	Services   Well Jamos MA	Date & Time Completed	Done by	
Date In: 18 V W-17:08	Jcb description	Date & time completed		
Ref No: Nalm (200) 274 174	SAS e-filing			
Veh No: SPRYTAK	E-mail (within Shrs, AIC 2hrs)		t la la	
D.O.A: 4/1/200655	i-Motor Claim Form	m/1084987 201	18/2/20 12/1	}
	i-Motor W/O (Within: OD 2h	rs, 7P 4hrs)		
OD : (TP)! Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	
TP Particulars: Veh No: Cut	YOS INC	)/Non-INC( ).		
Owner / Driver: (		Tel:		
	iod: (	Cover Type: (		
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [1	Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80	-100%]	
	Warranty: YES ( )/NO (	)		
	00()/\$2,000()			
General Remarks:-			STATE OF THE PARTY	
( ) Walk-In Customer : Customer's infor	rmation strictly Confidential & S	Strictly NO refer of repaire	г	
( ) Total Loss Case : to e-mail Insure				12000
		Towing Co: (		)
Daire in ( ).		7.	Done l	33/
Remarks: (INC hotline: 6788 6616)		Date Time Completed	S. D.S. S. M. DOHO!	y
	Courtesy Car ( )	-		
2) QC Check / Post Repair Inspection	( )		-	
3) Upload Resurvey Photo [Repair Cost > \$3	( )			
				77.22
Injury:	+	1.		
Injury:		The state of the s	Wante Control	· //
		and the second		<del>1, 101, 251</del>
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		in the second se		7.
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Date/Time Actions	Invoice P	reparation Checklist	Ant (5)	Contract of
Date/Time Actions	Invoice P	ient Reporting (\$30);		
Date/Time Actions  Narwhis b	Invoice P  1) AR: Action 2) DA: Dam 3) TF: Town	ient Reporting (530); age Assessment (5100); INC	(\$80) 540/\$45	
Date/Time Actions  Narwhis b	Invoice P  1) AR : Actic 2) DA : Dam 3) TF : Towin 4) FF : Follo	ient Reporting (\$30); age Assessment (\$100); INC age Fee w-Through Survey w-Through Survey (Resurvey)	(\$80) 540/\$45 \$120 \$30	
Nare/Time Actions  Nare/Time Actions	Invoice P  1) AR : Action 2) DA : Dam 3) TF : Towin 4) FT : Follow 5) FT : Follow For elsimin	dent Reporting (530); age Assessment (5100); INC age Fee w-Through Survey w-Through Survey (Resurvey) age against INC Only (wef 10 Jan	(\$80) \$40/\$45 \$120 \$30 \$2005)	
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Date/Time Actions  Navors 6  Claimant's Particulars:  Driver/Owner:  Contact No:	1 Invoice P  1) AR: Actic 2) DA: Dam 3) TF: Towin 4) FT: Follo 5) FT: Follo For claimi 6) TR: Re-in 7) N1: Idao	dent Reporting (530); age Assessment (5100); INC age Fee w-Through Survey w-Through Survey (Resurvey) age against INC Only (wef 10 Jan	(\$80) \$40/\$45 \$120 \$30 \$2005) \$75	Contract of
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Date/Time Actions  Navors 6  Claimant's Particulars:  Driver/Owner:  Contact No:  Damaged Portion:	Invoice P  1) AR: Actic 2) DA: Dam 3) TF: Towin 4) FT: Follo 5) FT: Follo For claimi 6) TR: Re-in 7) N1: Idae 2 3) NTUC Actic OD* *N5: Cour *N6: Repu	dent Reporting (\$30); age Assessment (\$100); INC age Fee w-Through Survey w-Through Survey (Resurvey) age against INC Only (wef 10 Jan aspection DA + SMRT Survey Iditional Services:- age Cor/Tpt Allowance age Corordination	(\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160	Contract of
Date/Time Actions  Nagon 56 Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	1 Invoice: P  1) AR: Action 2) DA: Dam 3) TF: Towin 4) FT: Follor 5) FT: Follor For claimi 6) TR: Re-in 7) N1: Idae 8) NTUC Ad OD* *N5: Cour  *N6: Repi	dent Reporting (\$30); age Assessment (\$100); INC age Fee w-Through Survey w-Through Survey (Resurvey) age against INC Only (wef 10 Jan aspection DA + SMRT Survey ditional Services:- astr Cu-ordination Repair Inspection	(\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160	
Date/Time Actions  Navors 6  Claimant's Particulars:  Oriver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):	Invoice P  1) AR : Actic 2) DA : Dam 3) TF : Towin 4) FT : Follo 5) FT : Follo For claimi 6) TR : Re-in 7) N1 : Idae  2) N5: Cour • N6: Rep • N7: Fost • N8: DV	dent Reporting (\$30); age Assessment (\$100); INC age Assessment (\$100); INC age Fee w-Through Survey w-Through Survey (Resurvey) age against INC Only (wef 10 Jan aspection DA + SMRT Survey Iditional Services:- age Car / Tpt Allowance agric Co-ordination Repair Inspection / Collect Excess Coordination	\$6.8iii  \$1.00	Add Bil
Date/Time Actions	Invoice P  1) AR : Actic 2) DA : Dam 3) TF : Towin 4) FT : Follo 5) FT : Follo For claimi 6) TR : Re-in 7) N1 : Idae  2) N5: Cour • N6: Rep • N7: Fost • N8: DV	ient Reporting (\$30); age Assessment (\$100); INC	\$6 Bill (\$80) \$40/\$45 \$120 \$30 \$2905) \$75 \$160 \$525 \$53 \$20 \$30 \$20 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$3	Add Bil

- 1

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

**Driving Experience** 

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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.
- 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.

0.0000000000000000000000000000000000000	
	ACCIDENT STATEMENT
Date Of Report	18/02/2020 12:08
Date Of Accident	14/02/2020 06:55
Exact Location Of Accident	HOUGANG AVE 3 TWDS TAMPINES RD
Country/State of Loss	SINGAPORE
The real property and the	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP8457K
Insured/Policyholder	
Name Of Registered Owner	90'S CAR LEASING PRIVATE LIMITED
Co Reg No	2XXXXX754R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS 1.6 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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5109690650
Cover Note Number	
Driver	
Name of Driver	TAN ZHI WEI, CHANNON (CHEN ZHIWEI)
NRIC No	SXXXX313I
Date Of Birth	12/02/1987
Occupation	INDOOR
Date Of Driving Pass	05/11/2005

14 YEARS AND 3 MONTHS

(LOCAL) +65-81230164

OFFICE-81230164

MALE

NOEMAIL

BLK 234B SUMANG LANE Address

#16-293

822234 Postcode

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions CLEAR Road Surface DRY

### Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

NO

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)

NO 1

### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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 SLW5495J Vehicle Make/Model/Colour MAZDA 3

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:
  - (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: 6

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

Name:

NRIC/FIN No.:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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8968	457K	on !	Hougang	Ave	3 towards	tampines	Pd on t	ne slip
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it th	e zet	ira cro	ssing,	cudde	nly 1 fer	t a greo	it impact	#
		rear.						

DECLARATION

acthe oregoing particulars are true in every respect.

Policyholder's Slent Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

AND WINDSHIPPING SANDAN

	· · · · · · · · ·
Date of Accident	14 02 2020 Accident Time: 0656km (24-HR-Format)
Accident Place	Hougang Ave 3 towards tampines Rd
Vehicle Reg. No. (Car Plate No.)	\$158421F
Vehicle Make/Model	: Toyota Aitis
Insurance Company	:_ NTUCPolicy No
Owner or Company Name /IC No.	: 90's car leasing Pte Ud
Owner or Company Contact No.	:Owner's HpCompany Tel
DRIVER'S Name / IC No.	: tan Zhi Wei, Channon 88703313I
DRIVER'S Date Of Birth	12/02/1987 DRIVER'S License Pass Date_05 (11/ 200]
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: HITET
DRIVER'S Address	: BIK 234B Sumang lane # 16-293 5822234.
DRIVER'S Contact No./ Alt No.	:1) 81230164 2)
DRIVER'S Occupation	: DYDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: Admin@ mycar-sg
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	river): 01 & No injuries
Was there any video Captured by ca Exact purpose for which vehicle was	r camera: YES \ NO being used at the time of accident: Private use \ Work purpose
Other P	arty Driver's Particular (if any)
Vehicle Reg. No: SLW \$495]	Vehicle Reg. No:
Vehicle Make Model: Mataa 3	
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:

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200

500

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# Certificate of Insurance

: SJP8457K

: 02 Jul 2019

: 01 Jul 2020

: MR053ZEE106142370

Cover: Third Party, Fire & Theft

: 90'S CAR LEASING PRIVATE LIMITED

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

Certificate Number: 5109690650-000008

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

- 6. Limitations as to Use#
  - (a) Use for social domestic and pleasure purposes and in connection 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 connection with any trade or business.
- (c) 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)** : \$\$1,500 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : N/A REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : TAN WEI CREDIT PTE LTD SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency

: TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)

Date of Issue

: 17 May 2019 17:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

									Genera	alClaim
01		-	Will and the Control of the Control	Name and Address of the Owner, where	The state of	· Change	e Language	c · Chan	100000000000000000000000000000000000000	(-Ureaschold)
Poli	cy Query					110000000			ge reservoid	Log Ou
Policy N	Vo.	510969	0650		Date o	of Accident	F	14/02/2020 (	06:55	
Vehicle	No.(For Motor)	SJP8457	'K		Certifi	cate Number	į			
					Search					_
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5109690650	5109690650- 000008	90'S CAR LEASING PRIVATE LIMITED	201811754R	GFM	Third Party, Fire & Theft	5JP8457K	SJP8457K	02/07/2019	16/05/2020
	Policy ! Vehicle	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No.	Policy Query           Policy No.         \$109690           Vehicle No.(For Motor)         \$3P8457           Select         Policy No.         Certificate Number           O         \$109690650         \$109690650	Policy Query           Policy No.         \$109690650           Vehicle No.(For Motor)         \$378457K           Select Policy No.         Certificate Number Number Name 90°S CAR 90°S CAR 1000008         Policyholder Name P	Policy Query           Policy No.         \$109690650           Vehicle No.(For Motor)         \$3P6457K           Select         Policy No.         Certificate Number         Policyholder Name NRIC           Number         Name         NRIC           90'S CAR         90'S CAR           LEASING         Policyholder NRIC           Policyholder NRIC         90'S CAR           Policyholder NRIC         90'S CAR	Policy Query           Policy No.         \$109690650         Date of the policy No.           Vehicle No.(For Motor)         \$3JP8457K         Certificate Search           Select         Policy No.         Certificate Number         Policyholder Name NRIC         Product Product Name NRIC           O         \$109690650         \$109690650 O00008         LEASING LEASING LEASING LEASING D00008         201811754R         GFM	Policy Query   Policy No.   S109690650   Date of Accident	Policy Query   Policy No.   S109690650   Date of Accident   Superior	Policy Query   Policy No.   S109690650   Date of Accident   14/02/2020 (Vehicle No.{For Motor})   SJP8457K   Certificate Number   Search   Search   Search   Search   South Cover Type   Vehicle   Insured No.   Object   Object	Change Language

Policy No.	5109690650	Policyholder Name	90'S CA	R LEASING PRIVATE LIM	Policyholder NRIC	201811754R	
Certificate No.	5109690650-000008				INCIC		
Address	BLK 940 #14-19 HOUGANG STR	REET 92 SINGA	PORE 53	0940			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	17/05/2019	Effective Date	17/05/2	019 00:00	The second	16/05/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess			Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
			34002000				
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	6515533	3	GST Flag	Υ	
Co- insurance Flag	NO	Agent Tel.	6515533	3.	GST Flag	Υ	
Flag Open Policy Info Certificate		Agent Tel.	6515533	3	GST Flag	Υ	
Co- nsurance Flag Open Policy Info Certificate nfo	No	Agent Tel.	6515533	3	GST Flag	Y	
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STATE   STAT	Accident MT/1084787					
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Mill			Vehicle No.	SJP8457K	GST Registration No.	
Court Page   Cou						
Control No.					Policyholder NRIC	201811754R
Secret Secret.   Color   Secret Secret.   Color   Co		PLEET MASTER INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
2	ontact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Comment   Comm	mail Address		Special Remark		eCode	No. V
## Accident Ration  ## STATUTE CONTRIBUTION  #	FIC .	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	S
## Accident Plane  ## Accident P	CD Protection	No	NCD Entitlement(%)	0		Ves
March   Marc	Accident Details				Friday, Faire	W. Co.
March   Marc	eport Date	18/02/2020 12:15	Arrident Report Within 24 hrs.	Otes	Table 10 March 10	WHEN PROPERTY AND ADDRESS OF THE PARTY.
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Part Accident   Windproach Decision   The Accident   The Acciden						
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100 O Determ   0.00	Standard Excess		TD Standard Success	2222		
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Attachment	Uple	aded By/Date	Category	9	Urgency	6	Description	Mig Sent? (CD)
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