NATIONAL Assessment Cen	tre Services.	vel 1 Jan'05) Mi	14120036950	Danak	
Date In: 16/3/20-15:15	Jeb description		Date &Time Completed	Done by	
Res No: LIGHTNC 12004 TYTTY	SAS e-filing				
Veh No: 52634C	E-mail (within St	ars, AIC 2hrs)			•
D.O.A: 217/20-07:30	i-Motor Claim	Form	m7/1089673-001	76/3/20 15:	36
	(Within: OD 2hrs	, TP 4brs)			
OD / TP / Reporting Only	i-Photo Uploa	ded			
	Assessment/Sur	vey Report			
TP Insurer:	Ass't Report by	Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No:	499011	. INC()/Non-INC().		A STATE OF THE PARTY OF THE PAR
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	a proper
Insured/Driver Liability: (%) [Note-Est. Status (W		0%; P: 21-79%. F: 80-	100%]	17.
Year of Registration: ()	,)/NO()		
Excess: (\$) Loading: \$	31,000 ()/\$2,000 (()	Yourself Torry at Cot	2423 CM W	
General Remarks:-			a Car State Constitution of the	Section Section	W Tes
() Walk-In Customer: Customer's					
() Total Loss Case : to e-mail Ins			*		
	pice: YES () / N	O();T	'owing Co: ()
			Date & Timb Completed	Done	v
Remarks: (INC hotline: 6788 6616			Dates: Little College: 54	West Andread	
7 11 7	/ Courtesy Car ())		Time	
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost >	> \$3000] ()		1		W
Injury:					
Date/Time Actions	11111	A 15 (15 A)	F - F - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -		CONTRACTOR OF THE PARTY OF THE
Date/Time Actions		order state of the			
	en de la composition				
	-			91	-
, Va.		Invoice Pre	paration Checklist	Walter Street Street Section 1	Amt (3
NA202378 .		1) AR : Acciden	STATE OF THE PROPERTY OF THE P	fuBill	Mogran
laimant's Particulars :-		2) DA : Damage	Assessment (\$100); INC		
. 10		41 mm m . ' . '	Fee S	40/\$45	
ristar// him or:		3) TF : Towing	Phanak Survey	\$120	.000
		4) FT : Follow-1	Through Survey Through Survey (Resurvey)	\$120 \$30	
	<u> </u>	4) FT : Follow-1 5) FT : Follow-1 For claiming	Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 20	\$30	
ontact No:	96 (i)	5) FT : Follow-1 For claiming 6) TR : Re-inspe 7) N1 : Idae DA	Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 20 action . + SMRT Survey	\$30 Q5)	
ontact No:	3	4) FT : Follow-1 5) FT : Follow-1 For claiming 6) TR : Re-inspe 7) N1 : Idae DA 8) NTUC Addit	Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 20 action . + SMRT Survey	\$30 05) \$75	
ontact No: armaged Portion:	3	4) FT : Follow-1 5) FT : Follow-1 For claiming. 6) TR : Re-inspe 7) N1 : Idae DA 8) NTUC Addit	Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 20 action + SMRT Survey ional Services:-	\$30 Q\$) \$75 \$160	
ontact No: armaged Portion:		4) FT : Follow-1 5) FT : Follow-1 For claiming. 6) TR : Re-inspe 7) N1 : Idae DA 8) NTUC Addit OD* *N5: Courtes *N6: Repair	Through Survey (Resurvey) Seginst INC Only (wef 10 Jan 20) Section Section Section Conal Services: Co-ordination	\$30 \$55 \$160 \$55 \$10	
ontact No: amaged Portion: C Checked by (Engr-In-Charge):	•	4) FT : Follow-1 5) FT : Follow-1 For claiming. 6) TR : Re-inspe 7) N1 : Idae DA 8) NTUC Addit OD* *N5: Courtes *N6: Repair *N7: Fost Re *N8: DV / Co	Through Survey [Through Survey (Resurvey) against INC Only (wef 10 Jan 20 action + SMRT Survey ional Services: y Car / Tpt Allowance Co-ordination pair Inspection policet Excess Coordination	\$30 \$55 \$160 \$55 \$10 \$25 \$55	
ontact No: amaged Portion: C Checked by (Engr-In-Charge): additors: Comments::		4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Addit OD* *N5: Courtes *N6: Repair *N7: Fost Re *N8: DV / C TP (N11): T	Through Survey [Through Survey (Resurvey) against INC Only (wef 10 Jan 20) action + SMRT Survey ional Services: y Car / Tpt Allowance Co-ordination pair Inspection ollect Excess Coordination P (Non INC) against INC	\$30 05) \$75 \$160 \$5 \$10 \$25 \$35 \$20	
ontact No: amaged Portion: C Checked by (Engr-In-Charge): additors: Comments::	•	4) FT : Follow-1 5) FT : Follow-1 For claiming. 6) TR : Re-inspe 7) N1 : Idae DA 8) NTUC Addit OD* *N5: Courtes *N6: Repair *N7: Fost Re *N8: DV / Co	Through Survey [Through Survey (Resurvey) against INC Only (wef 10 Jan 20) action + SMRT Survey ional Services: y Car / Tpt Allowance Co-ordination pair Inspection ollect Excess Coordination P (Non INC) against INC	\$30 95) \$75 \$160 \$5 \$10 \$25 \$5 \$20 \$30	

3.00 41

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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.

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

	ACCIDENT STATEMENT
Date Of Report	26/03/2020 15:15
Date Of Accident	26/03/2020 07:30
Exact Location Of Accident	AYE TWDS MCE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL6321C
Insured/Policyholder	
Name Of Registered Owner	VASRO RENTALS
Co Reg No	5XXXX446L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALLION 1.5 A
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5110677583-01
Cover Note Number	
Driver	
Name of Driver	LIM TECK MING
NRIC No	SXXXX663I
Date Of Birth	29/06/1970
Occupation	OUTDOOR
Date Of Driving Pass	25/10/1989
Driving Experience	30 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97623153
Fax Number	
Contact Number	OFFICE-97623153
EMail Address	NOEMAIL
	Page 1 of

BLK 753 JURONG WEST STREET 74 Address

#12-30

640753 Postcode

NO Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION 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?

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.

Number of Passengers (Including Driver)

Passenger 1 NAME:

: FEMALE GENDER:

3

YES

YES

YES

NO

2

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

NO

YES

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

: JOLIN

Police Station Address SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200326/2042.

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

PRIVATE CAR

SJG9902H Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 21

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKD4784T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

DETAILS OF INJURED PERSON 1

YES

JOLIN Name

Approximate Age

Injuries Sustain

BODY

SJL6321C Injured person in which vehicle?

YES Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

Page 3 of 21

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 <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)

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.

REGNO. AL

Policyholder's Signature Date & Time: Driver's Signature

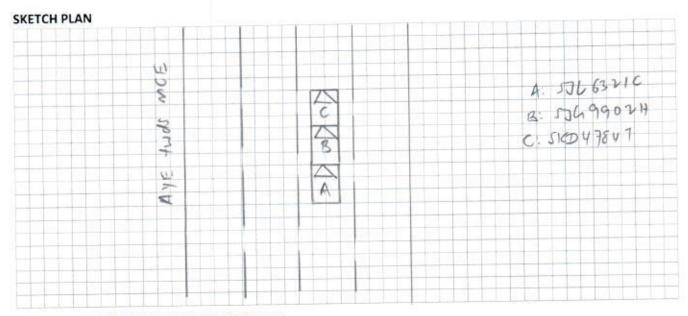
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ela to	phice	eport - 7/200026/2042	
		A Section of the sect	
	-		

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

- 26 03/2020

Date & Time:

Reporting Centre Personne s Signature

Name: NRIC/FIN No.:





1 of 3

Report No. T/20200326/2042

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

	OF 4	TOAFFIC	ACCIDENT
BEBURI	$() \vdash \Delta$	IKAFFIG	ACCIDENT

Date/Time Report Made: 26/03/2020 11:40			Vide Report No.: Station Diary No. D/20200326/0045			
Informa	nt's Particu	ulars	THE RESIDENCE OF THE PARTY OF T			
Name of Informant: LIM TECK MING			Address: APT BLK 753 JURONG WEST STREET 74 #12-30 SINGAPORE 640753			
ID Type / ID No.: NRIC NO / S7021663I			Contact No.: Home/Office:	Mobile: 97623153		
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Male	Age: 49	Date of Birth: 29/06/1970	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident: Accident: Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 26/03/2020 07:30	Type of Location:	
	H EXPRESSWAY ASTAL EXPRESSWAY			David Spand Limit	
Weather: Clear		Road Surface: Dry	2.	Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Tranic Flow.				Anyone conveyed by	

Details of Volume Vehicle No.	A STATE OF THE OWNER,	Make	Model	Color	Condition	No of Passenger
The second secon		- Make				1
SJG9902H	Car					•
SJL6321C	Car					1
SKD4784T	Car					0



T/20200326/2042

2 of 3

Report No. T/20200326/2042

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION.
I WAS TRAVELING ALONG AYE TOWARDS MCE, 11.5 KM (ERP 74) ON LANE 2 OF 4 LANE ROAD, TRAFFIC WAS SMOOTH. THE VEHICLE INFRONT OF ME HAD COLLIDED INTO THE FIRST VEHICLE(SKD4784T) CAUSING HIS VEHICLE TO COME INTO A STOP I THEN TRIED TO JAMMED BRAKES BUT I COULD NOT STOP IN TIME AND COLLIDED INTO THE REAR PORTION OF THE SECOND VEHICLE(SJG9902H) INFRONT OF ME SUBSEQUENTLY MY PASSENGER WAS BEING CONVEYED BY AMBULANCE TO THE HOSPITAL AND I WAS ATTENDED BY THE TRAFFIC POLICE.





3 of 3

Report No. T/20200326/2042

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

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: TP / BERNARD KOH REN JUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/03/2020 11:40
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216	SPASARORE SALES SUCE
Authentication Stamp	



Seque	man and a second	Relat Numl	ent Type	5112130690 Endorsement Numb	er Endorse Entry Rejo	ment Status	Endorsement Content
Address 4 Unit No. Insure Endor	ed Object: 5110677583-01-000 sements ence Date of Endorsement	Relat Numb	ent Type	Endorsement Numb			
Address 4 Unit No. Insure Endor	ed Object: 5110677583-01-000 sements	Relat Numl	ber	.00000000000000	er Endorse	ement Status	
Address 4 Unit No.	ed Object: 5110677583-01-00	Relat Numl		5112130690			
Address 4 Unit No.		Relat Numl		5112130690			
Address 4	03-22	Relat		5112130690			
							2001
Address 1		Addre	ess Type	Singapore address		Post Code	520272
	BLK 272 #03-22	Addre	ess 2	TAMPINES STREET	22	Address 3	SINGAPORE 520272
Info Policy	holder Mailing Address						
Policy Info Certificate							
Open							
Co- Insurance Flag	No						
Agent	IVAN INSURANCE AGENCY PTE	Agent Tel.	6440022	0	GS1 Flay	1	
Singapore OD Excess	053000 x 006090 00 03090 05 AVACAUS 1820 00000	TP Excess			GST Flag	V	
Outside		Outside Singapore	1500			Young	/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	1500	damage Excess			Excess		
Гуре	Per Accident	Excess			Windscreen		
Policy ssue Date Excess	06/08/2019	Date All Claims	07/08/20	19 00:00	Expiry Date	00/00/2020 23	
Name	FLEET MASTER INSURANCE	Plan	52.52.52		Policy Flag	N 06/08/2020 23	- 50
Address	and set		ET 22 SINGAPORE 520272 Gri		Group	Si .	
	5110677583-01-000007		2005 522	272			
Certificate Vo.	5110677583-01	Policyholder Name	VASRO R	ENTALS	Policyholder NRIC	53367446L	

State	laim Handling					
State Stat	cident MT/1069673		1000000		GST Registration No.	
March Marc	170 Strate 9		Venicle No.	53,6321C	us i negovalni no	
AME PARTIE REPUBLIANCE CONFTON CONFT					Policyhalder NR3C	53367446L
Cancer to (prince) Cance			Cover Tyne	Third Party	Loading	0
Second Forces Second Force					Contact No.(Home)	0
Control Cont					eCode	NL V
Marcian Marcian Marcian Ma		® No ○ Yes		No Yes Yes No	eCode Reason	
Marcian		Trendram:	NCD Entitlement(%)	0	Private Hire	Yes
Account Section Sect						
The of Account 10 Months of Ac		26/02/2020 15:30	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Content Application Applic					Country of Academ	Singapore
Treat Excess Explanation Per Application		20/03/2020		120020	IOM No.	
Test		www.e rice	Grange For Co.			
Standard Excess		AYE TWOS MCE				
Souther Ecoses			Windscreen Excess			
## CODE CLASSES ## CONTROL CO	eas type	PE ALLENT	(1-10 tal-10 10 10 10 10 10 10 10 10 10 10 10 10 1			
DO De Comman	Standard Excess		TP Standard Excess	1,500.00		
Teach Teac		0.00	VIED TP Excess		Driver is Covered?	
Part	ditional Excess	0				
Part	al CO Excess Applicable	0.00	Total TP Excess Applicable			
Registration No.						
Facility	GST Registered Informa	tion				
Facilitation Nation	V C S S S S S S S S S S S S S S S S S S	No			M207	
## Address 1	T Registration No.			GST Status verned	tes	
March Marc	dification History					
Married Marr		2400				
### ABOVERT Type				TAMORNOS CYDEST 32	Address 3	SINGAPORE 520272
State		BLK 272 #03-22				
20 10 10 10 10 10 10 10					TON GOOD	100 S C C
Part		03-22	Related Policy Number	\$112130690		
## Manual Price Name ## Manual Control File ## Manual Price Name ## Manual Control File ## Manual Price ## Manual Representation ## Manual Price ## Manual Representation ## Manual Price ## Manual Representation ## Manual				Channel Brown		
Special Case of Carrier Name Special Carrier N					Driver DOB	29/06/1970
March 10, Months						
Married National Married Nat						
Address Type DO-NX Insured Name ASSO REYALS Diver No. Di						SINGAPORE 640753
## 18 No. 12-30 Driver Vehicle No. Driver Insurer Company ### 18 No. 12-30 Driver Vehicle No. Driver Insurer Company ### 20 No. Driver Insurer No. ### 20 No. Driver Insurer Company ### 20 No. Driver Insurer No. ### 20 No. Driver Insurer No. ### 20 No. Driver Insurer Company ### 20 No. Driver Insurer No. ### 20 No. Driver No. ### 20 No. Driver No. Driver No. Driver No. ### 20 No. Driver No. Driver No. Driver No. ### 20 No. Driver No. Driver No. Driver No. ### 20 No. Driver No. Driver No. Driver No. ### 20 No. Driver No. Driver No. Driver No. Driver No. ### 20 No. Driver No. Driver No. Driver No. Driver No. Driver No. ### 20 No. Driver No. D		BLX 753				640753
Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Insurer Company			Aboress Type	angapore according	1/87/1978/20	
Color Blood Part O mg Any injury?			92000 2000 2000		Dower Insurer Company	
Any rigury? Any r		○ Yes ® No	Driver Venice No.		Direct Hope of Company	
Any rigury? Any r						
Colum 001 Nex Insured Name VASKO RENTALS VASKO R				® Yes O No		
Attachment Attachment Attachment Attachment Amilype * OD-MSK V Indured Name VASNO RENTALS Indured Name Contact No. (Office) NatL Attachment Attachment Attachment Part Open At letter Browse Darm No. Ool Upload Date Browse Case Preade Select Attachment Browse Case Preade Select V Normal V	ading?	0 mg	was admiss	6140		
Attachment Browse Brows						
Insured Name	odification History					
Insured Name	core car li bree					
Attachment Contact No. (Home) Contact No. (Home) Contact No. (Home) Contact No. (Home) SUB321C TP Vehicle Number SUB322C TP Vehicle Number TP Vehicle Number TP Vehicle Number TP Vehicle Number	Calm out					
Attachment Browse					270001VII.42	and the same of th
Attachment Browse	aim Type •	00-MX	Insured Name	VASRO RENTALS		
Attachment Attachment Attachment Attachment Attachment Attachment Fath * Browse Browse.	ontact No. (Mobile)	90187349	Contact No.(Home)			ALCOHOL: NAME OF THE PARTY OF T
Attachment Browse. Browse	nail Address				TP Vehicle Number	5309902H
are Description SIL6721C / S109902H ON 26 Mar 2020 Insured Lability * Fully at Fault	amant Type Claimant Type •	Please Select		Please Select		
Attachment Attachment Attachment Attachment Attachment Attachment Browse. Bro	armant Name *	22	Claimant NR3C *			
Insured Liability * Fully at Fault	alment Address					
Preferred Regair Option Preferred Workshop, Name unknown V GIA report Received 26/03/2020 15:36 Claim Close Date Date Received 26/03/2020 00:00 Date Received Attachment Attachment Exem Submit Attachment Date Received Date R		53L6321C / \$309902H ON 26 Mar 2020		V	Name or Preferred Workshop	
Prior AK letter Attachment Attachment Save Submit Size Submit Size Submit Attachment Size Submit Size			Insured Liability *	The state of the s	214 CARTA - 20	
Attachment Attachment Attachment Oam No. O01 Coldent No. MT/1089673 Oam No. O01 STORY OF Yes No Upload Date 26/03/2020 15:38 Decreased No. Path * Browse Clear Please Select V NO Normal V		Yes 🔻	Preferered Repair Option	Preferred Workshop, Name unknown		The second secon
Attachment Attachment Attachment Content No. MT/1089673 Caim No. 001 Save Submit Content No. MT/1089673 Caim No. 001 Save Submit Content No. MT/1089673 Caim No. 001 Sat Doc. Received ® Yes O No Upload Date 26/03/2020 15:38 Fath * Category * Confidential Urgency * Description of the Category * One Category * Confidential Urgency * Description of the Category * One Category * On	ate Registered	26/03/2020 15:36	Claim Close Date		Date Received	26/03/2020 00:00
Attachment Attachment Content No. MT/1089673 Caim No. 001 Sat Doc. Received ® Yes No Upload Date 25/03/2020 15:38 Fath * Category * Confidential Urgency * Description of the Category * Urgency * Description of the Category * Urgency * Description of the Category * Urgency *	eport Taken By	Jackson				
Attachment Codent No. MT/2089673 Caim No. 901 Set Doc. Received Yes No Upload Date 25/03/2020 15/36 Path * Category * Confidential Urgency * Description of the Category * Description		W.				
Attachment Contact No. MT/2089673 Cam No. 001 Contact No. MT/2089673 Cam No. 001 St Doc. Received Yes No Upload Date 26/03/2020 15:38 Path. * Category * Confidential Urgency * Description of the Category * Confidential Urgency * Description of the Category * Canfidential Urgency * Description of the Category * Normal V						
Coolent No. MT/1009673 Oam No. 001 ast Doc. Received ® Yes No Upload Date 26/03/2020 15:38 Path * Category * Confidential Urgency * Description Path * Category * Confidential Urgency * Description Path				Save Submit		
Browse Cear Please Select V NO Normal V Browse Cear Please Select V NO V Normal V Browse Cear Please Select V NO V Normal V Browse Cear Please Select V NO V Normal V Browse Cear Please Select V NO V Normal V Browse Cear Please Select V NO V Normal V	Attachment					
Ast Doc. Received Path * Category * Confidential Urgency * Browse	4					
Ast Doc. Received Browse	Foul segre	MT (1986-11	Claim No.	001		
Path * Category * Confidential Urgency * Description of the confidentia						
Browse Cear Please Select V NO V Normal V Browse Cear Please Select V NO V Normal V Browse Cear Please Select V NO V Normal V Browse Cear Please Select V NO V Normal V	ast Doc. Received		upload Date		Confidence	ency • Description
Browse Cear Please Select		Path *	Calman	1000000		
Browse Cear Please Select						
Browse Caar Please Select V NO V Kormal V			Brows			N 1000
Older III	المحمد المستحدد المالية		Brows	se Cear Please Select		
Browse Coar Please Select V No V Normal V			Brown	se Dear Please Select	V Norma	V 110,2
			Brows	se Clear Please Select	V Norma	V

