Date III. I IM III. I L. T. I	Jeb description	1	Date & Time Completed	Done	by by
Bel No: Value as Total	SAS e-filing				
Ref No: NA / INC 190 4765 / Zy			-		
Veh No: 1763666	E-mail (within			14.1	*
D.O.A : 19/19 - 07:15	i-Motor Clai		m/106/189-001	July 18:	18
OD (TP) Reporting Only		(Within: OD 2hr	s, 7°P 4 brs)		
	i-Photo Uplo				1145.00
TP Insurer:	Assessment/Si		<u> </u>		
	Ass't Report b	y Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Fax:	
TP Particulars: Veh No: 6607	+5284	. INC(
Owner / Driver: (Tel:)	
	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	***		0%; P: 21-79%. P: 30-	100%]	-
	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,0	000()/\$2,000	#8436.44.57.74.50	A CONTRACTOR OF THE PARTY OF TH	PART OF THE	-
General Remarks:-					5 9
() Walk-In Customer : Customer's info		nfidential & St	rictly NO refer of repairer.		
() Total Loss Case : to e-mail Insur				·	
Drive-In ()/Towed-In (); Invoice	e: YES()/N	10();T	owing Co: ()
Remarks:- (INC hotline: 6788 6616)		+1.4	Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/()			
2) QC Check / Post Repair Inspection	()		***************************************	-	
	,				
3) Upload Resurvey Photo [Repair Cost > \$3)	 		
)			30837
Upload Resurvey Photo [Repair Cost > \$3 Injury:)			
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Injury: Date/Time Actions Malno 6766 Laimant's Particulars:		Invoice Pres 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti	Paration Checklist Reporting (\$30); Assessment (\$100); INC (\$50); The state of t	76 Bill 80) 0/\$45 \$120 \$30	Section 1
Injury: Date/Time Actions Malpo 6766 Laimant's Particulars: river/Owner:		Invoice Pres 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec	Paration Checklist Reporting (\$30); Assessment (\$100); INC (\$ ce \$4 arough Survey arough Survey (Resurvey) rough Survey (Resurvey) tion	76 Bill 80) 0/\$45 \$120 \$30	Section 1
Injury: Date/Time Actions Malpo 6766 Laimant's Particulars: river/Owner:		Invoice Pres 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idae DA:	naration Checklist Reporting (\$30); Assessment (\$100); INC (\$ see \$4 nrough Survey nrough Survey (Resurvey) rainst INC Only (wef 10 Jan 200 tion SMRT Survey	80) 0/\$45 \$120 \$30	Section 1
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Injury: Date/Time Actions Nalmo 6766 Inimant's Particulars: river/Owner: ontact No: nmaged Portion: C Checked by (Engr-In-Charge):		Invoice Pres 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additio OD* *N5: Courlesy *N6: Repair Cc *N7: Fost Repi *N8: DV / Coll	naration Checklist: Reporting (\$30); Assessment (\$100); INC (\$ see \$4 nrough Survey (Resurvey) toinst INC Only (wef 10 Jan 200 tion - SMRT Survey nal Services Car / Tpt Allowance portination in Inspection lect Excess Coordination	\$60) 00/\$45 \$120 \$30 \$75 \$160 \$5 \$10 \$25 \$35	Section of the second
Injury: Date/Time Actions		Invoice Pres 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additio OD* *N5: Courlesy *N6: Repair Cc *N7: Fost Repi *N8: DV / Coll	naration Checklist: Reporting (\$30); Assessment (\$100), INC (\$50); Assessment (\$100), INC (\$50); Assessment (\$100), INC (\$50); Assessment (\$100), INC (\$50); Assessment (\$100); Assessment (\$100), INC (\$50); Assessment (\$100), INC (\$100), INC (\$100); Assessment (\$100)	\$60) 00/\$45 \$120 \$30 \$75 \$160 \$5 \$10 \$25 \$3 \$20 \$30	Section of the second

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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.
- 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.
- 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.

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	ACCIDENT STATEMENT
Date Of Report	05/09/2019 16:34
Date Of Accident	05/09/2019 07:15
Exact Location Of Accident	BUKIT PANJANG RD TWDS GANGSA RD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG2506P
Insured/Policyholder	
Name Of Registered Owner	SYAKHIR BIN AMAN
NRIC No	S7718421Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96666234
Alternative Phone No	OFFICE-96666234
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH 1.8 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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5102167023-01
Cover Note Number	
Driver	

Driver
Name of Driver SYAKHIR BIN AMAN

 NRIC No
 \$7718421Z

 Date Of Birth
 07/07/1977

 Occupation
 INDOOR

 Date Of Driving Pass
 22/10/1996

Driving Experience 22 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96666234

Fax Number

Contact Number OFFICE-96666234

EMail Address NOEMAIL

Address 433 BUKIT PANJANG RING ROAD

#03-627

Postcode 670433

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 COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

involved in the accident

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

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. NO

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

. .

GENDER: : FEMALE

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

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 SGC7528A

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

ABDUL RAHMAN BIN P ABDUL

NRIC/Passport Number

Contact Number

94568637

Address

Postcode

Insurance Company Name

Nature Of Damage

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

	4	
SKETCH PLAN		
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Sullandis		
CV .		
Bukit		BKE
1/1 3	В	BK & BK &
	4 4 4 4 1	VV
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
On 05 09 2	2019 Morning at	time about 7.13
I was drivi	is my car SJG	12506P toyota Wish
along Bukst	Panjang Rd tow	
When at -	the Junction o	f Noarby BIK 223
Pending Rd	. traffic ligh	+ was red 1 stopped
my car.	tew second	before the traffic
ry row,	10 -1	le a Impact from
	1 - 1	reavise vehicle
	I I I I	
behind.	1528A had his	t my car from
-Devertie		
DECLARATION		
I/We declare the foregoing particu	lars are true in every respect.	
North State of the	Jud .	N.O.
11	1//	There
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature

/ehicle No.	SJCO2506P Model/Make TOYUTA WISh
Pate of Accident	05/09/2019
ime of Accident	7.13 HRS
ocation of Accident	BT Panjang Rd Toward gangsa Rd.
xact purpose use during acc	ident Private Userl
Name of Owner	SYAKHIR BIN AMAN
Telephone No.	H/P: 9666234 Home: Office:
VRIC	377184212
Address	BIK 433, Rullit Panjang Ring Rd #02-627 5'670
Claim type	OD (THIRD PARTY) REPORTING ONLY
nsurance Company	NTUC
Type of Coverage	Comprehensive Third Party (Third Party / Fire /Theft)
Policy No.	5102 167023-01
Name of Driver	As Above If No, syakhir Bin Aman
NRIC	S 7718421 Z Any Passengers: /
Date of birth	07/07/1977
Occupation	Outdoor / (Indoor)
Driving License Pass Date	22 007 1996
Gender	(Male) / Female
Contact No.	H/P:9666623¥ Home: Office:
Address	BIK 433, Bukit Panjang 2ny 2d#03-607 5670x
Driver have any own vehicle	
Relationship	Employee, If no, state
Weather condition	(Clear) Raining Other
Road Surface	(Dry) Wet Other
Any Injuries	(No,) If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	SG C 750 8A Any Passengers: 0
Name of Driver	Abdyl Rahman Bin Contact No.: 94568627
Vehicle C No.	P A bdu1 Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Kear purtion
Camera Recorder	Yes (No)
Email Address	Syakhir77@qmail.com
PARTICULAR WORKSHOP	Twincar Antomotive PIL
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) AC	CT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RU	JLES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5102167023-01	Cover : Third Party, Fire & The
Certificate Number: 5102107025-01	cover , illino rarry, rine or rine

Index mark and Registration Number of Vehicle : SJG2506P

Chassis Number : JTDER12WX03000279

Name of Policyholder : SYAKHIR BIN AMAN
 Effective Date of Insurance : 16 Jul 2019

4. Expiry Date of Insurance : 24 Jun 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.(b) Any other person who is driving on the Policyholder's order or with his/her permission.

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 disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.
 - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)
 Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : N/A ADDITIONAL EXCESS : N/A · N/A UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP : NO : YES INSURE WITH COE NCD PROTECTION : YES (FREE) PRIMARY DRIVER : SYAKHIR BIN AMAN NAMED DRIVER (1) : NURAZIAN BINTE MOHAMAD RASHID NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : TECK WEI CREDIT PTE LTD

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Venicles (Tillia Party Nisks and Compensation) Act (Chapter 103) and Part IV of the Nova Transport Act, 1307 (W

Agency : TECK WEI CREDIT PTE. LTD. (00000572499)
Date of Issue : 24 May 2019 10:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

And I

Authorised Officer

Chief Executive

Countersigned By:

SUM INSURED

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_8000	501				To distribute		+ Change	Language	> Chang	ge Password	Log Out
My Desktop	Poli	cy Query									38
Notice of Loss	Policy I	No.				Date	of Accident	0	5/09/2019 0	7:15	
	Vehicle	No.(For Motor)	53G250	06P		Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5102167023- 01		SYAKHIR BIN AMAN	S7718421Z	GPC	Third Party, Fire & Theft	SJG2506P	S3G2506P	16/07/2019	24/05/2020
						Continue					

Policy No.	5102167023-01	Policyholder Name	SYAKHIR	BIN AMAN	Policyholder NRIC	S7718421Z	
Certificate No.							
Address	BLK 433 #03-627 BUKIT PANJ	ANG RING ROA	SINGAPO	RE 670433			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	24/05/2019	Effective Date	16/07/201	9 00:00	Expiry Date	24/06/2020 23	3:59
Excess Type	Per Accident	All Claims Excess					
Third		Own			Mile deserve		
Party Excess	0	damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside		Outside					
Singapore OD	0	Singapore	0			Young	/Inexperience Driver Excess
Excess		TP Excess					various de la companya de la company
Agent	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020	null	GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
THE PARTY	BLK 433 #03-627	Addre	ss 2	BUKIT PANJANG R	ING ROAD	Address 3	SINGAPORE 670433
Address 1		Addre	ss Type	Singapore address		Post Code	670433
Address 1 Address 4		Addre					
			ed Policy er	5102167023-01			
Address 4 Unit No.	ed Object: SJG2506P	Relate		5102167023-01			
Address 4 Unit No.	**************************************	Relate		5102167023-01			

ccident MT/1061189					
cy No.	5102167023-01	Vehicle No.	S3G2506P	GST Registration No.	
rtificate No.					
icyholder Name	SYAKHUR BIN AMAN			Policyholder NRIC	\$7718421Z
oduct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
ntact No.(Mobile)	96666234	Contact No.(Office)	0	Contact No.(Home)	0
nell Address		Special Remark		eCode	No. V
K.	No ○ Yes	TCA	® No ○ Yes	eCode Reason	Statistics
D Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
port Date	06/09/2019 18:57	Acadent Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
te of Accident	05/09/2019	Time of Accident hhomm	07:15		
porting Centra	***************************************		07:15	Country of Accident	Singapore
		Orange Force		ICM No.	
Total Excess Applicable	BUKIT PANJANG RD TWDS GANGSA RD				
ean Type	Per Accident	Windscreen Excess	0.00		
MEDICAL A	4.00000000	Third State Envelop	5.50		
Standard Excess	0.00	TP Standard Excess	0.00		
D OD Excess	0.00	YIED TP Excess	0.00	Oriver is Covered?	Covered
Itional Excess			N. T. T. S. S.	S CONTROL OF STREET	9.000000
el OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
Benefits	070750	A STATE OF THE STA	30.00		
GST Registered Informa	stion				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Venfied	Yes	
diffication History				532	
Policyholder Mailing Ad	dress				
iress t	BLK 433 #03-627	Address 2	BUKIT PANJANG RING ROAD	Address 3	SINGAPORE 670433
tress 4		Address Type	Singapore address	Post Code	670433
t No.		Related Policy Number	5102167023-01	220000000	
OI Driver Info					
ver Name	SYAKHIR BIN AMAN	Driver Type	Main Driver		
amed driver Name		Driver NR3C	S7718421Z	Driver DOB	07/07/1977
ster Date of Driver License	22/10/1996	Driver Age	42	Oriving Experience	22
Kact No.(Mobile)	96666234	Contact No.(Office)	0		0
				Contact No.(Home)	
ress 1	BLK 433	Address 2	BUKIT PANJANG RING ROAD	Address 3	SINGAPORE 670433
dress 4	COLUMN TO SERVICE STATE OF THE	Address Type	Singapore address	Post Code	670433
it No.	03-627				
es ha own a Singapora		Driver Vehicle No.		Oriver Insurer Company	
es he own a Singapore potered car?	○ Yes ® No				
pintered car?	○ Yes ® No				
paration					
pinered car? Saration athalyser or Blood Test	○ Yes ® No	Any ingury?	() Yes ® No		
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ertered car? eration athalyser or Blood Test ding? erication History			() Yes (●) No		
eration otherwise or Blood Text drig?			() Yes (●) No		
orstrond car? orstron othalyser or Stood Teat ding? rhcabon History laim 001 New	0 mg	Any injury?			
eration othalyser or Slood Test ding? erfication History talim 001 New	0 mg	Any injury? Insured Name	SYAKHER BIN AMAN	Insured NRIC	577184212
oration othalyser or Stood Test ding? Incation History Italian 001 New If Type * Eact No.(Mobile)	0 mg	Any injury? Insured Name Contact No.(Home)	SYAKHER BIN AMAN 67672321	Contact No.(Office)	
intered car? ioration othalyser or Slood Test drig? incation History incation History in Type * sact No. (Mobile) at Address	0 mg	Any ingury? Insured Name Contact No.(Home) OI Vehicle Number	SYARDER BIN AMAN 67672321 SJG2506P		57718421Z SGC7528A
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