NATIONAL Assessment Centre	Services part someon	MMA 11916630	9
Date In: 18 12 19 10:26	Jeb description	Date &Time Completed	Done by
Ref 110. MAI INC 19022245/14	SAS c-filing		
Vch No FBD 27-81	E-mail (within Shrs, AIC 2hrs,		
110A 12/12/19 17:50.	i-Motor Claim Form	MT/1076234001	18/12/19 11:14
-5-80 M	I-Motor W/O (within: OD :	Zhus, TP Ahrs)	- Annual Links
OD Reporting Only	i-Photo Uplonded		
711	Assessment/Survey Report		
TF Insurer:	Ass't Report by Fax / Han	d to Owner/Wksp	
Preferred Wiss / INC Assign Wiss / QW: (Tol: F	ax:
TP Particulars: Veh No: SM	16 9545 U . INC	()/Non-INC()	-
Owner / Driver: (101130	Tel:)
Policy No: () Perio	d: (Cover Type: ()
Confirmed by: (Date:	Time:)
Insured/Driver Liability: (%) [No	te-Est. Status (WO): N: 0-	-20%; P: 21-79%. P: 80-1	00%]
Year of Registration: () Wa	rranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,000			
General Remarks of Space Call 1997			Con St.
() Walk-In Cuscomar : Customer's Information			4_4_4
() Total Loss Case : to e-mail Insurer (URGENTLY.		
Drive-In ()/ Towed-In (); Invoice: Y	TES()/NO();	Towing Co: (.)
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Upload Resurvey Photo [Repair Cost > \$3000	0) ()		
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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.

dioresalu.	30-33 1494 - This CHAIL 1991 (1991 1995) (19
建筑的特别是 "在第一位的起源,是	ACCIDENT STATEMENT
Date Of Report	18/12/2019 10:26
Date Of Accident	12/12/2019 17:50
Exact Location Of Accident	CHOA CHU KANG WAY TURNING TO CCK NORTH 7
Country/State of Loss	SINGAPORE
THE PARTY OF THE P	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBD2708J
Insured/Policyholder	
Name Of Registered Owner	CHEANG SOO KENG
NRIC No	S7181983C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91090188
Alternative Phone No	OFFICE-91090188
Vehicle Particulars	
Manufacturer	DAELIM
Model	B-BONE AUTO
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	MOTORCYCLE
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	5056078655-06
Cover Note Number	
Driver	
Name of Driver	CHEANG GOO KENG

Name of Driver CHEANG SOO KENG

 NRIC No
 S7181983C

 Date Of Birth
 21/04/1971

 Occupation
 OUTDOOR

 Date Of Driving Pass
 26/06/2000

Driving Experience 19 YEARS AND 5 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-91090188

Fax Number

Contact Number OFFICE-91090188

EMail Address NOEMAIL

Address BLK 692B CHOA CHU KANG CRESCENT #08-32

Postcode 682692

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 COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

ambulance?

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

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?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ

Police Station Address Police Station Contact

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20191213/7006

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

SMG9545U

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

Page 2 of 18

DETAILS OF INJURED PERSON 1

Name

CHEANG SOO KENG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FBD2708J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder 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>.
- 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) 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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:
 - (I) To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature

Date / time:

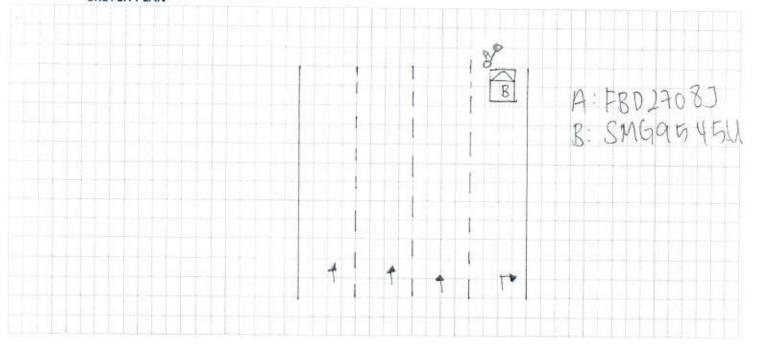
Driver's signature

(if driver is not policy holder)

Date / time:

reporting centre personnel's Signature

Date / time:



DESCRIBE CIRCUM:	STANCES OF THE ACCIDENT	
	refer to police report	

DECLARATION

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

Policy holder's signature

Date & time:

Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

Page 6

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

Date of accident	1/11/12	019				(D	D/MM/YY
Time of accident	5:0	50 DM					(HH:MM
Exact location of accident	Choa	Class	M.100	MAG	+owards	Clava	radut

		DETAILS OF	VEHICLE		Mary I was a least to the last the least to
Vehicle registration number	FBD 2=	108J	The Control of the Co	AND RESIDENCE OF THE PARTY OF T	
Vehicle make and model	DAELIM	B-BONE			
Type of vehicle	Saloon Lorry	MPV 🗆 Bus 🗅	CRV t	□ Van	Others:
Vehicle category	Private 🗆	Comm	ercial 🗆	Motorcyc	cleø
Purpose of using at said time		977			
Are you claiming under your own insurance company?	Yes □ Third part	No p	if no, ple Reportin	ase select: g only \Box	

	INSURANCE IN	FORMATION	months of the same
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft □	TP only

Name	CHEAN6	SOO KE	NG.	2000 Control		Male 🗆	Female Ø
NRIC / Fin / Passport number	S71810	183C					
Contact	9100	1 0189	3				
Address	BIK 6928	Choa	rt	ka	5	408-82	-(10-

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Name	Male 🗆	Female
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	2(104)1971	
Occupation	Indoor Outdoor,	
Driving date pass	26/06/2000	

White State of the	GENERAL	INFORMATION	OF THE ACCIDENT	Andrew Commencer in the
Was driver an employee of	Yes 🗆	No p	And the second s	
the insured's company?	If no, rel		driver and insured: _	OWNEY
Accident captured by camera?	Yes 🗆	No 🗆		7
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry 🖭	Wet 🗆		
No of passenger				(Inclusive of driver)
				(metasive of driver)
TO THE PARTY OF THE REST		PASSENGE	R1	
Name		The second second second	A. A. S.	
Gender	Male 🗆	Female		
		Territore E		
Williams south the contract	A BOOK A	PASSENGE	00	《 · · · · · · · · · · · · · · · · · · ·
Name	Seculate Char	PASSITION	N2	的情况 的人的意思的一个人,不是一种自己的
Gender	Male 🗆	Female		
	Water 1	remate 🗆	/	
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Name	THE REAL PROPERTY.	PASSENGE		
Gender	Male 🗆	radala -		
Gender	iviale 🗆	Female		
	STATE OF STREET	THE RESERVE AND ADDRESS OF THE PARTY OF THE	att A live a state of the live of	
		PASSENGE	R 4	Market State of the State of th
Name				
Gender	Male 🗆	Female 🗆		
		PASSENGE	R 5	第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十
Name				
Gender	Male 🗆	Female		
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Name /				
Gender	Male 🗆	Female		
E. THE SECOND SE		OTHER INFORM	IATION	The Avenue in the Miles of the
Was anybody injured?	Yes	No 🗆		
Was other vehicle damaged?	Yes	No 🗆		
《李多子》 [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	DETAIL	OF POLICE STA	ATION ACTION	CHECK CHET DANGERS
Reported to police?	Yes 🗹		s, please state which	police station.
Police station name	-			
		WITNESS	1	The transfer of the second
Name			A STATE OF THE PARTY OF THE PAR	10. 14-2-14-20 A.
		/	/	
THE RESERVE OF THE PROPERTY OF		WITNESS		
Name		10111-55	- Kendek et Arministra	Section of the party of the section
Truffic				

新 是 进 发展的 一 次 代	THIRD PARTY VEHICLE 1
Vehicle registration number	SMG9545V
Vehicle make model	A SACRATA SACRATA A SACRATA SA
Name	
NRIC / Fin / Passport number	
Contact	
2000年	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
通行 基本的基本。	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
学 特别的方式 于100 00 2000 1000	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

4217年中,中的		INJURED PERSON 1
Name	CHE	EANG SOOKENG
Injuries sustained		EG AND HAND AND BACK
Which vehicle person in?	FBD	27087
Were seat belts worn?	Yes 🗆	No D
Was injured conveyed to	Yes 🗆	No ø
hospital by ambulance?		
	K managaran	
No.		INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in? Were seat belts worn?	V	A11 -
Was injured conveyed to	Yes 🗆	No o
hospital by ambulance?	Yes 🗆	No 🗆
nospital by ambalance:		
	Control of the control	INJURED PERSON 3
Name	** *, *** ****************************	INJORES PERSONS
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		/
	Later Park	INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes □	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
		INJURED PERSON 5
Name		
Injuries sustained		/
Which vehicle person in?	1, /	
Were seat belts worn?	Yes	No D
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	Δ	
Marin Control of the	William Bridge	INWINES DESCOUR
Name		INJURED PERSON 6
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆
hocnital by ambulance	1	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20191213/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 13/12/20	e Report N 19 12:22	Made:	Vide Report No.:	Station Diary No.:	
Informan	t's Partic	ulars			
	Informant: SOO KEI		Address: APT BLK 692B CHOA CH SINGAPORE 682692	HU KANG CRESCENT #08-32	
ID Type / ID No.: NRIC NO / S7181983C			Contact No.: Home/Office:	Mobile: 91090188	
Nationality: MALAYSIAN			Email: lee9672@yahoo.com.sg		
Sex: Age: Date of Birth: Female 48 21/04/1971			Type of Informant: Rider		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Accountant			Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/12/2019 17:5	Type of Location
	(ANG WAY TURNI	NG RIGHT TO CHOA CH	HU KANG NORTH 7	
		Road Surface: Dry		Road Speed Limit:
Weather: Clear Traffic Flow:			rking	Road Speed Limit: Traffic Volume:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBD2708J	Motorcycle	DAELIM	B-BONE AUTO	Red		0
SMG9545U	Car					0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
FBD2708J	NTUC Income Insurance Co-Operative Limited	5056078655-06	29/12/2018	28/12/2019		





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3 Report No. T/20191213/7006

CONTINUATION OF REPORT

Details of Perso	n Involved		The Contraction		He K	
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL	-	Use of Pe	destriar	Cross	sing: NA
Rider		TO SOUTH ME	THE REPORT OF			
Name	CHEANG SOO KENG			ID No		S7181983C
Related Vehicle	FBD2708J (Motorcycle)			Conta	ect No.	91090188
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	NIL Da				
No. of Days gran	ted Medical Leave	03		Date Discharge NIL Degree of Injury Slight		

Brief Details.

ON THE STATED DATE, TIME AND LOCATION . I WAS TRAVELLING ALONG CHOA CHU KANG WAY TOWARDS SUNGEI KADUT . AS THERE WAS INCOMING TRAFFIC , I STOP TO MAKE SURE THE ROAD IS CLEAR BEFORE MOVING OFF . OUT OF THE SUDDEN , VEHICLE (SMG9545J) MOVE AND COLLIDE ONTO ME . I FELT DISCOMFORT AND WENT TO CONSULT THE DOCTOR AND WAS GIVEN 3 DAYS OF MEDICAL CERTIFICATE.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20191213/7006

CONTINUATION OF REPORT

Sketch	Plan
-	and the second second second

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/12/2019 12:22
Officer In Charge Of Case: TP / TPHQ / WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp

NP168

eBaoTech										Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601				THE REAL PROPERTY.	The statement of	• Chang	e Languag	e + Chan	ge Password	' Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy I	No.				Date	of Accident		12/12/2019	10:25	
	Vehicle	No.(For Motor)	FBD27	08)		Certif	ficate Numbe	r			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5056078655- 06		CHEANG SOO KENG	57181983C	GMC	Third Party, Fire & Theft	FBD2708J	FBD2708)	29/12/2018	28/12/2019
						Continue					

Claim Handling

Accident MT/1076234								
Policy No.	5056078655-06	Vehicle No.	FBD2708J		GST Renis	tration No.		
Certificate No.						Traction 1905		
Policyholder Name	CHEANG SOO KENG				Policyhold	er NEIC	\$7181983C	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, F	ire & Theft	Loading	p. range	0 2/191/01/C	
Contact No.(Mobile)	91090188	Contact No.(Office)			Contact No	o (Historia)		
Emwil Address		Special Remark			eCade	ri(thatte)	1000	
KFK:	- No Yes	TCA	No. Yes		eCode Rea	ison	No *	
NCD Protection	No	NCD Entitlement(%)	20		Private Hir		No	
Accident Details					0/18880000	50	140	
Report Date	18/12/2019 11:08	Accident Report Within 24 hrs	Yes		Accident Ty	Unie	Collision - Hea	
Date of Accident	12/12/2019	Time of Accident hh: mm	17:50		Country of		Singapore	a to scent
Reporting Centre		Orange Force			JCM No.	THE PERSON NAMED IN COLUMN NAM	этцарис	
Accident Location	CHOA CHU KANG WAY TURNING TO CCK NORT	H 7						
T Excess								
Own damage Excess	0.00	Additional Excess			Windscreen	- Evener		
Unnamed Driver Excess		Outside Singapore OD Excess			Williastree	Excess		
Third Party Excess	0.00	Outside Singapore TP Excess						
→ Benefits								
 GST Registered Informat 	tion							
GST Registered	No		GST R	Registration Date				
GST Registration No.				Status Venfied	4	Yes.		
Modification History								
Policyholder Mailing Add								
Address 1	BLK 692B #08-32	Address 2	CHOA CHU KA	NG CRESCENT	Address 3		SINGAPORE 68	2692
Address 4 unit No.		Address Type	Singapore add	reas	Post Code		682692	2000
OI Driver Info	98-32	Related Policy Number	5056078655-0	17				
Driver Name								
Unnamed driver Name	CHEANG SOO KENG	Driver Type	Main Driver					
Register Date of Oriver License	F2772772791	Driver NRIC	\$7181983C		Driver DOB		21/04/1971	
Contact No.(Mobile)	01/01/2000	Driver Age	48		Driving Exp	enence	19	
Address 1	91090168	Contact No.(Office)			Contact No.	(Home)		
Address 4	BLK 6928 #08-32	Address 2	CHOA CHU KAI	NG CRESCENT	Address 3		SINGAPORE 68	2692
Unit No.	06-32	Address Type	Singapore addr	tas	Post Code		682692	
Dacs he own a Singapore								
Registered car?	Yes + No	Driver Vehicle No.			Driver Insur	rer Company		
Declaration								
Greethalyser or Blood Test	D mg							
Claim 001 New Claim Type * Contact No.(Noble)				OD-MX 91090188	Contact _	DIEANG SOO KENG	Insured NRIC Contact	5/181
SECTION OF SECTION				91090188	No. (Nome)	VIL	No. (Office)	
mail Address					Oil Vehicle	8027083	TP Velvice	- Inches
					Number	8027083	Number	
laim Description				FBD27081 / SMG9545U	ON 12 Dec 2019		Name of Preferre	d 10
Printerred	Toward Habilet						Workshi	tp q
Vorkshop 0 Invited No. Yes	Profesered Profesered Repair Preferred Workshop, Nam	ne unknown GIA Received		-				
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