			1 + j-21 v		
NATIONAL Assessment Ce	ntre Services.	wef I Jan'051 Male	7.50% 1910		
Date In: 6 8 19- 17:50	Jeb description	7 7 7 7 7	Date &Time Completed	Do	ne by
Res No: Hylnegopsosty	SAS e-filing				
Veh No: VM 653963					
	E-mail (within 8				
D.O.A: 0/8/19/1000	i-Motor Clain		em/11/05/67-001	6/8/19/18	224
OD / TP / Reporting Only	I-Motor W/O		TP 4hrs)		
	i-Photo Uploa	ded			(A)
TP Insurer:	Assessment/Sur	vey Report			5050
	Ass't Report by	Fax / Hand to	Owner/Wksp		70
Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	ax:	
TP Particulars: Veh No: 6	1743806L	. INC ()/Non-INC()	-3	
Owner / Driver: (110		Tel:)	
Policy No: ()	Period: () (Cover Type: (
Confirmed by: (Date:	Time:	3)	
Insured/Driver Liability: (%) [Note-Est. Status (Wi	O): N: 0-20%	6; P: 21-79%. F: 30-1	00%]	-
Year of Registration: ()	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()		12. 7	S-100
General Remarks:-	The second secon	S NYAS TE		1985 17. 17	
and the second s	MARK AND MARKET THE	enchiscopant are	man and the figure for the second of the second of the second	2564 G	2
() Walk-In Customer : Customer's i	mormation strictly Confi	dential & Strict	ly NO refer of repairer.		- 1-07
() Total Loss Case : to e-mail Ins	urer URGENTLY.	7.9		*	
Drive-In ()/ Towed-In (); Invo	oice: YES () / NO	(): Tow	ring Co: (
		· //			-
Cemarks:- (INC horline: 6788 6616	C_{i}		Date&Time Completed 🖟	Don	e by
	/ Courtesy Car ()				-
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()				
Injury:					-
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1925815 :	200,500				A Section
imant's Particulars :-	1n	voice Prepar.	ation Checklist	Santa Die Park Spring	
	1).	AR: Accident Repo	orting (\$30);	fü Bill	
	1) 2	AR : Accident Repo DA : Damage Asse	orting (\$30); ssment (\$100); INC (\$80)	fü Bill	
ver/Owner;	1). 2)1 3)**	AR: Accident Repo DA: Darnege Asset FF: Towing Fee	orting (\$30); ssment (\$100); INC (\$80) \$40/5	farBill 45	
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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 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.
- 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.
- 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.

arcircadio,	
Market Specification of the second	ACCIDENT STATEMENT
Date Of Report	06/08/2019 17:50
Date Of Accident	05/08/2019 12:00
Exact Location Of Accident	YISHUN AVE 1 TWDS YISHUN AVE 8
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMG5396J
Insured/Policyholder	
Name Of Registered Owner	1 NEMESIS PTE LTD
Co Reg No	201719407H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	AUDI
Model	A4 1.8 TFSI MU
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106642401
Cover Note Number	

 Driver
 TAN YONG HAO

 NRIC No
 \$9590244H

 NRIC No
 \$9590244H

 Date Of Birth
 05/09/1995

 Occupation
 INDOOR

 Date Of Driving Pass
 16/12/2015

Driving Experience 3 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88775995

Fax Number

Contact Number OFFICE-88775995

EMail Address NOEMAIL

BLK 865 YISHUN STREET 81 Address

#05-07

Postcode 760865

Was driver an employee of the Insured's Company NO

OTHER - HIRER If No, Relationship of the Driver with the Insured

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?

YES Was any other material or property damaged?

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

NO

1

Number of Passengers (Including Driver)

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?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

GBG3806L Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver WAI MENG KANG

NRIC/Passport Number S7283498D Contact Number 93838754

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
- S. 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
- 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, involces, 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 (awyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- 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.

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Perso el's Signature

NRIC/FIN No.1

Statistical and astronomy and

Policyhold

Policyholder's Signature

Sthat's Depth Brigham va

Date & Time:

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

Reporting Centre Personnel's Signature Name: NRIC/FIN No.1

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
 Please report correctly on the details of the accident to speed up the claim process.
 This form must be filled up by the policy holder and/or authorised driver.
 Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow Insurance companies to repudiate policy liability.

 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 traffic police department for investigation.

Accident details

Date and time of accident	Date: 05 Amy 201	(DD/MM/YY) Time: 1202 Pm (HH:MM)
Exact location of accident	Company of the Compan	venue / Howards

Details of vehicle

Vehicle registration number	SMG 5386J
Vehicle make and model	Audi A4
Type of vehicle	Saloon MPV CRV Van Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	Disrate
Are you claiming under your own insurance company?	Yes D No if no, please select: Third part claim Reporting only D

Insurance information

Insurance company	MTUC		
Policy number	5106642401		
Type of policy	Comprehensive a	Third party fire & theft	TP only o

Insured / Policy holder

Name	1	Hemois	,2k	141.	Male p	Female o
NRIC / Fin / Passport number						i citiale D
Contact	8	E 9 V2 = 11	1			
Address						

Driver

Same as insured above □ (skip to D.O.B)

Name	Tan Your Has	Male- Female 0
NRIC / Fin / Passport number	29590244H	Maio-E Telliale L
Contact	8877 5885	
Address	\$10ck 865 Yahun Ptreed 81 \$105-07 Semjapore 760865	
Email address	76000:	
Date of birth	OS lept 1895	· · · · · · · · · · · · · · · · · · ·
Occupation	Indoor Outdoor	-
Driving date pass	16 Dec 2015	

General information of the accident

Was driver an employee of	Yes a No.	
the insured's company?	If no, relationship of the driver and insured:	Hirer
Accident captured by camera	Yes D No.B	
Weather condition	Clear Raining Others:	CONTRACTOR AND
Road surface	Dry- Wet a	
No of passenger	1	(Inclusive of driver
Passenger 1		
Name		
Gender	Male Female	
Passenger 2		
Name		
Gender	Male Eemale	
Passenger 3		
Name		
Gender	Male D Female D	
Passenger 4		
Gender	Male Female	
Passenger 5	- Male B Fernale B	
Name		
Gender	Male	
Passenger 6		
Name		
Sender	Male D Pemale D	
Other information		
Vas anybody injured?	Yes a No.	
	Yes D No D	
Details of police action		
eported to police?	es No If yes, please state which police	-1-17-
	ii yes, please state which police	station.

Reported to police?	Yes No If yes, please state which police station.
Police station name	

Third party vehicle 1

Name	Was Mens Eque	
Contact number	9383 18754.	
NRIC / Fin / Passport number	872834980.	
Vehicle registration number	G 26 3806 L	-
Vehicle make model	7.7.2006	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1 Name Witness 2 Name Injured person 1 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No o Was injured conveyed to Yes 🗆 No o hospital by ambulance? Injured person 2 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No a Was injured conveyed to Yes 🗆 No a hospital by ambulance? Injured person 3 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 Nou Was injured conveyed to Yes 🗆 No hospital by ambulance? Injured person 4



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9590244H





TAN YONG HAO

CHINESE / NA Cax USE O

Country/Place of birth THAILAND

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE

EFFECTIVE DATE

For LKK/NAC Use Only

NP 428A



520250





KK/NAC Use Only

APT BLK 865 YISHUN STREET 81 #05-07 SINGAPORE 760865



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5106642401

Cover : drivo CLASSIC

1 Index mark and Registration Number of Vehicle

: SMG5396J

Chassis Number

: WAUZZZ8K8AA134559

2. Name of Policyholder

: 1 NEMESIS PTE LTD

3. Effective Date of Insurance

28 Dec 2018

4. Expiry Date of Insurance

: 27 Dec 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

5. Limitations as to Usell

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

SUM INSURED	: MARKET VALUE O	OF INSURED VEHICLE AT TIME OF LOSS
HIRE PURCHASE COMPANY	: TECK WEI CREDIT	T PTE LTD
NAMED DRIVER (2)	: SOO TECK HUAT	
NAMED DRIVER (1)	: ALVY SOO DING)	
PRIMARY DRIVER	: NG BEE LIAN	Email: Info@teckwei.com.sg
EXCESS WAIVER	: NO	Lot A8 Singapore 287995 Tel: 8485 0020 Fax: 6465 0017
TRANSPORT ALLOWANCE	: NO	ava vied Club Road. The Grandstone
NCD PROTECTION	; NO	C- P-0 No 200512300K
INSURE WITH COE	: YES	AND THE PROPERTY OF LITT
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO	油或债货私人有限公司
UNNAMED DRIVER EXCESS	: PLEASE REFER ON	VERLEAF
ADDITIONAL EXCESS	: N/A	
WINDSCREEN EXCESS	: 55100	
EXCESS (SECTION 2)	: N/A	
EXCESS (SECTION 1)	: \$\$600	

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

TECK WEI CREDIT PTE. LTD. (00000572499)

Date of Issue

: 28 Dec 2018 11:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech			GeneralClaim								
Hello, NAC_PAYA_UBI_80	0601			The second second			• Change	e Languag	e + Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy 1	No.				Date of Accident 0:			05/08/2019 12:00		
	Vehicle	No.(For Matar)	SMG5	196)		Certi	ficate Number			100000 11000	
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5106642401		1 NEMESIS PTE LTD	201719407H	GPC	drivo CLASSIC	SMG5396		28/12/2018	27/12/2019
						Continue	1				

Policy No.	5106642401	Policyholder Name	1 NEMESIS	PTE LTD	Policyholder NRIC	201719407	
Certificate Vo.							
Address	53 UBI AVENUE 1 #D1-56 PAY	A UBI INDUSTR	IAL PARK SI	NGAPORE 408934			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	28/12/2018	Effective Date	28/12/2018	00:00	Expiry Date	27/12/2019	23:59
xcess Type		All Claims Excess					
hird Party Excess	.0	Own damage Excess	600		Windscreen Excess	100	
Additional excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			You	ng/Inexperience Driver Excess
Agent	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020 n	ull	GST Flag	Y	
lo- nsurance lag Open lolicy	No						
nfo							
Certificate Info							
nfo	holder Mailing Address						
nfo Policy		Addre	ess 2	#D1-56 PAYA UBI	INDUSTRIAL	Address 3	SINGAPORE 408934
nfo Policy ddress 1	holder Mailing Address	10000	ess 2	#D1-56 PAYA UBI Singapore address	INDUSTRIAL	Address 3 Post Code	SINGAPORE 408934 408934
nfo	holder Mailing Address	Addre	ess Type ed Policy		INDUSTRIAL		
nfo Policyl Address 1 Address 4 Unit No.	holder Mailing Address 53 UBI AVENUE 1	Addre Relati	ess Type ed Policy	Singapore address	INDUSTRIAL		
nfo Policyl ddress 1 ddress 4 Init No. Insure	53 UBI AVENUE 1 11-26 ed Object: SMG53963	Addre Relati	ess Type ed Policy	Singapore address	INDUSTRIAL		
nfo Policyl Address 1 Address 4 Unit No.	holder Mailing Address 53 UBI AVENUE 1 11-26 ed Object: SMG53963 sements	Addre Relat Numb	ess Type ed Policy	Singapore address 5095531280-01	INDUSTRIAL Endorsement	Post Code	

Claim Handling					
cident MT/1056763					
ncy No.	5106642401	Vehicle No.	SMG53961	GST Registration No.	
rtificate No.					
licyholder Name	1 NEMESIS PTE LTD			Policyholder NR3C	201719407H
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ntact No. (Mobile)	-0	Contact No.(Office)	0	Contact No.(Home)	0
nell Address		Special Remark		eCode	rai V
K.	® No ⊜ Yes	TCA	® No ○ Yes	eCode Reason	(Company)
D Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
port Date	06/08/2019 18:23	Accident Report Within 24 hrs	Yes	Resident Work	2223
to of Assistant	05/08/2019			Accident Type	Collision + Head to Rear
te of Accident	02\08\501A	Time of Accident hh:mm	12:00	Country of Accident	Singapore
parting Centire	100000000000000000000000000000000000000	Orange Force		2CM No.	
Excess	VISHUN AVE I TWDS YISHUN AVE 8				
m damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
named Onver Excess		Dutside Singapore OD Excess	600.00		
rd Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Informa	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Venfied	Yes	
dification History					
Policyholder Mailing Ad	dress				
dress 1	53 UBT AVENUE 1	Address 2	#D1-56 PAYA UBI INDUSTRIAL	Address 3	SINGAPORE 408934
dress 4		Address Type	Singapore address	Post Cade	409934
HE NO.	11-26	Related Policy Number	5095531280-01	103117/002	400000
OI Driver Info					
ver Name	Unnamed Oriver	Driver Type	Unnamed Driver		
named driver Name	TAN YONG HAD	Driver NRIC	59590244H	Oriver DOB	05/09/1995
plater Date of Driver License.		Driver Age			
Mact No. (Mobile)	88775995		23	Driving Experience	3
		Contact No.(Office)	0	Contact No.(Home)	0
fress I	BLK 865	Address 2	YISHUN STREET 81	Address 3	SINGAPORE 760865
fress 4		Address Type	Singapore address	Post Code	760865
# No.	05-07				
es he own a Singapore gistered car?	○ Yes (No	Driver Vehicle No.		Driver Insurer Company	
daration					
athalyser or Blood Test ating?	D mg	Any injury?	○ Yes ® No		
dification History					
laim 001 New					
-					
m Type *	00-MX	Shaured Name	1 NEMESIS PTE LTD	Impured NRIC	201719407H
Kact No.(Mobile)	88696755	Contact No.(Home)		Contact No.(Office)	96344382
el Address		OI Vehicle Number	SMG53963	TP Vehicle Number	GBG3806L
mare Type Opimant Type •	Please Select	Type of Benefit .	Please Select		
mort Name *	>>	Claimant NRIC *			
mant Address					
m Description	SMG5396J / G8G3806L ON 5 Aug 2019			Name of Preferred Workshop	
erred Workshop Contact		Interest Column 1	The street leads	January Presented Workshop	
	No.	Insured Liability *	Not at Fault	_	
uire finalisation	Yes 🔻	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registered	06/08/2019 18:24	Claim Close Date		Date Received	06/08/2019 00:00
ort Taken By	Jackson				
Print AK letter					
			Scott appropri		
sandrases			Save Submit		
tachment					
dent No.	MT/1056763	Claim No.	001		
Doc, Received	● Yes ○ No	Upload Date	06/08/2019 18:25		
	Path +		Category *	Confidential Urgeni	Cy * Description *
		Browse.	Clear Please Select	NO V Normal	<u> </u>
		Browse	. Clear Please Select		
					<u> </u>
		Browse	Clear Please Select	V Normal	•

