

NATIONAL Assessment Centre Services

(wef 1 Jan 05) MVA No 065184

Date In: 3/8/20-14:08	Job description	Date & Time Completed	Done by
Ref No: NA/INC2007951/24	SAS e-filing		
Veh No: 5028732 L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 3/8/20-07:55	i-Motor Claim Form	M7/1098663-001	3/8/20 14:17
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: 50287324 INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA2024022	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
	Claimant's Particulars :-	1) AR: Accident Reporting (\$30);	Est Bill	Add Bill
	Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
	Contact No:	3) TF: Towing Fee \$40/\$45		
	Damaged Portion:	4) FT: Follow-Through Survey \$120		
	QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
		6) TR: Re-inspection \$75		
	Pat. 1:	7) N1: Idac DA + SMRT Survey \$160		
	Pat. 2 / 3:	8) NTUC Additional Services:-		
	9) N12: Idac Mobile 30			
	9) N11: TP (Non INC) against INC \$20			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

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 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. 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	03/08/2020 14:08
Date Of Accident	03/08/2020 07:55
Exact Location Of Accident	WOODLANDS AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD8132L
Insured/Policyholder	
Name Of Registered Owner	TAN MUI SUAH @ PHUA YONG TECK
NRIC No	SXXXX979D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96315095
Alternative Phone No	OFFICE-96315095
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 2.0 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	5118088328
Cover Note Number	
Driver	
Name of Driver	TAN MUI SUAH @ PHUA YONG TECK
NRIC No	SXXXX979D
Date Of Birth	01/01/1948
Occupation	INDOOR
Date Of Driving Pass	24/09/1971
Driving Experience	48 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96315095
Fax Number	
Contact Number	OFFICE-96315095
EEmail Address	NOEMAIL

Address	BLK 681B WOODLANDS DRIVE 62 #10-29
Postcode	732681
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	CHAIN COLLISION
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	4
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
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	SJD5657H
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLQ2266E
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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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

GW6969L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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 "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:
 - (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)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Refer to attached sketch plan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

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.:

Anytime, anywhere collaboration in Civil 3D

BIMBIMBIM BIM 360 DESIGN

ONLY WITH BIM 360 DESIGN



streetdirectory.com

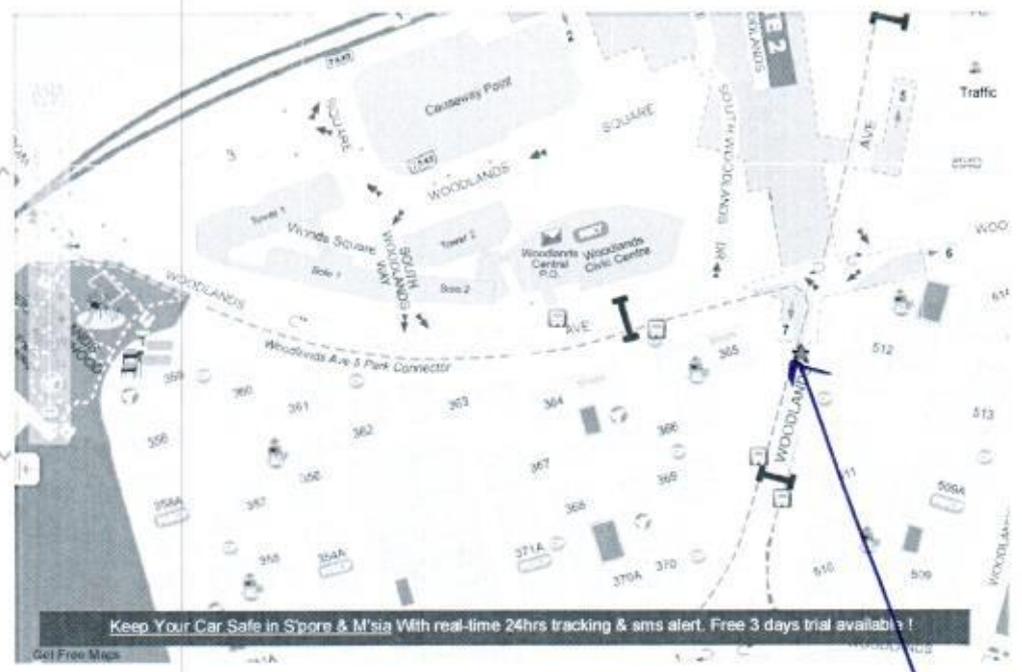
Find Businesses, Addresses or Products & Services

Location or Company

Woodlands MRT Station (TE2)
11 Woodlands Square
(S)737736

Map Directions

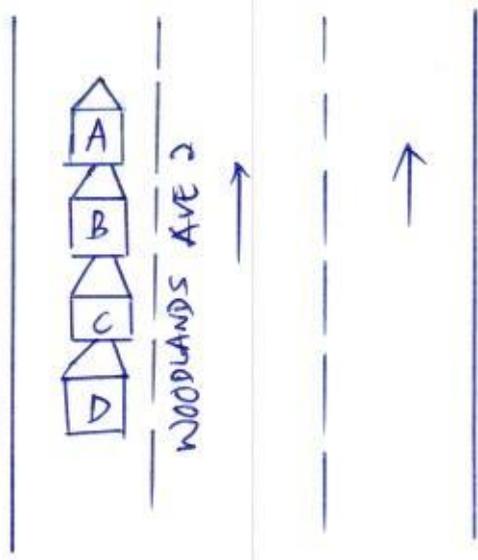
- Map
- Building Directory
- What's Nearby
- Get Tips
- Getting Here



Keep Your Car Safe in S'pore & M'sia With real-time 24hrs tracking & sms alert. Free 3 days trial available!

traffic light

accident site



- A - SLD813JL
- B - SJD 5657H
- C - SLQ 2266E
- D - GW 6969L

~~285 8 48~~
0026979/0

Accident Statement

On 03th Aug 2020 about 0755Hrs, my vehicle (SLD8132L) was stopped at the traffic light at Woodland Avenue 2. Suddenly a vehicle (SJD5657H) was hit onto rear of my vehicle while I was waiting for the traffic light to turn green. This is a chain collision which involving total of 4 vehicles. 2nd vehicle (SJD5657H), 3rd vehicle (SLQ2266E) and Last vehicle (GW6969L). I am making a claim against third party.



Name: Tan Mui Suah @ Phua Yong Teck
I/C: S0026979D

ACCIDENT STATEMENT

ACCIDENT DATE: (3 / 8 / 20) (DD/MM/YYYY), TIME: (07:55) (HH:MM)

LOCATION: Woodlands Ave ~

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLD813VL
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: _____
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: private
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Tan Mui Huan @ Pua Yong Tek (MALE / FEMALE) MALE FEMALE
- b) NRIC/FIN/PASSPORT: S602679D CONTACT: 96315095
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) INDOOR OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) YES NO

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR RAINING OTHERS

b) ROAD SURFACE: (DRY / WET / OTHERS) DRY WET OTHERS

6. WAS ANYBODY INJURED (YES / NO) YES NO

7. a) REPORTED TO POLICE (YES / NO) YES NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: STJ56574 MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: SLQ2266E MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: GW6969L CONTACT: _____

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email =

Fax =

Video =

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)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5118088328

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLD8132L**
 Chassis Number : JTDGJ20W905001842
2. Name of Policyholder : TAN MUI SUAH @ PHUA YONG TECK
3. Effective Date of Insurance : 06 Jul 2020
4. Expiry Date of Insurance : 03 Aug 2021
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.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

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 headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TAN MUI SUAH @ PHUA YONG TECK
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : INSURE LINK PTE LTD (00000614836)

Date of Issue : 03 Jul 2020 16:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Insure Link Pte Ltd
 200, North Bridge Road #08-16
 Singapore 070020 (339407)
 Tel: 6444 1044
 Fax: 6444 0040

Chief Executive

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5118088328		TAN MUI SUAH @ PHUA YONG TECK	S0026979D	GPC	drive CLASSIC	SLD8132L	SLD8132L	06/07/2020	03/08/2021

Continue

Policy Information

Policy No.	5118088328	Policyholder Name	TAN MUI SUAH @ PHUA YONG T	Policyholder NRIC	S0026979D
Certificate No.					
Address	BLK 681B #10-29 WOODLANDS DRIVE 62 SINGAPORE 732681				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	03/07/2020	Effective Date	06/07/2020 00:00	Expiry Date	03/08/2021 23:59
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/Inexperience Driver Excess	
Agent	INSURE LINK PTE LTD	Agent Tel.	64444644	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 681B #10-29	Address 2	WOODLANDS DRIVE 62	Address 3	SINGAPORE 732681
Address 4		Address Type	Singapore address	Post Code	732681
Unit No.		Related Policy Number	5118088328		

Insured Object: SLDB132L

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>				

Claim Handling

Accident MT/1098663

Policy No.	5118088328	Vehicle No.	SLD8132L	GST Registration No.	
Certificate No.					
Policyholder Name	TAN MUI SUAH @ PHUA YONG TECK	Cover Type	drive CLASSIC	Policyholder NRIC	S0026979D
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	96315095	Special Remark		Contact No.(Home)	0
Email Address		TGA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private hire	No
Accident Details					
Report Date	03/08/2020 14:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	03/08/2020	Time of Accident (h:m:mm)	07:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS AVE 2				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	600.00				

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BUK 681B #10-29	Address 2	WOODLANDS DRIVE 62	Address 3	SINGAPORE 732681
Address 4		Address Type	Singapore address	Post Code	732681
Unit No.		Related Policy Number	5118088328		

DI Driver Info

Driver Name	TAN MUI SUAH @PHUA YONG TECK	Driver Type	Main Driver	Driver NRIC	S0026979D
Unnamed driver Name		Driver Age	72	Driver DOB	01/01/1948
Register Date of Driver License	24/05/1971	Contact No.(Office)	0	Driving Experience	48
Contact No.(Mobile)	96315095	Address 1	BUK 681B	Contact No.(Home)	0
Address 1	BUK 681B	Address 2	WOODLANDS DRIVE 62	Address 3	SINGAPORE 732681
Address 4		Address Type	Singapore address	Post Code	732681
Unit No.	10-29	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-Mix	Insured Name	TAN MUI SUAH @ PHUA YONG T	Insured NRIC	S0026979D
Contact No.(Mobile)	96315095	Contact No.(Home)	63103689	Contact No.(Office)	
Email Address		DI Vehicle Number	SLD8132L	TP Vehicle Number	SD05657H
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLD8132L / SD05657H ON 3 Aug 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	03/08/2020 14:17	Claim Close Date		Date Received	03/08/2020 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1098663	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/08/2020 14:19

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear Please Select	NO	Normal		
Browse... Clear Please Select	NO	Normal		
Browse... Clear Please Select	NO	Normal		
Browse... Clear Please Select	NO	Normal		
Browse... Clear Please Select	NO	Normal		
Browse... Clear Please Select	NO	Normal		

