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Policy No: () Period: (Confirmed by : (Insured/Driver Liability: (%) [Note-Est. () Warranty:)	-
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Insured/Driver Liability: (%) [Note-Est. : Year of Registration: () Warranty:)	
Year of Registration: () Warranty:	Status (WO): N: 0-2	Time:)	
		20%; P: 21-79%. F: 80-1	00%]	
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() Total Loss Case : to e-mail Insurer URGE!		- 		
		Towing Co: (-)
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Remarks; (INC hotline: 6788 6616)		Date&Time Completed	Done b	y
Apply for Transport Allowance () / Courtesy C	ar ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$3000]	()	3.1		
Injury:			779 MARTIN T. 1. 1900	V 191 824
Date/Time Actions		A CONTRACTOR OF THE PARTY OF TH	KOMBORES.	
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timant's Particulars :-	2) DA : Damag	e Assessment (\$100); INC (\$8	ACCOUNT OF THE PERSON NAMED IN	
iver/Owner:	3) TF : Towing		\$120	
er dir O milet	5) FT : Follow-	Through Survey (Resurvey)	\$30	
		against INC Only (wef 10 Jan 2005	\$75	
ntact No:		to a Maria	- A T - A T	
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p. 12 45

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 03/02/2020 10:10

SINGAPORE ACCIDENT STATEMENT

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.
- 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.

Manual Company	ACCIDENT STATEMENT
Date Of Report	03/02/2020 10:02
Date Of Accident	22/01/2020 18:10
Exact Location Of Accident	TOH GUAN RD EAST OPP 7 TOH GUAN RD EAST
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBJ5945P
Insured/Policyholder	
Name Of Registered Owner	FAKHRUL AFFAN BIN MOHAMED SUHAIMI
NRIC No	SXXXX593D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92785454
Alternative Phone No	OFFICE-92785454
Vehicle Particulars	
Manufacturer	YAMAHA
Model	JUPITER MX (HC)
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5110299347
Cover Note Number	
Driver	
Name of Driver	FAKHRUL AFFAN BIN MOHAMED SUHAIMI
NRIC No	SXXXX593D

25/09/1998 Date Of Birth INDOOR Occupation 11/01/2017 Date Of Driving Pass

3 YEARS AND 0 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-92785454 Mobile Number

Fax Number

OFFICE-92785454 Contact Number

NOEMAIL **EMail Address**

BLK 243 BUKIT PANJANG RING ROAD Address

#02-179

670243 Postcode

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

COLLISION - MAJOR/MINOR RD Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

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 YES

ambulance?

YES

2

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

NO

1

If Yes, Please state which Police Station

TAMPINES NEIGHBOURHOOD POLICE CENTRE Police Station Name

ROAD: 6 TAMPINES AVE 4, POSTCODE: 529682, COUNTRY:

Police Station Address SINGAPORE

TEL NO: 1800-5871999 - FAX NO: 65871699 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200123/2131.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLM6925G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

1

DETAILS OF INJURED PERSON 1

Name FAKHRUL AFFAN BIN MOHAMED SUHAIMI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBJ5945P

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

KIBE CIRCUMSTA	NCES OF THE ACCIDENT	
	Pls refer To Pokce Report No: T/20200123/2131.	

DECLARATION

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

8

Policyholder's Signature

Date & Time:

Driver's Senture

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

BJ 5946 P. Model/Make Jamaka Jupiter. OI 2020 . BID HRS Bush Road East Opposite No. 7 Toh Guan Road Entrate Wood . April Affan B: 11 Mohamed Suhaimi T8-5454 Home: Office: BB 31 5930 ABB Buket Parting Ring Road #02-179(8)67024 THIRD PARTY REPORTING ONLY THIRD PARTY Third Party Fire Theft 10299347 BUSH Indoor COI 2017 Female COI 2017 Fire Fire
1810 HRS Guarn Road East, Opposite No. 7 Toh Guan Road Entered No. 10 Toh
Provide Used April Affan B:A Mohamed Suhaimi 78-5454 Home: Office: 8315930 243 Buket Parjang Ring Roud #02-179 (8) 67024 THIRD PARTY REPORTING ONLY THERD PARTY Third Party / Fire / Theft 10299347 Le LE Mo, Any Passengers: N-A. 109/1998 1 Indoor 101/2017 Female Home: Office: If yes, Reg No. ee, If no, state Owner Wet Other Lef Yes, Who?
Provide Used April Affan B:A Mohamed Suhaimi 78-5454 Home: Office: 8315930 243 Buket Parjang Ring Roud #02-179 (8) 67024 THIRD PARTY REPORTING ONLY THERD PARTY Third Party / Fire / Theft 10299347 Le LE Mo, Any Passengers: N-A. 109/1998 1 Indoor 101/2017 Female Home: Office: If yes, Reg No. ee, If no, state Owner Wet Other Lef Yes, Who?
78-5454 Home: Office: 831593D 243 Buket Rugary Rang Rand #02-179(8) 67024 THIRD PARTY REPORTING ONLY Thensive Third Party Third Party / Fire / Theft 10299347 Pelf No, Any Passengers: N-A. 109/1998 Third Party Office: If yes, Reg No. 100 State Owner Raining Other Wet Other Lif Yes, Who?
78-5454 Home: Office: 831-593-D WHAT Bulket languag Ring Rood #102-179(8) 67024 THIRD PARTY REPORTING ONLY THE PARTY Third Party / Fire / Theft 10-2-993-4-7 Peli No, Any Passengers: N-A. 109/1998. 101/2017 Female Home: Office: If yes, Reg No. 100, State Owner 101 Raining Other Wet Other 101 Home: Office:
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1 of 3

Report No. T/20200123/2131

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/01/2020 18:00			Vide Report No.: D/20200122/0080	Station Diary No.: 82		
Informa	nt's Partic	ulars				
Name of Informant: FAKHRUL AFFAN BIN MOHAMED SUHAIMI		Address: APT BLK 243 BUKIT PANJANG RING ROAD #02-179 SINGAPORE 670243				
ID Type / ID No.; NRIC NO / S9831593D		Contact No.: Home/Office: Mobile: 92785454				
Nationality: SINGAPORE CITIZEN		Email:				
Sex: Age: Date of Birth: Male 21 25/09/1998		Type of Informant: Rider				
Race: Malay		Language: Institution / School Na Singapore Polytechni				
Occupat	ion:		Driving Licence Information Class: 2B	ation: Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/01/2020 18:10	Type of Location Straight Road	
Lamp Post N	ROAD EAST 7 Toh Guan Road East	Road Surface:		Road Speed Limit:	
Weather: Clear		Dry			
				Traffic Volume: Heavy	
Traffic Flow: Two Way		LAME COLLEGE			

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
FBJ5945P	Motorcycle	YAMAHA	JUPITER MX (HC)	White Black	Slightly Damaged	0
SLM6925G	Car			Tampines	1000	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





2 of 3

Report No. T/20200123/2131

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ5945P	NTUC Income Insurance Co-Operative Limited	5110299347	10/06/2019	09/06/2020

Details of Perso	n Involved				MAN	
Any Pedestrian Ir	rvolved: No					
No. of Pedestrian	s Injured: NIL		Use of F	edestriar	Cross	ing: NA
Rider						
Name	FAKHRUL AFFAN E SUHAIMI	ID No	*	S9831593D		
Related Vehicle	FBJ5945P (Motorcycle)			Conta	ict No.	92785454
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class Drivin Licen Expiry	g	Class: 2B Date of Expiry: NIL
Date Treatment	22/01/2020		Date Di	scharge	22/01	/2020
	ted Medical Leave	03	Degree	of Injury	Sligh	t

Brief Details.

On the above mentioned date, time and location I was riding along Toh Guan Road East. One vehicle bearing registration number SLM6925G came out from the carpark on my left and hit on the left side of my motorcycle. I wish to state I fell to the right side of the road due to the collision. I also wish to state that I was injured and my motorcycle was damaged due to the collision. Subsequently, I was conveyed to hospital by ambulance.





3 of 3

Report No. T/20200123/2131

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

Tel No. 1800-307 1999

CONTINUATION OF REPORT

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NP168

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sr Staff Sgt MUHAMMAD HADIZ AMINURACID BIN JOHAR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/01/2020 18:00
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI Contact No.: 65476904	Classification Of Case:
Authentication Stamp	SIGNATURE



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)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5110299347

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: FBJ5945P

Chassis Number

: MH350C004DK684539

2. Name of Policyholder

3. Effective Date of Insurance

FAKHRUL AFFAN BIN MOHAMED SUHAIMI

: 10 Jun 2019

4. Expiry Date of Insurance

: 03 Aug 2020

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

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)

N/A

EXCESS (SECTION 2)

N/A

INSURE WITH COE

: N/A

NAMED DRIVER (1)

: FAKHRUL AFFAN BIN MOHAMED SUHAIMI

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: N/A

SUM INSURED

: N/A

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

: CHUA MONG YONG (00000602650)

Date of Issue

: 10 Jun 2019 14:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBaoTech	GeneralClain									lClaim	
Hello, NAC_PAYA_UBI_80	0601			The second second			• Change	Languag	e + Chan	ge Password	· Log Out
My Desktop	Polic	y Query									
Notice of Loss	Policy N	o.				Date of Accident		22/01/2020 1	18:10		
	Vehicle	No.(For Motor)	FB3594	5P		Certific	cate Number	- 1			
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5110299347		FAKHRUL AFFAN BIN MOHAMED SUHAIMI	S9831593D	GMC	Third Party	FB)5945F	FB35945P	10/06/2019	09/06/2020
						Continue	Į.				

olicy No.	5110299347	Policyholder Name	FAKHRUL A	FFAN BIN MOHAMED	Policyholder NRIC	S9831593D	
ertificate		de constant					
ddress	BLK 243 #02-179 BUKIT PAN.	IANG RING ROAL	SINGAPOR	E 670243			
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	10/06/2019	Effective Date	10/06/2019	9 00:00	Expiry Date	09/06/2020 2	3:59
xcess ype	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	TANG YINGJIE	Agent Tel.	90980019		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	nolder Mailing Address						
Address 1	BLK 243 #02-179	Addre	ss 2	BUKIT PANJANG RI	NG ROAD	Address 3	SINGAPORE 670243
Address 4		Addre	ss Type	Singapore address		Post Code	670243
Unit No.	02-179		Related Policy 5110299347 Number 5110299347				
	d Object: FBJ5945P						
) Insure	d Objecti i basas iai						
▶ Insure ♥ Endors							

Continue Cancel

laim Handling						
cident MT/1082554						
icy No.	5110299347	Vehicle No.	FB)594SP	GST Registration No.		
tificate No.						
licyholder Name	FAKHRUL AFFAN BIN MOHAMED SUHAIME			Policyholder NRIC	598315930	
oduct Code	MOTORCYCLE INSURANCE	Cover Type	Tryind Party	Loading	0	
ntact No.(Mobile)	92785454	Contact No.(Office)	0	Contact No.(Home)	0	
nail Address	, 44.00.000	Special Remark		eCode	= 0	
K	® No ○ Yes	TCA	® No ○Yes	eCode Reason		
	No	NCD Entitlement(%)	0	Private Hire	No.	
D Protection	NO.	reco contratrating rep	(E)			
Accident Details	Massaurace encreas	Accident Report Within 24 hrs.	Ves	Accident Type	Collision - Major Minor Road	
port Date	03/02/2020 10:13					
its of Accident	22/01/2020	Time of Accident hh:mm	18:10	Country of Accident	Singapore	
porting Centre		Orange Force		ICM No.		
cident Location	TOH GUAN RO EAST OPP 7 TOH GUAN RD B	AST				
7 Total Excess Applicable						
casa Type	Per Accident	Windscreen Excess				
Standard Excess	0.00	TP Standard Excess	0.00			
ED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered	
ditional Excess						
tal OD Excess Applicable	0.00	Total TP Excess Applicable	0.00			
Benefits						
GST Registered Informa	ation					
T Registered	No		GST Registration Date			
T Registration No.			GST Status Venfied	Yes		
odification History						
Policyholder Mailing Ad	dress					
ddress 1	BUK 243 #02-179	Address 2	BURIT PANJANG RING ROAD	Address 3	SINGAPORE 670243	
ddress 4		Address Type	Singapore address	Post Code	670243	
nit No.	02-179	Related Policy Number	5110299347			
OI Driver Info						
	FAKHRUL AFFAN BIN MOHAMED SUHAIMI	Driver Type	Main Driver			
river Name nnamed driver Name	THE PARK OF THE DISTRICT SECTION	Driver NR3C	S9831593D	Driver 005	25/09/1998	
egister Date of Driver License	11/01/2017	Driver Age	21	Driving Experience	3	
		Contact No.(Office)	0	Contact No.(Home)	0	
ontact No.(Mobile)	92785454			Address 3	SINGAPORE 670243	
ddress 1	BLK 243	Address 2	BURST PANSANG RING ROAD			
ddress 4		Address Type	Singapore address	Post Code	670243	
init No.	02+179					
oes he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company		
egistered car?						
eclaration						
treathelyser or Blood Test	0 mg	Any injury?	® Yes ○No			
eading?	15					
lodification History						
Claim 001 New						
CHAIN CO.						
			(1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		parameter	
taim Type *	ор-мк	Insured Name	FAXHRUL AFFAN BIN MOHAMED	Insured NR3C	S9831593D	
ontact No.(Mobile)	92785454	Contact No.(Home)		Contact No.(Office)		
mail Address	fakhrulaffan@gmail.com	Of Venicle Number	F835945P	TP Venicle Number	SLM6929G	
mail Address lamant Type Claimant Type •		Type of Benefit *	Please Select			
lamant Type Claimant Type * Samant Name *	Please Select >>	Claimant NAIC *				
laimant Name *	22					
	FB)5945P / SLM6925G ON 22 Jan 2020			Name of Preferred Workshop		
laim Description referred Workshop Contact	- L/3393F / SU/199239 UN 22 JBN 2020	2002	No. of Earth		No.	
referred Workshop Contact lo.		Insured Clability *	Not at Fault			
equire Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown		Received	
ate Registered	03/02/2020 10:15	Claim Close Date		Date Received	03/02/2020 00:00	
eport Taken By	Jackson					
Print AK letter						
THE PARTETION						
			Save Submit			
Attachment						
1000						
9						
Accident No.	MT/1082554	Claim No.	001			
ast Doc. Received	® Yes ○ No.	Upload Date	03/02/2020 10:17			
AND MAKE THE PARTY OF THE PARTY			Category *	Confidential Urge	ency + Descripti	
	Path *			V Normal	100 miles	
		Brows		CONTRACTOR OF THE PARTY OF THE		
		Brows	manual manual .	V Normal		
		Brows	e Clear Please Select	▼ Normal		
		Brows	e Cear Please Select	▼ Normal	V	
		Brows		V Normal	<u> </u>	
		L/OWS	Coar Diago Splert	V Normal		

