Dieta Dan L. c.	111111	1150	te &Time Comp	leted !	Done b	N.
Date In: 21 4120- 16:00	Jeb description	100	te te i ini o ocinți	10100	Total	
Ref No: NA 14 C WO ST376 24	SAS e-filing					
Veh No: SIC WIND	E-mail (within Shrs, /	AIC 2hrs)				
D.O.A: 1/4/20- 13:45	i-Motor Claim F	orm M	1/1091692-	100	4/20 16	,:N
	i-Motor W/O (wi	hin: OD 2hrs, TP 4	hrs)			
OD TP Reporting Only	i-Photo Uploadec		A TORSES DE SOUDING			
	Assessment/Survey	Report				
TP Insurer:	Ass't Report by Fa	x / Hand to Ow	mer/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (		To	d:	Fax:		
TP Particulars: Veh No: 68	IC1316B	INC( )	/ Non-INC (	)		
Owner / Driver: (		Т	cl:	TO S	)	
	Period: (	) Co	ver Type: (		)	
Confirmed by : (	D	ate:	Time:		)	
Insured/Driver Liability: ( %)	[Note-Est. Status (WO)	N: 0-20%;	P: 21-79%. I	2: 80-100%	]	
Year of Registration: ( )	Warranty: YES ( )	'NO( )				
	,000 ( )/\$2,000 (	)				
General Remarks	PATROSESTO NOS ANTES	F3745735 3300	DEGUNDAN.	1731324	G	
Drive-In ( )/ Towed-In ( ); Invoi	The state of the s	- () Da	te&Time Comp	elad*	Done	by .
	/ Courtesy Car ( )			4	AZVESTV ROSSU	74
2) QC Check / Post Repair Inspection	( )			1.50		1
3) Upload Resurvey Photo [Repair Cost >	\$3000] ( )		7%			
		ACTOR AND				
Injury:					MESKELLE	
Injury:				1920 St. 2	\$10.7 S. 40	ng Ang. pu
				- 	lostrati.	- Ç PH. P.
					ficality.	
					ACAL SEL	7 ( 7 ( 7 ( 7 ( 7 ( 7 ( 7 ( 7 ( 7 ( 7 (
					icasa.	
	1				icos se	
	1		doe Checklin		Anit (5)	Ami()
Date/Time Actions	18 M		tion Checklis			Aint (1
NAwanzo	1) / 2) I	R : Accident Repo	rting (\$30);	INC (\$80)	Anit (5)	A-100 PS-00-18
NA Na Particulars :-	1) / 2) I 3) 7	R : Accident Repo OA : Damage Asset 'F : Towing Fee	rting (\$30); sment (\$100);		Anit (5)	A-100 PS-00-18
NA Date/Time Actions  NA Date/Time Actions  Na Date/Time Actions  Na Date/Time Actions  In the Action  In the Actions  In the Action  In the Action  In the Action  In the Act	1) / 2) I 3) 7 4) I	R: Accident Repo	rting (\$30); sment (\$100); h Survey h Survey (Resurvey	INC (\$80) \$40/\$45 \$120 ) \$30	Anit (5)	A-100 PS-00-18
NA Date/Time Actions  NA Date/Time Actions  Na Date/Time Actions  Na Date/Time Actions  In the Action  In the Actions  In the Action  In the Action  In the Action  In the Act	1) / 2) I 3) T 4) F 5) 1	AR: Accident Report Control of the C	rting (\$30); sment (\$100); h Survey	INC (\$80) \$40/\$45 \$120 ) \$30	Anit (5)	A-100 PS-00-18
NA Jan Actions  Na Jan Actions  Inimant's Particulars:- river/Owner: ontact No:	1)/ 2) I 3) 7 4) J 5) 2 E 6) 7	AR: Accident Report Control of the C	rting (\$30); sment (\$100); h Survey h Survey (Resurvey LING Only (wef 10) RT Survey	INC (580) \$40/\$45 \$120 ) \$30 Jan 2005)	Anit (5)	A-100 PS-00-18
NA Jan Actions  NA Jan	1) A 2) I 3) T 4) F 6) T 7) T 8 8) I	R: Accident Report A: Damage Asset F: Towing Fee T: Follow-Throug T: Follow-Throug or claiming agains R: Re-inspection 11: Idae DA + SM	rting (\$30); sment (\$100); h Survey h Survey (Resurvey LING Only (wef 10) RT Survey	INC (\$80) \$40/\$45 \$120 ) \$30 Jan 2005)	Anit (5)	4-120-20-20-20
NAJONIA  NAJONIA  Inimant's Particulars:  river/Owner:  ontact No:  amaged Portion:	1) / 2) I 3) 7 4) I 5) 2 F 6) 7 7) 7	R: Accident Report A: Damage Asset F: Towing Fee T: Follow-Throug T: Follow-Throug or claiming agains R: Re-inspection N1: Idne DA + SM NTUC Additional SO DE N5: Courtesy Car	rting (\$30); sment (\$100); h Survey h Survey (Resurvey LINC Only (wef10 RT Survey ervices:-	INC (\$80) \$40/\$45 \$120 ) \$30 Jan 2005) \$75 \$160	Anit (5)	4-120-20-20-20
NA Jan Actions  NA Jan Actions  NA Jan Actions  NA Jan Actions  Inimant's Particulars:  river/Owner:  ontact No:  armaged Portion:  C Checked by (Engr-In-Charge):	1)/ 2) I 3) 7 4) J 5) i E 6) 7 7) Y 8 8) I	AR: Accident Report A: Damage Asset F: Towing Fee T: Follow-Throughor Fellow-Throughor Claiming agains R: Re-inspection VI: Idae DA + SM VTUC Additional Some N5: Courtesy Care N6: Repair Co-ord N7: Fost Repair In	rting (\$30); sment (\$100); h Survey h Survey (Resurvey INC Only (wef 10 RT Survey ervices:- Tpt Allowance ination spection	INC (\$80) \$40/\$45 \$120 ) \$30 Jan 2005) \$75 \$160 \$55 \$10 \$25	Anit (5)	4-120-20-20-20
NA Jan Actions  NA Jan Actions  NA Jan Actions  NA Jan Actions  Inimant's Particulars:  river/Owner:  ontact No:  armaged Portion:  C Checked by (Engr-In-Charge):	1)/ 2) I 3) T 4) I 5) i F 6) T 7) Y	R: Accident Report A: Damage Asset F: Towing Fee T: Follow-Throughout Fellow-Throughout Calming agains R: Re-inspection N1: Idae DA + SM NTUC Additional So DE N5: Courtesy Car N6: Repair Co-ord N7: Fost Repair In N8: DV / Collect	rting (\$30); sment (\$100); h Survey h Survey (Resurvey LINC Only (wef 10 RT Survey ervices:- Tpt Allowance ination spection	INC (\$80) \$40/\$45 \$120 ) \$30 Jan 2005) \$75 \$160 \$25 \$3	Anit (5)	4-120-20-20-20
Date/Time Actions	11/2 2) I 3) T 4) I 5) 2 I 6) T 7) T 8 8) 1	R: Accident Report A: Damage Asset F: Towing Fee T: Follow-Throughout Fellow-Throughout Calming agains R: Re-inspection N1: Idae DA + SM NTUC Additional So DE N5: Courtesy Car N6: Repair Co-ord N7: Fost Repair In N8: DV / Collect	rting (\$30); sment (\$100); h Survey h Survey (Resurvey LINC Only (wef 10 RT Survey ervices:- Tpt Allowance ination spection excess Coordination LINC) against INC	INC (\$80) \$40/\$45 \$120 ) \$30 Jan 2005) \$75 \$160 \$55 \$10 \$25	Anit (S)	4-120-20-20-20

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

- 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.
- 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 consent to the archiving of this report at the centre and to copies of the report being made available
  aforesaid.

A CONTRACTOR OF THE PROPERTY O	ACCIDENT STATEMENT
Date Of Report	21/04/2020 16:02
Date Of Accident	21/04/2020 13:45
Exact Location Of Accident	BLK 411 JURONG WEST ST 42 CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKL5164J
Insured/Policyholder	
Name Of Registered Owner	THNG JUN WEN, JEROME
NRIC No	SXXXX675E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92954476
Alternative Phone No	OFFICE-92954476
Vehicle Particulars	
Manufacturer	MINI
Model	COOPER S HATCHBACK 1.6 HID D/AB DSC SR
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	5115407616
Cover Note Number	
Driver	
Name of Driver	THNG JUN WEN, JEROME
NRIC No	SXXXX675E
Date Of Birth	24/01/1990
Occupation	INDOOR
Date Of Driving Pass	20/10/2008
Driving Experience	11 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92954476
723 908 M	

OFFICE-92954476

NOEMAIL

Address BLK 409 JURONG WEST STREET 42

#07-921

Postcode 640409

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 - MAJOR/MINOR RD

Weather Conditions CLEAR Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

NO

2

NO

NO

Was any body injured in the Accident? NO

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.

Number of Passengers (Including Driver)

Passenger 1

NAME:

. .

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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?

VIDEO FOOTAGE WITH DRIVER

Remarks/ Reasons: Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number GBK1316B
Vehicle Make/Model/Colour TOYOTA

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver CHEN LI
NRIC/Passport Number GXXXX885M
Contact Number 86882591

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.
- 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 flability 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 dalms;
  - (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 daims (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

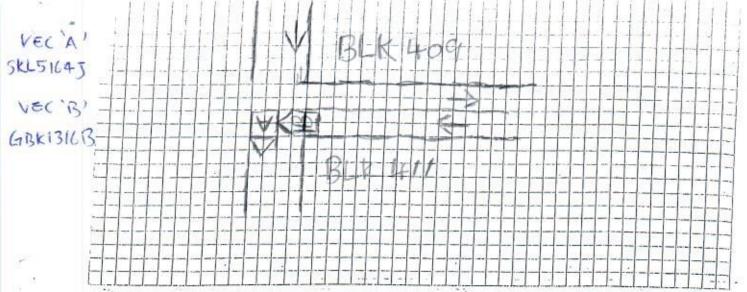
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRI	DE CINCO	INISTAIN	CES OF TE	TE ACCIDENT					
	ON	THE	STATE	D DATE	AND T	IME,	MY CAR	VE( A)	was
Colv	19 51	RAH	HT 4	T Charles	OWARD	THE E	×17. 0F	THE C	ARPARK
As	I DR	IVE F	DAST B	LK 409	, VE	C'B'	SUDDE	NLY D	ASIT
OUT	FROM	M TH	E LE	FT WIT	HOUT	PRACTI	EING TI	4E 510P	LINE
(ND	cour	DED	ON A	Y BACK	LEFT	PORTI	ON OF	THE CA	iR.
				*					
				3					
				es es personale	128/21/11	10.			
				fo 10			III ee ee		
					15.				

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.:

Accident Time: 1345 Lrs (24-HR-Format)
JURUNG WEST ST42 COPPERED BOTHERY BUK 411 & BUK 400
: SKL51647
MINI COOPERS
NTUC Policy No. 5115407616
: THNIT JUN WEN JEROME
: 92954476 Owner's Hp Company Tel
: THING TUN WEN TEROME
:24/e:/1990 DRIVER'S License Pass Date 20/10/2008
: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: 0 wn !
: BLK 409 JURONG WEST ST 42 #07-921.
:1) 92954476 2)
INDOOR \OUTDOOR (s.g. working inside or outside office)
jerome. tjw@gnail.com Almanotty
CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET)
Reporting Only Claim Other Party Claim Own Insurance
ver): 2 I semale.
camera YES INO being used at the time of accident Private use Work purpose
rty Driver's Particular (if anv)
B Vehicle Reg. No:
Wehicle Make Wodel:
Name Driver:
IC No. Driver:
Driver's Contact & Add:



# THE SCHEDULE

# **Private Car Insurance Policy**

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number

: 5115407616

The Policyholder

: THNG JUN WEN, JEROME

BLK 409 #07-921

JURONG WEST STREET 42 SINGAPORE 640409

Period of Insurance

: 17 Jan 2020 To 16 Jan 2021

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: S\$2,096.46

Interest Insured

Cover Type

: drivo CLASSIC

Primary Driver Named Driver (1) Named Driver (2)

: THNG JUN WEN, JEROME THNG JUN TING JEANETTE : THNG JUN NING JENISE

Make/Model Registration Number : MINI/COOPER S : SKL5164J

Capacity : 1600cc Registration Year : 2013

Chassis Number Repair at Owner's Preferred Workshop : No Excess (Section 1) : S\$600

: WMWSV32050T672155

Off-peak Car : No Insure with COE : Yes NCD Entitlement : 0% NCD Protection : No

Excess (Section 2) Windscreen Excess Additional Excess

: N/A : 5\$100

: N/A : Please refer to Terms and Conditions

Unnamed Driver Excess Hire Purchase Company

: DBS BANK LTD

**Optional Cover** 

Transport Allowance Excess Waiver

2 No

Memo A: N/A

Endorsement Operative: N/A

: No

Agency

: ALFA CREDIT PTE LTD (00000613905)

Date of Issue

: 17 Jan 2020 14:18 hrs

#### **DUTY OF DISCLOSURE**

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

<b>eBao</b> Tech							<b>《新代報</b>	Gener	alClaim		
Hello, NAC_PAYA_UBI_80	0601						Change	Languag	e + Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date o	f Accident		21/04/2020	13:45	
	Vehicle	No.(For Motor)	SKL516	543		Certific	cate Number			100	
					E	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5115407616		THNG JUN WEN, JEROME	\$9002675E	GPC	drivo CLASSIC	5KL5164	SKL5164)	17/01/2020	16/01/2021
				WEN, JENOME		Continue	CLASSIC				

Sequen	ce Date of Endorsem	ent E	ndorsemen	t Type	Endorsement	Status	Endorsement Content
♥ Endors	ements						
▶ Insured	d Object: SKL5164)						
Jnit No.	07-921	Relate Numbe	d Policy er	5115407616			
Address 4			ss Type	Singapore address		Post Code	640409
Address 1	BLK 409 #07-921	Addres	is 2	JURONG WEST ST	REET 42	Address 3	SINGAPORE 640409
	older Mailing Address	Tangar Zo		\$1836.00 miles and a second	NEW LINE	20 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
nfo	-14						
Policy Info Certificate							
Open							
Co- nsurance Flag	No						
Agent	ALFA CREDIT PTE LTD	Agent Tel.	62411228		GST Flag	Υ	
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	7/Inexperience Driver Excess
Excess	0	Premium	0				
Additional		Excess			Excess		
Third Party Excess	0	Own damage	600		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	17/01/2020	Effective Date	17/01/202	0 00;00	Expiry Date	16/01/2021 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address							
Certificate No.							
Policy No.	5115407616	Policyholder Name	THNG JUN	WEN, JEROME	Policyholder NRIC	S9002675E	

Claim Handling					
ccident MT/1091692	*********	1112.00(0)000	V. aboneous.	No. 1946, A Sport of Contract Children	
SECY No.	5115407616	Vehicle No.	SKL51643	GST Registration No.	
ertificate No.	STREET, THE PRINTERS				
olicyholder Name	THNG JUN WEN, JEROME			Policyholder NR1C	S9002675E
reduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ontact No.(Mobile)	92954476	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	tio w
FK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
eport Date	21/04/2020 16:10	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Major Minor Road
ate of Accident	21/04/2020	Time of Accident hindrim	13:45		
sporting Centre		Orange Force	23.43	Country of Accident	Singapore
codent Location	BUK 411 JURONG WEST ST 42 CARPARK	or engla rocks		DOM NO.	
7 Total Excess Applicable					
cess Type		501200000000000000000000000000000000000			
ceas type	Per Accident	Windscreen Excess	100.00		
Standard Excess	600.00	TP Standard Excess	0.00		
ED OO Excess					
	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
dditional Excess	0				
tal OO Excess Applicable	600.00	Total TP Excess Applicable	0.00		
P Benefits			00000		
GST Registered Inform	ation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
diffication History					
	GO TOPIC				
Policyholder Mailing Ad					
idress I	BLK 409 #07-921	Andress 2	JURONG WEST STREET 42	Address 3	SINGAPORE 640409
Joress 4		Address Type	Singapore address	Post Code	640409
ne No.	07-921	Related Policy Number	5115407616		
OI Driver Info					
wer Name	THNG JUN WEN, JEROME	Driver Type	Main Onver		
named driver Name		Driver NRJC	\$9002675E	Driver DOB	24/01/1990
gister Date of Driver License	20/10/2008	Driver Age	30	Driving Experience	11
ntact No.(Mobile)	92954476	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 409				Silinamanananan
	8LK 409	Address 2	JURONG WEST STREET 42	Address 3	SINGAPORE 640409
dress 4		Address Type	Singapore address	Post Code	640409
Nt No.	07-921				
pes he own a Singapore gistered car?	O Yes ® No	Driver Vehicle No.		Driver Insurer Company	
1000000					
cleration					
eathalyser or Blood Test ading?	0 mg	Any injury?	○ Yes  No		
dification History					
Claim 001 New					
11.00					
im Type *	ор-мх	Insured Name	THNG JUN WEN, JERONE	Insured NR3C	59002675E
ntact No.(Mobile)	92954476	Contact No.(Home)		Contact No. (Office)	
all Address	gerome tjw@gmail.com	Of Vehicle Number	SKLS164J	TP Vehicle Number	G8K1316B
imant Type Claimant Type •		Type of Benefit *	Please Select	C+10-10-10-10-10-10-10-10-10-10-10-10-10-1	ALTO DESCRIPTION OF THE PARTY O
imant Name *	>>	Claimant NRIC *			
imant Address					
	SKL51641 / GBK1316B ON 21 Apr 2020				
im Description ferred Workshop Contact	SECTION / GOK1310B DN 21 Apr 2020			Name of Preferred Workshop	
THE RESERVE OF THE R		Insured Liability *	Not at Fault	_	April 100 march
guire Finalisation	Yes 💟	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
te Registered	21/04/2020 16:12	Claim Close Date		Date Received	21/04/2020 00:00
port Taken By	Jackson				
Print AK letter					
COLUMN TRACTOR					
		1	Save Submit		
Mtachment		//-			
\$1950-000 Section					
r:					
cident No.	MT/1091692	Claim No.	001		
st Doc Received					
THE PERSON	● Yes ○ No	upload bate	21/04/2020 16:13		
	Path *	Carrier and	Category *	7.0000000000000000000000000000000000000	ncy * Descriptio
		Browse	Clear Please Select	□ Normal	<u> </u>
L New York Control	Name and American	Browse	. Clear Please Select	▼ (40 Y Normal	<u> </u>
Day of the Assessment		Browse	. Clear Please Select	V № V Normal	<u> </u>
The state of the s		Browse	. Dear Please Select	V № V Normal	V
-			The second secon		80.50
		Browse	Clear Please Select	▼ № V Normal	V
		Browse	Clear Please Select	V Normal	V

