NATIONAL Assessment Co	ntre Services per pariosy	1421V00169TV	5 25	
Diate In: 4/1/wo-18cm	Job description	Date &Time Completed	Dor	ne by
Res No: Ma fine 2000mm/24	SAS c-filing	1		
Veh No: F154 19777	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 2/2-0:00	i-Motor Claim Form	mal 1083317 1001	6/2/20	14:26
25	i-Motor W/O (Within: OD 2)	. III Market and the control of the	-	100
OD : P Reporting Only	i-Photo Uploaded			HOLISCH, LA
TD License	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	axi	
TP Particulars: Veh No: V	22597L . INC)/Non-INC()		
Owner / Driver: (-		Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Times)	
Insured/Driver Liability: (%	6) [Note-Est Status (WO): N: 0-	20%; P: 21-79%, P: 80-1	00%]	
Year of Registration: () Warranty: YES ()/NO ()		
Excess: (\$) Loading:	\$1,000()/\$2,000()			
General Remarks:-		F 70.00 F 8 F 1	340	E F
() Walk-In Customer: Customer's	information strictly Confidential & S		NEW T	
() Total Loss Case : to e-mail In			100 p	
		Towing Co: ()
Vanish Market Ma		À	Sept of the Miles	Arrive Table
Romarks: (INC hotline: 6788 6610	THE RESERVE OF THE PARTY OF THE	Date & Pitrie Completed	Don	e by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()			
Injury:				
	//////////////////////////////////////		Charles and	
Date/Time Actions		Andrews Control of the Control	OSPČCIA) IE	
	- i			
			over vote et vote	recommendation
NAJOUHT	Invoice Pre	paration Checklist	Ant (S)	Ant (\$)
Claimant's Particulars :-	1) AR : Accident			
	2) DA : Darriege 3) TF : Towing F	Assessment (\$100); INC (\$50	Contract of the Contract of th	
Driver/Owner:	4) FT : Fallow-T	brough Survey 5	120	
Contact No:		hrough Survey (Resurvey) esingt INC Only (wel 10 Jen 2005)	\$30	
amaged Portion:	6) TR : Re-insper	tion	160	
To be the second of the second	7) Nt : Idea DA 8) NTUC Additio		100	
C Checked by (Engr-In-Charge):	OD:		ex	
c ontened by (Bilgi III Charge).	*N5: Courtesy *N6: Repair C	Car / Tpt Allowance	\$10	
uditors' Comments :-	*N7: Foat Rep	sir Inspection	\$25	
at 1		lect Excess Coordination (Non INC) against INC	\$5 \$20	e e
	9) N12: Idea Mol	oile	30	urayee
1 2/3;	Invoice dated	Per Charged Per Charges		
	Invalce dated	A man manifestal	PUBLISH DRAW	

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 06/02/2020 18:22

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 reguldate 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.

- his report will be forwarded by the insurans 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.	THE COMMUNICATION CONTROL OF THE PROPERTY OF THE CONTROL OF THE CO	
	ACCIDENT STATEMENT	
Date Of Report	06/02/2020 18:13	
Date Of Accident	02/02/2020 01:00	
Exact Location Of Accident	MAYO ST OUTSIDE HOTEL 81	
Country/State of Loss	SINGAPORE	
4	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBA1955J	
Insured/Policyholder		
Name Of Registered Owner	TAN WEI LIANG, JEREMY	
NRIC No	SXXXX001H	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-98501246	

Alternative	Phone	No
Vehicle Pa	rticula	rs

Manufacturer HONDA

Model CB400

Exact Purpose for which vehicle was being used at time of accident

PRIVATE USE

OFFICE-98501246

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken

THIRD PARTY MOTORCYCLE

Insurance Company

Vehicle Category

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

THIRD PARTY

Fleet Policy

NO

Policy Number

5092084631-02

Cover Note Number

Driver

Name of Driver TAN WEI LIANG, JEREMY

 NRIC No
 SXXXX001H

 Date Of Birth
 04/04/1990

 Occupation
 INDOOR

 Date Of Driving Pass
 19/06/2017

Driving Experience 2 YEARS AND 7 MONTHS

Gander MALE

Mobile Number (LOCAL) +65-98501246

Fax Number

Contact Number OFFICE-98501246

EMail Address NOEMAIL

Address BLK 22 HAVELOCK ROAD

#08-695 160022

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

Postcode

5

Insurance Company of Driver's Own Vehicle

3

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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?

Was any other material or property damaged?

I have been approached by unknown person(s)

scliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

YES

NO

0

If Yes, Please state which Police Station

Police Station Name

ROCHOR NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-2949999 - FAX NO: 63918583

Was notice of intended Prosecution given?

If Yes against whom?

NO

C rcumstances of Accident

REFER TO POLICE REPORT - T/20200204/2008.

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

YP2593L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN

SWIND THE WARE THE GOADS OF WITH BUILD, ESPECIALLY WITH BUILD AND A STANDARD WITH BUILD AND A ST

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 Policifielder said/or the Authorised Driver.
- 3. 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.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy results on the part of the insurance
- S. Any false reporting may be referred to the Police for investigation:
- 8. The report will be forwarded by the insurers of the SIA Records Management Control established by the General siturance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
- 7. By the lodgment of this report to the insurers, you heraby comment to the archiving of this report at the centre and temples of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA) I understand, ecknowledge, agree and common that:
 - (a) My insurer, my workship and the General insurance Association of Singapore ("GIA") may/are permitted to collect use, disclose and/or process my personal data/personal information are gut in this (form) and any other personal information provided by eine or possessed by my insurer (collectively the "Personal information") and disclose and transfer such Personal information to all injuriers; who have insured septicing involves in this secretary in injuriers, who have insured septicing involves in this secretary in the tay insured septicing in the secretary in vehicless involved in this autisent shall be collectively referred to as the "laturers"), the insurers' lawyers/law firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpole(s)
 - []] ecoessing handling and/or dealing with my claims including the settlement of the daires and any necessary investigations relating to the italina;
 - (ii) investigating the accident and/or my dalms;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me.
 - (iv) administering my claims findfulling the mailing of correspondence, statements, involces, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the some as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or idealing with my claims, (collectively the "Purposes")
 - (ii) (all insurer(s) who have insured vehicless involved in this actions and the insurers involved fame, may/are perinted to collect, use, disclose and/or process my Personal information for one or more of the above Purpoyee; and
 - my Personal information may/can be disclosed by any of the insurers and/or GIA to their stind party service provider of ageotyfinologistic lawyers/law firms), which may be sited outside of singapore, for one or more of the above furnoses.
 - 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 su collected under (d) above may be shared / disclosed;
 - [1] to all insurers and/or any other third parties that assest in evaluating, investigating, controlling or managing freed, regulators, law enforcement and government agencies as ceasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

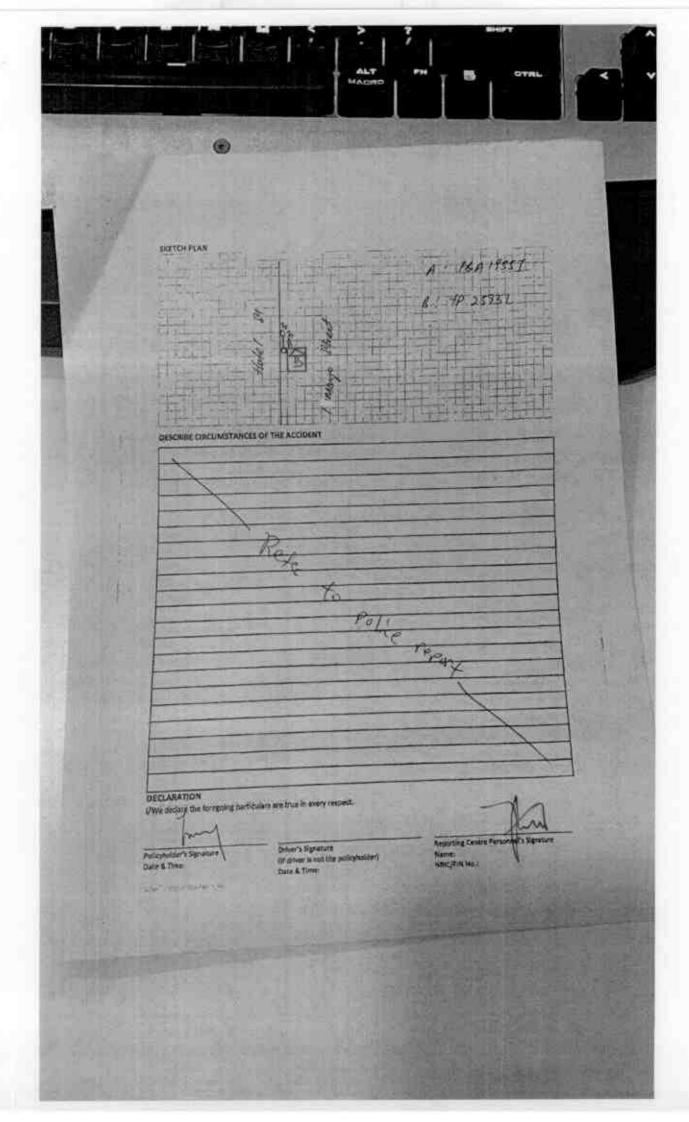
Driver's Signature (if shiver is not the policyholder)

Date & Time:

Reporting Centre Personnells Signature

NRIC/PIN No.:

STORAGE MEDISONAL BOOK OF



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 bots 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.

Accident details

Date and time of accident	Date: 0 2 /01/2020 (DD/MM/YY) Time: 0100	(HH:MM)
Exact location of accident	plong ed 1 MBYO ST outside Hotel BI Clamp Port mano-2)	

Details of vehicle

Vehicle registration number	FBA 193	57	
Vehicle make and model	Honda	C8400	
Type of vehicle	Saloon a	MPV a	CRV a Van a Motorcycle of Others:
Vehicle category	Private a	Comme	ercial Motorcycle Motorcycle
Purpose of using at said time	Varking		
Are you claiming under your own insurance company?	Yes a Third part of	No e∕ aim p∕	if no, please select: Reporting only a

Insurance information

Insurance company	Htuc		
Policy number			
Type of policy	Comprehensive a	Third party fire & theft o	TP only 🗆

Insured / Policy holder

Name	JESEMY TAN WEI LIANG Maled Females
NRIC / Fin / Passport number	590128014
Contact	48501246
Address	BIK 22 HAVEWOR Rd \$108-695 S (160022)

Driver

Same as insured above (skip to D.O.B)

Name	. Male o Female o
NRIC / Fin / Passport number	11919 3 1 211976
Contact	
Address	
Email address	
Date of birth	04/04/1990
Occupation	Indoor & Outdoor o
Driving date pass	16/01/2013

Page 1

General information of the accident

Was driver an employee o	f Yesa Now
the insured's company?	If no, relationship of the driver and modern
Accident captured by came	era? Yes o No Ø
Weather condition	Clear Raining D Others.
Road surface	Dry 5 Wet 0 (Inclusive of drive
No of passenger	O (Incurre of diffe
Passenger 1	
Name	
Gender	Male o Female o
Passenger 2	
Name	
Gender	Male D Female D
Passenger 3	
Name	
Gender	Male ci Fernale ci
Name Gender	Male p Famale p
Gender	1 1111111111111111111111111111111111111
Passenger 5	
Name	
Gender	Male z Female o
Passenger 6	
Name	
INDICITE:	Male cy Female co
Gender	
Other information	Yes D No d
Other information Was anybody Injured?	
Other information Was anybody Injured?	Yes D No d
Other information Was anybody Injured? Was other vehicle damaged? Details of police action	Yes D No d

Page 2

Third party vehicle 1

Name		
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number	YP 2593L	
Vehicle make model		

Third party vehicle 2

Name	
Contact number	_
NRIC / Fin / Passport number	
Vehicle registration number	_
Vehicle make model	

Third party vehicle 3

Name		
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number	/	
Vehicle make model		

Third party vehicle 4

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name		
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number	/	
Vehicle make model		

Page 3

Witness 1 Name Witness 2 Name Injured person 1 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes o Was Injured conveyed to Yes o Non hospital by ambulance? injured person 2 Name injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No Was injured conveyed to Yes or hospital by ambulance? Injured person 3 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yeso Nop Was injured conveyed to Yes o No D hospital by ambulance? Injured person 4 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes o Nog Was Injured conveyed to Yes D No hospital by ambulance?





Report No. T/20200204/2008

Police Station Of Origin: Rochor N.P.C

11 Kampong Kapor Road SINGAPORE

208678

Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2020 02:53			Vide Report No.; A/20200204/0018	Station Diary No.: 13	
nforma	nt's Particu	ilars			
II STORY THE POR	Informant I LIANG, JE	EREMY	Address: APT BLK 22 HAVELOCK RO	AD #08-695 SINGAPORE 160022	
ID Type / ID No.: NR;C NO / S9012001H			Contact No.: Home/Office: Mobile: 98501246		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 29	Date of Birth: 04/04/1990	Type of Informant: Vehicle Owner		
Race: Chinese Occupation: TATTOO ARTIST			Language:	Institution / School Name:	
			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Non-Injury		Drink Drive; No	Date/Time of Accident: 04/02/2020 01:00		Type of Location: Streight Road
Location: Along Road 1 MAYO STREE OUTSIDE HO Lamp Post Nu Weather:	TEL 81	Road S	urface;		Ros	nd Speed Limit:
Clear		Dry				
Parker Plane	4	Traffic	Control:	124	Tra	ffic Volume:
Traffic Flow:						

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
FBA1955J	Motorcycle				Seriously Damaged	0
YP2593L	Lorry	1				0

Details of Person Involved	THE TOTAL SECTION ASSESSMENT TO SECTION ASSESSMENT
Any Pedestrian Involved; No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20200204/2008

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999

CONTINUATION OF REPORT

Vehicle Owner			I ID No		S9012001H	
Name	TAN WEI LIANG, JEREMY		ID NO		MANUTER AT 17.1	
			Contact No.		98501246	
Related Vehicle	FBA1955J (Motorcycle)					
			Class of		Class: NIL	
Hospital/Clinic	NIL		Driving Licent Expiry	g :e &	Date of Expiry: NIL	
Data Tanahanani	NIL			NIL		
Date Treatment	ted Medical Leave NIL	Degree o		NIL		

Briof Details.

On 3/2/20 at about 1825hrs, I had parked my motorbike, bearing plate number FBA1955J, outside Hotel 81 along Mayo Street at parking lot 4, near Lamppost no. 2, I then went to my shop for work. When I came back to my motorbike at 0100hrs on 4/2/20, I noticed that my motorbike leaning against the wall and there was a note on it. The note indicating that a laundry driver had banged onto my blike and to proceed to Hotel 81 Rochor to check with the management. The note was signed off by the front office staff, Alex, with a Hotel 81 Rochor stamp.

I then went to Hotel 81 Rochor to check with the management and they informed me that the manager will contact me tomorrow. When I left, I then called for police assistance.

I was attended by a traffic police officer, who informed me that the plate number of the long is YP2563L and was driven by Dong Sheng Li. The officer also informed me to lodge a cover report.

The exterior of my motorbike was seriously damaged. The damages for the interior on the motorbike is still unknown.

That is all.





Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999 3 of 3 Report No. T/20200204/2008

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 The Report: A / Sgt 2 NUR MAISYIRAH BINTE KASIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/02/2020 02:53
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stampe NP168 POLICE FORCE SIGNATURE	

eBaoTech					Gener	alClaim
Hallu, NAC_PAYA_UEI_89	0601			* Change Langua	ige - Change Password	+ Log Dut
My Desistop Notice of Loss	Policy Query					1
	Policy No.		Date	of Accident	02/02/2020 01:00	
	Vehicle No. (For Motor)	PBA19553	Cent	Scans Number		
			Search			
	Select Policy No.	Certificate Policyhelder Number Name	Pulicyholder Product	Cover Type Vehicle	Treured Commence Object Date	Espey Date
	O 5092084631-	LIANG, SERESTY	\$9012001H GMC	Third Party FBA295	SJ FBA19553 20/06/2019	19/06/2020
			Continue			

Policy No.	5692084631-02	Policyholder Name	TAN WEE	LIANG, JEREMY	Policyholder NRIC	59012001H	
Certificate No.		-CMICHE			With the		
Address	BLK 22 #08-695 HAVELOCK R	DAD SINGAPOR	£ 160022				
Product. Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Palicy Issue Date	17/06/2019	Effective Date	20/06/20	19 00:00	Expiry Date	19/06/2020 23	59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience briver Excess
Agent	TELESALES-DIRECT MARKETIN	C Agent Tel.			GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate	но						
Insurance Flag Open Policy Info Certificate Info	No solder Malling Address						
Insurance Flag Open Policy Info Certificate Info		Addres	n 2	HAVELOCK ROAD		Address 3	SINGAPORE 160022
Insurance Flag Open Policy Info Certificate Info Policyh	nolder Malling Address		is 2	MAVELOCK ROAD Singapore address		Address 3 Past Code	SINGAPORE 160022 160022
Innurance Flag Open Policy Info Certificate Info Policyh Address I	nolder Malling Address	Addres	is Type d Policy				
Insurance Flag Open Policy Info Certificate Info Policyh Address I Address 4 Unit No.	nolder Malling Address	Addres	is Type d Policy	Singapore address			
Insurance Flag Open Policy Info Certificate Info Policyh Address I Address 4 Unit No.	BLX 72 #00-695 d Object: FBA19553	Addres	is Type d Policy	Singapore address			

Claim Handling					
Accidence MT/100/3937					
Freing No.	NONCOMMENT OF STREET	Sometia No.	Physical	SST Registrature No.	
Carriera No.					
Principle States	TANK WILL CHANGE SERVICES			Polymone WEST	9401,00010
Province Com	HOTORCHELE WASHINGE	Core: Teps:	Third Parks	LinkStrip	0
Critical Hull(Heline)	HH001340	Contain No. (091(e)	0	Contact No.(Huma)	£
Drops Address		Special Remark		VCade .	Tr. of
orw	SHOW	703	Rw C+n.	eCide Resido.	
NCE Howelles	No.	9CD Jimmaman(%)	26	Private Visio.	No.
To Acquirent DeSeile					
Report Cate	ONTO THE PARTY	Aumbied Regard Matter 34 beg	369	Address Type	Damaged white parted
Date of Acoders	6240369	Time of Account to may	11.00	Country of Account	Singapore
Insulting Comme	tar variation	Grange Flerick	11.00	DOM: NW	andales.
A TOTAL STREET	HAVE BY OUTSIDE WITH, SIL	311980.000A		965 (00)	
Accelent Location Total Excess Applicable					
Ewinos Yapur	Per Academi	Wondstreen Retwee			
TIL Statement Fromto	6.00	The Standard Section	0.00		
risti de tumar	5.00	VIED TF CHOMA	2.00	Driver's General?	Not Control
	2.00	THE IS CHARL	4.00	Driver a Continue	Self-Contract
MINISTRUM.					
THE DO THESE SUPPLEMENT	0.00	Total TF Course Springers	5.00		
Theoretta					
□ OST Registered Selection	atten				
III Registered	No.		GRY Regulation State		
INT Requirement No.			SST Status verifies	Yes	
100					
	Ke :				
* Policyholder Helling Ad			1-012-012-012-0		MHDC2dH-HIC
Administration (Control of Control of Contro	HTV 12 409-030	Address 2	HINELDON RISALE	Address 3	stocked smills
102000		Admini Test	Simpleme with time	Plus Circle	18000
mit No.		Senter Policy Nurses	1010016WE31-02		
- Of Briser Lefs					
Driver Meme	TWO WILLIAMS SERENT	Street Type	MARI POINT		
Howhed driver Name.		Strong MACC	and 2 part of the last of the	Driver DOS	0x(0x)(900
Tagotic Data of Dissar Learner	16/06/10/7	Driven eige	26	Drying Experience	1
Some Structerior	METSON.	Connect No. (DMIN)		Contact No. (Home)	6
Albrent II	8A 22	Address 2	-www.ipor.ecwii	Adensi 3	CHICAPORE EROCCE
Matteria 4	22/1/2	Addison from	Drigging about	Page State	160023
and No.	06-685	POHITTS (1984)		3130	DOMMA)
Date for their a Simpapore				PERSONAL PROPERTY.	
INDRINE LET	C THE WAY	Driver White No.		Smith Steam Company	
inclaration treasparyment or thread Two					
Feathers?	8 PM	Altergraft	G He Em		
haliforom (hirry)					
Control of					
Claim 801 New					
Sum Tager +	80 Hz (9)	Smirred Name	THE WILLIAMS, RESERV	DIMONE NEED.	NWOCHOOLIA
Detail No. (Mostle)	MENDEZ-ER	Comart No. (Horse)	1	Christo NA-10ff(s)	
	CHOLIANS.		FBA19551	TP Vehicle Number	(40140).
mail Address	Places Select (4)	31 yemca humber Fyor of Bolefit *		- State or a	1211
lected Type Devote Type *			Prima Silver (9)		
letram Name *	1 Pub	Demonstruct		ma C	
Sunan Allena				Table 1 care by the second	
DAME DIAMETERS	PBA (1651): H2580(, XN Z PIX 2020			Name of Professed Novacion	
Whited Workship Cores:		Trislett Californ *	Not at Youth (31)		
naura finetalism	THY (2)	Professori Repair Determ	Professor Workshop, Harrie articolors (3)	GIR mijner	Reserved (2)
ins Represent	sediode is de	Clam Cline Date		Date Sacoust	06-01/0030-00:00
eport Taxon No	Juliane				
E horacioni					
is the second of					
			Sare Submo		
Attachment					
-					
COMPANY THE	PEDDREED	Claim No.	901		
ant time household	# tex C tex	laptown Salte	06/02/2020 18/20		
	Path 9		Category, *	Continues train	W 1 Description 1
		Browne.		el In Vinena	36
		Brown	The State of the S	E E V Parmai	9
		2012012	THE RESERVE OF THE PARTY OF THE	de anno de ann	30
		Bowse			
		Browle.		Y [Henne	36
		Brimes.	SSEED From Tennis	E C Named	30
		- Provide	Page 1 Places Select	2) Inc. of Second	561

