Date In: 34/2/19 - 14: V6		WAT19143 671		
1 1 1 1 - a 1 1 Vb	Jeb description	Date & Time Completed	Done b	λ,
Rel No: Hally Classifly	SAS e-filing			
Veh No: ampi63A	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 30/17/9-11:00	i-Motor Claim Form	M7/1269142-021	30/0/14/14	:39
	i-Motor W/O (Within: OD 2	hrs, TP 4hrs)		
OD TP Reporting Only	i-Photo Uploaded			3-10-11-1
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hane	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: ARF 6	TYGY . INC	()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Perio	od: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [No	ote-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 80-	100%]	
Year of Registration: () W	arranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,000	0()/\$2,000()		The same of the same of the same of	
General Remarks:-			Com to the	2.
() Walk-In Customer : Customer's inform				
() Total Loss Case : to e-mail Insurer				
		Towing Co: (-)
Drive-In ()/ Towed-In (); Invoice:	YES()/NO();	Towning Co. (
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done l	y
	urtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()		1	
Injury:			YALO SEE	4 17. 22.
			**************************************	14 TH, 224
				14 17 22 -
				\$ 150, 220
				1 11 22
				Aist (5)
Date/Time Actions		reparation Checklist	And (5)	Amt(\$)
Date/Time Actions	Invoice P	reparation Checklist	ficBill	
Date/Time Actions	Invoice P 1) AR: Accid 2) DA: Dam	reparation Checklist lent Reporting (\$30); age Assessment (\$100); INC (fa Bill (
Date/Time Actions MAI Mose Actions Laumant's Particulars:-	Invoice P 1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow	reparation Checklist lent Reporting (\$30); lege Assessment (\$100); INC (lege Fee S w-Through Survey	fst Bill \$80) 40/\$45 \$120	
Date/Time Actions MAINOSVA Laimant's Particulars:	Invoice P 1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow	reparation Checklist lent Reporting (\$30); age Assessment (\$100); INC (ag Fee S w-Through Survey w-Through Survey (Resurvey)	580) 40/545 5120 530	
Date/Time Actions HAMANA Raimant's Particulars:- river/Owner: ontact No:	Invoice P 1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow	reparation Checklist lent Reporting (\$30); age Assessment (\$100); INC (ag Fee S w-Through Survey w-Through Survey (Resurvey) age age inst INC Only (wef 10 Jan 20)	\$80) 40/\$45 \$120 \$30 05) \$75	
Date/Time Actions MAI 1908 Actions Inimant's Particulars:- river/Owner: ontact No:	Invoice P 1) AR: Accid 2) DA: Dam 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae I	reparation Checklist lent Reporting (\$30); age Assessment (\$100); INC (ag Fee \$ *Through Survey *Through Survey (Resurvey) age age inst INC Only (wef 10 Jan 20 spection DA + SMRT Survey	\$\$1.00 \$\$1	
Date/Time Actions MAI 1908 Actions Inimant's Particulars:- river/Owner: ontact No:	Inveice P 1) AR: Accid 2) DA: Dama 3) TF: Town 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae I 8) NTUC Ad	reparation Checklist lent Reporting (\$30); age Assessment (\$100); INC (ag Fee S w-Through Survey w-Through Survey (Resurvey) age age inst INC Only (wef 10 Jan 20) spection	\$80) 40/\$45 \$120 \$30 05) \$75	
Date/Time Actions MAINONA Liumant's Particulars:- river/Owner: ontact No: amaged Portion:	Invoice P 1) AR: Accid 2) DA: Dame 3) TF: Towin 4) FT: Follon 5) iFT: Follon For claims 6) TR: Re-in 7) N1: Idae I 8) NTUC Ad QD* *NS: Cour	Iceparation Checklist Jent Reporting (\$30); See Assessment (\$100); INC (See See Search Servey W-Through Survey (Resurvey) See assess INC Only (wef 10 Jan 20) Spection DA + SMRT Survey ditional Services:- Jess Car / Tpt Allowance	\$80) 40/\$45 \$120 \$30 05) \$75 \$160	
Date/Time Actions MAI 1908 Actions Laurant's Particulars:- river/Owner: ontact No: amaged Portion:	Invoice P 1) AR: Accid 2) DA: Darne 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae I 8) NTUC Ad QD* *N5: Cour *N6: Reps	reparation Checklist lent Reporting (\$30); age Assessment (\$100); INC (ag Fee \$ w-Through Survey w-Through Survey (Resurvey) age age inst JNC Only (wef 10 Jan 20) spection DA + SMRT Survey ditional Services:- lesy Car / Tpt Allowance ir Co-ordination	\$\$0) 40/\$45 \$120 \$30 05) \$75 \$160	
NALYONA NALYONA Inimant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice P 1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae I 8) NTUC Ad QD* *N5: Cour *N6: Repa *N7: Fost *N8: DV	reparation Checklist lent Reporting (\$30); age Assessment (\$100); INC (age Fee Sew-Through Survey w-Through Survey (Resurvey) age against INC Only (wef 10 Jan 20 spection DA + SMRT Survey ditional Services:- lessy Car / Tpl Allowance in Co-ordination Repair Inspection Collect Excess Coordination	\$80) 40/\$45 \$120 \$30 95) \$75 \$160 \$55 \$510 \$25 \$55	
Date/Time Actions HALAGONA Inimant's Particulars:- river/Owner: ontact No: armaged Portion: C Checked by (Engr-In-Charge): additors! Comments:-	Invoice P 1) AR: Accid 2) DA: Dame 3) TF: Towir 4) FT: Follor 5) FT: Follor For clairair 6) TR: Re-in 7) N1: Idae I 8) NTUC Ad QD* *N5: Cour *N6: Repa *N7: Fost *N8: DV/ TP (N11)	reparation Checklist lent Reporting (\$30); age Assessment (\$100); INC (ag Fee S w-Through Survey (Resurvey) age against INC Only (wef 10 Jan 20) spection DA + SMRT Survey ditional Services: lessy Car / Tpt Allowance ir Co-ordination Repair Inspection Collect Excess Coordination TP (Non INC) against INC	\$80) 40/\$45 \$120 \$30 05) \$75 \$160 \$55 \$510 \$525 \$53 \$520 \$30	'Add Bill
Date/Time Actions	Invoice P 1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae I 8) NTUC Ad QD* *N5: Cour *N6: Repa *N7: Fost *N8: DV	reparation Checklist Jent Reporting (\$30); Joge Assessment (\$100); INC (Joge Fee Sw-Through Survey W-Through Survey (Resurvey) Jogedian Survey (Wef 10 Jan 20) Jogedian JNC Only (Wef 10 Jan 20) JNC (Wef 10 Jan 20	\$\$80) 40/\$45 \$120 \$330 05) \$75 \$160 \$55 \$510 \$525 \$53 \$200 \$30	

in print at a re-

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.
- 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.

Market Harrison Street	ACCIDENT STATEMENT
Date Of Report	30/10/2019 14:26
Date Of Accident	30/10/2019 11:00
Exact Location Of Accident	SALVATION ARMY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMP163A
Insured/Policyholder	
Name Of Registered Owner	ENG SIK CHEN (WENG XIZHEN)
NRIC No	S8016767I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93631315
Alternative Phone No	OFFICE-93631315
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
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	5112059805
Cover Note Number	
Driver	
Name of Driver	ENG SIK CHEN (WENG XIZHEN)
NRIC No	S8016767I
Date Of Birth	14/06/1980
Occupation	OUTDOOR
Date Of Driving Pass	16/06/2011
Driving Experience	8 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93631315
Fax Number	
Contact Number	OFFICE-93631315

NOEMAIL

Address BLK 4 DOVER ROAD

#05-386

Postcode 130004

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

SEPARATE SERVICES

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

2

NO

NO

NO

1

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

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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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?

Was there any audio recorded?

YES

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBF6529Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver HARDEV SINGH

NRIC/Passport Number G8394034X

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Page 2 of 21

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.
- 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.
- 5. 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:
 - (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:
 - 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 .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped my col stationary w	niting for passage
to alight, sudderly web 35 rever	ged hit onto my
'yet rear LM porton	
	n és de la companya d
NOTE OF THE PARTY	

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.:

Personal Particulars		
	ne of Accident: 11.02 C	
Exact Location of Accident: BIShan / Sal	vation Amy	
Owner's Name: Fog Sik Chen	NRIC NO. 58016767	I LHP No: 9363131
Driver's Name:	NRIC No:	HP No:
Date of Birth: 14 6 1980 Driving Licence Passing Da	te: 16 20 11 Occupation	: Indoor / Outdoor
Address: 4 Dover Rd #05 - 31	((30004)	
Relationship of Driver with Insured: OWACV Email A		
Vehicle No: SMP 163 A Make &		
Insurance Co: NTUC Coverage:		
*Purpose of Reporting? Own Demage Claim ; *Exact Purpose of The Vehicle Was Being Us *Weather Condition? (lear / Raining / Other	ed At Time Of Accident:	Private Use / Work
10 10 10 10 10 10 10 10 10 10 10 10 10 1		
* Any passenger inside vehicle involved? (Ye		
A: 1 + 0 B. 1 + 0	L:	_D:
*Was Anybody Injured ? (Yes / No) If yes,		
Name / NRIC / In Vehicle:		
*Was The Accident Reported To The Police 7	Î	
No O Yes, Which Police Station?		
*Does the Driver Own Any Other Vehicle?		
O No O Yes, Vehicle Registration No:	insurer:	
*Was any foreign vehicle involved? (Yes /)		
*Was there any video captured by Car Came	N STRUCK IN	
	1121 ((0))110)	36
Third Party Driver's Particulars	20045-200	
	& Model:	
Driver's Name: Harden Singh		
	& Model:	
Driver's Name:	NRIC No:	HP No:
Witness Particulars		
Name:	NRIC No.	HO No:

· :: 1-.

d + Log Out
e Expiry Date
9 04/09/2020
ence 201

Policy No.	5112059805	Policyholder Name	ENG SIK C	HEN (WENG XIZHEN)	Policyholder NRIC	S8016767I		
Certificate No.		Name			NKIC			
Address	BLK 4 #05-386 DOVER ROAD	SINGAPORE 13	0004					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy ssue Date	03/09/2019	Effective Date	05/09/201	9 00:00	Expiry Date	04/09/2020	23:59	
Excess Type	Per Accident	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			You	ung/Inexperience Dr	lver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Y		
Co- Insurance	No							
Flag								
Open								
Flag Open Policy Info Certificate Info								
Open Policy Info Certificate Info	older Mailing Address							
Open Policy Info Certificate Info Policyh	older Mailing Address BLK 4 #05-386	Addre	ss 2	DOVER ROAD		Address 3	SINGAPORE	130004
Open Policy Info Certificate Info Policyh Address 1	AND THE COMMON TO SHAPE TH		ss 2 ss Type	DOVER ROAD Singapore address		Address 3	SINGAPORE 130004	130004
Open Policy Info Certificate Info Policyh Address 1 Address 4	AND THE COMMON TO SHAPE TH	Addre	ss Type				877345763353457	130004
Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	AND THE COMMON TO SHAPE TH	Addre Relate	ss Type	Singapore address			877345763353457	130004
Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	BLK 4 #05-386 d Object: SMP163A	Addre Relate	ss Type	Singapore address			877345763353457	130004
Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	BLK 4 #05-386 d Object: SMP163A ements	Addre Relate Numb	ss Type	Singapore address 5112059805		Post Cade	130004	130004 nent Content

Claim Handling									
Accident MT/1069140									
Noticy No.	St12059005		ehicle No.	SMP16	ISA.		GST Registration	No:	
Certificate No.							NEW CONTRACTOR OF THE PARTY OF		
Policyholder Name	TING SIK CHEN (WENG XIZHEN	000					Poscytholder NRIC		580167671
Product Code	PRIVATE CAR INSURANCE		over Type	drivo t	DASSIC		Loading		0
Contact No (Mobile)	93631315		omact No. (Office)	0			Contact No (Home	e)	0
Email Address		9	pecial Remark				eCode	50.0	THE STATE OF THE S
OFK.	® No ○Yes		CA	(€) No	Oves		eCode Reason		1,000
4CD Protection	No		CD Entitlement(%)	0	541.75		Private Hire		S
Accident Details			-5000	8:			Private Hire		Yes
leport Date	30/10/2019 14:38		ccident Report Within 2	4 hrs. Ves			Acceptant Towns		
Date of Accident	30/10/2019						Accident Type		Damaged whilst parked
	30/10/2019		me of Accident hitemm	11:00			Country of Acode	nt	Singapore
eporting Centre		c	range Force				ICM No.		
scrident Education	SALVATION ARMY								
Total Excess Applicable									
xcess Type	Per Accident	y	Indscreen Excess		100.00				
La 2000 Contractor									
D Standard Excess	2,000.0		Standard Excess		1,500.00				
ED OD Excess	0.0	У У	ED TP Excess		0.00	Ē	Oniver is Covered?	į.	Covered
dditional Excess	1								
otal OD Excess Applicable	2000.00	T .	ital TP Excess Applicabl	le .	1,500.00				
→ Benefits									
GST Registered Inform									
ST Registered	No				GST Registration Date				
ST Registration No.					GST Status Verified		Yes		
odification History									
and the second second									
Policyholder Mailing Ad	Idress								
ddress 1	BLK 4 #05-386	A	idress 2	DOVER	ROAD		Address 3		SINGAPORE 130004
ddress 4		A	dress Type	Singape	ire address		Post Code		130004
nit Na.			lated Policy Number	511205					
OI Driver Info				SELETY	0.0030				
nver Name	ENG SIX CHEN (WENG XIZHEN)	- De	iver Type	Main Dr	wer				
nnamed driver Name			iver NRIC	58016			Driver DOB		14/06/1980
egister Date of Driver License	16/06/2011		wer Age	39	216		Driving Expenence		8
ontact No.(Mobile)	93631315		mtact No.(Office)	0					
ddress 1	BLK 4		dress 2				Contact No.(Home	1	0
ddress 4	DDA 4			DOVER			Address 3		SINGAPORE 130004
		Ad	dress Type	Singapo	re address		Post Code		130004
nit No.	05-386								
oes he own a Singapore egistered car?	○ Yes ® No	De	iver Vehicle No.				Driver Insurer Com	припу.	
claration									
reathalyser or Blood Test sading?	0 mg	Ar	y injury?	○ Yes	® No				
odification History									
ourseason reasony									
Claim 001 New									
WO. CO.	Constitution			Campaiana					
alm Type *	OD-MX	in	oured Name	ENG SI	CHEN (WENG XIZHEN)		Insured NRIC		\$8016767[
ntect No.(Mobile)	93631315	Co	ntact No. (Home)	NOL			Contact No. (Office)		
nail Address	JESLINE_ENG67@YAHOO.COM.	01	Vehicle Number	SMP163	A		TP Vehicle Number		G8F6529Y
smant Type Claimant Type *	Please Select	Ty	pe of Benefit *	Please	Select 🔻				
smant Name *			imant NRIC +						
ement Address									
Nm Description	SMP163A / GBP8529Y ON 30 Oc	t 2019					Name of Preferred	Workshoo	
eferred Workshop Contact			and the state of	-	5.76	-11			
Marchaelman and F			ured Liability *	Not at f	-				
quire Finalisation	Yes		ferered Repair Option	Preferre	d Workshop, Name unen	awn 💌	GIA report		Received
te Registered	30/10/2019 14:39	O	im Close Date				Date Received		30/10/2019 00:00
port Taken By	Jackson								
Print AK letter									
				Save 5	kubmit				
Attachment									
2									
			Claim No.		001				
cident No.	MT/1069140		Children Barre		30/10/2019 14:	40			
	MT/1069140 ® Yes © No		Upload Date						
	® Yes □ No		Opload Date		Color		Carl acres		
			1,000,000,000,000	and I represent	Category	No.	Confidential	Urgeno	
	® Yes □ No		Bro		Please Select	V	No V	Normal	V
	® Yes □ No		Bro		990000	No.	No V	Application of the last of the	
	® Yes □ No		Bro Bro	wse Ces	Please Select	V	NO V	Normal	V
	® Yes □ No		Bro Bro	wse Ge	Please Select	0	NO V	Normal Normal	
	® Yes □ No		Bro Bro	wse Cea	r Please Select r Please Select r Please Select r Please Select	0	NO	Normal Normal Normal	9
ordent No. st Dac. Received	® Yes □ No		Bro Bro	wse Cea	Please Select Please Select Please Select	0	NO	Normal Normal	

