	The second second second	Jan'051 MNA 119 1557			
Date In: 25 11 19-17:47	Jeb description	Date &Time	: Completed	Done	рх
Reino: Uni lucino 20037 124	SAS e-filing	i			
Veh No: JUA 1 600 C	E-mail (within Shrs, A	IC 2hrs)			9
D.O.A: 24/11/19-11:32	i-Motor Claim Fo	rm mliozv	892-001 7	01119	8104
	i-Motor W/O (With				
OD . (TP) ' Reporting Only	i-Photo Uploaded				
TP Insurer:	Assessment/Survey	Report			
IP Insurer:	Ass't Report by Fax	/ Hand to Owner/Wks	<u>p</u>		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax		
TP Particulars: Veh No: 53	571069.	INC( )/Non-IN	C( ).	The Landson	
Owner / Driver: (		Tel:		)	
Policy No: ( )	Period: (	) Cover Type	(	)	
Confirmed by : (	Da	te: Ti	ne:	)	W
Insured/Driver Liability: ( %)	[Note-Est. Status (WO):	N: 0-20%; P: 21-79	%. P: 80-100	%]	
Year of Registration: ( )	Warranty: YES ( )/	NO( )		A 50004 - 1800	
Excess: (\$ ) Loading: \$1	1,000 ( )/\$2,000 (	)			
General Remarks:-			Nagarit (2005) (119)	5 4	
	Courtesy Car ( )	Date&Time	Somple 3d	Done	ру
2) QC Check / Post Repair Inspection	( )				
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost >					
3) Upload Resurvey Photo [Repair Cost > Injury:	\$3000] ( )				
3) Upload Resurvey Photo [Repair Cost >	\$3000] ( )			escanse.	
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions	\$3000] ( )	nice Preparation Che		Anit (S)	2-2
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions	\$3000] ( )	nice Preparation Che	cklist.	Ani((S))	2-2
Oate/Time Actions  Actions  HAM-887  Aimant's Particulars:	1 Inve	nice Preparation Che : Accident Reporting (\$30) : Darnage Assessment (\$10) : Towing Fee	cklist ; ; D); INC (\$80) \$40/\$4	Ant (S)	2-2
Oate/Time Actions  NAMO & STATE  Almant's Particulars:- iver/Owner:	1 Invo 1 AR 2 DA 3) TF 4) FT 5) #T	: Accident Reporting (\$30) : Darriage Assessment (\$10) : Towing Fee : Follow-Through Survey (Re	cklist. 5); INC (\$80)  \$40/\$4; \$120  survey) \$38	Ant (S)	2-2
Oate/Time Actions  Actions  HAM-887  Aimant's Particulars:	1 Invo 1) AR 2) DA 3) TF 4) FT 5) FT For	: Accident Reporting (\$30 : Darnage Assessment (\$10 : Towing Fee : Follow-Through Survey : Follow-Through Survey (Re claiming against INC Only (	cklist. b); INC (\$80) \$40/\$4; \$120 survey) \$30 wef 10 Jan 2005)	Amir (S)	2-2
Oate/Time Actions  NAMO & STATE  Almant's Particulars:- iver/Owner:	1 Invo 1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR	ice Preparation Che : Accident Reporting (\$30) : Darnage Assessment (\$10) : Towing Fee : Follow-Through Survey (Reclaiming against INC Only ( : Re-inspection	cklist. 5); INC (\$80)  \$40/\$4; \$120  survey) \$38	Aur (S)	2-2
Onte/Time Actions  NAM 884 V.  Rimant's Particulars:- iver/Owner: ntact No:	1 Invo 1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR 7) N1 3 NT	ice Preparation Che : Accident Reporting (\$30) : Darrage Assessment (\$10) : Towing Fee : Follow-Through Survey (Reclaiming against UNC Only ( : Re-inspection : Idao DA + SMRT Survey UC Additional Services.	cklist i); INC (\$80) \$40/\$4: \$12: survey) \$30 wef 10 Jan 2005)	Aur (S)	2-2
Onte/Time Actions  NAM 884 V.  Rimant's Particulars:- iver/Owner: ntact No:	1 Invo 1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR 7) N1 3 8) NT QD	: Accident Reporting (\$30): Darmage Assessment (\$10): Towing Fee: Follow-Through Survey (Reclaiming against INC Only (Claiming ag	Cklist ); INC (\$80) \$40/\$4: \$120 survey) \$30 wef 10 Jan 2005) \$77: \$160	Aur (s)	3-9
Date/Time Actions  NAMONE Actions  NAMONE Particulars:- iver/Owner: ntact No: maged Portion:	1 Inventor   1) AR   2) DA   3) TF   4) FT   5) FT   For   6) TR   7) NI   3   8) NT   OD   *NS   *NO   *NO	: Accident Reporting (\$30) : Darmage Assessment (\$10) : Towing Fee : Follow-Through Survey (Reclaiming against INC Only (Color Day 1) : Re-inspection : Idao DA + SMRT Survey UC Additional Services.	Cklist.    Cklist.   Cklis	Ant (S)	3-9
Date/Time Actions  NAMONE Actions  NAMONE Particulars:- iver/Owner: ntact No: maged Portion:	Invo  1) AR  2) DA  3) TF  4) FT  5) FT  For  6) TR  7) NI  3 NO  • NO	ice Preparation Che : Accident Reporting (\$30) : Darnage Assessment (\$10) : Towing Fee : Follow-Through Survey (Reclaiming against INC Only ( : Re-inspection : Idao DA + SMRT Survey UC Additional Services : Courtesy Car / Tpt Allowar	Cklist    Cklist   Ck	Ant (S)	della com
Date/Time Actions  NAM & & V.  Stimant's Particulars:- iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	\$3000] ( )  Invo  1) AR  2) DA  3) TF  4) FT  5) FT  For  6) TR  7) N1  3	: Accident Reporting (\$30) : Darriage Assessment (\$10) : Towing Fee : Follow-Through Survey (Reclaiming against INC Only ( : Re-inspection : Idac DA + SMRT Survey UC Additional Services : Courtesy Car / Tpt Allowar : Repair Co-ordination : Fost Repair Inspection	Cklist  (i)  (i)  (i)  (i)  (i)  (i)  (i)  (i	Aur (s)	Amt (

#### 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.
- 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	25/11/2019 17:43
Date Of Accident	24/11/2019 11:30
Exact Location Of Accident	BLK 16 TECK WHYE LANE CARPARK
Country/State of Loss	SINGAPORE
Activities of the party of the	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH1635C
Insured/Policyholder	
Name Of Registered Owner	TAN TING YI DEON
NRIC No	S9306267A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96363472
Alternative Phone No	OFFICE-96363472
Vehicle Particulars	
Manufacturer	тоуота
Model	COROLLA ALTIS 1.6 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
f 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	NO
Policy Number	5099976150-01
Cover Note Number	
Driver	

Name of Driver	DEON TAN TING YI
NRIC No	S9306267A
Date Of Birth	12/02/1993
Occupation	INDOOR
Date Of Driving Pass	01/10/2013
Driving Experience	6 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96363472
Fax Number	
Contact Number	OFFICE-96363472
EMail Address	NOEMAIL

Address

BLK 115C YISHUN RING ROAD

#13-809

Postcode

763115

OWNER

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

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?

YES

Was any injured conveyed to hospital by

NO

ambulance?

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)

2

Passenger 1

NAME:

: TEO LUI YUN

GENDER:

: FEMALE

**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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number Vehicle Make/Model/Colour

SJS7106P

**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)

#### **DETAILS OF INJURED PERSON 1**

Name

DEON TAN TING YI

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SLH1635C

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### **DETAILS OF INJURED PERSON 2**

Name

TEO LUI YUN

Approximate Age

Injuries Sustain

**NECK & BACK** 

Injured person in which vehicle?

SLH1635C

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### SKETCH PLAN

#### 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.
- 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.
- 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 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)
  - (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, involces, 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 of 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.

TEN

Policyholder's Signature Date & Time:

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

NRIC/FIN No.:

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.:

Sales " . Sepat Appropriate

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

#### Accident details

Date and time of accident	Date: 2	4/11/	19	(DE	MM/Y	Y) Time: //30	(HH:MM)
Exact location of accident	Block	16	Tack		Lone	Carporte	(

#### Details of vehicle

Vehicle registration number	SLH 1635 C
Vehicle make and model	Togeth alls
Type of vehicle	Saloon MPV CRV Van Carry Bus Motorcycle Others:
Vehicle category	Private   Commercial   Motorcycle
Purpose of using at said time	Private
Are you claiming under your own insurance company?	Yes  No if no, please select:  Third part claim  Reporting only

#### Insurance information

Insurance company	MTUC		
Policy number			
Type of policy	Comprehensive @	Third party fire & theft	TP only

# Insured / Policy holder

Name	Dean	Tan	Trug	40		Male ø	Female 🗆
NRIC / Fin / Passport number	59301	2-6.719	-11-7			IVIDIC JA	remaie L
Contact	-	412					-
Address	1150	Yishin	Ring	RI	#13-809	Cial	21101
		75599		1000	-11 ( > 60	2611	21.1)

#### Driver

# Same as insured above (skip to D.O.B)

Name			Male o	Female D
NRIC / Fin / Passport number			IVIdie U	remaie D
Contact			 	
Address				
Email address				
Date of birth	12-2114	43		
Occupation	Indoor 🗷	Outdoor a		
Driving date pass	1110113		5 5 55	7-11-11

# General information of the accident

Was driver an employee of the insured's company?	Yes No. P No. P Let If no, relationship of the driver and insured:
Accident captured by camera?	Yes. o No o
Weather condition	Clear Raining Others:
Road surface	Dry D Wet a
No of passenger	享 2 (Inclusive of driver)

## Passenger 1

Name			
Gender	Male 🗆	Female a	

## Passenger 2

Name		
Gender	Male 🗆	Female-0

## Passenger 3

Name			
Gender	Male 🗆	Female	

## Passenger 4

Name		
Gender	Male   Female	

## Passenger 5

Name			
Gender	Male 🗆	Female o	

## Passenger 6

Name		
Gender	Male D Female D	

## Other information

Was anybody injured?	Yesa	No 🗆	
Was other vehicle damaged?	Yes	No a	

## Details of police action

Reported to police?	Yes 🗆	No.D	If yes, please state which police station.
Police station name			

# Third party vehicle 1

Name		
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number	37371068	
Vehicle make model	1.001	

# Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Witness 1

Name	
Witness 2	

Name	
Name	

# Injured person 1

Name	Ceon	Tan	Trup	7
Injuries sustained	Neck	1	buck	1.1
Which vehicle person in?	8LH 16	350	well !	
Were seat belts worn?	CV P. COLON TOWN	0 0	6 = 8	
Was injured conveyed to nospital by ambulance?		0.0		

## Injured person 2

Name	Teo Lui Yun
Injuries sustained	Heck & back
Which vehicle person in?	SCH1635C
Were seat belts worn?	Yes No D
Was injured conveyed to hospital by ambulance?	Yes D No.D

# Injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes - No -

# Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes O No O

eBaoTech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			The second second		Edulation .	Change	Language	· Chan	ge Password	· Log Out
My Desktop	Polic	cy Query									26
Notice of Loss	Policy N	io.				Date o	f Accident	9	4/11/2019 1	1:30	
	Vehicle	No.(For Motor)	SLH163	ISC		Certific	cate Number	[			
					13	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured	Commence Date	Expiry Date
	0	5099976150- 01		TAN TING YI DEON	59306267A	GPC	drivo CLASSIC	SLH16350	SLH1635C	17/04/2019	16/04/2020
					C	ontinue					

Policy No.	5099976150-01	Policyholder Name	TAN TING	YI DEON	Policyholder NRIC	S9306267A	
Certificate No.		.,			cm3830:		
Address	BLK 115 #13-809 YISHUN RIN	G ROAD SINGA	PORE 7601	15			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	05/04/2019	Effective Date	17/04/201	9 00:00	Expiry Date	16/04/2020 2	23:59
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			Youn	g/Inexperience Driver Excess
Agent	INSURE LINK PTE LTD	Agent Tel.	64444644		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	BLK 115 #13-809	Addres	ss 2	YISHUN RING ROA	D ,	Address 3	SINGAPORE 760115
Address 4		Addres	ss Type	Singapore address	1	Post Code	760115
Unit No.		Relate Numb	d Policy er	5099976150-01			
	d Object: SLH1635C						
Insure							
♪ Insured	ements						

Claim Handling Accident HY/1072892					
Olicy No.	5099976150-01	Vehicle No.	SUH1635C	GST Registration No.	
Certificate No.					
Policyholder Name	TAN TING YI DEON			Policyhalder NR3C	S9306267A
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	Q.
Contact No.(Mobile)	96363472	Contact No. (Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	
OFK-	® No ○ Yes	TCA	® No ⊜ Yes	eCode Reason	
ACD Protection	Na	NCD Entitlement(%)	10	Private Hire	Yes
<ul> <li>Accident Details</li> </ul>					
Report Date	25/11/2019 18:02	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	24/11/2019	Time of Accident nh:mm	11/30	Country of Acordent	Singapore
leporting Centre		Orange Force	9707E	ICM No.	Sergapore.
codent Location	BLK 16 TECK WHYE LANE CARPARK	Anna Salana Anna Anna Anna Anna Anna Anna Anna		(CLI NO.	
Total Excess Applicable					
xcess Type	Per Accident	10.52			
stess type	Per Accident	Windscreen Excess	100.00		
D Standard Excess	2,000.00	TP Standard Excess	1,500.00		
IED OD Excess	0.00	YIED TP Excess		104500000000000000000000000000000000000	12000
ddinional Excess		TICU IN EXCESS	0.00	Oriver is Covered?	Covered
	9				
stal OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500,00		
♥ Benefits					
GST Registered Inform			1222230000000000		
ST Registered ST Registration No.	No		GST Registration Date GST Status Verified		
odfication History			GS1 scatus verned	Yes	
Policyholder Mailing Ad	drass				
		7920104079		napreasures.	
ddress 1	BUK 115 #13-809	Address 2	YISHUN RING ROAD	Address 3	51NGAPORE 760115
ddress 4		Address Type	Singapore apdress	Post Code	760115
nit No.		Related Policy Number	5099976150-01		
OI Driver Info					
nver Name	DEON TAN TING YE	Driver Type	Main Driver		
nnamed driver Name		Driver NR3C	S9306267A	Driver DOB	12/02/1993
egister Date of Driver License	01/10/2013	Driver Age	26	Driving Experience	6
ontact No.(Mobile)	96363472	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BLK 115C	Address 2	YISHUN RING ROAD	Address 3	51WGAPORE 763115
ddress 4		Address Type	Singapore address	Post Code	763115
nrt No.	13-809				
oes he own a Singapore		Police Metalog No.			
egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
edaration					
reathwiyser or Blood Test	200		(20) 250		
eading?	© mg	Any injury?	® Yes ○ No		
odification History					
The state of the s					
Claim 001 New					
aim Type *	CO-MX	Insured Name	TAN TING YI DEON	Insured NRIC	59306267A
	Principle and the second				59306267A
ontact No.(Mobile)	96363472	Contact No.(Home)	67549006	Contact No. (Office)	
nail Address	DEONTAN93@LIVE.COM.SG	OI Vehicle Number	SLH1635C	TP Vehicle Number	SJ97106P
aimant Type Claimant Type *	A CONTRACTOR OF THE PARTY OF TH	Type of Benefit *	Please Select		
aiment Name *	>>	Claimant NRUC +		4	
wiment Address					
aim Description	SLH1635C / S357106P ON 24 Nov 2019			Name of Preferred Workshop	
eferred Workshop Contect k		Insured Liability *	Not at Fault		
quire Finalisation	Yes 💌	Preferered Repair Option	Preferred Workshop, Name unknown	G1A report	Received
ite Registered	25/11/2019 18:04	Claim Close Date		Date Receives	25/11/2019 00:00
port Taken By	Jackson			450000000000000000000000000000000000000	Annual Control of the
annument When					
Print AK letter					
			Save Submit		
Attachment		1	mount of the same		
The Later of the L					
9					
ccident No.	MT/1072892	Claim No.	001		
st Doc. Received	● Yes □ No	Upload Date	25/11/2019 18:05		
	Path *		Category *	Confidencial Lingen	NUMBER OF THE STATE OF THE STAT
		Browse.	To the state of th	Normal V Normal	~
		Browse	Clear Please Select	y Normal	v
		Browse	Clear Please Select	Normal V	~
		Browse	.   Oear   Please Select		
		1000000	Landson professional and the second	Committee and the committee of the commi	5700
		Browse	Clear Please Select V	Normal V Normal	<u>v</u>
		Demusto	Telepara Colore Colore	district the second	(NE S)

