Date in mile to the		46181819H	- 1
Date In: 21 8 6-1647	Jeb description	Date & Time Completed	Done by
Ref No: NA INCIROID 64/24	SAS e-filing		
Veh No: 567 35994	E-mail (within Shrs, AIC 2hrs)		/4
D.O.A :20 6) 16 - 16 200	i-Motor Claim Form	100-the feel LW	21/8/18 20:02
OD (TP) Reporting Only	1-Motor W/O (Within: OD 2hr		
OD ATP Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
ir libuter.	Ass't Report by Fax / Hand t	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:
TP Particulars: Veh No: 6	073674 . INC(	)/Non-INC( ).	41
Owner / Driver: (	· · · · · · · · · · · · · · · · · · ·	Tel:	)
Policy No: ( )	Period: ( )	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	00%]
Year of Registration: ( )	Warranty: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$		A. Bluesteries C. A. C.	500 C 319 W (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
			i en
( ) Walk-In Customer: Customer's in		rictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Ins			
Drive-In ( )/ Towed-In ( ); Invo	ice: YES( )/NO( );T	owing Co: (	, )
Remarks:- (INC hotline: 6788 6616)		Date& Time Completed	Done by
	/ Courtesy Car ( )		
2) QC Check / Post Repair Inspection	( )	<u> </u>	
		Oliver the second second	
3) Upload Resurvey Photo [Repair Cost>	\$3000] ( )		
Upload Resurvey Photo [Repair Cost>  Injury:	\$3000] ( )		
Injury:	\$3000] ( )		
Injury:	\$3000] ( )		
Injury:	\$3000] ( )		ese con se
Injury:	\$3000] ( )		i de la companya de l
Injury:	\$3000]		
Injury:	\$3000]		
Injury:  Date/Time Actions		paration Checklist	Ant(S) Ant(S) fitBill AddBill
Injury:  Date Time Actions  Alfoxabo	Invoice Prep	Reporting (\$30);	Tit Bill Add Bill
Injury:  Date/Time Actions  Alfoxabo  Inimant's Particulars:	Invoice Pre	Reporting (\$30); Assessment (\$100); INC (\$8	Tit Bill Add Bill
Injury:  Date/Time Actions  Alfoxabo  Inimant's Particulars:	Invoice Pres  1) AR: Accident 2) DA: Damage 3) TF: Towing Fe 4) FT: Follow-Tr	Reporting (\$30); Assessment (\$100); INC (\$8 te \$40 trough Survey \$	76 Bill Add Bill 0) 7545 1120
Injury:  Date/Time Actions  Alfoxabo  Inimant's Particulars:	Invoice Preparation of the second of the sec	Reporting (\$30); Assessment (\$100); INC (\$8: ee \$40. brough Survey \$ brough Survey (Resurvey) coinst INC Only (wef 10 Jan 2005)	76 Bill Add Bill 0) 7545 5120 530
Injury:  Date/Time Actions  Alfoxabo  Inimant's Particulars:	Invoice Preparation of the state of the stat	Reporting (\$30); Assessment (\$100); INC (\$8: ee \$40. brough Survey \$1. brough Survey (Resurvey) coinst INC Only (wef 10 Jan 2005) tion	78 Bill Add Bill 0) 7545 1120 530
Injury:  Date Time Actions  Alfo 5 bo  Inimant's Particulars:  river/Owner:  ontact No:  amaged Portion:	Invoice Pres  1) AR: Accident 2) DA: Damage 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Additio	Reporting (\$30); Assessment (\$100); INC (\$8: ee \$40. brough Survey (Resurvey) coinst INC Only (wef 10 Jan 2005) tion SMRT Survey \$5.	76 Bill Add Bill 0) 7545 5120 530
Injury:  Date/Time Actions  Alfo5360  Inimant's Particulars:- river/Owner: ontact No:	Invoice Pres  1) AR: Accident 2) DA: Damage 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Additio OD!* *N5: Courtesy	Reporting (\$30); Assessment (\$100); INC (\$8:  oe \$40.  brough Survey (Resurvey)  coinst INC Only (wef 10 Jan 2005)  tion  SMRT Survey \$5.  Car / Tpt Allowance	79 Bill Add Bill 00) 7545 6120 530 575 1160
Injury:  Date/Time Actions  Allowabo  Inimant's Particulars:  river/Owner:  Intact No:  Inmaged Portion:  C Checked by (Engr-In-Charge):	Invoice Preparation of the state of the stat	Reporting (\$30); Assessment (\$100); INC (\$8:  see \$40.  brough Survey (Resurvey)  coinst INC Only (wef 10 Jan 2005)  tion  SMRT Survey \$5.  Car / Tpt Allowance  condination	79 Bill Add Bill 00) 7545 6120 530 575
Injury:  Date/Time Actions  Alfo 5060  Laimant's Particulars:  river/Owner:  Intact No:  Imaged Portion:  Checked by (Engr-In-Charge):  Iditors' Comments:	Invoice Pres  1) AR: Accident 2) DA: Damage 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idac DA: 3 8) NTUC Additio OD: *N5: Courtesy *N6: Repair Cc *N7: Fost Repair *N8: DV / Coll	Reporting (\$30); Assessment (\$100); INC (\$8:  See \$40.  According Survey (\$2:  According Su	191 Bill Add Bill 00) (545 6120 530 575 1160 53 510 525 55
Injury:  Date/Time Actions  Allowabo  Inimant's Particulars:  river/Owner:  Intact No:  Inmaged Portion:  C Checked by (Engr-In-Charge):	Invoice Pres  1) AR: Accident 2) DA: Damage 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idac DA: 3 8) NTUC Additio OD: *N5: Courtesy *N6: Repair Cc *N7: Fost Repair *N8: DV / Coll	Reporting (\$30); Assessment (\$100); INC (\$8:  See \$40.  Irough Survey (Resurvey)  Irough Survey	79 Bill Add Bill 00) 7545 6120 530 575 6160 535 510 525

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

EMail Address

- 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 <u>truthful and accurate</u> 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.
- 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 ladgement 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.

Mark to Charles to Baselly Edit	ACCIDENT STATEMENT
Date Of Report	21/08/2018 16:15
Date Of Accident	20/08/2018 16:00
Exact Location Of Accident	CLEMENTI AVE 6 TWDS AYE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ3599A
Insured/Policyholder	
Name Of Registered Owner	EAZY RENTALS PTE LTD
Co Reg No	201723629E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No.	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	CAMRY 2.0 AUTO ABS AIRBAG
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5094576865
Cover Note Number	
Driver	
Name of Driver	SEBESTIAN LIM KAI LUN
NRIC No	S9008621I
Date Of Birth	08/03/1990
Occupation	OUTDOOR
Date Of Driving Pass	02/10/2012
Driving Experience	5 YEARS AND 10 MONTHS

MALE

NOEMAIL

(LOCAL) +65-81741780

OFFICE-81741780

BLK 823 JURONG WEST STREET 81 Address

#09-462

640823 Postcode

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident 2 Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

4

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) Passenger 1

: WONG WEN HONG NAME:

GENDER: · MALE

Passenger 2 NAME: : SARAH MIKAYLA HUI EN

> GENDER: : FEMALE

Passenger 3 NAME: : TEO CAI YUN

> GENDER: : FEMALE

**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

GBF3625Y

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

CHANDRA SEKARAN NAVANEETHA KRISHNAN Name of Driver

NRIC/Passport Number G3089037Q

Contact Number

Page 2 of 17

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF INJURED PERSON 1**

SEBESTIAN LIM KAI LUN Name

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SLJ3599A Were seat belts worn? YES Was this injured conveyed to hospital by

ambulance?

Address Postcode

### **DETAILS OF INJURED PERSON 2**

NO

Name WONG WEN HONG

Approximate Age

BODY Injuries Sustain Injured person in which vehicle? SLJ3599A Were seat belts worn? YES Was this injured conveyed to hospital by NO

ambulance?

Address Postcode

### **DETAILS OF INJURED PERSON 3**

Name SARAH MIKAYLA HUI EN

Approximate Age

BODY Injuries Sustain Injured person in which vehicle? SLJ3599A Were seat belts worn? YES Was this injured conveyed to hospital by NO

ambulance? Address

Postcode

## **DETAILS OF INJURED PERSON 4**

TEO CAI YUN Name

Approximate Age

BODY Injuries Sustain Injured person in which vehicle? **SLJ3599A** Were seat belts worn? YES Was this injured conveyed to hospital by NO ambulance?

Address Postcode

#### SKETCH PLAN

#### 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.
- Information provided must be as truthful and accurate as possible. Any wiful misrapresentation or withholding of material
  facts may allow insurance companies to repudieta policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the dark of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to expire of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

t 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monstery Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - 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 low 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 occident and the insurers' lawyers/law firms, may/are parrofited—— to collect, use, disclose and/or process my Personal Information for one or more of the above Personal and
- (c) thy 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/inw firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (6) 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 dalms.
- (a) the information so collected ander (a) above may be shared / disclosed:
  - 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 Data & Time:

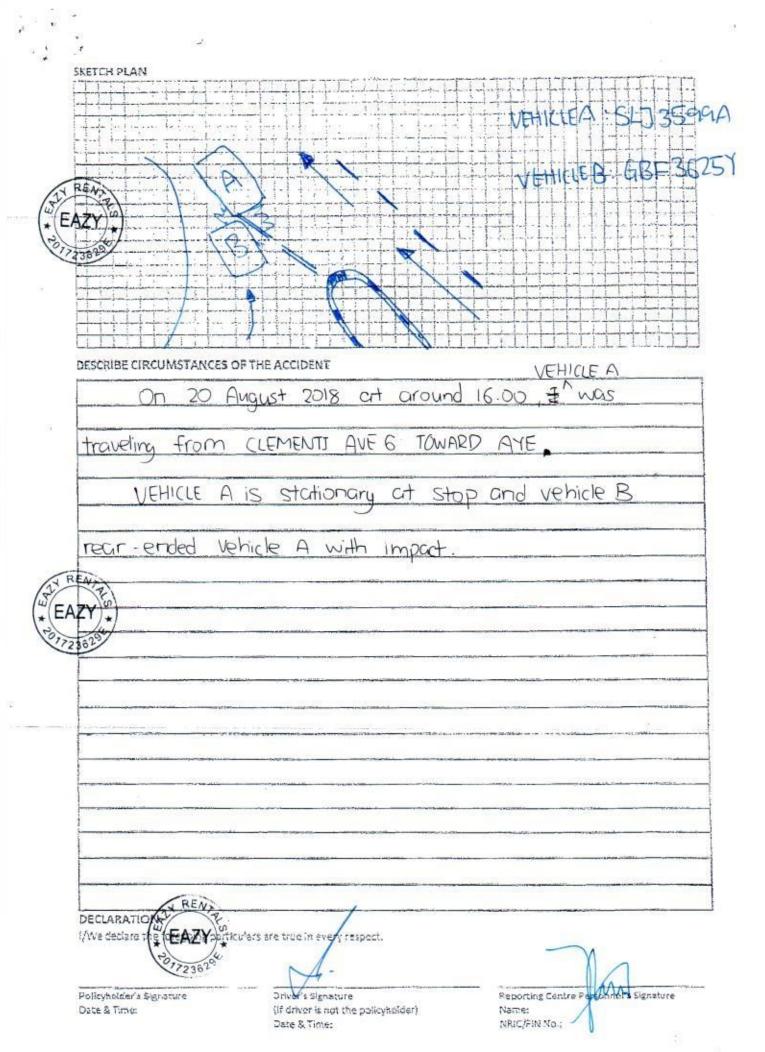
Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

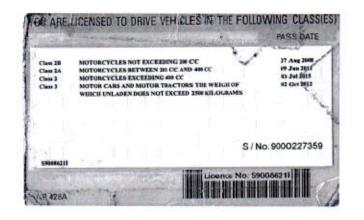


Date of Accident	: 20 August 18 Accident Time: 6.00 (24-HR-Format)
Accident Place	: CLEMENTI AVE 6 TOWARD AYE
Vehicle Reg. No. (Car Plate No.)	:SLJ3599A
Vehicle Make/Model	: TOYOTA CAMRY
Insurance Company	: NTUC Policy No
Owner or Company Name /IC No.	EAZY RENTALS PTE LTD
Owner or Company Contact No.	:Owner's HpCompany Tel
DRIVER'S Name / IC No.	: SEBESTIAN LIM KAI LUN
DRIVER'S Date Of Birth	: 08   03   1990 DRIVER'S License Pass Date 02 Oct 2012
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Hire
DRIVER'S Address	SINGAPORE BLOS23
DRIVER'S Contact No./ Alt No.	:1) 8174 1780 2)
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g., working inside or outside office)
Email Address	: Weiguan 0312@gmail.com
Weather & Road Surface	CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party \ Claim Own Insurance
Number of Passengers (Including I	Driver): 4
Was there any video Captured by c Exact purpose for which vehicle w	ar camera: YES NO as being used at the time of accident Private use Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: GBF 362	Vehicle Reg. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver: CHANDRA SEKAR	AN NAVANEETHA Name Driver:
IC No. Driver: 63089037 (	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:









Passanger

### REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$9544469E





WONG WEN HONG







CHINESE Date of hirth 01-12-1995

5715856





28-02-2017

APT BLK 175 BOON LAY DRIVE #04-334 SINGAPORE 640175

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9507911C





Name

SARAH MIKAYLA HUI EN

CHINESE Date of birth 13-02-1995 Country/Place of birth

0790

SINGAPORE

5900783





28-03-2018

APT BLK 15 LORONG 7 TOA PAYOH #05-585 SINGAPORE 310015

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$89127591





TEO CAI YUN

張

Race CHINESE

Date of birth 13-04-1989

Country of birth
SINGAPORE

3902628



NRIC No. \$89127591



20-06-2006

APT BLK 181A BOON LAY DRIVE #08-612 SINGAPORE 641181 NRIC No: \$89127501 Date:

No: 7338633



Policy No.	5094576865	Policyholder Name	EAZY RE		Policyholder NRIC	2017236298	
Certificate No.		estroni)					
ddress	14 WEST COAST DRIVE WEST	COAST GARDE	NS SINGAR	ORE 127964			
roduct lame	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy ssuc ate	26/09/2017	Effective Date	26/09/20	17 00:00	Expiry Date	25/09/2018	23:59
xcess ype		All Claims Excess					
hird arty xcess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	437.62				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	9635428	8	GST Flag	Υ	
Co- insurance Flag Open Policy Info	No						
Certificate Info							
	holder Mailing Address						
Address 1	14 WEST COAST DRIVE	Addr	ess 2	WEST COAST GARD	ENS	Address 3	SINGAPORE 127964
Address 4		Addr	ess Type	Singapore address		Post Code	127964
Unit No.	14		ed Policy	5100215606			
) Insure	ed Object: SLJ3599A	(ADOL	201				
□ Endors	sements						
Sequer	Date of Endorsement	Endorseme	ent Type	Endorsement Number	Endorse	ment Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER
							EFFECTIVE DATE PREMIUM (INCL GST) 1. SKP9745K 08-10-2017 \$1,428.05 In view of this amendment, an additional premiur of \$1,428.05 (inclusive of GST) is payable under your policy. Please
1	08/10/2017 00:00	Basic Informa Endorsement		000001286669469	Endorsem Effective	ent Take	GST) 1. SKP9745K 08-10-2017 \$1,428.05 In view of this amendment, an additional premiur of \$1,428.05 (inclusive of GST) is

laim Handling e premium on this policy has	not been collected.				
cident MT/1008245					
Rey No.	5094576865	Vehicle No.	SL3599A	GST Registration No.	
intificate No.					
Rcyholder Name	EAZY RENTALS PTE LTD			Policyholder NRIC	201723629E
oduct Code	FLEET INSURANCE	Cover Type	drivo CLASSIC	Loading	0
intact No.(Mobile)	0	Contact No (Office)	0	Contact No.(Home)	0
nail Address		Special Remark	8	eCode	[n] ¥
K.	® No ○ Yes		Stan Ottos		Tri. V
		TCA	No ○Yes	eCode Reason	
ID Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
port Date	21/08/2018 20:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
ite of Acodem	30/08/2016	Time of Accident hhomm	16:00	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	CLEMENTS AVE 6 TWDS AVE				
Benefits					
Excess					
	9020000		100	Annang Same and Same Same	
in damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess	2,000.00		
rd Party Excess	1,500.0d	Outside Singapore TP Excess	1,500.00		
GST Registered Informa	ation				
l'Registered	No		GST Registration Date		
Registration No.			GST Status ventled	Yes	
diffication History					
Policyholder Mailing Ad	dress				
Dress 1	14 WEST COAST DRIVE	Address 2	WEST COAST GARDENS	Address 3	SINGAPORE 127964
press 4		Address Type	Singapore address	Post Code	127964
n No.	34	Related Policy Number	5100215606	10012-0003	1200000
OI Driver Info		wenter and manager	3190213000		
ver Name	Unnamed Driver	2000200	NESSE 2500		
		Driver Type	Unnamed Driver		
named driver Name	SEBESTIAN LIM KALLUN	Driver NR3C	\$90086211	Driver DOB	08/03/1990
gister Date of Onver License		Driver Age	26	Driving Experience	5
ntact No.(Mobile)	81741780	Contact No.(Office)	0	Contact No.(Home)	0
tress 1	BLK 823	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640823
dress 4		Address Type	Singapore address	Post Code	640823
t No.	09-462				
es he own a Singapore	○ Yes (¥) No	Oriver Vehicle No.		Water Committee of the	
gistered car?	0.00	Cristic vericle ist.		Driver Insurer Company	
denation					
nathalyser or Blood Test	ocaliano		92/90 (4/2/400)		
ading?	0 mg	Any injury?	® Yes ○ No		
diffication History					
1 may 16					
Claim 001 New					
on Tour A	Too and	business streets			-
im Type *	00-MX	Insured Name	EAZY RENTALS PTE LTD	Insured NRIC	2017236296
rtact No.(Mobile)	88694660	Contact No.(Home)		Contact No. (Office)	NIL
sil Address	SHAWN.APEXAUTOMOTIVE@GM	OI Vehicle Number	SLJ3599A	TP Vehicle Number	GBF3625Y
mant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
mant Name *	>>	Claimant NRIC *			
m Description	SL33599A / GBF3625Y ON 20 Aug 2018	030000000000000000000000000000000000000		Name of Preferred Workshop	
lerred Workshop Contact		AND 18 10 10 10 10 10 10 10 10 10 10 10 10 10	Francisco de la companya del companya de la companya del companya de la companya	I would be to the street with the street	
		Insured Lability *	Not at Fault		
uire Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registered	21/06/2016 20:02	Claim Close Date		Date Received	21/08/2018 00:00
ort Taken By	Jackson				
Print AK letter					
			Save Submit		
Etachment					
ident No.	MT/1008245	Claim No.	001		
t Doc. Received	@ Yes C No	Upload Date	21/08/2018 20:04		
		90/2012 (2012)			
	Path •	17.00000	Category *	Confidential Urgen	
		Browse,	Clear Please Select	Normal V Normal	v v
		Browse.	Clear Please Select V	NO V Normal	<u>v</u>
		Browse.	Oear   Please Select   V	No V Normal	V
		100			

