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	Pre-assign / CCU /	/ FTE							
	Torono d Malatala Ma				Claim Na				
	Insured Vehicle No.	· :			Claim No.	:			_
HH	Name of Insured	: <u> </u>			Policy No.	: <u></u>			_
K-N	Insured Tel No.	:	UD		Make / Model				
		•				-			_
	Excess Sec II :S\$		D.O.A : _		Place of Accide	ent :			
	Is driver the owner?	? (YES / NO)	Nature of	Accident :					
	If NO, Driver Nam	ne / Age :			OI GIA REPO!	RT: YES / NO ; TI	GIA REPOR	Γ: YES /	NO
	Driver Tel N	•	C	V/L: YES / NO)	Insured Liabilit		Final? Yes		
	— Driver rei i	(112.125110)			msured Elabilit	.y. 70	Imar. Ics	110	
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						Release Voucher:			
						Final Repair Bill:			
						Car Rental Invoice:			\vdash
						Towing Invoice		_	\vdash
						LTA / GIA :			
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