Date In 8 aps. 12. 24	Jeb description	Date &Time Completed	Done by	8
Ref No: HALLCOSOF 19444	SAS e-filing	Spinor Head		
Veh No: 14423847.	E-mail (within Shrs, AIC 2hrs)			-
D.O.A : 7/7/20-15:15	i-Motor Claim Form	M71109 6366-001	87 ha 1203	~
	i-Motor W/O (Within: OD 2			TE STOKE
OD / TP/ Reporting Only	i-Photo Uploaded			3070
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(	Tel:	Fax:	odinolo i En
TP Particulars: Veh No: 6	BJ7796P. INC	( )/Non-INC( )		
Owner / Driver: (		Tel:	)	
Policy No: ( )	Period: (	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %	Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-	100%]	
Year of Registration: ( )		)		
	\$1,000 ( )/\$2,000 ( )			Very person
General Remarks:-		CANADAS SERVICES	STATE OF THE STATE	
( ) Walk-In Customer : Customer's				
( ) Total Loss Case : to e-mail Ins		Julicary 110 Tallot di Topolioni		
		Towing Co. (		1
Drive-In ( )/ Towed-In ( ); Invo	oice: YES( ) / NO( );	Towing Co: (		
Remarks: (INC hotline: 6788 6616	0)	Date&Time Completed	Done by	200
1) Apply for Transport Allowance ( )	/ Courtesy Car ( )		POST 100 POS	
2) QC Check / Post Repair Inspection	( )			
	( )			
3) Upload Resurvey Photo [Repair Cost >	( )			
	( ) >\$3000] ( )			
3) Upload Resurvey Photo [Repair Cost > Injury :	( )			
3) Upload Resurvey Photo [Repair Cost >	( )			
3) Upload Resurvey Photo [Repair Cost >	( ) >\$3000] ( )			
3) Upload Resurvey Photo [Repair Cost >	( )			
3) Upload Resurvey Photo [Repair Cost >	( )			
3) Upload Resurvey Photo [Repair Cost >	( )			
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions	3	cparation Checklist	Anit (5)	
3) Upload Resurvey Photo [Repair Cost >  Injury :  Date/Time   Actions	Invoice Pr	cparation Checklist	Ant (5)	7
Onte/Time Actions	Invoice Pa	int Reporting (\$30); ge Assessment (\$100); INC (\$	Anit (5) (st Bill - 6	200
Onte/Time Actions  Actions  Actions  Aimant's Particulars:	Invoice Pr	int Reporting (\$30); ge Assessment (\$100); INC (\$ gree \$4	Ant (5) (st Bill = 6 80) (0/\$45	200
Oate/Time Actions  Actions  Actions  Actions  Actions  Actions  Actions  Actions  Actions	Invoice Pa  1) AR: Accide 2) DA: Dame 3) TF: Towin 4) FT: Follow 5) FT: Follow	int Reporting (\$30); ge Assessment (\$100); INC (\$ gree \$4  Through Survey  Through Survey (Resurvey)	Ant (5) (st Bill 6 80) 0/\$45 \$120 \$30	7
Onte/Time Actions  Actions  Actions  Aimant's Particulars:- iver/Owner:	Invoice Pro  1) AR: Accide 2) DA: Dams 3) TF: Towing 4) FT: Follow 5) FT: Follow Por claimin.	int Reporting (\$30); the Assessment (\$100); INC (\$100); The Survey Through Survey (Resurvey) Tagainst INC Only (wef 10 Jan 200)	Ant(5) (st.Bill 6 80) 0/\$45 \$120 \$30 5)	200
Onte/Time Actions	Invoice Position of the state o	int Reporting (\$30); the Assessment (\$100); INC (\$100); The Survey Through Survey (Resurvey) Tagainst INC Only (wef 10 Jan 200)	Ant (5) (st Bill 6 80) 0/\$45 \$120 \$30	7.00
Onte/Time Actions	Invoice Print Art Accided 2) DA: Dame 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idae D 8) NTUC Add	int Reporting (\$30); ge Assessment (\$100); INC (\$ gree \$4  -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 200 pection	Ant(S)  (st Bill  0/\$45 \$120 \$30 5) \$75	200
Jate/Time Actions  Actions	Invoice Pr  1) AR: Accid 2) DA: Dame 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idae D 8) NTUC Add OD:*	int Reporting (\$30); ge Assessment (\$100); INC (\$ gree \$4  -Through Survey -Through Survey (Resurvey) ge against INC Only (wef 10 Jan 200 pection A + SMRT Survey itional Services:	Ant(S)  (st Bill  0/\$45 \$120 \$30 5) \$75	7
January:  Date/Time Actions  Actions  alimant's Particulars: iver/Owner: intact No: imaged Portion:	Invoice Part 1) AR: Accide 2) DA: Dams 3) TF: Towing 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-ins 7) N1: Idae D 2 8) NTUC Add QD)*  *NS: Courte	int Reporting (\$30); ge Assessment (\$100); INC (\$ gree \$4  -Through Survey -Through Survey (Resurvey) ge against INC Only (wef 10 Jan 200 pection A + SMRT Survey	Ant (S) (st Bill 6  80) (0/\$45 \$120 \$30 5) \$75 \$160	7
Oate/Time Actions  Actions  Actions  Actions  Actions  Checked by (Engr-In-Charge):	Invoice Pa  1) AR: Accide 2) DA: Dame 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idae D 8) NTUC Add QIN* *N5: Courte *N6: Repair *N7: Post R	int Reporting (\$30); ge Assessment (\$100); INC (\$ gree \$4  -Through Survey -Through Survey (Resurvey) ge against INC Only (wef 10 Jan 200 pection A + SMRT Survey itional Services:	Ant (S)  [st Bill 6  80)  80/\$45  \$120  \$30  \$5  \$75  \$160  \$5  \$10  \$25	Amt (1
July:  Date/Time Actions  Checked by (Engr-In-Charge):	Invoice Pr  1) AR: Accide 2) DA: Dams 3) TF: Towing 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-ins 7) N1: Idae D 8) NTUC Add QD: *N5: Courte *N6: Repair *N7: Fost B *N8: DV / 6	int Reporting (\$30); the Assessment (\$100); INC (\$100)	Ant (S) (st Bill 6  80) (0/\$45 \$120 \$30 5) \$75 \$160	7
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time   Actions	Invoice Pr  1) AR: Accide 2) DA: Dams 3) TF: Towing 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-ins 7) N1: Idae D 8) NTUC Add QD: *N5: Courte *N6: Repair *N7: Fost B *N8: DV / 6	int Reporting (\$30); te Assessment (\$100); INC (\$ \$ Fee \$4  Through Survey  Through Survey (Resurvey) t against INC Only (wef 10 Jan 200 pection  A + SMRT Survey titional Services:  asy Car / Tpt Allowance  Co-ordination epair Inspection  Collect Excess Coordination  TP (Non INC) against INC	Ant (S)    fst Bill   6    800     60/\$45     5120     530       \$5   \$5                 \$5                           \$5                             \$5                                 \$5	200

#### 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.
- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT
Date Of Report	08/07/2020 12:24
Date Of Accident	07/07/2020 15:15
Exact Location Of Accident	JURONG LOGISTICS HUB CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGY2384P
Insured/Policyholder	
Name Of Registered Owner	TAN BAI JIE GLENN
NRIC No	SXXXX991D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97621383
Alternative Phone No	OFFICE-97621383
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.8L A
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
f 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	THIRD PARTY
Fleet Policy	NO
Policy Number	5117706229
Cover Note Number	
Driver	
Name of Driver	TAN BAI JIE, GLENN
NRIC No	SXXXX991D
Date Of Birth	05/05/1992
Occupation	OUTDOOR
Date Of Driving Pass	17/09/2014
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97621383
Fax Number	

OFFICE-97621383

NOEMAIL

BLK 208 CHOA CHU KANG CENTRAL Address

#08-72

Postcode 680208

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 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

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.

NO

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

NO

0

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** 

**GBJ7796P** Vehicle Registration Number

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.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Refer to attached statch Plan.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

my who	cle was	H9110	nary 1	par lu	d on	the	Dirong	W	Miga	ML
urpark. V	ehicle B	erit	tom	the o	earpark	10+	and	hit	onto	my
tation ary	ve hi cle	tront	right	port	on.					

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 .:

柱外年621383

9696/1/2 0606/1/2 16.15/PM 94866/798

Turong Port Rd.

Surong Logistics Hub

# **ACCIDENT STATEMENT**

ACC	IDENT DATE: (7 /7	(DD/MM/YYYY)	, TIME:(15:15)(HH:MM)
LOC	ATION: Throng	agitics that cor	park
94 (2)	DETAILS OF VEHICLE  a) VEHICLE NUMBER:  b) INSURANCE COMPAN	and the state of t	et u
	e)MAKE & MODEL:		TY / THIRD PARTY FIRE &THEFT)
	g) VEHICLE CATEGORY: h) PURPOSE OF USING A i) ARE YOU CLAIMING U	PE / MPV / VAN / LORRY  (PRIVATE / COMMERCIA  T ACCIDENT TIME:  NDER YOUP OWN INSUR  HIRD PARTY CLAIM / REI	PÁVGTE .
2	. INSURED / POLICY HOLD	10 (15 m)	
	A)NAME:	150	(MA(E) FEMALE)
	b)NRIC/FIN/PASSPORT:_ c)ADDRESS:		CONTACT: 976 21383
19 18	* CONTINUE TO 2 J IF DI	RIVER ALSO POLICY HO	IDEB
M 11 0 .		RIVER ALSO POLICY HOI	LDER
*Ho of passenga	, DRIVER	7	(MALE / FEMALE)
(Including driver	a)NAME:		CONTACT:
(0)	c) ADDRESS:	Z	
	*d)DATE OF BIRTH: ( e)OCCUPATION: (INDO		MM/YYYY)
	f) YEARS OF DRIVING EXF	PRERIENCE:	
	IF NO, RELATIONSHIP	OF THE DRIVER WITH	D'S COMPANY? (YES / NO)
5.	a) WEATHER CONDITION		THERS
	b)ROAD SURFACE: ORY	/ 3	
	WAS ANYBODY INJURED		
7.	a)REPORTED TO POLICE		
		HICH POLICE STATION:	
8. the of passenger	THIRD PARTY VEHICLE  a) VEHICLE NUMBER:	GB77776P.	MODEL:
( lat de les	b) DRIVER'S NAME:		
	c) NRIC/FIN/PASSPORT	:	CONTACT:
( <u>V</u> ) 9.	THIRD PARTY VEHICLE		The street of the state of the
& // /	d) VEHICLE NUMBER:		_MODEL:
* No of passenger	e) DRIVER'S NAME:		-27
(Induding driver	f) NRIC/FIN/PASSPORT		_CONTACT:
()	©		

email =

fax =

VIDEO = X

<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						Change	Language	• Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									(8
Notice of Loss	Policy N	No.				Date o	of Accident	0	7/07/2020 1	5:15	
	Vehicle No. (For Motor)		SGY2384P			Certificate Number					
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5117706229		TAN BAI JIE GLENN	S9215991D	GPC	Third Party	SGY2384P	SGY2384P	05/06/2020	04/06/2021
					C	Continue					

Policy No.	5117706229	Policyholder Name	TAN BAI JI	E GLENN	Policyholder NRIC	S9215991D	
Certificate 40.		northyraus			1011170		
Address	BLK 208 #08-72 CHOA CHU KA	NG CENTRAL S	INGAPORE 6	580208			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	05/06/2020	Effective Date	05/06/2020	00:00	Expiry Date	04/06/2021 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	Ó	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	ASSURE (SINGAPORE) PTE. LTC	Agent Tel.	68038751		GST Flag	Y	
Co- insurance Flag Open Policy Info	No						
Certificate Info							
→ Policyh	nolder Mailing Address						
Address 1	BLK 208 #08-72	Addre	ss 2	CHOA CHU KANG C	ENTRAL	Address 3	SINGAPORE 680208
Address 4		Addre	ss Type	Singapore address		Post Code	680208
Unit No.		Relate Numb	d Policy er	5117706229			
Insure     In	d Object: SGY2384P						
	ements						
Endors							

March   Marc	Claim Handling					
Marie   Mari	Accident MT/1096366					
Management   Man	Policy No.	5117706229	Vehicle No.	SGY2384P	GST Registration No.	
Ministry	Certificate No.					
March   Marc		TAN BALLIE GLENN			Policyholder NRIC	592159910
Comman   C			Cover Type	Third Party		
Square						
March   Marc		87021303				Security.
March   Marc		® to O'Van		RAN CYNT		Carried States
## MATCH 1987   MA		15				20
March   Marc		NO	NCD Emisiemere(%)	8	Private Pine	No
Second   S						
Marches   Marc	Report Date	08/07/2020 12:31	Accident Report Within 24 hrs.	Yes	Accident Type	Damaged whilst parked
Column   C	Date of Accident	07/07/2020	Time of Accident hh:mm	15:15	Country of Academt	Singapore
Principal Park   Park Accorded   1985   19	Reporting Centre		Orange Force		ICM No.	
Column   Park   Column   Col	Accident Location	JURGING LOGISTICS HUB CARPARK				
00 190 00 Entern	♥ Total Excess Applicable	6				
Mile	Excess Type	Per Accident	Windscreen Excess	0.00		
Mile						
Mattered Enterly	DO Standard Excess	0.00	TP Standard Excess	0.00		
Table   Tabl	VIED OO Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
## 1985   1985	Additional Excess					
Cart Angelore   No	Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
March   Marc	▽ Benefits					
201   Status verified   192	GST Registered Inform	ation				
The Public Publ	GST Registered	No		GST Registration Date		
## Parkywater Malling Address  ## 100 M2 09 409-72	GST Registration No.			GST Status Venfied	Yes	
Madeway   Mary   Mary   Madeway   Madeway   Madeway   Madeway   Madeway   Madeway   Mary	Modification History					
Madeway   Mary   Mary   Madeway   Madeway   Madeway   Madeway   Madeway   Madeway   Mary						
Address Type	Policyholder Mailing Ad	idress				
Mariance	Address I	BLK 208 #08-72	Address 2	CHOA CHU KANG CENTRAL	Address 3	SINGAPORE 680208
## Private Value   Control March   Control Ma	Address 4		Address Type:	Singapore address	Post Code	680209
Driver Marie   TAM BAI	unit No.		Related Policy Number	5117706229		
Design Date   Design   Desig	□ OI Driver Info					
Contact No. (Oriente No. (Ori	Driver Name	TAN BALLIE, GLENN	Driver Type	Main Oriver		
Contact No. (Mobile)   979.21383   Contact No. (Mobile)   8   Contact No. (Mobile)   979.21383   Contact No. (Mobile)   8   Contact No. (Mobile)   979.21383   Sind-ADRE 690.008   Indicate 4	Unnamed driver Name		Driver NR3C	S9215991D	Driver DOS	05/05/1992
Married 1   M.X. 208	Register Date of Driver License	17/09/2014	Driver Age	28	Driving Experience	5
Address 1/ye	Contact No.(Mobile)	97621383	Contact No.(Office)	а	Contact No.[Home]	D.
Address 1/ye	Address 1	BLK 208	Address 2	CHOA CHU KANG CENTRAL	Address 3	SINGAPORE 680208
Description		1000-515.0				
Desire Found & Sproader (Press of Nation 1979)		08-72				
Partic And Description   Partic And Descript			Ballian Hobbida No.		Deliver Inn. day Company	
Any injury?   One	Registered car?	O Yes (#) NO	Univer venicle No.		priver mayer company	
Any injury?   One	Declaration					
Claim Obs   New   Do-MK		Marine State of the State of th	CORRECTION IN	Olan Run		
Claim O1   Next	Reading?	o mg	way injury c	O sea (e) no		
Claim O1   Next						
Claim Type *   OD-MX	Modification History					
Claim Type *   OD-MX	14507555 N 116 N					
Contact No. (Probley)  27621383  Contact No. (Probley)  27621383  Contact No. (Probley)  27796 Benefit * Poses Select  27796 Poses Select  27797 P	Claim 001 New					
Contact No. (Probley)  27621383  Contact No. (Probley)  27621383  Contact No. (Probley)  27796 Benefit * Poses Select  27796 Poses Select  27797 P						
Contact No.   Probley   \$7261783	Claim Type *	OD MX	Insured Name	TAN BAI JIE GLENN	Insured NR3C	S9215991D
Claimant Type Claimant Type   Plases Select   Type of Benefit   Please Select   Type of Benefit				1		Production of the Control of the Con
Claimant Type Claimant Type   Plasae Select   V   Type of Beneft *   Please Select   V   Claimant Name *		2.041300		- Control Control		Part of the Control o
Claimant Name *		Manca Salest			OF VALUE OF LITTLE	Separat Cares
Claim Description SGY2384P / GBJ7796P ON 7 Jul 2020  Insured Liability * Not at Fault				I case seem		
Cleam Description  SGY2364P / G83796P ON 7 Au 2020  Name of Preferred Workshop  Insured Liabity * Not at Fault  Ves  Preferred Repair Option  Preferred Workshop, Name unknown  Oute Registered  G0/07/2020 12:32  Oair Close Date  Date Registered  G0/07/2020 12:32  Oair Close Date  Save Submit  Attachment  Fire Ak letter  Save Submit  Accessed No.  Net/1096366  Claim No.  O01  Last Dor. Received  Path *  Path *  Category *  Nermal V  Faculty *  Record of the category *  Nermal V  Faculty *  Record of the category *  Ca		55	Securiti more			
Insured Leability * Not at Fault V  Preferred Workshop Clinitation (Ves V Preferred Repair Option Preferred Workshop, Name unknown V GJA report Received 08/07/2020 02:00 Date Registered (06/07/2020 12:32 Oaim Close Date Date Received 08/07/2020 00:00 Date Received 08/07/2020 00:		SCALISTO CONTAMES OF A 2 7 1 1 1 1 1 1			Name of Destacred Medicals	100
Require finalsation   Tes		2012 JUNE / GOLF/90F ON 7 ALL 2020	SERVER MANAGEMENT	parties and the same	Anne at 1) trained working	52
Date Registered  Date Received  Dat	Preferred Workshop Contact No.		Insured Liability *	Not at Fault V		
Report Taken By Jackson  Princ AX letter  Attachment  Action No. PY/1016366 Claim No. 001  Lain Doc. Received 1 Yes No. Upload Date 08/07/2020 12:34  Path * Category * Confidential Urgency * Description *  Browse. Claim Please Select V V Normal V	Require Finalisation	Yes 🔻	Preferend Repair Option	Preferred Workshop, Name unkn	nown G3A report	
Attachment  Attach	Date Registered	08/07/2020 12:32	Oaim Close Date		Date Received	08/07/2020 00:00
Attachment  Attach	Report Taken By	Jackson				
Attachment  Attach	Print AK letter					
Attachment  Attach	and the second control of			AND ADDRESS OF THE PARTY OF THE		
Accident No. MT/1096366 Claim No. 0014  Last Dot. Received Pass No. Upload Date 08/07/2020 12:34  Path * Category * Confidential Urgency * Description *  Browse. Claim Please Select V V Normal V  Please Select V V Normal V				Save Submit		
Accident No. MT/1096366 Claim No. 001  Last Doc. Received	Attachment					
Accident No. MT/1096366 Claim No. 001  Last Doc. Received						
Upload Date 08/07/2020 12:34  Path * Category * Confidential Urgency * Description *  Browse Clear Please Select V V V Normal V  Browse Clear Please Select V V V Normal V  Browse Clear Please Select V V V Normal V						
Path *  Category * Confidential Urgency * Description *  Browse Clear Please Select V V V Normal V  Browse Clear Please Select V V Normal V	Accident No.	MT/1096366	Claim No.	001		
Browse. Clear Please Select V V Normal V  Browse. Clear Please Select V Normal V	Last Doc. Received	Yes ○ No	Upload Date	08/07/2020 12:	34	
Browse Cear Please Select V V Normal V  Browse Cear Please Select V Normal V  Browse Cear Please Select V Normal V  Browse Cear Please Select V Normal V		Path *		Category	* Confidential Un	gency * Description *
Browse Clear Please Select V No V Normal V  Browse Cear Please Select V No V Normal V  Browse Cear Please Select V Normal V			Browse	Clear Please Select	▼ Norm	si v
Browse Clear Please Select V No V Normal V  Browse Cear Please Select V No V Normal V  Browse Cear Please Select V Normal V			Browse	Clear Please Select		al V
Browse Cear Please Select V No Normal V Browse Cear Please Select V No Normal V			- TWO USE		- 12 (4 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 ) ( 1 )	Vi
Browse Osar Pisase Salect V No V Normal V					2000	
		THE RESERVE OF THE PARTY OF THE				
			Browse	Cear Please Select	The state of the s	100

