

NATIONAL Assessment Centre Services.

[wef 1 Jan'05] **MWA119128646**

Date In: 28/1/05-13:57	Job description	Date & Time Completed	Done by
Ref No: NA/INC/1901710/PW	SAS e-filing		
Veh No: 5MP2286X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/1/05-13:20	i-Motor Claim Form	M711064509-001	28/1/05 18:10
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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: 5MP2286X	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: ()	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

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			for Bill	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		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey)	\$30		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Dat. 2/3:	6) TR : Re-inspection	\$75		
	7) N1 : Idac DA + SMRT Survey	\$160		
	8) NTUC Additional Services:-			
	QJ*:			
	*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	\$0		
	Invoice dated	Fee Charged		
	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	28/09/2019 17:57
Date Of Accident	27/09/2019 13:20
Exact Location Of Accident	JURONG TOWN HALL RD TWDS BUKIT BATOK RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF7086X
Insured/Policyholder	
Name Of Registered Owner	TAMMILMANI S/O MANICKAM
NRIC No	S1670501B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96601017
Alternative Phone No	OFFICE-96601017

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT 1.4 GL AUTO
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106569587
Cover Note Number	

Driver

Name of Driver	THAARANIE TAMMILMANI
NRIC No	S9829848G
Date Of Birth	07/09/1998
Occupation	INDOOR
Date Of Driving Pass	18/10/2018
Driving Experience	0 YEAR AND 11 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-90019024
Fax Number	
Contact Number	OFFICE-90019024
EEmail Address	NOEMAIL

Address	BLK 319 BUKIT BATOK STREET 33 #03-44
Postcode	650319
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	RAINING
Road Surface	WET

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: : TAMMILMANI S/O MANICKAM GENDER: : MALE

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

Vehicle Registration Number	SJG2225A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SUBBIAH SELVAKUMAR
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name: THAARANIE TAMMILMANI

Approximate Age

Injuries Sustain: BODY

Injured person in which vehicle?: SMF7086X

Were seat belts worn?: YES

Was this injured conveyed to hospital by ambulance?: NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name: TAMMILMANI S/O MANICKAM

Approximate Age

Injuries Sustain: BODY

Injured person in which vehicle?: SMF7086X

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:

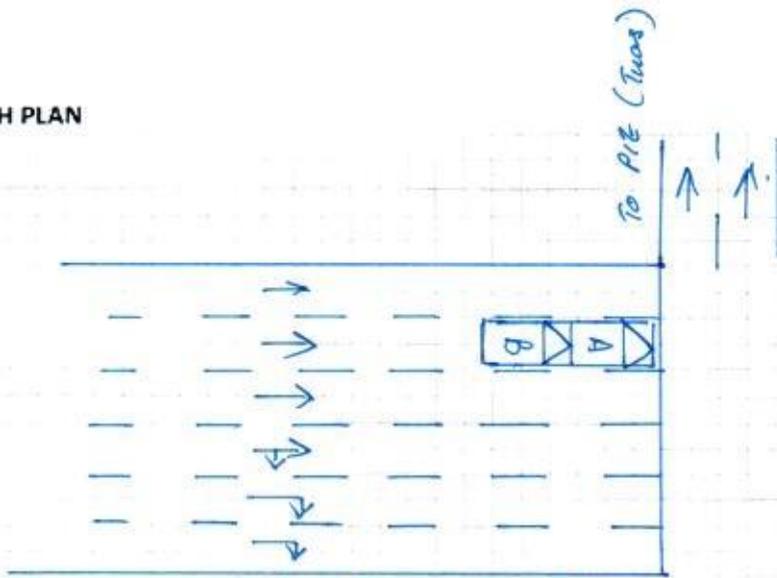


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



(A) SMF 7086X
 (B) SJG 2225A

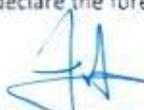
Jurong Town Hall Road towards
 Bukit Batok Road.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/09/19 at @ 1320hrs, I was travelling in my vehicle (SMF 7086X) along Jurong Town Hall Road towards Bukit Batok Road on the 2nd lane from the left. While approaching the junction of PIE, the traffic light turns amber and I slow down and stopped. Suddenly, a car (SJG 2225A) from behind collided into the rear portion of my vehicle.

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.:

Vehicle No.	SMF 7086X. Model / Make Suzuki Swift.	
Date of Accident	27 / 09 / 19.	
Time of Accident	1320 HRS	
Location of Accident	Jurong Town Hall Road towards Bukit Batok Road.	
Exact purpose use during accident	Private Used. Junction PIE.	
Name of Owner	Tamilmani s/o Manickam.	
Telephone No.	H/P: 9660 1017 Home:	Office:
NRIC	S1670501B.	
Address	BLK 319 Bukit Batok St 33 #03-44 (S) 650319.	
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY	
Insurance Company	NTUC.	
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft	
Policy No.	5106569587.	
Name of Driver	As Above If No, Thaaranie Tamilmani	
NRIC	S9829848G. Any Passengers: 01 (M).	
Date of birth	07 / 09 / 1998.	
Occupation	Outdoor / <u>Indoor</u>	
Driving License Pass Date	18 / 10 / 2018.	
Gender	Male / <u>Female</u>	
Contact No.	H/P: 9001 9024 Home:	Office:
Address	BLK 319 Bukit Batok St 33 #03-44 (S) 650319.	
Driver have any own vehicle	<u>No</u> , If yes, Reg No.	
Relationship	Employee, If no, state <u>Daughter</u> .	
Weather condition	Clear <u>Raining</u> Other	
Road Surface	Dry <u>Wet</u> Other	
Any Injuries	No, <u>If Yes, Who?</u>	
Name And Contact No.	Thaaranie Tamilmani (H/P: 9001 9024)	
Name And Contact No.	Tamilmani s/o Manickam (H/P: 9660 1017).	
Police Report	<u>No</u> , If Yes, Where?	
Vehicle B No.	STG 2225 A.	Any Passengers: N.A
Name of Driver	Subbrah Selvakumar	Contact No.:
Vehicle C No.		Any Passengers:
Vehicle D No.		Any Passengers:
Vehicle E no.		Any Passengers:
Vehicle F No.		Any Passengers:
Vehicle G No.		Any Passengers:
Witness Name	N.A.	Witness Contact: N.A
Accident Portion	Rear Portion.	
Camera Recorder	Yes / <u>No</u>	
Email Address	thaaranie.0709@gmail.com.	
PARTICULAR WORKSHOP	Twincar.	
CONTACT NO.	6842 0051 / 6744 0510	
CONTACT PERSON	Zi Fong.	
FAX NO	6741 0510	
WORKSHOP EMAIL ADDRESS	sales@n5i.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: 5106569587

Cover : drive CLASSIC

- | | |
|---|---------------------------|
| 1. Index mark and Registration Number of Vehicle | : SMP7086X |
| Chassis Number | : JSAPZC82500103661 |
| 2. Name of Policyholder | : TAMMILMANI S/O MANICKAM |
| 3. Effective Date of Insurance | : 27 Dec 2018 |
| 4. Expiry Date of Insurance | : 26 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. | |

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.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH CDE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TAMMILMANI S/O MANICKAM
NAMED DRIVER (1)	: THAARANIE TAMMILMANI
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD
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 : LQ INSURANCE AGENCY PTE LTD (00000613125)

Date of issue : 27 Dec 2018 10:41 hrs

LQ INSURANCE AGENCY PTE LTD

1802 BENCOOLEN STREET
 #04-01 THE BENCOOLEN
 SINGAPORE 180648
 TEL: 6-334-0783 FAX: 6-334-0624
 Co. Reg. No: 199005500W

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5106569587		TAMMILMANI S/O MANICKAM	S16705018	GPC	drive CLASSIC	SMF7086X	SMF7086X	27/12/2018	05/02/2020

Continue

▼ Policy Information

Policy No.	5106569587	Policyholder Name	TAMMILMANI S/O MANICKAM	Policyholder NRIC	S1670501B
Certificate No.					
Address	BLK 319 #03-44 BUKIT BATOK STREET 33 SINGAPORE 650319				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	27/12/2018	Effective Date	27/12/2018 00:00	Expiry Date	05/02/2020 23:59
Excess Type		All Claims Excess			
Third 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	Young/Inexperience Driver Excess	
Agent	LQ INSURANCE AGENCY PTE LTI	Agent Tel.	63340783	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 319 #03-44	Address 2	BUKIT BATOK STREET 33	Address 3	SINGAPORE 650319
Address 4		Address Type	Singapore address	Post Code	650319
Unit No.		Related Policy Number	5106569587		

▶ Insured Object: SMF7086X

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	27/12/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 27 Dec 2018, this policy is extended to include Free NCD protection and is subject to Endorsement M4 enclosed.
2	16/07/2019 00:00	POI Extension/Shorten	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 27 Dec 2018 TO 05 Feb 2020 In view of this amendment, an additional premium of \$116.46 (inclusive of GST) is payable under your policy. This amount will be debited to your credit card account number 5240-40xx-xxxx-2264.

Continue Cancel

Claim Handling

Accident MT/1064509

Policy No.	S106569587	Vehicle No.	SMF7086X	GST Registration No.	
Certificate No.					
Policyholder Name	TAMMILMANI S/O MANSOKAM			Policyholder NRJC	S1670501B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96601017	Contact No.(Office)	0	Contact No.(Home)	0
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	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	28/09/2019 18:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	27/09/2019	Time of Accident hh:mm	13:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JURONG TOWN HALL RD TWDS BUKIT BATOK RD				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore DO Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 319 #03-44	Address 2	BUKIT BATOK STREET 33	Address 3	SINGAPORE 650319
Address 4		Address Type	Singapore address	Post Code	650319
Unit No.		Related Policy Number	S106569587		

DI Driver Info

Driver Name	THAARANIE TAMMILMANI	Driver Type	Named Driver	Driver DOB	07/09/1996
Unnamed driver Name		Driver NRJC	59629848G	Driving Experience	0
Register Date of Driver License	18/10/2018	Driver Age	21	Contact No.(Home)	0
Contact No.(Mobile)	90019024	Contact No.(Office)	0	Address 3	SINGAPORE 650319
Address 1	BLK 319	Address 2	BUKIT BATOK STREET 33	Post Code	650319
Address 4		Address Type	Singapore address		
Unit No.	03-44				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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 **New**

Claim Type *	OD-MX	Insured Name	TAMMILMANI S/O MANSOKAM	Insured NRJC	S1670501B	
Contact No.(Mobile)	96601017	Contact No.(Home)	65609394	Contact No.(Office)		
Email Address	tammilmani@yahoo.com	DI Vehicle Number	SMF7086X	TP Vehicle Number	S2G2225A	
Claimant Type Claimant Type*	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRJC *				
Claimant Address						
Claim Description	SMF7086X / S2G2225A ON 27 Sept 2019				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	28/09/2019 00:00	
Date Registered	28/09/2019 18:10	Claim Close Date				
Report Taken By	Jackson					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1064509	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/09/2019 18:10

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/> Browse... Clear	Please Select	NO	Normal	
<input type="text"/> Browse... Clear	Please Select	NO	Normal	
<input type="text"/> Browse... Clear	Please Select	NO	Normal	
<input type="text"/> Browse... Clear	Please Select	NO	Normal	
<input type="text"/> Browse... Clear	Please Select	NO	Normal	

Send Message

Attachment List

Msg Sent?

