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OD / TP / Reporting Only	i-Photo Up		!	-	
TP Insurer:	Assessment/	Survey Report			-
11 Insurer.	-	t by Fax / Hand to	Owner/Wksp	-	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: J	CHO	. INC(177
Owner / Driver: (10		Tel:	1	
Policy No: (Period: ()	Cover Type: (
Confirmed by : (Date:	Time:		
Insured/Driver Liability: (%)	Note-Est. Status	(WO): N: 0-20	%; P: 21-79%. P: 3	0-100%1	
Year of Registration: ()	Warranty: YES (-100/0J	
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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

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A STATE OF THE PROPERTY OF THE	ACCIDENT STATEMENT
Date Of Report	28/06/2019 14:40
Date Of Accident	28/06/2019 08:30
Exact Location Of Accident	DEFU LANE 10
Country/State of Loss	SINGAPORE
Marie and American Section 1997	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YP7393P
Insured/Policyholder	
Name Of Registered Owner	O LINER TECHNOLOGY PTE LTD
Co Reg No	199902653M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91445143
Alternative Phone No	OFFICE-91445143
Vehicle Particulars	
Manufacturer	ISUZU
Model	NPR85UH5A
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	REPORTING ONLY

Vehicle Category

REPORTING ONLY

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5093153733-01

Cover Note Number

Name of Driver JOWEL MOHAMMAD

Passport No/FIN G2209580W Date Of Birth 28/04/1991 Occupation OUTDOOR Date Of Driving Pass 13/04/2018

Driving Experience 1 YEAR AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93793685

Fax Number

Contact Number OFFICE-93793685

EMail Address NOEMAIL Address

26 KAKI BUKIT PLACE #02-01 EUNOS TECHPARK

Postcode

416204

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

COLLISION - OPENING DOOR OF VEHICLE

Weather Conditions

CLEAR DRY

Road Surface

Other Information

Was any foreign vehicle involved in this accident?

YES

Foreign Vehicle Registration Number

JTB748 (MOTORCYCLE)

Number of vehicles (including own vehicle)

involved in the accident

2

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?

YES

If Yes, Please state which Police Station

Police Station Name

HOUGANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4890999 - FAX NO: 63128989

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190628/2058.

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

JTB748

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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)

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.

SER TECHNO

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

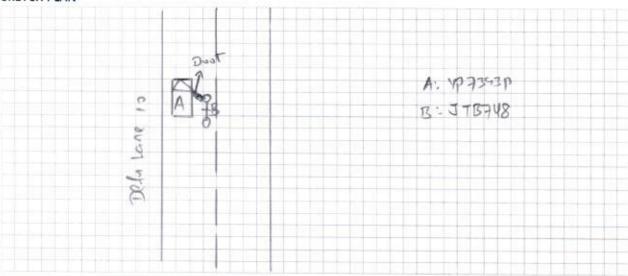
Date & Time:

Reporting Centre Person Name:

el's Signature

NRIC/FIN No.:

GLADUIC Shendstranform VI



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

		and an arrangement and arrangement arrange		
Refer to	Police	1820 c 6/2/2 - + sela	. 870	
	W.E.	II II II II II		

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' Signature Name: NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 18 14 100	2444.55
LOCATION: Det line	D/MM/YYYY), TIME:(_08;_3>_)(HH:MM)
1. DETAILS OF VEHICLE GIVEHICLE NUMBER: Y 77	939.
CIPOLICY NUMBER. 6003153335	TUC .
e)MAKE & MODEL:	THIRD PARTY / THIRD PARTY FIRE & TURES
GIVEHICLE CATEGORY: (PRIVATE IN	AN / LORRY / MOTORCYCLE / OTHERS
IF NO, PLEASE STATE /TURBO	The state of the s
2. INSURED / POLICY HOLDER A)NAME: GOOD TO CHAND	LAIM / REPORTING ONLY)
b)NRIC/FIN/PASSPORT: 1996263	MALE / FEMALE) CONTACT: 91 445 1 43
* CONTINUE TO 3.d IF DRIVER ALSO PO	
(Including driver) alNAME: Jowel Mohamman	
(1) DINRIC/FIN/PASSPORT: 47209580	0 401-01 ACI: 97173603
*d)DATE OF BIRTH: (38 , (/ K.C.)	7 1 1 1 (4 10 10 d)
TYEARS OF DRIVING TWO OUTDOOR	
IF NO, RELATIONSHIP OF THE I	NSURED'S COMPANYS
DIROAD SUPERCE CONDITION: (CLEAR / RAINI	INSURED:
7. a) REPORTED TO POLICE (YES / NO)	
8. THIRD PARTY VEHICLE	ATION:
manding driver) b) DRIVER'S NAME:	MODEL:
	CONTACT:
Induding driver of NRIC/FIN/PASSPORT:	MODEL:
()	CONTACT:
Physical 1 Oct and	COA

email = hrediner-sy

fax =

VIDEO =





1 of 3

Report No. T/20190628/2058

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 019 11:47	/lade:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars	TO SHOW THE PERSON OF THE PERS	The state of the s
	f Informant: MOHAMM/		Address: 26 KAKI BUKIT PLACE #02-0 SINGAPORE 416204	01 EUNOS TECHPARĶ
The state of the s	/ ID No.: / G2209580)W	Contact No.: Home/Office:	Mobile: 93793685
National BANGLA			Email:	
Sex: Male	Age: 28	Date of Birth: 28/04/1991	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/06/2019 08:30	Type of Location Straight Road
Location: Along Road 1 DEFU LANE Weather:	10	Road Surface:	Ro	ad Speed Limit:
Cloor		Dry		
Clear Traffic Flow: Two Way Type of Collis		Traffic Control: Not Controlled		affic Volume:

Details of V	ehicle Involve	d	and the designation	Della Table	OF BOX LEET	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
JTB748	Motorcycle					0
YP7393P	Lorry					0





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

Report No. T/20190628/2058

2 of 3

CONTINUATION OF REPORT

Brief Details.

On 28/06/2019 at about 0830hrs, I was driving my lorry bearing registration number YP7393P along Defu Lane 10 on the left on a 2-lane road and nothing was amiss. I then heard some noise from the rear and thus I parked my lorry at the side of the road and switch on my hazard light signal. I then make a check on the blindspot and affirmed that it was clear. Hence I opened my door as I wanted to make a check on the rear where the noise was coming from.

Suddenly there was a bike bearing registration number JTB748 appeared and got collided onto my vehicle driver's door. The said rider the fell to the ground. Thus I immediately offered assistance. The said rider was one Malaysian Chinese male subject namely Lee Kar Chun (Hp: 86536618). I noticed that there were some injuries on his left arms and left leg. The said rider refused for ambulance service as he claimed he was okay.

Not long after, the said rider called his company and his company lorry came to scene. No police or ambulance was activated. The said rider then left the vicinity and his bike was taken away.

Both of us have exchanged particulars and agreed to pursue insurance claim. I wish to state that there are no damages to my vehicle.

Hence I am making this report for Traffic Police assistance.





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

3 of 3 Report No. T/20190628/2058

CONTINUATION OF REPORT

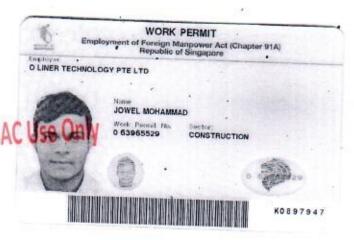
Sketch Plan

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 Report:	Signature Of Informant:
Sgt 3 SYED NAFIS BIN SYED HUSSAIN	Toul
Signature Of Interpreter: Not applicable	Date/Time: 28/06/2019 11:47
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
SI ANG YI TING, STEPHANIE Contact No.: 65476414	
Authentication Stamp	





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

EFFECTIVE DATE

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

13 Apr 2018

For LKK/NAC Use Only

Name JOWEL MOHAMMAD

FIN G2209580W

Date of Birth S 28-04-1991 M

BANGLADESHI

MULTIPLE JOURNEY VISA ISSUED

VISIT PASS Immigration Regulations

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CARDELLED ON HAS EXPRISED ON WHEN A NEW CARD IS INCIDENCE.



Licence No:G2209580W

NP 428A

eBaoTech										Gener	alClaim
Hello, NAC_PAYA_UB1_80	0601			- The state of the			· Change L	anguage	Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									,
Natice of Loss	Policy N	io.				Date	of Accident	2	8/06/2019	08:30	
	Vehicle	No.(For Motor)	YP739	3P		Certi	ficate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured	Commence Date	Expiry Date
	0	5093153733- 01		O LINER TECHNOLOGY PTE LTD	199902653M	GCV	Comprehensive	YP7393P	7.5	01/09/2018	31/08/2019
						Continue					

olicy No.	5093153733-01	Policyholder	O LINER TE	CHNOLOGY PTE LTD	Policyholder	199902653M	
Certificate No.		Name		0.1100001712210	NRIC	19990203311	
Address	26 KAKI BUKIT PLACE #02-01 E	UNOS TECHPA	ARK SINGAPO	ORE 416204			
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy issue Date	31/07/2018	Effective Date	01/09/2018	00:00	Expiry Date	31/08/2019 23	: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	PRO-LINK INSURANCE AGENCY	Agent Tel.	65672149		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
	26 KAKI BUKIT PLACE	Addre	ss 2	#02-01 EUNOS TEC	HPARK	Address 3	SINGAPORE 416204
Address 1						Post Code	416204
Address 1 Address 4		Addre	ss Type	Singapore address			410204
Address 4			ed Policy	5110773044			410204
Address 4 Unit No.	ed Object: YP7393P	Relati	ed Policy	CHEST TO THE SECURITION SHARES			410204
Address 4 Unit No.		Relati	ed Policy	CHEST TO THE SECURITION SHARES	MELLE		410204

ocident MT/1051100						
Policy No.	5093153733-01		Vehicle No.	YP7393P	GST Registration No.	199902653M
Certificate No.						SOUTH CONTRACTOR
Slicyholder Name	O LINER TECHNOLOGY PT	E LTD			Paksyholder NRIC	199902653M
Product Code	COMMERCIAL VEHICLE IN	(SURA)	Cover Type	Comprehensive		
Contact No. (Mobile)	91445143		Contact No.(Office)	0	Loading	0
mail Address			9 19	0	Contact No. (Home)	0
PK .	8		Special Remark	2002	eCode	NC V
	® No ○Yes		TCA	No ○Yes	eCode Reason	
CD Protection	No		NCD Entitlement(%)	0	Private Hire	No
Accident Details						
port Date	28/06/2019 19:22		Accident Report Within 24 hrs.	Yes	Accident Type	Side Swipe
ite of Accident	28/06/2019		Time of Acoident phimm	08:30	Country of Accident	Singapore
porting Centre			Orange Force			an garpore
xident Location	DEFU LANE 10		and gerance		ICM No.	
Excess	DELO DATE 10					
wn damage Excess	Oz.	22572277	296200020000			
		600.00	Additional Excess		Windscreen Excess	100.00
named Driver Excess			Outside Singapore OD Excess			
ind Party Excess		0.00	Outside Singapore TP Excess			
Benefits						
GST Registered Informa	ition					
T Registered	Yes			GST Registration Date	01/03/2000	
T Registration No.	1999026	SJH		GST Status Verified	Yes	
dification History	28/06/201	19 19:23:17 System	changed GST Registration Date	from 01/01/2015 to 01/03/2000	A Sala	
	28/06/201	19 19:23:17 System	changed GST Status Verified fro	m No to Yes		
Policyholder Mailing Ad	dress					
Idress 1	26 KAKI BUKIT PLACE		Address 2	#02-01 EUNOS TECHPARK	Address 3	81901000E 418304
ddress 4	Harden moved and		Address Type			SINGAPORE 416204
nit No.			Related Policy Number	Singapore address	Post Code	416204
OI Driver Info			Kelated Poscy Number	5110773044		
iver Name	The second secon		VIII.	III webselver to the second		
	Unnamed Driver		Driver Type	Unnamed Driver		
named driver Name	30WEL MOHAMMAD		Driver NRIC	G2209580W	Driver DOB	28/04/1991
gitter Date of Driver License	13/04/2018		Driver Age	28	Driving Experience	1
intact No.(Mobile)	93793685		Contact No.(Office)	0	Contact No.(Home)	o .
Idress I	26 KAKI BUKIT PLACE		Address 2	ELINOS TECHPARK	Address 3	SINGAPORE 416204
Idress 4			Address Type	Singapore address	Post Code	416204
nt No.	02-01					
oes he own a Singapore			2/10/07/20/05/20/05/20			
egistered car?	() Yes (®) No		Driver Vehicle No.		Driver Insurer Company	
claration						
wathwiyser or Blood Test			1,1971	WALKE STATE OF THE		
rading?			Any injury?	○ Yes ® No		
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diffication History	. The state of the					
dification History	S My					
dification History						
chim ool New	ОО-МХ	<u>S</u>	Insured Name	O LINER TECHNOLOGY PTE LTD	Insured NRIC	199902651M
chim ool New		À	Insured Name Contact No.(Home)	G LINER TECHNOLOGY PTE LTD	Insured NRIC Contact No. (Office)	199902651M 67428138
dification History Claim 601 New New New Introduction (Mobile)	ОО-МХ	8				
dification History Claim 001 New sim Type * ntact No.(Mobile) nel Address	ОО-МХ	Ŋ.	Contact No.(Home)	NIL	Contact No.(Office)	67428138
dification History Claim 001 New nim Type * nitact No.(Mobile) nell Address Himont Type Claimant Type *	OD-MN NIL		Contact No.(Home) Oil Vehicle Number	MIL VP7393P	Contact No.(Office)	67428138
dification History Claim 001 New Im Type * ntact No.(Mobile) ned Address Himant Type Calmant Type * Himant Name *	OD-MN NIL	V	Contact No.(Home) OI Vehicle Number Type of Benefit *	MIL VP7393P	Contact No.(Office)	67428138
cification History Claim 001 New sim Type * intact No.(Mobile) ned Address elmant Type Calmant Type * simant Name *	OD-MX MIL Prease Select	▼ ≥≥	Contact No.(Home) OI Vehicle Number Type of Benefit *	MIL VP7393P	Contact No. (Office) TP Vehide Number	67428138
cification History Claim 601 New sim Type * intact No. (Mobile) real Address elmant Type Claimant Type * simant Name * simant Address elm Description	OD-MN NIL	▼ ≥≥	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	NIL YP7393P Please Select	Contact No.(Office)	67428138
cification History Claim 001 New nim Type * notact No. (Mobile) nell Address sement Type Carmant Type * sement Name * sement Address sem Description efferred Workshop Contact	OD-MX NIL Please Select YP7393P / JT8746 ON 28	≥≥ Jun 2019	Contact No.(Home) OJ Vehicle Number Type of Benefit * Claimant NRIC *	NIL (vP7393P Please Select Fully at Fault	Contact No. (Office) TP Vehide Number	67428138
cification History Claim 001 New nim Type * notact No. (Mobile) nell Address sement Type Carmant Type * sement Name * sement Address sem Description efferred Workshop Contact	OD-MX MIL Prease Select	▼ ≥≥	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	NIL YP7393P Please Select Fully at Fault	Contact No. (Office) TP Vehide Number	67428138
dification History Claim 001 New Im Type * Intact No.(Mobile) Inel Address Immant Type Claimant Type * Immant Address Immant Imm	OD-MX NIL Please Select YP7393P / JT8746 ON 28	≥≥ Jun 2019	Contact No.(Home) OJ Vehicle Number Type of Benefit * Claimant NRIC *	NIL YP7393P Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	67428138 JTB749
im Type * ntact No.(Mobile) isid Address ismant Type Claimant Type * ismant Address ismant Addre	OD-MX NIL Please Select YP7393P / JT8746 ON 28 Yes	≥≥ Jun 2019	Contact No.(Home) OJ Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option	NIL YP7393P Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	67428138 JT5749
dification History Claim 001 New Im Type * Intact No. (Mobile) Inel Address Immant Type Claimant Type * Immant Address Immant Imm	OD-MX NIL Please Select YP7393P / JTB748 ON 28 Yes 28/06/2019 19:24	≥≥ Jun 2019	Contact No.(Home) OJ Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option	NIL YP7393P Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	67428138 JT5749
im Type * ntact No.(Mobile) eli Address ement Type Claimant Type * smant Address im Description referred workshop Contact quire Finalsetion te Registered port Taken By	OD-MX NIL Please Select YP7393P / JTB748 ON 28 Yes 28/06/2019 19:24	≥≥ Jun 2019	Contact No.(Home) OJ Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option	NIL YP7393P Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	67428138 JT5749
im Type * ntact No.(Mobile) eli Address ement Type Claimant Type * smant Address im Description referred workshop Contact quire Finalsetion te Registered port Taken By	OD-MX NIL Please Select YP7393P / JTB748 ON 28 Yes 28/06/2019 19:24	≥≥ Jun 2019	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	NIL YP7393P Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	67428138 JT5749
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citication History Claim 001 New In Type * Initiation No. (Mobile) Inel Address Initiation No. (Mobile) Inel Address Initiation No. (Mobile) Inel Address Initiation No. Initiation No. Initiation No. Attachment Initiation Initi	Pease Select PPEASE Select YP7393P / 378748 ON 28 Yes 28/06/2019 19-24 Jackson MT/1051100	≥≥ Jun 2019	Contact No. (Home) OJ Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Preference Repair Option Claim Close Date Claim No.	NIL VP7393P Please Select Fully at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	67428138 JT5749
im Type * Italian 001 New Im Type * Italian 001 New Im Type * Italian 001 New Italian	OD-MX NIL Please Select YP7393P / JT8748 ON 28 Yes 28/06/2019 19:24 Jackson MT/1051100 Yes O No	≥≥≥	Contact No.(Home) OJ Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date	NIL VP7393P Please Select Pully at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	67428138 JT5749
affication History Claim 001 New Im Type * stact No. (Mobile) eil Address Imant Address imant Name * Imant Address im Description ferred Workshoo Coreact pure Finassation e Registered sort Taken By Print AK letter Stachment Ident No.	Pease Select PPEASE Select YP7393P / 378748 ON 28 Yes 28/06/2019 19-24 Jackson MT/1051100	≥≥≥	Contact No. (Home) OJ Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Preference Repair Option Claim Close Date Claim No.	NIL VP7393P Please Select Fully at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	67428138 JTS749 Received 28/06/2019 00:00
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