NATIONAL Assessment Cer					
- M-M-010g	Jcb description	1	Date &Time Complete	d Don	e by
Ref No: NA INC19006314 /44	SAS e-filing				
Veh No: GLISUOE	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 194/19-08.41	i-Motor Cla		MT/1039162-001	10/4/19	10:46
THE DARWING HOW IS SHOULD SHOULD BE SHOULD S	i-Motor W/6	O (Within: OD 2hrs	- / Ottoo	10/9/19	
OD / TP / Reporting Only	i-Photo Uple	paded			
TP Insurer:	Assessment/S	urvey Report			vocanico neci s
ir msurer.	Ass't Report	y Fax / Hand t	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	-
TP Particulars: Veh No: Sk	GSJIVV .	INC (	)/Non-INC( )		
Owner / Driver: (			Tel:	)	
Policy No: ( )	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: (%)	Note-Est. Status (	WO): N: 0-20	%; P: 21-79%. P: 80	)-100%]	_
Year of Registration: ( )		)/NO(	)		7
Excess: (\$ ) Loading: \$	1,000 ( )/\$2,000				
General Remarks:	APP TO ONE TO THE PER	W8638.44.5°7.26.3	1-10-10-10-10-10-10-10-10-10-10-10-10-10	3378 V 17, 17 et	
A A CONTRACTOR TO SERVICE STATE OF THE SERVICE STAT	THE CONCERNATION		d wat from the continue of the A. A.	Sister Burn	
( ) Walk-In Customer: Customer's in	nformation strictly Co	nfidential & Str	ictly NO refer of repaire	т.	
( ) Total Loss Case : to e-mail Inst	urer URGENTLY.		*		AF-27/A7-3
	ice: YES ( ) / I	NO ( ) · To	owing Co: (		
		,,,,,	Wing Co. (		,
Remarks:- (INC horline: 6788 6616)		and the state of	Date&Time Completed	Don	by
1) Apply for Transport Allowance ( )	/ Courtesy Car (	)			
2) OC Charle / Para 2				and the same of th	
2) QC Check / Post Repair Inspection	(	)			
		)	-		
3) Upload Resurvey Photo [Repair Cost>		) " " "			
		)	<u> </u>		
		)			- 1 - 12 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2
3) Upload Resurvey Photo [Repair Cost > Injury:					
3) Upload Resurvey Photo [Repair Cost > Injury:					
3) Upload Resurvey Photo [Repair Cost > Injury:		)		San	
3) Upload Resurvey Photo [Repair Cost > Injury:					m 1 5 mg 8
3) Upload Resurvey Photo [Repair Cost > Injury:					
3) Upload Resurvey Photo [Repair Cost > Injury:				September 198	
OnterTime Actions  Actions				Ant(S)	Amt
Options  Options  Options  Options  Options			aration Checklist	Amit (S)	1.00
Upload Resurvey Photo [Repair Cost >  Injury:  Pate/Time Actions		Invoice Prep	Reporting (\$30);	hebil	1.00
Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  HAMMAN  Limant's Particulars:		Invoice Prep 1) AR: Accident I 2) DA: Damage A	Reporting (\$30); ssessment (\$100); INC	(\$80)	1000
Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  HAMMAN  Limant's Particulars:		Invoice Prep 1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe	Reporting (\$30); ssessment (\$100); INC	(\$80) (40/\$45	1000
Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  HAMMASS  Dimant's Particulars:		Invoice Prep 1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Thi 5) FT: Fullow-Thi	Reporting (\$30); ssessment (\$100); INC sough Survey rough Survey (Resurvey)	(\$80) (\$0) (\$0) (\$0) (\$0) (\$0) (\$0) (\$0) (\$	1000
Date/Time Actions  HAMASS  Actions  Actions  HAMASS  Actions  Actions  HAMASS  Actions  Actions  Actions  Actions  Actions		Invoice Prep  1) AR: Accident I  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-The  5) FT: Fullow-The  For cleiming age	Reporting (\$30); ssessment (\$100); INC cough Survey rough Survey (Resurvey) sinst INC Only (wef 10 Jan 20	(\$80) (40/\$45 \$120 \$30 (\$5)	1.00
Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  HAMMASS  Stimant's Particulars:  iver/Owner:  ntact No:		Invoice Prep  1) AR: Accident I  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-The  5) FT: Fullow-The  For cleiming age  6) TR: Re-inspect	Reporting (\$30); assessment (\$100); INC according Survey rough Survey (Resurvey) ainst INC Only (wef 10 Jan 20) ion	(\$80) (\$0) (\$0) (\$0) (\$0) (\$0) (\$0) (\$0) (\$	1.00
Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  HAMMASS  Stimant's Particulars:  iver/Owner:  ntact No:		Invoice Prep  1) AR: Accident I  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-Th  5) iFT: Follow-Th  For cleiming ag  6) TR: Re-inspect  7) N1: Idae DA +  8) NTUC Addition	Reporting (\$30); assessment (\$100); INC according Survey rough Survey (Resurvey) ainst INC Only (wef 10 Jan 20 ion SMRT Survey	(\$80) (40/\$45 \$120 \$30 (\$5) \$75	1.00
Date/Time Actions  HAMASS  Sumant's Particulars: iver/Owner: ntact No: maged Portion:		Invoice Prep  1) AR: Accident I  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-Th  5) FT: Fullow-Th  For cleiming as  6) TR: Re-inspect  7) N1: Idae DA +  8) NTUC Addition  OD.*	Reporting (\$30); assessment (\$100); INC according Survey rough Survey (Resurvey) ainst INC Only (wef 10 Jan 20 ion SMRT Survey al Services;	(\$80) (40/\$45 \$120 \$30 05) \$75 \$160	1.00
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Date/Time Actions  HAMASS  Actions  Actions  Actions  Simant's Particulars:  iver/Owner:  ntact No:  maged Portion:  Checked by (Engr-In-Charge):		Invoice Prep  1) AR: Accident I  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-Th  5) FT: Fullow-Th  For cleiming as  6) TR: Re-inspect  7) N1: Idae DA +  8) NTUC Addition  OD.*	Reporting (\$30); ssessment (\$100); INC fough Survey rough Survey (Resurvey) sinst INC Only (wef 10 Jan 20 ion SMRT Survey al Services; Cer / Tpt Allowence ordination	(\$80) (40/\$45 \$120 \$30 05) \$75 \$160	1000
July:  Date/Time Actions  HAMASS  Actions  Actions  HAMASS  Actions  iver/Owner:  ntact No:  maged Portion:  Checked by (Engr-In-Charge):		Invoice Prep  1) AR: Accident I  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-Th  5) FT: Follow-Th  For cleiming as  6) TR: Re-inspect  7) N1: Idao DA +  8) NTUC Addition  OD*  *N5: Courtery C  *N6: Repair Co  *N7: Fost Repair  *N8: DV / Colle	Reporting (\$30); ssessment (\$100); INC fough Survey rough Survey (Resurvey) sinst JNC Only (wef 10 Jan 20 ion SMRT Survey al Services:  Cer / Tpt Allowence ordination r Inspection et Excess Coordination	(\$80) \$40/\$45 \$120 \$30 05) \$75 \$160 \$5 \$10 \$25 \$5	Amt (3
July:  Date/Time Actions  HAMASS  Actions  Actions  HAMASS  Actions  iver/Owner:  ntact No:  maged Portion:  Checked by (Engr-In-Charge):		Invoice Prep  1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For cleiming ag 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition OD*  *N5: Courtesy C  *N6: Repair Co  *N7: Fost Repair  *N8: DV / Colle TP (N11): TP (	Reporting (\$30); ssessment (\$100); INC foough Survey rough Survey (Resurvey) sinst JNC Only (wef 10 Jan 20 ion SMRT Survey al Services: Cer / Tpt Allowence ordination or Inspection et Excess Coordination N°:n INC) against INC	(\$80) \$40/\$45 \$120 \$30 95) \$75 \$160 \$5 \$10 \$25 \$5 \$20	1000
3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions		Invoice Prep  1) AR: Accident I  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-Th  5) FT: Follow-Th  For cleiming as  6) TR: Re-inspect  7) N1: Idao DA +  8) NTUC Addition  OD*  *N5: Courtery C  *N6: Repair Co  *N7: Fost Repair  *N8: DV / Colle	Reporting (\$30); ssessment (\$100); INC foough Survey rough Survey (Resurvey) sinst JNC Only (wef 10 Jan 20 ion SMRT Survey al Services: Cer / Tpt Allowence ordination or Inspection et Excess Coordination N°:n INC) against INC	(\$80) \$40/\$45 \$120 \$30 95) \$75 \$160 \$5 \$10 \$25 \$5 \$20 \$30	1000

#### 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.
- 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.

THE THE PROPERTY OF THE PARTY O	ACCIDENT STATEMENT
Date Of Report	10/04/2019 09:58
Date Of Accident	10/04/2019 08:45
Exact Location Of Accident	JUNC EUNOS AVE 7 & EUNOS RD 5
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GL1800E
Insured/Policyholder	
Name Of Registered Owner	VYY PTE LTD
Co Reg No	200903502N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90255758
Alternative Phone No	OFFICE-90255758
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5091207112-01
Cover Note Number	
Driver	
Name of Driver	RANA JUWEL
Passport No/FIN	G2176801X
Date Of Birth	25/01/1990
Occupation	OUTDOOR
Date Of Driving Pass	01/09/2016
Oriving Experience	2 YEARS AND 7 MONTHS

MALE

NOEMAIL

(LOCAL) +65-98936786

OFFICE-98936786

BLK 1078 EUNOS AVENUE 6 Address

#01-168

Postcode 409634

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

2

NO

NO

NO

# 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? NO

Number of vehicles (including own vehicle)

involved in the accident

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

# Circumstances of Accident

ON STATED DATE AND TIME, I WAS APPROACHING THE JUNCTION, AS I WANTED TO MAKE A RIGHT TURN TWDS EUNOS RD 5, THERE WAS VEHICLE PARKED STATIONARY ALONG EUNOS RD 5. I TURN ON MY VEHICLE INDICATOR LIGHT AND CHECK MY BLINDSPOT BEFORE I CAN PROCEED. WHILE MARKING A RIGHT TURN TWDS EUNOS RD 5. SUDDENLY VEHICLE B TRAVELLING VERY FAST ALONG EUNOS RD 5 AND HIT ONTO MY VEHICLE FRONT PORTION.

#### Attachment(s)

Are accident photos available for attachment? YES NO

Was there any video captured by Car Camera?

Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SKG3514Y

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)

#### 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 <u>truthful</u> and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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:
  - 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.

VYY PTE LTD

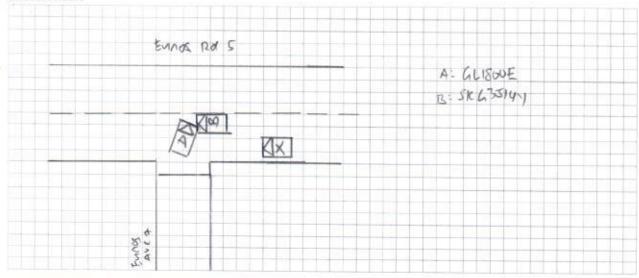
COJGST NO.: 200903502N
BLK 1078 EUNOS AVE 6
#01-168 SINGAPORE 409634
TEL: 6747 8880 FAX: 6747 09

WANN, VYY DUE

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

Reporting Centre Personnel's Signature

NRIC/FIN No.:



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer	to	statement.			
			_/		

DECLARATION Y PTE LTD

We declare the largeding particulars are true in every respect.

BLK 1078 EUNOS AVE 8

#01-168 SINGAPORE 409634

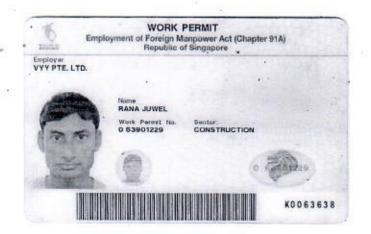
TEL: 6747 8880 FAX: 6747 09

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.:









<b>eBao</b> Tech									(	GeneralC	laim
Hello, NAC_PAYA_UBI_80	0601						· Change La	nguage	· Change P	assword	Log Out
My Desktop	Poli	cy Query									,
Notice of Loss	Policy N	10.				Date of	Accident	10/	04/2019 08:4	5	
	Vehicle	No.(For Motor)	GL1800	E		Certifical	te Number				
					Se	sarch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5091207112- 01		VYY PTE, LTD.	200903502N	GFT	Third Party, Fire & Theft	GL18008		25/05/2018	
					Cor	ntinue					

Policy No.	5091207112-01	Policyholder	VYY PTE.	LTD.	Policyholder	200903502N	
Certificate No.		Name	12/1/04/14/24	7578	NRIC	2000030214	
Address	BLK 1078 #01-168 EUNOS AV	ENUE 6 SINGAR	ORE 4096:	34			
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	18/05/2018	Effective Date	25/05/20	18 00:00	Expiry Date	24/05/2019 23	1:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	TOH BINGLIANG ELVIN	Agent Tel.			GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 1078 #01-168	Addre	ss 2	EUNOS AVENUE 6		Address 3	SINGAPORE 409634
		Addre	ss Type	Singapore address		Post Code	409634
Address 4			ed Policy	5091197433-01			
		Numb					
Unit No.	d Object: GL1800E	Numb					
Address 4 Unit No. Insure Endors		Numb					

Claim Handling					
ccident MT/1039562 Dicy No.	5091207112-01	Vehicle No.	GL1800E	GST Registration No.	200903502N
ertificate No.		14.600.000	octoor.	GST REGISTRATION NO.	200903902N
dicyholder Name	VYY PTE. LTD.			Activities to the second	DATE OF THE PARTY
oduct Code	PLEET INSURANCE	Course Trans		Policyholder NR3C	200903502N
ntact No.(Mobile)	90255758	Cover Type	Third Party, Fire & Theft	Loading	0
nali Address	30233/36	Contact No. (Office)	0	Contact No.(Home)	0
	@w. O	Special Remark		eCode	lic V
K.	® No ○Yes	TCA	® No ○ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
port Date	10/04/2019 10:44	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Major Minor Road
te of Accident	10/04/2019	Time of Accident hhomm	08:45	Country of Accident	Singapore
parting Centre		Orange Force		ICM No.	
cident Location	JUNC EUNOS AVE 7 & EUNOS RO 5				
Excess					
in damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
named Driver Excess		Outside Singapore OD Excess			3.30
ird Party Excess	0.00	Outside Singapore TP Excess			
Benefits	00,946	Salade angapore in cases			
GST Registered Informa	ation				
Registeres			200 Sec. 12.00 (\$400.00)		
T Registration No.	Yes 200903502N		GST Registration Date GST Status Verified	15/05/2009	
diffication History	and displaying the		GO+ Status ventiled	Yes	
A CONTRACTOR OF THE PROPERTY O					
Policyholder Mailing Ad	Idreas				
dress 1	BLK 1078 #01-168	Address 2	EUNOS AVENUE 6	Appress 3	SINGAPORE ADDESA
dress 4		Address Type	Singapore address	Post Code	SINGAPORE 409634
nt No.		Related Policy Number	5091197433-01	From C006	409634
OI Driver Info		- Control of the little of the			
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	RANA JUWEL	Driver NRIC	G2176801X	Driver DOB	*********
gister Date of Driver License					25/01/1990
		Driver Age	29	Driving Experience	2
ntact No.(Mobile)	96936786	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BUK 1078	Address 2	EUNOS AVENUE 6	Address 3	EUNOS INDUSTRIAL ESTATE
dress 4	SINGAPORE 409634	Address Type	Singapore address	Post Code	409634
it No.	01-168				
es he own a Singapore gistered car?	○ Yes   No	Driver Vehicle No.		Driver Insurer Company	
claration					
eathalyser or Blood Test ading?	0 mg	Any injury?	☐ Yes. ® No		
dification History					
10.00					
Claim 001 New					
im Type +	OD-MX V	Insurad Name	Cate man Cam	0202330200	
ntact No.(Mobile)	OD-MX	Insured Name	VYY PTE, LTD.	Insured NRIC	200903502N
		Contact No. (Home)		Contact No.(Office)	67478880
ail Address		Oli Vehicle Number	GL1800E	TP Vehicle Number	SKG3514Y
mant Type Claimant Type+	Please Select	Type of Benefit *	Please Select		
ment Name *	22	Claimant NR3C *			
mant Address					
im Description	GL1800E / SKG3514Y ON 10 Apr 201	19		Name of Preferred Workshop	
ferred Workshop Contact		Insured Liability •	Fully at Fault		
uire Finalisation	Yes 🔻	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registeres	10/04/2019 10:46	Claim Close Date		Date Received	Decree and the second s
ort Taken By	Jackson	22,000,000,000		MAIL MOLESTO	10/04/2019 00:00
Print AK letter					
The same of the sa					
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ttachment			The state of the s		
<u> </u>					
ident No.	MT/1039362	Claim No.	001		
Doc. Received	Yes   No	Upload Date	10/04/2019 10:47		
ADMINISTRAÇÃO	Path •	Married Marrie			
	Path •	- AND SHARE	Category *	Confidential Urgen	
		Browse		V Normal	9
		Browse.	Clear Please Select	V Normal	V
		Browse	. Cear Please Select	NO V Normal	•
		#10127	Section Co. Co.		

