	The state of the s	Date & Time Completed	Done by			
Date In: 24 /2/2 - 16:08	Jeb description	Date & Time Completed	Done of			
Rest No: Hajly (2007) 35/24	SAS e-filing		-			
Veh No: SMHY4722	E-mail (within 5hrs, Al	C 2hrs)				
D.O.A: 24/3/20 13:15	i-Motor Claim For	m m/1598311-201	24/7/20 16:			
	i-Motor W/O (Within	i-Motor W/O (Within: OD 2hrs, TP 4hrs)				
OD (TP) Reporting Only	i-Photo Uploaded					
TDI	Assessment/Survey F	Report				
TP Insurer:	Ass't Report by Fax	/ Hand to Owner/Wksp				
Preferred Wksp / INC Assign Wksp / QW:	(	Tel:	Fax:			
TP Particulars: Veh No:	42518A	INC( )/Non-INC( )				
Owner / Driver: (		Tel:	)			
Policy No: ( )	Period: (	) Cover Type: (				
Confirmed by : (	Dat		)			
Insured/Driver Liability: ( %	Note-Est. Status (WO):	N: 0-20%; P: 21-79%. F: 80	)-100%]			
Year of Registration: ( )	Warranty: YES ( )/1	40( )				
Excess: (\$ ) Loading: \$	\$1,000 ( ) / \$2,000 ( )					
General Remarks;-		des de la contentación de la con	STATE OF THE STATE OF			
( ) Walk-In Customer : Customer's						
( ) Total Loss Case : to e-mail Ins	The state of the s	3				
The same of the sa		); Towing Co: (				
Drive-In ( )/ Towed-In ( ); Invo	oice: YES ( ) / NO (					
Remarks:- (INC horline: 6788 6616	5)	Date&Time Completed	Done by			
1) Apply for Transport Allowance (	) / Courtesy Car ( )					
Apply for Transport Allowance (     OC Check / Post Repair Inspection	) / Courtesy Car ( )					
	( )					
QC Check / Post Repair Inspection     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 :	( )		A STATE OF THE STA			
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	( )					
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	( )	vice Preparation Checklist.				
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	( ) >\$3000] ( )	: Accident Reporting (\$30);	Ant (5) Ab			
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	( ) > \$3000] ( ) Inve	: Accident Reporting (\$30); : Damage Assessment (\$100); INC	Ant (5) An			
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	( ) > \$3000] ( ) Inve 1) AR 2) DA 3) TF 4) FT	: Accident Reporting (\$30); : Damage Assessment (\$100); INC : Towing Fee : Follow-Through Survey	(\$80) (\$40/\$45 \$120			
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	1 Inve	: Accident Reporting (\$30); : Damage Assessment (\$100); INC : Towing Fee : Follow-Through Survey : Follow-Through Survey (Resurvey)	Ant (5) An (580) S40/545 S120 S30			
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	1 Inve 1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR	: Accident Reporting (\$30); : Damage Assessment (\$100); INC : Towing Fee : Follow-Through Survey : Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Jan 2); Re-inspection	(\$80) \$40/\$45 \$120 \$30 \$105) \$75			
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	1 Inve 1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR 7) NI	: Accident Reporting (\$30); : Damage Assessment (\$100); INC : Towing Fee : Follow-Through Survey : Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Jan 2 : Re-inspection : Idae DA + SMRT Survey	(\$80) \$40/\$45 \$120 \$30 \$100\$			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  Lamant's Particulars:  river/Owner: ontact No: amaged Portion:	1 Inve 1) AR 2) DA 3) TF 4) FT 5) FT For 6) TR 7) N1 2 8) NT	: Accident Reporting (\$30); : Damage Assessment (\$100); INC : Towing Fee : Follow-Through Survey : Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Jan 2 : Re-inspection : Idae DA + SMRT Survey UC Additional Services:-	(\$80) \$40/\$45 \$120 \$30 \$105) \$75 \$160			
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  Ramant's Particulars :- river/Owner: ontact No: amaged Portion:	Inventor	: Accident Reporting (\$30); : Damage Assessment (\$100); INC : Towing Fee : Follow-Through Survey : Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Jan 2 : Re-inspection : Idae DA + SMRT Survey UC Additional Services:-  * 5: Courtesy Car / Tpt Allowance	(\$80) \$40/\$45 \$120 \$30 \$90 \$160			
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	( )	: Accident Reporting (\$30); : Damage Assessment (\$100); INC : Towing Fee : Follow-Through Survey : Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Jan 2 : Re-inspection : Idae DA + SMRT Survey UC Additional Services:-  5: Courtesy Car / Tpt Allowance 6: Repair Co-ordination 7: Fost Repair Inspection	(\$80) \$40/\$45 \$120 \$30 \$105 \$160 \$5 \$10 \$5			
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Inventor	: Accident Reporting (\$30); : Damage Assessment (\$100); INC : Towing Fee : Follow-Through Survey : Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Jan 2 : Re-inspection : Idae DA + SMRT Survey UC Additional Services:-  5: Courtesy Car / Tpt Allowance 6: Repair Co-ordination 7: Post Repair Inspection 8: DV / Collect Excess Coordination	(\$80) \$40/\$45 \$120 \$30 \$100 \$75 \$160 \$5 \$10 \$25 \$35			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	( )	: Accident Reporting (\$30); : Damage Assessment (\$100); INC : Towing Fee : Follow-Through Survey : Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Jan 2 : Re-inspection : Idae DA + SMRT Survey UC Additional Services:-  5: Courtesy Car / Tpt Allowance 6: Repair Co-ordination 7: Fost Repair Inspection	(\$80) \$40/\$45 \$120 \$30 \$105 \$160 \$5 \$10 \$5			

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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 aforesaid.

	ACCIDENT STATEMENT				
Date Of Report	29/07/2020 16:08				
Date Of Accident	29/07/2020 13:15				
Exact Location Of Accident	LOR 6 TOA PAYOH				
Country/State of Loss	SINGAPORE				
D	ETAILS OF OWN VEHICLE				
Vehicle Registration Number	SMH4420Z				
Insured/Policyholder					
Name Of Registered Owner	DOU PENG CHENG				
NRIC No	SXXXX921B				
Email Address	NOEMAIL				
Mobile Phone No	(LOCAL) +65-98580807				
Alternative Phone No	OFFICE-98580807				
Vehicle Particulars					
Manufacturer	HONDA				
Model	SHUTTLE HYBRID 1.5 AUTO				
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	5107014616-01				
Cover Note Number					
Driver					
Name of Driver	DOU PENG CHENG				
NRIC No	SXXXX921B				
Date Of Birth	16/06/1989				
Occupation	INDOOR				
Date Of Driving Pass	10/12/2010				
Driving Experience	9 YEARS AND 7 MONTHS				
Gender	MALE				
Mobile Number	(LOCAL) +65-98580807				
Fax Number					
Contact Number	OFFICE-98580807				
EMail Address	NOEMAIL				

BLK 505B YISHUN STREET 51 Address #11-34 762505 Postcode NO Was driver an employee of the Insured's Company 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 - HEAD TO REAR Type Of Accident Weather Conditions DRIZZLING WET Road Surface Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident 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) NO soliciting/offering accident claims assistance. 2 Number of Passengers (Including Driver) Passenger 1 NAME: GENDER: : FEMALE **Details of Police Action** Was the accident reported to the police? NO If Yes, Please state which Police Station NO 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

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

NO

Vehicle Registration Number SKU2568A

Was there any video captured by Car Camera?

Vehicle Make/Model/Colour

Was there any audio recorded?

**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.
- 2. This Form must be completed by the Policyholder 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>.
- 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signature

Name:

NRIC/FIN No .:

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on Huted	date and time, I was travelling ating bor 6 754 Payor
The truffic	junction turns red. I stopped my vehicle. Enddenly I feld on
impact 4	my vehicle and realised that vehicle is let ont my
velicle regr	Brofing.

# 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 policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 29/7 2 1(DD/M	MM/YYYY), TIME: [ 13 : 15 . ] (HH:MM)
LOCATION: Wr 6 Ba Ryon	NO CONTRACTOR OF THE PROPERTY
1. DETAILS OF VEHICLE  GIVEHICLE NUMBER:  GIPOLICY NUMBER:  GIPOLICY TYPE: (COMPREHENSIVE / THE B) MAKE & MODEL:  fitype:(SALOON / COUPE / MPV /VAN B) VEHICLE CATEGORY: (PRIVATE / COMPREHENSIVE / THE B) VEHICLE CATEGORY: (PRIVATE / COMPREHENSIVE / THE B) VEHICLE CATEGORY: (PRIVATE / COMPREHENSIVE / COMPREHENSIVE / COMPREHENSIVE / THE B) VEHICLE CATEGORY: (PRIVATE / COMPREHENSIVE	HIRD PARTY / THIRD PARTY FIRE &THEFT)  / LORRY / MOTORCYCLE / OTHERS)  MMERCIAL / MOTORCYCLE)  ME: Privale
A)NAME:	
(Including driver) history server	(MALE / FEMALE)
bjnric/fin/passport:	CONTACT:
*d)DATE OF BIRTH: (	_)(DD/MM/YYYY)
4. WAS DRIVER AN EMPLOYEE OF THE II IF NO, RELATIONSHIP OF THE DRIVER 5. GIWEATHER CONDITION: (CLEAR / RAIN) b)ROAD SURFACE: (DRY / WET / OTHERS. 6. WAS ANYBODY INJURED (YES / NO) 7. GIREPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATE	R WITH INSURED: When
D. IMINI) PARIN VEHICLE	
Including driver) b) DRIVER'S NAME:	MODEL:
C) NRIC/FIN/PASSPORT:	CONTACT:
No of passenger d) VEHICLE NUMBER:	MODEL:
Induding driver f) NRIC/FIN/PASSPORT:	CONTACT:

email = Daniel @ worldguts.com.sg / fax = dowlengcheng\_1989@126.Com

<b>eBao</b> Tech			2070			Page 1				Genera	Alexander Lines
Hello, NAC_PAYA_UBI_80	0601						· Chang	e Languag	e • Chan	ge Password	· Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	io.				Date	of Accident		29/07/2020 1	3:15	
	Vehicle No. (For Motor)		SMH4420Z		Certificate Number		[				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5107014616- 01		DOU PENG CHENG	589749218	GPC	drivo CLASSIC	SMH4420Z	SMH4420Z	23/01/2020	22/01/2021
					1	Continue					

Sequer	ce Date of Endorsen	nent	Endorsemen	t Type	Endorsement	Status	Endorsement Content
□ Endors	ements						
) Insure	d Object: SMH4420Z						
Jnit No.	11-34	Relate Numb	ed Policy er	5107014616-01			
Address 4	SINGAPORE 762505	Addre	ss Type	Singapore address		Post Code	762505
Address 1	BLK 505B #11-34	Addre	ss 2	YISHUN STREET 51		Address 3	ACACIA BREEZE @ YISHUN
	older Mailing Address						
Certificate Info							
Open Policy Info							
insurance Flag	No						
Agent Co-	S & M ALLIANCE PIE LIU	Agent Fel.	90334288		GS1 Flag	20	
OD Excess	S & M ALLIANCE PTE LTD	TP Excess  Agent Tel.	96354288		GST Flag	Y	
Dutside Singapore	600	Outside Singapore	0			Young	J/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	0	damage Excess	600		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess Own					
Policy ssue Date	26/12/2019	Effective Date	23/01/2020	0 00:00	Expiry Date	22/01/2021 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 505B #11-34 YISHUN ST	REET 51 ACACIA	BREEZE @	YISHUN SINGAPORE	762505		
Certificate No.							
Policy No.	5107014616-01	Policyholder Name	DOU PENG	CHENG	Policyholder NRIC	S8974921B	

Claim Handling						
Accident MT/1098311						
Policy No.	5107014615-01	Vehicle No.	SMH4420Z	GST Registration No.		
Certificate No.						
Policyholder Name	DOU PENG CHENG			Policyholder NR1C	589749218	
Product Code	PRIVATE CAR INSURANCE	Cover Type	privo CLASSIC	Loading	0	
Contact No.(Mobile)	98580807	Contact No. (Office)	0	Contact No.(Home)	0	
Email Address		Special Remark		eCode	1 ×	
KFK	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	20	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No	
<ul> <li>Accident Details</li> </ul>						
Report Date	29/07/2020 16:19	Acadent Report Within 24 hrs		Accident Type Collision - Head to Rear		
Date of Accident	29/07/2020	Time of Accident hh:mm	13:15	Country of Accident	Singapore	
Reporting Centre		Orange Force	range Force 1			
Accident Location	LOR 6 TOA PAYOH					
<ul> <li>Total Excess Applicable</li> </ul>						
Excess Type	Per Accident	Windscreen Excess	100.00			
On Manager Barrier	600.00	TP Standard Deceme	0.00			
DD Standard Excess VIED OD Excess	0.00	VIED TP Excess	9.99	Driver is Covered?	Covered	
		TIED IP EXCESS:		DETAIL OF CONTROL OF	5310.40	
Additional Excess	600.00	Total TP Excess Applicable 0.00				
Total OD Excess Appricable	600.00	Total 19 Catalog Approache	0.00			
⇒ Benefits	ation					
♥ GST Registered Informa			GST Registration Date			
GST Registered GST Registration No.	No		GST Status Verified	(3986)		
Modification History						
Policyholder Mailing Ad	dress					
Address 1	BLK 905B #11-24	Address 2	VISHUN STREET SI	Address 3	ACACIA SKEEZE @ YISHUN	
Address 4	SINGAPORE 762505	Address Type	Singapore address	Post Code	762505	
Unit No.	11-34	Related Policy Number	\$107014616-01			
□ DI Driver Info	****					
Driver Name	DOU PENG CHENG	Driver Type	Main Driver			
Unnamed driver Name		Driver NR3C	589749218	Driver DOB	16/06/1989	
Register Date of Driver License	10/12/2010	Driver Age	31	Driving Experience	9	
Contact No. (Mobile)	96580807	Contact No.(Office)	n n	Contact No.(Home)	0	
Address 1	BLK 505B	Address 2	YISHUN STREET 51	Aggress 3	ACACIA BREEZE @ YISHUN	
Address 4	SINGAPORE 762505	Address Type	Singapore address	Post Code	762505	
Unit No.	11-34					
Does he own a Singapore	○ Yes ⊕ No	Driver Vehicle No.		Driver Insurer Company		
Registered car?						
Declaration						
Breathalyser or Blood Test	0 mg	Any injury?	○ Yesi  ® No			
Reading?		Lead added to	0			
Modification History						
Claim 001 New						
3300000						
				7	man in in	
Claim Type +	ор-нк	Insured Name	DOU PENG CHENG	Insured NR3C	589749218	
Contact No (Mobile)	96580807	Contact No.(Home)		Contact No. (Office)		
Email Address		OI Vehicle Number	SMH4420Z	TP Vehicle Number	SKU2568A	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *	22	Claimant NRIC *		20		
Claimant Address						
Claim Description	5MH4420Z / SKU2568A ON 29 Jul 2020			Name of Preferred Workshop		
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	29/07/2020 16:20	Claim Close Date		Date Received	29/07/2020 00:00	
Report Taken By	Jackson					
Print AK letter						
CONTRACTOR SECURIOR SO						
			Save Submit			
Attachment						
9						
	\$50,000 CO	2000 B 1000	-			
Accident No.	MT/1098311	Caim No.	001			
Last Doc. Received	● Yes ○ No	Upload Date	29/07/2020 16:23			
	Pach *	200723000	Category *	Confidential Urgen		
		Browse	- Indicated I	∨ Normal	×	
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		Browse	Clear Please Select	V Normal		
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