

NATIONAL Assessment Centre Services

[Ref: Jan/05]

Date In: 22/10/2018 10:09	Job description	Date & Time Completed	Done by
Ref No: NA/INC18019089/K4	SAS e-filing		
Veh No: GBC 9848Y	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/10/2018 13:50	i-Motor Claim Form	MT/1016728-001	23/10/18 11:05
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:	Veh No: SLG18X	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:-	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

NA1806774	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Inc 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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments:-	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	22/10/2018 10:09
Date Of Accident	20/10/2018 13:50
Exact Location Of Accident	JUNC OF JALAN MUHIBBAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC9848Y
Insured/Policyholder	
Name Of Registered Owner	OSIM INTERNATIONAL PTE. LTD.
Co Reg No	198304191N
Email Address	CARTOONKU@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97605400
Alternative Phone No	OFFICE-97605400

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5072559137-03
Cover Note Number	

Driver

Name of Driver	KU CHIN KIAN (QIU ZHENJIAN)
NRIC No	S7721379A
Date Of Birth	04/08/1977
Occupation	OUTDOOR
Date Of Driving Pass	17/08/2001
Driving Experience	17 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97605400
Fax Number	
Contact Number	OTHERS-97605400
EMail Address	CARTOONKU@YAHOO.COM

Address	BLK 325C SENGKANG EAST WAY #06-629
Postcode	543325
Was driver an employee of the Insured's Company	YES
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

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG18X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NEO KWONG HUI (LIANG GUANGHUI)
NRIC/Passport Number	S8012475I
Contact Number	96999947
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.
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.



X

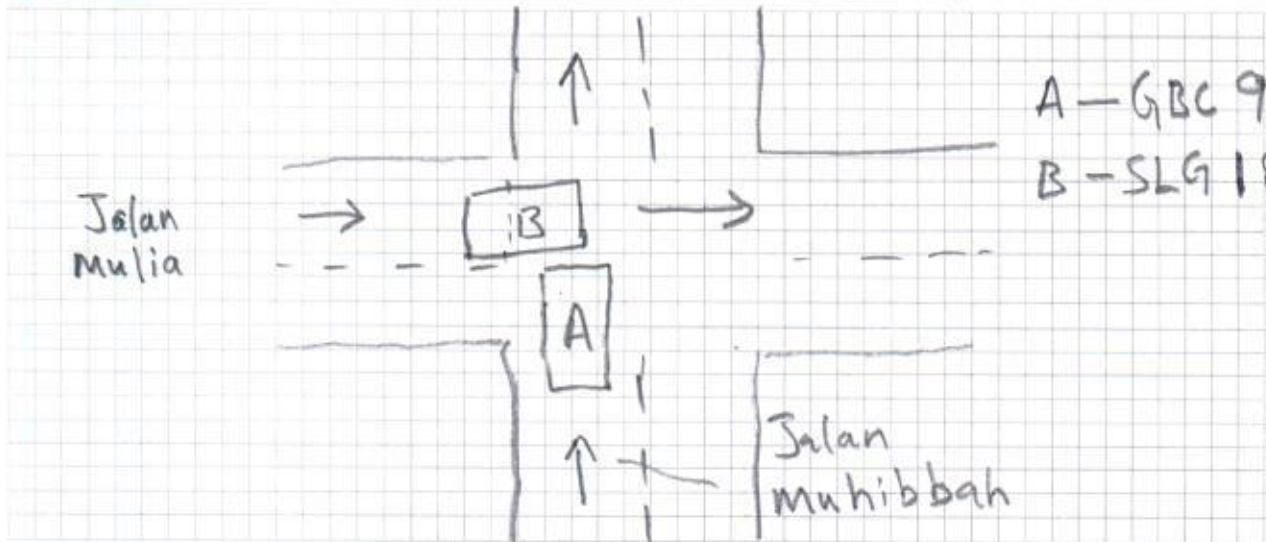
Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 27/10/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along Junction of Jalan Muhibbah. Vehicle A was going straight and suddenly Vehicle B fail to stop and drive straight and hit on Vehicle A front Bumper. Vehicle A front Bumper was badly damages. Engine vibrating bad.

DECLARATION

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

X



Policyholder's Signature
Date & Time:

[Signature]

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

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

22/10/2018

Reported on 20/10/2018
@ 1505hrs

ACCIDENT STATEMENT

ACCIDENT DATE: (20/10/2018) (DD/MM/YYYY), TIME: (13:50) (HH:MM)

LOCATION: Junc of Jalan ~~Mutra~~ Muhibbah

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBC98487
b) INSURANCE COMPANY: _____
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: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97605400
c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLG18X MODEL: _____
b) DRIVER'S NAME: NEO KWONG HUI (LIANG GUANGHUI)
c) NRIC/FIN/PASSPORT: S80124751 CONTACT: 96999947

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)
()

* No of passenger
(Including driver)
()

Email = Cartoonku@yahoo.com

Fax = Cartoonku@yahoo.com ✓

VIDEO =

Waiting for Company Chop?

✓ ok

Video yes
✱

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7721379A



Name
KU CHIN KIAN
(QIU ZHENJIAN)
邱振坚

Race
CHINESE

Date of birth Sex
04-08-1977 M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7721379A

Name
KU CHIN KIAN
(QIU ZHENJIAN)

Birth Date 04 Aug 1977

Issue Date 13 Mar 2012




002050803A

4249918



NPIC No. S7721379A



Date of issue
17-07-2008

Address
APT BLK 325C SENGKANG EAST WAY
#06-629
SINGAPORE 543325

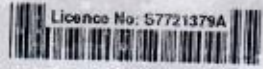


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	18 Apr 1995
Class 2A Motorcycles between 201 cc and 400 cc	16 Jun 1998
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	17 Aug 2001

NP 428A

Licence No: S7721379A



Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="20/10/2018 13:50"/>
Vehicle No.(For Motor)	<input type="text" value="GBC9848Y"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5072559137-03		OSIM INTERNATIONAL PTE. LTD.	198304191N	GFT	Comprehensive	GBC9848Y	GBC9848Y	01/07/2018	

▼ Policy Information

Policy No.	5072559137-03	Policyholder Name	OSIM INTERNATIONAL PTE. LTD	Policyholder NRIC	198304191N
Certificate No.					
Address	65 UBI AVENUE 1 OSIM HEADQUARTERS SINGAPORE 408939				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	28/06/2018	Effective Date	01/07/2018 00:00	Expiry Date	30/06/2019 23:59
Third Party Excess	0.00	Own damage Excess	350.00	Windscreen Excess	0.00
Additional Excess		OS Premium	20933.64		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	JARDINE LLOYD THOMPSON PTE	Agent Tel.	63336311	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	65 UBI AVENUE 1	Address 2	SINGAPORE 408939	Address 3	
Address 4		Address Type	Singapore address	Post Code	408939
Unit No.		Related Policy Number	5072559137-03		

► Insured Object: GBC9848Y

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	04/09/2018 00:00	Basic Information Endorsement	000001286895403	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 04 Sep 2018, the following amendment(s) is/are made to this policy: VEHICLE REGISTRATION NUMBER: 1. GBH7012D 2. GBH7202Y 2. GBH7118H 3.
2	04/09/2018 00:00	Basic Information Endorsement	000001286895114	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. VSKYBAM20U0153547 04-09-2018 \$870.66 2. VSKYBAM20U0153365 04-09-2018 \$870.66 3. VSKYBAM20U0153579 04-09-2018 \$870.66 In view of this amendment, an additional premium of \$2,611.98(inclusive of GST) is payable under your policy. Please ignore this premium payment request if

Claim Handling

The premium on this policy has not been collected.

Accident MT/1016728

Policy No.	5072559137-03	Vehicle No.	GBC9848Y	GST Registration No.
Certificate No.				
Policyholder Name	OSIM INTERNATIONAL PTE. LTD.			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	97605400	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
▼ Accident Details				
Report Date	23/10/2018 10:55	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	20/10/2018	Time of Accident hh:mm	13:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNC OF JALAN MUHIBBAH			
▼ Excess				
Own damage Excess	350.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		
▼ Benefits				
▼ GST Registered Information				
GST Registered	Yes	GST Registration Date	01/12/19	
GST Registration No.	M200625382	GST Status Verified	Yes	
Modification History				
▼ Policyholder Mailing Address				
Address 1	65 UBI AVENUE 1	Address 2	SINGAPORE 408939	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5072559137-03	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	KU CHIN KIAN (QIU ZHENJIAN	Driver NRIC	S7721379A	Driver DOB
Register Date of Driver License	17/08/2001	Driver Age	41	Driving Experience
Contact No.(Mobile)	97605400	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 325C #	Address 2	SENGKANG EAST WAY	Address 3
Address 4	SINGAPORE 543325	Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	OSIM INTERNATIONAL PTE. LTD.
Contact No.(Mobile)		Contact No. (Home)	
Email Address		Vehicle Number	GBC9848Y
Claim Description	GBC9848Y / SLG18X ON 20 Oct 2018		
Preferred Workshop		Insured Liability	Partially at Fault
Repair Option	Preferred	Preferred Workshop, Name unknown	
Date Registered	23/10/2018 11:04	GIA report	Received
Report Taken By		Workshop Repairer	

[Print AK letter](#)[Save](#) [Submit](#)

Attachment



Accident No. MT/1016728 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 23/10/2018 11:05

Path *

[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Message Read](#)[Clear](#)[Clear](#)[Clear](#)[Clear](#)[Clear](#)[Clear](#)

Category *

[Please Select](#)[Please Select](#)[Please Select](#)[Please Select](#)[Please Select](#)[Please Select](#)

Confidential

NO

NO

NO

NO

NO

NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Oct 2018 11:03	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Oct 2018 11:02	SAS	Normal	SAS 2(
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Oct 2018 11:01	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Oct 2018 11:01	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Oct 2018 11:01	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Oct 2018 11:01	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Oct 2018 11:01	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Oct 2018 11:01	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Oct 2018 11:01	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Oct 2018 11:01	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Oct 2018 11:01	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Oct 2018 11:01	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Oct 2018 11:00	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Oct 2018 11:00	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Oct 2018 11:00	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Oct 2018 11:00	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Oct 2018 11:00	Photos	Normal	Photos ;