Date In: 6/2 /2 -17:33	Jeb description	Date &Time Completed	Done by
Res No: Halteroogaly	SAS e-filing	200000000000000000000000000000000000000	
Veh No: 5713607	E-mail (within Shrs, AIC 2hrs)		Transition of the state of the
D.O.A: 4/7 ha - 00:10	i-Motor Claim Form	m11096134-001	677/20 N:27
	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)	
OD TP ! Reporting Only	i-Photo Uploaded		
T. I.	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:
TP Particulars: Veh No:	1496904 . INC ()/Non-INC()	- A
Owner / Driver: (Tel:)
Policy No: ()	Period: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 30-	100%]
Year of Registration: (Warranty: YES ()/NO ()	
	\$1,000()/\$2,000()		
General Remarks:			\$12.00 Pro-
() Walk-In Customer: Customer's			
() Total Loss Case : to e-mail In		Ferming Co. (
Drive-In ()/ Towed-In (); Inv	oice: YES() / NO();	Fowing Co: (
			Bullet where the bullet of the second of the
Remarks: (INC hotline: 6788 661	6) (=	Date&Time Completed	Done by
Remarks: (INC horline: 6788 6610		Dates: Timb Completed	Done by
		Date& Timb Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car () ()	Dates:Timb Completed	Done by
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:) / Courtesy Car () ()	Date& Timb Completed	Done by
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:) / Courtesy Car () ()	Dates: Timb Comple ad	Done by
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:) / Courtesy Car () ()	Dates: Timb Completed	Done by
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1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions Nano-3572	Courtesy Car ()	eparation Checklist.	Anic (5) Amil
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions Nano-3572	Courtesy Car ()	eparation Checklist at Reporting (\$30); Assessment (\$100); INC (Ani((5)) Amil
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time / Actions	Courtesy Car ()	eparation Checklist. at Reporting (\$30); Assessment (\$100); INC (Fee S Through Survey	Ant (5) Amt fr Bill Add 580) 40/545 \$120
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions laimant's Particulars: river/Owner:	Courtesy Car ()	cparation Checklist at Reporting (\$30); Assessment (\$100); INC (Fee S Through Survey Through Survey (Resurvey) against JNC Only (wef 10 Jan 20)	Ani (5) Ami fat Bill Add 1 880) 40/545 \$120 \$30
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1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions laimant's Particulars: river/Owner:	Courtesy Car ()	cparation Checklist at Reporting (\$30); Assessment (\$100); INC (Fee S Through Survey Through Survey (Resurvey) against JNC Only (wef 10 Jan 20) ection 4 SMRT Survey lional Services: by Cer / Tpt Allowance Co-ordination	Ant((\$)) Amu fatBill Add I \$80) 40/\$45 \$120 \$30 25) \$75 \$160
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions https://doi.org/10.1001/10	Courtesy Car ()	eparation Checklist At Reporting (\$30); Assessment (\$100); INC (Fee S Through Survey (Resurvey) against INC Only (wef 10 Jan 20) ection A + SMRT Survey itonal Services: by Car / Tpt Allowance Co-ordination spair Inspection	Anc(S) Amu fr Bill Add E 580) 40/545 \$120 \$30 25) \$75 \$160
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions Laimant's Particulars: river/Owner: ontact No: amaged Portion:	Courtesy Car ()	eparation Ghecklist At Reporting (\$30); Assessment (\$100); INC (Fee SThrough Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 30) ection A + SMRT Survey lional Services:- by Car / Tpt Allowance Co-ordination pair Inspection ollect Excess Coordination P (Non INC) against INC	Ant (\$) Amu fit Bill Add E \$80) 40/\$45 \$120 \$30 25) \$75 \$160 \$5 \$10 \$25

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

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

aloreadu,	
	ACCIDENT STATEMENT
Date Of Report	06/07/2020 12:33
Date Of Accident	04/07/2020 00:10
Exact Location Of Accident	HOLT RD
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT1760J
Insured/Policyholder	
Name Of Registered Owner	SF LEASING PTE LTD
Co Reg No	2XXXXX564D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97668811
Alternative Phone No	OFFICE-97668811
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6 AT SX ABS D/AB 2WD 4DR
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5108058658-01
Cover Note Number	
Driver	
Name of Driver	TAY AI LI (ZHENG AILI)
NRIC No	SXXXX893H
Date Of Birth	16/07/1974
Occupation	OUTDOOR
Date Of Driving Pass	09/09/2004
Driving Experience	15 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	+65-96203244
Fax Number	

OFFICE-96203244

NOEMAIL

Address 92 MILTONIA CLOSE

Postcode 768232

Was driver an employee of the Insured's Company NO

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

Type Of Accident COLLISION - CHANGE/CROSS LANE

CLEAR Weather Conditions Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

2

YES Was any other material or property damaged?

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

NO

1

NO

NO

Number of Passengers (Including Driver)

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLG9690U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAY AI LI (ZHENG AILI)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SJT1760J

YES

NO

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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)

Lunderstand, 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:
 - (i) 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

Reporting Centre Personne 's Signature Name:

NRIC/FIN No.:

Refer to attached soutch Plan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

0n	Stated date and time, I was travelling	along the
Skyled	I venue vehicle on B we on my right side su	ddenly but onto
y lune	e. Vehicle B Front portion hit onto my ve	hicle right
artion.		
		Whitehall I was to be

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

Policyholder Dota & Time



Reporting Centre Personnel's 2 himme

祖李河 HP 9年6811 日本山中户96203244

4/4/2020 00-10 AM SST 1760 J NATHAN ROAD HOLT POAD J10696

ACCIDENT STATEMENT

AC	The second secon	/YYYY), TIME:()(HH:MM)
LOC	CATION: HIT Rd	
	1. DETAILS OF VEHICLE	
	aJVEHICLE NUMBER:507 176	XI
1.6	DINSURANCE COMPANY: NO	
	C)POLICY NUMBER:	A SOCIETA EN LA COMPANIA DE LA COMP
	d)POLICY TYPE: (COMPREHENSIVE / THIR	D BARTY / THIRD PARTY FIRE & THEFT!
		DEART / THIRDT ARTITICE artists
	e)MAKE & MODEL:	LOOPLY ALLOS OF A OTHERS
	그 그리고 있는 경기를 가장하는 것이 되었다. 그리고 있는 그리고 있는 것이 되었다면 하는 것이 없는 것이다.	[H] [1일 [1일 H] [H] [1] [1] [1] [1] [1] [1] [1] [1] [1] [1
	g) VEHICLE CATEGORY: (PRIVATE / COMA	MERCIAL / MOTORCYCLE)
	h)PURPOSE OF USING AT ACCIDENT TIME	
	I) ARE YOU CLAIMING UNDER YOUR OWN	
502	IF NO, PLEASE STATE (THIRD PARTY CLAIR	M / REPORTING ONLY)
2	. INSURED / POLICY HOLDER	
	A)NAME:	(MALE / FEMALE)
	b)NRIC/FIN/PASSPORT:	CONTACT: 9766881)
	c)ADDRESS:	
(7 00	A	
Λ. Λ	* CONTINUE TO 3.d IF DRIVER ALSO POLICE	CY HOLDER
. No of passenga	, DRIVER	
Including driver) a)NAME:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(1)	DJINKIC/FIN/F ASSFORE.	CONTACT: 1620324
CT	c)ADDRESS:	
	*d)DATE OF BIRTH: (/)	(DD/MM/YYYY)
	e)OCCUPATION: (INDOOR / QUIDOOR)	Povesy (1980): 177, 177, 177, 177, 177, 177, 177, 177
	f) YEARS OF DRIVING EXPRERIENCE:	- 4
4.	WAS DRIVER AN EMPLOYEE OF THE IN	SURED'S COMPANY? (YES / NO)
	IF NO, RELATIONSHIP OF THE DRIVER	
5.	a) WEATHER CONDITION: (CEAR / RAININ	
	b)ROAD SURFACE: (DRY / WET / OTHERS_	
6.	WAS ANYBODY INJURED (YES / NO)	18
	a) REPORTED TO POLICE (YES / NO)	
	IF YES, PLEASE STATE WHICH POLICE STA	TION:
8.	THIRD PARTY VEHICLE	(1) F (1) (1) F (1
to of passenger	a) VEHICLE NUMBER: 5049	MODEL: ,
which disco	b) DRIVER'S NAME: JUL 96904	
reading arrer	c) NRIC/FIN/PASSPORT:	CONTACT:
() 9.		
. 1	**************************************	MODEL:
40 of passenger	AL DRIVER'S NAME:	
nduding driver	f) NRIC/FIN/PASSPORT:	CONTACT:
()	, ij iakojimi i rodi Okt.	comacn
(
40	(A)	
		-chocever . com . sa
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	VIDEO =X	
	VIDEO =	



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00

UEN: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		ADDE	NDUM
A)	PARTICULARS OF PE	RSON MAKING THE AMENDM	ENTS:
	Original Report No	MNA120057129	Vehicle Registration No: SJT1760J
	Name(as shownin NRIC)	SF LEASING PTE LTD	NRIC/FIN/Passport No: 2XXXXX564D
	(*Vehicle Driver / Ve	hicle Owner) (*) Please delete	as appropriate
	Address		Singapore(
	Contact (Tel)		Mobile No. : 97668811
	Email Address		
	Date of Accident :	04/07/2020	Time of Accident : 00:10
	Place of Accident :	HOLT RD	The state of the s
	Insurance Company:	NTUC Income Insurance	Co-operative Ltd
	make the following a		lent and would like to include additional information or
			7/1
	Policyholder / Driver's	s Signature	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Date:

eBao Tech	GeneralCl						alClaim				
Hello, NAC_PAYA_UBI_80	0601						► Change	e Languag	e · Char	nge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy I	No.				Date o	of Accident		04/07/2020	00:10	
	Vehicle	No.(For Motor)	S2T1760)J		Certifi	cate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108058658- 01	5108058658- 01-000002	SF LEASING PTE LTD	201623564D	GFM	Third Party, Fire & Theft	5JT1760J	SJT1760J	21/02/2020	20/02/2021
					C	Continue					

Policy No.	5108058658-01	Policyholder Name	SF LEASIN	G PTE LTD	Policyholder NRIC	201623564D	
Certificate No.	5108058658-01-000002	Name			NRIC		
Address	BLK 7 #01-1259 TOA PAYOH IN	DUSTRIAL PAR	RK TOA PAYO	OH INDUSTRIAL PARK	SINGAPORE	319059	
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	20/02/2020	Effective Date	21/02/2020	00:00	Expiry Date	20/02/2021 23	59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/I	Inexperience Driver Excess
Agent	ASSURE (SINGAPORE) PTE. LTD	Agent Tel.	68038751		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate							
Info							
	older Mailing Address						
→ Policyh	older Mailing Address BLK 7 #01-1259	Addres	s 2	TOA PAYOH INDUST	TRIAL PARK A	Address 3	TOA PAYOH INDUSTRIAL PAR
♥ Policyh		Addres Addres		TOA PAYOH INDUST		Address 3	TOA PAYOH INDUSTRIAL PARI
Info Policyh Address 1 Address 4 Unit No.	BLK 7 #01-1259	Addres	s Type 1 Policy				
→ Policyh Address 1 Address 4 Jnit No.	BLK 7 #01-1259 SINGAPORE 319059	Addres Relater Numbe	s Type 1 Policy	Singapore address			
→ Policyh Address 1 Address 4 Jnit No.	BLK 7 #01-1259 SINGAPORE 319059 01-1259 9 Object: 5108058658-01-0000	Addres Relater Numbe	s Type 1 Policy	Singapore address			
Policyh Address 1 Address 4 Unit No. Insured	BLK 7 #01-1259 SINGAPORE 319059 01-1259 9 Object: 5108058658-01-0000 ements	Addres Relater Numbe	s Type d Policy of	Singapore address	ŧ		
Policyh ddress 1 ddress 4 Init No. Insured Endorse Sequene	BLK 7 #01-1259 SINGAPORE 319059 01-1259 Object: 5108058658-01-0000	Addres Relater Numbe	s Type d Policy of	Singapore address 5110027181-01	ŧ	ost Code	319059

Claim Handling					
Accident MT/1096134					
olicy No.	\$108058658-01	Vehicle No.	53717601	GST Registration No.	
ertificate No.	5108058658-01-000002				
Nicyholder Name	SF LEASING PTE LTD			Policyholder NR3C	201623564D
odust Code	FLEET MASTER INSURANCE	Cover Type	Third Party, Pire & Theft	Loading	0
intact No.(Mobile)	97668811	Contact No.(Office)	0	Contact No.(Home)	0
neil Address		Special Remark		eCode	11 😽
K	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	a a	Private Hire	Yes
Accident Details					
port Date	06/07/2020 14:25	Accident Report Within 24 hrs	Yes	Acodent Type	Collision - Change / Cross lan
te of Acodem	04/07/2020	Time of Accident hh min.	00:10	Country of Acodent	Singapore
porting Centre		Orange Force		ICM No.	F1276000000
Odent Location	HOLT RD				
Total Excess Applicable					
севя Туре	Per Accident	Windscreen Excess	100.00		
	1200000				
Standard Excess D 00 Excess	2,000.00	TP Standard Excess	1,500.00		
	0.00	YIED TP Excess		Driver is Covered?	
Itional Excess					
al DO Excess Applicable	2000.00	Total TP Excess Applicable			
Benefits					
GST Registered Inform					
Registered Registration No.	Yes		GST Registration Date	01/11/2019	
Incation History	2016235645	stern changed GST Registered from No	GST Status Venfied	Yes	
	06/07/2020 14: 27:02 Sy	stem changes GST Registration No. fro stem changes GST Registration Date fro stem changes GST Registration Date fr	to res m null to 2016235640		
Policyholder Mailing Ar		Rem changes GST Registration Date fr	om null to 01/11/2019		
tress 1	BLK 7 #01-1259	Address 2	THE RESIDENCE OF THE PARTY OF T	1710/03/04/02/01	
dress 4	SINGAPORE 319059	Address Type	TOA PAYOH INDUSTRIAL PARK Singapore address	Address 3	TOA PAYOH INDUSTRIAL PAR
t No.	01-1259	Related Policy Number		Post Code	319059
OI Driver Info		Anada Policy Namber	5110027181-01		
ver Name	Unnamed Driver	Oniver Type	Unnamed Driver		
amed driver Name	TAY AT LE (ZHENG AILE)	Onver NRJC	SXXXX893H	Driver DDS	16/07/1974
eter Date of Driver License		Onver Age	45	Driving Experience	
tact No.(Mobile)	96203244	Contact No.(Office)	0		15
resis 1	92 MILTONIA CLOSE	Address 2	THE SHAUGHNESSY	Contact No. (Home)	0
iress 4		Address Type	Singapore address	Address 3	SINGAPORE 768232
1 No.		Medicas 1796	singapore appress	Post Code	768232
es he own a Singapore	O Yes € No	02/01/01/2019/01/2019			
istered car?	Contra de rap	Driver Vehicle No.		Driver Insurer Company	
laration					
athalyser or Blood Test	0 mg	American S	6		
ding?		Any injury?	® Yes ○No		
Incation History					
inicación matary					
laim 001 New					
Deletion of the same and the same of					
2.0					
n Type *	OD-MX	Insured Name	SF LEASING PTE LTD	Insured NR3C	201623564D
act No.(Mobile)	91918622	Cornect No.(Home)		Contact No.(Office)	
il Address		OI Vehicle Number	S)T1760J	TP Wehicle Number	SLG9060u
nant Type Claimant Type *	Please Select	Type of Senetic +	Please Select		
nant kame *	22	Claimant NRIC *			
nant Address					
n Description	SJT1760J / SLG9060U ON 4 Jul 2020			Name of Preferred Workshop	
irred Workshop Contact		Insured Liability +	Not at Fault.		
are Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Registered	06/07/2020 14:27	Claim Close Date		Date Received	06/07/2020 00:00
rt Taken By	Jackson				(***)36*********************************
Print AK letter					
		9	ave Subme		
tachment					
	time to the				
lent No.	MT/1096134	Claim No.	001		
Doc Received	● Yes ○ No	Upload Date	06/07/2020 14:29		
10.000	Pach *		Category *	Confidential Urgan	ncy * Description
		Browse	Clear Please Select	▼ Normal	V
		Browse	Clear Please Select	♥ 90 V Normal	V
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