

EXAMINER

Toufex

REF:

#167

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / IP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop no: _____

of: _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Main of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

WS	ORS

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? Yes or No

GIA / PR Seen: _____ Consistent? Yes or No

Est. Repair: 4 days Res: Yes or No

Lump Sum: _____ % J Val: Yes or No

CA / REV / REP. / 24 HRS PRS WP

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLJ8912X Vi Regn: 2016, Dec.

Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Mazda 3 cc: 1496

Colour: Blue AC: Insured / Std / NI / NA

Sp.Heading: 132419 TRatio: Insured / Std / NI / NA

Eng No: _____

C/Nr: JM6BN22A8H013104

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205 / 60R16
R: 205 / 60R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Green / 970er

Front: _____ Rear: _____

R/Bal: 6 mm R/Bal: 6 mm

L/Bal: 6 mm L/Bal: 6 mm

D.O.A. _____ D.O.I. 29/4/17 @ 4 Sign

Survey held at: New Automotive

Des. of Damages: Frt Rear / O/S / N/S / I/C / Rooftop or

The I/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	DAR & DAYS

Date/Time, File Path for: : Prel. Report : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: Site Insp (\$)
 Interview (\$)
 Tech. Insp (\$)
 Weekend (\$)

Survey Fee: 180

Travel: _____

Other: _____

Report Format: DAR.

Lump Sum / I.B.J: (\$)

180
11
191

Your password will expire in 14 days. [Click here to change it.](#)

PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURE...

From: Chin, Lee-Ying
To: assignments, admin-a@lkkauto.com
Cc: Fong, Andy-SY
Sent: 29/4/2019 10:24:13 AM
Attachments:  tmpFAD1.tif

Hi LKK,

Kindly assist to survey, vehicle in workshop.

Thanks.

Best Regards
Lee Ying, Chin
AIG
Claims | AIG Asia Pacific Insurance Pte. Ltd.
78 Shenton Way #08-16 Singapore 079120
Tel +(65) 6419 1947
Lee-Ying.Chin@aig.com | www.aig.sg

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CYOGARAJAH LLC

ADVOCATES & SOLICITORS

883 North Bridge Road
 #11-03 Southbank
 Singapore 198785
 T: 6292 5838
 F: 6292 5938
 (UEN No. 201333127N)
 (GST Reg No. 201333127N)

Our Ref : CY.SLJ8912X.19.NA.wp(PT)

Your Ref : Your insured vehicle SLE 6149Y

26 April 2019

Daimler Fleet Management Singapore Pte Ltd
 c/o AIG Asia Pacific Insurance Pte Ltd
 78 Shenton Way #07-16
 Singapore 079120

By Fax No: 6835 7416

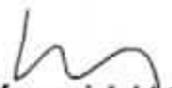
Dear Sirs

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS PURSUANT TO PRE-ACTION PROTOCOL FOR NON INJURY MOTOR ACCIDENT CASES ROAD TRAFFIC ACCIDENT INVOLVING MOTOR VEHICLES SLJ 8912X & SLE 6149Y ON 24.04.2019 @ 16:05HRS AT JUNCTION LAVENDER ST & KALLANG RD

We are instructed by Neo Auto Leasing Pte Ltd to notify you of a road traffic accident on **24.04.2019** at about **16:05hrs** along Junction Lavender St & Kallang Rd involving our client's customer's vehicle registration number **SLJ 8912X** and vehicle registration number **SLE 6149Y** driven by you at the material time. A copy of the Singapore accident statement report is enclosed.

As the result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Yours faithfully,


C. Yogarajah LLC
 Enc

Cc: M/s. Neo Automotive Pte Ltd
 53 Ubi Ave 1
 #05 - 44 Paya Ubi Industrial Park
 Singapore (408934)
 Mrs. Neo (9091 4853)
 Fax no : 6385 8262

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	4915N
Vehicle Details	
Vehicle No.:	SLJ8912X
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Jul 2019
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 4-DOOR SEDAN 1.5L SP6EAT
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	P520415798
Chassis No.:	JM6BN22A8H0131014
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$16,480.00
Original Registration Date:	29 Dec 2016
First Registration Date:	29 Dec 2016
Transfer Count:	2
Actual ARF Paid:	\$11,480.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Dec 2026
PARF Rebate Amount:	\$8,610.00
Intended COE Rebate Details	
COE Expiry Date:	28 Dec 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$51,507.00
COE Rebate Amount:	\$38,422.00
Total Rebate Amount:	\$47,032.00

The information contained herein is correct as at 12 Jul 2019.

OK

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 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.**
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	25/04/2019 16:34
Date Of Accident	24/04/2019 16:05
Exact Location Of Accident	JUNC LAVENDER ST & KALLANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ8912X
Insured/Policyholder	
Name Of Registered Owner	NEO AUTO LEASING PTE LTD
Co Reg No	201814915N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91449265
Alternative Phone No	OFFICE-91449265

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5103424803
Cover Note Number	

Driver

Name of Driver	YIP YEW KIONG
NRIC No	S1585890G
Date Of Birth	09/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	30/10/2009
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91778139
Fax Number	
Contact Number	OFFICE-91778139
EMail Address	NOEMAIL

Address	BLK 63 KALLANG BAHRU #08-439
Postcode	330063
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	YES
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 267 ONAN ROAD , POSTCODE: 424773 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3459999 - FAX NO: 64474181
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190425/2115.

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?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE6149Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ROGOVE EVE MARIE
NRIC/Passport Number	S7562417D
Contact Number	81633392

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name YIP YEW KIONG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLJ8912X

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

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 revoke 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. 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 lodging 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)**

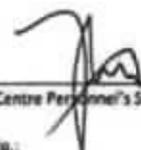
I understand, acknowledge, agree and consent that:

- (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.



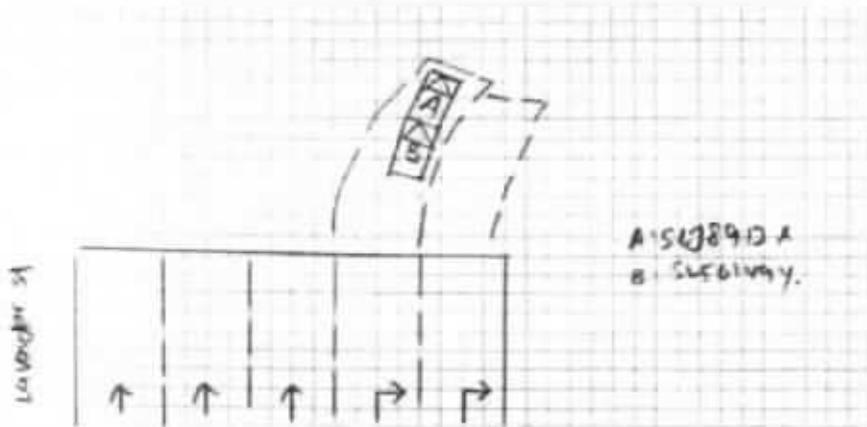
Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report 7/2019 425/2115.

[The rest of the form is crossed out with a diagonal line.]



DECLARATION: I/We declare the following particulars are true in every respect.

Policyholder's Signature
Date & Time

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

[Signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

...CLAIM SUBFOLDER...(Pending for Survey Report)

PRI

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	30 Apr 2019 Edit Reg		29 Apr 2019 00:00 Edit Adj Rpt	\$50.00 Edit Estimates	\$50.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS		[Created by adjuster]							
Insured:	DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD. , Co. Reg. No.: 1998037782								
Main Claimant:	NEO AUTO LEASING PTE LTD. , Co. Reg. No.: 201814915N								
Vehicle Reg. No.:	SLJ8912X	Date of Loss:	24/04/2019 16:00 - :59 [27 Months and 26 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 6072558510SG	Policy/Cover Note No.:	0999994166 (Comprehensive)						
Vehicle Reg. No. (Insured):	SLE6149Y	Policy No. (Claimant):							
		Excess:							
Repairer:	Neo Automotive Pte Ltd (HQ) 53 UBI AVE 1, #05-44 PAYA UBI INDUSTRIAL PARK, 408934 Kaki Bukit - Tel:								
Handling Insurer:	AIG Asia Pacific Insurance Pte. Ltd. (Express) - Tel: 65-6419-3000 ... [Handled by Lee, Ming-Yao] MingYao.Lee@aig.com								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD TAUFIKH BIN HAMID] ... [Final Rpt due 09/05/2019]								
Claimant's Solicitor:	C YOGARAJAH LLC - Tel: 62925838								
ASSOCIATED MAIL RECEIVED			View All	Compose Case Mail					
• AIG_SG (30/04/2019): Request To Upload TP GIA Report									
ALL ASSOCIATED TASKS			View All	Search Tasks					
			Create New Task	Complete					
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

*SLJ8912X (6072558510SG)
[SLE6149Y]

TP

NEO AUTO LEASING PTE LTD

Apr 24 2019 4:00PM

[DAIMLER FLEET MANAGEMENT SINGAPORE PTE. LTD]

Neo Automotive Pte Ltd

Upload Documents		Upload Photos		Compose New Letter		Upload Video		Upload Audio		View	View in Browser	
Photos/Images											3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)						Thumbnail	Print			
1	08/07/19 17:21	General View							Load JPG	<input checked="" type="checkbox"/>		
2	08/07/19 17:21	General View							Load JPG	<input checked="" type="checkbox"/>		
3	08/07/19 17:21	General View							Load JPG	<input checked="" type="checkbox"/>		
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25	08/07/19 17:21	General View							Load JPG	<input checked="" type="checkbox"/>		
26	08/07/19 17:21	General View							Load JPG	<input checked="" type="checkbox"/>		
27	08/07/19 17:22	Photographs of Damaged Items							Load JPG	<input checked="" type="checkbox"/>		
28	08/07/19 17:22	Photographs of Damaged Items							Load JPG	<input checked="" type="checkbox"/>		
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35	08/07/19 17:22	Photographs of Damaged Items							Load JPG	<input checked="" type="checkbox"/>		
36	08/07/19 17:22	Photographs of Damaged Items							Load JPG	<input checked="" type="checkbox"/>		
37	08/07/19 17:22	Photographs of Damaged Items							Load JPG	<input checked="" type="checkbox"/>		

Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
38	08/07/19 17:22	Photographs of Damaged Items	 Load JPG	<input checked="" type="checkbox"/>
39	08/07/19 17:22	Photographs of Damaged Items	 Load JPG	<input checked="" type="checkbox"/>
40	08/07/19 17:22	Photographs of Damaged Items	 Load JPG	<input checked="" type="checkbox"/>
41	08/07/19 17:22	Photographs of Damaged Items	 Load JPG	<input checked="" type="checkbox"/>
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43	08/07/19 17:22	Photographs of Damaged Items	 Load JPG	<input checked="" type="checkbox"/>
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51	08/07/19 17:22	Photographs of Damaged Items	 Load JPG	<input checked="" type="checkbox"/>
52	08/07/19 17:22	Photographs of Damaged Items	 Load JPG	<input checked="" type="checkbox"/>
53	08/07/19 17:22	Photographs of Damaged Items	 Load JPG	<input checked="" type="checkbox"/>
54	08/07/19 17:22	Photographs of Damaged Items	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (5G)	Thumbnail	Print
1	30/04/19 10:05	OI GIA REPORT	 Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>			

LKK Auto Consultants Pte Ltd (Co.Reg.No:199807198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park
Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/AIG19007509/T1CD3E2
Date: 18/07/2019

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd.	Policy No:	0999994166
Claimant Vehicle No : SLJ8912X	Insured Vehicle No :	SLE6149Y
Date of Loss: 24/04/2019	Nature of Claim:	TP
		Claim No: 6072558510SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SLJ8912X	Engine No:	P520415798
Make & Model:	MAZDA 3, 1.5 L 4-DOOR SEDAN SP.6EAT (A)	Chassis No:	JM6BN22A8H0131014
Reg. Date:	29/12/2016 (Man. Year: 2016)	Odometer:	132419 km
Colour:	Silver		
Engine Capacity:	1496 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	205/60 R16	Rear Tyre Size:	205/60 R16
Front Left Side:	Grenlander 6 mm	Rear Left Side:	Grenlander 6 mm
Front Right Side:	Grenlander 6 mm	Rear Right Side:	Grenlander 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment:	29/04/2019	
Date Inspected:	29/04/2019	Inspected At: Neo Automotive Pte Ltd (HQ) 53 UBI AVE 1, #05-44 PAYA UBI INDUSTRIAL PARK Singapore 408934
Estimated Period of Repair:	4.0 days	

Adjuster: MOHD TAUFIKH BIN HAMID

Manager: CELINE FONG

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Dented	0.00 F	*-F
2	1		*REAR BUMPER TOW COVER RH	Missing	0.00 F	*-F
3	6		*REAR BUMPER CLIPS	Necessary	0.00 F	*-F
4	2		*REAR BUMPER SIDE RETAINER	Distorted	0.00 F	*-F
5	1		*REAR BUMPER REFLECTOR	Cut	0.00 F	*-F
6	1		*REVERSE SENSOR	Damaged	0.00 F	*-F
7	1		*REAR END PANEL	Repair	0.00 F	*-F
8	1		*BOOTLID	Dented	0.00 F	*-F
9	3		*BOOTLID EMBLEM	Necessary	0.00 F	*-F
10	1		*BOOTLID LAMP RH	Cracked	0.00 F	*-F

F=Franchise part.

Total Parts (\$\$)	0.00	0.00
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Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >