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OD (TP) Reporting Only	i-Photo Up	O (Within: OD 2hrs	, TP 4hrs)		
				-	
TP Insurer:	1	Survey Report			
Def 100		by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW; (THE RESERVE OF THE PARTY OF THE		Tel:	Fax:	
TP Particulars: Yeh No: Jk	17003.	. INC()/Non-INC()	8	
Owner / Driver: (Policy No: (Tel:)	
Confirmed by : (Period: ()	Cover Type: ()	
	Di . D . C	Date:	Time:)	
Year of Registration: ()			%; P: 21-79%. F: 30-	-100%]	
	Warranty: YES ()		
Excess: (\$) Loading: \$1	1,000 ()/\$2,00	0()			
General Remarks		t. Transition	COMPANY STATE		. 7
() Walk-In Customer: Customer's in	formation strictly C	onfidential & Stri	ethy NO series of sensitive		
() Total Loss Case : to e-mail Insu	res LIDCENINI V		ony 140 Talet of repairer	·	
			4 4 4		
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Remarks: (INC hotline: 6788 6616)	S - 1		Date&Time Completed	Don	NA.
1) Apply for Transport Allowance ()/	Courtesy Car ()		San Astrono	o Ly
2) QC Check / Post Repair Inspection	(,			
3) Upload Resurvey Photo [Repair Cost > 5	\$30001	,			
Injury:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
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Date/Time Actions			こうこう かっまかっ		7
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iver/Owner:		1) AR : Accident Re 2) DA : Damage As 3) TF : Towing Fee	porting (\$30); seasment (\$100); INC (\$3	fa Bill	4 / F . 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.
- 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
Date Of Report	28/03/2019 13:35
Date Of Accident	27/03/2019 09:30
Exact Location Of Accident	PIE (CHANGI) BEFORE 17D EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC1067L
Insured/Policyholder	
Name Of Registered Owner	FIRETECH SERVICES PTE LTD
Co Reg No	200108054Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62679595
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200 1.5L MT ABS AIRBAG 2WD 6DR
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5065535850-04
Cover Note Number	
Deliver	

Contact Number

EMail Address

Driver	
Name of Driver	GOPAL AYYAPPAN
Passport No/FIN	G7247993P
Date Of Birth	15/06/1980
Occupation	OUTDOOR
Date Of Driving Pass	15/04/2014
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87492965
Fax Number	

OFFICE-87492965

NOEMAIL

Address

50 BUKIT BATOK STREET 23 #06-26 MIDVIEW BUILDING

Postcode

659578

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number

JKT7003 (MOTORCYCLE)

Number of vehicles (including own vehicle) involved in the accident

4

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

. .

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

Police Station Name

If Yes, Please state which Police Station

TOA PAYOH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING ,

POSTCODE: 319194, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-2519999 - FAX NO: 63548749

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190327/2032.

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

JKT70003

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Page 2 of 27

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHF726M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER:

SJF2303M

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

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)

1

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature
Date & Time: 1704/2014

MODE!

Driver's Signature

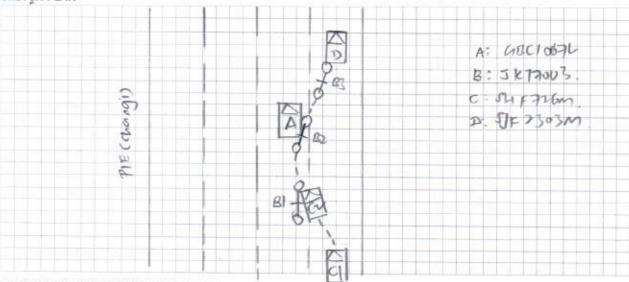
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

			- Westernamen and the	20060	
Refer	to	Police	uport.	Tho190329/2032.	
		340	101	•	

DECLARATION

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

the butaf

Policyholder's Signature

Date & Time: 07 May 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIE	PENT DATE: (27) 3 / 19. 1(0	DD/MM/YYYY TIME! 00	1 70
LOCAT	ION: PIE (changi) before	D. Fv.1	1: 3.0.)(HH:WW)
	DETAILS OF VEHICLE	170 277	
	THE POST OF THE PROPERTY OF TH		
			00.00
	b)INSURANCE COMPANY: N	100	
	C)POLICY NUMBER: 5055338	10-04.	
	d)POLICY TYPE: (COMPREMENSIVE	/ THIRD PARTY / THIRD P	A DTV FIDE & THEET
	e)MAKE & MODEL:	, , , , , ,	AKTI TIKE WITHERI)
20 20	TYPE: (SALOON / COUPE / MPV /	VAN/LORRY/MOTORCY	YCLE / OTHERS)
			CYCLEI
	ARE YOU CLAIMING UNDER YOU	OWN INSURANCE (YES)	101
	IF NO, PLEASE STATE (THIRD PARTY NSURED / POLICY HOLDER	CLAIM / REPORTING ON	LY)
	TOUR HOLDER		A N
		He Ud. IM	ALE / FEMALE)
	NRIC/FIN/PASSPORT: 2010501	USV. CONTACT:	
	INDUKESS.		
	CONTINUE TO 3 d IE DED IED		N N
the of passenges D	CONTINUE TO 3.d IF DRIVER ALSO	POLICY HOLDER	
(Including driver)	NAME: GOPUL AYYUPPAN		
(100 anver) b	NRIC/FIN/PASSPORT: 67	W29010 (MA	€ / FEMALE)
(-)	ADDRESS: Blic 28 Toh Guno	47993P . CONTACT:	87492965.
Imale.	790	Rd Eat \$124-14	Westine The Gu
*d	DATE OF BIRTH: (K / 6 /	. An inc	(608 96)
e)	OCCUPATION: (INDOOR / OUTPG	1980 (DD/MM/YYYY)	
1)1	EAKS OF DRIVING EXPRERIENCES	15/11/11	
4. W/	AS DRIVER AN EMPLOYEE OF TH	JE TAICHER	
			AS (ARE NO)
- ci/i	A POLITICE CONDITION - ICHEN D A P	A IN HIS LOS A CONTRACTOR	
U11	CAU SURFAL ET IT VOICE / A	IERS .	
O. 777	S ANYBODY INJURED IYES / KIRL	Children and the control of the cont	
/- U/K	EPURIED TO POLICE IVES / NIXI		
DOM: COMMISSION	TES, PLEASE STATE WHICH POLICE	STATION:	7/4
d. Init	D PARIY VEHICLE		
and at the Samuel	VEHICLE NUMBER: 161 7003	MODEL:	
including driver) b)	DRIVER'S NAME:		
(<u>(</u>) 0 Tun	NRIC/FIN/PASSPORT:	CONTACT:	
7. ITIK	PARTY VEHICLE		
to of passenger d)	VEHICLE NUMBER: MEDIGM .	MODEL:	(4.2)
neturing duty	DRIVER S NAME:	Contract Con	
(2.3)	NRIC/FIN/PASSPORT:	CONTACT:	
()	~		
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1 of 3

Report No. T/20190327/2032

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/03/2019 11:17			Vide Report No.: E/20190327/0055	Station Diary No.: 50			
Informa	nt's Partic	ulars					
	f Informant: AYYAPPA		Address: APT BLK 28 TOH GUAN RO. GUAN DORMITORY SINGAR	AD EAST #04-14 WESTLITE TOH			
ID Type / ID No.: FIN NO / G7247993P			Contact No.: Home/Office:	Mobile: 87492965			
National INDIAN	Nationality: INDIAN		Email:				
Sex: Male	Age: 38	Date of Birth: 15/06/1980	Type of Informant:				
Race: Indian			Language:	Institution / School Name:			
Occupation: TECHNICIAN			Driving Licence Information: Class: 3	Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/03/2019 09:30	Type of Location Straight Road	
Along PIE To Weather:	EXPRESSWAY wards Changi, Before Exi		34	oad Speed Limit:	
Clear		Dry		Spood Entit.	
Traffic Flow: Traffic Control: One Way Not Controlled				Traffic Volume: Heavy	
		Not Controlled	H		

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
GBC1067L	Van				Slightly Damaged	1		
JKT7003	Motorcycle				Damaged	0		
SHF726M	Car					1		
SJF2303M	Car					0		





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

2 of 3 Report No. T/20190327/2032

Details of Perso	on Involved			CE Block	a marine di la	N SOMETHING AND ADDRESS OF THE PARTY OF THE
Any Pedestrian I	nvolved: No					THE CASE OF STREET
No. of Pedestrian			Use of Pe	destria	Cross	ina: NA
Driver	THE REPORT OF STREET		030 011 6	uestriai	Closs	ang. NA
Name	GOPAL AYYAPPAN			ID No).	G7247993P
Related Vehicle	GBC1067L (Van)			Contact No.		87492965
Hospital/Clinic	NIL:			Class Drivin Licend Expire	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 27/03/2019 at about 0930hrs, I was driving my company van bearing reg no GBC1067L on the second lane from the right along PIE towards Changi. Shortly after, I heard someone sounded their horn, I looked at the right side mirror and discovered that a red Renault taxi bearing reg no SHF726M was inbetween the first lane and the second lane from the right and a Malaysia motor vehicle bearing reg no JKT7003 had lost his control and drove towards my company van.

I wish to state that I had witnessed the whole accident whereby the Malaysia Motor vehicle had knocked onto the taxi front left bumper as the taxi driver had drove his vehicle into the second lane, which resulted him to lose control and collided with my company vehicle. After the collision, I came out of my vehicle and discovered that there was another Toyota vehicle bearing reg no SJF2303M was involved in the accident. I wish to state that I am unsure how the Toyota vehicle was involved in the accident.

After the accident, Traffic Police and ambulance came and conveyed the Malaysia Motor vehicle rider. There was no exchange of particulars. I wish to state that my vehicle suffered dent above my right rear brake light cover and scratch marks at the right rear cover. I wish to state that myself and my passenger was not injured in the accident.





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

3 of 3 Report No. T/20190327/2032

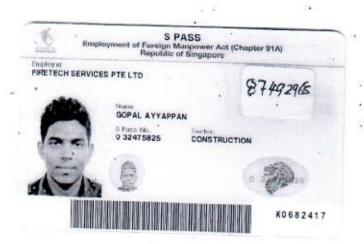
CONTINUATION OF REPORT

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 Rep E /	ort: Signature Of Informant:
Sgt 1 DARREN TAN YUANJIE	July 1
Signature Of Interpreter: Not applicable	Date/Time:
Not applicable	27/03/2019 11:17
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Sr Staff Sgt RAZIZ BIN TAHAR	
Contact No.: 65476200	SN 168
Authentication Stamp	
	SIGNATURE





VISIT PASS
Immigration Regulations

Name
GOPAL AYYAPPAN

FIN Download SQWorkPass App to check status
G7247993P
Date of Birth Sex
15-06-1980 M
Nationality
INDIAN
MULTIPLE JOURNEY VISA ISSUED
OR HAS EXPINED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 15 Apr 20 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A



eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_800	501				and the same of th		, Change	Language	• Chang	e Password	· Log Ou
My Desktop	Poli	cy Query									20070000
Notice of Loss	Policy N	No.				Date	e of Accident	27	7/03/2019 0	9:30	
	Vehicle	No.(For Motor)	GBC10	67L		Cert	ificate Number				
						Search	I				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5065535850- 04		FIRETECH SERVICES PTE LTD	20010805452	GCV	Comprehensive			24/05/2018	23/05/2019

Policy No.	5065535850-04	Policyholder Name	FIRETECH :	SERVICES PTE LTD	Policyholder	2001080545Z	
Certificate No.		TOTAL STATE			NRIC		
Address	50 BUKIT BATOK STREET 23 #0	6-26 MIDVIE	W BUILDING	SINGAPORE 659578			
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy Issue Date	19/04/2018	Effective Date	24/05/2018	3 00:00	Expiry Date	23/05/2019 23	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	FAR EASTERN INSURANCE AGE!	Agent Tel.	NIL		GST Flag	Y	
Co- Insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	50 BUKIT BATOK STREET	23 Addr	ess 2	#06-26 MIDVIEW E	BUILDING	Address 3	SINGAPORE 659578
Address 4		Addr	ess Type	Singapore address		Post Code	659578
Jnit No.	06-26	Relat Numi	ed Policy ber	5065535850-04			MENTAN TO I
	d Object: GBC1067L						
D Insure	ing opposition to the contract of the contract						
D Insure □ Endors							

Acy No.	5065535850-04	Vehicle No.	GBC1067L	GST Registration No.	
rtificate No.					
licyholder Name	FIRETECH SERVICES PTE LTD			Policyholder NR1C	2001080545Z
oduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
intact No.(Mobile)	0	Contact No.(Office)	62679595	Contact No. (Home)	0
mail Address		Special Remark		eCode	hi V
K	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	20	Private Hire	No .
Accident Details					
sport Date	26/03/2019 13:48	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
tte of Acodent	27/03/2019	Time of Appldent hh:mm	09:30	Country of Accident	
porting Centre		Orange Force	1000		Singapore
xident Excetion	PIE (CHANGI) BEFORE 170 EXIT	orange rance		JCM No.	
P Excess	THE (ST SWARD) DEFONE THE EXTE				
wn damage Excess	722.00	Washington and Company			
	600.00	Additional Excess		Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess			
ind Party Excess	0.00	Outside Singapore TP Excess			
7 Benefits					
GST Registered Informa					
T Registered T Registration No.	No		GST Registration Date		
diffication History	28/01/2019 11/49/47 0.44	am auto undata fait. The form of of	GST Status Verified the UEN is incorrect or UEN is invalid.	No	
	Cross-611 try to 173:43:47.0430		THE GEN IS INCOMPECT OF CHEN IS INVALID.		
Policyholder Mailing Ad	dress				
dress 1	SO BUKIT BATOK STREET 23	Address 2	#06-26 MIDVIEW BUILDING	Tables 7	and the same of th
Odress 4		Address Type	Singapore address	Address 3	SINGAPORE 659578
NE No.	06-26			Post Code	659578
P OI Driver Info	06-25	Related Policy Number	5065535850-04		
iver Name	Unnamed Driver				
named driver Name	GOPAL AYVAPPAN	Oriver Type	Unnamed Driver		
		Driver NR3C	G7247993P	Driver DOB	15/06/1980
		Driver Age	38	Driving Experience	4
ntact No. (Mobile)	87492965	Consect No. (Office)	0	Contact No.(Home)	0
dress 1	50 BUKIT BATOK STREET 23	Address 2	MIDVIEW BUILDING	Address 3	SINGAPORE 659578
dress 4		Address Type	Singapore address	Post Code	659578
ir No.	06-26				
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Manager Control					
cleration					
eathalyser or Blood Test ading?	0 mg	Any injury?	○ Yes (No		
dification History					
ancarati, hazar y					
Claim 001 New					
Maria 100 100 100 100 100 100 100 100 100 10		getter alle			
um Type *	00-MX	Insured Name	FIRETECH SERVICES PTE LTD	Insured NRIC	2001080545Z
ntáct No.(Mobile)	97541830	Contact No.(Home)		Contact No.(Office)	67487458
ail Address		OI Vehicle Number	GBC1067L	TP Vehicle Number	1KT70003
imant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
imant Name .*	>>	Claimant NRIC *			
imant Address					
im Description	GBC1067L / JKT70003 ON 27 Mar 2019			Name of Preferred Workshop	
ferred Workshop Contact		Insured Liability *	Not at Fault	The second secon	
	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registered	28/03/2019 13:50	Oalm Close Date		Date Received	28/03/2019 00:00
port Taken By	Jackson	VICTORIAN GOVERNMENT		0.000,000,000	
Print AK letter					
and the seller					
		1	Seve Submit		
ttachment			300		
,	MT/1037817	Claim No.	001		
ident No. t Doc. Received	● Yes ○ No	Upload Date	28/03/2019 13:53		
adent No.		Upload Date	28/03/2019 13:52	1903000000	2020 00000
adent No.	● Yes ○ No Path •		Category +	Confidential Urgano	The state of the s
ident No.		Browse	Category •	Normal V Normal	v
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adent No.		Browse	Category + Category + Category + Category + Category + Category +	Normal V Normal	v

