Date In: u 1 12- b:16	Jeb description		Date & Time Completed	Done	e by
Res No: Ma Mc2000 02004	SAS e-filing				
Veh No: JMN9074	E-mail (within	Shrs, AIC 2hrs)			80
D.O.A: 31/10/19-13:20	i-Motor Clair	m Form	W711078461-001	4/1/20 1	3:29
	i-Motor W/O	(Within: OD 2hr			
OD / TP Reporting Only	i-Photo Uploa	aded			
TD !	Assessment/Su	rvey Report			Cim Unit-2
TP Insurer:	Ass't Report by	y Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: SLC	121034	. INC()/Non-INC()		
Owner / Driver: (A 100 (20)	Tel:)	
Policy No: () I	Period: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
	Note-Fet Status (W		0%; P: 21-79%. F: 80-	100%]	-
			076, 1.21-7570. 1.30-	1.0070]	
Year of Registration: ()	Warranty: YES ()/NO(<u>) </u>		
	,000 ()/\$2,000 (()			
General Remarks:-					
() Walk-In Customer : Customer's in					
· · · · · · · · · · · · · · · · · · ·	Commence of the Contract of th	moontan a ot	icay 110 Total of Teponor.		
() Total Loss Case : to e-mail Insu	2,168 9239 25 97 25 25 25 25 25				
Drive-In ()/ Towed-In (); Invoi	ce: YES () / N	O();T	owing Co: ()
		THE RESERVE OF THE PERSON NAMED IN		The Printer of Street,	Transaction .
Cemarks: (INC hotline: 6788 6616)	Night State of the		Date & Time Completed	Done	hv .
			Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/	Courtesy Car ()		Date&Time Completed*	Done	by
1) Apply for Transport Allowance ()/			Date&Time Completed	Done	by
Apply for Transport Allowance ()/ QC Check / Post Repair Inspection	Courtesy Car ()		Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]	Courtesy Car ()		Date&Time Completed	Done	by
Apply for Transport Allowance ()/ QC Check / Post Repair Inspection	Courtesy Car ()		Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	() () \$3000] ()				,
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	Courtesy Car ()			Done	,
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1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection B) Upload Resurvey Photo [Repair Cost > 5] Injury: Pate/Time: Actions Liminate Particulars:- iver/Owner:	Courtesy Car () () \$3000] ()	Invoice Prej 1) AR: Accident 2) DA: Damage 3) TF: Towing For 4) FT: Follow-The 5) FT: Follow-The For cleiming as 6) TR: Re-inspec 7) N1: Idac DA	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$50	And (S) (1st Bill 80) 0/\$45 \$120 \$30	Anci
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1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Pate/Time Actions Actions iver/Owner: Intact No: Checked by (Engr-In-Charge):	Courtesy Car () () \$3000] ()	Invoice Prej 1) AR: Accident 2) DA: Damage 3) TF: Towing Fe 4) FT: Follow-Th For cleiming as 6) TR: Re-inspec 7) N1: Idac DA 8) NTUC Additio OD *N5: Courtesy *N6: Repair Co *N7: Fost Repair	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$100)	Ant (S)	Anci
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1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions aimant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	Courtesy Car () () \$3000] ()	Invoice Prej 1) AR: Accident 2) DA: Damage 3) TF: Towing Fe 4) FT: Follow-Ti 5) FT: Follow-Ti For cleiming as 6) TR: Re-inspec 7) N1: Idac DA 8) NTUC Additio OD *N5: Courtesy *N6: Repair Ce *N7: Fost Repair *N8: DV / Coll	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$50);	Anet (S) fst Bill fst Bi	AMC)

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 04/01/2020 10:26

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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

(a) and an in the same of the same of the	ACCIDENT STATEMENT
Date Of Report	04/01/2020 10:16
Date Of Accident	31/12/2019 13:20
Exact Location Of Accident	WOODLANDS CHECKPOINT
Country/State of Loss	SINGAPORE
AND THE RESERVE AND ADDRESS OF THE PARTY OF	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SMN9072E
nsured/Policyholder	
Name Of Registered Owner	FOCUS RENTALS PTE LTD
Co Reg No	2XXXXX450G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS 1.5 E (AUTO)
Exact Purpose for which vehicle was being use time of accident	ed at WORKING
Are you claiming under your own insurance po for repair to your vehicle?	no NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5113975451
Cover Note Number	
Driver	
Name of Driver	YEO GEOK KIM
NRIC No	SXXXX959B
Date Of Birth	04/05/1956
Occupation	OUTDOOR
Date Of Driving Pass	18/03/2002
Driving Experience	17 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81183156

OFFICE-81183156

NOEMAIL

BLK 201C COMPASSVALE DRIVE Address

#04-555

OTHER - HIRER

543201 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

3

GENDER:

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME:

: FEMALE GENDER:

Passenger 2 NAME:

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

: -

: FEMALE

Vehicle Registration Number

SLG2103U

Vehicle Make/Model/Colour

HONDA VEZEL

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

97395918 Contact Number

Address

Postcode

Page 2 of 17

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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.
- 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.
- 7. 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)

Lunderstand, 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

reg. No:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1 MM?	on a job,	with 2	bus?	engers	on b	poard o	s the	Check	point	m
ff was	too crowd	led, L	had t	alrght	мч	passenge	ers ou	tside	of the	
neux point	drop off	. I cam	e to a	full Sto	op and	before	they	could	alight	_
felt an	impact	from th	e real	ſ.						
1011	w your									
										1=1=
	ST-15-19-19-19-19-19-19-19-19-19-19-19-19-19-									
		-								es sol

DECLARATION

I/Wo lectore the gregoing particulars are true in every respect.

(2018364506)

Polit Protters Standare Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

actions clarelitantein the

Date of Arcident	31 11 2019 Accident Time: 13:20 (24-HR-Pormat)
occident Place	weedlands weekpoint
Vehicle Reg. No. (Cer Plate N	O) SMN9072E
Vehicle Make/Model	Toyota vios
Insurance Company	NIMC Policy No.
Owner or Company Name /IC	No. : Locus Pontals Re Ltd
Owner or Company Contact N	Owner's HpCompany Tel
DRIVER'S Name / IC No.	Heo Geok kim
DRIVER'S Date Of Birth	: 04 03 1956 DRIVER'S License Pass Date 18 03 1002
Relationship of Owner & Drive	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: H V & T
DRIVER'S Address	BIK 2010 compassione Drive # 04-555 2 3
DRIVER'S Contact No./ Alt N	0. :1) 81183156 2)
DRIVER'S Occupation	: INDOOR \ OOTDOOR (e.g. working inside or outside office)
Email Address	: Admin@ mycar-sg
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Includir	ng Driver): 03 - females hb injuries
Was there any video Captured b Exact purpose for which vehicle	by car camera: YES \ NO constant was being used at the time of accident: Private use \ Work purpose
Oth	er Party Driver's Particular (if anv)
Vehicle Reg. No: SLG21031	Vehicle Reg. No:
Vehicle MakelModel: tondo	
Name Driver:	Name Driver:
Name Driver:	Michigan Company

70.40

.



Certificate of Insurance

Certific	cate of insurance					
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)						
Certificate Number: 5113975451-000121	Cover : Third Party					
1. Index mark and Registration Number of Vehicle	: SMN9072E					
Chassis Number	: MR2B23F3001186129					
2. Name of Policyholder	: FOCUS RENTALS PTE, LTD.					
3. Effective Date of Insurance	: 26 Dec 2019					
4. Expiry Date of Insurance	: 25 Dec 2020					
 Persons or Classes of Persons entitled to drive# (a) The Policyholder. (b) Any other person who is driving on the Policyholder. Provided that the person driving is permitted in the Motor Vehicle or has been so permitted and enactment or regulation in that behalf from driving is permitted. 	accordance with the licensing or other laws or regulations to drive d is not disqualified by order of a Court of Law or by reason of any					
6. Limitations as to Use#	and in connection with the Policyholder's or Hirer's business.					
This Policy does not cover	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3					
 (a) Use for racing, pace-making, reliability trial or sp (b) Use for the carriage of goods (other than sample (c) Use for any purpose in connection with the Motor # Limitations rendered inoperative by Section 8 of Act (Chapter 189) and Section 95 of the Road Tra 	es) in connection with any trade or business.					
headings.						
EXCESS (SECTION 1)	: N/A					
EXCESS (SECTION 2)	: \$\$1,500					
ADDITIONAL EXCESS UNNAMED DRIVER EXCESS	: N/A					
REPAIR AT OWNER'S PREFERRED WORKSHOP	: N/A : NO					
INSURE WITH COE						
NCD PROTECTION	: N/A : NO					
PRIMARY DRIVER	: N/A					
NAMED DRIVER (1)	: N/A					
NAMED DRIVER (2)	: N/A					
HIRE PURCHASE COMPANY	: DBS BANK LTD					
SUM INSURED	: N/A					
I/We hereby Certify that the Policy to which this Certific Vehicles (Third Party Risks and Compensation) Act (Chap Agency : TIMES INS BROKERS (MOTOR BUS Date of Issue : 21 Dec 2019 15:32 hrs	ate relates is issued in accordance with the provisions of the Motor oter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)					
Countersigned By: Authorised Office	For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED Chief Executive					



Policy No.	5113975451	Policyholder Name	FOCUS RE	NTALS PTE. LTD.	Policyholder NRIC	201836450G	
Certificate No.	5113975451-000121						
Address	26 SIN MING LANE #05-114 MII	OVIEW CITY S	INGAPORE	573971			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	21/12/2019	Effective Date	26/12/201	9 00:00	Expiry Date	25/12/2020 23	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess	0	OS Premium	38248.94				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			Young/	Inexperience Driver Excess
Agent	TIMES INS BROKERS (MOTOR B	Agent Tel.	62528888		GST Flag	Υ	
Co- insurance	TIMES INS BROKERS (MOTOR B	Agent Tel.	62528888		GST Flag	Y	
Co- insurance Flag Open	mail	Agent Tel.	62528888		GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate	mail	Agent Tel.	62528888		GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate Info	mail	Agent Tel.	62528888		GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate Info Policyh	No	Agent Tel.		#05-114 MIDVIEW		Y Address 3	SINGAPORE 573971
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1	No older Mailing Address	Addres		#05-114 MIDVIEW Singapore address	city /		SINGAPORE 573971 573971
Agent Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	No older Mailing Address	Addres Addres	is 2 is Type d Policy		city /	Address 3	
Co- nsurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Juit No.	older Mailing Address 26 SIN MING LANE	Addres Addres Relate Numbe	is 2 is Type d Policy	Singapore address	city /	Address 3	
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address 26 SIN MING LANE 03-02 1 Object: 5113975451-000121	Addres Addres Relate Numbe	is 2 is Type d Policy	Singapore address	city /	Address 3	
Co- Insurance Flag Dipen Policy Info Certificate Info Policyh Address 1 Address 4 Juit No.	older Mailing Address 26 SIN MING LANE 03-02 d Object: 5113975451-000121	Addres Addres Relate Numbe	ss 2 ss Type d Policy er	Singapore address	CITY /	Address 3	
Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured Endorse Sequen	older Mailing Address 26 SIN MING LANE 03-02 d Object: 5113975451-000121	Addres Addres Relate Numbe	ss 2 ss Type d Policy er	Singapore address 5113975451	CITY /	Address 3 Post Code	573971

Claim Handling					
Accident MT/1078461					
Policy No.	5113975451	Vehicle No.	SMN9072E	GST Registration No.	201836450G
Certificate No.	5113975451-000121				
Policyholder Name	FOCUS RENTALS PTE, LTD.			Policyholder NRIC	201836450G
Product Code	FLEET MASTER DYSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	0	Contact No. (Office)	0	Contact No.(Home)	0
Email Address		Specal Remark		eCode	10.00
KIK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	a .	Private Hire	Yes
W Accident Details					
Report Date	04/01/2820-10:24	Acadent Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	31/12/2019	Time of Accident hh:mm	13:20	Country of Accident	Singapore .
Reporting Centre		Grange Force		ICM No.	
Accident Location	WOODLANDS CHECKPOINT				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
/TED OD Excess	0.00	YIED TIP Excess		Driver is Covered?	
Additional Excess	О				
otal OD Excess Applicable	0.00	Total TP Excess Applicable			
♥ Benefits					
GST Registered Inform	ation				
ST Registered	Yes		GST Registration Date	01/02/2019	
ST Registration No.	201836450G		GST Shatus Ventiled	Yes	
fodification History					
Policyholder Mailing Ad	ldress				
ddress I		*******	Control of the Contro	20040000000	ELD CASCONICO CONTROL
	26 SIN MING LANE	Address 2	#05-114 MIDVIEW CITY	Address 3	5UVGAPORE 573971
Address 4	03.03	Address Type	Singapore address	Post Code	573971
Jinit No.	03-02	Related Policy Number	5113975451		
OI Driver Info	Lines word Davies	Date of Toron			
Unnamed driver Name	VEO GEOK KIM	Driver Type	Unnamed Driver	Date of the last o	241221122
		Driver NRIC	5xxxx9598	Driver DOS	04/05/1956
Register Date of Driver License		Driver Age	63	Driving Experience	17
Contact No.(Mobile)	81183156	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 201C	Address: 2	COMPASSVALE DRIVE	Address 3	COMPASSIVALE SOUTH GATE
Address 4	SINGAPORE 543201	Address Type	Singapore address	Post Code	543201
Init No.	04-555				
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
Freathalyser or Blood Test Reading?	O mg	Any injury?	○ Yes ® No		
todification History					
The second second					
Claim 001 New					
Jam Type *	OD-MX	Traused Name	FOCUS RENTALS PTE, LYD.	Interest Knap	2018264507
ontact No.(Mobile)	- V	Insured Name	FOLUS REMIALS PIE. LIU.	Insured NRIC	201836450G
3-200		Contact No.(Home)		Contact No.(Office)	+
mail Address		OI Vehicle Number	SMN9072E	TP Vehicle Number	SLG2103U
laimant Type Claimant Type *	TOTAL CONTRACTOR OF THE PARTY O	Type of Senetit *	Please Select		
laimant Name *	>>	Claimant NRTC *	Annual Control of the	7	
laimant Address	Companie I di cassari de como de como			1	
Jaim Description referred Workshop Contact	SMN9072E / SLG2103U ON 31 Dec 2019		-	Name of Preferred Workshop	
0,		Insured Liability *	Not at Fault		<u></u>
equire Finalisation	Yes 💟	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
are Registered	04/01/2020 10:29	Claim Close Date		Date Received	04/01/2020 00:00
eport Taken By	Jackson				
Print AK letter					
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odident No.	MT/1078461	Claim No.	001		
ast Doc. Received	● Yes ○ No	Upload Date	04/01/2020 10:30		
	Path *		Category •	Confidential Urgen	cy * Description *
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