NATIONAL Assessment Centre	Services port parion.	MMA 119127752	1
Date In 26/9/19 17:17	Jeb description	Date &Time Completed	Done by
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	Assessment/Survey Report		
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Proformed Wksp / BIC Assign Wksp / QW: (	Demonstration of the Control of the	Tol:	Fax:
Tr Particulars: Veh No: 57	E 3409 R . INC (	)/Non-INC( )	4
Owner / Driver: (	37511	Tel:	)
Policy No: ( ) Perio	od: ( )	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %) [No	ote-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 80-	100%]
Year of Registration: ( ) W	arranty: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$1,000	)( )/\$2,000( )		# F
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Drive-In ( )/Towed-In ( ); Invoice:	YES( )/NO( );To	owing Co: ( · , '	. )
Remarks: $= 0.000  \mathrm{Mpc}$		Directory Colombia	We elloup by
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2) QC Check / Post Repair Inspection	( · )=	· · · · · · · · · · · · · · · · · · ·	
Upload Resurvey Photo [Repair Cost > \$300]	10] ( )		
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iver/Owner:	4) FT : Follow-Th	rough Survey	\$120 \$30
ntact No:	5) Pr : Follow-Th	rough Survey (Resurvey) ainsUNC Only (wef 10 Jan 200)	)
mäged Portion:	6) TR: Re-inspect	lon	\$75
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Checked by (Engr-In-Charge):	OD: .	Car / Tpt Allowance	\$5
	• NG: Repeir Co	-ordination	510 523
nditors Comments	*N7: Post Repa	ir Inspection est Excess Coordination	22
	TP (N11): TP	Nun INC) against INC	30
	9) N12: Idao Muli Involve dated	Fee Charged	Market Land
2/3	Invoice dated	Fee Charged	

#### SINGAPORE ACCIDENT STATEMENT

#### 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 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.
- 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	26/09/2019 17:17
Date Of Accident	26/09/2019 15:55
Exact Location Of Accident	JUNC OF UBI RD 1 & UBI AVE 2
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC908B
Insured/Policyholder	
Name Of Registered Owner	AEROSPEC SUPPLIES PTE LTD
Co Reg No	199200739Н
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66049658
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 THIRD PARTY FIRE AND/OR THEFT

Fleet Policy NO

Policy Number 5055839681-07

Cover Note Number

Driver

Name of Driver SEAH YUAN CHUA

 NRIC No
 \$1472891J

 Date Of Birth
 28/07/1961

 Occupation
 OUTDOOR

 Date Of Driving Pass
 07/02/1983

Driving Experience 36 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98806961

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 51 MARINE TERRACE #12-167

Postcode

440051

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

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

ambulance?

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

NO

Was any other material or property damaged?

YES

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

Number of Passengers (Including Driver)

NO 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

I WAS TRAVELLING ALONG UBI RD 1 AFTER CROSS TRAFFIC JUNC WITH UBI AVE 2, VEH INFRONT OF ME STOP, I FOLLOW TO STOP, ALL OF SUDDEN, I FELT AN IMPACT FROM BEHIND, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

ONLY FRONT CAMERA

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SJE3409R

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

LEE KWANG HENG

NRIC/Passport Number

S1582360G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> 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
  - (ii) for complying with requirements under any regulations, laws or court orders.

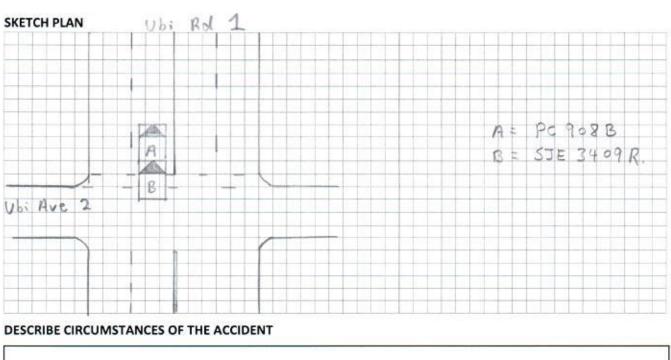
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Policyholder's Signature Date & Time: Driver's Signature

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



Refer	to	statement	
		7	

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 Centre Personnel's Signature

Name: NRIC/FIN No .:



# Certificate of Insurance

ISKS) RULES, 1959 (MALAYSIA)  81-07  Cover: Third Party, Fire & Theft  PC908B  IN1TG4E25Z0792247  AEROSPEC SUPPLIES PTE LTD  19 Sep 2019  18 Sep 2020  entitled to drive*  driving on the Policyholder's order or with his/her permission.
Number of Vehicle : PC908B : JN1TG4E25Z0792247 : AEROSPEC SUPPLIES PTE LTD : 19 Sep 2019 : 18 Sep 2020 entitled to drive*  driving on the Policyholder's order or with his/her permission.
: JN1TG4E25Z0792247 : AEROSPEC SUPPLIES PTE LTD : 19 Sep 2019 : 18 Sep 2020 entitled to drive*  driving on the Policyholder's order or with his/her permission.
: AEROSPEC SUPPLIES PTE LTD : 19 Sep 2019 : 18 Sep 2020 entitled to drive* driving on the Policyholder's order or with his/her permission.
: 19 Sep 2019 : 18 Sep 2020 entitled to drive* driving on the Policyholder's order or with his/her permission.
: 18 Sep 2020 entitled to drive* driving on the Policyholder's order or with his/her permission.
entitled to drive*  driving on the Policyholder's order or with his/her permission.
driving on the Policyholder's order or with his/her permission.
driving is permitted in accordance with the licensing or other laws or regulations to driv been so permitted and is not disqualified by order of a Court of Law or by reason of an in that behalf from driving the Motor Vehicle.
assengers in connection with the Policyholder's business.
ngers
ing, reliability trial or speed-testing. Ier except the towing (Other than for reward) of any one disabled mechanically propelle
perative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) ction 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these
: WITHIN THE REPUBLIC OF SINGAPORE ONLY
: N/A
: S\$3,000
: YES
: N/A
: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS
: N/A : S\$3,000 : YES
: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS
y to which this Certificate relates is issued in accordance with the provisions of the Moto mpensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
- F

# Claim Handling

Court No.							Hard Control National Control of the
Management   Man		GST Registration No.		PC908	Vehicle No.	5055839681-07	Policy No.
Marce Code							Certificate No.
Control No.	199200739н					AEROSPEC SUPPLIES PTE LTD	Policyholder Name
Second Markets   Seco	0	No. of Contract of	arty, Fire & Theft	Third i	Cover Type	BUS INSURANCE	Product Code
## 100 Tests						66049658	Contact No.(Mobile)
March   Marc	No T		528	- 02			
### Accident Seption   2609/2013 17-44	No		(j) Yes				
Modern Name	NO S.	Private nine		20	NCD Entitlement(%)	No	
Country of Accident Name   13-35							
Committee   Comm	Collision - Head to Rear						
### TOTAL PRICES Applicable  ### TOTAL PRICES Applicable  ### PRICES Applicable  ### PRICES Applicable  #### PRICES Applicable  #### PRICES Applicable  ##### PRICES Applicable  ###################################	Singapore			15:55		26/09/2019	
### PACKENS   PA		ICH NO.			Orange Force		
### Code   Park According   Park Accordi						JUNC OF UBI RD 1 & UBI AVE 2	
00 Serviced Euross			2000				
VIED TP Excess			0.00		Windscreen Excess	Per Accident	Excess Type
VIED TP Excess			3,000,000		TR Standard Excess	0.00	CD Charded Second
Table   Texas Applicable   0.00   Tetal TExcess Applicable   3,000.09	Covered	Driver is Covered?	1. Carrier 1. A. San				
Total   Paccess Applicable   0.00   Total   Paccess Applicable					1120 11 200000	0.00	
### SenePlace ### OST Registered Information ### OST Registere			3,000.00	de	Total TP Excess Applicable	0.00	
Marie			-500000500			6,000	
Col   Pagestree							
### Agency   1990/2019   174/14 System changed GST Registered from No 16 Yes 2509/2019   174/14 System changed GST Registered From No. 2509/2019   174/14 System changed GST Registered G		01/02/1997	GST Registration Date			1000	A CONTRACTOR OF THE CONTRACTOR
### Posicyholder Mailling Address  **P Posicyholder Mailling Address   2		Yes					
### Policyholder Malling Address ### Address 1 ### Address 3 ### Usi AVENUE 4 ### Address 2 ### Address 3 ### Usi AVENUE 4 ### Address 3 ### Direct No. ### Dir				m No to Yes	System changed GST Registered from No to	26/09/2019 17:47:47 5	
Address 1 81 UBL AVENUE 4 Address 2 409-25 UBL ONE Address 3 Address 3 Figure 4 Modes 5 Figure 4 Modes 5 Figure 4 Modes 5 Figure 4 Modes 5 Figure 4 Modes 6 Figure 4 Figure 4 Modes 6 Figure 4 Figure 4 Modes 6 Figure 4 Figure 4 Modes 6 Figure 4 Figure 4 Figure 4 Modes 6 Figure 4 Figure 4 Figure 4 Figure 4 Modes 6 Figure 4 Figu			02/1997	o, from null to 199 ate from null to 01	System changed GST Registration No. from r System changed GST Registration Date from	26/09/2019 17:47:47 5 26/09/2019 17:47:47 5	
Address 1   Address Type   Singapore address   Post Code					1019 M3019 V32 115 00 A 04 1		♥ Policyholder Hailing Addr
Related Pelcy Number 305539641-07  ### OF OTHER TIME    Direct Name   Direct Info   Direct Name   Direct Info   Direct Name   Direct Info   Direct Name   Direct Info   Direct Name   SEAH TUNK CHUA   Direct NIXC   S14728933   Direct Direct Info   Direct Name   SEAH TUNK CHUA   Direct NIXC   S14728933   Direct NIXC   Market Info   Address 1   BUK 51 #13-157   Address 2   MARINE TERRACE   Address 3   Address 3   SINCADOR 440051   Address 7   Direct Vehicle No.   Direct No.   Direct Insurer Company	SINGAPORE 408830	Address 3	5 UB. ONE	#09-2	Address 2	81 UBI AVENUE 4	Address 1
Related Prilicy Number   S059139681-07   S05	408830	Post Code	ore address	Singa	Address Type		Address 4
Driver Name Unvaried Offer Name Unvaried Offer Name Spher YUAN CHUR Driver Name Spher Name Spher YUAN CHUR Driver Name Spher			39681-07	50558	Related Policy Number		
Unvarianted officer Name  SCAN YUAN CHUA  Driver NRIC  S14728913  Driver DOB  Register fact of Driver License  O/(02/1983)  Driver Age  S9  Driving Experience O/(02/1983)  Address 1  BLK 51 #12-167  Address 4  SNDARAPDR 440051  Address 7  Address 7  Address 8  SNDARAPDR 440051  Address 7  Wes x No  Driver Vehicle No.  Driver Vehicle No.  Driver Vehicle No.  Driver Age  Driver Busurer Company  Driver Age  O-MKX  Insured AREOSPEC SUPPLIES F7  Contact No. (Medila)  Driver Age  O-MKX  Insured AREOSPEC SUPPLIES F7  Contact No. (Medila)  Driver Age  O-MKX  Insured AREOSPEC SUPPLIES F7  Contact No. (Medila)  Driver Age  O-MKX  Insured AREOSPEC SUPPLIES F7  Contact No. (Medila)  Driver Age  O-MKX  Insured AREOSPEC SUPPLIES F7  Contact No. (Medila)  Driver Age  O-MKX  Insured AREOSPEC SUPPLIES F7  Contact No. (Medila)  Driver Age  O-MKX  Insured AREOSPEC SUPPLIES F7  Contact No. (Medila)  Driver Age  O-MKX  Insured AREOSPEC SUPPLIES F7  Contact No. (Medila)  Driver Age  O-MKX  Insured AREOSPEC SUPPLIES F7  Contact No. (Medila)  Driver Age  O-MKX  Insured AREOSPEC SUPPLIES F7  Contact No. (Medila)  Driver Age  O-MKX  Insured AREOSPEC SUPPLIES F7  Contact No. (Medila)  Driver Age  O-MKX  Insured AREOSPEC SUPPLIES F7  Contact No. (Medila)  Driver Age  O-MKX  Insured AREOSPEC SUPPLIES F7  Contact No. (Medila)  Driver Age  O-MKX  Insured AREOSPEC SUPPLIES F7  Contact No. (Medila)  Driver Age  O-MKX  Insured AREOSPEC SUPPLIES F7  Contact No. (Medila)  Driver Age  O-MKX  Insured AREOSPEC SUPPLIES F7  Contact No. (Medila)  Driver Age  O-MKX  Insured AREOSPEC SUPPLIES F7  Contact No. (Medila)  Driver Age  O-MKX  Insured AREOSPEC SUPPLIES F7  Contact No. (Medila)  Driver Age  O-MKX  Insured AREOSPEC SUPPLIES F7  Contact No. (Medila)  Driver Age  O-MKX  Insured AREOSPEC SUPPLIES F7  Contact No. (Medila)  Driver Age  O-MKX  Insured AREOSPEC SUPPLIES F7  Contact No. (Medila)  Driver Age  O-M							OI Driver Info
Register Date of Driver License (17/201393)  Driver Age 56  Contact No. (Nome) 9880/961  Contact No. (Nome) 9880/961  Contact No. (Nome) 9880/961  Address 2  MARINE TERRACE Address 3  Address 4  SINGAPORE 440051  Address 4  SINGAPORE 440051  Address 57  Marine Singapore Singapore address  Past Code  Driver Vehicle No.  Drive			ed Driver	Unnar	Driver Type	Unnamed Driver	Driver Name
Contact No. (Nomice)  Selection No. (Nomice)  Address 1  Bux 51 #11-157  Address 2  MARINE TERRACE  Address 3  MARINE TERRACE  Address 4  SINAPADRE #40051  Address 3  MARINE TERRACE  Address 5  Post Code  Unite No.  12-167  Ves x No  Driver Vehicle No.  Driver Vehicle No.  Driver Insurer Company  Declaration  Breatmanyser or Blood Test  Respirity  Calam 901  Next  Contact No. (Modile)  Email Address  Contact No. (Modile)  Preferred  Driver Vehicle No.  No.  Contact No. (Modile)  Driver Vehicle No.  No.  Contact No. (Modile)  Preferred  Driver Vehicle No.  No.  Contact No. (Modile)  Driver Vehicle No.  No.  Contact No.  No.  Conta	28/07/1961	Driver DOB	8913	51477	Driver NRIC	SEAH YUAN CHUA	Unnamed driver Name
Address 1 BLK 51 #12-167 Address 2 MARINE TERRACE Address 3 Address 3 Address 4 SINGAPORE 440051 Address 7 ype Singapore address Plus Code Unit No. 12-167  Does he cann a Singapore Registered cut? Ves x No Driver Vehicle No. Driver Insurer Company  **Colam Singapore Registered cut?**  **Contact No. (Mobile)  **Email Address  **Contact No. (Mobile)  **Email Addres	36	Driving Experience		58	Driver Age	07/02/1983	Register Date of Driver License
Address 4 SINGAPORE 4-0051 Address Type Singapore address Post Code  Unit No. 12-167  Decianation  Decianation  Decianation  Decianation  Decianation  Modification History  Claim 001 New  Claim 001 New  Claim 1/20 * Contact No. Mills Code  Modification History  Claim 1/20 * Contact No. Mills Code  Preferred Decianation  Preferred Decianation  Preferred Decianation  Report Taken By  Report Taken By  Accident No. Mills Code  Easy' Submit  Easy' Submit  Accident No. Mills Code  Easy Submit  Easy Submit  Accident No. Mills Code  Easy Submit  Accident No. Mills Code  Easy Submit  Easy Submit  Easy Submit  Accident No. Mills Code  Easy Submit  Easy		Contact No.(Home)			Contact No.(Office)	98806961	Contact No.(Mobile)
Declaration  Breathanter or Blood Test Reading?  Claim Type *  Contact No. (Mobile)  Email Address  Chiam Description  Preferred Workshop, Name unknown v report Received by Front AK letter  Action By  Front AK letter  Contact No. (MT/1064225)  Coal No. (MT/1064225)  Coal No. (Male No. (MT/1064225)  Coal No. (Male No. (MT/1064225)  Coal No. (Mobile)  Driver Vehicle No. (Mobile)  Driver Vehic	MARINE TERRACE HAVEN	Address 3	E TERRACE	MARS	Address 2	BLK 51 #12-167	Address 1
Deciaration  Bresthalaser of Blood Test Reading?  Omg Any injury?  Ves * No  Modification History  Claim 001 New  Contact No. (Mobile)  Email Address Chiam Description  Decigration  Type *  Contact No. (Mobile)  Decigration  Type *  Contact No. (Mobile)  Decigration  Decigration  Type *  Contact No. (Mobile)  Decigration  Decigr	440051	Post Code	ore address	Singa	Address Type	SINGAPORE 440051	Address 4
Registered cer?  Declaration  Enterthaltyser or Blood Test or mg  Any Injury?  Ves # No  Modification History  Claim Type *  Contact No. (Mobile)  Email Address  Chim Excretion  Preferred  Workshop or History  Claim Type *  Contact No. (Mobile)  Email Address  Chim Excretion  Preferred  Preferred Workshop, Name unknown * report  Report Token By  Actachment  Actachment  Actachment  Print AK letter  Actachment  Actachment  Actachment  Proferred  Actachment  Actachment  Proferred						12-167	Unit No.
Breathalyser or Blood Test Reading?  Any injury?  Ves a No  Modification History  Claim 001 New  Claim 001 New  Contact No.(Mobile)  Contact No.(Mobile)  Chaim Description  Final Address  Claim Description  Final Address  Final Ad		Driver Insurer Company			Oriver Vehicle No.	U Yes ★ No	Does he own a Singapore Registered car?
Modification History  Claim 001 New  Contact No. (Mobile)  Contact No. (Mobile)  Email Address  Claim Description  Professor No. (Yes Pepsar Preferred Workshop, Name unknown Proport Research No. (No. 1995)  Attachment  Front Ak letter  Attachment  Professor No. (No. 1995)  Attachment  Attachment  Professor No. (No. 1995)  Accident No. (No			s ≅ No	G Ye	Any injury?	0 mg	Breathalyser or Blood Test
Claim Type *  Contact No. (Mobile)  Email Address  Chim Description  Preferred Workshop, Name unknown * GIA Perferred Workshop, Name unknown * report Tokken By  Attachment  Attachment  Prof. (Same Supples S							Modification History
Contact No. (Mobile)  Email Address  Claim Description  Preferred Workshop Date Registered  Report Taken By  Attachment  Attachment  Preferred  Mill.  (Home) OI Press (Home) (Home) OI Press							Claim 001 New
Contact No. (Mobile)  Email Address  Claim Description  Claim Description  Preferred Workshop Preferred Workshop, Name unknown Teport Received Preferred Workshop, Name unknown Teport R	TE LTD Insured 1999	Insured AEROSPEC SUPPLIES P	ор-нх				Claim Type *
Email Address  Claim Description  Preferred Workshop Preferred Option  Preferred Workshop, Name unknown Teport  Received  Print AK letter  GIA Preferred Workshop, Name unknown Teport  Save Submit  Attachment  Accident No. MT/1064225  Claim No. Option  Option	Contact	Contact					Schilles.
Claim Description  Preferred Workshop Traisered Jobiet No. Teach Sylvania State Stat	No. (Office)		NIL.				Contact No.(Mobile)
Claim Description  Preferred Workshop Date Registered Report Taken By  Attachment  Attachment  Accident No. MT/1064225  MI/1064225  Preferred Workshop, Name unknown v report Received v report	TP Vehicle S3E3						Front & defense
Preferred Workshop Repair Option Opti	Number Name of	Number					Email Address
Workshop   Date Perferred Workshop   Not at Fout   Finalisation   Ves   Teport   Received   Teport   Received   Teport   Received   Teport   Received   Teport   Tep	Preferred 0 Workshop	26 Sept 2019	PC9088 / SJE3409R O				Claim Description
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Attachment  Accident No. MT/1064225 Claim No. 001	Received	Date					-000F3 516-0000000
### Actident No. MT/1064225 Claim No. 001							Print AK letter
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