Date In: 10 1/20-15:15			Phone & Come Commenter	edi	Done b	V.
The second secon	Jcb description		Date & Time Complet	cu	20110	
Ref No: Ha INCLOSONIG 124	SAS e-filing		1	-		
Veh No: JGa Mg R	E-mail (within Shrs	, AIC 2hrs)				- 4
D.O.A: 22/1/20 - 18:00	i-Motor Claim I	Form	MJ 1081886- 21	23/1	120 16	18
	i-Motor W/O (W	ithin: OD 2hrs,	TP 4hrs)			
OD : TP ! Reporting Only	i-Photo Upload	ed	1			
	Assessment/Surve	y Report				
TP Insurer:	Ass't Report by F	ax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:		
TP Particulars: Veh No: Jry	1498E	INC (	)/Non-INC(	)		
Owner / Driver: (	07 101-		Tel:		)	
	eriod: (	)	Cover Type: (		)	
Confirmed by : (		Date:	Time:		)	
Insured/Driver Liability: (%)	[Note-Est. Status (WC	): N: 0-20	%; P: 21-79%. P:	80-100%]		
Year of Registration: ( )		)/NO(	)	erin(- Sylen	3 (0)553	
: 해가는 [문화가입자 : 10 Table ] - 10	,000 ( )/\$2,000 (	)	Texas III			
The second secon	THE REAL PROPERTY AND AND AND AND ADDRESS OF BRIDE	2015		7835.09	4	07
General Remarks;-	A STATE OF THE PARTY OF THE PAR	and the second second second	ACAD AND AND ADDRESS OF THE PARTY OF THE PAR	Mary Control of the C	-	
( ) Walk-In Customer: Customer's inf		Jenual & Su	ictly NO 13161 di Topo			
( ) Total Loss Case : to e-mail Insu		1×	10/		-	1
Drive-In ( )/ Towed-In ( ); Invoid	ce: YES ( ) / NO	( ); To	owing Co: (			
Remarks;- (INC hotline: 6788 6616)	Year I		Date&Time Comple	54	Done	y ·
	Courtesy Car ( )					
-7 -7 FF 7	( )					
7) OC Charle / Pour Demair Inspection	( )				110	
	\$30001 ( )					
	\$3000] ( )					
	\$3000] ( )					
3) Upload Resurvey Photo [Repair Cost > 5	\$3000] ( )				par Ace	14.201.20
3) Upload Resurvey Photo [Repair Cost > 5	\$3000] ( )				ger avec Sportsage	
3) Upload Resurvey Photo [Repair Cost > 5	\$3000] ( )				ger aver Sossisse	
3) Upload Resurvey Photo [Repair Cost > 5	\$3000] ( )	200 (12-72) 200 (12-72)			idosto an	
3) Upload Resurvey Photo [Repair Cost > 5	\$3000] ( )				gen Alem Solvanari	
3) Upload Resurvey Photo [Repair Cost > 5	\$3000] ( )					
3) Upload Resurvey Photo [Repair Cost > 5  Injury:  Date/Time Actions			Checklist		Ant((5))	
3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions	1		paration Checklist		Anit (5)	
Onte/Time Actions  Avorething	1	) AR : Accident	Reporting (\$30);	NC (\$80)	Dist. British	
Arusy's Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Arusy's Particulars:	1 1 2	) AR : Accident ) DA : Damage ) TF : Towing I	Reporting (\$30); Assessment (\$100);	NC (\$80) \$40/\$45	Dist. British	
Arusy's Particulars:		) AR : Accident ) DA : Damage ) TF : Towing I ) FT : Follow-T	Reporting (\$30); Assessment (\$100); ee hrough Survey	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	Dist. British	
Arury:  Actions  Arury:  Animant's Particulars:	1 2 3 4 5	) AR : Accident ) DA : Damage ) TF : Towing I ) FT : Follow-T ) FT : Follow-T For claiming :	Reporting (\$30); Assessment (\$100); ee hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 J	\$40/\$45 \$120 \$30 an 2005)	Dist. British	
Arosylvaniant's Particulars:- river/Owner: ontact No:	1 2 3 4 5	) AR : Accident ) DA : Damege ) TF : Towing I ) FT : Follow-T ) FT : Follow-T For claiming s ) TR : Re-inspe	Reporting (\$30); Assessment (\$100); ee hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jetion	\$40/\$45 \$120 \$30	Dist. British	
Arosylvaniant's Particulars:- river/Owner: ontact No:	1 2 3 4 5	) AR : Accident ) DA : Damege ) TF : Towing I ) FT : Follow-T ) FT : Follow-T For claiming s ) TR : Re-inspe	Reporting (\$30); Assessment (\$100); ee hrough Survey hrough Survey (Resurvey) gajnst INC Only (wef 10 Jetion + SMRT Survey	\$40/\$45 \$120 \$30 an <u>200</u> 5) \$75	Dist. British	
Arosylva  Actions  Arosylva  Articulars:  river/Owner:  amaged Portion:	1 2 3 4 5	) AR : Accident ) DA : Damage ) TF : Towing I ) FT : Follow-T ) FT : Follow-T For claiming 1 5) TR : Re-inspe 7) N1 : Idao DA 3) NTUC Addition	Reporting (\$30); Assessment (\$100);  tee hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 J ction + SMRT Survey onal Services:-	\$40/\$45 \$120 \$30 an 3005) \$75 - \$160	Dist. British	
Arosylva  Actions  Arosylva  Articulars:  river/Owner:  amaged Portion:	1 2 3 4 5	) AR : Accident ) DA : Damage ) TF : Towing I ) FT : Follow-T ) FT : Follow-T For claiming 5 ) TR : Re-inspe 7) N1 : Idae DA 8) NTUC Additi OD* *N5: Courtes	Reporting (\$30); Assessment (\$100); fee hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 J ction + SMRT Survey onal Services	\$40/\$45 \$120 \$30 \$30 \$75 \$160 \$5 \$5	ficBill	
3) Upload Resurvey Photo [Repair Cost > 1  Injury:  Date/Time Actions  Inimant's Particulars:-  river/Owner:  ontact No:  arnaged Portion:  C Checked by (Engr-In-Charge):	1 2 3 4 5	) AR : Accident ) DA : Damage ) TF : Towing I ) FT : Follow-T  For claiming s ) TR : Re-inspe ) N1 : Idac DA ) NTUC Additi OD*  *N5: Courtes  *N6: Repair C  *N7: Fost Re-	Reporting (\$30); Assessment (\$100);  lee hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 J ction + SMRT Survey onal Services c Cor / Tpt Allowance Co-ordination mair Inspection	\$40/\$45 \$120 \$30 \$30 \$75 \$160 \$5 \$5 \$50 \$25	ficBill	Add Bil
January:  Onte/Time Actions  Laimant's Particulars:  river/Owner:  ontact No:  armaged Portion:  C. Checked by (Engr-In-Charge):	1 2 3 4 5	) AR : Accident ) DA : Damage ) TF : Towing I ) FT : Follow-T  For claiming 5 ) TR : Re-inspe 7) N1 : Idac DA 8) NTUC Additi OD*  *N5: Courtes  *N6: Repair 0  *N7: Fost Re  *N8: DV / Co	Reporting (\$30); Assessment (\$100); ice hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 J ction + SMRT Survey onal Services: Co-ordination nair Inspection  Heat Excess Coordination	\$40/\$45 \$120 \$30 \$30 \$75 \$160 \$5 \$10 \$25	ficBill	
Date/Time Actions	3 3 4 3 5	) AR : Accident ) DA : Damage ) TF : Towing I ) FT : Follow-T  For claiming 5 ) TR : Re-inspe 7) N1 : Idac DA 8) NTUC Additi OD*  *N5: Courtes  *N6: Repair 0  *N7: Fost Re  *N8: DV / Co	Reporting (\$30); Assessment (\$100); lee hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 J ction + SMRT Survey onal Services:- y Cor / Tpt Allowance co-ordination nair Inspection lleet Excess Coordination P (Non INC) against INC	\$40/\$45 \$120 \$30 \$30 \$75 \$160 \$5 \$5 \$50 \$25	ficBill	

#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Gender

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.
- 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

	ACCIDENT STATEMENT
Date Of Report	23/01/2020 15:25
Date Of Accident	22/01/2020 18:00
Exact Location Of Accident	HOUGANG AVE 8
Country/State of Loss	SINGAPORE
The second secon	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGQ1268R
Insured/Policyholder	
Name Of Registered Owner	LECO AUTO PTE LTD
Co Reg No	2XXXX853W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96710210
Alternative Phone No	OFFICE-96710210
Vehicle Particulars	
Manufacturer	HONDA
Model	ODYSSEY 2.4A
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5112553040
Cover Note Number	
Driver	
Name of Driver	TAY LI MIN, JASMINE (ZHENG LIMIN, JASMINE)
NRIC No	SXXXX415B
Date Of Birth	21/06/1980
Occupation	INDOOR
Date Of Driving Pass	13/09/2005
Driving Experience	14 YEARS AND 4 MONTHS

FEMALE

NOEMAIL

(LOCAL) +65-98522586

OFFICE-98522586

BLK 408 HOUGANG AVENUE 10 Address

#08-1084

530408 Postcode

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured OTHER - HIRER

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

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

NO

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

#### **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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE. AS I SAW THE TRAFFIC JUNCTION WAS IN GREEN FAVOR . FRONT VEHICLE ALL STARTED TO MOVED OFF, I DID NOT NOTICED THAT VEHICLE B WAS IN STATIONARY POSITION. MY VEHICLE ACCIDENTALLY SLIGHTLY HIT ONTO VEHICLE B REAR PORTION.

#### 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

SFY6498E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAN BOON GUAN (CHEN SHUNYUAN)

NRIC/Passport Number

SXXXX959I

Contact Number

81862769

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

#### 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 and accurate as possible</u>. 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.

TEL m

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signature

Name:

NRIC/FIN No.:

Triangle Control of the Control of t	
efer to Hatement.	

# DECLARATION

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

Policyholder's Signature Date & Time:

TEL

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Hello, NAC PAYA UBI 80		The second	A STATE OF THE PARTY OF THE PAR		Chang	a Vanana	- Char				
Hello, HAC_PATA_UBI_80	0601						Chang	e Languag	e Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	lo.	511255	3040		Date	of Accident		22/01/2020 1	8:00	
	Vehicle	No.(For Motor)	SGQ126	i8R		Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112553040	5112553040- 000004	PTE. LTD.	201226853W	GFM	Third Party	SGQ12688	5GQ1268R	10/09/2019	09/09/2020

Policy No.	5112553040	Policyholder Name	LECO AUTO	O PTE. LTD.	Policyholder NRIC	201226853W		
Certificate No.	5112553040-000004							
Address	61 UBI AVENUE 2 #01-05 AUT	OMOBILE MEGA	MART SING	APORE 408898				
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N		
Policy ssue Date	10/09/2019	Effective Date	10/09/201	9 00:00	Expiry Date	09/09/2020 23:5	59	
Excess Type	Per Accident	All Claims Excess						
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess			
Additional Excess	0	O5 Premium	0					
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			Young/Ir	nexperience Driver Excess	1
	Commence Com	Marine California (California						
Agent	LECO AUTOMOBILE PTE LTD	Agent Tel.	68424505		GST Flag	Y		
Co- insurance	No.	Agent Tel.	68424505		GST Flag	Υ		
Co- insurance Flag Open		Agent Tel.	68424505		GST Flag	¥		
Co- insurance Flag Open Policy Info Certificate		Agent Tel.	68424505		GST Flag	¥		
Co- nsurance Flag Open Policy Info Certificate Info		Agent Tel.	68424505		GST Flag	¥		
Co- insurance Flag Open Policy Info Certificate Info Policyh	No	Agent Tel.		#01-05 AUTOMOBI		POSPERANDO MARGADO S.	SINGAPORE 408898	
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1	No older Mailing Address	Addre		#01-05 AUTOMOBII Singapore address	LE MEGAMAF	POSPERANDO MARGADO S.	SINGAPORE 408898 408898	
Agent Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	No older Mailing Address	Addre Addre	ss 2 ss Type		LE MEGAMAF	Address 3		
Co- nsurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	nolder Mailing Address 61 UBI AVENUE 2	Addre Addre Relate Numb	ss 2 ss Type	Singapore address	LE MEGAMAF	Address 3		
Co- nsurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	No solder Mailing Address 61 UBI AVENUE 2 01-05 d Object: 5112553040-00000	Addre Addre Relate Numb	ss 2 ss Type	Singapore address	LE MEGAMAF	Address 3		
Co- nsurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Juit No.	No solder Mailing Address 61 UBI AVENUE 2 01-05 d Object: 5112553040-00000	Addre Addre Relate Numb	ss 2 ss Type od Policy er	Singapore address	LE MEGAMAF /	Address 3		
Co- nsurance Flag  Dpen Policy Info Certificate info Policyh Address 1 Address 4 Unit No. Insured Endors Sequen	No solder Mailing Address 61 UBI AVENUE 2 01-05 d Object: 5112553040-00000	Addre Addre Relate Numb	ss 2 ss Type od Policy er	Singapore address 5069508644-05	LE MEGAMAF /	Address 3 Post Code	408898	

laim Handling					
ccident MT/1081586					
olicy No.	5112553040	Vehicle No.	SGQ1288R	GST Registration No.	201226853W
irtificate No.	5112553040-000004			PROCESSES NO CONTROL	
Ecyholder Name	LECO AUTO PTE. LTD.			Policyholder NR3C	201226853W
oduct Code	PLEET MASTER INSURANCE	Cover Type	Third Party:	Loading	0
ntact No.(Mobile)	96710210	Contact No.(Office)	0	Contact No.(Home)	0
ail Address	100000	Special Remark		eCode	Town
	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
D Protection	No.	NCD Entitlement(%)	0	Private Hire	No
Accident Details	140	NULL Entitlement(16)	•	PCIVAGE PATE	MG.
ort Date	23/01/2020 16:15	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
e of Accident	22/01/2020	Time of Accident hh:mm	18:00	Country of Academ	Singapore
porting Centre		Orange Force		ICM No.	
ident Location	HOUSANG AVE 8				
Total Excess Applicable					
ess Type	Per Accident	Windscreen Excess			
Standard Excess	0.00	TP Standard Excess	1,500.00		
D OD Excess	0.00	VIED TP Excess		Driver is Covered?	
litional Excess	, a				
al GD Excess Applicable	0.00	Total TP Excess Applicable:			
Benefits					
GST Registered Informa	tion				
Registered	Yes		GST Registration Date	01/09/2014	
Registration No.	201226851W		GST Status Verified	Ves	
lification History					
Policyholder Hailing Ad	dress				
tress 1	61 UBI AVENUE 2	Address 2	#01-05 ALITOMOBILE MEGAMAI	Address 3	SINGAPORE 408898
fress 4		Address Type	Singapore address	Post Code	408898
t No.	01-05	Related Policy Number	5069508644-05		
OI Driver Info	170.75				
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	TAY LI MIN, JASMINE (ZHENG L	Driver NRIC	SXXX415B	Driver DOB	21/06/1980
pater Date of Driver License		Driver Age	39	Driving Experience	14
			0		
stact No.(Mobile)	96522586	Contact No.(Office)		Contact No.(Home)	0
ireisa I	BLK 408 #08-1084	Address 2	HOUGANG AVENUE 10	Address 3	SINGAPORE 530408
tress 4		Address Type	Singapore address	Post Code	530408
n No.	08-1084				
es he awn a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
daration					
rathalyser or Blood Test ading?	0 mg	Any injury?	○ Yes  No		
survy:					
dification History					
Claim 001 New					
MEN GOT					
im Type *	00-MX	Insured Name	LECO AUTO PTE. LTD.	Insured NRIC	201226853W
tect No.(Mobile)		Contact No.(Home)		Contact No.(Office)	+
ail Address		01 Vehicle Number	SGQ1268K	TP Vehicle Number	SFY649BE
mant Type Claimant Type •	Please Select	Type of Benefit *	Please Select		Participation Co.
mant Name *	>>	Claimant NRIC *			
mant Address		cupe constituti		1	
im Description	SGQ1268R / SFY6498E ON 22 Jan 2020			Name of Preferred Workshop	
erred Workshop Contact	THE PARTY OF THE PARTY OF THE PARTY EVEN	C MCW og Still March Co.	En		
The state of the state of		Insured Liability +	Fully at Fault		Name of the last o
ure Finetisation	Yes v	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registered	23/01/2020 16:18	Cleim Close Date		Date Received	23/01/2020 00:00
ort Taken By	Jackson				
and the same of th	1-00000				
			Save Submit		
Print AK letter			Save Submit		
Pnrk AK letter			Save   Submit		
Print AK letter			Save Submit		
Pnrk AK letter	MT/1081586	Claim No.	Save   Submit		
Print AK letter  ttachment	MT/1081596 <b>®</b> Yes ○ No	Claim No. Upload Date			
Print AK letter  ttachment	® Yes □ No		001 23/01/2020 16:18	Confidential Unavi	Cy * Description
Print AK letter  ttachment		Upload Date	001 23/01/2020 16:18 Category •	Confidential Urger	ACCUSED TO THE PROPERTY OF THE
Print AK letter  ttachment	® Yes □ No	Upload Date Browse.	001 23/01/2020 16:18 Category *	Normal V Normal	<u> </u>
Print AK letter  ttachment	® Yes □ No	Upload Date  Browse.  Browse.	001 23/01/2020 16:18 Cetegory * Clear   Please Select   5	Normal V Normal	V
Print AK letter  ttachment	® Yes □ No	Upload Date Browse.	001 23/01/2020 16:18 Cecegory * Clear   Please Select   S	Normal V Normal	<u> </u>
Print AK letter  Attachment	® Yes □ No	Upload Date  Browse.  Browse.	23/01/2020 16:18		V
Print AK letter  Attachment  S  Usdent No. IS Doc. Received	® Yes □ No	Upload Date  Browse.  Browse.	OD1 23/01/2020 16:18 Cecegory * Clear   Please Select   S		¥ [

