

NATIONAL Assessment Centre Services [Stamp: 10 Jan 2008]

Date In: 10/09/2018 10:37	Job description	Date & Time Completed	Done by
Ref No: NA/INC18016406/K4	SAS e-filing		
Veh No: SJS9528S	E-mail (within 8hrs, AIG 2hrs)		
D.O.A: 08/09/2018 10:15	i-Motor Claim Form	MT/00110413-002	11/9/18 15:45
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	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: SLR533ZY 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%; F: 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

NA 1805798

Claimant's Particulars:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$30)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	6) TR: Re-inspection \$75			
	7) N1: Idno DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
Driver/Owner:	OP*			
Contact No:	*N5: Courtesy Car / Tp Allowance	\$5		
Damaged Portion:	*N6: Repair Co-ordination	\$10		
QC Checked by (Engr-In-Charge):	*N7: Post Repair Inspection	\$25		
Auditors' Comments:	*N8: DV / Collect Excess Coordination	\$5		
	TP (N11): TP (Non INC) against INC	\$20		
	9) N12: Idno Mobile	\$0		
	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 ability.
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	10/09/2018 10:37
Date Of Accident	08/09/2018 10:15
Exact Location Of Accident	JOO CHIAT PLACE (OUTSIDE PARKWAY EAST HOSPITAL)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS9528S
Insured/Policyholder	
Name Of Registered Owner	TAN SHI EE
NRIC No	S7940474H
Email Address	CYNTAN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94319461
Alternative Phone No	OTHERS-94319461

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 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	5086709332-01
Cover Note Number	

Driver

Name of Driver	TAN SHI EE
NRIC No	S7940474H
Date Of Birth	20/12/1979
Occupation	INDOOR
Date Of Driving Pass	19/05/2001
Driving Experience	17 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94319461
Fax Number	
Contact Number	OTHERS-94319461
Email Address	CYNTAN@HOTMAIL.COM



Address	79B JALAN SENANG
Postcode	418421
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	SIDE SWIPE
Weather Conditions	AFTER DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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

PLS REFER TO THE ATTACHED 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	SLR5332Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEONG YEE MENG
NRIC/Passport Number	S1309875A
Contact Number	84698660
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



Reported on 8/9/2018 @ 1445hrs

ACCIDENT STATEMENT

ACCIDENT DATE: 8/9/2018 (DD/MM/YYYY), TIME: 10:15 am (HH:MM)

LOCATION: Joo Chiat Place (outside Parkway East Hospital)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJS95285
- b) INSURANCE COMPANY: NTUC
- c) POLICY NUMBER: 5086709332-04
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: TOYOTA AITIS 1.6A
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: DROP OFF DAUGHTER FOR CLASS
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

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

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TAN SHI EE (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S7940474H CONTACT: 94379461
- c) ADDRESS: 77B Jalan Senang, SC 412421

- *d) DATE OF BIRTH: 20/12/1979 (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR) 17
- f) YEARS OF DRIVING EXPERIENCE: 17

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) OWNER
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

- 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) After Drizzling
- b) ROAD SURFACE: (DRY / WET / OTHERS) WET

- 6. WAS ANYBODY INJURED (YES / NO) NO
- 7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLR5332Y MODEL: MAZDA 3
- b) DRIVER'S NAME: Leong Yee Meng
- c) NRIC/FIN/PASSPORT: S1309875A CONTACT: 84698660

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
- e) DRIVER'S NAME: _____
- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger (including driver) (1)

* No of passenger (including driver) (1)

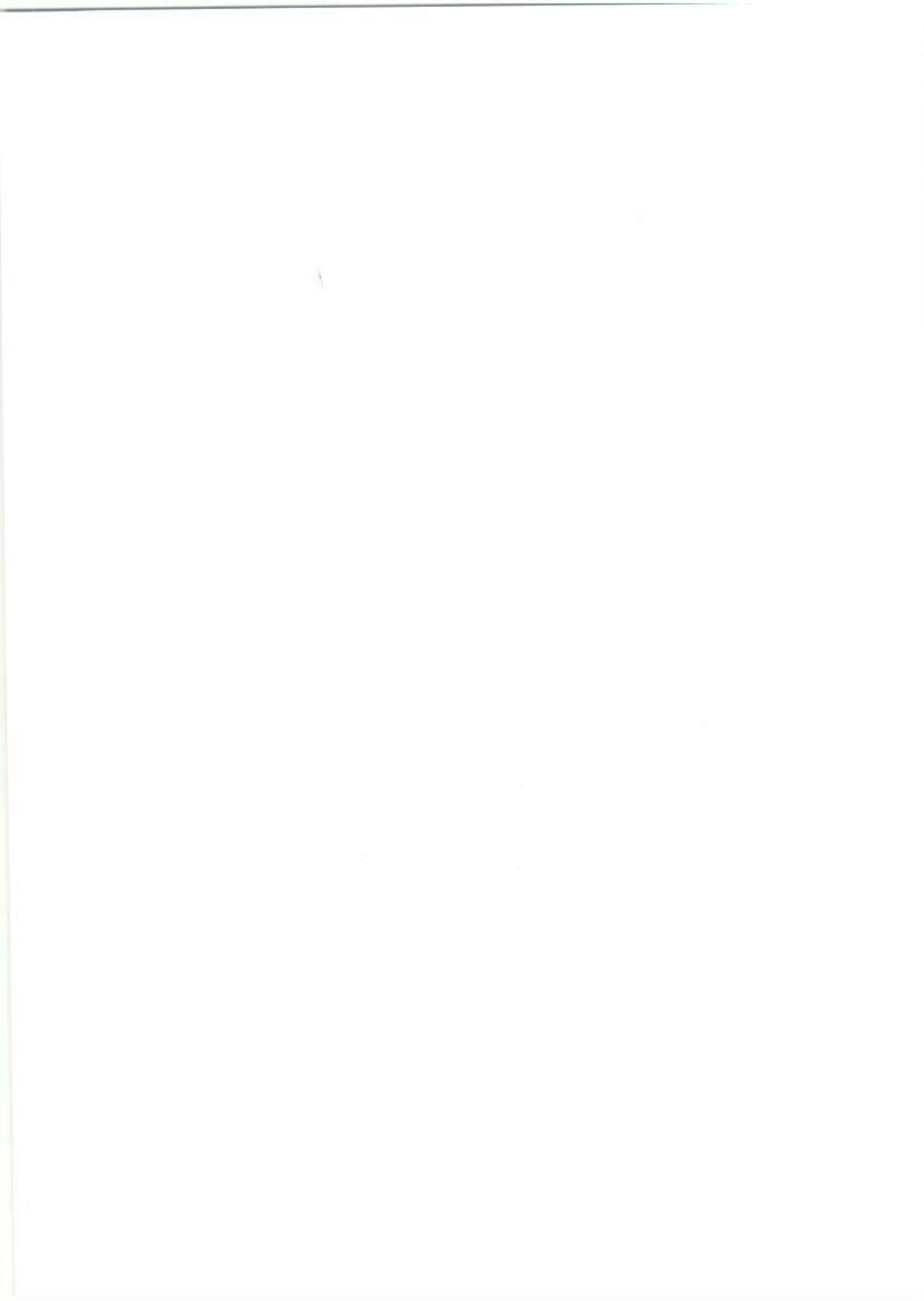
* No of passenger (including driver) ()

email = cyntan@hotmail.com

fax =

VIDEO = will email video

He is the valet driver of Parkway East Hospital
Valet Co is GN Valet Pte Ltd



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 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:

8/9/18
2:10pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

8/9/18
2:10pm

Reporting Centre Personnel's Signature

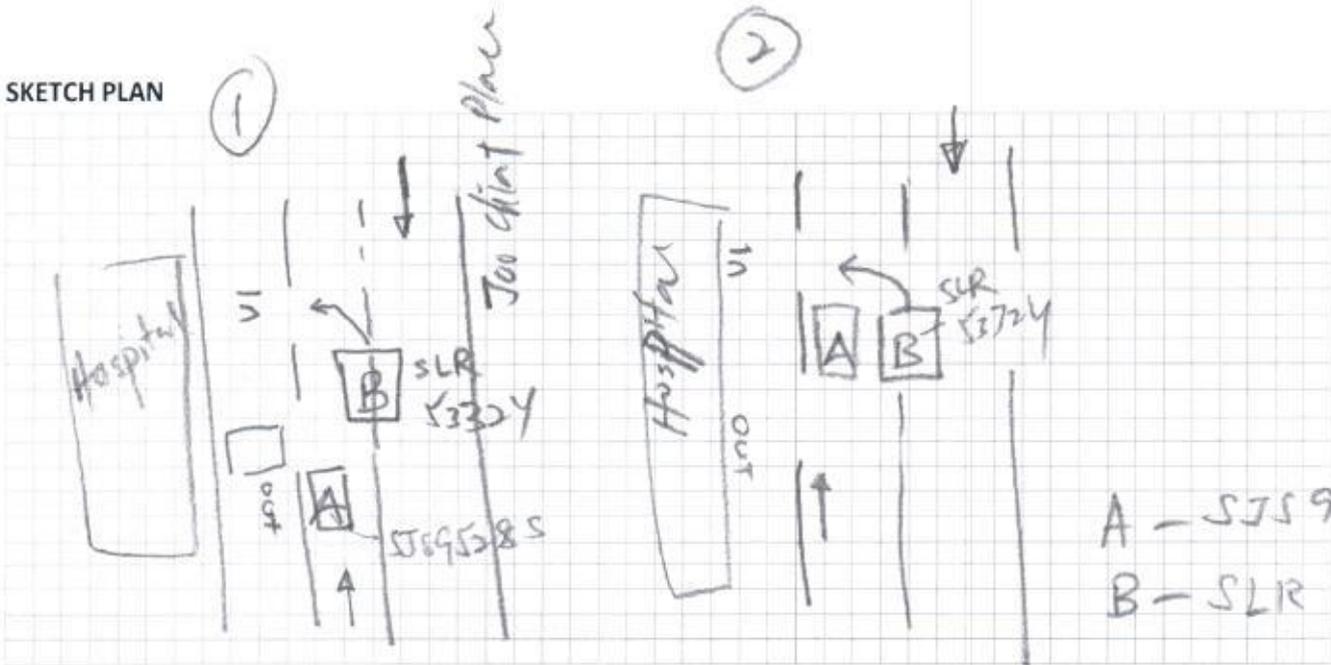
Name:

NRIC/FIN No.:

10/9/2018



SKETCH PLAN



A - SJS 9528S
 B - SLR 5332Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving slowly and going straight along Joo Chiat Place and SJS 5332Y suddenly drove out and cut towards the right side of the lane. Then suddenly he swing towards the left without signalling. It was a short distance and he look like he was going straight then he suddenly move to the left without noticing my car. I brated immediately to avoid but we still still collided and he hit my front driver side of my car. He suddenly veer left as I think he wanted to reenter the Parkway East hospital. This happened in seconds.

DECLARATION

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

Policyholder's Signature
 Date & Time: 8/9/18 2:10pm

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 8/9/18 2:10pm

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

10/9/2018



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7940474H



Name

TAN SHI EE



陈诗仪

Race

CHINESE

Date of birth

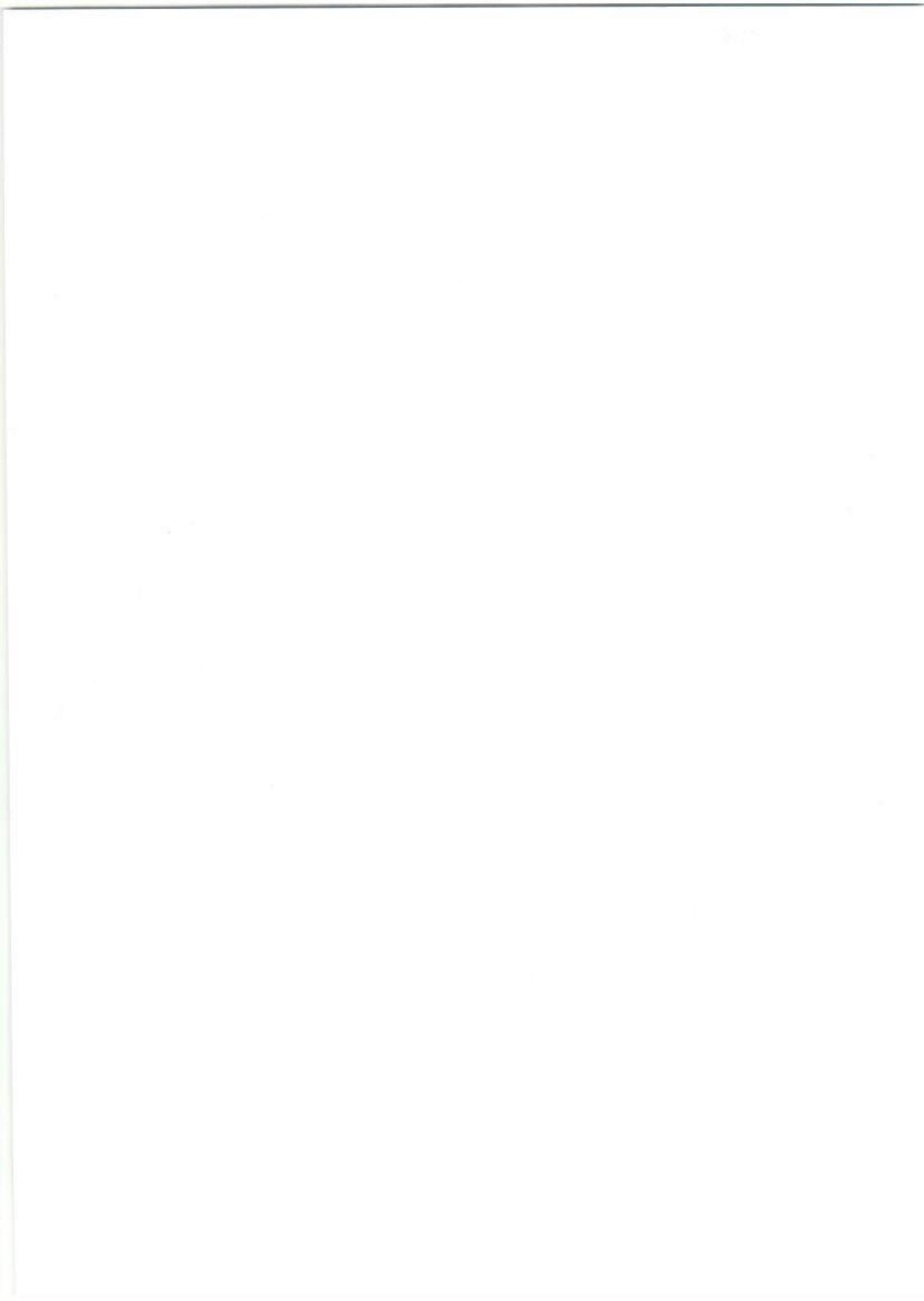
20-12-1979

Sex

F

Country of birth

SINGAPORE



4580509

Driver



NRIC No. S7940474H



Date of Issue

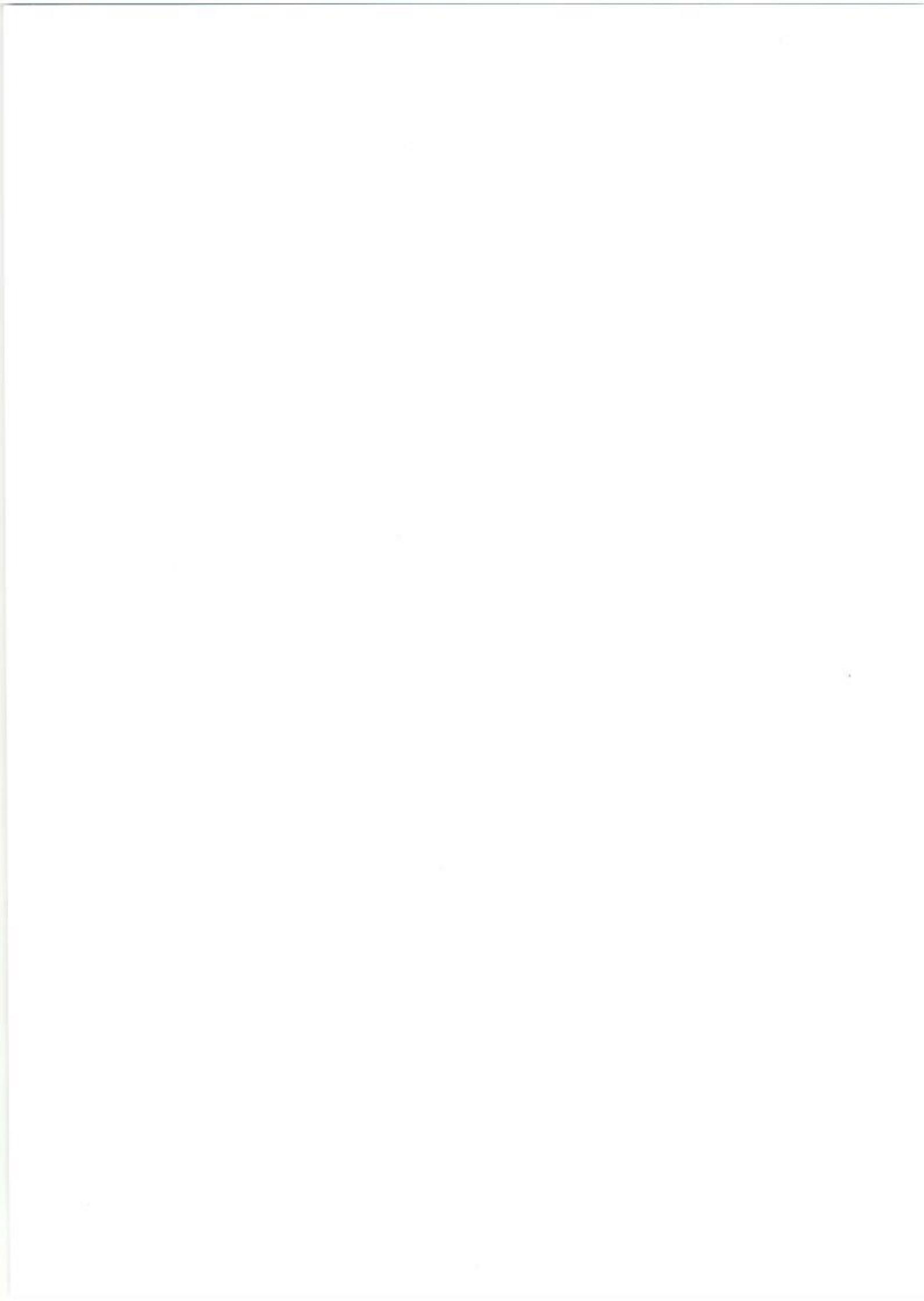
27-05-2010

79B JALAN SENANG
SINGAPORE 418421

NRIC No: S7940474H

Date: 17/07/2011

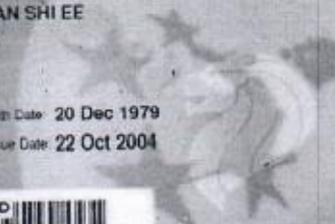
No: 6865067



Driver

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S7940474H**
Name: **TAN SHI EE**
Birth Date: **20 Dec 1979**
Issue Date: **22 Oct 2004**



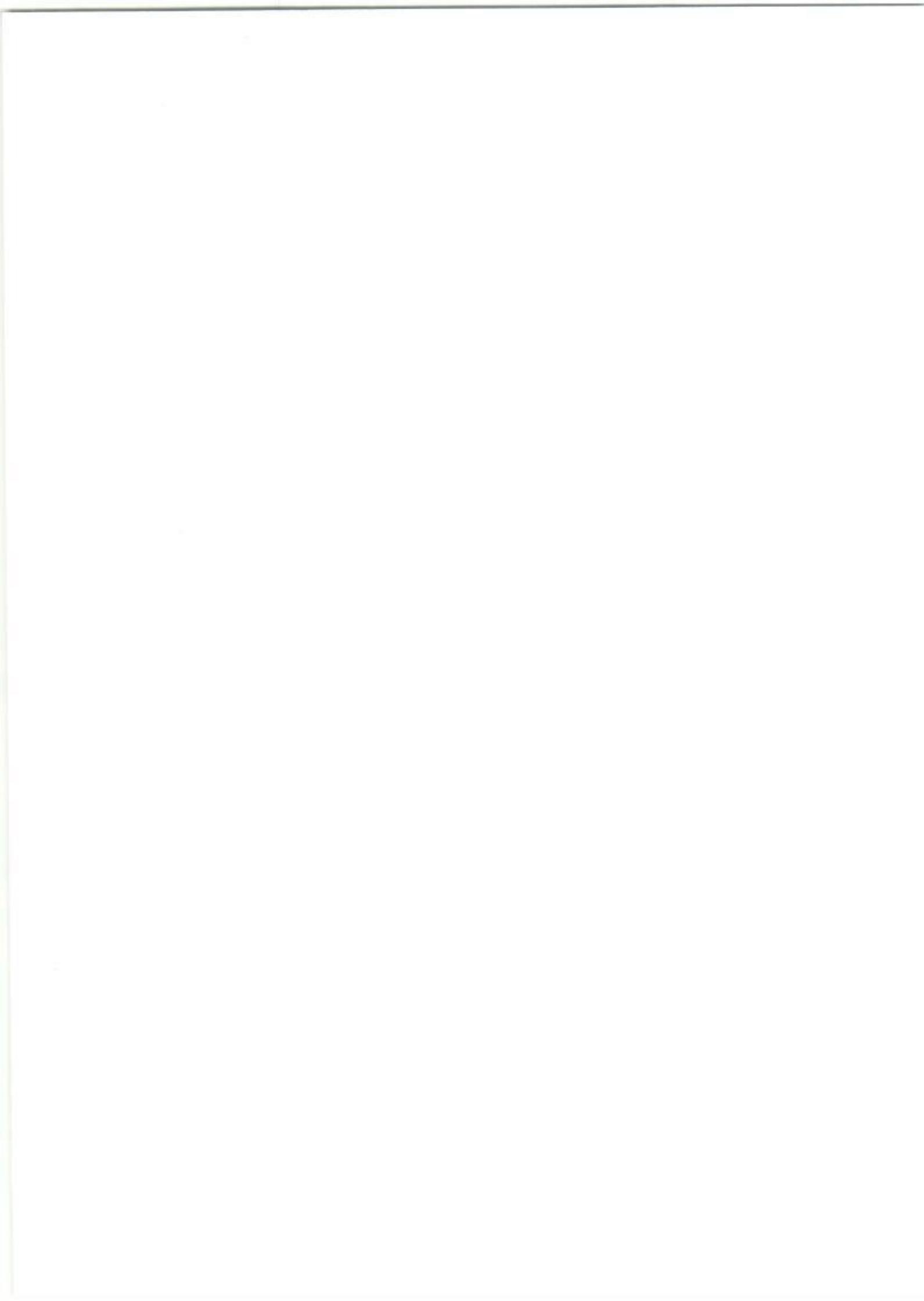
001294805D

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

	PASS DATE
Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors / vehicles =< 2500 kg	19 May 2001

NP 428A

Licence No: S7940474H



Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

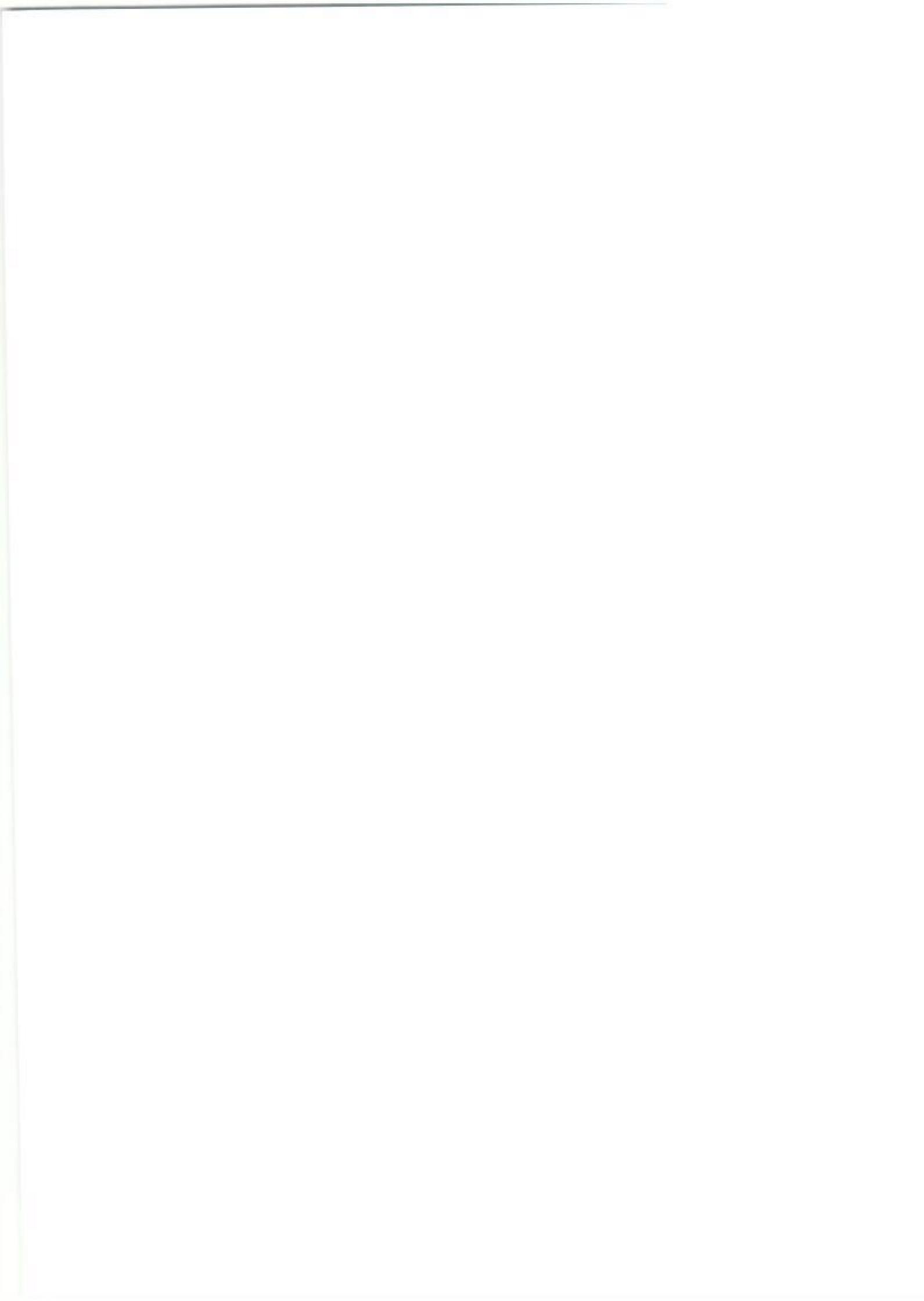
Policy No. Date of Accident

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"/>	5086709332-01		TAN SHI EE	S7940474H	GPC	drivo CLASSIC	SJS95285	SJS95285	17/09/2017	16/09/2018

Continue



 Policy Information

Policy No.	5086709332-01	Policyholder Name	TAN SHI EE	Policyholder NRIC	S7940474H
Certificate No.					
Address	79B JALAN SENANG SINGAPORE 418421				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	22/08/2017	Effective Date	17/09/2017 00:00	Expiry Date	16/09/2018 23:59
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		
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	79B JALAN SENANG	Address 2	SINGAPORE 418421	Address 3	
Address 4		Address Type	Singapore address	Post Code	418421
Unit No.		Related Policy Number	5086709332-02		

 Insured Object: SJS95285

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

Accident MT/1011043

Policy No.	5086709332-01	Vehicle No.	SJ595285	GST Registration No.	
Certificate No.					
Policyholder Name	TAN SHI EE			Policyholder NRIC	S794
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	94319461	Contact No.(Office)		Contact No.(Home)	
Email Address	CYNTAN@HOTMAIL.COM	Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	11/09/2018 15:37	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	08/09/2018	Time of Accident hh:mm	10:15	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	JOO CHIAT PLACE (OUTSIDE PARKWAY EAST HOSPITAL)				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	79B JALAN SENANG	Address 2	SINGAPORE 418421	Address 3	
Address 4		Address Type	Singapore address	Post Code	4184
Unit No.		Related Policy Number	5086709332-02		

O1 Driver Info

Driver Name	TAN SHI EE	Driver Type	Main Driver	Driver DOB	20/1
Unnamed driver Name		Driver NRIC	S7940474H	Driving Experience	16
Register Date of Driver License	01/10/2001	Driver Age	38	Contact No.(Home)	
Contact No.(Mobile)	94319461	Contact No.(Office)		Address 3	
Address 1	79B JALAN SENANG	Address 2	SINGAPORE 418421	Post Code	4184
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 002 OD-MX **New**

Claim Type *	OD-MX	Insured Name	TAN SHI EE	Insured NRIC	S794
Contact No.(Mobile)	94319461	Contact No.(Home)	NIL	Contact No.(Office)	6928
Email Address	CYNTAN@HOTMAIL.COM	O1 Vehicle Number	SJ595285	TP Vehicle Number	SLR5
Claim Description	SJ595285 / SLR5332Y ON 8 Sept 2018				
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	Rece
Date Registered	11/09/2018 15:51	Claim Close Date		Date Received	11/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Attachment Save Submit

Accident No. MT/1011043 Claim No. 002



Last Doc. Received

Yes No

Upload Date

11/09/2018 15:45

Path *	Category *	Confidential	Urgency *
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 15:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 15:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 15:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 15:49	SAS	Normal	SAS 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 15:48	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 15:48	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 15:48	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 15:48	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 15:48	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 15:48	Photos	Normal	Photos 2018-9-11
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 15:47	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 15:47	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 15:47	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 15:46	Photos	Normal	Photos 2018-9-11
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 15:46	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 15:46	Photos	Normal	Photos 2018-9-11

