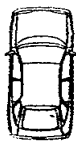


Survivor: **ADRIAN**

DOI: 11/10/2022

Date / Time : 11/10/2022

Registered in Merimen: 15/10/2022

Pre-assign / CCU / FTE

Insured Vehicle No. : SLB 1632S

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 08/10/2022 08:15

Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

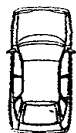
If **NO**, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

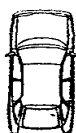
Driver Tel No. : (V/L: YES / NO)

Insured Liability :	%	Final ? Yes / No
1. General Liability		
2. Professional Liability		
3. Directors and Officers Liability		
4. Employment Practices Liability		
5. Fidelity and Bonding		
6. Commercial Auto		
7. Commercial Property		
8. Marine		
9. Aviation		
10. Umbrella		
11. Other		

GBA 36T



INRS:
WSP: **J-MART**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

[illegible]