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|--|------------------------------------|--|--|----------------------|---------------|-----------|
| NATIONAL Assessment Centr | e Services. Ime | 1 Jan'05] M K | AIV WONG OF | | Done by | |
| Date In: 18/12-14:15 | Jeb description | . | Date & Time Compl | eted | Done o. | |
| | SAS e-filing | | İ | | | |
| Veh No: LIADINGTONNA 64/74 | E-mail (within 8hrs, | AIC 2hrs) | | | | |
| CALVICTAL STATE | i-Motor Claim F | orm | m 1084827-0 | 1 war | to In: | } |
| D.O.A: 17/12-14:35 | i-Motor W/O (W | ithin: OD 2hrs, | TP 4brs) | | | |
| OD TP Reporting Only | i-Photo Uploade | | 1 | | | |
| | Assessment/Surve | y Report | | | | |
| TP Insurer: | Ass't Report by F | ax / Hand to | Owner/Wksp | | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | | Tel: | Fax: | |) |
| TP Particulars: Veh No: | July . | . INC(|)/Non-INC(|), . | | |
| Owner / Driver: (| 11467 | | Tel: | |) | |
| | eriod: (|) | Cover Type: (| |) | |
| Co-Count by (| | Date: | Time: | |) | |
| Insured/Driver Liability: (%) | [Note-Est. Status (WO |): N: 0-2 | 0%; P: 21-79%. | P: 30-100%] | | |
| | | /NO(|) | | | |
| Year of Registration. (| |) | | | | |
| Excess: (\$) Loading: \$1, General Remarks:- | | | | A Zassalan | 911. | |
| General Remarks: () Walk-In Customer: Customer's inf | formation strictly Confid | tential & St | rictly NO refer of re | pairer. | | |
| () Walk-In Customer: Customers in | ver LIRCENTLY. | | | | | |
| () Total Loss Case : to e-mail Insu | | ():T | owing Co: (| V. | |) |
| Darre III () | | (, , | | * (PT&K* 2.7%) | Doneb | |
| Remarks: (INC hotline: 6788 6616) | | 1 | Date&Timb Com | re out year | (Lyono, | , |
| 1) Apply for Transport Allowance ()/ | Courtesy Car () | | | | | |
| 2) QC Check / Post Repair Inspection | () | | | | | |
| 3) Upload Resurvey Photo [Repair Cost > | \$3000] () | the state of the s | | | | |
| | | | | | | |
| Injury: | | 12002105166 | - F - F - F | | CONTRACT | . 04, 27. |
| Date/Lime Actions | 34-1 pt | Kon et Konstiat | | 288,3,70725,41262 | | |
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| | War and the second | | | | 15-11 | |
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| + | | | 200 | | Anit (\$) | Amt (3) |
| H-2-011363 | Ex. | \$100.70E0008888980A3 | eparation Checkli | st | The Bill | Add Bill |
| Ma201339". | | 1) AR : Accide | nt Reporting (530); c Assessment (5100); | INC (\$80) | | |
| laimant's Particulars :- | | 3) TF : Towing | Fee | \$40/\$45 \$120 | | |
| river/Owner: | | el 1999 - 17. Hans | Through Survey Through Survey (Resurv | (cy) \$30 | | |
| ontact No: | | For claiming | against INC Only (wel | 10 Jan 2005) \$75 | | |
| Partien. | | 6) TR : Re-ins | A + SMRT Survey | · \$160 | | |
| amaged Portion: | | 8) NTUC Add | itional Services:- | | - | |
| | | OD* | csy Car / Tpt Allowance | \$5 | | |
| C Checked by (Engr-In-Charge): | - trace out the second | • N6: Repai | r Co-ordination | \$10 \$25 | | |
| | | * N7: Fost F | Repair Inspection Collect Excess Coordinat | ion S: | 5 | |
| Auditors: Comments :- | Selection and and an artistica and | TP (N11): | TP (Non INC) against IN | IC \$20 | - | • |
| at. 1: | | 9) N12: Idac ! Invoice dated | Mobile | ee Charged | Control value | |
| at. 2/3; | All I | Invoice dated | | ee Charged | SEUN | L |

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. | |
|--|--|
| | ACCIDENT STATEMENT |
| Date Of Report | 18/02/2020 14:16 |
| Date Of Accident | 17/02/2020 16:35 |
| Exact Location Of Accident | JUNC HOUGANG AVE 3 & TAMPINES RD |
| Country/State of Loss | SINGAPORE |
| D | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SMR1488X |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN XI QIANG SAMUEL |
| NRIC No | SXXXX962J |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91017161 |
| Alternative Phone No | OFFICE-91017161 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | SHUTTLE 1.5G CVT SENSING |
| 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 | 5114982496 |
| Cover Note Number | |
| Driver | |
| Name of Driver | TAN XI QIANG, SAMUEL |
| | |

SXXXX962J NRIC No 27/09/1985 Date Of Birth INDOOR Occupation 04/11/2009 Date Of Driving Pass

10 YEARS AND 3 MONTHS Driving Experience

Gender

(LOCAL) +65-91017161 Mobile Number

Fax Number

OFFICE-91017161 Contact Number

NOEMAIL **EMail Address**

Address BLK 673B EDGEFIELD PLAINS

#10-619

Postcode 822673

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

Type Of Accident COLLISION - CROSS JUNCTION

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 NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

NO 3

Number of Passengers (Including Driver)

Passenger 1

NAME:

: KOH SU KHING

GENDER: : FEMALE

Passenger 2

NAME:

: TAN JIE EN JAEDEUS

GENDER: : MALE

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 FBH146Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

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.
- 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.
- 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)

l understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- 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 Personner's Signature

Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| | Dn | true | ctated | date | A | fime | , I, V | ehicle | ¥; (| MR1488X, |
|-------|-------|-------|----------|--------|----|------|----------------|----------|-----------------|-----------|
| was | trave | lling | svaignt | alon | 9 | tne | state | l veni | 16. H | was |
| greet | n 111 | my | favour | and | 1 | pro | ceede | d sno | ignt. | Suddenly |
| vehic | le B | , FB | H1464 , | turru | ed | and | hit | onto | my | vehicle's |
| front | por- | tion. | | | | | | | | |
| | | m | n pacser | ngers: | Na | me) | Koh S 88507 | du Khina |) | |
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| | | | 1.67. | | | | | | Area succession | |
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DECLARATION

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

Policyholder's Signetule

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

| ACCIDENT | ATE: (17. / 02 / 3 | 10201001 | MM/YYYY), | TIME:(_16- | 3+ HH:MM) |
|----------------------------|---|-------------|--------------|------------------|--------------------|
| LOCATION: | itymul | on ct | Hougana | Ave 3 | x Tampine |
| a)VE | ILS OF VEHICLE HICLE NUMBER: | SMR141 | 38X | | Day of Free La |
| c)PO d)PO | LICY NUMBER: | HENSIVE / T | Mullit. | | |
| g)VE | E:(SALOON / COUPE HICLE CATEGORY: (PR | CCIDENT T | MMERCIAL | PHYATE | CLE |
| IF NO | YOU CLAIMING UND D, PLEASE STATE (THIR | D FARTY CI | LAIM / REP.C | RTING ONLY | 7 |
| 2. INSUR A)NAI b)NRI | ME: TAN Y | Giana. | samuel | (MAI | 1017161 |
| | TINUE TO 3.d IF DRIV | | | | |
| 14 No of pasponas DRIVE | 8 | | | | E / FEMALE) |
| (Induding driver) b) NRK | C/FIN/PASSPORT: | | | CONTACT:_ | FIRM ENGINE |
| I female & passeryer | TE OF BIRTH: (27 / | 09/1985 | (DD/MM | /****) | |
| #11## 4 B | CUPATION: (INDOOR | DIENICE: | | COMPANY | 2 NES YOU |
| IF NO. | RIVER AN EMPLOYI RELATIONSHIP OF | PHE DKTA | EK AATIU TI | ASUKED | owhere |
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| 6. WAS A | NYBODY INJURED (YE | 5/19) | | Secretary States | ent for the second |
| IF YES | PLEASE STATE WHIC | H POLICE S | TATION: | | |
| * | HICLE NUMBER: | 7BH 146 | ¥N | ODEL: | |
| Induding driver) b) DR | IVER'S NAME: | | | CONTACT:_ | |
| COS.) MINIS THIRD P. | ARTY VEHICLE | | | ODEL: | |
| tho of passenger el DRI | HICLE NUMBER: | | | | orales a Per |
| Including driver) fi NRI | C/FIN/PASSPORT: | | | ONTACT: | |
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email =

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|-------------------------|------------------------------------|------------|-----------------------|------------------------|----------------------|-------------------------------------|--|----------------|-------------------|------------------|-------------|
| My Desktop | Policy Query | | | | | · Change Language · Change Password | | | | | Logo |
| Notice of Loss | Policy No. Vehicle No.(For Motor) | | | SMR1488X | | | Date of Accident Certificate Number | | 17/02/2020 16:35 | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Search Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5114982496 | | TAN XI QIANG SAMUEL | S8531962) | GPC | drivo CLASSIC | SMR1488X | Charle Actions | 20/12/2019 | 19/12/2020 |

| Policy No. | 5114982496 | Policyholder | TAN XI OL | ANG SAMUEL | Policyholder | \$85319623 | |
|--|---|-----------------------------------|-----------------|---|----------------------|------------|--------------------------------|
| Certificate No. | | Name | | | NRIC | 303313023 | |
| Address | BLK 673B #10-619 EDGEFIELD # | PLAINS WATE | RWAY BANK | S SINGAPORE 82267 | 3 | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | | Group Policy Flag | N | |
| Policy issue Date | 18/12/2019 | Effective Date | 20/12/201 | 9 00:00 | Expiry Date | 19/12/2020 | 0 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 | | | You | ung/Inexperience Driver Excess |
| Agent Co- insurance | VV INSURANCE AGENCY PTE. L1 | Agent Tel. | 67913808 | | GST Flag | Y | |
| | | | | | | | |
| Open | | | | | | | |
| Flag Open Policy Info Certificate Info | | | | | | | |
| open Policy Info Certificate nfo | older Mailing Address | | | | | | |
| Open Policy Info Certificate Info Policyh | older Mailing Address BLK 673B #10-619 | Addre | ss 2 | EDGEFIELD PLAINS | | Address 3 | WATERWAY BANKS |
| Open Policy Info Certificate Info Policyh Address 1 | - medium englisher min in manyana | | ss 2 ss Type | EDGEFIELD PLAINS Singapore address | · · | Address 3 | WATERWAY BANKS 822673 |
| Open Policy Info Certificate Info Policyh Iddress 1 Iddress 4 | BLK 673B #10-619 | Addre | ss Type | I SPORT TOWN TO SERVE THE | · · | | |
| open Policy Info Certificate Info Policyh Inddress 1 Inddress 4 Init No. | BLK 673B #10-619 SINGAPORE 822673 | Addre Relate | ss Type | Singapore address | · · | | |
| Open Policy Info Certificate Info Policyh Inddress 1 Inddress 4 Init No. | BLK 673B #10-619 SINGAPORE 822673 #14-258 Object: SMR1488X | Addre Relate | ss Type | Singapore address | · · | | |
| Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. | BLK 673B #10-619 SINGAPORE 822673 #14-258 Object: SMR1488X | Addre Relate Numb | ss Type | Singapore address 5114982496 | · · | Post Code | |

| Private Color Private Col | | | |
|---|-------------|--|----------------------------|
| Control No. | 35,315,61 | | |
| TAN EQUARD ANNEL TAN EQUARD SAMEL TAN EQUARD | 5114982 | SMR1488X GST Registration | n No. |
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| 20 Prince Prin | 9101716 | | (1077) <u>22</u> |
| ### Accident Parties | 80 | | No C |
| ## Accident Speak ## Accident S | 1000000 | 100000000000000000000000000000000000000 | |
| Account Report Witten 24 ms 100 | NO |) O Private Hire | No |
| The of Account 17/02/2020 Time of Account Notions 33:35 Country of Account Singapor printing General Printing Account Singapor Delays Ferral Singapor Country of Account Singapor Country Of S | 10.000.000 | | |
| District Licenses District Process District P | | | Collision - Cross Junction |
| Part County Part Coun | 17/02/20 | :mm 16:35. Country of Acod | lent Singapore |
| Position Process 100.00 | GRAWNIAN | ICM No. | |
| Standard Excess | | | |
| District Screen | | | |
| CO O Design Coverage | | 100.00 | |
| Control Con | | 0.00 | |
| 1 | | 0.00 Driver is Coverer | d? Covered |
| P Searlies - OUT Tegrithed Information - Fagurers No OUT Tegrithed Information - Fagurers No OUT Tegrithed No OUT District No OUT Tegrithed No OUT District No P Local State 10-12 | | | 30 |
| Part | | licable 0.00 | |
| Registered No | | 9700 | |
| Registerior No. GOT Tributor Verified Yes | mation | | |
| Paticyholder Mailing Address | | GST Registration Date | |
| Policyholder Malling Address Intes 1 | | GST Status Verified Yes | |
| ### SUC 6728 # 10-619 ### A SURGANCIE 82877 | | | |
| ### 1 BUX 6728 # 10-619 Address 7pe | Address | | |
| ### ### ### ######################### | | EDGDETEI D. G. AFWE | |
| # 14-258 #sisted Policy Number \$11492496 #sisted Policy Number \$1492496 #sisted Policy P | | | WATERWAY BANKS |
| F OE Briver Tarlo TAN XI QIANG, SAMUEL Driver Type Main Driver S85339623 Driver DDS 27/99/15 Driver DD | | | 822673 |
| Driver Name Driver Name | Veltanki | 311702700 | |
| parker Date of Driver License Out of Driver Age Ocertact No. (Horms) Driver Age Driver Insurer Company Drive | TAN XI QI | Main Driver | |
| Diver Age 34 Driving Expenence 10 Driver Age 14 Driver Age 14 Driving Expenence 10 Driver Age 14 Dr | | 585319621 Driver DOB | 27/09/1985 |
| Address 2 EDGEFIELD PLAINES Address 3 WATENWAY Address 4 SINGAPORE 822673 Address Type Singapore address Post Code 822672 In 10-619 Driver Vehicle No. Driver Ve | e 04/11/200 | 34 Driving Experient | |
| Address Type Singapore address No. Driver Vehicle No. Driver Insurer Company No. 10-619 Driver Vehicle No. Driver Vehicle No. Driver Insurer Company | 91017161 | 0 Contact No. (Hom | e) 0 |
| I No. 10-619 as he earn a Singapore green of Signapore green of Signa | BLK 6738 | EDGEFIELD PLAINS Address 3 | WATERWAY BANKS |
| and the cours of Singapore gistered cas ¹⁹ Over 19 No Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Insurer Company Search of Singapore gistered cas ¹⁹ Omg Any Moury? Over ● No Any Moury? Over ● No Any Moury? Over ● No Insured Natic Search of Singapore Search of Sin | SINGAPOR | Singapore address Post Code | 822673 |
| Direct Vehicle No. Direct | 10-619 | | |
| Any injury? | O Yes ® | Driver Insurer Co | mpany |
| Any injury? | | | |
| Insured Nation Contact No. (Home) Insured Nation Contact No. (Home) Insured Nation Contact No. (Imsee) Insured Nation Insured | | | |
| Insured NR3C S8531962 Im Type * DO-MX | 0 mg | ○ Yes ® No | |
| In Type * DD-MX | | | |
| Im Type * DO-MX | | | |
| Im Type * DO-MX | | | |
| tack No. (Mobile) ### Submit #### Submit ################################### | | | |
| tact No. (Mobile) ### Samueltan.xp@gmail.com ### Ol Vehicle Number ### Swameltan.xp@gmail.com ### Ol Vehicle Number ### Please Select ### Old Swameltan.xp@gmail.com ### Not at Fault ### Not at Fault ### Not at Fault ### Workshop Coreact ### Insured Liability * Not at Fault ### Not at Fault ### Not at Fault ### Preferred Workshop, Name unknown ### GIA report ### Received ### Sagistaned ### Submit ### Save Submit ### Submit ### Save Submit ### Submit ### Corract No. (Office) ### Defect No. Not at Fault ### Submit ### Save Submit ### Submit ### Submit ### Save Submit ### Submit ### Save Submit ### Submit ### Submit ### Submit ### Save Submit ### Submit | | | |
| SMR1488X Samueltan.xq@gmail.com OI Vehicle Number SMR1488X TP Vehicle Number FBH166Y Type of Benefit * Fleave Select The accordance of Preferred Workshop * Name of Preferred Workshop * Nam | DD-MX | TAN XI QIANG SAMUEL Insured NRIC | 585319621 |
| all Address samueltan.xq@gmail.com OJ Vehicle Number SMR1488X TP Vehicle Number FBH346Y mant Type Claimant Type * Please Select | 91017161 | NIL Contact No.(Office | |
| mant Type Claimant Type * Please Select Y Type of Benefit * Flease Select Y | samueltan. | | |
| mant Address In Description SMR1488X / FBH146Y DN 17 Feb 2020 Arred Workshop Coreact Insured Liability * Not at Fault Freferred Workshop, Name unknown GA report. Received 18/02/2020 14:27 Claim Close Date Trackment Save Submit Save Submit Freferred No. MT/1084827 Claim No. 001 Upload Date 18/02/2020 14:28 | Please Seld | And the second s | 5070400 |
| SMR1488X / FBH146Y ON 17 Feb 2020 Name of Preferred Workshop | | | |
| Insured Workshop Coreact Insured Liability * Not at Fault Preferend Repair Option Registered Insured Liability * Not at Fault Preferend Repair Option Received Insured Liability * Not at Fault Preferend Workshop, Name unknown GSA report Received Insured Liability * Not at Fault Preferend Workshop, Name unknown GSA report Received Insured Liability * Not at Fault Preferend Repair Option Claim Close Date Date Received Taken By Price Received Taken By Price Received Taken By Save Submit Save Submit Save Submit Save Submit Doc. Raceived ® Yes O No Upload Date 18/02/2020 14:28 | | Mark Mark Mark Mark Mark Mark Mark Mark | |
| Insured Labority * Not at Fault V Preference Repair Option Preference Workshop, Name unknown V GSA report Received 18/02/2020 14:27 Claim Close Date Oute Received 18/02/2020 14:27 Print AK letter Save Submit Seek No. Mt/1084827 Claim No. 001 Doc. Received ® Yes O No Upload Date 18/02/2020 14:28 | SMR1488X | Name of Preferred | Workshop |
| Registered 18/02/2020 14:27 Claim Close Date Date Received 18/02/202 | | Not at Fault | |
| ort Taken By Deckson | Yes | Preferred Workshop, Name unknown V GIA report | Received |
| Print AK lecter Save Submit | | Date Received | 18/02/2020 00:00 |
| Save Submit Sub | Jackson | | |
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| William Co. | MT/10 | 001 | |
| Physical Control of the State o | ● Ye | 18/02/2020 14:28 | |
| | | Category * Confidential | Urgency • Description |
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| Browse. Dear Please Select V NO V Normal V | | | |
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| Browse Cear Please Select NO V Normal V | | | |

