NATIONAL Assessment Cen		130051 MHA 19 144155	ted Done by
Date In: 31 19-13:46	Jeb description	Date & Time Complet	ed Done of
Res No: HALLEGORISHM	SAS e-filing		
Veh No: Sm N7 9794	E-mail (within Shrs, A	IC 2hrs)	
D.O.A : 26/13/9-10:45	i-Motor Claim Fo	rin M7/1069326-201	31/19/19 14:26
	i-Motor W/O (With	nia: OD 2hrs, TP 4hrs)	
OD TP ! Reporting Only	i-Photo Uploaded		
	Assessment/Survey	Report	
TP Insurer:	Ass't Report by Fax	(/ Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: Jo		INC()/Non-INC().
Owner / Driver: (Tel:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (ite: Time:)
Insured/Driver Liability: (%	(WO):	N: 0-20%; P: 21-79%. F:	80-100%]
Year of Registration: ()		NO()	
Excess: (\$) Loading: \$	\$1,000 ()/\$2,000 ()	
General Remarks;	"我"。"我们的一样, "		January III
() Walk-In Customer : Customer's	information strictly Confide	A STATE OF THE PARTY OF THE PAR	elrer.
			¥(
() Total Loss Case : to e-mail In:	and the second of the second o); Towing Co: ()
Drive-In ()/ Towed-In (); Inv	oice: YES () / NO (- 1-	CONTRACTOR OF THE PROPERTY OF
Remarks:- (INC hotline: 6788 661	5)	Date&Time Comple	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()		
Injurý:			
		THE STATE OF THE S	
Date/Time Actions		A CONTRACTOR OF THE CONTRACTOR	335937.00001.000001
NA NA		· n Checklist	Anit (S) Amit (S
MAIGORASY	20000	Voice Preparation Checklist	fit Bill Add Bi
laimant's Particulars :-	1) A 2) I		INC (\$80)
	3) T	F: Towing Fee	\$40/\$45 \$120
river/Owner:	10%	T : Follow-Through Survey T : Follow-Through Survey (Resurvey)	\$30
ontact No:	F	or claiming against INC Only (wef 10 J	(an 2005)
amaged Portion:	6) 7	TR : Re-inspection N1 : Idao DA + SMRT Survey	- 5160
	1 (8)	NTUC Additional Services:-	
C Checked by (Engr-In-Charge):		N5: Courtesy Car / Tpt Allowance	\$5
C. Checked by (Engi-in-Charge).		NG: Repair Co-ordination	\$10 \$25
utilities Comments:		N7: Fost Repair Inspection N8: DV / Collect Excess Coordination	25
Auditors' Comments:	S. 57 No. U. S. C.	TP (N11): TP (Non INC) against INC	30
at. 1:	The state of the s	N12: Idao Mobile Fee C	harged Charged
at 2/3;		Olck nates	tharged SELIN

3 . pri et 1 .30

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

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.
- 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

	ACCIDENT STATEMENT
Date Of Report	31/10/2019 13:46
Date Of Accident	26/10/2019 10:45
Exact Location Of Accident	BKE TWDS PIE (TUAS)
Country/State of Loss	SINGAPORE
Southly/State of Essa	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMN7929Y
Insured/Policyholder	
Name Of Registered Owner	FONG YIT YUN
NRIC No	S8370872G
	NOEMAIL
Email Address Mobile Phone No	(LOCAL) +65-92308081
Alternative Phone No	OFFICE-92308081
Vehicle Particulars	011102-0200001
	AUDI
Manufacturer	A5 SPORTBACK 2.0 TFSI QU
Model Exact Purpose for which vehicle was being use time of accident	
Are you claiming under your own insurance pol for repair to your vehicle?	licy NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108527863
Cover Note Number	
Driver	
Name of Driver	TAN JUN JIE, MARCUS
NRIC No	S9525312A
Date Of Birth	25/07/1995
Occupation	INDOOR
Date Of Driving Pass	19/05/2015
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91880021

OFFICE-91880021

NOEMAIL

BLK 167 PETIR ROAD Address

#19-138

670167 Postcode

Was driver an employee of the Insured's Company NO

FRIEND If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

2

NO

YES

NO

3

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1 NAME:

> GENDER: : MALE

Passenger 2 NAME:

> GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

YES

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191026/7009.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SGM4143T Vehicle Registration Number

HONDA INTEGRA Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

SDWYN ONG WEI JUN Name of Driver

NRIC/Passport Number

Contact Number

S9545805Z 98452300

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAN JUN JIE, MARCUS

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SMN7929Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- i. 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,
- I. Information provided must be as <u>truthful and ecourate as dossible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy Rabiling</u>.
- The issue and acceptance of this Form by incurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false recording may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Control established by the General Insurance
 Association of Singaporo (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 hareby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- Consent under the Personal Data Protection Act (PDPA)
 Lunderstand, acknowledge, agree and consent that:
 - (i) 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 onpossessed 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 dains including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my dolms;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me:
 - (iv) administering my claims (including the melling of correspondence, statements, invokes, 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, familing and/or dealing with my dains. (collectively the "Purposes")
 - (b) ell insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, dictions 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 energy/including shair lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (a) my Personal information will also be collected and used to compile claims Matory for the purpose of freud detection, investigation and management in present and all future daims.
- (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.

Poticyhologins Signature Date & Times Ciriver's Signature (If driver is not the policyholder) Date & Time: Réporting Centre Personnel's Signature Mame:

NRIC/FIN No.:

SKETCH PLAN	2	BKE/PIET
		1364/1101
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DECLARATION		The second secon
	ticulars are true in Ferry resposs.	
Policyholder's Signature	Oriver's Signature	Reporting Contre Personnel's Mustere
そのおり受ける場合を行った からたいさずしかさ	WILLIAM STATES	Ennantee Contra Perconal V Martine

Date of Accident	26 10 2019 Accident Time: 10:43 (24-HR-Format)
Accident Place	: PIE Towards Tuas (Expressivay) -> BKE twds,
Vehicle Reg. No. (Car Plate No.)	: SMN7929Y
Vehicle Make/Model	: Audi AS 2.01
Insurance Company	: NTUC Policy No.
Owner or Company Name /IC No.	: Fong YIT Yun / 583 70872G
Owner or Company Contact No.	:0130 6081 Owner's Hp Company Tel
DRIVER'S Name / IC No.	TAN JUN JZE MARIUS
DRIVER'S Date Of Birth	: 25 07/1995 DRIVER'S License Pass Date 11 Avg 2014
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: find
DRIVER'S Address	: Blk 167, Petir Road, #19-138, 5670167
DRIVER'S Contact No./ Alt No.	:1) 91880021 2) 8829 6258
DRIVER'S Occupation	: INDOOR \OUTDOOR (e.g. working inside or outside office)
Email Address	:Maccustan; j. Ganzil.com
Weather & Road Surface	: CLBAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	river): 3 Imale, I Amale.
Was there any video Captured by ca Exact purpose for which vehicle wa	ar camera: YES (NO s being used at the time of accident: Private use \ Work purpose
Other 1	Party Driver's Particular (if anv)
Vehicle Reg. No: SGM4143T	Vehicle Reg. No:
Vehicle Make Model: Hord In	
Name Driver: Saluyn Ond U	Hi Jun Name Driver:
IC No. Driver: 595458052	
Driver's Contact & Add: 9845	Driver's Contact & Add:
	Passenger 2 remale >

2 12 2 4





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20191026/7009

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 119 14:45	Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
	Informant: V JIE, MAR		Address: APT BLK 167 PETIR R	ROAD #19-138 SINGAPORE 670167	
ID Type NRIC NO	/ ID No.: D / S95253	12A	Contact No.: Home/Office:	Mobile: 91880021	
National SINGAP	ity: ORE CITIZ	EN	Email: marcustanjj@gmail.com		
Sex: Male	Age: 24	Date of Birth: 25/07/1995	Type of Informant: Driver		
Race: Chinese		Language: Institution / School Nar			
Occupation: Sales and related associate professional nec		Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/10/2019 10:40	Type of Location: Straight Road	
Location: BUKIT TIMAL Weather:	EXPRESSWAY	Road Surface:		Road Speed Limit:	
		Dry		90 Km/h	
Clear Traffic Flow: One Way		Dry Traffic Control: Not Controlled		90 Km/h Traffic Volume: Moderate	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGM4143T	Car					0
SMN7929Y	Car					0

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





Police Station Of Origin: Traffic Police

Report No. T/20191026/7009

2 of 3

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Driver	ACCEPT PROPERTY				No. of Concession, Name of Street, or other Persons, Name of Street, or ot		
Name	TAN JUN JIE, MARCUS			ID No.		S9525312A	
Related Vehicle	SMN7929Y (Car)			Conta	ct No.	91880021	
Hospital/Clinic	24 HOUR WALK-IN CLINIC			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	26/10/2019 Date Disc			harge	26/10	0/2019	
No. of Days gran	ted Medical Leave	05	Degree of		Sligh	t	

Brief Details.

on the stated time and date i was travelling on bke towards pie tuas, suddenly vehicle SGM4143T black colour honda hit the rear of my car, we exchange particulars and agreed to proceed insurance claims, i have to 2 passenger in the car and they are ok, i suffer back and neck pain as the seat belt jamed because of the impact





3 of 3

Report No. T/20191026/7009

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Ske	tah	DI	an
OKE	IC:D		an

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/10/2019 14:45
Officer In Charge Of Case: TP / TPHQ / YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:

Authentication Stamp

NP168



Certificate of Insurance

Cover : drivo CLASSIC

: WAUZZZ8T1AA060989

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5108527863

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder 3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

: SMN7929Y

: FONG YIT YUN

: 28 Mar 2019

: 26 Apr 2020

- 6. Limitations as to Use#
 - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : \$\$2,000 EXCESS (SECTION 2) : \$\$1,500 WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COF : YES NCD PROTECTION : YES (FREE) TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : FONG YIT YUN

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : DBS BANK LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: AUTOSHIELD PTE. LTD. (00000573469)

Date of Issue

: 28 Mar 2019 16:13 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



Policy No.	5108527863	Policyholder Name	FONG YIT Y	run	Policyholder NRIC	S8370872G	
Certificate No.					THE CO.		
Address	BLK 11 #03-04 MARSILING D	R SINGAPORE 7	30011				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	28/03/2019	Effective Date	28/03/2019	00:00	Expiry Date	26/04/2020 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	g/Inexperience Driver Excess
Agent	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	BLK 11 #03-04	Addres	ss 2	MARSILING DR	1),6	Address 3	SINGAPORE 730011
Address 4		Addres	ss Type	Singapore address		Post Code	730011
Unit No.		Relate Number	d Policy er	5108527863			
Insure In	d Object: SGH7070B						
▽ Endors	ements						
	ce Date of Endorsem		indorsement		Endorsement		Endorsement Content

Claim Handling							
Accident MT/1069326							
folicy No.	5108527863	Vehicle No.	SGH7070	IH		GST Registration No.	
Dertoficate No.							
folicyholder Name	FONG YIT YUN					Policyholder NR3C	S8370672G
roduct Code	PRIVATE CAR INSURANCE	Cover Type	driva CLA	SSIC		Loading	a
Contact No. (Mobile)	92308081	Contact No.(Office)	0			Contact No.(Home)	0
mail Address		Special Remark				eCode	19: 47
FK	® No ○Yes	TCA	⊕ No ○	Yes		eCode Reason	
ICD Protection	Yes	NCD Entitlement(%)	50			Private Hire	140
Accident Details							
eport Date	31/10/2019 14:24	Accident Report Within 24 hrs	Yes			Accident Type	Collision - Head to Rear
ate of Accident	26/10/2019	Time of Academ Normm	10:45			Country of Accident	Singapore
	20/10/2014	Drange Force	19:45			JOM No.	Singapore
eparting Centre	Note where we have	brenge roice				DUT NO.	
cident Location	BKE TWOS PIE (TUAS)						
Total Excess Applicable							
сева Туре	Per Accident	Windsoreen Excess.			100.00		
Standard Excess	2,000.00	TP Standard Excess			1,500.00		
	2500.00	VIED TP Excess			1,300.00	Driver is Covered?	
D OD Excess		ATED IN CREEKS				Direct is Covered?	
ditional Excess	0						
tal OD Excess Applicable	4500.00	Total TP Excess Applicable					
> Benefits							
7 GST Registered Informa			700	I Description	N 2000		
T Registered	No				- Mari		
iT Registration No.			GST Status Verified		rified	Yes	
odification History							
	200						
Policyholder Mailing Ad		W0.000.00	000000000000000000000000000000000000000	and an		10 Y 0 M 2 M	/
Idress 1	BLK 11 #03-D4	Address 2	MARSILING DR		Address 3	SINGAPORE 730011	
dress 4		Address Type	Singapore address		Post Code	730011	
it No.		Related Policy Number	5108527	863			
v OI Driver Info							
iver Name	Unnamed Driver	Driver Type	Unnamed	Driver			
named driver Name	TAN JUN JIE, MARCUS	Driver NRIC	9952531	2A		Driver DOB	25/07/1995
egister Date of Driver License	19/05/2015	Driver Age	24			Driving Experience	4
ortect No.(Mobile)	91880021	Contact No.(Office)	0			Contact No.(Home)	0
idress t	BLK 167	Address 2	PETIR RO	AD		Address 3	SINGAPORE 670167
dress 4		Address Type	Singaponi	address.		Post Code	670167
nit No.	19-138						
oes he own a Singapore		Driver Vehicle No.				Onver Insurer Company	
egistered car [†]	○ Yes ® No	Linver venicle No.				Univer sneuter Company	
eclaration							
reathalyser or Blood Test				i.			
eading?	0 mg	Any injury?	® Yes €	No			
odification History							
NAMES OF THE OWNER.							
Claim 001 New							
sim Type *	ор-мх	Insured Name	FONG YIT YUN		Insured NRIC	\$83708726	
intact No.(Mobile)	NIL U	Contact No.(Home)	63655043		Contact No.(Office)		
			SGH70708		TP Vehicle Number	SGM4143T	
neil Address		Of Vehicle Number	-	production of the same of the		12 Venicle Number	20041431
simant Type Claimant Type *		Type of Benefit *	Please Se	elect			
almant Name *	22	Claimant NRIC *					
elmant Address						Total Control of the	200.
aim Description	SGH7070B / SGM4143T ON 26 Oct 2019					Name of Preferred Works	hop
eferred Workshop Contact		Insured Liability *	Not at Fa	wult	~		
quire Finalisation	Yes	Preferered Repair Option	Preferred	d Workshop,	Name unknown	GIA report	Received
ite Registered	31/10/2019 14:26	Claim Close Date	1			Date Received	31/10/2019 00:00
port Taken By	Deckson						
Print AK letter							
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