

NATIONAL Assessment Centre Services

[Part 1 Jan 03]

MMA 119165731

Date In: 17/12/19 09:06	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC 190 22144164	E-mail (within 3hrs, AIC 2hrs)		
Veh No: GBJ 4412S	I-Motor Claim Form	MT/1076014 ⁰⁰¹	17/12/19 10:03
D.O.A: 16/12/19 07:40	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="radio"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wk32		

Preferred Wksp / INC Assign Wksp / GW: (Tel:	Fax:
TP Particulars:	Veh No: XE 3557 E	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (% [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:	Date & Time Completed:	Done by:
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions:

NA 190 9303	Invoice Preparation Checklist	Am (\$)	PAmt (\$)
Claimant's Particulars:	1) AIR: Accident Reporting (\$30);	3000	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-on INC) against INC \$20		
	9) N12: Idao Mobile 30		
	Invoice dated Fee Charged		
	Invoice dated Fee Charged		

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 withholding 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	17/12/2019 09:06
Date Of Accident	16/12/2019 07:40
Exact Location Of Accident	CLEMENTI AVE 6 TWDS AYE NEAR LAMP POST 99F
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ4412S
Insured/Policyholder	
Name Of Registered Owner	RADIANT INSTRUMENT AND ELECTRICAL ENGINEERING PTE
Co Reg No	198801741G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91259551

Vehicle Particulars

Manufacturer	CITROEN
Model	BERLINGO
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109196817
Cover Note Number	

Driver

Name of Driver	WONG KHENG WAN
NRIC No	S15223351
Date Of Birth	20/08/1962
Occupation	INDOOR
Date Of Driving Pass	07/12/1999
Driving Experience	20 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91259551
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 351 TAMPINES ST 33 #09-460
Postcode	520351
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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

Vehicle Registration Number	XE3557E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	GBD9713Y
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

WONG KHENG WAN

Approximate Age

Injuries Sustain

NECK N BACK

Injured person in which vehicle?

GBJ4412S

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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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. 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.
7. 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:
 - (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.

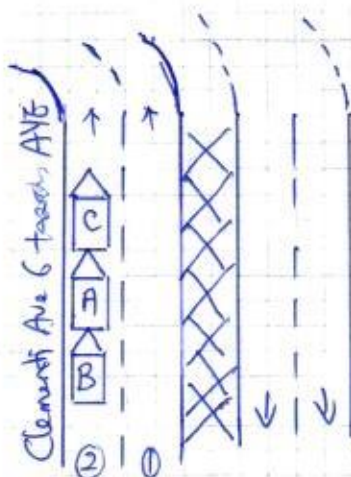


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A - GBJ 4412S No Passengers
 B - XE 3557E Not Sure
 C - GBD 9713Y Not Sure.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above-mentioned date & time, I was travelling along Clementi Ave 6 towards AYE of a 2 lane traffic on the extreme left lane. The vehicle in front of me suddenly slowed down & stopped & I also follow suit. Suddenly I felt a great impact on my rear thus the impact then pushed my vehicle forward & hit onto the rear of vehicle "C". I then alighted to check & noticed vehicle "B" had collided onto my rear. It was a chain collision involving 3 vehicles.

DECLARATION

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

x

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.:

Vehicle No.	GBJ 4412S		Model / Make	Citroen Berlingo.
Date of Accident	16/12/19			
Time of Accident	7:40am		HRS	
Location of Accident	Clement Avenue 6 Towards AYE Near Lamp Post 99F			
Exact purpose use during accident	Work Use.			
Name of Owner	Radiant Instrument And Electrical Engineering Pte Ltd			
Telephone No.	H/P :	Home :	Office :	
NRIC	19880741G			
Address	5 Pardon Loop (128223).			
Claim type	OD	(THIRD PARTY) REPORTING ONLY		
Insurance Company	NTUC 5109196817			
Type of Coverage	(Comprehensive)	Third Party	Third Party / Fire / Theft	
Policy No.	5109196817			
Name of Driver	As Above If No, Wong Kheng Wan			
NRIC	S15223351		Any Passengers : No	
Date of birth	20/8/1962			
Occupation	Outdoor / (Indoor) Purchaser			
Driving License Pass Date	7 December 1999			
Gender	(Male) / Female			
Contact No.	H/P :	Home :	Office :	
Address	B/K 361 Tampines St 38 #09-460 (520351)			
Driver have any own vehicle	(No,) If yes, Reg No.			
Relationship	(Employee,) If no, state			
Weather condition	(Clear) Raining Other			
Road Surface	(Dry) Wet Other			
Any Injuries	No, (If Yes, Who?) Neck Pain, Back Pain.			
Name And Contact No.	As Above			
Name And Contact No.				
Police Report	(No,) If Yes, Where?			
Vehicle B No.	XE3557E		Any Passengers : Not Sure	
Name of Driver	Contact No. :			
Vehicle C No.	GBD9713Y		Any Passengers : Not Sure.	
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 & Rear Portion.			
Camera Recorder	Yes / (No)			
Email Address	ncwong@radiant.com.sg			
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd			
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)

Certificate Number : 5109196817

Cover : Preferred Workshop Plan

- | | |
|---|--|
| 1. Index mark and Registration Number of Vehicle | : GBJ4412S |
| Chassis Number | : VR7EYHZRJ883548 |
| 2. Name of Policyholder | : RADIANT INSTRUMENT AND ELECTRICAL ENGINEERING PTE LTD |
| 3. Effective Date of Insurance | : 26 Apr 2019 |
| 4. Expiry Date of Insurance | : 25 Apr 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 business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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.

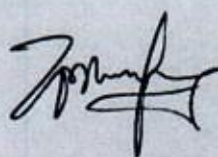
EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : CYCLE & CARRIAGE.FULCO MOTOR DEALER PTE LTD (00000615220)

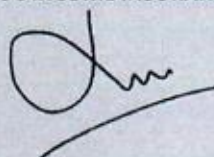
Date of Issue : 30 Apr 2019 08:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

9/2019

Enquiry AssetOwner By Vehicle Details

Inquire Vehicle Information**Vehicle No.**

Vehicle No.: GBJ44125

Vehicle Details

Vehicle Type: Goods (Closed) Van/Van Panel (Delivery)

Vehicle Attachment 1: No Attachment

Make / Model: CITROEN / BERLINGO VAN 1.5 BLUEHDI EAT8 L2

Primary Colour: Grey

Year of Manufacture: 2018

Maximum Laden Weight: 2370 kg

Unladen Weight: 1480 kg

No. Of Axles: 2

Engine No.: 10Q3BN0002563

Chassis No.: VR7EFYHZRJ883548

Engine Capacity: 1499 cc

Maximum Power Output: -

IU Label No.: 1043162287

Propellant: Diesel

Passenger Capacity: 2

Original Registration Date: 26 Apr 2019

First Registration Date: 26 Apr 2019

Open Market Value: \$22,317.00

Additional Registration Fee Rate: 5.00 %

Actual ARF Paid: \$1,116.00

PARF Eligibility: No

Minimum PARF Benefit: -

COE No.: 2019042605001231E

COE Category: C - Goods Vehicle & Bus

COE Expiry Date: 25 Apr 2029

Lifespan Expiry Date: 25 Apr 2039

PQP Paid: \$22,516.00

OPC Cash Rebate Eligibility: No

QP during COE Bidding Exercise: \$0.00

CO2 Emission: 121.43 (g/km)

CEV/VES Rebate Utilised Amount: -






CO Emission: 0.035660 (g/km)

HC Emission: 0.003590 (g/km)

NOx Emission: 0.043420 (g/km)

PM Emission: 0.320000 (mg/km)

GIRO Account Details

	GIRO Account No. 	GIRO Bank Name 	GIRO Branch Name 	Payment Item 
1	9103441206	UOB Ltd / OUB Ltd	UOB Clementi	Road Tax Re

Previous

OK

Transaction ref 201904260835288228

Please check that the owner and vehicle details are correct:

33. IU Label No.	: -
34. COE No.	: 2019042605001231E
35. COE Expiry Date	: 25 Apr 2029
36. COE Category	:
37. Quota Premium/Prevailing Quota Premium	: \$26,760.00
38. Actual Quota Premium/PQP Paid	: \$22,516.00
39. Actual ARF Paid	: \$1,116.00
40. CO2 Emission(g/km)	: 121.43
41. CO Emission(g/km)	: 0.035660
42. HC Emission(g/km)	: 0.003590
43. NOx Emission(g/km)	: 0.043420
44. PM Emission(mg/km)	: 0.320000
45. Actual CEVS/VES Rebate Utilised	: -
46. CEVS/VES Surcharge Paid	: -
47. Actual Green Vehicle Rebate Utilised	: -
48. Vehicle Lifespan Expiry Date	: 25 Apr 2039
49. Road Tax Amount	: \$265.00
50. Road Tax Start Date	: 26 Apr 2019
51. Road Tax End Date	: 25 Apr 2020
52. Remarks	: This vehicle requires side marking. The vehicle is registered under Early Turnover Scheme.

Transaction ref 20190426083528822822

Please check that the owner and vehicle details are correct:

- | | |
|--|---|
| 1. Name | : RADIANT INSTRUMENT AND ELECTRICAL ENGINEERING PTE LTD |
| 2. Identification No. Type | : Company |
| 3. Identification No. | : 198801741G |
| 4. Country/Region | : - |
| 5. Registered Address | : 5 PANDAN LOOP
SINGAPORE 128223 |
| 6. Mailing Address | : - |
| 7. Vehicle Registration No. | : GBJ4412S |
| 8. Effective Date of Ownership | : 26 Apr 2019 |
| 9. Original Registration Date | : 26 Apr 2019 |
| 10. First Registration Date | : 26 Apr 2019 |
| 11. Vehicle Type | : A50 - Goods (Closed) Van/Van Panel (Delivery) |
| 12. Vehicle Scheme | : Normal |
| 13. Attachment 1 | : No Attachment |
| 14. Attachment 2 | : - |
| 15. Attachment 3 | : - |
| 16. Vehicle Make | : CITROEN |
| 17. Vehicle Model | : BERLINGO VAN 1.5 BLUEHDI EAT8 L2 |
| 18. Year of Manufacture | : 2018 |
| 19. Primary Colour | : Grey |
| 20. Secondary Colour | : - |
| 21. Passenger Capacity | : 2 |
| 22. Chassis/Trailer Chassis No. | : VR7EFYHZRJJ883548 / - |
| 23. Propellant/Emission Standard | : Diesel / Euro VI |
| 24. Engine No./Motor No. | : 10Q3BN0002563 / - |
| 25. Engine Capacity(cc)/Power Rating(kW) | : 1499 / - |
| 26. Maximum Power Output(kW/bhp) | : - / - |
| 27. Unladen Weight(kg) | : 1480 |
| 28. Maximum Laden Weight(kg) | : 2370 |
| 29. Open Market Value | : \$22,317.00 |
| 30. PARF Eligibility | : No |
| 31. PARF Eligibility Expiry Date | : - |
| 32. Minimum PARF Benefit | : \$0.00 |

Claim Handling

Accident MT/1076014

Policy No.	5109196817	Vehicle No.	GBJ44125	GST Registration No.	M200832124
Certificate No.					
Policyholder Name	RADIANT INSTRUMENT AND ELECTRICAL ENGINEERING PTE LTD			Policyholder NRIC	198801741G
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	91259551	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFR	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	17/12/2019 09:55	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	16/12/2019	Time of Accident hh:mm	07:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CLEMENTI AVE 5 TWOS AVE NEAR LAMP POST 90F				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
QD Standard Excess	600.00	TP Standard Excess	0.00		
YIED QD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total QD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200832124	GST Status Verified	Yes
Modification History	17/12/2019 09:57:14 System changed GST Registration Date from 01/01/2015 to 01/04/1994 17/12/2019 09:57:14 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	S PANDAN LOOP	Address 2	SINGAPORE 128223	Address 3	
Address 4		Address Type	Singapore address	Post Code	128223
Unit No.		Related Policy Number	5110552536		

QI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	WONG KHENG WAN	Driver NRIC	S15223351	Driver DOB	20/08/1962
Register Date of Driver License	07/12/1999	Driver Age	57	Driving Experience	20
Contact No.(Mobile)	91259551	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 351 #09-460	Address 2	TAMPINES STREET 33	Address 3	SINGAPORE 520351
Address 4		Address Type	Singapore address	Post Code	520351
Unit No.	09-460				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	No Yes
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Modification History

Claim 001 New

Claim Type *	QD-MX	Insured Name	RADIANT INSTRUMENT AND EL	Insured NRIC	19880
Contact No.(Mobile)	96387126	Contact No. (Home)		Contact No. (Office)	67732
Email Address		QI Vehicle Number	GBJ44125	TP Vehicle Number	XE355
Claim Description	GBJ44125 / XE3557E ON 16 Dec 2019				
Preferred Workshop	0	Insured Liability	Not at Fault		
Signature No. Finalisation	Yes	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered				Claim Close Date	17/12/2019 09:58
Report Taken By				Date Received	17/12/

Print AK letter

Save Submit

Attachment

Accident No.	MT/1076014	Claim No.	001
Last Doc. Received	Yes No	Upload Date	17/12/2019 10:03
Path *		Category *	Confidential Urgency *
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Message Read		Clear Please Select	NO Normal

Attachment List

2/2