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Vch No: MMTtoppe	E-mail (wi	thin Shrs, AIC 2hrs)			
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- Insporting Only	i-Photo U		1		
TP Insurer:	Assessment	t/Survey Report			
	Ass't Repor	rt by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW				Fax:	
TP Particulars: Veh No:	F30798 6P	. INC ()/Non-INC().		
Owner / Driver: (Tel:	,	-
Policy No: ()	Period: ()	Cover Type: (- 200
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status	(WO): N: 0-209	%; P: 21-79%. P: 80-	100%1	
Year of Registration: () Warranty: YES (
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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.
- 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 ledgement 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.

Marin Day See Section (Section in the legal	ACCIDENT STATEMENT
Date Of Report	18/04/2019 10:56
Date Of Accident	18/04/2019 07:20
Exact Location Of Accident	PIE (TUAS) AFTER JALAN BAHAR EXIT
Country/State of Loss	SINGAPORE
differentiable of the same of the D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM5672R
Insured/Policyholder	
Name Of Registered Owner	SOCRATES BARBIN DEYTO
Passport No/FIN	G6240542U
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90237336
Alternative Phone No	OFFICE-90237336
Vehicle Particulars	
Manufacturer	SUZUKI
Model	SWIFT 1.2XG 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

Vehicle Category
Insurance Company

If No, Please state action to be taken

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

THIRD PARTY

PRIVATE CAR

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5107463879

Cover Note Number

Driver

Name of Driver SOCRATES BARBIN DEYTO

 Passport No/FIN
 G6240542U

 Date Of Birth
 05/11/1977

 Occupation
 OUTDOOR

 Date Of Driving Pass
 09/06/2018

Driving Experience 0 YEAR AND 10 MONTH

Gender MALE

Mobile Number (LOCAL) +65-90237336

Fax Number

Contact Number OFFICE-90237336

EMail Address NOEMAIL

Address

BLK 14 CANBERRA DRIVE #05-31 EIGHT COURTYARDS

Postcode

768096

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

3

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

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?

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBD7986P

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Page 2 of 13

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SHA2988L

TAXI

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)

Lunderstand, acknowledge, agree and consent that:

- 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)

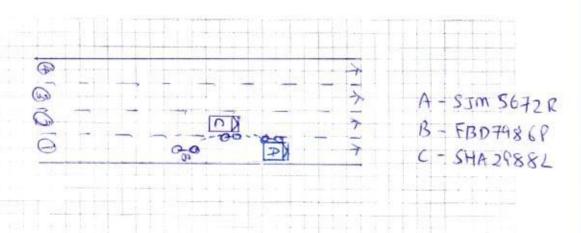
Date & Time:

Reporting Centre Perso

Name:

NRIC/FIN No.:

nature



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	I was travelling along PIE towards Two after Jalan Bahar
GH	on the extreme right land of a 4 line traffic on
the	above mentioned date & time. The vehicle infant of me
gudd	enly stopped & I also stopped on time. Suddenly I felt
ā	impact on my GH. I then alighted to check & noticel
Vehic	le "B" had collided onto vehicle"c" right portion & subsequet
hit	onto my lett portion.

DECLARATION

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

Policyholder's Signature

Date & Time: /

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

Date & Time:

Reporting Centre Persopnel's Signature

Name:

NRIC/FIN No.:

ehicle No.	SJM 5672R Model/Make
ate of Accident	18/4/19
ime of Accident	0722am HRS
ocation of Accident	PZE Towards Thas After Jalan Bahar Exit
xact purpose use during accid	lent Personal Use
Name of Owner	Socrates Barbin Deyto
Telephone No.	H/P: 9023 7336 Home: Office:
NRIC	G 6240542U
Address	Blk 14 Camberra Drive, #05-31 Eight Courtyards (76x09
Claim type	OD (THIRD PARTY) REPORTING ONLY
nsurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	S 107463879
Name of Driver	As Above If No,
NRIC	G62405424 Any Passengers: No passengers
Date of birth	05-11-1977
Occupation	(Outdoor) / Indoor (iv. 1 Manager.
Driving License Pass Date	09 June 2018
Gender	(Male) / Female
Contact No.	H/P: 90 > 3 733 LHome: Office:
Address	As Above.
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state
Weather condition	(Clear) Raining Other
Road Surface	(Dry) Wet Other
Any Injuries	(No,) If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	(No) If Yes, Where?
Vehicle B No.	FBD 79 86 f Any Passengers:
Name of Driver	Contact No. :
Vehicle C No.	SHA 2988 Any Passengers: Not Sime.
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	
Camera Recorder	(Yes)/ No
Email Address	
Email Address	ZOCX_1925 @ Yahro: com
PARTICULAR WORKSHOP	NSI
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	
FAX NO	6741 0510



1

S PASS

Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

SHIMIZU CORPORATION



SOCRATES BARBIN DEYTO

5 Pass No. 0 26431387 Sector: CONSTRUCTION





K1038588

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

EFFECTIVE DATE

Class 3

Motorcycles =< 200 cc Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

09 Jun 2018 09 Jun 2018 VISIT PASS Immigration Regulations HISTONIA

Name SOCRATES BARBIN DEVTO



FIN G6240542U

Date of Sirm 05-11-1977

Nationality FILIPINO

MULTIPLE JOURNEY VISA ISSUED

App to check status

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Licence No:G6240542U

NP 428A

Cover : drivo CLASSIC ..

: SOCRATES BARBIN DEVTO

MERCE CONTRACTOR

abstract

Mile.



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: 5107463879

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. 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.

: SJM5672R

: ZC71S445655

: 15 Feb 2019

: 14 Feb 2020

6. Limitations as to Usell

(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)	: SS600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$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	: SOCRATES BARBIN DEYTO
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A study of purification
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
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

: INSURE LINK PTE LTD (00000614836)

Date of Issue

: 15 Feb 2019 10:40 hrs

'nsure Link Pte Ltd

Kallang Avenue #08-16

HO5 9(33940)

Countersigned By:

Authorised Officer

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

i sed i

								Genera	alClaim
601		-) Change	Language	+ Chang		· Log Ou
Policy Query							0.0000000000000000000000000000000000000		
Policy No.				Date	of Accident	1	8/04/2019 0	7:20	
Vehicle No.(For Motor)	SJM567	SJM5672R			Certificate Number				
			1	Search					
Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
O 5107463879		SOCRATES BARBIN DEYTO	G6240542U	GPC	drivo CLASSIC				14/02/2020
	Policy No. Vehicle No.(For Motor) Select Policy No.	Policy Query Policy No. Vehicle No.(For Motor) SJM567 Select Policy No. Certificate Number	Policy Query Policy No. Vehicle No.(For Motor) SIM5672R Select Policy No. Certificate Number Name SOCRATES BARBIN	Policy Query Policy No. Vehicle No.(For Motor) SJM5672R Select Policy No. Certificate Number Name NRIC SOCRATES BARBIN G6240542U	Policy Query Policy No.	Policy Query Policy No. Vehicle No.(For Motor) SJM5672R Date of Accident Certificate Number Search Select Policy No. Certificate Number Name Name Name NRIC SOCRATES BARBIN G6240542U GPC drivo	Policy Query Policy No. Date of Accident Vehicle No.(For Motor) Sim5672R Certificate Number Search Select Policy No. Certificate Number Name Name Name Name Socrates BARBIN G6240542U GPC drivo Sim5672R Vehicle No. Socrates BARBIN G6240542U GPC GPC Sim5672R S	Policy Query Policy No. Date of Accident Search Select Policy No. Certificate Number Number Number Name Name NAIC No. S107463879 Policyholder Name NAIC Name NAIC NAME NAME NAME NAME NAME NAME NAME NAME	Policy Query Policy No. Date of Accident Certificate Number Select Policy No. Certificate Number Policyholder Name Number Name Socrates BARBIN BARBIN G6240542U GPC Change Language Change Password Commence Number Riculate Number Vehicle Insured Commence Object Date Socrates BARBIN G6240542U GPC GPC GPC SIM5672R S

	5107463879	Policyholder Name	SOCRATES	BARBIN DEYTO	Policyholder NRIC	G6240542U	
Certificate No.							
Address	NIL						
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	15/02/2019	Effective Date	15/02/201	9 00:00	Expiry Date	14/02/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third		Own			100001		
Party Excess	0	damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Oriver Excess
Agent	INSURE LINK PTE LTD	Agent Tel.	64444644		GST Flag	Y	
Co- insurance Flag	No		91111011		GS1 Flag	1	
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
	NIL	Addre	5S 2			Address 3	
Address 1	1000000					100 100 100 0000 200 000 27 10	
December of the A		Addre	ss Type	Singapore address		Post Code	999999
Address 1	05-31		d Policy	Singapore address 5107463879		Post Code	999999
Address 1 Address 4 Unit No.		Relate	d Policy	Consist and assessment of the second		Post Code	999999
Address 1 Address 4 Unit No.	05-31 d Object: SJM5672R	Relate	d Policy	Consist and assessment of the second		Post Code	999999

Policy No.					
	5107463879	Vehicle No.	SJMS672R	GST Registration No.	
Certificate No.					
Policyholder Name	SOCRATES BARBIN DEYTO			Policyholder NR3C	## (##) P
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		G6240542U
Contact No.(Mobile)	90237336	Contact No. (Office)	0	Loading	0
Emeil Address			0	Contact No.(Home)	0
KFK	8 No O 1111	Special Remark		eCode	No. V
	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
 Accident Details 					122
Report Date	18/04/2019 11:24	Accident Report Within 24 hrs.	Yes	Academ Type	Ede Suise
Date of Accident	18/04/2019	Time of Accident hh:mm			Side Ewipe
Reporting Centre			07:20	Country of Accident	Singapore
Accident Location	-	Orange Force		ICM No.	
Total Excess Applicable	FIE (TUAS) AFTER JALAN BAHAR EXIT				
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
TED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Applicable
Additional Excess	0.00				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
♥ Benefits			9.00		
GST Registered Inform	ation				
IST Registered	No		Seal account to account		
ST Registration No.	-277.01		GST Registration Date		
fodification History			GST Status Vented	Yes	
Policyholder Mailing Ad	dress				
iddress 1	NOL	ATTENDED TO			
iddress 4	NO.	Address 2		Address 3	
	dec	Address Type	Singapore address	Post Code	999999
Init No.	05-31	Related Policy Number	5107463879		
OI Driver Info					
river Name	SOCRATES BARBON DEVTO	Driver Type	Main Driver		
innamed driver Name		Driver NRIC	G6240542U	Driver DOB	05/11/1977
egister Date of Driver License	09/06/2018	Driver Age	41	Driving Experience	Ó
Contact No. (Mobile)	90237336	Contact No.(Office)	0		
ddress 1	14 CANBERRA DRIVE	Address 2		Contact No. (Home)	0
ddress 4			EIGHT COURTYARDS	Address 3	SINGAPORE 768096
And No.	08-31	Address Type	Singapore address	Post Code	768096
loes he own a Singapore					
egistered car)	○ Yes ⊕ No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
reathalyser or Blood Test eading?	0 mg	Any injury?	○ Yes ® No		
			ON THE REAL PROPERTY.		
odification History					
Control of the second					
Claim 003 New	CO-MX	Indured Name	SOCRATES BARBIN OFFTO	Toward Address	
Claim 003 New	The state of the s		SOCRATES BARBIN DEVTO	Insured NRIC	G6240542U
Claim 003 New Asim Type * ontact No. (Mobile)	OD-MX V	Contact No.(Home)		Insured NRIC Contact No.(Office)	G6240542U
Claim 003 New	MIL	Contact No.(Home) OI Vehicle Number	SIM5672R		G6240542U FBD7986P
Claim 001 New aim Typa * entact No.(Mobile) nail Address omant Type Claimant Type *	NIL Please Select	Contact No.(Home) Of Vehicle Number Type of Benefit •		Contact No. (Office)	
Claim 001 New aim Typa * whitet No (Mobile) half Address ornant Type Claimant Type * simant Name *	MIL	Contact No.(Home) OI Vehicle Number	SIM5672R	Contact No. (Office)	
Claim 001 New Jaim Type * Intent No. (Mobile) Inail Address Inmant Type Claimant Type * Inmant Name * Inmant Address	NIL Please Select	Contact No.(Home) Of Vehicle Number Type of Benefit •	SIM5672R	Contact No. (Office)	
Claim 001 New Jaim Type * Initial No. (Mobile) Initial Address Jaimant Type Claimant Type * Jaimant Address Jaimant Address Jaim Description	NIL Please Select	Contact No.(Home) Of Vehicle Number Type of Benefit •	SIM5672R	Contact No. (Office)	
Claim 001 New Jaim Type * John of the Claim of type * John of type Claim of type of type type type type type type type type	NIL Picaso Salect	Contact Mo.(Home) OI Vehicle Number Type of Benefit • Claimant NR3C •	SIM5672R Please Select	Contact No.(Office) TP Vehicle Number	
Claim 001 New Jaim Type * ontact No. (Mobile) mail Address omant Type Claimant Type * armant Name * elmant Address alim Description eferned workshop Contact of the contact of th	NIL Picaso Salect	Contact Mo.(Home) OI Vehicle Number Type of Benefit • Claimant NRIC • Insured Liability •	SJM5672R Flease Select Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	FBD7986P
Claim 001 New Jaim Type * ontact No.(Mopile) mail Address ormant Type Claimant Type * airmant Name * airmant Address airm Oscription efemed Workshop Coreatt orquire Finalisation	NIL Please Select	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option	SJM5672R Flease Select Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	FBD7986P
laim Type * portact No.(Mobile) mail Address lormant Type Claimant Type * laimant Name * leimant Address laim Description eferred workshop Contact o.	NIL	Contact Mo.(Home) OI Vehicle Number Type of Benefit • Claimant NRIC • Insured Liability •	SJM5672R Flease Select Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	FBD7986P
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Claim 001 New Jaim Type * ontact No.(Mopile) mail Address ormant Type Claimant Type * aimant Name * aimant Address aim Description offerned Workshop Contact orquire Finalisation kee Registered	NIL	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C * Insured Liability * Preferend Repair Option Claim Close Date	SIM5672R Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	FBD7986P
Claim 001 New Jaim Type * ontact No. (Mobile) mail Address Jaimant Add	NIL	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C * Insured Liability * Preferend Repair Option Claim Close Date	SJM5672R Flease Select Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	FBD7986P
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