Date Incode the second		A1181867	
Date In: 12/9/18-18: 49	Jeb description	Date & Time Completed	Done by
Res No: NA MICIBOIDADIM	SAS e-filing	i	
Veh No: 57N39177	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 11/9/18-18:47	i-Motor Claim Form	m7/10/17630001	17/9/18 43
	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)	
OD / TP / Reporting Only	i-Photo Uploaded		
TRI	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tol: F	ax:
TP Particulars: Veh No:	Pam . Inc ()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: () .
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]
Year of Registration: ()	Warranty: YES ()/NO()	
	1,000 ()/\$2,000 ()		
General Remarks:			
() Walk-In Customer: Customer's in	nformation strictly Confidential & St	rictly NO refer of repairer.	
() Total Loss Case : to e-mail Insu		*	
Drive-In ()/ Towed-In (); Invoi	ice: YES () / NO (); T	owing Co: (·)
			97298861381
Remarks: (INC hotline: 6788 6616)		Date&Turis Completed	Septemberry .
Apply for Transport Allowance () / QC Check / Post Repair Inspection	/ Courtesy Car ()		
2) QC Check / Fosi Repair Inspection	()		
3) Unload Desurvey Photo (Penair Cost >	() (00052		
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()	J	
3) Upload Resurvey Photo [Repair Cost > Injury :	\$3000] ()		
Injury:	\$3000] ()		
	\$3000] ()		Resident
Injury:	\$3000] ()		See Calculation
Injury:	\$3000] ()		Resource:
Injury:	\$3000] ()	Year of	
Injury:	\$3000] ()		
Injury:			And (S) Aint
Injury:	Invoice Pre	paration Checklist	Anit (S) Airt. Thi Bill Add
Injury: Date/Cime (Actions)	Invoice Pre	Reporting (\$30);	Tit Bill Add
Injury: Date/Time Actions Actions aumant's Particulars:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40.	751 Bill Add 0) 7545
Injury: Date/Time Actions A (80004) nimant's Particulars:- iver/Owner:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T	Reporting (\$30); Assessment (\$100); INC (\$8) ee \$40, hrough Survey	Tir.Bill Add
Injury: Date/Time Actions A (80004) nimant's Particulars:- iver/Owner:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a	Reporting (\$30); Assessment (\$100); INC (\$8 se \$40 hrough Survey \$ hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005)	7545 5120 \$30
Injury: Date/Time Actions Actions alimant's Particulars:- iver/Owner:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming 6 6) TR: Re-inspec	Reporting (\$30); Assessment (\$100); INC (\$8) lee \$40. hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) ction	75t Bill Add 0) 7545 5120 530
Actions Actions Actions aimant's Particulars:- iver/Owner: ntact No:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition	Reporting (\$30); Assessment (\$100); INC (\$8 tee \$40 through Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) ction + SMRT Survey \$5	7545 5120 530)
Injury: Date/Time Actions. A (80084) aimant's Particulars: iver/Owner: intact No: imaged Portion;	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition	Reporting (\$30); Assessment (\$100); INC (\$8) lee \$40 through Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) ction + SMRT Survey anal Services:-	196 Bill Add 0) 75 45 51 20 530) 575 5160
Injury: Date/Time Actions Actions aimant's Particulars iver/Owner: ontact No: amaged Portion;	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-insper 7) N1: Idae DA 3 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C	Reporting (\$30); Assessment (\$100); INC (\$8) lee \$40 through Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) ction + SMRT Survey onal Services:- Cer / Tpt Allowance c-ordination	196 Bill Add 0) /545 5120 530) \$75 5160
Injury: Date/Time Actions Actions Injury: Injury: Injury: Actions Actions Injury: In	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 3 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep	Reporting (\$30); Assessment (\$100); INC (\$8) see \$40 through Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) ction + SMRT Survey anal Services: Cer / Tpt Allowance coordination air Inspection	196 Bill Add 0) 75 45 51 20 53 0 57 5 1160 55 510 525
Injury: Date/Time Actions Actions Actions aumant's Particulars: iver/Owner: intact No: amaged Portion; Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 3 8) NTUC Addition OD* N5: Courtesy N6: Repair C N7: Fost Rep N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$8) lee \$40 through Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) ction + SMRT Survey onal Services:- Cer / Tpt Allowance c-ordination	196 Bill Add 0) /545 5120 530) \$75 5160 \$5 510 \$25 \$5 \$20
Injury: Date/Time: Actions	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 3 8) NTUC Addition OD* N5: Courtesy N6: Repair C N7: Fost Rep N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$8) fee \$40. through Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) thion + SMRT Survey smal Services: Cer / Tpt Allowance condination air Inspection lect Excess Coordination (N:n INC) against INC	196 Bill Add 0) /545 5120 530) \$75 5160 \$5 510 \$25 \$5

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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.
 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 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 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	12/09/2018 18:49
Date Of Accident	11/09/2018 18:45
Exact Location Of Accident	AYE (TUAS) BEFORE CLEMENTI AVE 6 EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN3917T
Insured/Policyholder	
Name Of Registered Owner	AURORA CAR RENTAL & LEASING SINGAPORE
Co Reg No	53353787L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90229995
Alternative Phone No	OFFICE-90229995
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5095346683
Cover Note Number	
Driver	
Name of Driver	PREMAVATHI D/O KRISHNAN

Cover Note Number	
Driver	
Name of Driver	PREMAVATHI D/O KRISHNAN
NRIC No	S7310733D
Date Of Birth	28/03/1973
Occupation	OUTDOOR
Date Of Driving Pass	10/10/2007
Driving Experience	10 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96423773
Fax Number	
Contact Number	OFFICE-96423773
EMail Address	NOEMAIL

Address BLK 310 JURONG EAST STREET 32

#03-310

Postcode 600310

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OT

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

.

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 involved in the accident

2 NO

Was any body injured in the Accident?
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)

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

SJP81M

Vehicle Make/Model/Colour

Details Of Properties

Details Of Fropertie

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER:

Page 2 of 15

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:

LAPORE

Driver's Signature

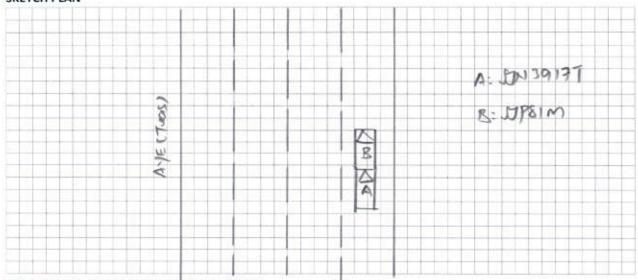
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pefer to Hinterney.

DECLARATION

I/We declare the foregoins 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.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 1 AYE (TUAS) BEFORE CLEMENTI AVE 6 EXIT. SUDDENLY VEHICLE B JAMMED BRAKE OF HIS VEHICLE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

	A	CCIDENT	STATEMENT	N/	
ACC	IDENT DATE:	18_)(DD/	MM/YYYY), TIME	HH)(ZV: 88)	:MM)
LOCA	ATION: AYE (Tual)	bebre	demnts	Ave 6 Exil	_
1.	a) VEHICLE NUMBER:	REHENSIVE / T PRIVATE / CO ACCIDENT T IDER YOUR O	HIRD PARTY / THE	TORCYCLE / OTHER	
No of passengar (Including driver)	DINKIC/TIN/F ASSFORT	FINAL TOTAL	CON CONTRACTOR CONTRAC	MALE / FEMAL	195
5. 6. 7.	*d)DATE OF BIRTH: (REPRIENCE: YEE OF THE DRIV (CLEAR / RAI (WE) / OTHER (YES / NO) YES / NO) ICH POLICE S	INSURED'S CO ER WITH INSU NING / OTHERS	DMPANY? (YES / N	<u>(</u>)
the of passenger (Including driver)	a) VEHICLE NUMBER: 3 b) DRIVER'S NAME: 0 c) NRIC/FIN/PASSPORT:			EL:	

email = richard Ver- 1980& 42how.com.of

CONTACT:

VIDEO =

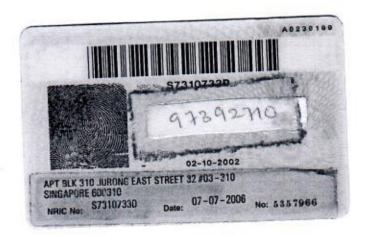
(Induding driver) f) VEHICLE NUMBER: ______

O) VEHICLE NUMBER: _____

O) DRIVER'S NAME: _____

(Induding driver) f) NRIC/FIN/PASSPORT:





REPUBLIC OF SINGAPORE DRIVING LICENCE

PREMAVATHI D/O KRISHNAN

Birth Date: 28 Mar 1973

Issue Date: 10 Oct 2007

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

Class 3A Mc

10 Oct 2007 Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

Licence No: \$73107330

NP 428A

eBaoTech Hello, NAC_PAYA_UBI_80	0601	102000				Hinto	+ Change Lar		· Change Pa	eneralC	CONTRACTOR
Andrews (Market Are) or							Change La	nguage	· Change Pa	assword	Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	io.				Date of	Accident	11/06	9/2018 06:45	23)	
	Vehicle	No.(For Motor)	SJN3917	т		Certifica	te Number				
					Se	arch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095346683		AURORA CAR RENTAL & LEASING SINGAPORE	53353787L	GFT	drivo CLASSIC	SJN3917T	SJN3917T	12/06/2018	

Policy No.	5095346683	Policyholder Name	AURORA C	AR RENTAL & LEASIN	Policyholder NRIC	53353787L	
Certificate No.		,,,,,,,,			111.00		
ddress	BLK 79B #29-17 TOA P	AYOH CENTRAL CENTR					
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	25/10/2017	Effective Date	25/10/201	7 00:00	Expiry Date	24/10/2018	23:59
xcess ype		All Claims Excess					
hird Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	ALPINE CREDIT PTE LT	Agent Tel.	65113025		GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate Info	No						
→ Policyl	holder Mailing Address						
Address 1	BLK 79B #29-17	Addre	ess 2	TOA PAYOH CENTRA	AL.	Address 3	CENTRAL HORIZON
Address 4	SINGAPORE 312		ess Type	Singapore address		Post Code	312079
Jnit No.	29-17	Relat Numi	ed Policy per	5100637719			
D Insure	ed Object: SJN3917T						
♥ Endors	sements		11>000				
Sequer	Date of Endorse	Basic Informa	tion	Endorsement Number	Endorsem Effective	ment Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLF5189H 31-10-2017 \$1,589.14 In view of this amendment, an additional premium of \$1,589.14 (inclusive of GST) is payable under your policy. Please ignore this premium payment
					Lifetive		request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days fron the date of this letter. For cheque payment, please issue the cheque favour of "NTUC Income" with you name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches be cash or NETS.

aim Handling cident MT/1011263					
cy No.	5095346683	Vehicle No.	SJN3917T	GST Registration No.	
ficate No.					
yholder Name	AURORA CAR RENTAL & LEASING SINGAPORE			Policyholder NRIC	\$33\$3787L
luct Code	PLEET INSURANCE	Cover Type	drivo CLASSIC	Loading	0
tact No. (Mobile)	90229995	Contact No.(Office)	0	Contact No.(Home)	0
H Address		Special Remark		eCode	No V
	® No ⊜Yes	TCA	® No ⊜Yes	eCode Reason	100
) Protection	No.	NCD Entitlement(%)	0		
	140	NCD Englement(%)	0	Private Hire	Yes
Accident Details					
ort Date	12/09/2018 19:34	Accident Report Within 24 hrs	Yes	Academ Type	Collision - Head to Rear
e of Accident	11/09/2018	Time of Accident hh:mm	18:45	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	
opent Location	AYE (TUAS) BEFORE CLEMENTI AVE 6 EXIT				
Excess					
n damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess		0.000/98003900 900000000	477777
	1,000,001		2,000.00		
d Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefita					
GST Registered Informa					
Registered	No		GST Registration Date		
Registration No.			GST Status Ventied	Yes	
ofication History					
Policyholder Mailing Ad	draes				
ress 1	BLK 798 #29-17	Address 2	TOA PAYOH CENTRAL	Address 3	CENTRAL HORIZON
iress 4	SINGAPORE 312079	Address Type	Singapore address	Post Code	312079
			Service and the service and th	Post Code	312079
it No.	29-17	Related Policy Number	5100637719		
OI Driver Info	HAN STANDARD .				
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	PREMAVATHE D/O KRISHNAN	Driver NR3C	\$73107330	Driver DOB	28/03/1973
sister Date of Driver License	10/10/2007	Oriver Age	45	Driving Experience	10
rtact No.(Mobile)	96423773	Contact No.(Office)	0	Contact No.(Home)	0
ress 1	BLK 310	Address 2	JURONG BAST STREET 32	Address 3	HONG KAH EAST PLACE
Sress 4	SINGAPORE 600310	Address Type	Singapore address	Post Code	600010
		Audi ess Type	Singapore address	Post Code	000310
n No. es he own a Singapore	03-310				
pistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Seration					
athalyser or Blood Test	W222	2000	0.00		
ding?	0 mg	Any injury?	○ Yes ® No		
dification History					
DH. b					
laim 001 New					
m Type *	OD-MX	Insured Name	AURORA CAR RENTAL & LEASIN	Insured NRIC	53353787L
stact No.(Mobile)		Contact No.(Home)	NOL	Contact No. (Office)	THE RESERVE OF THE
ail Address		OI Vehicle Number	SIN3917T	TP Vehicle Number	SIPRIM
mant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		100000000000000000000000000000000000000
mant Name *	22	Claimant NRIC .	October 1980		
mant Address				10	
m Description	SJN3917T / SJP81M ON 11 Sept 2018			Name of Preferred Workshop	
m Description erred Workshop Contact	March 1 and the Control of the South			Marine or Preferred Workshop	-
		Insured Lability *	Fully at Pault		<u> </u>
puire Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GLA report	Received
e Registered	12/09/2018 19:36	Claim Close Date		Date Received	12/09/2018 00:00
ort Taken By	Jackson				ACTUAL CHIEF OF THE COLUMN TO
Print AK letter	# <u></u>				
COLOR DELET					
			Save Submit		
ttachment					
ident Na.	MT/1011263	Claim No.	001		
t Doc. Received	● Yes ○ No	Upload Date	12/09/2018 19:37		
	Path +		Category •	Confidential Urgen	cy * Description *
	The state of the s	Browse		Normal V Normal	₩
		Browse.		▼ RO ▼ Normal	
		Browse.	Please Select	Normal.	

