1 Date in as let a set as	ntre Services		Date & Time Completed	Do	ie by
Date In: n/r/19-15:42			Bate te rans companie	-	
Ref No: LIA HEGONA 20/24	SAS e-filing		1		
Veh No. Shryogen	E-mail (within 8hr				•
D.O.A: 21 18 19-01:45	i-Motor Claim	Form	m 1058836-001	21/8/19	19:12
OD / TP / Reporting Only	i-Motor W/O (v	Vithin: OD 2hrs	, TP 4hrs)		- 11 1-
	i-Photo Upload	ed			
TP Insurer:	Assessment/Surv	ey Report	<u> </u>		
	Ass't Report by I	ax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:)
TP Particulars: Veh No:50	DAME	INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: (Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	6) [Note-Est Status (WC		%; P: 21-79%. P: 80-	-100%]	1/
Year of Registration: ()		/NO()		
Excess: (\$) Loading: \$	\$1,000 ()/\$2,000 ()			
General Remarks;-					s , (,
() Walk-In Customer: Customer's		lential & Str	ctly NO refer of repairer		
() Total Loss Case : to e-mail Ins	surer URGENTLY.			one of the second	
Drive-In ()/ Towed-In (); Inve	oice: YES () / NO	(); To	owing Co: ()
Remarks:- (INC hotline: 6788 6616			Date&Time Completed	Edder Dan	#Share
	AND ADDRESS OF THE PARTY OF THE		Datese Turne Collibre 3rt	385 7- 413GH	Chy
	/ Courtesy Car ()		-	-	
2) QC Check / Post Repair Inspection	()				
5) Opioad Resurvey Photo [Repair Cost >	> \$3000] ()				
Injury:	>\$3000] ()				
Injury:	> \$3000] ()				er en
Injury:	>\$3000] ()	er de la cons			м т. М. р. Т
	> \$3000] ()				with parts
Injury:	> \$3000] ()	Value (
Injury:	> \$3000] ()				ATTENDED TO
Injury:	> \$3000] ()				
Injury: Date/Time Actions			Condition	Anit(s)	Amil(5)
Injury: Date/Time Actions MALGO 6574	ı.		aration Checklist.	Anic(s)	Ami (5)
Injury: Date/Time Actions MALGO 6574	.i	AR : Accident I		fú Bill	A least to the second to the
Injury: Date/Time Actions MALMO 1834 Rumant's Particulars:-	1 In (1) (2) (3) (3)	AR : Accident I DA : Damage A IF : Towing Fe	Reporting (\$30); ssessment (\$100); INC (\$	ficBill (80) (0/545	A least to the second to the
Injury: Date/Time Actions MALGO 6544 alimant's Particulars:- iver/Owner:	1	AR: Accident I DA: Damege A IF: Towing Fe FT: Follow-The FT: Follow-The	Reporting (\$30); ssessment (\$100); INC (\$ sough Survey rough Survey (Resurvey)	fit Bill (80) (0/545 \$120 \$30	A least to the second
Injury: Date/Time Actions MALGO 6574 aumant's Particulars: iver/Owner: ntact No:	1 1) 2) 3) 4): 5):	AR: Accident I DA: Damage A IF: Towing Fe FT: Follow-The FT: Follow-The For claiming age	teporting (\$30); ssessment (\$100); INC (\$50) cough Survey cough Survey (Resurvey) sinst INC Only (wef 10 Jan 200	fit Bill (80) (0/545 \$120 \$30	A least to the second to the
Injury: Date/Time Actions MALMO 6574 Admant's Particulars: iver/Owner: ntact No:	1 (1) (2) (3) (4) (5) (6) (7)	AR: Accident IDA: Damage A IF: Towing Fe FT: Follow-The FT: Follow-The For claiming age IR: Re-inspect N1: Idac DA +	teporting (\$30); ssessment (\$100); INC (\$ scough Survey rough Survey (Resurvey) sinst INC Only (wef 10 Jan 200 ion SMRT Survey	16:Bill 880) 10/\$45 \$120 \$30 \$5)	A least to the second to the
Injury: Date/Time Actions Majorosty atimant's Particulars:- iver/Owner: ntact No: maged Portion:	1 (1) (2) (3) (4) (5) (6) (7) (7)	AR: Accident IDA: Damage A IF: Towing Fe FT: Follow-The FT: Follow-The FT: Follow-The FT: Re-inspect N1: Idac DA + NTUC Addition	teporting (\$30); ssessment (\$100); INC (\$ scough Survey rough Survey (Resurvey) sinst INC Only (wef 10 Jan 200 ion SMRT Survey	16:Bill 880) 10/\$45 \$120 \$30 5) \$75	A least to the second to the
Injury: Date/Time Actions Maj Go 6544 aimant's Particulars:- iver/Owner: ntact No: maged Portion:	1 (1) (2) (3) (4) (5) (6) (7) (8)	AR: Accident IDA: Damage A IF: Towing Fe FT: Follow-The FT: Follow-The FT: Follow-The FT: Follow-The FT: Glaiming age IR: Re-inspect N1: Idac DA + NTUC Addition DD* N5: Courtesy C	teporting (\$30); ssessment (\$100); INC (\$ sough Survey rough Survey (Resurvey) sinst INC Only (wef 10 Jan 200 ion SMRT Survey al Services:-	1880) 100/\$45 \$120 \$30 \$5) \$75 \$160	A least to the second to the
Injury: Date/Time Actions Maj 1906544. mimant's Particulars:- iver/Owner: maged Portion: Checked by (Engr-In-Charge):	1) (1) (2) (3) (4) (5) (6) (7) (8) (9)	AR: Accident IDA: Damage A IF: Towing Fe FT: Follow-The FT: Follow-The FT: Follow-The FT: Follow-The FT: Glaiming age IR: Re-inspect N1: Idac DA + NTUC Addition DD' N5: Courtesy C N6: Repair Co- N6: Repair Co-	teporting (\$30); ssessment (\$100); INC (\$500 on \$500 o	\$80) \$00/\$45 \$120 \$30 \$575 \$160 \$53 \$53 \$53	A least to the second to the
Injury: Date/Time Actions MAI Ma 6574 Limant's Particulars:- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	3 (1) (2) (3) (4) (5) (6) (7) (8)	AR: Accident IDA: Damage A IF: Towing Fe FT: Follow-Thi FT: Follow	keporting (\$30); ssessment (\$100); INC (\$500); INC (\$5	\$80) \$00/\$45 \$120 \$30 \$5) \$75 \$160 \$5 \$5 \$5 \$5 \$5	A least to the second to the
Injury: Date/Time Actions Maj 1906544. mimant's Particulars:- iver/Owner: maged Portion: Checked by (Engr-In-Charge):	3 (1) (2) (3) (4) (5) (6) (7) (8)	AR: Accident IDA: Damage A IF: Towing Fe FT: Follow-Thi FT: Follow	keporting (\$30); ssessment (\$100); INC (\$500); INC (\$5	\$80) \$00/\$45 \$120 \$30 \$5) \$75 \$160 \$5 \$5 \$5 \$5 \$5	A least to the second to the

Figure Car

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 ladgement 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

aluresaiu,	
	ACCIDENT STATEMENT
Date Of Report	21/08/2019 15:42
Date Of Accident	21/08/2019 01:45
Exact Location Of Accident	CHANGI RD OUTSIDE HDB BLK 848
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGR4038M
Insured/Policyholder	
Name Of Registered Owner	LYFFE3 PTE LTD
Co Reg No	201717454G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90067922
Alternative Phone No	OFFICE-90067922
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS 1.5E A
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5108850410
Cover Note Number	

Driver

 Name of Driver
 CHEE CHOON HWA

 NRIC No
 \$1541236D

 Date Of Birth
 25/09/1962

 Occupation
 INDOOR

 Date Of Driving Pass
 31/01/1985

Driving Experience 34 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90213676

Fax Number

Contact Number OFFICE-90213676

EMail Address NOEMAIL

BLK 100 ALJUNIED CRESCENT Address

#05-343 380100

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE

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

3

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 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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLD2729E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHD360U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

0

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.
- 3. 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.
- 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. 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.
- 7. 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:
 - (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.
- 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.

LYFFE3 PAE LAN

Policyholder's Signature Date & Time:

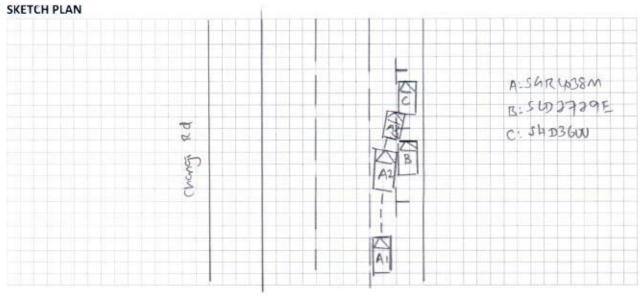
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Leter to	Hatement.	

DECLARATION

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

LYFFE3 PTE LTO

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 STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY MY VEHICLE LOST CONTROL AND HIT ONTO VEHICLE B LEFT PORTION AND VEHICLE C REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: 1 8 / 19 1(DD	O/MM/YYYY), TIME:(01 : 45)(HH:MM)
347.00	DB Blic 848.
1. DETAILS OF VEHICLE	4
a) VEHICLE NUMBER: JURY 078	
b) INSURANCE COMPANY: " NTV	× *
C)POLICY NUMBER: 510850410	9
d)POLICY TYPE: (COMPREHENSIVE /	THIRD PARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL:	THE WHEN
f)TYPE:(SALOON / COUPE / MPV /V.	AN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / C	OMMERCIAL / MOTORCYCLE)
TIPURPOSE OF USING AT ACCIDENT	TIME: D= vSte
I) ARE YOU CLAIMING UNDER YOUR	OWN INSURANCE (YES NO)
IF NO, PLEASE STATE (THIRD PARTY (CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	0
A)NAME: WILLS Ple Ud.	(MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 2134	CONTACT: 900679VV
C/ADDRESS:	
* CONTINUE TO 3.d IF DRIVER ALSO F	200
Ho of passengs. DRIVER	OLICY HOLDER
(Indudand :) alNAME: Wee Chan Hila	
CITILD 217	CONTACT GON 3676.
	CONTACT: 9013676.
	7/ 344 2/20 3240 /
*d)DATE OF BIRTH: 1 9 / 190	OY')(DD/MM/YYYY)
● OCCUPATION: (INDOΦR / OUTDO	OR)
f) YEARS OF DRIVING EXPRERIENCE:	31 111085
4. WAS DRIVER AN EMPLOYEE OF THE	E INSURED'S COMPANY? (YES / NO)
II NO, KELATIONSHIP OF LHE DRIV	VER WITH INCLIDED.
5. a) WEATHER CONDITION: (CLEAR / RA	INING / OTHERS
b) ROAD SURFACE: (DRY) / WET / OTHE	RS
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE	14011412
2 TUIDD BADTY VELICIE	STATION:
No of passenger a) VEHICLE NUMBER: SUD 7779 E	MODEL:
Including driver) b) DRIVER'S NAME:	MODEL.
c) NRIC/FIN/PASSPORT;	CONTACT:
9. THIRD PARTY VEHICLE	
No of passenger d) VEHICLE NUMBER: JHD36 . U.	MODEL:
Indudias du a GI DRIVER 5 NAME:	4
NRIC/FIN/PASSPORT:	CONTACT:
0.00	
	Sec. (8)

email = lyfte juj@gmail.com.

VIDEO =







eBao Tech									GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601			The same of the sa			• Change	e Language	Chang	e Password	• Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	10.				Date	of Accident		21/08/2019 0	1:45	
	Vehicle	No.(For Motor)	SGR40	38M		Cert	ificate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured	Commence	Expiry Date
	0	5108850410		LYFFE3 PTE. LTD.	201717454G	GPC	Third Party	SGR4038N	SGR4038M	13/04/2019	06/02/2020
						Continue					

Policy No.	5108850410	Policyholder Name	LYFFE3 PTE	LTD.	Policyholder NRIC	201717454G	
Certificate No.							
Address	711 GEYLANG ROAD #01-01 0	RIENTAL VENT	JRE BUILDIN	IG SINGAPORE 3896	26		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	13/04/2019	Effective Date	13/04/2019	00:00	Expiry Date	06/02/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	MAH YEE WEI	Agent Tel.	62221889		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	711 GEYLANG ROAD	Addre	ess 2	#01-01 ORIENTAL	VENTURE BU	Address 3	SINGAPORE 389626
Address 4		Addre	ss Type	Singapore address		Post Code	389626
Unit No.	08-82	Relate Numb	ed Policy er	5111295405			
) Insure	d Object: SGR4038M						
♥ Endors	sements						

Claim Handling Accident HT/1058836						• 6
Policy No.	5108850410		Valueta No.	SGR4038M	GST Registration No.	
Certificate No.	2100030410		a account to the	300402011	GOT REGISTRES (140.	
Policyholder Name	LYPPES PTE, LTD.				Policyholder NRIC	201717454G
Product Code	PRIVATE CAR INSURAL	NCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	90067922		Contact No.(Office)	0	Contact No.(Home)	0
Email Address			Special Remark		eCode	To V
KFK	® No ○ Yes		TCA	® No ○ Yes	eCode Reason	
NCD Protection	No.		NCD Entitlement(%)	0	Private Hire	Yes
□ Accident Details						
Report Date	21/08/2019 19:10		Accident Report Within 24 his	Yes	Accident Type	Collided into Parked Vehicle
bate of Accident	21/08/2019		Time of Accident hitchim	01:45	Country of Academ	Singapore
Reporting Centre			Drange Force		ICM No.	
Accident Location	CHANGI RD OUTSIDE	HDB BLK 848				
▼ Total Excess Applicable						
Excess Type	Per Accident		Windscreen Excess	0,00		
OO Standard Excess		0.00	TP Standard Excess	1,500.00		
YTEO OD Excess		500.00	YIED TP Excess		Driver is Covered?	
Additional Excess						
Total OD Excess Applicable		500.00	Total TP Excess Applicable			
♥ Benefits						
□ GST Registered Informa	ation					
GST Registered	.90			GST Registration Date	0.500	
GST Registration No. Modification History	21/08/	2019 19:11:48 Syste	m changed GST Status Verified fro	GST Status Verified m No to Yes	Yes	
⇒ Policyholder Mailing Ad	Idress					
Address)	711 GEYLANG ROAD		Address 2	#01-01 ORIENTAL VENTURE BU	Address 3	SINGAPORE 389626
Address 4			Address Type	Singapore address	Post Code	389626
Unit No.	06-92		Related Policy Number	5111295405		
OI Driver Info			V SOUNCE OF THE			
Driver Name	Unnamed Driver		Driver Type	Unnamed Driver		
Unnamed driver Name Register Date of Driver License	CHEE CHOON HWA		Driver NRIC	\$15412360 56	Driver DOB	25/09/1962 34
Contact No.(Mobile)	90213676		Oniver Age Contact No. (Office)	0	Driving Experience Contact No.(Home)	0
Address 1	BLK 100		Address 2	ALJUNIED CRESCENT	Address 3	SINGAPORE 380100
Address 4			Address Type	Singapore address	Post Code	380100
Unit No.	05-343					
Does he own a Singapore Registered car?	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
Registered Carr						
Declaration						
Breathalyser or Blood Test Reading?	0 mg		Any injury?	☐ Yes		
×						
Modification History						
Claim 001 New						
Claim Type *	DD-MK	V	Insured Name	LYFFE3 PTE, LTD.	Insured NRIC	201717454G
Contact No.(Mobile)	90053522		Contact No.(Home)	NIL	Contact No. (Office)	NIL
Email Address	Marrie Balana	Total Control	Of Vehicle Number	SGR4038M	TP Vehicle Number	SLD2729E
Claimant Type Claimant Type * Claimant Name *	Please Select	¥	Type of Benefit * Claimant NRIC *	Please Select		
		22			1	
Claimant Address					Name of Preferred Workshop	
	SGR4038M / SLD2729	E ON 21 Aug 2019			and the second of the second o	
Claim Description Preferred Workshop Contact	SGR4038M / SLD2729	E ON 21 Aug 2019	Insured Liabiley +	Fully at Fault	10	
Claim Description Preferred Workshop Contact No.			Insured Liability * Preferend Repair Option	Pully at Pault	GIA report	Received
Claim Description Preferred Workshop Contact No. Require Finalisation	SGR4038M / SLD2729I Yes 21/08/2019 19:12	E ON 21 Aug 2019	Insured Liability + Preferend Repair Option Claim Close Date	Fully at Pault Preferred Workshop, Name unknown V	GIA report Date Received	Received 21/08/2019 00:00
Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	res		Preferend Repair Option		GIA report Date Received	
Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	Yes 21/08/2019 19:12		Preferend Repair Option			
Claim Description Preferred Workshop Contact IO. Leguire Finalisation Cate Registered Report Taken By	Yes 21/08/2019 19:12		Preferend Repair Option	Preferred Workshop, Name unknown		
Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	Yes 21/08/2019 19:12		Preferend Repair Option			
Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	Yes 21/08/2019 19:12		Preferend Repair Option	Preferred Workshop, Name unknown		
Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	Yes 21/08/2019 19-12 Jackson		Preferend Repair Option Claim Close Date	Preferred Workshop, Name unknown		
	Yes 21/08/2019 19:12		Preferend Repair Option	Preferred Workshop, Name unknown		

