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Date In: ON 19-18:29	Jeb description	Dat	e &Time Completed	Do	ne by
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D.O.A : 4/0/9-17:30	i-Motor Claim F	orm M	11056554-221	J/8/19 7	اه! ۵۱
OD TP) ' Reporting Only	i-Motor W/O (W				
OB TY Reporting Only	i-Photo Uploade	d			** ***
TP Insurer:	Assessment/Surve	y Report		-	
11 113 11 11 1	Ass't Report by F:	ax / Hand to Own	er/Wksp		
Preferred Wksp / INC Assign Wksp / QW	:(Tel:	F:	ax:	
TP Particulars: Veh No:	rengio.	INC()/	Non-INC ()		
Owner / Driver: (10.	Tel)	
Policy No: ()	Period: () Cove	r Type: ()	
Confirmed by : (D	ate:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO)	: N: 0-20%; F	2: 21-79%. P: 80-10	00%]	
Year of Registration: (/NO()			
Excess: (\$) Loading:	\$1,000 ()/\$2,000 ()			
General Remarks;-		()		ag ige i	
() Walk-In Customer: Customer's	information strictly Confide	ential & Strictly N	O refer of repairer	COM Paris	
() Total Luss Case : to e-mail In			- Total of Topolisi.		15-35-30/3
n / · · · · · · · · · · · · · · · · · ·	voice: YES () / NO () ; Towing	Co: (
N'					,
Remarks: (INC hotline: 6788 661	Confederate constitutions between the best desired and the con-	Date	&Time Comple ad	Don	e by
)/Courtesy Car ()				
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()		- vi	N.	
Injury:					
Date/Time Actions		MANUSCO DE CONTROL DE		FR. 9 - 1 - 1 - 1	A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Actions		and the second section of the		Secono	. /
	Dispose				- Cwar are
4190800	Inv	oice Preparatio	n Checklist	Anit (S)	Amit (\$)
umant's Particulars :-	1) AF	R : Accident Reporting	(\$30);	- Dispillo	- Aca Dill
		: Damage Assessment: : Towing Fee			
iver/Owner:		: Follow-Through Sur	\$40/\$40/\$40/\$40/\$40/\$40/\$40/\$40/\$40/\$40/		0.04
ntact No:	5) FT	: Follow-Through Sur	rvey (Resurvey) 53	10	
maged Portion:		: Re-inspection	Only (wef 10 Jan 2005)	15	
	7) N1	: Idao DA + SMRT S		0	
Checked by (F I- Ch	8) NT OD	UC Additional Service	cs		
Checked by (Engr-In-Charge):	*N:	S: Courtesy Car / Tpt /		35	
, 67 . N. S.		6: Repair Co-ordinatio 7: Post Repair Inspecti			
ditors' Comments :-	5 / A 4/2000 A 508/A 7 / A 518/A 10/A	B: DV / Collect Excess	NAME AND ADDRESS OF TAXABLE PARTY.	-	
1:		(N11): TP (Non INC)	against INC \$2	0	4
2/3;		2: Idac Mobile	3	0	STATE OF THE PARTY
2/2	Invoic	e dated	Fee Charged	Jan was work	and for

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.
- 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.
- 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 RESIDENCE OF THE PARTY OF	ACCIDENT STATEMENT
Date Of Report	05/08/2019 18:29
Date Of Accident	04/08/2019 17:30
Exact Location Of Accident	ARAH SELATAN SHELL PETROL KIOSK
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
D D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV5058S
Insured/Policyholder	
Name Of Registered Owner	PUA CHUN YEH
NRIC No	S8586070D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84845058
Alternative Phone No	OFFICE-84845058
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	ORLANDO 1.4AT TURBO
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
Fleet Policy	NO
Policy Number	5093018622-02
Cover Note Number	
Driver	
Name of Driver	PUA FEI FEN
NRIC No	S8381435G
Date Of Birth	02/04/1983
Occupation	INDOOR
Date Of Driving Pass	03/10/2009

9 YEARS AND 10 MONTHS

(LOCAL) +65-85885058

OFFICE-85885058

FEMALE

NOEMAIL

Address BLK 316C PUNGGOL WAY

#03-695

Postcode 823316

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured SIBLING

Vehicle Registration Number of Driver's Own

Vehicle

SIBLING

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
Road Surface DRY

Other Information

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.

NO

3

Number of Passengers (Including Driver)

Passenger 1

NAME: :

. .

GENDER: : FEMALE

Passenger 2

NAME:

. -

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

YES

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

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

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Police Station Name

Circumstances of Accident

REFER TO POLICE REPORT - T/20190805/7004.

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

PZ2098D

Vehicle Make/Model/Colour

Details Of Properties

BUS

Vehicle Category

Name of Driver

Page 2 of 16

NRIC/Passport Number Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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 aforesaid.
- 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 :
 - (i) 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

for complying with requirements under any regulations, laws or court orders.

Policyholder Jignature

Date & Time:

Driver's Sgnature

(f driver s not the policyholder)

Date & fime:

Reporting Centre Personnel's Signature

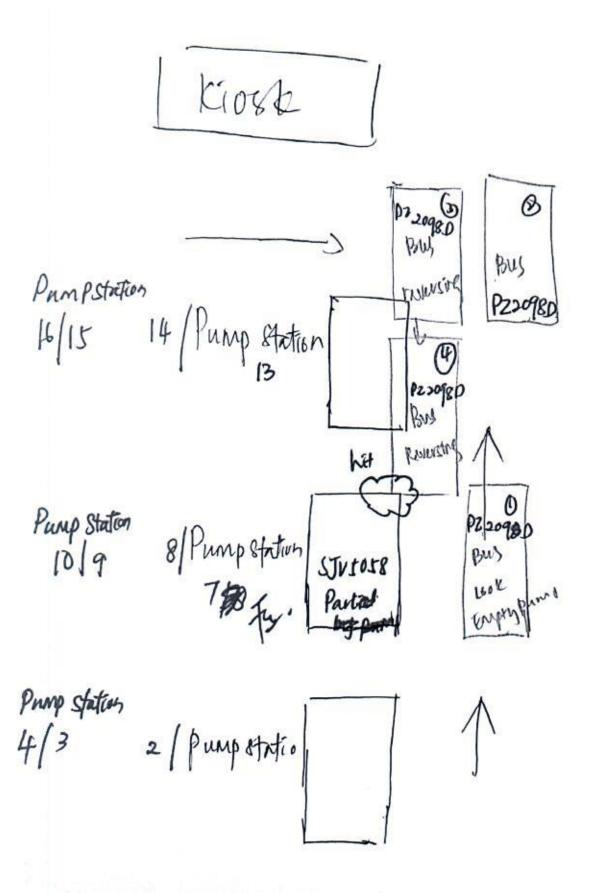
Name:

NRIC/FIN No.:

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ACCIDENT STATEMENT

ACCIDENT DATE: (04/08/2019 (DD/MM/YYY), TIME: (17:30 HHH:MM)
LOCATION: KM4 Lebuhraya Link kedua RNR Arah Selatan Shell Petrol
Station.

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POLIS DIRAJA MALAYSIA

REPOT POLIS

Pegawai Penyiasat

Balai

: TRAFIK ISKANDAR PUTERI

Daerah

: ISKANDAR PUTERI

Kontinjen

JOHOR

No Repot

: TRAFIK IPUTERI/008576/19

Tarikh

: 04/08/2019

Waktu

: 1833 PM

Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot

Nama: AZRI BIN JUNAT

Butir-butir Jurubahasa (Jika Ada)

Nama : ---

No Paspot: ---

Alamat: ---

Butir-butir Pengadu

Nama: PUA FEI FEN

No K/P (Baru): ---

No Polis/Tentera : --

No Paspot: K1168550G

Umur: 36 tahun 4 bulan

: R189981

Pangkat: KONST/P

No Polis/Tentera: ---

No Sijil Beranak : ---

Jantina: Perempuan

Tarikh Lahir: 02/04/1983

No Personel: R208497

No K/P (Baru): ---

Bahasa Asal: ---

Warganegara: Singapore Keturunan: Cina

Pekerjaan: SWASTA

Alamat Tempat Tinggal: 316C PUNGGOL WAY #03-695, 823316

Alamat Ibu/Bapa: ---Alamat Pejabat : ---

No Tel (Rumah): ---

No Tel (Pejabat): ---

No Tel (HP): 685885058

Emel : ---

Pengadu Menyatakan:-

PADA 04/08/2019 JAM LEBIH KURANG 1730HRS SAYA MEMANDU M/KAR NO SJV5058S DARI JOHOR BHARU MENUJU KE SINGAPORE. APABILA SAYA SAMPAI DI KM4 LEBUHRAYA LINK KEDUA RNR ARAH SELATAN. SEMASA SAYA BERADA DI SHELL V-POWER. TIBA-TIBA SEBUAH M/BAS NO PZ2098D YANG INGIN TUTUR MENGISI MINYAK LALU TELAH MENGUNDUR DAN MELANGGAR M/KAR SAYA HADAPAN. DALAM KEJADIAN ITU, SAYA TIDAK MENGALAMI SEBARANG KECEDERAAN. KEROSAKAN M/KAR SAYA IALAH BAHAGIAN DEPAN: BUMPER, BONET, LAMPU KANAN DAN LAIN KEROSAKAN BELUM KENAL PASTI. SEKIAN LAPORAN SAYA.

Tandatafigan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

: R208497 | 04/08/2019 07:06:02 PM

https://prs.rmp.gov.my/prs/eoffice/viewpol55real2_asp?type=printed&salinan=ya&jeniss... 4/8/2019

Scanned by CamScanner





1 of 3

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20190805/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/08/2019 12:27			Vide Report No.:	Station Diary No.:			
Informa	nt's Partic	ulars	THE PERSON NAMED IN	THE THE PARTY OF THE PARTY OF THE PARTY.			
ACCOUNT OF THE PARTY OF THE PAR	f Informant: IUN YEH		Address: APT BLK 592C MONTREAL LINK #06-32 SINGAPORE 753592				
ID Type / ID No.: NRIC NO / S8586070D			Contact No.: Home/Office: Mobile: 84845058				
National MALAYS			Email: jims@outlook.sg				
Sex: Male	Age:	Date of Birth: 21/11/1985	Type of Informant: Vehicle Owner				
Race: Chinese			Language: English	Institution / School Name:			
Occupation: Baker (general)			Driving Licence Information: Class:	Date of Expiry:			

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 04/08/2019 17:30	Type of Location Petrol Kiosk	
Weather:	Shell Petrol Kiosk	Road Surface:	Ţ,	Road Speed Limit:	
Clear	Traffic Flow: One Way			Traffic Volume: Moderate	
Traffic Flow:		Traffic Control: Not Controlled			

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
PZ2098D	Bus/Coach/Mi nibus				Slightly Damaged	0		
SJV5058S	Car	CHEVROLET	ORLANDO		Seriously Damaged	2		

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/20190805/7004

CONTINUATION OF REPORT

A1	DILLA CLILIALIZATION									
Name	PUA CHUN YEH	CHUN YEH		PUA CHUN YEH		PUA CHUN YEH		ID No		S8586070D
Related Vehicle	SJV5058S (Car)				ct No.	84845058				
Hospital/Clinic	NIL				of g ce & Date	Class: NIL Date of Expiry: NIL				
Date Treatment	NIL		Date Discharge NIL							
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL					

Brief Details.

ON 04/08/2019, AT ABOUT 17:30HR, MY SISTER - PUA FEI FEN, NRIC: S8381435G, HAD DRIVEN MY VEHICLE TO MALAYSIA AND SHE WAS PARKED AT THE SHELL PETROL KIOSK AT RNR ARAH SELATAN. BEFORE SHE GOT DOWN OF HER VEHICLE, VEHICLE NUMBER - PZ2098D, CAME ON HER RIGHT SIDE AND MADE A REVERSE AHEAD OF HER VEHICLE. DUE TO MIS-JUDGEMENT, THE SAID VEHICLE REVERSED INTO HER VEHICLE'S FRONT PORTION.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190805/7004

CONTINUATION OF REPORT

OKCION FIAM	Sketc	h P	an
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Authentication Stamp

NP168

Informant is not able to provide sketch plan

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: 05/08/2019 12:27
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:







Licence Number: \$8381435 G

Name:

PUA FEI FEN

Birth Date: 02 Apr 1983

Issue Date: 03 Oct 2009



REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8381435G





Name

PUA FEI FEN

慧

芬or LKK/NAC Use Only

Race

CHINESE

Date of birth

Sex

02-04-1983

Country/Place of birth

MALAYSIA

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

Class 2B Motorcycles =< 200 cc 03 Oct 2009
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 03 Oct 2009
of the driver; and other motor vehicles =< 2500kg

For LKK/NAC Use Only



NP 428A

5369468



NRIC No. S8381435G



For LKK/NAC Use Only

13-10-2014

APT BLK 316C PUNGGOL WAY #03-695 SINGAPORE 823316

NRIC No:

S8381435G

Date

14/09/2017

eBao Tech								GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601					• Change	Language	Chang	e Password	• Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident	0	4/08/2019 1	7:30	
	Vehicle Na.(For Motor)	SJV505	88		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
	O 5093018622- 02		PUA CHUN YEH	58586070D	GPC	drivo PREMIUM	S3V5058S	SJV5058S	19/07/2019	18/07/2020
					Continue	J				

Policy No.	5093018622-02	Policyholder Name	PUA CHUN	YEH	Policyholder NRIC	S8586070D	
Certificate		Hame			MAIC		
Address	BLK 592C #06-32 MONTREAL (INK MONTREA	L VILLE SIN	GAPORE 753592			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	20/06/2019	Effective Date	19/07/201	9 00:00	Expiry Date	18/07/2020 2	3:59
Excess	Per Accident	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			Young	g/Inexperience Driver Excess
Agent	ALPINE FINANCIAL PTE. LTD.	Agent Tel.	65113025		GST Flag	Y	
Co- insurance Flag Open Policy	No						
Info Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 592C #06-32	Addre	rss 2	MONTREAL LINK		Address 3	MONTREAL VILLE
Address 4	SINGAPORE 753592	Addre	ess Type	Singapore address		Post Code	753592
Unit No.		Relate	ed Policy er	5093018622-02			
	ed Object: SJV5058S						

Claim Handling					
ccident MT/1056554					
olicy No.	5093018622-02	Vehicle No.	\$3V\$058\$	GST Registration No.	
ertificate No.					
olcyholder Name	PUA CHUN YEH			Policyholder NRIC	\$85860700
Yoduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
ontact No.(Mobile)	84845058	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	NI V
FK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
ICD Protection	No	NCD Entitlement(%)	30	Private Hire	No
→ Accident Details					
eport Date	05/08/2019 19:59	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	04/08/2019	Time of Accident thomm	17:30	Country of Accident	Outside Singapore
eporting Centre		Orange Force		ICM No.	ACCOMPANION STATES
codent Location	ARAH SELATAN SHELL PETROL KOOSK				
▼ Total Excess Applicable					
xcess Type	Per Accident	Windscreen Excess	100.00		
O Standard Excess	600.00	TP Standard Excess	0.00		
IED OD Excess	500.00	YIED TP Excess		Driver is Covered?	
dditional Excess	0				
otal OD Excess Applicable	1100.00	Total TP Excess Applicable			
→ Benefits					
GST Registered Informa			MATRICISMA NO DESCRIBARA		
SST Registered	No		GST Registration Date		
IST Registration No. fodification History			GST Status Verified	Yes	
- Control of State of					
Policyholder Hailing Ad	dress				
uddress 1	BUK 592C #06-32	Address 2	MONTREAL LINK	Address 3	MONTREAL VILLE
ddress 4	SINGAPORE 753592	Address Type	Singapore address	Post Code	753592
ne No.		Related Policy Number	5093018622-02		33-5-8-2
OI Driver Info		ALCONOMINATED WINDS			
river Name	Unnamed Driver	Onver Type	Unnamed Driver		
nnamed driver Name	PUA FEI FEN	Driver NRIC	\$8381435G	Driver DOB	02/04/1983
egister Date of Driver License	03/10/2009	Driver Age	36	Driving Experience	9
Contact No.(Mobile)	85885058	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BLK 316C	Address 2	PUNGGOL WAY	Address 3	WATERWAY CASCADIA
cidress 4	53NGAPORE 823316	Address Type	Singapore address	Post Code	823316
init No.	03-695				
Does he own a Singapore Registered car?	○ Yes ® No	Onver Vehicle No.		Driver Insurer Company	
2012.00					
eclaration					
reathelyser or Blood Test eading?	0 mg	Any injury?	○ Yes ® No		
odification History					
Claim 001 New					
wim Type *	OD-MX	Insured Name	PUA CHUN YEN	Insured NRIC	\$85860700
ontact No.(Mobile)	84845058	Contact No.(Home)	NDL	Contact No.(Office)	NIL
nail Address	sms1121@hotmail.com	OI Vehicle Number	SJV50585	TP Vehicle Number	PZ 20980
amant Type Claimant Type *	- Land and the second s	Type of Benefit *	Please Select	Oper State Well Control	To the state of th
pimant Name *	22	Claimant NRIC *			
simant Address					
aim Description	52/50585 / PZ20980 ON 4 Aug 2019			Name of Preferred Workshop	
elemed Workshop Contact		Insured Liability •	Not at Fault		177
). equire Finalisation	Yes 🔻	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
ate Registered	05/08/2019 20:01	Claim Close Date		Date Received	05/08/2019 00:00
eport Taken By	Zackson	SCOTTON TO STATE OF THE STATE O			
Bullet AW Laster					
Print AK letter					
Print AK setter			Save Submit		
Print AK letter Attachment			Save Submit		
Attachment			Save Submt		
Attachment			Save Submt		
Attachment	MT/1056554	Claim No.	Save Submt		
Attachment Accident No. ast Doc. Received	MT/1056554 ® Yes ○ No				

