	ntre Services. Inti 1 Jamos A	MIA118 098717							
Date In: 1/7/18-11:49	Jcb description	Date & Time Completed	Done by						
Rei No: NA INCRO 1389 4/24	SAS e-filing								
Veh No: 507 8659 U	E-mail (within Shrs, AIC 2hrs)		1 J+ 221 MP- (22.00 V)						
D.O.A : 31/3/18-08:30	i-Motor Claim Form	MT) 1005383-001	31 7 18 4:36						
	i-Motor W/O (Within: OD 2h	i-Motor W/O (Within: OD 2hrs, 7P 4hrs)							
OD TP Peporting Only	i-Photo Uploaded								
	Assessment/Survey Report								
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp							
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:						
TP Particulars: Veh No:XE	3578E INC ()/Non-INC()							
Owner / Driver: (Tel:)						
Policy No: ()	Period: ()	Cover Type: ()						
Confirmed by : (Date:	Time:	7						
Insured/Driver Liability: (%)) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	100%]						
Year of Registration: ()	Warranty: YES ()/NO ()							
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()								
General Remarks:-		Harrist State	Con Silver						
() Walk-In Customer : Customer's in									
() Total Loss Case : to e-mail Ins		N 1 3							
Drive-In ()/Towed-In (); Invo	pice: YES() / NO();	Towing Co: (.)						
			77.47.888.88.00 m/h :						
Remarks: (INC hotline: 6788 6616		Date& Time Completed	Done by						
1) Apply for Transport Allowance ()	/ Courtesy Car ()	-							
2) QC Check / Post Repair Inspection	()								
Upload Resurvey Photo [Repair Cost >	\$30001 ()								
Injury:									
Injury: Date/Time: Actions:									
			TERRESCHE SE						
			TEACHER ST.						
Date/Time Actions									
Date/Time: Actions		paration Checklist.	Ani((5)) Am						
Date/Time Actions	Invoice Pro	Reporting (\$30);	fit Bill Add						
Date/Time Actions Actions Actions Limant's Particulars:	Invoice Pro	t Reporting (\$30); Assessment (\$100); INC (\$8	fit Bill Add						
Date/Time Actions Actions Also (805) alimant's Particulars::	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-I	t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey	76.Bill Add 10) 1/545 \$120						
Date/Time Actions Actions Actions Limant's Particulars:	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming	t Reporting (\$30); Assessment (\$100); INC (\$8 fee \$40 hrough Survey hrough Survey (Resurvey) geinst INC Only (wef 10 Jan 2005	76 Bill Add 100) 1/545 \$120 \$30)						
Date/Time Actions Actions Also (805) alimant's Particulars::	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-I 5) FT: Follow-I For claiming 6) TR: Re-inspe	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 hrough Survey hrough Survey (Resurvey) against INC Only (wef 10 Jan 2005) ction	75 Bill Add						
Date/Time Actions Actions Limant's Particulars: iver/Owner:	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming	Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) Reginst INC Only (wef 10 Jan 2005) Ction + SMRT Survey	76 Bill Add 100) 1/545 \$120 \$30)						
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Date/Time Actions Actions Algo (805 alimant's Particulars: iver/Owner: ontact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-I 5) FT: Follow-I For claiming: 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OID* *N5: Courtes *N6: Repair O *N7: Fost Rep *N7: Fost Rep	Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Resurvey) Igoinst INC Only (wef 10 Jan 2005 etion + SMRT Survey onal Services: Car / Tpt Allowance	71 Bill Add						
Date/Time Actions Actions Liminate Particulars: iver/Owner: Intact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming: 6) TR: Re-inspe 7) N1: Idac DA 8) NTUC Additi OIL* *N5: Courtes *N6: Repair C *N7: Fost Rep *N8: DV / Co	Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Resurvey) Reginst INC Only (wef 10 Jan 2005 retion + SMRT Survey real Services: Car / Tpt Allowance	Tit Bill Add						
Date/Time Actions Actions Algo (805 alimant's Particulars: iver/Owner: ontact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming: 6) TR: Re-inspe 7) N1: Idac DA 8) NTUC Additi OIL* *N5: Courtes *N6: Repair C *N7: Fost Rep *N8: DV / Co	Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey hrough Survey (Resurvey) goinst INC Only (wef 10 Jan 2005 etion + SMRT Survey onal Services: Co-ordination mir Inspection llect Excess Coordination (Non INC) against INC	Tit Bill Add						

Frysh of Astro

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 witholding 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 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 lodgement of this report to the insurers, yo aforesaid.	u hereby consent to the archiving of this report at the centre and to copies of the report being made available
(Belleting of Arthur Charles	ACCIDENT STATEMENT
Date Of Report	31/07/2018 11:49
Date Of Accident	31/07/2018 08:30
Exact Location Of Accident	CTE (CITY) AFTER AMK AVE 1 EXIT
Country/State of Loss	SINGAPORE
A STATE OF THE STATE OF THE STATE OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDT8659U
Insured/Policyholder	
Name Of Registered Owner	ZHENG MIANYONG
NRIC No	S8265813J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94889112
Alternative Phone No	OFFICE-94889112
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS J AUTO

Exact Purpose for which vehicle was being used at PRIVATE USE time of accident Are you claiming under your own insurance policy

for repair to your vehicle? If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage COMPREHENSIVE

NO

Fleet Policy NO

Policy Number 5093622448

Cover Note Number

Driver

Name of Driver ZHENG MIANYONG

NRIC No. S8265813J Date Of Birth 17/03/1982 Occupation **INDOOR** Date Of Driving Pass 05/08/2017

Driving Experience 0 YEAR AND 11 MONTH

Gender MALE

Mobile Number (LOCAL) +65-94889112

Fax Number

Contact Number OFFICE-94889112

EMail Address NOEMAIL

BLK 862 YISHUN AVEBUE 4 Address

#05-57

Postcode 760862

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

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 Number of vehicles involved in the accident 3 Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 1

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

REFER TO STATEMENT.

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 XE3528P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE Name of Driver KUMAR A/L NADESIN

NRIC/Passport Number F8019782U

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJR6784T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

HARPREET SINGH SANDHU

S8241679Z

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.
- 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.
- 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.

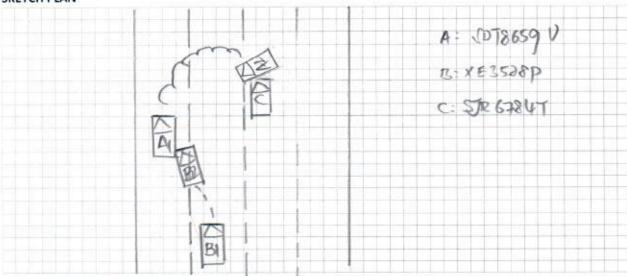
Policyholder's Signatu Date & Time:

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

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	Statement.			
		/		
		/		
	-			

DECLARATION

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

Policyholder's Signature Date & Time:

Cody

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

NRIC/FIN No.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 4 CTE (CITY) AFTER AMK AVE 1 EXIT. SUDDENLY VEHICLE B TRAVELLING ALONG LANE 3 CUT ONTO MY LANE AND HIT ONTO MY VEHICLE REAR RIGHT PORTION. AFTER AN IMPACT, VEHICLE B DID NOT STOP AND HIT ONTO MY VEHICLE RIGHT PORTION. VEHICLE B HIT MY VEHICLE TWICE. AFTER AN IMPACT, MY VEHICLE SPIN AND MOVED TO LANE 2. IN A RESULT, VEHICLE C HIT ONTO MY FRONT LEFT PORTION AND LEFT PORTION. VEHICLE C HIT ONTO MY VEHICLE TWICE.

ACCIDENT STATEMENT

ACC	IDENT DATE: 31 / 7 /18	(DD/MM/YYYY), TIME	(MM:HH)(_6[: 30_)
LOCA	ATION: CT ECCHY) after	Amic ave I Bast	
1	. DETAILS OF VEHICLE		
	a) VEHICLE NUMBER: SPT 865	90	V 0.0
	DINSURANCE COMPANY: NT		
22	CIPOLICY NUMBER: 50936284		
	d)POLICY TYPE: (COMPREHENS)		IND DADTY FIDE & THEETI
	elMAKE & MODEL:	VE / INIKO PAKIT / IF	IKD PARTI FIRE GITTER)
	f)TYPE:(SALOON / COUPE / MPV	/VAN/LOPRY/MO	TOPOYOLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE		
	h) PURPOSE OF USING AT ACCID		
	i) ARE YOU CLAIMING UNDER YO		The state of the s
	IF NO, PLEASE STATE (THIRD PAR		
2.	INSURED / POLICY HOLDER	TO THE TENER	10 01121)
24.50	AINAME: Theng migny ng		(MALE / FEMALE)
		82678137 COI	NTACT: 94889112
	CIADDRESS: DIIC862 VIShun		7 (760 862)
	7,100		
10	* CONTINUE TO 3.d IF DRIVER ALS	SO POLICY HOLDER	59
Ho of passen as	DRIVER		
(Including driver)	g)NAME:		(MALE / FEMALE)
chicology anver	b)NRIC/FIN/PASSPORT:	cor	VTACT:
(T)	c)ADDRESS:		
	*d)DATE OF BIRTH:	1982 11DD/MM/YY	YYI
<u> </u>	e)OCCUPATION: (INDOOR / OUT		1.11
	f) YEARS OF DRIVING EXPRERIENCE		**
4.	WAS DRIVER AN EMPLOYEE OF		OMPANY? (YES / NO)
	IF NO, RELATIONSHIP OF THE		
5.	a) WEATHER CONDITION: (CLEAR		
	b)ROAD SURFACE: (DRY / WET /	OTHERS	
6.	WAS ANYBODY INJURED (YES / N		
7.			
895)	IF YES, PLEASE STATE WHICH PO	LICE STATION:	
8.	THIRD PARTY VEHICLE	T.	
the of passenger	a) VEHICLE NUMBER: X 5 35 25		DEL:
(Including driver)	b) DRIVER'S NAME: Lumar A)	L Apolisia	
(1)	c) NRIC/FIN/PASSPORT: F8019	183-0 COI	NTACT:
7.	THIRD PARTY VEHICLE	17	
4 No of passenger	d) VEHICLE NUMBER: 572 6784)EL:
(Including driver)	e) DRIVER'S NAME: Harpreet	Singh Sandhy	(4)
	f) NRIC/FIN/PASSPORT: SEE	416176CON	NTACT:
(T)	8		

email = zheng cody @gmail.com fax = vera @ auton cars.com.sg.

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8265813J

ZHENG MIANYONG

郑

CHINESE Date of birth

17-03-1982

Country of birth CHINA





NRIC No S8265813J

CHINESE

07-11-2012

APT BLK 862 YISHUN AVENUE 4 #05-57 SINGAPORE 760862

S8265813J

30/05/2013

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

NP 428A



Policy Information Page 1 of 1

Policy Information Policyholder NRIC Policyholder S8265813J Policy No. 5093622448 ZHENG MIANYONG Name Certificate No. Address BLK 862 #05-57 YISHUN AVENUE 4 SINGAPORE 760862 Product Group PRIVATE CAR INSURANCE Plan Policy Flag Name Policy Effective Expiry Date 24/08/2018 23:59 25/08/2017 25/08/2017 00:00 issue Date Date Excess All Claims Type Excess Third Own Windscreen damage 0 600 100 Party Excess Excess Excess 05 Additional Premium Excess Outside Outside Singapore Singapore TP Excess 600 Young/Inexperience Driver Excess OD Excess Agent DICKSON AUTO AGENCY Agent Tel. Coinsurance No Flag Open Policy Info Certificate Info Policyholder Mailing Address Address 1 BLK 862 #05-57 Address 2 YISHUN AVENUE 4 Address 3 SINGAPORE 760862 Address 4 Address Type Singapore address Post Code 760862 Related Policy 5093622448-01 Unit No. 05-57 Number **▽** Endorsements Sequence Date of Endorsement Endorsement Type Endorsement Status **Endorsement Content** Continue Cancel

Claim Handling												- E
Accident MT/1005383												
Policy No.	5093622448		Vehicle No.		SDT8659	1	GST	Registration N	io.			
Certificate No.												
Policyholder Name	ZHENG MSANYONG						Policy	yhalder NR3C		5826581	13	
Product Code	PRIVATE CAR INSURAN	CE	Cover Type		drive CLA	ssic	Load	ing		0		
Contact No. (Mobile)	94889112		Contact No (Office)		0		Conta	act No.(Home	į.	0		
Email Address			Special Remark				eCod	le		NC.V		
KPK	® No ○ Yes		TCA		® No ○	(es	eCod	le Reason				
NGD Protection	No		NCD Entitlement(%)		0		Privat	ite Hire		140		
P Accident Details												
Report Date	31/07/2018 14:34		Accident Report With	hin 24 hrs	Yes		Acod	tent Type		Collegion -	Change / Cross I	lane
Date of Accident	31/07/2018		Time of Accident nho	mm	08:30		Cour	ntry of Acciden	ur.	Singapore	100	
Reporting Centre			Orange Force		30.30		ICM			- July Cons		
Accident Location	CTE (CITY) AFTER AMK	AVE 1 EXIT	S-200-400-00-00-0									
♥ Benefits												
♥ trees												
Own demage Excess		600.00	Additional Excess		0		Wind	Soreen Excess	í	100.00		
Unnamed Driver Excess		0.00	Outside Singapore O	D Excess		600.00						
Third Party Excess		0.00	Outside Singapore Ti			0.00						
♥ GST Registered Informa	ation	2000	sources striggegate 1	- sauces		4.00						
GST Registered	No				gs	T Registration Date						
GST Registration No.	0.4400					T Status Verified		Yes				
Modification History					155	AND SOME SECOND		X 2500				
Policyholder Hailing Ad	ddress											
Address 1	BLK 862 #05-57		Address 2		YISHUN A	VENUE 4	Addre	ess 3		SINGAPO	RE 760862	
Address 4			Address Type		Singapore	address	Post	Code		760862		
Unit No	06-57		Related Policy Numb	er	50936224	48-01						
○ OI Driver Info												
Driver Name	ZHENG MIANYONG		Driver Type		Main Drive	r						
Unnamed driver Name			Driver NRIC		50265813	1	Drive	er DOB		17/03/19	82	
Register Date of Driver License			Driver Age		36		Drive	ng Experience		0		
Contact No.(Mobile)	94889112		Contact No (Office)		0			act No.(Home	1	0		
Address 1	BLK 862		Address 2		YISHUN A	VENUE 4	Addre	ess 3		SUNGAPO	RE 760862	
Address 4			Address Type		Singapore	address	Post	Code		760862		
Unit No.	05-57											
Does he own a Singapore Registered car?	○ Yes ® No		Driver Vehicle No.				Drive	er Insurer Con	npany			
Declaration			14000707070			o-tur						
Breathalyser or Blood Test Reading?	0 mg		Any injury?		○ Yes ®	No						
Modification History												
Territoria Manager												
Claim 001 New												
Claim Type *	OD-MX	~	Insured Name		ZHENG MI	ANYONG	Insur	red NRIC		55265813	d	
Contact No.(Mobile)	94889112		Contact No.(Home)					act No.(Office				
Email Address		- 17	OI Vehicle Number		SDT8659L		TPVe	ehicle Number		XE3528P		
Claimant Type Claimant Type *	Please Select	~	Type of Benefit *		Please Se	ect v						
Clamant Name +		22	Claimant NRIC *									
Claim Description	SDT8659U / XE3528P C	N 31 Jul 2018					Name	e of Preferred	Workshop	1		
Preferred Workshop Contact No.			Insured Liability *		Not at Fai	R V	557					
Require Finalisation	Yes .	¥	Preferend Repair Op	otion	Preferred	Workshop, Name unknown	GIA	report		Received	i i	V
Date Registered	31/07/2016 14:36		Claim Close Date		- 17		Date	Received		31/07/20	18 00:00	
Report Taken By	Jackson											
Print AK letter												
						and a						
122000000				10	Save Su	ime						
Attachment												
Ø.												
Accident No.	MT/1005383		Claim No	2.		001						
Last Doc. Received	® Yes □ No		Upload D			31/07/2018 14:38						
		th *	26 444	18.17		Category *	- 6	Confidential	1	~ .	Const	tion #
				Browse.	1 Const	Please Select		3.000	Urgen Normal		Descript	undi *
				Actions.	100	ALL CONTRACTOR OF THE PARTY OF	_		*			
				Browse.		Please Select	V (90		Normal	<u> </u>		
				Browse.		Please Select	NO.		Normal			
				Browse.	a Constant	Please Select	V	v	Normal	V		
					Clear	Please Select	Y No	V	Normal	V		

