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Insured/Driver Liability: ( %) [Note-Est. Stams (WO): N: 0-20%, P: 21-79% F: \$0-160%]   Year of Registration: ( ) Warranty: YES ( ) / NO ( )   Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )   General Remarks: ( ) Walk-In Customer: Customers information strictly Confidential & Strictly NO refer of repairer.   ( ) Total Loss Case : to e-mail Insurer URGENTLY.   Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. ( )   Remarks: (ING holline: 6788 6616)   Date Time Completed   Done by     1) Apply for Transp-ort Allowance ( ) / Courtesy Car ( )     2) QC Check / Post Repair Inspection ( )   3) Upload Resurvey Photo [Repair Cost > \$3000] ( )     Injury:   Date Time   Actions   Actions   Actions     Injury:   Actions   Actions   Actions   Actions   Actions     Injury:   Actions   Actio	Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-160%]  Year of Registration: () Warranty: YES ()/NO ()  Excess: (\$ ) Loading: \$1,000 ()/\$2,000 ()  General Remarks: (Ustomer's information strictly Confidential & Strictly NO refer of repairer.  () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.  () Total Luss Case: to e-mail Insurer URGENTLY.  Drive-In ()/Towed-In (); Invoice: YES ()/NO (); Towing Co: (  Remarks: (INC Invitine: 6788 6616)  1) Apply for Transport Allowance ()/Courtesy Car ()  2) QC Check / Post Repair Inspection ()  3) Upload Resurvey Photo [Repair Cost > \$3000] ()  Injury:  Date/Time: Actions  1) AR: Accident Reporting (30); (30)	Policy No: ( )	Period: ( )	Cover Type: (	)
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#### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

EMail Address

- 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	05/11/2019 13:40
Date Of Accident	04/11/2019 16:45
Exact Location Of Accident	DEVONSHIRE RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PA6270C
Insured/Policyholder	
Name Of Registered Owner	HIGHWAY STAR EXPRESS
Co Reg No	52945719M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96548891
Alternative Phone No	OFFICE-96548891
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN 3.0 M
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	REPORTING ONLY
Vehicle Category	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5109982662
Cover Note Number	
Driver	
Name of Driver	OH SOH HOON
NRIC No	S1549163I
Date Of Birth	22/10/1962
Occupation	OUTDOOR
Date Of Driving Pass	22/06/2001
Driving Experience	18 YEARS AND 4 MONTHS
Gender	FEMALE

(LOCAL) +65-96548891

OFFICE-96548891

NOEMAIL

BLK 23 EUNOS CRESCENT Address

#03-3015

Postcode 400023

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

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

#### Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

2

NO

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

Number of Passengers (Including Driver)

2

#### **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

SFP2022T

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

MATHEW SIM

NRIC/Passport Number

Contact Number

96926161

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

## 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 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

lefor to Statement.		

## 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.:

ON STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG THE STATED VENUE. AS I SAW THERE WAS AN EMPTY LOT, I MAKE A RIGHT TURN AND MAKE A U-TURN AT THE MINOR ROAD. BEFORE I REVERSED MY VEHICLE TO AN EMPTY LOT, I CHECK MY BLINDSPOT. VEHICLE B WAS TRAVELLING ALONG DEVONSHIRE RD AND HE WAS SPEEDING. MY VEHICLE FRONT LEFT PORTION INTACT WITH VEHICLE B FRONT RIGHT PORTION.

# **ACCIDENT STATEMENT**

	1. DETAILS OF VEHICLE	Xx 9	
	a) VEHICLE NUMBER: PAGY	201	
		146	
	CIPOLICY NUMBER: 5109982		
	^^^ 시 (C.) 이 경기가 있는데 : (C.) 4시 (C.) 2시 시간 시간 (C.) 2시 (C.) (C.) (C.) (C.) (C.) (C.) (C.) (C.)		DTY / TIMES OF THE STREET
	d)POLICY TYPE: (COMPREHENSIN	VE / THIRD PA	RTY / THÍRD ARTY FIRE &THEFT
	e)MAKE & MODEL:		
	f)TYPE:(SALOON / COUPE / MPV	The second secon	
	g) VEHICLE CATEGORY: (PRIVATE		
	h) PURPOSE OF USING AT ACCID		Private use.
	i) ARE YOU CLAIMING UNDER YO		
	IF NO, PLEASE STATE (THIRD PAR	RIY CLAIM / R	EPORTING ONLY)
	2. INSURED / POLICY HOLDER A) NAME: HIGHWAY Star 1	N MAY 2	Walker Weeks Week
	DINRIC/FIN/PASSPORT: 52943	Express	CONTACT: 96548891.
		114141	CONTACT: 0165408 01].
	c)ADDRESS:		
	CONTRIBUTE A LEGISLA		
0	* CONTINUE TO 3.d IF DRIVER ALS	SO POLICY HO	OLDER
the of passange	DRIVER		
Induding driver	a) NAME: Oh Jan Hoon	.00	(MALE / FEMALE)
Induding driver	binric/Fin/Passport: 5 1549		CONTACT: 96548891.
(2)	a) NAME: Oh Jan Hoon	ibs.	(MALE / FEMALE) CONTACT: 96548891.
	binric/fin/Passport: 5/549 claddress: Bik 23 Emos	crescent	4 053015 (400023)
( <u>v</u> )	d)NAME: Oh Sty Hoon b)NRIC/FIN/PASSPORT: \$1549 c)ADDRESS: Blk 23 Euros  *d)DATE OF BIRTH: ( 22/10 /	19 GWODI	4 053015 (400023)
(7)	d)NAME: Oh Sty Hoon b)NRIC/FIN/PASSPORT: S 1549 c)ADDRESS: B)k 23 Euros  "d)DATE OF BIRTH: ( 12/10 / e)OCCUPATION: (INDOOR / OUT	La GNODI	CONTACT: 96548891.
(male.	"d)DATE OF BIRTH: ( 12/ 10 / e)OCCUPATION: (INDOOR / OUT	LAGUEDA DOOR) DOOR)	MM/YYYY)
(male.	*d)DATE OF BIRTH: ( 2 / 10 / e)OCCUPATION: (INDOOR / OUT f) YEARS OF DRIVING EXPRERIENC WAS DRIVER AN EMPLOYEE OF	19 (NOD)	CONTACT: 96548891.  4 053015 (400073)  MM/YYYY)  1001  ED'S COMPANY? (YES / ND)
(male.	*d)DATE OF BIRTH: ( 1 1/ 10 / e)OCCUPATION: (INDOOR / OUT f) YEARS OF DRIVING EXPRERIENC WAS DRIVER AN EMPLOYEE OF IF NO, RELATIONSHIP OF THE	IQ (NOD)	MM/YYYY)  TOY COMPANY? (YES / NO) H INSURED: OWNER
(male.	*d)DATE OF BIRTH: ( 1 1/ 10 / e)OCCUPATION: (INDOOR / OUT f) YEARS OF DRIVING EXPRERIENC WAS DRIVER AN EMPLOYEE OF IF NO, RELATIONSHIP OF THE a)WEATHER CONDITION: (CVE)R	THE INSURI	MM/YYYY)  TOY COMPANY? (YES / NO) H INSURED: OWNER
Imale.	*d)DATE OF BIRTH: ( 10/10 / 10 / 10 / 10 / 10 / 10 / 10 /	THE INSURING / (2) THERS	MM/YYYY)  TOY COMPANY? (YES / NO) H INSURED: OWNER
Imale.	d)NAME: 06 34 Hood b)NRIC/FIN/PASSPORT: 5 IS 49 c)ADDRESS: 16 12 Euros  *d)DATE OF BIRTH: ( 2 / 10 / e)OCCUPATION: (INDOOR / OUT f) YEARS OF DRIVING EXPRERIENCE WAS DRIVER AN EMPLOYEE OF IF NO, RELATIONSHIP OF THE a)WEATHER CONDITION: (CVE) b)ROAD SURFACE: (DR) / WET / O WAS ANYBODY INJURED (YES / NO	THE INSURING / COTHERS	MM/YYYY)  TOY COMPANY? (YES / NO) H INSURED: OWNER
Imale.	"d)DATE OF BIRTH: ( 1 1/2 / 10 / 10 / 10 / 10 / 10 / 10 / 1	THE INSURI DRIVER WIT / RAINING / OTHERS	CONTACT: 96548891.  4 053015 (400073)  MM/YYYY)  1001  ED'S COMPANY? (YES / NO)  H INSURED: 0Wher  OTHERS
( <u>v</u> )  male.	d)NAME: 06 Sh Hood b)NRIC/FIN/PASSPORT: 5 1549 c)ADDRESS: 16 16 23 Euros  "d)DATE OF BIRTH: ( 2 2 / 10 / e)OCCUPATION: (INDOOR / OUT f) YEARS OF DRIVING EXPRERIENCE WAS DRIVER AN EMPLOYEE OF IF NO, RELATIONSHIP OF THE a)WEATHER CONDITION: (CYEAR b)ROAD SURFACE: (LIR) / WET / OUT WAS ANYBODY INJURED (YES / NO IF YES, PLEASE STATE WHICH PO	THE INSURING / CONTINUES OF THE INSURING / CONTINUES OF THERS OF THE STATION:	CONTACT: 96548891.  4 053015 (400073)  MM/YYYY)  1001  ED'S COMPANY? (YES / NO)  H INSURED: 0Wher  OTHERS
( <u>v</u> )  male.	d)NAME: 06 SHOPE CONDITION: (CYEAR B)ROAD SURFACE: (UR) / WET / O WAS ANYBODY INJURED (YES / NO IF YES, PLEASE STATE WHICH PO	THE INSURING / CONTINUES OF THE INSURING / CONTINUES OF THERS OF THE STATION:	CONTACT: 96548891.  4 053015 (400073)  MM/YYYY)  1001  ED'S COMPANY? (YES / NO)  H INSURED: Wher  OTHERS
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Imale.  A  5  6  7  In of presenger returning chiver	d)NAME: 04 14 1900 b)NRIC/FIN/PASSPORT: 5 1549 c)ADDRESS: 1616 23 Euros d)DATE OF BIRTH: ( 12/10 / e)OCCUPATION: (INDOOR / OUT f)YEARS OF DRIVING EXPRERIENCE WAS DRIVER AN EMPLOYEE OF IF NO, RELATIONSHIP OF THE a)WEATHER CONDITION: (CVE) b)ROAD SURFACE: (DR) / WET / OUT WAS ANYBODY INJURED (YES / NO IF YES, PLEASE STATE WHICH POI THIRD PARTY VEHICLE a) VEHICLE NUMBER: SF PAN b) DRIVER'S NAME: MATHEW c) NRIC/FIN/PASSPORT:	THE INSURING / COTHERS_	CONTACT: 96548891.  4 053015 (400073)  MM/YYYY)  1001  ED'S COMPANY? (YES / NO)  H INSURED: Wher  OTHERS
Imale.  Imale.  4  5  6  7  In of passenger returning chiver  (2.)  9.	d)NAME: 04 14 1900 b)NRIC/FIN/PASSPORT: 5 1549 c)ADDRESS: 1316 23 Euros d)DATE OF BIRTH: ( 2 2 100 100 f) YEARS OF DRIVING EXPRERIENCE WAS DRIVER AN EMPLOYEE OF IF NO, RELATIONSHIP OF THE a)WEATHER CONDITION: (CYEAR b)ROAD SURFACE: (DR) / WET / CYEAR b)ROAD SURFACE: (DR) / WET / CYEAR D)REPORTED TO POLICE (YES / NO IF YES, PLEASE STATE WHICH POI THIRD PARTY VEHICLE a) VEHICLE NUMBER: 5 PARTY b) DRIVER'S NAME: MATHEW C) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE	THE INSURING / COTHERS	CONTACT: 96926161
Imale.  A  5  6  7  welleding chiver  (v.)  9.	d)NAME: 04 14 1900 b)NRIC/FIN/PASSPORT: 5 1549 c)ADDRESS: 1316 23 Euros d)DATE OF BIRTH: ( 2 2 100 100 f) YEARS OF DRIVING EXPRERIENCE WAS DRIVER AN EMPLOYEE OF IF NO, RELATIONSHIP OF THE a)WEATHER CONDITION: (CYEAR b)ROAD SURFACE: (DR) / WET / CYEAR b)ROAD SURFACE: (DR) / WET / CYEAR D)REPORTED TO POLICE (YES / NO IF YES, PLEASE STATE WHICH POI THIRD PARTY VEHICLE a) VEHICLE NUMBER: 5 PARTY b) DRIVER'S NAME: MATHEW C) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE	THE INSURING / COTHERS	CONTACT: 96548891.  4 053015 (400073)  MM/YYYY)  1001  ED'S COMPANY? (YES / NO)  H INSURED: DW her  OTHERS

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Notice of Loss	Policy N	lo.				Date o	of Accident		04/11/2019	16:45	
	Vehicle	No.(For Motor)	PA6270	c		Certifi	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109982662		HIGHWAY STAR EXPRESS	52945719M	GBS	Third Party, Fire & Theft	PA6270C	PA6270C	02/06/2019	01/06/2020

Policy No.	5109982662	Policyholder Name	HIGHWAY	STAR EXPRESS	Policyholder NRIC	52945719M	
Certificate No.		(H=500=5-5)			alabello d		
Address	BLK 23 #03-3015 EUNOS CRESO	ENT SINGAPO	ORE 400023				
Product Name	BUS INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	29/05/2019	Effective Date	02/06/201	9 00:00	Expiry Date	01/06/2020 23:	59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/I	nexperience Driver Excess
Agent	S'PORE SCH&PTE HIRE BUS OW	Agent Tel.	67410788		GST Flag	Υ	
Co- Insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	BLK 23 #03-3015	Addres	s 2	EUNOS CRESCENT		Address 3	SINGAPORE 400023
Address 4		Addres	s Type	Singapore address		Post Code	400023
Unit No.		Related	d Policy	5109982662			
) Insured	Object: PA6270C						
□ Endorse	ements						

Claim Handling								
ccident MT/1070050								
alicy No.	5109982662		Vehicle No.	PA6270C			GST Registration No.	
ertificate No.								
olicyholder Name	HIGHWAY STAR EXPRE	ESS					Policyholder NRIC	52945719M
roduct Code	BUS INSURANCE		Cover Type	Third Part	v, Fire & Theft		Loading	0
intact No.(Mobile)	96548591		Contact No. (Office)	0			Contact No.(Home)	0
nail Address			Special Remark				eCode	To V
K	® No ○ Yes		TCA	® No ○1	nes.		eCode Reason	
D Protection	No		NCD Entitlement(%)	20			Private mire	No
Accident Details								
port bate	05/11/2019 14:45		Accident Report Within 24 hrs	Yes			Academ Type	Side Swipe
ce of Accident	04/11/2019		Time of Accident hh:mm	16:45			Country of Accident	Singapore
porting Centre			Orange Force				ICM No.	
cident Location	DEVONSHIRE RD							
Total Excess Applicable					1072277			
онва Тури	Per Accident		Windscreen Excess		0.00			
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Stional Excess								
al OD Excess Applicable		0.00	Total TP Excess Applicable					
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Registration No.				GS	T Status Venified		Yes	
tification History	05/11/	2019 t4:46:40 Sys	item changed GST Status verified fro	om No to Yes				
Policyholder Hailing Ad			10/20/2002					25/2/02/03/05/05
dress I	BLK 23 #03-3015		Address 2	EUNOS CR			Address 3	SINGAPORE 400023
dress 4			Address Type	Singapore			Post Code	400023
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ver Name named driver Name	On SOH HOOM		Driver Type Driver NR3C	Unnamed 1 51549163			Driver 008	22/10/1962
jister Date of Driver License			Driver Age	57	5		Driving Experience	18
rtact No.(Mobile)	96548891		Contact No.(Office)	0			Contact No.(Home)	0
tress 1	BUK 23		Address 2	BUNDS OR	access			
iress 4	BLK 23						Address 3 Post Code	SINGAPORE 400023
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all Address	green representation of the second		01 Vehicle Number	PA6270C	400		TP Vehicle Number	SF#2022T
mant Type Claimant Type *	Please Select	V	Type of Benefit * Claimant NRIC *	Ploase Sei	ect 🔻			
mart Name *		22	Gamant sedt *				ř	
imant Address Im Description	PA6270C / SFP2022T 0	3N 4 Nov 2010					Name of Preferred Workshop	
erred Workshop Contact	meerone part and east to		forward righter, a	Fully at Fa	uk V		Home of French Workshop	
	Van	100	Insured Liability *			-	Office Countries	Description of the second
juire Finalisation	Yes	~	Preferend Repair Option	Interest of	Workshop, Name unknown	v	GIA report	Received Y
e Registered	05/11/2019 14:48		Claim Close Date				Date Received	05/11/2019 14:48
port Taken By	Jackson		Workshop Repeirer				Total Loss but Repaired	
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cident No.	MT/1070050		Claim No.		100			
t Doc. Received	● Yes ○ No		Upload Date		05/11/2019 15:22			
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