| Date In 8 5 10 - 12:4~ | | In and A 1, 11 | Done by |
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| 0 0 0 0 0 1 | Jeb description | Date & Time Completed | Done of |
| Ref No: 44 14 C1200 5726/W | SAS e-filing | | |
| Veh No: 5660867 | E-mail (within Shrs, AIC 2hrs) | | |
| D.O.A: 17/5/2-16-70 | i-Motor Claim Form | M7 1092817-201 | 18/21/20 17:24 |
| 4 | i-Motor W/O (Within: OD 2h | | |
| OD P' Reporting Only | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand | to Owner/Wksp | |
| Preferred Wksp / INC Assign Wksp / QW: (| | Tel: | ax: |
| TP Particulars: Veh No: DV8 | 993m INC | ()/Non-INC(). | Đ |
| Owner / Driver: (| | Tel: |) |
| Policy No: () Per | iod: (| Cover Type: (| |
| Confirmed by : (| Date: | Time: |) |
| Insured/Driver Liability: (%) [N | Note-Est. Status (WO): N: 0- | 20%; P: 21-79%. P: 80- | 100%] |
| Year of Registration: () V | Varranty: YES () / NO (|) | |
| Excess: (\$) Loading: \$1,00 | 00()/\$2,000() | | PRINCIPAL WITH |
| General Remarks: | | | SCOT ST. |
| () Walk-In Customer: Customer's infor | mation strictly Confidential & S | Strictly NO refer of repairer. | |
| () Total Loss Case : to e-mail Insure | |) | |
| Drive-In ()/ Towed-In (); Invoice | | Towing Co: (| .) |
| | | Date&Time Completed | Done by |
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| 77.41-7 | ourtesy Car () | | 4 |
| 7) OC Check / Poet Denuit Inchection | | | The second secon |
| 2) QC Check / Post Repair Inspection | | - | |
| 3) Upload Resurvey Photo [Repair Cost > \$3 | | + | |
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| 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: | | | Station in the |
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| 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: | | | And (S) April (I) |
| 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions | 000] () | reparation Checklist | Ant (5) Amt (1) |
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| 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions | Invoice P | ent Reporting (530); ge Assessment (5100); INC (| Int Bill Add Bill |
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| 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Laimant's Particulars: Oriver/Owner: | Invoice P 1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow For claimin 6) TR: Re-ins | ent Reporting (\$30); ge Assessment (\$100); INC (g Fee S -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 20) pection | 78: Bill Add Bill 580) 40/545 5120 530 05) \$75 |
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| 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date Time Actions Lamant's Particulars: Diver/Owner: Contact No: amaged Portion: | Invoice P 1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow For elsimin 6) TR: Re-ins 7) N1: Idae D 2 8) NTUC Ade OD* | ent Reporting (\$30); ge Assessment (\$100); INC (g Fee S -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 20 pection A + SMRT Survey | 79: Bill Add Bill 580) 40/545 5120 530 93) 575 5160 |
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| 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Laumant's Particulars:: Oriver/Owner: Contact No: Damaged Portion: C Checked by (Engr-In-Charge): | Invoice P 1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow For elsimin 6) TR: Re-in: 7) N1: Idae D 8) NTUC Ade OD* N5: Court N6: Repa *N7: Fost | ent Reporting (\$30); ge Assessment (\$100); INC (g Fee S -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 20) pection A + SMRT Survey ditional Services:- csy Cer / Tpt Allowance it Co-ordination Repair Inspection | \$\$6 Bill Add Bill \$\$80) |
| 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Lamant's Particulars: Oriver/Owner: Contact No: Oamaged Portion: C Checked by (Engr-In-Charge): Auditors' Comments: | Invoice P 1) AR: Accid 2) DA: Dame 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in: 7) N1: Idae D 8) NTUC Add OD.* *N5: Court *N6: Repair *N7: Fost *N8: DV/ | ent Reporting (\$30); ge Assessment (\$100); INC (g Fee S -Through Survey -Through Survey (Resurvey) g assinst INC Only (wef 10 Jan 20) pection A + SMRT Survey litional Services:- csy Car / Tpt Allowance r Co-ordination Repair Inspection Collect Excess Coordination | 78: Bill Add Bill 580) 40/545 5120 530 05) \$75 5160 |
| 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions | Invoice P 1) AR: Accid 2) DA: Dame 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in: 7) N1: Idae D 8) NTUC Add OD.* *N5: Court *N6: Repair *N7: Fost *N8: DV/ | ent Reporting (\$30); ge Assessment (\$100); INC (g Fee S -Through Survey -Through Survey (Resurvey) g assinst INC Only (wef 10 Jan 20 pection A + SMRT Survey litional Services:- csy Car / Tpt Allowance it Co-ordination Repair Inspection Collect Excess Coordination TP (Non INC) against INC Mobile | \$\$6 Bill Add Bill \$\$80) |

Figure 1 1 727

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.

- 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

| atoresaid. | |
|--|--|
| * Comment of the second | ACCIDENT STATEMENT |
| Date Of Report | 18/05/2020 12:42 |
| Date Of Accident | 17/05/2020 16:30 |
| Exact Location Of Accident | JUNC AMK AVE 1 & AMK AVE 10 |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLG6086J |
| Insured/Policyholder | |
| Name Of Registered Owner | ANG MIAH KHIANG |
| NRIC No | SXXXX207F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97505880 |
| Alternative Phone No | OFFICE-97505880 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | HARRIER PREMIUM STYLE MAUVE 2.0 A |
| 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 | 5084711174-03 |
| Cover Note Number | |
| Driver | |
| Name of Driver | ANG MIAH KHIANG |
| NRIC No | SXXXX207F |
| Date Of Birth | 02/03/1954 |
| | |

 NRIC No
 SXXXX2070

 Date Of Birth
 02/03/1954

 Occupation
 INDOOR

 Date Of Driving Pass
 07/12/1971

Driving Experience 48 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97505880

Fax Number

Contact Number OFFICE-97505880

EMail Address NOEMAIL

17A BRIGHTON AVENUE Address

559252 Postcode

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

CLEAR Weather Conditions 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

NO

NO

2

NO

NO

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

Passenger 1 NAME:

> GENDER: : FEMALE

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)

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

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SDV8897M Vehicle Registration Number TOYOTA WISH 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)

Page 2 of 17

SKETCH PLAN

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.
- 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.
- 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)

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:
 - 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:
 - 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: 1 (

Driver's Signature

(If driver is not the policyholder)

Date & Time:

8/5/20

Reporting Centre Personne's Signature

Name:

NRIC/FIN No .:

10,00 am

| CETCH PLAN | T. | | 8 | | |
|-------------------------------|---------------|-----|---------|----------------|---------|
| DOA: 17 S A' SLG G B' SOV 8 | 086J 2897M | | | Ave 10 | |
| I stopped state | tionary at | tho | traffic | light junction | 00, |
| when the lightian to | V | | | partian. | the |
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Driver's Signature

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.:

Reporting Centre Personner's Signature Name:

| 3 | Personal Particulars |
|---|---|
| | Date of Accident: 17 5 20 Time of Accident: 4:30 PM |
| | Exact Location of Accident: Junction Amk Ave 1 & Ave 10 |
| | Owner's Name: Ang Migh King NRIC No: 500 4507 F HP No: 97505880 |
| | Driver's Name: NRIC No: HP No: |
| | Date of Birth: 2 3 1954 Driv ng Licence Passing Date: 7 12 1971 Occupation: Indoor / Outdoor |
| | Address: 17A Brighton Ave (559252) |
| | Relationship of Driver with Insured: ONN Email Address: |
| | Vehicle No: SLG 60863 Make & Model: Toyota |
| | Insurance Co: NTUC Coverage: Companies veolicy No: |
| | *Purpose of Reporting? Own Damage Claim / 3rd Parky Glaim / Not Claiming, Just Reporting Only |
| | |
| _ | *Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Priveta Use / Work |
| | "Weather Condition? |
| | * Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax: |
| | A: 1+ 1 B- C: D: |
| | *Was Anybody Injured ? (Yes / No) If yes, |
| | Name / NRIC / In Vehicle: |
| | *Was The Accident Reported To The Police ? |
| | No O Yes, Which Police Station? |
| | |
| | *Does the Driver Own Any Other Vehicle? |
| - | No O Yes, Vehicle Registration No:insurer: |
| | *Was any foreign vehicle involved? (Yes / No) If yes, vehicle No & Category: |
| | *Was there any video captured by Car Camera? (Yes/No) |
| | Third Party Driver's Particulars |
| | Vehicle & No: SDV 8897M Make & Model: Toyota Wish |
| | Driver's Name:NRIC No:HP No: |
| | Vehicle C No: Make & Model: |
| | Driver's Name: NRIC No: HP No: |
| | Witness Particulars |
| | Name: NRIC No: HP No: |

| eBao Tech | | | GeneralClaim | | | | | | | | |
|------------------------|----------|-------------------|-----------------------|----------------------|----------------------|--|------------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601 | | | | | THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OF THE OWNER OWNER OWNER OWNER OWNER OWNER | · Change | Language | ' Chan | ge Password | · Log Out |
| My Desktop | Poli | cy Query | | | | | | | | | |
| Notice of Loss | Policy N | No. | | | | Date o | f Accident | [1 | 7/05/2020 1 | 6:30 | |
| | Vehicle | No.(For Motor) | SLG608 | 63 | | Certific | cate Number | | | | |
| | | | | | E | Search | | | | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5084711174- 03 | | ANG MIAH KHIANG | S0045207F | GPC | drivo CLASSIC | SLG6086) | SLG60863 | 06/10/2019 | 05/10/2020 |
| | | 15-708 | | C#15550005 | | Continue | | | | | |

| Policy No. | 5084711174-03 | Policyholder Name | ANG MIAH | KHIANG | Policyholder NRIC | S0045207F | |
|-----------------------------------|--|-----------------------------------|-----------------|-------------------|----------------------|--------------|------------------------------|
| Certificate No. | | | | | | | |
| Address | 17A BRIGHTON AVENUE SINGA | PORE 559252 | | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | | Group Policy Flag | N | |
| Policy ssue Date | 10/09/2019 | Effective Date | 06/10/2019 | 00:00 | Expiry Date | 05/10/2020 2 | 3:59 |
| Excess Type | Per Accident | All 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 | ABWIN PTE LTD | Agent Tel. | 68423301 | | GST Flag | Y | |
| Co- insurance Flag | No | | | | | | |
| Open Policy Info | | | | | | | |
| Certificate Info | | | | | | | |
| | nolder Mailing Address | | | | | | |
| Address 1 | 17A BRIGHTON AVENUE | Addre | ss 2 | SINGAPORE 5592 | 152 | Address 3 | |
| Address 4 | | Addre | ss Type | Singapore address | s | Post Code | 559252 |
| The second | | Relate Numb | ed Policy er | 5114850024 | | | |
| Unit No. | d Object: SLG6086J | | | | | | |
| guaryson mark | d Object: St.Goodo | | | | | | |
| Unit No. | 33 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | | | | | |

| laim Handling | | | | | | |
|--|--|--|---|------------------------|--|---|
| cident MT/1092817 | | CAWARAS | 62/22/06 | | and a second | |
| licy No. | 5084711174-03 | Vehicle No. | SLG6086) | | GST Registration No. | |
| rtificate No. | | | | | | |
| kicyholder Name | ANG MIAH KHIANG | | | | Policyholder NRIC | 50045207F |
| oduct Code | PRIVATE CAR INSURANCE | Cover Type | drive CLAS | SIC | Loading | 0 |
| oreact No.(Mobile) | 97505880 | Contact No. (Office) | 0 | | Contact No.(Home) | 0 |
| maii Address | | Special Remark | | | eCode | N.V |
| FK . | ® No ○ Yes | TCA | @ No OY | es . | eCode Reason | |
| CD Protection | Yes | MCD Entitlement(%) | 50 | | Private Hire | No |
| Accident Details | | | | | | |
| eport Date | 18/05/2020 13:52 | Accident Report Within 24 hrs | 745 | | Accident Type | Collision - Head to Rear |
| ate of Accident | 17/05/2020 | Time of Accident hhimm | 16:30 | | Country of Accident | Singapore |
| | 17709/2020 | Grange Force | 100,000 | | ICM No. | 0.0800000 |
| eporting Centre | | Grange Parise | | | 2000 | |
| ocident Location | JUNC AMK AVE 1 & AMK AVE 10 | | | | | |
| 7 Total Excess Applicable | | | | 0.000 | | |
| cess Type | Per Accident | Windscreen Excess | | 100.00 | | |
| | 92000 | -22000000000000000000000000000000000000 | | 0.00 | | |
| O Standard Excess | 600.00 | TP Standard Excess | | 0.00 | @0000000000000000000000000000000000000 | 2000000 |
| ED OD Excess | 0.00 | VIED TP Excess | | 0.00 | Driver is Covered? | Covered |
| dditional Excess | 0 | | | | | |
| otal OD Excess Applicable | 600.00 | Total TP Excess Applicable | | 0.00 | | |
| U Benefits | | | | | | |
| overage | | | Sun | n Insured | | |
| ansport Allowance | | | 999 | 999999.99 | | |
| GST Registered Informa | ation | | | | | |
| ST Registered | No | | | Registration Date | | |
| ST Registration No. | | | GST | Status Verified | Yex | |
| odification History | | | | | | |
| | | | | | | |
| Policyholder Mailing Ad | Will be the second of the seco | 100000000000 | | | | |
| ddress I | 17A BRIGHTON AVENUE | Address Z | SINGAPOR | £ 559252 | Address 3 | |
| doress 4 | | Address Type | Singapore i | address | Post Code | 559252 |
| init No | | Related Policy Number | 511485002 | 24 | | |
| OI Driver Info | | | | | | |
| river Name | ANG MIAH KHIANG | Driver Type | Main Driver | r. | | |
| nnamed driver Name | | Driver NR3C | 500452079 | | Driver DOB | 02/03/1954 |
| egister Date of Driver License | 03(13)(97) | Driver Age | 66 | | Driving Experience | 48 |
| | 97505880 | Contact No. (Office) | 0 | | Contact No.(Home) | 0 |
| ontact No. (Mobile) | | | SINGAPOR | e conten | Address 3 | |
| ddress 1 | 17A BRIGHTON AVENUE | Address 2 | | | | READED. |
| ddress 4 | | Address Type | Singapore | eddress | Post Code | 559252 |
| Init No. | | | | | | |
| toes he own a Singapore legistered car? | ☐ Yes 	® No | Driver Vehicle No. | | | Driver Insurer Company | |
| | | | | | | |
| eclaration | | | | | | |
| reathalyser or Blood Test reading? | 0 mg | Any injury? | O Yes @ ! | No. | | |
| | | | | | | |
| odification History | | | | | | |
| accordinate to | | | | | | |
| Claim 001 New | | | | | | |
| | | | | | | |
| Salas Bissa A. | OD-MX | Insured Name | ANG MIAH | KHIANG | Insured NRIC | 50045207F |
| lgim Type * | | | 100000000000000000000000000000000000000 | | | NIL |
| ontact No.(Mobile) | 9750S880 | Contact No.(Home) | MIL | | Contact No.(Office) | |
| mail Address | mk_ang@singnet.com.ag | Of Vehicle Number | SLG60863 | W 1991 | TP venicle Number | SDV8897H |
| laimant Type Claimant Type • | | Type of Benefit * | Please Sel | ect v | | |
| laimant Name * | >> | Claimant NRIC * | | | = | |
| laimant Address | | | | | | |
| larm Description | 5L06086) / SDV8897M ON 17 May 2020 | | | | Name of Preferred Workshop | |
| referred Workshop Contact o. | | Insured Liability * | Not at Fau | ė v | | |
| equire Finalisation | Yes | Preferered Repair Option | Preferred | Workshop, Name unknown | GIA report | Received |
| | 18/05/2020 13:54 | Claim Close Date | | | Date Received | 18/05/2020 00:00 |
| ate Registeres | | Course of the last | | | G Metassicals | 100100000000000000000000000000000000000 |
| eport Taken By | Jackson | | | | | |
| Print AK letter | | | | | | |
| | | | Save Sub | amit I | | |
| Lancacon Const. | | | 200 | 10 | | |
| Attachment | | | | | | |
| 9 | | | | | | |
| coident No. | MT/1092817 | Claim No. | | 100 | | |
| | | Upload Date | | 18/05/2020 13:56 | | |
| ast Doc. Received | ● Yes ○ No | Upload Date | | | | 22 150 |
| Y | Path * | 5 p.5 (Mres) | The parameter | Category * | 11.00 | ncy * Description |
| | | Browse | | | (Normal | |
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| Control of the contro | | Browse | e Cear | Please Select | W (NO W Normal | ~ |
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