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Date In: 24/61.9 13:39	Jeb description	Date &Time Completed	Done by
Rel No: 44/14/19011063/24	SAS e-filing		
Ach No. 7160 23817	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 72/6/19-14:05	i-Motor Claim Form	M7 105 32 23-021	The second
	i-Motor W/O (Within: OD 2hr		24 61 14 14.16
OD (TP)" Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
ir insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (ax:
TP Particulars: Veh No: SL	190935 INC(-
Owner / Driver: (0 10 130	Tel:	
Policy No: ()	Period: (Cover Type: (
Confirmed by : (Date:	Time:	
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0-2	3.300	00%]
Year of Registration: ()	***)	
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()		
General Remarks:	180 ho 10 ho 200 and 200 hours and 200	de Albertania (* 1.50° . * 1.50° . * 1.50° . * 1	COCCUPATION OF THE PARTY OF THE
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() Walk-In Customer: Customer's in	nformation strictly Confidential & St	rictly NO refer of repairer.	
() Total Loss Case : to e-mail Inst	urer URGENTLY.		
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	125(), NO(),1	owing co. (
Remarks; (INC horline: 6788 6616)	100.00	Date&Time Completed	Done by
1) Apply for Transport Allowance ()	/ Courtesy Car ()	\$	2.00
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost>	\$30001 ()	 	
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aumant's Particulars :- river/Owner:	1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag 6) TR: Re-inspect	Reporting (\$30); Assessment (\$100); INC (\$80 * \$40/ rough Survey \$ rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005) ion	
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ntact No:	1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition	Reporting (\$30); sssessment (\$100); INC (\$80 * \$40/ rough Survey \$ rough Survey (Resurvey) ajnst INC Only (wef 10 Jan 2005) ion SMRT Survey \$	
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ntact No: maged Portion: Checked by (Engr-In-Charge):	1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy (*N6: Repair Co	Reporting (\$30); saseasment (\$100); INC (\$80 \$ \$400 rough Survey \$ rough Survey (Resurvey) sinst INC Only (wef 10 Jan 2005) ion SMRT Survey \$ sal Services. Car / Tpt Allowance ordination	
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taimant's Particulars :- river/Owner: ontact No: maged Portion: Checked by (Engr-In-Charge):	1) AR : Accident 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th For claiming as 6) TR : Re-inspect 7) N1 : Idae DA + 8) NTUC Addition OD* *N5: Courtesy (*N6: Repair Co *N7: Fost Repair *N8: DV / Colle TP (N11) : TP (Reporting (\$30); sasessment (\$100); INC (\$80); cough Survey \$ rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005) ion SMRT Survey \$ sal Services:- Cer / Tpt Allowance cordination or Inspection cet Excess Coordination Non INC) against INC	
Izumant's Particulars:- river/Owner: ontact No: nmaged Portion: C Checked by (Engr-In-Charge): aditors! Comments:: 1: 2/3:	1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy 6 *N6: Repair Co *N7: Fost Repair *N8: DV / Colle	Reporting (\$30); sasessment (\$100); INC (\$80); cough Survey \$ rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005) ion SMRT Survey \$ sal Services:- Cer / Tpt Allowance cordination or Inspection cet Excess Coordination Non INC) against INC	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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.
- 5. 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.

aforesaid.	out to the dictiving of this report at the centre and to copies of the report being made available
SEPERATOR OF STREET, SOUTH STR	ACCIDENT STATEMENT
Date Of Report	24/06/2019 13:59
Date Of Accident	22/06/2019 14:05
Exact Location Of Accident	PIE (CHANGI) BEFORE EUNOS LINK EXIT
Country/State of Loss	SINGAPORE
· 1284年2月1日 - 1278年2月1日 - 127	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKU5081S
Insured/Policyholder	
Name Of Registered Owner	CHEE FOOK WUN
NRIC No	S0019118C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96404449
Alternative Phone No	OFFICE-96404449
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103195932
Cover Note Number	
Driver	
Name of Driver	CHEE FOOK WUN
NRIC No	S0019118C
Date Of Birth	16/08/1952
Occupation	INDOOR
Date Of Driving Pass	06/07/1974
2000	

44 YEARS AND 11 MONTHS

(LOCAL) +65-96404449

OFFICE-96404449

MALE

NOEMAIL

Address BLK 409 PASIR RIS DRIVE 6

#09-413

Postcode 510409

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 CHAIN COLLISION

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

3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

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)

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLL9093S

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)

2

Passenger 1

NAME:

ME:

GENDER:

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLK3603R

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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: 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)

l understand, acknowledge, agree and consent that:

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

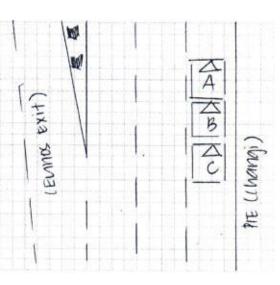
Reporting Centre Personnel

Signature

Name:

NRIC/FIN No.:

Vehicle A: SKU 50815 Vehicle B: SLL 90935 Vehicle C: SLK 3603K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

stated	venue.	Front	vehille	made	an o	alompt
brare,	I im	nedatery	brake	as w	ell. Ab	out 2
seconde	inter	, I felt	t an	impact	m	my
Stationa	ny vel	nille's v	ear po	rtion,	norwy	tollowe
by a	Second	impact.	I 1	nun r	ealuld	I wa
involved	(n	a chain	1071151	on 4	2	vehicles
					100	

DECLARATION

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

Policyholder Signature

Date & Time.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's 8

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACC	IDENT DATE: (32 / C6/	2019)(P106	YY), TIME: (14.	05 HHH:MM)
LOCA	ATION: PIE CCHANG) before Eun	OS EXIT	
1	DETAILS OF VEHICLE a) VEHICLE NUMBER: b) INSURANCE COMPAN	SKU508	15	
	CIPOLICY NUMBER:	NISSAVI SU E (MPV /VAN / LOR PRIVATE / COMMER	IPMY RRY / MOTORCYC CIAL / MOTORCY	CLE / OTHERS)
2.	h) PURPOSE OF USING AT I) ARE YOU CLAIMING UN IF NO, PLEASE STATE (TH INSURED / POLICY HOLD!	IDER YOUR OWN INS IRD PARTY CLAIM / ER	SURANCE (YES/N REPORTING ONL	Y)
	A)NAME: CMLC b)NRIC/FIN/PASSPORT:_	, fook Wun SOOI91180 Sir Pis Drive b		9640 4449 (510409)
14 No of passonas	* CONTINUE TO 3.d IF DRI	VER ALSO POLICY H		Eg
(Industry driver)	a)NAME:			E / FEMALE)
(OI)	b) NRIC/FIN/PASSPORT: c) ADDRESS:		CONTACT:_	
	*d)DATE OF BIRTH: (R / OUTDOOR)	112	
4.	WAS DRIVER AN EMPLO	YEE OF THE INSUR	RED'S COMPANY	? (YES / 160)
5.	DIWEATHER CONDITION:	CLEAR / RAINING /	OTHERS	
	b)ROAD SURFACE: (DRY /	WET / OTHERS	<u> </u>	
	WAS ANYBODY INJURED () REPORTED TO POLICE (IF YES, PLEASE STATE WHI	YES / NO) 'ES / NO)	! :	
No of passenger	THIRD PARTY VEHICLE a) VEHICLE NUMBER:	SLL 90935	MODEL:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Induding driver)	b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT:_		_CONTACT:_	
	HIRD PARTY VEHICLE d) VEHICLE NUMBER:	SLK 3603R	MODEL:	
No of passenger	el DRIVER'S NAME:			
Including driver)	f) NRIC/FIN/PASSPORT:_		CONTACT:_	
(OI) male			18 18 18	

email =

fax =

REPUBLIC OF SINGAPORE IDENTITY CARD NO. SOO19118C





Name

CHEE FOOK WUN

副

For LKK/NAC Use Only

CHINESE

Sex

Date of birth

16-08-1952

Country of birth

SINGAPORE









NRIC No. S0019118C

For LKK/NAC Use Only

Date of Issue 12-04-2012

Address

APT BLK 409 PASIR RIS DRIVE 6 #09-413 SINGAPORE 510409

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

Class 2B Motorcycles not exceeding 200 cc

Class 2A Motorcycles between 201 cc and 400 cc

Class 2 Motorcycles exceeding 400 cc

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PAGS DATE

11 Aug 1976

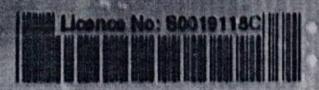
11 Aug 1976

11 Aug 1976

06 Jul 1974

For LKK/NAC Use Only

NP 428A



eBao Tech			1250							Genera	alClaim
Hello, NAC_PAYA_UBI_800 My Desktop		cy Query					+ Change	e Language	+ Chan	ge Password	• Log Ou
Notice of Loss	Policy ! Vehicle	No.(For Motor)	SKU50	815		Date of Accident 22/06/2019 14:05 Certificate Number			14:05		
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0	5103195932		CHEE FOOK WUN	S0019118C	GPC	drivo CLASSIC	SKU50815		28/08/2018	27/08/2019

Policy No.	5103195932	Policyholder Name	CHEE FOOR	K WUN	Policyholder NRIC	500191180	
Certificate No.					MATC		
Address	BLK 409 #09-413 PASIR RIS	RIVE 6 SINGAR	ORE 510409	9			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	28/08/2018	Effective Date	28/08/2018	8 00:00	Expiry Date	27/08/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			You	ng/Inexperience Driver Excess
Agent	HUA YANG CREDIT PTE LTD	Agent Tel.	64585111		GST Flag	Y	
Co- insurance Flag Open Policy Info	No						
Certificate Info							
Policyl	holder Mailing Address						
Address 1	BLK 409 #09-413	Addre	ss 2	PASIR RIS DRIVE	6	Address 3	SINGAPORE 510409
Address 4		Addre	ss Type	Singapore address	s	Post Code	510409
		Relate Numb	ed Policy er	5103195932			vice the second of the second
Unit No.							
DOMESTICS OF STREET	d Object: SKU5081S						
THE PROPERTY OF THE PARTY OF TH							
) Insure	ements	ent	Endorsement	t Type	Endorsement	Status	Endorsement Content

Claim Handling					9
Accident MT/1050223					.,
Policy No.	8103195932	Vehicle No.	SKU50815	GST Registration No.	
Certificate No.				GST Registration No.	
Policyholder Name	CHEE FOOK WUN			No. in character at 19.55	**********
Product Code	PRIVATE CAR INSURANCE	Court Tues	41144	Policyholder NR3C	\$0019118C
Contact No.(Mobile)		Cover Type	prive CLASSIC	Loading	0
Email Address	96404449	Contact No.(Office)	0	Contact No.(Home)	a ·
		Special Remark		eCode	In v
KFK	® No ○Yes	TCA	® No ○Yes	eCode Reason	
NCO Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details.					
Report Date	24/06/2019 14:09	Accident Report Within 24 hrs	Yes	Acceptant Town	
Date of Accident	22/06/2019			Accident Type	Chain Collision
	22/90/2015	Time of Accident hhomm	14:05	Country of Accident	Singapore
Reporting Centre		Drange Force		ICM No.	
Accident Location	PER (CHANGE) BEFORE EUROS LINK EXIT				
♥ Excess					
Own damage Excess	600.00	Additional Excess	D	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
□ Benefits					
♥ GSY Registered Inform	ation				
SST Registered	No		DET Besider		
GST Registration No.	4000		GST Registration Date GST Status Verified	200	
Modification History			GST Status verified	Yes	
60					
Policyholder Mailing Ad	idress				
Address 1					
	BLK 409 #09-413	Address 2	PASIR RIS DRIVE 6	Address 3	SINGAPORE 510409
Address 4		Address Type	Singapore address	Post Code	\$10409
Unit No.		Related Policy Number	5103195932		
○ OI Driver Info					
Driver Name	CHEE FOOK WUN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S0019118C	Driver DOB	16/08/1952
Register Date of Driver License	06/07/1974	Driver Age	66	Driving Experience	44
Contact No.(Mobile)	96404449	Contact No. (Office)	0	Contact No.(Home)	0
Apidress 1	9LK 409	Address 2	PASIR RIS DRIVE 6	Address 1	SINGAPORE 510409
Address 4	09-413	Address Type	Singapore address		
Unit No.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Singapore accurate	Post Code	510409
Does he own a Singapore	0.0				
Registered car?	☐ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ® No		
Addition History					
Additional Pastory					
Claim 901 New					
STATE STATE					
	ALCOHOLD AND DESCRIPTION OF THE PERSON OF TH				
Saim Type *	Ор-мх 💟	Insured Name	CHEE FOOK WUN	Insured NRIC	\$0019118C
Contact No.(Mobile)	96404449	Contact No.(Home)	65843618	Contact No. (Office)	
mail Address		OI Vehicle Number	SKU5061S	TP Vehicle Number	SLL9093S
Daimant Type Claimant Type *	Please Select	Type of barrefe *	Please Select.		
Dalmant Name •	22	Claimant NRIC +	123		
Jaimant Address	122				
Taim Description	Explene / epiperio evi an				120
referred Workshop Contact	SKU5081S / SLL9093S ON 22 Jun 2019	HEROTOCIA DE LA COMPONIO DE LA COMP		Name of Proferred Workshop	
10		Insured Liability *	Not at Fault		
lequire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Nate Registered	24/06/2019 14:10	Claim Close Date		Date Received	24/06/2019 00:00
Seport Taken By	Jackson			- Control of the Cont	
Print AK letter					
10 (X 01 18 (Y 24 V 2 1 V					
			Save Submit		
Attachment		8			
9					
ccident No.	MT/1050223	Claim No.	001		
with Doc. Received	● Yes ○ No	Upload Date			
TO THE PERSON NAMED IN COLUMN		Spread Date	24/06/2019 14:11		
	Path *	200	Category *	Confidential Urgeni	y * Description *
		Browse,	. Clear Please Select	V Normal	·
		Browse	. Clear Please Select	₩ Normal	V
E SAL HOLLOW		Browse	Clear Please Select		
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