NATIONAL Assessment Cent	re Services 🕟	ef 1 Jamos MI	100013189			
Date In: 7/1/10-15:33	Jeb description		Date & Time Con	pleted	Done by	
Ref No: NAJINEMOUZIASTY	SAS e-filing		Ì			
Veh No: XE5060H	E-mail (within Sh	rs, AIC 2hrs)				•
D.O.A 7/20 - 16:10	i-Motor Claim	Form	M7/108329	4-00V 7/1	1/2 15:	Y-1
(3)	i-Motor W/O (Within: OD 2hr:	i, TP 4brs)			
OD : (TP) ' Reporting Only	i-Photo Uploac	led				
	Assessment/Surr	vey Report				
TP Insurer:	Ass't Report by	Fax / Hand	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: SLF	4787M	. INC()/Non-INC()		
Owner / Driver: (Tel:			
	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (W	O): N: 0-2	0%; P: 21-79%.	P: 80-100%	6]	
Year of Registration: ()	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1)				
The particular particu		() () () () () () () () () ()			S.	
General Remarks:- () Walk-In Customer: Customer's in	formation etrictly Con					
			anotty 110			
() Total Loss Case : to e-mail Insu	20 (0.00 CONTROL 20 / 0.00 / 0	0/ >-7	Towing Co: (-,,	- 1)
Drive-In ()/ Towed-In (); Invo	ice: YES () / No	0();	lowing Co. (1	KRUSU WY	
Remarks; (INC hotline: 6788 6616)			Date&Time Con	iple:sd	Done	y
1) Apply for Transport Allowance ()	-					
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()			4.4		
Injury:						300-231
				200 S	escutore.	-5-7m-8-6
Date/Time Actions	(equilibrium substitution)			S. S. S. S. S. P. S. D. S. S.	Pt 124-24-2-2-1	
				(48.57 Tab)	Anit (S)	Amt (\$)
Nansau6		200 A 600 A	eparation Check	181	in Bill	Add Bill
		1) AR : Accide	nt Reporting (\$30); e Assessment (\$100);	INC (\$80)		
laimant's Particulars:-		3) TF : Towing	Fee	\$40/\$4		
Driver/Owner:		4) FT : Follow	Through Survey Through Survey (Resur	\$12 vev) \$3		
Contact No:	417	For claiming	against INC Only (we	10 Jan 2005)		
		6) TR : Re-ins	pection	\$16		
Darnaged Portion:		3) NTUC Add	A + SMRT Survey			
		OD.			5	
C Checked by (Engr-In-Charge):		• N5: Courte	sy Car / Tpt Allowance Co-ordination	51		
The state where the state of th	TO THE PROPERTY OF THE STREET	*N7: Post R	epair Inspection	\$2	-	
Auditors' Comments :-		*N8: DV /	Collect Excess Coordina		20	
at. 1:		TP (N11): 9) N12: Idac h	TP (Non INC) against ll dobile	1417	10	Mark Barrier
		Invoice dated	1	ee Charged	SE TON	1. 1000
at. 2/3;		Invaice dated	7	ee Charged	STATE OF THE PARTY	

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 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.	* *
100	ACCIDENT STATEMENT
Date Of Report	07/02/2020 15:33
Date Of Accident	05/02/2020 16:10
Exact Location Of Accident	HARBOUR DR
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XE5060H
Insured/Policyholder	
Name Of Registered Owner	SPLENDID WORLD TRADING PTE LTD
Co Reg No	2XXXXX358W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98175599
Alternative Phone No	OFFICE-98175599
Vehicle Particulars	
Manufacturer	UD TRUCKS
Model	GKB5ALDHCQA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5111430959
Cover Note Number	
Driver	

Driver

HAN GUANGTAO Name of Driver GXXXX334P Passport No/FIN 08/05/1978 Date Of Birth OUTDOOR Occupation Date Of Driving Pass 04/02/2019

1 YEAR AND 0 MONTHS Driving Experience

MALE Gender

Mobile Number (LOCAL) +65-91736205

Fax Number

OFFICE-91736205 Contact Number

NOEMAIL EMail Address

Address

5 SOON LEE STREET #01-07 PIONEER POINT

Postcode

627607

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

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

2

involved in the accident

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)

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

SLF4787M

Vehicle Make/Model/Colour

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

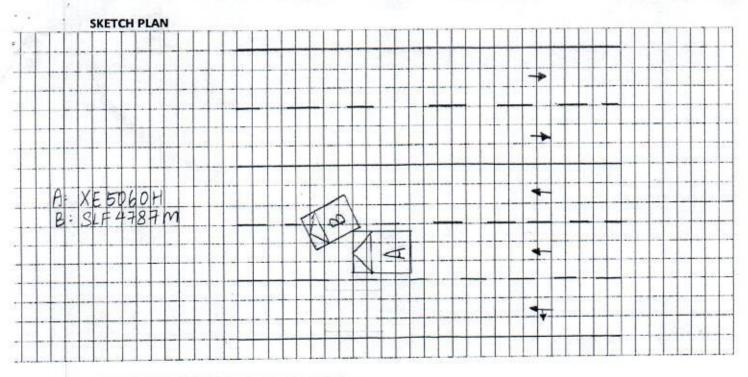
- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time:

reporting centre personnel's Signature Date / time:



			OF THE ACCIDE				-	-	
	was	travelling	g straight	+ along	Harb	our b	rive	at th	ne
second	lane.	. Vehicle	B Sua	denly	cut	into	my 1	ane	and
collided	onto	my fr	g straight B sud ont night	portion	n of	my ve	thicle.		
						Alle			
									7170
1									See Ille and

DECLARATION

I/We declare foregoing particulars are true in every respect.

Policy holder's signature Date & time:

Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.

 Any false reporting may be referred to the traffic police department for investigation.

Maria de la companya	ACCIDENT DETAILS	THE PERSONAL PROPERTY OF THE PARTY OF THE PA
Date of accident	05/02/2020	(DD/MM/YY)
Time of accident	1610	(HH:MM)
Exact location of accident	Along Harbour Drive	

The state of the s	DETAILS OF VEHICLE	
Vehicle registration number	XE5060H	
Vehicle make and model		
Type of vehicle	Saloon D MPV D CRV D Van D Lorry D Bus D Motorcycle D Others:	
Vehicle category	Private Commercial Motorcycle	
Purpose of using at said time		
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only	

A CARLO DE LA CARLO DEL CARLO DE LA CARLO DE LA CARLO DEL CARLO DE LA CARONDO DE LA CARLO	INSURANCE IN	FORMATION	Under the American
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive □	Third party fire & theft	TP only

	INSURED / POLICY HOLDER
Name	Splendid World Trading Pte Ltd Male - Female
NRIC / Fin / Passport number	
Contact	9817 5599
Address	5 Soon Lee street # 01-07 Proneer Point S (627 607)

DRIVER	SAME AS INSURED ABOVE (SKIP	TO D.O.B)	
Name	Han GuangTao	Male	Female
NRIC / Fin / Passport number	G2820334P		
Contact	9173 6205		
Address			
Email address			
Date of birth	08/05/1978		
Occupation	Indoor D Outdoor		
Driving date pass	04/02/2019 "		

	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes No 🗆
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes D No
Weather condition	Clear Raining Others:
Road surface	Dry D Wet a
No of passenger	01 (Inclusive of drive
and the second second	the second secon
MARKET BENEFIT OF THE PARTY OF	PASSENGER 1
Name	Male D Female D
Gender	Male Female
	PASSENGER 2
Name	
Gender	Male Female
A STATE OF THE PARTY OF THE PAR	
WE WHILE ON STATE STATE	PASSENGER 3
Name	
Gender	Male Female
distance when the same trans-	AND THE RESERVE THE PARTY OF TH
AND DESCRIPTION OF THE PARTY OF	PASSENGER 4
Name	
Gender	Male Female
-	AND THE RESIDENCE OF THE PARTY
See Street and Consular	PASSENGER 5
Name	
Gender	Male Female
	the production of the party of the production of the production of the party of the
	PASSENGER 6
Name	
Gender	Male Female
Andreas de la Series de Carlos de Ca	CONTRACTOR INCORMATION CONTRACTOR
Was anybody injured?	Yes D No
Was other vehicle damaged?	Yes No 🗆
was other venicle damaged	Test No 2
THE STREET, ST	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No lif yes, please state which police station.
Police station name	
CONTRACTOR DESCRIPTION	WITNESS 1
	WITIVESS I
Name	
	WITNESS 2
Name	WIINESS Z

Carry B. Association of the second	
(1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	THIRD PARTY VEHICLE 1
Vehicle registration number	SLF 4787 M
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
- I design the second second	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
A STATE OF THE STA	
STATE OF THE PARTY	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
PURCHASION OF THE PARTY OF THE PARTY.	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
DESCRIPTION OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAME	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
District of the last of the la	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
	THIRD PARTY VEHICLE /
Vehicle registration number	
Vehicle make model	
Name / Passnert number	
NRIC / Fin / Passport number	
LONTOCT	

THE REPORT OF THE PARTY OF THE	BUNNES	INIIID	ED PERSON 1
Name		INJON	D PERSON I
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	163 [140	
mospital by ambalance.			
	Charles March	INIUIN	- DESCONA
Name		INJURE	ED PERSON 2
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	162	NO L	
nospital by ambulance:			
			The second second of the parties, details to be care and the second of t
CHOLAN GOOD STATE	Barrier Street	INJURE	D PERSON 3
Name			
Injuries sustained			
Which vehicle person in?	-	-	
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			/
and the state of t	THE REAL PROPERTY.	INJURE	D PERSON 4
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	/No 🗆	
Was injured conveyed to	Yes 🗆 /	No 🗆	
hospital by ambulance?	/		
		The second second	
	10000000000000000000000000000000000000	INJURE	D PERSON 5
Name	/		
Injuries sustained	X		
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance? /			
		Wat Harts I	
William Provider	ALC: NEW YORK	INJURED	PERSON 6
Name /			V-DES.
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?		ONSTRUCTOR	



Certificate of Insurance

MOTOR VEHICLES	(THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES	(THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
	ACT 1007 (MANIAUCIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5111430959-000001

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle Chassis Number

: XE5060H

2. Name of Policyholder

: JNCMBPOAGKUD42112

: SPLENDID WORLD TRADING PTE LTD

3. Effective Date of Insurance

: 25 Jul 2019

4. Expiry Date of Insurance

: 25 Jul 2020

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.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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

EXCESS (SECTION 1)

: \$\$3,000

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: 5\$100

INSURE WITH COE

: YES

HIRE PURCHASE COMPANY

: THINK ONE CREDIT 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

: TAN INSURANCE BROKERS PTE LTD (00000690287)

Date of Issue

: 25 Jul 2019 16:08 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE UMITED

Countersigned By:

Authorised Officer

Chief Executive

陳保險總紀私營有限公司 TAN INSURANCE BROKERS PTE LTD 3A/5A Aliwal Sired, Chenn Leonn Building Simpapore 199696 www.tlb.com.sg 1el: (65) 6742 6766 Fax: (65) 6742 6669

Hello, NAC_PAYA_UBI_8	00601						· Change L	anguage	+ Chan	ge Password	• Log Ou
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	lo.	5111430959 XE5060H			Date of Accident 05 Certificate Number			/02/2020 1		
	Vehicle	No.(For Mator)							MINISTER SEALING		
					I	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5111430959	5111430959- 000001	SPLENDID WORLD TRADING PTE LTD	201419358W	GFM	Comprehensive	хЕ5060Н	XE5060H	26/07/2019	25/07/2020

Accident MT/1083297										
Policy No.	5111430959	Vehicle No.	XE5060H			GST Registratio	n No		20141	9358W
Certificate No.	5111430959-000001	, control in the cont	nessouri			au i cogao aco			50141	
Policyholder Name Product Code	SPLENDID WORLD TRADING PTE LTD FLEET MASTER INSURANCE	Committees Toronto	Commission			Policyholder NR			0	9358W
		Cover Type	Comprehe	nsive		Loading	00		.9	
Contact No.(Mobile)	NIL	Contact No.(Office)				Contact No.(Hor	me)			
mail Address		Special Remark			- 8	eCode			NI V	
FK	® No ○ Yes	TCA	® № ()	ez	9	eCode Reason				
CD Protection	No	NCD Entitlement(%)	0		d	Private Hire			No	
♥ Accident Details										
eport Date	06/02/2020 16:57	Accident Report Within 24 hrs	Yes		-	Accident Type			Collisio	on - Major Minor Road
ate of Accident	05/02/2020	Time of Accident hh:mm	15:15		33	Country of Accident			Singapore	
eporting Centre		Orange Force	3500430			ICM No.				
ocident Location	SLIP RD OF HARBOUR DR /OLEMENTI RD	708348100E								
Total Excess Applicable										
xcess Type	Per Accident	Windscreen Excess		100.00						
ID Standard Excess	3,000.00	TP Standard Excess		0.00						
TED OD Excess		VIED TP Excess				Driver is Covere	d?		Not Ap	plicable
Additional Excess										
otal CO Excess Applicable	3000.00	Total TP Excess Applicable		0.00						
♥ Benefits										
♥ GST Registered Informa	ation									
ST Registered	Yes		GS	Registration Date		01/05/	2016			
ST Registration No.	201419358W		05	Status Verified		Yes				
lodification History	06/02/2020 16:58:56 Sys	tem changed GST Status Verified from	m No to Yes							
Policyholder Mailing Ad	dress									
ddress 1	5 SOON LEE STREET	Address 2	#01-07 PI	ONEER POINT	9	Address 3			SINGA	PORE 627607
Address 4		Address Type	Singapore	address		Post Code			62760	,
Init No.	01-07		737							
	01-07	Related Policy Number	51114309	19						
♥ OI Driver Info										
Oriver Name		Driver Type								
Innamed driver Name		Driver NRIC			8	Driver DOB				
tegister Date of Driver License		Driver Age			2	Driving Expense	ICE .			
		Centact No. (Office)				Driving Expension Contact No. (Hor				
Contact No.(Mobile)					8					
Register Date of Driver License Contact No.(Mobile) Address 1 Address 4		Contact No.(Office)	Foreign ad	tress		Contact No. (Hor				
Contact No.(Mobile) Address 1		Contact No. (Office) Address 2	Foreign ad	iress		Contact No.(Hor Address 3				
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Contact No.(Mobile) Address 1 Address 4 Jink No. Does he own a Singapore	○ Yes ® No	Contact No. (Office) Address 2 Address Type	Foreign ad	fress		Contact No. (Hor Address 3 Post Code	ma)	rei =		
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contact No. (Mobile) Address 1 Address 4 Junt No. Joes he own a Singapore legistered car? Addition History Chalm 003	○ Yes ® No	Contact No. (Office) Address 2 Address Type		fress	1	Contact No. (Hor Address 3 Post Code	ma)		20141	2358W
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