NATIONAL Assessment Cen					
7/7/19-10-03	Jeb descrip		Date & Time Completed	Don	ie by
Rel No: HA HE 1900 2708 Try	SAS e-fili	ng	i		
Veh No: JEB 818-7	E-mail (wi	ithia Shrs, AIC 2hrs)			
D.O.A: 27/V/19-10:45	i-Motor C	Claim Form	m7/1075936-001	Alvia	Maria
OD : TP Reporting Only	i-Motor V	V/O (Within: OD 2hrs		PHI VIII	16.13
OB . 117 Reporting Only	i-Photo U	ploaded	!		
TP Insurer:	Assessmen	t/Survey Report			
	Ass't Repo	rt by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:			Tel: F	ax:	
TP Particulars: Veh No: 0	NG9287E	. INC()/Non-INC()	1/2	1900
Owner / Driver: (Tel:)	-
Policy No: (Period: ()	Cover Type: (
Confirmed by : (Date:	Time:		
) Note-Est Status		%; P: 21-79%. P: 30-1	000/1	
Year of Registration: ()			70, F. 21-1970. F. 50-1	00%]	
)		
	1,000 ()/\$2,0	00()			
General Remarks -					
() Walk-In Customer: Customer's in	nformation strictly (Confidential & Stri	ctly NO refer of renairer		
	urer URGENTLY		*		
Drive-In ()/ Towed-In (); Invo	ice: YES () /	NO(); To	wing Co: (*)
Remarks: (INC horline: 6788 6616)	(V) 2 T (V)		3	92,3882.0	(inches
	CT 80 CO		Date&Time Completed	Done	by
	/ Courtesy Car ()			
2) QC Check / Post Repair Inspection	()		4-CHULLSIV DI	
3) Upload Resurvey Photo [Repair Cost >					
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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 <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	27/02/2019 16:05
Date Of Accident	27/02/2019 10:45
Exact Location Of Accident	PIE (CHANGI) BEFORE LOR 6 TOA PAYOH EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKB8680T
Insured/Policyholder	
Name Of Registered Owner	ANG KIAN KOK
NRIC No	\$1528170G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97565311
Alternative Phone No	OFFICE-97565311
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C 180 KOMPRESSOR
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092522976-01
Cover Note Number	
Driver	
Name of Driver	ANG WEI CONG
NRIC No	S9411666Z
Date Of Birth	02/04/1994
Occupation	INDOOR
Date Of Driving Pass	18/02/2013
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	+65-81219053
Fax Number	
Contact Number	OFFICE-81219053
EMail Address	NOEMAIL

Address

93A JALAN BUMBONG

Postcode

739919

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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

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

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

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

SMG9281E

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)

DETAILS OF INJURED PERSON 1

Name

ANG WEI CONG

Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

BODY SKB8680T YES NO

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 <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

for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

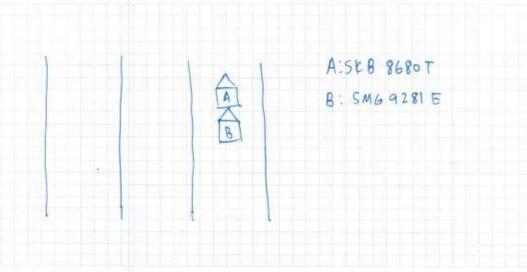
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I	was	tra	velling	8-tra;	ght	alo	ng	lane	1	whe	^	I f	elt	qu	Imp	act	bohio
ne.	I	got	down	k	chec	icld,	real	lising		hat	I	had	bee	n 1	rear-e	inde	<u> </u>
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																- 10 5 14	
				*													

DECLARATION,

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

Folicyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (27 / 62 / 2019) (DD/MM/Y)	/YY), TIME:((0 : 44.) (HH:MM)
LOCATION: PIE Chang; Before Lor 6 Toa Pay	roh.
1. DETAILS OF VEHICLE	
alvehicle Number: 54 8 8680 T	
DINSURANCE COMPANY: ALA	
CIPOLICY NUMBER: 2100 2639 00 - 05000	
DIPOLICY TYPE: (COMPREHENSIVE / THIRD P	ARTY THIRD PARTY FIRE &THEFT)
SIMAKE & MODEL: MERCEDES CIES	
TITYPE: (SALOON / COUPE LMPV /VAN / LOP	RRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMER	PCIAL / MOTOPCYCLE)
GIVEHICLE CATEGORY: PRIVATE / COMMER	lack
h) PURPOSE OF USING AT ACCIDENT TIME: W	SUBANCE IVES NO
I) ARE YOU CLAIMING UNDER YOUR OWN IN	DEBODEING ONLY
IF NO, PLEASE STATE (THIRD PARTY CLAIM /	REPORTING ONET
2. INSURED / POLICY HOLDER	(MALE / FENALE)
A)NAME: Ang 15 on 15281706.	CONTACT: 97565311
DINKIC/FIN/FAXX-JKI	I DIVIACI.
c) ADDRESS:'	
The same of the sa	IOLDER
* CONTINUE TO 3.d IF DRIVER ALSO POLICY H	HOLDER
THO OF PROSON 93 DRIVER	(MALE / FEMALE)
Clindeding driver DINRIC/FIN/PASSPORT: Sqy 11660.	CONTACT: 812 19653.
b)NRIC/FIN/PASSPORT: 39411660	
(1) claddress: 934 Jalan Bumbing 3399	119
100	MALL (2000)
*d)DATE OF BIRTH: (2 / 1994)(DD	//MM/1111)
ejoccupation: (INDOOR / OUTDOOR)	2.
f) YEARS OF DRIVING EXPRERIENCE: 18 1 101 4. WAS DRIVER AN EMPLOYEE OF THE INSU	BED'S COMPANYS (VES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WI	TH INSURED: 50
5. a) WEATHER CONDITION: (CLEAR / RAINING /	OTHERS
b)ROAD SURFACE: (DRY / WET / OTHERS	OITEKS
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)	20 00 00
IF YES, PLEASE STATE WHICH POLICE STATION	N:
그는 그	
No of passenger a) VEHICLE NUMBER: 5MG 9281 E	MODEL:
No of passenger a) VEHICLE NUMBER: 5MG 9281 E	MODEL
Induding driver) b) DRIVER'S NAME:	CONTACT:
() NRIC/FIN/PASSPORT:	CONIACI
9. THIRD PARTY VEHICLE	MODEL:
No of passinger of DRIVER'S NAME.	MODEL.
O DRIVER STANKE.	CONTACT
Induding driver) f) NRIC/FIN/PASSPORT:	CONTACT:
()	
The state of the s	40
2. p.	The state of the s

email = xingchen xingchen @hotmail.com.



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		ADI	DENDUM
A)	PARTICULARS OF PE	RSONMAKINGTHEAMEN	DMENTS:
	Original Report No	MNA119027390	Vehicle Registration No: SKB8680T
	Name(as shown in NRIC) :	ACTIVITIES OF THE PROPERTY OF	NRIC/FIN/Passport No : S9411666Z
		hiele Owner) (*) Please dele	An (80) Nr 94 N
	Address :	93A JALAN BUMBON	GSingapore(739919
	Contact (Tel)		Mobile No.: 81219053
	Email Address :		
	Date of Accident :	personal access of the personal sections.	Time of Accident : 10:45
			LOR 6 TOA PAYOH EXIT
		NTUC Income Insurance	
	msurance company.	14100 income insurance	e Co-operative Ltd
	Add in injuries pers		
	Policyholder / Driver's Date:	Signature	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Date:

REPUBLIC OF SINGAPORE DRIVING LICENCE



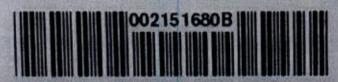
Licence Number S 9 4 1 1 6 6 6 Z

Name:

ANG WEI CONG

Birth Date: 02 Apr 1994

Issue Date: 18 Feb 2013



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9411666Z





ace.

0

Name

ANG WEI CONG

玮

Race

CHINESE

Date of birth

Sex

02-04-1994

Country of birth

SINGAPORE



Act, 1985 abon) Acr E VEHICLES IN THE FOLLOWING CLAS

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

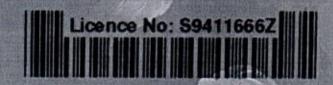
EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 18 Feb 2013 of the driver; and other motor vehicles =< 2500kg

NP 428A

PI

rson drive



4467885



NRIC No. S9411666Z

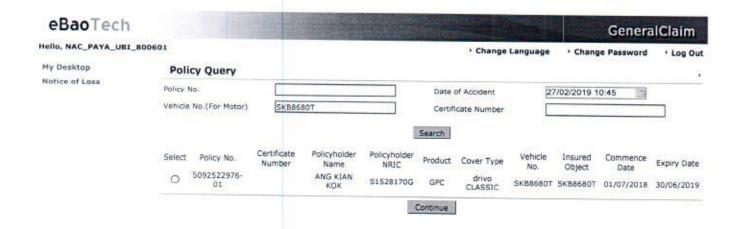


Date of Issue 24-09-2009

Address

93A JALAN BUMBONG SINGAPORE 739919

TACE WITH MAS SON



Sequen	ice Date of Endorsemen	t	Endorsemen	t Type	Endorsement	Status	Endorsement Content
□ Endors	ements						
) Insure	d Object: SKB8680T						
Init No.		Relate Numb	ed Policy er	5106707390			
ddress 4		Addre	ss Type	Singapore address		Post Code	739919
ddress 1	93A JALAN BUMBONG	Addre	ss 2	SINGAPORE 739919		Address 3	
Policyl	holder Mailing Address						
ertificate nfo							
olicy nfo							
lag Open							
nsurance	No						
Agent	LI JIAN	Agent Tel.	98805106		GST Flag	Υ.	
xcess		TP Excess					
Singapore OD	600	Outside Singapore	0			Young/I	nexperience Driver Excess
Excess Outside	M	Premium	0				
Additional	0	Excess OS			LAUCSS		
Party Excess	0	Own damage	600		Windscreen Excess	100	
Type Third		Excess					
Date Excess		All Claims	10/51/45/8/5/5/5/5	2000.0000000000000000000000000000000000			M. M.
Policy issue	28/06/2018	Effective Date	01/07/201	8 00:00	Expiry Date	30/06/2019 23	59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	93A JALAN BUMBONG SINGAPO	RE 739919					
Certificate No.					110000000000000000000000000000000000000		
Policy No.	5092522976-01	Name	ANG KIAN	KOK	Policyholder NRIC	S1528170G	

Certificate No.	5092522976-01	Vehicle No.	SKB8580T	GST Registration No.	
Cercificate No.				1990	
olicyholder Name	ANG KIAN KOK			Policyholder NRIC	015301305
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Leading	\$1528170G
intact No.(Mobile)	97565311	Contact No.(Office)	0	Contact No.(Home)	
nali Address		Special Remark		(ii)	0
к	® No ⊜ Yes	TCA	® No ⊜Yes	eCode	N/ V
D Probection	Yes	NCD Entitlement(%)	50	eCode Reason	
Accident Details		Trace and trace	30	Private Hire	No
port Date	27/02/2019 16:14				
te of Accident		Accident Report Within 24 hrs.		Accident Type	Collision - Head to Rear
porting Centre	27/02/2019	Time of Accident hitemm	10:45	Country of Acadent	Singapore
sident Location	the second second second	Drange Force		ICM No.	
Excess	PIE (CHANGI) BEFORE LOR 6 TOA PAYOH E	XIT			
n damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	2,500.00	Outside Singapore OD Excess	600,00		
nd Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Inform					
Registered	No .		GST Registration Date		
Registration No.			GST Status Venhed	Yes	
dification History					
Delieubelder Melling & .	440000				
Policyholder Mailing Ac		A-20-19-2	A MARKANDA TA TANANANA		
	93A JALAN BUMBONG	Address 2	SINGAPORE 739919	Address 3	
drama 4		Address Type	Singapore address	Post Code	739919
it No.		Related Policy Number	5106707390		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver	Market Control	
amed driver Name	ANG WEI CONG	Driver NRIC	S9411666Z	Driver DOS	02/04/1994
ister Date of Driver License		Driver Age	24	Driving Experience	6
tact No (Mobile)	81219053	Contact No. (Office)	0	Contact No. (Home)	0
fress 1	93A JALAN BUMBONG	Address 2	SINGAPORE 739919	Address 3	
ress 4		Address Type	Singapore address	Post Code	739919
t No.					(655755.)
es he own a Singapore potered car?	O Yes @ No.	Driver Vehicle No.		Driver Insurer Company	
				arrive makes excepting	
lanation					
athalyser or Blood Test ding?	0 mg	Any injury?	® Yes ○ No		
1000000					
Ification History					
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m Type •	OD-MX 🔻	Insured Name	ANG KIAN KOK	Insured NRJC	51528170G
n Tyse • lact No.(Mobile)	OD-MX 97565311	Insured Name Contact No.(Home)	ANG KIAN KOK	Insured NRIC Contact No. (Office)	51528170G
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n Tyse * act No.(Mobile) il Abdress	97565311	Contact No.(Home)		Contact No.(Office)	62693159
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m Type * lact No.(Mobile) if Address mant Type Claimant Type * mant Address in Description arred Werkshop Contact	97565311 Please Select ▼	Contact No. (Home) Of Vehicle Number Type of Senete + Claimant NRIC + Insured Liebisty +	SKBRdbOT Please Select	Contact No. (Office) TP Vehicle Mumber Name of Preferred Workshop	62691199 5HG9281£
n Type * act No.(Mobile) I Address nant Type Claimant Type * nant Address I Description I Descriptio	97565311 Please Select ≥≥ SKB8680T / SMG9281E ON 27 Feb 2019	Contact No. (Home) Of Vehicle Number Type of Senete * Claimant NRIC * Insured Liability * Preference Repair Option	SKRMdBOT Please Select	Contact No. (Office) TP Vehicle Mumber Name of Preferred Workshop	63691199 SHG9281E Received \(\subseteq \)
n Type * act No (Mobile) I Address nant Type Claimant Type * nant Address I Description med Workshop Contact ive Finalization Registered	97565311 Please Select >> SKB8680T / SMG9281E ON 27 Feb 2019 Ves 27/02/2019 16:17	Contact No. (Home) Of Vehicle Number Type of Senete + Claimant NRIC + Insured Liebisty +	SKRRdbOT Please Select	Contact No. (Office) TP Vehicle Mumber Name of Preferred Workshop	62691199 5HG9281£
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m Type * Sact No. (Mobile) If Address mant Type Claimant Type * mant Address in Description bried Workshop Contact inter Finalization Registered or Taken By Print AK letter tachment	97565311 Please Select >> SKB8680T / SMG9281E ON 27 Feb 2019 Yes 27/02/2019 16:17 Jackson MT/1033936	Corract No. (Home) Of Vehicle Number Type of Senete + Claimant NRIC + Insured Liebisty + Preference Repair Option Claim Close Date	SKB8dB0T Please Select Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Mumber Name of Preferred Workshop	63691199 SHG9281E Received \(\subseteq \)
m Type * act No (Mobile) # Address nent Name * nent Name * nent Address n Description and Workshop Contact are Finalization Registens or Taken By which AK letter achiment	97565311 Please Select ▶≥ SKB8680T / SMG9281E ON 27 Feb 2019 Ves 27/02/2019 16:17 Jackson NT/1033936 • Yes ○ No	Corract No. (Home) Of Vehicle Number Type of Senete + Claimant NRIC + Insured Liebisty + Preference Repair Option Claim Close Date	SKB8680T Please Select Not at Fault Preferred Workshop, Name unknown Seve Submit 001 27/02/2019 16:18	Contact No. (Office) TP Vehicle Mumber Name of Preferred Workshop GIA report Date Received	63691199 SHG9281E Received \(\subseteq \)
m Type * act No (Mobile) # Address nent Name * nent Name * nent Address n Description and Workshop Contact are Finalization Registens or Taken By which AK letter achiment	97565311 Please Select >> SKB8680T / SMG9281E ON 27 Feb 2019 Yes 27/02/2019 16:17 Jackson MT/1033936	Contact No. (Home) Of Vehicle Number Type of Senete + Claimant NRIC + Insured Liability + Preference Repair Option Claim Close Date	SKB8680T Please Select Not at Fault Preferred Workshop, Name unknown 001 27/02/2019 16:18 Category *	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop. GIA report Date Received Confidential Urgeni	63691159 5HG9281E Received 27/02/2019 00:00
n Type * act No (Mobile) I Address nant Type Obmant Type * nant Address n Description mod Workshop Contact we Finalization Registend or Taken By trint AK letter achment	97565311 Please Select ▶≥ SKB8680T / SMG9281E ON 27 Feb 2019 Ves 27/02/2019 16:17 Jackson NT/1033936 • Yes ○ No	Contact No. (Home) Of Vehicle Number Type of Senete * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date Browse	SKB8680T Please Select Not at Fault Preferred Workshop, Name unknown 001 27/02/2019 16:18 Category * Dear Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop. GIA report Date Received Confidential Urgen W Normal	63691159 5HG9281E Received 27/02/2019 00:00
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