	ure Services. 1441	17 1 Pari	1 074 -7			
Date In: (8) 3) 19-13:13	Jeb description	- 1	Date & Time Comp	pleted	Don	e by
Rel No: HA JUCIGOS 49 03/24	SAS e-filing					
Veh No: OCXXVII.	E-mail (within Shrs,	AIC 2hrs)				
D.O.A: 17/19-13:12	i-Motor Claim F		M4/1036446-	201	8/3/19	10.7
	i-Motor W/O (wi	thin: OD 2hrs, 7		-	6()(7	11.43.
OD (TP)' Reporting Only	i-Photo Uploadeo	d ļ				
TP Insurer:	Assessment/Survey	Report				
TP hisurer.	Ass't Report by Fa	x / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No:	183132	INC ()/Non-INC().	0	
Owner / Driver: (7.	Tel:)	
Policy No: ()	Period: () (Cover Type: ()	
Confirmed by : (D	ate:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO):	N: 0-20%	6; P: 21-79%. I	P: 80-100°	%]	
Year of Registration: ()		NO()				
Excess: (\$) Loading: \$1	1,000 ()/\$2,000 () ,			SUID-Suid	New 2
General Remarks	27-13-20-100-VC-27-1-1-20-0	1.03°2.02.04.5		ज़रूर अग्र	CALL AND	
Lo account to a construction to the section of the	AND COMPLETE STATES					1.19
() Walk-In Customer: Customer's in		ntial & Strict	ly NO refer of rep	pairer.		
() Total Loss Case : to e-mail Insu	arer URGENTLY.	W.	A Committee of			
Drive-In ()/ Towed-In (); Invoi	ice: YES () / NO () ; Tow	ring Co: (,	- 1)
Remarks: (INC hotline: 6788 6616)		es es es es es es	Date&Time Compl	3829877	Done	SEE
(17.5310.000.0700.0010)		ECC-800 ACT/SCCORY 100/000004-1	Marcocaurio Sounda	COURT ONE	· · · · · · · · · · · · · · · · · · ·	nv
1) Apply for Transport Allowance	/ Country Con (14	7.0
	/ Courtesy Car ()					
2) QC Check / Post Repair Inspection	()					
	()		7			
2) QC Check / Post Repair Inspection	()					
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	()					
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	() \$3000] () Iny	oice Prepar	ation Checklist.		Anit (S)	Amt (\$)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions	() \$3000] () Inv 1) AI 2) D/ 3) TF	DICE Prepar R: Accident Rep A: Damage Ass Towing Fee	ation Checklist. orting (\$30); essment (\$100);	INC (\$80) \$40/\$45	Anit (S)	
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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.
- 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	18/03/2019 17:10
Date Of Accident	15/03/2019 13:10
Exact Location Of Accident	UPP CHANGI RD NORTH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKX2014R
Insured/Policyholder	
Name Of Registered Owner	ONG CHOON SIAH
NRIC No	S8816048G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98278407
Alternative Phone No	OFFICE-98278407
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.8L A
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	5106861040
Cover Note Number	
Driver	
Name of Driver	ONG CHOON SIAH (WANG CHUNXI)
NRIC No	S8816048G

 NRIC No
 \$8816048G

 Date Of Birth
 09/05/1988

 Occupation
 INDOOR

 Date Of Driving Pass
 19/03/2018

Driving Experience 0 YEAR AND 11 MONTH

Gender MALE

Mobile Number (LOCAL) +65-98278407

Fax Number

Contact Number OFFICE-98278407

EMail Address NOEMAIL

Address BLK 409A FERNVALE ROAD

#20-38

Postcode 791409

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 - 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)

2

involved in the accident

20.02.0304

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

NO

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?

YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190316/7004.

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 SJY8317J

Vehicle Make/Model/Colour TO

TOYOTA CAMRY

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver NAZLY BIN ZAINI

NRIC/Passport Number \$7733565Z Contact Number 88621246

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER:

DETAILS OF INJURED PERSON 1

Name

ONG CHOON SIAH (WANG CHUNXI)

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SKX2014R

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address Postcode

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.

Policy older's Signature

Date & Time:

Driger's Signature

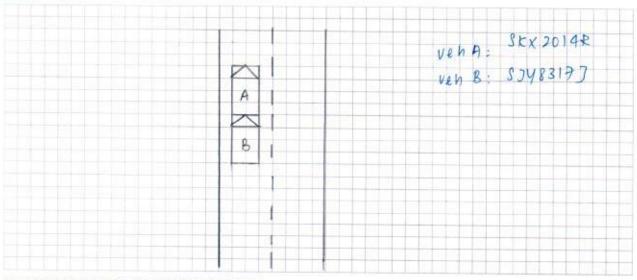
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

RI	efer t	0	police	Report	
					_

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (10) 05/ 00/00/MA	A/YYY), TIME:(13:)(HH:MM)
LOCATION: Upper changi 12d 1	1716
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: SKX 2014 R	,
DINSURANCE COMPANY: N+4C	Income
C)POLICY NUMBER:	Incomp
DIPOLICY TYPE: (COMPREHENSIVE / THIS	
FITTPE SALOON / COUPE LMPV /VAN /	LORRY / MOTORCYCLE / OTHERS)
9/ VEHICLE CATEGORY: IPRIVATE A COM	MERCIAL / MOTOPOVOLEL
THE WE COSE OF USING AT ACCIDENT TIME	F. 1.100 Dm
I) ARE YOU CLAIMING UNDER YOUR OWN	I INCHE ANCE VECTOR
IN O, PLEASE STATE WHIRD PARTY CLAI	M / REPORTING ONLY)
2: INSURED / FOLICY HOLDER	5. I 35. ID
AINAME: ONG CHOON SIAH.	(MALE) FEMALE)
DINRIC/FIN/PASSPORT: S881604	8 4 CONTACT: 98278407
CIADDRESS: 409 A FERNVALE RD #	20-38 SG-791409
* CONTINUE TO 3.d IF DRIVER ALSO POLICE	CY HOLDER .
The of passanger DRIVER	
(Including driver) SINAME: ONG CHOON SIAH	(MALEY FEMALE)
DINKIC/FIN/PASSPORT: JAN 1604X GF	CONTACT: 98278407
CIADDRESS: 409A FERNVALE RD 7	120-38 9G 791409
"d) DATE OF BIRTH: (09 / 05 / 1988)	(DD/MM/YYYY)
e)OCCUPATION: [INDOOR / OUTDOOR],	
DON'S DEDRIVING DACK IG /	3/2018
4. WAS DRIVER AN EMPLOYEE OF THE IN	SURED'S COMPANYS (VEC. 1 NO)
IF NO, RELATIONSHIP OF THE DRIVER	WITH INCLIDED WOLL
3. DI WEATHER CONDITION: (CLEAR) RAININ	G / OTHERS
DIROAD SURFACE: (DRY / WET / OTHERS	-, -, -, -, -, -, -, -, -, -, -, -, -, -
6. WAS ANYBODY INJURED (YES) NO	(a)
/ a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STAT	ION:
of passenger a) VEHICLE NUMBER: SJY 8317J	MODEL: (act (avry)
luctuating driver) b) DRIVER'S NAME: NAZLY BIN	ZAINI
(NRIC/FIN/PASSPORT: S7735565	2 CONTACT: 8862 1246
Y. THIRD PARTY VEHICLE	10
Mo of passanger d) VEHICLE NUMBER:	MODEL:
Induding driver f) NRIC/FIN/PASSPORT:	CONTACT:
200 - 300 -	

email = jeffersonthel3@gmail.com





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3

Report No. T/20190316/7004

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 19 15:40	Made:	Vide Report No.:	Station Diary No.:			
Informa	rmant's Particulars						
	Informant: OON SIAH		Address: APT BLK 409A FERNVALE ROAD #20-38 SINGAPORE 791409				
ID Type / ID No.: NRIC NO / S8816048G			Contact No.: Home/Office:	Mobile: 98278407			
Nationality: SINGAPORE CITIZEN			Email: jefferson13@gmail.com				
Sex: Male	Age: 30	Date of Birth: 09/05/1988	Type of Informant: Driver				
Race: Chinese			Language: English	Institution / School Name:			
Occupation: Port/Shipping operations supervisor			Driving Licence Information Class: 3	Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/03/2019 13:1	Type of Location Straight Road
Location: UPPER CHAI	NGI ROAD NORTH	Road Surface:		Road Speed Limit:
Clear		Dry		50 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate
Type of Collis Between Mov	ion: ing Vehicles - Head	To Rear		Anyone conveyed by ambulance:

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
SJY8317J	Car	ТОУОТА	CAMRY	Blue	Seriously Damaged		
SKX2014R	Car	HONDA	CIVIC 1.8L A	Silver	Seriously Damaged	0	

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
SKX2014R	NTUC Income Insurance Co-Operative Limited		08/01/2019	07/01/2020			





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3

Report No. T/20190316/7004

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No			100		
No. of Pedestrian	ns Injured: NIL	Use of Pe	edestrian	Cross	sing: NA	
Driver			No. Hear	W=		
Name	ONG CHOON SIAH	100	ID No.		S8816048G	
Related Vehicle	SKX2014R (Car)		Contact No.		98278407	
Hospital/Clinic	NIL		Class of Driving Licence Expiry	e&	Class: 3 Date of Expiry: NIL	
Date Treatment	14/03/2019	Date Disc	charge	14/03	/2019	
No. of Days gran	ted Medical Leave 03	Degree o		Slight		

Brief Details.

On the stated time and date, I was travelling on my vehicle bearing carplate number SKX2014R on upper changi road north when i stopped at the traffic junction, waiting for the traffic light to turn green when i felt a great impact from the back. I alighted from my vehicle and realise that vehicle B bearing carplate number SJY8317J had collided head to rear of my vehicle. We exchanged particulars and left the scene shortly after, I felt pain on my neck and lower back after the accident due to the impact and consulted the doctor after that where i was given 3-Days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

3 of 3 Report No. T/20190316/7004

CONTINUATION OF REPORT

Sketch I	Plan
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NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/03/2019 15:40
Officer In Charge Of Case: TP / TPHQ / YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:
Authentication Stamp	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8816048G

ONG CHOON SIAH (WANG CHUNXI)

王春锡

Country/Place of birth SINGAPORE

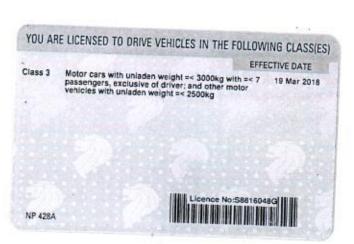
CHINESE Date of birth 09-05-1988

886160483









eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Chang	e Language) Chan	ge Password	Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy !	No.				Date	of Accident		15/03/2019	13:10	
	Vehicle	No.(Far Motor)	SKX20)14R		Certi	ficate Number	1			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5106861040		ONG CHOON SIAH	58816048G	GPC	drivo CLASSIC	SKX2014R	SKX2014R	08/01/2019	07/01/2020
						Continue					

Policy No.	5106861040	Policyholder Name	ONG CHOO	N SIAH	Policyholder NRIC	S8816048G	1.10-1	
Certificate No.		. Tarrie			NKIL			
Address	BLK 406 #05-1126 HOUGANG AVENUE 10 SINGAPORE 530406							
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy Issue Date	08/01/2019	Effective Date	08/01/2019	9 00:00	Expiry Date	07/01/2020 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			Young/	Inexperience Driver Excess	
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Y		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
⇒ Policyl	holder Mailing Address							
Address 1	BLK 409A #20-38	Addre	ss 2	FERNVALE ROAD		Address 3	CORAL VALE	
Address 4	SINGAPORE 791409	Addre	ss Type	Singapore address		Post Code	791409	
Jnit No.	20-38	Relate	ed Policy er	5106861040				
	d Object: SKX2014R							
) Insure	a dejecti bitazozak							
	A-50A-975-1341-4351-40-346-346-146							

ccident MT/1036446					
Policy No.	5106861040	Vehicle No.	SKX2014R	GST Registration No.	
Dertificate No.				Charles Managements	
olicyholder Name	ONG CHOON SIAH			Policyholder NRIC	S8816048G
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ontact No.(Mobile)	98278407	Contact No.(Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	nic 🕶
к	® No ○ Yes	TCA	® No ○ Yes	eGode Reason	Control of the contro
D Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
port Date	18/03/2019 19:39	Accident Report Within 24 hrs	ves	Accident Type	Collision - Head to Rear
te of Accident	15/03/2019	Time of Accident nh:mm	13:10	Country of Accident	Singapore
parting Centre		Orange Ferce		ICM No.	15.25555
odent Location	UPP CHANGI RO NORTH				
Excess					
n damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	0.00	Outside Singapore DO Excess	600.00		
nd Party Excess	0,00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Inform					
Registered Registration No.	No		GST Registration Date	2	
ification History			GST Status Verified	Yes	
Policyholder Mailing Ad	idress				
dress 3	BLK 409A #20-38	Address 2	FERNVALE ROAD	Address 3	CORAL VALE
dress 4	SINGAPORE 791409	Address Type	Singapore address	Post Code	791409
it No.	20-38	Related Policy Number	5106861040		121408
OI Driver Info					
er Name	ONG CHOON SIAH	Driver Type	Main Driver		
arned driver Name	**************************************	Driver NRIC	S8816048G	Driver DOS	09/05/1988
tifler Date of Driver License		Driver Age	30	Driving Experience	0
tact No.(Mobile)	96276407	Contact No.(Office)	0	Contact No. (Home)	0
ress 1	BLK 409A	Address 2	FERNVALE ROAD	Address 3	CORAL VALE
Iress 4	SINGAPORE 791409	Address Type	Singapore address	Post Code	791409
t No. es he own a Singapore	20-38				
gistered car?	☐ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
laration					
ethelyser or Blood Test	1233	1977			
ding?	0 mg	Any injury?	® Yes ○ No		
diffication History					
Salm 001 New					
Type *	OD-MX 🔻	Insured Name	ONG CHOON SIAH	Insured NRIC	\$8816048G
act No.(Mobile)	98276407	Contact No.(Home)	+	Contact No.(Office)	
ill Address	jeffersonthe13@gmail.com	OI vehicle Number	SKX2014R	TP Vehicle Number	S3v8317)
nant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
	22	Claimant NRIC +			
nant Address					
nant Address n Description	SKX2014R / SJY83171 ON 15 Mar 2019			Name of Preferred Workshop	
nant Address n Description	SXX2014R / SJY8317J ON 15 Mar 2019	Insured Liability •	Not at Fault	Name of Preferred Workshop	
nant Address In Description erred Workshop Contact are Finalisation	Yes 🔻	Insured Liability • Professed Repair Option	100	Name of Preferred Workshop GIA report	Received
mant Address in Description erred Workshop Contact use Finalisation Registered	Yes				Received
mant Address in Description pred Workshop Contact are Finalisation Registered	Yes 🔻	Preferered Repair Option		▼ GIA report	The second secon
nant Address In Description Intel Workshop Contact Intel Monkshop Contact Intel Monkshop Registered In Taken By	Yes	Preferered Repair Option		▼ GIA report	The second secon
nant Address In Description Intel Workshop Contact Intel Monkshop Contact Intel Monkshop Registered In Taken By	Yes	Preference Repair Option Claim Close Date	Preferred Workshop, Name unknown	▼ GIA report	The second secon
nant Address n Description erred Workshop Contact erre Finalisation Registered et Taken By Print AK Jetter	Yes	Preference Repair Option Claim Close Date		▼ GIA report	The second secon
mant Address in Description erred Workshop Contact ure Finalisation Registered int Taken By Print AK Jetter	Yes	Preference Repair Option Claim Close Date	Preferred Workshop, Name unknown	▼ GIA report	The second secon
mant Address in Description erred Workshop Contact ure Finalisation Registered int Taken By Print AK Jetter	Yes	Preference Repair Option Claim Close Date	Preferred Workshop, Name unknown	▼ GIA report	The second secon
mant Address in Description erred Monkshop Contact are Finalisation - Registered int Taken By Print AK letter	Yes	Preference Repair Option Claim Close Date	Preferred Workshop, Name unknown	▼ GIA report	The second secon
nant Address in Description inted Workshop Contact are Finalisation Registered of Taken By Frint AK Jetter tachment	Yes L8/03/2019 19:40 Jackson	Preferenced Repair Option Claim Close Date	Preferred Workshop, Name unknown Seve Submt	▼ GIA report	The second secon
nant Address in Description red Workshop Contact re Finalisation Registered re Taken By ront AK letter achment	Yes L8/03/2019 19:40 Dackson MT/1035445	Preferenced Repair Option Claim Close Date	Preferred Workshop, Name unknown Seve Submt 001 18/03/2019 19:41	GIA report Date Received	18/03/2019 00:00
nant Address Description Fred Workshop Contact Fre Finalisation Registered To Taken By Final AK Setter achment	Yes ▼ 18/03/2019 19:40 3ackson MT/1036446 Yes ○ No	Preference Repair Option Claim Close Date Claim No. Upload Date	Preferred Workshop, Name unknown Seve Submt 001 18/03/2019 19:41 Category *	GIA report Date Received Confidential Lingence	18/03/2019 00:00 Description •
nant Address in Description red Workshop Contact re Finalisation Registered re Taken By ront AK letter achment	Yes ▼ 18/03/2019 19:40 3ackson MT/1036446 Yes ○ No	Preferenced Repair Option Claim Close Date Claim No. Uplead Date Browse	Preferred Workshop, Name unknown Save Submt 001 18/03/2019 19:41 Category * Oear Please Select	GIA report Date Received Confidential Lingence V NO V Normal	18/03/2019 00:00 Description •
mant Name * mant Address m Description erred Workshop Contact ure Finalisation c Registered ort Taken By Print AK letter tachment dent No. Doc. Received	Yes ▼ 18/03/2019 19:40 3ackson MT/1036446 Yes ○ No	Preference Repair Option Claim Close Date Claim No. Upload Date	Preferred Workshop, Name unknown Seve Submt 001 18/03/2019 19:41 Category *	GIA report Date Received Confidential Lingence	18/03/2019 00:00 Description •

