	Jeb description		Date & Time Completed	Done	by
Date In: 11/1/19-16:18	SAS e-filing				
Rel No: HALMCIGOZISTS TY			<del></del>	1	
Veh No: JM H 4844 C	E-mail (within		-		- *
D.O.A: 10/10/19-17:50	i-Motor Clair		m 1275305-001	11/14/19	6:31
OD TPY Reporting Only	i-Motor W/O		s, TP 4brs)		
	i-Photo Uplo:	aded	1		
TP Insurer:	Assessment/Su	rvey Report			
	Ass't Report by	Y Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	
TP Particulars: Veh No:SC	M light	. INC(	)/Non-INC( )		
Owner / Driver: (			Tel:	)	
	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
	) [Note-Est. Status (W	70): N: 0-2	0%; P: 21-79%. F: 80-	100%]	
Year of Registration: ( )		)/NO(	)		
	1,000 ( )/\$2,000 (	A CONTRACTOR OF THE PARTY OF TH			
General Remarks;-					2 7 8
( ) Walk-In Customer: Customer's in					
( ) Total Loss Case : to e-mail Ins	urer URGENTLY.	18			
Drive-In ( )/ Towed-in ( ); Invo	oice: YES ( ) / N	O( );T	owing Co: (		)
Remarks: (INC hotline: 6788 6616)	N. 2010		Date&Time Completed	Done	hi
	/ Courtesy Car ( )		Dates: 111:16 Couline 30	See Astrono	Ly
2) QC Check / Post Repair Inspection	/ Courtesy Car ( )				*
3) Upload Resurvey Photo [Repair Cost>	520001				
	\$3000] ( )				1000
Injury:					
and the first of the second control of the s		in the second			
Date/Time Actions				Transition of the	14 15 763
				Maloine.	<del>1, = 1 =</del>
		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		Mario de la compansión de	
				Zirelichi re.	10
				Assas Contrag.	
				Shelicuitat.	1 2 2 2 2 2 2 2
Date/Time Actions				Ant (5)	
Date/Time Actions		Invoice Prej	varation Checklist		
Date/Time Actions	1	Invoice Prej	varation Checklist	Anit (5) (9) Bill	2007-020-0
Date/Time Actions		Invoice Prej I) AR : Accident 2) DA : Damage / 3) TF : Towing F	variation Checklist.  Reporting (\$30);  Assessment (\$100); INC (\$200);  S4	Anit (5) (9) Bill 80) 0/\$45	
Date/Time Actions  NAISANO.  Lumant's Particulars:-		Invoice Prej 1) AR : Accident 2) DA : Damage A 3) TF : Towing Fo 4) FT : Follow-Th	Paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$200);  See Survey (\$200); Survey	Ant (5) (5) Bill 80) 0/\$45 \$120 \$30	
Date/Time Actions  NAISANO.  Inimant's Particulars:-		Invoice Prep 1) AR: Accident 2) DA: Damege 3) TF: Towing Fo 4) FT: Follow-Th 5) FT: Follow-Th For claiming as	Paration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$200);  See \$400 on the control of	Anit (5) 191 Bill 80) 0/\$45 \$120 \$30	2007-020-0
Date/Time Actions  NAISANO.  Lumant's Particulars:-		Invoice Prej 1) AR : Accident 2) DA : Damage A 3) TF : Towing Fo 4) FT : Follow-Th	Paration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$200);  See \$400 or and Survey arough Survey (Resurvey)  Toinst INC Only (wef 10 Jan 200);  Ition	Ant (5) (5) Bill 80) 0/\$45 \$120 \$30	2007-020-0
Date/Time Actions  NAISANO Liumant's Particulars: river/Owner: ontact No:		Invoice Prep 1) AR: Accident 2) DA: Damege / 3) TF: Towing For 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idac DA + 8) NTUC Addilio	caration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$200);  See \$400 only (\$400);  Sinst JNC Only (wef 10 Jan 200);  Sinst JNC Only (wef 10 Jan 200);  Sinst JNC Only (wef 10 Jan 200);	Anic (5)  190 Bill  80) 0/\$45 \$120 \$30 5) \$75	2007-020-0
Date/Time Actions  NAISANO Liumant's Particulars: river/Owner: ontact No:		Invoice Prep 1) AR: Accident 2) DA: Damege / 3) TF: Towing For 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idac DA + 8) NTUC Addilio	paration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$200);  Reporting Survey (\$200);	Anic (5)  190 Bill  80) 0/\$45 \$120 \$30 5) \$75	
Date/Time Actions  JA19-03706  Jaimant's Particulars':-  river/Owner:  pontact No:  amaged Portion:		Invoice Prep 1) AR: Accident 2) DA: Damege A 3) TF: Towing For 4) FT: Follow-The 5) FT: Follow-The For claiming as 6) TR: Re-inspec 7) N1: Idac DA + 8) NTUC Addition OD: *N5: Courtesy *N6: Repair Co	raration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$20);  See \$40  Brough Survey  Brough Survey (Resurvey)  Brough Survey (Resurvey)  Brough Survey  Brough Surv	Ant (5)  (5)  (5)  (5)  (5)  (5)  (5)  (5)	
Date/Time Actions  JA19-03706  Jaimant's Particulars':-  river/Owner:  pontact No:  amaged Portion:		Invoice Prep 1) AR: Accident 2) DA: Damege A 3) TF: Towing For 4) FT: Follow-The 5) FT: Follow-The For claiming as 6) TR: Re-inspec 7) N1: Idac DA + 8) NTUC Addition OD* *N5: Courtesy *N6: Repair Co *N7: Fost Repair	Paration Checklist Reporting (\$30); Assessment (\$100); INC (\$20); Reporting (\$100); INC (\$20); Reporting Survey Brough Survey Resurvey Res	30) 0/\$45 \$120 \$30 \$5) \$75 \$160 \$55 \$10 \$25	Amt (\$)
Date/Time Actions  JA19-03776  Liumant's Particulars':  river/Owner:  Datact No:  hmaged Portion:  C Checked by (Engr-In-Charge):		Invoice Prep  1) AR: Accident  2) DA: Damage /  3) TF: Towing Fe  4) FT: Follow-Th  5) FT: Follow-Th  For claiming as  6) TR: Re-inspec  7) N1: Idac DA +  8) NTUC Addition  OIL*  *N5: Courtesy  *N6: Repair Ce  *N7: Fost Repu  *N8: DV / Coll  TP (N11): TP	paration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$200);  Reporting Survey  Brough Survey (Resurvey)  Reinst INC Only (wef 10 Jan 200);  Reinst	\$0)	
Date/Time Actions  NAISANO.  Inimant's Particulars:-  river/Owner:  Ontact No:  Immaged Portion:  C Checked by (Engr-In-Charge):		Invoice Prep 1) AR: Accident 2) DA: Damege / 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idac DA + 8) NTUC Addition QD* *N5: Courtesy *N6: Repair Cc *N7: Fost Repair Cc *N7: Fost Repair Cc *N7: Fost Repair Cc	paration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$200);  Reporting Survey  Brough Survey (Resurvey)  Reinst INC Only (wef 10 Jan 200);  Reinst	\$0) 0/\$45 \$120 \$30 \$5) \$75 \$160 \$\$5 \$25 \$35 \$20 30	

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Mobile Number Fax Number Contact Number

EMail Address

- 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.
- 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 aforesaid.

aforesaid.	
APPROXIMATE A STREET OF THE SHARE OF	ACCIDENT STATEMENT
Date Of Report	11/12/2019 16:18
Date Of Accident	10/12/2019 17:50
Exact Location Of Accident	EUNOS AVE 7
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMN4844C
Insured/Policyholder	
Name Of Registered Owner	KHOO YU TING AMOUS
NRIC No	S9006012J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96281469
Alternative Phone No	OFFICE-96281469
Vehicle Particulars	
Manufacturer	PERODUA
Model	MYVI 1.5H AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111615461
Cover Note Number	
Driver	
Name of Driver	KHOO POH ANN ERIC @SOO SEE ANN
NRIC No	S1151436G
Date Of Birth	04/09/1956
Occupation	INDOOR
Date Of Driving Pass	06/04/1977
Driving Experience	42 YEARS AND 8 MONTHS
Gender	MALE

(LOCAL) +65-94314965

OFFICE-94314965

NOEMAIL

Address BLK 42 BEDOK SOUTH ROAD

#11-743

Postcode 460042

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PARENT

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

-

#### General Information of the Accident

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

Weather Conditions CLEAR Road Surface WET

#### Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

1.83

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

NO 1

# Number of Passengers (Including Driver) 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 SCM1199A

Vehicle Make/Model/Colour TOYOTA CAMRY

**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 OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

**GBF7965P** 

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**

KHOO POH ANN ERIC @SOO SEE ANN Name

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMN4844C

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

YES

NO

#### 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)

Lunderstand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - 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.:

SKETCHPLAN EUROS AVE 7 Vih A: SMN 4844 C Vals 8. CCM 11990 behe. CARF 7965P DESCRIBE CIRCUMSTANCES OF THE ACCIDENT ON The Stated time and vehicle hearing cur plate SMN 4844C Parking parking Lot. Suddenly I felt a great Impact alighted and Revise a vehille bearing our plate SCM1199A had collided on my Rear. The Impart was so hage. That caused my Surge forward and cultiled a vibille being carplate GEF 7465 P DECLARATION /We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature Driver's Signature Policyholder's Signature (If driver is not the policyholder) Name: Date & Time: NRIC/FIN No : Date & Time: MINA SLANGINATION VE

Date of Accident	10/12/2019 Accident Time: 17 50 (24-HR-Format)
Accident Place	Eunos Au 7
Vehicle Reg. No. (Car Plate No.)	SMN 4844 C
Vehicle Make/Model	: Perulun Myvi
Insurance Company	N74( Policy No
Owner or Company Name /IC No	1.11 . 7
Owner or Company Confact No.	: 9628 1469 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: khou Puh Ann Eric 511514369
DRIVER'S Date Of Birth	: 943/4465 DRIVER'S License Pass Date
Relationship of Owner & Driver	: Spouse \ Parents \ Chirt reb \ Sibling \ Employee\ Offers:
DRIVER'S Address	: B1k 42 BeJuk South Road # 11 - 743 46004.
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: Admin @ my car. sg
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including )	Driver): 0
Was there any video Captured by o Exact purpose for which vehicle w	ear camera: YESINO as being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: SCM 1199 F	Vehicle Reg. No: GRF 7965 P
Vehicle Make Model: Toy to C	
Name Driver:	0
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:

Hello, NAC_PAYA_UBI_800	0601						• Chang	e Languag	e · Chan	ge Password	· Log Ou
My Desktop	Poli	Policy Query									
Notice of Loss	Policy N	40.				Date	of Accident		10/12/2019 1	7:50	
	Vehicle No.(For Motor)		SMN4844C			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	5111615461		KHOÔ YU TING AMOUS	590060123	GPC	drivo PREMIUM	SMN4844C	SMN4844C	14/08/2019	13/08/2020

Policy No.	5111615461	Policyholder Name	KHOO YU T	TING AMOUS	Policyholder NRIC	590060123	
Certificate lo.		, raine			10.00		
ddress	BLK 42 #11-743 BEDOK SOUTH	ROAD SINGA	PORE 46004	2			
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	13/08/2019	Effective Date	14/08/2019	9 00:00	Expiry Date	13/08/2020	23:59
xcess ype	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			Your	ng/Inexperience Driver Excess
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333		GST Flag	Y	
Co- nsurance							
	No						
Flag Open	No						
Flag Open Policy Info Certificate	No						
Plag Open Policy Info Certificate Info	older Mailing Address						
Den Open Policy Info Certificate Info Policyh		Addre	ess Z	BEDOK SOUTH RO	AD	Address 3	SINGAPORE 460042
Plag Open Policy Info Certificate Info Policyh Address 1	older Mailing Address		ess Z	BEDOK SOUTH RO Singapore address	1470	Address 3 Post Code	SINGAPORE 460042 460042
Plag Open Policy Info Certificate Info Policyh Address 1 Address 4	older Mailing Address	Addre	ess Type ed Policy		1470		
Plag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address	Addre Relat	ess Type ed Policy	Singapore address	1473		
Plag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address  BLK 42 #11-743  d Object: SMN4844C	Addre Relat	ess Type ed Policy	Singapore address	1473		
Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insuree	older Mailing Address  BLK 42 #11-743  d Object: SMN4844C	Addre Relat Numl	ess Type ed Policy	Singapore address	1473	Post Code	

Claim Handling							
Accident MT/1075305							
Policy No.	5111615461		Vehicle No.	5MN4844C		GST Registration No.	
Certificate No.							
Policyholder Name	KHOO YU TING AMOU	is				Policyhalder NR3C	590060123
Product Code	PRIVATE CAR INSURANCE		Cover Type	drivo PREMJUM		Loading	0
Contact No. (Mobile)	96281469		Contact No. (Office)	0		Contact No. (Home)	0
Email Address			Special Remark			eCode	THE STATE OF THE S
KFK	® No ○Yes		TCA	® No ⊕Yes		eCode Reason	A.G. etc.
NCD Protection	No		NCO Entitlement(%)	0		Private Hire	
⇒ Accident Details	108			*)		Private rive	No
Report Date	11/12/2019 16:28		Accident Report Within 24 hrs	LEST TO SECURE		0940300350450	
Date of Accident						Acodent Type	Damaged white perked
	10/12/2019		Time of Accident hh:mm	17:50		Country of Accident	Singapore
Reporting Centre			Grange Force			DCM No.	
Accident Location	EUNOS AVE 7						
Total Excuss Applicable	•						
Excess Type	Per Accident		Windscreen Excess		100.00		
DD Standard Excess		600.00	TP Standard Excess		0.00		
VIED DO Excess		500.00	YJED TP Excess			Onver is Covered?	
Additional Excess		0					
Total OD Excess Applicable		1100.00	Total TP Excess Applicable				
→ Benefits							
□ GST Registered Inform	ation						
GST Registered	No			GST Registrati	on Date		
GST Registration No.				GST Status Ve	rified	Yes	
Modification History							
Pelicyholder Hailing Ad							
Address I	BLK 42 #11-743		Address 2	BEDOK SOUTH ROAD		Address 3	SINGAPORE 460042
Address 4			Address Type	Singapore address		Post Code	460042
UNIT No.			Related Policy Number	3111615461			82705
⊕ OI Driver Info							
Driver Name	Unnamed Driver		Driver Type	Unnamed Driver			
Unnamed driver Name	KHOO POH ANN ERIC	@500 SE	Driver NR3C	51151436G		Driver DOB	04/09/1955
Register Date of Driver License	06/04/1977		Driver Age	63		Driving Experience	
Contact No.(Mobile)	94314965		Contact No.(Office)	0			42
Address 1	BUK 42		Address 2			Contact No.(Home)	0
Address 4	00.32			BEDOK SOUTH ROAD		Address 3	SINGAPORE 460042
			Address Type	Singapore address		Post Code	460042
Unit No. Does he own a Singapore	11-743						
Registered car?	Cryes (ii) No		Driver Vehicle No.			Driver Insurer Company	
Declaration							
Breathalyser or Blood Test Reading?	0 mg		Any injury?	⊕ Yes ○No			
Modification History							
Claim 001 New							
Color Total	Fac to						
Claim Type •	OD-MX	141	Insured Name	KHOO YU TING AMOU	5	Indured NRIC	590060123
Corract No. (Mobile)	96281469		Contact No. (Home)	62462351		Contact No.(Office)	
Email Address	amouskhoo@hotmail.c	om	Of Vetycle Number	SMN4844C		TP Vehicle Number	SCM1199A
Claimant Type Claimant Type +	Please Select	V	Type of Benefit *	Please Select	~		
Claimant Name *		>>	Claimant NRIC +				
Claimant Address							
Claim Description	SMW4844C / SCM3199	A ON 10 Dec 2019				Name of Preferred Work	shop
Preferred Workshop Contact No.			Insured Liability *	Not at Fault	v		
keguire Finalisation	Yes	707				THE REAL PROPERTY.	
Date Registered		_	Preferered Repair Option	Preferred Workshop, 8	teme unknown V	GIA report	Received
	11/12/2019 16:31		Claim Close Date			Date Received	11/12/2019 00:00
Report Taken By	Jackson						
Print AK letter							
			1.0	Same   Property			
Attachment			4	Save Submit			
v							
locident No.	MICHORESON			1230			
	MT/1075305		Claim No.	001	1977010101010101		
ast Doc Received	● Yes ○ No		Upload Date	11/12	/2019-16:32		
	P	ath *			Category *	Confidential	irgency * Description *
			Browse	Gear Please Sei	ect 🔍	No.	
			Browse	Oper Pease Sel		Non	
			The second secon				
			Browse	Clear Please Sel	100		200 AV-01
			Browse	Oear Please Sel	ect   0	V Non	mai 💟
			Browse	Clear Please Sele	ect C	Non	nai 🔻
			Browse	Clear   Please Said	100	The State of	G (2)

