	TO BETTTEON	MNANOU ITS91		_
Date In: 31/20-19,37	Jeb description	Date & Time Completed	Done	by
Res No: 49) NC 20018 17 /24	SAS e-filing			
Veh No: SLITTIGE	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 7/2 - 01:35	i-Motor Claim Form	10047628011cm	3/2/20	10
	i-Motor W/O (Within: OD			
OD (TP) ! Reporting Only	i-Photo Uploaded			Signal.
TD Income	Assessment/Survey Repor	t		
TP Insurer:	Ass't Report by Fax / Han	nd to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tol: F	ax:	
TP Particulars: Veh No: SkR	JIOYA INC	()/Non-INC().		
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%. F: 80-1	100%]	-
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,	,000()/\$2,000()			_
Remarks: (INC hodline: 6788 6616) 1) Apply for Transport Allowance ()/	Courtesy Car ()	Date&Time Completed	Actaba I A	by
Contraction of the Contraction o	()		Particians.	
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	()		Ant (S)	Air
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	() \$3000] () Invoice P	Preparation Checklist	fitBill	Air
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Claimant's Particulars:-	() \$3000] () Invoice P 1) AR: Accident (2) DA: Dam	Preparation Checklist dent Reporting (\$30); age Assessment (\$100); INC (\$	fitBill	An
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	() \$3000] () Invoice P 1) AR: Acci 2) DA: Dam 3) TF: Towi 4) FT: Follo	Preparation Checklist dent Reporting (530); age Assessment (5100); INC (5 ng Fee S4 w-Through Survey	fst Bill 80) 0/\$45 \$120	An
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1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	Invoice P 1) AR : Acci 2) DA : Dam 3) TF : Towi 4) FT : Follo 5) FT : Follo For claim; 6) TR : Re-in 7) N1 : Idao 3 8) NTUC Ad OD * N5: Cour * N6: Reps * N7: Fost * N8: DV / * N	reparation Checkdist dent Reporting (\$30); age Assessment (\$100); INC (\$ ng Fee \$4 w-Through Survey w-Through Survey (Resurvey) hig against INC Only (wef 10 Jan 200) ispection DA + SMRT Survey iditional Services: ticsy Car / Tpt Allowance iir Co-ordination Repair Inspection Collect Excess Coordination : TP (N:in INC) against INC Mobile	56 Bill 80) 00/\$45 \$120 \$30 \$575 \$160 \$55 \$10 \$25 \$25 \$20 \$30	An

1.11 65

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.

aloresalu,	
· · · · · · · · · · · · · · · · · · ·	ACCIDENT STATEMENT
Date Of Report	03/02/2020 19:33
Date Of Accident	02/02/2020 01:35
Exact Location Of Accident	BLK 138 TAMAN JURONG CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL1509M
Insured/Policyholder	
Name Of Registered Owner	GOH CHIN HENG
NRIC No	SXXXX402G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96793290
Alternative Phone No	OFFICE-96793290
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112632091
Cover Note Number	
Driver	
Name of Driver	GOH CHIN HENG
NRIC No	SXXXX402G
Date Of Birth	08/01/1964

OUTDOOR Occupation Date Of Driving Pass 24/01/2003

17 YEARS AND 0 MONTHS **Driving Experience**

Gender MALE

(LOCAL) +65-96793290 Mobile Number

Fax Number

OFFICE-96793290 Contact Number

EMail Address NOEMAIL

BLK 425 JURONG WEST AVENUE 1 Address

#01-382

640425 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

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

YES

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

4 Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : MALE

Passenger 2

NAME:

. -

GENDER: : FEMALE

Passenger 3

NAME:

GENDER: : FEMALE

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

SKR7109A

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)

SKETCH PLAN

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.
- 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.
- 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
- 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 personal Information of Information 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)
 - 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.

C.

Policyholder's Signature

Date & Time:

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

Reporting Centre Personner's Signature

NRIC/FIN No.:

SKETCH PLAN				
				2KRT109A-B SLL1509M-A
		BCK 138 CA	I D R ZARK	
PUNIORY AND THE	NG ACON	H CAR DARK R	X	FAH B RAMP UP TO AND HIT ONTO MY UZ
ECLARATION		1.7771		
We declare the foregoing parti		in every respect.		eporting Centre Personnel's Signature

Date & Time:

(If driver is not the policyholder) Date & Time:

Name:

NRIC/FIN No.:

	ACCIDENT REPORT
VEHICLE NO :	SLL1509M MAKE/MODEL: HOLDA
DATE OF ACCIDENT	0Z 1 02 12019 2020
TIME OF ACCIDENT	0/35 AM/PM
LOCATION OF ACCIDENT	CAMAN JEIRONY BLK 138
EXACT PURPOSE USE DURING ACCIDENT	
NAME OF OWNER	MR/MRS/MDM/MS GOH CHIN HEALG
CONTACT NO	96793290
NRIC	8163240261
CLAIM TYPE:	OD / THIRD PART) REPORTING ONLY
INSURANCE COMPANY	4-TUC
TYPE OF COVERAGE	COMPREHNSIVE) THIRD PARTY THIRD PARTY FIRE & THEFT
POLICY NO:	5112632091
NAME OF DRIVER	AS ABOVE) IF NOT:
ANY PASSENGERS	FEMALE / MALE (M)
NRIC	I LIVIALE / WALE / W
DATE OF BIRTH	08-01-1964
OCCUPATION	QUTDOOR)/ INDOOR
DRIVING PASS DATE	24 JAN 2003
GENDER	MALED FEMALE
CONTACT NO	OFFICE: HOME:
ADDRESS	BUC 425 FURONO WISTAUZI #01-382 SE40425
DRIVER HAVE ANY OWN VEHICLE	NO / IF YES: VEHICLE REGISTRATION NO:
RELATIONSHIP WITH VEHICLE OWNER	EMPLOYEE LOTHERS: OWN WR
WEATHER CONDITION	CLEAR / RAINING / OTHER:
ROAD SURFACE	DRY / WET / OTHER:
ANY INJURIES	(NO / IF YES: (WHO?)
CONTACT NO:	IF YES: (WHO?)
POLICE REPORTING	NO / IF YES: (WHERE?)
VEHICLE B	SKRTIO9A
ANY PASSENGERS	FEMALE / MALECACADONO:
NAME	TEMPLE / WALLES
CONTACT NO	
VEHICLE C	ANY PASSENGERS: FEMALE / MALE NO:
VEHICLE D	FEMALE / MALE NO:
VEHICLE E	FEMALE / MALE NO:
VEHICLE F	FEMALE / MALE NO:
ANY WITNESS	
NAME	
WITNESS CONTACT	
Have you been approach by unknown person s	oliciting/offering accident claim assistance? YES / NO
WORK SHOP PARTICULARS	HUP SOON BATTERIES AUTO & SERVICES
CONTACT NO	65381368/6747 2755
CONTACT PERSON	ALEX/JUN HAN/CONNIE
FAX NO	6746 5922
EMAIL ADDRESS	HUPSOON238@YAHOO.COM



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5112632091

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

: SLL1509M

Chassis Number

: RU11209480

2. Name of Policyholder

: GOH CHIN HENG

3. Effective Date of Insurance

14.5-- 2010

A Finis D to 61

: 14 Sep 2019

Expiry Date of Insurance

: 13 Sep 2020

Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

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)

: S\$600

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: \$\$100

ADDITIONAL EXCESS

: N/A : PLEASE REFER OVERLEAF

UNNAMED DRIVER EXCESS
REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

: YES

NCD PROTECTION

· NO

TRANSPORT ALLOWANS

: NO

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

NO

PRIMARY DRIVER

: GOH CHIN HENG

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

N/A

HIRE PURCHASE COMPANY

: SKL AUTOMOBILE PTE. LTD.

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: SKL AUTOMOBILE PTE. LTD. (00000573317)

Date of Issue

: 13 Sep 2019 16:31 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



Policy No.	5112632091	Policyholder Name	GOH CHIN	HENG	Policyholder NRIC	S1632402G	
Certificate No.							
Address	BLK 425 #01-382 JURONG WE	ST AVENUE 1 S	INGAPORE 6	540425			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	13/09/2019	Effective Date	14/09/2019	9 00:00	Expiry Date	13/09/2020	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Your	ng/Inexperience Driver Excess
Agent	SKL AUTOMOBILE PTE. LTD.	Agent Tel.	64658811		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Info	older Mailing Address						
info Policyh	older Mailing Address BLK 425 #01-382	Addre	ss 2	JURONG WEST AVE	NUE 1	Address 3	SINGAPORE 640425
Info Policyh Address 1	CONTROL SECURIO		ss 2 ss Type	JURONG WEST AVE	COLUMN TO THE	Address 3 Post Code	SINGAPORE 640425 640425
Info Policyh Address 1 Address 4	CONTROL SECURIO	Addre	ss Type ed Policy		COLUMN TO THE		
Info Policyh Address 1 Address 4 Unit No.	CONTROL SECURIO	Addre Relate	ss Type ed Policy	Singapore address	COLUMN TO THE		
Info Policyh Address 1 Address 4 Unit No.	BLK 425 #01-382 d Object: SLL1509M	Addre Relate	ss Type ed Policy	Singapore address	COLUMN TO THE		
Info Policyh Address 1 Address 4 Unit No. Insurer	BLK 425 #01-382 d Object: SLL1509M ements	Addre Relate Numb	ss Type ed Policy	Singapore address 5112632091	COLUMN TO THE	Post Code	
nfo Policyh Address 1 Address 4 Unit No. Insurer	BLK 425 #01-382 d Object: SLL1509M ements	Addre Relate Numb	ss Type ed Policy er	Singapore address 5112632091 t Type	Endorsement	Post Code	640425

Section Sec	Claim Handling					
Marches Mar	Accident MT/1082724					
Mary	Policy No.	5112632091	Vehicle No.	SLL1509M	GST Registration No.	
Montange	Certificate No.					
March March March March March March March March March March March March March March March March March March	Policyholder Name	GOH CHIN HENG			Policyholder NRIC	51632402G
Substitute Sub	Product Code	PRIVATE CAR INSURANCE	Cover Type	sinve QLASSIC	Loading	0
March Mar	Contact No.(Mobile)	96793290	Contact No.(Office)	0	Contact No.(Home)	0
March Marc	Email Address		Special Remark		@Code	Ti v
## Modern Registry Modern Registry Name 15 mg 1	(P)C	® No ○ Yes	TEA	® No ☐ Yes	eCode Reston	
March Marc	NCD Protection	No	NCD Entitlement(%)	40	Private Hire	No
The part of Augment Septiment Septim	 Accident Details 					
Marches Delta March Ma	Report Date	03/02/2020 19:35	Academ Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Water 1998 200 2	Date of Accident	02/02/2020	Time of Accident Inhumm	01:35		Singapore
### ALCOHOLOUS 100 00	Reporting Centre		Grange Force		ICM No.	
Part	Accident Location	BLK 138 TAMAN JURONG CARPARK				
00 Control Coates 600,00 79 Standard Eurose 0.00 0.00 0.000	▼ Total Excess Applicable					
100 Discuss 0.00 1700 TP Excess 0.00	Excess Type	Per Accident	Windscreen Excess	100,00		
100 Discuss 0.00 1700 TP Excess 0.00	NO Shandard Evenes	00.00	TP Standard Excess	0.00		
March Common Co					Driver is Covered?	Covered
March Marc			, 11 E			
## 2007 ST PASSING STREAMS			Total TP Excess Applicable	0.00		
Management Man	♥ Renefits					
Management Man		ation				
Station was not provided by Stat				GST Registration Date		
## Parkywhoter Halling Address	ST Registration No.			GST Status Verified	Yes	
Marches March Ma	fedification History					
Marches March Ma						
Address Type	→ Policyholder Halling Ad					
Mean Date Mean	Address 1	BLK 425 #01-382				
Part Table	Apdress +				Post Code	640425
Direct Name Cont Critis (MSQ)	unit No.		Related Policy Number	5112632091		
Design Name of Priver Name 2401/2003 Design Name Second Priver Locate 2401/2003 Design Name Second Priver Name Design			0.00	200120103		
Driver Description Driver		GOH CHIN HENG			Driver DOB	08/01/1964
Content No. (Notice) 93792290		24/0-/202				
Moress 1						
Adjoess Type Singapore actives Past Code Od435 And No. Diver Vehicle No.						
Driver Sequence (and No. 0)-982 The New York No. 0 One or vehicle No. 0 One or vehic		BLK 425				
Driver Joseph No una 3 Singlapers Yes (€ No		01.782	Production (April		HOATCH SEC.	
Prince As	Does he own a Singapore		Datuer transcia No.		Oriver Inquirer Company	
Any injury OD-HX	Registered car ⁵	C) Fee (g) No.	Office Ventue No.			
Any injury OD-HX	Declaration					
Color New Color New Color New Color Color Color Color Color Color Color Colo	Breathalyser or Blood Test	0 ma	Any intury?	○ Yes ® No		
Claim 001 New Command Type * CO-MX V	Reading?	10000	35.000 (00.000 A)	074.00074.000		
Claim 001 New Command Type * CO-MX V						
Command Type * Command Name Co	Modification History					
Command Type * Command Name Co	Claim 001 New					
Contact No. (Mobile) 96793290 Centact No. (Horne) 95951005 Contact No. (JOffice) Email Address Scient Type Claimant Type Claiman	SALAMAN SALAMA					
Contact No. (Mobile) 96793290 Centact No. (Horne) 95951005 Contact No. (JOffice) Email Address Scient Type Claimant Type Claiman				(50000000000000000000000000000000000000	T SUPPLIES	
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Darmant Type Clasmac Type Plasas Select Variety of Benefit Plasas Select Variety Name Clasmant Name Select Variety Name Variety Name Variety Name Clasmant Name Select Variety Name Variety Name Variety Name Clasmant Name Select Variety Name Var	Contact No.(Mobile)					CADANDA
Clarmant Name * SECLISTION / SKR7100A CN 2 F6D 2020 Preferred Workshop Context Insured Lability * Not at Fault Ver Preferred Workshop Context Not at Fault Ver Preferred Workshop Context Not at Fault Ver Preferred Workshop Name unknown V GJA report Received 03/02/2020 19:42 Claim Close Date Save Subme Attachment Attachment Price Accident No. MIT/1082724 Claim No. D01 Last Doc. Received Peace Select V V Normal V Profit of Source Select V Normal V Browse Clear Please Select V Normal V Browse Clear Please Select V Normal V Name of Preferred Workshop Accident No. D01 Carr Please Select V Normal V Normal V Normal V Browse Clear Please Select V Normal V Normal V Browse Clear Please Select V Normal V Normal V Normal V Normal V Browse Clear Please Select V Normal V Normal V	Emeil Address	Name of the Owner, which the Owner, whic		Control of the contro	TP Venide Number	akk/10WA
Dame Accident No. MT/J082724 Claim No. 001 Accident No. MT/J082724 Claim No. 003 Accident No. MT/J082724 Claim No. 003 Browse Cear Please Select V Normal V				,		
SELENDEN	Clamant Address	122	A CONTROL OF THE PARTY OF			
Insured Liability * Non at Fault ▼ Preference Repair Option Preferred Workshop, Name unknown ▼ GIA report Received ▼ Date Received 03/02/2020 19:42 Claim Close Date Date Received 03/02/2020 00:00 □ Report Taken By Jackson ### Print Akt letter Save Submit	Claim Description	SLL1509M / SKR7109A ON 2 Feb 2020			Name of Preferred Workshop	
No. Require Finalisation Yes Preferend Repair Option Preferred Workshop, Name unknown Date Received Date	Preferred Workshop Contact		Insured Liability *	Not at Fault		
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