Photo Inc.		HA119146165	D	, by
Date In: 4 119-18:48	Jeb description	Date & Time Completed	Done	
Rei No: Liajucias 19491124	SAS e-filing			
Veh No: pc 34160	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 711/19-17:02	i-Motor Claim Form	M11064933-221	4/1/19 10	1:07
OD : TP ! Reporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)		
OB . Thy Reporting Only	i-Photo Uploaded		les arresses services	N. III
TP Insurer:	Assessment/Survey Report			
., 1104101.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:	)
TP Particulars: Veh No: 6	SHNEOK INC (	)/Non-INC( )	370 It 10	
Owner / Driver: (		Tel:	)	
Policy No: ( )	Period: ( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
	) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]	-
Year of Registration: ( )		)		
Excess: (\$ ) Loading: \$	1,000 ( )/\$2,000 ( )			
General Remarks;-				9 10 <sup>70</sup> 65
( ) Walk-In Customer: Customer's in	nformation strictly Confidential & St	rictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Ins	urer URGENTLY.			
Drive-In ( )/ Towed-In ( ); Invo	oice: YES( ) / NO( ); T	owing Co: ( 1'		)
Remarks:- (INC hotline: 6788 6616)	)	Date&Time Completed	Done	by
1) Apply for Transport Allowance ( )	/ Courtesy Car ( )			
2) QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost >	\$3000] ( )			
Injury:				
			revises of Sec	
Date/Time Actions		walled the second	23499	10 mg 20 mg
The Assessment of the State of		## A #E (###E/#******###########################	\$5050 (00 Tell ) 3 E.	1 2 20
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	Invoice Pro	paration Checklist.  Reporting (\$30);  Assessment (\$100); INC (\$8	Ant (\$)	Amt (1)
Halyo 80.04	Invoice Pre	paration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$8	Ant (\$)	Amt (1)
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Hamant's Particulars:- river/Owner: ontact No:	lnvoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Fellow-T	Paration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 hrough Survey hrough Survey (Resurvey) gainst JNC Only (wef 10 Jan 2005)	Ant (\$)   fit Bill    0)  /545  3120  530	Amt (1)
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Hamant's Particulars:	Invoice Pro  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Fellow-T For claiming a 6) TR: Re-inspec 7) NI: Idao DA 2 8) NTUC Addition OD* *NS: Courtesy	paration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$8)  (se \$40)  And Survey (Resurvey)  (spinst INC Only (wef 10 Jan 2005)  (stion + SMRT Survey (\$10]  (SMRT Survey (\$10]  (S	Ant (\$) fst Bill ( 0) /\$45 5120 530 ) \$75 5160	Amt (1)
Halo & Particulars:-  river/Owner:  ontact No:  maged Portion:  C Checked by (Engr-In-Charge):	Invoice Pre  1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idao DA: 8) NTUC Addition OD: *N5: Courtesy *N6: Repair C *N7: Fost Rep	paration Checklist  Reporting (\$30); Assessment (\$100); INC (\$8) (se \$40) Arough Survey (Resurvey) (spinst INC Only (well 0 Jan 2005) (ation + SMRT Survey ) (anal Services  Car / Tpl Allowance operation air Inspection	Ant (\$) fst Bill ( 0) /545 5120 530 ) \$75 5160	Amt(I)
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Halo & Particulars:-  river/Owner:  ontact No:  maged Portion:  C Checked by (Engr-In-Charge):	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Fellow-T For claiming a 6) TR: Re-inspec 7) N1: Idac DA 2 3) NTUC Addition OD *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	paration Checklist  Reporting (\$30); Assessment (\$100); INC (\$8 fee \$40 frough Survey (Resurvey)  Regionst INC Only (wef 10 Jan 2005)  Resultion (State of the Control of the Checklish Survey (\$100 fee)  Car / Tpt Allowance (\$100 fee)	Ant (\$) fit Bill ( 0) /545 5120 \$30 ) \$75 5160 \$25 \$5 \$25 \$25 \$20 30	Amt(I)

## 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.

- 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.

<ol><li>By the lodgement of this report to the insurers, you hereby cons aforesaid.</li></ol>	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	04/11/2019 18:48
Date Of Accident	02/11/2019 17:00
Exact Location Of Accident	PIE (TUAS) BEFORE STEVENS RD EXIT
Country/State of Loss	SINGAPORE
D. C.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC3416J
Insured/Policyholder	
Name Of Registered Owner	JK SINCERE TRANSIT SERVICES
Co Reg No	53213662D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	тоуота
Model	HIACE DX 3.0 AUTO
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

BUS

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5070277490-05

Cover Note Number

Driver

MOHAMED FAREEZ BIN NAGEEB Name of Driver

S8234738J NRIC No Date Of Birth 04/10/1982 OUTDOOR Occupation 24/07/2014 Date Of Driving Pass

5 YEARS AND 3 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-96390482 Mobile Number

Fax Number

OFFICE-96390482 Contact Number

NOEMAIL EMail Address

BLK 784 CHOA CHU KANG AVENUE Address

#01-209

680784 Postcode

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

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

3

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

NO 5

NO

NO

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

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? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

GBH1280K Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

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

GBF1231M

Page 2 of 16

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

1

## SKETCH PLAN

#### IMPORTANT NOTICE

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

Lunderstand, 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 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
- 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 Eurposes.
- 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.

iver's Signature

IK SINCERE RANSII

Policyholder's Signature

Date & Time:

(If driver is not the policyholder)

Date & Time

Reporting Centre Perso 's Signature Name

NRIC/FIN No.

Venicle A: PC 3416J PIECTUAS) before Stevens vehicu B: GBH12BOK. Vehicle C: GBF1231 M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the st	ated date & time, I, vehicle A, PC3416J i
was stationary	along the crated venue due to heavy
traffic. khout	3-4 seconds later, vehicle B, GBH1280K,
hit onto my sta	nionary vehicle's year portion. The great
impact caused	my vehicle to propel torward & thit outo
the front vehice	Ue.
my	passengers 1) Name: ZURATUL QALBIAH BIE ASA
,	NRIC: SB637452H 2) Name: JANIAH BIG GUPPAL
	NPIC: 51434800I
	3) Name: AIREEZ BALYSHA BIE MD FAR
	NPIC: TIBOLUSUF H) NORME: AREEANA DYSHA BIE MD FAB NPIC: TIBOO663D

DECLARATION

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

JK S MCERE

TRANSIT

SERVICES

Policyholder's Signature Date & Time:

er's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Pers Name: NRIC/FIN No.:

gnature

# ACCIDENT STATEMENT

ACCIDENT DATE: 00 / 11 / 2019 1(DD/MM/	(YYY), TIME: ( 17 : 00 )(HH:MM)
LOCATION: PIECTURS) before CH	venc exit
1. DETAILS OF VEHICLE	
GIVEHICLE NUMBER: POSHIO	
b)INSURANCE COMPANY: NTUC	
CIPOLICY NUMBER: 5070 27790 CIPOLICY TYPE: (COMPREHENSIVE / THIRD	PARTY / THIRD PARTY FIRE &THEFT)
STATES ALCOHA COUPE / MPV /NAN / LO	DRRY / MOTORCYCLE / OTHERS)
CIVEHICLE CATEGORY: IPRIVATE / COMME	RCIAL/MOTORCYCLE)
HIPURPOSE OF USING AT ACCIDENT TIME:	
IF NO, PLEASE STATE (THIRD PARTY CLAIM	/ REPORTING ONLY)
- WISHING A BOLLOY HOLDER	
A)NAME: JK SIMILEYE TYANSH SE DINDIC/FIN/PASSPORT: 532/3661D	CONTACT:
C)ADDRESS: 10 ANSON PO \$105-16	
	5(0701903)
· CONTINUE TO 3.d IF DRIVER ALSO POLICY	. M
all of passenge all Mohamed Fareet Bin Nac	
b)NRIC/FIN/PASSPORT:	1 DIVE # 01-209 5 (680784)
c)ADDRESS: 104 CVVV ON CONTRACTOR	) ****
	DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTLIGOR)	
f) YEARS OF DRIVING EXPRERIENCE:  4. WAS DRIVER AN EMPLOYEE OF THE INS	URED'S COMPANY? (YES / 10)
TE NO DELATIONSHIP OF THE UKIVER V	VIIII INSUNCE.
5. GIWEATHER CONDITION: (CLEAR / RAINING b)ROAD SURFACE: (DRY / WET / OTHERS	5 / OTHERS
6. WAS ANYBODY INJURED (YES / NO)	
TO POLICE (YES / NO)	ON:
IF YES, PLEASE STATE WHICH POLICE STATE  B. THIRD PARTY VEHICLE	
THE of passenger a) VEHICLE NUMBER: D GBH 1280K	MODEL:
( lyduding driver) b) DRIVER'S NAME:	CONTACT:
(OI) C) NRIC/FIN/PASSPORT.	
d) VEHICLE NUMBER: 68-1231M	MODEL:
1 No of passinger el DRIVER'S NAME:	CONTACT:
(Including driver) 1) NRIC/FIN/PASSPORT:	To the second of
(01)	* 3

email = fax =

<b>eBao</b> Tech	GeneralClaim											
Hello, NAC_PAYA_UBI_80	0601					- Standard	· Change L	anguage	· Chan	ge Password	· Log Out	
My Desktop	Polic	y Query										
Notice of Loss	Policy N	io.					Date of Accident			02/11/2019 17:00		
	Vehicle	No.(For Motor)	PC3416J		Certificate Number				711			
						Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5070277490- 05		JK SINCERE TRANSIT SERVICES	53213662D	GBS	Comprehensive		PC34163	03/09/2019	02/09/2020	
					016	Continue						

Policy No.	5070277490-05	Policyholder Name	JK SINCERI	TRANSIT SERVICES	Policyholder NRIC	53213662D	
Certificate No.		Name of the Other Co.					
Address	BLK 53 #02-215 MARINE TERRA	CE SINGAPOR	E 440053				
Product Name	BUS INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	31/08/2019	Effective Date	03/09/2019	00:00	Expiry Date	02/09/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	g/Inexperience Driver Excess
Agent	S'PORE SCH&PTE HIRE BUS OW	Agent Tel.	67410788		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
▽ Policyh	older Mailing Address						
Address 1	BLK 53 #02-215	Addre	ss 2	MARINE TERRACE		Address 3	MARINE TERRACE HAVEN
Address 4	SINGAPORE 440053	Addre	ss Type	Singapore address		Post Code	440053
Unit No.	02-215	Relate Numb	d Policy er	5103494065-01			
Insure     In	d Object: PC3416J						
<b>▽</b> Endors	ements						

Claim Handling										
ccident MT/1069933										
olicy No.	5070277490-05	Vehicle No.		PC34163			GST Registration No.			
ertificate No.										
akcyholder Name	1K SINCERE TRANSIT SERVICE	S					Pakcyholder NRIC	53	3213662D	
oduct Code	BUS INSURJUNCE	Cover Type		Comprehe	evisor		Loading	D		
ontact No.(Mobile)	0	Contact No.(		0			Contact No.(Home)	Ω		
nail Address	10201020100	Special Rem	ark				eCode	13		
rk.	® No ○ Yes	TCA		® No □	res :		eCode Reason			
D Protection	No	NCD English	nent(%)	15			Private Hire	No		
Accident Details										
port Date	04/11/2019 19:01	Accident Rep	port Within 24 hrs	yes			Accident Type	Cr	ain Collision	
ke of Accident	-02/11/2019	Time of Accid	dent hh mm	17:00			Country of Accident	ngapore		
porting Centre		Orange Foro	•				ICM No.			
cident Location	PIE (TUAS) BEFORE STEVENS	RD EXIT								
Total Excess Applicable										
cess Type	Per Accident	Windscreen I	Excess		100.00					
Standard Excess	2,000.0	O TP Standard	Excess		1,500.00					
D GD Excess	0.0	O YIED TP Excr	YIED TIP Excess			Driver is Covered?				
ditional Excess										
al OD Excess Applicable	2000.0	O Total TP East	ess Applicable							
Benefits										
GST Registered Inform										
T Registered	No				T Registration Date					
Registration No.	94,000,040,000	Secretary and an artist of the second	400000000000000000000000000000000000000		T Status Ventied		Yes			
dification History	04/11/2019 19	:02:31 System changed GST:	Status venhed from	n No to Yes						
Polleyholder Mallion 14	Marce									
Policyholder Hailing Ad		1812/1800/1000								
dress 1	BUK 53 #02-215	Address 2		MARINE T			Address 3	M	MARINE TERRACE HAVEN	
Iress 4	SINGAPORE 440053	Address Type	•	Singapore	address		Post Code	44	0053	
t No.	02-215	Related Polic	y Number	51034940	65-01					
OI Driver Info										
ver Name	Unnamed Driver	Driver Type		Unnamed I						
named driver Name	MOHAMED FAREEZ BIN NAGEE	t Driver NRIC		58234738J			Driver DOB	04	/10/1962	
gater Date of Driver License	24/07/2014	Driver Age	ge 37				Onving Experience	5		
mact No.(Mobile)	96390482		ricact No.(Office)				Contact No.(Home)	۰		
dress t	BLK 784	Address 2		CHOA CHU KANG DRIVE			Address 3	51	NGAPORE 680784	
tress 4		Address Type	6 8	Singapore	address		Post Code	68	0784	
it No.	01-209									
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle	e No.				Driver Insurer Company	v.		
Saration										
rathelyser or Blood Test ading?	0 mg	Any injury?		○ Yes ⊕	No					
dification History										
and and a second										
Claim 001 New										
10000000000000000000000000000000000000										
	Fan we	1	9	au macena	****		Insured NRIC	pose		
m Type *	OD-MX Y		DOMESTICAL PROPERTY OF THE PERSON OF THE PER			Control of the Contro			53213662D	
rtact No. (Mobile)	86521964	Contact No.(1		n.88. 1		Contact No.(Office)	+			
ail Address	Property Party		Of Vehicle Number PC34163				TP Vehicle Number	G8	H1280K	
mant Type Claimant Type *	Please Select			Please Sei	ect 🔻					
		≥≥ Claimant NR3	**		-	-				
ment Address		COTA						MORSON II II		
m Description ferred Workshop Contact	PC34163 / GBH1280K ON 2 Nov	_					Name of Preferred Work	cshap		
to the samp contest.		Insured Uabi	Ry. *	Not at Fau	8	L				
jure Finalisation	Yes 👻	Preferend Re	epair Option	Preferred	Workshop, Name unknow	n v	GIA report	Re	ceived	
e Registered	04/11/2019 19:03	Claim Close D	late				Date Received	04	/11/2019 00:00	
ort Taken By	Jackson									
Print AK letter										
			19	Save Sut	mit					
ttachment										
					0.440					
ident No.	MT/1089933		Jaim No.		001					
t Doc. Received	● Yes ○ No	y.	ploed Date		04/11/2019 19:04					
	Path *				Cabagory +		Confidential	Organcy +	Description	
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			Browse	Clear	Please Select	¥	V   No	rmal (	7	
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