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1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) i'T: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: idae DA + 8) NTUC Additio OD* *N5: Courtesy	Reporting (\$30); Assessment (\$100); INC (\$80); the \$400 strough Survey \$50 strough Survey (Resurvey) toinst INC Only (wef 10 Jan 2005) tion SMRT Survey \$50 and Services:-	196 Bill (196 Bi	to an e
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-inspec 7) N1: idae DA + 8) NTUC Additio OD* *N5: Courtesy *N6: Repair Cc *N7: Fost Repair	Reporting (\$30); Assessment (\$100); INC (\$86 see \$40/ strough Survey \$ strough Survey (Resurvey) toinst INC Only (wef 10 Jan 2003) tion SMRT Survey \$ nal Services:- Cer / Tpt Allowenceordination ir Inspection	545 5110 523	to an e
1) AR: Accident 2) DA: Damage / 3) TF: Towing F. 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: idae DA: 8) NTUC Additio OD: *N5: Courtesy *N6: Repair Cc *N7: Fost Repair *N8: DV / Coll	Reporting (\$30); Assessment (\$100); INC (\$86 see \$400 brough Survey (\$85 survey) coinst INC Only (wef 10 Jen 2005) tion SMRT Survey \$ and Services: Cer / Tpt Allowence cordination ir Inspection ect Excess Coordination	196 Bill (196 Bi	to an e
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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.
- 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.
- 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.

aforesaid.	
ALEXANDER SANTAL DESCRIPTION OF THE SANTAL D	ACCIDENT STATEMENT
Date Of Report	27/04/2019 14:45
Date Of Accident	26/04/2019 16:35
Exact Location Of Accident	BKE (SLE) AFTER MANDAI RD EXIT
Country/State of Loss	SINGAPORE
The same of the sa	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA6481X
Insured/Policyholder	
Name Of Registered Owner	TANG YOW TAI
NRIC No	S7330038Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81816146
Alternative Phone No	OFFICE-81816146
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102644570
Cover Note Number	

Driver

 Name of Driver
 TANG YOW TAI

 NRIC No
 \$7330038Z

 Date Of Birth
 30/08/1973

 Occupation
 OUTDOOR

 Date Of Driving Pass
 07/07/2015

Driving Experience 3 YEARS AND 9 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-81816146

Fax Number

Contact Number OFFICE-81816146

EMail Address NOEMAIL

Address BLK 612B PUNGGOL DRIVE

#12-889

Postcode 822612

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

2

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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

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)

Passenger 1

NO

2

IAME:

: FEMALE

ssenger 1 NAME:

NAME: : -

GENDER:

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?

Was there any video captured by Car Camera? NO

...

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBH6242M

YES

NO

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

SKETCH PLAN

IMPORTANT NOTICE

- 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 <u>truthful and accurate as possible</u>. 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.
- 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:
 - 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 (It driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's

Name:

NRIC/FIN No.:

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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.:

ACCIDENT STATEMENT

ACCI	DENT DATE: (26 / 04 / 2	019)(DD/MM/YYYY), TIME: (16:35) (HH:MM)
LOCA	HON: BKE (SLE),	atter Mandai	Road Exit
	DETAILS OF VEHICLE a) VEHICLE NUMBER: b) INSURANCE COMPANY c) POLICY NUMBER: d) POLICY TYPE: (COMPRE e) MAKE & MODEL: f) TYPE: (SALOON / COUPE g) VEHICLE CATEGORY: (PI h) PURPOSE OF USING AT A	SMA 6481 X HENSIVE / THIRD PAR HONDO SNUH! / MPV /V AN / LORRY RIVATE / COMMERCIA ACCIDENT TIME: DER YOUR OWN INSU	Y / THIRD PARTY FIRE &THEFT) Y / MOTORCYCLE / OTHERS) AL / MOTORCYCLE) WOYK RANCE (YES/NO)
2.,	HINRIC/FIN/PASSPORT:	YOW TAI \$73300387	(MALE / FEMALE) [CONTACT: 818 6146 112-889 (8)2612
\$ No of pessenger (Industing divisor) (00)	* CONTINUE TO 3.d IF DRIV DRIVER a) NAME:	9.0	(MALE / FEMALE)CONTACT:
4. 5. 6.	e)OCCUPATION: (INDOOR f)YEARS OF DRIVING EXPRI WAS DRIVER AN EMPLOY IF NO, RELATIONSHIP OF D)ROAD SURFACE: (DRY / WAS ANYBODY INJURED (Y IF YES, PLEASE STATE WHIP	ERIENCE: 3400Y (EE OF THE INSURE F THE DRIVER WITH CLEAR / RAINING / O WED / OTHERS	ED'S COMPANY? (YES / NO) H INSURED: OWNER OTHERS Dizzling
No of passenger Induding driver)	THIRD PARTY VEHICLE a) VEHICLE NUMBER: b) DRIVER'S NAME:	68H6342M	MODEL:
(N) male	c) NRIC/FIN/PASSPORT:_ THIRD PARTY VEHICLE d) VEHICLE NUMBER:		CONTACT:
Including driver)	e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT:_		CONTACT::

email =

Par =

REPUBLICATION DRIVING LICENCE



Licence Number: S 7 3 3 0 0 3 8 Z

Name:

TANG YOW TAI

Birth Date: 30 Aug 1973

Issue Date: 07 Jul 2015



(F)

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7330038Z





Name

TANG YOW TAI



Race
CHINESE
Date of birth
30-08-1973
Country/Place of birth
SINGAPORE

Sex



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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg 07 Jul 2015 < 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

NP 428A



5502236



NRIC No. S7330038Z



Date of issue

24-07-2015

APT BLK 612B PUNGGOL DRIVE #12-889 SINGAPORE 822612

NRIC No: S7330038Z

Date: 19/08/2017

								Genera	alClaim
800601					• Change	e Language	· Chang	e Password	· Log Ou
Policy Query									
Policy No.				Date	of Accident		26/04/2019 1	6:35	
Vehicle No.(For Motor)	SMA64	SMA6481X		Certificate Number		. 1			77
				Search	1				
Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
O 5102644570		TANG YOW TAI	S7330038Z	GPC	drivo PREMIUM	SMA6481)	SMA6481X	26/07/2018	25/07/2019
	Policy No. Vehicle No.(For Motor) Select Policy No.	Policy Query Policy No. Vehicle No. (For Motor) SMA64 Select Policy No. Certificate Number	Policy Query Policy No. Vehicle No. (For Motor) SMA6481X Select Policy No. Certificate Number Name TANG YOW TANG YOW	Policy Query Policy No. Vehicle No. (For Motor) SMA6481X Select Policy No. Certificate Number Policyholder Name NRIC TANG YOW 673300387	Policy Query Policy No. Date Vehicle No. (For Motor) SMA6481X Cert Select Policy No. Certificate Number Name NRIC Product Number Name NRIC Product Name NRIC Product Name NRIC Product NRIC Product Name NRIC Product NRIC Produ	Policy Query Policy No. Vehicle No. (For Motor) SMA6481X Date of Accident Certificate Number Search Select Policy No. Certificate Number Name NRIC Product Cover Type Number Name NRIC Product Cover Type TANG YOW \$73300387 Gpc drivo	Policy Query Policy No. Vehicle No. (For Motor) SMA6481X Date of Accident Certificate Number Search Select Policy No. Certificate Number Policyholder Name NRIC Name NRIC TANG YOW ST3300387 GPC drive SMA6481X	Policy Query Policy No. Date of Accident 26/04/2019 1 Vehicle No. (For Motor) SMA6481X Certificate Number Search Select Policy No. Certificate Policyholder Number NRIC Number Name NRIC S102644570 TANG YOW \$73300387 Gpc drive SMA6481X SMA6481X	Policy Query Policy No. Policy No. Date of Accident Certificate Number Search Select Policy No. Certificate Policyholder Number Name NRIC Number Name NRIC S102644570 TANG YOW S7330387 CPC drivo MASSAY SMASSAY SM

Indiana Me	F103644F70	Policyholder	2002034	270	Policyholder		
Policy No.	5102644570	Name	TANG YOW	TAI	NRIC	S7330038Z	
Certificate No.							
Address	BLK 612B #12-889 PUNGGOL	DRIVE DAMAI	ROVE SING	APORE 822612			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	25/07/2018	Effective Date	26/07/2018	3 00:00	Expiry Date	25/07/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Youn	g/Inexperience Driver Excess
Agent	JMT INSURANCE AGENCY	Agent Tel.	96200140		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policyh	nolder Mailing Address						
Address 1	BLK 612B #12-889	Addre	ss 2	PUNGGOL DRIVE		Address 3	DAMAI GROVE
Address 4	SINGAPORE 822612	Addre	ss Type	Singapore address		Post Code	822612
Unit No.	12-889	Relate	ed Policy er	5102644570			
) Insure	d Object: SMA6481X						
	ements						
						000000000000000000000000000000000000000	

Claim Handling					
Policy No.	5102844570	Vehicle No.	SMA6451X		
Certificate No.		Vence No.	244040IX	GST Registration No.	
Policyhalder Name	TANG YOW TAI			Policyholder NRIC	57330038Z
Yoduct Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMOUM	Loading	0
ontact No.(Mobile)	81816146	Contact No.(Office)	0	Contact No.(Home)	
mail Address		Special Remark		eCode	N: V
FK	® No ○ Yes	TCA	No ○Yes	eCode Reason	Invasi
CD Protection	No	NCO Entitlement(%)	20	Private Hire	Yes
- Accident Details				2010/00/25	
port Date	27/04/2019 14:59	Accident Report Within 24 hrs.	Yes	Academ Type	Collision - Head to Rear
we of Accident	26/04/2019	Time of Accident hitchen	16:35	Country of Accident	Singapore
eporting Centre		Orange Force		JCM No.	an ignitive c
cident Location	SKZ (SLE) AFTER MANDAL RD EXIT				
Excess					
in damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	0.00	Outside Singapore OO Excess	2,000.00		
rd Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Inform	ation				
T Registered	No		GST Registration Date		
T Registration No. dification History			GST Status Venfied	Yes	
CITICADDI PILIDAY					
Policyholder Mailing Ad	idress				
ovess 1	BLK 6128-#12-889	Address 2	PUNGGOL DRIVE	Address 3	DAMAL GROVE
idress 4	SINGAPORE 622612	Address Type	Singapore address	Post Code	822612
if No.	12-889	Related Policy Number	5102644570	Post Code	822612
OI Driver Info		220000000000000000000000000000000000000			
ver Name	TANG YOW TAI	Driver Type	Main Driver		
named driver Name		Driver NRIC	57330038Z	Driver DOB	30/08/1973
gister Date of Oriver License	07/07/2015	Driver Age	45	Driving Expenence	3
rract No.(Mobile)	81816146	Contact No.(Office)	0	Contact No. (Home)	0
Tress I	BUK 6128	Address 2	PUNGGOL DRIVE	Address 3	DAMAI GROVE
dress 4	SINGAPORE 822612	Address Type	Singapore address	Post Code	822612
it No.	12-909				
es he own a Singapore pistered car?	○ Yeş ® No	Driver Vehicle No.		Driver Insurer Company	
claration swthalyser or Blood Test					
ading?	0 mg	Any injury?	○ Yes ® No		
dification History					
Claim 001 New					
Claim 001 New					
m Type *	OD-MX	Insured Name	TANG YOW TAI	Insured NRIC	\$7330038Z
tact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
el Address		OI Vehicle Number	SMA6481X	TP Vehicle Number	G8H6242M
mant Type Claimant Type •	Please Select	Type of Benefit *	Please Select		
mant Name *	25	Claimant NRJC •			
mant Address					
m Description	SMA6481X / G8H6242M ON 26 Apr 2019	ac. 400 (1900 (1900)		Name of Preferred Workshop	
erred Workshop Contact		Insured Liebility *	Not at Fault		
ure Finalisation	Ves 💟	Preference Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Registered	27/04/2019 15:01	Claim Close Date		Date Received	27/04/2019 00:00
ort Taken By	Jeckson				
Print AX letter					
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tachment		4	Save Submit		
dent No.	MT/1041986	Claim No.	001		
Doc. Received	⊕ Yes ○ No	Uproad Date			
		uproad Date	27/04/2019 15:03		
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