Date In:14 8ta -04:04	Jeb description		Date &Time Comple	ted	Done py	
THE R. P. LEWIS CO., LANSING, MICH. 491-491-491-491-491-491-491-491-491-491-	SAS e-filing					
Rel No. Hal INCLOSE 473 TV4	E-mail (within Shr	s, AIC 2hrs)				
Veh No: GDH177911	i-Motor Claim	Form	WT 129880 - USI	14/14	D 19: VS	
D.O.A: 13/12-08:45	i-Motor W/O (V	Vithin: OD 2hrs,				
OD P Reporting Only	i-Photo Upload					
	Assessment/Surv					
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:		)
TP Particulars: Veh No:	sec .	, INC(	)/Non-INC(	)		
Owner / Driver: (			Tel:		)	
// Takketting (Internal Control of Control o	riod: (	)	Cover Type: (		)	
C - C		Date:	Time:		)	
Insured/Driver Liability: ( %) [	Note-Est. Status (W	O): N: 0-20	%; P: 21-79%. P	: 30-100%]		
	Warranty: YES (	CONTRACTOR OF THE PROPERTY OF	)			
Teat of Registrations (		)				
Divided Comment of the Comment of th	100 ( ) / 02,000 ( )			10000000000000000000000000000000000000		
General Remarks:	5	Edential & St	ictly NO refer of rep	airer.	Date -	
( ) Walk-In Customer: Customer's info	rmation strictly Con	idential & St	icuy i to			
( ) Total Loss Case : to e-mail Insur		T	owing Co: (	,		)
Drive-In ( )/ Towed-In ( ); Invoice	e: YES ( ) / No	0( );1	-	2007-700	RASSOL CONT.	
Remarks; (INC hotline: 6788 6616)			Date&Time Compl	e'ad .	Done b	У
Apply for Transport Allowance ( )/	Courtesy Car ( )					
2) QC Check / Post Repair Inspection	( )	-Hersikerne				
3) Upload Resurvey Photo [Repair Cost > \$	30001 ( )					
3) Opload Resulvey Flots (Icepan Cost						
Injury:						
	The state of the s			NORTH ENGLISH	er ver	CONTRACT
Date/Time Actions				Sir Sir Sir	CO-KO-KE	
Date/Time Actions		1 11000	To the second se		CHOMP.	
Date/Time Actions		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ČAŠIB.	
Date/Time Actions					Source Louise	
Date/Time Actions					SO-SINE	
Date/Time Actions	1				Scene	(t) max
Date/Time Actions	1	Inveice Pr	paration Checklis	ı.	And (5)	Amt(\$)
	1	Province Address of the Control of t	eparation Checklis	<b>t</b>	2017 30 30 30 3	
1920429	1	1) AR : Accide 2) DA : Damag	nt Reporting (\$30); e Assessment (\$100);	INC (\$80)	2017 30 30 30 3	
Laumant's Particulars :-	1	1) AR : Accide 2) DA : Damag 3) TF : Towing	nt Reporting (\$30); e Assessment (\$100); Fee Through Survey	INC (\$80) \$40/\$45 \$120	2017 30 30 30 3	
Claimant's Particulars:	•	1) AR : Accide 2) DA : Dames 3) TF : Towins 4) FT : Follow	at Reporting (\$30); e Assessment (\$100); Fee Through Survey Through Survey (Resurve	INC (\$80) \$40/\$45 \$120 y) \$30	2017 30 30 30 3	
Claumant's Particulars:	1	1) AR: Accide 2) DA: Darwag 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins	at Reporting (\$30); e Assessment (\$100); Fee Through Survey Through Survey (Resurve against INC Only (wef 1 bection	INC (\$80) \$40/\$45 \$120 y) \$30 0 Jan 2005) \$75	Tr Bill	
Inumant's Particulars:	•	1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ing 7) N1: Idao D.	nt Reporting (\$30); e Assessment (\$100); Fee Through Survey Through Survey (Resurve against INC Only (wef 1 section 4 + SMRT Survey	INC (\$80) \$40/\$45 \$120 y) \$30 0 Jan 2005)	Tr Bill	
Inimant's Particulars :-  Oriver/Owner:	3	1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ing 7) N1: Idao D. 8) NTUC Add	at Reporting (\$30); e Assessment (\$100); Fee Through Survey Through Survey (Resurve against INC Only (wef 1 bection	INC (\$80) \$40/\$45 \$120 y) \$30 0 Jan 2005) \$75	fit Bill	
Claimant's Particulars:-  Oriver/Owner: Contact No: Damaged Portion:		1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-ing 7) N1: Idae D. 8) NTUC Add OD* *N5: Courte	at Reporting (\$30); e Assessment (\$100); Fee Through Survey Through Survey (Resurve against INC Only (wef 1) section A + SMRT Survey tional Services: sy Car / Tpt Allowance	INC (\$80) \$40/\$45 \$120 y) \$30 0 Jan 2005) \$75	Iń Bill	
Claimant's Particulars :-  Oriver/Owner:  Contact No:  Damaged Portion:	1	1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-ing 7) N1: Idae D. 8) NTUC Add QD* *N5: Courte *N6: Repair	nt Reporting (\$30); e Assessment (\$100); Fee Through Survey Through Survey (Resurve against INC Only (wef 1) section A + SMRT Survey tional Services: sy Car / Tpt Allowance Co-ordination	INC (\$80) \$40/\$45 \$120 y) \$30 0 Jan 2005) \$75	Iń Bill	
Claimant's Particulars:- Oriver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	•	1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-ing 7) N1: Idae D. 8) NTUC Add OD* *N5: Courte *N6: Repair *N7: Fost R *N8: DV / 6	nt Reporting (\$30); e Assessment (\$100); Fee Through Survey Through Survey (Resurve against INC Only (wef 1) section A + SMRT Survey stional Services:	INC (\$80) \$40/\$45 \$120 y) \$30 0 Jan 2005) \$75 \$160 \$25 510 \$225	Iń Bill	
Claimant's Particulars :-  Oriver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):  Auditors' Comments :-		1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-ing 7) N1: Idao D. 8) NTUC Add OD.* *N5: Courte *N6: Repair *N7: Fost R *N8: DV / 6 TP (N11):	nt Reporting (\$30); e Assessment (\$100); Fee Through Survey Through Survey (Resurve against INC Only (wef 1) ection A + SMRT Survey tional Services.  sy Car / Tpt Allowance Co-ordination epair Inspection Collect Excess Coordinatio TP (Non INC) against INC	INC (\$80) \$40/\$45 \$120 y) \$30 0 Jan 2005) \$75 \$160 \$25 510 \$225	Ist Bill	Add Bill
Claimant's Particulars:- Contact No: Camaged Portion:  QC Checked by (Engr-In-Charge):	1	1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-ing 7) N1: Idae D. 8) NTUC Add OD* *N5: Courte *N6: Repair *N7: Fost R *N8: DV / 6	nt Reporting (\$30); e Assessment (\$100); Fee Through Survey Through Survey (Resurve against INC Only (wef 1) ection A + SMRT Survey tional Services:  sy Car / Tpt Allowance Co-ordination epair Inspection Collect Excess Coordinatio TP (Non INC) against INC Mobile	INC (\$80) \$40/\$45 \$120 y) \$30 0 Jan 2005) \$75 \$160 \$55 \$510 \$225	Ist Bill	Add Bill

## 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.
- 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.

Bally A control of the control of th	ACCIDENT STATEMENT
Date Of Report	14/08/2020 09:09
Date Of Accident	13/08/2020 08:45
Exact Location Of Accident	JLN ANAK BUKIT UNDERPASS TWDS CLEMENTI
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH2779H
Insured/Policyholder	
Name Of Registered Owner	ERIC TILING CONSTRUCTION
Co Reg No	5XXXX776X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98478680
Alternative Phone No	OFFICE-98478680
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE DX 3.0 AUTO
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099530047-02
Cover Note Number	
Driver	
Name of Driver	NG CHUN SEONG
NRIC No	SXXXX626J
Date Of Birth	25/09/1965
Occupation	OUTDOOR
Date Of Driving Pass	21/08/2001
Driving Experience	18 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98478680
Fax Number	
Contact Number	OFFICE-98478680
EMail Address	NOEMAIL

BLK 267 BUKIT BATOK EAST AVENUE 4 Address #07-210 Postcode 650267 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 - HEAD TO REAR Weather Conditions DRIZZLING Road Surface WET Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident Was any body injured in the Accident? YES Was any injured conveyed to hospital by NO ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 1 **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 YJ6988L Vehicle Make/Model/Colour **Details Of Properties** COMMERCIAL VEHICLE Vehicle Category Name of Driver NRIC/Passport Number Contact Number Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

Name NG CHUN SEONG

Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

BODY GBH2779H 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 <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:

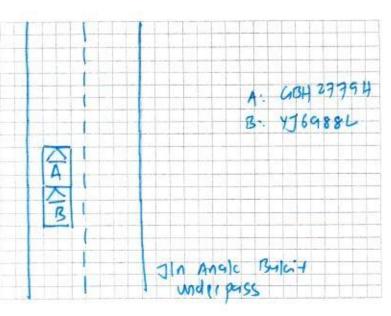
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 Personne's Signature Name:

NRIC/FIN No .:



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Un	4910	da-	e uno	+im()	1 W	as trav	elling	uhag	JIn A	१७/८ ग्रजीद	4
und	upass.	Front	vehic	11 app	lied b	ralce,	1 bru	ile my	vehicle	e w we	h.
udd	uly 1	MI	on imp	act of	my	vehicle	and	realised	1 that	vehicle	B
his	onto	my	vehicle	Mar	porti	00.					
		1							0.		

# 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 STATEMENT

100			(HH:MM)
LOCA	TION: JIN AMGIC !	might under pass	TWUS CHANNIT.
1.	DETAILS OF VEHICLE		38
	a) VEHICLE NUMBER:	UBH 27.79 H	
	<b>BJINSURANCE COMPANY</b>		
	C)POLICY NUMBER:		
	d)POLICY TYPE: (COMPRE	HENSIVE / THIRD PARTY / T	THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL:		
	f)TYPE:(SALOON / COUPE		
	g) VEHICLE CATEGORY: (PI		
	h) PURPOSE OF USING AT		
	I) ARE YOU CLAIMING UND		
2	INSURED / POLICY HOLDER	D PARTO CLAIM / REPORT	TING ONLY
2.	A)NAME:		(MALE / FEMALE)
	b) NRIC/FIN/PASSPORT:	C	ONTACT: 98478680
	c)ADDRESS:		SAME AND SECTION OF THE SECTION OF T
a w a	98 - 1		
A	* CONTINUE TO 3.d IF DRIV	ER ALSO POLICY HOLDER	2
the of personger.	DRIVER		14
(Including driver)	a)NAME:		ONTACT: 98 478680
(1.)	DINKIC/FIN/FASSFORT	C(	ONTACT: 98478680
	c)ADDRESS:		
100	*d)DATE OF BIRTH: (/	/)(DD/MM/\	YYYY)
50 75	eJOCCUPATION: (INDOOR	(OUTDOOR)	SUSCIONAL SEE
	f) YEARS OF DRIVING EXPR		ili
4.	WAS DRIVER AN EMPLOY	EE OF THE INSURED'S	COMPANY? (YES / NO)
	IF NO, RELATIONSHIP OF	THE DRIVER WITH INS	SURED: OWN O
5.	a) WEATHER CONDITION: { b) ROAD SURFACE: (DRY /	LEAR / RAINING / OTHER	De la contra
2	WAS ANYBODY INJURED (	NOI-DAVE	
7.	a) REPORTED TO POLICE (Y	ES (NO)	
8.30	IF YES, PLEASE STATE WHI		8
8.	THIRD PARTY VEHICLE	50 500 000 pp 200 000 000 000 000 000 000 00	
He of passenger	a) VEHICLE NUMBER:	16988L MC	ODEL:
Induding driver)	b) DRIVER'S NAME:		
( ) .	c) NRIC/FIN/PASSPORT:_	C	ONTACT:
	THIRD PARTY VEHICLE	1.44	ODEL:
i No of passenger.	d) VEHICLE NUMBER:      DRIVER'S NAME:	MIC	JUEL
Including driver	f) NRIC/FIN/PASSPORT:_	C	ONTACT:
1 3	17 MMO/111/1 A331 ON		O.I.I.O.I
	88		
(A)	20		ì
			5 5 3
19	Cimat	= william k begin	19:1-12m
	the state of the s	V	

<b>eBao</b> Tech								Genera	lClaim	
Hello, NAC_PAYA_UBI_80	0601					• Change	Language	• Change	Password	· Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident	13/	08/2020 08	45	
	Vehicle No.(For Motor) GB		H2779H		Certificate Number					
				1	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5099530047- 02		ERIC TILING CONSTRUCTION	53095776X	GCV	Comprehensive	GBH2779H	GBH2779H	02/04/2020	01/04/2021
					Continue					

Sequer	nce Date of Endorsemen	t E	ndorsement	Type	Endorsement	t Status	Endorsement Content
□ Endors	ements					and the same train	Ship - mercupa and base
) Insure	d Object: GBH2779H						
Unit No.	07-210	Related Numbe		5099530047-02			
Address 4		Addres		Singapore address		Post Code	650267
Address 1	BLK 267 #07-210	Addres	s 2	BUKIT BATOK EAST	AVENUE 4	Address 3	SINGAPORE 650267
→ Policyl	nolder Mailing Address						
Certificate Info							
Open Policy Info							
Co- nsurance Flag	No						
Ngent	NET LINK COMMERCIAL PTE. LT	Agent Tel,	66599463		GST Flag	Y	
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/In	experience Driver Excess
Additional Excess		Premium	0				
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Excess	Per Accident	All Claims Excess					
Policy ssue Date	20/03/2020	Effective Date	02/04/2020	00:00	Expiry Date	01/04/2021 23:5	9
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Address	BLK 267 #07-210 BUKIT BATOK	EAST AVENUE	4 SINGAPOR	E 650267			
Certificate							
olicy No.	5099530047-02	Policyholder Name	ERIC TILING	CONSTRUCTION	Policyholder NRIC	53095776X	

aim Handling					
cident MT/1099880					
icy No.	5099530047-02	Vehicle No.	G8H2779H	GST Registration No.	
tificate No.					
cyholder Name	ERIC TILING CONSTRUCTION			Policyholder NRIC	53095776X
luct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensivé	Loading	0
act No.(Mobile)	96478680	Contact No.(Office)	0	Contact No. (Home)	0
I Address		Special Remark		eCode	N. V
i Piadress	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
			20	Private Hire	No
Protection	No	NCD Entitlement(%)	20	Prince Title	1935
Accident Details					Charles Service Commission Annual
ort Date	14/08/2020 09:23	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
of Accident	13/08/2020	Time of Accident hh:mm	08:45	Country of Accident	Singapore
orting Centre		Orange Force		JCM No.:	
	JUN ANAK BUKIT UNDERPASS TWDS CLEME!	MTI			
dent Location	The winds provide and annual states of the security	200			
Total Excess Applicable	bit (Ansastror	THE STATE OF STREET	100.00		
as Type	Per Accident	Windscreen Excess	100.00		
2010/04/02/2010 107	600.00	TP Standard Excess	0.00		
standard Excess			(878.0	Driver is Covered?	
DO Excess	0.00	VIED TP Excess		Differ to Covered	
tional Excess					
OD Excess Applicable	600.00	Total TP Excess Applicable			
Benefits					
GST Registered Informa	rtion				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	Yes	
fication History	14/08/2020 09:24:50 Svote	m changed GST Status verified fro	m No to Yes		
The state of					
Policyholder Mailing Ad	40000				
		7 X X X X X X X X X X X X X X X X X X X	BUKIT BATOK EAST AVENUE 4	Address 3	SINGAPORE 650267
ress 1	BUX 267 #07-210	Address 2	Singapore address	Post Code	650267
ress 4		Address Type		Pusi Code	030447
No.	07-210	Related Policy Number	5099530047-02		
OI Driver Info					
er Name	Unnamed Driver	Driver Type	Unnamed Driver	200002220	353555
amed driver Name	NG CHUN SEONG	Driver NRIC	\$27146263	Driver DOB	25/09/1945
ister Date of Driver License	21/08/2001	Driver Age	54	Driving Experience	18
tact No.(Mobile)	98478650	Contact No.(Office)	0	Contact No. (Home)	0
ress i	BLK 267	Address 2	BUKIT BATOK EAST AVENUE 4	Address 3	SINGAPORE 650267
		Address Type	Singapore address	Post Code	650267
treax 4		Charles (Fig.			
t Na.	07-210			500000000000000000000000000000000000000	
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
taration					
sathelyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
eding?	535450				
dification History					
200 5					
Claim 001 New					
m Type •	OD-MX	Insured Name	ERIC TILING CONSTRUCTION	Insured NR1C	53095776X
		Contact No.(Home)		Contact No.(Office)	E STATE OF THE STATE OF
tact No.(Mobile)	98479680		Chi (2000)	TP Vehicle Number	Y36988L
sit Address		OI Vehicle Number	ЗВH2779H	TP Venicle Number	1,09000
mant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
mant Name *	2.2	Cleimant NRIC *			
imant Address					
im Description	GBH2779H / Y36988L ON 13 Aug 2020			Name of Preferred Workshop	
ferred Workshop Contact		Impured Liability *	Not at Fault		
	[at-	Preference Repair Option	Preferred Workshop, Name unknown	GIA report	Received
quire Finalisation	Yes <u>v</u>		Livering and the same and same	Date Received	14/08/2020 00:00
te Registered	14/08/2020 09:25	Claim Close Date		WINE HELEISTE	1 Secretary Society
port Taken By	Jackson				
Print AK letter					
			Seatonia Inglicatoria		
			Save Submit		
Attachment					
,					
cident No.	MT/1099880	Claim No.	001		
is Doc. Received	® Yes ○ No	Upload Date	14/08/2020 09:26		
A SAME PROPERTY.		20000000000	Category *	Confidential Urge	ency * Description
	Path *		V-11/7/2001 10/7/2001	V Normal	
	The same of the same of the same	Brows		The state of the state of	
		Brows	e Clear Please Select	V Normal	<u> </u>
		Brows	e Dear Please Select	▼ Normal	•
		Brows	e   Gear   Please Select	▼ Normal	¥
		Brows	Control of the Contro	V V Normal	V
		7000	and the same of		
		Brows	e Clear Please Select	∨ Normal	Y

