILL KIA'S (Zerbis's MEDIES)  Driver Type  Main Driver  Driver Marce  TAY WILL KIA'S (Zerbis's MEDIES)  Driver Type  Main Driver  Driver Marce  TAY WILL KIA'S (Zerbis's MEDIES)  Driver App  44  Driver Speciance  22  Address 12  Address 12  Address 12  Address 12  Address 12  Driver App  44  Driver Doble  Driver App  44  Driver Speciance  Contact No. (Notice)  0 Contact No. (Notice)  0 Contact No. (Notice)  0 Contact No. (Notice)  122  123  124  Address 13  124  Address 13  125  126  126  126  126  126  126  126		THE CONTRACTOR OF THE CASE OF				
## CONTRACT TATE    Contract Table					Post Code	538688
Mark Number   Mark Will KlATT (21-6NG MEDIE)   Driver Type   Mark Driver   Driver DOB   18/07/1974   Driver DOB   Driver DOB   18/07/1974   Driver DOB   Driver			Related Policy Number	5099730869		
Driver Value   Driv			and the second s			
Driver Date of Driver Leaves		TAY WUL KIAT (ZHENG WELLIE)	Driver Type	Main Driver		
Mark No. (Mobile)   96.509630   Contact No. (Office)   0   Contact No. (Mobile)   0   Contact No. (M	named driver Name		Driver NR3C	574217690	Driver DOB	18/07/1974
Address 1 12 POURANG STREET 92 Address 2 RECENTVILLE Address 3 ShudaPote 534685  Post Code 538688  Pos	gister Date of Driver License	14/02/1996	Driver Age	44	Driving Experience	23
Address 2 RECENTULES Address 3 SDEGARCE 53468  Address 1 ppc Singapore address 9 Port Code S38688  Address 1 ppc Singapore address 9 Port Code S38688  Address 1 ppc Singapore address 9 Port Code S38688  Address 1 ppc Singapore address 9 Port Code S38688  Address 1 ppc Singapore address 9 Port Code S38688  Address 1 ppc Singapore address 9 Port Code S38688  Address	ntact No.(Mobile)	96369630	Contact No.(Office)	6	Contact No.(Piome)	0
March   Address Type   Singshore address   Post Code   \$38688	dress i	12 HOUGANG STREET 92	Address 2	REGENTVILLE	Address 3	SINGAPORE 538668
Any Injury?  Any Injury Injury?  Any Injury?	dress 4		Address Type	Singapore address		
Claim Age to Blood Test   Direct   Dire	it No.	03-06		2000 <del>3</del> - 5 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7 30 30 30	220000
Claim OO1 Name  Any Injury?  An	es he own a Singapore	O Yes @ No	Deluge Mahinia No.		28 0.02 0.000 CO. 100 CO.	
Any injury?  Any i	getered carr	- Control of the Control	China Santa Ma		Oriver Insurer Company	
After Model   New   State   Name   TAY WULKIAT   Insured REIC   S74237663    Insured Name   TAY WULKIAT   Insured REIC   S74237663    Insured Name   S656530   Contact No. (Pane)   S5365530   Contact No. (Office)    Insured REIC   S74237663    Insured Rei	claration					
Sincation restory    Claim 603	athalyser or Blood Test	O man	(122000000)	20020		
Insured Name  TAY WULKIAT  Insured Name  TAY WULKIAT  Insured NRIC  SP4237691  Contact No. (Mobile)  96369630  Contact No. (Mobile)  9766660  Collinear NBC *  Preference Repair Option  Pre	iding?		way injury?	gi Yes O No		
The No. (Mobile)  ### Common Type * OD-MK						
Insured Name  In	dification History					
Insured Name  In	10.00					
Address   Select No. (Mossie)   S639639	laim 001 New					
Address   Select   Se						
Address  Of Vehicle Number SA66930 Contact No. (Mossie) 96389630 Contact No. (Mossie) 96389630 Contact No. (Mossie) 10 Vehicle Number SA66998 TP Vehicle Number SA66998 The Vehicle Number SA66998 TP Vehicle Number SA66998 Television The Safe Safe Safe Safe Safe Safe Safe Saf						
all Address mant Type Claimant Type Claiman	in Trice a	for His	Naccionagement		28 cm (20 cm)	
mant Type Claimant Type * Please Select ▼ Type of Benefit * Type of Benef		100000000000000000000000000000000000000			Insured NRIC	574217691
mant Name *	ntact No.(Mobile)	100000000000000000000000000000000000000	Contact No.(Home)			574217693
mant Address  In Description  SAM96998 / SGQ97863 ON 13 Mar 2019  Insured Workshop Contact  Insured Repair Option  Preferred Repair Option  Preferred Workshop, Name unknown  Received  Insured Repair Option  Preferred Workshop, Name unknown  OIA report  Received  Insured Labitity * Not at Faux  Preferred Workshop, Name unknown  OIA report  Received  Insured Labitity * Not at Faux  Preferred Workshop, Name unknown  OIA report  Received  Insured Labitity * Not at Faux  Preferred Workshop, Name unknown  OIA report  Received  Insured Labitity * Not at Faux  Insured Labitit	rtact No.(Mobile) all Address	96369630	Contact No.(Home) Of Vehicle Number	96369630 S3A96998	Centact No.(Office)	
Insured Liability * Not at Fault   wire Finalisation   Ves   Preferenced Repair Option   Preferenced Workshop, Name unknown   G1A report   Received   14/03/2019 13:59   Claim Close Date   Date Received   14/03/2019 00 00   Claim Close Date   Claim Close Date   Date Received   14/03/2019 00 00   Claim Close Date   Cl	etact No.(Mobile) all Address mant Type Claimant Type+	96369630	Contact No.(Hame) Of Vehicle Number Type of Benefit *	96369630 S3A36998	Centact No.(Office)	
Insured Workshop Coreacs  Preferred Repair Option  Preferred Workshop, Name unknown   GSA report  Received  V  Received  V  Date Received  14/03/2019 00 00  Part AK letter  Save Submit  Save Submit  Sent No. MT/L035892  Claim No. 001  Doc, Received  Path *  Doc, Received  Path *  Doc, Received  Doc, Received  Doc, Received  Preferred Workshop, Name unknown  GSA report  Received  V  Date Received  14/03/2019 00 00  Date Received  14/03/2019 10 00  Core Core Core Core Core Core Core Core	tact No.(Mobile) iii Address mant Type Claimant Type+ mant Name +	96369630 Please Select	Contact No.(Hame) Of Vehicle Number Type of Benefit *	96369630 S3A36998	Centact No.(Office)	
Insured Workshop Contact  Insured Liability * Not at Fault  UP Preference Repair Option Preference Workshop, Name unknown V GJA report Received V Date Received Packson  Ord Taken By Jackson  Print AK letter  Save Submit  Stackment  MT/L035892 Claim No. 003  Doc, Received V Yes No Upload Date L4/03/2019 14:00  Puth * Category * Confidential Urgency * Description * Preference Workshop, Name unknown V GJA report Received V Normal V Confidential Urgency * Description * Category * Confidential Urgency * Normal V Normal V Category * Normal V N	etact No.(Mobile) all Address mant Type Claimant Type+ mant Name +	96369630 Please Select	Contact No.(Hame) Of Vehicle Number Type of Benefit *	96369630 S3A36998	Centact No.(Office)	
Preference Repair Option Preference Workshop, Name unknown V GSA report Received Valuation Preference Repair Option Preference Workshop, Name unknown V GSA report Received Valuation Valu	etact No. (Mobile) all Address mant Type Claimant Type * mant Name * mant Address	96369530  Please Select   ≥≥	Contact No.(Hame) Of Vehicle Number Type of Benefit *	96369630 S3A36998	Contact No.(Office) TP Vehicle Number	
e Registered 34/03/2019 13:59 Claim Close Date Date Price Received 14/03/2019 00:00 Claim Close Date Date Received 14/03/2019 00:00 Claim Received 14/03/2019 00:00 Claim Received 14/03/2019 00:00 Claim Received 14/03/2019 00:00 Claim Received 14/03/2019 10:00 Claim Received 14/03/2019	ntact No. (Mobile) all Address mant Type Claimant Type * mant Name * mant Address m Description	96369530  Please Select   ≥≥	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	96369630 \$3A96998 Pease Select	Contact No.(Office) TP Vehicle Number	
One Taken By Jackson  Print AK letter  Save Submit  Save	tlact No. [Mobile] all Address iment Type Claimant Type * iment Name * iment Address im Description ferred Workshop Contact	96369530  Please Select  >>  S3A96998 / SGQ97863 ON 13 Mar 2019	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	96369630 S3A96998 Pease Select	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	\$5Q97863
Print AK letter    Save   Submit	ntact No. (Mobile) all Address iment Type Claimant Type * iment Name * iment Address im Description ferred Workshop Contact ture Finalisation	96369530  Please Select  >>>  S3A96998 / SGQ97863 ON 13 May 2019  Yes	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	96369630 S3A96998 Pease Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  G34 report	SSQ97863
Save   Submit   Save   S	tact No. (Mobile) all Address mant Type Claimant Type * mant Name * mant Address m Description ferred Workshop Contact uire Finalisation e Registered	96369530  Please Select  \$2  \$3A96998 / SGQ97863 ON 13 Mar 2019  Yes  \$4/03/2019 13:59	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	96369630 S3A96998 Pease Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  G34 report	SSQ97863
Section   MT/L035992   Claim No.   003	tact No. (Mobile) all Address mant Type Claimant Type * mant Name * mant Address m Description arred Workshop Contact uire Finalisation Registered out Taken By	96369530  Please Select  \$2  \$3A96998 / SGQ97863 ON 13 Mar 2019  Yes  \$4/03/2019 13:59	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	96369630 S3A96998 Pease Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  G34 report	SSQ97863
Section   MT/L035992   Claim No.   003	tact No. (Mobile) all Address mant Type Claimant Type * mant Name * mant Address m Description arred Workshop Contact uire Finalisation Registered out Taken By	96369530  Please Select  \$2  \$3A96998 / SGQ97863 ON 13 Mar 2019  Yes  \$4/03/2019 13:59	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	96369630 S3A96998 Pease Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  G34 report	SSQ97863
Calm No.   MT/1035892   Calm No.   003	tact No. (Mobile) sil Address ment Type Claimant Type * ment Name * mant Address m Description arred Workshop Contact uire Finalisation e Registered ort Taken By	96369530  Please Select  \$2  \$3A96998 / SGQ97863 ON 13 Mar 2019  Yes  \$4/03/2019 13:59	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Repair Option Claim Close Date	96369630 S3A96998 Pease Select  Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  G34 report	SSQ97863
Doc, Received   Pich *  Browse Clear Please Select   Row Normal   Browse Clear Please Select   No Normal	tact No. (Mobile) sil Address mant Type Claimant Type * mant Name * mant Address m Description erred Workshop Contact uire Finalisation a Registered but Taken By Print AK letter	96369530  Please Select  \$2  \$3A96998 / SGQ97863 ON 13 Mar 2019  Yes  \$4/03/2019 13:59	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Repair Option Claim Close Date	96369630 S3A96998 Pease Select  Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  G34 report	SSQ97863
Doc, Received  Path *  Description *  Browse  Browse  Browse  Browse  Browse  Clear  Please Select  No Normal	ttact No. (Mobile) all Address mant Type Claimant Type * mant Name * mant Address m Description ferred Workshop Contact uire Finalisation e Registered ort Taken By Print AK letter	96369530  Please Select  \$2  \$3A96998 / SGQ97863 ON 13 Mar 2019  Yes  \$4/03/2019 13:59	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Repair Option Claim Close Date	96369630 S3A96998 Pease Select  Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  G34 report	SSQ97863
Doc, Received   Yes   No Upload Date   14/03/2019 14:00	ntact No. (Mobile) all Address imant Type Claimant Type * imant Name * imant Address im Description ferred Werkshop Contact sure Finalisation e Registered sort Taken By Print AK Jetter  ttachment	96369530  Please Select  \$2  \$3A96998 / SGQ97863 ON 13 Mar 2019  Yes  \$4/03/2019 13:59	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preferend Repair Option Claim Close Date	96369630 S3A96998 Pease Select  Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  G34 report	SSQ97863
Path * Category * Confidence Urgency * Description *  Browse Clear Please Select V No V Normal V  Browse Clear Please Select V No V Normal V	ntact No. (Mobile) all Address imant Type Claimant Type * imant Name * imant Address im Description ferred Workshop Contact cure Finalisation e Registered sort Taken By Print AK letter  ttachment	96369530  Please Select  \$2.  \$3.496998 / SGQ97863 ON 13 May 2019  Yes  \$4.03/2019 13:59  Jackson	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Close Date	96369630 S3A96998 Pease Select  Not at Fault  Freferred Workshop, Name unknown  Save Submit	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  G34 report	SSQ97863
Browse Clear Please Select V No V Normal V	ntact No. (Mobile) all Address imant Type Claimant Type * imant Name * imant Address im Description ferred Workshop Contact ture Finalisation ie Registered port Taken By Print AK lietter  ttachment	96369530  Please Select   \$2.2  \$3,496998 / SGQ97863 ON 13 May 2019  Ves   \$4,03,/2019 13:59  Jackson  MT/1035892	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Close Date	96369630 S3A96998 Pease Select  Not at Fault  Freferred Workshop, Name unknown  Save Submit	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  G34 report	SSQ97863
Browse Clear Please Select: V No V Normal V  Browse Clear Please Select: V No V Normal V	ntact No. (Mobile) all Address imant Type Claimant Type * imant Name * imant Address im Description ferred Workshop Contact cure Finalisation e Registered sort Taken By Print AK Jetter  ttachment	96369530  Please Select   \$2.2  \$3,496998 / SGQ97863 ON 13 May 2019  Ves   \$4,03,/2019 13:59  Jackson  MT/1035892	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Close Date	96369630 S3A96998 Pisase Select  Not at Fault  Preferred Workshop, Name unknown  Save Submit	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  G34 report	SSQ97863
Browse Clear Please Select: V No V Normal V	tact No. (Mobile) all Address mant Type Claimant Type * mant Name * mant Address m Description ferred Workshop Contact uire Finalisation e Registered ort Taken By Print AK Jetter  ttachment	96369530  Please Select  \$2  \$3A96998 / SGQ97863 ON 13 Mar 2019  Yes  \$4/03/2019 13:59  Jackson  MT/1035893  Yes No	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Close Date	96369630 S3A96998 Pease Select  Not at Fault Preferred Workshop, Name unknown  O01 14/03/2019 14:00	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  G34 report Date Received	SSQ97863  Received  14/03/2019 00 00
	tact No. (Mobile) sil Address mant Type Claimant Type * mant Name * mant Address m Description sered Workshop Contact uire Finalisation e Registered ort Taken By Print AK Jetter ttachment	96369530  Please Select  \$2  \$3A96998 / SGQ97863 ON 13 Mar 2019  Yes  \$4/03/2019 13:59  Jackson  MT/1035893  Yes No	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Close Date  Claim No. Upload Date	96369630 S3A96998 Pease Select  Not at Fault Preferred Workshop, Name unknown  14/03/2019 14/00 Category *	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report Date Received  Confidencial Urgeno	SGQ97863  Received  14/03/2019 00:00
Browse. Clear Please Select V NO V Normal V	tact No. (Mobile) sil Address mant Type Claimant Type * mant Name * mant Address m Description sered Workshop Contact uire Finalisation e Registered ort Taken By Print AK Jetter ttachment	96369530  Please Select  \$2  \$3A96998 / SGQ97863 ON 13 Mar 2019  Yes  \$4/03/2019 13:59  Jackson  MT/1035893  Yes No	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Close Date  Claim No. Upload Date  Browse	96369630 S3A96998 Pease Select  Not at Fault  Preferred Workshop, Name unknown  001 14/03/2019 14:00 Category * Clear Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GJA report Date Received  Confidence: Urgenc	SGQ97863  Received  14/03/2019 00:00
	tact No. (Mobile) sil Address mant Type Claimant Type * mant Name * mant Address m Description sered Workshop Contact uire Finalisation e Registered ort Taken By Print AK Jetter ttachment	96369530  Please Select  \$2  \$3A96998 / SGQ97863 ON 13 Mar 2019  Yes  \$4/03/2019 13:59  Jackson  MT/1035893  Yes No	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Close Date  Claim No. Upload Date  Browse  Browse	96369630 S3A96998 Pease Select  Not at Fault  Preferred Workshop, Name unknown  003 14/03/2019 14:00 Category * Clear Please Select  Clear Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GJA report Date Received  Confidencial Urgenc  TO V Normal	SGQ97863
	ntact No. (Mobile) all Address imant Type Claimant Type * imant Name * imant Address im Description ferred Workshop Contact ture Finalisation ie Registered port Taken By Print AK lietter  ttachment	96369530  Please Select  \$2  \$3A96998 / SGQ97863 ON 13 Mar 2019  Yes  \$4/03/2019 13:59  Jackson  MT/1035893  Yes No	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Close Date  Claim No. Upload Date  Browse  Browse	96369630 S3A96998 Pease Select  Not at Fault  Preferred Workshop, Name unknown  001 14/03/2019 14/00 Category * Clear Please Select  Clear Please Select	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GJA report Date Received  Confidencial Urgenc  TO V Normal	SGQ97863

