	Job description	Date &Time Comple	ted Done	by				
Date In: 4/20 - 09:31								
Res No: Hally Croolery	SAS e-filing		-i					
Veh No: IM CALLIE	E-mail (within Shrs, Al							
D.O.A : 26/1/20 - 19:40	i-Motor Claim Form 109 2767 -001 4h 100 00							
OD /TB ! Reporting Only	i-Motor W/O (Withi	i-Motor W/O (Within: OD 2hrs, TP 4hrs)						
32 (1) 1.12pmmg 3.11y	i-Photo Uploaded							
TP Insurer:	Assessment/Survey F	Report						
	Ass't Report by Fax	/ Hand to Owner/Wksp						
Preferred Wksp / INC Assign Wksp / QW:		Tel:	Fax:					
TP Particulars: Veh No: Ju	C4193D.	INC( )/Non-INC(	)					
Owner / Driver: (		Tel:	)	200				
Policy No: ( )	Period: (	) Cover Type: (	)					
Confirmed by : (	Dat	e: Time:	)					
Insured/Driver Liability: ( %	6) [Note-Est. Status (WO):	N: 0-20%; P: 21-79%. P:	30-100%]	100				
Year of Registration: (	) Warranty: YES ( )/N	10( )						
	\$1,000()/\$2,000()							
General Remarks;-								
( ) Walk-In Customer: Customer's	information strictly Confident	ial & Strictly NO refer of repa	irer.					
( ) Total Loss Case : to e-mail In			171					
	voice: YES ( ) / NO (	); Towing Co: (		)				
Enve-in ( )//owed-in ( ), inv	voice. TES ( ) / NO (	), 10 ming co. ( 1						
Cemarks:- : (INC holline: 6788 661	6)	Date&Time Complet	od Done	by -				
1) Apply for Transport Allowance (	) / Courtesy Car ( )							
1) Whith for Hallshoff Willowance (	), courtes) cm (	The second secon						
	( )							
2) QC Check / Post Repair Inspection	( )							
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost	( )							
2) QC Check / Post Repair Inspection	( )							
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:	( )							
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:	( )							
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:	( )							
2) QC Check / Post Repair Inspection B) Upload Resurvey Photo [Repair Cost Injury:	( )							
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:	( )							
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:	( )							
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury :  Date/Time Actions	( )	ice Preparation Checklist	Ant (S)	1.55				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury :  Date/Time Actions	( ) >\$3000] ( )		Ant (S)					
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury :  Date/Time Actions	( ) > \$3000] ( ) Inve	: Accident Reporting (\$30); : Damege Assessment (\$100); In	fit Bill					
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury :  Date/Time Actions    Actions	( ) > \$3000] ( )  Inyo  1) AR 2) DA 3) TF: 4) FT:	Accident Reporting (\$30); Darriege Assessment (\$100); Towing Fee Follow-Through Survey	fir Bill					
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury :  Date/Time Actions  Actions  MAZO(051  mimant's Particulars :-  iver/Owner:	Inye   1) AR   2) DA   3) TF:   4) FT:   5) FT:	Accident Reporting (\$30); Darriege Assessment (\$100); Proving Fee Follow-Through Survey Follow-Through Survey (Resurvey)	75t Bill NC (\$80) \$40/\$45 \$120 \$30					
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury :  Date/Time Actions   A20\051 aimant's Particulars :- iver/Owner:	Inye  1) AR  2) DA  3) TF:  4) FT:  5) FT:  Fore	Accident Reporting (\$30); Darriege Assessment (\$100); Prowing Fee Follow-Through Survey Follow-Through Survey (Resurvey) Cleiming against INC Only (wef 10 Jan	75t Bill NC (\$80) \$40/\$45 \$120 \$30					
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury :  Date/Time Actions  Actions  IA20(05)  aimant's Particulars:- iver/Owner:  ntact No:	1 Inve 1 AR 2 DA 3) TF: 4) FT: 5) FT: Fors 6) TR: 7) NI: 8) NTU	Accident Reporting (\$30); Darmage Assessment (\$100); Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey) Laiming assinst INC Only (wef 10 Jan Re-inspection Idae DA + SMRT Survey JC Additional Services:-	751.Bill NC (\$80) \$40/\$45 \$120 \$30 \$2005) \$75	1.55				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost.  Injury:  Date/Time Actions	( ) > \$3000] ( )  Inve 1) AR 2) DA 3) TF: 4) FT: 5) FT: Fore 6) TR: 7) NI: 8) NTU	Accident Reporting (\$30); Darmage Assessment (\$100); Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey) Laiming assinst INC Only (wef 10 Jan Re-inspection Idae DA + SMRT Survey JC Additional Services:-	750 Bill NC (\$80) \$40/\$45 \$120 \$30 \$2005) \$75 \$160	1.55				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury :  Date/Time Actions  aimant's Particulars :- iver/Owner: ntact No: maged Portion:	Investment   1   1   1   1   1   1   1   1   1	Accident Reporting (\$30); Damage Assessment (\$100); Powing Fee Follow-Through Survey Follow-Through Survey (Resurvey) Laiming against INC Only (wef 10 Jan Re-inspection Idae DA + SMRT Survey JC Additional Services: Courtesy Car / Tpt Allowance Repair Co-ordination	750 Bill NC (\$80) \$40/\$45 \$120 \$30 \$200 \$75 \$160	1000				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury :  Date/Time Actions  aimant's Particulars :- iver/Owner: ntact No: maged Portion:	( ) > \$3000] ( )  Inve 1) AR 2) DA 3) TF: 4) FT: 5) FT: Fore 6) TR: 7) N1: 3 8) NTU OD: •N5 •N6 •N7 •N8	Accident Reporting (\$30); Darrage Assessment (\$100); Prowing Fee Follow-Through Survey Follow-Through Survey (Resurvey) Delarring against INC Only (wef 10 Jan Re-inspection Idae DA + SMRT Survey JC Additional Services:  Courtesy Car / Tpt Allowance Repair Co-ordination Fost Repair Inspection DV / Collect Excess Coordination	SC (\$80) \$40/\$45 \$120 \$30 \$2005) \$75 \$160 \$\$510 \$25 \$33	Ame (				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury :  Date/Time Actions  aimant's Particulars :- iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	( ) > \$3000] ( )  Inve 1) AR 2) DA 3) TF: 4) FT: 5) FT: Fors 6) TR: 7) N1: 2 8) NTU OD! *N5 *N6 *N7 *N8 TP: ( )	Accident Reporting (\$30); Darrage Assessment (\$100); Prowing Fee Follow-Through Survey Follow-Through Survey (Resurvey) Delarring against JNC Only (wef 10 Jan Re-inspection Idae DA + SMRT Survey JC Additional Services:  Courtesy Car / Tpt Allowance Repair Co-ordination Fost Repair Inspection	750 Bill SC (\$80) \$40/\$45 \$120 \$30 \$2005) \$75 \$160 \$55 \$510 \$25	1000				

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.

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	04/02/2020 09:31
Date Of Accident	29/01/2020 19:40
Exact Location Of Accident	JUNC AMK AVE 1 & AMK AVE 10
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMC9121E
Insured/Policyholder	
Name Of Registered Owner	IVAN TAN WEI WEN
NRIC No	SXXXX602B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90065994
Alternative Phone No	OFFICE-90065994
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.6 VTI CVT
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	5108244396
Cover Note Number	
Driver	
Name of Driver	IVAN TAN WEI WEN
NRIC No	SXXXX602B
Date Of Birth	14/11/1994

 NRIC No
 SXXXX602

 Date Of Birth
 14/11/1994

 Occupation
 INDOOR

 Date Of Driving Pass
 16/06/2016

Driving Experience 3 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90065994

Fax Number

Contact Number OFFICE-90065994

EMail Address NOEMAIL

BLK 105 RIVERVALE WALK Address

#11-134

2

NO

2

NO

NO

540105 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CROSS JUNCTION Type Of Accident

RAINING Weather Conditions WET Road Surface

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? YES

Was any injured conveyed to hospital by NO

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)

Passenger 1 NAME: : WANG JIN

> GENDER: : MALE

**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)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera?

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SKH193D Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

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

IVAN TAN WEI WEN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SMC9121E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

## **DETAILS OF INJURED PERSON 2**

Name

WANG JIN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SMC9121E

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.
- 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 flability.
- 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 aforesald.
- 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 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 enquirles 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

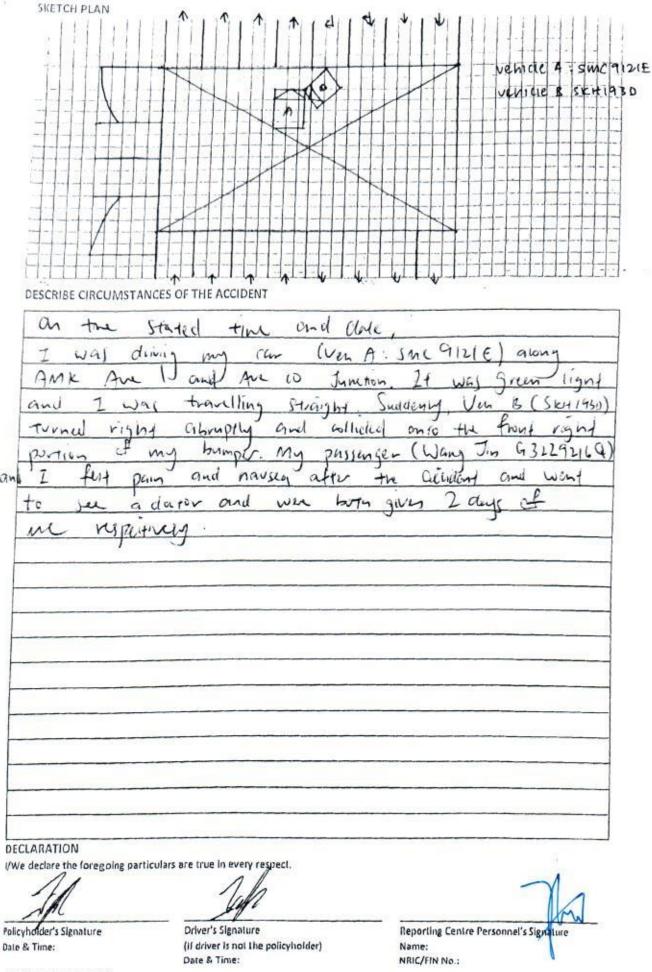
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



JEHME SLOEDBladform V3

Date of Accident	29 01 201 Accident Time: 1940 (24-HR-Format)
Accident Place	: AMK AUL 1 8 AUL 10 Junition
Vehicle Reg. No. (Cor Plate No.)	SMC 912/ E
Vehicle Make/Model	: Handa Civic 1-6
Insurance Company	NTUC Policy No.
Owner or Company Name /IC No.	: Ivan Tan Wei Wen
Owner or Company Contact No.	90065994 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: <u>N</u>
DRIVER'S Date Of Birth	: 14/11/1994 DRIVER'S License Pass Date 11/04/ 20/6
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: BLK 194 B BURIT BATOK WEH AVE 8.#.
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation	: INDOOR DOUTDOOR (e.g. working inside or outside office)
Email Address	: ADULUE MICAR SU
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET ) AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including D	river): 02 Passenger male. Infurres 2 Days
was there any sides Cantured by ca	
Other P	Party Driver's Particular (if any)
	1 D
Vehicle Reg. No: SKH 19	3 Vehicle Reg. No:
Vehicle Make\Model:	Vehicle Make\Model:
Vehicle Reg. No: Sk H 19  Vehicle Make Wodel:  Name Driver:  IC No. Driver:	Vehicle Make\Model:  Name Driver:

. . .

<b>eBao</b> Tech						GeneralClai					alClaim
Hello, NAC_PAYA_UBI_80	0601				or respondent	ATTACA CARTESINA	+ Chang	je Languag	e • Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	io.				Date	of Accident		29/01/2020	19:40	
	Vehicle	No.(For Mator)	SMC91	21E		Certif	icate Number	0			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108244396		IVAN TAN WEI WEN	S9442602B	GPC	drivo CLASSIC	5MC9121E	SMC9121E	22/03/2019	21/03/2020
					2	Continue	J				

Sequen	ce Date of Endorsemen	t j	Endorsement	Туре	Endorsement	Status	Endorsement Content
▼ Endors	ements						
) Insure	d Object: SMC9121E	1000000					
Unit No.		Relate Numb	d Policy er	5108244396			
Address 4			ss Type	Singapore address		Post Code	540105
Address 1	BLK 105 #11-134	Addre	ss 2	RIVERVALE WALK		Address 3	SINGAPORE 540105
Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
insurance Flag	No						
Co-	TVANT INSURANCE AGENCY FIE.	Agent Tel.	04400220		OST Flag		
Agent	IVAN INSURANCE AGENCY PTE.		64400220		GST Flag	Y	
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Additional Excess	500	OS Premium	0				
Excess	0	damage Excess	600		Excess	100	
Third Party		Own	10000		Windscreen	57490	
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	22/03/2019	Effective Date	22/03/2019	00:00	Expiry Date	21/03/2020 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 105 #11-134 RIVERVALE W	ALK SINGAPO	RE 540105				
Certificate No.							
Policy No.	5108244396	Policyholder Name	IVAN TAN V	VEI WEN	Policyholder NRIC	S9442602B	

laim Handling					
ccident HT/1062767	Exposerbos	Vehicle No.	SMC9121E	GST Registration No.	
olicy No.	5108244396	venicle No.	PACATSTE	GS ( Registration rev.	
ersificate No.	and and account to account to			**************************************	594426028
skcyholder Name	IVAN TAN WEI WEN	Form Trees	drive CLASSIC	Policyholder NR1C	0
oduct Code	PRIVATE CAR INSURANCE	Cover Type Contact No.(Office)	ô	Loading Contact No.(Home)	0
intact No.(Mobile)	90065994		9	eCode	Fr. V
nail Address		Special Remark	84-0		1,000
K	® No ○Yes	TCA	® No ○Yes	eCode Reason	22
O Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details				Carried a Acceptance	4800700001 EC14000000000
port Date	04/02/2020 09:34	Accident Report Within 24 hrs	Yes	Acadent Type	Collision - Cross Junction
te of Accident	29/01/2020	Time of Accident hh:mm	19:40	Country of Accident	Singapore
porting Centre		Orange Porce		ICM No.	
cident Location	JUNC AMK AVE 1 & AMK AVE 10				
F Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
			524		
Standard Excess	600.00	TP Standard Excess	0.00		
ED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
ditional Excess	500				
tal OD Excess Applicable	1100.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Informa	stion				
T Registered	No		GST Registration Date		
IT Registration No.			GST Status Verified	Ves	
idification History					
	6015 6276				
Policyholder Mailing Ad				100000000	
Mress 1	BLK 105 #11-134	Address 2	RIVERVALE WALK	Address 3	SINGAPORE \$40105
ddress 4		Address Type	Singapore address	Poet Code	540105
vt No.		Related Policy Number	5108244396		
OI Driver Info					
iver Name	IVAN TAN WEI WEN	Driver Type	Main Driver		
named driver Name		Driver NRIC	59442602B	Driver DOB	14/11/1994
igister Date of Driver License	16/06/2016	Driver Age	25	Driving Experience	3
ontact No.(Mobile)	90065994	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BLK 105	Address 2	RIVERVALE WALK	Address 3	SINGAPORE \$40105
ddress 4		Address Type	Singapore address	Post Code	540105
nit No.	11-134				
oes he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
egestered car?					
deration					
reathalyser or Blood Test	Omg	Any injury?	® Yes. ○ No		
eading?	2 119	and sales			
dification History					
Committee to					
Claim 001 New					
um Type *	00-MX ¥	Insured Name	IVAN TAN WEI WEN	Insured NRIC	\$94426028
intact No.(Mobile)		Contact No.(Home)	63294812	Contact No.(Office)	
nali Address		OI Vehicle Number	SMC9121E	TP Vehicle Number	SKH193D
aimant Type Claimant Type *	Please Select 🔻	Type of Benefit *	Please Select V		
aimant Name *	22	Claimant NRIC +			
alment Address				15.0	
aim Description	SMC9121E / SW4193D ON 29 Jan 2020			Name of Preferred Workshop	
wferred Workshop Contact		torused Liability a	Not at Fault		
t.	Co.	Insured Liability •		T cu ment	Received
equire Finalisation	Yes	Preference Repair Option	Preferred Workshop, Name unknown		
te Registered	04/02/2020 09:48	Claim Close Date		Date Received	04/02/2020 00:00
sport Taken By	Jackson				
Print AK letter					
			Caus Come		
			Save Submit		
Attachment					
9					
n Regiones	721.2222		001		
coldent No.	MT/1082767	Claim No.	001		
est Doc. Received	● Yes ○ No	Upload Date	04/02/2020 09:54		
	Path *		Category *	Confidential Urgen	icy * Description
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		Browse			

