

# NATIONAL Assessment Centre Services

(Part 1 of 2)

MAA 120058092

|                             |  |                       |         |
|-----------------------------|--|-----------------------|---------|
| Date In: 9/17/20 10:42      | Job description                          | Date & Time Completed | Done by |
| Ref No: NAI MSG 20007144164 | SAS e-filing                             |                       |         |
| Veh No: 537 7818 M          | E-mail (within 3hrs, A/C 2hrs)           |                       |         |
| DOA: 29/6/20 12:30          | I-Motor Claim Form                       |                       |         |
| OD: TP: Reporting Only      | I-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
| TP Insurer:                 | I-Photo Uploaded                         |                       |         |
|                             | Assessment/Survey Report                 |                       |         |
|                             | Ass't Report by Fax / Hand to Owner/Whse |                       |         |

|  |   |                       |
|--|---|-----------------------|
| Profund Wkap / INC Assign Wkap / OW: ( | Tel: (  | Fax: (                |
| TP Particulars:                        | Veh No: 566 3400P   | INC ( ) / Non-INC ( ) |
| Owner / Driver: (                      | Tel: (  |                       |
| Policy No: (                           | Period: (   | Cover Type: (         |
| Confirmed by: (                        | Date: (   | Time: (               |
| Insured/Driver Liability: (            | % [Note-Est Status (WO): N: 0-20%; P: 21-79%; P: 80-100%] |                       |
| Year of Registration: (                | Warranty: YES ( ) / NO ( )                                |                       |
| Excess: (\$                            | Loading: \$1,000 ( ) / \$2,000 ( )                        |                       |

|   |
|---|
| General Remarks:  |
| ( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer. |
| ( ) Total Loss Case: to e-mail Insurer URGENTLY.  |
| Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )                              |

|   |                       |                       |         |
|---|-----------------------|-----------------------|---------|
| Remarks:  | INC ( ) / Non-INC ( ) | Date & Time Completed | Done by |
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |                       |                       |         |
| 2) QC Check / Post Repair Inspection ( )                |                       |                       |         |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )     |                       |                       |         |

|             |
|-------------|
| Injury: ( ) |
|-------------|

| Date/Time | Action |
|-----------|--------|
|           |        |
|           |        |
|           |        |
|           |        |
|           |        |

|   |                               |        |         |
|---|-------------------------------|--------|---------|
| NA2003632                                       | Invoice Preparation Checklist | Am(\$) | RAH(\$) |
| 1) AR: Accident Reporting (\$30);               |                               | 30.00  |         |
| 2) DA: Damage Assessment (\$100); INC (\$10)    |                               |        |         |
| 3) TP: Towing Fee \$40/\$45                     |                               |        |         |
| 4) PT: Follow-Through Survey \$120              |                               |        |         |
| 5) RT: Follow-Through Survey (Resurvey) \$30    |                               |        |         |
| For claiming against INC Only (w/c 10 Jan 2009) |                               |        |         |
| 6) TR: Re-Inspection \$75                       |                               |        |         |
| 7) NI: Idao DA + EMRT Survey \$160              |                               |        |         |
| 8) NTUC Additional Services:                    |                               |        |         |
| OD:   |                               |        |         |
| • NS: Courtesy Car / Tpt Allowance \$5          |                               |        |         |
| • NG: Repair Co-ordination \$10                 |                               |        |         |
| • NJ: Post Repair Inspection \$25               |                               |        |         |
| • NH: DV / Collect Excess Coordination \$5      |                               |        |         |
| TP (NI1): TP (Non INC) against INC \$20         |                               |        |         |
| 9) NI2: Idao Mobile \$0                         |                               |        |         |
| Invoice dated                                   | Fee Charged                   |        |         |
| Invoice dated                                   | Fee Charged                   |        |         |

|                                 |
|---------------------------------|
| Channel's Particulars:          |
| Driver/Owner:                   |
| Contact No:                     |
| Damaged Portion:                |
| QC Checked by (Engr-In-Charge): |
| Auditors' Comments:             |
| DATE:                           |



## 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             | 09/07/2020 10:42                  |
| Date Of Accident           | 29/06/2020 12:30                  |
| Exact Location Of Accident | 208A NEW UPP CHANGI RD MSCP LVL 4 |
| Country/State of Loss      | SINGAPORE                         |

### DETAILS OF OWN VEHICLE

|                             |                           |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SJT7818M                  |
| <b>Insured/Policyholder</b> |                           |
| Name Of Registered Owner    | LOH BOON TAN              |
| NRIC No                     | SXXXX184G                 |
| Email Address               | PETERLOH7818@YAHOO.COM.SG |
| Mobile Phone No             | (LOCAL) +65-96379923      |
| Alternative Phone No        | OFFICE-96379923           |

### Vehicle Particulars

|  |                |
|--|----------------|
| Manufacturer   | MERCEDES-BENZ  |
| Model  | E200K          |
| 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                                       | REPORTING ONLY |
| Vehicle Category   | PRIVATE CAR    |

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | NO                                   |
| Policy Number             | D 300096289 QMX                      |
| Cover Note Number         |                                      |

### Driver

|                      |                           |
|----------------------|---------------------------|
| Name of Driver       | LOH BOON TAN              |
| NRIC No              | SXXXX184G                 |
| Date Of Birth        | 22/12/1940                |
| Occupation           | INDOOR                    |
| Date Of Driving Pass | 19/02/1965                |
| Driving Experience   | 55 YEARS AND 4 MONTHS     |
| Gender               | MALE                      |
| Mobile Number        | (LOCAL) +65-96379923      |
| Fax Number           |                           |
| Contact Number       | OFFICE-96379923           |
| Email Address        | PETERLOH7818@YAHOO.COM.SG |

|   |                               |
|---|-------------------------------|
| Address   | 513 BEDOK RESERVOIR RD #01-51 |
| Postcode  | 479273                        |
| 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   | NO COLLISION |
| 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                         | 1   |
| 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)   | 1   |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE  |
| Police Station Address                    | <b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-2449999 - <b>FAX NO:</b> 62447258                                  |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

REFER TO POLICE REPORT G/20200702/2089

#### 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 | SGG3400P    |
| 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)



## 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: 9/7/10

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## SKETCH PLAN

Unable to provide sketch

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report G/20200702/2089

## 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.:





**SINGAPORE  
POLICE FORCE**



G/20200702/2089

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20200702/2089

Police Station Of Origin  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

|   |  |                         |
|---|--|-------------------------|
| Date/Time Report Made<br>02/07/2020 19:22 | Vide Report No.  | Station Diary No.<br>72 |
| Name Of Informant<br>LOH BOON TAN         | Address<br>513 BEDOK RESERVOIR ROAD #01-51 SINGAPORE<br>479273                               |                         |
| ID Type / ID No.<br>NRIC NO / S0340184G   | Contact No.<br>Home/Office   | Mobile<br>96379923      |
| Nationality<br>SINGAPORE CITIZEN          | Email Address  |                         |
| Occupation<br>Retiree                     | Sex<br>Male  | Age<br>79               |
| Institution/School Name                   | Date of Birth<br>22/12/1940  | Race<br>Chinese         |
| Date/Time Of Incident<br>29/06/2020 12:30 | Location Of Incident<br>208A NEW UPPER CHANGI ROAD MULTI STOREY<br>CAR PARK SINGAPORE 461208 |                         |

**Brief details.**

On the 02nd July 2020 at about 6pm, I received a phone call from (6547 6902 - Kales) saying that she is from traffic police and she informed that I was involved with a traffic accident on the 29/06/2020 @ 12:30pm at Blk 208A New Upper Changi Road. She then sent me a screenshot of the letter that I am supposed to received but however I did not receive the letter. Reference Number TP/IP/28127/2020.

I wish to state that I do not know anything about this accident.

Signature Of Officer Recording The Report:

G / Sgt 2 TAY WEI LI

Signature Of Interpreter:  
Not applicable

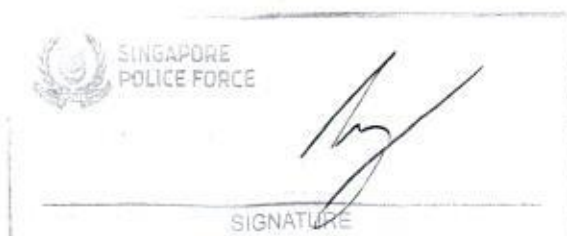
Officer In-Charge Of Case:  
G / Bedok Police Divisional Investigation Branch /  
Insp VIVIAN GOH PEI LING  
Contact No.: 62447200

Signature Of Informant:

Date/Time:  
02/07/2020 19:22

Classification Of Case:

Authentication Stamp





SINGAPORE  
POLICE FORCE



G/20200702/2089

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200702/2089

Signature Of Officer Recording The Report:

G / Sgt 2 TAY WEI LI

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
G / Bedok Police Divisional Investigation Branch /  
Insp VIVIAN GOH PEI LING  
Contact No.: 62447200

Authentication Stamp

Signature Of Informant:

Date/Time:  
02/07/2020 19:22

Classification Of Case:



SINGAPORE  
POLICE FORCE

SIGNATURE



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807  
Tel +65 6827 7888, Fax +65 6827 7800  
Co.Reg No. 200412212G GST Reg. No. 20-0412212G  
A Member of **MS&AD** INSURANCE GROUP

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

**MOTORMAX  
Comprehensive****Certificate No.** D 300096289 QMX**Excess : SGD1,000****Windscreen Excess : SGD100**

1. **Index Mark and Registration Number of Vehicle**  
SJT7818M
2. **Name of Policyholder**  
Loh Boon Tan
3. **Effective Date of the Commencement of Insurance for the purposes of the Act**  
01/02/2020
4. **Date of Expiry of Insurance**  
31/01/2021
5. **Persons or Classes of Persons entitled to drive\***  
Loh Boon Tan

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

\*Provided that the person driving is permitted in accordance with the licensing or other laws or 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 \***

Use only for social domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offense under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

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) or any Amendment, Act or Acts passed in substitution thereof.

**MSIG Insurance (Singapore) Pte. Ltd.**

Approved Insurers

Craig Ellis  
Chief Executive Officer



**SINGAPORE  
POLICE FORCE**

Traffic Police  
Singapore Police Force  
10, Ubi Avenue 3  
Singapore 408865  
Tel : 6547 0000  
Fax : 6547 6259

*Recd 1/7/20*

Date : 02 Jul 2020

Your Ref :  
Our Ref : TP/IP/28127/2020

000086

LOH BOON TAN  
APT BLK 513 BEDOK RESERVOIR ROAD  
#01-51  
SINGAPORE 479273



Dear Sir / Madam,

**CASE OF TRAFFIC ACCIDENT INVOLVING SJT7818M ALONG NEW UPPER CHANGI ROAD ON 29  
JUN 2020 @ 12 30 PM**

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (<http://www.police.gov.sg/epc>).

3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.

4 You may contact the Investigation Officer KALESWARI A/P PALANI at his / her office number: 65476902 or the supervisor TAN CHIN YONG at 65476425 if you have any further queries.

5 Thank you.

Yours faithfully,

PUTEH BTE SHARIFF (DSP)  
CHIEF INVESTIGATION OFFICER  
INVESTIGATION BRANCH  
TRAFFIC POLICE

This is computer generated and does not require a signature.



# ACCIDENT STATEMENT

ACCIDENT DATE: (29/06/20) (DD/MM/YYYY), TIME: (12.30) (HH:MM)

LOCATION: 208A, upp Chang Rd MSC Vol. 4

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: STJ 7818M  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Mercedes 200E  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: No Accident.  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: LOH Boon Tan (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 503401846 CONTACT: 96379923  
c) ADDRESS: 53, Rik 531, Bedok Reservoir rd  
# 61-51, S. 479.273

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: AS. alvin (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: A 11 CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

- \*d) DATE OF BIRTH: (22/12/40) (DD/MM/YYYY)  
e) OCCUPATION: (INDOOR / OUTDOOR) Retiree  
f) YEARS OF DRIVING EXPERIENCE: 30 yrs

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner  
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)  
6. WAS ANYBODY INJURED (YES / NO)  
7. a) REPORTED TO POLICE (YES / NO)  
IF YES, PLEASE STATE WHICH POLICE STATION: Bedok North MPC

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGG 3400P MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = peterloh7818@yahoo.com.sg  
fax = \_\_\_\_\_

VIDEO = No.