Date In: 165 19-10:33	Job description	Date & Time Completed	Don	e pi
Res No: No INCIGNESSIM	SAS e-filing			
Veh No: 5077247B	E-mail (within Shrs, AIC 2hrs)		20012-00-00-00-00-00-00-00-00-00-00-00-00-00	
D.O.A : 26 p / 19 - 09:47	i-Motor Claim Form	M711037477 001	26/3/19 1	2:20
OD (P) Reporting Only	i-Motor W/O (Within: OD 2hr			
OD : P Reporting Only	i-Photo Uploaded	!		
TP Insurer:	Assessment/Survey Report			
IF Insurer.	Ass't Report by Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:	
TP Particulars: Veh No: 4	x GSSSS INC (	)/Non-INC()	79	
Owner / Driver: (		Tel:	)	
Policy No: ( )	Period: ( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
	) [Note-Est. Status (WO): N: 0-2		00%1	
Year of Registration: ( )		Vio, 1. 21-1970. F. 50-1	VV70]	
		·	- Internet	
	1,000 ( )/\$2,000 ( )			
General Remarks:-		The state of the s	went him	
( ) Walk-In Customer: Customer's in	nformation strictly Confidential & Str	rictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Inst	urer URGENTLY.	S	35	
Drive-In ( )/ Towed-In ( ); Invo	ice: YES( ) / NO( ); T	owing Co: (	-	)
Cemarks: (INC hotline: 6788 6616)		7	- 12-AF2822 - W	(increase)
	30.00	Date&Time Completed	Done	by .
Apply for Transport Allowance ( ).	/ Courtesy Car ( )			
		The state of the s		
2) QC Check / Post Repair Inspection	( )		1	
	\$3000] ( )			
3) Upload Resurvey Photo [Repair Cost >	( ) \$3000] ( )			
	\$3000] ( )			
D) Upload Resurvey Photo [Repair Cost > Injury:	( ) \$3000] ( )			
Dyload Resurvey Photo [Repair Cost > Injury:	( ) \$3000] ( )		e de la constante de la consta	· · · · · · · · · · · · · · · ·
Dyload Resurvey Photo [Repair Cost > Injury:	\$3000] ( )		ANGEL CAN RE	o 1 4 705, 3
Upload Resurvey Photo [Repair Cost >      Injury:	( ) \$3000] ( )		Page Const	
) Upload Resurvey Photo [Repair Cost > Injury :	( ) \$3000] ( )			
Upload Resurvey Photo [Repair Cost >      Injury:	( ) \$3000] ( )			
Upload Resurvey Photo [Repair Cost >      Injury:	( )			
Upload Resurvey Photo [Repair Cost >  Injury:  ate/Time / Actions	1	Seation Checklish	Ani: (S)	Amu
Injury:  Actions  Actions	Invoice Prep	aration Checklist	Anit (s)	100
Injury:  Actions  Actions	Invoice Prep	Reporting (\$30);	fuBill	
Injury:  Actions  Actions  Alangare's Particulars:	Invoice Prep 1) AR: Accident 2) DA: Darrage A 3) TF: Towing Fe	Reporting (\$30); Assessment (\$100); INC (\$8 e \$40.	fieBill 0)	
Injury:  Pate/Time Actions  Actions  Injury:  United Time Actions  Injury:  Injury:  Pate/Time Actions  Injury:  Pate/Time Actions  Ver/Owner:	Invoice Prep  1) AR: Accident 2) DA: Darrage A 3) TF: Towing Fe 4) FT: Follow-Th	Reporting (\$30); Assessment (\$100); INC (\$8	79 Bill 0) 0) 0) 0) 120	
Injury:  Pate/Time Actions  Actions  Injury:  United Time Actions  Injury:  Injury:  Pate/Time Actions  Injury:  Pate/Time Actions  Ver/Owner:	Invoice Prep 1) AR: Accident 2) DA: Darrage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th	Reporting (\$30); Assessment (\$100); INC (\$8 e \$40.	7545 5120 530	
Injury:  Pate/Time Actions  LANGO 2020.  Limant's Particulars:  ver/Owner:	Invoice Prep  1) AR: Accident  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-Th  5) FT: Follow-Th  For claiming as  6) TR: Re-inspect	Reporting (\$30); Assessment (\$100); INC (\$8:	(\$4.8 iii ) (\$4.5 ii 20 ) \$3.0   \$7.5	
Injury:  Pate/Time Actions  LANGO 2020.  Limant's Particulars:  ver/Owner:	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idae DA +	Reporting (\$30); sssessment (\$100); INC (\$8 sessment (\$100); INC (\$8 rough Survey (\$9 rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005) tion SMRT Survey \$	(#Bill 0) /345 5120 \$30	
Injury:  Pate/Time Actions  Actions  Umant's Particulars:  ver/Owner:  naged Portion:	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition	Reporting (\$30); sssessment (\$100); INC (\$8  s	(\$4.8 iii ) (\$4.5 ii 20 ) \$3.0   \$7.5	
Injury:  Pate/Time Actions  Actions  Important's Particulars:  ver/Owner:  maged Portion:	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition QD.*	Reporting (\$30); Assessment (\$100); INC (\$8: Frough Survey (\$100); Assessment (\$100); INC (\$8: Assessment (\$100);	(\$4.8 iii ) (\$4.5 ii 20 ) \$3.0   \$7.5	
Pate/Time Actions	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition OD.*  *N5: Courtesy *N6: Repair Co	Reporting (\$30); Assessment (\$100); INC (\$8: Frough Survey \$1: Frough Survey (Resurvey) Frough Survey (Resurvey) Frough Survey (Resurvey) Frough Survey (\$1: Frough Survey \$1:	78 Bill 0) 0) 0545 5120 530 575 1160	A STATE OF THE STA
Injury:  Pate/Time Actions  Actions  Important's Particulars:  Interventant No:  maged Portion:  Checked by (Engr-In-Charge):	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition OD.*  *N5: Courtesy *N6: Repair Co *N7: Fost Repair	Reporting (\$30); Assessment (\$100); INC (\$8: Frough Survey \$1: Frough Survey (Resurvey) Frough Survey (Resurvey) Frough Survey (Resurvey) Frough Survey (\$1: Frough Survey \$1:	798 Bill 00) 7545 1120 530 575 1160 53 510 525	AMIL ()
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Injury:  Onte/Time Actions  Actions  Important's Particulars:  Interventant No:  maged Portion:	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition OD.*  *N5: Courtesy *N6: Repair Co *N7: Fost Repa *N8: DV / Colle	Reporting (\$30); Assessment (\$100); INC (\$8: Frough Survey \$1: Frough Survey (Resurvey) Frough Survey (Resurvey) Frough Survey (Resurvey) Frough Survey (Resurvey) Frough Survey \$1: Frough Surv	53 550 525 53 520 30 0	

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### 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 <u>truthful and accurate</u> 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.
- 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.	and the same of th
	ACCIDENT STATEMENT
Date Of Report	26/03/2019 10:33
Date Of Accident	26/03/2019 09:45
Exact Location Of Accident	ALONG TAMPINES AVE 5
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMJ7747B
Insured/Policyholder	
Name Of Registered Owner '	LIM PEIQI
NRIC No	S9205732A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92479667
Alternative Phone No	OFFICE-92479667
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT 1.3GF CVT
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	5108282770
Cover Note Number	
Driver	
Name of Driver	JAZZMEN TEO JIE WEN

Name of Driver JAZZMEN TEO JIE WEN

 NRIC No
 S9741328B

 Date Of Birth
 26/11/1997

 Occupation
 INDOOR

 Date Of Driving Pass
 05/08/2016

Driving Experience 2 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98515656

Fax Number

Contact Number OFFICE-98515656

EMail Address NOEMAIL

Address 163 JALAN LOYANG BESAR

#04-04

Postcode 509413

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

•

### General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

### 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?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver) 1

#### **Details of Police Action**

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

### Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS GIVING WAY FOR VEHICLE MERGED ONTO MY LANE FROM EXTREME LEFT LANE AS THERE WAS ROAD WORKS AHEAD. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

GX9557S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

2

GENDER: :

### 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
- 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)
  - (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
- 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.

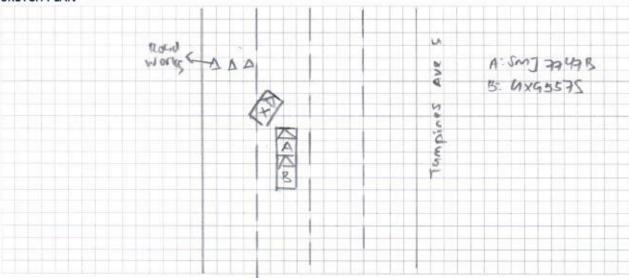
Policyholder's Signature Date & Time:

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

Reporting Centre Per Name:

NRIC/FIN No .:

nnel's Signature



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

reder to statement			
	$-\!\!/-$		
	_		_

# 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)

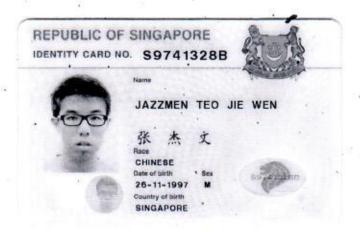
Date & Time:

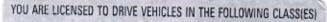
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:







EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 05 Aug 2016 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A

Licence No:S9741328B

27-09-2012 163 JALAN LOYANG BESAR #04-04 SINGAPORE 509413

<b>eBao</b> Tech								1	GeneralClaim		
Hello, NAC_PAYA_UBI_800601							• Change	Language	• Chang	e Password	→ Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	VD.				Date	of Accident	20	3/03/2019 0	9:45	
	Vehicle No. (For Motor)		SM3774	SM37747B		Certificate Number					
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108282770		LIM PEIQI	S9205732A	GPC	drivo CLASSIC	SMJ7747B	SMJ7747B	20/03/2019	19/03/2020
					100	Continue	1				

Policy No.	5108282770	Policyholder Name	LIM PEIQI		Policyholder NRIC	S9205732A	
Certificate No.		35-535			INIC		
Address	BLK 272 #03-22 TAMPINES STR	EET 22 SINGA	APORE 52027	72			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	18/03/2019	Effective Date	20/03/2019	9 00:00	Expiry Date	19/03/2020	23:59
Excess Type	Per Accident	All Claims Excess					
Third		Own			Windserson		
Party Excess	0	damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	1396.45				
Outside							
Singapore OD Excess	600	Outside Singapore TP Excess	0			Your	ng/Inexperience Driver Excess
Agent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220		GST Flag		
Co- insurance Flag Open	No						
Policy Info Certificate Info							
Info Certificate Info	holder Mailing Address						
Info Certificate Info Policyl	holder Mailing Address BLK 272 #03-22	Addre	ess 2	TAMPINES STREET	22	Address 3	SINGAPORE 520272
Info Certificate Info Policyl Address 1			ess Z	TAMPINES STREET Singapore address		Address 3 Post Code	SINGAPORE 520272 520272
Info Certificate Info Policyl Address 1 Address 4		Addre	ess Type ed Policy				
Info Certificate Info Policyl Address 1 Address 4 Unit No.		Addre Relate	ess Type ed Policy	Singapore address			
Info Certificate Info Policyl Address 1 Address 4 Unit No.	BLK 272 #03-22	Addre Relate	ess Type ed Policy	Singapore address			
Info Certificate Info Policyl Address 1 Address 4 Unit No. Insure	BLK 272 #03-22 ad Object: SMJ7747B	Addre Relate Numb	ess Type ed Policy per	Singapore address 5108282770		Post Code	520272
Info Certificate Info Policyl Address 1 Address 4 Unit No. Insure Endors	BLK 272 #03-22 ad Object: SMJ7747B	Addre Relate Numb	ess Type ed Policy	Singapore address 5108282770 t Type		Post Code Status	

Claim Handling					- Exit
The premium on this policy has Accident MT/1037477	not been collected.				
Policy No.	5108282770	Vehicle No.	SMU77478	Corr a	
Certificate No.	2100404.70	Verifice way	5/07/4/6	GST Registration No.	
Policyholder Name	LIM PEIQI			Policyholder NR3C	89205732A
Product Code	PRIVATE GAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92479667	Contact No.(Office)	0	Contact No. (Home)	0
Email Address		Special Remark	10	eCode	NC V
KFK	® No ○ Yes	TCA	® No ○Ves	eCode Reason	100.7
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
W Accident Details				2008/2022/202	1000
Report Date	26/03/2019 12:20	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head on collision
Date of Accident	26/03/2019	Time of Accident his mm	09:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	angebre .
Accident Location	ALONG TAMPINES AVE 5				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
DESCRIPTION OF THE					
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	
Additional Excess	0,00				
Yotal CO Excess Applicable		Total TP Excess Applicable			
⇒ Benefits					
⇒ GST Registered Inform GST Registered			***		
GST Registration No.	No		GST Registration Date GST Status Verified	Yes	
Hodification History			and states terrical	168	
→ Policyholder Hailing Ad	dress				
Address 1	BLK 272 #03-22	Address 2	TAMPINES STREET 22	Address 3	SINGAPORE 520272
Address 4		Address Type	Singapore address	Post Code	520272
Unt No.		Related Policy Number	5108282770		
OI Driver Infe					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	JAZZMEN TEO JIE WEN	Driver NRIC	S9741328B	Driver DOB	26/11/1997
Register Date of Driver License		Driver Age	21	Driving Experience	2
Contact No.(Mobile)	98515656	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	163 JALAN LOYANG BESAR	Address 2	SANDY PALM	Address 3	SINGAPORE 509413
Address 4 Unit No.	04-04	Address Type	Singapore address	Post Code	509413
Does he own a Singapore					
Registered car?	○ Yes  No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test	0 mg	Any injury?	() Yes ® No		
Reading?		way injury r	C res (® No		
Modification History					
Claim 001 New					
No. of Contract of the Contract of Contrac					
Cinim Tuna -	CO. HII				
Claim Type * Contact No.(Mobile)	OD-MX	Insured Name	LIM PENQE	Insured NRIC	S9205732A
Email Address		Contact No.(Home)	67897873	Contact No. (Office)	
Claimant Type Claimant Type •	Dinage Sauce	OI Vehicle Number	SM177478	TP Vehicle Number	GX9557S
Claimant Name •		Type of Benefit * Claimant NRIC *	Please Select		
Claimant Address	25	Comment Mich.		n:	
Claim Description	SM)77478 / GX95575 ON 26 Mar 2019			Name of Budanced Workship	
Preferred Workshop Contact		Insured Liability •	Not at Fault	Name of Preferred Workshop	
No. Require Finalisation	Yes V	Preference Repair Option	The second secon		
Date Registered	26/03/2019 12:22	Claim Close Date	Preferred Workshop, Name unknown	GIA report	Received V
Report Taken By	Jackson	ALL STATE STATE		Date Received	26/03/2019 00:00
Print AlCletter					
The Paris of Section					
			Save Submit		
Attachment			NOW NO DOCUMENT		
7					
	9276 S028	22515W			
Accident No.	MT/1037477	Claim No.	001		
Last Doc. Received	● Yes ○ No	Upload Date	26/03/2019 12:23		
	Pach *	Burney	Category *	Confidential Urgeni	y * Description *

