Date III. The III of			14119 N7 633	1	
Date In: 7/11/19 16:05	Job descript	ion	Date & Time Completed	Do	ne by
Rei No: Na INCIGARATORY	SAS e-filir	ng			
Veh No: 610 7689 R	E-mail (wit	hin 8hrs, AIC 2hrs)			
D.O.A: 70/19- 71:32	i-Motor C	laim Form	100-1140Follow	7/11/19	6:08
OD : (P) Reforming Only	i-Motor W	O (Within: OD 2hrs		-1:41-1	0, 0
on to stange only	i-Photo Up	loaded			*- 100 0
TP Insurer:	Assessment	Survey Report			
200000000000000000000000000000000000000	Ass't Repor	t by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	-
TP Particulars: Veh No: Pipe		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%. F: 30-1	00%]	0.00
	arranty: YES ()		
Excess: (\$) Loading: \$1,000					
General Remarks,-				0.00	1
() Walk-In Customer : Customer's inform	nation strictly C	onfidential & Stri	ctly NO rafer of repairer	Annah Annah Annah	
() Total Loss Case : to e-mail Insurer	URGENTLY		1		
Drive-In ()/ Towed-In (); Invoice:			- C- (
///	IES()/	NO (); To	wing Co: ()
Remarks:- (INC hotline: 6788 6616)		42.4	Date&Time Completed	Done	by
	irtesy Car ()		AND THE PROPERTY OF THE PARTY O	
2) 00 01 1 1 1					
2) QC Check / Post Repair Inspection	()	-		- 6-5-5
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$300]	(00) ()			
3) Upload Resurvey Photo [Repair Cost > \$300	(00) ()			
3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	(00) ()			
3) Upload Resurvey Photo [Repair Cost > \$300)		gage av	
3) Upload Resurvey Photo [Repair Cost > \$300 Injury:)		PARTONIA	4 1 4 54
3) Upload Resurvey Photo [Repair Cost > \$300 Injury:)		Tagara ar	4.174.64
3) Upload Resurvey Photo [Repair Cost > \$300 Injury:)		2.28 A. 28 A. 28	
3) Upload Resurvey Photo [Repair Cost > \$300 Injury:)		Part access are	
3) Upload Resurvey Photo [Repair Cost > \$300 Injury:				20 A 10 C 20 C	
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time: Actions		Total		Anit (5)	
July & Actions. HAIS & 396		Invoice Prepa	ration Chrcklist		Amt(3
July & Actions. HAIS & 396		Total	ration Chrcklist porting (\$30);	Anit (5)	Am (\$
Jacana Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions HA19 336 aimant's Particulars:		Invoice Prepa 1) AR: Accident Re 2) DA: Damege Ass 3) TF: Towing Fee	ration Checklist porting (\$30); sessment (\$100); INC (\$80) \$40/5	Anit (S)	Am (\$
July : Date/Time Actions HA19 & 196 aimant's Particulars:- iver/Owner:		Invoice Prepa 1) AR: Accident Re 2) DA: Damege As: 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro	ration Checklist: porting (\$30); sessment (\$100); INC (\$80) \$40/5 ugh Survey \$1 ugh Survey \$2	Anit (S)	Am (\$
July: Date/Time Actions Actions stimant's Particulars: iver/Owner:		Invoice Prepa 1) AR: Accident Re 2) DA: Damege Asi 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again	ration Checklist porting (\$30); sessment (\$100); INC (\$80)	Anit (5) fit Bill 45 20 30	Am (\$
July: Date/Time Actions Actions stimant's Particulars: iver/Owner:		Invoice Prepa 1) AR: Accident Re 2) DA: Damege As: 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro	ration Checklist porting (\$30); sessment (\$100); INC (\$80)	Anit (5) 7st Bill 45	Am (\$
Journal Actions Actions Half & Job suimant's Particulars: iver/Owner: intact No: maged Portion:		Invoice Prepa 1) AR: Accident Re 2) DA: Damege Asi 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspectio 7) N1: Idae DA + Si 8) NTUC Additional	ration Checklist porting (\$30); sessment (\$100); INC (\$80) \$40/5 ugh Survey \$1 ugh Survey (Resurvey) \$ ast JNC Only (wef 10 Jan 2005) n \$ MRT Survey \$1	Anit (\$) fit Bill 45 20 30	Amt (3)
July : Date/Time Actions Linjury: Date/Time Actions summant's Particulars: iver/Owner: ntact No: maged Portion:		Invoice Prepa 1) AR: Accident Re 2) DA: Damege Asi 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspectio 7) N1: Idae DA + Si 8) NTUC Additional OD*	ration Checklist porting (\$30); sessment (\$100); INC (\$80) \$40/5 ugh Survey (\$1 ugh Survey (Resurvey) \$ ast JNC Only (wef 10 Jan 2005) n \$ MRT Survey \$1 Services:-	Anit (5) fit Bill 45 20 30	Amt (3)
July: Date/Time Actions HA19 336 Rimant's Particulars: iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):		Invoice Prepa 1) AR: Accident Re 2) DA: Damege Asi 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspectio 7) N1: Idae DA + Si 8) NTUC Additional OD* *N5: Courtesy Ca *N6: Repair Co-m	ration Checklist porting (\$30); sessment (\$100); INC (\$80) \$40/5 agh Survey \$1 agh Survey (Resurvey) \$ ast INC Only (wef 10 Jan 2005) m \$ MRT Survey \$1 Services:- r/Tpt Allowance dination \$	Anit (5) 751 Bill 45 20 30 75 60	Am (\$
July: Date/Time Actions HA19 336 Rimant's Particulars: iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):		Invoice Prepa 1) AR: Accident Re 2) DA: Damege Ast 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspectio 7) N1: Idae DA + St 8) NTUC Additional OD* *N5: Courtesy Ca *N6: Repair Co-or *N7: Fost Repair	ration Checklist porting (\$30); sessment (\$100); INC (\$80) \$40/5 ugh Survey \$1 ugh Survey (Resurvey) \$ ast JNC Only (wef 10 Jan 2005) n \$ MRT Survey \$1 Services:- r/Tpl Allowance dination \$5 nspection \$	Anit (\$) Fit Bilt 45 20 30 75 60 \$5 10 25	Amt (3)
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions HA19 & Description: atimant's Particulars: iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge): ditors! Comments:		Invoice Prepa 1) AR: Accident Re 2) DA: Damege Asi 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspectio 7) N1: Idae DA + Si 8) NTUC Additional OIL* *N5: Courtesy Cai *N6: Repair Co-oi *N7: Fost Repair *N8: DV / Collect	ration Checklist porting (\$30); sessment (\$100); INC (\$80) \$40/5 ugh Survey (\$100); INC (\$80) ugh Survey (Resurvey) \$10 sat INC Only (wef 10 Jan 2005) n \$10 MRT Survey \$1 Services:- r/Tpt Allowance dination \$1 inspection \$1 Excess Coordination	Anit (5) 751 Bill 45 20 30 75 60	Amt (\$)
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions		Invoice Prepa 1) AR: Accident Re 2) DA: Damege Asi 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming again 6) TR: Re-inspectio 7) N1: Idae DA + Si 8) NTUC Additional OIL* *N5: Courtesy Cai *N6: Repair Co-oi *N7: Fost Repair *N8: DV / Collect	ration Checklist porting (\$30); sessment (\$100); INC (\$80) \$40/5 ugh Survey \$1 ugh Survey (Resurvey) \$ ast INC Only (wef 10 Jan 2005) n \$ MRT Survey \$1 Services:- r/Tpt Allowance dination \$5 inspection \$ Excess Coordination in INC) against INC \$5	Anit (5) Fit Bilt 45 20 30 75 60 \$55 10 25 20 30	Amt (3)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

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.
- 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.

Compression and Service Compression	ACCIDENT STATEMENT
Date Of Report	07/11/2019 16:05
Date Of Accident	25/10/2019 21:30
Exact Location Of Accident	VERTEX BUILDING
Country/State of Loss	SINGAPORE
Alarmon and a second and a second and a second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ7689R
Insured/Policyholder	
Name Of Registered Owner	CARZ WORLD PTE LTD
Co Reg No	201202222Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65709482
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200 1.5 MT
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5111569400
Cover Note Number	
Driver	
Name of Driver	CHEN YONGJIN
NRIC No	S8810293B
Date Of Birth	28/03/1988
Occupation	OUTDOOR
Date Of Driving Pass	19/11/2007
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96754500
Fax Number	

OFFICE-96754500

NOEMAIL

Address

42 MOUNT VERNON ROAD

#17-34

Postcode

Vehicle

368061

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT BY FALLEN TREE / OTHER OBJECTS

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

1

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)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

0

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY PARKED ONTO CARPARK LOT OF VERTEX BUILDING. SUDDENLY THE PIPE FELL FROM LEVEL 4 AND HIT ONTO MY VEHICLE FRONT PORTION.

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

PIPE

Vehicle Make/Model/Colour

MCST 3453

Details Of Properties

Vehicle Category

MOBILE EQUIPMENT

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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:
 - 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 .:

KETCH PLAN		
K/Y	PA bushered Chibs)	A: 4BJ7689R.
	si+ -	
A6C16×		
scribe circumstances zeter to statem		
CEAU to STUTION	(01)	
e dectare the foregoing partic	ulars are true in every respect.	
cyholder's Signature'th	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

STARBAC SketchPlanForm V3

Date & Time:

2

NRIC/FIN No.:



UEN No: 201202222Z 33 Ubi Avenue 3 #01-09 \$408868 t: +65 6570 9482 f: +65 6570 9504 e: info@carzworld.com.sg w: http://www.carzworld.com.sg

Date: 7th Nov 2019

Attn: To whom it may concern

Dear Sir/Mdm,

RE: LETTER OF AUTHORITY

This is to certify that Chen Yongjin, \$8810293B, is an employee of our company. He is authorized by the company to file an accident report for the following vehicle:

Vehicle Number:

GBJ7689R

Vehicle Model:

Nissan NV200

Thank you.

Serene Tan

Director

eBao Tech										Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	e Languag	e • Chan	ge Password	, Log Ou
My Desktop	Policy Query										- 3
Notice of Loss	Policy N	Va.			Date of Accident 25/10/2019 21:30						
	Vehicle No. (For Motor)		GBJ7689R			Certificate Number		[
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5111569400		CARZ WORLD PTE LTD	20120222Z	GCV	Third Party	GB176898		06/08/2019	05/08/2020
					C	Continue					

Policy No.	5111569400	Policyholder Name	CARZ WOR	LD PTE LTD	Policyholder NRIC	20120222Z	
Certificate No.		name			NRIC		
Address	NIL						
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy ssue Date	02/08/2019	Effective Date	06/08/201	9 00:00	Expiry Date	05/08/2020	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Your	ng/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Y	
Co- nsurance Flag	No						
Open Policy Info							
Contificati							
Certificate Info							
Info	older Mailing Address						
Info Policyh	older Mailing Address 33 UBI AVENUE 3	Addre	ss 2	#01-57/58 VERTEX		Address 3	SINGAPORE 408868
Info Policyh Address 1	1000HO - 747 US (4000HS 1246)		ss 2 ss Type	#01-57/58 VERTEX Singapore address		Address 3	SINGAPORE 408868 408868
Info	1000HO - 747 US (4000HS 1246)	Addre	ss Type				
Info Policyh Address 1 Address 4 Unit No.	33 UBI AVENUE 3	Addre Relate	ss Type	Singapore address			
Info Policyh Address 1 Address 4 Unit No.	33 UBI AVENUE 3 01-57/58 d Object: GBJ7689R	Addre Relate	ss Type	Singapore address			
Info Policyh Address 1 Address 4 Unit No.	33 UBI AVENUE 3 01-57/58 d Object: GBJ7689R ements	Addre Relate Numb	ss Type	Singapore address 5111569400		Post Code	

Claim Handling							
Accident MT/1070411							
Policy No.	5111569400	Vehicle No.	G837659R		GST Registration No	a.	
Certificate No.							
Policyhalder Name	CARZ WORLD PTE LTD				Policyholder NRIC		201202222
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Third Party		Loading		0
Contact No.(Mobile)	0	Contact No. (Office)	65709482		Contact No.(Home)		0
Email Address		Special Remark			eCode		r v
KFK	® No ○ Yes	TCA	mu ou				
NCD Protection	No.		® No ○ Yes		eCode Reason		
W Accident Details	100.0	NCO Entitlement(%)	0		Private Hire		No
	32000 E 2000 E 2000						
Report Date	07/11/2019 15:25	Accident Report Within 24 hrs	Yes		Accident Type		Others
Date of Accident	25/10/2019	Time of Accident hhomm.	21:30		Country of Academs		Singapore
Repairing Centre		Grange Force			DOM No.		
Accident Location	VERTEX BUILDING						
Total Excess Applicable	•						
acess Type	Per Accident	Windscreen Excess		0.00			
OD Standard Excess	6.00	TP Standard Excess		0.00			
IED GO Excess	0.00	YIED TP Excess			Driver is Covered?		
idditional Excess							
otal OO Excess Applicable	0.00	Total TP Excess Applicable					
⇒ Benefits							
GST Registered Inform	ation						
ST Registered	No		GST Registration	Date			
ST Registration No.			GST Status Venille	ed	No.		
odification History	07/11/2019 16:2	7:33 System auto update fail: The format of t	he LIEN is incorrect or LIEN	is invalid.			
Policyholder Mailing Ad	idress						
ddress I	33 UBI AVENUE 3	Address 2	#01-57/58 VERTEX		Address 3		SINGAPORE 408868
ddress 4		Address Type	Singapore address		Post Code		408868
nit No.	01-57/58	Related Policy Number	5111569400				
OI Driver Info							
river Name	Unnamed Driver	Driver Type	Unnamed Driver				
mamed driver Name	CHEN YONGJIN	Driver NRIC	58810293B		Driver DOB		26/03/1988
gister Date of Driver License		Driver Age	31		Driving Experience		
ontact No. (Mobile)	96754500	Contact No.(Office)					11
			0		Contact No.(Home)		0
idress 1	42 HOUNT VERNON ROAD	Address 2	BARTLEY RIDGE		Address 3		SINGAPORE 368061
Idress 4		Address Type	Singapore address		Post Code		368081
ne No.	17-34						
des he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.			Driver Insurer Comp.	why	
eclaration							
reathalyser or Blood Test eading?	D mg	Any injury?	☐ Yes Ap				
odification History							
Claim 001 New							
aim Type *	00-MX	Insured Name	CARZ WORLD PTE LTD		Insured NRIC	1	201202222
ntact No.(Mobile)		Contact No.(Home)			Contact No.(Office)	1	67497796
nail Address		Of Vehicle Number	G817689R	100	TP Vehicle Number	F	PIPE
imant Type Claimant Type *	Please Select	Type of Benefit *	Please Select	V	. mar rendrom trest 66	:36	
smant Name +		Clement NRIC +					
irmant Address		200010000000000000000000000000000000000					
im Description	GB37689R / PIPE ON 25 Oct 2019	8			Name of Preferred W	orkshop [
eferred Workshop Contact		Insured Debility *	time as South	76			
Quire Finalisation	Fig.		Not at Fault	V	200	72	
	Yes Y	Preferered Repair Option	Preferred Workshop, Nan	ne unknown 🔻	GIA report	100	Received
te Registered	07/11/2019 16:38	Claim Close Date			Date Received	0	07/11/2019 00:00
part Teken By	Jackson						
Print AK letter							
		44	gotto (granter)				
ACCOUNT OF THE PARTY OF		3	Save Submit				
Attachment							
9							
cident No.	MT/1070411	Claim No.	001				
st Doc. Received	● Yes ○ No	Upload Date	07/11/20	019 16:30			
	Path *			ategory *	Confidential	Urgency *	Description +
		Browse	Clear Please Select	SCHOOL STORY	200000000000000000000000000000000000000	Normal	Description +
			77				
		Browse				Normai	(v)
		Browse	. Clear Please Select		V	Normal	V
		Browse	Clear Please Select	v	0	Normal	V
		Browse	Clear Please Select	V	(F) V	Normal	V
		Browse	Clear Please Select			Manageral	[10]

