NATIONAL Assessment Centre	The state of the s	Date & Time Completed	Done by	
Date In: 3 / 12 - 14:19	Jeb description	Date to I may		
Ref No: 441 146 2300 348 1724	SAS e-filing			-
Veh No: GBJ 1620 C	E-mail (within Shrs, AIC 2hr		2 2 2 4 - 14.24	4
D.O.A: 47 - 10-10	i-Motor Claim Form	M7 1086679-001	3/3/20 14:20	7
on in the program only	i-Motor W/O (Within: Of	2lirs, TP 4hrs)		
OD : (TP)! Reporting Only	i-Photo Uploaded			
	Assessment/Survey Repo	rt j		
TP Insurer:	Ass't Report by Fax / Ha			
Preferred Wksp / INC Assign Wksp / QW: (		701.	Fax:	-
TP Particulars: Veh No: 5056	16k IN	C( )/Non-INC( )	-	
Owner / Driver: (		Tcl:		
Policy No: ( ) Per	iod: (	) Cover Type: (		
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [N		0-20%; P: 21-79%. P: 80	-100%]	
I car of regulation (	Varranty: YES ( )/NO	( )		-
Excess: (\$ ) Loading: \$1,00	00 ( )/\$2,000 ( )	Charles manufacture (18 17 1 2 192)	2788 S. 174 T. 17	1
General Remarks;				200
( ) Walk-In Customer : Customer's infor	mation strictly Confidential	& Strictly NO refer of repaire	<u>r.                                    </u>	
( ) Total Loss Case : to e-mail Insure	r URGENTLY.			`
Drive-In ( )/ Towed-In ( ); Invoice	YES ( ) / NO (	; Towing Co: (		
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done by	1000
CONTROL OF THE PROPERTY OF THE	ourtesy Car ( )			
Apply for Transport Allowance ( )/C     QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost > \$3	0001 ( )			
		To the state of th		
Injury:			352 A	700, P.S.
Date/Time Actions		and the second s	PERMANDADIE.	
	7 2			
W .	- dr			
	·			
NA.		S. Chaddle	AND THE REAL PROPERTY.	Amil (3
Hazo1824 .	100000000000000000000000000000000000000	Preparation Checklist	fic Bill	Add Bi
laimant's Particulars :-	1) AR : A		(\$80)	
	3) TF : Te	wing Fee	\$120	
river/Owner:	COUT - E	ollow-Through Survey ollow-Through Survey (Resurvey)	\$30	
Contact No:	Forcle	iming against INC Only (wef 10 Jan 2	\$75	
amaged Portion:	7) N1 : Id	e-inspection lao DA + SMRT Survey	\$160	
	3) NTUC	Additional Services:-		
C Checked by (Engr-In-Charge):	OD: *N5: 0	Courtesy Car / Tpt Allowance	\$5	
C. Carolina S., (Carolina S.)	*N6: I	Repair Co-ordination ost Repair Inspection	\$10 \$25	
Auditors: Comments :-	+N8: I	OV / Collect Excess Coordination	\$5	
Anditors Comments :- at. 1:	TP (N	11): TP (Non INC) against INC	30	
G1. 1.	9) N12:	dated Fee Char	ped 2	ar et
at 2/3:	Invoice	to et	B00-2003-12-5-5	

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 1. 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
- 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	03/03/2020 14:19
Date Of Accident	02/03/2020 10:10
Exact Location Of Accident	4 PANDAN CRES CARPARK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ1620C
Insured/Policyholder	
Name Of Registered Owner	LICENCE ONE PTE LTD
Co Reg No	2XXXXX016Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA 3.0 MANUAL
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115215547
Cover Note Number	
Driver	
Name of Driver	MOHAMMED TASBIH BIN MOHD IDRUS
NRIC No	SXXXX855I
Date Of Birth	03/03/1986
Occupation	OUTDOOR
Date Of Driving Pass	06/02/2009
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83613643
Fax Number	

OFFICE-83613643

NOEMAIL

Address

BLK 288 YISHUN AVENUE 6

#03-44

Postcode

760288

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 - MAJOR/MINOR RD

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

YES

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SJU5625K

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 the details of the accident to speed up the claims process.
- Z. 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 milerial 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.
- S. 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 insuring
  Association of Singapore (GIA) for acciliving and that copies of this report will for a fee be made available upon application by
  interested parties.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to coles 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 aid 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 dellectively 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)
  - (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, involces, reports or notices to de, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as in 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/on process my Personal Information for one or more of the above Purposes; and
- (c) my Rersonal Information mey/can be disclosed by any of the insurers and/or GIA to their third party service providers of agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above surposes.
- (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.

LICENCE ONE PTE LTD

Policyholder's Signature Data & Time:

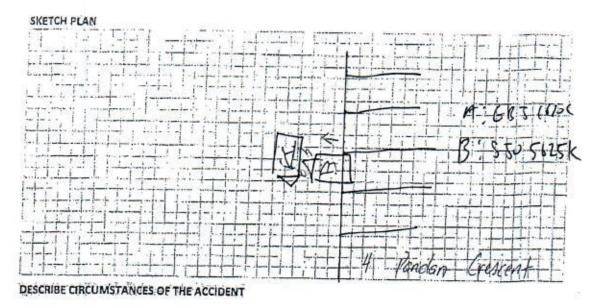
Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:



I WAS TRAVELLING STRAIGHT IN THE CARPARK OF 4 PANDAN CRESCENT. OUT OF SUDDEN.

VEHICLE (B) DROVE OUT FROM THE PARKING LOT WITHOUT CHECKING AND SCRAPED THROUGH

THE WHOLE LEFT SIDE OF MY LORRY.

LICENCE ONE PTE LTD

Policyholder's Signature

School Stopper Application of the

Date & Time:

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				A STATE OF THE SECOND	ACTION AND AND AND AND AND AND AND AND AND AN	
						-
		8				
		s are true in every re		4		

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Oriver's Signature

(If driver is not the policyholder) Date & Time:

# 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 materialists 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.

## Accident details

Date and time of accident	Date:	2/3/2020	(DD/N	IM/YY) Time: 101060	(HH:MM)
Exact location of accident	4	Panalan	Crescent	Carpark	(mining)

### Details of vehicle

Vehicle registration number	G87 1620. C
Vehicle make and model	Toyota Myna
Type of vehicle	Saloon   MPV   CRV   Van   Lorry   Bus   Motorcycle   Others:
Vehicle category	Private   Commercial   Motorcycle   Motorcycle
Purpose of using at said time	Voltab
Are you claiming under your own insurance company?	Yes D No D if no, please select: Third part claim D Reporting only D

### Insurance information

Insurance company	MTUC		
Policy number			
Type of policy	Comprehensive a	Third party fire & theft	TP only

### Insured / Policy holder

Name	Liscuse	DAL	PHL	LtZ	Male o	Female 0
NRIC / Fin / Passport number					IVIDIC D	1 emaie D
Contact						
Address				480000000000000000000000000000000000000		

### Driver

# Same as insured above □ (skip to D.O.B)

Name	Mohammel Tashih Bin Mone loms Malex Female 0
NRIC / Fin / Passport number	S86 D 6855
Contact	836(3643
Address	288 Yishin Am 6 # 03-44 S(760758)
Email address	
Date of birth	3/3/14 85
Occupation	Indoor D Outdoor D
Driving date pass	6/12/2009

# General information of the accident

Was driver an employee of	Yes-e No a
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes No a
Weather condition	Clear Raining O Others:
Road surface	Dry & Wet a
No of passenger	(Inclusive of driver
Passenger 1	
Name	mohamee Tashih Bin mone (1 sus
Gender	Male a Female D
Passenger 2	
Name	
Gender	Male d Female d
Passenger 3	
Name	
Gender	Male D Female D
Name	
Gender	Male D Female D
Passenger 5	
Name	
Gender N	Male D Female D
Passenger 6	
Name	
Gender M	lale D Female D
Other information	
	s o Nop
Was other vehicle damaged? Ye	No D
Details of police action	
Reported to police? Ye	s D No d If yes, please state which police station.

## Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	534 5625k
Vehicle make model	700 70276
venicle make model	
Third party vehicle 2	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 3	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 4	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Venicle make model	
Third party vehicle 5	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 6	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	/
110000	

Name	
\$1257a: 0005	
Witness 2	
Name	
Injured person 1	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D
Injured person 2	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No.D
Was injured conveyed to	Yes D No D
nospital by ambulance?	
Injured person 3	
lame	
Name njurles sustained	-
njurles sustained Vhich vehicle person in?	
njuries sustained Which vehicle person in? Vere seat belts worn?	Yes D No D
	Yes D No D Yes D No D
njuries sustained Vhich vehicle person in? Vere seat belts worn? Vas injured conveyed to	
ojurles sustained /hich vehicle person in? /ere seat belts worn? /as injured conveyed to ospital by ambulance? Injured person 4	
ojurles sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to ospital by ambulance?  Injured person 4	
ojurles sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to espital by ambulance?  Injured person 4  ame jurles sustained	
njuries sustained Vhich vehicle person in? Vere seat belts worn? Vas injured conveyed to ospital by ambulance?	

<b>eBao</b> Tech		GeneralClaim									
Hello, NAC_PAYA_UBI_80060	1	- STOCKER	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN		The second second		• Change La	anguage	• Change	Password	· Log Out
My Desktop	Poli	cy Query									,
	Policy N	No.				Date	of Accident	02/	03/2020 10	:10	
	Vehicle	No.(For Motor)	GBJ162	oc oc		Certifi	icate Number				3/4
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5115215547		LICENCE ONE PTE LTD	201803016Z	GCV	Comprehensive	GB)1620C	GBJ1620C	18/01/2020	17/01/2021
					C	continue	1				

Additional Excess Dutside Singapore DD Excess Agent ASSURE (SING Delay Info Certificate Inf	Policyholder Name  LINK ##05-19 CITY SQUARE  /EHICLE INSURAI Plan  Effective Date All Claims Excess Own damage Excess OS Premium Outside Singapore TP Excess	LICENCE OF	SINGAPORE 2072	Policyholder NRIC  25  Group Policy Flag Expiry Date  Windscreen Excess	201803016Z  N 17/01/2021 23:59	experience Driver Excess
Product Value Commercial Value Oblicy Success Per Accident Sexcess Outside Singapore OD Excess Agent ASSURE (SING Consurance No Flag Open Policy Info Certificate Info	VEHICLE INSURAI Plan  Effective Date  All Claims Excess Own damage Excess OS Premium Outside Singapore	18/01/2020		Group Policy Flag Expiry Date Windscreen	17/01/2021 23:59	
Product Value Commercial Value Oblicy Success Per Accident Sexcess Outside Singapore OD Excess Agent ASSURE (SING Consurance No Flag Open Policy Info Certificate Info	VEHICLE INSURAI Plan  Effective Date  All Claims Excess Own damage Excess OS Premium Outside Singapore	18/01/2020		Group Policy Flag Expiry Date Windscreen	17/01/2021 23:59	
Value COMMERCIAL COMME	Effective Date All Claims Excess Own damage Excess OS Premium Outside Singapore	2000	00:00	Policy Flag Expiry Date Windscreen	17/01/2021 23:59	
Excess Per Accident  Third Party Excess  Additional Excess Dutside Singapore DD Excess Agent ASSURE (SING Consurance No Flag Open Policy Info Certificate Info	Date All Claims Excess Own damage Excess OS Premium Outside Singapore	2000	00:00	Windscreen	100	
Third Party Excess  Additional Excess  Dutside Singapore DD Excess  Agent  ASSURE (SINCE Consurance Flag Dopen Policy Info Certificate Info	Excess Own damage Excess OS Premium Outside Singapore				5887	numerican Deliga Surgare
Additional Excess Outside Singapore OD Excess Agent ASSURE (SING Co- insurance No Filag Open Policy Info Certificate Info	damage Excess OS Premium Outside Singapore				5887	numarinas Delias Susare
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Co- insurance No Flag Open Policy Info Certificate Info					- Constitution	experience Driver excess
nsurance No Flag Open Policy Info Certificate Info	ASSURE (SINGAPORE) PTE. LTD Agent Tel. 6803875			GST Flag	Y	
Policy Info Certificate Info						
Certificate Info						
Policyholder Mailing	Address					
Address 1 10 KIT	CHENER LINK Addi	ress 2	#05-19 CITY SQ	UARE RESIDEN	Address 3	SINGAPORE 207225
Address 4	Addi	ress Type	Singapore addre	ss	Post Code	207225
Unit No. 05-19	Rela Num	ated Policy ober	5115215547			
Insured Object: GBJ:	620C				T-217 W-22	
<b>▽</b> Endorsements						
Sequence Date of Endorsement Endorsement T			t Type	Endorsemen	t Status	Endorsement Content

laim Handling							
ccident MT/1086679	E00778-00100		1058252021610	*****		GST Registration No.	201803016Z
Sicy No.	5115215547		Vehicle No.	GBJ16200		Contract and the second second	Acceptance of Miles
Sertificate No.	LICENCE ONE	PTE : TD				Policyholder NRIC	201803016Z
roduct Code			Cover Type	Comprehe	ensive	Loading	0
Contact No.(Mobile) 0		ABLUICE HEADING	Contact No.(Office)	0		Contact No.(Home)	0
mail Address			Special Remark			eCode	N. V
FK	® No ○ Yes		TCA	® No ○	Yes	eCode Reason	
ICD Protection	No.		NCD Entitlement(%)	10		Private Hire	No
Accident Details	140						
	03/03/2020 1-	4.77	Accident Report Within 24 hrs	Yes		Academ Type	Collision - Major Minor Road
eport Date		*:47		10:10		Country of Accident	Singapore
rate of Accident	02/03/2020		Time of Accident hh:mm	10:10		ICM No.	
eporting Centre			Orange Force			ICPI NO.	
ccident Location	4 PANDAN CR	ES CARPARK					
Total Excess Applicable					140450		
xcess Type	Per Accident		Windscreen Excess		100.00		
		2,000.00	TP Standard Excess		1,500.00		
D Standard Excess		0.00	YIED TP Excess			Driver is Covered?	
TED OD Excess		0.00	THE PERSON				
dditional Excess		2000.00	Total TP Excess Applicable				
Total OD Excess Applicable		2000.00	Total In Excess Appleana				
♥ Benefits ♥ GST Registered Informs	itlan						
		No		ß	ST Registration Date		
ST Registered ST Registration No.		No			ST Status Venfied	Yes	
todification History		03/03/2020 14:28:52 Syst	tern changed GST Registered from Yi tern changed GST Registration No. fr tern changed GST Registration Date	rom 201803	0162 to null 11999 to null		
♥ Policyholder Mailing Ad	dress						
Address 1	10 КІТОНЕМЕ	R LINK	Address 2	#05-19	CITY SQUARE RESIDEN	Address 3	SINGAPORE 207225
Address 4			Address Type	Singapor	address .	Post Code	207225
Unit No.	05-19		Related Policy Number	5115215	547		
♥ OI Driver Info					ACCUPATION OF THE PROPERTY OF		
Driver Name	Unnamed Driv	ver	Driver Type	Unnamed	Driver		
Innamed driver Name	MOHAMMED 1	TASBIH BIN MOHD	Driver NRIC	5000085	151	Driver DDB	03/03/1986
tegister Date of Driver License	06/02/2009		Driver Age	33		Driving Experience	11
Contact No.(Mobile)	83613643		Contact No.(Office)	0		Contact No.(Home)	0
Address 1	BLK 288		Address 2	YISHUN	AVENUE 6	Address 3	SINGAPORE 760288
Address 4			Address Type	Singapor	e adpress	Post Code	760288
Unit No.	03-44						
Does he own a Singapore Registered car?	○ Yes ® No		Driver Vehicle No.			Driver Insurer Company	
Declaration Breathalyser or Blood Test	0 mg		Any injury?	O Yes (	i) No		
Reading?	**************************************						
Modification History							
Claim 801 New							
		-		Transaction 1		Insured NRIC	201803016Z
Claim Type *	OD-MX	~	Insured Name	LICENCE	ONE PTE LTD		
Contact No.(Mobile)	93209018		Contact No.(Home)			Contact No (Office)	65674722
Email Address	sohterence@		OI Vehicle Number	GB31620		TP Vehicle Number	S3U5625K
Claimant Type Claimant Type •	Please Select	· •	Type of Benefit *	Please S	ielect 🗸		
Claimant Name *		2.2	Claimant NRIC *			_	
Claimant Address				1000			
Claim Description	GB11620C / S	S3US625K ON 2 Mar 2020		-50.00		Name of Preferred Worksho	0
Preferred Workshop Contact			Insured Liability *	Not at F	ault 🔻		W051002**
No. Require Finalisation	Yes	v	Preferend Repair Option	Preferre	d Workshop, Name unknown	GIA report	Received
Date Registered	03/03/2020	and the same of th	Claim Close Date			Date Received	03/03/2020 00:00
Report Taken By	Jackson			()			
Print AK letter				Save 1	Submit		
Attachment							
Accident No.	MT/108	5679	Claim No.		001		
Last Doc. Received	<b>●</b> Yes	O No	Upload Date		03/03/2020 14:30		
		Path *			Category *	Confidential Urg	gency * Description
		HERON BUTTON	Brows	Ce	Please Select	V Norma	ı v
			Brows	e   Cie	Please Select	V Norma	N V
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