

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

DOI:

Date / Time: 16/09/2019

Registered in Meriton: 17/09/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SLN 5998Y

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : _____

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

If NO, Driver Name / Age : _____

Insured Liability : % Final ? Yes / No

Driver Tel No. : _____ (V/L: YES / NO)

SKF 2342M

INSRS:
WSP:
Tel : JWG INTERNATIONAL
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time	SLN 5998Y - X	SKF 2342M - X	STAGE	DATE / PIC
19/09/2019	Hi Nivitha,		Non-Reporting ltr (1st):	
	Please assist to cancel assignment from your end.		Non-Reporting ltr (2nd):	
	Thank you & sorry for any inconvenience caused.		Non-Reporting ltr (Final):	
	Best Regards,		Notification ltr (if non-pickup):	
	Venessa Chan		Call OL:	
	<i>2/6/20 to cancel</i>		After call ltr to OL:	
			Documentation Check List:	Handler Typist
			Notification ltr (if non-pickup):	<input type="checkbox"/>
			After call ltr to OL:	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice:	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PBR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>
			LOD:	<input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>

PRELIMINARY ADVICE		Date/Time:	Sent By:
FINALIZATION		Date/Time:	Confirm with:
Repair Cost:	S\$	(days) Reduction:	%
FINAL SETTLEMENT		Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No.:	
Repair Cost:	S\$		
Loss of Rental (LOR):	S\$	(days)	
Loss of Use (LOU):	S\$	(\$ x days)	
Loss of Income (LOI):	S\$	(\$ x days)	
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/> [Tick only one]
GIA/LTA Search	S\$		
Medical:	S\$		
Disbursement:	S\$	(e.g. Tow/ Independent)	
Legal Cost	S\$		
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

ASS. REC. BY:

REF: FWD

ASSIGNMENT

From:

Date:

17.9.2019

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

SKF 2342M

at Workshop m/s

JWG International

of BIK 10 AMK Ind Park 2A #03-08

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

After 12.00 p.m

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03

days

Res.: Yes or No

Lum Sum:

20

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

up"

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SKF=2342M Regn: 05 12

Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Volkswagen

Type

L390

Colour:

M. Black

N/C: Insured / Std / NI / NA

Sp Reading:

137226

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WVW 888168 EM 100484

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

205/55R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

WET L&K

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

4/8/11P

D.O.L.

18/9/11P

Survey held at

Des. of Damages: ☒ Fnt / ☒ Rear / ☒ O/S / ☒ N/S / ☒ U/C / ☒ Rooftop or

N/S 151

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

18/9 Workshop will pass car to owner as they don't agree to repair wheel rim.

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Form:

Lump Sum / 12.15

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

JWG INTERNATIONAL PTE. LTD.

Co. & GST Reg. No.: 201837488H
Blk 10, Ang Mo Kio Ind Park 2A,
#03-08 AMK AutoPoint,
Singapore 568047
H/P: 9069 7882 Fax: 6909 9592
E-Mail: jwg.claims@yahoo.com

DATE : 1-Oct-19

VEHICLE NO : SKF 2342 M
MODEL : VW JETTA
CHASSIS NO :

WE APPEND HEREUNDER THE ESTIMATED COST OF REPAIRS TO BE CARRIED OUT TO THE ABOVE VEHICLE.

CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	FRONT BUMPER <i>Bul</i>	1	\$ 1,054.00	\$ 1,054.00
2	FRONT BUMPER LOWER GRILLE	1	\$ 240.00	\$ 240.00
3	FRONT BUMPER BEAM	1	\$ 148.00	\$ 148.00
4	FRONT BUMPER FOG LAMP	1	\$ 321.00	\$ 321.00
5	FRONT BUMPER FOG LAMP COVER LH	1	\$ 184.00	\$ 184.00
6	FRONT BUMPER REINFORCEMENT SPONGE	1	\$ 254.00	\$ 254.00
7	FRONT BUMPER SIDE BRACKET	1	\$ 89.00	\$ 89.00
8	FRONT FENDER LH	1	\$ 1,377.60	\$ 1,377.60
9	FRONT FENDER COWLING	2	\$ 145.00	\$ 290.00
10	FRONT BUMPER UNDER COVER	1	\$ 312.00	\$ 312.00
11	HEAD LAMP <i>Cur</i>	1	\$ 1,054.00	\$ 1,054.00
12	FRONT SUPPORT PANEL <i>Sn</i>	1	\$ 1,432.00	\$ 1,432.00
13	RH FRONT WHEEL BEARING <i>rm</i>	1	\$ 380.00	\$ 380.00
14	RH FRONT BEARING HUB <i>rm</i>	1	\$ 198.00	\$ 198.00
15	RH FRONT LOWER ARM <i>Sn</i>	1	\$ 580.00	\$ 580.00
16	RH FRONT KNUCKLE ARM <i>Sn</i>	1	\$ 650.00	\$ 650.00
17	SPORT RIMS <i>6-rt Sc</i>	1	\$ 1,485.00	\$ 1,485.00

TOTAL PRICE \$ 10,048.60
LESS 10% \$ 1,004.86
SUB TOTAL PRICE \$ 9,043.74

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
1	FRONT TYRE 205/55/16	1	\$ 400.00	\$ 400.00
2	RADIATOR COOLANT	1	\$ 200.00	\$ 200.00
3	FRONT BUMPER CLIPS	1	\$ 100.00	\$ 100.00
4	FRONT FENDER COWLING CLIPS	1	\$ 100.00	\$ 100.00

TOTAL \$ 800.00

CLAIM DETAILS: LABOUR AND SPRAY PAINTING (REAR)

S/N	JOB DESCRIPTION	PRICE	ADJUSTED COST
1	PANEL BEATING, REMOVAL AND REPLACING PARTS	\$ 1,200.00	2301
2	TO PUTTY AND RESPRAY AFFECTED AREA	\$ 1,000.00	4001
3	TO TUFF COAT ACCIDENT AFFECTED AREA	\$ ~ 80.00	X
4	TO RNR UNDERCARRIAGE SYSTEM	\$ ~ 400.00	X
5	TO CHECK WHEEL ALIGNMENT	\$ 150.00	601
6	TO RNR A/C CONDENSOR ASSY AND REFILL GAS	\$ ~ 150.00	X
7	TO CHECK WIRING LAYOUT AND HEADLAMP FOCUS	\$ 80.00	201
8	TO RNR TYRE AND WHEEL BALANCING	\$ 100.00	201
9	TO RNR RADIATOR ASSY AND HOSES TO ASSIST WORK LOAD	\$ ~ 150.00	X

TOTAL \$ 3,310.00

ESTIMATE REPORT

TOTAL PARTS COST : \$ 9,843.74
TOTAL LABOUR COST : \$ 3,310.00
TOTAL REPAIR COST : \$ 13,153.74

NB: THIS IS ONLY AN ESTIMATE AND SHOULD ADDITIONAL WORK BE FOUND NECESSARY TO BE CARRIED OUT IN THE COURSE OF REPAIRS, EXTRA MATERIALS AND LABOUR COST WILL BE CHARGED ACCORDINGLY WHICH HOWEVER, YOU WILL BE INFORMED PRIOR TO ACTION TAKEN.

PARTS PRICES ARE SUBJECT TO CHANGES.

YOURS FAITHFULLY,

KELVIN WO

KELVIN WO
HP 9069 7882

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

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 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. 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	06/08/2019 14:16
Date Of Accident	04/08/2019 14:00
Exact Location Of Accident	158A JALAN TECK WHYE LOT 132 DECK 3B
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF2342M
Insured/Policyholder	
Name Of Registered Owner	WEE JIN SHUN ROY
NRIC No	S8327282A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90292484
Alternative Phone No	OTHERS-90292484

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1623Q5
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P1244255
Cover Note Number	

Driver

Name of Driver	WEE JIN SHUN ROY
NRIC No	S8327282A
Date Of Birth	08/09/1983
Occupation	INDOOR
Date Of Driving Pass	23/04/2003
Driving Experience	16 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90292484
Fax Number	
Contact Number	OTHERS-90292484
EMail Address	NOEMAIL

Address 158 JALAN TECK WHYE #11-103 SPORE 680158

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

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

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident 2

Was any body injured in the Accident? NO

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

Number of Passengers (Including Driver) 0

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name CHOA CHU KANG NPC

Police Station Address ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

refer to sketch plan/police report

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO WITH OWNER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLN5998Y

Vehicle Make/Model/Colour HONDA / ODYSSEY 2.4 EXV-S CVT SR

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)

Sketch Plan

SKETCH PLAN

VEHICLE NO: _____
INSURER: _____
DATE & TIME: _____

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 to 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 to 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

Receiving Centre Personnel's Signature
Name: S. L. Lim
id/GIA No.

Sketch Plan #2

SECTION PLAN

Bik. 158A John Teck Whige

Lot 131 Deck 3B

Vehicle A SKF 1342 M

Vehicle B: SLN 9F98 Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

 Policyholder's Signature
 Date & Time

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

Reporting Center Personnel's Signature
Name: Judith Ay
NRCID No. _____

☐ Claim Own Policy ☐ Claim Third Party ☐ Reporting Only
☐ Claim OORP at other workshop (_____)

Police Report



**SINGAPORE
POLICE FORCE**



T/20190805/2133

1 of 3

Report No: T/20190805/2133

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7859999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/08/2019 19:39	Vide Report No.:	Station Diary No.: 168
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Informant's Particulars

Name of Informant: WEE JIN SHUN ROY			Address: APT BLK 158 JALAN TECK WHYE #11-103 SINGAPORE 660158	
ID Type / ID No.: NRIC NO / S8327282A			Contact No.: Home/Office:	Mobile: 90292484
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 35	Date of Birth: 08/09/1983	Type of Informant: Vehicle Owner	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SERVICE ENGINEER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 04/08/2019 14:00	Type of Location: Car Park
Location: Along Road 1 JALAN TECK WHYE				
Blk 158A Jalan Teck Whye, Lot 132, Deck 3B				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collision: Hit and Run			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKF2342M	Car					0
SLN5998Y	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



SINGAPORE
POLICE FORCE



1:20190805/2133

2 of 3

Report No: 1:20190805/2133

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Vehicle Owner			
Name	WEE JIN SHUN ROY	ID No.	S8327282A
Related Vehicle	SKF2342M (Car)	Contact No.	90292464
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class 3 Date of Expiry NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 03/08/19 at about 1930hrs, I parked my vehicle at Blk 158A Jalan Teck Whye, Deck 3B, Lot 132, and everything was intact.

On 05/08/19 at about 1400hrs, I went back to my vehicle and noticed scratches and paint drop on the front left bumper, and some chipped plastic on the cover of my left headlight. I have an in-car camera recording and immediately went to make a check. I discovered that on 04/08/19, somewhere in the afternoon, a vehicle, bearing a registration plate number SLN5998Y, drove to deck 3B and the vehicle drove to a lot near the left side of my vehicle. SLN5998Y then started reversing, wanting to enter the lot opposite where I parked and collided onto the left front side of my bumper. The driver of SLN5998Y acted like nothing happened and proceeded to park his vehicle, made a check on his vehicle, and left the scene.

I wish to state that the timing of my in-car camera showed the time to be 11:17am, but the timing is wrong on my camera.

16/09/19

Nivitha (LKK Auto)

From: venessa.chan@fwd.com
Sent: Monday, 16 September 2019 2:52 PM
To: admin-d@lkkauto.com; admin-a@lkkauto.com
Cc: motorclaims.sg@fwd.com; lionel.tan@fwd.com
Subject: PRI arrangement for vehicle number SKF2342M
Attachments: PRI.pdf

P: Terence

T: 306pm

V: alt

E: ✓

Dear Nivitha,

Please refer to the email below and liaise with TP repairer for PRS.

Please create the case in Merimen & I will upload the documents accordingly.

Thank you.

Best Regards,

Venessa Chan

Administrative Assistant, Claims

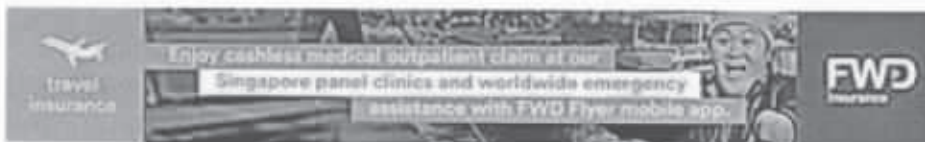


FWD Singapore Pte. Ltd.

6 Temasek Boulevard, #18-01 Suntec Tower Four, Singapore 038986

E venessa.chan@fwd.com

W www.fwd.com.sg



From: JWG CLAIMS [mailto:jwg.claims@yahoo.com]

Sent: Monday, September 16, 2019 2:21 PM

To: Motor Claims SG - SG Common

Subject: PRI arrangement for vehicle number SKF2342M

Dear Sir/Madam,

As attached, kindly arrange pre-repair inspection for stated vehicle.

Thanks and Best Regards,

Terence Toh

JWG INTERNATIONAL PTE. LTD.

Co. & GST Reg. No.: 201837488H

Blk 10, Ang Mo Kio Ind Park 2A,

#03-08 AMK AutoPoint,

Singapore 568047

H/P: 8299 6103 | Fax: 6909 9592

E-Mail: jwg.claims@yahoo.com

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