From:  Estimated Cost:  Date:  Date:  Date:  Sum Start PESS OD RES / EVA / INV / MV  To Insupped Vehicle No:  ASSIGNMENT  On Nacy Color Vehicle No:  All Worshap mis  Dynamics Policy No.  Chaire No.  Sum Insured:  Excess:  (Chaire Record)  (Policy Condition)  Reamart: The with had commenced its repair at the time of Inspection.  Bat or Mantel Value:  Bat Condition Present:  Consistenti? Yea or No  Est. Repairs:  D3 days Res: Yea or No  Est. Repairs:  D3 days Res: Yea or No  Est. Repairs:  D4 (FRE) / 24 HRS  Vehicle: IN / OUT  Date:  Purson Consistenti? Yea or No  Est. Repairs:  D0.  Action / Instruction  Date:  Purson Consistenti?  Purson Consistenti?  Yea or No  Est. Repairs:  D0.  Action / Instruction  Date:  Purson Consistenti?  Yea or No  Est. Repairs:  D0.  Action / Instruction  Date:  Purson Consistenti?  Yea or No  Est. Repairs:  D0.  Action / Instruction  Date:  Purson Consistenti?  Yea or No  Est. Repairs:  D0.  Action / Instruction  Date:  Purson Consistenti?  Yea or No  Est. Repairs:  D0.  Action / Instruction  Date:  Purson Consistenti?  The UC / Chassis frame / Body Structure affected due to collido  The UC / Chassis frame / Body Structure affected due to collido  The UC / Chassis frame / Body Structure affected due to collido  The UC / Chassis frame / Body Structure affected due to collido  The UC / Chassis frame / Body Structure affected due to collido  The UC / Chassis frame / Body Structure affected due to collido  The UC / Chassis frame / Body Structure affected due to collido  The UC / Chassis frame / Body Structure affected due to collido  The UC / Chassis frame / Body Structure affected due to collido  The UC / Chassis frame / Body Structure affected due to collido  The UC / Chassis frame / Body Structure affected due to collido  The UC / Chassis frame / Body Structure affected d	Kennerh REF: /t/m/	22001555 /Kp
Date:  Date:  Date:  Diff Wis IT RES I OD RES I EVAI INV I MV To Inspect Vehicle for all Workshop mis all Workshop mis all Workshop mis all Workshop mis before  Date:  Da	AS	
ODE FOR PASSION RESIDENCIAL INVIANY  ODE FOR STORM RESIDENCIAL INVIANY  ODE RESIDENCIAL INVIANY  Truck Traiter or  Truck Traiter or  Action Insured:  Department		
To lasped Vehicle No:  In Surper Vehicle No:  In Surper Vehicle No:  In Surper Vehicle No:  In Surper Vehicle No:  Colour In State I Very Colour In Surper Vehicle In Insured I Stat NI I No.  Colour In Surper Vehicle No:  Colour In Surper Vehicle In I No.  Colour In I Surper I Dear I Surper Vehicle In I No.  Colour In I Surper I Dear Veh	Courtailed Cost:	
To inapped Vehicle Mor.  at Workshop m/s  of of of of of or	SUNTP   WS / TP RES / OD RES / FVA / INV.	-   W.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
at Workshop m/s of  A. Net C. Colour A. Net C.	ACUICIE NO:	Truck / Trailer or
Color for Sp. Reading C. So. Reading	81 Worksham	Make: Itanda Vezel c.c 149
Insured	Librery	Colour A. Black AC: Insured / Std / NI / NA
Policy No.  Claims No.  Claims No.  Sum insured: Excess:   Gen. Coed.: 9509L Fair I Poor I Burnt   Sum insured: Excess:   Gen. Coed.: 9509L Fair I Poor I Burnt   Steering: Inordia? Jammed I Leaked / Burnt or   Steering: Inordia? Jammed I Leaked / Burnt or   Mode of Veh:   Model   Nil I SRIb. I STOURTH or   Permark: The veh had commenced its   repair at the time of Inspection.   Bast or Market Value:   B	insured:	Sp.Reading 41555¢ T/Radio: Insured / Std / N1 / NA
Claims No.  Sum insured: Excess:   Gen. Cond. (geo@l.Fair / Poor / Burnt   Steering: Inordia? Jammed / Leaked / Burnt or   Brake: Invested: Jammed / Leaked / Burnt or   Mod: NII / SRIm / STOARTIN or   Tyre Stax: F: 215 / GORI / Property   Toro/170KO or   Tyre Stax		Eng/No:
Sum insured: Excess:   Sleeding: Incomata] aimmed   Leaked   Burnt or		_ C/No: AU3 · 126/2
Steering: Inorace Jammed / Leaked / Burnt or  (Cloni's Record)  Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of Inspection.  Ball or Market Value:  IDAC Accident Root:  Consistent?: Yes or No  Est. Repairs:  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Date:  Person Contacted:  Date / Time   Action / Instruction  Date / Time   Action / Instruction  Steering: Inorace / Jammed / Leaked / Burnt or  Mod: NII / ISIRIM / STD_ARRITH or  Tyre Size: F:  2 / S / S / S / S / S / S / S / S / S /	Sum Incurate	_ Gen. Cond. Good Fair / Poor / Burnt
Ciclents Record	Excess.	Steering: Inordar/ Jammed / Leaked / Burnt or
Modi: NII / S/Rim / STQ_ARREY or Tyre Stax: F: 2/3 / GGR / G		
Permark: The veh had commenced its repair at the time of inspection.   Nis   O/S	make of Veh:	
Remark: The veh had commenced its repair at the time of inspection.  Bail or Market Value:		_
Remark: The veh had commenced its repair at the time of inspection.  Bail or Market Value: Sold.  Consistent?: Yes or No  Ext. Repairs: O3 days Res.: Yes or No  Lum Sum: 20 % 3 Vall: Yes or No  CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  Date: Person Contacted: Vehicle: IN / OUT  Date: Person Contacted: Vehicle: IN / OUT  Date: Person Contacted: The UIC / Chasals frame / Body Structure affected due to collision  The UIC / Chasals frame / Body Structure affected due to collision  Add Fee: Site Insp (\$ S.R. S. S.R. S. S.R. S. S.R. S.R.		
Bal. or Market Value: Bold Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: 03 days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No Date: Person Contacted: Vehicle: IN / OUT  Date: Person Contacted: Vehicle: IN / OUT  Date: Person Contacted: The UIC / Chassis frame / Body Structure affected due to collision  Date / Time Action / Instruction  Date / Time Action / Instruction  Days Of Repair: Survey Fee: Timesponator: Time		
Bal or Market Value:    DAC Accident Root:   Consistent?: Yes or No   Consistent.: Yes or No   C		TOYO ( YOYO
IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: O3 days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS  Date / Time   Action / Instruction  Date / Time   Action / Instruction  Date / Time   Action / Instruction  Date / Time   Final Report   Days Of Repair:    Preli. Report   Resurvey No. of Trip:   Survey Fee:		1 Siren 79
GIA / PR Seen: Consistent? Yes or No  Est. Repairs: O3 days Res.: Yes or No  Lum Sum: 20 % 3 Val.: Yes or No  CA / REP / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  Date: Person Contacted: Vehicle: IN / OUT  Date / Time Action / Instruction  Date / Time Action / Instruction  Press to? Press to?  Press Pass to?  Press Pass to?  Survey held at  Des. of Damages: Frt / Rear / Ots / NJS / U/C / Rooftop or Press Volume / No. of Trip: Survey Fee: Transportation: Site insp (\$ ) S. RS. Si Interview (\$ ) Facts Site insp (\$ ) S. RS. Si Interview (\$ ) Facts Site insp (\$ ) Others  Procedure: Press Volume / No. of Trip: Survey Fee: Transportation: Transportation		Front Rear
Est. Repairs: O3 days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision  Date/Time Action / Instruction  Date/Time, Fise Pass to? Prell. Report Days Of Repair:  Structure, Fise Pass to? Structure affected due to collision  Date/Time, Fise Return to?  Add Fee: Site Insp (\$ ) Survey Fee: Interview (\$ ) Fire is Interview (\$ ) Fire is Interview (\$ ) Prevision Technique (\$ ) Others  Port Format: Tech Invs (\$ ) Others  Weekend (\$ ) Weekend (\$ )		R/Bal mm R/Bal mm
Est. Repairs: 03 days Res.: Yes or No  Lum Sum: 20 % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision  Date/Time		UBal.
Lum Sum:    Date   Person Contacted:   Vehicle: IN / OUT   The U/C / Chassis frame / Body Structure affected due to collision		O mm
CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  Date / Time   Action / Instruction  Days Of Repair:  Days Of Repair:  Resurvey No. of Trip: Survey Fee:  Days Of Repair:  Stite Insp (\$ ) Survey Fee:  Interview (\$ ) Firsts  Description of the U/C / Chassis frame / Body Structure affected due to collision  The U/C / Chassis frame / Body Structure affected due to collision  The U/C / Chassis frame / Body Structure affected due to collision  The U/C / Chassis frame / Body Structure affected due to collision  The U/C / Chassis frame / Body Structure affected due to collision  The U/C / Chassis frame / Body Structure affected due to collision  The U/C / Chassis frame / Body Structure affected due to collision  The U/C / Chassis frame / Body Structure affected due to collision  The U/C / Chassis frame / Body Structure affected due to collision  The U/C / Chassis frame / Body Structure affected due to collision  The U/C / Chassis frame / Body Structure affected due to collision  The U/C / Chassis frame / Body Structure affected due to collision  The U/C / Chassis frame / Body Structure affected due to collision  The U/C / Chassis frame / Body Structure affected due to collision  The U/C / Chassis frame / Body Structure affected due to collision  The U/C / Chassis frame / Body Structure affected due to collision  The U/C / Chassis frame / Body Structure affected due to collision  The U/C / Chassis frame / Body Structure affected due to collision  The U/C / Chassis frame / Body Structure affected due to collision  The U/C / Chassis frame / Body Structure affected due to collision  The U/C / Chassis frame / Body Structure affected due to collision  The U/C / Chassis frame / Body Structure affected due to collision  The U/C / Chassis frame / Body Structure	Lum Sum: 20 % 3 Val.: Yes or No	17/6/40
Date: Person Contacted: Vehicle: IN / OUT    Date / Time   Action / Instruction	CA / REV / REP. / 24 Line	
Date / Time Action / Instruction  Days Of Repair:  Days Of Repair:  Survey Fee:  Transportation:  Add Fee:  Site insp (\$	Vehicle: IN / OUT	Rear I O/S   N/S   U/C   Rooftop or
Date/Time, File Pass to?    Prell. Report   Days Of Repair:	Person Contacted:	
Date/Time, File Pass to?    Prell. Report   Days Of Repair:	Date / Time Action / Instruction	L Sold / Gliassis frame / Body Structure affected due to collision
Days Of Repair:    Survey Fee:		
Days Of Repair:    Survey Fee:		
Days Of Repair:    Survey Fee:		
Days Of Repair:    Survey Fee:		
Days Of Repair:    Survey Fee:		
Days Of Repair:    Survey Fee:		
Days Of Repair:    Survey Fee:		
Days Of Repair:    Survey Fee:		
Days Of Repair:    Survey Fee:		
Days Of Repair:  Survey Fee:  Ital Report  Add Fee:  Site Insp (\$ )S + RSSI  Interview (\$ ) Firess  Tech Invs (\$ ) Others  Weekend (\$ )  Weekend (\$ )	cate/Time, File Pass to?	
Add Fee: Site Insp (\$ )S - RSSI  port Format:  Transportative  Interview (\$ ) Fire is  Tech Invs (\$ ) Others  Weekend (\$ )  Weekend (\$ )	Da Da	
Add Fee: Site Insp (\$ )S - RSSI  port Format: Tech Invs (\$ ) Offices  The Sum / I.B.I: (S ) Weekend (\$ )		survey No. of Trip:
Add Fee: Site Insp (\$ )S-RSSI  port Format:  Tech Invs (\$ ) Offers  Weekend (\$ )  Weekend (\$ )		
port Format:    : Interview (\$ ) Fire is    Tech Invs (\$ ) Others    Weekend (\$ )	Add Foor	Charles 10
port Format:  Tech Invs (\$ ) Others  The Market of the Mar	Vag 1 99'	7_0.00_0
mp Sum / I.B.I: (S ) Others (\$ ) Others	nort Format	: Interview (\$ ) Fires
mp Sum / I.B.I: (\$ Weekend (\$ )	* ** * * * * * * * * * * * * * * * * * *	Tech love (\$
Weekend (\$	np Sum / I.B.I: (\$	
A COLUMN TOWN		Treatail (a
g IFTO ALL		ICTAL

12:39/

Rer

Bal IDA GIA Est. Lun

CA

Dat Da

Date

1) Du

2)

Cla

Sun

Mak

P Ren

Bal. IDA GIA Est. Lun

CA

# SUPREME AUTO SERVICE PTE LTD

176 SIN MING DRIVE #02-01 SINGAPORE 575721 TEL: 6452 8211 FAX: 6451 7420

# **ESTIMATE**

VFM PTE LTD c/o 46 Lentor Plain Singapore 786548

Not Norhand Uly & Purmay Afrew Painy 3 day,

QUANTITY	PARTICULARS		AMOUNT (\$)
1 pc 1 pc 1 pc pc set	HONDA VEZEL/ SLP 5446 M HYBRID Tailgate badge - logo X Tailgate "VEZEL" emblem Tailgate"HYBRID"emblem Rear Bumper Rear bumper reflectors		
		sub-total	
set F	Reverse sensor s.ne	ett 2 cesa	\$250,00
		sub-toatl	
La re	abour charges to repair, panel beat and straighten damaged place the above mentioned parts.	parts and	\$300.00
To	o replace reverse sensor and check wiring functions.		\$ 70.00
То	putty, apply primer & spray paint the affected areas.	420	\$ 500.00
	LKK Auto Consultants hence notify the Repairer of the following: • To resurvey before/after spray painting • To display damaged part(s) during resurvey • Parts prices are subject to confirmation • Third party survey is on a "Without Prejudice" basis • No illegal modification(s) is allowed • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company  Acknowledged by Repairer	sub-total Total	
	Signature:		

SS17221J0003 / SIN MING AUTOCARE BFG PTE LTD ENTRY DATE & TIME: 20/01/2022 11:00 (SGT) SUBMITTED BY: SMBFG Admin VERSION: 1 (20/01/2022 11:00 (SGT))

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

10.39/

Pol

Cla Sur (0 Mak

(P Ren

Bal. IDA GIA

Est

Lun

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.

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 aforesaid.

#### **ACCIDENT STATEMENT**

Date of Submission Date of Accident	20/01/2022 11:00 (SGT) 19/01/2022 10:18 (SGT)
Exact Location of Accident Additional Location Information	KPE, Singapore NICOLL HIGHWAY TOWARDS KPE SLIP ROAD NEAR LAMP
Country/State of Loss	POST 2S11 Singapore

#### **DETAILS OF OWN VEHICLE**

**SLP5446M** 

+65-84177722

INSUNEDIF OLIC HOLDER	
Is company?	Yes
Name Of Registered Owner	
Company Dea No	VFM PTE. LTD.
Company Reg No	2XXXXX773K
Email Address	clifford@drivethru.com
Mobile Phone No	
Alternative Distriction of the Control of the Contr	(Phone) +65-84177722
Alternative Phone No	+65-84177722

#### VEHICLE PARTICULARS

Manufacturer

Vehicle Registration Number

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of	
accident	Private hire
Are you claiming under your own insurance policy for repair to	
your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5114049469-02
Cover Note Number	-

DRIVER

Name of Driver LEE BENG TONG



#### 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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful missepresentation 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 liability on the part of the insurance
- 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 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)

lunderstand, acknowledge, agree and consent that :

- (a) My insurer, my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
- investigating the accident and/or my claims;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me:
- (v) administering my claims (including 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 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 lims, maylare permitted to zellect, 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 law yers/law firms), which may be slied outside of Singapore, for one or more of the above Purposes.

	ڒ	1							i	e	,	24	) <u> </u>			*		······································	abooksi.		- Charles	(STEEL)						
Policyho 7ime	ude/	's S	gnati	ne / D	ate &		Oriver & Tim		mature	) (११ ८	ltive	r is I	noi t	ne i	polica	hald	61)	Dat	2	P	GL24 Stuc	ssed.		1				
Sketch	P	an																6	S			Hen		B	S	#8	2!	52U
	1		**********		111			Z	T.			1	Щ	Ļ		7	****						1	1		I	I	二二
	4-4			·····	anganaga Tangangan			marine and	-	7	-	-	Speed of	4	*		<u></u>	***************************************	wanness E	<del>,</del>	-	<del></del>	ļ	***************************************	***************************************	-	-	
	ŤŤ	*	-		7	Ť.		entritioner.	in frame	17	1		· ·	,molesse X	1	7.1	, , , , , , , , , , , , , , , , , , ,	*	*	annihim.	•	***************************************	· ·	-1	-	-	H	<del></del>
	11	nac manning	mount (fr. ft.)	*	1 1	1		***************************************	annual file	X	2	M		-	-	II				***************************************	1	-		***************************************	-	1000000	1	
	1 1			*						N.	det	1		-		12	***********	distantion.	*		1			*				-
1 1 1					1		· ·	······································				4	111	1	<u></u>	-	rosino.	*		•	-			***************************************		1		
		-			44	-	······································	Manage of the same of	4		1.	July .	4	<u></u>	<del></del>		majuw	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	<del></del>		***************************************		<del>_</del>		4	-	
	-	alma)	-	<u>.</u>		einen jung			*	·	24	Water Street	Dynn.	mile	·	-inghan		-	<del>-</del>			***************************************		-	-	a distant	an free	-
	-	-		***********	- Samuel	and the same	animine.	Minne.	*	74	inner f	-	-	7	1	13	minn	i.	************	***************************************	-	*		1	1	1 8	40.400	
	1	-	11	meaning in	1		i z	winning.	77	2		1	-	1	ī	1	migrem.	1						· ·		1	-	
recitions than the second	-	-	*****************		-		mannumin	minimi	The same	Anny				-	*		-	·	***************************************			***************************************			minu.	بللب	<u>i</u>	
	1	1 1		*			-	manananing	inchession.	minima	0/0000000000000000000000000000000000000	44		man,	÷	<u> </u>	<u></u>	*					-		minn	·		-
	and a	-		***************	-		-:-			Mirania.	distances	Ħŧ		- jour	jamen a	- Marine		ilanom I	<u> </u>		a juman			İ	1	1	AND SHAPE	-
		-	-	08004000000000000	frankline	-			Manager Springer	animamin .	,000000000000	Til		-	-	17	4	-	-	1	-		*****	1	3	-	eren sayana	
-	-								Parket Constitution	11	vioriosbouga municipalitics	H	*******	-		H	14	-01	1	1		2	nement visi	-	Approximate to	-	-	

1	ives	mstance:	014	Viccia	ent									
		101	"J-A	non	Nic	oll	hogh	. 362			manus 2			
AT	The	Stip		,	-		Jugine	200	101	stroll	KPE	*	Alexander de	
	-	2016	1000	1/3/	welle	R	hit	Pri Vice						
	***************************************	The second secon			***	annindia	7077	5	inst	my	velvic	(e	recy	left
	-	-			-	<del></del>	CONTRACTOR CONTRACTOR		-		***************************************			1
	The second second second	-			***************************************	*****************	<del>(4</del>	466	Water Company	HAMING LONG				
	************	***			***************************************		energiiddiddidolosion.iiddi <mark>aean</mark>	·	- Allinois	·	Minh bisses			
	**************************************		····		***************************************	***********************			***************************************					
	***************************************	-			**************	***************************************		**************************************	//////////////////////////////////////	THE STATE OF THE S	······································		· · · · · · · · · · · · · · · · · · ·	
<b> </b>	***************************************	***************************************		"		**********	***************************************	A STATE OF THE STA	NAME OF THE PARTY	·····		11/10/10/10/10/00-co		
-	***************************************	-	-		****************	***********	······································	······································	***************************************	- William Commence		///····		
	***************************************	***************************************	***************************************		***************************************		***************************************	**************		With the state of	A CONTRACT OF THE PARTY OF THE		North Control of the	
-	***************************************				***************************************	******	*********	·····		<del></del>		-		Printers, m. hair
				***************************************	*******************		**************	<del></del>	**************************************		name of the west of the same o			
					***************************************		***	A CONTRACTOR OF THE PARTY OF TH		**************************************				
					***************************************	*************	***************************************	**************		W	Control to perfect the control to	·	VACANTA	
		***************************************			******	White management			- Andrews of the State of the S		***************************************	-	<del></del>	-
					•	····	PORTUGUE ACTION OF THE PARTY OF		***************************************			***************************************		
					***************************************	*************	***************************************	******************	******		Committee of the Commit	*******************************		-
****	***************************************	***************************************		i) i		i ii	***************************************		***************************************			-		-
	***************************************	****				***********	***************************************	-	/ <del></del>	***	**************************************	***************************************	······································	information .
***************************************	·····							op miles	*			*		
***************************************		~	•			***********			***************************************	***************************************		-	****	
	· · · · · · · · · · · · · · · · · · ·			90040000000000000000000000000000000000				Access to Belleville (1990)	***************************************	***************************************		NOOD CONTRACTOR		-
		•						1	***************************************	activity and the second second		<del></del>		
	***************************************		~	······································	•			***************************************					AND THE PROPERTY OF THE PARTY O	
***************************************	TOTAL PROPERTY OF THE PARTY OF	***************************************	**************************************		·	****	The second secon	1		11	1 , 1 , 1	***************************************		SAMONIAN CO.
· · · · · · · · · · · · · · · · · · ·	*********************	TO CAMP OF THE BOOK OBST AND CONTRACT OF THE C	×		*************	<del>*************************************</del>	***************************************	"Yaharan ana ana ana ana ana ana ana ana ana		-			***************************************	THE STREET
. /44				······································	******************	****			Marin Marin	anacistra manaetti 1900		Commonwell of	W. W	With the second
Claim Ol	)	□ Claim	Third I	arty	15	Cha	m OD/	TP at	other v	vorksho	)p	OF	(eportin	ie On
ease forwa	ard a cos	ov of my	efile ac	cident				9						.O
		*			. upo	***								
						, u								
y worksho														
y worksho	35 :													
y worksho nai) addre							n 19							
y worksho nail addre yself emai	1:													
y worksho nail addre yself emai etc: Please	l : take not	e that yo	ur Insur	er hav	e !4 di	ays ti	mefram	e for	vou to	submit	own day	*****	elain.	
y worksho nail addre yself emai etc: Please	l : take not	e that you	ur Insur k with y	er hav	e !4 di vn insi	ays ti orer f	mefram	e for :	you to	submit	own dar	nage	claim :	ınder
y worksho nail addre yself emai etc: Please	l : take not	e that yo	ur Insur k with y	er hav	e !4 da vn insi	nys ti urer f	mefram or more	e for :	you to mation	submit L	own dar	nage	ciaim a	ınder
y worksho nail addre yself emai ste: Please ur own pol	l : take not	e that you	ur Insur k with y	er hav	e !4 da vn insi	ays ti Jrer f	mefram or more	e for : infor	you to mation	submit	own dar	nage	ciaim :	ınder
y worksho nail addre yself emai ste: Please ur own pol	l : take not	e that you	ur Insur k with y	er hav	e !4 di vn insi	ays ti urer f	mefram or more	e for :	you to mation	submit	own dar	nage	ciaim s	ınder
y worksho mail addre yself emai ste: Please ur own pol claration	take not	uly eneci	K With y	our ov	vn Insi	urer f	mefram or more	e for j	you to mation	submit	own dar	nage	claim a	ınder
y worksho mail addre- yself email ste: Please ur own pol claration declare the	take not	uly eneci	K With y	our ov	vn Insi	urer f	mefram or more	e for s	you to	submit	own dar	nage	claim a	Inder
y worksho mail addre yself emai ste: Please ur own pol claration	take not	uly eneci	K With y	our ov	vn Insi	urer f	mefram or more	e for	you fo	submit	own dar	nage	ciaim :	Inder
y worksho mail addre yself emai ste: Please ur own pol claration	take not icy. Kin	particulars	K With y	our ov	respect.	Ser f	S	infor	mation	7.	own dar		Qu.	

Personnel