

W&S REC'D BY

REF CS/UOI1900304/Kvd3⁷²

Special Instruction

Surveyor

ASSIGNMENT (Office)

From (Person) Jenny Lew

of UOI

Date/Time 19/12/19 10:50am

Estimated Cost

Bill to

OD (TP) / WS / TP RES / OD RES / EYA / INV / MY / CS

To Inspect Vehicle No. SLQ 8487U

Insured WB 8024X

at Workshop n/s Hui Yung Motor

Tel. 64515752

of 176 Sin Ming Drive # 0402

Policy No.

Claim No.

M11D06491903

Sum Insured

Excess

Make of Veh:
(Client's Record)

D.O.A. 12/2/2019

20/2/19

H.O.D. Endorsement

CA / REV / REP. / REV 24 HRS

Date/Time: 12:29pm 19/12/19 Person Contacted

Bule

Vehicle IN (OUT)

Date/Time	Action/Instruction (✓) Estimate	
	SLQ 8487U-CS/MSG1 7016725/1/Chris 2	DUA: 28/8/17
	WB 8024X-CS/UOI190022330/Yfy1	DUA: 28/9/2009
28/12	81226-08 email & Confirm (Red 720-48, 371)	

ASS. REC. BY:

REF:

U021

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02

days

Res.:

Yes or No

Lum Sum:

1-B1

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

File pass to

Veh No:

SCA 8487W Yr Regn: 07, 17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Honda Vezel

c.c.

14.96

Colour:

n. Black

A/C:

Insured / Std / NI / NA

Sp. Reading

13.7895

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

RU 3

1253142

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

215/60R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Davanti

Front

R/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

12/2/19

Rear

R/Bal.

8

mm

L/Bal.

8

mm

D.O.I.

20/2/19

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rt o/s clow m'v

The U/C / Chassis frame / Body Structure affected due to collision.

RECEIVED 28 FEB 2019

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

28/2 - typist

Days Of Repair:

2

Resurvey No. of Trip:

1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S - RS - St

Fixtars

Others

TOTAL

Report Format:

TP

Lump Sum / I.B.I. (\$

1226.08

170

60

80

14

324

Veron Chen (LKKAUTO)

From: LEW JENNY <jennylew@uoi.com.sg>
Sent: Thursday, 28 February 2019 12:12 PM
To: Veron Chen (LKKAUTO)
Cc: LEE KATIE; SUR
Subject: RE: Survey on SLQ8487U / DOA: 12/02/2019

Dear Veron,

Claim number: M11D06491903

Thanks.

Warmest Regards

Jenny Lew

Claims Department

United Overseas Insurance Limited

3 Anson Road, #28-01 Springleaf Tower, Singapore 079909
Main • (65) 6222 7733 | DID • (65) 6490 9329 | Fax • (65) 6327 3869 | Email • jennylew@uoi.com.sg

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From: Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]
Sent: Thursday, 28 February, 2019 12:04 PM
To: LEW JENNY <jennylew@uoi.com.sg>
Cc: LEE KATIE <katielee@uoi.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: Survey on SLQ8487U / DOA: 12/02/2019

Dear Jenny,

Please provides us claim number

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Veron Chen (LKKAUTO)
Sent: Thursday, 21 February 2019 4:30 PM

To: 'LEW JENNY' <jennylew@uoi.com.sg>
Cc: 'LEE KATIE' <katielee@uoi.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: Survey on SLQ8487U / DOA: 12/02/2019

Dear Jenny,

Please provides us claim number

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto)
Sent: Tuesday, 19 February 2019 12:33 PM
To: 'LEW JENNY' <jennylew@uoi.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'LEE KATIE' <katielee@uoi.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: Survey on SLQ8487U / DOA: 12/02/2019

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed vehicle not in the workshop, repairer arrange on 20/02/2019.

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: LEW JENNY [mailto:jennylew@uoi.com.sg]
Sent: Tuesday, 19 February 2019 10:50 AM
To: Hui Yang Motor <hui_yang_motor@hotmail.com>; SUR <sur@lkkauto.com>; assignments <assignments@lkkauto.com>
Cc: LEE KATIE <katielee@uoi.com.sg>
Subject: RE: Survey on SLQ8487U / DOA: 12/02/2019

WITHOUT PREJUDICE

Dear Bel,

We will arrange LKK to survey the vehicle as SJE.
Please let us have the video evidence in CD.

Dear Shiau Chan/Catherine,

Please assist to survey the vehicle at Hui Yang Motor Pte Ltd.

Warmest Regards

Jenny Lew

Claims Department

United Overseas Insurance Limited

3 Anson Road, #28-01 Springleaf Tower, Singapore 079909
Main • (65) 6222 7733 | DID • (65) 6490 9329 | Fax • (65) 6327 3869 | Email • jennylew@uoi.com.sg

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From: Hui Yang Motor [mailto:hui_yang_motor@hotmail.com]

Sent: Tuesday, 19 February, 2019 10:26 AM

To: LEW JENNY <jennylew@uoi.com.sg>

Cc: LEE KATIE <katielee@uoi.com.sg>

Subject: Re: Survey on SLQ8487U / DOA: 12/02/2019

Importance: High

Hi Jenny,

Our Choice of Surveyor is LKK Auto Consultants Pte Ltd.

Thank you & Regards,

Bel

Tel: 64515752

From: LEW JENNY <jennylew@uoi.com.sg>

Sent: Tuesday, February 19, 2019 10:06 AM

To: Hui Yang Motor

Cc: LEE KATIE

Subject: RE: Survey on SLQ8487U / DOA: 12/02/2019

WITHOUT PREJUDICE

Dear Bel,

Pursuant to the amended Pre-action Protocol for Non-Injury Motor Accident (NIMA), we enclose a list of our Surveyors, for your attention.

In this case, we propose to appoint M/s STA Inspection Pte Ltd.

Please revert to the undersigned within **two (2) working days** whether you have any objections to the appointment of any of our Surveyors, failing which we shall proceed to carry out the survey of your client's vehicle by our appointed Surveyors.

Please forward us a copy of the video evidence for review.

We reserve all our rights in this matter.

Thank You.

Warmest Regards

Jenny Lew

Claims Department

United Overseas Insurance Limited

3 Anson Road, #28-01 Springleaf Tower, Singapore 079909

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From: Hui Yang Motor [mailto:hui_yang_motor@hotmail.com]

Sent: Tuesday, 19 February, 2019 9:44 AM

To: LEE KATIE <katielee@uoi.com.sg>; LEW JENNY <jennylew@uoi.com.sg>

Subject: Survey on SLQ8487U / DOA: 12/02/2019

Importance: High

Hi,

Please refer to attached and kindly let us know when can we arrange vehicle SLQ8487U to be in our workshop for survey.

Thank you & Regards,

Bel

Tel:64515752



This email has been checked for viruses by AVG antivirus software.
www.avg.com

Nivitha (LKK Auto)

From: LEW JENNY <jennylew@uoi.com.sg>
Sent: Tuesday, 19 February 2019 10:50 AM
To: Hui Yang Motor; SUR; assignments
Cc: LEE KATIE
Subject: RE: Survey on SLQ8487U / DOA: 12/02/2019
Attachments: SKM_C28719021909470.zip

WITHOUT PREJUDICE

Dear Bel,

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Warmest Regards

Jenny Lew

Claims Department

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Importance: High

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Bel
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Sent: Tuesday, 19 February, 2019 9:44 AM
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Subject: Survey on SLQ8487U / DOA: 12/02/2019
Importance: High

Hi,

Please refer to attached and kindly let us know when can we arrange vehicle SLQ8487U to be in our workshop for survey.

Thank you & Regards,
Bel
[Tel:64515752](tel:64515752)

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	12/02/2019 16:18
Date Of Accident	12/02/2019 11:45
Exact Location Of Accident	ALONG NICOLL HWY(NEAR SUNTEC CITY, OPP JW MARRIOT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ8487U
Insured/Policyholder	
Name Of Registered Owner	SKYWAY MOTOR PTE LTD
Co Reg No	199904194N
Email Address	SANDY@SKYWAY.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64168550

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	A 28795104 MCX
Cover Note Number	

Driver

Name of Driver	TAY YONG KIAT
NRIC No	S1502654E
Date Of Birth	12/09/1961
Occupation	OUTDOOR
Date Of Driving Pass	09/01/1980
Driving Experience	39 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96641140
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 94B BEDOK NORTH AVENUE 4
Postcode	461094
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	-
	-
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 (including own vehicle) involved in the accident	2
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)	2
Passenger 1	NAME: : UNKNOWN (PASSENGER)
	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

PLEASE REFER TO ATTACHED SKETCH PLAN.

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	WB8024X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOBILE EQUIPMENT
Name of Driver	TAN KEE KIM
NRIC/Passport Number	S2059720H
Contact Number	
Address	
Postcode	
Insurance Company Name	UNITED OVERSEAS INSURANCE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

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:

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



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

Sketch Plan #2 Pg. 1

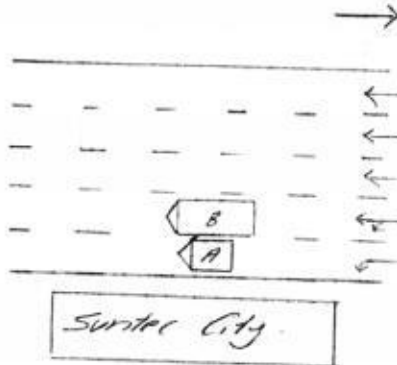
SKETCH PLAN

Nicola Hwy towards Raffles Blvd

JW Marriott Hotel

Veh A - SLQ 8487U

Veh B - WB 8024X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/02/19 @ 11.45am, my vehicle A (SLQ 8487U) was travelling along Nicola Hwy towards Raffles Blvd. My vehicle A was stationary as the traffic light Red and vehicle B (WB 8024X) which was on my right lane had pass by & hit onto my vehicle A right side mirror.

DECLARATION

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



Policyholder's Signature
Date & Time:

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



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

輝陽汽車有限公司 HUI YANG MOTOR PTE. LTD.

Contact Add : SIN MING AUTOCARE Blk 176 Sin Ming Drive #04-02- Singapore 575721

Tel: 64515752 (2 Lines) . Fax: 64514658

Reg No. 201629438M

12/02/2019

Owner: SKYWAY MOTOR PTE LTD

ESTIMATE TO REPAIR HONDA VEZEL HYBRID - SLQ8487U

1pc	front RH side mirror		CM \$	758.85	✓
1pc	front RH side mirror cover	80.00	nd \$	255.50	✓
1pc	front RH side mirror lamp		nn \$	185.50	X
1pc	front RH side mirror glass		nn tho \$	295.85	✗
				\$ 1,495.70	
less 20%				\$ 299.14	
balance c/f				\$ 1,196.56	
wiring				\$ 50.00	156
spray painting				\$ 400.00	3601
labour charges				\$ 300.00	1801
Total				\$ 1,946.56	



LKK Auto Consultants hence notify the Repairer of the following:

- To survey before/after spray painting
- To display damaged parts for survey
- Parts prices are subject to inspection
- Third party survey is on a "Without Prejudice" basis
- No legal mode of payment is allowed
- Supplementary (extra) must be surveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer:
Signature: _____
Date: _____

uoi
(CLICK)
20/02/19
(wrd)
after 10am

Not Notarised
Repairing B4 pain
81226.08
2 days



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

UNITED OVERSEAS INSURANCE LTD

Ref : CS/UOI19003104/Kvd3n2

3 ANSON ROAD #28-01
SPRINGLEAF TOWER SINGAPORE 079909

Date : 01-03-2019



Code : UOI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	WB 8024X	Veh. Inspected	SLQ 8487U
Policy No.		Coverage (\$)	0.00
Claim No.	M11D06491903	Excess (\$)	0.00
Assign From	JENNY LEW	Assign Date	19/02/2019

2. Vehicle Particulars & Condition

Make & Model	HONDA VEZEL (A)	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	RU31253142	Colour	METALLIC BLACK
Odometer	137895	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	DAVANTI	8 mm
L/H Front Tyre	215/60 R16	DAVANTI	8 mm
R/H Rear Tyre	215/60 R16	DAVANTI	8 mm
L/H Rear Tyre	215/60 R16	DAVANTI	8 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S DOOR MIRROR.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	12/02/2019	Inspection Date	20/02/2019
Survey held at	HUI YANG MOTOR PTE LTD BLOCK 176 SIN MING DRIVE #04-02 SIN MING AUTOCARE SINGAPORE 575721		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
-------------------------------------	----------------

**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLQ 8487U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT RH SIDE MIRROR	CRACKED	758.85	758.85
1	FRONT RH SIDE MIRROR COVER	DENTED	255.50	80.00
1	FRONT RH SIDE MIRROR LAMP	NOT NECESSARY	185.50	-
1	FRONT RH SIDE MIRROR GLASS	NOT NECESSARY	295.85	-
	LESS 20% DISCOUNT		-299.14	-167.77
			1,196.56	671.08
<u>LABOUR</u>				
	WIRING.		50.00	15.00
	SPRAY PAINTING.		400.00	360.00
	LABOUR CHARGES.		300.00	180.00
			750.00	555.00
GRAND TOTAL			1,946.56	1,226.08
RECOMMENDED COST OF REPAIRS				1,226.08

Report Ref No. CS/UOI19003104/Kvd3n2

KONG SENG CHEONG

Licensed Appraiser

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