Date In: 18/1/19-14:46	The second in th	MH4119 157 176	Done by							
2011/10-17/10	Jeb description	Date & Time Completed	Done of							
Res No: 49/14019 02/06/14	SAS e-filing									
Veh No: (KS9.69 T	E-mail (within Shrs, AIC 2hrs)		· · · · · · · · · · · · · · · · · · ·							
D.O.A: 27 11 19, W:00	i-Motor Claim Form	100-05/Fei/m	28/11/19 14:57							
	i-Motor W/O (Within: OD 2	i-Motor W/O (Within: OD 2hrs, TP 4hrs)								
OD / TP ! Reporting Only	i-Photo Uploaded	i-Photo Uploaded								
	Assessment/Survey Report									
TP Insurer:	Ass't Report by Fax / Hane	d to Owner/Wksp								
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:							
TP Particulars: Veh No: No	INC	()/Non-INC()								
Owner / Driver: (3/2-9(1)	Tel:)							
Policy No: ()	Period: (Cover Type: ()							
Confirmed by : (Date:	Time:)							
) [Note-Est. Status (WO): N: 0	-20%; P: 21-79%. F: 80-	100%]							
Year of Registration: ()	Warranty: YES ()/NO()								
Excess: (\$) Loading: \$	31,000 ()/\$2,000 ()									
General Remarks;-			Con S							
Remarks:- (INC hotline: 6788 6616 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection) / Courtesy Car ()	Date&Time Completed	8.3614.4							
3) Upload Resurvey Photo [Repair Cost > Injury :			TO SERVICE THE RESERVE TO SERVE THE RESERVE THE RESERV							
3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions HA(9089)9 Laimant's Particulars :-	Invoice P 1) AR: Accid 2) DA: Darra 3) TF: Towir	reparation Checklist lent Reporting (\$30); lege Assessment (\$100); INC (leg Fee \$	Anit (5) Anit (3) Bill Add \$80) 40/\$45							
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3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions HA 928999 Italimant's Particulars :- Driver/Owner: ontact No:	Invoice P 1) AR: Accid 2) DA: Darra 3) TF: Towir 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idao I	reparation Checklist lent Reporting (\$30); oge Assessment (\$100); INC (og Fee S w-Through Survey w-Through Survey (Resurvey) og against INC Ogly (wef 10 Jan 20)	Anit (5) Anit (\$1.Bill Add \$80) 40/\$45 \$120 \$30							
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3) Upload Resurvey Photo [Repair Cost > Injury :	Invoice P 1) AR: Accid 2) DA: Darra 3) TF: Towir 4) FT: Follow For claimin 6) TR: Re-in 7) N1: Idao I 8) NTUC Ad OD* *N5: Cour *N6: Repa *N7: Fost *N8: DV /	reparation Checklist lent Reporting (\$30); ling Assessment (\$100); INC (ling Fee S w-Through Survey w-Through Survey (Resurvey) ling against INC Only (wef 10 Jan 20) specifion DA + SMRT Survey diltional Services: less Car / Tpt Allowance it Co-ordination Repair Inspection Collect Excess Coordination TP (N:n INC) against INC Mobile	Ant (5) And [51 Bill Add 40/545 5120 530 25) 575 5160 55 510 525 520 30							

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	28/11/2019 14:46
Date Of Accident	27/11/2019 22:00
Exact Location Of Accident	ECHELON 9 ALEXANDRA VIEW DROP-OFF POINT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKS9067T
Insured/Policyholder	
Name Of Registered Owner	TAY WEI CHI GAVIN
NRIC No	S9547257E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92277257
Alternative Phone No	OFFICE-92277257
Vehicle Particulars	
Manufacturer	тоуота
Model	ALPHARD MOONROOF CVT
Exact Purpose for which vehicle was being used a ime of accident	t working
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	5106639306
Cover Note Number	
Driver	
Name of Driver	TAY WEI CHI, GAVIN

Name of Driver	TAY WEI CHI, GAVIN
NRIC No	S9547257E
Date Of Birth	19/12/1995
Occupation	OUTDOOR
Date Of Driving Pass	21/07/2015
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92277257
Fax Number	
Contact Number	OFFICE-92277257

EMail Address

NOEMAIL

BLK 357 CLEMENTI AVENUE 2 Address

#10-273

120357 Postcode

Was driver an employee of the Insured's Company NO

OWNER 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

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

2

YES

NO

3

RAINING Weather Conditions

Road Surface WET

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 NO

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

GENDER:

NO

NO

: FEMALE

Passenger 2 NAME:

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

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SLQ7307M Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

MUHAMAD FAIRUZ BIN ASGAR Name of Driver

NRIC/Passport Number

83428814 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER:

DETAILS OF INJURED PERSON 1

Name

TAY WEI CHI, GAVIN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKS9067T

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Page 3 of 15

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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:
 - (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
- (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.

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 .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the o	above social date 4 time, I was driving my vehicle 14 (\$\$590677)
traveling al	ong Echelon 9 Alexandra New Drop off point. My vehicle was
electronary c	and quene for the front vehicle clear to chop off my
passager. (Out of sudden, vehicle B (SLQ 7307m) ahead reversed
his behicle	without any signal. As a result, the rear portion of
vehicle B	collided curto the front portion of my vehicle.

DECLARATION

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

Policeholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Vehicle No.	SES 9067T Model/Make Toyota Alphard
Date of Accident	27/11/2019
Time of Accident	2200 HRS
Location of Accident	Along ECHELON 9 Alexandra View Drop off point
Exact purpose use during acci	
Name of Owner	Tay Wei Chi favin
Telephone No.	H/P: 9227 7257 Home: Office:
NRIC	S9547257E
Address	BLK 357 Clement T Avenue 2 #10.273 S(120357)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5106639366
Name of Driver	As Above If No,
NRIC	Any Passengers : 2
Date of birth	19/12/1995 unknown (m)
Occupation	Outdoor / Indoor unknown (F)
Driving License Pass Date	2117 2015
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state Owner
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, (If Yes, Who?
Name And Contact No.	Tay Wei Chi, Gavin
Name And Contact No.	
Police Report	No. If Yes, Where?
Vehicle B No.	SLQ 7307M Any Passengers: \
Name of Driver	Muhamad Fajruz Bin Asgur Contact No.: 8342 8814
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Front right
Camera Recorder	Yes / No
Email Address	gavinitary 777 @ quail com
PARTICULAR WORKSHOP	Twincow Automotive Pte Uto
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Zi Ting
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	sales @ n51. com. sg



Certificate of Insurance

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)

Cover : drivo CLASSIC

Certificate Number: 5106639306

1. Index mark and Registration Number of Vehicle

: SKS9067T

Chassis Number

: JTEGD21H308226260

2. Name of Policyholder

: TAY WEI CHI GAVIN

3. Effective Date of Insurance

: 28 Dec 2018

4. Expiry Date of Insurance

: 19 Dec 2019

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.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

(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.

: \$52,000 EXCESS (SECTION 1) · \$\$1,500 **EXCESS (SECTION 2)** : \$\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

: NO REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER**

: TAY WEI CHI GAVIN PRIMARY DRIVER : TAY POH LENG NAMED DRIVER (1)

NAMED DRIVER (2)

: GENIE FINANCIAL SERVICES PTE LTD

HIRE PURCHASE COMPANY 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

: I INSURANCE AGENCY (00000572538)

Date of Issue

: 27 Dec 2018 10:10 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



Sequen	ce Date of Endorseme	ent I	Endorsement	Туре	Endorsement	Status	Endorsement Content
	ements						
> Insure	d Object: SKS9067T						
Jnit No.	10-273	Relate Numb	d Policy er	5106639306			
Address 4	SINGAPORE 120357	Addre	ss Type	Singapore address		Post Code	120357
Address 1	BLK 357 #10-273	Addre	ss 2	CLEMENTI AVENUE	2	Address 3	CLEMENTI SPRING
Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
nsurance Flag	No						
Co-	9-9CA	Agent rel.	07020779		GST Flag	100	
Agent	I INSURANCE AGENCY	Agent Tel.	67026779		GST Flag	Υ:	
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Excess Type		All Claims Excess					
Policy ssue Date	27/12/2018	Effective Date	28/12/2018	3 00:00	Expiry Date	19/12/2019 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 357 #10-273 CLEMENTI A	VENUE 2 CLEM	ENTI SPRINC	SINGAPORE 120357	,		
Certificate							
Policy No.	5106639306	Policyholder Name	TAY WEI CH	HI GAVIN	Policyholder NRIC	S9547257E	

Claim Handling											
Accident MT/1073430											
Policy No.	5106639306		Vehicle No.	SK	590677			GST Registration No.			
Certificate No.											
Policyholder Name	TAY WELCHI GAVIN							Policyholder NRIC		59547257E	
Product Code	PRIVATE CAR INSURAN	CE	Cover Type		drive CLASSIC			Loading		D	
Contact No.(Mobile)	92277257		Contact No.(Office)	0				Contact No.(Home)		0	
Email Address	12277722577		Special Remark	7.2				eCode		· v	
KFK	No ○ Yes		TCA.		No OY	15		eCode Reason			
NCD Protection	Yes		NCD Entitlement(%)	50				Private Hire		Yes	
Report Date	28/11/2019 14:55		Accident Report Within 2-					Accident Type		Damaged wi	nist parked
Date of Accident	27/11/2019		Time of Accident hhomm	22	:00			Country of Accident		Singapore	
Reporting Centre			Orange Force					ICM No.			
Accident Location # Excess	ECHELON 9 ALEXANDRA	K WIEW DROP-OFF PO	SUN.)								
	5	1,000.00	Additional Excess	0				Windscreen Excess		100.00	
Own damage Excess Unnamed Driver Excess	37	0.00	Outside Singapore DO Ex			2,000.00		HINGSO CECCES		100,00	
Third Party Excess		,500.00	Outside Singapore TP Exi			1,500.00					
▽ Benefits	0.0	1000000		1000		100010711717					
□ GST Registered Informa	etion										
GST Registered	No				GST	Registration Date					
GST Registration No.					GST	Status Ventied		Yes			
Modification History											
□ Policyholder Mailing Ad	dress										
Address 1	BLK 357 #10-273		Address 2	, ci	EMENTI	AVENUE 2		Address 3		CLEMENTI S	PRING
Address 4	SINGAPORE 120357		Address Type	Si	opapore a	ddress		Post Code		120357	
Unit No.	10-273		Related Policy Number		0663930						
⊕ OI Driver Info	27.500										
Driver Name	TAY WELCHI GAVIN		Driver Type	Mi	in Driver						
Unnamed driver Name			Driver NRIC	59	547257E			Driver DDB		19/12/1995	
Register Date of Driver License	21/07/2015		Driver Age	23				Driving Experience		4	
Contact No.(Mobile)	92277257		Contact No.(Office)	0				Contact No.(Home)		0	
Address 1	9LK 357		Address 2	CL	EMENTI	WENUE 2		Address 3		CLEMENTIS	PRING
Apdress 4	SINGAPORE 120357		Address Type	Sir	igapore a	ddress		Post Code		120357	
Unit No.	10-273										
Does he own a Singapore Registered car?	○ Yes ® No		Driver Vehicle No.					Driver Insurer Compar	YF.		
Declaration Breathalyser or Blood Test.											
Reading?	0 mg		Any injury?	. 8	Yes On	ie .					
Modification History											
Claim 001 New											
	-			- 57		2.54.00		to a post		COLYGORA	
Claim Type 4	OD-MX	<u> </u>	Insured Name	1000	A MET O	11 GAVIN		Insured NR3C Contect No.(Office)		S9547257E	
Contact No. (Mobile) Email Address			Contact No.(Home) Of Vehicle Number	NI Do	S9067T			TP Vehicle Number		SLQ7307M	
Claimant Type Claimant Type *	Please Select	V	Type of Benefit *	-	ease Sele	et 🔽		ST VEHICLE NO.		lands and	
Claimant Name +	-	22	Claimant NRIC +	120							
Claiment Address											
Claim Description	SKS9057T / SLQ7307M	QN 27 Nov 2019						Name of Preferred Wor	rkshop		
Preferred Workshop Contact No.		15	Insured Liability *	N	ot at Faul						
Require Finalisation	Yes	V	Preferered Repair Option	Pr	eferred V	Forkshop, Name unknown	v	GIA report		Received	V
Date Registered	28/11/2019 14:57		Claim Close Date					Date Received		28/11/2019	00:00
Report Taken By	Jackson										
Print AK letter											
				e.	e Sub	out I					
Attachment											
Acceptions											
9											
Accident No.	MT/1073430		Claim No.			001					
Last Doc. Received	● Yes ○ No		Upload Cabe			28/11/2019 14:58					
	9	eth *				Category +		Confidential	Urgenc	-	Description *
			Br	rowse	Clear	Please Select	v		iormal	Ÿ	
			Br	rowse	Otar	Please Select	v	(40) V N	lormal .	~	
			Br	rowse	Clear	Please Select	v	(C) Y (N	iormal	V	
			Br	rowse	Cear	Please Select	y	NO Y N	iormai	¥	
			Br	rowse	Clear	Please Select	U	V N	ormal	V	
			Br	rowse	Clear	Please Select	V	(N) V (N)	iormal .	V	
Inglish to the											Send Message
Attachment List											

