NATIONAL Assessment Ce.	ntre Services	1 Jan'05 MJD	18 143760		
Date In: 7 -	Job description		Date &Time Completed	Don	e by
Ref No: NA) MC18020149/24	SAS e-filing				
Veh No: Skz 7772 H	E-mail (within Shrs	, AIC 2hrs)			
D.O.A: 7/11/18 -09: 10	i-Motor Claim		M7 10 187 26 -001	7)11/18 16	End
	i-Motor W/O (W	ithin: OD 2hrs, T		7.710	
OD TP Reporting Only	i-Photo Uploade				
TP Insurer:	Assessment/Surve	y Report		100 - 100 -	Literal Disk
IP insurer:	Ass't Report by F	ax / Hand to C	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	ax:	
TP Particulars: Veh No:	1034790	INC ()/Non-INC()		
Owner / Driver: (Tel:)	27/
Policy No: ()	Period: () (lover Type: ()	
Confirmed by : (L	Date:	Time:)	
Insured/Driver Liability: (%	6) [Note-Est. Status (WO)): N: 0-20%	; P: 21-79%. P: 80-1	100%]	
Year of Registration: ()	Warranty: YES ()	/NO()			
Excess: (\$) Loading: \$	\$1,000 ()/\$2,000 ()			
General Remarks;-		25 NAN 25 25 25		1967 176 17	-
() Walk-In Customer : Customer's				1,000	+
	() / Courtesy Car ()	- I	Pate&Time Completed	Don	hy
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost>	> \$3000] ()				
Injury:		-	' 		70000
Date/Time Actions	5		e e baser	12-35	W. COLE
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	3			KII — SZIIGRAISO	
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NA 180726 1	ln	voice Prepar	ation Checklist	Ant (\$)	Amt (3
aimant's Particulars :-	1) A	R : Accident Rep	orting (\$30);	fitBill	Add Bi
15 erac 2000	2) [A : Damage Asse	ssment (\$100); INC (\$8	told artists and the same of	
iver/Owner:	The second secon	F : Towing Fee T : Follow-Throu	Control of the Contro	/\$45 \$120	
ntact No:			gh Survey (Resurvey) LINC Only (wef 10 Jan 2005)	\$30	
maged Portion:		R: Re-inspection	CITAC ORBY TWEE TO SAN 2000	\$75	
		11 : Idac DA + SM TUC Additional S		160	
Checked by (Engr-In-Charge):	Q	D.			
ongi-m-charge).		NS: Courtesy Car N6: Repair Co-ord		\$5 510	
ditors' Comments :-	P-12/2006/19/10/2005 •1	N7: Fost Repair In	spection	\$25	
1:	And a property of the Property of the Party	NAME OF TAXABLE PARTY OF TAXABLE PARTY.	ixcess Coordination (INC) against INC	\$20	
2/3;	9) N	12: Idac Mobile		30	
413	Invo	ice dated	Pee Chargea	SOR TOWN	4.60万

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 witholding 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.

SECTION AND PROPERTY OF THE PROPERTY OF THE PARTY OF THE	ACCIDENT STATEMENT
Date Of Report	07/11/2018 12:17
Date Of Accident	07/11/2018 09:50
Exact Location Of Accident	ALONG PIE (TUAS)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ7732H
Insured/Policyholder	
Name Of Registered Owner	TAN YONG ANN
NRIC No	S1122706F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96157636
Alternative Phone No	OFFICE-96157636
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA AXIO 1.5G CVT ABS D/AIRBAG 2WD
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101968197
Cover Note Number	
Driver	
Name of Driver	TAN YONG ANN
NDIO N	

NRIC No S1122706F Date Of Birth 24/04/1955 Occupation OUTDOOR Date Of Driving Pass 15/06/1978

Driving Experience 40 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96157636

Fax Number

Contact Number OFFICE-96157636

EMail Address NOEMAIL Address BLK 484 ADMIRALTY LINK

#03-41

Postcode 750484

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured OWN

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

.

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 involved in the accident 3
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)

Passenger 1

NO

2

NO

NO

NAME:

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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

SJU3479D

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

SGE7446S

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)

SKET ON FLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiete policy liability.
- 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/izw 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 end/or dealing with my claims. (collectively the "Purposes")
- 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:

0.7 NOV 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

07 NOV 2018

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DECLARATION

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

Policyholder's Signature Date & Time:

0.7 NOV 2018 GLARIMC SketchPlanForm_VS

Driver's Signature (If driver is not the policyholder)

Date & Time:

07 NOV 2018

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

2

SLANGATIONE A CONDENT STATELABITE

IMPORTANT NUTTICE

- Complete and submit this form to the individual insurance authorised reporting centre.

 Please report correctly on the details of the accident to speed up the claim process.

 This form must be filled up by the policy holder and/or authorised driver.

 Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow be upon the complete to provide and or material facts. Insurance companies to repudiate policy liability.

 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 traffic police department for investigation.

IN CONTRACTOR OF STREET	account delias	
Date of accident	8/11/60	(DD/MM/YV)
Time of accident	0950	(MM:MM)
Exact location of accident	PIE towards Tuas	

The second secon	A STATE OF THE PARTY OF THE PAR		
	TATALIS OF VENIGLE		
Vehicle registration number	5KZ 7732H		
Vehicle make and model	Toyota AXIO		
Type of vehicle	Saloon WPV CRV Van D		
Vehicle category	Private & Commercial D Motorcycle D		
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes D No d if no, please select: Third part claim Z Reporting only D		

TO STANDARD AND ASS.	GOSAURADOTE DIO	FORMATION	A SECTION OF THE SECTION
Insurance company	NTU	C	
Policy number	Sio	1968197	
Type of policy	Comprehensive 2	Third party fire & theft o	TP only [

BAST MINES	INSURED / POLICY HOLDER	THE PARTY OF THE P
Name	Tan Yong Ann M	ale 🗷 🛮 Female 🗆
NRIC / Fin / Passport number	51122706F	
Contact	96157636	
Address	BL 484 Admiralty Link \$03 - 4	1 5(350484)

DRIVER AND A	SAME AS INSURED ABOVE & (SMP TO D.O.B)	BE (1882)
Name	Male 🗆	Female
NRIC / Fin / Passport number		
Contact		
Address		9
Email address		
Date of birth	24104/1955	
Occupation	Indoor D Outdoor B	
Driving date pass	15/06/1978	

	1 1/1 1/4/ /// // // // // // // // // // // //
May diffuer a compleyee of	Yes D No B
the insured's company?	If no, relationship of the chiver and matrice.
Accident captured by camera?	Yes D No D-
Westher condition	Clear B Raining L Outers.
Road surface	Dry B Wet D (Inclusive of driver
No of passenger	
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(48 b) (25 b) (45 m)	PASSEUSEN II
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· · · · · · · · · · · · · · · · · · ·	PASSENGER 6
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Name	Male Female Female
Gender	IVIAIC C
A TOWNS OF STREET	CORER IMPORMATION
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Was anybody injured? Was other vehicle damaged?	Yes r/ No D
Was other ventile damaged.	17
THE RESIDENCE OF THE PERSON AS A PERSON NAMED IN	DETAILS OF POLICE ACTION
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Reported to police? Police station name	
Olice Station name	
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Contact	
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Was injured conveyed to	Yes□	No 🗆
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Moshiest of attisaration.		



REPUBLIC OF SINGAPORE IDENTIFY CARD NO. \$1122706F





TAN YONG ANN

CHINESE

SINGAPORE

24-04-1955 M

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

PASS DATE

Motor Gare and Motor Tractors the weight at 45 Jun 1978 which unlader does not exceed 2500 kilograms

NP 428A



\$317439





A+ 27-08-1994

APT BLK 484 ADMIRALTY LINK #03-41 SINGAPORE 750484 MPUC No: S1122706F Date: 01/07/2011 No: 0710782



Index mark and Registration Number of Vehicle Chassis Number NRE16 Name of Policyholder Effective Date of Insurance Expiry Date of Insurance Persons or Classes of Persons entitled to drive# (a) The Policyholder. (b) Any other person who is driving on the Policyholder's order of the Policyholder's order.	: drivo PREMIUM 32H 10012229 DNG ANN 2018
Certificate Number: 5101968197 Cover I. Index mark and Registration Number of Vehicle Chassis Number NRE16 NRE	32H 16012229 DNG ANN 2018
Index mark and Registration Number of Vehicle Chassis Number NRE16 Name of Policyholder TAN Y Effective Date of Insurance Expiry Date of Insurance Persons or Classes of Persons entitled to drive# (a) The Policyholder. (b) Any other person who is driving on the Policyholder's order of the policyholder.	32H 16012229 DNG ANN 2018
Chassis Number : NRE16 2. Name of Policyholder : TAN Y 3. Effective Date of Insurance : 31 Jul : 4. Expiry Date of Insurance : 01 Aug 5. Persons or Classes of Persons entitled to drive# (a) The Policyholder. (b) Any other person who is driving on the Policyholder's order	10012229 DNG ANN 2018
2. Name of Policyholder : TAN Y 3. Effective Date of Insurance : 31 Jul 2 4. Expiry Date of Insurance : 01 Aug 5. Persons or Classes of Persons entitled to drive# (a) The Policyholder. (b) Any other person who is driving on the Policyholder's order of the Policyholder.	DNG ANN 2018
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Persons or Classes of Persons entitled to drive# (a) The Policyholder. (b) Any other person who is driving on the Policyholder's order of the Policyholder's order.	2019
(a) The Policyholder. (b) Any other person who is driving on the Policyholder's order	
(b) Any other person who is driving on the Policyholder's order	
to the bearing of the total property of the	ne with his /has narraission
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 disqui enactment or regulation in that behalf from driving the Moto	alified by order of a Court of Law or by reason of any
6. Limitations as to Use#	
(a) Use for social domestic and pleasure purposes and in connec	tion with the Policyholder's or Hirer's business.
This Policy does not cover	/
(a) Use for racing, pace-making, reliability trial or speed-testing.	
(b) Use for the carriage of goods (other than samples) in connect(c) Use for any purpose in connection with the Motor Trade.	ion with any trade or business.
# Limitations rendered inoperative by Section 8 of the Motor V	ehicle (Third Party Risks and Compensation)
Act (Chapter 189) and Section 95 of the Road Transport Act, 3 headings.	1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1) : \$\$2,000)
EXCESS (SECTION 2) : S\$1,500	
WINDSCREEN EXCESS : S\$100	
ADDITIONAL EXCESS : N/A	
UNNAMED DRIVER EXCESS : PLEASE	REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP : YES	
NSURE WITH COE : YES	
NCD PROTECTION : YES	
TRANSPORT ALLOWANCE : NO	
EXCESS WAIVER : NO	
PRIMARY DRIVER : TAN YO	NG ANN
NAMED DRIVER (1) : N/A	
NAMED DRIVER (2) : N/A	
HIRE PURCHASE COMPANY : N/A	white our rain to the recognition of the control of
SUM INSURED : MARKET	VALUE OF INSURED VEHICLE AT TIME OF LOSS

eBao Tech							GeneralClaim			
Hello, NAC_PAYA_UBI_80	0601					• Chang	e Language	Chan	ge Password	· Log Ou
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident	1	07/11/2018	09:50	
	Vehicle No. (For Motor	SKZ77	32H		Cert	ificate Number	r I			100
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	O 5101968197		TAN YONG ANN	S1122706F	GPC	drivo PREMIUM	SKZ7732H	SKZ7732H	31/07/2018	01/08/2019

Policy No.	5101968197	Policyholder Name	TAN YONG	ANN	Policyholder NRIC	S1122706F	
Certificate No.		No.			NRIC		
ddress	BLK 484 #03-41 ADMIRALTY LI	NK SINGAPOR	E 750484				
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
olicy ssue late	10/07/2018	Effective Date	31/07/2018	00:00	Expiry Date	01/08/2019	23:59
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ORCY NO.	5101968197	Vehicle No.	SK27732H	GST Registration No.	
ertificate No.				50-T0.20 8,000 T0.00	
OlicyHolder Name	TAN: YONG ANN			Policyholder NRIC	51122706F
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
ontact No.(Mobile)	96157636	Contact No.(Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	THE VI
×	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	10
D Protection	Vec.	NCD Eminement(%)	90	Private mire	Yes
Accident Details					1/08
port Date	07/11/2018 16:23	Accident Report Within 24 hrs	Yes	100000000000000000000000000000000000000	8279494240000
te of Academ	07/11/2018			Academ Type	Chain Collision
porting Centre	007112018	Time of Accident Nh:mm	09:50	Country of Accident	Singapore
ordent Location	The second second	Grange Force		ICM No.	
	ALONG PIE (TURS)				
Escess					
n damage tacess	2,000,00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
rd Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Inform					
Registered	No		GST Registration Date		
F Registration No.			GST Status Verified	Yes	
Incation History					
Policyholder Mailing Ad	Offrens				
iness 1	Bux 484 #03-41	Address 2	ADMIRALTY LINK	******	1900 B. C.
dress «		Address Z		Address 3	SINGAPORE 750484
E No.			Singapore address	Post Code	750484
OI Driver Info		Related Policy Number	5101968197		
ver Name	Tan Yong Ann	2000400	2002		
named driver Name	Tar Tong Ann	Driver Type Driver NRIC	Main Driver	OMOS COMMANDS	TO THE PARTY OF TH
poter Date of Driver License	15/06/1978		51122706F	Driver DOB	24/04/1955
Mact No.(Mobile)		Driver Age	63	Driving Experience	40
dress 1	96157636	Contact No.(Office)	0	Contact No.(Home)	0
	BLK 484	Address 2	ADMIRALTY LINK	Address 3	SINGAPORE 750484
fress 4		Address Type	Singapore address	Post Code	750484
it No.	03-41				
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Daration					
rathalyser or Blood Test ading?	0 mg	Any injury?	○ Yes ® No		
dification History					
100					
laim 001 New					
m Type *	ОО-НХ	Insured Name	TAN YONG ANN	Insured NRJC	51122706F
	96157636	Insured Name Contact No.(Home)	TAN YONG ANN 67586118	Insured NR3C Contact No.(Office)	S1122706F
tect No.(Mobile)				Contact No.(Office)	
tact No.(Mobise) iii Address	96157636	Contact No.(Home)	67586118 SK27732H		\$1122706F \$2034790
act No.(Mobile) if Address nant Type Claimant Type •	96157636 Please Select	Contact No.(Home) Of Vehicle Number	67586118	Contact No.(Office)	
act No.(Moske) if Address nant Type Claimant Type • nant Natie •	96157636	Contact No.(Home) Of Vehicle Number Type of Benefit *	67586118 SK27732H	Contact No.(Office)	
tact No. (Moçüe) nii Address mant Typa Claimant Type • mant Name • mant Address	96157636 Pleate Salect	Contact No.(Home) Of Vehicle Number Type of Benefit *	67586118 SK27732H	Contact No. (Office) TP Vehicle Number	
tact No.(Mobie) HI Address mant Type Claimant Type • mant Name • mant Address m Description	96157636 Please Select	Centact No.(Home) Of Veticle Number Type of Benefit * Clement NRIC *	67386118 SK27732H Please Select	Contact No.(Office)	
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tact No.(Mosce) iii Address mant Type Claimant Type • mant Name • mant Address m Description erred Workshop Comace use Finalisation	96157636 Pleate Salect >> SK27732H / SJU3479D GN 7 Nov 2018 Yes	Centact No.(Home) Of Veticle Number Type of Benefit * Clement NRIC. * Insured Liebrity * Preference Repair Option	67386118 SK27732H Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	
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