Date Inc. and the state of		1491916746		
Date In: caling - 14:06	Jeb description	Date &Time Completed	Done	by
Res No: 149/14/19022328/24	SAS e-filing			
Veh No: 522 71987	E-mail (within 8hrs, AIC 2hrs)			
D.O.A: 17/19-16:55	i-Motor Claim Form	100-95426-001	19/1/19 1	4:30
OD / P Reporting Only	i-Motor W/O (Within: OD 2			T112 0
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hane			3 4 T 3
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	Fax:	
TP Particulars: Veh No: 15	YYORX INC	()/Non-INC()	17	
Owner / Driver: (Tel:)	
Policy No: () P	eriod: (Cover Type: ()	-
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 30-1	100%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,	000()/\$2,000()			
General Remarks:-			- Com 14	
	Courtesy Car ()	Date&Time Completed	Done	by
2) QC Check / Post Repair Inspection				
	()			
3) Upload Resurvey Photo [Repair Cost > \$	3000] ()			
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	3000] ()	14		
3) Upload Resurvey Photo [Repair Cost > \$	3000] ()			
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	1 Invoice Pr	eparation Checklist	And (S)	Amt (3)
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NA 1409404.	Invoice Pr	eparation Checklist	Anit (5)	
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3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions MA 1400404. laimant's Particulars:-	Invoice Pr 1) AR: Accide 2) DA: Darrag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA	eparation Checklist at Reporting (\$30); a Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) action 4 + SMRT Survey	Ant (\$) fst Bill 30) 0/\$45 \$120 \$30	
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NA 1400000 Inimant's Particulars: river/Owner: ontact No: maged Portion:	Invoice Pr 1) AR: Accide 2) DA: Darrag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA	eparation Checklist at Reporting (\$30); a Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) action	Ant (\$) fst Bill 30) 0/\$45 \$120 \$30 0) \$75 \$160	
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NA 1400000 Inimant's Particulars: river/Owner: ontact No: maged Portion:	Invoice Pr 1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addi OD* *N5: Courter	eparation Checklist: at Reporting (\$30); a Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against JNC Only (wef 10 Jan 2005 ection a + SMRT Survey tional Services by Car / Tpi Allowance	Ame (\$) fat Bill 50) 0/545 \$120 \$30 1) \$75 \$160	
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Haloocoo Inimant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice Pr 1) AR : Accide 2) DA : Darnag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idae DA 8) NTUC Addi OD: *N5: Courter *N6: Repair *N7: Fost Re- *N7: Fos	eparation Checklist at Reporting (\$30); a Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005 action a + SMRT Survey tional Services:- ty Car / Tpl Allowance Co-ordination spair Inspection	Ant (\$) fit Bill 80) 0/\$45 \$120 \$30 1) \$75 \$160 \$3 \$10 \$25	Amt (\$)
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3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions MA 140000 Inimant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice Pr 1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addi OD* *N5: Courter *N6: Repair *N7: Fost Re *N8: DV / C	eparation Checklist: at Reporting (\$30); a Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against JNC Only (wef 10 Jan 2005) ection a + SMRT Survey tional Services by Car / Tpt Allowance Ca-ordination pair Inspection oltect Excess Coordination P (Non INC) against INC	\$30) \$75 \$120 \$30 \$150 \$150 \$150 \$510 \$525 \$55 \$520 \$30	

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 19/12/2019 14:25

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

- 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	19/12/2019 14:06
Date Of Accident	17/12/2019 16:55
Exact Location Of Accident	MANDAI RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ7198J
Insured/Policyholder	
Name Of Registered Owner	ANTOICH LEASING PTE LTD
Co Reg No	201908202W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE (HD) 1.6 DOHC AT ABS AIRBAG 2WD
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5109758102
Cover Note Number	
Driver	
Name of Driver	CHEANG JIN YEE, AMANDA

 Name of Driver
 CHEANG JIN YEE, AMANDA

 NRIC No
 \$9336235G

 Date Of Birth
 28/09/1993

 Occupation
 INDOOR

 Date Of Driving Pass
 04/06/2019

 Driving Experience
 0 YEAR AND 6 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-93877454

Fax Number

Contact Number OFFICE-93877454

EMail Address NOEMAIL

Address BLK 113 BEDOK NORTH STREET 2

#12-264

Postcode 460113

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

ii No, Relationship of the Driver with the insured

Vehicle Registration Number of Driver's Own

Vehicle

10

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

21

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions RAINING
Road Surface WET

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

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) soliciting/offering accident claims assistance.

NO

YES

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191219/7006.

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

XE4408X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 15

Name CHEANG JIN YEE, AMANDA Approximate Age Injuries Sustain BODY Injured person in which vehicle? SJQ7198J Were seat belts worn? YES Was this injured conveyed to hospital by ambulance? Address Postcode

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.
- 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 flability.
- 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)

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

lying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the incyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

NRIC/FIN No .:

WHAT Should infrare Mit

Date & Time:

Date & Time:

Date of Accident	17/12/2019 Accident Time: 1655 HT (24-HR-Format)
Accident Place	: Mandai Road
Vehicle Reg. No. (Car Plate No.)	53P1F0C2
Vehicle Make/Model	: Hyunda: Marte
Insurance Company	: NIUL Policy No.
Owner or Company Name /IC No.	: Antioch leasing the ltd
Owner or Company Contact No.	: Owner's HpCompany Tel
DRIVER'S Name / IC No.	: Cheang Jin Yell Amanda
DRIVER'S Date Of Birth	: 18 09 1993 DRIVER'S License Pass Date 04 06 2019
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: \ \frac{111161}{111161}
DRIVER'S Address	: BIK 113 Bedok North St 1 +12-264 5466113
DRIVER'S Contact No./ Alt No.	:1) 93877454 2)
DRIVER'S Occupation	: DEDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: Admin@mycar.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 D	priver): 01 injuries 15 Days MC
	ar camera: YES YNO) as being used at the time of accident: Private use \ Work purpose
	Party Driver's Particular (if any)
Vehicle Reg. No: YE4408X	Vehicle Reg. No:
Vehicle Make Wodel:	Vehicle Make\Model:
Name Driver:	Name Driver
	IC No Driver
IC No. Driver:	
Driver's Contact & Add:	

. . .





1 of 3

Report No. T/20191219/7006

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time 19/12/201	ate/Time Report Made: 9/12/2019 11:48		Vide Report No.:	Station Diary No.:	
Informan	t's Partic	ulars	Mark Brown Lands Ale		
	Informant: JIN YEE,	AMANDA	Address: APT BLK 113 BEDOK NORT SINGAPORE 460113	H STREET 2 #12-264	
ID Type / NRIC NO	ID No.: / S93362	35G	Contact No.: Home/Office: Mobile: 93877454		
Nationalit SINGAPO	y: ORE CITIZ	ΈN	Email: skyx3@live.com.sg		
Sex: Female	Age: 26	Date of Birth: 28/09/1993	Type of Informant: Driver		
Race: Chinese	10		Language: English	Institution / School Name:	
Occupation: TUITION TEACHER			Driving Licence Information: Class: 3A Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/12/2019 16:55	Type of Location Bend
Location: MANDAI ROA	AD			
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 40 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled	10	Traffic Volume: Heavy
Type of Collis Between Mov	sion: ving Vehicles - Head	d To Rear		Anyone conveyed by ambulance: No

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
SJQ7198J	Car					0	
XE4408X	Truck					0	

Details of Person Involved	THE RESERVE OF THE PERSON OF T
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20191219/7006

CONTINUATION OF REPORT

Driver	Transfer St.	and the same	ALC: UNIVERSITY OF	-	All Ly	
Name	CHEANG JIN YEE, AMANDA					S9336235G
Related Vehicle	SJQ7198J (Car)				ct No.	93877454
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL				of g ce & / Date	Class: 3A Date of Expiry: NIL
Date Treatment	17/12/2019	/2019 Date Disch			19/12	2/2019
No. of Days gran	ted Medical Leave	15	Degree o	f Injury	Serio	us

Brief Details.

On the 17/12/2019 at about 1755hrs, I was travelling along Mandai Road entering BKE (towards KJE) The cars in front of me were slowing down therefore I was also slowing down and nearing a stop, when a truck XE4408X crashed into my car from the back. The impact caused my phone to fly out of its holder. I was in shock and immediately stopped my car to check the damages. As it was a single lane, one way road we decided to move forward to the road shoulder to exchange particulars.

I exchanged particulars wth the said person. No threat or assault occurred. I am lodging this police report for record and for insurance claims. I went to Mount Elizabeth Novena Hospital as I had developed an increasing neck and back pain. I was then hospitalised and is still currently on hospitalisation leave.





T/20191219/7006

3 of 3

Report No. T/20191219/7006

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan						
Informant is	not	able	to	provide	sketch	plan

Authentication Stamp

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 19/12/2019 11:48
Officer In Charge Of Case: TP / TPHQ / ONG YONG HOCK Contact No.: 65476436	Classification Of Case:

eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Languag	e • Chan	ge Password	• Log Out
My Desktop	Polic	cy Query									89
Notice of Loss	Policy N	lo.				Date o	f Accident	1	17/12/2019 1	16:55	
	Vehicle	No.(For Motor)	SJQ719	98)		Certific	cate Number	1			
					0	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109758102		ANTIOCH LEASING PTE. LTD.	201908202W	GPC	drivo CLASSIC	53Q71983	SJQ71983	29/05/2019	28/05/2020
					C	ontinue					

Sequen	ce Date of Endorsemen	t	Endorsemen	t Type	Endorsement	Endorsement Status Endorseme		
▼ Endors	ements							
▶ Insure	d Object: SJQ7198J							
Unit No.	01-48	Relate Numb	ed Policy er	5112956854				
Address 4		Addre	ss Type	Singapore address		Post Code	399849	
Address 1	511 GUILLEMARD ROAD	Addre	ss 2	#01-48 GRANDLIN	K SQUARE	Address 3	SINGAPORE 399849	
Policyh	older Mailing Address							
Certificate Info								
Open Policy Info								
Co- Insurance Flag	No							
Agent	POH CHEE LENG	Agent Tel.	98585688		GST Flag	Y		
Outside Singapore OD Excess	600	Singapore TP Excess	0			Young	/Inexperience Driver Excess	
Excess	0	Premium Outside	0					
Excess Additional	0	damage Excess OS	600		Excess	100		
Third Party		Own	500		Windscreen	100	30	
Excess Type	Per Accident	All Claims Excess						
Policy ssue Date	29/05/2019	Effective Date	29/05/2019	9 00:00	Expiry Date	28/05/2020 23	3:59	
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Address	511 GUILLEMARD ROAD #01-48	GRANDLINK	SQUARE SIN	IGAPORE 399849				
Certificate No.								
Policy No.	5109758102	Policyholder Name	ANTIOCH L	EASING PTE. LTD.	Policyholder NRIC	201908202W		

laim Handling									
cident MT/1076456									
Icy No.	5109758102		Vehicle No.	SI	Q71983		GST Registration No.		
rtificate No.									
icyholder Name	ANTIOCH LEASING PTE. LTD.						Policyhalder NR3C		201908202W
duct Code	PROVATE CAR INSURANCE		Cover Type	dri	VO CLASSIC		Loading		0
ntact No.(Mobile)	0		Contact No. (Office)	0			Contact No (Home)		0
ail Address			Special Remark				eCode		N-V
	No ○Yes		TCA	•	No OYes		eCode Reason		
D Protection	No		NCD Entitlement(%)	0			Private Hire		No
Accident Details									
part Date	19/12/2019 14:27		Accident Report Within 24 h	rs Ye	5		Accident Type		Collision - Head to Rear
te of Accident	17/12/2019		Time of Accident hh:mm	16	-55		Country of Accident		Singapore
porting Centre			Orange Force				ICM No.		
cident Location	MANDAI RD		84						
Total Excess Applicable									
ess Type	Per Accident		Windscreen Excess		100.00				
CESO TAPE	THE PERSONNEL								
Standard Excess	600.00		TP Standard Excess		0.00				
D OD Excess	2500.00		YIED TP Excess				Driver is Covered?		
dicional Excess	0								
al OD Excess Applicable	3100.00		Total TP Excess Applicable						
Benefits									
GST Registered Informa	ation								
Registered Informa	No.				GST Registration Date				
Registration No.	THE STATE OF THE S				GST Status Verified		Yes		
Iffication History	19/12/2019 14:28:	51 System o	thanged GST Status Venfield	from No					
Policyholder Hailing Ad	dress								
dress 1	SIT GUILLEMARO ROAD		Address 2	2	11-48 GRANDLINK SQUARE		Address 3		SINGAPORE 399849
dress 4	211 000112 110		Address Type		ngapore address		Post Code		399849
E No.	01-48		Related Policy Number		12956854				
OI Driver Info	77.75								
ver Name	Unnamed Driver		Driver Type	Lie	named Driver				
named driver Name	CHEANG JIN YEE, AMANDA		Driver NRIC		9396235G		Driver DOB		28/09/1993
gister Date of Driver License			Driver Age	26			Driving Experience		0
ntact No.(Mobile)	93877454		Contact No.(Office)	0			Contact No.(Home)		0
dress 1	BLK 113		Address 2		DOK NORTH STREET 2		Address 3		SINGAPORE 460113
	- Dun 212		Address Type		ngapore address		Post Code		460113
dress 4	SPAR		Audiess Type		igapo e ausi ess		Tak Cook		
it No.	12-264								
es he own a Singapore gistered car?	○ Yes ® No		Driver Vehicle No.				Driver Insurer Camp	erry	
claration									
eathelyser or Blood Test rading?	0 mg		Any injury?		Yes (No				
odification History									
N. El .									
Claim 001 New									
im Type *	ор-мх 🔻		Insured Name	A	ITIDOH LEASING PTE. LTD.		Insured NRIC		201908202W
ntect No.(Mobile)	96684998		Contact No.(Home)				Contact No.(Office)		NIL
			OI Vehicle Number	0	Q71983		TP Vehicle Number		XE4408X
nail Address	Division Falls of			-			The state of the s		Caldida
imant Type Claimant Type •	A STATE OF THE PARTY OF THE PAR		Type of Benefit + Claimant NR3C •	l _b ,	ease Select 💟				
imant Name *		6.	Section and	-			rg.		
	CINITAGES / WEAPON ON LIVE - TO	010					Name of Preferred W	/orkshop	
im Description Mirred Workshop Contact	53Q71983 / XE4408X ON 17 Dec 20	0.9	Manhard by Name of Street	-			The second second second	-treetres	
			Insured Liability *	53	ot at Fault 💟		52525300000		F
quire Finalisation	Yes 🔻		Preferered Repair Option	P	referred Workshop, Name unkn	nown o	GIA report		Received
te Registered	19/12/2019 14:30		Claim Close Date				Date Received		19/12/2019 00:00
port Taken By	Jackson								
Print AK letter									
				-					
				Sa	ve Submit				
Attachment									
40									
,									
cident No.	MT/1076456		Claim No.		001				
st Dac. Received	● Yes ○ No		Upload Date		19/12/2019 14	:30			
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