NATIONAL Assessment Centre Services. | WELL JAMOS MNALL 907170 Date In: 3 419 - 09:31 Jeb description Date &Time Completed Done by Rel No: NA) INC 19009313 FLY SAS e-filing Veh No: SUJ IYDB E-mail (within Shrs, AIC 2hrs) D.O.A : 31 19-23:15 i-Motor Claim Form M7 1042231-001 3/19 (3:13 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD : TP. Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: (Tair Fax: TP Particulars: Veh No: SLW8527L INC ()/Non-INC (Owner / Driver: (Tel: Policy No: (Period: (Cover Type: (Confirmed by : (Date: Time: Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000(General Remarks:-) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/ Towed-In (); Invoice: YES (); Towing Co: (Remarks: (INC hotline: 6788 6616) Date&Time Completed Done by 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000] Injury : Date/Time Actions Anit (S) Amt (1) HAIGOULTS" Invoice Preparation Checklist fit Bill Add Bill Claumant's Particulars :-1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80) Driver/Owner: 3) TF : Towing Fee \$40/\$45 4) FT : Follow-Through Survey \$120 Contact No: 5) FT : Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) Damaged Portion: 6) TR: Re-inspection \$75 7) N1 : Idac DA + SMRT Survey \$160 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): * N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination 510 Auditors' Comments :-*N7: Fost Repair Inspection \$25 *N8: DV / Collect Excess Coordination 55 at 1: TP (N11): TP (Non INC) against INC \$20 9) N12: Idna Mobile Zat. 2/3: Invoice dated Fee Charges 100 Invoice dated Fee Charged

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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 <u>truthful</u> and <u>accurate</u> 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.

AND THE PARTY OF A SECOND CONTRACTOR	ACCIDENT STATEMENT
Date Of Report	03/06/2019 09:51
Date Of Accident	31/05/2019 23:15
Exact Location Of Accident	BLK 116B RIVERVALE DR COMMON RD
Country/State of Loss	SINGAPORE
Commence of the commence of th	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ143B
Insured/Policyholder	
Name Of Registered Owner	FAST CAR RENTAL PTE LTD
Co Reg No	201627918G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8 A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5108944426
Cover Note Number	
Driver	
Name of Driver	RASHID BIN M HAMEED
NRIC No	S1667812J
Date Of Birth	15/08/1964
Occupation	OUTDOOR
Date Of Driving Pass	02/08/1985
Driving Experience	33 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92981961

OFFICE-92981961

NOEMAIL

BLK 133 MARSILING RISE Address

#01-242

Postcode 730133

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

Other Information

ambulance?

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? I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

YES

NO 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

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

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T20190602/7001.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLW8527G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Name RASHID BIN M HAMEED Approximate Age Injuries Sustain BODY Injured person in which vehicle? SLJ143B 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.
- 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>.
- 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.
- 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 aforesald.
- 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 malling 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:

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

NRIC/FIN No.:

THE PARTY OF THE P SKETCH PLAN IGB Rivervale Drive DESCRIBE CIRCUMSTANCES OF THE ACCIDENT -7/2019 0602/7.01 Refor to Police trod a

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

Policyholde

MARKET STATESTING VI

Date & Time

Oriver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

Date of Accident	Accident Time: 2315 (24-HR-Format)
Accident Place	: 116B Rivervale Drive common Road
Vehicle Reg. No. (Car Plate No.)	: SLJ 143B
Vehicle Make/Model	: Toyota wish
Insurance Company	: NTUC Policy No.
Owner or Company Name /IC No.	: Jun Express
Owner or Company Contact No.	Owner's HpCompany Tel
DRIVER'S Name / IC No.	: Rachid. Bin M Hameed
DRIVER'S Date Of Birth	:15-Aug-1964 DRIVER'S License Pass Date 02 - Aug-1935
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Pertal
DRIVER'S Address	: 133 Marsiling Rise #01-242 5 (730133) .
DRIVER'S Contact No./ Alt No.	:1) 92981961 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: Admin@Mycar. eg
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Barty \ Claim Own Insurance
Number of Passengers (Including D	priver):
Was there any video Captured by ca Exact purpose for which vehicle wa	s being used at the time of accident: Private use \ World purpose
Other I	Party Driver's Particular (if anv)
Vehicle Reg. No: SLW 85279	Vehicle Reg. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	
IC No. Driver:	
Driver's Contact & Add:	Driver's Contact & Add:





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20190602/7001

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 19 14:06	Made:	Vide Report No.:	Station Diary No.		
Informa	nt's Particu	ulars	The State of the March			
	Informant: BIN M HAI		Address: APT BLK 133 MARSILING R 730133	ISE #01-242 SINGAPORE		
ID Type NRIC N	/ ID No.: D / S16678	12J	Contact No.: Home/Office:	Mobile: 92981961		
National SINGAP	ity: ORE CITIZ	EN	Email: admin@mycar.sg			
Sex: Male	Age: 54	Date of Birth: 15/08/1964	Type of Informant:			
Race: Malayalee			Language: Institution / School Nar English			
Occupation: Grab Driver			Driving Licence Information: Class: 3,2B,4,5 Date of Expiry:			

General Inform	mation of the Acci	dent	Contract of the last of the la	
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/05/2019 23:35	Type of Location: Below Hdb
Location: 116b rivervale Weather:	e drive common roa	d Road Surface:		Road Speed Limit:
Clear		Dry		10 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collis head to head	ion:			Anyone conveyed by ambulance: No

on No of Passenger
0
ti

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





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

2 of 3 Report No. T/20190602/7001

CONTINUATION OF REPORT

Driver	A STATE OF THE PARTY OF THE PAR	TABLE .	OF THE PROPERTY OF	No. of Lot	DE LOS	
Name	RASHID BIN M HA	MEED	ID No.		S1667812J	
Related Vehicle	SLJ143B (Car)		Conta	ict No.	92981961	
Hospital/Clinic	24 HOUR WALK-IN CLINIC				of g ce & / Date	Class: 3,2B,4,5 Date of Expiry: NIL
Date Treatment	01/06/2019		Date Disc	charge	01/06	5/2019
No. of Days gran	ted Medical Leave	03	Degree o	-	Sligh	CONTRACTOR OF THE PARTY OF THE

Brief Details.

On 31 May 2019 at about 2315 i was at Blk 116B Rivervale Drive Common Road, my toyota wish SLJ143B front right was hit by SLW8527G. The car suddently cut into my lane and coilled into my front right. The impact cause my left hand and back pain. I then went to see a doctor and 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/20190602/7001

CONTINUATION OF REPORT

Sketch Plan						
Informant is	not	able	to	provide	sketch	plan

NP168

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: 02/06/2019 14:06
Officer In Charge Of Case:	Classification Of Case:
Authentication Stamp	









For LKK/NAC use Unity

eBao Tech									國家語	Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			The second second	The state of the s		+ Change	Language	• Char	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	io.				Date	of Accident	E	31/05/2019	23:15	
	Vehicle	No.(For Motor)	SL)143	В		Certif	icate Number	I			
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108944426		FAST CAR RENTAL PTE LTD	201627918G	GPC	Third Party	SLJ143B	S∐143B	22/04/2019	21/04/2020
						Continue	1				

Policy No.	5108944426	Policyhold Name	er FAST CAR	RENTAL PTE LTD	Policyholder NRIC	201627918G	
Certificate No.					Maga		
Address	68 KAKI BUKIT AVENUE 6 #02	-08 ARK@KE	SINGAPORE	417896			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	22/04/2019	Effective Date	22/04/201	9 00:00	Expiry Date	21/04/2020 23	3:59
Excess Type	Per Accident	All Claims Excess					
Third		Own			WC 4		
Party Excess	1500	damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	1209.10				
Outside		Outside					
Singapore OD Excess	0	Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	YAN XUDONG MAX	Agent Tel.	62221889		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	68 KAKI BUKIT AVENUE	6 Ad	dress 2	#02-08 ARK@KB		Address 3	SINGAPORE 417896
		Ad	dress Type	Singapore address		Post Code	417896
Address 4		Pa	lated Policy	5109981209			
Address 4 Unit No.	02-08		mber				
Jnit No.	02-08 ed Object: SLJ143B		mber				
Unit No.	ed Object: SLJ143B		mber				

e premium on this policy has r	lot been collected.				
cident MT/1047234	111111111111111111111111111111111111111		10010100	all and the same of the same o	
itry No.	5108946426	Vehicle No.	SU1438	GST Registration No.	
ertificate No.					
	FAST CAR RENTAL PTE LTD	11/22/2000 A-P CP		Policyholder NRJC	2016279180
oduct Code crtact No.(Mobile)	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
	.8	Contact No. (Office)	0	Contact No.(Home)	0
tail Address	ALCONOMICS OF THE STREET	Special Remark	A CASS	eCode	(ALV)
K	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	Yes:
Accident Details					
port Date	03/06/2019 10:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
te of Accident	31/05/2019	Time of Accident hit:mm	23:15	Country of Accident	Singapore
corting Centre		Drange Force		JCM No.	
ident Location	BLK 1168 RIVERVALE DR COMMO	IN RO			
Total Excess Applicable					
еке Туре	Per Accident	Windscreen Excess	0.00		
Standard Excess		www.coorce.co.co.co.co.co.co.co.co.co.co.co.co.co.			
	0.00	TP Standard Excess	1,500.00		
D OD Excess		VIED TP Excess		Driver is Covered?	
tional Excess					
N OD Excess Applicable		Total TP Excess Applicable			
Benefits GST Benistered Informs	Non				
GST Registered Informa					
Registered Registration No.	No :		GST Registration Date	Yes	
Mication History	03/06/2019 10:1	0:09 System changed GST Status venified fro	GST Status Verified	Yes	
arrange and the second	3704000000,000	The second secon	10.100.100.100.		
Policyholder Halling Ad	drace				
		4044004097		1212200000	contract contract
Oresa I Oresa 4	68 KAKI BUKIT AVENUE 6	Apdress 2 Apdress Type	#02-08 ARK@K5	Address 3	SINGAPORE 417896
	1000		Singapore address	Post Code	417896
t No.	02-08	Related Policy Number	5109981209		
OI Driver Info	Unnamed Driver	7			
named driver Name	RASHID BIN M HAMEED	Driver Type Driver NRIC	Unnamed Driver S1667812)	Driver DOS	15/08/1964
			54		
poster base of briver License ntact No. (Mobile)	02/08/1985	Driver Age Contact No.(Office)		Driving Experience	33
dress I	BLK 133	Address 2	O MARSILING RISE	Contact No.(Home)	0
	DEK 133			Address 3	SINGAPORE 730133
dress 4		Address Type	Singapore address	Post Code	730133
nd No.	01-242				
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
claration					
athalyser or Blood Test	0 mg	Annual Control	@ v O ***		
ading?	o mg	Any injury?	Yes ○ No		
dification History					
Claim 001 New					
Claim 001 New					
24.27	fee us	40000040000000	6.22.20.20.20.20.20.20.20.20.20.20.20.20.	500000000000	favluorius
im Type *	OD-MX	3nsured Name	FAST CAR RENTAL PTE LTD	Insured NRIC	201627918G
				Contact No. (Office)	NIL
	81383333	Contact No.(Home)		encount marconney	1377710001
all Address		Contact No.(Home) Of Vehicle Number	SU1438	TP Vehicle Number	SLW8527G
ail Address imant Type Claimant Type •	Please Select 🔻	Contact No. (Home) OI Vehicle Number Type of Benefit +	SU31438 Prease Select		SLW8527G
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eil Address mant Type Claimant Type • mant Name •	Please Select 🔻	Contact No. (Home) OI Vehicle Number Type of Benefit +	ALTERNATION AND ADDRESS OF THE PARTY OF THE		SLW8527G
ail Address mant Type Claimant Type * mant Name * mant Address m Description	Please Select 🔻	Contact No. (Home) OI Vehicle Number Type of Benefit + ≥≥ Claimant NRIC +	ALTERNATION AND ADDRESS OF THE PARTY OF THE		SLW8527G
ail Address imant Type Claimant Type * imant Name * imant Address im Description ferred Workshop Contact	Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit + ≥≥ Claimant NRIC +	ALTERNATION AND ADDRESS OF THE PARTY OF THE	TP Vehide Number	SLW8527G
ail Address imant Type Claimant Type * imant Name * imant Address im Description ferred Workshop Contact	Please Select	Contact No. (Home) OI Vehicle Number Type of Benefit + Claimant NRIC *	Please Select	TP Vehide Number	SLW8527G
ail Address imant Type Claimant Type * imant Name * imant Address im Description recred Workshop Contact quire Finelisation	Please Select SL3143B / SLWB527G ON 31 May	Contact No. (Frome) OI Vehicle Number Type of Benefit + ≥≥ Claimant NRIC * y 2019 Insured Liability *	Prease Select	TP Vehicle Number	
hail Address vimant Type Claimant Type * vimant Name * vimant Address vim Description eferred Workshop Contact quire Finalisation to Registered	Please Select SL31438 / SLW8527G ON 31 May Yes	Contact No. (Frome) OI Vehicle Number Type of Benefit + ≥≥ Claimant NRIC * y 2019 Insured Liability * Preference Regain Option	Prease Select	TP Vehicle Number Name of Preferred Workshop GIA report	Received
ail Address wmant Type Claimant Type * wmant Name * wmant Address wm Description ferred Workshop Contact quire Finalisation te Registered port Taken By	Please Select V	Contact No. (Frome) OI Vehicle Number Type of Benefit + ≥≥ Claimant NRIC * y 2019 Insured Liability * Preference Regain Option	Prease Select	TP Vehicle Number Name of Preferred Workshop GIA report	Received
anial Address armant Type Claimant Type * armant Name * armant Address arm Description eferred Workshop Contact because Finalisation the Registered aport Taken By # Print AK letter	Please Select V	Contact No. (Frome) OI Vehicle Number Type of Benefit + ≥≥ Claimant NRIC * y 2019 Insured Liability * Preference Regain Option	Not at Fault Preferred Workshop, Name unknown	TP Vehicle Number Name of Preferred Workshop GIA report	Received
nall Address armant Type Claimant Type * armant Name * armant Address arm Description eferred Workshop Centact b. b. c. c. description at Registered apout Taken By from AK letter	Please Select V	Contact No. (Frome) OI Vehicle Number Type of Benefit + ≥≥ Claimant NRIC * y 2019 Insured Liability * Preference Regain Option	Prease Select	TP Vehicle Number Name of Preferred Workshop GIA report	Received
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all Address imant Type Claimant Type * imant Name * imant Address im Description ferred Workshop Contact guire Finalisation te Registered port Taken By Print AK letter	Please Select	Contact No. (Frome) OI Vehicle Number Type of Benefit + Claimant NRIC + Insured Liability + Preference Repair Option Claim Close Date	Prease Select Not at Faut Preferred Workshop, Name unknown Save Submit	TP Vehicle Number Name of Preferred Workshop GIA report	Received
all Address smant Type Claimant Type * smant Name * smant Address sm Description referred Workshop Centect guire Finalisation to Registered port Taken By Print AK letter	Please Select V	Contact No. (Frome) OI Vehicle Number Type of Benefit + ≥≥ Claimant NRIC * y 2019 Insured Liability * Preference Regain Option	Not at Fault Preferred Workshop, Name unknown	TP Vehicle Number Name of Preferred Workshop GIA report	Received

