NATIONAL Assessment Centre Servi	ces. wer i Jamos MI	141911978	*	L.
Date In: 26 8 19 -1 1530 Job de	scription	Date & Time Completed	Done	: o'.
	e-filing	i		
	ail (within Shrs, AIC 2hrs)			•
	tor Claim Form	M7/1059527-201	26/8/19 n	:24
i-Mo	otor W/O (Within: OD 2h	rs, TP 4hrs)		
OD / P / Reporting Only	oto Uploaded			
	ssment/Survey Report			
TP Insurer: Ass't	Report by Fax / Hand	to <u>Owner/Wksp</u>		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: \$13781m	. INC()/Non-INC()		
Owner / Driver: (Tel:		
Policy No: () Period: ()	Cover Type: (
Confirmed by: (Date:	Time:	1000(3	
		20%; P: 21-79%. P: 80-	100%]	-
Year of Registration: () Warranty:)		
	/\$2,000()	A REPORT OF THE PASS	rigger (f. 1)	
General Remarks:	The state of the state of the state of	Had State of the second	Action to the same of the same	2 1 12
() Walk-In Customer: Customer's information s		trictly NO refer of repairer		
() Total Loss Case : to e-mail Insurer URGE			· · · · ·	
Drive-In ()/ Towed-In (); Invoice: YES ()/NO();	Towing Co: (THE THEORY	
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Don	eby
1) Apply for Transport Allowance ()/ Courtesy (Car()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$3000]	()	-		
Injury:				
		or in Again		ger 1-12 (1-
Date/Time Actions			28(2)1407-15(1/11/11/11	
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MA 190 6443	Invoice Pr	eparation Checklist	Ant (S)	Amt (3)
	1) AR : Accide	nt Reporting (\$30);		
laimant's Particulars :-	2) DA : Dameg 3) TF : Towing		(\$80) (40/ \$ 45	
river/Owner:	4) FT : Follow-	Through Survey	\$120	
ontact No:	5) FT : Follow- For claiming	Through Survey (Resurvey) against JNC Only (wef 10 Jan 20	\$ 30	1
amaged Portion:	6) TR : Re-ius		\$75 \$160	-
3	8) NTUC Addi	lional Services:-		
C Checked by (Engr-In-Charge):	OD*	sy Car / Tpt Allowance	\$5	
	*N6: Repair	Co-ordination	\$10 \$25	
uditors' Comments:-	*N7: Fost R	epnit Inspection Collect Excess Coordination	\$5	
t. 1:	TP (N11):	TP (Non INC) against INC	\$20 30	1.
1. 2 / 3;	9) N12: Idac N Invoice dated	Fee Charge	d	and the same
1 2 7 J	Invaice dated	Fee Charge		M

7 . pr. 11 1 30

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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.

	ACCIDENT STATEMENT
Date Of Report	26/08/2019 11:30
Date Of Accident	25/08/2019 20:25
Exact Location Of Accident	TPE (PIE) TWDS PASIR RIS DR 8
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMF3294M
Insured/Policyholder	
Name Of Registered Owner	CARWAY LEASING & RENTAL
Co Reg No	53264813K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67440777
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E250 CGI 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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5110752456
Cover Note Number	
Driver	
Name of Driver	SIMON XI LOON SPENCER
NRIC No	S1473023J
Date Of Birth	20/10/1961
Occupation	OUTDOOR
Date Of Driving Pass	16/09/1983
Driving Experience	35 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91862723
Fax Number	

OFFICE-91862723

NOEMAIL

Address 38 SARACA WALK

Postcode 807270

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

.

Insurance Company of Driver's Own Vehicle

.

6

General Information of the Accident

Type Of Accident CHAIN COLLISION

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? YES

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? YES
I have been approached by unknown person(s)
NO

soliciting/offering accident claims assistance,

Number of Passengers (Including Driver) 2
Passenger 1

NAME: : SAMANTHA WAH MAY LENG

GENDER: : FEMALE

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?

If Yes,against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

YES

NO

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKS7581M

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 SLQ6260U

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 3

Vehicle Registration Number UNKNOWN

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 4

Vehicle Registration Number UNKNOWN

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 5

Vehicle Registration Number GBG8005Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

SIMON XI LOON SPENCER

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SMF3294M

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

SAMANTHA WAH MAY LENG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SMF3294M

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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:
 - 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

Goracomolying with requirements under any regulations, laws or court orders.

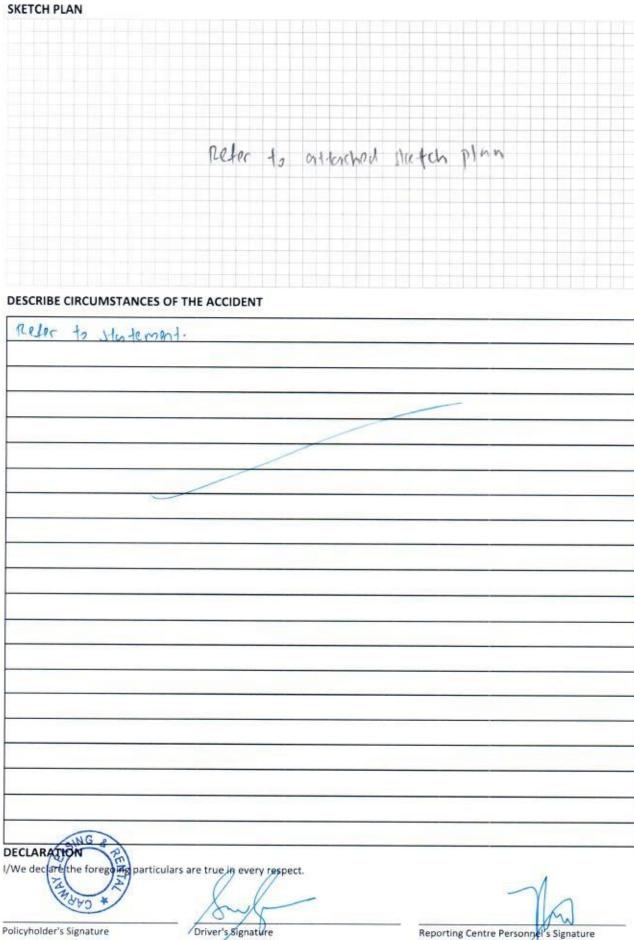
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time: NR

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature



Policyholder's Signature Date & Time:

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.:

Name:

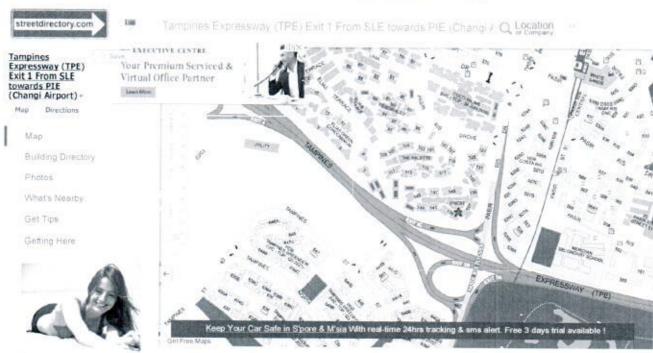


Check Valves

Affordable, Great Quality. BUY NOW







5 Things You Shouldnt Do If Hes Cheating On You

A-5MF3294M

B-SKS7581M-Z C-SLQ 6260U Q SIZ D-UNKNOWN SIZ LINKOWN F-GBG8005ZXX F-GBG8005ZXX B-5KS7581M=

Expressway 1 ampines B F

Accident Report

On 25th August 2019 at about 2025hrs, I was driving my vehicle (SMF3294M) along Tampines Expressway Exit 3C (towards Paris Ris Dr 1). Suddenly the front vehicle activated emergency brake and I followed suit. I managed to stop my vehicle in time. Suddenly I heard a few loud "bangs' from the vehicles behind. The accident started when the 4th vehicle hit onto the 3rd vehicle. The vehicle (SKS7581M) was then hit onto the rear of my vehicle. The strong impact had caused my vehicle moved forward and hit onto the front vehicle (SLQ6260U). There were total 6 vehicles involved in this collision. I have an in-car camera to justify the accident scene. My passenger and I were in the car during the accident. We both have suffered some injuries. I'm making a third party claim.

Name : Simon Xin Loon Spencer

NRIC No.: \$1473023J

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1473023J





SIMON XIN LOON SPENCER

CHINESE

20-10-1961

SINGAPORE

SAPURE DRIVING LICENCE



SIMON XIN LOON SPENCER

Birth Date: 20 Oct 1961 e Date: 26 Jun 2003

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

NP 428A

SI 1473023J

21-05-2003

38 SARACA WALK SINGAPORE 807270

NRIC No: \$1473023J

Date: 25/01/2016



olicy No.	5110752456	Policyholder Name	CARWAY	LEASING & RENTAL	Policyholder NRIC	53264813K	
Certificate No.	5110752456-000023						
Address	53 UBI AVENUE 1 #03-01 PAYA	UBI INDUSTR	IAL PARK S	INGAPORE 408934			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	27/06/2019	Effective Date	27/06/20	19 00:00	Expiry Date	26/06/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
		122000000000					
Agent	INSMART (INSURANCE) AGENC	Agent Tel.	68420766		GST Flag	Y	
Co- insurance Flag Open Policy Info		Agent Tel.	68420766		GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate		Agent Tel.	68420766		GST Flag	Y	
Co- nsurance Flag Open Policy Info Certificate		Agent Tel.	68420766		GST Flag	Y	
Co- nsurance Flag Open Policy Info Certificate Info Policyt	No	Agent Tel.		#03-01 PAYA UBI		Y Address 3	SINGAPORE 408934
Co- nsurance Flag Open Policy nfo Certificate info Policyt Address 1	No holder Mailing Address	Addre		57	INDUSTRIAL I	Address 3 Post Code	SINGAPORE 408934 408934
Agent Co- insurance Flag Open Policy Info Certificate Info Policyt Address 1 Address 4 Unit No.	No holder Mailing Address	Addre Addre	rss 2 rss Type ed Policy	#03-01 PAYA UBI	INDUSTRIAL I	478883-0000-0000	O-CONTRACTOR -
Co- insurance Flag Open Policy Info Certificate Info Policyt Address 1 Address 4 Unit No.	holder Mailing Address 53 UBI AVENUE 1	Addre Addre Relate Numb	rss 2 rss Type ed Policy	#03-01 PAYA UBI Singapore address	INDUSTRIAL I	474647-0000-0000	O-CONTRACTOR -
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Claim Handling					
Accident MT/1059527					
Pokcy No.	5110752456	Vehicle No.	SMF3294M	GST Registration No.	
Certificate No.	5110752456-000023				
Policyholder Name	CARWAY LEASING & RENTAL			Policyholder NRIC	53264813K
Product Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	0	Centect No.(Office)	67440777	Contact No.(Home)	0
Email Address		Special Remark		eCode	NC.V
KFK	No Yes	TCA	® No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	26/08/2019 21:37	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	25/08/2019	Time of Accident thomm	20:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TPE (PIE) TWDS PASIR RIS DR 6				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
001270000000000000000000000000000000000	1201000		5-34-34-3		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	(10000000000000000000000000000000000000	
rIED OD Excess	0.00	VIED TP Excess		Driver is Covered?	
Additional Excess Fotal DO Excess Applicable	0				
Total DO Excess Applicable Benefits	3000.00	Total TP Excess Applicable			
GST Registered Informa	ation				
GST Registered Informa GST Registered	No No		CST Sensorium Date		
351 Registration No.	140		GST Registration Date GST Status Verified	yes	
Modification History			Sept. Seator Variation	,,,,,	
Policyholder Mailing Ad	dress				
Address 1	53 UBI AVENUE I	Address 2	#03-01 PAYA UBI INDUSTRIAL	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
unit No.	03-01	Related Policy Number	5110754147		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SIMON XI LOON SPENCER	Driver NRIC	S14730231	Driver 0/08	20/10/1961
Register Date of Driver License		Oriver Age	57	Driving Experience	35
Contact No (Mobile)	91862723	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	38 SARACA WALK	Address 2	SINGAPORE 807270	Address 3	
Address 4		Address Type	Singapore address	Post Code	807270
Unit No.					
Does he own a Singapore Registered car?	○ Yes ® No	Oriver Vehicle No.		Driver Insurer Company	
Specimen.					
Declaration Breathalyser or Blood Test					
Reading?	0 mg	Any injury?	® Yes ○ No		
Reading?	0 mg	Any injury?	(e) Yes () No		
Reading?	0 mg	Any injury?	● Yes ○ No		
leading?	0 mg	Any injury?	® Yes ○ No		
keading?	0 mg	Any injury?	® Yes ○ No		
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leading? todification: History Claim 001 New				Insured NRIC Contact No.(Office)	53264813K 657440777
teading? Claim 001 New Claim Type + Contact No. (Mobile) Imail Address	00-MX 98627777	Incured Name Concact No. (Home) OI Vehicle Number	CARWAY LEASING & RENTAL SMF3294M		
teading? Claim 001 New Claim Type + Contact No.(Mobile) Imail Address Claimant Type Claimant Type +	00-MX 98627777	Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit *	CARWAY LEASING & RENTAL	Contact No.(Office)	657440777
leading? Claim 001 New Claim Type + Contact No. (Mobile) Inam Address Laumant Type Claimant Type +	00-MX 98627777	Incured Name Concact No. (Home) OI Vehicle Number	CARWAY LEASING & RENTAL SMF3294M	Contact No.(Office)	657440777
teading? Claim 001 New Claim Type + Contact No. (Mobile) Inaid Address Laimant Type Claimant Type + Laimant Name + Claimant Address	CO-MX	Insured Name Contact No. (Home) Of Venicle Number Type of Benefit * Claimant NRIC *	CARWAY LEASING & RENTAL SMF3294M	Contact No(Office) TP Vehicle Number	657440777
teading? Claim 601 New Claim Type * Contact No. (Mobile) Imak Address Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claimant Address	CO-MX	Insured Name Contact No. (Home) Of Venicle Number Type of Benefit * Claimant NRIC *	CARWAY LEASING & RENTAL SMF3294M	Contact No.(Office)	657440777
teading? Claim 603 Mew Claim Type * Contact No. (Mobile) Imad Address Listmant Type Claimant Type * Listmant Address Listman Address Listman Description Yeferred Workshop Contact	CO-MX	Insured Name Contact No. (Home) Of Venicle Number Type of Benefit * Claimant NRIC *	CARWAY LEASING & RENTAL SMF3294M	Contact No(Office) TP Vehicle Number	657440777
teading? Claim 001 New Claim Type * Contact No. (Mobile) Imari Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Verferred Workshop Contact to	CO-MX	Incured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	CARWAY LEASING & RENTAL SMF3294M Preose Select	Contact No(Office) TP Vehicle Number	657440777
Adding? Claim 601 New Claim Type * Contact No. (Mobile) Emai Address Claimant Type Claimant Type + Claimant Address Claimant Contact	CO-MX 98627777 Please Select ≥≥ SMF3294M / SKS7581M ON 25 Aug 2019	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	CARWAY LEASING & RENTAL SMF3294M Please Select Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	657440777 SKS7581M
Adding? Claim 601 New Claim 7ype * Contact No. (Mobile) Final Address Claimant Type Claimant Type * Claimant Name * Claimant Address	CO-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	CARWAY LEASING & RENTAL SMF3294M Please Select Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	657440777 SxS7581M Received
Adding? Claim 601 New Claim Type * Contact No. (Mobile) Final Address Claimant Type Claimant Type * Claimant Name * Claimant Address	CO-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	CARWAY LEASING & RENTAL SMF3294M Please Select Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	657440777 SxS7581M Received
Adding? Claim 601 New Claim Type * Contact No. (Mobile) Final Address Claimant Type Claimant Type * Claimant Name * Claimant Address	CO-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	CARWAY LEASING & RENTAL SMF3294M Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	657440777 SxS7581M Received
Claim 001 Hew Claim 001 Hew Claim Type * Contact No. (Mobile) Final Address Claimant Type Claimant Type * Claimant Address Claimant Address Claim Description Preferred Workshop Coreact No. Require Finalisation Date Registered Report Taken By Print AK letter	CO-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	CARWAY LEASING & RENTAL SMF3294M Please Select Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	657440777 SxS7581M Received
Adding? Claim 601 New Claim Type * Contact No. (Mobile) Final Address Claimant Type Claimant Type * Claimant Name * Claimant Address	CO-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	CARWAY LEASING & RENTAL SMF3294M Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	657440777 SxS7581M Received
Claim 001 Hew Claim 001 Hew Claim Type * Contact No. (Mobile) Final Address Claimant Type Claimant Type * Claimant Address Claimant Address Claim Description Preferred Workshop Coreact No. Require Finalisation Date Registered Report Taken By Print AK letter	CO-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	CARWAY LEASING & RENTAL SMF3294M Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	657440777 SxS7581M Received
Attachment	CO-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	CARWAY LEASING & RENTAL SMF3294M Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	657440777 SxS7581M Received
Actachment:	CO-MX	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Claim Claim	CARWAY LEASING & RENTAL SMF3294M Prease Select Not at Fault Preferres Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	657440777 SxS7581M Received

