

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	03/08/2020 18:30
Date Of Accident	29/07/2020 17:00
Exact Location Of Accident	COMMONWEALTH AVE TWRDS COMMONWEALTH AVE WEST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL8161D
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD AZMY SAIFUDIN BIN JUFFRI
NRIC No	SXXXX697I
Email Address	AZMY.JUFFRI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91142231
Alternative Phone No	OTHERS-91142231
Vehicle Particulars	
Manufacturer	YAMAHA
Model	SNIPER T150-150CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5116964709
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD AZMY SAIFUDIN BIN JUFFRI
NRIC No	SXXXX697I
Date Of Birth	14/09/1981
Occupation	OUTDOOR
Date Of Driving Pass	04/08/2014
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91142231
Fax Number	
Contact Number	OTHERS-91142231
Email Address	AZMY.JUFFRI@GMAIL.COM

Address	BLK 70C TELOK BLANGAH HEIGHTS #04-537
Postcode	103070
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	DRIZZLING
Road Surface	WET

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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	TELOK BLANGAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 51 TELOK BLANGAH DRIVE , POSTCODE: 100051 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2729999 - FAX NO: 63772526
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200730/2109

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	SGK6968C
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)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD AZMY SAIFUDIN BIN JUFFRI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBL8161D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

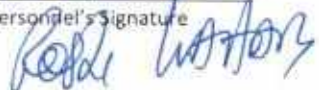
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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: 4/8/20 1555

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


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

SKETCH PLAN

COMMONWEALTH AVE TOWARDS COMMONWEALTH AVE WAS?

Traffic light

Car B

Car A

A) FBL 8161D

B) SGK 6968C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SHELL

Police Report T/20200730/2109.

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

Policyholder's Signature 3/9/20
1555

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: 29 / 07 / 2020 (DD/MM/YYYY), TIME: 17 : 00 (HH:MM)

LOCATION: Commonwealth Ave towards Commonwealth Ave West.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: RRL 8161D
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 516964209
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YAMAHA SNIPER T150
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: work
 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: MUHAMMAD Azmy SAIFUDDIN & JUFFRI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: SP129697-I CONTACT: 91142231
 c) ADDRESS: 70c Telok Blangah Heights #04-517
(103070)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 14 / 09 / 1981 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 4/8/2014

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 Drizzling)

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: Telok Blangah NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGK 6968C MODEL: Scenic
 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 = azmy.juffri@gmail.com

VIDEO



Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

Report No. T/20200730/2109

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/07/2020 17:48		Vide Report No.: D/20200729/0066		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: MUHAMMAD AZMY SAIFUDIN BIN JUFFRI			Address: APT BLK 70C TELOK BLANGAH HEIGHTS #04-537 SINGAPORE 103070		
ID Type / ID No.: NRIC NO / S81296971			Contact No.: Home/Office: Mobile: 91142231		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 14/09/1981	Type of Informant: Driver		
Race: Malay		Language:		Institution / School Name:	
Occupation: Delivery Rider		Driving Licence Information: Class: 2B,2A,2,3,3A		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/07/2020 17:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 COMMONWEALTH AVENUE COMMONWEALTH AVENUE WEST Along Commonwealth Avenue towards Commonwealth Avenue West on 1/3 Lane. LP/43 Lamp Post Number: 43				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL8161D	Motorcycle	YAMAHA	SNIPER T150	White	Slightly Damaged	0
	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20200730/2109

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Report No. T/20200730/2109

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL8161D	NTUC Income Insurance Co-Operative Limited	5116964709	27/03/2020	26/03/2021

Details of Person Involved

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD AZMY SAIFUDIN BIN JUFFRI	ID No.	S81296971
Related Vehicle	FBL8161D (Motorcycle)	Contact No.	91142231
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,3A Date of Expiry: NIL
Date Treatment	29/07/2020	Date Discharge	30/07/2020
No. of Days granted Medical Leave	10	Degree of Injury	Slight

Brief Details.

On 29/07/2020 at 1700hrs, I was travelling along commonwealth avenue towards commonwealth avenue west on 1/3 lane, LP/43. During that timing, it was drizzling(Road surface Wet) and traffic flow was heavy. Out of sudden, there is one vehicle(SGK6968C) in front of me jammed brake and I did not managed to stop in time and hit onto his rear bumper hence I suffered injuries and was being conveyed to NUH by ambulance. The vehicle behind me was able to stop in time hence did not hit onto my bike. I wished to state that I am having 10 days of MC by NUH (Ref no.: NUH20146331).



SINGAPORE
POLICE FORCE



T/20200730/2109

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

3 of 3

Report No. T/20200730/2109

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sgt 2 ALFRED TAN JUNWEI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt CHONG GUAN FATT

Contact No.: 65476083

Signature Of Informant:

Date/Time:

30/07/2020 17:48

Classification Of Case:

Authentication Stamp

NP168

Claim Handling

Accident NT/1098780

Policy No.	511664706	Vehicle No.	FB18161D	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD AZMY SAIFUDIN BIN JUFRI			Policyholder NRIC	98129607
Product Code	MCFOURWHEEL INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	88142231	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		UCode	No
OR	No / Yes	TGA	No / Yes	eCode Reason	
NCD Protection	No	NCD (Protection %)	0	Private Hire	No
🔍 Accident Details					
Report Date	01/06/2018 18:29	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Road to Road
Date of Accident	29/07/2018	Time of Accident (hr:min)	17:08	Country of Accident	Singapore
Registering Camis		Orange Force		SPR No.	
Accident Location	COMMONWEALTH AVE THREE COMMONWEALTH AVE WEST				
🔍 Total Excess Applicable					
Excess Type	Per Accidents	Workmen Excess			
GD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
MSD GD Excess	0.00	MSD TP Excess	0.00		
Additional Excess					
Total GD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
🔍 Benefits					
🔍 GST Registered Information					
GST Registered	No	GST Registration No.		GST Registration Date	
Registration History		GST Status Verified	Yes		
🔍 Policyholder Mailing Address					
Address 1	BLK 70C #04-527	Address 2	TELUK BLANCAH HEIGHTS	Address 3	TELUK BLANCAH RIDGEVIEW
Address 4	SINGAPORE 101070	Address Type	Singapore address	Post Code	101070
Unit No.	#04-527	Related Policy Number	511664706		
🔍 01 Driver Info					
Driver Name	MUHAMMAD AZMY SAIFUDIN BIN JUFRI	Driver Type	Main Driver	Driver DOB	14/06/1981
Unnamed driver Name		Driver NRIC	98129607	Driving Experience	3
Register Date of Driver License	04/06/2014	Driver Age	38	Contact No.(Home)	
Contact No.(Mobile)	91142231	Contact No.(Office)		Address 1	TELUK BLANCAH RIDGEVIEW
Address 1	BLK 70C #04-527	Address 2	TELUK BLANCAH HEIGHTS	Address 3	TELUK BLANCAH RIDGEVIEW
Address 4	SINGAPORE 101070	Address Type	Singapore address	Post Code	101070
Unit No.	#04-527				
Does he own a Singapore Registered car?	Yes / No	Driver Vehicle No.	FB18161D	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0.00%	Any Injury?	Yes / No		

Smallmouth bass

Claim-DIG: OD-MK NEW

Claim Type *		CC-IR		Insured Name		MUHAMMAD AZMY SATTI/DIN B		Insured NRIC		S81296811	
Contact No (Mobile)		91147221		Contact No. (Home)		63268888		Contact No. (Office)			
Email Address		AZMY_SUTTI@GMAIL.COM		ID Number		S8181510		M-vehicle Number		SC66998C	
Claim Description		FBLR/SH / SC66998C ON 29, Jul 2020		Name of Preferred Workshop							
Preferred Workshop		Insured Locality		Fault at Fault							
Reduced No. of days		Preferred Workshop, Name and address		GLX report		Registered					
Date Registered		03/08/2020 12:40		Claim Close Date		Date Received		03/08/2020 0			
Report Taken By		KODLI WANG		Workshop Reparer		Total Loss Not Required					
Print QR letter											

Bill Engvall

Recipient No. RT/1098790
Last Doc. Received ☒ Yes ☐ No

Client No. 001
Upload Date 03/08/2022 18:46

Path +

Choose File

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Photo Select

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Photo Select

NO

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Photo Select

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Photo Select

NO

Normal

Attachment List

Attachment

Uploaded By/Date

Category

Urgency

Description

File Size (CO)

NAC_BURKT_HERRIN_RUCK78

NATIONAL ASSESSMENT CENTRE SERVICE

Photo

Normal

Photo, 363x, 0.3

S (BUKIT MERAH) on 03 Aug 2020 18:46



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2020 18:46	Photos	Normal	Photos 2020-8-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2020 18:46	Photos	Normal	Photos 2020-8-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2020 18:46	Photos	Normal	Photos 2020-8-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2020 18:46	Photos	Normal	Photos 2020-8-3
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2020 18:46	Photos	Normal	Photos 2020-8-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2020 18:46	NRIC Driving License	Y	NRIC Driving License 2020-8-3
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Aug 2020 18:46	SAS	Normal	SAS 2020-8-3

Video List

Uploaded By/Date	Folder Date	File Name	Source
<div>Display in full Window</div> <div>Scan and uploading</div>			

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="29/07/2020 18:48"/>
Vehicle No.(For Motor)	<input type="text" value="FBL8161D"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5116964709		MUHAMMAD AZMY SAIFUDIN BIN JUFFRI	581296971	GMC	Third Party	FBL8161D	FBL8161D	27/03/2020	26/03/2021