	Services (Services   Done by	
Date In 22/12/2017 13:05	Jeb description	
ResNo NA/INC17024263 K4	SAS e-filing	
Vch No SJG5742D	1 1 - 171 711 (w. 1916 5468, 1917 - 2018)	NEVAC
DOA 21/12/2017 20:00	i-Motor Claim Form : MT 0974810   22/12/17	14:00
50A 211-12-11-	i-Motor W/O (Within: OD 2hrs, TP 4hrs)	. 3
OD TP Reporting Only	i-Photo Uploaded	
	Assessment/Survey Report	
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp	-
Wksp / OW: I	Tel: Fax:	)
Preferred Wksp / INC Assign Wksp / QW: (	3 JM6107A INC( )/Non-INC( )	
11 Tarticular		
Owner / Driver: (	eriod: ( ) Cover Type: ( )	
Policy No: (	Date: Time:	
Confirmed by : (	[Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: \$0-100%]	
Insured	Warranty: YES ( )/NO( )	
Year of Registration.		
DACCOS. (4	The state of the s	
General Remarks;-	Confidential & Strictly NO rafer of repairer.	
( ) Walk-In Customer: Customer's info	formation strictly Confidential & Strictly NO rafer of repairer.	
( ) Total Loss Case : to e-mail Insur	rer URGENTLY.	)
Drive-In ( )/ Towed-In ( ); Invoid	. 125	
Remarks:- (INC horline: 6788 6616)	Date&Time Completed Done	ОУ
TOTAL TOTAL CONTROL OF THE PROPERTY OF THE PRO	Courtesy Car ( )	-
1) A ly for Transport Allowance		
1) Apply for Transport	( )	
2) QC Check / Post Repair Inspection	( )	
1) Apply for Transport	( )	
2) QC Check / Post Repair Inspection	( )	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	( )	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	( )	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	( )	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	( )	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	( )	
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	\$3000] ( ) Anic(s)	. Amt (3
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	\$3000] ( )	Amt (1
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	107905 Invoice Preparation Checklist (st Bill)  107905 Invoice Preparation (\$30);	1000
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	1000
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Claimant's Particulars:	107905   Invoice Preparation Checklist   Ant (5)	1000
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 1  Injury:  Date/Time Actions  Claimant's Particulars:	( ) \$3000] ( ) \$3000] ( ) \$3000] ( ) \$3000] ( ) \$2000	1000
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > :  Injury:  Date/Time Actions  Claimant's Particulars:  Driver/Owner:  Contact No:	1	1000
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > State of the state	( )   \$3000] ( )   Ant(5)    Invoice Preparation Checklist   Ant(5)    Ist Bill   Ant(5)    I) AR: Accident Reporting (\$30);    I) AR: Accident Reporting (\$30);    I) DA: Darmage Assessment (\$100);   INC (\$80)    I) F: Towing Fee   \$40,545    I) FT: Follow-Through Survey   \$120    Invoice Preparation (\$100);   INC (\$80)    Invoice Preparation (\$100);   Inc (\$100);	1000
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 1  Injury:  Date/Time Actions  Claimant's Particulars:  Driver/Owner:  Contact No:  Damaged Portion:	1	1000
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > :  Injury:  Date/Time Actions  Claimant's Particulars:  Driver/Owner:  Contact No:	( ) \$3000] ( )   Invoice Preparation Checklist Ant (5)  Invoice Preparation Checklist Isl Bill  I) AR: Accident Reporting (530);  2) DA: Damage Assessment (5100); INC (580)  3) TF: Towing Fee S40/545  4) FT: Follow-Through Survey S120  5) FT: Follow-Through Survey (Resurvey)  5) FT: Follow-Through Survey (Resurvey)  6) TR: Re-impection 575  7) NI: Idae DA + SMRT Survey 5160  8) NTUC Additional Services.  OD*  *NS: Courtesy Car / Tpt Allowance 55  *NS: Courtesy Car / Tpt Allowance 510  *NS: Repair Co-ordination 510  *NS: Repair Co-ordination 510	1000
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > :  Injury:  Date/Time Actions  Claimant's Particulars:  Driver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):	( ) \$3000] ( ) \$3000] ( ) \$3000] ( ) \$3000] ( ) \$3000] ( ) \$4000	1000
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 1  Injury:  Date/Time Actions  Claimant's Particulars:  Driver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):  Auditors' Comments:	1	Add 8
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > :  Injury:  Date/Time Actions  Claimant's Particulars:  Driver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):	1	1000
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Claimant's Particulars:  Driver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):	1	Add

## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number

Contact Number

**EMail Address** 

- Please report <u>correctly</u> 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
- 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.
- 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

STATE OF THE PERSON OF THE PER	ACCIDENT STATEMENT
Date Of Report	22/12/2017 13:05
	21/12/2017 20:00
Exact Location Of Accident	JURONG EAST AVE 1 (BLK 354) MULTI STOREY CP LV 1B
Country/State of Loss	SINGAPORE
Double of Edge	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG5742D
Insured/Policyholder	
Name Of Registered Owner	TAN JIN BOON(CHEN JINWEN)
NRIC No	S9438250E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97382538
Alternative Phone No	OFFICE-67940628
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA2 AT R
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
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	5095641996
Cover Note Number	
Driver	
Name of Driver	TAN JIN BOON(CHEN JINWEN)
NRIC No	S9438250E
Date Of Birth	12/10/1994
Occupation	INDOOR
Date Of Driving Pass	21/09/2017
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97382538

OFFICE-67940628

NOEMAIL

## SKETCH PLAN

# IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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)

Lunderstand, 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
  - (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.

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	BIK 354	Juray E	ast Ave I	(MuHi	story com	park Lu 1B)
				A-	539 574	21)
					SJM 61078	
	1 10	u				
	т т		7			
		[A]				

ESCRIBE CI	RCUMSTANCES OF THE ACCIDENT
On the	above dute and time, I was stationary at BIK 354 Jurong
	ve I (Multi Storey Curpork @ Lu IB Lot 20). Vehicle B (SSM 6107A)
	was purk at the lot opposite of me. Suddenly move of from it
position	by sterving to the left thus causing the right portion of vehicle E
(SJM	6107H) to collided onto the tronf portion of my vehicle.
A -	539 57421)
B-	53m 6107 A

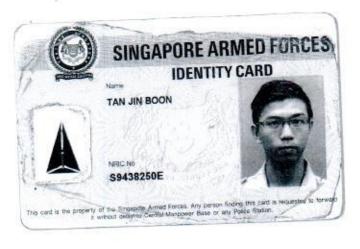
# DECLARATION

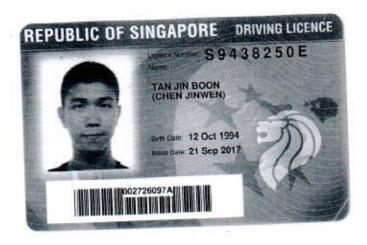
I/We declare the foregoing particulars are true in every respect.

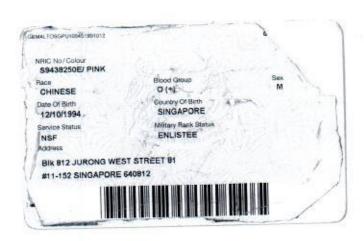
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

ehicle No.	SJG5742D Model/Make MA3DA 2
ate of Accident	21/12/2017
ime of Accident	2,000 HRS
ocation of Accident	Jurong East Ave 1 (BIK 354) Multi storey CP LV 11
xact purpose use during accid	dent Private Use
Name of Owner	TAN TIN BOON
elephone No.	H/P:97382538 Home: 67940628 Office:
NRIC	89438250 E
Address	BIK 812, Juliony 20087 89 81 4 11-10
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC INCOME
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	JMODE 104180119662
Olid Title	
Name of Driver	As Above II No,
NRIC	89438250€ Any Passengers: 1 €
Date of birth	12/10/1994
Occupation	Outdoor / Indoor
Driving License Pass Date	21/09/2017
Gender	Male / Female
Contact No.	H/P:9738 250 € Home: Office:
Address	
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state Owner
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No. If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	SJM 6107A Any Passengers : Ni
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers:
Vehicle D No.	Any Passengers:
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Front Portlan
Camera Recorder	Yes / No
Email Address	Darcuster Ognail. com
PARTICULAR WORKSHOP	Tuincar Automative Pte Ltd
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Aug S
FAX NO	6741 0510







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3

Motor cars with unladen weight =< 3000kg with =< 7 21 Sep 2017 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

Licence No:S9438250E

NP 428A



### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY R	ISKS AND COMPENSATION) ACT (CHAPTER 189) ISKS AND COMPENSATION) RULES, 1960
MOTOR VEHICLES (THIRD PARTY I	ISKS AND COMPENSATION,
ROAD TRANSPORT ACT, 1987 (MA	LAYSIA)

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

Certificate Number: 5095641996

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJG5742D

Chassis Number

: JMODE10Y180119662

2. Name of Policyholder

3. Effective Date of Insurance

: TAN JIN BOON(CHEN JINWEN)

: 07 Nov 2017

4. Expiry Date of Insurance

: 06 Aug 2018

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)

: S\$600

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: \$\$100 : N/A

ADDITIONAL EXCESS UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

: YES

NCD PROTECTION

· NO

TRANSPORT ALLOWANCE

: YES

**EXCESS WAIVER** 

: NO

PRIMARY DRIVER

: TAN JIN BOON(CHEN JINWEN)

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)

: INSMART (INSURANCE) AGENCY PTE LTD (00000615165)

Date of Issue

: 07 Nov 2017 10:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

<b>eBao</b> Tech					STATE OF THE PERSON	MARKET CANADA	ethic control	Maria III	A COLUMN TO SERVICE AND A SERV	
tello, NAC_PAYA_UBI_800	501					,	Change Lar	guage '	Change Passwor	
My Desktop	Polic	y Query								1
Notice of Lass	Policy N	0.				Date of Acc	ident	21/12/	2017 20:00	
		No.(For Motor)	SJG5742D							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095641996	TAN JIN BOON (CHEN JINWEN)	59438250E	GPC	drivo CLASSIC	53G5742D	5JG5742D	07/11/2017	06/08/2018

		Policyholder	TAN JIN BOON(CHEN JINWEN)	Policyholder	S9438250E	
olicy No.	5095641996	Name		NRIC		
ddress	BLK 812 #11-152 JURONG WEST	STREET 81	SINGAPORE 640812			
roduct lame	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N	
olicy sue Date	07/11/2017	Effective Date	07/11/2017 00:00	Expiry Date	06/08/2018 23:59	
hird arty xcess	0	Own damage Excess	600	Windscreen Excess	100	
Additional excess	0	OS Premium	0			
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			
Agent	INSMART (INSURANCE) AGENC	Agent Tel.	68420766	GST Flag	Y	
Co- nsurance Flag	No					
Open Policy Info						
Certificate Info						
Policy	holder Mailing Address			T00/200 NI	NEW YORK CONTRACTOR AND	
Address 1	BLK 812 #11-152	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640812	
Address 4		Address Type	Singapore address	Post Code	640812	
		Related Policy	5095641996			
Unit No.	11-152	Number				
	11-152 ed Object: SJG5742D	and the second s	0.000			
	ed Object: SJG5742D	and the second s			Endorsement Content	

cident MT/0974810	CES EDEALER		Mahada Na	SJG5742D	GST Registration No.	
ney ne.	095041996		Vehicle No.		Policyholder NRIC	
-1000-000	AN JIN BOON(CHEN JINWE	EN)	\$400 \$400	drivo CLASSIC	Loading	
oduct Code	PRIVATE CAR INSURANCE		Cover Type	0	Contact No.(Home)	
intact No.(Mobile)	7382538		Contact No.(Office)		eCode	- v
nail Address			Special Remark	C No C Yes	eCode Reason	
K	® No € Yes		TCA	No		No
D Protection	No		NCD Entitlement(%)	0	Private rire	ACKS.
Accident Details						Cido 6
sport Date	22/12/2017 13:49		Accident Report Within 24 hrs	Yes	Accident Type	Side S
port sale			Time of Accident hh:mm	20:00	Country of Accident	Singa
ate of Accident	21/12/2017		Orange Force		ICM No.	
eporting Centre						
codent Location	JURONG EAST AVE 1 (BLK	354) MULTI STORE	A Ch LA IB			
⇒ Benefits				Sum Insured		
overage				99999999.99		
ransport Allowance						
Excess			Additional Evener	0.00	Windscreen Excess	
wn damage Excess	6	00.00	Additional Excess Outside Singapore OD Excess	600.00		
nnamed Driver Excess		0.00		0.00		
hird Party Excess		0.00	Outside Singapore TP Excess	0.00		
GST Registered Information	tion			AND BY STREET, BUTT		
ST Registered	No			GST Registration Date GST Status Verified	Yes	
ST Registration No.				GOT STATUS VEHICLE	9.700	
odification History						
→ Policyholder Mailing Add	iress			JURONG WEST STREET 81	Address 3	
Address 1	BLK 812 #11-152		Address 2		Post Code	
Address 4			Address Type	Singapore address	Publicade	
Jnit No.	11-152		Related Policy Number	5095641996		
OI Driver Info						-
Oriver Name	TAN JIN BOON(CHEN JINV	WEN)	Driver Type	Main Driver	Datase DOR	
Unnamed driver Name			Driver NRIC	S9438250E	Driver DOB	
Register Date of Driver License	21/09/2017		Driver Age	23	Driving Experience	
Contact No.(Mobile)	97382538		Contact No.(Office)	0	Contact No.(Home)	
Address 1	BLK 812		Address 2	JURONG WEST STREET 81	Address 3	
Address 4			Address Type	Singapore address	Post Code	
Unit No.	#11-152					
Does he own a Singapore Registered car?	ლ Yes @ No		Driver Vehicle No.		Driver Insurer Company	
Declaration						
Breathalyser or Blood Test			Any injury?	⊕ Yes @ No		
Reading?	0 mg		A. 1 1 1 2 1 1			
Modification History						
Claim 001 OD-MX Nev						
	-					
All to Barrier	OD-MX		Insured Name	TAN JIN BOON(CHEN JINWEN)	Insured NRIC	
Claim Type *	9738253B		Contact No.(Home)		Contact No.(Office)	
Contact No.(Mobile)	A1307328		OI Vehicle Number	SJG5742D	TP Vehicle Number	
Email Address		AW 24 F 7212		4	Name of Preferred Workshop	
Claim Description	5)G5742D / SJM6107A	ON 21 Dec 2017	5) O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Partially at East Y		
Preferred Workshop Contact No.			Insured Liability *	Partiety at Files	- Clamont	F
Requiré Finalisation	Yes		Preferered Repair Option	Preferred Workshop, Name unknown	▼ GIA report	
Date Registered	22/12/2017 13:57		Claim Close Date		Date Received	
Report Taken By	KRISHNASAMY		Workshop Repairer		Total Loss but Repaired	
Print AK letter	Lancia de la companya					
E Print Ax setter				Save Submit		
Attachment				Marie Marie Company		
						-
<b>&gt;</b>						
Accident No.	MT/0974810		Claim No.	001 22/12/2017 14:00		

