	ntre Services		41000 70019			
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Veli No: 1kJ8 CIX	E-mail (within	Shrs, AIC 2hrs)				, , , , , , , , , , , , , , , , , , ,
D.O.A: 9/19-04-5	i-Motor Clai	m Form	M7 10528 20 -J	01 10	17/19 1	2:00
OD TP Reporting Only	i-Motor W/C	(Within: OD 2hr			Talled	1.00
and the strong only	i-Photo Uplo		!			• •••
TP Insurer:	Assessment/St	irvey Report				
Transurer:			to Owner/Wksp	-		
Preferred Wksp / INC Assign Wksp / QW:			Tel:	Fax		
TP Particulars: Veh No: SU	1070r 60	. INC()		-
Owner / Driver: (Tcl:	1-	,	
Policy No: (Period: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (V	VO): N: 0-2	0%; P: 21-79%. F:	80-100	%]	
Year of Registration: ())/NO()		-	- 112-0-11
Excess: (\$) Loading: \$	1,000 ()/\$2,000	()				
General Remarks:-				35,000	2 7	-
() Walk-In Customer: Customer's i	nformation strictly Cor	ofidential & St	ictly NO refer of repa	irer	C1/2/11/11/11	
() Total Luss Case : to e-mail Ins	urer URGENTLY					
	pice: YES () / N	0/).T	owing Co: (-	
	,,,,,		owning Co. (- 1
Remarks:- (INC hotline: 6788 6616)		Date&Time Complet	ad Visit	Done	by
1) Apply for Transport Allowance ()	/ Courtesy Car ()		3 d 5/6	Done	by
Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ()		od S	Done	by
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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 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	10/07/2019 12:23
Date Of Accident	09/07/2019 07:50
Exact Location Of Accident	SLIP RD WHOMPOA SOUTH TWDS BENDEMEER RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKJ862X
Insured/Policyholder	
Name Of Registered Owner	NG BEE TING, CINDY (HUANG MEITING)
NRIC No	S8810593A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94572046
Alternative Phone No	OFFICE-94572046
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT 1.3G SKYROOF A
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
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090940887-02
Cover Note Number	
Oriver	
Name of Driver	LEONARD LIM KOK GIN
NRIC No	S9003495B
Date Of Birth	03/02/1990

Date Of Birth 03/02/1990 Occupation INDOOR Date Of Driving Pass 04/11/2013

Driving Experience 5 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90662560

Fax Number

Contact Number OFFICE-90662560

EMail Address NOEMAIL

BLK 37 SEMBAWANG CRESCENT Address

#07-34

Postcode 756986

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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 WET

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? YES

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

SEMBAWANG NEIGHBOURHOOD POLICE CENTRE

NO

YES

NO

1

ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-5549999 - FAX NO: 68522499

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190709/2199.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLG7056P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LIM BUAN SIANG GERALD

NRIC/Passport Number S1351668E

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 20

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LEONARD LIM KOK GIN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKJ862X

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

NO

Address Postcode

Page 3 of 20

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</u> and accurate as possible. 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
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

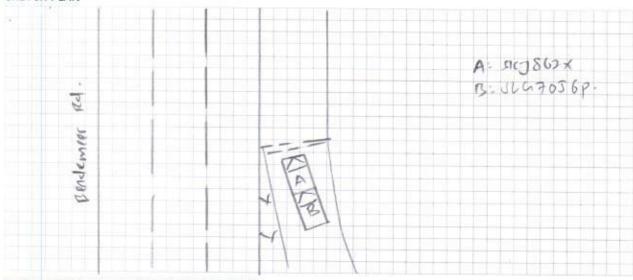
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to pokue report. 7/20190709/2099

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.:

SERVICE AND MANUAL VI

ACCIDENT STATEMENT

ACCIDENT DATE: (09/ 7/14) (DD/MM	MYYY), TIME: 07 . TO WHH-MAA
LOCATION: Slip PJ Whan qua Lond	
DETAILS OF VEHICLE a) VEHICLE NUMBER: SED 862 x b) INSURANCE COMPANY: NTIC	Top Mat 1991 led
d)POLICY TYPE: (COMPREHENSIVE / THIP	PARTY / THIPD PARTY SIDE STURES
f)TYPE: (SALOON / COUPE / MPV / VAN / L g) VEHICLE CATEGORY: (PRIVATE / COMM h) PURPOSE OF USING AT ACCIDENT TIME: i) ARE YOU CLAIMING UNDER YOUR OWN	ORRY / MOTORCYCLE / OTHERS) ERCIAL / MOTORCYCLE) DAVIGLE USE
IF NO, PLEASE STATE (THIRD PARTY CLAIM 2. INSURED / POLICY HOLDER A) NAME: Mg Dre 1:ng (andy (H) b) NRIC/FIN/PASSPORT: S88135934 c) ADDRESS:	/ REPORTING ONLY)
*CONTINUE TO 3.d IF DRIVER ALSO POLICY OF passenges DRIVER (Including driver) DINAME: Legand um tolc bin DINRIC/FIN/PASSPORT: 1903 4950.	(MAGE / FEMALE)
CIADDRESS: DIK 37 EM GIVEN OF CIRCL	any \$ 67-24 (756986)
*d)DATE OF BIRTH: (3 / 1/49) (C e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 4	Laur
IF NO, RELATIONSHIP OF THE DRIVER W	JRED'S COMPANY? (YES / NO)
6. WAS ANYBODY INJURED (YES / NO) - V 7. a) REPORTED TO POLICE (YES / NO)	
8. THIRD PARTY VEHICLE	N:
Inducting driver) b) DRIVER'S NAME 1: no Bus as 15	MODEL:
9. THIRD PARTY VEHICLE	CONTACT:
No of passenger d) VEHICLE NUMBER:	MODEL:
() NRIC/FIN/PASSPORT:	CONTACT:
email =	- E

fax =

VIDEO -





Police Station Of Origin:

Sembawang N.P.C

4 Sembawang Crescent SINGAPORE

757633

Tel No: 1800-5549999

1 of 4 Report No. T/20190709/2199

REPORT OF A TRAFFIC ACCIDENT

Date/Tir 09/07/20	ne Report I 019 22:32	Made:	Vide Report No.:	Station Diary No. 116	
Informa	nt's Partic	ulars			
	Informant: RD LIM KO		Address: BLK 37 SEMBAWANG CRES 756986	SCENT #07-34 SINGAPORE	
NRIC NO	/ ID No.: D / S90034	95B	Contact No.: Home/Office: Mobile: 90662560		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 29	Date of Birth: 03/02/1990	Type of Informant:		
Race: Chinese		•	Language:	Institution / School Name:	
Occupat PRODU(on: CTION EXE	CUTIVE	Driving Licence Information: Class: 3A	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/07/2019 07:50	Type of Location Bend
Location: Along Road 1 WHAMPOA S BENDEMEER Weather:		and Application Control		
Clear		Road Surface: Wet	F	Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		raffic Volume:
One Way Type of Collis				

Vehicle No.	Туре	Make	Model	Color	10- ""	
SKJ862X	Car	HONDA	Committee of the commit	The second second second second	Condition	No of Passenger
	100000	HONDA	FIT	White	Slightly Damaged	0
SLG7056P	Car	ТОУОТА	PRIUS HYBRID	White	Slightly	1

Vehicle No.	Insurance Company	Incurrence M		
	NTUC Income Insurance Co-Operative	Insurance No	Effective	Expiry Date
and distance and a	Limited			



T/20190709/2199

20190709/2199

2 of 4

Report No. T/20190709/2199

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Tel No: 1800-5549999

CONTINUATION OF REPORT

Details of Perso		State of the last	AND THE REAL PROPERTY.				
Any Pedestrian I	nvolved: No						
No. of Pedestria	ns Injured: NIL		Use of Pe	destria	n Cross	sing: NA	
Driver		Contract Con-	0000110	ucstria	11 0105	sirig. IVA	
Name	LEONARD LIM KOK	GIN		ID No).	S9003495B	
Related Vehicle	SKJ862X (Car)			Contact No.		90662560	
Hospital/Clinic	MOUNT ELIZABETH	NT ELIZABETH NOVENA HOSPITAL			of og ce & y Date	Class: 3A Date of Expiry: NIL	
Date Treatment 09/07/2019			Date Disc		-	7/2019	
No. of Days gran	ted Medical Leave	04	Degree of				
Driver			_ cgice of	The same	Oligin		
Name	LIM BUAN SIANG GERALD		ID No.		S1351668E		
Related Vehicle	SLG7056P (Car)			Contact No.		81681838	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disch		NIL		
No. of Days grant	ed Medical Leave	NIL	Degree of		NIL		

Brief Details.

On 09/07/2019 at about 0750hrs I was driving along Whampoa South into the filter lane into Bendemeer Road. A car in front of me stopped in the filter lane as such I did the same while waiting for the heavy traffic to clear. The said car began to move forward and I did the same. It then stop which caused me to stop too. I did not jam brake at all. Suddenly, SLG7056P hit into my car from the rear. The impact caused me pain at my neck, shoulder, lower back and both arms. We exited the car and exchanged information. He claimed I stopped suddenly which caused him to be unable to stop in time. I believed he was impatient and saw him trying to get into the Bendemeer Road before me.

We then left the scene to a nearby HDB carpark to talk about the damages. No police or ambulance came. The other driver is not injured. There is invehicle CCTV in my car but I do not know if it is operating. There is also invehicle CCTV in the other car. The damage to my car is rear bumper left side came out and sustained scratches. The damages to the other car is front bumper right side came out. Gerald's address is Blk 38B Bendemeer Road #03-840. Doctor memo stated Whiplash grade 2 and injury of muscle and tendon at neck level.





Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 Tel No: 1800-5549999

3 of 4 Report No. T/20190709/2199

CONTINUATION OF REPORT





Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

4 of 4 Report No. T/20190709/2199

Tel No: 1800-5549999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording L / Staff Sgt KOH XIU MING	The Report:	Signature Of Informant:
Signature Of Interpreter: Not applicable	3	Date/Time: 09/07/2019 22:32
Officer In Charge Of Case: TP / AEIT /		Classification Of Case:
Staff Sgt WONG SIEU LUI Contact No.: 65476151	C REST	N 085
Authentication Stamp		e Police Force



But Date 03 Feb 1990 Trace Date 04 Nov 2013



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9003495B



For LKK/NAC Use C

国

CHINESE Date of birth

03-02-1990 SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

04 Nov 2013

For LKK/NAC Use

59003495B

18-02-2005

BLK 37 SEMBAWANG CRESCENT #07-34 SINGAPORE 756986

NRIC No: \$9003495B

Date: 01/07/2019

NP 428A

Hello, NAC_PAYA_UBI	800501			DESCRIPTION OF THE		A STATE OF THE PARTY OF	on Posterior		- Contract	alClaim
	_800001					• Change	Language	· Chan	ge Password	· Log Ou
My Desktop Natice of Loss	Policy Query									
Notice of Loss	Policy No.				Date (of Accident		09/07/2019	07:50	
	Vehicle No.(For Motor)	SK3862	X		Certifi	cate Number	Ī			
				1	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5090940887- 02		NG BEE TING, CINDY (HUANG MEITING)	S8810593A	GPC	drivo CLASSIC	SKJ862X	SKJ862X	15/05/2019	14/05/2020

Policy No.	5090940887-02	Policyholde	NG BEE T	ING, CINDY (HUANG M	Policyholder	S8810593A	
Certificate No.		Name		mo, cino i (nonto i	NRIC	30010393A	
Address	37 SEMBAWANG CRESCENT #	07-34 PARC LI	FE SINGAPO	DRE 756986			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	07/05/2019	Effective Date	15/05/20	19 00:00	Expiry Date	14/05/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0.0		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	NEO POH LIN	Agent Tel.			GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	nolder Mailing Address						
Address 1	37 SEMBAWANG CRES	CENT Add	ess 2	#07-34 PARC LIFE		Address 3	SINGAPORE 756986
Address 4		Addr	ess Type	Singapore address		Post Code	756986
		Rela	ted Policy ber	5090940887-02			
Jnit No.							
	d Object: SKJ862X						
Jnit No. D Insure □ Endors	No. of the Control of						

Claim Handling					
Accident MT/1052820					
Policy No.	5090940687-02	Vehicle No.	SK1862X	GST Registration No.	
Certificate No.					
Pakcyholder Name	NG BEE TING, CINDY (HUANG MEITING)	1020010000		Policyholder NRJC	58610593A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	94572046	Contact No.(Office)	0	Contact No.(Home)	0
Ernail Address KFK	® No ○ Yes	Special Remark	727 U	eCode	The 🕶
NCD Protection		TĆA	® No ○Yes	éCode Reason	
Accident Details	Yes	NCD Emittement(%)	50	Private hire	No
Report Date	10/07/2019 17:28	V Bank and World Street			
Date of Accident	09/07/2019 17:28	Adddent Report Within 24 hrs		Acodent Type	Collision - Head to Rear
Reporting Centre		Time of Accident hh:mm Orange Force	07:50	Country of Accident	Singapore
Accident Location	SLIP RD WHOMPOA SOUTH TWOS BENDEM	Control of the Contro		ICM No.	
Total Excess Applicable		DEN NO.			
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	0.00	TP Standard Excess	9.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				1004 (100
Total OD Excess Applicable	0,00	Total TP Excess Applicable	0.00		
			10 ² 55 K		
Coverage			Sum Insured		
Accessory			1000		
Excess Waiver	2020		99999999.99		
□ GST Registered Inform GST Registered	No.		0.304/03/03/03/03/03/03		
GST Registration No.	NO		GST Registration Date GST Status Verified	Here:	
Modification History			var outus venned	Yes	
→ Policyholder Mailing A					
Address 1	37 SEMBAWANG CRESCENT	Address 2	#07-34 PARC LIFE	Address 3	SINGAPORE 756986
Address 4		Address Type	Singapore address	Post Code	756986
Unit No.		Related Policy Number	5090940887-02		
Or Or Oriver Info	LEONARD LIM KOK GIN	Private Turn	*****		
Unnamed driver Name	AND SHAPE SHAPE SHAPE	Driver Type Driver NRIC	Named Driver S90034958	Day-107	50208508
Register Date of Oriver License	e 04/11/2013	Driver Age	29	Driver DOB	03/02/1990
Contact No.(Modele)	90862560	Centact No. (Office)	0	Driving Experience	5
Address 1	37 SEMBAWANG CRESCENT	Address 2	PARC LIFE	Contact No.(Home) Address 3	0 SINGAPORE 756986
Address 4		Address Type	Singapore address	Post Code	756986
Unit No.	07-34				10000
Does he own a Singapore Registered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
#0000000000000000000000000000000000000					
Declaration Breathalyser or Blood Test		process made.	C. Cooperation III		
Breading?	0 mg	Any injury?	® Yes ○ No		
Modification History					
Claim 001 New					
- Internal					
Wind Many VI	p. marine	Promotorio (not ber			
Claim Type *	00-MX 💟	Insured Name	NG BEE TING, CINDY (HUANS H	Insured NRIC	58810593A
Contact No.(Mobile) Email Address	94572046	Contact No.(Home)	NIL	Contact No. (Office)	
Claimant Type Claimant Type *	heart_earth42@nobmail.com	OI Vehicle Number	5K3862X	TP Vehicle Number	SLG7056P
Claimant Name +		Type of Benefit * Claiment NRIC *	Please Select		
Claimant Address	>>	and the same of th		1	
Claim Description	SKIMS2X / SLG7056P ON 9 Jul 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability +	Not at Pault	J neme or remembed workshop	
No. Require Finalisation	Yes V	Preferend Repair Option		CALL TEXTS	
Date Registered	10/07/2019 17:29	Claim Close Date	Preferred Workshop, Name unknown	GIA report	Received
Report Taken By	Arckson :			Date Received	10/07/2019 00:00
Print AK letter					
			and in the second		
Nacroscopies (S		1	Save Submit		
Attachment					
10					
Accident No.	MT/1052820	Claim No.	00t		

