			ं कृतः स	1.30	
NATIONAL Assessment Cer	ntre Services.	1200ct 1 19w	UAT 190361VO	38. 18	
Date In: 8/3/19-17:45	Job description		Date &Time Completed	Done	e by
Rei No: 49/10/1900/921/24	SAS e-filing				
Veh No: 9269790.	E-mail (within	Shrs, AIC 2hrs)	T		
D.O.A: (8/3/19 - 08:00	i-Motor Cla	im Form	m1/1036444-001	18/3/19 10	4:25
Personal Company of the Company of t	i-Motor W/(O (Within: OD 2hrs	The second secon	181319	1.3-
OD / TP / Reporting Only	i-Photo Uplo		1		
TD		urvey Report	1		
TP Insurer:		by Fax / Hand to	Owner/Wksn		
Preferred Wksp / INC Assign Wksp / QW: (, , , , , , , , , , , , , , , , , , , ,		ax:	-
TP Particulars: Veh No:		INC (·ax:	-
Owner / Driver: (· mc(Tel:		35.55
Policy No: ()	Period: ()	Cover Type: (
Confirmed by : (Date:	Time:		
Insured/Driver Liability: (%)	Note-Est Status (%; P: 21-79%. P: 30-1	00%1	
Year of Registration: ())/NO(10076	
Excess: (\$) Loading: \$					
General Remarks		MOREOUS COMMON	Manager Com To S. Com	1. 10 Am 14	
- AND AND THE PROPERTY AND THE PROPERTY OF A STANDARD PROPERTY OF THE PROPERTY				200	
() Walk-In Customer: Customer's in	nformation strictly Co.	nfidential & Stri	ctly NO refer of repairer.		
() Total Loss Case : to e-mail Inst	urer URGENTLY.	199	*		
	ice: YES() / N	IO(). To	wing Co: (
		.0(),10	wing co. ()
Remarks: - (INC hotline: 6788 6616)			Date& Time Completed	Done	bν
1) Apply for Transport Allowance ()/	/ Courtesy Car ()	- 1	-37.1	-
2) QC Check / Post Repair Inspection	()		*		
3) Upload Resurvey Photo [Repair Cost >	\$30001	,			
Injury:	- 10-20-00-00 (b)				
Pate/Time Actions		1,5		124 Co. Co. Co.	
					The same
Mark Control of the C				in the second	
			The second second second		
				WHEN ALL ALL DEST	Terrer 2
A 1901979.		Invoice Prepa	ration Checklist	Anit (S) fat Bill	Amt (
umant's Particulars :-		1) AR : Accident Re			
ver/Owner:		2) DA: Damage As 3) TF: Towing Fee	sessment (\$100); INC (\$80 \$40/		
ntact No:		4) FT : Follow-Thro		120	
	see a ser a market a ser a	For claiming agai	ost INC Only (wef 10 Jan 2005)	300	
naged Portion:		6) TR : Re-inspection		160	
		7) N1 : Idao DA + S 8) NTUC Additiona	THE RESERVE AND ADDRESS OF THE PARTY OF THE	160	
Checked by (Engr-In-Charge):		OD.			
5,100		NAME AND ADDRESS OF TAXABLE PARTY.		\$5	
ditors' Comments :-		*N6: Repair Co-o *N7: Fost Repair		510	
2007 22 2 L 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	是否是相同的人	*N8: DV / Collec	Excess Coordination	\$5	
1:	8	TP (N11) : TP (N 9) N12: Idac Mobile		20 .	
2/3:		(nvoice dated	Fee Charged		的可力
No.	1,	Involce dated	Fee Charged	SECRET	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

ACCIDENT STATEMENT

	ACCIDENT STATEMENT
Date Of Report	18/03/2019 17:45
Date Of Accident	18/03/2019 08:00
Exact Location Of Accident	JUNC GRANGE RD & ORCHARD RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ6979D
Insured/Policyholder	
Name Of Registered Owner	TW AUTOMOBILE
Co Reg No	53333500X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88669174
Alternative Phone No	OFFICE-88669174
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	OPTRA 1.6L A/T ABS AIRBAG 2WD 4DR
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5104194055-01
Cover Note Number	
Driver	
Name of Driver	SULAIMAN BIN KAUSAR
NRIC No	S8039727E
Date Of Birth	13/12/1980
Occupation	OUTDOOR
Date Of Driving Pass	09/06/2016
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82497578
ax Number	
Contact Number	OFFICE-82497578
Control of the Control of the Control of Con	

NOEMAIL

Address BLK 256 JURONG EAST STREET 24

#02-377

Postcode 600256

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLIDED INTO PEDESTRIAN

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

1

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? NO

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

Details of Police Action

Was the accident reported to the police?

Number of Passengers (Including Driver)

YES

NO

If Yes, Please state which Police Station

Police Station Name

JURONG EAST NEIGHBOURHOOD POLICE CENTRE

TEL NO: 1800-8999999 - FAX NO: 66655791

Police Station Address ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY:

SINGAPORE

Police Station Contact

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190318/2033.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

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

TW AUTOMOBILE requirements under any regulations, laws or court orders.

CO. REGN. NO: 53333500X 9 TAGORE LANE 9@TAGORE #02-01

SINGAPORE 787482 TEL: 6459 5535 Fax: 6459 8009

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 Produstrian A: 130 64797.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

tefer to price report - 1/20196318/2011.	
TW AUTOMOBILE	

I/We declare the toregoing particulars are true in every respect.
9@TAGORE #02-01
SINGAPORE 787482

TEL: 6459 5535 Fax: 6459 8009

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 .:

ACCIDENT STATEMENT

ACCIDENT DATE: 18 / 7 / 19)(DD/MM/YYYY), TIME: (08 : 00.)(HH:MM)
LOCATION: I'me Grange Rd 2 orchard Rd.
1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: \$1269390.
b)INSURANCE COMPANY: HT 20
C)POLICY NUMBER: 5 1041945570
dipolicy type, (contrary)
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
f)TYPE:(SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS)
ON THE OWNER OF THE PROPERTY O
OSE OF OSING AT ACCIDENT TIME.
WILL TOO CLAIMING UNDER YOUR OWN INCIDENTAL
" TO LEASE STATE (THIRD PARTY CLAIM / DEDORTING COLUMN
- MOUNTED / POLICY HOLDER
A)NAME: TW ANTOMOSIL (MALE / FEMALE)
STATE OF SELECTION
CIADDRESS:CONTACT:_S689 179.
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
1 Lazzande Driver
(Including diser) all MAME: MIR MAN IN ICOURT
DINKIC/FIN/PASSPORT: (% 1932)
CIADDRESS: DIE 256 Jurang East street 24 \$ 19-232 COUNTY
*d)DATE OF BIRTH: (1 / 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/
STOCK ANON: (INDOOR / OUTDOOR)
T) YEARS OF DRIVING EXPREPIENCE
T. WAS DRIVER AN EMPLOYEE OF THE INCURENCE COMPANIE
THE CONDITION TO THE AR / PAINTING (OTHERS
DINOAD SURFACE: (DRY / WET / OFFICE
6. WAS ANYBODY INJURED (ME) / NO
7. DIREPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
5. THIRD PARTY VEHICLE
body passenger a) VEHICLE NUMBER:MODEL:
moderating driver) DI DRIVER'S NAME:
C) NRIC/FIN/PASSPORT-
THIRD TAKET VEHICLE
d) VEHICLE MULIERE
nduding driver f) NRIC/FIN/PASSPORT:
f) NRIC/FIN/PASSPORT:
CONTACT:
\$5 Add and and and and and and and and and a
■ 1 Annual

email =

fax =

VIDEO =





Police Station Of Origin: Jurong East N.P.C

92 Boon Lay Way SINGAPORE 609962

Tel No: 1800-8999999

1 of 3 Report No. T/20190318/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Ti 18/03/2	me Report I 019 10:45	Made:	Vide Report No.: E/20190318/0053	Station Diary No.
Informa	int's Partic	ulars		47
	f Informant: IAN BIN KA		Address: APT BLK 256 JURONG	EAST STREET 24 #02-377
NRIC N	/ ID No.: O / S80397	27E	SINGAPORE 600256 Contact No.: Home/Office:	Mahila 00 toward
Nationa SINGAF	lity: PORE CITIZ	EN	Email:	Mobile: 82497578
Sex: Male	Age:	Date of Birth: 13/12/1980	Type of Informant:	
Race: Malay			Language: English	Institution / School Name:
Occupat GRAB D	ion: RIVER		Driving Licence Informati Class: 2B,3	ion: Date of Expiry

General Infor	mation of the Accident			and the same and t
Type of Accident:	Injury Attended by Police	Drink	Date/Time of Accident: 18/03/2019 08:50	Type of Location
Location: Junction of Ro GRANGE RO ORCHARD R In front of H&I Weather: Clear	OAD	Road Surface:		Road Speed Limit:
Traffic Flow:		Dry Traffic Control: Traffic Light - Wor		Traffic Volume:
Type of Collisi	on:		King	Light
Moving Vehicle	e Against - Pedestrian			Anyone conveyed by ambulance: Yes

Vehicle No.	Type	Make		The second second		
			Model	Color	Condition	No of Passenger
SJQ6979D	Car	CHEVROLET	OPTRA	Silver	Condition	140 of Fassengel

Details of Person Involved	
Any Pedestrian Involved: Yes	THE RESERVE THE PROPERTY OF THE PARTY OF THE
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Used
	Good of Fedestrial Crossing: Used





Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999

2 of 3 Report No. T/20190318/2033

CONTINUATION OF REPORT

Driver				I SOUTH	
Name	SULAIMAN BIN KAUSAR		ID No		S8039727E
Related Vehicle	SJQ6979D (Car)		Conta	ct No.	82497578
Hospital/Clinic	NIL		Class Driving Licence Expire	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discha		NIL	The state of the state of
No. of Days gran	ted Medical Leave NIL	Degree of I		NIL	
Pedestrian			TON SECTION	0.180	CONTRACTOR OF THE
Name	SUP AH KAN		ID No.		F7484353X
Related Vehicle	NIL		Conta	ct No.	NIL
Hospital/Clinic	RAFFLES HOSPITAL	1	Class Driving Licenc Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discha		NIL	
No. of Days grant	ed Medical Leave NIL	Degree of Ir		NIL	

Brief Details.

On 18.03.2019 at about 0850hrs, I was driving my vehicle along Orchard Rd at the first lane (Most right lane), wanting to make a right turn into Grange Road. There were a group of pedestrians who had already crossed and cleared the road. I had made a check and there was no other pedestrian crossing the road before I made a right turn into Grange Road. However, as I was making the right turn, a female pedestrian had suddenly dashed across the road from my left to the right. I could not stopped in time and had collided on the female passenger on my front left side of my vehicle.

From what I could recall, the traffic light was green however I was unsure if the pedestrian crossing was still green. I had alighted the vehicle and had called for the police. The pedestrian was conveyed to Raffles Hospital by the ambulance. I was advised by the Traffic Police who was at scene, to lodge a Traffic Accident report in regards to report number: E/20190318/0053, Investigation Officer Sufyan, TEL:

I wish to state that I do not have any in-built camera installed in my vehicle.





Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999

3 of 3 Report No. T/20190318/2033

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: D / Sgt 3 CATHERINE CHOY CHI CHING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/03/2019 10:45
Officer In Charge Of Case: TP / GIT / Sgt 2 PHUA TIAK YEE	Classification Of Case:
Contact No.: 65472077 Authentication Stamp	









eBao Tech							h-res			SeneralC	laim
Hello, NAC_PAYA_UBI_80				A CONTRACTOR OF THE PARTY OF TH	And the state of the		· Change La	inguage	· Change P	o catalon filmeda	Log Out
My Desktop Notice of Loss	Poli	cy Query									
Hotice of Loss	Policy N	No.				Date of	Accident	18/0	3/2019 08:50		
	Vehicle	No.(For Motor)	SJQ697	9D		Certifica	ate Number				
					S	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5104194055- 01		TW AUTOMOBILE	53333500X	GFT	Third Party	53Q6979D	1100	16/01/2019	
					Co	ntinue					

Policy No.	5104194055-01	Policyholder Name	TW AUT	OMOBILE	Policyholder NRIC	53333500X	
Certificate No.		6.332.136			THE CO.		
Address	9 TAGORE LANE #02-01 9 @ T	AGORE SINGA	PORE 7874	172			
roduct Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	17/01/2019	Effective Date	16/01/20	019 00:00	Expiry Date	15/01/2020	23:59
xcess		All Claims Excess					
hird arty xcess	1500.00	Own damage Excess	0.00		Windscreen Excess	0.00	
Additional xcess	0	OS Premium	12129.5	3			
Outside Singapore OD Excess	0.00	Outside Singapore TP Excess	1500.00			You	ng/Inexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	6344766	7	GST Flag	Υ	
	No						
Den Policy Info							
Certificate Info							
Policyl	nolder Mailing Address						
ddress 1	9 TAGORE LANE	Addre	ss 2	#02-01 9 @ TAGOR	E /	Address 3	SINGAPORE 787472
ddress 4		Addre	ss Type	Singapore address		Post Code	787472
Init No.	02-01	Relate Numb	d Policy er	5104194055-01			10/1/2
D Insure	d Object: SJQ6979D						
	ements						
Sequen	ce Date of Endorsement	Endorseme	nt Type	Endorsement Number	S 20	nent Status	
		Balla 1.2					Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJR5497D 21-01-2019 \$1,431.98 In view of this amendment, an additional premium of \$1,431.98 (Inclusive of GST) is payable under your policy. Please
	21/01/2019 00:00	Basic Informat Endorsement		000001286992375	Endorseme Effective		Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJR5497D 21-01-2019 \$1,431.98 In view of this amendment, an additional premium of \$1,431.98 (inclusive of GST) is

Claim Handling The premium on this policy has Accident HT/1936444	s not been collected.				
Policy No.	5104194055-01	Vehicle No.	53Q69790	GST Registration No.	
Certificate No.				2001/05/00/00/00/24	
Policyholder Name	TW AUTOMOBILE			Policyholder NR3C	53333500X
Product Code	PLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	88669174	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	90 V
KEK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
NCD Protection	No	NCO Entitlement(%)	0	Private Hire	Yes
Accident Details	200 000 000 000 000 000 000 000 000 000				
toport Cate	18/03/2019 19:33	Accident Report Within 24 hrs.	Yes	Accident Type	Collided into Pedestrian
Date of Accident	18/03/2019	Time of Accident hitcmm	08:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
codent Location	JUNC GRANGE RD & ORCHARD RD				
T Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Innamed Driver Excess		Outside Singapore OD Excess	0.00		
Turd Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
▽ Benefits					
GST Registered Inform	ation				
ST Registered	No		GST Registration Date		
ST Registration No. logification History			GST Status Verified	Yes	
Policyholder Halling Ad			And the latest water and the		
ddress t	9 TAGORE LANE	Address 2	#02-01 9 @ TAGORE	Address 3	SINGAPORE 787472
nit No.	02.04	Address Type	Singapore address	Post Code	787472
	02-01	Related Policy Number	5104194055-01		
OI Driver Info	200 0 agrees				
iver Name mamed driver Name	Unnamed Driver SULAIMAN BIN KAUSAIR	Driver Type	Unnamed Driver		
gister Date of Driver License		Driver NRIC	58039727E	Driver DOS	13/12/1980
Intact No.(Mobile)		Driver Age	38	Driving Experience	2
	82497578	Contact No.(Office)	0	Contact No.(Home)	0
tdress t tdress 4	BLK 256	Address 2	JURONG EAST STREET 24	Address 3	SINGAPORE 600256
	7227500	Address Type	Singapore address	Post Code	600256
nic No. ses he own a Singapore	02-377				
gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Claration					
reathalyser or Blood Test eading?	0 mg	Any injury?	○ Yes ® No		
Claim 001 New					
arm Type *	оо-мх 🗸	Insured Name	THE ALTOHOPHIE	4 /400	
ntact No.(Mobile)	86865535	Contact No.(Home)	TW AUTOMOBILE	Insured NRIC	53333500X
nail Address		Of Vehicle Number	elosetten.	Contact No. (Office)	
imant Type Claimant Type *	Please Select	Of Vehicle Number Type of Benefit *	\$1Q69790	TP Vehicle Number	
imant Name *	>>	Claimers NRIC *	Please Select		
imant Address	150			1	
im Description	53Q6979D ON 18 Her 2019			Name of Body	
ferred Workshop Contact		Insured Liebility +	Fully at Pault	Name of Preferred Workshop	
pure Finalisation	Yes 🔻	Preferend Repair Option		Taxanini I	
te Registered	18/03/2019 19:35	Claim Close Date	Preferred Workshop, Name unknown	GIA report	Received
	Jackson	Cremi Crose Date		Date Received	18/03/2019 00:00
Print AK letter					
ttachment		1	Save Submit		
ractoris a tare					
cident No.	MT/1036444	Claim No.	001		
f Doc. Received	● Yes ○ No	Upload Date	18/03/2019 19:36		
	Path *		Category *	Confidential Urgeno	y * Description *
		Browse	I among preventations	Normal V Normal	v v
		Browse	Cear Please Select	NO V Normal	•
		Browse	Clear Boats Source		

