

GST REG. NO. M2-8921817-3
TAX INVOICE
COMPANY REG. NO.: 199506048W
Page: 1

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER
3 ANSON ROAD #16-00
SINGAPORE SG 079909
CONTACT NO: 62222366
VEHICLE NO
SHD4799L
INV. NO/DATE
91594091 09.09.2021
MAKE
HYUNDAI
JOB NO.
305484703
MODEL
IONIQ(G3)
ODOMETER READING
DATE OF REG
16.01.2020
DATE/TIME IN
30.08.2021 09:50
CHASSIS CODE
KMHC851CVLU190026
Description : 3P 28.08.2021

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	04-01-0104-2533	MOULDING ASSY-RR BUMPER CTR	1	451.25	20.00	361.00
0002	04-01-0101-0111	BUMPER COVER CLIP REAR	10	2.20	20.00	17.60
0003	28-01-0104-2029	VEHICLE NUMBER PLATE REAR	1	55.00	0.00	55.00
0004	04-01-0104-2282	COVER-RR BUMPER#	1	459.40	20.00	367.52
SUB-TOTAL				:		801.12

JOB NATURE

0001	PB	PANEL BEATING-SHD4799L		350.00		350.00
0002	SP	SPRAYPAINT CHARGE		250.00		250.00
0003	20-00	TUFF COAT ON AFFECTED PARTS.		30.00		30.00

WHILST TAKING ALL REASONABLE PRE CAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE KEPT AT THE RISK OF OWNERS RISK.

CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SIGNAL WITHIN 5 DAYS FROM SIGNATURE OF THIS NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.

INTEREST OF 1% PER MONTH WILL BE CHARGED OR A DAY TO ONE HUNDRED OF RESPECT OF ANY AMOUNT DUE REMAINING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (ALL AFTER 30 DAYS FROM THE DATE OF DELIVERY OF VEHICLE).

PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY SHORTCOMINGS OR DEFECTS WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND BINDING.

omfortDelGro Engineering Pte Ltd
Head Office:
205 Braddell Road
Singapore 579701
Kindly note that no receipt shall be issued unless requested.
CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010012	91594091	1,563.40	

GST REG. NO. M2-8921817-3
TAX INVOICE
COMPANY REG. NO.: 199506048W
Page: 2

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
SHD4799L

INV. NO/DATE
91594091 09.09.2021

MAKE
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ODOMETER READING
DATE OF REG
16.01.2020

DATE/TIME IN
30.08.2021 09:50

CHASSIS CODE
KMHC851CVLU190026

S/No	Part No.	Qty	Unit Price	%Disc	Net
0004	20-22 REMOVE/REFIX REVERSE SENSOR		30.00		30.00
SUB-TOTAL :					660.00

Items total 1,461.12
Add GST @ 7.000 % 102.28
Invoice amount 1,563.40

Issued by : KATHERINETAN 09.09.2021 12:55:06
Repair type : CLSO/57/57
Payment Type/Term: /Credit 30 days

WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE KEPT AT CUSTOMERS' RISK. CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SIGN WITHIN THREE DAYS FROM DELIVERY WITH NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER. INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND, WITHIN 14 DAYS OF RECEIPT, IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND BINDING.

omfortDelGro Engineering Pte Ltd

Head Office:
205 Braddell Road
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010012	91594091	1,563.40	

Our Ref: CT0821/SHD4799L/CK(st)
Date: 10.09.2021

CHINA TAIPING INSURANCE CO (S)PTE L
3 ANSON ROAD #16-00
Singapore 079909

Attn : Motor Claims Department

Dear Sir/Madam

Without Prejudice

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6383 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199506048W

ACCIDENT ON 28.08.2021 INVOLVING SHD4799L & SGU5874T ALONG PIE TWDS BEFORE THOMSON EXIT

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of vehicle No SHD4799L, which was involved in the captioned accident with your insured vehicle No SGU5874T.

The vehicle owner and the taxi hirer/driver concerned have requested and authorised us to assist them in presenting their claims against the party responsible for all applicable matters arising from the damage of the vehicle.

As the accident was caused by the negligent act of your insured driver, we are submitting these claims for your consideration on behalf of the claimants:

Taxi Owner's Claim :

1. Cost of Repairs		S\$	1,563.40
2. Loss of Rental	3 days x S\$ 125.19	S\$	375.57
3. Survey Report Fee		S\$	0.00
4. LTA Search Fee		S\$	0.00
5. GIA / Police Report Fee		S\$	2.00
6. Others		S\$	0.00

Hirer's Claim :

1. Loss of Income	3 days x S\$ 80.00	S\$	240.00
2. Others		S\$	0.00

[E&OE] **Total Claims** **S\$ 2,180.97**

A copy each of the following supporting documents marked [X] is enclosed:

[X] Original Repair Bill	[X] Letter of Authority from Owner/Hirer/Operator
[X] GIA/Police Report(s)	[X] Rental Rate Letter
[X] LTA/GIA Search Slip(s)	[X] Downtime/Mileage Record
[] Survey Report / Bill	[] Witness Statement / Accident Scene Photo(s)
[] Driver's IC/DL/VL / Road Tax / Log Card / Certificate of Insurance	
[] Tow Chit / PIR / Hirer's IRAS / Others :	

Kindly look into the matter and let us hear from you on the settlement of our clients' claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the taxi driver.

Yours sincerely

Catherine Koh

CDGE Claims Department

DID: 62148733

FAX: 62141843

Email: catherinekoh@cdge.com.sg

This is a computer-generated letter. No signature is required.

A member of

Workshops

Braddell
205 Braddell Road
Singapore 579701

Loyang
59 Loyang Drive
Singapore 508969

Sin Ming
383 Sin Ming Drive
Singapore 575717

Pandan
45 Pandan Road
Singapore 609286

Ubi
320 Ubi Road 3
Singapore 408649

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

Our Ref: CT21080444

Date: 09 September 2021



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 28/08/2021 @ 11:35 hrs
ALONG PIE
INVOLVING SGU5874T

We refer to the above-mentioned accident and wish to inform that **Comfort Transportation Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHD4799L** (the "Taxi"). The Taxi was hired to **LEE YUAN QING IC NO SXXXX360G** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.19** per day (inclusive of GST).

Please be advised that the Taxi was insured with **AXA Insurance Pte Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Philip Chia
Manager, Fleet Safety

This is a computer generated letter. No signature is required.

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING **Hyundai Ioniq SHD4799L , SGU5874T** **ON 28-Aug-21 11:35**
ALONG **PTE TWDS BEFORE THOMSON EXIT**

I / We **LEE YUAN QING** (Hirer) NRIC No.: **SXXXX360G**

and/or (Relief) NRIC No.: **SXXXX360G**

Taxi Number **SHD4799L**

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

1. To submit my/our claims for damages, costs and expense, including loss of earning (Pending successful recovery), loss of rental, medical fee and legal costs.
2. To have absolute discretion to agree to any settlement or compensation amount in respect of my/our claim against third party (except personal injuries and medical claims).
3. To sign Discharge Voucher on my/our behalf.
4. To accept any payment (claim proceeds) in respect of the claim against third party and payment by cheque shall be forward directly to CDGE in accordance with CDGE's instruction and made in favour of **"ComfortDelGro Engineering Pte Ltd"**.

Date **30-Aug-2021**

Name of Hirer **LEE YUAN QING**
Hirer NRIC **SXXXX360G**

Signature :



Address **512C YISHUN STREET 51 #13 -469**
763512

Contact No. **81895529**

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SGU5874T

Date of Accident

28/08/2021



Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **China Taiping Insurance (Sing...**

Period of Insurance **28/05/2021 - 27/05/2022**

Requested By **Huang Xiao Yan (COMFORTDEL...**

Requested Date **30/08/2021 10:59**

Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**

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 Submission	30/08/2021 10:38 (SGT)
Date of Accident	28/08/2021 11:35 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4799L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-81895529
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1580

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

DRIVER

Name of Driver	LEE YUAN QING
NRIC No	SXXXX360G

Date Of Birth	14/11/1972
Occupation	Outdoor
Date Of Driving Pass	27/02/1996
Driving experience	25 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81895529
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 512C YISHUN STREET 51 #13-469
Address complement	-
Postcode	763512
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 28/08/21 AT ABOUT 1135HRS I WAS DRIVING VEHICLE A SHD4799L ALONG PIE TOWARDS CHANGI WITH ONE FEMALE PASSENGER. I WAS AT EXTREME RIGHT LANE AND I WAS AT STATIONARY POSITION DUE TO THE TRAFFIC SUDDENLY VEHICLE B SGU5874T REAR ENDED MY VEHICLE. EXCHANGED PARTICULAR AND MY NECK PAIN DUE TO THE IMPACT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE IS NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGU5874T
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHEONG CHOONG SOONG
NRIC No	SXXXX529C
Contact Number	(Phone) +65-93628023
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE YUAN QING
Gender	Male
Phone No	(Phone) +65-81895529
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SHD4799L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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.
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 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.
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.

Policyholder's Signature / Date & Time

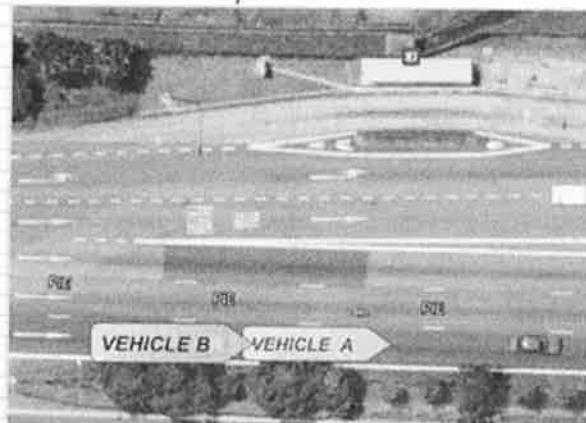
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A 8HP 6744 L

B 594 5874 T



Describe Circumstances of the Accident

ON 28/08/21 AT ABOUT 1135HRS I WAS DRIVING VEHICLE A SHD4799L ALONG PIE TOWARDS CHANGI WITH ONE FEMALE PASSENGER. I WAS AT EXTREME RIGHT LANE AND I WAS AT STATIONARY POSITION DUE TO THE TRAFFIC SUDDENLY VEHICLE B SGU5874T REAR ENDED MY VEHICLE. EXCHANGED PARTICULAR AND MY NECK PAIN DUE TO THE IMPACT.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

7/9

Driver's Signature (If driver is not the policyholder) / Date & Time

28/08/21

2154RS

Witnessed by Reporting Centre Personnel

28/08/21



SINGAPORE POLICE FORCE



T/20210829/2031

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

1 of 3

Report No. T/20210829/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2021 11:32		Vide Report No.:		Station Diary No.: 43	
Informant's Particulars					
Name of Informant: LEE YUAN QING			Address: APT BLK 512C YISHUN STREET 51 #13-469 SINGAPORE 763512		
ID Type / ID No.: NRIC NO / S7242360G			Contact No.: Home/Office: Mobile: 81895529		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 14/11/1972	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/08/2021 11:35	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGU5874T	Car				Slightly Damaged	0
SHD4799L	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210829/2031

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

2 of 3

Report No. T/20210829/2031

CONTINUATION OF REPORT

Driver			
Name	LEE YUAN QING	ID No.	S7242360G
Related Vehicle	SHD4799L (Car)	Contact No.	81895529
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	28/08/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 28/08/2021 at about 1135hrs, I was driving my taxi bearing plate no. SHD4799L along PIE near Thomson Rd exit, lamp post 875F. I had a passenger namely Ms Liz at the time. I was driving on lane 1. The traffic was heavy and slow moving. When I stopped my vehicle due to traffic, my vehicle was rear ended by a Toyota Corolla bearing plate no. SGU5874T. I exchanged particulars with the driver of the said vehicle and we left. No Police attended and no one conveyed by ambulance. I had sought for medical treatment at KTPH on 28/08/2021 and was given 3 days MC. I am experiencing pain in my neck area. I had informed my taxi company regarding the accident. My passenger namely Ms Liz informed that she will be seeking medical treatment as well.



**SINGAPORE
POLICE FORCE**



T/20210829/2031

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

3 of 3

Report No. T/20210829/2031

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: *AX/11*
L /
Sgt 2 MOHAMED AZMIN BIN MOHAMED
JAFFAR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI TAN JEOK LENG
Contact No.: 65476151

Authentication Stamp
NP168

Signature: *AX/11*

Singapore Police Force

Signature Of Informant:

2/26

Date/Time:
29/08/2021 11:32

Classification Of Case:

SN 130