NATIONAL Assessment Centre Serv	ices   wet 1 Jan'05	MAII 9 625020		
Date In: 20/4-17:31 Jeb d	escription	Date & Time Completed	Done	o).
	e-filing			
Veh No: SICRINGC E-II	nail (within Shrs, AIC 2hrs)			¥
D.O.A: 20/9-16:33 i-M	otor Claim Form	M 1037492-001	nlyly 13	7:45.
	otor W/O (Within: OD 2h	rs, TP 4brs)		the second
OD : TP Penorung Only	noto Uploaded			1000
Asso	essment/Survey Report			
TP Insurer:	t Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	199886217216
TP Particulars: Veh No: 57 R6 60 4.	. INC (	)/Non-NC( ).	84	
Owner / Driver: (	78	Tel:	)	
Policy No: ( ) Period: (	)	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	(61)
	t. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-	100%]	n-Krones-e
Year of Registration: ( ) Warranty	The same of the sa	)		and silverin
	)/\$2,000( )			
	SANSON STREET	CHECK STATE OF THE	Car Eller	1
General Remarks	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	CHICAGO AND A CONTRACTOR		
) Walk-In Customer: Customer's information	strictly Confidential & S	strictly NO refer of repairer		
) Total Loss Case : to e-mail Insurer URG	ENTLY.			
Drive-In ( )/ Towed-In ( ); Invoice: YES (		Towing Co: (	*	)
Zarom ( ), romani ( ), miles			TO STATE OF THE ST	p. pr
temarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	by
) Apply for Transport Allowance ( )/ Courtesy	Car ( )			
OC Check / Post Repair Inspection	( )		at .	- 115/2
				35/1/16-51
) Upload Resurvey Photo [Repair Cost > \$3000]	( )			
Injury:				-//
		2 - 5 - 128	CHIPAGE CO.	77, 75, 83,
ate/Time Actions			Marking Charles	
	TOTAL TOTAL STREET			
			The state of the s	
3			-	
•			7000 PA 1000 2001	THE PROPERTY OF
Value of the second of the sec	Invoice Pr	eparation Checklist	Anit (\$)	Ami (3
A190 1409 :	1) AR : Accide	CONTRACTOR THE CAN PURE OF CONTRACTOR OF THE CON	fitBill	Add Bil
umant's Particulars :-	1) AR : Accide	e Assessment (\$100); INC (	\$80)	
	3) TF : Towing	Fee S	40/\$45	
ver/Owner:	4) FT : Follow-	Through Survey	\$30	-
ntact No:	5) FT : Follow-	Through Survey (Resurvey) against INC Only (wef 10 Jan 20		
	6) TR : Re-ins	pection	\$75	
maged Portion:		A + SMRT Survey	\$160	
	8) NTUC Addi	itional Services:-		
Checked by (Engr-In-Charge):		sy Car / Tpt Allowance	\$5	
	*N6: Repair	Co-ordination	\$10 \$25	
ditors! Comments :-	*N7: Fost R	epair Inspection Collect Excess Coordination	\$25	
20 14 15 15 15 15 15 15 15 15 15 15 15 15 15	*N8: DV/C	TP (Non INC) against INC	\$20	٠,
1;	9) N12: Idac N	dobile	30	ALTE STATE
2/3:	Invoice dated	Fee Charge	MARKET STREET	arting?
No. of the Control of	Invales dated	Fee Charge	a handa	

### 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	22/02/2019 17:31
Date Of Accident	22/02/2019 16:00
Exact Location Of Accident	PIE (TUAS) BEFORE THOMSON RD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKR1156C
Insured/Policyholder	
Name Of Registered Owner	LEE BING HOWE
NRIC No	S9223373A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92326282
Alternative Phone No	OFFICE-92326282
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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	5099337957
Cover Note Number	
Driver	
Name of Driver	LEE BING HOWE
NRIC No	S9223373A
Date Of Birth	13/06/1992
Occupation	INDOOR
Date Of Driving Pass	11/09/2013
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92326282
Fax Number	
Contact Number	OFFICE-92326282
EMail Address	NOEMAIL

Address

BLK 230J TAMPINES STREET 21

#07-677

Postcode

523230

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION

Type Of Accident Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

3

involved in the accident

YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

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

NO

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?

YES

Was there any audio recorded?

NO

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJR660G

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

SLK4784U

Page 2 of 37

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

10/10/2017/2019

3

NAME:

PRIVATE CAR

GENDER:

Passenger 2

NAME:

GENDER:

# **DETAILS OF INJURED PERSON 1**

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

LEE BING HOWE

BODY

SKR1156C

YES

NO

## 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 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)

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 insurers) 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

KETCH PLAN	(A) 8KR US6 C (B) SJR 660 G (C) SLK 4784U
	PIE towards That before Thomson Road Exil.
ESCRIBE CIRCUMSTANCES	

On 20 02 19 at @ 1600 hrs, I was travelling in my which (SKR 11560
along 12 towards Twas before Thomson Road exit on the extreme right lane
I slow down and stopped due to troffe jumed about. Suddenly, a car (SJR 660G) from behind collided onto the new
Suddenly, a car (SJR 660G) from behind colleded onto the rear
portion of my vehicle. The impact was so strong that pushed
pertin of my vehicle. The impact was so strong that pushed my vehicle forward and caused my vehicle to collide onto
the vehicle (SLK 47844) whead of he.

# 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.	SKR 1156C. Model/Make Mazda 3
Pate of Accident	22 /02 / 19.
ime of Accident	1600 HRS
ocation of Accident	PIE towards Thas before Thomson Road exit.
xact purpose use during acci	ident Provate used
Name of Owner	LEE BING HOWE.
elephone No.	H/P: 9232 6289 Home: Office:
VRIC	1 8 9223373 A.
Address	BLK 2300, Tampines. 8421 #07-677 (8) 503230.
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5099337957
Name of Driver	As Above If No,
NRIC OF BITTEE	Any Passengers: N A
Date of birth	13/06 / 1992
Occupation	Outdoor / Indoor
	11 109 2013
Driving License Pass Date Gender	Male ) Female
Gender Contact No.	H/P: Home: Office:
Address	n/F. Home. Omcc.
	No, If yes, Reg No.
Driver have any own vehicle Relationship	Employee, If no, state Owner
	Clear Raining Other
Weather condition	
Road Surface	
Any Injuries	
Name And Contact No.	LEE BING HOWE (4/P: 9232 6282).
Name And Contact No.	Man Miles and Allegar 2
Police Report	No, . If Yes, Where?  3JR 660 G Any Passengers: N-A
Vehicle B No.	3JR 660 G Any Passengers: N-4 Contact No.:
Name of Driver	
Vehicle C No.	
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers:  N-A- Witness Contact: N-A-
Witness Name	
Accident Portion	Front and Ren Portzon
Camera Recorder	Yes / No
Email Address	
PARTICULAR WORKSHOP	Twincer
CONTACT NO.	6842 0051 / 6744 0510
CONTINUE	
CONTACT PERSON	Haixin.



# SINGAPORE ARMED FORCES IDENTITY CARD

Num

LEE BING HOWE

NRIC No S9223373A

The card is the property of the Empapore Anned Forces. Any person finding this card is requested to forward it without delay to Central Manpower Basis or any Police Station.

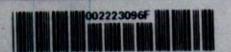
# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S 9 2 2 3 3 7 3 A

LEE BING HOWE

Birth Date 13 Jun 1992 Issue Date 11 Sep 2013



GEMALTOSOPUROBASTORISTIS

00000050310550

NRIC No / Colour

59223373AJ PINK

Race

CHINESE

Date Of Birth

13/06/1992

Service Status

NSF

Address.

Blood Group

0 (+)

Country Of Birth

SINGAPORE

Military Rank Status

ENLISTEE

Se

M

BIK 230J TAMPINES STREET 21 #07-677 SINGAPORE 523230

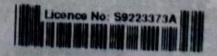


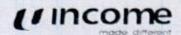
# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 11 Sep 2013 of the driver; and other motor vehicles =< 2500kg

NP 428A





#### Certificate of Insurance

SKR1156C

Cover : drivo CLASSIC

: JM68M42A8F0166946

: LEE BING HOWE

1 28 Mar 2018

+ 27 Mar 2019

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: 5099337957

1. Index mark and Registration Number of Vehicle Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

NO

: \$\$600 EXCESS (SECTION 1) EXCESS (SECTION 2) . \$\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS : PLEASE REFER OVERLEAF

UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO · YES INSURE WITH COE NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO

EXCESS WAIVER

: LEE BING HOWE PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY

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

: INSURE LINK PTE LTD (00000614836)

Date of Issue

: 28 Mar 2018 14:29 hrs

Insure Link Pte Ltd 30-18 nu.

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

Gene	ralClaim
guage / Change Passwo	d • Log Out
22/02/2019 16:00	
No. Object Date	Expiry Date
No. O	bject Date

organization of	*********	Policyholder	5/32200 200 00 WARN 0 VALUE	Policyholder	CONSTRUCTOR OF	
olicy No.	5099337957	Name	LEE BING HOWE	NRIC	S9223373A	
ertificate lo.						
ddress	BLK 230J #07-677 TAMPINES	STREET 21 SIN	GAPORE 523230			
roduct lame	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N	
olicy sue ate	28/03/2018	Effective Date	28/03/2018 00:00	Expiry Date	18/07/2019 2	3:59
xcess ype		All Claims Excess				
hird arty xcess	0	Own damage Excess	600	Windscreen Excess	100	
dditional xcess	0	OS Premium	0			
outside ingapore ID xcess	600	Outside Singapore TP Excess	0		Young	J/Inexperience Driver Excess
gent	INSURE LINK PTE LTD	Agent Tel.	64444644	GST Flag	Υ	
surance ag pen olicy ofo ertificate	NO					
Policy	holder Mailing Address					
ezeresonevii.	holder Mailing Address BLK 2301 #07-677	Addre	ess 2 TAMPINE	S STREET 21	Address 3	SINGABORE 522220
ddress 1	holder Mailing Address BLK 2303 #07-677	Addre			Address 3	SINGAPORE 523230
ddress 1 ddress 4	ASSESTING TO A SECURITY OF THE	Addre	ess Type Singapore	address	Address 3 Post Code	SINGAPORE 523230 523230
ddress 1 ddress 4 nit No.	BLK 230J #07-677	Addre	ess Type Singapore	address		2/2/12/19/94
ddress 1 ddress 4 nit No.	ASSESTING TO A SECURITY OF THE	Addre Relati	ess Type Singapore	address		2/2/12/19/94
ddress 1 ddress 4 nit No.	BLK 230J #07-677	Addre Relati	ess Type Singapore	address		2/2/12/19/94
ddress 1 ddress 4 nit No.	BLK 230J #07-677 ad Object: SKR1156C	Addre Relati Numb	ess Type Singapore	address	Post Code	2/2/12/19/94
dress 1 dress 4 hit No. Insure Endors	BLK 230J #07-677 ad Object: SKR1156C	Addre Relat Numb	ess Type Singapore ed Policy 50993379 er 50993379	address	Post Code Status	523230

Claim Handling					
ccident MT/1033292	OV DESTRUCTOR		CAMPAGE AND		
olicy No.	5099337957	Vehicle No.	SKR1156C	GST Registration No.	
ertificate No.					
olicyholder Name	LEE BING HOWE			Policyholder NRIC	59223373A
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ontact No.(Mobile)	92326262	Contact No.(Office)	0	Contact No. (Home)	0
mail Address		Special Remark		eCode	N.V
FK .	No ○ Yes	TCA	® No ○Yes	eCode Reason	A
CD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details				new-Josephon L	7,000
port Date	22/02/2019 17:43	Acadent Report Within 24 hrs.	College		
its of Accident				Accident Type	Chain Collision
	22/02/2019	Time of Accident hh:mm	16:00	Country of Acadent	Singapore
parting Centre		Orange Force		ICM No.	
cident Location	PIE (TUAS) BEFORE THOMSON RD EXIT				
Excess					
vn damage Excess	600.00	Additional Excess	0	Windscreen Excess	( ) and no ( )
hamed Driver Excess	0.00	Outside Singapore OD Excess	600.00	William Carpeas	100,00
ind Party Excess	0.00	Outside Singapore TP Excess			
Benefits		Consult angelore in Excess	0.00		
GST Registered Inform	ation (				
T Registered					
Registration No.	No		GST Registration Date		
dification History			GST Status Ventied	Yes	
- Bellevissia	2				
Policyholder Mailing Ad	The state of the s	000000			
dress 1	BLK 2303 #07-677	Address 2	TAMPINES STREET 21	Address 3	SINGAPORE 523230
dress 4		Address Type	Singapore address	Post Code	523230
it No.		Relaced Policy Number	5099337957		
OI Driver Info					
ver Name	LEE BING HOWE	Driver Type	Main Driver		
named driver Name		Driver NRIC	59223373A	Driver DOS	13/04/1007
ster Date of Driver License	11/09/2013	Oriver Age	26		13/06/1992
ntact No.(Mobile)	92326282	Cornect No. (Office)	0	Driving Experience	5
dress t	BLK 2303			Contact No.(Home)	0
dress 4	BUK 2303	Address 2	TAMPINES STREET 21.	Address 3	SINGAPORE 523230
		Address Type	Singapore address	Post Code	523230
e No.	07-677				
es he own a Singapore gistered car?	O Yes ® No	Driver Vehicle No.		Driver Insurer Company	
claration					
eathalyser or Blood Test ading?	0 mg	Any injury?	® Yes ○ No		
acting		18000	\$ 144 C 160		
dification History					
Claim 001 New					
im Type *	00-их	Insured Name	LEE BONG HOWE	Insurant NEIC	602222224
rtact No.(Mobile)	92326282	Contact No.(Home)		Insured NRIC	59223373A
ali Address			64446196	Contact No. (Office)	
mant Type Claimant Type +	Please Salart	Oil Vehicle Number	SKR1156C	TP Vehicle Number	SJR660G
mant Type Claimant Type +		Type of Benefit *	Please Select		
	22	Claimant NR3C *			
mant Address				8)	
m Description	SKR1156C / SJR660G ON 22 Feb 2019			Name of Preferred Workshop	
erred Workshop Contact		Insured Lieberty *	Not at Fault	18	
uire Finalisation	Yes	Preferered Repair Option		7 GIA mac-	Branch and
	22/02/2019 17:45	Claim Clase Date	Preferred Workshop, Name unknown	- 1 - <b>9</b> 110 - 1 - 1	Received
	Jackson	and the Date		Date Received	22/02/2019 00:00
	27.5.401				
Print AK letter					
			women management		
tachment		1	Save Submit		
tachment					
dem No.	MT/1033292	Claim No.	001		
Doc. Received	● Yes ○ No	Upload Date	22/02/2019 17:48		
	Path *			Confidence	29 g=3007
		Decree	Category *	Confidential Urgeni	2000 March 1990
		Browse		NO V Normal	<u> </u>
		Browse_	Clear Please Select	▼ Normal	V
		Browse_	Clear Please Select	▼ NO ▼ Normal	
		DIOM36	Page 1 License Select	A Liverina	V



▼ Video List	CES) on 22 Feb 2019 17  LACT_PAYA_UBIL_B00601( NATIONAL ASSES  CES) on 22 Feb 2019 17	ISMENT CENTRE SERVE	Photos	Normal	Photos 2019-2-22	
·	CES) on 22 Feb 2019 17  LAC_PAYA_UBL_B00601( NATIONAL ASSES  CES) on 22 Feb 2019 17	ISMENT CENTRE SERVE		0.0000000000000000000000000000000000000		Edit
		7)45	7 10000			Edit
	IAC_PAYA_UBI_800601( NATIONAL ASSES		Photos	Normal	Photos 2019-2-22	
No.	AC_PAYA_UBL 800601( NATIONAL ASSES CES) on 22 Peb 2019 17	7,45	Photos	Normal	Photos 2019-2-22	Edis
户.	AC_PAYA_UBI_8D0601( NATIONAL ASSES CES) on 22 Feb 2019 17	SSMENT CENTRE SERVE 7:45	Photos	Normal	Photos 2019-2-22	Edit
	IAC_PAYA_UBJ_800601( NATIONAL ASSES CES) on 22 Feb 2019 17		Photos	Normal	Photos 2019-2-22	Edit

Display in New Window Scen and uploading