NATIONAL Assessment Centre Services. [wef 1 Jan'05]. NSAIA819008786

	Job description	Date &Time Completed	Done by
Date In: 18/01/2019 17:40	SAS e-filling		
Ref No: NRA/INC/19001193/Y	E-mail (within 8hrs, AIC 2hrs)		
Veh No: SKR 7358Y	I-Motor Claim Form	MT/1028495-001	18/01/2019 17:29
D.O.A: 18/01/2019 12:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / (TP) / Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		
	Tel:	Fax:	

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars: Veh No: SBS 3460L INC ( ) / Non-INC ( ).

Tel:)

Owner / Driver: ( ) Cover Type: ( )

Policy No: ( ) Period: ( ) Time:)

Confirmed by : (*Date:*

Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: ($) Loading: $1,000 ( ) / $2,000 ( )

General Remarks: [illegible]

( ) 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 [illegible])	[illegible]	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:

NB1900521

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Cat. 1:

[illegible] 2 / 3:

Invoice Information Checklist		Amt ($) / Initials	Ref.Amt ($) / Initials
1) AR : Accident Reporting ($30);	INC ($50)		
2) DA : Damage Assessment ($100);	$40/$45		
3) TF : Towing Fee	$120		
4) FT : Follow-Through Survey	$30		
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2005)	$75		
6) TR : Re-Inspection	$160		
7) N1 : Idac DA + SMRT Survey			
8) NTUC Additional Services:-			
OD:	$5		
*N5: Courtesy Car / Tpt Allowance	$10		
*N6: Repair Co-ordination	$25		
*N7: Post Repair Inspection	$5		
*N8: DV / Collect Excess Coordination	$20		
TP (N11) : TP (Non INC) against INC	30		
9) N12: Idac Mobile			
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 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.
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.
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	18/01/2019 17:10
Date Of Accident	18/01/2019 12:00
Exact Location Of Accident	TANJONG KATONG ROAD TOWARDS ECP
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKR7358Y
Insured/Policyholder	
Name Of Registered Owner	XIA YAN
NRIC No	S6885295A
Email Address	SINMA.TST@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90044303
Alternative Phone No	OTHERS-90044303
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5077185593-02
Cover Note Number	
Driver	
Name of Driver	XIA YAN
NRIC No	S6885295A
Date Of Birth	28/09/1968
Occupation	INDOOR
Date Of Driving Pass	20/07/2010
Driving Experience	8 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90044303
Fax Number	
Contact Number	OTHERS-90044303
EMail Address	SINMA.TST@GMAIL.COM

Address	51 LORONG 40 GEYLANG #02-05
Postcode	398075
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 Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	SBS3460L
Vehicle Make/Model/Colour	BUS
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GOH TIAN GHOH
NRIC/Passport Number	S1642897C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.**
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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:

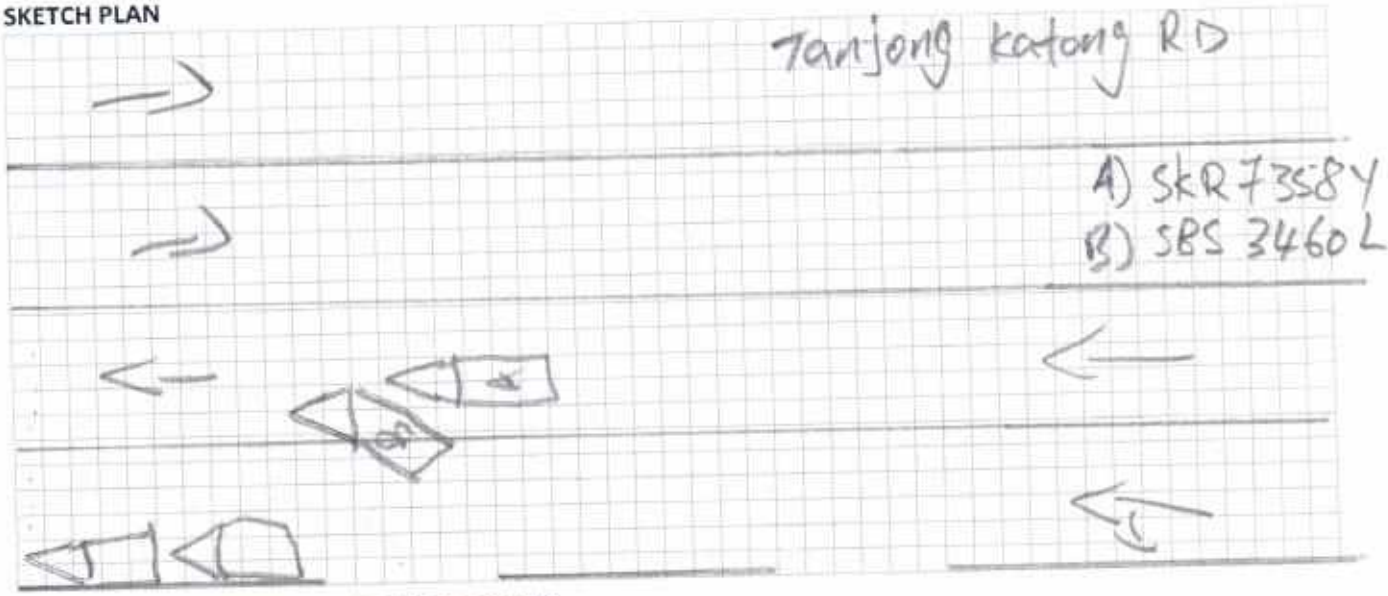
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (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.:

18/01/2019

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 18/01/2018 AT ABOUT 12:02 HRS I WAS TRAVELLING ALONG TANJONG KATONG ROAD ON THE 2ND LANE OF 2 LANE ROAD, SUDDENLY A BUS SBS 3460L SWITCH LANE & HIT MY CAR SKR 7358Y BUT THE DRIVER DID NOT STOP. I CHASE UNTIL THE NEXT BUS STOP THEN ALL.

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:	18/01/2018 Reporting Centre Personnel's Signature Name: KOH WEI HONG NRIC/FIN No.:

Claim Handling

Accident MT/1028495

Policy No.	5077185593-02	Vehicle No.	SKR735EY	GST Registration No.	
Certificate No.					
Policyholder Name	KIA YAN			Policyholder NRIC	S6885295A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
Contact No.(Mobile)	90044303	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	○ No ○ Yes	TCA	○ No ○ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	18/01/2019 17:26	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	18/01/2019	Time of Accident hh:mm	12:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TANJONG KATONG ROAD TOWARDS ECP				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	51 LORONG 40 GEYLANG	Address 2	#02-05 THE WATERINA	Address 3	SINGAPORE 398075
Address 4		Address Type	Singapore address	Post Code	398075
Unit No.		Related Policy Number	5077185593-02		

OI Driver Info

Driver Name	KIA YAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S6885295A	Driver DOB	28/09/1968
Register Date of Driver License	20/07/2010	Driver Age	50	Driving Experience	8
Contact No.(Mobile)	90044303	Contact No.(Office)		Contact No.(Home)	
Address 1	51 LORONG 40 GEYLANG	Address 2	#02-05 THE WATERINA	Address 3	SINGAPORE 398075
Address 4		Address Type	Singapore address	Post Code	398075
Unit No.					
Does he own a Singapore Registered car?	○ Yes ○ No	Driver Vehicle No.	SKR735EY	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	○ Yes ○ No

Modification History

Claim 001 New

Claim Handling

Accident MT/1028495

Policy No.	5077185593-02	Vehicle No.	SKR735EY	GST Registration No.	
Certificate No.					
Policyholder Name	KIA YAN			Policyholder NRIC	S6885295A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
Contact No.(Mobile)	90044303	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	○ No ○ Yes	TCA	○ No ○ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	18/01/2019 17:26	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	18/01/2019	Time of Accident hh:mm	12:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TANJONG KATONG ROAD TOWARDS ECP				

Excess — **Total Excess Applicable**

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Excess Type		Windscreen Excess	100.00		
All Claims Excess					
YSED All Claim Excess		Driver is Covered?			
Total All Claim Excess Applicable					
OD Standard Excess		TP Standard Excess			
YSED OD Excess		YSED TP Excess		Driver is Covered?	
Additional Excess	0.00				
Total OD Excess Applicable		Total TP Excess Applicable			

Benefits

GST Registered Information

Policyholder Mailing Address

Address 1	51 LORONG 40 GEYLANG	Address 2	#02-05 THE WATERINA	Address 3	SINGAPORE 398075
Address 4		Address Type	Singapore address	Post Code	398075

Unit No.

Related Policy Number 5077185593-02

01 Driver Info

Driver Name	XIA YAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	56885295A	Driver DOB	28/09/1968
Register Date of Driver License	20/07/2010	Driver Age	50	Driving Experience	8
Contact No.(Mobile)	90044303	Contact No.(Office)		Contact No.(Home)	
Address 1	51 LORONG 40 GEYLANG	Address 2	#02-05 THE WATERINA	Address 3	SINGAPORE 398075
Address 4		Address Type	Singapore address	Post Code	398075
Unit No.					
Does he own a Singapore Registered car?	Yes ◉ No	Driver Vehicle No.	SKK7358Y	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg.	Any Injury?	Yes ◉ No

Modification History

Claim 001 OD-MX | **New**

Claim Type *	OD-MX	Insured Name	XIA YAN	Insured NRIC	S688
Contact No.(Mobile)	90044303	Contact No. (Home)	67448313	Contact No. (Office)	NIL
Email Address		OI Vehicle Number	SKK7358Y	TP Vehicle Number	SBS3
Claim Description	SKK7358Y / SBS3460L ON 18 Jan 2019			Name of Preferred Workshop	
Preferred Workshop Consent No. Finalisation	Yes	Insured Liability	Not at Fault	GIA report	Received
		Preferred Repair Option	Preferred Workshop, Name unknown		
Date Registered	18/01/2019 17:28	Claim Close Date		Date Received	18/0
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

✓ Print AK letter

Save | Submit

Attachment

Accident No.	MT/1028498	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	18/01/2019 17:29

Path *		Category *	Confidential	Urgency *	Des
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jan 2019 17:29	Photos		Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jan 2019 17:29	Photos		Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jan 2019 17:29	Photos		Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jan 2019 17:29	Photos		Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jan 2019 17:29	Photos		Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jan 2019 17:29	Photos		Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jan 2019 17:28	Photos		Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jan 2019 17:28	Photos		Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jan 2019 17:28	Photos		Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jan 2019 17:28	Photos		Normal	Photos 2019-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jan 2019 17:28	SAS		Normal	SAS 2019-1-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jan 2019 17:28	NRIC/ Driving License		Normal	NRIC/ Driving License 2019-1-18

Video List

Uploaded By/Date	Folder Date	File Name		Source

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (18/1/19) (DD/MM/YYYY). TIME: (12:02 Pm) (HH:MM)

LOCATION: Tanjong Katong RD TO ~~Fan~~ ECP

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SKR 7358 Y
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: SC7185593502
   d) POLICY TYPE: (COMPREHENSIVE / ~~THIRD PARTY / THIRD PARTY FIRE & THEFT~~)
   e) MAKE & MODEL: TOYOTA ALTIS
   f) TYPE: (SALOON / ~~COUPE / MPV / VAN / LORRY / MOTORCYCLE~~ / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / ~~COMMERCIAL / MOTORCYCLE~~)
   h) PURPOSE OF USING AT ACCIDENT TIME: _____
   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
   IF NO, PLEASE STATE (THIRD PARTY CLAIM / ~~REPORTING ONLY~~)

2. INSURED / POLICY HOLDER
   A) NAME: XIA YAN (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S6885295A CONTACT: 90044303
   c) ADDRESS: 51 LORONG 40 GEYLANG #02-05

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger (Including driver) (1)

3. DRIVER
   a) NAME: XIA YAN (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S6885295A CONTACT: 90044303
   c) ADDRESS: _____
   *d) DATE OF BIRTH: (28/09/1968) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / ~~OUTDOOR~~)
   f) DATE OF DRIVING PASS 20/7/2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS _____
   b) ROAD SURFACE: (DRY / WET / OTHERS _____
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION: _____
8. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: SBS 3460L MODEL: VOLVO
   b) DRIVER'S NAME: GOH TIAN GHOH
   c) NRIC/FIN/PASSPORT: S1642847C CONTACT: _____

* No of passenger (Including driver) (__)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: _____ MODEL: _____
   e) DRIVER'S NAME: _____
   f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger (Including driver) (__)

email = ~~sin~~ sinma-tst@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6885295A

Name

XIA YAN

夏 妍

Race
CHINESE

Date of birth
26-09-1968

Sex
F

Country/Place of birth
CHINA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S6885295A

XIA YAN

Birth Date 28 Sep 1968

Issue Date 20 Jul 2010

001876261B

5244768

NRIC No. S6885295A

Date of issue
04-12-2013

Address
51 LORONG 40 GEYLANG
#02-05
SINGAPORE 398075

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

		EFFECTIVE DATE
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	20 Jul 2010

NP 428A

Licence No: S6885295A

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. | Date of Accident: 18/01/2019 15:14
Vehicle No.(For Motor): SKR7358Y | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5077185593-02		XIA YAN	S6885295A	GPC	drivo PREMIUM	SKR7358Y	SKR7358Y	05/03/2018	04/03/2019

Continue