Date III. 30 12116 16120	1111	16 67 0	D	- t					
Date In: 30 10/19 46:30	Job description	Date &Time Completed	Don	e oy					
Ref No: Na liney 022882/24	SAS e-filing								
Veh No: SURSBAR	E-mail (within Shrs, AIC 2hrs)								
D.O.A : 29/1/19 -16:30	i-Motor Claim Form	M7/1577737-001	70/14/19	16:41					
OD / (P)! Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)								
- Toporting Only	i-Photo Uploaded			11					
TP Insurer:	Assessment/Survey Report								
11 Mount	Ass't Report by Fax / Hane	Ass't Report by Fax / Hand to Owner/Wksp							
Preferred Wksp / INC Assign Wksp / QW: (		Tol: F	ax:						
TP Particulars: Veh No: Ju	1084K INC	( )/Non-INC( )							
Owner / Driver: (		Tel:	)						
Policy No: ( ) P	Period: (	Cover Type: (	)						
Confirmed by : (	Date:	Time:	)						
Insured/Driver Liability: ( %)	[Note-Est. Status (WO): N: 0-	20%; P: 21-79%. F: 80-1	00%]						
Year of Registration: ( )	Warranty: YES ( ) / NO (	)							
Excess: (\$ ) Loading: \$1,	,000()/\$2,000()		N CHIANGE CONTRA						
General Remarks:-			188 C C C C C C C C C C C C C C C C C C	4					
( ) Walk-In Customer: Customer's inf		A ARCHITECTURE AND A STATE OF THE ARCHITECTURE AND ADDRESS OF							
( ) Total Loss Case : to e-mail Insur		3							
		Towing Co: (		1					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			/					
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done	by					
Apply for Transport Allowance ( ) /	Courtesy Car ( )								
	country car ( )								
2) QC Check / Post Repair Inspection	( )								
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$	( )								
	( )								
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	( )								
3) Upload Resurvey Photo [Repair Cost > \$ Injury:	( )		RAFT. IT						
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions	( )		rage se						
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3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions	( )		Rage 1 +						
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions	( )		A SAN PACAGON RE						
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions	( )								
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions	( )	paration Checklist	Anit (S)	Amt (3)					
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions	( ) (3000] ( ) Invoice Pre	paration Checklist		Amt (J)					
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3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  May 20 908 7  aimant's Particulars:	Invoice Pre  1) AR: Acciden 2) DA: Darmage 3) TF: Towing 4) FT: Fellow-1 5) FT: Follow-1	paration Checklist: t Reporting (\$30); Assessment (\$100); INC (\$86) Fee \$40/ Through Survey \$ Through Survey \$	Anit (5) 75: Bill 9) 545 120 530	Amt (J)					
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  May 20 908 7  aimant's Particulars:	Invoice Pro  1) AR : Accident 2) DA : Damage 3) TF : Towing 4) FT : Follow-1 For claiming	paration Checklist.  t Reporting (\$30); Assessment (\$100); INC (\$80); Fee \$40/ brough Survey \$ brough Survey (Resurvey) against INC Only (wef 10 Jan 2005)	Anit (\$)	Amt (3)					
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  Mayoogo8 7  alimant's Particulars: iver/Owner: intact No:	Invoice Pre  1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow-1 For claiming 6) TR : Re-inspe	paration Checklist: t Reporting (\$30); Assessment (\$100); INC (\$80); Fee \$40/ brough Survey \$ brough Survey (Resurvey) against INC Only (wef 10 Jan 2005) action	Anit (5) 75: Bill 9) 545 120 530	Amt (3)					
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  Actions  alimant's Particulars: iver/Owner:  ntact No:	Invoice Pre  1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow-1 For claiming 6) TR : Re-inspe	cparation Checklist.  t Reporting (\$30);  Assessment (\$100); INC (\$80);  Fee \$40/  brough Survey \$  brough Survey (Resurvey)  beginst INC Only (wef 10 Jan 2005)  betion  + SMRT Survey \$	Amit (\$) Tet Bill )) \$45 120 \$30	Amt (J)					
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3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  Laimant's Particulars:  iver/Owner:  ontact No:  maged Portion:	Invoice Pre  1) AR : Acciden 2) DA : Damage 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-inspe 7) N1 : Idao DA 8) NTUC Additi	cparation Checklist t Reporting (\$30); Assessment (\$100); INC (\$86 Fee \$40/ brough Survey \$ brough Survey (Resurvey) against INC Only (wef 10 Jan 2005) action + SMRT Survey \$ coal Services.	Amit (\$) Tet Bill )) \$45 120 \$30	Amt (\$)					
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  Laimant's Particulars:  iver/Owner:  ontact No:  maged Portion:  Checked by (Engr-In-Charge):	Invoice Pro  1) AR: Accident 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idae DA 2 8) NTUC Additi OD* *N5: Courtes *N6: Repair C *N7: Fost Re- *N7	charation Checklist  t Reporting (\$30);  Assessment (\$100); INC (\$86 Fee \$40/ Through Survey \$ Through Survey (Resurvey)  against INC Only (wef 10 Jan 2005)  action  + SMRT Survey \$  conal Services.  y Car / Tpt Allowance Co-ordination  and Inspection	Amit (\$) Tat.Bill 545 120 \$30 \$75 160	Amt (1)					
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  Mayoogo > 1  Limant's Particulars:  river/Owner:  ontact No:  amaged Portion:  Checked by (Engr-In-Charge):	Invoice Pro  1) AR: Acciden 2) DA: Darnage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idao DA 2 8) NTUC Additi QI)* *N5: Courtes *N6: Repair ( *N7: Fost Rep *N8: DV / Co	paration Checklist:  t Reporting (\$30); Assessment (\$100); INC (\$86) Free \$40/ brough Survey \$  brough Survey (Resurvey) against INC Only (wef 10 Jan 2005) action + SMRT Survey \$  onal Services:-  y Car / Tpt Allowance Co-ordination mair Inspection llect Excess Coordination	Amit (\$). Tat.Bill  )) \$45 120 \$30  \$75 160  \$55 510 \$525 53						
3) Upload Resurvey Photo [Repair Cost > \$  Injury:  Date/Time Actions  Laimant's Particulars:  iver/Owner:  ontact No:  maged Portion:  Checked by (Engr-In-Charge):	Invoice Pro  1) AR: Acciden 2) DA: Darnage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idao DA 2 8) NTUC Additi QI)* *N5: Courtes *N6: Repair ( *N7: Fost Rep *N8: DV / Co	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$86 Fee \$40/ brough Survey (Resurvey) against INC Only (wef 10 Jan 2005) action + SMRT Survey \$ cond Services. Co-ordination mir Inspection llect Excess Coordination  (Non INC) against INC	\$ And (\$\$) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Amt (\$)					

## 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.
- 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	30/12/2019 16:32
Date Of Accident	29/12/2019 16:30
Exact Location Of Accident	CLEMENTI WEST ST 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ5183R
Insured/Policyholder	
Name Of Registered Owner	YAN NING
NRIC No	SXXXX724F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91817368
Alternative Phone No	OFFICE-91817368
Vehicle Particulars	
Manufacturer	AUDI
Model	A6 2.0T FSI MU CVT ABS D/AB HID 2WD 4DR
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	5093686497-02
Cover Note Number	
Driver	
Name of Driver	YAN NING
NRIC No	SXXXX724F
Date Of Birth	10/07/1982
Occupation	INDOOR
Date Of Driving Pass	11/04/2015
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91817368
Fax Number	

OFFICE-91817368

NOEMAIL

Address BLK 52 WEST COAST CRESCENT

#08-04

Postcode 128036

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

venicie

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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?

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

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

SJH5841X

Vehicle Make/Model/Colour

HONDA FIT

Details Of Properties

Vehicle Category

PRIVATE CAR

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

- 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 truthful 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.
- 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.
- 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)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, clisclose 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 insurers) 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:
  - (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

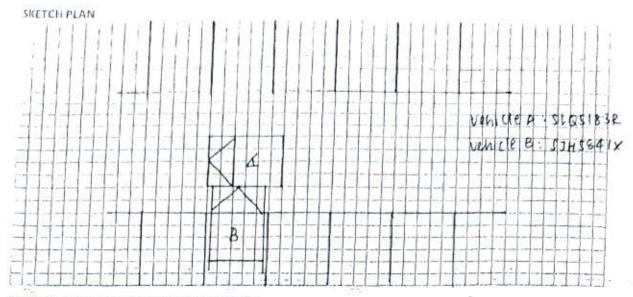
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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					ielies w						

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

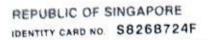
Name:

NRIC/FIN No.:

ARMY Standardardoon, VS

Date of Accident	29 11 219 Accident Time: 4:30 PM (24-HR-Format)
Accident Place	: Clements west of 1
Vehicle Reg. No. (Car Plate No.)	: SLQ5183 R
Vehicle Make/Model	: Audi A6
Insurance Company	: NTUC Policy No
Owner or Company Name /IC No.	: Yan Ning 58268724F
Owner or Company Contact No.	: 91817368 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: 4an Ning 58268724F
DRIVER'S Date Of Birth	: 10 07 1982 DRIVER'S License Pass Date 11 04 2015
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: BIK 52 West coast cres #08-04 5128036 .
DRIVER'S Contact No./ Alt No.	:1) 91817368 2)
DRIVER'S Occupation	: DODOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: Admin@mycar.sg
Weather & Road Surface	: CLEAR & DRY   RAINING & WET   AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including )	Driver): 01 * no injuries
Was there any video Captured by a Exact purpose for which vehicle w	ear camera: YES NO as being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if anv)
Vehicle Reg. No: 83H5841×	Vehicle Reg. No:
Vehicle Make Model: Honda Fi	t Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:

...4, .





1

YAN NING

顏 宁

CHINESE Date of birth

10-07-1982 Country/Piece of birth CHINA ALL STATES

For LKK/NAC Use

58**28872**4



Netton

CHINESE 05-03-2015

APT BLK 52 WEST COAST CRESCENT #08-04 SINGAPORE 128036

NRIC No: \$8268724F

F Date:

01/05/2019



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 11 Apr 2015 of the driver; and other motor vehicles =< 2500kg

NAC Use Only

NP 428A

Licence No: S8268724F

<b>eBao</b> Tech									Genera	GeneralClaim		
Hello, NAC_PAYA_UBI_800601							• Change	Languag	e 'Chan	ge Password	• Log Ou	
My Desktop	cy Query									9		
Notice of Loss	Policy N	lo.				Date o	of Accident		29/12/2019	16:30		
	Vehicle No.(For Motor)		SLQ5183R			Certificate Number		1				
					1	Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5093686497- 02		YAN NING	58268724F	GPC	drivo CLASSIC	SLQ5183F	R SLQ5183R	28/10/2019	27/10/2020	
					C	Continue						

Policy No.	5093686497-02	Policyholde Name	YAN NING		Policyholder NRIC	S8268724F	
Certificate No.							
Address	111 CLEMENTI ROAD #02-08	SINGAPORE :	29792				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	04/10/2019	Effective Date	28/10/201	9 00:00	Expiry Date	27/10/2020 2	3:59
Excess Type	Per Accident	Alt 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	g/Inexperience Driver Excess
Agent	B.A.S. INSURANCE AGENCY	Agent Tel.	67492112		GST Flag	Υ	
Co- Insurance Flag	No						
Open Policy Info							
Certificate Info							
	older Mailing Address						
Address 1	52 WEST COAST CRESC	ENT Add	ess 2	<b>#06-04</b>		Address 3	SINGAPORE 128036
		Add	ess Type	Singapore address		Post Code	128036
Address 4			-4 N-0-				
Address 4 Unit No.	02-08	Rela Nun	ted Policy ber	5093686497-02			
Unit No.	02-08 d Object: SLQ5183R			5093686497-02			
Unit No.	d Object: SLQ5183R			5093686497-02			

Claim Handling						
Accident MT/1077757						
Policy No.	5093686497-02	Vehicle No.	SLQSIBJR		GST Registration No.	
Certificate No.						
Policyholder Name	YAN NING				Policyholder NRIC	58268724F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		Loading	0
Contact No.(Mobile)	91817368	Contact No.(Office)	0		Comact No.(Home)	0
Email Address		Special Remark			eCode	n. v
KFK	® No ○Yes	TCA	® No ○ Yes		eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20		Private Hire	No
	NO. 100 CO. 100 CO.					
Report Date	30/12/2019 16:40	Accident Report Within 24 hrs	Yes		Accident Type	Collision - Major Minor Road
Date of Accident	29/12/2019	Time of Academ hh:mm	16:30		Country of Accident	Singapore
Reporting Centre  Accident Location	CLEMENTI WEST ST 1	Orange Force			ICM No.	
Total Excess Applicable						
Excess Type	Per Accident	Windscreen Eucess		100.00		
The state of the s	The second	With the second second		100.00		
OD Standard Excess	600.00	TP Standard Excess		0.00		
YIED OD Excess	0.00	VIED TP Excess		0.00	Driver is Covered?	Covered
Additional Excess	0					
Total OD Excess Applicable	600.00	Total TP Excess Applicable		0.00		
♥ Benefits						
⊕ GST Registered Informa			Vaga 10.10			
GST Registered GST Registration No.	No.			stration Date us Venfied	Yes	
Modification History			1001 3080	us vernieu	168	
Policyholder Mailing Ad	dress					
Address 1	52 WEST COAST CRESCENT	Address 2	¥05-04		Address 3	SINGAPORE 128036
Address 4		Address Type	Singapore addre	99	Post Code	128036
Unit No.	02-08	Related Policy Number	5093686497-02			
OI Driver Info						
Driver Name	YAN NING	Driver Type	Main Driver			
Unnamed driver Name		Driver NR3C	58268724F		Driver DOB	10/07/1982
Register Date of Driver License		Driver Age	37		Driving Experience	4
Contact No. (Mobile)	91817368	Contact No.(DMice)	0		Contact No.(Home)	0
Address 5	52 WEST COAST CRESCENT	Address 2			Address 3	SINGAPORE 128036
Address 4 Unit No.	08-04	Address Type	Singapore addre	88	Post Code	128036
Does he own a Singapore		F1074194500000000000000000000000000000000000				
Registered car?	○ Yes ® No	Driver Vehicle No.			Driver Insurer Company	
Declaration						
Breathalyser or Blood Test	0 mg	Any injury?	☐ Yes ® No			
Reading?	2008		0.00			
Modification History						
Claim 001 New						
Claim Type •	00-MX	Insured Name	YAN NING		Insured NRIC	58268724F
Contact No.(Mobile)	91817368	Contact No.(Home)	THE PERSON		Contact No. (Office)	304007411
Email Address	NING YANGNUS I'DU SG	D1 Vehicle Number	SLQ5183R		TP Vehicle Number	SJH5841X
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select	~	10:00:000000000000000000000000000000000	
Claimant Name *	≥≥	Claiment NRIC +				
Claimant Address					]	
Claim Description	SLQ5183R / SJH5841X ON 29 Dec 2019				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	V		
Require Finalisation	Yes	Preferered Repair Option	Preferred Works	hop, Name unknown	GIA report	Received
Date Registered	30/12/2019 16:42	Claim Close Date.			Date Received	30/12/2019 00:00
Report Taken By	Jackson					
Print AK letter						
0021/2004			Save Submit			
Attachment						
9						
Accident No.	MT/1077757	Claim No.		001		
Last Doc. Received	● Yes ○ No	upload Date		30/12/2019 16:42		
	Path *			Cabegory *	Confidential Urge	ncy * Description *
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		Browse	Oear Pos	se Select	✓ Normal	•
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		Browse.	. Cear Plea	se Select	≥ Normal	
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