NATIONAL Assessment Ce.		Date & Time Completed	Done by
Date In: 21/2 11:19	Jeb description	Date & Time completes	
Ref No: Na INC DOOR 15/24	SAS e-filing		
Veh No: GBF 4889 X	E-mail (within Shrs, AIC 2hr	s)	*
D.O.A :8/1/10-17:30	i-Motor Claim Form	M7/1087079-001	20/1/20 11:30
M 500 8000 91 7G	i-Motor W/O (Within: Of	2hrs, TP 4hrs)	
OD : TR ! Reporting Only	i-Photo Uploaded		
	Assessment/Survey Repo	rt	
TP Insurer:	Ass't Report by Fax / Ha	nd to Owner/Wksp	L
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:)
TP Particulars: Veh No: 5		C()/Non-INC().	· ·
Owner / Driver: (Tel:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. Status (WO): N:		-100%]
Year of Registration: () Warranty: YES ()/NO	()	
	\$1,000()/\$2,000()	Washington Co. Co. Co.	Marin Tolling
A MONTH OF THE PARTY OF THE WASHINGTON TO A MONTH OF THE PARTY OF THE	Section Course C		
() Walk-In Customer: Customer's	information strictly Confidential	& Strictly NO refer of repairer	<u>.</u>
() Total Loss Case : to e-mail Ir			
Drive-In ()/ Towed-In (); In	voice: YES () / NO ()	; Towing Co: (.)
Remarks;- (INC hotline: 6788 661	6).	Date&Time Completed	Done by
The state of the s) / Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost	>\$3000] ()		
	49 200		
Injury:		and or head state	KIND OF THE COURSE
Date/Time Actions	The Carting Co.		estasioans.
	3		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
. V-1	Invoice	Preparation Checklist	Anit (S) Amit (S)
MAZOBIAY .	CO. 210-20	cident Reporting (\$30);	Tit Bill Add Bill
laimant's Particulars:-	2) DA : De	mage Assessment (\$100); INC	
river/Owner:	3) TF : To	ving Fee low-Through Survey	\$120
	5) FT : Fol	low-Through Survey (Resurvey)	\$30
ontact No:	For clair 6) TR: Re	ning against INC Only (wef 10 Jan 20	\$75
amaged Portion:	7) N1 : Ide	o DA + SMRT Survey	\$160
	8) NTUC.	Additional Services:-	
C Checked by (Engr-In-Charge):	*N5: C	ourlesy Car / Tpt Allowance	\$5 510
		pair Co-ordination at Repair Inspection	\$25
uditors' Comments :-	•N8: D	V / Collect Excess Coordination	\$5
t. 1:		1): TP (Non INC) against INC	\$20 ·.
	9) N12: Id		ed all all all all all all all all all al
t 2/3;	Invoice de	The second secon	ed Parity

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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 <u>truthful and accurate</u> 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.	
Market and the second	ACCIDENT STATEMENT
Date Of Report	20/02/2020 11:19
Date Of Accident	08/02/2020 12:30
Exact Location Of Accident	CHANGI RD AFTER LOR 102 CHANGI
Country/State of Loss	SINGAPORE
D. D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF4889X
Insured/Policyholder	
Name Of Registered Owner	HARLINA BTE HARON
NRIC No	SXXXX956H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94508754
Alternative Phone No	OFFICE-94508754
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200 DX-2 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5086437635-03
Cover Note Number	
Driver	
Name of Driver	HARLINA BINTE HARON
NRIC No	SXXXX956H
Date Of Birth	12/02/1973

 NRIC No
 SXXXX956I

 Date Of Birth
 12/02/1973

 Occupation
 INDOOR

 Date Of Driving Pass
 08/10/1993

Driving Experience 26 YEARS AND 4 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-94508754

Fax Number

Contact Number OFFICE-94508754

EMail Address NOEMAIL

BLK 403 BEDOK NORTH AVENUE 3 Address

#10-237

460403 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

2

Was any body injured in the Accident?

NO

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

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS FRONT VEHICLE WAS STATIONARY STOPPED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B CAME OUT FROM MINOR RD AND HIT ONTO MY STATIONARY VEHICLE REAR RIGHT PORTION.

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SLT3681S

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

ARUNKUMAR MEIYAPPAN Name of Driver

SXXXX745I 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.
- 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)

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) 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:

varie.

NRIC/FIN No.:

Reporting Centre Personnel's Signature

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	tor	102	changi		A						~~
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			10	-						3-	6BF4889X 5173687S
				H							
				7							
				Changi 12 a							
				3							

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

noter to the	tement.	

DECLARATION

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

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.:

eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601		The second				• Change L	anguage	• Change	Password	+ Log Out
My Desktop	Policy Q	uery									
Notice of Loss	Policy No.					Date o	of Accident	08/	02/2020 12	:30	
	Vehicle No.(F	or Motor)	GBF488	19X		Certifi	cate Number				
					8	Search					
	Select Pol	icy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5086	437635- 03		HARLINA BTE HARON	S7303956H	GCV	Comprehensive	GBF4889X	GBF4889X	25/11/2019	24/11/2020
					C	ontinue	l)				

Policy No.	5086437635-03	Policyholder Name	HARLINA E	BTE HARON	Policyholder NRIC	S7303956H	
Certificate No.							
Address	BLK 403 #10-237 BEDOK NORTH	HAVENUE 3 S	INGAPORE	460403			
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy ssue Date	20/11/2019	Effective Date	25/11/201	9 00:00	Expiry Date	24/11/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	g/Inexperience Driver Excess
Agent	LOMEN INSURANCE AGENCY	Agent Tel.	NIL		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	nolder Mailing Address						
Address 1	BLK 403 #10-237	Addre	ss 2	BEDOK NORTH	AVENUE 3	Address 3	SINGAPORE 460403
		Addre	ss Type	Singapore add	ess	Post Code	460403
Address 4							
MARKE SI		Relati	ed Policy er	5086437635-0	3		
Unit No.	d Object: GBF4889X			5086437635-0	3		
Address 4 Unit No. Insure Endors				5086437635-0	3		

cident HT/1085079					
	5086437635-03	Vehicle No.	G8F4889X	GST Registration No.	
rtificate No.					
	HARLINA BTE HARON			Policyholder NR3C	\$7303956H
	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Leading	0
ntact No.(Mobile)	94508754	Contact No.(Office)	0	Contact No.(Home)	0
		Special Remark		eCode	N: V
nail Address	80	TCA	® No ⊜Yes	eCode Reason	Europe (
K	No ○Yes		Secretary and	Private Hire	No
CD Protection	No	NCD Entitlement(%)	20	Private rive	NG
P Accident Details					Mark Williams
sport Date	20/02/2020 11:29	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
ste of Accident	08/02/2020	Time of Accident hh:mm	12:30	Country of Acodent	Singapore
eporting Centre		Orange Force		ICM No.	
cident Location	CHANGERD AFTER LOR 102 CHANGE				
P Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100:00		
D Standard Excess	600.00	TP Standard Excess	0.00		
ED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
oditional Excess					
ital OD Excess Applicable	600.00	Total TP Excess Applicable			
7 Benefits					
GST Registered Informa	tion				
T Registered	No		GST Registration Date	3,4-11-1-1-1	
T Registration No.			GST Status Verified	Yes	
odification History					
Policyholder Mailing Add	dress				
ddress 1	BLK 403 #10-237	Address 2	BEDOK NORTH AVENUE 3	Address 3	SINGAPORE 460403
ddress 4		Address Type	Singapore address	Post Code	460403
nit No:		Related Policy Number	5086437635-03		
OI Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
nnamed driver Name	HARLINA BINTE HARON	Driver NRIC	SXXXX956H	Driver DOB	12/02/1973
egister Date of Driver License	08/10/1993	Driver Age	46	Driving Experience	26
ontact No.(Mobile)	94508754	Contact No.(Office)	0	Contact No.(Home)	0
odress 1	BUK 403	Address 2	BEDOK NORTH AVENUE 3	Address 3	RAINBOW VILLE
			Singapore address	Post Code	460403
ddress 4	SINGAPORE 460403	Address Type	Singapore austress	Fun Code	
init No.	10-237				
	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
oes he own a Singapore egistered car?		Change and anomaly and			
loes he own a Singapore registered car?		GP-01-02-1-02-02-02-02-02-02-02-02-02-02-02-02-02-			
egistered car?	196-100	301801000000			
egistered car? eclaration reathalyser or Blood Test	0 mg	Any injury?	() Yes ® No		
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egistered car? eclaration reathalyser or Blood Test	14-11-12-11-11-11-11-11-11-11-11-11-11-11-	To refer the control of	○ YES ® NO	17	
egistered car? Inclaration reathalyser or Blood Test eading? odification History	14-11-12-11-11-11-11-11-11-11-11-11-11-11-	To refer the control of	O ves ⊕ No		
egistered car? Inclaration reathalyser or Blood Test eading? odification History	14-11-12-11-11-11-11-11-11-11-11-11-11-11-	To refer the control of	O YES ® NO		
egistered car? Inclaration reathalyser or Blood Test eading? odification History	14-11-12-11-11-11-11-11-11-11-11-11-11-11-	To refer the control of	○ YES No		
egistered car? eclaration reathelyser or Blood Test eading? odification History Claim 001 Naw	omg	Any injury?		Insured NRIC	\$7303958H
eclaration resthalyser or Blood Test eading? odification History Claim 001 Naw	14-11-12-11-11-11-11-11-11-11-11-11-11-11-	Any injury? Insured Name	HARLINA STE HARCH		
related to the second se	omg	Any injury? Insured Name Contact No. (Home)	HARLINA GTE HARON	Contact No.(Office)	NIL
relation resthelyser or Blood Test eading? Claim 001 New Claim Type * ontact No. (Mobile) mail Address	О mg	Any injury? Insured Name Contact No. (Home) Of Vehicle Number	MARLINA STE HARCN NIL GDF4805X		
resthalyser or Blood Test reachalyser or Blood Test reachalyser or Blood Test reachaly odification History Claim 001 New saim Type * ontact No (Mobile) mail Address ismant Type Claimant Type *	Omg OD-MX Please Select	Any injury? Insured Name Consect No. (Home) Of Vehicle Number Type of Benefit +	HARLINA GTE HARON	Contact No.(Office)	NIL
resthayaer or Blood Test reading? odification History Claim 001 New ann Type * ontact No. (Mobile) mail Address lament Type Claimant Type * samant Name *	О mg	Any injury? Insured Name Contact No. (Home) Of Vehicle Number	MARLINA STE HARCN NIL GDF4805X	Contact No.(Office)	NIL
resthayser or Blood Test reading? oddication History Claim 001 New and Type * ontact No. (Mobile) mail Address lament Type Claimant Type * samant Name * lament Address	Omg OD-MX ✓ Please Select ✓ ≥≥	Any injury? Insured Name Consect No. (Home) Of Vehicle Number Type of Benefit +	MARLINA STE HARCN NIL GDF4805X	Contact No. (Office) TP Vehicle Number	NIL
resthalyser or Blood Test reachalyser or Blood Test reading? odification History Claim 001 Naw laim Type * ontact No. (Mobile) mail Address laimant Type Claimant Type * laimant Name * laimant Address laimant Address	Omg OD-MX Please Select	Any injury? Insured Name Consect No. (Home) Of Vehicle Number Type of Benefit +	MARLINA STE HARCN NIL GDF4805X	Contact No.(Office)	NIL
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restnaymen or Blood Test eading? Claim 001 New laim Type * ontact No. (Mobile) mail Address laimant Type Claimant Type * laimant Address laim Description referred Workshop Contact on equire Finalisation vale Registered	Omg OD-MX Please Select Please Select	Any Injury? Injured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Clarment NR3C * Injured Liability * Preferered Repair Option	MARLINA BTE HARCN NIL GBF4889X Please Select V	Contact No. (Office) TP vehicle Number	NIL SLT3681S Received
claration reachalyser or Blood Test reachaly	Omg OD-MX Please Select Please Select Please Select ≥≥ GBF4889X / SLT3681S ON 8 Feb 2020 Yes 20/02/2020 11:32	Any Injury? Injured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Clarment NR3C * Injured Liability * Preferered Repair Option	MARLINA BTE HARCN NIL GBF4889X Please Select V	Contact No. (Office) TP vehicle Number	NIL SLT3681S Received
claration reachalyser or Blood Test reachaly	Omg OD-MX Please Select Please Select Please Select ≥≥ GBF4889X / SLT3681S ON 8 Feb 2020 Yes 20/02/2020 11:32	Any Injury? Injured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Clarment NR3C * Injured Liability * Preferered Repair Option	MARLINA BTE HARCN NIL GBF4889X Please Select V	Contact No. (Office) TP vehicle Number	NIL SLT3681S Received
resthayser or Blood Test reachayser or Blood T	Omg OD-MX Please Select Please Select Please Select ≥≥ GBF4889X / SLT3681S ON 8 Feb 2020 Yes 20/02/2020 11:32	Any Injury? Injured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Clarment NR3C * Injured Liability * Preferered Repair Option	MARLINA BTE HARCN NIL GBF4889X Please Select V	Contact No. (Office) TP vehicle Number	NIL SLT3681S Received
resthayser or Blood Test reachayser or Blood T	Omg OD-MX Please Select Please Select Please Select ≥≥ GBF4889X / SLT3681S ON 8 Feb 2020 Yes 20/02/2020 11:32	Any Injury? Injured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Clarment NR3C * Injured Liability * Preferered Repair Option	PARLINA STE HARCH NIL GBF4889X Please Select Not at Fault Freferred Workshop, Name unknown	Contact No. (Office) TP vehicle Number	NIL SLT3681S Received
resthalyser or Blood Test reading? claim 001 New claim Type * contact No. (Mobile) mail Address laimant Type Claimant Type * laimant Address laim Description referred Workshop Contact on Registered eport Taken By Print AK better	Omg OD-MX Please Select Please Select Please Select ≥≥ GBF4889X / SLT3681S ON 8 Feb 2020 Yes 20/02/2020 11:32	Any Injury? Injured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Clarment NR3C * Injured Liability * Preferered Repair Option	PARLINA STE HARCH NIL GBF4889X Please Select Not at Fault Freferred Workshop, Name unknown	Contact No. (Office) TP vehicle Number	NIL SLT3681S Received
restration restration restrativer or Blood Test eading? Claim 001 New Claim 001 New Inim Type * ontact No. (Mobile) mail Address isiment Type Claiment Type * isiment Address taim Description referred Workshop Contact o. referred Workshop Contact o. referred Registered eaont Taken By Frant AK better	Omg OD-MX Please Select Please Select Please Select ≥≥ GBF4889X / SLT3681S ON 8 Feb 2020 Yes 20/02/2020 11:32	Any Injury? Injured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Clarment NR3C * Injured Liability * Preferered Repair Option	PARLINA STE HARCH NIL GBF4889X Please Select Not at Fault Freferred Workshop, Name unknown	Contact No. (Office) TP vehicle Number	NIL SLT3681S Received
coloration reathalyser or Blood Test eading? odification History Claim 001 Naw Daim Type * contact No. (Mobile) rmail Address Daimant Type Claimant Type * Daimant Name * Daimant Registered	Omg OD-MX Please Select Please Select Please Select ≥≥ GBF4889X / SLT3681S ON 8 Feb 2020 Yes 20/02/2020 11:32	Any Injury? Injured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Clarment NR3C * Injured Liability * Preferered Repair Option	PARLINA STE HARCH NIL GBF4889X Please Select Not at Fault Freferred Workshop, Name unknown	Contact No. (Office) TP vehicle Number	NIL SLT3681S Received
colored car? tolaration reathalyser or Blood Test eading? odification History Claim 001 New Claim 70p * Contact No. (Mobile) Imail Address Camant Type Claimant Type * Camant Name * Camant Name * Camant Name * Camant Name * Camant Propision referred Workshop Contact to. Lequire Finalisation Nate Registered legort Taken By Final AK letter Attachment Secondors No.	One Omg OD-MX Please Select Please Select ≥≥ GBF4889X / SLT3681S ON 8 Feb 2020 Yes ≥0/02/2020 11:32 Jackson MT/1085079	Any injury? Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit + Clarment NR3C + Insured Liability + Preferend Repair Option Clarm Close Date Clarm No.	PARLINA STE HARCN NIL GBF4889X Please Select V Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP vehicle Number	NIL SLT3681S Received
claration reachalyser or Blood Test reachaly	One Omg OD-MX Please Select Please Select ≥≥ GBF4889X / SLT3681S ON 8 Feb 2020 Ves 20,002/2020 11:32 Jackson MT/1085079 ● Yes ○ No	Any injury? Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit + Clarment NR3C + Insured Liability + Preferend Repair Option Clarm Close Date	PARLINA STE HARCN NIL GBF4889X Please Select Not at Fault Preferred Workshop, Name unknown Save Submit 001 20/02/2020 11:34	Contact No. (Office) TP vehicle Number Name of Preferred Workshop GIA report Date Received	NIL SLT36815 Received 20/02/2020 00:00
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