			144916M88					
Date In: 9/ 19-18-30	Job description		Date & Time Completed	Doi	ic by			
Res No: Hallycigon 67574	SAS e-filing							
Veh No: MCSYNGP.	E-mail (within S	hrs, AIC 2hrs)						
D.O.A: 7/18 19-11:70	i-Motor Clain	n Form	M7[1574960 -001	1911/19	18:49			
	i-Motor W/O	(Within: OD 2hrs	, TP 4brs)		0.00000			
OD (TP) Reporting Only	i-Photo Uploa	i-Photo Uploaded						
TP Insurer:	Assessment/Sur	vey Report						
ir insurer:	Ass't Report by	Fax / Hand t	0 Owner/Wksp					
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:				
TP Particulars: Veh No: Sun	19086	. INC(	)/Non-INC( )					
Owner / Driver: (			Tel:	)				
Policy No: ( ) P	eriod: (	)	Cover Type: (	)				
Confirmed by : (		Date:	Time:	)				
Insured/Driver Liability: ( %)	[Note-Est. Status (W	O): N: 0-20	0%; P: 21-79%. F: 80-	100%]				
Year of Registration: ( )	Warranty: YES (	)/NO(	)					
Excess: (\$ ) Loading: \$1,	,000 ( )/\$2,000 (	)						
General Remarks:-				5320 81.				
( ) Walk-In Customer: Customer's infe								
( ) Total Loss Case : to e-mail Insur	rer URGENTLY.		- 14 Maria 12 Maria 1					
Drive-In ( )/ Towed-In ( ); Invoice	e: YES ( ) / NO	O( );To	owing Co: (		)			
				12970589EA	AUT IN			
Remarks:- (INC hotline: 6788 6616)	2000 0000000000000000000000000000000000		Date&Time Completed	Dor	e by			
	Courtesy Car ( )		-					
2) QC Check / Post Repair Inspection	( )							
3) Upload Resurvey Photo [Repair Cost > \$	3000] ( )							
Injury:								
Date/Time Actions		÷ ;			#			
Date/Time Actions					e			
Date/Time Actions					ye (171, 97.			
Date/Time Actions								
	14 (27)							
	1	Invoice Prep	aration Checklist	Ant (5)	Amt (3)			
		l) AR : Accident	aration Checklist	Ant (5) Tr Bill	Amt (3)			
Inimant's Particulars:-	1		aration Checklist Reporting (\$30); Assessment (\$100); INC (\$	Ant (5) Tr Bill	Amt (3)			
441909200:	3	1) AR : Accident 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th	raration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$100	Ant (5) Ist Bill 580) 40/545 \$120	Amt (3)			
Inimant's Particulars:-	3	1) AR : Accident 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th	raration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$30);	Ant (5) Ist Bill 580) 40/545 \$120 \$30	Amt (3)			
Islimant's Particulars:- river/Owner: ontact No:	3 3 4	1) AR : Accident (2) DA : Darmage / 2) TF : Towing Fe (4) FT : Follow-Th (5) FT : Follow-Th For claiming as (5) TR : Re-inspec	eration Checklist  Reporting (\$30); Assessment (\$100); INC (\$30);	Ant (5)  Ist Bill  580) 40/\$45  \$120  \$30  25)  \$75	Amt (3)			
Laigo No. Lumant's Particulars:- river/Owner:	3 3 4 3 5	1) AR: Accident 2) DA: Damage / 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as	aration Checklist  Reporting (\$30); Assessment (\$100); INC (\$30);	Ant (5) Ist Bill 10/545 \$120 \$30	Amt (3)			
Plaimant's Particulars:- river/Owner: ontact No: amaged Portion:	3 3 4 3 5	AR: Accident (2) DA: Darrage / 2) TF: Towing Fe (4) FT: Follow-Th (5) FT: Follow-Th For claiming as (5) TR: Re-inspec / N1: Idac DA + (3) NTUC Addition OD.*	Caration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$20);  Frough Survey  Frough Survey (Resurvey)  Frough Survey (Resurvey)  Frough Survey (Resurvey)  Frough Survey	Anit (\$)  Ist Bill  580)  40/\$45  \$120  \$30  25)  \$75  \$160	Amt (3)			
Islimant's Particulars:- river/Owner: ontact No:	3 3 4 3 5	AR: Accident (2) DA: Darrage / 2) TF: Towing Fe (4) FT: Follow-Th (5) FT: Follow-Th For claiming as (5) TR: Re-inspec / N1: Idac DA + (3) NTUC Addition OD.*	Caration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$100	Ant (\$)  Ist Bill  580)  40/\$45  \$120  \$30  \$5)  \$75  \$160	Amt (3)			
Islimant's Particulars:- river/Owner: ontact No: amaged Portion: C. Checked by (Engr-In-Charge):	3 3 4 3 5	AR: Accident (2) DA: Darmage / (3) TF: Towing Fe (4) FT: Follow-Th (5) FT: Follow-Th For claiming as (5) TR: Re-inspec (7) N1: Idae DA + (3) NTUC Addition (DD*  *N5: Courtesy (* N5: Repair Co * N7: Fost Repair Co * N7: Fost Repair Co	raration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$30);  INC (\$30);  Assessment (\$100); INC (\$30);  Frough Survey  Resurvey)  Resurvey)  Resurvey)  Resurvey)  Resurvey  Resur	Anit (\$)  Ist Bill  10/\$45  \$120  \$30  \$55  \$160  \$55  \$10  \$25	Ami (3)			
Islimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	3 3 4 3 5	AR: Accident 12 DA: Darmage 14 DA: Darmage 15 DA: Darmage 16 DA: Darmage 16 DA: Darmage 16 DA: Darmage 17 DA: Re-inspect	Caration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$30);  Frough Survey  Frough Survey (Resurvey)  Frough Survey (Resurvey)  Frough Survey (Resurvey)  Frough Survey  Frough Su	350) 3510 355 310 325 355 320 350 350 350 350 350 350 350 350 350 35	Ami (3)			
Islimant's Particulars:- river/Owner: ontact No: amaged Portion: C. Checked by (Engr-In-Charge):	3 3 4 3 5 6 6 7 7 8 8 8	AR: Accident 12 DA: Darmage 14 DA: Darmage 15 DA: Darmage 16 DA: Darmage 16 DA: Darmage 16 DA: Darmage 17 DA: Re-inspect	aration Checklist  Reporting (\$30); Assessment (\$100); INC (\$100);	350) 375 310 350 3510 325 320 330 353 310 325 350 320 330	Amu(J)			

### SINGAPORE ACCIDENT STATEMENT

#### 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.
- 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

aloresald.	
Appropriate the state of the propriet and	ACCIDENT STATEMENT
Date Of Report	09/12/2019 18:30
Date Of Accident	07/12/2019 21:30
Exact Location Of Accident	CTE (SLE) BEFORE AMK AVE 1 EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJK3326P
Insured/Policyholder	
Name Of Registered Owner	ZUL'IRFAN ZULLKEFLE
NRIC No	S7729659Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98259125
Alternative Phone No	OFFICE-98259125
Vehicle Particulars	
Manufacturer	тоуота
Model	WISH 1.8XE A
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112815714
Cover Note Number	
Driver	
Name of Driver	ZUL'IRFAN BIN ZULLKEFLE
Driver	ZUL'IRFAN BIN ZULLKEFLE

S7729659Z NRIC No 03/10/1977 Date Of Birth INDOOR Occupation 16/01/1997 Date Of Driving Pass

22 YEARS AND 10 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-98259125 Mobile Number

Fax Number

OFFICE-98259125 Contact Number

NOEMAIL **EMail Address** 

BLK 446 PASIR RIS DRIVE 6 Address

#03-120

510446 Postcode

Was driver an employee of the Insured's Company

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

CHAIN COLLISION Type Of Accident

Weather Conditions CLEAR Road Surface DRY

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

NO

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) 4

Passenger 1

NAME:

: ZULFIKRI BIN ZULIRFAN

GENDER: : MALE

Passenger 2

NAME:

: ZULHILMI BIN ZULIRFAN

GENDER: : MALE

Passenger 3

NAME:

: AINAL MARDHIAH BTE ZULIRFAN

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?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SLW1908L

Vehicle Make/Model/Colour

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) 3

Passenger 1 NAME:

GENDER:

Passenger 2 NAME: :

GENDER:

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SMA1925R

Vehicle Make/Model/Colour

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) 4

Passenger 1 NAME:

GENDER: :

Passenger 2 NAME: :

GENDER: :

Passenger 3 NAME:

GENDER:

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 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
- 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)

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)
  - (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
- 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.
- 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.

Relicyholder's Date & Time:

Driver's Signatur (If driver is not the policyholder) Date & Time:

Name

NRIC/FIN No.

Reporting Centre Person

sture

	Ne Ne		
Venicue A: SJK 3326P	AMK		
VERTURE : SLW 1908L	Jok		
Vehicle C: SMA 1925 R	7	1	「「」
	Æ(S(€)		В
	号		

	on the stated date 4 time, I, Vehicle A, SJK 3326P,
MOS	raveling svaight along the stated venue. Front venice
mad	e an abrupt brake, thus I brake as well about
1- 2	seconds later, I felt an impact on my vehicle's
hear	portion, its which caused my vehicle to people
for	ward & hit onto the front vehicle
	My passengers: 1) Nome: Zulfikri Bh Zulirfan NRIC: TO419651 H
	2) Nanu: Zulhilmi Bru Zulirfan NRIC: TOFIGIODE
	3) Name: 'Ainn' Mardhiah Bte Zulirfa
	NRIC: T0921494H

DECLARATION

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

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 :

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 07 / 12 / 1	019 (DD/MM/YY	(Y), TIME: ( 21 : 30 )(HH:MM)
LOCATION: CTE( SLE)	before ting mi	orio ave 1 txit
F)TYPE: (SALOON / COUPE G)VEHICLE CATEGORY: (P h)PURPOSE OF USING AT i) ARE YOU CLAIMING UNI IF NO, PLEASE STATE (THI 2. INSURED / POLICY HOLDE A)NAME: #U   1	EHENSIVE / THIRD PA TONOTO WIS N E / MBV / VAN / LORI PRIVATE / COMMERC ACCIDENT TIME: DER YOUR OWN INSI RD PARTY CLAIM / F	RTY / THIRD PARTY FIRE & THEFT)  RY / MOTORCYCLE / OTHERS)  CIAL / MOTORCYCLE)  PRIVATE  URANCE (YES/NO)  REPORTING ONLY)  EHE [MARE (FEMALE)  CONTACT: 10.25 9125
*CONTINUE TO 3.d IF DRIV  Though passongs DRIVER  (Induding driver) b)NRIC/FIN/PASSPORT:		OLDER  (MALE / FEMALE)  CONTACT:
OH)  C) ADDRESS:  2 Male  PASSENGER  C) ADDRESS:  ADDRES	10 / 1977 J(DD, R / OUTDOOR) ERIENCE: 5 YEAR YEE OF THE INSUR F THE DRIVER WIT CLEAR / RAINING / WET / OTHERS YES / NO) ES / NO) CH POLICE STATION	ED'S COMPANY? (YES /(NO)) TH INSURED: DWWW. OTHERS
ale 2 pax driver) b) DRIVER'S NAME:  NRIC/FIN/PASSPORT:  MAIN 03 ) driver HIRD PARTY VEHICLE  O) VEHICLE NUMBER:  O) DRIVER'S NAME:  O) DRIVER'S N	SMA 1925R.	CONTACT:
(04) male	70	

email =

Pax =

eBaoTech			GeneralClaim								
Hello, NAC_PAYA_UBI_80	0601					and the same of th	• Change	Language	· Chan	ge Password	· Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	10.				Date o	of Accident	8	7/12/2019	21:30	
	Vehicle	No.(For Motor)	SJK3326P			Certificate Number		[			
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112815714		ZUL'IRFAN ZULLKEFLE	S7729659Z	GPC	drivo CLASSIC	SJK3326P	SJK3326P	15/10/2019	14/10/2020
					C	Continue					

Policy No.	5112815714	Policyholder Name	ZUL'IRFAN	ZULLKEFLE	Policyholder NRIC	S7729659Z	
Certificate No.					0010177700		
Address	BLK 143 #06-109 PASIR RIS S	TREET 11 SING	APORE 510:	143			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N.	
Policy issue Date	02/10/2019	Effective Date	15/10/2019	9 00:00	Expiry Date	14/10/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	g/Inexperience Driver Excess
Agent	META AGENCY PTE, LTD.	Agent Tel.	98585076		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	older Mailing Address						
Address 1	BLK 143 #06-109	Addres	ss 2	PASIR RIS STREET	11	Address 3	SINGAPORE 510143
Address 4		Addres	ss Type	Singapore address		Post Code	510143
Unit No.	#06-109	Relate Numbe	d Policy er	5112815714			
<b>▶</b> Insured	d Object: SJK3326P						
	ements						

STATE   STAT	Claim Handling										
Marchanis	Accident MT/1074960										
Marchan   March   Ma		5112815714	Vehicle No.		S3K3326P	f		GST Registration 8	10.		
March   Marc		2008-2009-2009								V-2808	
Content No.			William		1200000000						96592
Section   Sect						50%					
									£	(10200 topo	7.5
March   Marc	PK	@ No Cives			William Con	Vec				1	
Production State	CD Protection					163				No.	
March   Marc		277	mad Embrerheng is	0				Private mile		140	
The Control of Automated Income   13.23   Country of Automated Incom		00/13/2010 18:43	April 19 September 1979	has be been	222			1200000000		72377	Name of the last o
Control   Cont											
The Interest September   Per Anglower   Per Anglo		07/12/2019		CM/T)	21:30				Ť.	Singar	pore
Print   Prin		CTE (S) B) BERGER AMA AND 1 BATT	Orange Force					ICM No.			
Process											
Second   100   175   1			Woodscreen Parens				300.00				
Mode   March   Mode		THE RESIDENCE OF THE PARTY OF T					200.00				
Minoral Economics	Standard Excess	600,00	TP Standard Excess				0.00				
Mode   Part   Mode   Part	EO OO Excess	0.00	VIED TP Excess				0.00	Driver is Covered?		Coven	ed.
Part	dibonal Excess	a									
## Command Tells   Part   Part	tal OD Excess Applicable	600.00	Total TP Excess App	licable			0.00				
Magnetium   Magn	Benefits										
Target new	GST Registered Informa	ation									
		No									
### ### ##############################					GS	T Status Ventia	ed	Yes			
Marie   Mari	diffication History										
Marie   Mari	Policyholder Mailing Ad	Mrass		17.							
## Address Type   Address Type   No Driver Inde   Vol. 100   Nover Total   Vol. 100   Nover Tot											
## Action		BLR 143 #00-189									
## Part No.   Part No		e06.100		w.				Post Code		51014	3
Any   Color			Serious Purcy results		21110121	14					
Design Flater   Design Flat		ZULTRFAN BIN ZULLKEFLE	Driver Type		Main Drive	4					
pare of the Police is \$60,000 per content type from the pare of the Police is \$10,000 per content type from the pare of the p	named driver Name							Driver DOS		31/10	/1977
### Address 1	gister Date of Oniver License	16/01/1997	Driver Age		42			Driving Experience			
### ADDRESS Type  ### APPLIES	ntact No.(Mosile)	98259125	Contact No.(Office)		0			Contact No.(Home	)	0	
t No.	dress 1	SUK 445	Address 2		PASIR RIS	DRIVE 6		Address 3		SING	PDRE 510446
## No con a Singapore   Treat @ No	dress 4		Address Type		Singapore	address		Post Code		51,044	6
Standard or Blood Test   0 mg   Any injury	it No.	03-120									
Trianstation  Senting or Blood Test setting	es he own a Singapore	○ Yes ® No	Driver Vehicle No.					Driver Insurer Com	vnany		
Any	geteres carr								1		
Addresson Hestory  Claim 001 New  Wint Type * C0-MX	claration										
Altachment  Path * Doc Received * Path * Description  Path * Doc Received * Path * Description  Path * Doc Received * Path * Description  Path * D	eathalyser or Blood Test	0 mg	Any injury?		○ Yes (€)	No					
Manuary Type	adeg.				000000						
Manuary Type	difference of the con-										
Insured NRIC   S77296592   Insured NRIC   S77296592   Secret No. (Mobile)   S9259125   Contact No. (Vitorie)   S7821311   Contact No. (Office)   SW1908L   Insured NRIC   Insured NRI	decenon matory										
Reset No. (Mobile) 99259125 Contact No. (Price) 67822111 Contact No. (Office) SIX 9308L SIX 9308	Claim DO1 New										
Contact No. (Mobile) 98259125 Contact No. (Price) 67822111 Contact No. (Office) SIX 33269 TP Vehicle Number SIX 33269 TP Vehicle Number SIX 3308L SIX 33269 TP Vehicle Number SIX 33269											
Contact No. (Mobile) 99259125 Contact No. (Prime) 67822111 Contact No. (Office) all Address OI Vehicle Number STK3226P TP Vehicle Number STK3908L  Water Style Commant Type * Please Sided:	im Type *	DD-MX	Incided Name		THE TREAM	THE CHES E		Innormal NR 15"		E 2724	erov
All Address OI Vehicle Number SIX3326P TP Vehicle Number SIX9908L    Please Scient						300000000000000000000000000000000000000			JI.	0//45	9972
Imare Type Olemant Type * Please Select		30237423								er win	100
Taken No. MT/1074960 Claim No. ODL  The Category * Confidential Urgency * Description of the Category * Description of the Category * De		Deans Scient					(9)	ir venice repriber		DLW15	rueL
Mark Address Impression SIX3326F / SLW1908L ON 7 Dec 2019  Insured Lisbrity + Not at Fault   Insured Lisbrit					pricase are						
ferred Workshop Contact  Insured Liabitity * Net at Fault  Liure Finalsation  Yes  Preferend Repair Option Preferred Workshop, Name unknown  Date Received  O9/12/2019 18:49  Oam Close Date  Save Submit  Attachment  Attachment  Pach *  Date Received  O9/12/2019 18:49  Claim No.  O01  Claim No.  O01  Claim No.  O01  Claim No.  O01  Dec. Received  Pach *  Date Received  Op/12/2019 18:49  Category *  Confidential  Urgancy *  Description  Browse  Browse  Dear Please Select  V Normal V  Normal V  Browse  Dear Please Select  V Normal V  Normal V  Browse  Dear Please Select  V Normal V  Normal V  Browse  Dear Please Select  V Normal V  Normal V  Browse  Dear Please Select  V Normal V  Normal V  Presses Select  Presses Select  V Normal V  Normal V  Browse  Dear Please Select  V Normal V  Normal V  Presses Select  Presses Select  V Normal V  Normal V  Presses Select  Presses Select  Presses Select  V Normal V  Normal V  Presses Select  Presses Select  Presses Select  V Normal V  Normal V  Presses Select  Presses Select  Presses Select  V Normal V  Normal V  Presses Select  Presses Select  V Normal V  Normal V  Presses Select  Presses Select  V Normal V  Normal V	imant Address							1			
ferred Workshop Contact  Insured Liabitity * Net at Fault  Liure Finalsation  Yes  Preferend Repair Option Preferred Workshop, Name unknown  Date Received  O9/12/2019 18:49  Oam Close Date  Save Submit  Attachment  Attachment  Pach *  Date Received  O9/12/2019 18:49  Claim No.  O01  Claim No.  O01  Claim No.  O01  Claim No.  O01  Dec. Received  Pach *  Date Received  Op/12/2019 18:49  Category *  Confidential  Urgancy *  Description  Browse  Browse  Dear Please Select  V Normal V  Normal V  Browse  Dear Please Select  V Normal V  Normal V  Browse  Dear Please Select  V Normal V  Normal V  Browse  Dear Please Select  V Normal V  Normal V  Browse  Dear Please Select  V Normal V  Normal V  Presses Select  Presses Select  V Normal V  Normal V  Browse  Dear Please Select  V Normal V  Normal V  Presses Select  Presses Select  V Normal V  Normal V  Presses Select  Presses Select  Presses Select  V Normal V  Normal V  Presses Select  Presses Select  Presses Select  V Normal V  Normal V  Presses Select  Presses Select  Presses Select  V Normal V  Normal V  Presses Select  Presses Select  V Normal V  Normal V  Presses Select  Presses Select  V Normal V  Normal V		SJK3326P / SLW1908L ON 7 Dec 2019						Name of Preferred	Workshop		
Preferred Repair Option Preferred Workshop, Name unknown V GIA report Received  19/12/2019 18:49  Date Received  19/12/2019 18:49  D	ferred Workshop Contact		Insured Liability a		Not at East	a	V		none live		
Date Received D9/12/2019 18:49 Claim Close Date Date Date Date Received Determined Determined Date Received Determined Date Received Determined Date Received Determined Date Received Date Received Date Date Date Date Date Date Date Date		Yes.		otion		Maria Caraca		GIA record		2411	red V
Save Submit  Attachment  Description  Path * Category * Confidential Urgancy * Description  Browse Clear [Please Select] V W Normal V  Browse Clear [Please Select] V Normal V				100	15/6/100	arrang, nar				- CONTRACTOR	100
Save Submit Stackment  South Stackment  Public AK letter  Out Stackment  Public AK letter  Out Submit AK letter  Out			wast bate				4	AND ARCHIVED		- Jan 12	
Save Submit.  Stackment  Stackmen		percent									
State   Pease Select   Pease Selec	Print AK letter										
Ident No. MT/1074900 Claim No. 001  Fiber Received Vers No Upload Date 09/12/2019 18:49  Path * Category * Confidential Urgancy * Description  Browse Clear [Please Select V No Normal V Normal V Browse Clear Please Select V No V Normal V Browse Clear Please Select V No V Normal V Browse Clear Please Select V No V Normal V Browse Clear Please Select V No V Normal V Normal V Browse Clear Please Select V No V Normal V				8	Save Sub	amit.					
demi No. MT/1074960 Claim No. 001  Poct. Received	ttachment										
demi No. MT/1074960 Claim No. 001  Poct. Received											
Path * Category * Confidential Urgancy * Description  Browse Clear Please Select V Normal V											
Browse Clear Please Select V W Normal V			Claim No	0.		001					
Browse   Clear   Please Select   V   V   Normal   V	if Doc. Received	● Yes ○ No	Upload 0	Date		09/12/2/	019 18:49				
Browse  Browse  Browse  Clear   Please Select   V   III   V   Normal   V    Browse  Clear   Please Select   V   III   V   Normal   V    Browse		Path *				C	ategory *	Confidential	Urgen	cy ·	Description
Browse Clear Please Select V Normal V  Browse Clear Please Select V Normal V				Browse	Clear	Please Select		- W	Normal	v	
Browse Clear Please Select V III V Normal V				Browse	Clear	Please Select		e lie v	Normal	V	
				Browse	Clear	Please Select		e la v	Normal	V	
Browse   Clear   Please Select			And the second	Browse	Cear	Please Select		Z [111 V	Normal	V	
				Browse.	Clear	Please Select		7 4c V	Normal	V	

