NATIONAL Assessment Centre Services.	ME! 1 Jan'05] JH 0	92060005	
Date In: 16 12 12 - K: 01 Jeb description		Date & Time Completed	Done by
Ref Notal Inches 3964 174 SAS e-filing		İ	<u> </u>
Veh No: Sm 3yn L E-mail (within 8	Shrs, AIC 2hrs)		1
D.O.A: 15 112- 2000 i-Motor Claim	n Form	M 1117892-031	16/12/20 15:0
i-Motor W/O	(Within: OD 2hrs,	7'P 4hrs)	
OD : TP) Peporting Only i-Photo Uplos	aded		
Assessment/Su	rvey Report	1	
TP Insurer: Ass't Report by	y Fax / Hand to	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: SURVIIEG	. INC(·
Owner / Driver: (Tel:	
Policy No: () Period: ()	Cover Type: (
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est. Status (V		0%; P: 21-79%. P: 80	-10070]
Year of Registration: () Warranty: YES ()/NO()	
Excess: (\$) Loading: \$1,000 ()/\$2,000			7785 V. T.
General Remarks:-			Single Street
() Walk-In Customer: Customer's information strictly Co	onfidential & St	rictly NO refer of repaire	er.
() Total Loss Case : to e-mail Insurer URGENTLY.		<u> </u>	·
	NO(); T	Towing Co: (
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done by
)		
1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	ton.	
3) Opload Resulted Files (1972)			
Injury:			
Date/Time: Actions			
•		61 10 10	Anit (\$) Am
14710010V	100000000000000000000000000000000000000	eparation Checklist	fúBill Ado
and the second s	1) AR : Accide	ent Reporting (\$30); ge Assessment (\$100); IN	C (\$80)
laimant's Particulars:-	3) TF : Towing	Fee .	\$40/\$45 \$120
Oriver/Owner:	Children Pallow	-Through Survey -Through Survey (Resurvey)	\$30
Contact No:	For claiming	g against INC Only (well 10 Jan	2005) \$75
Parnaged Portion:	6) TR : Re-ins	A + SMRT Survey	\$160
amagot i oracio	8) NTUC Add	ilional Services:-	
C Checked by (Engr-In-Charge):	*NS: Courte	csy Car / Tpt Allowance	\$5
		r Co-ordination	510
C. Checken by (bright in Charles)	N6: Repair	Pennir Inspection	\$25
	*N7: Fost F	Repair Inspection Collect Excess Coordination	35
Auditors' Comments :-	*N7: Fost F *N8: DV / TP (N11):	Repair Inspection Collect Excess Coordination TP (Non INC) against INC	\$5 \$20 30
	*N7: Fost F	Repair Inspection Collect Excess Coordination TP (N'in INC) against INC Mobile	\$5 \$20 30 ergea

is a part of the first



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
- 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 aforesaid.

ACCIDENT STATEMENT

16/12/2020 15:01 (SGT) Date of Submission 15/12/2020 20:00 (SGT) Date of Accident **Exact Location of Accident** BKE, Singapore Additional Location Information twds woodlands after pie exit Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SJM3421L Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NG SOK ING SXXXX793I NRIC No dominquegoh888@gmail.com Email Address (Phone) +65-96661156 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Nissan Manufacturer Latio Model Variant Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Private use

No - Claiming third party Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5106642429-01 Cover Note Number

DRIVER

DOMINQUE GOH JUN PENG Name of Driver SXXXX657D NRIC No Date Of Birth 04/06/1994 Occupation Indoor

100	
ate Of Driving Pass	05/11/2013 7 YEARS AND 1 MONTH
riving experience	Male
ender	
lobile Number	(Phone) +65-98184266
It. Phone Number	dominquegoh888@gmail.com
mail Address	BLK 978D BUANGKOK CRESCENT
ddress	
ddress complement	#13-235
ostcode	536978
the driver the policyholder?	No
No. Relationship of the Driver with the Insured	Child
oes Driver Own Other Vehicles?	No
ehicle Registration Number of Other Vehicle Owned by Driver	
	-
nsurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
ype of Accident	Chain Collision
Veather Conditions	Clear
Road Surface	Dry
load Surface	
OTHER INFORMATION	
	No
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Vas anybody injured in the Accident?	Yes
Vas any injured conveyed to hospital by ambulance?	No
Vas any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
has the driver been approached by unknown person(s)	53
soliciting/offering accident claims assistance?	No
PASSENGER 1	
	DAGUAE!
Name	RACHAEL
Gender	Female
DETAILS OF POLICE ACTION	
	No
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	
	NO
If yes, against whom?	- -
If yes, against whom? CIRCUMSTANCES OF ACCIDENT	NO -
If yes, against whom? CIRCUMSTANCES OF ACCIDENT	NO -
If yes, against whom? CIRCUMSTANCES OF ACCIDENT	NO -
If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT. ATTACHMENT(S)	Yes
CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT. ATTACHMENT(S) Are accident photos available for attachment?	-
If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes
CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT. ATTACHMENT(S) Are accident photos available for attachment?	Yes
If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes
If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded? DETAILS OF OTHE	Yes Yes Yes No ER VEHICLE PROPERTY 1
CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded? DETAILS OF OTHE	Yes Yes Yes No ER VEHICLE PROPERTY 1
CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded? DETAILS OF OTHE Vehicle Registration Number Vehicle Manufacturer	Yes Yes Yes No ER VEHICLE PROPERTY 1 SLR4118G -
If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded? DETAILS OF OTHE Vehicle Registration Number Vehicle Manufacturer Vehicle Model	Yes Yes Yes No ER VEHICLE PROPERTY 1 SLR4118G
CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded? DETAILS OF OTHE Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	Yes Yes Yes No ER VEHICLE PROPERTY 1 SLR4118G
CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded? DETAILS OF OTHE Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	Yes Yes Yes No ER VEHICLE PROPERTY 1 SLR4118G
If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded? DETAILS OF OTHE Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category	Yes Yes No ER VEHICLE PROPERTY 1 SLR4118G Private car
If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded? DETAILS OF OTHE Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	Yes Yes No ER VEHICLE PROPERTY 1 SLR4118G Private car LEE CHEE YONG

Address	-
Address complement	-
Postcode	
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGB8301K
Vehicle Manufacturer	•
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JIANG XI
Contact Number	(Phone) +65-90308295
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	=
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	•

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMH6591A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN YONG CHIANG
Contact Number	(Phone) +65-90271398
Address	-
Address complement	_ - :
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

BODY

INJURED 1

Name of injured person	DOMINQUE GOH JUN PENG
Address	•
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJM3421L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person	RACHAEL
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
	DODY

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

SJM3421L

Yes

No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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>.
- 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 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Was travelling along Blain to the woodlands on extreme right lonne. Not vehicle to pped. I tropped my vehicle as well, indiduity I felt in npart 4 my vehicle and realisted that vehicle B hit only my vehicle or portion. There were 4 vehicles individ in this accident.		mstances of the Accident
and vehicle stopped. I stopped my vehicle as well fudduly I felt an appeal of my vehicle and realisted that vehicle is hell onto my vehicle or possion. There were 4 vehicles involved in that accident.	I was to	ravelling along Bless tours woodlands on extreme right lane.
apperly my vehicle and realisted that vehicle is het and my vehicle or position. There were y vehicles involved in this accident.		
apperly my vehicle and realisted that vehicle is het and my vehicle or position. There were y vehicles involved in this accident.	From vehic	cle stopped. I stopped my vehicle as well indduly I felt in
or portion. There were 4 vehicles involved in this accident.		
	impact 4	my vehicle and realisted that vehicle B had onto my whick
	tox poction	There were 4 resigles implied in this accident.
	MILES TO THE STATE OF THE STATE	
	53	
	William Company	

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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIL	DENT DATE: (DD/MM/YYY), TIME: (DD/MM/YYY)	
LOCA	TION: BILE two woodlands before PIE exit	•
1.	DETAILS OF VEHICLE a) VEHICLE NUMBER: SIM 34 21 U.	
	b)INSURANCE COMPANY:N'70C	
•	ALPOLICY NUMBER	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)	
	e)MAKE & MODEL: f)TYPE:(SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS)	
	f)TYPE: (SALOON / COUPE / MPV / V AN / LORRY / MOTORCYCLE / OTHERS)	
	g) VEHICLE CATEGORY: (PRIVA) E / COMMERCIAL / MOTORCTCLE)	
	h)PURPOSE OF USING AT ACCIDENT TIME:	
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	
_	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	
2.	A) NAME: (MALE / FEMALE)	
	b) NRIC/FIN/PASSPORT:CONTACT:CONTACT:	6115
	c]ADDRESS:	-
	C/ADDR230	
	* CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOLDER	•
* No of passanga. (Including driver)	DRIVER	
(Indicate distribution)	a) NAME:(MALE / FEMALE)	
(Including anver)	b)NRIC/FIN/PASSPORT:CONTACT: 98/84766	-
(2.)	c) ADDRESS:	-
1. Rucheal	*d)DATE OF BIRTH: ()(DD/MM/YYYY)	•
()	e)OCCUPATION: (INDOOR / OUTDOOR)	
	f)YEARS OF DRIVING EXPRERIENCE:	
4	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)	
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Children	_
5.	a) WEATHER CONDITION: (QLEAR / RAINING / OTHERS	_)
	LIBOAD SUBSACE, IDBY / WET / OTHERS	_)
6.	WAS ANYBODY INJURED (YES / NO) DVIJEY PASSAGE	
7.	alreported to police (tes //NO)	
	IF YES, PLEASE STATE WHICH POLICE STATION:	-
8.	THIRD PARTY VEHICLE a) VEHICLE NUMBER: SUR 41186 MODEL:	_
the of passenger	Later Class VanCa	
(Including driver)	c) NRIC/FIN/PASSPORT:CONTACT: 9489309_	5
() 9.	THIRD PARTY VEHICLE	
V :. 8	d) VEHICLE NUMBER: CLAS 3011 MODEL:	- "
No of passenger	el DRIVER'S NAME: 11M9 11	•
(Including driver)	f) NRIC/FIN/PASSPORT:CONTACT: 9-3-3-87-95	
()	JMH 63910	
	Tan yong chiung	
		•
	9027 1398.	
	Cimail = dominquegon 888 @gmail. com.	
	fax =	
	VIDEO =	
	VIDIO	

eBaoTech							• Change	Language	, Chan	ge Password	, Log Ou
My Desktop		cy Query									
Notice of Loss	Policy N	No.				Date o	f Accident	1	5/12/2020 2	20:00	
	Vehicle	No.(For Motor)	SJM342	1L		Certific	ate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5106642429-		NG SOK ING	S1755793I	GPC	drivo CLASSIC	SJM3421L	SJM3421L	29/12/2019	28/12/2020

	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Product Name PRIVATE CAR INSURANCE Policy 27/12/2019		Plan Effective 29/12/20		Policy Fl		N 28/12/2020 23	3:59	
ssue Date	27/12/2019	Date	29/12/2015	9 00.00	Expiry Dute	20, 22, 23		
Excess Type	Per Accident	All Claims Excess						
Third Party Excess	0	Own damage Excess			Windscreen Excess	100		
Additional Excess	0	OS Premium						
Outside Singapore OD Excess	600	Outside Singapore TP Excess				Young/Inexperience Driver Excess		
Agent	WATERCOLOURS AUTOMOBILE	Agent Tel.	69085852		GST Flag	Y		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
▽ Policyl	holder Mailing Address							
Address 1	BLK 978D #13-235	Add	ress 2	BUANGKOK CRES	CENT	Address 3	SINGAPORE 536978	
Address 4		Add	ress Type	Singapore address	5	Post Code	536978	
Unit No.		Rela Nun	ted Policy ber	5106642429-01				
▶ Insure	ed Object: SJM3421L							
▽ Endors	sements	The state of the s						
		nt	Endorseme		Endorsemen	t Status	Endorsement Content	

cident MT/1113892		WWW.DW			
licy No.	5106642429-01	Vehicle No.	S3M3421L	GST Registration No.	
rtificate No.					
	NG SOK ING			Policyholder NRIC	S1755793I
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
intact No.(Mobile)	96661156	Contact No.(Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	N∈ ✓
FK	● No ○Yes	TCA	No ○Yes	eCode Reason	
	No.	NCD Entitlement(%)	10	Private Hire	Yes
CD Protection	No	NCD Endderhent(70)	10		
Accident Details			W	Accident Type	Chain Collision
eport Date	16/12/2020 15:03	Accident Report Within 24 hrs			
ate of Accident	15/12/2020	Time of Accident hh:mm	20:00	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
ccident Location	BKE				
▼ Total Excess Applicable					
ccess Type	Per Accident	Windscreen Excess	100.00		
D Standard Excess	600.00	TP Standard Excess	0.00		
IED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
dditional Excess	0				
otal OD Excess Applicable	600.00	Total TP Excess Applicable			
▽ Benefits					
overage			Sum Insured	-	
ransport Allowance			99999999999		
GST Registered Informa	tion				
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
lodification History					
Policyholder Mailing Add					CHICADOR FACAS
ddress 1	BLK 978D #13-235	Address 2	BUANGKOK CRESCENT	Address 3	SINGAPORE 536978
Address 4		Address Type	Singapore address	Post Code	536978
Jnit No.		Related Policy Number	5106642429-01		
OI Driver Info					
priver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Innamed driver Name	DOMINQUE GOH JUN PENG	Driver NRIC	S9419657D	Driver DOB	04/06/1994
Register Date of Driver License		Driver Age	26	Driving Experience	7
Contact No.(Mobile)	98184266	Contact No.(Office)	0	Contact No.(Home)	0
	BLK 978D	Address 2	BUANGKOK CRESCENT	Address 3	SINGAPORE 536978
Address 1	BCK 9780		Singapore address	Post Code	536978
Address 4		Address Type	Singapore address	1031 0000	
Jnit No.	13-235				
Does he own a Singapore Registered car?	O Yes ● No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes ○ No		
Modification History					
u nw h					
Claim 001 New					
				Standing St	
Claim Type *	OD-MX	Insured Name	NG SOK ING	Insured NRIC	S1755793I
Contact No.(Mobile)	96661156	Contact No.(Home)		Contact No.(Office)	
mail Address	magdelene_ng@hotmail.com	OI Vehicle Number	SJM3421L	TP Vehicle Number	SLR4118G
Email Address Claimant Type Claimant Type*		Type of Benefit *	Please Select		
Claimant Type Claimant Type *	Please Select >>	Claimant NRIC *			
Claimant Address				Name of Preferred Workshop	
Claim Description	SJM3421L / SLR4118G ON 15 Dec 2020			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	16/12/2020 15:05	Claim Close Date		Date Received	16/12/2020 00:00
Report Taken By	Jackson		The second secon		
Print AK letter					
			Save Submit		
Attachment					
♥					
Accident No.	MT/1113892	Claim No.	001		
		Upload Date	16/12/2020 15:07		
Last Doc. Received	● Yes ○ No	Opioad Date			
	Path *		Category •		ncy * Descrip
		Brows	Se Clear Please Select	NO V Normal	
		Brows	e Clear Please Select	NO V Normal	<u> </u>
		Brows	se Clear Please Select	NO V Normal	▼
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