| NATIONAL Assessment Cen   | TO DEFFICES.         | 1416   | JAN0008100   |  |                         | _                            |  |  |  |
|---|----------------------|--|--|--|-------------------------|------------------------------|--|--|--|
| Date In: 11/120-17:47   | Jeb description      | OH   | Date &Time Comp  | oleted   | Do                      | ne by                        |  |  |  |
| Rel No: 44   14 CNOOD 1 08 My   | SAS e-filin          | g  |  |  |                         |                              |  |  |  |
| Veh No: Sla 41202   | E-mail (with         | in Shrs, AIC 2hrs)   |  |  | 7-0 (-1)                |                              |  |  |  |
| D.O.A: 10 1/20-17:07  | i-Motor Cl           | aim Form   | m/108652   | CODI   | 12/1/10                 | 12.51                        |  |  |  |
| OD TP Reporting Only  | i-Motor W            | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |  |  |                         |                              |  |  |  |
| OD TP Reporting Only  | i-Photo Up           |  |  |  |                         |                              |  |  |  |
|   |                      | Survey Report  | -  |  |                         |                              |  |  |  |
| TP Insurer:   |                      | by Fax / Hand to   | Owner/When   |  |                         |                              |  |  |  |
| Preferred Wksp / INC Assign Wksp / QW: (  |                      | o) zaxi italia   | Tel:   | Fax  |                         | -                            |  |  |  |
| TP Particulars: Veh No: 6V  | 361VP.               | INC (  | )/Non-INC(   | ).   | •                       |                              |  |  |  |
| Owner / Driver: (   |                      |  | Tel:   |  | )                       |                              |  |  |  |
| Policy No: ( ) P  | eriod: (             | )  | Cover Type: (  |  |                         |                              |  |  |  |
| Confirmed by : (  |                      | Date:  | Time:  |  | 1                       |                              |  |  |  |
| Insured/Driver Liability: (%)   | [Note-Est Status (   |  | %; P: 21-79%. F  | - 80-100   | 061                     |                              |  |  |  |
| Year of Registration: ( )   | Warranty: YES (      | )/NO( )  |  | . 30-100   | 70]                     |                              |  |  |  |
| Excess: (\$ ) Loading: \$1,   |                      |  |  |  | -                       |                              |  |  |  |
| General Remarks;-   | 77.32,000            | Property Co. Science   | SERVICES AND GALLEY  | 1945 2 2 2 2 S   | A 100 - 100             |                              |  |  |  |
| Lander of the Artist of the Control of the Control of the Artist of the | PAGENCE PARTY        |  |  |  | Maria .                 |                              |  |  |  |
| ( ) Walk-In Customer: Customer's info   | ormation strictly Co | onfidential & Stric  | tly NO refer of repa   | eirer.   |                         |                              |  |  |  |
| ( ) Total Loss Case : to e-mail Insur   | er URGENTLY.         | 9 5  | St. 100 Std. 10  |  |                         |                              |  |  |  |
|   |                      |  | The second second second second  |  |                         |                              |  |  |  |
| Drive-In ( )/ Towed-In ( ); Invoic  | e: YES ( ) / 1       | NO(); Tov  | wing Co: (   |  |                         | )                            |  |  |  |
| , , , , , , , , , , , , , , , , , , ,   | e: YES( )/I          |  |  | WAP 72   |                         | )                            |  |  |  |
| Remarks:- (INC hotline: 6788 6616)  | (Mark)               |  | ving Co: (   | ad   | Done                    | )<br>by                      |  |  |  |
| Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/(   | e: YES ( ) / 1       |  |  | ad 🌣 🔊   | Done                    | )<br>by                      |  |  |  |
| Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection   | Courtesy Car (       |  |  | ed .   | Done                    | )<br>by                      |  |  |  |
| Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/(   | Courtesy Car (       | )  |  | Sd /   | Done                    | )<br>by                      |  |  |  |
| Remarks:- (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection  | Courtesy Car (       | )  |  | ed De  | Done                    | )<br>by                      |  |  |  |
| Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$:  Injury:  | Courtesy Car (       | )  |  | ad S   | Done                    | )<br>by                      |  |  |  |
| Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/( 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$:  Injury:  | Courtesy Car (       | )  |  | ed le  | Done                    | by                           |  |  |  |
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| Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/(2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$: Injury :  Date/Time Actions  NATOUGOO  aimant's Particulars: iver/Owner: intact No: maged Portion:  Checked by (Engr-In-Charge):   | Courtesy Car (       | Invoice Prepay  1) AR: Accident Repair Co-or  *No: Courtesy Car  *No: Repair Co-or  *No: Fost Repair Co-or  *No: Fost Repair Co-or  *No: Fost Repair Co-or   | Date&Time Comple  Date&Time Comple  Complete Com | RC (\$80)<br>\$40/\$45<br>\$120<br>\$30<br>\$2005)<br>\$75<br>\$160                      | Ant (S)                 | )<br>by<br>Amu(3)<br>Add Bil |  |  |  |
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## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- 1. 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 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

| Service of the servic | ACCIDENT STATEMENT                     |
|--|--|
| Date Of Report   | 17/01/2020 17:43                       |
| Date Of Accident   | 17/01/2020 12:00                       |
| xact Location Of Accident  | JUNC TANJONG KATONG RD & DUNMAN RD     |
| Country/State of Loss  | SINGAPORE                              |
| Service and the service to the service to  | DETAILS OF OWN VEHICLE                 |
| /ehicle Registration Number  | SLQ4120D                               |
| nsured/Policyholder  |  |
| Name Of Registered Owner   | SINGAPORE WAV TRANSPORT                |
| Co Reg No  | 5XXXX685D                              |
| Email Address  | NOEMAIL                                |
| Mobile Phone No  |  |
| Alternative Phone No   | OFFICE-89999999                        |
| Vehicle Particulars  |  |
| Manufacturer   | TOYOTA                                 |
| Model  | SIENTA WELCAB 1.5G A                   |
| Exact Purpose for which vehicle was being used a<br>ime of accident  | PRIVATE USE                            |
| Are you claiming under your own insurance policy<br>or repair to your vehicle?   | NO                                     |
| f No, Please state action to be taken  | THIRD PARTY                            |
| Vehicle Category   | PRIVATE HIRE                           |
| Insurance Company  |  |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage   | COMPREHENSIVE                          |
| Fleet Policy   | NO                                     |
| Policy Number  | 5092396047-02                          |
| Cover Note Number  |  |
| Driver   |  |
| Name of Driver   | LUM CHEE MENG                          |
| NRIC No  | SXXXX460E                              |

06/10/1968 Date Of Birth OUTDOOR Occupation 21/09/1991 Date Of Driving Pass

28 YEARS AND 3 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-81896233 Mobile Number

Fax Number

OFFICE-81896233 Contact Number

NOEMAIL EMail Address

10 HOUGANG STREET 32 Address

#10-27

534037 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2 NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

1

Number of Passengers (Including Driver)

**Details of Police Action** 

NO Was the accident reported to the police?

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?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

YES

DETAILS OF OTHER VEHICLE PROPERTY 1

GV7612P Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

**JAYVEN** Name of Driver

NRIC/Passport Number

87119861 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

# IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 the companies 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. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIALL). Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
- 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 aforests.
- 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. disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by the or possess 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 (sollectively 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 (all insurer(s) who have insured vehicle(s) involved in this accident (all insurers) lawyers/law firms, the vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the Insurers' lawyers/law firms, the Monetary Authority of S. 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
  - (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
- (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.:

|                           | Pur   | man kd   |                      |                    |
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| Vehicle B: E              | 11/ 7/ 12 -                                   | 19   | 11-21                | ranjong tatong Rd  |
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| We declare the pole way   |   |  |                      |                    |
| olicyholder's repaired of | Driver's Signature<br>(if driver is not the p | No. of the contract of the con | Reporting Centre Per | sonnel's Signature |

Date & Time:

# ACCIDENT STATEMENT

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| OF CONTACT: 8184 8933                     |
| 32 #10-27 \$(\$34037).                    |
| D (DD/MM/YYYY)                            |
| R)  |
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| INSURED'S COMPANY? (YES / NO)             |
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| Hello, NAC_PAYA_UBI_800601 |          |                   |                       |                               |                      | • Chang | e Languag        | e + Chang      | ge Password       | · Log Ou         |             |
|----------------------------|----------|-------------------|-----------------------|-------------------------------|----------------------|---------|------------------|----------------|-------------------|------------------|-------------|
| My Desktop                 | cy Query |                   |                       |                               |                      |         |                  |                |                   |                  |             |
| Notice of Loss             | Policy N | lo.               | 18                    |                               |                      | Date    | of Accident      |                | 17/01/2020 1      | 2:00             |             |
|                            | Vehicle  | No.(For Motor)    | SLQ412                | 10D                           |                      | Certif  | icate Number     | 1              |                   |                  |             |
|                            |          |                   |                       |                               |                      | Search  |                  |                |                   |                  |             |
|                            | Select   | Palicy No.        | Certificate<br>Number | Policyholder<br>Name          | Policyholder<br>NRIC | Product | Cover Type       | Vehicle<br>No. | Insured<br>Object | Commence<br>Date | Expiry Date |
|                            | 0        | 5092396047-<br>02 |                       | SINGAPORE<br>WAV<br>TRANSPORT | 53362685D            | GPC     | drivo<br>PREMIUM | SLQ41200       | SLQ41200          | 07/07/2019       | 06/07/202   |

| olicy No.                         | 5092396047-02             | Policyholder<br>Name              | SINGAPORE           | WAV TRANSPORT     | Policyholder<br>NRIC | 53362685D    |                             |
|-----------------------------------|---------------------------|-----------------------------------|---------------------|-------------------|----------------------|--------------|-----------------------------|
| ertificate                        |                           |                                   |                     |                   |                      |              |                             |
| ddress                            | 10 HOUGANG STREET 32 #10- | 27 PARC VERA                      | SINGAPORE           | 534037            |                      |              |                             |
| roduct<br>lame                    | PRIVATE CAR INSURANCE     | Plan                              |                     |                   | Group<br>Policy Flag | N            |                             |
| olicy<br>ssue Date                | 18/06/2019                | Effective<br>Date                 | 07/07/2019          | 00:00             | Expiry Date          | 06/07/2020 2 | 3:59                        |
| xcess                             | Per Accident              | All Claims<br>Excess              |                     |                   |                      |              |                             |
| Third Party<br>Excess             | 1500                      | Own<br>damage<br>Excess           | 2000                |                   | Windscreen<br>Excess | 100          |                             |
| Additional<br>Excess              | 0                         | OS<br>Premium                     | 0                   |                   |                      |              |                             |
| Outside<br>Singapore<br>OD Excess | 2000                      | Outside<br>Singapore<br>TP Excess | 1500                |                   |                      | Young        | /Inexperience Driver Excess |
| Agent                             | SAFE HARBOUR ENSURANCE    | Agent Tel.                        | 63823203            |                   | GST Flag             | Υ            |                             |
| Co-<br>insurance<br>Flag          | No                        |                                   |                     |                   |                      |              |                             |
| Open<br>Policy Info               |                           |                                   |                     |                   |                      |              |                             |
| Certificate<br>Info               |                           |                                   |                     |                   |                      |              |                             |
|                                   | nolder Mailing Address    |                                   |                     |                   |                      |              |                             |
| Address 1                         | 10 HOUGANG STREET 3       | 32 Add                            | ress 2              | #10-27 PARC VER   | A                    | Address 3    | SINGAPORE 534037            |
| Address 4                         |                           | Add                               | ress Type           | Singapore address |                      | Post Code    | 534037                      |
| Unit No.                          | #10-27                    |                                   | ited Policy<br>ober | 5092396047-02     |                      |              |                             |
| ) Insure                          | ed Object: SLQ4120D       |                                   |                     |                   |                      |              |                             |
| <b>▽</b> Endors                   | sements                   |                                   |                     |                   |                      |              | gean e                      |
|                                   | nce Date of Endorseme     | 00000                             | Endorsemen          | A W               | Endorsemen           | t Status     | Endorsement Content         |

| aim Handling                  |                                    |  |                   |                        |      |  |                  |   |
|-------------------------------|------------------------------------|--|-------------------|------------------------|------|--|------------------|---|
| ident MT/1080672              |                                    |  |                   |                        |      | English and the  |                  |   |
| cy No.                        | 5092396047-02                      | Vehicle No.                            | 5LQ41200          |                        | G5   | 57 Registration No.  |                  |   |
| tificate No.                  |                                    |  |                   |                        | 2740 | CONTRACTOR O   |                  | 13626850                                |
|                               | SINGAPORE WAY TRANSPORT            |  |                   |                        |      | streyholder NRIC   |                  |   |
| duct Code                     | PRIVATE CAR INSURANCE              | Cover Type                             | drivo PREMOV      | м                      |      | eding<br>ontact No.(Home)  |                  |   |
| ntact No.(Mobile)             | 03                                 | Contact No (Office)                    | - CS              |                        |      | Code   |                  |   |
| all Address                   |                                    | Special Remark                         |                   |                        |      |  |                  | 20.7                                    |
|                               | ® No ○ Yes                         | TCA                                    | ® No ○Yes         |                        |      | Code Reason  | 84               | **                                      |
| D Protection                  | Yes                                | NCD Encoement(%)                       | 50                |                        |      | THE PARTY OF THE P |                  |   |
| Accident Details              |                                    |  |                   |                        |      |  |                  | bilision - Head to Rear                 |
| ort Date                      | 17/01/2020 17:51                   | Acodent Report Within 24 hrs.          | Yes               |                        |      | coldent Type   |                  |   |
| se of Accident                | 17/01/2020                         | Time of Accident hin:mm                | 12:00             |                        |      | ountry of Accident   |                  | ingapora                                |
| porting Centre                |                                    | Drange Force                           |                   |                        | 10   | DM No.   |                  |   |
| ident Location                | JUNC TANJONG KATONG RO & DUNMAN RO |  |                   |                        |      |  |                  |   |
| Total Excess Applicable       |                                    |  |                   |                        |      |  |                  |   |
| ess Type                      | Per Accident                       | Windscreen Excess                      |                   | 100.00                 |      |  |                  |   |
|                               |                                    |  |                   |                        |      |  |                  |   |
| Standard Excess               | 2,900.00                           | TP Standard Excess                     | 1,500.00          |                        |      |  |                  |   |
| D QD Excess                   | 500.00                             | VIED TP Excess                         |                   |                        | 0    | nver is Covered?   |                  |   |
| ditional Excess               | 0                                  |  |                   |                        |      |  |                  |   |
| al OD Excess Applicable       | 2500.00                            | Total TP Excess Applicable             |                   |                        |      |  |                  |   |
| Benefits                      |                                    |  |                   |                        |      |  |                  |   |
| GST Registered Informa        | rtion                              |  |                   |                        |      |  |                  |   |
| Registered                    | No                                 |  |                   | Registration Date      |      | 100  |                  |   |
| T Registration No.            |                                    |  | GST S             | Status Verified        |      | Yes.   |                  |   |
| dification History            |                                    |  |                   |                        |      |  |                  |   |
|                               |                                    |  |                   |                        |      |  |                  |   |
| Policyholder Mailing Ad       | dress                              |  |                   |                        |      |  |                  |   |
| dress 1                       | 10 HOUGANG STREET 32               | Apidress 2                             | #10-27 PAR        | CVERA                  |      | ddress 3   |                  | SINGAPORE 534037                        |
| idness 4                      |                                    | Address Type                           | Singapore ac      | idress                 |      | ost Code   |                  | 534037                                  |
| nt No.                        | #10-27                             | Related Policy Number                  | 5092396047        | V-02                   |      |  |                  |   |
| OI Driver Info                |                                    |  |                   |                        |      |  |                  |   |
| nver Name                     | Unnamed Driver                     | Driver Type                            | Unnamed Dr        | iver                   |      |  |                  |   |
| named driver Name             | LUM CHEE MENG                      | Oriver NRIC                            | SXXXX460E         |                        | C    | Onver DOB  |                  | 06/10/1968                              |
| gister Date of Driver License | 21/09/1991                         | Driver Age                             | 51                |                        | E    | Oriving Experience   |                  | 28                                      |
| ontact No. (Mobile)           | 81896239                           | Contact No.(Office)                    | 0                 |                        | 4    | Contact No.(Home)  |                  | 0                                       |
| tdress.1                      | 10 HOUGANG STREET 32               | Address 2                              | PARC VERA         |                        | ,    | Address 3  |                  | SINGAPORE \$34037                       |
| idress 4                      |                                    | Address Type                           | Singapore as      | ddress                 |      | Past Code  |                  | 534037                                  |
| nit Ns.                       | 10-27                              |  |                   |                        |      |  |                  |   |
| des he own a Singapore        | ○ Yes ® No                         | Driver Vehicle No.                     |                   |                        | t    | Driver Insurer Compa   | NTY.             |   |
| egistered car?                | G.1053.44                          |  |                   |                        |      |  |                  |   |
| edaration                     |                                    |  |                   |                        |      |  |                  |   |
| reathalyser or Blood Test     | 0 mg                               | Any Injury?                            | ○ Yes ® N         | 0                      |      |  |                  |   |
| eading?                       | - Comme                            | ************************************** |                   |                        |      |  |                  |   |
|                               |                                    |  |                   |                        |      |  |                  |   |
| odification History           |                                    |  |                   |                        |      |  |                  |   |
|                               |                                    |  |                   |                        |      |  |                  |   |
| Claim 001 New                 |                                    |  |                   |                        |      |  |                  |   |
|                               |                                    |  |                   |                        |      |  |                  |   |
| aim Type *                    | DO-MX V                            | ansured Name                           | SINGAPORE         | WAY TRANSPORT          | 1    | Insured NRIC   |                  | \$3362685D                              |
| ontact No.(Mobile)            |                                    | Contact No.(Home)                      |                   |                        | 9    | Contact No. (Office)   |                  | 63340763                                |
| mell Address                  |                                    | Ot venicle Number                      | SLQ41200          |                        | 9    | TP Vehicle Number  |                  | GV7612P                                 |
| aimant Type Claimant Type *   | Please Select                      | Tyge of Benefit *                      | Please Sale       | et 💟                   |      |  |                  |   |
| laimant Name *                | 322                                | Cleiment NRIC +                        |                   |                        |      |  |                  |   |
| laimant Address               |                                    |  |                   |                        |      |  |                  |   |
| laim Description              | SLQ4120D / GV7612P ON 17 Jan 2020  |  |                   |                        |      | Name of Preferred W  | orkshop          |   |
| referred Workshop Contact     |                                    | Insured Liability *                    | Not at Faul       |                        |      |  |                  |   |
| 0.                            |                                    | Preferered Repair Option               |                   | Vorkshop, Name unknown | V    | GIA report   |                  | Received                                |
| equire Finalisation           | Yes 🔻                              | Preferered Repair Option               | presented.        | and the second second  | _    | Date Received  |                  | 17/01/2020 00:00                        |
| ate Registered                | 17/01/2020 17:53                   | Calm Cities Calls                      |                   |                        |      |  |                  | Contention (All Indian                  |
| eport Taken By                | Jackson .                          |  |                   |                        |      |  |                  |   |
| Print AK letter               |                                    |  |                   |                        |      |  |                  |   |
|                               |                                    |  | Save Sub          | mit                    |      |  |                  |   |
| Tour company of the last      |                                    |  |                   |                        |      |  |                  |   |
| Attachment                    |                                    |  |                   |                        |      |  |                  |   |
| 9                             |                                    |  |                   |                        |      |  |                  |   |
|                               | MT/1080672                         | Clam No.                               |                   | 001                    |      |  |                  |   |
| ccident Na                    |                                    | Upload Date                            |                   | 17/01/2020 17:54       |      |  |                  |   |
| ast Doc. Received             | ● Yes ○ No                         | aposa pere                             |                   |                        |      | Confidential   | Urgeno           | y . Descript                            |
|                               | Path *                             |  | to I species      | Category *             |      | S-30,310,000 T - 60,110  | Normal           |   |
|                               |                                    | Brows                                  |                   | Please Select          |      |  |                  | V                                       |
|                               |                                    | Brows                                  |                   | Please Select          | ~    |  | Normal           | 9 |
|                               |                                    | Brows                                  | Se_ Clear         | Please Select          | v    | The Y  | Normal           | <u>v</u>                                |
|                               |                                    |  |                   |                        | _    |  |                  |   |
|                               |                                    | Brows                                  | se Clear          | Please Select          | v    | 99 💌   | Normal           | V                                       |
|                               |                                    | Brows<br>Brows                         | The second second | Please Select          | v    |  | Normal<br>Normal | ×                                       |

