

# NATIONAL Assessment Centre Services

Date In: 04/09/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19015692/13	SAS e-filing		
Veh No: 9K9659L	E-mail (within 8hrs: AIC 2hrs)		
D.O.A: 03/09/19 1530	i-Motor Claim Form	MT/1061046	-001
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( N-51 Tel: Fax: )

TP Particulars:	Veh No: X07485H	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%; F: 80-100%]	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

## General Remarks:-

- ( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.
- ( ) Total Loss Case : to e-mail Insurer URGENTLY.
- Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co. ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury : \_\_\_\_\_

Date/Time	Actions

NA1906691

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	On*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	Invoice dated	Fee Charged	

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	04/09/2019 14:58
Date Of Accident	03/09/2019 15:30
Exact Location Of Accident	AYE TWDS MCE AFT EXIT 15B(YUAN CHING RD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YK9659L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAURUS TRANSPORTATION & FORWARDING AGENCIES PTE LT
Co Reg No	198901612H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87525787
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	UD
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	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5076240513-03
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHAN JIA SHENG,DOMINIC
NRIC No	S9302638A
Date Of Birth	08/01/1993
Occupation	INDOOR
Date Of Driving Pass	19/09/2014
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87525787
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	73 JALAN TUA KONG #07-02
Postcode	457266
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - FAMILY
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)	1

#### 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

PLS REFER TO THE ATTACHED 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

Vehicle Registration Number	XD7485H
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)	

#### DETAILS OF INJURED PERSON 1

Name	CHAN JIA SHENG, DOMINIC
------	-------------------------

Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	YK9659L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

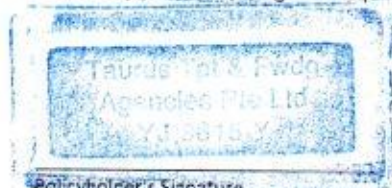
## SKETCH PLAN

### 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 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 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:
  - (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:

*[Signature]*  
3/9/19  
1750

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

*[Signature]*

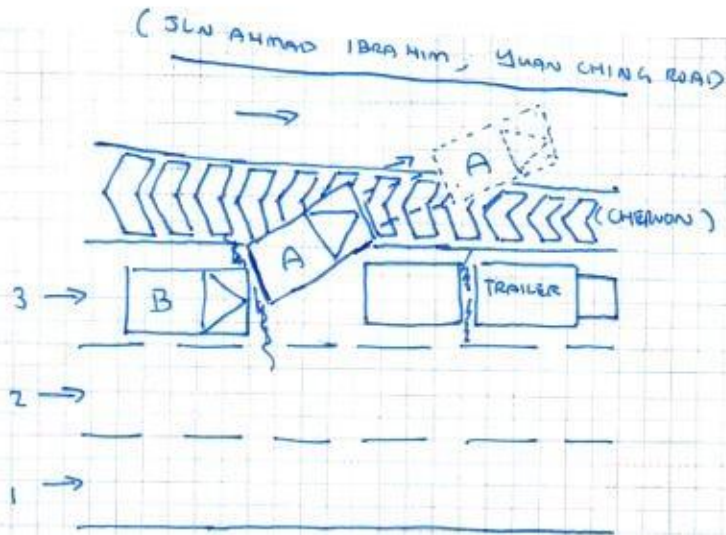
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

*[Signature]* 04/09/19

# SKETCH PLAN

Vehicle A - YK 9659L

Vehicle B - XD 7485H



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along AYE toward MCE direction. I was on the third lane.

While travelling straight ahead, suddenly I saw the vehicle in front of me had into a accident (Hit onto the vehicle in front) so immediately I jammed brake, as it was too sudden I notice on my left is the chervon, and so I tilted and swerved my vehicle into the Chervon to prevent any collision to the vehicle in front of me. When I'm about to stop my vehicle completely in the Chervon, suddenly I felt a great impact from the rear of my vehicle, with the impact, my vehicle was fully pushed into the slip road from (Jln Ahmad Ibrahim / Muon Ching Road).

Alighted from my vehicle and realized it was Tipper Truck with licence plate number (XD 7485H) that collided to the rear of my vehicle and causing a impact that pushed me into the slip road on the left.

Vehicle A - YK 9659L

Vehicle B - XD 7485H.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Taurus Tpt & Fwdg  
Agencies Pte Ltd

Policyholder's Signature  
Date & Time:

3/9/19  
1750

Driver's Signature  
(If driver is not the policyholder)

Reporting Centre Personnel's Signature  
Name:

sfym 04/09/19

<b>Vehicle No.</b>	UK 9659L	Model / Make	NISSAN UD
Date of Accident	03/09/19		
Time of Accident	1530	HRS	
Location of Accident	AYE TOWARD MCE AFTER EXIT 5B (YUAN CHING RD)		
Exact purpose use during accident	WORKING HOUR		
<b>Name of Owner</b>	TAURUS TRANSPORTATION & FORWARDING AGENCIES PTE LTD		
Telephone No.	H/P: 8752 5787	Home :	Office :
NRIC	198901612H		
Address	7 KEPPEL ROAD #02-16 TANJONG PAGAR COMPLEX S(089053)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5076240513-03		
<b>Name of Driver</b>	As Above If <u>No</u> , CHAN JIA SHENG, DOMINIC		
NRIC	S 9302 638A	Any Passengers : NIL	
Date of birth	08 JAN 1993		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	19 SEP 2014		
Gender	Male / Female		
Contact No.	H/P: 8752 5787	Home :	Office :
Address	73 JALAN TUA KONG #07-02 S(457266)		
Driver have any own vehicle	<u>No</u>	If yes, Reg No.	
Relationship	Employee,	If no, state	(FAMILY BUSINESS)
Weather condition	<u>Clear</u>	Raining	Other
Road Surface	<u>Dry</u>	Wet	Other
Any Injuries	No,	If <u>Yes</u> , Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	<u>No</u>	If Yes, Where?	
<b>Vehicle B No.</b>	XD 7485 H	Any Passengers :	
Name of Driver		Contact No. :	
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	REAR		
Camera Recorder	Yes / <u>No</u>		
Email Address			
PARTICULAR WORKSHOP	N-51 AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN 98575300		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

## 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 :** 5076240513-03

**Cover :** Third Party, Fire & Theft

- |   |   |
|---|---|
| 1. Index mark and Registration Number of Vehicle  | : YK9659L   |
| Chassis Number  | : YU41T4002064  |
| 2. Name of Policyholder   | : TAURUS TRANSPORTATION & FORWARDING AGENCIES PTE LTD |
| 3. Effective Date of Insurance  | : 11 Dec 2018   |
| 4. Expiry Date of Insurance   | : 10 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. |   |
| 6. Limitations as to Use#   |   |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.   |   |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.   |   |

This Policy does not cover

- |  |
|--|
| (a) Use for hire or reward.  |
| (b) Use for racing, pace-making, reliability trial or speed-testing.                                   |
| (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle. |

# 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.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

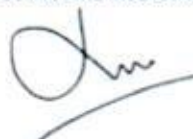
Agency : SONA INSURANCE AGENCIES (00000573757)  
Date of Issue : 03 Dec 2018 18:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

> Back to OneMotoring

#### Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	612H
Vehicle No.:	YK9659L
Vehicle to be Exported:	Yes
Intended Deregistration Date:	06 Sep 2019
Vehicle Make:	NISSAN
Vehicle Model:	YU41T4
Primary Colour:	White
Manufacturing Year:	2001
Engine No.:	TD42029162T
Chassis No.:	YU41T4002064
Maximum Power Output:	-
Open Market Value:	\$29,369.00
Original Registration Date:	08 Jun 2001
First Registration Date:	08 Jun 2001
Transfer Count:	0
Actual ARF Paid:	\$1,469.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	31 Mar 2022
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$24,394.00
COE Rebate Amount:	\$12,524.00
<b>Total Rebate Amount:</b>	<b>\$12,524.00</b>

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 03 Sep 2019

OK

Claim Handling

Accident MT/1061046

Policy No.	5076240513-03	Vehicle No.	YK9659L	GST Registration No.
Certificate No.				
Policyholder Name	TAURUS TRANSPORTATION & FORWARDING AGENCIES PTE LTD			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	87525787	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	04/09/2019 19:11	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/09/2019	Time of Accident hh:mm	15:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	AYE TWDS MCE AFT EXIT 15B(YUAN CHING RD)			

▼ Excess

Own damage Excess	0.00	Additional Excess	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	
Third Party Excess	0.00	Outside Singapore TP Excess	

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/11/19
GST Registration No.	M200862643	GST Status Verified	Yes
Modification History	04/09/2019 19:15:03 System changed GST Registered from No to Yes 04/09/2019 19:15:03 System changed GST Registration No. from null to M200862643 04/09/2019 19:15:03 System changed GST Registration Date from null to 01/11/1995		

▼ Policyholder Mailing Address

Address 1	7 KEPPEL ROAD	Address 2	#02-16 TANJONG PAGAR COMPI	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5077315037-03	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	CHAN JIA SHENG,DOMINIC	Driver NRIC	S9302638A	Driver DOB
Register Date of Driver License	19/09/2014	Driver Age	26	Driving Experience
Contact No.(Mobile)	87525787	Contact No.(Office)	0	Contact No.(Home)
Address 1	73 JALAN TUA KONG	Address 2	PARK EAST	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#07-02			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	TAURUS
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	YK9659
Claim Description	YK9659L / XD7485H ON 3 Sept 2019		
Preferred Workshop		Insured Liability	Not at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	04/09/2019 19:17
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	ROSLINDA

Save

Submit

Attachment

Accident No.

MT/1061046

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

04/09/2019 00:00

Path \*

Category \*

Confidential

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

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No file chosen

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No file chosen

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NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Sep 2019 19:17	NRIC/ Driving License	Y	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Sep 2019 19:17	SAS		Normal	SAS
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Sep 2019 19:17	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Sep 2019 19:17	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Sep 2019 19:17	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Sep 2019 19:17	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Sep 2019 19:16	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Sep 2019 19:16	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Sep 2019 19:16	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Sep 2019 19:16	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Sep 2019 19:16	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Sep 2019 19:16	Photos		Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	
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Display in New Window

Scan and uploading