NATIONAL Assessment Centi	re Services were	DO DO NA WAN ISONE	my		
Date In: 171/20-17-06	Jeb description	Date &Time	c Completed	Done	pì.
Rel No: Na Juc woo proy by	SAS e-filing	i			
Veh No: Juszagh	E-mail (within Shrs, A	IC 2hrs)			
D.O.A: 12/120-14:15	i-Motor Claim Fo	rm M1 1081	100- CM	20/1/00	8:10
	i-Motor W/O (With				/665a 1 144
OD . TP/ Reporting Only	i-Photo Uploaded				
	Assessment/Survey	Report			
TP Insurer:	Ass't Report by Fax	/ Hand to Owner/Wks	·P		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fa	c:	
TP Particulars: Veh Nosus	driz	INC()/Non-In	VC().		-0.00
Owner / Driver: (Tel:)	
Policy No: () Pe	eriod: () Cover Type	:: ()	
Confirmed by : (Da	te: Ti	me:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO):	N: 0-20%; P: 21-7	9%. F: 30-10	0%]	
Year of Registration: ()	Warranty: YES ()/	NO()			
Excess: (\$) Loading: \$1,6	000 ()/\$2,000 ()			
General Remarks;			29×1.1873.43	24 5	NE VIE
) Walk-In Customer : Customer's info	and the strictly Confiden		And the state of t		
Company of the Compan		idal & Strictly 140 1ste			
() Total Loss Case : to e-mail Insur					
Drive-In ()/ Towed-In (); Invoic	e: YES () / NO (); Towing Co: (
temarks;- (INC horline: 6788 6616)		- Date&Time	Completed	Done	by
1) Apply for Transport Allowance ()/0	Courtesy Car ()				
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$:	30001 ()				
AND THE RESIDENCE OF THE PARTY	3000]				
Injury:		•			
Date/Time Actions				Seloaur.	+
		20			
	•				
		University of the second			
M200768.	Iny	oice Preparation Ch	cklist	Anit (\$) Ist Bill	Amt (5)
aimant's Particulars :-		: Accident Reporting (53	The state of the s		
		: Damege Assessment (\$10 : Towing Fee	00); INC (\$80) \$40/\$		
iver/Owner:	4) FT	: Follow-Through Survey		20	
ntact No:	5) PT	: Follow-Through Survey (F	(wef 10 Jan 2005)	30	
and I D. H.	6) TF	: Re-inspection	3	75	
maged Portion:	7) N1	: Idao DA + SMRT Survey	. \$1	60	
		110 - 1111 10			
	8) N7	UC Additional Services:-			
Checked by (Engr-In-Charge):	S) NI QI		100	\$5	
Checked by (Engr-In-Charge):	\$ 8) N7 QI •N	5: Courtesy Car / Tpt Allows 6: Repair Co-ordination		\$5 310 325	
2 Page with This way, it is shown because, it is a back to	* 8) N7 QJ *N *N	5: Courtesy Car / Tpt Allows 6: Repair Co-ordination 7: Fost Repair Inspection 8: DV / Collect Excess Coor	S dination	310 325 35	
iditors! Comments :-	\$ 8) N7 QJ • N • N • N • N • N • N • N • N	5: Courtesy Car / Tpt Allows 6: Repair Co-ordination 7: Fost Repair Inspection 8: DV / Collect Excess Coor (N11): TP (N::a INC) again	dination Strike S	310 225 35 20 30	
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1-71 42

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 witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

aroresaid,	
STATE AND LOSS SHOWN IN COLUMN	ACCIDENT STATEMENT
Date Of Report	20/01/2020 17:06
Date Of Accident	20/01/2020 14:15
Exact Location Of Accident	ALJUNIED FLYOVER
Country/State of Loss	SINGAPORE
No. of the Control of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU8279G
Insured/Policyholder	
Name Of Registered Owner	JIZMUNDO DEXTER JR ARMEA
Passport No/FIN	GXXXX971U

Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-91697541

 Alternative Phone No
 OFFICE-91697541

Vehicle Particulars

Manufacturer VOLKSWAGEN

Model NEW GOLF 1.4 AT 5K13G5

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 HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5111299387

Cover Note Number

Driver

Name of Driver JIZMUNDO DEXTER JR ARMEA

 Passport No/FIN
 GXXXX971U

 Date Of Birth
 30/06/1979

 Occupation
 OUTDOOR

 Date Of Driving Pass
 20/10/2012

Driving Experience 7 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91697541

Fax Number

Contact Number OFFICE-91697541

EMail Address NOEMAIL

BLK 603 ANG MO KIO AVENUE 5 Address

#10-2683

Postcode 560603

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO 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

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 SLS2042Z

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver ERIC TEO YEW CHOON

NRIC/Passport Number SXXXX393G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGA2828C

Page 2 of 14

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBC8230K

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

YES

Name JIZMUNDO DEXTER JR ARMEA

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SJU8279G

Were seat belts worn?
Was this injured conveyed to hospital by

ambulance?

to nospital by NO

Address Postcode

Page 3 of 14

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.
- 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)
 - (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.:

Stoken Not believed at

Policyholder's Signature Date & Time:

Substitute of the substitute of the

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date: 20 Jan 2020 (DD	D/MM/YY) Time: /4/5	(HH:MM)
	2	3. 1

Details of vehicle

Vehicle registration number	SJU 8279G
Vehicle make and model	Voltowagen Golf MKG
Type of vehicle	Saloon MPV CRV Van CLorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	Asvorte
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only

Insurance information

MTUC		
omprehensive p	Third party fire & theft n	TP only
	omprehensive p	

Insured / Policy holder

Name	Tramundo Dexler JR Armea	Male & Female
NRIC / Fin / Passport number	961238714	maic b
Contact	9169 7541	
Address	603 Any No Wo Avenue 5 410-2683 Sonfapore 560603	

Driver

Same as insured above (skip to D.O.B)

Name	Male a	Female
NRIC / Fin / Passport number	Tride a	T CITICIC D
Contact		
Address		
Email address	davituzmunco@ YLHOO.COM	
Date of birth	30 Jun 1979	
Occupation	Indoor D Outdoor	
Driving date pass	20 Oct 2012	

General information of the accident

Was driver an employee of the insured's company?	Yes D No. 1 Replacement No. 2
Accident captured by camera?	The state of the s
Weather condition	Clear Raining Others:
Road surface	Dry D Wet a
No of passenger	
	(Inclusive of driv
Passenger 1	
Name	
Gender	Male Female
Passenger 2	
Name	
Gender	Male Female
Passenger 3	
Name	
Gender	Male Female
Passenger 4	- Tomaca
Name	- Charles
	Male Female
Name	
Name Gender Passenger 5	
Name Gender Passenger 5 Name	Male Female
Name Gender Passenger 5 Name	Male Female
Name Gender Passenger 5 Name Gender	Male Female
Name Gender Passenger 5 Name	Male Female
Name Gender Passenger 5 Name Gender Passenger 6	Male Female
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Name Passenger 5 Name Gender Passenger 6	Male Female Female Female Female
Name Passenger 5 Name Gender Passenger 6 Name Gender Other information	Male Female Female Female Female
Name Passenger 5 Name Gender Passenger 6 Name Gender Other information Was anybody injured?	Male Female
Name Passenger 5 Name Gender Passenger 6 Name Gender Other information Was anybody injured?	Male Female
Name Passenger 5 Name Gender Passenger 6 Name Gender Other information Was anybody injured? Was other vehicle damaged? Details of police action	Male Female

Third party vehicle 1 (B)

Name	Eric Teo Yew Choon
Contact number	
NRIC / Fin / Passport number	81708393G
Vehicle registration number	SLS 2042 7
Vehicle make model	

Third party vehicle 2 (c)

Name		
Contact number		11.11
NRIC / Fin / Passport number		
Vehicle registration number	8GA 2828 C	
Vehicle make model		

Third party vehicle 3 (0)

Name		
Contact number	- White of the state of the sta	
NRIC / Fin / Passport number		
Vehicle registration number	96C 8230 K	
Vehicle make model		

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1	
Name	
Name	
Witness 2	
Name	
Injured person 1	
Name	JIZMUNDO Perter It Armea
Injuries sustained	
Which vehicle person in?	Neck & back
Were seat belts worn?	934 82799 Yese No 0
Was injured conveyed to	Yes No No P
hospital by ambulance?	NO.
Name niuries sustained	
njuries sustained	
Which vehicle person in?	
Vere seat belts worn?	Yes D No D
Vas injured conveyed to ospital by ambulance?	Yes No No
Injured person 3	
ame	
juries sustained	
/hich vehicle person in?	
ere seat belts worn?	Yes D No D
as injured conveyed to ospital by ambulance?	Yes D No D
Injured person 4	
ime	
uries sustained	

No 🗆

No a

Yes 🗆

Yes 🗆

Which vehicle person in? Were seat belts worn?

Was injured conveyed to

hospital by ambulance?

Hello, NAC_PAYA_UBI_8	300601						· Change	Language	+ Chan	ge Password	· Log Ou
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	lo.				Date o	f Accident	2	0/01/2020 1	4:15	
	Vehicle	No.(For Motor)	SJU827	9G		Certific	cate Number	E			2
					E.	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NR1C	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5111299387		JIZMUNDO DEXTER JR ARMEA	G5183971U	GPC	drivo CLASSIC	S3U8279G	SJU8279G	25/07/2019	24/07/2020

Sequenc	e Date of Endorsement	En	dorsement	Туре	Endorsement	Status	Endorsement Content
₽ Endorse	ments						
Insured	Object: SJU8279G						
nit No.	10-2683	Related Number		5111299387			
ddress 4	SINGAPORE 560603	Address	Туре	Singapore address		ost Code	560603
ddress 1	BLK 603 #10-2683	Address	5 2	ANG MO KIO AVENU	JE 5	Address 3	YIO CHU KANG GREEN
Policyh	older Mailing Address						
ertificate nfo							
pen olicy Info							
lag	no.						
io- nsurance	No				GST Flag	Y	
gent	VV INSURANCE AGENCY PTE. LT		67913808		CCT Fire	2012	
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	25/07/2019	Effective Date	25/07/201	9 00:00	Expiry Date	24/07/2020	23:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 603 #10-2683 ANG MO KI	AVENUE 5 YE	O CHU KAN	IG GREEN SINGAPOR	E 560603		
Certificate No.		Hume			NRIC	001033710	
Policy No.	5111299387	Policyholder Name	JIZMUNDO	DEXTER JR ARMEA	Policyholde	G6183971U	

Strategories Stra	Claim Handling					
Section Sect	Accident MT/1081040					
Mary March Carlo March Ca	Policy No.	5111299387	Vehicle No.	\$3u8279G	GST Registration No.	
Minist Cold Residence Color For Part Color For Par	Certificate No.					
Control Fig. Minist Control Fig. Contro		JIZMUNDO DEXTER 38 ARMEA			Policyholder NR3C	G6183971U
Series S		PRIVATE CAR INSURANCE	Cover Type	STIVO CLASSIC	Loading	0
The		91697541	Contact No.(Office)	0	Contact No.(Home)	Ď.
Companies Comp			Special Remark		eCode	Trans.
## ACCOUNT MATERIAL STATE ST	KFK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
Marchen Marc		No	NCD Entitlement(%)	0	Private Hire	No
## Accidency Security Securit	Accident Details					
Section Control Cont	Report Date	20/01/2020 18:05	Accident Report Within 24 hrs	Yes	Accident Type	Chein Colfision
Content Cont	Date of Accident	20/01/2020	Time of Accident Nicmm	14:15	Country of Accident	Singapore
The First Principal Prin	Reporting Centre		Grange Force		ICM No.	100000
District Park Accident District Dist	Accident Location					
DESIGNATE Florests	Total Excess Applicable	le.				
## 150 DE FESTER	xcess Type	Per Accident	Windscreen Excess	100.00		
## 150 DE FESTER	Mark Synthesis in					
Command Comm				0.00		
March Marc		0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
## Manual Part		0				
SMETHING STATE		0.00	Total TP Excess Applicable	0.00		
19 19 19 19 19 19 19 19						
## STATE ST						
The opposition The				99999999.99		
## Registration No. ## COT Blanck Vertical ## COT Blanck ## COT Blanck Vertical ## COT Blanck Ver						
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Patery March Malifer				GST Status Verified	Yes	
Address 2						
### SUBMAPORE SINGLAP DE SINGLAP	Policyholder Halling A	ddress				
March Singapore Singapor	ddress 1	8LX 603 #10-2683	Address 2	ANG MO KID AVENUE S	Address 3	With the county design
### ### ### ### ### ### ### ### ### ##	ddress 4	SINGAPORE 560603				
## Part	Mt Na.	10-2663			Post Code	560603
Description	OI Driver Info			3111133307		
Description	river Name	ZIZMUNDO DEXTER IR ARMEA	Driver Type	Main Dover		
Driver Age 40 Driver Age 40 Driving Expension 7	nnamed driver Name				Driver DOB	2010611676
Material September 1 1997-14 Contact Nat. (Office) 0 Curriant No. (Native) 0	gater Date of Driver License	20/10/2012	Driver Age	40		
Address 2 BLK 602 Address 2 AND MO MO AVENUES ADdress 3 YIO CHI XANG GIEEN Misses 4 Address 1 Yee Shopore address Past Come 300003 In No. 10-2603 In No. 10-	ontact No. (Mobile)	91697541	Contact No.(Office)			72
Single Sold Sold Sold Sold Sold Sold Sold Sold	toress 1	BLK 603	Address 2			
and the control of th	ddress 4	SINGAPORE 560603	Address Type			
Direct Percise No. Direct Versicle No. Direct Ver	ng No.	10-2683			Print Code	360603
Contact No. Marked Date 1 Seve Submet Taken by Datkson Price A letter Technology (oed he own a Singapore	□ Yes ® No.	Oriver Vehicle No.		23/51/2000 00/2000 00/200	
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mant Type Claiment Type* Please Select ▼ Type of Beneate * Type of Bene				E11 18 23 20 C		-
Track Name *		Please Select U			TP Vehicle Number	51.520422
Imare Address im Description SIU8279G / SIS2042Z ON 20 Jan 2020 Insured Liability * Not at Fault Insured L	imant Name *			Priced Street		
Terred Workshop Contact Indured Liabrity * Not at Fault pure Finalisation Yes		2	THE PARTY OF THE P			
Terred Workshop Contact Indured Liabrity * Not at Fault pure Finalisation Yes	im Description	SJU8279G / SISSB42Z ON 20 Jan 2020			Name of Fire	_
Preferenced Repair Option Preferenced Workshop, Name unknown SIA report Received 20/01/2020 18:10	ferred Workshop Contact	21 20 20 20 20 20 20 20 20 20 20 20 20 20	Interest Construct	had at the in	Name of Preferred Workshop	
A Registered 20/03/2020 18:10 Claim Close Date Date Date Date Received 20/01/2020 00:00 Date Received 20/01/2020 Date	quire Finalisation	Iver 127				-
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