

Date In: 9/12/17 15:30	Job description	Date & Time Completed	Done by
Ref No: NA/11617023408164	SAS e-filing		
Veh No: FBF 40852	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 6/12/17 08:30	i-Motor Claim Form		
OD: <input checked="" type="radio"/> Reporting Only	i-Motor W/O (Within OD Chk. TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLJ 7018J	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	% [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:-
( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.
( ) Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: _____
---------------

Date/Time	Actions

NA1707615	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$20)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)		
Contact No:	3) TF: Towing Fee \$40 \$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2004)		
	6) TR: Re-inspection \$75		
	7) NI: Idea DA - SMRT Survey \$150		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tps Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP Co. n INC against INC \$10		
	9) N12: Idea Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

## SINGAPORE ACCIDENT STATEMENT

### 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 withholding of material facts may allow insurance companies to repudiate policy ability.
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 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 Report	09/12/2017 15:30
Date Of Accident	06/12/2017 08:30
Exact Location Of Accident	PIE TWDS CHANGI BEFORE LORNIE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF4085Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JOHANN MOHAMED SALLEH MOSBIT
NRIC No	S7904851H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93968560
Alternative Phone No	OFFICE-93968560

### Vehicle Particulars

Manufacturer	YAMAHA
Model	TMAX 500
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100304511-05000
Cover Note Number	-

### Driver

Name of Driver	ROYHANN MOHAMED SALLEH MOSBIT
NRIC No	S8702324I
Date Of Birth	17/01/1987
Occupation	INDOOR
Date Of Driving Pass	14/04/2009
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90462254
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	BLK 550A SEGAR RD #09-612
Postcode	671550
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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	SLJ7018J
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	INDRA SAFARUDIN BIN ISZAL
Phone Number	83715111

Email Address

**DETAILS OF INJURED PERSON 1**

Name	ROYHANN MOHAMED SALLEH MOSBIT
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBF4085Z
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	


## 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 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 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)**

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:
  - (i) 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:
  - (i) 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  
Date & Time:

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

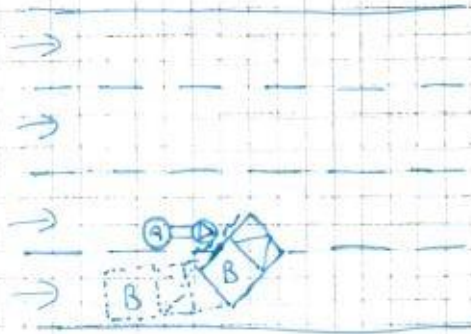
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN

VEHICLE A - FBF 4085Z

VEHICLE B - SLJ 7018J



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT

REPORT NO

: T/20171209/2062

VEHICLE A - FBF 4085Z

VEHICLE B - SLJ 7018J

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

<b>Vehicle No.</b>	FBE 4085 Z	<b>Model / Make</b>	JAMAHA TMAX
<b>Date of Accident</b>	06/12/2017		
<b>Time of Accident</b>	0830	<b>HRS</b>	
<b>Location of Accident</b>	PIE TOWARDS CHANGI BEFORE CORNER RD EXIT		
<b>Exact purpose use during accident</b>	PRIVATE USE		
<b>Name of Owner</b>	SOHANN MOHAMED SALLEH MOSBIT		
<b>Telephone No.</b>	H/P : 9396 8560	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S7904891 H		
<b>Address</b>	BLK 902 JURONG WEST ST 91 #12-113 S(640902)		
<b>Claim type</b>	OD	THIRD PARTY	REPORTING ONLY
<b>Insurance Company</b>	AIG		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	2100304511 - 05000		
<b>Name of Driver</b>	As Above If No, ROYHANN MOHAMED SALLEH MOSBIT		
<b>NRIC</b>	S87023241	<b>Any Passengers :</b>	NIL
<b>Date of birth</b>	17/01/1987		
<b>Occupation</b>	Outdoor	/	Indoor
<b>Driving License Pass Date</b>	14 APR 2009 CLASS 2		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P : 90462254	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	BLK 550A SGAAR ROAD #09-612 S(671550)		
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state BROTHER	
<b>Weather condition</b>	Clear	Raining	Other
<b>Road Surface</b>	Dry	Wet	Other
<b>Any Injuries</b>	No,	If Yes, Who?	
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No,	If Yes, Where?	ELNDOS NPP
<b>Vehicle B No.</b>	S6370183	<b>Any Passengers :</b>	NIL
<b>Name of Driver</b>			
<b>Vehicle C No.</b>			
<b>Vehicle D No.</b>			
<b>Vehicle E no.</b>			
<b>Vehicle F No.</b>			
<b>Vehicle G No.</b>	Bin 15291	<b>Any Passengers :</b>	
<b>Witness Name</b>	Indra Safarudin	<b>Witness Contact :</b>	83715111
<b>Accident Portion</b>	HIT ON THE RIGHT FALL ON THE LEFT		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	MOTOSI PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP Email ADDRESS</b>	sales@n51.com.sg		





# SINGAPORE POLICE FORCE



T/20171209/2062

1 of 3

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

Report No. T/20171209/2062

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/12/2017 14:13	Vide Report No.:	Station Diary No.: 11
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**Informant's Particulars**

Name of Informant: ROYHANN MOHAMED SALLEH, MOSBIT			Address: APT BLK 550A SEGAR ROAD #09-612 SINGAPORE 671550		
ID Type / ID No.: NRIC NO / S8702324I			Contact No.: Home/Office: Mobile: 90462254		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 17/01/1987	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Auxiliary police officer			Driving Licence Information: Class: 2,3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/12/2017 08:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY LORNIE ROAD PIE towards Changi Airport before Lornie Exit (Lornie Rd)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF4085Z	Motorcycle	YAMAHA	TMAX	Black	Seriously Damaged	0
SLJ7018J	Car	VOLVO		Black	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF4085Z	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100304511-05000	14/06/2017	13/06/2018





# SINGAPORE POLICE FORCE



T/20171209/2062

2 of 3

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

Report No. T/20171209/2062

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	ROYHANN MOHAMED SALLEH, MOSBIT	ID No.	S8702324I
Related Vehicle	FBF4085Z (Motorcycle)	Contact No.	90462254
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2,3,4 Date of Expiry: NIL
Date Treatment	06/12/2017	Date Discharge	08/12/2017
No. of Days granted Medical Leave	25	Degree of Injury	Serious
<b>Driver</b>			
Name	M/CHINESE	ID No.	NIL
Related Vehicle	SLJ7018J (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 06/12/2017 at about 8:30am, while I was riding on my motorcycle bearing the registration no FBF4085Z on the 2nd lane of PIE towards Changi Airport just before Lormie exit when a vehicle (SLJ7018J) that was travelling on my right which was on the extreme right lane made a sudden left lane change into the lane that I was travelling as a result the driver collided into the front right side of my motorcycle causing me to loose balance and thereafter was thrown out of my motorcycle and landed forward on the 2nd lane

I was conveyed by ambulance where I was warded for 3 days and given 25 days of hospitalization leave from the 06/12/2017 to 30/12/2017

Damage to my motor cycle - Serious damage to the front, rear, both sides, the seats and the box.



**SINGAPORE  
POLICE FORCE**



T/20171209/2062

3 of 3

Report No. T/20171209/2062

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

**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:

G /  
SI MOHAMED SHAHARUM B ABDUL JEBAR

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
09/12/2017 14:13

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt SYED ZAYID MUHAMMAD BIN SYED  
ABDUL WAHID ALHINDUAN  
Contact No.: 65476394

Classification Of Case:

Authentication Stamp  
NP168

Singapore Police Force



Driver

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S87023241**

Name: **ROYHANN MOHAMED SALLEH, MOSBIT**

Birth Date: **17 Jan 1987**  
Issue Date: **14 Apr 2009**

001730836F



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S87023241**



Name

**ROYHANN MOHAMED SALLEH, MOSBIT**

رويحان محمد صالح موسىبيت

Race  
**MALAY**

Date of birth  
**17-01-1987**

Sex  
**M**

Country/Place of birth  
**SINGAPORE**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:


	PASS DATE
Class 2B Motorcycles $\leq$ 200 CC	30 Nov 2005
Class 2A Motorcycles between 201 CC and 400 CC	17 Dec 2007
Class 2 Motorcycles $>$ 400 CC	14 Apr 2009
Class 3 Motor cars $\leq$ 3000 kg with $\leq$ 7 passengers, exclusive of the driver; and motor tractors/vehicles $\leq$ 2500 kg	19 Aug 2009
Class 4 Heavy motor cars and motor tractors $>$ 2500 kg	19 Aug 2009

S / No. 9000114243

S87023241

NP 428A

Licence No: S87023241



5734048



NRIC No. **S87023241**




Date of issue  
**25-04-2017**

Address

**APT BLK 550A SEGAR ROAD  
#09-612  
SINGAPORE 671550**

Owner

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7904851H




Name  
JOHANN MOHAMED SALLEH  
MOSBIT  
جوهان محمد صالح موسىبيت

Race  
MALAY

Date of birth  
20-02-1979

Sex  
M

Country of birth  
SINGAPORE



S7904851H

4489562



NRIC No. S7904851H



Date of issue  
18-11-2009

Address  
APT BLK 902 JURONG WEST STREET 91  
#12-113  
SINGAPORE 640902







HOTLINE TEL: (65) 6419-3000  
FAX: (65) 6415-3723

## CERTIFICATE 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)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Y.1

MOTORCYCLE (TPFT)

(The below excess is subject to GST)

OWN DAMAGE EXCESS S\$500.00 (1)  
WINDSCREEN EXCESS NA

CERTIFICATE NO. 2100304511-05000

SUM INSURED Market Value  
INSURING WITH COE/PAFF Yes

1) VEHICLE REGISTRATION NO.

FBF4085Z

2) NAME OF INSURED

JOHANN MOHAMED SALLEH

3) EFFECTIVE DATE OF THE COMMENCEMENT  
OF INSURANCE FOR THE PURPOSES OF THE ACT

MOSBIT  
14 Jun 2017

4) DATE OF EXPIRY OF INSURANCE

13 Jun 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

The Insured and any person who is named as a named driver under the policy.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

### 6) LIMITATION AS TO USE\*

Use for social, domestic and pleasure purposes and in connection with the Insured's business or profession.

The Policy does not cover

- 1) Use for hire or reward.
- 2) Use for racing, pace-making, reliability trial or speed-testing.
- 3) Use for the carriage of goods (other than samples) in connection with any trade or business.
- 4) Use for any purpose in connection with the Motor Trade.

LOSS OF USE Not Included

\* NAMED DRIVER ROYHANN MOHAMED SALLEH MOSBIT

HIRE PURCHASE COMPANY SPEEDWAY MOTOR PTE LTD  
EMPLOYER'S LOAN

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 29 May 2017

AIG Asia Pacific Insurance Pte. Ltd.

500656-201  
COWELL INSURANCE - MOTORCYCLE  
8 BURN ROAD  
#09-09 TRIVEX  
SINGAPORE 369977

Servicing Agent:  
Cowell Insurance Agency  
Pte Ltd | tel. 63392592  
Trivex @ 8 Burn Road #09-09  
contactus@cowell.com.sg

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPCOW.