Date In: 2011 19-09:19	Job description		Date &Time Completed		ne by
			Date to Time completed	D0	ne by
Res No: Wa) INC 19020832/24	SAS e-filing				
Veh No: SURKINX		a Shrs, AIC 2hrs)			
D.O.A: 23/11/12/15:05	i-Motor Cla	im Form	100-9980to1/m	25/11/19	17:26
OD TP Reporting Only	i-Motor W/	O (Within: OD 2hr	s, TP 4hrs)		
	i-Photo Upl	oaded			SECTION S
TP Insurer:	Assessment/S	Survey Report			XX185363600 A
	Ass't Report	by <u>Fax / Hand</u> t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: W	N4473E	. INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (250000000000000000000000000000000000000	Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1	,000 ()/\$2,000)()			
General Remarks:-				200	g = 170
() Walk-In Customer : Customer's in	formation strictly Co	nfidential & Str	ictly NO refer of repairer		
() Total Loss Case : to e-mail Insu	The second secon				
		10/ \			
Dive-in ()/) dwed-in (); invol	ce: YES() / I	VO (); To	owing Co: ()
Remarks: (INC hotline: 6788 6616)			Date&Time Completed	Don	e by
1) Apply for Transport Allowance ()/	Courtesy Car ()	1		
2) QC Check / Post Repair Inspection	()	Ti and the same of		
3) Upload Resurvey Photo [Repair Cost > 5	[00083)	147		
Injury:					
Tigary :					
Date/Time Actions	17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	1111			
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•					
350		1	o cu lui d	Anit (S)	Amt (\$)
NAICHESSED .			aration Checklist	fu Bill	Add Bill
laimant's Particulars :-		1) AR : Accident R 2) DA : Damage A	deporting (\$30); ssessment (\$100); INC (\$8	(0)	
river/Owner:		3) TF : Towing Fee		/\$45	
		4) FT : Follow-Thr	ough Survey ough Survey (Resurvey)	\$120	
ontact No:	2		inst INC Only (wef 10 Jan 2005	-	
amaged Portion:		6) TR : Re-inspecti		\$75	
	*	7) N1 : Idac DA + 8) NTUC Addition		\$160	
C Checked by (Engr-In-Charge):	War - War	OD:	al Oct vices		
Checked by (Birgi-In-Charge):		*N5: Courtesy C *N6: Repair Co-	ar / Tpt Allowance	\$5 510	
nditors' Comments :-		*N7; Fost Repnit	Inspection	\$25	
Line Section to the Control of the C	KOTO PARENTA		et Excess Coordination	55	
_1:		TP (N11): TP (? 9) N12: Idac Mobil	e (INC) against INC	30	-
2/3:		Invoice dated	Fee Charged		there's
	1	Director pored	1 pe cum gan	MATERIAL STATES	THE PARTY NAMED IN

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 aforesaid.

noresaid.	
	ACCIDENT STATEMENT
Date Of Report	25/11/2019 09:19
Date Of Accident	23/11/2019 15:05
Exact Location Of Accident	THOMSON RD AFTER TOA PAYOH RISE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKR1525X
Insured/Policyholder	
Name Of Registered Owner	SIN MINNG MINNG
NRIC No	S7327529F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98257862
Alternative Phone No	OFFICE-98257862
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA5 5-DOOR WAGON 2.0L SP.6EAT SUNROOF
Exact Purpose for which vehicle was being used at time of accident	t PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	5077094211-03
Cover Note Number	
Driver	
Name of Driver	CHARLOTTE SIN MINNG MINNG (CHARLOTTE XIN MINMIN)

NRIC No S7327529F Date Of Birth 05/08/1973 INDOOR Occupation Date Of Driving Pass 03/09/1992

Driving Experience 27 YEARS AND 2 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-98257862

Fax Number

OFFICE-98257862 Contact Number

EMail Address NOEMAIL

1 LORONG PUNTONG Address

#10-07

Postcode 576443

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

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

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.

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

1

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

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

SJM4473E

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)

Passenger 1

2

NAME:

GENDER:

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKG7657S

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)

2

Passenger 1

NAME:

GENDER:

SKETCH PLAN

IMPORTANT NOTICE

- 1. 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.
- 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)

Lunderstand, 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:

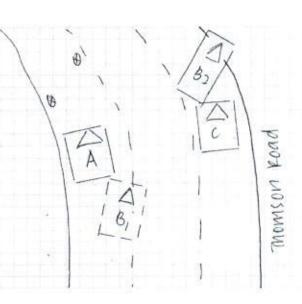
Reporting Centre Person

's Signature

Name:

NRIC/FIN No.:

Vehicle A SER 1525 X
Vehicle B: SJM 4473E
Vehicle C SK97657S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the sta	ated date &	time, I	vehicle s	A', SKR1525X,
was travelling Stra	ignt along	the state	d venue	As there
was road - works	ahead. I	stopped m	y vehicle.	I THEN
heard a stid I brock	e and felt	an impa	u on w	ny stationary
vehille's rear night-	portion. Ver	iill 'b',	80M 4473 E	, then
mounted the kerb				
		13		

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:

NRIC/FIN No ::

ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 11 / 2	019/100/MM/	YYYY), TIME: (
LOCATION: Along	Thomson RO	ad, other Too Payon Fice
DETAILS OF VEHICLE DIVEHICLE NUMBER: DINSURANCE COMPANY: CIPOLICY NUMBER: DIPOLICY TYPE: [COMPRE	SER NTUL HENSIVE / THIRD MAZDA 5 / MPV /V AN / L	PARTY / THIRD PARTY FIRE &THEFT) ORRY / MOTORCYCLE / OTHERS)
h) PURPOSE OF USING AT A i) ARE YOU CLAIMING UND IF NO, PLEASE STATE (THIR	CCIDENT TIME: ER YOUR OWN D PARTY CLAIM IC SIN MINY 16 ST33732	INSURANCE (YES/NO) I / REPORTING ONLY) IMALE / FEMALE) TO CONTACT: 9835 7863
* CONTINUE TO 3.d IF DRIV	ER ALSO POLIC	YHOLDER
14 No of passon g. DRIVER		(MALE / FEMALE)
Clodeding driver) WINDOCENIA ASSECUTE		CONTACT:
b)NRIC/FIN/PASSPORT:		
Male passenger of birth: (_05/_ ejoccupation: (indoor fjyears of driving expres 4. Was driver an employe if no, relationship of 5. ajweather condition: (c) bjroad surface: (dr) / W 6. Was anybody injured (ye) 7. ajreported to police (ye) if yes, please state whice	/ OUTDOOR) RIENCE: EE OF THE INS THE DRIVER I LEAR / RAINING VET / OTHERS ES / NO) S / NO)	URED'S COMPANY? (YES / NO) WITH INSURED:
8. THIRD PARTY VEHICLE	STATE OF THE STATE	
He of passenger a) VEHICLE NUMBER:	SJM 4473E	MODEL:
b) DRIVER'S NAME:		7.7.7.7.
(D) male driver) NRIC/FIN/PASSPORT:		CONTACT:
PENNIE DAHIRA PERTY VEHICLE	1467, 520	
the all recovers	(14)76575	MODEL:
E DUITER STIAME		CONTACT:
Induding driver) f) NRIC/FIN/PASSPORT:		CONTACT
(1) male		

email =

lax =

eBao Tech									Windley Co.	Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						Change	Language	· Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy 1	Vo.				Date o	f Accident	2	3/11/2019 1	5:05	
	Vehicle	No.(For Mator)	SKR152	5x		Certifi	cate Number	[
					10	Search					
	Select	Palicy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5077094211- 03		SIN MINNG MINNG	57327529F	GPC	drivo CLASSIC	SKR1525X	SKR1525X	20/01/2019	19/01/2020
					C	ontinue					

Policy No.	5077094211-03	Policyholder Name	SIN MINNO	MINNG	Policyholder NRIC	S7327529F	
Certificate No.							
Address	1 SIN MING AVENUE #10-06	FLAME TREE PAR	K SINGAPO	RE 575728			
roduct Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	26/12/2018	Effective Date	20/01/2019	9 00:00	Expiry Date	19/01/2020 2	23:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	Ö	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Agent	VICOM LTD	Agent Tel.	66975221		GST Flag	Y	
Co- Insurance Flag	No						
Open Policy Info							
Policy Info Certificate Info	older Mailing Address						
Policy Info Certificate Info Policyh	older Mailing Address 1 SIN MING AVENUE	Addre	ss 2	#10-06 FLAME TR	ÉE PARK	Address 3	SINGAPORE 575728
Policy Info Certificate Info	9590 - 1 4 4 1 2 4 5 6 6 6 5 4 4 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5		ss 2	#10-06 FLAME TR Singapore address		Address 3 Post Code	SINGAPORE 575728 575728
Policy Info Certificate Info Policyh Address 1	9590 - 1 4 4 1 2 4 5 6 6 6 5 4 4 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	Addre	ss Type d Policy			ALCOHOLD STREET	
Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	9590 - 1 4 4 1 2 4 5 6 6 6 5 4 4 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	Addre Relate	ss Type d Policy	Singapore address		ALCOHOLD STREET	
Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	1 SIN MING AVENUE	Addre Relate	ss Type d Policy	Singapore address		ALCOHOLD STREET	

Accident MT/1072866							
Policy No.	5077094211-03		Vehicle No.	5KA1525X		GST Registration No.	
Certificate No.	120111000000000000000000000000000000000						
Policyholder Name	SIN MINNG MINNG	3000	A STATE OF S	10.000 02.00000		Policyholder NR1C	57327529F
Product Code	PRIVATE CAR INSURA	NCE	Cover Type	drive CLASSIC		Loading	0
Contact No.(Mobile)	98257862		Contact No.(Office)	0		Contact No.(Home)	0
Email Address	12372750		Special Remark	4899000		eCode	11 V
KFK	® Na ○ Yes		TCA	® No ○ Yes		eCode Reason	
NCD Protection	Yes		NCD Entitlement(%)	50		Private Hire	No
Accident Details							
Report Date	25/11/2019 17:16		Academi Report Within 24 hr	s Yes		Accident Type	Collision - Head to Rear
Pate of Accident	23/11/2019		Time of Accident hhomm	15:05		Country of Accident	Singapore
Reporting Centre			Orange Force			BCM No.	
Voodent Location	THOMSON RD AFTER T	TOA PAYON RISE					
T Excess							
Own damage Excess		0.00	Additional Excess	0		Windscreen Excess	100.00
Innamed Driver Excess		0,00	Outside Singapore OD Exces		0.00		
hird Party Excess		0.00	Outside Singapore TP Excess		0.00		
▽ Senefits							
Joverage				Sum Insur			
scoss Weiver				99999999	.99		
GST Registered Inform							
SST Registered SST Registration No.	No			GST Regist	ration Date	Yes	
fodification History						765	
AND COURT OF THE PROPERTY.							
▼ Policyholder Halling Ad	Idreas						
Address 1	1 SIN MING AVENUE		Address 2	#10-96 FLAME TR	EE PARK	Address 3	SINGAPORE 575728
Address e			Address Type	Singapore address		Post Code	575728
Unit No.			Related Policy Number	5077094211-03			
⇒ OI Driver Info							
Driver Name	CHARLOTTE SIN HINNE	G MINNG	Driver Type	Main Driver			
innamed driver Name			Driver NRIC	573275298		Driver DOB	05/08/1973
tegister Date of Driver License	03/09/1992		Driver Age	46		Driving Experience	27
Contact No.(Mobile)	98257862		Contact No.(Office)	0		Contact No.(Home)	0
Address 1	I LORONG PUNTONG		Address 2	THOMSON IMPRES	SIONS	Address 3	SINGAPORE 576443
Address 4			Address Type	Singapore address		Post Code	576443
Init No.	10-07						
	LUTUY-						
oes he own a Singapore	○ Yes ⊕ No		Driver Vehicle No.			Driver Insurer Company	V
Does he own a Singapore Registered car?			Driver Vehicle No.			Driver Insurer Company	V.
registered car?			Driver Vehicle No.			Driver Insurer Company	(0.5305)
eclaration			Driver Vehicle No. Any injury?	○ Yes ® No		Driver Insurer Company	705,838-9-
Registered car? Reclaration Sheathalyser or Blood Test	○ Yes ② No			○ Yes ® No		Driver Insurer Company	705.6306.04
Does he own a Singapore legisteres car? beclaration breathalyser or Blood Test Reading?	○ Yes ② No			○ Yes ® No		Driver Insurer Company	705.6306.04
egistered car? eclaration reathalyser or Blood Test eading?	○ Yes ② No			○ Yes ® No		Driver Insurer Company	705.6306.04
egistered car? eclaration reathalyser or Blood Test eading?	○ Yes ® No 0 mg			○ Yes ⑧ No		Driver Insurer Company	705.6306.04
egistered car? *Claration *reathalyser or Blood Test eading? odification History	○ Yes ® No 0 mg			○ Yes ⑧ No		Driver Insurer Company	700.600000
eclaration reathalyser or Blood Text eading? addication History Claim 001 00-MX New	○ Yes ⊕ No 0 mg	T U	Any injury?	No.			
eclaration reathalyser or Blood Text eading? odfication History Claim 603 00-HX New	O mg	5	Any injury? Insured Name	SIN MINNIG MINNI	3	Insured NRIC	37327529*
eclaration reathalyser or Blood Text eading? odification History Claim 603 60-HX New New New Type *	O mg		Any injury? Insured Name Contact No. (Home)	SIN MINNG MINNO	5	Insured NRIC Contact No.(Office)	57327529F 63499178
eclaration reathalyser or Blood Text eading? od/Rication History Claim 001 00-HX New Nam Type * ontact No. (Mobile) mek Asdress	○ Yes ® No 0 mg (CO-Not St 630061 Csm42064yahoo.com.	sg	Any injury? Insured Name Contact No. (Home) OI Vehicle Number	SIN MINNG MINNO 64891263 SKR1525X		Insured NRIC	37327529*
eclaration reathalyser or Blood Text eading? claim 601 00-HX New laim Type * ontact No.(Mobile) meli Address laiment Type Galmant Type *	○ Yes ® No 0 mg (CO-Not St 630061 Csm42064yahoo.com.	sg v	Any injury? Iraured Name Contact No. (Home) OI Vehicle Number Type of Benefit. *	SIN MINNG MINNO	5 	Insured NRIC Contact No.(Office)	\$7327529F 63499178
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editorion reathalyser or Blood Test eading? oddication History Claim 001 00-HX New Nam Type * ontact No. (Mobile) meli Address Isimant Type Galmant Type * Isimant Name * Isimant Name *	O mg O mg OO-MM S1630051 Cs:r4206#yahoo.com. Please Select	>>	Any injury? Iraured Name Contact No. (Home) OI Vehicle Number Type of Benefit. *	SIN MINNG MINNO 64891263 SKR1525X		Insured NRIC Contact No.(Office) TP Vehicle Number	\$7327529# 63499178 53M4473E
eclaration reathalyser or Blood Text eading? claim 003 00-HX New laim Type * ontact No. (Mobile) meli Address laimant Address	○ Yes ® No 0 mg (CO-Not St 630061 Csm42064yahoo.com.	>>	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit + Claimant NRIC +	SIN MINNG MINNO 64893263 SKR1525X Please Select	¥	Insured NRIC Contact No.(Office)	\$7327529° 63499178 53964673E
editarition reathalyser or Blood Test eading? oddication History Claim 001 00-HX New Name Type * ontact No. (Mobile) meli Address laimant Name * laimant Name * laimant Address laim Description referred Workshop Contact o.	O mg O mg OD-MM 81630061 csm4206#yahoo.com.s Please Select	59 ≥≥ ON 23 Nov 2019	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	SIN MINNG MINNO 64893263 SKR1525X Please Select Not at Fault	¥	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Work	\$7327529# 63499178 53M4473E
eclaration reathalyser or Blood Test eading? odification History Claim 001 00-HX New Nam Type * ontact No. (Mobile) moli Address laimant Type Claimant Type * laimant Name * laimant Address laim Description referred Workshop Contact equire Finalisation	O mg O mg OD-MM 81630051 Csm4206#yshoo.com. Please Select SKR3525X / SIM4473E Wes	>>	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Type of Benefit + Claimane NRIC + Insured Liability + Preferred Repair Option	SIN MINNG MINNO 64893263 SKR1525X Please Select Not at Fault	¥	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Work GIA report	\$7327529F 63499178 53M4473E
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