Date In: Hylp - Jy: Vy	Jeb description	Date &Time Completed	Done by
	SAS e-filing		
Ref No: HA / INCO > 2496774	E-mail (within Shrs, AIC 2hrs	0	*
Veh No: 1/cr 57382	i-Motor Claim Form	M11998 47001	114/20 14:26
D.O.A: 51412-13:50	i-Motor W/O (Within: OD		171 - 1.3
OD TP ! Reporting Only	i-Photo Uploaded	2113, 71 44137	
	Assessment/Survey Repo	-1	
TP Insurer:	Ass't Report by Fax / Ha		
			ax:
Preferred Wksp / INC Assign Wksp / QW: (ax:
TP Particulars: Veh No: 1	1497£ INC	C()/Non-INC().	
Owner / Driver: (Tel:	
Policy No: ()	Period: () Cover Type: (
Confirmed by : (Date:) [Note-Est. Status (WO): N:		100%]
			.0070]
Year of Registration: ()	Warranty: YES ()/NO (
Excess: (\$) Loading: \$	THE RESERVE OF THE PARTY OF THE	SELECTION CONTROL CONTROL	
General Remarks:-	Control of the contro	Dulanta NO sofer of modifier	
() Walk-In Customer : Customer's i		Strictly NO rater of repairer.	
() Total Loss Case : to e-mail Ins			
Drive-In ()/ Towed-In (); Invo	pice: YES () / NO ()	; Towing Co: (, , , , , , , , , , , , , , , , , , ,
Remarks: (INC hotline: 6788 6616)))	Date&Time Completed	Done by
1) Apply for Transport Allowance ()	/ Courtesy Car ()		
			987
2) QC Check / Post Repair Inspection	()		
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >			
3) Upload Resurvey Photo [Repair Cost >			
3) Upload Resurvey Photo [Repair Cost > Injury :			
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3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	[Invoice	Preparation Checklist	
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3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Actions Actions	Invoice 1) AR: Ac 2) DA: Da 3) TF: Tev	Preparation Checklist: ident Reporting (\$30); mage Assessment (\$100); INC (\$20); ving Fee \$300;	Anit (S) Amt (J fit Bill Add Bi 580) 40/545
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Actions Actions	Invoice: 1) AR: Ac: 2) DA: Da: 3) TF: Tov 4) FT: Foil	Preparation Checklist ident Reporting (\$30); mage Assessment (\$100); INC (\$200); ring Fee	Anit (5) Amit (3) fit Bill Add Bi 580) 40/545 5120 530
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Actions Actions	Invoice 1) AR: Ac 2) DA: Da 3) TF: Tow 4) FT: Foll 5) FT: Foll For claim	Preparation Checklist ident Reporting (\$30); mage Assessment (\$100); INC (\$100); INC (\$100); ring Fee \$100; INC (\$100); INC (\$100); ow-Through Survey (Resurvey) ow-Through Survey (Resurvey)	Anit (5) Amit (3) fit Bill Add Bi 580) 40/545 5120 530
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions laimant's Particulars:- river/Owner: ontact No:	Invoice 1) AR: Ac 2) DA: Da 3) TF: Tov 4) FT: Foll 5) FT: Foll For claim 6) TR: Re- 7) N1: Ida 7	Preparation Checklist ident Reporting (\$30); mage Assessment (\$100); INC (\$100); INC (\$100); ving Fee \$100; INC (\$100); INC (\$100); ow-Through Survey ow-Through Survey (Resurvey) ning against INC Only (wef 10 Jan 20); inspection o DA + SMRT Survey	Ant (5) Amt (5) fit Bill Add Bi 40/545 5120 530 25)
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3) Upload Resurvey Photo [Repair Cost > Injury: Date Time Actions Linimant's Particulars:- Priver/Owner: Contact No: amaged Portion:	Invoice	Preparation Checklist ident Reporting (\$30); mage Assessment (\$100); INC (\$100); INC (\$100); ing Fee \$100; INC (\$100); INC (\$100); INC (\$100); ing Fee \$100; INC (\$100); INC (\$100); inspection \$100; INC Only (wef 10 Jan 20); inspection \$100; INC Only (wef 10 Jan 20); inspection \$100; INC Only (\$100); inspection \$100; INC (\$100); inspection \$	Ant (5) Amt (3) (5) Bill Add Bi 580) 40/545 5120 530 25) 575 5160
3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Laimant's Particulars :- Priver/Owner: Contact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice	Preparation Checklist: ident Reporting (\$30); mage Assessment (\$100); INC (\$100); INC (\$100); ing Fee Stow-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 20); inspection DA + SMRT Survey idditional Services:- urlesy Car / Tpt Allowance pair Co-ordination st Repair Inspection // Collect Excess Coordination	Ant (5) Amt (3 Fit Bill Add Bi 580) 40/545 5120 530 35) 575 5160 55 510 525 55
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	Invoice	Preparation Checklist: ident Reporting (\$30); mage Assessment (\$100); INC (\$20); ing Fee S. ow-Through Survey ow-Through Survey (Resurvey) ins against INC Only (wef 10 Jan 20); inspection DA + SMRT Survey inditional Services:- urlesy Car / Tpt Allowance pair Co-ordination st Repair Inspection // Collect Excess Coordination): TP (N:n INC) against INC	Amt (S) Amt (S

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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	06/04/2020 14:44
Date Of Accident	05/04/2020 17:50
Exact Location Of Accident	EAST COAST PARK CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKF3738Z
Insured/Policyholder	
Name Of Registered Owner	HO JEE CHAN
NRIC No	SXXXX542J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97503028
Alternative Phone No	OFFICE-97503028
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.6 VTIS AT
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

In		ana	 -	anv
ш	SUL	anc	 OITIE	Janv

Type Of Coverage COMPREHENSIVE

Fleet Policy

Policy Number 5109167058

Cover Note Number

Driver

SEE MEI MEI JENNY (SHI MEIMEI JENNY) Name of Driver

NRIC No SXXXX057D Date Of Birth 08/06/1974 Occupation INDOOR Date Of Driving Pass 11/06/1999

Driving Experience 20 YEARS AND 9 MONTHS

Gender **FEMALE**

(LOCAL) +65-96522795 Mobile Number

Fax Number

OFFICE-96522795 Contact Number

NOEMAIL EMail Address

BLK 613A BEDOK RESERVOIR ROAD Address

#05-1356

471613 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured RELATIVE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 3

Number of Passengers (Including Driver)

Passenger 1

NAME: 5 4

: MALE

Passenger 2

NAME:

GENDER:

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

YP6497E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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

- 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.
- 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: Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN	EAST COAST D	PARK, CARPARK BI.	
No. of the last of	Lorsz	3 W154 L0155	Ī
Johille A - SKF 3	7387	TA	
Vehicle B-496	49712 B		
	4		H
	7 7	TTTT	
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT		
		A	
My vehicle was	stationary parked int	to Lot 54 of East Coese Park,	
Carpark Bl.			
Right after T	parked into the nack	my lot, before we dished from my	
wehicle the	while as de the	il mis l	
viol 1	P I right	side exit from the parking lot wit 53	-
While he exiting	from the carpack lo	of the left side of the while	_
hit onto my	vehicle, as he d	lidn't stop immediately after the	
impact it disa	god out the whole	e from bumper of my vehicle.	
Alighted from my	vehicle and justize	ed it was a reliable with Whence	
place (4P 64	197E) hit onto th	a right front of my vehicle and	
drzg off my	bumper.		
3 11 3			
Johicle A - S	5KC 37382		-
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
Vehicle B -	76 6497 E.		_
			7
			\dashv
DECLARATION			
	iculars are true in every respect.	S. S	
2	assust.		
^	19/		
Policyholder's Signature	Drives Signature	Reporting Centre Personnel's Signature	
Date & Time:	(If driver is not the policyhold Date & Time:	lder) Name: NRIC/FIN No.:	

Vehicle No.	SKF 37387 Model/Make HUNDA CIVIC
Date of Accident	05/04/20
Time of Accident	1750 HRS
ocation of Accident	EAST COAST PARK CARPARK BI, IN LUT SY.
Exact purpose use during accid	
Name of Owner	HO JEE CHAN
Telephone No.	H/P: 97503028 Home: Office:
NRIC	508525423
Address	BLK 151 Bedok Reservoir Road # 01-1741 5(470151)
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	51 09167054
rolley No.	3101101033
Name of Driver	As Above If No. See mei mei
NRIC	S 74 18 057 D Any Passengers: 2 (I Make, I FEMALE
Date of birth	08/06/1974 HUSBAND & DOLUMTER
Occupation	Outdoor / Indoor
Driving License Pass Date	11 Jun 1909
Gender	Male / Female
Contact No.	H/P: 965 22795 Home: Office:
Address	BLK 613 A Bedok Reservir Red #05-1356 5(471613)
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state / Pangher in-law
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No. If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	(No.) If Yes, Where?
Vehicle B No.	YP 649712 Any Passengers:
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	RIGHT FRONT PORTION
Camera Recorder	Yes /No
Email Address	100/00
Email Address	
PARTICULAR WORKSHOP	N-51 AUTOMOTIVE PTE LTD
CONTACT NO.	6842 0051 / 6744 0510
	IAN
CONTACT PERSON	



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: 5109167058

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

SKF3738Z

Chassis Number

: JHMFB1630CS201108

2. Name of Policyholder

: HO JEE CHAN

3. Effective Date of Insurance

: 23 May 2019

4. Expiry Date of Insurance

: 22 May 2020

5. 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) : \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS · \$\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE : YES NCD PROTECTION : YES TRANSPORT ALLOWANCE · NO **FXCFSS WAIVER** : NO PRIMARY DRIVER : HO JEE CHAN

NAMED DRIVER (1) : HO CHEE SAN : N/A

NAMED DRIVER (2) HIRE PURCHASE COMPANY : N/A

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)

: VISION ADVISORY MANAGEMENT PTE. LTD. (00000573844) Agency Date of Issue : 08 May 2019 10:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Hello, NAC_PAYA_UBI_80	00601				112000		· Change	Language	. · Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									/ / / / / / / / / / / / / / / / / / / /
Notice of Loss	Policy N	10.				Date o	f Accident	[0	5/04/2020 1	7:50	
	Vehicle	No.(For Motor)	SKF37	382		Certifi	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109167058		HO JEE CHAN	508525423	GPC	drivo CLASSIC	SKF3738Z	SKF3738Z	23/05/2019	22/05/2020

Sequen	te Date of Endorsement	E	ndorsemen	t Type	Endorsement	Status	Endorsement Content
▽ Endorse	ements						
Insured	Object: SKF3738Z						
Jnit No.		Related Number	d Policy er	5109167058			
ddress 4		Addres		Singapore address	31	Post Code	470151
ddress 1	BLK 151 #01-1741	Addres	s 2	BEDOK RESERVOIR	ROAD	Address 3	SINGAPORE 470151
→ Policyh	older Mailing Address						
Certificate nfo							
Open Policy Info							
Co- nsurance Flag	No						
Agent	VISION ADVISORY MANAGEMEN	Agent Tel.	68072088		GST Flag	Υ	
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/I	Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	08/05/2019	Effective Date	23/05/201	9 00:00	Expiry Date	22/05/2020 23	:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 151 #01-1741 BEDOK RESE	RVOIR ROAD	SINGAPOR	E 470151			
Certificate No.					NO STATE OF THE PERSONS		
Policy No.	5109167058	Policyholder Name	HO JEE CH	IAN	Policyholder NRIC	508525423	

Continue Cancel

Claim Handling					
Accident MT/1090844	7.2720.000		73000000		
Policy No. Certificate No.	5109167058	Vehicle No.	SKF37382	GST Registration No.	
Policyholder Name	HO JEE CHAN				
Product Code		2002	0.000	Policyholder NRIC	508525423
	PRIVATE CAR INSURANCE	Cover Type	orvo CLASSIC	Loading	0
Contact No.(Mobile)	97503028	Contact No.(Office)	0	Contact No.(Home)	0
Email Address	® No ⊜Yes	Special Remark	B B	eCode	No. V
NCD Protection		TCA	® No ○ Yes	eCode Reason	
Accident Details	Yes	NCD Entitlement(%)	50	Private Hire	No
Report Date	OF THE PARTY IN THE				
	06/04/2020 14:54	Accident Report Watrin 24 hrs		Accident Type	Damaged whilst parked
Date of Accident	05/04/2020	Time of Accident hh:mm	17:50	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
codent Location Total Excess Applicable	BAST COAST PARK CARPARK				
xcess Type	Per Accident				
Access 1996	Per ACCIDENC	Windscreen Excess	100,00		
D Standard Excess	600.00	TP Standard Excess	0.00		
IED OD Excess	500.00	VIED TP Excess	0.00	25000020000	
dditional Excess	0			Driver is Covered?	
otal OD Excess Applicable	1100.00	Total TP Excess Applicable			
♥ Benefita	1100,00	Total IP excess Applicable			
GST Registered Informa	ation				
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
odification History					
Policyholder Mailing Ad					
ddress 1	8LK 151 #01-1741	Address 2	BEDOK RESERVOIR ROAD	Address 3	SINGAPORE 470151
Odress 4		Address Type	Singapore address	Post Code	470151
nit No.		Related Policy Number	5109167058		
OI Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	SEE MEI MEI JENNY (SHI MEIME	Driver NRIC	SXXXXD57D	Driver DOB	08/06/1974
gister Date of Driver License	11/06/1999	Driver Age	45	Driving Experience	20
intact No.(Mobile)	96522795	Contact No. (Office)	0	Contact No.(Home)	0
idress 1	BLK 613A	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS GROVE
idress 4	SINGAPORE 471613	Address Type	Singapore address	Post Code	471613
ret No.	05-1356				
oes he own a Singapore egistered car?	O Yes ® No	Driver Vehicle No.		Driver Insurer Company	
gasaras car				Differ trading company	
cleretion					
eathalyser or Blood Test lading?	0 mg	Any injury?	○ Yes No		
sdification History					
Claim 001 New					
102000					46
im Type •	00-MX	Insured Name	HO JEE CHAN	Insured NRIC	50852542)
ntact No.(Mobile)	91923755	Contact No.(Home)	67453236	Consact No.(Office)	NIL
nail Address		OI Vehicle Number	SKF3738Z	TP Vehicle Number	YP6497E
imant Type Claimant Type •	Please Select	Type of Benefit *	Please Select		100
ment Name •	25	Claimant NR3C *			
mant Address					
m Description	SKF3738Z / YP6497E ON 5 Apr 2020			Name of Preferred Workshop	
ferred Workshop Contact		Insured Liebility *	Not at Fault		
quire Finalisation	Yes 💟	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registered	06/04/2020 14:56	Claim Close Date		Date Received	06/04/2020 00:00
ort Taken By	Jackson				
Print AlC letter					
			Save Submit		
Etachment					
,					
ident No.	MT/3090844	Claim No.	001		
t Doc. Received	● Yes ○ No	Upload Date	06/04/2020 15:00		
	Path •		Category *	Confidential Urgeni	y * Description *
		Browse		NO V Normal	V Description
	Alberta Salah Sala	Browse	A Commission of the Commission	NO V Normal	V
		Browse	T comments	NO V Normal	
		Browse			
	Th = 20 Th = 10 Th	The state of the s	Acceptance of the Control of the Con	Normal V Normal	
		Browse	Clear Please Select V	Normal Y Normal	V

