NATIONAL Assessment Cer		ef i Jan'05] M	NA 118 17 1665		one b	v .
Date In: 20/11/18-13:32	Jeb description		Date & Time Completed		/One o	1
Res No: NA MC 80 NAZIN	SAS e-filing		<u>i</u>			
Veh No: GRZYYZS	E-mail (within Sh	rs, AIC 2hrs)				
D.O.A: 2/1/18-15:35	i-Motor Claim	Form	100-81 0101 LW	22/11/18	17	19.
	i-Motor W/O	Within; OD 2hr	1, 7P 4brs)			
OD / TP / Reporting Only	i-Photo Uploa	ded				
	Assessment/Sur	vey Report				
TP Insurer:	Ass't Report by	Fax / Hand	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW:	(		Tel:	Fax:		)
TP Particulars: Veh No:		. INC(	)/Non-INC( )	¥1	2.20-2.20-41 1-22-2.20	
Owner / Driver: (			Tel:		)	
Policy No: ( )	Period: (	)	Cover Type: (		)	
Confirmed by : (		Date:	Time:		)	
Insured/Driver Liability: ( %	%) [Note-Est. Status (W		0%; P: 21-79%. P: 80	-100%]		
Year of Registration: (	) Warranty: YES (	)/NO(	)			
Excess: (\$ ) Loading:	\$1,000 ( ) / \$2,000 (	)	Ob Elements & Viscol (T. M. N. N. N.	क्लम्बर न		
General Remarks;-		the second second second	described to the second		1, 4	
( ) Walk-In Customer: Customer's		fidential & St	rictly NO refer of repaire	r		
( ) Total Loss Case : to e-mail In	surer URGENTLY.	+				
Drive-In ( )/ Towed-In ( ); Inv	voice: YES ( ) / N	0();7	Towing Co: (			)
Remarks: (INC hotline: 6788 661	6)		Date&Time Completed		Done l	oy
	)/Courtesy Car ( )					
2) QC Check / Post Repair Inspection	( )					
3) Upload Resurvey Photo [Repair Cost	:>\$3000] ( )					
Injury:						
			5-324		A SA	V*+1877
Date/Time Actions				N. M. S. M. S. C. S.	KX. 22.1	
- I - I - I - I - I - I - I - I - I - I				- HI - WW		
	A					
				or management was	- S-2-8-U	Amt (1)
Normal Control	W.	Invoice Pr	eparation Checklist	CONTRACTOR OF THE	ut (S) t Bill	Add Bill
NA1807679		1) AR : Acciden	nt Reporting (\$30);			
laimant's Particulars:		2) DA : Damag 3) TF : Towing	- Leanerstine Committee	(\$80) \$40/\$45		
river/Owner:		4) FT : Follow-	Through Survey	\$120 \$30		
Contact No:		For claiming	Through Survey (Resurvey) against INC Only (wef 10 Jan 3	(1002)		SN= 1 900
amaged Portion:		6) TR : Re-insp		\$160		
Day 1		8) NTUC Addi	ional Services:-			
C Checked by (Engr-In-Charge):	9	OD* *NS: Courts:	y Car / Tpt Allowance	\$5		
	+	*N6: Repair	Ca-ordination	\$10 \$25		
Auditors' Comments :-		*N8: DV / C	pair Inspection ollect Excess Coordination	\$5		
at. 1;	No. W. C. W. S. W. S. L. S. L. S.		P (Non INC) against INC	\$20 30		
at. 2/3;		Invoice dated	Fee Charg	ged mes		shift 了些
1		Invoice dated	Fee Charg	sd a	<b>医护室</b>	

· pro at 1 days

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- 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 <u>truthful and accurate</u> 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.

THE STATE OF THE S	ACCIDENT STATEMENT
Date Of Report	22/11/2018 17:32
Date Of Accident	21/11/2018 15:35
Exact Location Of Accident	LIM CHU KANG RD TWDS JALAN BAHAR
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GR2442S
Insured/Policyholder	
Name Of Registered Owner	PROMPTLY DELIVERIES SERVICES
Co Reg No	53236615L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94677888
Alternative Phone No	OFFICE-94677888
Vehicle Particulars	
Manufacturer	тоуота
Model	HIACE DIESEL
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5099806573
Cover Note Number	
Driver	
Name of Driver	ANG SIOK
NRIC No	\$1333935Z
Date Of Birth	03/08/1958
Occupation	OUTDOOR
Date Of Driving Pass	18/07/1983
Driving Experience	35 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94677888
Fax Number	
Contact Number	OFFICE-94677888

NOEMAIL

BLK 215 YISHUN STREET 21 Address

#02-291

Postcode 760215

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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 Number of vehicles involved in the accident Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: 5 4

GENDER: : MALE

#### **Details of Police Action**

Was the accident reported to the police?

NO

2

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 XE1963D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

COMMERCIAL VEHICLE

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

## IMPORTANT NOTICE

- 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material
  facts may allow insurance companies to repudiate policy liability.
- 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, involces, 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 coffect, 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.

PROMPTLY DELIVERIES

Policyholder's Speak CES

Driver's Signature

(If driver is not the policyholder)

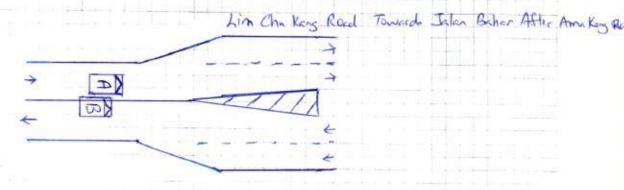
Date & Time:

Reporting Centre Person

's Signature

Name:

NRIC/FIN No.:



A-GR24425 B-XE1963D.

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

0	In the above mentioned date & time, I was travelly	along Lin
Chu ka	ang Road towards Jalan Barker after Ama Keng Rome	Ion a single
lane.	As I was driving, I noticed from my near minor	& SOW VEHICLE
"B" w	as fravelling at a very high speed & suddenly over	take my
Vehicle	. While vehicle "B" overtaking my vehicle, vehicle "B	3" left portion
hit on	to my whole right portion at my vahicle.	

DECLARATION

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

PROMPILY DELIVERIES

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.:

Vehicle No.	6R2442S Model/Make Toyota Lite Ace
Date of Accident	21/11/18
Time of Accident	3.35 pm . HRS
Location of Accident	Lim Chy Kang Road towards Jalan Becher After Ama Keng Rose
Exact purpose use during acci	
Name of Owner	Promptly Delivertes Services
Telephone No.	H/P: 9461-7888 Home: Office:
NRIC	Co. Res. No. 532366152
Address	BIK 1, Irving Plan # 05-04. The Commerce@IRVING (36954
Claim type	OD (THIRD PARTY) REPORTING ONLY
Insurance Company	NTUC
Type of Coverage	Comprehensive Third Party (Third Party / Fire / Theft )
Policy No.	5099806573
Name of Driver	As Above If No, Ang Siok
NRIC	S 1333935 Z Any Passengers: / Male Passenger.
Date of birth	03-08-1958
Occupation	(Outdoor) / Indoor
Driving License Pass Date	18 July 1983
Gender	Male / (Female )
Contact No.	H/P: 94677888 Home: Office:
Address	Blk 215 Yishun Street 21 # 02-291 (760215)
Driver have any own vehicle	No, If yes, Reg No.
Relationship	(Employee) If no, state
Weather condition	(Clear ) Raining Other
Road Surface	(Dry ) Wet Other
Any Injuries	(No,) If Yes, Who?
Name And Contact No.	(115)
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	XE 1963 D Any Passengers :
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	
Vehicle E no.	Any Passengers :  Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No. Witness Name	Any Passengers : Witness Contact :
Accident Portion	Risht Portion
Camera Recorder	Yes (No)
Email Address	BY HAVENOUGH DEPOON CONTESTING /
	BY UNKNOWN PERSON SOLICITING /
OFFERING ACCIDENT CLAIMS	ASSISTANCE? Yes / (No)
PARTICULAR WORKSHOP	
CONTACT NO.	6842 0051 / 6744 0510
CONTACT NO.	0042 0032 / 0744 0310
FAX NO	6741 0510



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1333935Z





ANG SIOK 洪 淑 CHINESE 03-08-1958 F

SINGAPORE



234161

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

PASS DATE

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 18 Jul 1983

MCNo S1333935Z

APT BLK 215 YISHUN STREET 21 #02-291 SINGAPORE 760215

NRIC No: \$1333935Z

Date: 29-11-2000 No: 3845741

NP 428A



## 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: 5099806573 Cover: Third Party, Fire & Theft

Index mark and Registration Number of Vehicle : GR24425

Chassis Number : LH1620006807

2. Name of Policyholder : PROMPTLY DELIVERIES SERVICES
3. Effective Date of Insurance : 11 May 2018

Expiry Date of Insurance : 11 May 2019

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.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- # 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

INSURE WITH COE : NO

HIRE PURCHASE COMPANY : N/A

SUM INSURED : MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PARF VALUE 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 : ASSURE PTE. LTD. (00000572842)

Date of Issue : 13 Apr 2018 17:25 hrs

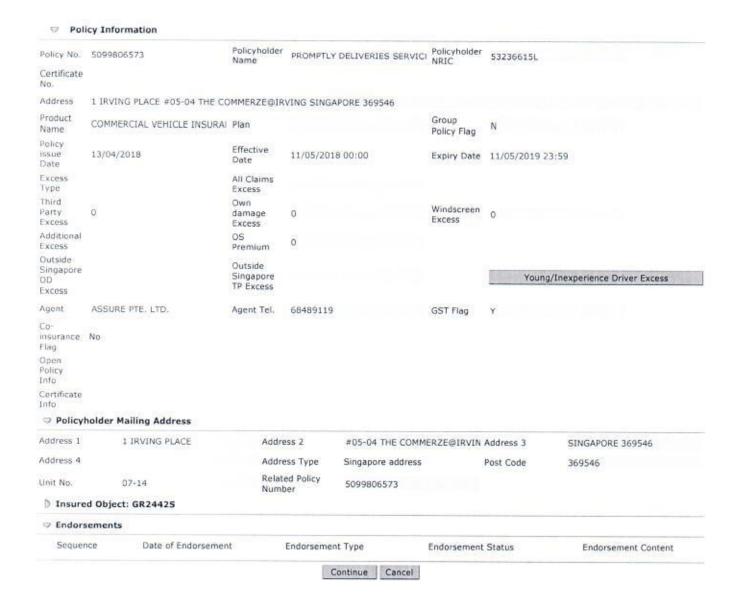
For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

**Chief Executive** 

eBaoTech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chan	ge Password	· Log Out
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	Vehicle	No.(For Motor)	GR244	2S		Certif	icate Number	[			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5099806573		PROMPTLY DELIVERIES SERVICES	53236615L	GCV	Third Party, Fire & Theft	GR24425	GR2442S	11/05/2018	11/05/2019
						Continue	]				



	Claim Handling					
Marchane No.   Marchane State   March	Policy No.	5099806573	Vehicle No.	CRNANS	DCT Designation No.	
Michael   Mich	Contribute No.		***************************************	3024923	GOT REGISERATION NO.	
Commercial Commercia	Porcyholder Name	PROMPTLY DELIVERIES SERVICES			Policy/holder NRTC	C113661D
Control by   Con	Product Code		Enver Type	Third Darty Sine & That		
Specimen	Contact No.(Mobile)					
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Automate   No.   Property	(DK:	® No Cives		8 0		14.3
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March   Marc			NAMES OF THE PARTY			
Compare				Yes	Academ Type	Side Swipe
Personal Content		21/11/2018	Time of Accident hh:mm	15:35	Country of Accident	Singapore
Process	porting Centre		Orange Force		ICM No.	
### And Profess   0.00 And Profess   0.00 Part   0.00	codent Location	LIM CHU KANG RD TWDS JALAN BAHAR				
Date	♥ Excess					
Control   Cont	wn damage Excess	9.00	Additional Excess		Windscreen Excess	0.00
Parents	nnamed Driver Excess		Outside Singapore OD Excess			
Control process	HI Parts Excess	0.00	Outside Singapore TP Excess			
Tale propertion   No.	→ Benefits					
Control No.	GST Registered Informa	ation				
### COD PARK TOWNS ABOVE NAME OF A COD PARK	I MAN SHINESAN T	No		GST Registration Date		
Participhother Matting Address				GST Status Ventied	No	
March   Stroppe   Stropp	odification History					
Description	Policyholder Mailing Ad	dress				
Address Type			Address 2	#05-04 THE COMMERZEBIRVIN	Address 3	SINGAPORE 369546
## 2016 Private Ende	doness 4		Address Type	Singapore address		
Driver Ende	Vill No.	07-14			11000	303340
Driver Type	OI Driver Info		The state of the s	30700373		
Divide Name		Unramed Driver	Dower Type	Linnamed Drover		
Description   Direct   Direc					Parise DOB	02/00/2000
Section   Sect						
MICHAEL   MIC						
Address Type    Singapore abbress   Singapore abbress   Post Core   790315						
### Street Stre		BUA 215				
Case   Company		SENSOR	Address Type	Singapore address	Post Code	760215
Extension  Claim COS Note: Dome: Insured Name PROPERTY CELLYRIES SERVICE Insured NATIC S2236615L  Contact No. (Prince) PROSPER  Contact No. (Prince) PROSPER						
Any injury?  Originator Blood Test sealing?  Claim 001 Nexe   Insured Name Property DeLiveRize SERVICE Insured Name	egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Claim 603 New    Insured Name	claration					
Attachment  Ctaim 003 New    Insured Name	eathalviter or Blood Test (ading?	0 mg	Any injury?	○ Yes ® No		
The first No. (Make)    Make						
Insured Name PROMPTLY DELEVERIES SERVICE Insured NATIC S32396154.  Insured Name PROMPTLY DELEVERIES SERVICE Insured NATIC S32396154.  Contact No. (Price) Contact No. (Office) This name of Preferred Name Prescription Preferred Workshop, Name of Preferred Workshop Date Received 22/11/2018 00:00 Taken By 38X36m  Attachment  Serve Submit A Marter  Attachment  Fath *  Catent No. MT/1021018 Chair No. Dol. Services Peace Select V To Confidencial Ungency * Description	dification History					
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Type of Benefit * Please Select V Type of Benefit * Please Select Type of Benefit Type of Benefit Type of Benefit * Please Select Type of Benefit Type of Benefi				C0 244 2C		Servers
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