NATIONAL Assessment Cen	Job description	Date & Time Completed	Done by	
Date Intil 7 kg - 15 in				_
Reino: NA INCIGOTARS TAY	SAS e-filing			<u> </u>
Vch No: 53378770	E-mail (within 8hrs, AIC 2hrs)			*
D.O.A: 11/7/19- 08:3>	i-Motor Claim Form	W111022982-001	117119 15:27	
OD (FP) Reporting Only	i-Motor W/O (Within: OD :	2hrs, TP 4hrs)		
OD / (IP), reporting Only	i-Photo Uploaded			
TD I	Assessment/Survey Repor	t		
TP Insurer:	Ass't Report by Fax / Han	d to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: F	STATES INC	()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: () Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	Note-Est. Status (WO): N: 0	0-20%; P: 21-79%. P: 80-	-100%]	1
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: 5	\$1,000 ()/\$2,000 ()			
General Remarks:-			See See	V
() Walk-In Customer: Customer's	information strictly Confidential &	Strictly NO refer of repairer		
() Total Loss Case : to e-mail In:	surer URGENTLY.			
Drive-In ()/ Towed-In (); Inv	oice: YES () / NO ()	; Towing Co: ()
Remarks:- (INC hotline: 6788 6616	00-	Date&Time Completed	Done by	1005
Apply for Transport Allowance (The state of the s			
2) QC Check / Post Repair Inspection	()	***		
3) Upload Resurvey Photo [Repair Cost:	> \$30001 ()			
Injury:			KARANGET NEW TON	427
Date/Time Actions		Same of the Control o	Response.	
			Anit (S) A	Lint (\$)
NA 1905150	(2000)	Preparation Checklist	fir Bill A	dd Bill
laimant's Particulars :-		ident Reporting (\$30); nage Assessment (\$100); INC	(\$80)	
river/Owner:	3) TF : Tow	ing Fee	\$40/\$45 \$120	
	5) FT : Follo	ow-Through Survey ow-Through Survey (Resurvey)	\$30	
ontact No:	For claim	ing against INC Only (wef 10 Jan 20	\$75	
armaged Portion:		DA + SMRT Survey	\$160	
	s) NTUC A	dditional Services:-		
C Checked by (Engr-In-Charge):		irlesy Car / Tpt Allowanise	\$5	
Trays were the active to the warmens of the date		neir Co-ordination It Repair Inspection	\$10 \$25	
uditors! Comments :-		/ Collect Excess Coordination	\$5	
Section (1994) A "Market from State Colored Property (1994) and the section of th			000	
1]:): TP (Non INC) against INC	30	in fel
			\$20	

Figure of the

SINGAPORE ACCIDENT STATEMENT

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 truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the 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	11/07/2019 15:12
Date Of Accident	11/07/2019 08:30
Exact Location Of Accident	CTE (SLE) TWDS YIO CHU KANG RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJJ7877U
Insured/Policyholder	
Name Of Registered Owner	BAN SOON HENG ENGINEERING PTE LTD
Co Reg No	199302272G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67439717
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X 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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099220288
Cover Note Number	
Driver	
Name of Driver	LIMVIMTECK

Name of Driver	LIM KIM TECK
NRIC No	S1463519Z
Date Of Birth	01/12/1961
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1982

Driving Experience 37 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96165135

Fax Number

Contact Number OFFICE-96165135

EMail Address NOEMAIL

BLK 536 UPPER CROSS STREET Address

#06-242

2

NO

NO

NO

YES NO

NO

1

050536

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 - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

FBB729Y

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

DETAILS OF OTHER VEHICLE PROPERTY 1

NRIC/Passport Number

Contact Number

Name of Driver

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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:
 - 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.

SOS AVE ENGINEERS

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.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Hutement.		

DECLARATION

I/We declare the to each 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.:

ON SATTED DATE AND TIME, MY VEHCICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS IT WAS CONGESTED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

ACCIDENT STATEMENT

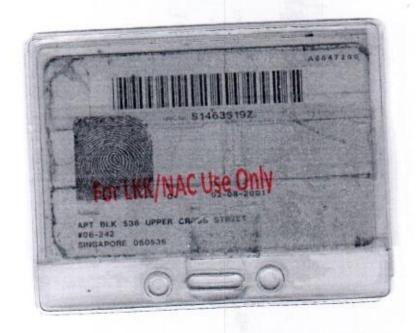
ACCIDENT DATE: 11/7/19/DD/M	M/YYYY), TIME: OS . 30 . 1/HH-MAM
LOCATION: CTECSLES tods yo	Ch - Ilong Rd
1. DETAILS OF VEHICLE	4
a) VEHICLE NUMBER: \$31 78770	
6 11 10 10 10 10 10	
C)POLICY NUMBER:	•
d)POLICY TYPE (COMPREHENSIVE CEN	
d)POLICY TYPE: (COMPREHENSIVE / THE	
f)TYPE: (SALOON / COUPE / MPV / VAN g) VEHICLE CATEGORY: (PRIVATE / COL	/IOPPY / HOTOPOWE
9) VEHICLE CATEGORY: (PRIVATE / CON	LORRY / MOTORCYCLE / OTHERS)
VARE TOU CLAIMING INDER YOUR OW	(N.I. II) 101 ID
IF NO, PLEASE STATE (THIRD PARTY CLA	N INSURANCE (YESTING).
2. INSURED / POLICY HOLDER	IM / REPORTING ONLY)
A)NAME:	
b)NRIC/FIN/PASSPORT:	(MALE / FEMALE)
C/ADDRESS:	CONTACT: 63 43977 .
+1	
* CONTINUE TO 3.d IF DRIVER ALSO POLI	CVIICIAES
	CT HOLDER
(Including driver) alNAME: Lim Kim Tecle	(1
() SINKIC/FIN/PASSPORT.	(MALE / FEMALE)
CIADORESC TILE TO	92. CONTACT: 96163135
Hr. (102 7)	ref a 06-24" (050536)
*d)DATE OF BIRTH: (//	1/00/444
e)OCCUPATION: (INDOOR / OUTDOOR)	
IT EAKS OF DRIVING EVEDEDICALOR	11,502.
WAS DRIVER AN EMPLOYEE OF THE TA	ICUIDED IS
THE CONDITION IT I FAD / DAININ	WITH INSURED:
SUCCES TOPY / WET / OFFICE	NG / OTHERS
WAS ANTBODY IN HIRED IVEC INA.	
7. a) REPORTED TO POLICE (YES / NO	10
IF YES, PLEASE STATE WHICH POLICE STATE	
8. THIRD PARTY VEHICLE	IION:
of Value of Value	105450
Including driver) D) DRIVER'S NAME:	MODEL:
() NRIC/FIN/PASSPORT:	
Including driver) b) DRIVER'S NAME: (1) PARTY VEHICLE O) VEHICLE NUMBER: [1813-794]. O) VEH	CONTACT:
No of passanger d) VEHICLE NUMBER:	V V VALUE AND
Including driver) DRIVER'S NAME:	MODEL:
NRIC/FIN/PASSPORT	
Including driver O) DRIVER'S NAME:	CONTACT:
	119

email =

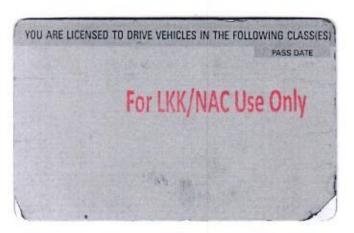
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eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601				Control of the Contro		• Change	Language	• Chang	e Password	· Log Out
My Desktop	Polic	y Query									,
Notice of Loss	Policy N	0.				Date	of Accident	[1	1/07/2019 (08:30	
	Vehicle I	No.(For Motor)	S33787	770		Certifi	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5099220288		BAN SOON HENG ENGINEERING PTE LTD	199302272G	GPC	drivo CLASSIC		\$337877U	26/03/2018	21/07/2019
						Continue	1				

Policy Information Policyholder Policyholder NRIC Policy No. 5099220288 BAN SOON HENG ENGINEERING 199302272G Name Certificate Address 51 UBI AVENUE 1 #03-22 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933 Product Group Policy Flag PRIVATE CAR INSURANCE Plan Policy Effective 22/03/2018 issue 26/03/2018 00:00 Expiry Date 21/07/2019 23:59 Date Excess All Claims Type: Excess Third Own Windscreen 0 Party damage Excess 100 Excess Excess Additional 0 Excess Premium Outside Outside Singapore OD 600 Singapore TP Excess Young/Inexperience Driver Excess Excess Agent ASSURE PTE, LTD. Agent Tel. GST Flag Coinsurance No Flag Open Policy Info Certificate Info Policyholder Mailing Address Address 1 51 UBI AVENUE 1 Address 2 #06-20 PAYA UBI INDUSTRIAL | Address 3 SINGAPORE 408933 Address 4 Address Type Singapore address Post Code 408933 Related Policy Unit No. 06-20 5099220288-01 Sequence Date of Endorsement **Endorsement Type Endorsement Status Endorsement Content** Continue Cancel

Hicy No.					
my real	5099220288	Vehicle No.	53378770	GST Registration No.	199302272G
Dificate No.					1000 St. 1000
icyholder Name	BAN SOON HENG ENGINEERING PTE LTD			Policyholder NR3C	199302272G
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Landing	0
ntact No.(Mobile)	0	Contact No. (Office)	67439717	Contact No. (Home)	0
all Address		Special Remark		eCode	0.0
	® No ○Yes	TCA	® No ○ Yes	eCode Reason	
Protection	NO	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
ort Date	11/07/2019 15:25	Accident Report Within 24 hrs	Yes	90000000000	DESCRIPTION OF THE PARTY
e of Accident	11/07/2019			Accident Type	Collision - Head to Rear
arting Centre		Time of Academ Inhama Orange Force	08:30	Country of Accident	Singapore
ident Location	CTE (SLE) TWDS YIO CHU KANG RD	337(ICM No.	
Excess	THE COURT I HAVE CITE OF THE RANGE AND				
v damage Excess	600.00	Additional Excess	0		
arned Driver Excess		Outside Singapore OD Excess		Windscreen Excess	100.00
nd Party Excess	0.00		600.00		
Senefits	0.00	Outside Singapore TP Excess	0.00		
GST Registered Inform	ation				
Registered	Yes				
Registration No.	199302272G		GST Registration Date GST Status Verified	24/05/1999	
Ification History	11/07/2019 15:26:19 System	m changed GST Registration Date 6	from 01/01/2015 to 24/05/1999	Yes	
MANAGEMENT PROPERTY.	11/07/2019 15:26:19 System	m changed GST Status Verified from	m No to Yes		
Policyholder Halling Ad	lidress				
ress 1	\$1 UBLAVENUE 1	Address 2	#06-20 PAYA UBI INDUSTRIAL I	Address 3	PRICEPONE AND TO
fress 4	340,604,004,004,000,00	Address Type	Singapore address		SINGAPORE 408933
T No.	06-20	Related Policy Number	5099220288-01	Post Code	408933
OI Driver Info	woodstall.	The state of the s			
er Name	Unnamed Driver	Onver Type	Unnamed Driver		
armed driver Name	LIM KIM TECK	Driver NRIC	514635192	Driver DOB	01/12/1961
ater Date of Driver License	01/01/1982	Oriver Age	57	Driving Experience	37
rtact No.(Mobile)	96165135	Contact No.(Office)	0	Contact No.(Home)	0
tress 1	BLK 536	Address 2	UPPER CROSS STREET	Address 3	SINGAPORE 050536
tress 4		Address Type	Singapore address		
No.	06-242	Post ess Table	angapare accress	Post Code	050536
es he own a Singapore	○ Yes ® No	Driver Vehicle No.		\$400.00 \$100.00 \$400.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.0	
sistered car?	Q 14 Q 19	Driver venice No.		Driver Insurer Company	
eration					
ethalyser or Blood Test	0 mg	Any injury?	a vita vita		
ding?		surp equity:	O Yes ® No		
Sfication History					
Salm 001 New					
William State					
m Type *	OD-MX	Insured Name	BAN SOON HENG ENGINEERING	Insured NR3C	199302272G
tact No.(Mobile)	97559698	Contact No.(Home)	The second secon	Contact No.(Office)	67430447
		OI Vehicle Number	SJ37877U	TP Vehicle Number	F88729Y
bil Address					A Section of the second
	Please Select	Type of Benefit *	Please Select V		
mant Type Claimant Type •	Please Select ≥≥	Type of Benefit + Claimant NR3C +	Please Select		
mant Type Claimant Type • mant Name •			Please Select		
mant Type Claimant Type • mant Name • ment Address			Please Select	Name of Preferred Workshop	
mant Type Claimant Type * mant Name * mant Address m Description	25			Name of Preferred Workshop	
mant Type Claimant Type * mant Name * ment Address m Description erred Workshop Contact	≥≥ 5377877U / FB8729Y CN 11 3ul 2019	Claimant NR3C * Insured Liability *	Not at Fault		Danied PA
mant Type Claimant Type * mant Name * mant Address ment Address m Description erfed Workshop Contact ure Finalisation	≥≥ 5337677U / FB8725Y CN 31 34 2019	Claimant NR3C * Insured Liability * Preferend Repair Option	Not at Fault	GIA report	Received V
mant Type Claimant Type * mant Name * mant Address mant Address m Description errod Workshop Contact uire Finalisation « Registered	\$337677U / FB6729Y CN 11 3ul 2019 Yes	Claimant NR3C * Insured Liability *	Not at Fault		Received
nand Type Claimant Type * mant Name * mant Address in Description irred Workshop Contact are Finalisation Registered orf Taken By	5337877U / FB8729Y ON 31 3ul 2019 Yes 11/07/2019 15:27	Claimant NR3C * Insured Liability * Preferend Repair Option	Not at Fault	GIA report	The state of the s
nand Type Claimant Type * mant Name * mant Address in Description irred Workshop Contact are Finalisation Registered orf Taken By	5337877U / FB8729Y ON 31 3ul 2019 Yes 11/07/2019 15:27	Claimant NR3C * Insured Liability * Preferend Repair Option	Not at Fault	GIA report	The state of the s
mant Type Claimant Type * mant Name * mant Address in Description seried Workshop Contact are Finalisation i. Registered out Taken By	5337877U / FB8729Y ON 31 3ul 2019 Yes 11/07/2019 15:27	Claimant NR3C * Insured Liability * Preferend Repair Option Claim Close Date	Not at Fault	GIA report	The state of the s
mant Type Claimant Type * mant Name * mant Address in Description seried Workshop Contact sare Finalisation Registered ord Taken By #nnt AK letter	5337877U / FB8729Y ON 31 3ul 2019 Yes 11/07/2019 15:27	Claimant NR3C * Insured Liability * Preferend Repair Option Claim Close Date	Not at Fault Preferred Workshop, Name unknown	GIA report	The state of the s
mant Type Claimant Type * mant Name * mant Address in Description error Workshop Contact care Finalisation Registered ort Taken By ####################################	5337877U / FB8729Y ON 31 3ul 2019 Yes 11/07/2019 15:27	Claimant NR3C * Insured Liability * Preferend Repair Option Claim Close Date	Not at Fault Preferred Workshop, Name unknown	GIA report	The state of the s
imant Type Claimant Type * imant Name * imant Address im Description ferred Workshop Contact pure Finalisation is Registered out Taken By #First AK letter ttachment	5337877U / FB8729Y ON 31 3ul 2019 Yes 11/07/2019 15:27	Claimant NR3C * Insured Liability * Preferend Repair Option Claim Close Date	Not at Fault Preferred Workshop, Name unknown	GIA report	
imant Type Claimant Type * imant Marie * iment Address im Description ferries Workshop Contact puire Finalisation a Registered out Taken By #mitt AK better ttachment	5337877U / FB8729Y ON 31 3ul 2019 Yes 11/07/2019 15:27	Claimant NR3C * Insured Liability * Preferend Repair Option Claim Close Date	Not at Fault Preferred Workshop, Name unknown	GIA report	
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