

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 06/12/17	Job description	Date & Time Completed	Done by
Ref No: NM/INC/7023106/13	SAS e-filing		
Veh No: FBK 7781B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/11/17 0820	i-Motor Claim Form	102/0972613	
OD / TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars:	Veh No: SLA 6783L	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%; F: 80-100%]		
Year of Registration: () Warranty: YES () / NO ()		
Excess: (\$) Loading: \$1,000 () / \$2,000 ()		

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; 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] ()		

Injury:

Date/Time	Actions

NA 707503

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) RT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idac DA + SMRT Survey \$160			
Driver/Owner:	8) NTUC Additional Services:-			
Contact No:	OD*			
Damaged Portion:	*N5: Courtesy Car / Tpt Allowance \$5			
QC Checked by (Engr-In-Charge):	*N6: Repair Co-ordination \$10			
Auditors' Comments :-	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
	Invoice dated		Fee Charged	
Date 1:	Invoice dated	Fee Charged		
Date 2/3:				

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 withholding of material facts may allow insurance companies to repudiate policy ability.
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 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	06/12/2017 09:10
Date Of Accident	26/11/2017 08:20
Exact Location Of Accident	BBDC JUNC 8 SLOPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK7781B
Insured/Policyholder	
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Co Reg No	198801155R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64833167

Vehicle Particulars

Manufacturer	HONDA
Model	GLR125LWH
Exact Purpose for which vehicle was being used at time of accident	TRAINING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	0073451220-13
Cover Note Number	

Driver

Name of Driver	NUUR FITRI ARDILLA BINTE SALEH
NRIC No	S9903383E
Date Of Birth	03/02/1999
Occupation	INDOOR
Date Of Driving Pass	26/11/2017
Driving Experience	0 YEAR AND 0 MONTH
Gender	FEMALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 941 JURONG WEST ST 91 #10-469
Postcode	640941
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TRAINEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
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)	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

PLS REFER TO THE ATTACHED 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	SLA6783L
Vehicle Make/Model/Colour	HONDA JAZZ
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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) 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:
 - (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.

BUKIT BATOK DRIVING CENTRE LTD
815 BUKIT BATOK 1ST AVENUE 5
SINGAPORE 659085
TEL: 6561 1233 FAX: 6569 9777

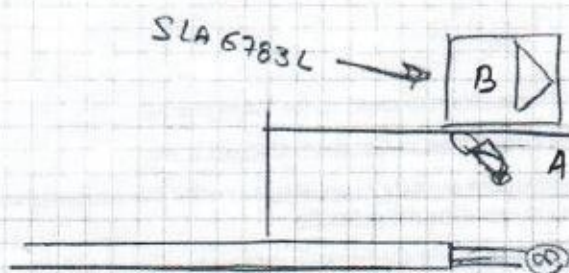
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

BBAC JUNC 8 SLOPE



A - FBK 7781B

B - SLA 6783L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I was turning to junction 8 slope, I did not slow down enough resulted I hit onto car rear right door.

DECLARATION

I/We declare the above information are true in every respect.

615 BUKIT BATOK AVENUE 5
SINGAPORE 67085
TEL: 6561 1233 FAX: 6561 0777
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.:

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident
26/11/17

Time
0820

Location of Accident
Bukit Batok Driving Centre

RP

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

FBK 7781 B

Name of Policyholder

NRIC/ FIN/ Passport/ ROC (if Policyholder is company)

Address

Contact Number

Tel:

Hp:

Occupation

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

Honda GLR 125L

Type of Vehicle

Saloon, MPV, CRV, Van, Lorry, Bus (M/cycle) Others: _____

Exact Purpose for which vehicle was being used at the time of accident.

Are you claiming under your own insurance policy?

☐ Yes

☐ No

Remarks:

Vehicle category

☐ Private

☐ Commercial

☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

Type of Policy

☒ Comprehensive

☐ TP Fire & Theft

☐ Third party

Fleet Policy

☐ Yes

☐ No

Policy Number

DRIVER

Name of Driver

Nuor Fitri Ardilla Binte Saleh

NRIC/ FIN/ Passport

S9903383E

Date of Birth

03 / 02 / 1999

Occupation

Driving Pass Date

Gender

☐ Male

☒ Female

Contact Number

Tel:

Hp:

Address

Blk 941 Jurong West Street 91 #10-469 (640941)

Email Address

Was driver an employee of the Insured's Company?

☐ Yes

☐ No

If No, relationship of Driver with the Insured.

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc)

Weather Conditions

☒ Clear

☐ Raining

☐ Others:

Road Surface

☐ Wet

☒ Dry

☐ Others:

Damage Area

Approximate Speed

OTHER INFORMATION

Was there any foreign vehicle(s) involved?

☐ No

☐ Yes

Was anybody injured in the accident? (Including Witness)

☐ No

☐ Yes

Was any other vehicle(s) or property damaged?

☐ No

☐ Yes

Was there any camera video footage (in car)?

☐ No

☐ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police?

☐ No

☐ Yes

If Yes, please state which police station & Report No

Was notice of intended Prosecution given?

☐ No

☐ Yes

If Yes, against whom?

OWN VEHICLE REGISTRATION NUMBER

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number
Vehicle Make/ Model/ Colour
Details of Properties (If Other Party is not a Vehicle)
Damage Area
Name of Driver
NRIC/ FIN/ Passport
Contact Number / Email Address
Address
Name of Insurance Company

SLA 6783 L
Honda Jazz
Rear Right Door
ONG Bng Sue
S97287751

Other Vehicle or Property 2

Vehicle Registration Number
Vehicle Make/ Model/ Colour
Details of Properties (If Other Party is not a Vehicle)
Damage Area
Name of Driver
NRIC/ FIN/ Passport
Contact Number / Email Address
Address
Name of Insurance Company

DETAILS OF WITNESS

Name
Phone / Email Address
Address
NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name
NRIC/ FIN/ Passport
Address
Approximate Age
Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

DETAILS OF INJURED PERSON 2

Name
NRIC/ FIN/ Passport
Address
Approximate Age
Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

BUKIT BATOK DRIVING CENTRE LTD

I/We declare that the above particulars & information provided above are true in every aspect.

SINGAPORE 659065

TEL: 6569 1233 FAX: 6569 9777

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9903383E



Name

NUUR FITRI ARDILLA BINTE
SALEH

نور فطري ارديلا بنت صالح

Race

MALAY

Date of birth

03-02-1999

Sex

F

S9903383E

Country/Place of birth

SINGAPORE



5451456



IDENTITY NO. S9903383E



Date of issue

02-03-2015

Address

APT BLK 941 JURONG WEST STREET 91
F10-469
SINGAPORE 640941

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 0073451220-13

Cover : Comprehensive

- | | |
|---|----------------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBK7781B |
| Chassis Number | : JC641000203 |
| 2. Name of Policyholder | : BUKIT BATOK DRIVING CENTRE LTD |
| 3. Effective Date of Insurance | : 01 Jan 2017 |
| 4. Expiry Date of Insurance | : 31 Dec 2017 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
- This Policy does not cover
- (a) Use for hire or reward.
 - (b) Use for racing, pace-making, reliability trial or speed-testing.
 - (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : BUKIT BATOK DRIVING CENTRE (00000662435)

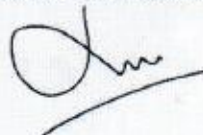
Date of Issue : 14 Dec 2016 11:25 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



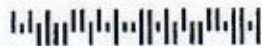
Chief Executive

10 Sin Ming Drive Singapore 575701
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

Our ref 0102160101N020181736

01 Feb 2016

BUKIT BATOK DRIVING CENTRE LTD
815 BUKIT BATOK WEST AVENUE 5
SINGAPORE 659085



5

Dear Sir/Madam

**NOTIFICATION ON REGISTRATION OF VEHICLE AND ROAD TAX
(PLEASE DISPLAY THE ENCLOSED ROAD TAX DISC ON YOUR VEHICLE
WINDSCREEN)**

We wish to inform you that you have successfully registered vehicle FBK7781B on 01 Feb 2016. The Business Transaction Reference No. is 20160201100049731422. **Enclosed is a validated road tax disc for the vehicle. Please display the said disc on your vehicle windscreen.**

2. The following are the key owner and vehicle particulars for the vehicle. The full particulars are given at Annex A. Please check and ensure that the details are correct.

- | | | |
|-----|-------------------------|--|
| 1. | Name | : BUKIT BATOK DRIVING CENTRE LTD |
| 2. | Identification No. Type | : Company |
| 3. | Identification No. | : 198801155R |
| 4. | Place Of Passport Issue | : - |
| 5. | Registered Address | : 815 BUKIT BATOK WEST AVENUE 5
SINGAPORE 659085 |
| 6. | Mailing Address | : - |
| 7. | Vehicle No. | : FBK7781B |
| 8. | Vehicle Type | : P00 - Passenger Motorcycle/Autocycle/Moped |
| 9. | Vehicle Scheme | : Normal |
| 10. | Vehicle Make | : HONDA |
| 11. | Vehicle Model | : GLR125LWH |
| 12. | Remarks | : To renew the COE, the Prevailing Quota Premium payable
is that of Category D. |

3. You may use your NRIC number and SingPass or User ID and Password (for non-Singaporeans/PRs) to login to <http://www.onemotoring.com.sg> and see the details of the above transaction. For ACRA-registered businesses and companies with EASY accounts, your authorised staff may also access the wide range of vehicle-related services via <http://www.onemotoring.com.sg> using EASY. If you do not have an EASY account, you can apply for it at <http://www.iras.gov.sg>. For non-Singaporeans/PRs who do not have a User Password, please contact us at 1800-CALL LTA (1800-2255 582) to request for a new password. Please note that a separate Transaction PIN is required for the following transactions via the Internet or at our Electronic Service Agents. Before you perform these transactions, please request for your Transaction PIN. You may find out more information on how to obtain your Transaction PIN and the documents needed (such as Board Resolution for companies and businesses, etc) via <http://www.onemotoring.com.sg> > **LTA Information & Guidelines > Transaction PIN & User Account.**

[Exit](#)

Claim Handling

Accident MT/0972613

Policy No.	0073451220-13	Vehicle No.	FBK7781B	GST Registration No.	M200805321
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD			Policyholder NRIC	198801155R
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No. (Mobile)	0	Contact No. (Office)	64833167	Contact No. (Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement (%)	0		

▼ Accident Details

Report Date	06/12/2017 15:49	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	26/11/2017	Time of Accident hh:mm	08:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BBDC JUNC 8 SLOPE				

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200805321	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	815 BUKIT BATOK WEST AVENUE	Address 2	BUKIT BATOK DRIVING CENTRE	Address 3	SINGAPORE 659085
Address 4		Address Type	Singapore address	Post Code	659085
Unit No.		Related Policy Number	5072565215-02		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NUUR FITRI ARDILLA BINTE SAI	Driver NRIC	S9903383E	Driver DOB	03/02/1999
Register Date of Driver License	26/11/2017	Driver Age	18	Driving Experience	0
Contact No. (Mobile)	0	Contact No. (Office)	0	Contact No. (Home)	0
Address 1	BLK 941	Address 2	JURONG WEST STREET 91	Address 3	NANYANG RUBY
Address 4	SINGAPORE 640941	Address Type	Singapore address	Post Code	640941
Unit No.	#10-469				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification
History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	BUKIT BATOK DRIVING CENTRE	Insured NRIC	198801155R
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	65943506
Email Address	RACHEL@BBDC.SG	O1 Vehicle Number	FBK7781B	TP Vehicle Number	SLA6783L
Claim Description	FBK7781B / SLA6783L ON 26 Nov 2017			Name of Preferred Workshop	KIM KEAT
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	06/12/2017 15:59	Claim Close Date		Date Received	06/12/2017 00:00
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	

☒ Print
AK letter

Attachment

Waiting...