| Date In: (4) 6 19-12:46 | re Services | Date &Time Completed | Done | by |
|---|---|--|--|-----------|
| Res No: NA INCIGOSO SY ZY | SAS e-filing | | | |
| Veh No: JM LF (4) | E-mail (within Shrs, AIC 2hrs) | <u> </u> | | |
| D.O.A: MG/19-17:T2 | i-Motor Claim Form | m11062562-001 | 16/9/19 1 | 973 |
| | i-Motor W/O (Within: OD 2 | | 10/5/19 | 70) |
| OD TP Reporting Only | i-Photo Uploaded | | | |
| TP Insurer: | Assessment/Survey Report | | | |
| IF Insurer. | Ass't Report by Fax / Han | d to Owner/Wksp | | ******** |
| Preferred Wksp / INC Assign Wksp / QW: (| | Tel: Fa | ıx: |) |
| TP Particulars: Veh No: SUC | MOSC INC | ()/Non-INC() | | |
| Owner / Driver: (| | Tel: |) | |
| Policy No: () Pe | eriod: (| Cover Type: (|) | |
| Confirmed by : (| Date: | Time: |) | |
| Insured/Driver Liability: (%) [| [Note-Est. Status (WO): N: 0- | -20%; P: 21-79%. P: 80-10 | 0%] | - |
| Year of Registration: () | Warranty: YES () / NO (|) | | |
| Excess: (\$) Loading: \$1,0 | | | | |
| General Remarks:- | | | Coin S | 7. |
| () Walk-In Customer: Customer's info | ormation strictly Confidential & S | Strictly NO refer of repairer. | 4-44- | |
| () Total Loss Case : to e-mail Insur- | | | SCHOOL STATE | W. SANDER |
| Drive-In ()/ Towed-In (); Invoice | e: YES() / NO(); | Towing Co: (| |) |
| | | | | |
| | | | PARTIE AND THE | |
| Remarks;- (INC horline: 6788 6616) | | Date&Time Completed | Done | by |
| Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/(| | Date&Timb Completed : | Done | by |
| Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection | Courtesy Car () | Date&Time Completed | Done | by |
| Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection | Courtesy Car () | Date&Tirrie Completed | Done | by . |
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| Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/0 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: | Courtesy Car () | Date&Time Completed | | by |
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| Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/O 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions alimant's Particulars: iver/Owner: intact No: | Invoice Pr 1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For slaiming 6) TR: Re-insp 7) N1: Idae Da | eparation Checklist: Int Reporting (\$30); Int Assessment (\$100); INC (\$80); Fee \$40/5 Through Survey \$1 Through Survey (Resurvey) \$ against INC Only (wef 10 Jan 2005) bection \$4 + SMRT Survey \$1 | Anic(\$) Tribill 45 20 30 | Amt(3) |
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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.
- 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.

| By the lodgement of this report to the insurers, you hereby cons aforesaid. | ent to the archiving of this report at the centre and to copies of the report being made available |
|--|--|
| | ACCIDENT STATEMENT |
| Date Of Report | 16/09/2019 12:46 |
| Date Of Accident | 12/09/2019 17:50 |
| Exact Location Of Accident | T2 VIP DR OPEN SPACE CARPARK |
| Country/State of Loss | SINGAPORE |
| District Control of the Control of t | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SML514S |
| Insured/Policyholder | |
| Name Of Registered Owner | AUTO ALLIANCE LEASING PTE LTD |
| Co Reg No | 201903807W |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |
| Vehicle Particulars | |
| Manufacturer | KIA |
| Model | CERATO 1.6(A) LX |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE HIRE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | YES |
| Policy Number | 5108785749 |
| Cover Note Number | |
| Driver | |
| Name of Driver | SELAMAT BIN RASID |
| NRIC No | S0612443G |

S0612443G NRIC No 15/12/1946 Date Of Birth OUTDOOR Occupation

42 YEARS AND 1 MONTH **Driving Experience**

25/07/1977

MALE Gender

(LOCAL) +65-96169315 Mobile Number

Fax Number

Date Of Driving Pass

OFFICE-96169315 Contact Number

NOEMAIL EMail Address

Address

BLK 788 YISHUN AVENUE 2

#02-1491

Postcode

760788

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

OTHER - HIRER

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

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

2

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

Number of Passengers (Including Driver)

1

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

SLC8458C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

96853308

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
 - 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
 - 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)
 - (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
- (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:

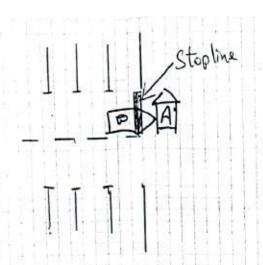
Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne s Signature Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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particulars are true in every (

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.:

ACCIDENT STATEMENT

| | 17 SO VIHIMA |
|-----------------|--|
| | ACCIDENT DATE: 12/09/2019 (DD/MM/YYY), TIME: 17:50 HH:MM |
| | LOCATION: TO VIP DE (Open Air, Caspark) |
| | TOCKHON 12 VIP IN CELS |
| | 1. DETAILS OF VEHICLE |
| | GIVEHICLE NUMBER: SML 5145 |
| | DINSURANCE COMPANY: 17/10 |
| | CIFOLICY NUMBER: 5108785749-000003 |
| | DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) |
| | FITTPE: (SALGON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS) |
| | FITTYPE: (SALOON / COUPE / MFT / VAN / LORRY / MOTORCYCLE) |
| | g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) |
| | I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/190) |
| | IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) |
| | 2. INSURED / POLICY HOLDER |
| | Alname: AutoAlliance Leasing Ptc Ltd (MALE/FEMALE) |
| | bjnric/fin/passport: 2019038 DTW CONTACT: |
| | c)ADDRESS: |
| | |
| 4 | * CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOLDER |
| 14 Ho of pesson | ORIVER Selamat Bin Rashid (MAGE / FEMALE) |
| Claduding driv | a)NAME SEIGHIAT OF ASSIST |
| (01) | JAN 200 100 100 100 100 100 100 100 100 100 |
| COL | CIADDRESS: 188 TISMAN AVENUE 2 VOS TITI |
| 32 | *d)DATE OF BIRTH: (15 / 12 / 1946)(DD/MM/777) |
| 85 | BOCCUPATION: (INDOOR / OUTDOOR) |
| | FIVE ADS OF DRIVING EXPRERIENCE: |
| 85 | WAS DRIVED AN EMPLOYEE OF THE INSURED'S COMPANY? (YES 7 180) |
| | TE NO RELATIONSHIP OF THE DRIVER WITH INSURED: "" |
| | 5. GIWEATHER CONDITION: (CLEAR / RAINING / OTHERS |
| | BIROAD SURFACE: (DR) / WET / OTHERS |
| | 6. WAS ANYBODY INJURED (YES / NO) |
| 00 K | 7. a) REPORTED TO POLICE (YES / NG) IF YES, PLEASE STATE WHICH POLICE STATION: |
| | |
| No of passenger | a) VEHICLE NUMBER: SLC 8458C MODEL: |
| Induding driver | |
| | |
| (ol) mals | THIRD PARTY VEHICLE |
| No of passenger | d) VEHICLE NUMBER:MODEL: |
| | (o) DRIVER DIVING |
| Induding drive | f) NRIC/FIN/PASSPORT:CONTACT: |
| (_) | The second secon |
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| eBao Tech | | GeneralC | | | | | | | | | lClaim | |
|-------------------------|--------------|----------------|-----------------------|--|----------------------|---------|--------------------------------------|----------------|-------------------|------------------|-------------|--|
| Hello, NAC_PAYA_UBI_800 | 0601 | | | | | | + Change | Languag | e + Chan | ge Password | · Log Out | |
| My Desktop | Policy Query | | | | | | | | | | | |
| Notice of Loss | Policy N | lo. | 510878 | 5108785749 SML514S | | | Date of Accident Certificate Number | | | 12/09/2019 17:50 | | |
| | Vehicle | No.(For Motor) | SML514 | | | | | | | | | |
| | | | | | 8 | Search | | | | | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date | |
| | 0 | 5108785749 | 5108785749- 000003 | AUTO ALLIANCE LEASING PTE. LTD. | 201903807W | GFM | drivo CLASSIC | SML514S | SML514S | 02/05/2019 | 09/04/2020 | |
| | | | | | C | ontinue | | | | | | |

| Policy No. | 5108785749 | Policyholder Name | AUTO ALL | IANCE LEASING PTE. | Policyholder NRIC | 201903807W | |
|--|---|-----------------------------------|--|---|----------------------|-------------------------|--|
| Certificate No. | 5108785749-000003 | | | | | | |
| Address | 55 YUK TONG AVENUE AIRVIEW | V PARK SINGA | PORE 5963 | 56 | | | |
| Product Name | FLEET MASTER INSURANCE | Plan | | | Group Policy Flag | N | |
| Policy issue Date | 09/04/2019 | Effective Date | 10/04/20 | 19 00:00 | Expiry Date | 09/04/2020 23 | 3:59 |
| Excess Type | Per Accident | All Claims Excess | | | | | |
| Third Party Excess | 1500 | Own damage Excess | 2000 | | Windscreen Excess | 100 | |
| Additional Excess | | OS Premium | 2154.57 | | | | |
| Outside Singapore | 2000 | Outside Singapore TP Excess | 1500 | | | Young | /Inexperience Driver Excess |
| OD Excess | | IF CACESS | | | | | |
| OD Excess Agent | COWELL INSURANCE (AGENCY) | | 63392592 | 1 | GST Flag | Υ | |
| Agent Co- insurance Flag Open | COWELL INSURANCE (AGENCY) | | 63392592 | | GST Flag | Υ | |
| Agent Co- insurance Flag | | | 63392592 | | GST Flag | Y | |
| Agent Co- insurance Flag Open Policy Info Certificate Info | | | 63392592 | | GST Flag | Y | |
| Agent Co- insurance Flag Open Policy Info Certificate Info | No | | | AIRVIEW PARK | | Y Address 3 | SINGAPORE 596356 |
| Agent Co- insurance Flag Open Policy Info Certificate Info Policyh | No nolder Mailing Address | Agent Tel. | | | | Y Address 3 Post Code | SINGAPORE 596356 596356 |
| Agent Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1 | No nolder Mailing Address | Addre | ss 2 ss Type ed Policy | AIRVIEW PARK | | PODESTATION | 1 - 70 - 10 - 10 - 10 - 10 - 10 - 10 - 1 |
| Agent Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. | No nolder Mailing Address | Addre Addre Relate Numb | ss 2 ss Type ed Policy | AIRVIEW PARK Singapore address | | PODESTATION | 1 - 70 - 10 - 10 - 10 - 10 - 10 - 10 - 1 |
| Agent Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. | nolder Mailing Address 55 YUK TONG AVENUE d Object: 5108785749-00000 | Addre Addre Relate Numb | ss 2 ss Type ed Policy | AIRVIEW PARK Singapore address | | PODESTATION | 1 - 70 - 10 - 10 - 10 - 10 - 10 - 10 - 1 |
| Agent Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. | nolder Mailing Address 55 YUK TONG AVENUE d Object: 5108785749-00000 | Addre Addre Relate Numb | ess 2 ess Type ed Policy er | AIRVIEW PARK Singapore address | | PODESTATION | 1 - 70 - 10 - 10 - 10 - 10 - 10 - 10 - 1 |
| Agent Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure Endors Sequen | nolder Mailing Address 55 YUK TONG AVENUE d Object: 5108785749-00000 | Addre Addre Addre Relate Numb | ess 2 ess Type ed Policy er | AIRVIEW PARK Singapore address 5110688602 | | Post Code | 596356 |
| Agent Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure Endors Sequen | nolder Mailing Address 55 YUK TONG AVENUE d Object: 5108785749-00000: iements ince Date of Endorsement cate Endorsements | Addre Addre Addre Relate Numb | iss 2 iss Type ed Policy er int Type | AIRVIEW PARK Singapore address 5110688602 | r Endorsei | Post Code ment Status | 596356 |

| claim Handling he premium on this policy has r | not been collected. | | | | | | | | | |
|--|--|--------------------------------------|----------|-----------|-----------------------|------|----------------------|---------|------------|--|
| ccident MT/1062562 | -Bicovana) | 2011/20 | 10000 | | | | ST Registration No | | | |
| olicy No. ertificate No. | 5108785749 5108785749-000003 | Vehicle No. | 5ML514 | 45 | | 4 | a i Registration rec | | | |
| licyholder Name | AUTO ALLIANCE LEASING PTE. LTD. | | | | | p | olicyholder NRIC | | 20190 | 3807W |
| oduct Code | PLEET MASTER INSURANCE | Cover Type | drive C | LASSIC | | | ading | | 0 | |
| ntact No.(Mobile) | 0 | Contact No.(Office) | 0 | | | | ontact No.(Home) | | 0 | |
| vail Address | | Special Remark | | | | | Code | | N/ V | |
| K | ® No ○ Yes | TCA | No € | Oyes | | | Code Reason | | HTTO: SANS | |
| D Protection | No. | NCD Entitlement(%) | 0 | 2000 | | P | rivate Hire | | Yes | |
| Accident Details | | 624 | | | | | | | | |
| ort Date | 16/09/2019 13:49 | Accident Report Within 24 hrs | Yes | | | . A | coident Type | | College | on - Major Minor Road |
| te of Accident | | Time of Accident hh:mm | 17:50 | | | | ountry of Acadent | | Singap | ore |
| | 12/09/2019 | | 12.30 | | | | OM No. | | | |
| porting Centre | T2 VIP DR OPEN SPACE CARPARK | Orange Force | | | | - 40 | Diff. Feb. | | | |
| opent Location Total Excess Applicable | 12 VIP DR OPEN SPACE CARDARK | | | | | | | | | |
| ALTERCATION FOR | Per Accident | Windscreen Excess | | | 100.00 | | | | | |
| cess Type | Per accident | Wildscreen Excess | | | 100.00 | | | | | |
| Standard Excess | 2,000.00 | TP Standard Excess | | | 1,500.00 | | | | | |
| ED OD Excess | 0.00 | YIED TP Excess | | | | D | river is Covered? | | | |
| ditional Excess | | | | | | | | | | |
| al OD Excess Applicable | 2000.00 | Total TP Excess Applicable | | | | | | | | |
| Benefits | | 188 | | | | | | | | |
| GST Registered Informa | ition | | | | | | | | | |
| T Registered | No. | | 10 | GST Re | gistration Date | | | | | |
| T Registration No. | | | | GST St | cus Verified | | Yes | | | |
| dification History | | | | | | | | | | |
| | | | | | | | | | | |
| Policyholder Hailing Ad | dress | | | | | | | | | |
| dress I | 55 YUK TONG AVENUE | Address 2 | AIRVIE | EW PARK | | A | ddress 3 | | SINGA | IPORE 596356 |
| dress 4 | | Address Type | Singapo | ore add | ess | Þ | ost Code | | 59635 | 4 |
| rt No. | | Related Policy Number | 511060 | 86602 | | | | | | |
| OI Driver Info | | | | | | | | | | |
| iver Name | Unnamed Onver | Driver Type | | ned Drivi | | | | | | |
| named driver Name | SELAMAT BIN RASID | Driver NRIC | 506124 | 443G | | | river DOB | | 15/12 | /1946 |
| gister Date of Driver License | 25/07/1977 | Driver Age | 72 | | | | mving Experience | | 42 | |
| intact No.(Mobile) | 96169315 | Contact No.(Office) | 0 | | | | Contact No. (Home) | | 0 | |
| dress t | BLK 788 | Address 2 | YISHU | IN AVEN | JE 2 | | ddress 3 | | | IB VALE |
| Idresa 4 | SINGAPORE 760788 | Address Type | Singapi | ore add | ess | p | lost Code | | 76078 | 18 |
| NT No. | 02-1491 | | | | | | | | | |
| oes he own a Singapore egistered car? | ○ Yes 	No | Driver Vehicle No. | | | | 0 | Ortver Insurer Com | pany | | |
| claration | | W. II. S | - | - | | | | | | |
| eathalyser or Blood Test ading? | 0 mg | Any injury? | Oves | s ® No | | | | | | |
| Claim 001 New | | | | | | | | | | |
| | Fig. 100 | Insured Name | AUTO | ALLTAN | E LEASING PTE. I | | nsured NRIC | | 20190 | 03807W |
| aim Type * | 00-MX V | Contact No.(Home) | 2010 | | | | Contact No.(Office) | | + | |
| oreact No.(Mobile) | 97552383 | Of Venicle Number | SML51 | 145 | | | P Vehicle Number | | SLC84 | 45ac |
| nali Address elmant Type Cleimant Type+ | Please Selecti | OI Venicle Number Type of Benefit * | - | e Seleit | <u> </u> | | Tonge Humber | | - Consider | |
| | | Claiment NRIC * | | | | | | | | |
| ermant Name * | 22 | Common ways | - | | | | | | | |
| | CHARLES AN ORNERS ON A TOWN 2010 | | | | | Ξ, | vame of Preferred | Worksho | | |
| elm Description eferred Workshop Contact | SML514S / SLC8458C ON 12 Sept 2019 | | Free co. | - W-11- | Test 1 | | | | | |
| Contract the state of the state | | Insured Liability * | Not at | | v | - | | | - | |
| equire Finalisation | Yes | Preferend Repair Option | Prefen | rred Wo | kshop, Name unknown V | - | SIA report | | Recei | and the same of th |
| ite Registered | 16/09/2019 13:53 | Claim Close Date | | | | - | Date Received | | 10/09 | 9/2019 00:00 |
| port Taken By | Jackson | | | | | | | | | |
| A Print AK letter | | | | | | | | | | |
| Attachment | | | Save | Submi | 10 | | | | | |
| AND DESCRIPTION OF THE PARTY OF | | | | | | | | | | |
| Ψ | | | | | | | | | | |
| ccident No. | MY/1062562 | Claim No. | | | 001 | | | | | |
| ast Doc. Received | Yes ○ No: | Upload Date | | | 16/09/2019 13:53 | | | | | |
| | Path * | | | | Category • | | Confidential | Urg | ency * | Description |
| | ALEXANDER STATE OF THE STATE OF | Brows | ie 0 | Dear P | ease Select | v | 90 🗸 | Norma | · · | |
| | III THE THE PARTY OF THE PARTY | Brows | se C | lear P | ease Select | V | NO Y | Norma | · V | |
| 11111111111111 | | Brows | se O | Dear P | ease Select | V | NO Y | Norma | · V | |
| | | Brows | | | ease Select | 100 | NO V | Norma | · • | |
| | | Brown | | | ease Select | V | A377 | Norma | | |

