Date In: 9/1/19 - 16-74	Jcb description	Date & Time Completed	Don	e py
Rei No: HAT INICIPODOS 69 PM	SAS e-filing			_ /2/00/00/02/
Veh No: Dwg~437	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 91/19-19:35	i-Motor Claim Form	וכט-ערוברסוורת	91.119	(terull
	i-Motor W/O (Within: OD 2		111/15	19.76.
OD / TP / Reporting Only	i-Photo Uploaded			
TD L	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:	-
TP Particulars: Veh No: JP99	and . INC	( )/Non-INC( )	10170 - 10170 - 10170	
Owner / Driver: (		Tel:	)	
Policy No: ( ) Perio	od: ( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [No	ote-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-1	00%]	S. C.
Year of Registration: ( ) W	arranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,000	0()/\$2,000()			
General Remarks:	E PLANT TO A SYNY		1911 (A. 11) Com (A. 11)	
( ) Walk-In Customer: Customer's inform		Lateral lateral and a lateral	200.0	40.04
( ) Total Loss Case : to e-mail Insurer		The state of topolicit		
Drive-In ( )/ Towed-In ( ); Invoice:		Fowing Co: (		- ·
	125( )/110( ),	Towning Co. (		
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	by
1) Apply for Trongs and Allers			A STATE OF THE PARTY OF THE PAR	
Apply for Transport Allowance ( )/Con	urtesy Car ( )			
2) QC Check / Post Repair Inspection	urtesy Car ( )			
	( )			
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$300]	( )			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	( )			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	( )			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	( )		Paricing.	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	( )		god cine	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	( )		ese cane	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	( )		(100 to 100 to 1	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	( )		ese can	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:  Date/Time Actions	( )		Ant (5)	Amt (3)
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions	( ) 00] ( ) Invoice Pre	paration Checklist.		
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions	( )  [nvoice Pre]  [nvoice Pre]  [nvoice Pre]	paration Checklist.	Anic (S)	Amt (3)
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  Algoraby  alimant's Particulars:	( )  100] ( )  1nvoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I	paration Checklist: t Reporting (\$30); Assessment (\$100); INC (\$80)	Ant (\$). 76 Bill  )) 345	Ami (3)
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  Alpabary  almant's Particulars:-  iver/Owner:	Invoice Pre	paration Checklist: t Reporting (\$30); Assessment (\$100); INC (\$80); res \$400	Anc(s)	Ami (3)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:  Date/Time Actions	Invoice Pre  1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) i-T: Follow-T For claiming a	paration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$80)  Rec S40/  hrough Survey \$  hrough Survey (Resurvey)  gainst INC Only (wef 10 Jan 2005)	Ant (\$) 76 Bill 345 120 \$30	Ami (3)
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  Alpabary  almant's Particulars:-  iver/Owner:	Invoice Pre  1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspe	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/ hrough Survey \$ hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) etion	Ant (\$) 76 Bill )) 545 120 \$30	Ami (3)
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  Algoraby  alimant's Particulars:- iver/Owner:  ntact No:	Invoice Pre  1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) i-T: Follow-T For claiming a	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$400 hrough Survey \$ hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) etion + SMRT Survey \$	Ant:(\$) 7#.Bill 345 120 \$30	Amt (3)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:  Date/Time Actions  Alpabary aimant's Particulars: iver/Owner: maged Portion:	Invoice Pre  1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Addition	paration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$80)  Rec	Ant:(\$) 7#.Bill 345 120 \$30 \$75 160	Amt (3)
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  alimant's Particulars: iver/Owner:	Invoice Pre  1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Addition	paration Checklist:  t Reporting (\$30);  Assessment (\$100); INC (\$80);  fee \$40/ hrough Survey \$ hrough Survey (Resurvey) seinst INC Only (wef 10 Jan 2005) etion  + SMRT Survey \$ anal Services:-	Ant:(\$) 7#.Bill 345 120 \$30	Amt (3)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:  Date/Time Actions  Alpady 24 alimant's Particulars:- iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Pre  1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD: *N5: Courtesy *N6: Repair C *N7: Fost Rep	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$80) free \$40/ hrough Survey \$ hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) etion + SMRT Survey \$ anal Services:- Car / Tpl Allowance a-ordination air Inspection	Ant (\$). 76 Bill  76 Bill  77	Amil (3)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:  Date/Time   Actions  Algorithm   Actions  Limant's Particulars:  iver/Owner:  ntact No:  maged Portion:  Checked by (Engr-In-Charge):	Invoice Pre  1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) iFT: Follow-T For claiming a 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD: *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co	paration Checklist.  Reporting (\$30);  Assessment (\$100); INC (\$80);  Pee \$400  Prough Survey \$50  Prough Survey (Resurvey)  Reginst INC Only (wef 10 Jan 2005)  Petion \$400  Petion \$400	Ant:(\$) 7#1Bill 345 120 \$30 \$75 160	Amt (3)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:  Date/Time Actions  Alpady 24 alimant's Particulars:- iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Pre  1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) iFT: Follow-T For claiming a 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD: *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co	paration Checklist:  t Reporting (\$30); Assessment (\$100); INC (\$80); Fee \$40/ hrough Survey \$ hrough Survey (Resurvey) seinst INC Only (wef 10 Jen 2005) etion + SMRT Survey \$ anal Services:  Cer / Tpt Allowence coordination air Inspection lect Excess Coordination (N:in INC) against INC	Anic (\$) 74 Bill 345 120 \$30 \$75 160 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5	Ami (3)

Fryst et 1,700

# 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 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.
- 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	09/01/2019 16:34
Date Of Accident	08/01/2019 17:35
Exact Location Of Accident	JUNC TAMPINES ST 82 & TAMPINES AVE 3
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW9243S
Insured/Policyholder	
Name Of Registered Owner	EASY RENTAL CAR PTE LTD
Co Reg No	201613123E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	тоуота
Model	VIOS J AUTO
Exact Purpose for which vehicle was being used a time of accident	at WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	NO
Policy Number	5096583420
Cover Note Number	
Driver	
Name of Driver	CHEONG YEW CHOY

 NRIC No
 \$1234397C

 Date Of Birth
 06/09/1957

 Occupation
 OUTDOOR

 Date Of Driving Pass
 14/04/1982

Driving Experience 36 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84957665

Fax Number

Contact Number OFFICE-84957665

EMail Address NOEMAIL

Address BLK 207C PUNGGOL PLACE

#07-966

Postcode 823207

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

ehicle

-

Insurance Company of Driver's Own Vehicle

-

# General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR
Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

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) soliciting/offering accident claims assistance.

NO

1

Number of Passengers (Including Driver)

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

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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 SJP9972H

Vehicle Make/Model/Colour

Details Of Properties

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)

4

# 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 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)

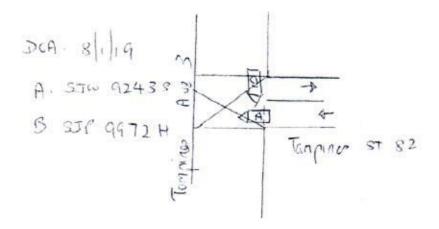
I understand, acknowledge, agree and consent that:

- (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, invoices, reports or notices to me, which could invoive 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 Signatur Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Time:

NRIC/FIN No.:

Reporting Centre Personnel's Signature



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I Win	dien	9 24	+ from	分	Tampiner	St 82	
suchlesly	uch 3	3 da	ung	cd u	a extreme	fent	specel
		-			Purdon		
				- Hotel			
Sec. Wee 10 a large							

DECLARATION

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

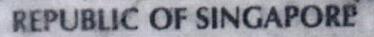
Policyholder's Signature Date & Times Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Personal Particulars			
Date of Accident: 8 1 19		Accident: 5-3	5 pm
Exact Location of Accident:	mpines St	85 D	Ave 3
Owner's Name:	1	NRIC No:	HP No:
Driver's Name: Cheong Yew	Chay	NRIC No: 5123	4397CHPNO: 8495766
Date of Birth: 69 1957 Driv ng Lio			
Address: 2070 Punggal P	laa #07.0	166 (823	3207/
Relationship of Driver with Insured:	( Email Addres	s: hermonque	in@gmail com
Vehicle No: STW 9243 S		l:	
Insurance Co: NTUC	Coverage: _Com	prehouse a policy i	No:
*Purpose of Reporting? Own	Damage Claim / 3rd F	arty Claim / Not Cla	irning, fust Reporting Only
*Exact Purpose of The Vehicle V			
*Weather Condition ? Clear			N/WA
In Edward Color II Secultural Color Color			
* Any passenger inside vehicle !			
A:B	170	C:	D:
*Was Anybody Injured ? (Yes / J	Not if yes,		
Name / NRIC / In Vehicle:			
*Was The Accident Reported To	The Police ?		
O No O Yes, Which Police Station? _			
*Does the Driver Own Any Othe	er Vehicle?		
O No O Yes, Vehicle Registration No:		surer:	
*Was any foreign vehicle involv	101 VIII VIII VIII VIII VIII VIII VIII V		
*Was there any video captured	by car carriera:	(Tes/No)	
Third Party Driver's Particulars			
Vehicle & No: SJP 9972 H			
Driver's Name:			
Vehicle C No:			122000
Driver's Name:		NRIC No:	HP No:
Witness Particulars			
Namer		NRIC No:	HP No:



IDENTITY CARD NO. S1234397C

Name



CHEONG YEW CHOY

張友才

Race

CHINESE

Date of Beth

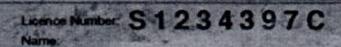
Sex

06-09-1957

Country of Birth

SINGAPORE-

# REPUBLIC OF SINGAPORE DRIVING LICENCE



**CHEONG YEW CHOY** 

Birth Date: 06 Sep 1957

Issue Date: 15 Jan 2004





NRIC No. \$1234397C



Blood Group

24-05-1993

APT BLK 207C PUNGGOL PLACE #07-966

SINGAPORE 823207

NRIC No: \$12343970

Date:

30/05/2015

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

PASS DATE

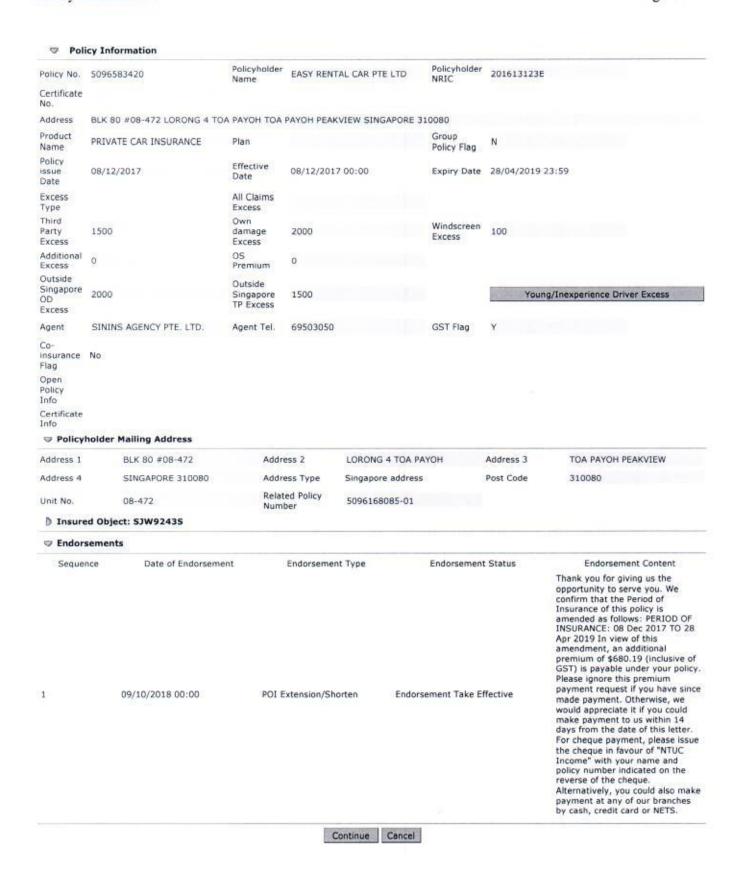
Motor Cars and Motor Tractors the weight of Class 3 which unladen does not exceed 2500 kilograms

14 Apr 1982

NP 428A







aim Handling cident MT/1027134					
icy No.	5096583420	Vehicle No.	\$1W9243\$	GST Registration No.	
ortificate No.					
ricyholder Name	EASY RENTAL CAR PTE LTD			Policyholder NR3C	201613123E
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ntact No (Mobile)	0	Contact No.(Office)	0	Contact No. (Home)	0
nail Address	*	Special Remark		eCode	THE V
к	® No ○ Yes	TCA	® No ○Yes	eCode Reason	1000
			CONTRACTOR OF THE PARTY OF THE		7600
D Protection	No.	NCD Entitlement(%)	0	Private riire	Yes
Accident Details	ANALYSIS OF			0428960000000	
port Date	09/01/2019 19:44	Acodent Report Within 24 hrs		Accident Type	Collision - Major Minor Road
te of Acodent	08/01/2019	Time of Accident hhomm	17:35	Country of Acodent	Singapore
porting Centre		Orange Force		ICM No.	
odent Location	JUNC TAMPINES ST 82 & TAMPINES AVE 3				
Excess					
in damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Outside Singapore DO Excess	2,000.00		
and Party Excess	1,500.00	Outside Singapore TP Excess.	1,500.00		
Benefits					
GST Registered Informa	ation				
Registered	No		<b>GST Registration Date</b>		
Registration No.			GST Status Verified	No	
dification History					
	0.85				
Policyholder Mailing Ad		Taken a	Thereto I was some	(Prisoner)	
dress 1	BUX 80 #08-472	Address 2	LORONG 4 TOA PAYON	Address 3	TOA PAYOH PEAKVIEW
dress 4	SINGAPORE 310050	Address Type	Singapore address	Post Code	310080
r No.	08-472	Related Policy Number	5096168085-01		
OI Driver Info			10-1-12-1		
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	CHECKS YEW CHOY	Driver NRIC	S1234397C	Driver DOB	06/09/1957
gister Date of Driver License	14/04/1982	Driver Age	61	Driving Experience	36
ntact No.(Mobile)	84957665	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 207C	Address 2	PUNGGOL PLACE	Address 3	PUNGGOL SAILS
gress 4	SINGAPORE 823207	Address Type	Singapore address	Post Code	823207
it No.	07-966				
es he own a Singapore	○ Yex ® No.	Driver Vehicle No.		Driver Insurer Company	
gittered car?	G. IF W. IF				
claration					
cethelyser or Blood Test	0 mg	Any injury?	⊕ Yes ® No		
ading?	23.22	V.110. 4 MO-80-1			
estados listas					
diffication History					
Claim 001 New					
im Type *	OD-MX	Insured Name	EASY RENTAL CAR PTE LTD	Insured NRIC	201613123E
ntact No.(Mobile)	NIL	Contact No.(Home)		Contact No. (Office)	NR.
	-		couptage	(3) (6)	0
ail Address	Characterists	OI Vehicle Number	SIW9243S	TP Vehicle Number	5)P9972H
imant Type Claimant Type *	A DESCRIPTION OF THE PROPERTY	Type of Senefit •	Please Select		
mant Name *	22	Claiment NRIC *			
mant Address					
m Description	SJW92435 / SJP9972H ON 8 Jan 2019	Control to Control of the Control of		Name of Preferred Workshop	
ferred Workshop Contact		Insured Liability *	Fully at Fault	2	- E
quire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received 💟
te Registered	09/01/2019 19:46	Claim Close Date		Date Received	09/01/2019 00:00
port Taken By	Jackson				
Print AK letter	HOUSE THE PARTY OF				
12.00 (16.00)			2000		
			Save Submit		
ttachment					
21					
,					
cident No.	MT/1027134	Claim No.	061		
st Doc. Received	● yes □ No	Upload Date	09/01/2019 19:48		
	Path *		Category *	Confidential Urgen	cy * Description *
		Browse	I seemed to the	▼ Normal	V C
		The second secon			N C
		Browse		V Rd V Normal	
		Browse		▼ Normal	<u> </u>
		Browse	Clear Please Select	V Normal	V

