		NA118047919		
Date In: 3/4/18-17:16	Jc-b description	Date & Time Completed	Done b	У
Res No: NA INC 1800599 1/24	SAS e-filing	i		
Veh No: SY7548R	E-mail (within Shrs, AIC 2hrs)	- New Contract		
D.O.A .: 26/3/8-21:05	i-Motor Claim Form	W4 008 E2 64	2/4/18 17:	36
	I-Motor W/O (Within: OD 2h	rs, TP 4brs)		
OD (TP) Reporting Only	i-Photo Uploaded	1		
(1900)	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: 04 B	888 . INC ()/Non-INC()	-	
Owner / Driver: (Tcl:)	
Policy No: () Po	riod: (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 ()		
	000()/\$2,000()		CARREL IN WATER	
General Remarks:-				1 .
() Walk-In Customer: Customer's info				
() Total Loss Case : to e-mail Insur-		,		
Drive-In ()/Towed-In (); Invoice		Towing Co: ()
		Date&Time Comple 34	Done	y
Remarks: (INC hotline: 6788 6616)			ALTO LA	
1) Apply for Transport Allowance ()/(()	*		
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3]	30001 ()			
3) Opiosa Resulvey Finoio (Repair Cost - 4.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 11 1		
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Date/Time Actions			COMP.	
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	Invoice Pr	eparation Checklist		Add Bill
NA1802028	1) AR : Accide	at Reporting (\$30);	fir Bill	A CONTRACTOR OF THE PARTY OF TH
NA1802028	1) AR : Accide 2) DA : Dama	ent Reporting (\$30); ge Assessment (\$100); INC (Tit Bill S80)	A CONTRACTOR OF THE PARTY OF TH
MAI802028 Laimant's Particulars :-	1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow	ant Reporting (530); ge Assessment (5100); INC (g Fee S -Through Survey	791 Bill \$80) 40/\$45 \$120	A CONTRACTOR OF THE PARTY OF TH
Maj802028 Claimant's Particulars:	1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow 5) FT : Follow	ent Reporting (530); ge Assessment (5100); INC (g Fee S -Through Survey -Through Survey (Resurvey)	\$80) 40/545 \$120 \$30 \$25)	A CONTRACTOR OF THE PARTY OF TH
MA 1802028 Claimant's Particulars:- Driver/Owner: Contact No:	1) AR : Accide 2) DA : Dama; 3) TF : Towing 4) FT : Follow 5) FT : Follow For claimint 6) TR : Re-ins	ent Reporting (\$30); ge Assessment (\$100); INC (ge Fee S -Through Survey -Through Survey (Resurvey) a against INC Only (wef 10 Jan 20) pection	781 Bill	A CONTRACTOR OF THE PARTY OF TH
MA 1802028 Claimant's Particulars:- Driver/Owner: Contact No:	1) AR : Accide 2) DA : Dama; 3) TF : Towing 4) FT : Follow 5) FT : Follow For claimint 6) TR : Re-ins 7) N1 : Idae D.	ent Reporting (\$30); ge Assessment (\$100); INC (g Fee	\$80) 40/545 \$120 \$30 05) \$75	A CONTRACTOR OF THE PARTY OF TH
Mal802028 Claimant's Particulars:- Oriver/Owner: Contact No: Damaged Portion:	1) AR : Accide 2) DA : Dama 3) TF : Towing 4) FT : Follow 5) i-T : Follow For claiming 6) TR : Re-ins 7) N1 : Idao D 3 8) NTUC Add OD*	ent Reporting (\$30); ge Assessment (\$100); INC (ge Fee S Through Survey Through Survey (Resurvey) g against INC Only (wef 10 Jan 20) pection A + SMRT Survey itional Services:-	580) 40/545 5120 530 05) 575 5160	A CONTRACTOR OF THE PARTY OF TH
MA 1802028 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion:	1) AR : Accide 2) DA : Dama 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming 6) TR : Re-ing 7) N1 : Idao D 8) NTUC Add OD* *N5: Courte *N6: Repair	ent Reporting (\$30); ge Assessment (\$100); INC (gree S Through Survey Through Survey (Resurvey) g against INC Only (wef 10 Jan 20) pection A + SMRT Survey ilional Services:- esy Car / Tpt Allowance t Co-ordination	\$80) 40/\$45 \$120 \$30 \$575 \$160	A CONTRACTOR OF THE PARTY OF TH
Claimant's Particulars :- Contact No: Camaged Portion: C Checked by (Engr-In-Charge):	1) AR : Accide 2) DA : Dama 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming 6) TR : Re-ing 7) N1 : Idae D 8) NTUC Add OD* *N5: Courte *N6: Repair *N7: Fost R	ent Reporting (\$30); ge Assessment (\$100); INC (gree S Through Survey Through Survey (Resurvey) g against INC Only (wef 10 Jan 20) pection A + SMRT Survey itional Services:- esy Car / Tpt Allowance t Co-ordination Lepair Inspection	\$80) 40/\$45 \$120 \$30 \$55 \$160 \$55 \$10 \$25	A CONTRACTOR OF THE PARTY OF TH
Claimant's Particulars:- Oriver/Owner: Contact No: Damaged Portion: OC Checked by (Engr-In-Charge): Auditors' Comments:-	1) AR : Aocide 2) DA : Dama 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming 6) TR : Re-ins 7) N1 : Idac D a	ent Reporting (\$30); ge Assessment (\$100); INC (gree S Through Survey Through Survey (Resurvey) g against INC Only (wef 10 Jan 20) pection A + SMRT Survey itional Services:- csy Car / Tpt Allowance r Co-ordination Tepair Inspection Collect Excess Coordination	\$80) 40/\$45 \$120 \$30 95) \$75 \$160 \$55 \$50 \$525 \$50	A CONTRACTOR OF THE PARTY OF TH
	1) AR : Aocide 2) DA : Dama 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming 6) TR : Re-ins 7) N1 : Idac D a	ent Reporting (\$30); ge Assessment (\$100); INC (geas	\$80) 40/\$45 \$120 \$30 95) \$75 \$160 \$25 \$25 \$30 \$30	A CONTRACTOR OF THE PARTY OF TH

4 special type

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to repudiate policy ability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

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
	0.000000

02/04/2018 17:16 Date Of Report 26/03/2018 21:05 Date Of Accident

PIE (CHANGI) BEFORE UPP BUKIT TIMAH RD EXIT Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJY7548R

Insured/Policyholder

MY CAR CONSULTANT PTE LTD Name Of Registered Owner

201605878Z Co Reg No Email Address NOEMAIL

Mobile Phone No

OFFICE-98888885 Alternative Phone No.

Vehicle Particulars

HONDA Manufacturer

Model

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?

THIRD PARTY If No, Please state action to be taken

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

NO

COMPREHENSIVE Type Of Coverage

YES Fleet Policy

5084994520-01 Policy Number

Cover Note Number

OON YONG TAI, JEFFREY Name of Driver

S9747488E NRIC No 08/04/1997 Date Of Birth OUTDOOR Occupation 27/01/2016 Date Of Driving Pass

2 YEARS AND 1 MONTH Driving Experience

MALE Gender

(LOCAL) +65-96772111 Mobile Number

Fax Number

OFFICE-96772111 Contact Number

NOEMAIL **EMail Address**

BLK 747C BEDOK RESERVOIR CRESCENT

#06-25

Postcode 473747

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

enicie

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

Address

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 2
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.

Number of Passengers (Including Driver) 3

Passenger 1 NAME: : -

GENDER: : MALE

Passenger 2 NAME: : -

GENDER: : MALE

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG PIE (CHANGI) BEFORE UPP BUKIT TIMAH RD EXIT. I CHANGED FROM LANE 2 TO LANE 1. AFTER CHANGING LANE FOR AWHILE, I FELT AN IMPACT ON THE REAR PORTION OF MY VEHICLE.

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 SHB9888R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

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

- Please report <u>correctly</u> 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.
- 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 Personnel's Signature

Name:

NRIC/FIN No .:

Refer to statement.

DECLARATION

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

Policyholder's Signature Date & Time: Driver's 9 gnature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

ACCIDENT STATEMENT

ACCI	DENT DATE: 26/3/ (DD/MM/YYYY), TIME: 21:05.)(HH:MM)	
	nic classift man Ruled Tings Rd Exit	
OCA	MON: PIE (changi) & UPP BUIGH TIMOS A-	
	DETAILS OF VEHICLE	
1.	CIVIENCIE MILMBER: JUT PARE	
*	THE PROPERTY OF COLUMN AND THE PROPERTY OF THE	
85		
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)	
	LULUT A LIODELLA	
	STATE OF LOCAL COURSE / MPV /VAN / LORRY / MOTORCTELE.	
	-WELLOLE CATEGORY (PRIVATE / COMMERCIAL / MOTORS 140)	•
	CARLIDROCE OF USING AT ACCIDENT TIME:	
	TARE YOU CLAIMING LINDER YOUR OWN INSUKANCE (TESTES)	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REP. OKTING CITETY	W W
2.	MAINTE A POLICY HOLDER	
	A)NAME: My Car (2004) tand Pto Ga (MALE)	0
122	b)NRIC/FIN/PASSPORT:CONTACT	A Ho of
	c)ADDRESS:	bascenger.
12	A LIE DENIED ALSO BOLICY HOLDER	. (Including d
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	(3)
3.	DRIVER a) NAME: Don Yong 79: Jeffrey (MALE / FEMALE)	* male
	LINIDIC/EIN/PASSPOPT. 3974748 CONTACT.	- Amale
	CIADDRESS: BIL 7470 Deask reservoir cres (en 4 206-25)	
		849
	*d) DATE OF BIRTH: (8 / 4 / (DD/MM/YYYY)	
63	eJOCCUPATION: (INDOOR / OUTDOOR)	
	TO THE PROPERTY OF THE PROPERT	28
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)	_
62	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	۱
5.	DIROAD SURFACE: (DRY / WET / OTHERS	_
,	WEST AND THE PARTY OF THE PARTY	
6.	a) REPORTED TO POLICE (YES) NO)	565 AN
/.	IF YES, PLEASE STATE WHICH POLICE STATION:	
R	TUIPD PARTY VEHICLE	0
. 0.	a) VEHICLE NUMBER: VHB 1888 K MODEL:	. *Ho of passo
	b) DRIVER'S NAME:	· Clududing dr
	c) NRIC/FIN/PASSPORT:CONTACT:	(2)
9.	THIRD PARTY VEHICLE	
	d) VEHICLE NUMBER:MODEL:	* Ho of passi
	e) DRIVER'S NAME: CONTACT::	· (Induding d
1	f) NRIC/FIN/PASSPORT:CONTACT:	. ()
	E 200	(· ·
		9

email = Jeffrey oon at a gmail.com | enquiry @ antowerke.com. so

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$9747488E





OON YONG TAI, JEFFREY



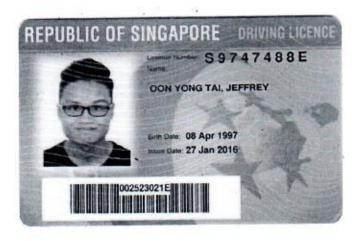
CHINESE Date of birth

08-04-1997 M

Country of birth INDONESIA



5055914



NIIIC No.S9747488E

02-07-2012 APT BLK 747C BEDOK RESERVOIR CRESCENT #08-25 SINGAPORE 473747

NRIC No: \$9747488E

Date: 02/03/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 27 Jan 2016 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg



NP 428A

eBao Tech		1000				THE S			Gene	eralClaim
Hello, NAC_PAYA_UBI_8006	01	175				7.0	Change Lan	guage	Change Passwo	
My Desktop Notice of Loss	Policy N	cy Query				Date of Acc	ident	26/0	3/2018 21:05	
	Vehicle	No.(For Motor)	SJY7548R			Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5084994520- 01	MY CAR CONSULTANT PTE LTD	201605878Z	GFT	drivo CLASSIC	SJY7548R	SJY7548F	07/03/2018	
					1	Continue				

▽ Polic	y Information	Deltershalder		Policyholder	2016050707
olicy No.	5084994520-01	Name	MY CAR CONSULTANT PT	E LTD NRIC	201605878Z
ddress	25 KAKI BUKIT ROAD 4 #01	-81 SYNERGY @ KE	SINGAPORE 417800		
roduct lame	FLEET INSURANCE	Plan		Group Policy Flag	N
olicy ssue Date	16/10/2017	Effective Date	13/10/2017 00:00	Expiry Date	12/10/2018 23:59
hird arty excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional excess	0	OS Premium	940.70		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	ANIKA INS BROKERS & COM	NSUL Agent Tel.	66729988	GST Flag	Υ
Co- insurance Flag Open Policy Info Certificate Info	No holder Mailing Address				
000000000000000000000000000000000000000		Address 2	#01-81 SYNERGY @ KB	Address 3	SINGAPORE 417800
Address 1	25 KAKI BUKIT ROAD 4	Address 2 Address	THE THE PARTY OF T		
Address 4		Type Related	Singapore address	Post Code	417800
Unit No.	02-06	Policy Number	5087836123-01		
) Insure	ed Object: SJY7548R				
▼ Endor	sements				
Sequen	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	24/10/2017 00:00	Basic Information Endorsement	000001286679529	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 9 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJH3018U 13-10-2017 \$1,574.21 2. SJH6324R 13-10 2017 \$1,308.42 3. SJK781C 13-10-2017 \$1,655.29 4. SJM3248X 13-10-2017 \$1,560.70 5. SJP5789Y 13-10-2017 \$1,430.65 6. SJS3199Y 13-10-2017 \$1,430.65 7. SJX5276T 13-10-2017 \$1,560.70 In view of this amendment, an additional premium of \$13,511.97 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would apprecial ti fi you could make payment us within 14 days from the da of this letter. For cheque

	at been callected.							
ent MT/0988564			SJY7548R		GST Registration No.			
The state of the s	5084994520-01	vehicle No.	5JY7548K		Policyholder NRJC	2	01605878Z	
	MY CAR CONSULTANT PTE LTD	Table 19 Mary 19	grwo CLASSIC		Loading			
luct Code	PLEET INSURANCE	Cover Type	0		Contact No.(Home)			
ract No.(Mobile)	98888885	Contact No.(Office) Special Remark			sCode	r	W. V	
ail Address	24-0	TCA	® No ○Yes		eCode Reason			
0	® No ○ Yes	NCD Entitlement(%)	0		Private Hire	. N	io .	
	No	recordinate of the						
Accident Details	One has no verso	Academt Report Within 24 hrs	Yes		Accident Type	c	onision - Head to Rear	
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e of Accident	26/03/2018	Time of Accident hhomm	21:05		SCM No.		14535	
orting Centre		Drange Force						
dent Location	PJE (CHANGE) BEFORE UPP BUKIT TIMAH R	D EXIT						
Benefits								
Excess		1001010101010101		0.00	Windscreen Excess			100.00
damage Excess	2,000.00	Additional Excess			WILLIAM COLL CANCEL			
samed Onver Excess		Outside Singapore OD Excess		2,000.00				
d Party Excess	1,500.00	Outside Singapore TP Excess		1,500.00				
GST Registered Informa			page p	ictization Date				
Registered	No.			stration Date tus Verified	Yes			
Registration No.			MAT SE	THE PERSON NAMED OF THE PE				
Mication History								
Policyhelder Halling Ado	fress							
	25 KAKI BUKIT ROAD 4	Apdress 2	#01-81 SYNER	GY @ KB	Address 3		SINGAPORE 417800	
dress 1 dress 4	Carlo Tomas Godonia (Andrology ()	Address Type	Singapore add	ess	Post Code		417800	
	02-06	Related Policy Number	5087836123-0					
it No.	W. Str.							
OI Driver Info	Unnamed Driver	Driver Type	Unnamed Driv	r				
	CON YONG TAI, JEFFREY	Driver NRIC	59747488E		Driver DOB		08/04/1997	
named driver Name		Driver Age	20		Driving Experience		2	
gister Date of Driver License		Contact No.(Office)	0		Contact No.(Home)		0	
ntact No. (Mobile)	96772111	Address 2		VOIR CRESCENT	Address 3		BELVIA .	
dress 1	BLK 747C		Singapore add		Post Code		473747	
Idress 4	SINGAPORE 473747	Address Type	angapore auto	Cao	A STATE OF THE PARTY OF THE PAR			
nt No. oes he own a Singapore	06-25	Destrocted			Driver Insurer Comp	any		
igatored car?	○ Yes ® No	Driver Vehicle No.			- MISSEL AUTOS 200 - 200 M	200		
Maria Kina		140 000000	○ Yes ® No					
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