NATIONAL Assessment Centre S	iervices.	wel Jan'05 .			Part .	
	Ich description		Date &Time Complete	d	Done	pi.
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Veh No: 5150657A	E-mail (within 8	Shrs, AIC 2hrs)				
D.O.A: 03/11/18 1850	i-Motor Clair	n Form	4			
	I-Motor W/O (Within: OD 2hrs, TP 4hrs)					
OD (P) Reporting Only	i-Photo Uploaded					
	Assessment/Su	rvey Report				
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp					-
Preferred Wksp / INC Assign Wksp / QW: (MGARA	G É	Tol:	Fax:)
TP Particulars: Veh No: 50	f2004L	, INC(.)/Non-INC()			
Owner / Driver: (Tcl:)	
Policy No: () Period	:()	Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Not	e-Est. Status (W	VO): N: 0-20	0%; P: 21-79%. P: 9	0-100%	o]	
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2) QC Check / Post Repair Inspection	(·)					
3) Upload Resurvey Photo [Repair Cost > \$3000)] ()	<u> </u>			
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Priver/Owner:		4) FT : Follow-T	hrough Survey brough Survey (Resurvey)	\$120		
ontact No:		For claiming a	goinst INC Only (well 10 Jan			- 2000000000000000000000000000000000000
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anditors Comments :		+N8: DV / Co	lieut Excess Coordination	\$35 \$20		
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2/3;		Involve dated	, Fee Cha Fee Cha		WE UN	

in production

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 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.
- 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, 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	05/11/2018 18:21
Date Of Accident	03/11/2018 18:50
Exact Location Of Accident	TPE TWDS SLE B4 PASIR RIS DR 12 EXIT 5
Country/State of Loss	SINGAPORE
经验证证明的	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS2657A
Insured/Policyholder	
Name Of Registered Owner	SUPREME LEASING & LIMOUSINE PTE LTD
Co Reg No	201710190R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63166000
Vehicle Particulars	
Manufacturer	тоуота
Model	PRIUS
Exact Purpose for which vehicle was being used at time of accident	WORK
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MI000894-R01
Cover Note Number	
Driver	
Name of Driver	TAN JIEREN,KEN KEN
NRIC No	S8412761B
Date Of Birth	30/04/1984
Occupation	OUTDOOR
Date Of Driving Pass	08/05/2008
Driving Experience	10 YEARS AND 5 MONTHS

MALE

NOEMAIL

(LOCAL) +65-90788819

BLK 523D TAMPINES CENTRAL 7 Address

#08-115

524523

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

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)

5

Passenger 1

NAME:

: UNKNOWN

GENDER:

: MALE

Passenger 2

NAME:

: UNKNOWN

GENDER:

: MALE

Passenger 3

NAME:

: UNKNOWN

GENDER:

: FEMALE

Passenger 4

NAME:

: UNKOWN

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH WORKSHOP

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGF2004L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJN3045J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN JIEREN, KEN KEN

Approximate Age

Injuries Sustain BACK & NECK
Injured person in which vehicle? SLS2657A
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode NO

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.
- Information provided must be as truthful and occurate as possible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy liability.
- 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.
- 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 copies of the report being made available aforeseld.
- Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 :
 - 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 permutted to object, 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 Singaporo, for one or more of the above Purposes.
- (d) The 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.
- [d] the information so collected under (d) 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

(i) for complying with requirements under any regulations, laws or court orders.

Folloyholder's Signature Date & Time:

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

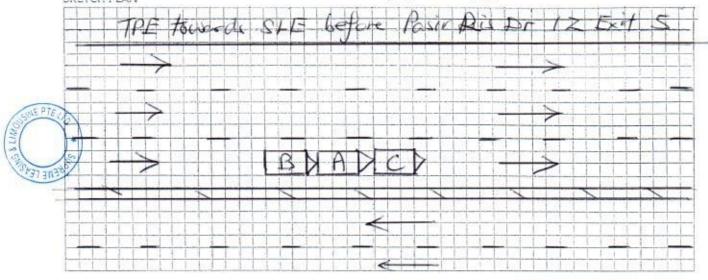
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

1) SLS 2657A S) SGF 2004L C) SJN 3045J

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03/11/2018 at about 1852 has at along TPE towards SEE

before Pasir Ris Dr 12 Exit S. I was travelling on the extreme

Right Lane and when my front vehicle slow down and stop due

to heavy traffic hence I follow suit and came to a complete stop.

Coddenly I heard a loud bong from behind and the great impact

Vehicle CC). When I alighted, I realised that it was which CB)

who hit onto my Rear Partion of my Vehicle (A) causing damages to

my Vehicle. It was a chain collision of total 3 vehicles involved.

I have It passengers inside my vehicle.

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

I/We deciate the sexegoing particulars are true in every respect.

Palicyholders Sprature Date & Time:

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature Name:

Name: NRIC/FIN No.:

SHIPH SHOULD WELL A

SINGAPORE ACCIDENT STATEMENT

Accident Date: 4 / 11 / l Time: (hbmm) 24 ha famous
Accident Date: 3 /11/8 Time: (8.5) (hh:mm) 24 hr format
Location TPE towards SLE before Pasir Ris Dr 12 8+ 5
MAN A COLUMN
Vehicle Number SLS7657A
Insured Name Supreme LEASING & LIMOUSINE PTELTO
NRIC/FIN WEN 701710190R Contact Number
Make 70707A Model PRINS HYBRID 185 CVT
Are you claiming under your own insurance policy for repair to your vehicle?
() Yes If No,Pls select: () Third Party () Reporting
Insurance Company 70KIV MARINE
Type of Policy () Comphensive () Third Party Fire & Theft () TP Only
Policy Number 18 - MIOUU 894 - ROI
Name of Driver TAN JITREN, KEN LEN ()Same as Insured
Joanic as insured
NRIC / FIN S 8412 7613 Contact Number 9078 8819
NRIC/FIN S84/276/3 Contact Number 9078 88/9
Date of Birth 30 - 04 - 19 fc
Driving Pass Date Of - MAY - nof
Occupation () Indoor () Outdoor
Gender (Male () Female
Email Address ()NO EMAIL
Address of Driver BLK 523D TAMPINES CENTRAL 7 #08-185
S (5,4523)
Was driver an employee of the Insured's Company? () Yes () No
If No, Relationship of the Driver with the Insured Hill
() Owner () Shouse () Friend () Palative () Children () Children
() Owner () Spouse () Friend () Relative () Children () Sibling
Does the Driver Own Any Other Vehicle? () Yes () No
Does the Driver Own Any Other Vehicle? () Yes () No If Yes , Vehicle Registration Number of Driver's Own Vehicle
Does the Driver Own Any Other Vehicle? () Yes () No If Yes , Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle
Does the Driver Own Any Other Vehicle? () Yes () No If Yes , Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle Weather Conditions () Clear () Raining () Others
Does the Driver Own Any Other Vehicle? () Yes () No If Yes , Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle Weather Conditions () Clear () Raining () Others Road Surface () Dry () Wet () Others
Does the Driver Own Any Other Vehicle? () Yes () No If Yes , Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle Weather Conditions () Clear () Raining () Others Road Surface () Dry () Wet () Others Was any foreign vehicle involved in this accident? () Yes () No
Does the Driver Own Any Other Vehicle? () Yes () No If Yes , Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle Weather Conditions () Clear () Raining () Others Road Surface () Dry () Wet () Others Was any foreign vehicle involved in this accident? () Yes () No Was anybody injured in the accident? () Yes () No
Does the Driver Own Any Other Vehicle? () Yes () No If Yes, Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle Weather Conditions () Clear () Raining () Others Road Surface () Dry () Wet () Others Was any foreign vehicle involved in this accident? () Yes () No Was anybody injured in the accident? () Yes () No If yes, injured detail Driver-Back & naccident
Does the Driver Own Any Other Vehicle? () Yes () No If Yes , Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle Weather Conditions () Clear () Raining () Others Road Surface () Dry () Wet () Others Was any foreign vehicle involved in this accident? () Yes () No Was anybody injured in the accident? () Yes () No If yes , injured detail Driver Back & naccident Was there any video captured by Car Camera? () Yes () No
Does the Driver Own Any Other Vehicle? () Yes () No If Yes , Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle Weather Conditions () Clear () Raining () Others Road Surface () Dry () Wet () Others Was any foreign vehicle involved in this accident? () Yes () No Was anybody injured in the accident? () Yes () No If yes , injured detail Driver Back & nece Pain Was there any video captured by Car Camera? () Yes () No Was the Accident reported to the Police? () Yes () No If yes attach police report
Does the Driver Own Any Other Vehicle? () Yes () No If Yes , Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle Weather Conditions () Clear () Raining () Others Road Surface () Dry () Wet () Others Was any foreign vehicle involved in this accident? () Yes () No Was anybody injured in the accident? () Yes () No If yes , injured detail Driver Back & naccident Was there any video captured by Car Camera? () Yes () No
Does the Driver Own Any Other Vehicle? () Yes () No If Yes , Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle Weather Conditions () Clear () Raining () Others Road Surface () Dry () Wet () Others Was any foreign vehicle involved in this accident? () Yes () No Was anybody injured in the accident? () Yes () No If yes , injured detail Driver Back & nack Pain Was there any video captured by Car Camera? () Yes () No Was the Accident reported to the Police? () Yes () No If yes attach police report DETAILS OF 3 rd party Name / Nrice Contact
Does the Driver Own Any Other Vehicle? () Yes () No If Yes , Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle Weather Conditions () Clear () Raining () Others Road Surface () Dry () Wet () Others Was any foreign vehicle involved in this accident? () Yes () No Was anybody injured in the accident? () Yes () No If yes , injured detail Driver Back & nack from Was there any video captured by Car Camera? () Yes () No Was the Accident reported to the Police? () Yes () No If yes attach police report DETAILS OF 3 rd party Name / Nric Contact Veh B SGF 2004 (
Does the Driver Own Any Other Vehicle? () Yes () No If Yes , Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle Weather Conditions () Clear () Raining () Others Road Surface () Dry () Wet () Others Was any foreign vehicle involved in this accident? () Yes () No Was anybody injured in the accident? () Yes () No If yes , injured detail Driver Back & neck from Was there any video captured by Car Camera? () Yes () No Was the Accident reported to the Police? () Yes () No If yes attach police report DETAILS OF 3 rd party Name / Nric Contact Veh B SGF 2004 L Veh C SGN 3045 J
Does the Driver Own Any Other Vehicle? () Yes () No If Yes , Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle Weather Conditions () Clear () Raining () Others Road Surface () Dry () Wet () Others Was any foreign vehicle involved in this accident? () Yes () No Was anybody injured in the accident? () Yes () No If yes , injured detail Driver Back & nation France Was there any video captured by Car Camera? () Yes () No Was the Accident reported to the Police? () Yes () No If yes attach police report DETAILS OF 3 rd party Name / Nric Contact Veh B SGF DOGG L Veh C SIN 3045 J Veh D

Include orier 5 person. Passenger - MALTE X2 - Famele X2

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$84127618





TAN JIEREN, KEN KEN

CHINESE

Date of pieto 30-04-1984

SINGAPORE

\$84127618

Driver SLS 2657A

5460067



Onto of Innue 19-03-2015

APT 8LK 523D TAMPINES CENTRAL 7 #08-115 SINGAPORE 524523



Dive SZSZ65TA

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

PASS DATE

Class 2B Mutacycles = 200 CC Class 2A Mutacycles between 201 CC and 400 CC Class 3 Mutacycles between 201 CC and 400 CC Class 4 Mutacycles = 200 kg with sc 7 passengers, cyclasise of the divert and mutacycles exclusives 2500 kg

584127618

NP 428A

S / No. 9000078475 Licence No. S&127518





VOCATIONAL LICENCE

Licence No : S8412761B Name :TAN JIEREN, KEN KEN

Card Issue Date : 14/02/2018

Please visit www.lta.gov.sg to check the status of this vocational licence

Driver SLS 265TA

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type 13 Description

PRIVATE HIRE CAR VL

Issue Date

14/02/2018



Tokio Marine Insurance Singapore Ltd.

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

1 (65) 6221 6111 1 (65) 6221 4355 / (65) 6224 0895 € tmis@tokiomarine.com.sg W: www.tokiomarine.com



Certificate of Insurance

FORM MX1 H

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)

Policy No.: 18-MI000894-R01 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle

SLS2657A

Chassis No.: ZVW506085856

2. Name of Policyholder

SUPREME LEASING & LIMOUSINE PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Act

25/05/2018

4. Date of Expiry of Insurance

24/05/2019

5. Persons or Class of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission.

Any other person who is driving on the hirer's order or with his/ their permission.

- * 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.
- Limitations as to use*

Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business. Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.

The Policy does not cover:-

- 1) Use for racing, pace-making, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- * 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.

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

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Account: 2662DDA

Insurance Plan:

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value

Policy Excess:

Excess - All Claims Windscreen Excess

Financial Interest:

MAYBANK

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Intermediaries from TM O

Printed 22/05/2018



SUPREME LEASING & LIMOUSINE PTE LTD

Member of Prime Group of Companies Co. Registration No: 201710190R

61 Ubi Avenue 2 #01-03/04 Automobile Megamart,

Singapore 408898

Tel: 6316 6000 Fax: 6316 5115

(* Waiting for new Prius Alpha)

Hall Steel Belling a Cold				The state of the s				
SLS 2657 A	- 0	11 1	1.8 A	CHECK OUT/ IN DATES				
212 702 LH		Hybrid		VEHICLE DATE O	UT	123/9/1	8	
HIRER / DRIVER'S PARTICULARS			VEHICLE ACTUAL		1271.11	0		
ADDRESS: BIK 523 D Tampinus Central. 7								
		AGREED DATE OF RETURN COLLISION DAMAGE WAIVER						
		NOTE: FURTHER EXCESS OF \$\$2000.00 SHALL APPLY IN ADDITION TO THE AMOUNT STATED IN THIS AGREEMENT						
#	08-115		22	SHOULD THE NAME THAN 25 OR MOR	VED DRIVER	BE ANY PER	SON WHO IS LESS	
		(s) 524	-523	THAN 3 YEARS O	F DRIVING E	XPERIENCE		
HOME NO.		D.O.B.	30/4/84	NON-WA	IVERABLE E	EXCESS PER INCIDENT		
MOBILE	90708819			SINGAPORE		\$	2,500.00	
IC NO.		COUNTRY		MALAYSIA		\$	3,500.00	
LICENSE NO.	S8412761B	COUNTRY		TOTAL LOSS		\$ COTEL	10,000.00	
YPIRY DATE			1	SIGNATURE \		(8)		
	ADDITIONA	L DRIVER			Col	The state of the s		
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LICENSE NO.	- VV - I - VV - Q	COUNTRY		PETROL				
EXPIRY DATE				PARKING				
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			TOTAL (\$1000 back to ken ken)					
Property as			200 SEPTELTO		DEPOSIT S	\$ 500		
* Daily	rental of	\$ 70	200 STELTO		PRE-PAYM	ENT S\$	\$	
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(start	: 23/9/18	End : 2.	3/3/19)					
				CREDIT CARD []	CASH []	NETS []	OTHERS []	
			V.J.					
			W.	NAME				
PREPARED BY		Man		CARD NUMBER				
ATTENDED BY	0.00	111		EXPIRY DATE			cvv	
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