NATIONAL Assessment Cen	The state of the s		14 no 67866	D	one by	
Date In: 1872-17: 19	Jeb description	1	Date & Time Completed		one of	
Ref No: NA) 14(2) NP2h/14	SAS e-filing		i			
Veh No: 13463471	E-mail (within	Shrs, AIC 2hrs)				
D.O.A : 10) May -14:40	i-Motor Clai	m Form	m711099512-031	11/8/2	Ahill e	
OD (TP) Reporting Only	i-Motor W/0	i-Motor W/O (Within: OD 2hrs, TP 4hrs)				
OB ATP Reporting Only	i-Photo Uplo	aded				
TP Insurer:	Assessment/St	urvey Report				
1F Insurer.	Ass't Report b	y Fax / Hand	to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW; (Tel:	Fax:)	
TP Particulars: Veh No: O	137707	. INC()/Non-INC()	4		
Owner / Driver: (Tel:)		
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)		
			20%; P: 21-79%. P: 80-	100%]		
Year of Registration: ()	Warranty: YES ()/NO()	S. C. SHITTING		
Excess: (\$) Loading: \$1	STATE OF THE PARTY	20000000000000000000000000000000000000	A SOMEON CONTRACTOR	35.17		
			762 PROPAGE (6)			
() Walk-In Customer : Customer's in	THE RESERVE AND PERSONS ASSESSMENT OF PERSONS ASSESSMENT ASSESSMEN	nfidential & S	trictly NO rater of repairer.	<u> </u>		
() Total Loss Case : to e-mail Insu		10 () . 7	Familia Co. (,)	
Drive-In ()/ Towed-In (); Invo	ice: YES () / I	NO();	Towing Co: (PER-AFRE	7	
Remarks: (INC hotline: 6788 6616)			Date&Time Completed	A SECTION AND ADDRESS OF THE PARTY OF THE PA	one by	
	/ Courtesy Car ()				
2) QC Check / Post Repair Inspection)		20-20-00		
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()				
Injury:		- Harris III				
Date/Time Actions			100		District	
					*/	
		The state of the s				
				+		
		The second second		Ant	(S) Amt (\$)	
MA2004 132.		The Administration of the	eparation Checklist	161	Bill Add Bill	
laimant's Particulars :-		1) AR : Accident		(80)		
river/Owner:		3) TF : Towing	Fee S4	\$120		
		4) FT : Follow- 5) FT : Follow-	Through Survey (Resurvey)	\$30		
Contact No:		6) TR : Re-insp	against INC Only (wef 10 Jan 200 sction	\$75		
arnaged Portion:			+ SMRT Survey	\$160		
		OD.				
C Checked by (Engr-In-Charge):			y Car / Tpt Allowance Co-ordination	\$10		
Anditors' Comments :-		*N7: Fost Re	pair Inspection ollect Excess Coordination	\$25	-	
at 1:	ACC 2 (0643 - 447 - 649) (2-	TP (N11): T	P (Non INC) against INC	\$20		
	1000	9) N12: Idaa M	obile Fee Chargea	30	2.46万24	
at. 2/3;		Invoice dated	Fee Charges	1000000		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT	
Date Of Report	11/08/2020 17:29	
Date Of Accident	10/08/2020 14:40	
Exact Location Of Accident	BLK 59 UPP CHANGI RD OPEN SPACE CARPARK	
Country/State of Loss	SINGAPORE	
and the second second second second	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJH6392T	
Insured/Policyholder		
Name Of Registered Owner	CHAN FOOK SENG	
NRIC No	SXXXX203B	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-92298641	
Alternative Phone No	OFFICE-92298641	
Vehicle Particulars		
Manufacturer	HONDA	
Model	FIT 1.3G A	
Exact Purpose for which vehicle was being us time of accident	sed at PRIVATE USE	
Are you claiming under your own insurance p for repair to your vehicle?	olicy 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	5115072248	
Cover Note Number		
Driver		
Name of Driver	CHAN FOOK SENG	
NRIC No	SXXXX203B	
Date Of Birth	06/11/1960	
Occupation	INDOOR	
Date Of Driving Pass	07/04/1983	
Driving Experience	37 YEARS AND 4 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-92298641	
Fax Number		
Contact Number	OFFICE-92298641	
EMail Address	NOEMAIL	
		72.5 F

Address	BLK 339 UBI AVENUE 1 #04-871
Postcode	400339
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	SER .
Vehicle	3E3
Insurance Company of Driver's Own Vehicle	NTX
insurance Company of Driver's Own Verticle	
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)	0
Details of Police Action	
Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes,against whom?	
Circumstances of Accident	
REFER TO POLICE REPORT - T/20200810/2031	
Attachment(s)	
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO
	OF OTHER VEHICLE PROPERTY 1
Vehicle Registration Number	GU3370T
Vehicle Make/Model/Colour	Made in Control Control
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PERSONAL WOODS AND STORY A
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 truthful and accurate as possible. Any wilful misrepresentation or withholding 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. 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.
- 7. 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)
 - (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
- 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:
 - (i) 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:

11/08/20

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Name:

NRIC/FIN No.:

SKETCH PLAN Blic Sq New upper chang; Rd DESCRIBE CIRCUMSTANCES OF THE ACCIDENT p); a 1904-7/20080/231 DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature Policyholder's Signature Driver's Signature Name: (If driver is not the policyholder) Date & Time: NRIC/FIN No .: Date & Time:

DIARMCS KONTREEN FORM VS

ACCIDENT STATEMENT

ACCIE	DENT DATE: (10/08/2000)(DD/MM/YYY), TIME: (14:42)(HH:MM)
LOCA	TION: Blk 59 New upper Changi Rd Open Space Con park
	The state of the s
1.	DETAILS OF VEHICLE a) VEHICLE NUMBER: 31463927
	DINSURANCE COMPANY: NTUC INCOME.
8	c)POLICY NUMBER: 5115072248
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL: Handa FIT
	f)TYPE:(SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS)
	- LVELIGLE CATECORY-IRRIVATE / COMMERCIAL / MOTORCYCLE)
	hIPURPOSE OF USING AT ACCIDENT TIME: CTO to Market buy Vegetable
	I ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES (NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM) / REPORTING ONLY)
2.	INSURED / POLICY HOLDER AINAME: Chan Fook RONG (MALE / FEMALE)
	CIADDRESS: BILE 339 WEI AVE 1 # 04-871
	S (400339)
50 50	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
* His of passenge.	DRIVER
(Including driver)	GINAME: Chan Fook Seng (MALE / FEMALE)
())	
	CIADDRESS: BILC 339 UB) AVE 1 #04-871
	*d)DATE OF BIRTH: (06/11/1960)(DD/MM/YYYY)
* *	e)OCCUPATION: (INDOOR)
	FLYEARS OF DRIVING EXPRERIENCE: 30 YEARS
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Volice Holder
5.	GIWEATHER CONDITION: (CLEAR / RAINING / OTHERS)
	b)ROAD SURFACE: (DR) / WET / OTHERS WAS ANYBODY INJURED (YES /NO)
	o) REPORTED TO POLICE (NES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: Macpher Son NPP
8.	TUIDD DADTY VEHICLE
the of passenger	a) VEHICLE NUMBER: GU3370T MODEL: Van
(Including driver)	b) DRIVER'S NAME:
() 。	c) NRIC/FIN/PASSPORT:CONTACT: THIRD PARTY VEHICLE
V. 199	d) VEHICLE NUMBER: MODEL: "
the of passenger.	el DRIVER'S NAME
(Induding driver)	f) NRIC/FIN/PASSPORT:CONTACT:
()	
E	
	Parls - (2020) 2440-1 1044
985	email = f8chan6203@gmail.com
	fax =
	10X 2
	Hondright rate rate





T/20200810/2031

1 of 3

Report No. T/20200810/2031

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

	EPORT OF A TRAFFIC ACCIDENT						<u> </u>		
	0/08/2020 14:42			Vide Report No.:				tion Diary No.:	
nforma	nt's Partic	ulars							
	Informant: OOK SEN		Address APT BL		AVENUE 1	#04-871 SI	NGAF	ORE 400339	
D Type	/ ID No.: D / S14262	NOTE OF THE PARTY	Contact Home/C			Mobile: 92	22986	41	
National SINGAP	ity: ORE CITIZ	ZEN ZEN	Email:						
Sex: Male	Age: 59	Date of Birth: 06/11/1960	Type of Driver	Informant					
Race: Chinese			Langua	ge:		Institution	/ Sch	ool Name:	
Occupation: SCHOOL CANTEEN VENDOR		Driving Class:	Licence Ir	formation:	Date of E	of Expiry:			
	which the second real property	n of the Accident		Drink	Date/Tin	ne of	T		
	t:	Non-Injury Hit and Run		Drive:	Accident		-	ar Park	
Accident Location Along R NEW UP	t: oad 1 PPER CHA	Hit and Run	OPEN S	Drive: No	Accident 10/08/20	I.	-	ype of Location Car Park	
Accident Location Along R NEW UP BLK 59	t: oad 1 PPER CHA	Hit and Run	O OPEN S	Drive: No	Accident 10/08/20	t:)20 12:00	C	The state of the s	
	t: oad 1 PPER CHA NEW UPP	Hit and Run	Road S	Drive: No	Accident 10/08/20	t:)20 12:00	Road S	ar Park	

Details of V	ehicle Invo	lved				A CHENNELLA
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJH6392T	Car	HONDA	FIT 1.3G A	Red	Slightly Damaged	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJH6392T	NTUC Income Insurance Co-Operative Limited	5115072248	27/12/2019	14/02/2021



T/20200810/2031

2 of 3

Report No. T/20200610/2031

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999

CONTINUATION OF REPORT

Details of Perso	n Involved		All Carlot				
Any Pedestrian Ir	rvolved: No						
No. of Pedestrian	s Injured: NIL		Use of Ped	destrian	Cross	ing: NA	
Driver							
Name	CHAN FOOK SENG	3		ID No		S142620	3B
Related Vehicle	SJH6392T (Car)			Conta	ct No.	92298641	
Hospital/Clinic	NIL			Class Drivin Licent Expir	g	Class: 2B Date of E	,3,4 xpiry: NIL
Date Treatment	NIL		Date Disc		NIL		your way
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL		1

Brief Details.

On the above mentioned date, time and place, I parked my car from about 0930-1200. I came back at about 1201hrs, I came back and drove the car and left the carpark. While I was driving, I realized there was a piece of white paper stuck on my windscreen wiper and I stopped at Bedok Reservoir NTUC Fairprice. I then took out the piece of paper after I parked my car and the paper stated (GU3370T Dark Blue Van Reversed & Accidentally...). There was no phone number left behind. I wish to state that I do not have an in-car camera.







3 of 3 Report No. T/20200810/2031

Police Station Of Crigin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

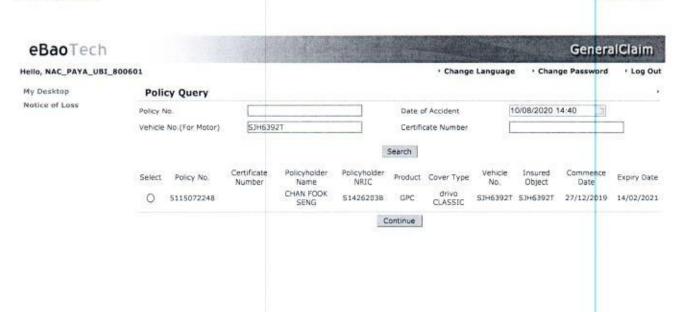
Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report G / Sgt 1 CHUA KUN ER	t: Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/08/2020 14:42
Officer In Charge Of Case: TP / HRT /	Classification Of Case:
SI KALESWARI PALANI Contact No.: 65476902	SINGAPORE POLICE FORCE
Authentication Stamp	SIGNATURE



Police	cy Information						
Policy No.	5115072248	Policyholder Name	CHAN FOOK SENG	Policyholder NRIC	S1426203B		
Certificate No.		Training.		MAC			
Address	BLK 339 #04-871 UBI AVENUE	1 SINGAPORE	400339				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N		
Policy ssue Date	26/12/2019	Effective Date	27/12/2019 00:00	Expiry Date	14/02/2021 2	3:59	
Excess Type	Per Accident	All Claims Excess					
hird Party excess	0	Own damage Excess	600	Windscreen Excess	100		
Additional Excess	1000	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young	g/Inexperience Driver	Excess
Agent	HAMILTON AUTOHUB PTE. LTD.		64751946	GST Flag	Y		
Co- nsurance Flag Open Policy Info Certificate Info	No						
900000000000000000000000000000000000000	older Mailing Address	90000			CONT. INC.		-
Address 1	BLK 339 #04-871	Addres	s 2 UBI AVEN	IUE 1	Address 3	SINGAPORE 4003	139
Address 4		Addres	s Type Singapore	address	Post Code	400339	
Jnit No.		Relate Numbe	d Policy 51150722	248			
▶ Insured	Object: SJH6392T	NO AND					
♥ Endorse	ements						
Sequenc	3005002016		ndorsement Type	Endorsement	ALC: Y	0200200000000	200000000
1	22/07/2020 00:00		tension/Shorten	Endorsement Take Eff		Endorsement Thank you for giving opportunity to serve confirm that the Peri Insurance of this poliamended as follows: INSURANCE: 27 Dec Feb 2021 In view of amendment, an addipremium of \$177.00 GST) is payable under the properties of the properties of the payable of the properties o	us the you. We od of cy is PERIOD OF 2019 TO 14 this tional (inclusive of
	23/07/2020 00:00	Basic Ii Endorsi	nformation ement	Entry Rejected		Thank you for giving opportunity to serve confirm that from 23 following amendment made to this policy: amendment, an adding remium of \$481.95 GST) is payable under Please ignore this prepayment request if y made payment. Othe would appreciate it if make payment to us days from the date of For cheque payment, the cheque in favour Income" with your na policy number indicat reverse of the cheque Alternatively, you con payment at any of our cash, credit card or N	you, We Jul 2020, the tics is/are In view of thi tional (inclusive of tr your policy ternium ou have since twise, we you could within 14 f this letter, please issue of "NTUC time and ted on the the thin ild also make to branches b
			Continue	Cancel		7	

Claim Handling					
Accident MT/1099512					
Policy No.	5115072248	Vehicle No.	S3H6392T	GST Registration No.	
Certificate No.					
Palicyholder Name	CHAN FOCK SENG			Policyholder NRJC	514262038
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	92298641	Contact No. (Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	100
KFK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	Digital Control
ACD Protection	No	NCD Entitlement(%).	a	Private Hire	No
Accident Details					
Report Date Date of Accident	11/08/2020 17:46	Accident Report Within 24 hrs	Yes	Acodent Type	Damaged whist parked
Reporting Centire	10/08/2020	Time of Accident Intomi	14.40	Country of Accident	Singapore
Accident Location	BLK 59 UPP CHANG! RD OPEN SPACE CARPI	Orange Force		JCM No.	
▼ Total Excess Applicable		100			
Excess Type	Pér Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	1,000				1-44-11-1
Total GD Excess Applicable	1600.00	Total TP Excess Applicable	0.00		
▽ Benefits					
□ GST Registered Inform EST Registered	No No		GET RAGEDANIA DATA		
GST Registration No.			GST Registration Date GST Status Verified	yes	
Modification History				Coraco	
Policyholder Mailing Ar					
Address 1	BLK 339 #04-871	Address 2	UBI AVENUE I	Address 3	SINGAPORE W00339
Address 4		Address Type	Singapore address	Post Code	400339
Linit No.		Related Policy Number	5115072248		
OI Driver Info	Control works white !	Marco Marco	Proc. 4707		
Unnamed driver Name	CHAN FOOK SENG	Driver Type Driver NRIC	Main Driver \$14262038	Oriver DOB	06/11/1960
Register Date of Driver License	07/04/1983	Driver Age	59	Oriving Experience	37
Contact No.(Mobile)	92298641	Contact No:(Office)	0:	Contact No. (Home)	0
Address 1	BLK 339	Address 2	UBI AVENUE 1	Address 3	SINGAPORE #00339
Address 4		Address Type	Singepore address	Post Code	400339
Unit No.	04-871				VOTOMS
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vervicle No.		Driver Insurer Company	
Declaration Breathalyser or Blood Test					
Reading?	0 mg	Any injury?	○ Yes ® No		
Modification History					
Claim 001 New					
Claim Turn 1	OD MY	Sec. on trans	Can see see	Tenned MRSE	E142C2020
Claim Type * Contact No. (Mobile)	OD-MX V	Insured Name Contact No.(Home)	CHAN POOK SENG 67481966	Insured NRIC	514262038
Email Address	FSCHAN5303@GMAIL.COM	OI Vehicle Number	S3H6392T	Contact No.(Office) TP Vehicle Number	67406541 GU3370T
Claimant Type Claimant Type *	470000000000000000000000000000000000000	Type of Senetz *	Please Select		
Clemant Name +	>>	Claimant NRIC *			
Claimant Address					attend to the same of the same
Claim Description	53H6392T / GU3370T ON 10 Aug 2020	AMERICA STATE OF THE STATE OF T		Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	11/08/2020 17:48	Claim Close Date		Date Received	11/08/2020 00:00
Report Taken By	1ackson				
Print AK letter					
			Save Submit		
Attachment			5		
7					
Accident No.	MT/1099512	Claim No.	901		
Last Doc. Received	Yes ○ No	Upload Date	11/08/2020 17:49		
	Path *		Category *	Confidential Urgen	
		Browse.		V Normal	×
		Browse.		v Normal	•
		Browse.		V Normal	<u> </u>
		Browse		✓ Normal	V
		Browse	Clear Please Select	Normal	× ·

