Udu. III. Klindle Lille.	Lab danadadan	Date & Time Completed	Done by
Date In: 5/1/19-1418	Jeb description	Date & Time Completed	Dolle o
Res No: Majnergorson py	SAS e-filing		
Veh No: 4C65101	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 4/M/19 14:50	i-Motor Claim Form	m1107471-201	5/M19 14:39
OD (TP)' Reporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)	
OB TY Reporting Only	i-Photo Uploaded		
TDI	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tol:	Fax:
TP Particulars: Veh No:	hishyrigh . INC ()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%	(WO): N: 0-2	0%; P: 21-79%. F: 30-	100%]
Year of Registration: ()	Warranty: YES ()/NO ()	
	\$1,000()/\$2,000()		
General Remarks:-			
() Walk-In Customer : Customer's			
() Total Loss Case : to e-mail Ins			•
		owing Co: (· · · · · · · · · · · · · · · · · · ·
		ownig co. (
Remarks:- (INC hotline: 6788 6616	A STATE OF THE PARTY OF THE PAR	Date&Time Completed	Done by
Apply for Transport Allowance ()) / Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
 Upload Resurvey Photo [Repair Cost > 	> \$3000] ()		
	> \$3000] ()		
Injury:	> \$3000] ()		
	> \$3000] ()		Philodon,
Injury:			TENTOWN.
Injury:			
Injury:			THE TOTAL STREET
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Injury: Onte/Time Actions		paration Checklist. Reporting (\$30);	fit Bill Add B
Injury: Date/Time Actions A Mogule Lumant's Particulars:-	Invoice Pre 1) AR: Accident 2) DA: Darrage	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$4	fit Bill Add B
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Injury: Date/Time Actions Algoque alimant's Particulars:- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-T 5) FT: Fullow-T For cleiming 8 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$60); Ree S40 Arough Survey Arough Survey (Resurvey) Rejust JNC Only (wef 10 Jan 2002) Reportion SMRT Survey Resurvey Resur	76.Bill Add B 80) 0/\$45 \$120 \$30 0) \$75 \$5160 \$55 \$10 \$25 \$55

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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.
- 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.
- 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.

Marketing Controlling Constitution of Control	ACCIDENT STATEMENT
Date Of Report	05/12/2019 14:18
Date Of Accident	04/12/2019 14:50
Exact Location Of Accident	JUNC YISHUN RING RD & YISHUN ST 21
Country/State of Loss	SINGAPORE
The state of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC6520T
Insured/Policyholder	
Name Of Registered Owner	HJ CAR RENTAL PTE LTD
Co Reg No	201843281R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86089649
Alternative Phone No	OFFICE-86089649
Vehicle Particulars	
Manufacturer	AUDI
Model	A3 SEDAN 1.4 TFSI (AMBIENTE)
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5108216963
Cover Note Number	
Driver	

Driver

Name of Driver TAN KIM SOON (CHEN JINSHUN)

 NRIC No
 \$7332046A

 Date Of Birth
 03/09/1973

 Occupation
 OUTDOOR

 Date Of Driving Pass
 07/01/2008

Driving Experience 11 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-85117288

Fax Number

Contact Number OFFICE-85117288

EMail Address NOEMAIL

Address

BLK 346 KANG CHING ROAD

#09-117

Postcode

610346

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CROSS JUNCTION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

Was any body injured in the Accident?

NO

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

Number of Passengers (Including Driver)

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

COMMERCIAL VEHICLE

Vehicle Registration Number

GBG4129B

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)

SKETCH PLAN

IMPORTANT NOTICE

- 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 <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.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

	(John war up) - 1 - (Sistern	
Vehicle a		
- SLC 6520 T	-7 (·,	->
- 260 61501		- 10
Vehicle B	\rightarrow	5
- GBG 4129 B		-/
- 484 4124 6		
	€ 15 500 7 E	-
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	1-5-0-0	
	OF THE ACCIDENT	,
ESCRIBE CIRCUMSTANCES O	OF THE ACCIDENT	
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King Rosal		
When shows to	complete my turn into Yisman Stal , suddenly	
2 14124 1114	IC III Suddenly	
a senicle oligin-	stop 21 the traffic light and some straight	4
and hit onto the	he less rear portion of my retricle.	4
and his onto the	he left very portion of my retricle.	4
and hit onto th	he left rear portion of my retaile.	
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I am very sme	he left rear portion of my retaile.	
I am very sur	to make a right turn,	
I am very sur	e the green 2000 was shown and it is	
I am very sur	the left rear portion of my retaile. e the green arrow was shown and it is to make a right turn. there and restized it was a webicle	
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I am very sme in my flavour to Alighted shouly at (GBG 41293 vehicle when h	the left rear portion of my retaile. e the green 2000 was shown and it is to make a right two. there and realized it was a vehicle is that collided to the left side of my we best the real light.	
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I am very sme in my flavour to Alighted shortly at (CBG U1293) vehicle when h	the left rear portion of my retaile. e the green 2000 was shown and it is to make a right two. there and realized it was a vehicle is that collided to the left side of my we best the real light.	

Policyholder e Signatury Date & Timo H *

Driver's Signature (If driver is not the policyholder) D--- 0 Ti---

Reporting Centre Personnel's Signature

Name:

Vehicle No.	SLC 65207 Model/Make Avo A3
Date of Accident	04/2/19
Time of Accident	1460 HRS
Location of Accident	JUNCTION OF YISHUN PLINE FO/ YISHUN ST 21 / YISHUN ST 20
Exact purpose use during accid	
Name of Owner	HJ CAR RENTAL PRE LTD
Telephone No.	H/P: \$608 9649 Home: Office:
NRIC	2018432TIR
Address	60=1 Beach Road #08-06 CLUDEN MILE TOWER S(19958
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	CONTROL CO.
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	\$109 2169 63 - 600011
Name of Driver	As Above If No. TAN KIM SOON
NRIC	S73 32 0 46 A Any Passengers: NIL
Date of birth	03 SEP 1973
Occupation	Outdoor / Indoor
Driving License Pass Date	
Gender	Mate / Female
	H/P: \$511 744 Home: Office:
Contact No. Address	BUK 346 KANG CHING ROAD \$09-17 S(610346)
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Driver have any own vehicle	No If yes, Reg No. Employee, If no, state Kental / Leaswh
Relationship	
Weather condition	Ctear Raining Other
Road Surface	Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No. If Yes, Where?
Vehicle B No.	Any Passengers:
Name of Driver	Contact No. :
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	LEFT SIDE OF VEHICUE
Camera Recorder	Yes / No
Email Address	
PARTICULAR WORKSHOP	N-51 AUTOMOTIVE PUR UN
CONTACT NO.	6842 0051 / 6744 0510
	IAN
CONTACT PERSON	The state of the s



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)

Certificate Number: 5108216963-000011

Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle

; SLC6520T

Chassis Number

: WAUZZZ8V7G1090380

2. Name of Policyholder

: HJ CAR RENTAL PTE LTD

3. Effective Date of Insurance

: 14 Mar 2019

4. Expiry Date of Insurance

: 13 Mar 2020

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.

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 : 5\$100 ADDITIONAL EXCESS : N/A

: PLEASE REFER OVERLEAF

UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP · YES INSURE WITH COE YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO EXCESS WAIVER : NO PRIMARY DRIVER : N/A 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)

HAMILTON AUTOHUB PTE, LTD. (00000573281)

Date of Issue

: 14 Mar 2019 16:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Hello, NAC_PAYA_UBI_80	0601						· Change	Languag	e · Chan	ge Password	· Log Ou
My Desktop Policy		cy Query	y Query								- 10
Notice of Loss	Policy f	No.	510821	5963		Date o	Accident	8	04/12/2019	14:50	
Vehicle No.(For		No.(For Motor)	SLC6520T			Certificate Number		I			
					100	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108216963	5108216963- 000011	H) CAR RENTAL PTE LTD	201843281R	GFM	drivo PREMIUM	SLC65207	SLC6520T	14/03/2019	13/01/2020

Policy No.	5108216963	Policyholder Name	HJ CAR RE	NTAL PTE LTD	Policyholder	201843281	D
Certificate No.	5108216963-000011	warne			NRIC	201043201	104
Address	6001 BEACH ROAD #08-06 GO	LDEN MILE TO	WER SINGA	PORE 199589			
Product Name	FLEET MASTER INSURANCE	Plan	100 Table 1		Group Policy Flag	N	
Policy Issue Date	14/03/2019	Effective Date	14/03/201	9 00:00		13/01/2020	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	369.59				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	HAMILTON AUTOHUB PTE, LTD	. Agent Tel.	64751946		GST Flag	Y	
Car					100000000000000000000000000000000000000		
Co- Insurance Flag Open Policy Info	No						
insurance Flag Open	No				1000.000.75		
insurance Flag Open Policy Info Certificate Info	No older Mailing Address				1000.000.5		
Insurance Flag Open Policy Info Certificate Info		Addres	is 2	#08-06 GOLDEN MI	LE TOWER /	Address 3	SINGAPORE 199589
Insurance Flag Open Policy Info Certificate Info Policyh	older Mailing Address	/E-W/2008	is 2 is Type	#08-06 GOLDEN MI Singapore address		Address 3	SINGAPORE 199589 199589
Insurance Flag Open Policy Info Certificate Info Policyh Address 1	older Mailing Address	Addres	s Type d Policy	1074944018401700170170170170170			and the second s
Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address 6001 BEACH ROAD	Addres Related Numbe	s Type d Policy	Singapore address			and the second s
Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address 6001 BEACH ROAD 08-06 I Object: 5108216963-00001	Addres Related Numbe	s Type d Policy	Singapore address			and the second s
Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address 6001 BEACH ROAD 08-06 I Object: 5108216963-00001	Addres Related Numbe	s Type d Policy er	Singapore address		Post Code	199589
Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured Endorse	older Mailing Address 6001 BEACH ROAD 08-06 I Object: 5108216963-00001	Addres Relater Numbe	t Type	Singapore address 5108216963	Endorsen Endorseme	Post Code	and the second s
Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured Sequence	older Mailing Address 6001 BEACH ROAD 08-06 I Object: 5108216963-00001 ements Date of Endorsement	Addres Related Numbe 1 Endorsemen Basic Informati	t Type	Singapore address 5108216963 Endorsement Number	Endorsen	Post Code	199589 Endorsement Content

Claim Handling					
The premium on this policy ha Accident MT/1074471	as not been collected.				
Policy No.	5108216963				
Certificate No.		Vehicle No.	SLC6520T	GST Registration No.	
Policyholder Name	5108216963-000011				
Product Code	H3 CAR RENTAL PTE LTD			Policyholder NR3C	201843281R
	PLEET MASTER INSURANCE	Cover Type	drive PREMILIM	Loading	0
Contact No.(Mobile) Email Address	86089649	Contact No (Office)	0	Contact No. (Home)	α
		Special Remark		éCode	12.4
(FK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
epart Date	05/12/2019 14:36	Accident Report Within 24 hrs	Yes	Academ Type	Collision - Cross Junction
ate of Accident	04/12/2019	Time of Accident hh:mm	14:50	Country of Accident	Singapore
eporting Centre		Orange Force		SCM No.	10110
ccident Location	JUNC YISHUN RING RO & YISHUN ST 21				
 Total Excess Applicable 	ie				
cess Type	Per Accident	Windscreen Excess	100.00		
D Standard Excess	2,000.00	TP Standard Excess	1,500.00		
ED OD Excess	0.00	YIED TP Excess		Oriver is Covered?	
dditional Excess	0				
ital OD Excess Applicable	2000.00	Total TP Excess Applicable			
7 Benefits					
GST Registered Inform	nation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Venfied	Yes	
edification History					
Policyholder Mailing A	ddress				
ddress 1	6001 BEACH ROAD	Address 2	#06-06 GOLDEN MILE TOWER	Address 3	SINGAPORE 199589
idress 4		Address Type	Singapore address	Post Code	199589
HE NO.	08-06	Related Policy Number	5108216963		
OI Driver Info					
Iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	TAN KIM SOON (CHEN JINSHUN	Onver NRIC	57332046A	Driver DOB	03/09/1973
gister Date of Driver License	e 07/01/2008	Onver Age	45	Driving Experience	11
intact No.(Mobile)	85117288	Contact No. (Office)	0	Contact No.(Home)	
Idresii 1	BLK 348	Address 2	KANG CHING ROAD		0
idress d		Address Type	Singapore address	Address 3	SINGAPORE 610346
III No.	09-117	maness type	Singapore adoress	Post Code	610346
oes he own a Singapore	○ Yes (®) No.				
gistered car?	C.m.G.m.	Driver Vehicle No.		Driver Insurer Company	
claration					
eathelyser or Blood Test	0 mg	Anna A	○ Yes ® No		
eding?		Any injury?	U Yes (B) No		
dification History					
Claim 001 New					
Claim 001 New					
im Type +	ОО-МХ	Insured Name	H) CAR RENTAL PTE LTD	Insured NRIC	201943291R
rtact No.(Mobile)		Contact No.(Home)		Contact No. (Office)	NIL
ail Address		Of Vehicle Number	SLC6520T	TP Vehicle Number	GBG41298
mant Type Claiment Type *	Please Select	Type of Benefit *	Please Select	TO STORE STORES	(30341298)
mant Name *	22	Claimant NRIC *			
mant Address					
m Description	SLC6520T / GBG4129B ON 4 Dec 2019			Name of Preferred Workshop	
ferred Workshop Contact		Insured Liability +	Not at Fault	Traine or 7 courses market	
ure finalisation	Yes V			AND ALON WINAMAN	
		Preferered Repair Option	Preferred Workshop, Name unknown	✓ GIA report	Received
e Registered	05/12/2019 14:39	Claim Close Date		Date Received	05/12/2019 00:00
ort Taken By	Jackson				
Print AK letter					
		- 1	Paris Property		
ttachment			Save Submet		
ident No.	MT/1074471	Claim No.	22.7		
t Duc. Received	® Yes ○ No		001		
		Upload Date	05/12/2019 14:40		
	Pach *	27.1 14.11505 144	Category *	Confidential Urger	ncy * Description
	Carlo Carlos and Carlo	Browse	Clear Please Select	V Normal	V
		Browse	Clear Please Select	V Normal	
		Browse	Clear Please Select	V Normal	V
		Browse	Clear Please Select	V Normal	¥
		Browse	Char Disass Salart	To live the same	

