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NATIONAL Assessment Ce	ntre Services. Inti I Janios A	MAN 9 258535		
Date In: 1/5/19-18-18	Jeb description	Date &Time Completed	Done by	Meses a
Ref No: Na INC 190 27976/14	SAS e-filing			
Veh No: Sc30.66	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 5/5/19-11:12	i-Motor Claim Form	M1/1043214-301	6/5/m 18:54	
	i-Motor W/O (Within: OD 2h		A 3 1 M 1 8 - 3 A	
OD TP Reporting Only	i-Photo Uploaded	<u> </u>		
TD	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksn		
Preferred Wksp / INC Assign Wksp / QW:			Fax:	
TP Particulars: Veh Nouin				
Owner / Driver: (	71-74-9	Tel:	1	
Policy No: (	Period: (	Cover Type: (		
Confirmed by : (	Date:	Time:		
Insured/Driver Liability: ( %	(WO): N: 0-2		100%1	
Year of Registration: ( )		)		
Excess: (\$ ) Loading: \$	\$1,000 ( )/\$2,000 ( )			
General Remarks:-	information strictly Confidential & S	A SERVED AND CENTER	593 S 197, William	
( ) Walk-In Currents : Customers	Information attitute Constitution Con	ACCOMPANY OF A CO.	304 Bullet	
	The state of the s	trictly NO rater of repairer.		100
( ) Total Loss Case : to e-mail Ins  Drive-In ( ) / Towed-In ( ); Inve		N 1 1 1		
		Towing Co: (		)
Remarks: (INC horline: 6788 6616	) Company of the Comp	Date& Time Completed	Done by	3
	/ Courtesy Car ( )			
2) QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost >	\$3000] ( )			
Injury:				
Date/Time Actions				
Date/Time Actions	1.35	Appendix and the second of the second	10.000 10.0000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.0000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.0000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.0000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.0000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.0000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.0000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.0000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.0000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.0000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.0000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.0000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.0000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.0000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.0000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.0000 10.000	
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	TWO STATES			
12Keelal	Invoice Pre	paration Checklist	Sept of The Control o	int (\$) Id Bill
laimant's Particulars :-	1) AR : Accident			in Dan
river/Owner:	2) DA : Damage 3) TF : Towing F	Assessment (\$100); INC (\$8	0) /545	-
	4) FT : Follow-T	hrough Survey	\$120	
ontact No:		hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005	\$30	
amaged Portion:	6) TR: Re-inspec	tion	\$75	
	7) N1 : Idao DA - 8) NTUC Additio	the same of the property of the same of th	\$160	
C Checked by (Engr-In-Charge):	on•			
(Sing. In Charge).	*N5: Courtesy *N6: Repair Co	Car / Tpt Allowance	\$5 \$10 <sub>1</sub>	
uditors' Comments :-	*N7: Post Repr	ir Inspection	\$25	
_1:	According to the control of the cont	ect Excess Coordination (Non INC) against INC	\$20	
	9) N12: Idac Mob	ile	30	
2/3;	Invoice dated	Fee Charged Fee Charged	PARTY PARTY	1 July
	Invoice dated	ree Chargen	BOTTO STATE OF THE	

#### 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	06/05/2019 18:38
Date Of Accident	05/05/2019 18:38
Exact Location Of Accident	
	CHANGI RD BEFORE JUNC JOO CHIAT RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC3006G
Insured/Policyholder	
Name Of Registered Owner	SHANMUGAM KANNAN
NRIC No	S2674698A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98552274
Alternative Phone No	OFFICE-98552274
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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
Float Balley	No.

Fleet Policy NO

Policy Number 5090887858-01

Cover Note Number

Driver

Name of Driver SHANMUGAM KANNAN

 NRIC No
 S2674698A

 Date Of Birth
 03/04/1963

 Occupation
 OUTDOOR

 Date Of Driving Pass
 15/12/1993

Driving Experience 25 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98552274

Fax Number

Contact Number OFFICE-98552274

EMail Address NOEMAIL

BLK 40 SIMS DRIVE Address

#08-221 380040

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

Postcode

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?

Number of vehicles (including own vehicle)

2

involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged? I have been approached by unknown person(s) YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

GENDER: : MALE

Passenger 2

NAME:

: KANNAN KAMALA

GENDER: : FEMALE

**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

NO

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMF3957J

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Page 2 of 18

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name SHANMUGAM KANNAN

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SLC3006G Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance? Address

Postcode

**DETAILS OF INJURED PERSON 2** 

NO

NO

Name KANNAN KAMALA

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SLC3006G Were seat belts worn? YES Was this injured conveyed to hospital by

ambulance?

Address Postcode

## 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.
- 7. 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.

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	(A) SLC 3006 G	
	(B) SMF 39577 7 183	
	100	
1		
- 11		
-0.00	Orangi Road	

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On estos /19 at @ siche, I was travelling to my vehicle
(SLC 3006 G) along Chang: Road before the junction of Job Chant
Road on the I and lave from the sight . I slow down and expect
Jue to traffe gamed whead. Suddenly, a cor ( smf 3957 J) from
On 05/05/19 at @ 2110 he, I was travelling in my vehicle (SLC 30066) along Chang: Read before the junction of Job Chant Road on the 2nd lave from the sight. I slow down and styped due to truffe gamed whead. Suddenly, a car (smf. 3957 J) from behand collided anto the new portion of my reliable.

# 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)

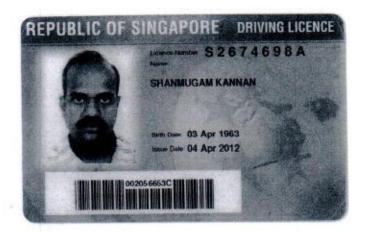
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ehicle No.	SLC 3006 G. Model/Make Harda Vezel
ate of Accident	05/05/19.
ime of Accident	2/10 HRS
ocation of Accident	Chang: Road before Junction Joo Chrat Road.
xact purpose use during accid	
lame of Owner	Shanmugam Kannan
elephone No.	H/P: 9855 22 74 Home: Office:
IRIC	8 2674698 A
Address	BLK 40 Sims Drue #08-221 (8) 380040
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	rifue.
Type of Coverage	Comprehensive Third Party / Fire /Theft
Policy No.	70 9088 7878 .
Name of Driver	As Above If No.
VRIC	Any Passengers: O3 (IM) (IF).
Date of birth	03 [04] 1963.
Occupation	Outdoor / Indoor
Driving License Pass Date	15/12/1993
Gender	Male D Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state Owner.
Weather condition o	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	Shanmugam Kannan (HP: 98552274)
Name And Contact No.	Kannan Kamala (4/19: 8591 0085).
Police Report	No, . If Yes, Where?
Vehicle B No.	SMF 3957 J. Any Passengers: (04-05)
Name of Driver	Contact No.:
Vehicle C No.	Any Passengers :
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	Rear Portion.
Camera Recorder	(Yes) No 30 Card & faulty
Email Address	vs ka man 96 @ gmed - com.
PARTICULAR WORKSHOP	Twingers:
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Zi Ting
FAX NO	6741 0510
WORKSHOP EMAIL APPRESS	sales @ n51. com. 39



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2674698A



SHANMUGAM KANNAN

ச கண்ணன்

Race Date of pirth 03-04-1963

3287**469**8A

5934338

Country/Place of birth INDIA

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

11-05-2018

APT BLK 40 SIMS DRIVE #08-221 SINGAPORE 380040



### THE SCHEDULE

#### Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC income insurance Co-operative United (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium

The provision of this insurance is subject to

- 2 any Endorsement specified as operative in the Schedule
- 3 the payment of the premium specified in the Schedule.

BLK 40 #08-221

SIMS DRIVE

: 06 May 2017 To 05 May 2018

: Market value of Insured Vehicle at Time of Lass

Interest Insured

Cover Type

Primary Driver

SHANMUGAM KANNAN

Named Oriver (1)

N/A

Named Driver (2)

N/A

HONDA/VEZEL

Make/Model

Segistration Number

Off-peak Car

Repair at Owner's Preferred Workshop :

No

Insure with COE

Yes

NCD Entitlement

Excess (Section 2)

Windscreen Excess

Hire Purchase Company

Optional Cover

Excess Waiver

Memo A : NA

Endorsement Operative : N/A

Agency Date of Issue

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive



Policy No.	5090887858-01	Policyholder Name	SHANMUGA	M KANNAN	Policyholder NRIC	S2674698A	
Certificate No.							
Address	BLK 40 #08-221 SIMS DRIVE	SINGAPORE 380	0040				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	02/05/2018	Effective Date	09/05/2018	3 00:00	Expiry Date	08/05/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside		Outside					
Singapore OD Excess	600	Singapore TP Excess	0			Young	J/Inexperience Driver Excess
Agent	ONG GAI LONG	Agent Tel.	98520244		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 40 #08-221	Addre	ess 2	SIMS DRIVE		Address 3	SINGAPORE 380040
Address 4		Addr	ess Type	Singapore address		Post Code	380040
Unit No.		Relat Num	ed Policy ber	5090887858-02			
) Insure	ed Object: SLC3006G	17.6541.5	000			3772 TA	
	sements						

Icy No. S090887858-01 Vehicle No. SLC3006G GST Registration No.  Infricate No.  Icyholder Name SHANMUGAM KANNAN  Icyholder Name SHAN	coldent MT/1043214					
March   Marc		Enghantage in	maturia No.	E-FMART	CCT Secretaries No.	
Deliver   Deli		30.9000.70.30-0.3	Venue no.	SLC30093	GST Registration No.	
SMICHANISM MICHANISM MICHANISM CONFET (MICHANISM )		SHANMUGAM KANNAN			Policyholder NR1C	536746584
Marchenium   Mar	oduct Code		Cover Type	Brive CLASSIC		
Standard	ricact No. (Mobile)				- 6	
Contention   No.   Contention	nali Address			ACTION AND ADDRESS OF THE ACTION AND ADDRESS		
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Marches   Marc		The state of the s				No
Marchane			334 8 3 3 3 3 3 3		CHARLES CO.	
The Mindfell   SQUESCOSE   The of Auditoria Year Home   SQUESCOSE   SQUESCOSE		06/05/2019 18-53	Antidant Dannet Within 74 hrs	Ver	Academ Tune	Follows and to Fin-
Control   Cont						
March   Control   Contro		03/03/2019		21:10		Singapore
	477.55		Orange Force		ICM No.	
Address   100 00		CHANGI RD BEFORE JUNC JOD CHIAT RD				
Author   Control   Contr						
Control   Cont				0	Windscreen Excess	100.00
Part			Outside Singapore OD Excess	600.00		
Part		0.00	Outside Singapore TP Excess	0.00		
Registration   No.   GST Septimization Date   No.   Septimization Date						
Registrosion						
PetroPolitic falling indices   PetroPolitic falling indiPetroPolitic falling indices   PetroPolitic falling indices   Pet		No				
Part				GST Status venned	res	
Description   Section						
Address Type	Policyholder Mailing Ad	dress				
Address Type	dress 1	BLK 40 #08-221	Address 2	SIMS DRIVE	Address 3	SINGAPORE 380040
Estable Priory Number  ### Driver Table  ### Driver Table  ### Driver Name  ### Driver Nam	dress 4		Address Type			
### PATE   Driver Turfe  FOR TURFE FOR TARRES  \$1000   Driver Value   Driver Name   Driver Name   Driver Name   Driver Name   Driver Name   Driver Name   Stock   Driver Name   Stock   Driver Driver Name   Stock   Driver Name   Driver Name   Stock   Driver Name   Dr	t No.					
Dever Type				2020001020-02		
Direct Name		SHANMUGAM KANNAN	Driver Type	Main Driver		
Driver Date of Oriver License   \$6/12/1999   Driver Age   \$6					Driver DOB	03/04/1963
March 20, (Mobile)   MSS 52274	pister Date of Oriver License	15/12/1993				
Marie   Mar	tact No.(Mobile)	98552274		0		
Address Type   Singapore address   Pietr Code   380040    No.   00-221    Startificial Start Code   10-221    Startificial Start Code   10	fress 1	BLK 40				
Prior   Pri						
Element Sungery   Ves @ No   Driver Vehicle No.   Driver Vehicle No.   Driver Insurer Company    Stration   St		08-221				30000
Cusin Oct.  Any equity?  Any equity.  Any eq			Probabilitation No.		Private Innovation Company	
Any signing and Test on mg  Any signing?  An	gistered car?	0.000	priver reduce out		Correct trializer Company	
Sincation History  Claim 001 New  Insured Name SHANHUGAM KANNAM Insured NRIC S2874698A  Insured Name States  Of Vehicle Number BC00660 To Vehicle Nu	daration					
Stream 001 New  State	sathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
Imitype * OD-MA	sungr	SCOUTT!				
Contact No.(Mobile) 98552274 Contact No.(Home) 67454874 Contact No.(Office)  Type of Benefit * Sections Type * Please Select	DE N					
Tack No. (Mobilar) 89552274 Contact No. (Office) 67454874 Contact No. (Office) 77 Vehicle Number 8.023005G 77 Vehi	Service -	F	0.0000000000000000000000000000000000000		500000000	
All Address OI Vehicle Number Suc3006G TP Vehicle Number SMF39573    Please Select						52674698A
Imane Type Claimant Type * Please Select		90552274				
Insured Liability * Not at Pault  June Preferred Repair Option Preferred Workshop, Name of Preferred Workshop  June Planksabon Yes V Preferred Repair Option Preferred Workshop, Name unknown V GIA report Received Obj05/2019 8:54 Claim Close Date Date Received Obj05/2019 00:00 Dat		-			TP Vehicle Number	SMF39573
Insured Liability * Not at Fault V  Freferred Workshop Contact  Juna Finalization  Received Preferred Repair Option Preferred Workshop, Name unknown V  Expression Objects Objects  Preferred Repair Option Preferred Workshop, Name unknown V  Expression Objects Objects  Date Received Objects Objects  Price Act letter  Save Submit  Attachment  Proferred Workshop, Name unknown V  Save Submit  Save		Please Select		Please Select		
Insured Liability * Not at Fault   June Finalisation   Yes   Preferred Repair Option   Preferred Workshop, Name unknown   GIA report   Received   O6/05/2019 18:54   Claim Close Date   Date Received   O6/05/2019 00:00   O6/		22				
Terred Workshop Contact  Insured Liability * Not at Fault  Preferred Repair Option Preferred Workshop, Name unknown						· ·
Preferred Repair Option Preferred Workshop, Name unknown V GIA report Received 06/05/2019 18:54 Claim Close Date Date Received 06/05/2019 00:00 m Preferred Repair Option Preferred Workshop, Name unknown V GIA report Received 06/05/2019 00:00 m Preferred Repair Option Preferred Workshop, Name unknown V GIA report Received 06/05/2019 00:00 m Preferred Repair Option Preferred Workshop, Name unknown V GIA report Received 06/05/2019 00:00 m Preferred Repair Option V Save Submit		SLC3006G / SMF39573 ON 5 May 2019	Complete State Complete Comple	processor and the same of the	Name of Preferred Workshop	
Date Received   Date Receive	remed workshop Contact		Insured Liability *	Not at Fault	22	8
	quire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Save   Submit   Save   Save   Submit   Save   Sa	e Registered	06/05/2019 18:54	Claim Close Date		Date Received	06/05/2019 00:00
Save   Submit   Save   Save   Submit   Save	oort Taken By	Jackson				
Standard No.   MT/1043214   Claim No.   001	Print AK letter					
Doc. Received	5 \$10,3820011			Save Submit		
Stem No.   MT/1043214   Claim No.   001	ttachment					
# Dof, Received   Path *  Cotegory * Confidential Urgency * Description *  Browse Clear Please Select ▼ NO ▼ Normal ▼  Browse Clear Please Select ▼ NO ▼ Normal ▼	,					
# Dof: Received   Path *  Collegory * Confidential Urgency * Description *  Browse Clear Please Select ▼ NO ▼ Normal ▼  Browse Clear Please Select ▼ NO ▼ Normal ▼	cident No.	MT/1043214	Claim No.	001		
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