NATION II I		i pad	1	
NATIONAL Assessment Centre S		NA11903486~		-
	cb description	Date & Time Completed	Done b	λ.
1109	SAS e-filing	i		
	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 26/3/19-17:05	i-Motor Claim Form	M71037690-001	22/3/19/14:	4
OD P Reporting Only	i-Motor W/O (Within: OD 2hr			14
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
	Ass't Report by Fax / Hand	o Owner/Wksp		5.5
Preferred Wksp / INC Assign Wksp / QW: (			ax:	=
TP Particulars: Yeh No: SIX 364	INC(	)/Non-INC( )		
Owner / Driver: (		Tel:	)	
Policy No: ( ) Period:	( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	-
Insured/Driver Liability: ( %) [Note-	-Est Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	00%]	
	anty: YES ( )/NO (	)		_
Excess: (\$ ) Loading: \$1,000 (	)/\$2,000( )		- Porter and a second	
General Remarks		A PERSONAL PROPERTY AND A SECOND PROPERTY AN	5.6%	
Apply for Transport Allowance ( )/ Courte		Date Time Completed	Done by	)
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Apply for Transport Allowance ( )/Courte     QC Check / Post Repair Inspection			Done by	,
1) Apply for Transport Allowance ( )/Courte 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:			Done by	)
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1) Apply for Transport Allowance ( )/Courter 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury: Date/Time Actions  WA 1902246  Umant's Particulars:	Invoice Prep  1) AR: Accident F  2) DA: Damage A	Dates: Time Completed  aration Checklist  teporting (\$30); ssessment (\$100); INC (\$80	Ant(S) Action A	AHU
1) Apply for Transport Allowance ( )/Courter 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  Umant's Particulars:  ver/Owner:	Invoice Prep  1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-The	Dates: Time Completed  aration Checklist.  Expering (\$30);  ssessment (\$100); INC (\$80 ough Survey	Ant(S) A (5) A (5) Bill A (5) A (5) A (6) A (6) A (7) A (7) A (7) A (8)	AHU
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1) Apply for Transport Allowance ( ) / Courter 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  NA 1402246  Sumant's Particulars:  iver/Owner:  maged Portion:  Checked by (Engr-In-Charge):	Invoice Prep  Invoice Prep  1) AR: Accident F  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-The For claiming age  6) TR: Re-inspecti  7) N1: Idae DA +  8) NTUC Addition  OD*  *N5: Courtesy C  *N6: Repair Co- *N7: Fost Repair	Dated Time Completed  Dated Time Completed  aration Checklist  Experiment (\$30);  ssessment (\$100); INC (\$80  ough Survey (Resurvey)  inst INC Only (wef 10 Jan 2005)  on  SMRT Survey  al Services:  ar/Tpt Allowance  ordination  Inspection	Ant (\$)  73t Bill  A  120  330  375  160  \$55  110  125	Airit
1) Apply for Transport Allowance ( ) / Courter 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  NA 1402246  Sumant's Particulars:  iver/Owner:  maged Portion:  Checked by (Engr-In-Charge):	Invoice Prep  Invoice Prep  1) AR: Accident Proposition of the property of the	Dated Time Completed  aration Checklist  eporting (\$30); ssessment (\$100); INC (\$80 cough Survey (\$20) inst INC Only (wef 10 Jan 2005) on SMRT Survey (\$100); al Services:  ar/Tpt Allowance ordination the Excess Coordination Syn INC) against INC (\$100)	Ant (5)  75: Bill  A  120  530  575  160  55  100  125  330  200	Airit
1) Apply for Transport Allowance ( ) / Courte 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:	Invoice Prep  Invoice Prep  1) AR: Accident F  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-The For claiming age  6) TR: Re-inspecti  7) N1: Idae DA +  8) NTUC Addition  OD*  *N5: Courtesy C  *N6: Repair Co-  *N7: Fost Repair  *N8: DV / Colle	Dated Time Completed  aration Checklist  eporting (\$30); ssessment (\$100); INC (\$80 cough Survey (\$20) inst INC Only (wef 10 Jan 2005) on SMRT Survey (\$100); al Services:  ar/Tpt Allowance ordination the Excess Coordination Syn INC) against INC (\$100)	Ant (5)  75: Bill  A  13: Bill  A	A.m.t.

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 1. 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 truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT
Date Of Report	27/03/2019 11:00
Date Of Accident	26/03/2019 17:05
Exact Location Of Accident	JUNC AMK AVE 8 & AMK AVE 5
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBJ7054Y
Insured/Policyholder	
Name Of Registered Owner	CHAN BOON CHIN
NRIC No	S8083724J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83889944
Alternative Phone No	OFFICE-83889944
Vehicle Particulars	
Manufacturer	HONDA
Model	NC750XA
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087005066-02
Cover Note Number	
Driver	
Name of Driver	CHAN BOON CHIN
NRIC No	S8083724J
Date Of Birth	12/04/1980
Occupation	OUTDOOR
Date Of Driving Pass	25/11/2016
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83889944
Fax Number	
Contact Number	OFFICE-83889944
EMail Address	NOEMAIL

Address

BLK 330 ANG MO KIO AVENUE 1

#03-1803

Postcode

560330

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

-

NO

Insurance Company of Driver's Own Vehicle

.

### General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

ambulance?

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?

YES

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

140

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, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS TRAFFIC JUNCTION WAS RED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

## 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

SLX3284J

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1	
CHAN BOON CHIN	
BODY	
FBJ7054Y	

Injured person in which vehicle? Were seat belts worn?

Approximate Age Injuries Sustain

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

Name

### SKETCH PLAN

### IMPORTANT NOTICE

- 1. 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:
  - (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.

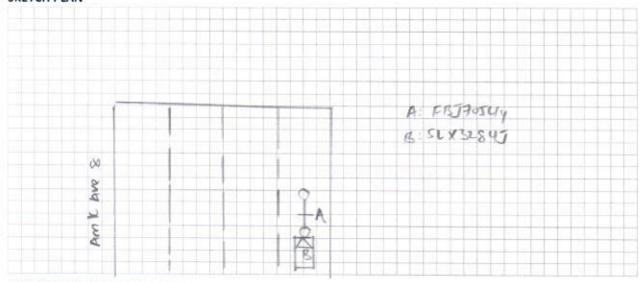
Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	PERSONAL PROPERTY AND ADDRESS OF PARTY AND ADDRESS OF TAXABLE AND AD	EST LEGISLATION .		
relat to	flatement.			
			/	

DECLARATION

I/We declare the foregoing particulars are true in every respect.

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

NRIC/FIN No.:

GrARMC SketchPlanForm, V3



MALAYSIA







<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			- THE STATE OF THE			· Change L	anguage	+ Chang	e Password	· Log Ou
My Desktop	Poli	cy Query									
	Policy N	40.				Date	of Accident	26	3/03/2019 1	7:05	
	Vehicle	No.(For Motor)	FB)705	FB)7054Y		Certificate Number					
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5087005066- 02		CHAN BOON CHIN	58083724)	GMC	Comprehensive	FBJ7054Y	- 2	21/12/2018	18/12/2019
				CHIN		Continue			10010011	21/12/2010	10/12/201

Policy No.	5087005066-02	Policyholder Name	CHAN BOO	N CHIN	Policyholder NRIC	\$80837243	
Certificate No.					HALL		
Address	BLK 330 #03-1803 ANG MO K	IO AVENUE 1 SI	NGAPORE 5	60330			
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	21/12/2018	Effective Date	21/12/201	8 00:00	Expiry Date	18/12/2019 2	13:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	500		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	g/Inexperience Driver Excess
Agent	AXIS LINK PTE LTD	Agent Tel.	68419308		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	BLK 330 #03-1803	Addre	ss 2	ANG MO KIO AVER	NUE 1	Address 3	SINGAPORE 560330
Address 4		Addre	ss Type	Singapore address		Post Code	560330
Unit No.	03-1803	Relate Numb	ed Policy er	5087005066-02			
	d Object: FBJ7054Y						
) Insure	1.1.4.0.000/10.000/10.000						
	7/-						

Accident MT/1037690								·Exit
Policy No.	5087005066-02	Vehicle No.		FBJ7054Y		GST Registration No.		-
Certificate No.				A CONTRACTOR OF THE PARTY OF TH		da i Aegraration (so.		
Policyholder Name	CHAN BOON CHON					Policyholder NR3C	2112220	
Product Code	MOTORCYCLE INSURANCE	Cover Type		Comprehensive		Loading	580837243	
Contact No. (Mobile)	83889944	Contact No.(Office	0	0		Contact No.(Home)	0	
Email Address		Special Remark				eCode	To V	
KFK	® No ○ Yes	TCA		® No ○ Yes		eCode Reason	100	
NCD Protection	No.	NCD Entitlement(5	6)	0		Private Hire	No	
Accident Details							100	
Report Date	27/03/2019 14:44	Accident Report W	ithin 24 hrs	Ves		VII. 100 V	Edward Street Street	
Date of Acodent	26/03/2019	Time of Accident h				Accident Type	Collision - Head to Rear	
Reporting Centre	10000000000	Orange Porce	o.mm	17:05		Country of Accident	Singapore	
Accident Location.	JUNC AMK AVE 8 & AMK AVE 5	Grange Force				ICM No.		
♥ Excess	TO STATE OF THE PARTY OF THE PA							
Own damage Excess	500.60	Additional Excess						
Unnamed Oriver Excess	200.00	Outside Singapore	DD Supers			Windscreen Excess		
Third Party Excess	0.00	Outside Singapore						
♥ Benefits	000		To Catching					
GST Registered Inform	ation							
GST Registered	No			GST Registration Date				
GST Registration No.				GST Status Venified		Yes		
Modification History								0
□ Policyholder Mailing Ad								
Address 1	BLK 330 #03-1803	Address 2		ANG MO KIO AVENUE 1		Address 3	SINGAPORE 560330	
Address 4		Address Type		Singapore address		Post Code	560330	
Unit No.	03-1803	Related Policy Num	iber	5087005066-02				
OI Driver Info								
Driver Name	CHAN BOON CHIN	Driver Type		Main Driver				
Unnamed driver Name		Driver NRIC		580837243		Driver DOB	12/04/1980	
Register Date of Oniver License		Driver Age		38		Driving Experience	2	
Contact No.(Mobile)	03009944	Contact No. (Office)	ė i	0		Contact No.(Home)	0	
Address 1	BLK 330	Address 2		ANG MO KIO AVENUE I		Address 3	SINGAPORE 560330	
Address 4		Address Type		Singapore address		Post Code	560330	
Unit No. Does he own a Singapore	03-1803							
Registered car?	○ Yes ® No	Driver Vehicle No.				Driver Insurer Company		
Declaration								
Breathalyser or Blood Test	Qmg	10/00/2013/201		200020				
Reading?	34.00	Any injury?		® Yes ○No				
fedification History								. 4
Claim 001 New								
Claim Type •	00-MX	Insured Name		CHAN BOON CHIN		Insured NRIC	580837243	
Contact No. (Mobile) Email Address	53889944	Contact No.(Home)	10	NIL		Contact No. (Office)	NIL	
Claimant Type Claimant Type •	GAVINOHANBOSHOTMAIL.COM	OI Vehicle Number		FB)7054Y		TP Vehicle Number	SLX32843	
Disimant Name +		Type of Benefit •		Please Select				
Dwiment Address	55	Claimant NRIC *				ie.		
Daim Description	FB17054V / SLX3284J ON 26 Mar 2019							
referred Workshop Contact	P6170347 / 3EX32840 ON 26 Mar 2019					Name of Preferred Workshop		
la,		Insured Liability *	977	Not at Fault				
lequire Finalisation	Yes 🔻	Preferend Repair Or	ption	Preferred Workshop, Name unknow	m Y	GIA report	Received	
Date Registered	27/03/2019 14:45	Claim Close Date				Date Received	27/03/2019 00:00	
leport Taken By	Jackson							
Print AK letter								
			Ter.	eve Submit				
Attachment			18	eve   Buonvt				
a a								
codent No.	MT/1037690	Claim No	00	001				
ast Doc. Received	● Yes □ No	Upload 0		27/03/2019 14:46				
	Path •			Category •		Footbarrens		
			Browse	Clear Please Select	152	Confidential Urgen		
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