# Vic (LKKAuto)

**From:** chan pick yuen <chris\_chanbebe@hotmail.com>

**Sent:** Tuesday, 28 April, 2020 12:25 PM

To: Vic (LKKAuto)
Cc: Admin A

 Subject:
 Re: SMR7873C & SML5790C DOA 19.3.20 \*\*\* LKK REF: CC6/AIG20004338/Aha3

 Attachments:
 INVOICE.pdf; LOA.jpg; Ita fee.pdf; PHOTO-2020-03-19-15-19-16.jpg; SMR 7873C

GIA report (19.03.20).PDF.pdf

Dear Mr Vic,

Enclosed is invoice , GIA report , LOA ,invoice & lta .

# As request following:

- 1. RC \$6420(\$6000+7% GST AS AGREED)
- 2. Loss of use \$960 (\$120- 1800CC car of 2020 years x 8 days -6 days recommend + 1 day waiting PRS + 1 days weekend
- 3. Ita \$7.45

@ 100 % TOTAL \$ 7387.45

( DIRECT FROM BEHIND WITH SCENE PHOTO )

Please let us have your offer soon . Thanks

Regards,

Chris Chan Pick Yuen
GREEN FOREST AUTOMOBOLIE PTE LTD

HP: 92712214

From: Mei Kwan (LKKAuto) < Meikwan@lkkauto.com>

Sent: Tuesday, March 24, 2020 3:25 PM

To: chan pick yuen <chris\_chanbebe@hotmail.com>; Vic (LKKAuto) <vicalpeh@lkkauto.com>

Cc: Admin A <admin-a@lkkauto.com>

Subject: RE: SMR7873C & SML5790C DOA 19.3.20 \*\*\* LKK REF: CC6/AIG20004338/Aha3

Dear Sirs / Madam,

Thank you for your email.

Our respective case handler will look into the matter and get back to you in due course.

# Hi Vic,

# Kindly assist.

To check availability of the case handler, you may contact the undersigned.

Thank you.

Best Regards,

Mei Kwan | Admin

#### LKK Auto Consultants Pte Ltd

Phone: 6366 0055 | email: MeiKwan@lkkauto.com | fax: 67414108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: chan pick yuen <chris\_chanbebe@hotmail.com>

**Sent:** Tuesday, 24 March, 2020 12:57 PM **To:** assignments <assignments@lkkauto.com>

Cc: Admin A <admin-a@lkkauto.com>

Subject: SMR7873C & SML5790C DOA 19.3.20

Dear Sir / Mdm,

Refer: SML5790C-AIG

Enclosed is GIA & ESTIMATE.

Please advise OIC, Claim no & print the estimate pass to Mr Adrian. Thanks

Regards,

Chris Chan Pick Yuen

Get Outlook for iOS

# AUTHORISATION TO ACT

			, owner of	SMR7873				hereby
authorize Gr	pon Forget A	10 -						
claim for the	een Forest Autor	nobile Pte Ltd,	"The Wor	kshop") to a	ict for	me/us with	respect t	o my/ou
		or rotter and of	1055 OF US	e for my/ou	r vehic	le SMR787	73C	
PASIR RIS II		uant to the	accident	occurred	on	07.45HR	S	8
SML5790C				involving		vehicle		numbe
I/We further a	authorize the Wo	rkshop to settle	my/our abo	ve mention	ad clair	m in a		0
fit and The W	orkshop is furthe	er authorized to r	eceive nav	ment fuether	eu cian	m in a mann	er that th	ey deen
payment chec	que being made in	n favor of Green	Forest Au	tomobile Pr	o I tol	tlement of n	ny/our cl	aim with
The settlemen	nt The Worksho	p may reach o	n my/our	behalf is o	n wit	hout preind	lice and	ental
aumission of I	iability basis ins	ofar as the drive	r/owner/in	surers of the	other	vehicle/s is	concern	without
Pursuant to Pe	monal Day D					vernere s 15	concern	ea.
share my perso	ersonal Data Protonal data to any a	ection Act 2012	. I/We her	eby agree th	at The	Workshop	may dis	close or
to coonerate i	onal data to any a	uthorized servic	e providers	whom The	Work	shop would	necessar	ilv need
re cooperate, i	nteract or work i	n one way or an	other in ser	ving me or	meetir	ng my reque	ests.	n) need
If I/we are not	able to recover t	full amount for t	h					
in 6 (six) mor	able to recover f	invoice data C	ne repair c	ost from the	third	Party's Insu	irance Co	ompany
	and monit	mivoice date, G	reen Fores	t Automob	ile Pte	Ltd shall	bill to yo	ou/your
Company for the	he balance/full as	mount of the ron		ie Worksha		alana Alai		
Company for the			an cost. II	ic worksho	p will	close this ca	ise witho	ut prior
Company for the notice if we are	he balance/full are unable to recov		S.	ic worksho	p will	ciose this ca	ise witho	ut prior
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Company for the notice if we are I/We  Automobile Pter  Dated this	e unable to recov	er within 2 year	derstand t	he above				ut prior

Green Forest Automobile Pte Ltd

# GREEN FOREST AUTOMOBILE PTE LTD

8 Kaki Bukit Avenue 4, #05-25 Premier @ Kaki Bukit Singapore 415875

# INVOICE

LUMENS AUTO PTE LTD 8 Kaki Bukit Avenue 4 #05-25 Premier @ Kaki Bukit Singapore 415875

Date: 28th APRIL 20 GST Reg.No: 201723238H

Accident date: 19th MARCH 2020

Final Bill For Vehicle No : SMR7873C TOYOTA NOAH 1.8 '2020

		AMOUNT
Descriptions		
Part by part repair cost as recommended by LKK AUTO CONSULTANTS PTE LTD		\$6,000.00
Surveyor : Mr Adrian		
	Total	\$6,000.00
	GST 7%	\$420.00
MATERIAL PROPERTY AND ADMINISTRATION OF THE PROPERT	<b>Grand Total</b>	\$6,420.00

S/DLRS: SIX THOUSAND FOUR HUNDREDR TWENTY ONLY



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time: 19 Mar 2020 / 16:36:05

Receipt Date/Time: 19 Mar 2020 / 16:36:04

# Tax Invoice/Receipt

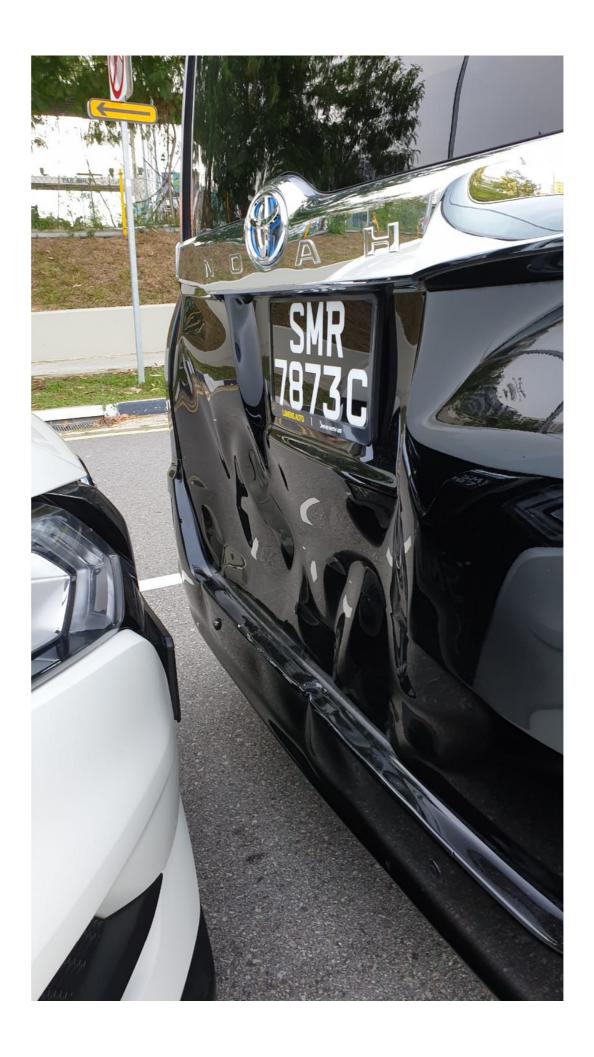
Receipt No.: ITNET-00000-200319-002759

Previous Receipt No.:

S/N Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SML5790C As at 19 Mar 2020/07:45:00 Insurance Co: AIG ASIA PACIFIC INSURANCE 1 Insurance Enquiry - SML5790C	PTE. LTD.			
Enquiry Fee 20200319163403478409		7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	xxxxxxxxxxx3032	Credit Card /MasterC		7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

# THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.



#### 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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	19/03/2020 14:32
Date Of Accident	19/03/2020 07:45
Exact Location Of Accident	PASIR RIS IND. DR 1 (AFT JUNC. OF PUNGGOL EAST)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMR7873C
Insured/Policyholder	
Name Of Registered Owner	LUMENS AUTO P L
Co Reg No	2XXXXX961K
Email Address	OPERATIONS@LUMENS.SG
Mobile Phone No	
Alternative Phone No	OFFICE-87781765
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	NOAH HYBRID-1.8 X CVT (A)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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 HIRE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	19-MK000823-R00
Cover Note Number	
Driver	

Name of Driver PEK SOO HOWE
NRIC No SXXXX136G
Date Of Birth 20/07/1976
Occupation OUTDOOR
Date Of Driving Pass 31/12/1998

Driving Experience 21 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93222926

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 130 EDGEDALE PLAINS #03-18

Postcode 820130

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

**General Information of the Accident** 

Type Of Accident COLLISION - HEAD TO REAR

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? YES

Was any injured conveyed to hospital by

Number of Passengers (Including Driver)

ambulance?

NO

NO

2

NAME:

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

: GRAB DRIVER

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

NO

Station Address SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

-----

#### **Circumstances of Accident**

AS PER POLICE REPORT, T/20200319/7000 (TRAFFIC POLICE - UBI AVE 3)

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 SML5790C

Vehicle Make/Model/Colour

Details Of Properties

FRONT PORTION

Vehicle Category

PRIVATE CAR

Name of Driver

KONG CHIU SI

NRIC/Passport Number

SXXXX280H

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

<b>3</b> ( <b>3</b> )						
DETAILS OF INJURED PERSON 1						
Name	PEK SOO HOWE					
Approximate Age						
Injuries Sustain	NECK & BACK					
Injured person in which vehicle?	SMR7873C					
Were seat belts worn?	YES					
Was this injured conveyed to hospital by ambulance?	NO					
Address	BLK 130 EDGEDALE PLAINS #03-18					
Postcode	820130					

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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 withholding 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. 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 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:
  - (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, 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
- (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
- 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.
- 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.
- 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:

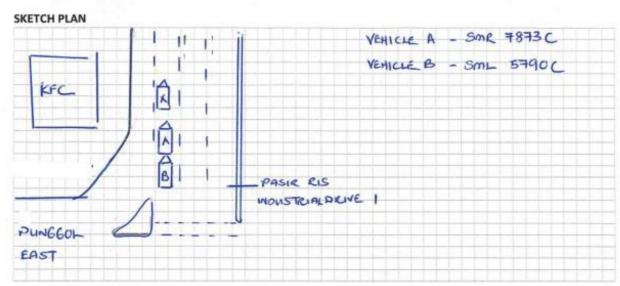
Driver's Signature

(If driver is not the policyholder) 1 9 MAR 2020 Date & Time:

9 MAR 2020

Reporting Centre Personnel's Signature ELLEEN

NRIC/FIN No .:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS	PER	POLICE	REPORT	, T	2000319	7000	(TRAFFIC	POLICE	- UBI AN
						-			

# 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 pogcyholder) 2020 Date & Time:

1 9 MAR 2020

Reporting Centre Personnel's Signature Name: ELLEN TAY

NRIC/FIN No.:

#### **Common Statement**





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20200319/7000

# REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 19/03/2020 08:45		Vide Report No.: Station Diary N			
Informa	nt's Partice	ulars				
Name of Informant: PEK SOO HOWE			Address: APT BLK 130 EDGEDALE PLAINS #03-18 SINGAPORE 820130			
ID Type / ID No.: NRIC NO / S7622136G		36G	Contact No.: Home/Office: Mobile: 93222926			
National SINGAP	ity: ORE CITIZ	EN	Email: jamespad76@gmail.com			
Sex: Male	Age: 43	Date of Birth: 20/07/1976	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/03/2020 07:45	Type of Location T-Junction	
Weather:	DUSTRIAL DRIVE	Road Surface:	R	oad Speed Limit:	
Clear Traffic Flow: One Way		Dry	т	Traffic Volume: Moderate	
20200		Traffic Control: Not Controlled	100		

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SML5790C	Car	NISSAN	Qashqai	White	Slightly Damaged	0
SMR7873C	Car	TOYOTA	Noah	Black	Slightly Damaged	1

Details of Person Involved		
Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	

#### **Common Statement**





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20200319/7000

#### CONTINUATION OF REPORT

Driver						
Name	KONG CHIU SI			ID No	+	S7866280H
Related Vehicle	SML5790C (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Driver			-7/			
Name	PEK SOO HOWE		ID No.		S7622136G	
Related Vehicle	SMR7873C (Car)			Contact No.		93222926
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	19/03/2020 Date Disc			harge	19/03	3/2020
No. of Days gran	ted Medical Leave	03	Degree of	Injury	Slight	t

### Brief Details.

I was travelling along the extreme left lane of Pasir Ris Industrial Drive 1 when the car in front of me braked. I followed suit and subsequently felt an impact from behind. I got down the vehicle and realized I was rear ended by another vehicle. We exchanged particulars and left the scene. I sought medical attention at a nearby clinic and was awarded 3 days of medical leave for neck and back strains. I was advised to lodge an accident report on this said matter.

#### **Common Statement**





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20200319/7000

#### CONTINUATION OF REPORT

Sketch Plan					
Informant is	not able	to	provide	sketch	plan

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 19/03/2020 08:45
Officer In Charge Of Case: TP / TPIB / LIM JUN HUI, ADRIAN Contact No.: 65476350	Classification Of Case:
Authentication Stamp	

#### Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4) 20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the Tokio Marine Group



#### Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

Policy No.: 19-MK000823-R00 (Private Motor Car)

1. Index Mark and Registration Number SMR7873C Chassis No.: ZWR800425526

of Vehicle

2. Name of Policyholder LUMENS AUTO PTE, LTD.

3. Effective date of the Commencement of Insurance for the purposes of the Act 22/01/2020

4. Date of Expiry of Insurance 29/09/2020

#### 5. Persons or Class of Persons entitled to drive\*

Any person who is driving on the Policyholder's order or with their permission.

The hirer.

Any other person who is driving on the hirer's order or with his/ their 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

#### 6. Limitations as to use\*

Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business. Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.

The Policy does not cover:-

- 1) Use for racing, pace-making, reliability trial or speed-testing.
- Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- Limitations rendered inoperative by Section 8 of the Motor Vehicles (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 headings.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

#### IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION Account: 2910DDA

Insurance Plan: Third Party Cover Only

Policy Excess: Excess - All Claims SGD 3,000 Financial Interest: UNITED OVERSEAS BANK LIMITED

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Tay Pui Long Katherine - Printed 22/01/2020



PASS DATE

31 Dec 1998.



# SMR 7873C - Photo1



SMR 7873C - Photo2









