

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 Submission 11/01/2021 10:16 (SGT)
Date of Accident 06/12/2020 07:00 (SGT)
Exact Location of Accident Jurong Island Hwy, Singapore
Additional Location Information JURONG ISLAND HIGHWAY TOWARDS SAKRA
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLX1888E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GOH BOON KIONG ERIC (WU WENQIANG)
NRIC No SXXXX464J
Email Address ericgoh09@gmail.com
Mobile Phone No (Phone) +65-81261888
Alternative Phone No +65-81261888

VEHICLE PARTICULARS

Manufacturer Audi
Model S4
Variant -
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? Yes
Vehicle Category Private car
Transmission Auto
CC 3000

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA556210/1
Cover Note Number -

DRIVER

Name of Driver GOH BOON KIONG ERIC (WU WENQIANG)
NRIC No SXXXX464J

Date Of Birth	05/06/1978
Occupation	Indoor
Date Of Driving Pass	27/07/2000
Driving experience	20 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81261888
Alt. Phone Number	+65-81261888
Email Address	ericgoh09@gmail.com
Address	71 YISHUN AVE 11 #04-03
Address complement	-
Postcode	768858
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED. (SHIRLEY TAN FROM AXA HAD GIVEN WAIVER FOR VEHICLE NOT IN FOR PHOTO TAKING AND SUBMIT POLICE REPORT BASE ON INSURED STATEMENT ON 09/1/21.)

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD TAKEN BY TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC8302X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GOH BOON KIONG ERIC (WU WENQIANG)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	TRAUMA , COMPARTMENT SYNDROME
Injured person in which vehicle?	SLX1888E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	MR 1
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	PC8302X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	MR2
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	PC8302X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 4

Name of injured person	MR3
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	PC8302X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 5

Name of injured person	MR4
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-

Injuries Sustained	-
Injured person in which vehicle?	PC8302X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 6

Name of injured person	MR5
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	PC8302X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 7

Name of injured person	MR6
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	PC8302X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 8

Name of injured person	MR7
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	PC8302X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 9

Name of injured person	MR8
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	PC8302X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 10

Name of injured person	MR9
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	PC8302X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 11

Name of injured person	MR10
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-

Injuries Sustained	-
Injured person in which vehicle?	PC8302X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 12

Name of injured person	MR11
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	PC8302X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 13

Name of injured person	MR12
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	PC8302X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 14

Name of injured person	MR13
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	PC8302X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 15

Name of injured person	MR14
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	PC8302X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 16

Name of injured person	MR15
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	PC8302X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 17

Name of injured person	MR16
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-

Injuries Sustained	-
Injured person in which vehicle?	PC8302X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 18

Name of injured person	MR17
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	PC8302X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 19

Name of injured person	MR18
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	PC8302X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 20

Name of injured person	MR19
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	PC8302X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 21

Name of injured person	MR20
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	PC8302X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 22

Name of injured person	MR21
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	PC8302X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

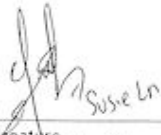
SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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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)**

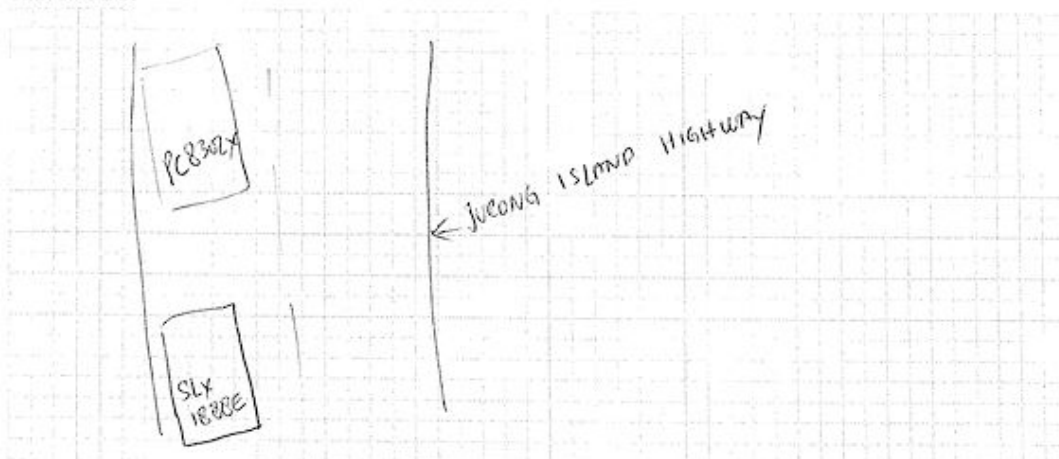
I understand, acknowledge, agree and consent that:

- (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.

On behalf of  Suse Ln
 Policyholder's Signature
 Date & Time: 9/Jan/2021

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

Kindly refer to Police Report
I am authorised by GOH SOON KEONG, ERIC
I Susie LIN CHU SHING (S85787485) authorised by GOH SOON KEONG, ERIC
(S78154643) to file SAS report on 6 DEC 2020, 7.00 accident at
Jurong Island Highway as ERIC is ~~inconvienient~~ inconvenience to go out
due to his injuries.

DECLARATION

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

on behalf of

Policyholder's Signature _____

Date & Time: 9 Jan 2021
10:45 AM

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



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

I, Goh Boon Keong Eric, S7815464J
 authorise Susie Lin Cai shuang, S8578748I
 to file SAS report for the accident on
 6 Dec 2020 at about 0700 hours along
 Jurong Island Highway on my behalf.


 Goh Boon Keong Eric
 S7815464J



redefining / insurance

AXA Insurance Pte Ltd
 ☎ 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 (65) 6880 4740
 ✉ customer.care@axa.com.sg
 🌐 www.axa.com.sg

Certificate of Insurance

For Vehicles (Third Party Risks and Compensation) Act, (Chapter 169) - Motor Vehicles (Third Party Risks and Compensation) Rules, 1960 - Road Transport Act, 1937 (Malaysia)
 and Motor Vehicles (Third Party Risks) Rules, 1958 (Malaysia)

account number
05072

Policy details

Policyholder name	GOH BOON KEONG, ERIC (WU WENQIANG)	Certificate number	0A556210 / 1
Cover	Comprehensive	Chassis number	WUZZZF48HA164062
Year model	Essential	Engine number	CWG019810
RCS applicable	50%		
Vehicle registration number	SLX1888E		
Period of insurance	from 02/11/2020 to 17/01/2022 (both dates inclusive)		
Finance joint company	Maybank Singapore Limited		

Persons or classes of persons entitled to drive*

(a) The Policyholder
 (b) Any person who is driving on the Policyholder's order or with their 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.

Limitation 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 motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 09/01/21 To: Owner of Vehicle Number: 3LX1888E

The following has been advised to you via your workshop, CDG through their staff, David. Please tick the applicable box if you had been advised on any of the following:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☒ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☒ You had been advised by the workshop of the claims procedure as follows.
- > if fire damage and you claim under your own insurance, any applicable excess will be waived. However, there will be no recovery prospect and NCD will be affected.
 - > if fire damage and you are claiming against the Third Party, your NCD will not be affected. However, the recovery is not guaranteed, and AXA will not be held responsible.
- ☒ You have agreed to let AXA assign a workshop for your vehicle repairs. In the process, your vehicle might be towed out to another workshop assigned by AXA. In return, you will get:
- > \$200 off on your Basic Own Damage Excess or
 - > \$200 as a benefit if your policy has \$0 excess and no Loss of Use benefit or
 - > Additional \$200 on top of existing Loss of Use Benefit if your policy has \$0 excess and existing Loss of Use benefit
- ☒ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas. The estimated waiting time for the spare parts to arrive is 2-4 MONTH. The estimated arrival time does not include the repair period.
- ☒ There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☒ You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
- ☒ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☒ For vehicles below three (3) years old or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.
- For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using any combination of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand parts.
- ☒ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.

Signed and acknowledged by:

On behalf [Signature] SUSIE LIN

Name and signature of policyholder/ authorized driver* and company stamp (where applicable)

*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle.

[Signature]
Name and signature of workshop personnel including company stamp



**SINGAPORE
POLICE FORCE**



T/20201230/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20201230/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2020 00:42		Vide Report No.: D/20201206/0049		Station Diary No.:	
Informant's Particulars					
Name of Informant: GOH BOON KEONG, ERIC			Address: 71 YISHUN AVENUE 11 #04-03 SINGAPORE 768858		
ID Type / ID No.: NRIC NO / S7815464J			Contact No.: Home/Office: Mobile: 81261888		
Nationality: SINGAPORE CITIZEN			Email: ERICGOH09@GMAIL.COM		
Sex: Male	Age: 42	Date of Birth: 05/06/1978	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Chemical engineering technician (petrochemicals)			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/12/2020 07:00	Type of Location: Straight Road
Location: JURONG ISLAND HIGHWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLX1888E	Car	AUDI	S4 SEDAN 3.0 TFSI QU TIP (SR) (R/S/ABAG)	Blue		0

Details of Vehicle Insurance

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



T/20201230/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20201230/7001

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLX1888E	AXA INSURANCE SINGAPORE PTE LTD	GA556210	02/11/2020	17/01/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH BOON KEONG, ERIC		ID No. S7815464J
Related Vehicle	SLX1888E (Car)		Contact No. 81261888
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	06/12/2020		Date 24/12/2020
No. of Days granted Medical Leave	55	Degree of	Serious

Brief Details.

I was driving to work in the morning from home. My work place is at jurong island.
The last thing on that day I can recall was I entered jurong island checkpoint.
Next thing was i realised was someone was calling me to come out of my car. As it has small fire at the engine.



**SINGAPORE
POLICE FORCE**



T/20201230/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20201230/7001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476201

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
30/12/2020 00:42

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SC1K21190004 Vehicle Registration No: SLX1888E
Name (as shown in NRIC) : Goh Boon Kiong Eric (Wu Wengiang) NRIC/FIN/Passport No : S XXXX464J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 06/12/20 Time of Accident : 0700
Place of Accident : Jurong Island Highway towards Sakra
Insurance Company: AXA Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To amend the date of accident to read as 06/12/20

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 19/05/2021
Date:

4049101 - 01/05/2019