| NATIONAL Assessment Co | | | | | |
|---|--|--|---|---|--------------|
| Date In: 10 9-11:33 | Job description | Date & Time Con | ipleted | Don | ie by |
| Reino: Malineigolyporty | SAS e-filing | İ | | | |
| Veh No: GOGEGGO | E-mail (within Shrs, A | IC 2hrs) | | | |
| D.O.A: 3/1/19-10:30 | i-Motor Claim Fo | rm 105 650 4- | 221 /5/8 | 119 20: | :47 |
| OD TP Reporting Only | i-Motor W/O (win | | | | _1.1 |
| OB (11) Tapping Omy | i-Photo Uploaded | | | | |
| TP Insurer: | Assessment/Survey | Report | | | |
| | Ass't Report by Fax | / Hand to Owner/Wksp | | | |
| Preferred Wksp / INC Assign Wksp / QW: | (| Tel; | Fax: | | |
| TP Particulars: Veh No: 5 | LUG8785 | INC()/Non-INC(|), | 10 | |
| Owner / Driver: (| | Tel: | The second |) | |
| Policy No: () | Period: (|) Cover Type: (| |) | |
| Confirmed by : (| Da | te: Time: | |) | |
| Insured/Driver Liability: (9 | 6) [Note-Est. Status (WO): | N: 0-20%; P: 21-79%. | P: 80-1009 | 6] | |
| Year of Registration: (|) Warranty: YES ()/1 | NO() | | | |
| Excess: (\$) Loading: | |) | | | |
| General Remarks;- | | | 12000 | | |
| () Walk-In Customer: Customer's | information strictly Confiden | tial & Strictly NO refer of re | pairer. | 111111111111111111111111111111111111111 | A |
| () Total Luss Case : to e-mail In | | * | | | |
| | oice: YES () / NO (|); Towing Co: (| · · | | 1 |
| | |) , rowing co. (| | | |
| Remarks:- (INC hotline: 6788 661) | Construe and the construence and conserve and construence and | Date&Time Comp | le od | Done | by |
| 1) Apply for Transport Allowance (|) / Courtesy Car () | * | | NEW YEAR | 100 |
| 2) QC Check / Post Repair Inspection | () | | | | |
| Upload Resurvey Photo [Repair Cost: | > \$3000] () | | | | |
| Injury: | | 1, | | | |
| Date/Time Actions | | | V V V V V V V V V V V V V V V V V V V | @ P. Y. 2-4- | ATT - 11 27. |
| Date/Time Actions | 1 17 1 10 10 10 10 10 10 10 10 10 10 10 10 1 | The state of the s | 111111111111111111111111111111111111111 | Source | <u> </u> |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Leadonton | | A SANCE OF THE | 1567-102-2011 | estas and |
| 19 19057 by | Inve | ce Preparation Checklist | | Ant (S) | Amit (\$) |
| aimant's Particulars :- | I) AR | Accident Reporting (530); | Y. Carlow Co. | , in Date | (tost;D/II |
| | The state of the s | Damage Assessment (\$100); Towing Fee | INC (\$80) \$40/\$45 | | |
| iver/Owner: | 4) FT : | Follow-Through Survey | \$120 | | |
| ntact No: | | Follow-Through Survey (Resurvey) laiming against INC Only (wef 10) | | | |
| maged Portion: | | Re-inspection | \$75 | | |
| - Section. | | Idao DA + SMRT Survey | . \$160 | | |
| Checked by (Engr-In-Charge): | 8) NTU | C Additional Services:- | | | |
| Checked by (Engr-In-Charge): | *N5: | Courtesy Car / Tpt Allowance | \$5 | | |
| Missis per views accusions reverse disposit | | The state of the s | 510 | | |
| ditors! Comments :- | GANTARGERS MENTERS TO THE STATE OF NT | Repair Co-ordination Fost Repair Inspection | \$25 | | |
| 1: | *N8: | Fost Repair Inspection DV / Collect Excess Coordination | 55 | | |
| | *N8: IP () | Fost Repair Inspection DV / Collect Excess Coordination N11): TP (Non INC) against INC | \$3 \$20 | | |
| 2 / 3: | *N8: IP () | Fost Repair Inspection DV / Collect Excess Coordination N11): TP (Nan INC) against INC Idac Mobile | \$5 \$20 30 hargea | 88 0 3 | |

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 aforesaid.

| MANAGER AND ASSESSMENT OF THE PARTY OF THE P | ACCIDENT STATEMENT |
|--|---|
| Date Of Report | 05/08/2019 11:37 |
| Date Of Accident | 03/08/2019 22:30 |
| Exact Location Of Accident | BKE (SLE) BEFORE TURF CLUB AVE EXIT |
| Country/State of Loss | SINGAPORE |
| D | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | GBG8679D |
| Insured/Policyholder | |
| Name Of Registered Owner | BEST DOORS PTE LTD |
| Co Reg No | 201101910G |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-67423633 |
| Vehicle Particulars | |
| Manufacturer | NISSAN |
| Model | NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC |
| 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 | COMMERCIAL VEHICLE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5105182460 |

| Cover Note | Number |
|------------|--------|
| Driver | |

MARLAR MYINT Name of Driver Passport No/FIN G6170647Q 31/05/1974 Date Of Birth INDOOR Occupation 12/12/2015 Date Of Driving Pass Driving Experience

3 YEARS AND 7 MONTHS

Gender FEMALE

(LOCAL) +65-84189081 Mobile Number

Fax Number

OFFICE-84189081 Contact Number

NOEMAIL EMail Address

BLK 1079 EUNOS AVENUE 7 Address

#01-169 EUNOS INDUSTRIAL ESTATE

409582 Postcode

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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2

involved in the accident

YES

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

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

NO

1 Number of Passengers (Including Driver)

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLV9878S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

XIAO TIANSHUI Name of Driver

NRIC/Passport Number

G3345594T

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

MARLAR MYINT

BODY

GBG8679D

YES

NO

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.
- 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.

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.:

S PASS

Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

Employer .
BEST INDUSTRIAL PTE. LTD.



MARLAR MYINT

0 9228185-

MANUFACTURING

K0864294

For LKK/NAC Us

G6170647Q

MARLAR MYINT

Herth Date: 31 May 1974 Date: 12 Dec 2015

Valid Till 27/12/2020

REPUBLIC OF SINGAPORE

MARLAR MYIN



11-10-2018

MYANMAR

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE.

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Motor cars with unladen weight a< 3000kg with =< 7 passengers, exclusive of driver Class 3 31/05/17

Class 3C

NP 428A

| eBaoTech | | | | | | | | | | Genera | Claim |
|------------------------|----------|----------------|-----------------------|-----------------------|----------------------|-----------|-------------------------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601 | | | | Henri Harris | THE PARTY | 10370012001 | e Language | • Chang | e Password | Log Out |
| My Desktop | Polic | cy Query | | | | | | | | | |
| Notice of Loss | Policy N | Io. | | | | Date | of Accident | | 03/08/2019 2 | 2:30 | |
| | Vehicle | No.(For Motor) | GBG86 | 579D | | Cert | ficate Number | | | | |
| | | | | | | Search | | | | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5105182460 | | BEST DOORS PTE LTD | 201101910G | GCV | Preferred Workshop Plan | GBG86791 | GBG8679D | 24/11/2018 | 23/11/2019 |
| | | | | | - 1 | Continue | 1 | | | | |

| ▽ Poli | icy Information | | | | | | |
|--------------------------------------|-----------------------------|-----------------------------------|--------------|-------------------|----------------------|---------------|-----------------------------|
| olicy No. | 5105182460 | Policyholder Name | BEST DOOF | S PTE LTD | Policyholder NRIC | 201101910G | |
| ertificate lo. | | | | | | | |
| ddress | BLK 1079 #01-169 EUNOS AVER | NUE 7 EUNOS | S INDUSTRIAL | ESTATE SINGAPORE | 409582 | | |
| Product Name | COMMERCIAL VEHICLE INSURAI | Plan | | | Group Policy Flag | N | |
| Policy ssue Date | 01/11/2018 | Effective Date | 24/11/2018 | 00:00 | Expiry Date | 23/11/2019 23 | :59 |
| Excess Type | | All Claims Excess | | | | | |
| Third Party Excess | 0 | Own damage Excess | 600 | | Windscreen Excess | 100 | |
| Additional Excess | | OS Premium | 0 | | | | |
| Dutside Singapore OD Excess | | Outside Singapore TP Excess | | | | Young | /Inexperience Driver Excess |
| Agent | CITY INSURANCE AGENCY PTE. | Agent Tel. | 64598677 | | GST Flag | Υ | |
| Co- nsurance Flag | No | | | | | | |
| Open Policy Info | | | | | | | |
| Certificate Info | | | | | | | |
| | holder Mailing Address | | | | | | |
| Address 1 | BLK 1079 #01-169 | Add | ress 2 | EUNOS AVENUE 7 | | Address 3 | EUNOS INDUSTRIAL ESTATE |
| Address 4 | SINGAPORE 409582 | Add | ress Type | Singapore address | | Post Code | 409582 |
| Unit No. | 01-169 | | ited Policy | 5102453079-01 | | | |
| | | | | | | | |
|) Insure | ed Object: GBG8679D | | | | | | |
| D Insure | | | | | | | |

| cident MT/1056559 licy No. milicate No. | | | | | | |
|--|---|------------------|--|--|---|---|
| | 5105182460 | | Vehicle No. | GBG8679D | GST Registration No. | |
| Dividite were | 2102101400 | | | | 300 1 200 E 100 E | |
| | BEST DOORS PTE LTD | | | | Policyholder NRIC | 201101910G |
| cyholder Name | | CONT. | 9.00000000 | | | 0 |
| duct Code | COMMERCIAL VEHICLE INSI | JRAI : | Cover Type | Preferred Workshop Plan | Loading | 0 |
| ntact No.(Mobile) | 0 | | Contact No.(Office) | 67423633 | Contact No.(Home) | |
| sell Address | T and the second | | Special Remark | | eCode | he.v |
| K | ® No ○ Yes | | TCA | ® No ○Yes | eCode Reason | |
| D Protection | No | | NCD Entitlement(%) | 10 | Private Hire | No |
| Accident Details | | | | | | |
| port Date | 05/08/2019 20:45 | | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| te of Accident | 03/08/2019 | | Time of Accident hh:mm | 22:30 | Country of Accident | Singapore |
| porting Centre | | | Orange Force | | ICM No. | |
| Section 1 | | SE VISITE DE | Grange Force | | TOTAL NO. | |
| ident Location | BKE (SLE) BEFORE TURF CL | UB AVE EXIT | | | | |
| Excess | | | | | | |
| n damage Excess | 60 | 0.00 | Additional Excess | | Windscreen Excess | 100.00 |
| named Driver Excess | | | Outside Singapore OO Excess | | | |
| nt Party Excess | | 0.00 | Outside Singapore TP Excess | | | |
| Benefits | | | | | | |
| GST Registered Inform | nation | | | | | |
| T Registered | Yes | | | GST Registration Date | 19/07/2016 | |
| T Registration No. | 201101910 | IG . | | GST Status Verified | Yes | |
| diffication History | 05/08/2019 | 20:46:31 Syst | em changed GST Registered from N | o to Yes | | |
| | | | em changed GST Registration No. fr em changed GST Registration Date: | | | |
| Policyholder Mailling A | | | | normalist and the control of the con | | |
| Dress 1 | BLK 1079 #01-169 | | Address 2 | EUNOS AVENUE 7 | Address 3 | EUNOS INDUSTRIAL ESTATE |
| | | | Address Type | Singapore address | Post Code | 409582 |
| dress 4 | SINGAPORE 409582 | | | State Section 201 | Frank (4000) | Todaye |
| it Na. | 01-169 | | Related Policy Number | 5102453079-01 | | |
| OI Driver Info | | | | - 1000000000000 | | |
| ver Name | Unnamed Driver | | Driver Type | Unnamed Driver | | |
| named shiver Name | HARLAR MYINT | | Driver NR3C | G6170647Q | Driver DOB | 31/05/1974 |
| gister Date of Driver Licens | se 12/12/2015 | | Driver Age | 45 | Driving Experience | 3 |
| ntact No.(Mobile) | 84189081 | | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| dress 1 | BLK 1079 | | Address 2 | BUNDS AVENUE 7 | Address 3 | EUNOS INDUSTRIAL ESTATE |
| dress 4 | SINGAPORE 409582 | | Address Type | Singapore address | Post Code | 409582 |
| | | | Loren den 1864 | | (1000) | 7 |
| nit No. | 01-169 | | | | | |
| es he own a Singepore gistered car? | Yes ® No | | Driver Vehide No. | | Driver Insurer Company | |
| claration | | | | | | |
| eathalyser or Blood Test | 0.00 | | | # Ch- | | |
| ading? | 0 mg | | Any injury? | ® Yes □ No | | |
| | | | | | | |
| diffication Hatory | | | | | | |
| STATE OF THE PARTY | | | | | | |
| Claim 001 New | | | | | | |
| | | | | | | |
| AND THE RESERVE OF THE PARTY OF | | 7771 | \$1000000 | | | |
| Cally a | For the | V | | | Insured Albert | 2011010100 |
| | ОО-МХ | and the same of | Insured Name | BEST DOORS PTE LTD | Insured NRIC | 201101910G |
| | ОР-МХ | | Contact No.(Home) | NIL | Contact No.(Office) | NR. |
| rtact No (Mobile) | Ор-мх | | | NIL G8G86790 | | |
| ntact No.(Mobile) all Address | | v v | Contact No.(Home) | NIL | Contact No.(Office) | NR. |
| ntact No.(Mobile) sii Address mant Type Claimant Type | | ▼ ≥≥ | Contact No.(Home) Of Vehicle Number | NIL G5G86790 | Contact No.(Office) | NR. |
| ntect No.(Mobile) all Address mant Type Claimant Type smant Name * | | The same of | Contact No.(Home) Of Vehicle Number Type of Benefit * | NIL G5G86790 | Contact No.(Office) | NR. |
| ttoct No.(Mobile) all Address mant Type Claimant Type imant Name * imant Address | | >> | Contact No.(Home) Of Vehicle Number Type of Benefit * | NIL G5G86790 | Contact No.(Office) | NS. SLV0878S |
| ntact No.(Mobile) all Address imant Type Claimant Type imant Name * imant Address im Description | Pinase Select | >> | Contact No.(Home) Of Vetrice Number Type of Benefit * Claimant NRIC * | NIL G8G86790 Please Select | Contact No.(Office) TP Vehicle Number | NS. SLV0878S |
| ntact No. (Mobile) uniat Type Claimant Type umant Name * umant Address um Description eferred Workshop Contact | Piease Spiect GEGB679D / SLV98785 ON | ≥≥ 3 Aug 2019 | Contact No.(Home) Of Vetrice Number Type of Benefit * Claimant NRIC * | NiL GBG85790 Please Select | Contact No.(Office) TP Vehicle Number Name of Preferred Workshop | NS. SLV0878S |
| in Type * mact No.(Mobile) all Address smant Type Claimant Type smant Name * smant Address sim Description referred Workshop Contact quire Finelisation | Please Select GBGB679D / SLV98785 ON Yes | >> | Contact No.(Home) Of Vetrice Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option | NIL G8G86790 Please Select | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report | NR. SLV0878S |
| ntect No. (Mobile) all Address mant Type Claimant Type imant Name * imant Address im Description ferred Workshop Contact quire Finelisation | Piease Spiect GEGB679D / SLV98785 ON | ≥≥ 3 Aug 2019 | Contact No.(Home) Of Vetrice Number Type of Benefit * Claimant NRIC * | NiL GBG85790 Please Select | Contact No.(Office) TP Vehicle Number Name of Preferred Workshop | NS. SLV0878S |
| nact No. (Mobile) all Address mant Type Claimant Type mant Name * whant Address in Description ferred Workshop Contact ruire Finelisation e Registered. | Please Select GBGB679D / SLV98785 ON Yes | ≥≥ 3 Aug 2019 | Contact No.(Home) Of Vetrice Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option | NiL GBG85790 Please Select | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report | NR. SLV0878S |
| nact No. (Mobile) all Address mant Type Claimant Type mant Name * whant Address in Description feered Workshop Contact pure Finalisation is Registered pors Taken By | Please Select Gb08679D / SLV98785 ON Yes 05/08/2019 20:47 | ≥≥ 3 Aug 2019 | Contact No.(Home) Of Vetrice Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option | NiL GBG85790 Please Select | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report | NR. SLV0878S |
| nact No. (Mobile) all Address mant Type Claimant Type mant Name * whant Address in Description feered Workshop Contact pure Finalisation is Registered pors Taken By | Please Select Gb08679D / SLV98785 ON Yes 05/08/2019 20:47 | ≥≥ 3 Aug 2019 | Contact No.(Home) Of Vetrice Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option | NiL GBG85790 Please Select | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report | NR. SLV0878S |
| ntact No. (Mobile) all Address mant Type Claimant Type smant Name * smant Address im Description ferred Workshop Contact quire Finelisation is Registered port Taken By | Please Select Gb08679D / SLV98785 ON Yes 05/08/2019 20:47 | ≥≥ 3 Aug 2019 | Contact No.(Home) Of Vetrice Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option | NiL GBG85790 Please Select | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report | NR. SLV0878S |
| ntact No. (Mobile) all Addraws mant Type Claimant Type imant Name * whant Address im Description ferred Workshop Contact | Please Select Gb08679D / SLV98785 ON Yes 05/08/2019 20:47 | ≥≥ 3 Aug 2019 | Contact No.(Home) Of Vetrice Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option | NIL GBG88790 Please Select V Not at Fault Preferred Workshop, Name unknown | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report | NR. SLV0878S |
| ntact No. (Mobile) all Address smart Type Claimant Type smart Name * smart Address im Description ferred Workshop Contact quire Finalisation se Registered sort Taken By Print AK (etter | Please Select Gb08679D / SLV98785 ON Yes 05/08/2019 20:47 | ≥≥ 3 Aug 2019 | Contact No.(Home) Of Vetrice Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option | NIL GBG88790 Please Select V Not at Fault Preferred Workshop, Name unknown | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report | NR. SLV0878S |
| nact No. (Mobile) all Address mant Type Claimant Type mant Name * mant Address in Description feered Workshop Contact jure Finalisation e Registered sort Takan By Print AK (etter | Please Select Gb08679D / SLV98785 ON Yes 05/08/2019 20:47 | ≥≥ 3 Aug 2019 | Contact No.(Home) Of Vetrice Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option | NIL GBG88790 Please Select V Not at Fault Preferred Workshop, Name unknown | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report | NR. SLV0878S |
| ntact No. (Mobile) all Address smart Type Claimant Type smart Name * smart Address im Description ferred Workshop Contact quire Finalisation se Registered sort Taken By Print AK (etter | Please Select Gb08679D / SLV98785 ON Yes 05/08/2019 20:47 | ≥≥ 3 Aug 2019 | Contact No.(Home) Of Vetrice Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option | NIL GBG88790 Please Select V Not at Fault Preferred Workshop, Name unknown | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report | NR. SLV0878S |
| inact No. (Mobile) all Address mant Type Claimant Type mant Name * mant Address in Description feered Workshop Contact juine Finalisation e Registered ions Takan By Print AK (etter Reachment dent No. | Picase Spiect Ghd8679D / SLV9878S ON Yes D5/08/2019 20:47 Jackson H7/1056559 | ≥≥ 3 Aug 2019 | Contact No.(Home) Of Vetrice Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Data Claim No. | NiL GBG86790 Please Select Not at Fault Preferred Workshop, Name unknown Save Submit: | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report | NR. SLV0878S |
| tect No.(Mobile) iii Address mant Type Claimant Type mant Name * mant Address m Description lected Workshop Contact user Finalisation e Registered ord Taken By Print AK letter ttachment | Picase Spiect Gb08679D / SLV96785 ON Yes 05/06/2019 20:47 Jackson HT/1096559 • Yes ○ No | 3 Aug 2019 | Contact No.(Home) Of Vetrice Number Type of Benefit * Claimant NRIC * Insured Lability * Preferenced Repair Option Claim Class Date | Not at Fault Preferred Workshop, Name unknown Save Submit 001 05/05/2019 20:48 | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received | Received 05/08/2019 00:00 |
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