| A STATE OF THE STA | ntre Services pur sano | | Done by |
|--|--|--|--|
| Date In: 6/5/18 - 17:31 | Jeb description | Date &Time Completed | Doue of |
| Ref No: Na / INC 1803 2411/24 | SAS e-filing | | |
| Veh No: SCR \$ 4792 | E-mail (within 8hrs, AIC 2) | nrs) | |
| D.O.A : 6/3/18-12:30 | i-Motor Claim Form | M10981295 | 6/2/18 18:55 |
| OD / TP / Reporting Only | i-Motor W/O (Within: C | D 2hrs, TP 4hrs) | |
| OD / IF / Reporting Only | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Rep | ort | |
| ir insuici. | Ass't Report by Fax / H | and to Owner/Wksp | |
| Preferred Wksp / INC Assign Wksp / QW: | (| Tel: | Fax: |
| TP Particulars: Veh No: [| LLS76YR IN | NC()/Non-INC() | |
| Owner / Driver: (| | Tel: |) |
| Policy No: () | Period: (|) Cover Type: (|) |
| Confirmed by : (| Date: | Time: |) |
| Insured/Driver Liability: (% | 6) [Note-Est. Status (WO): N | | 100%] |
| Total of Hoge and South | Warranty: YES ()/NO | () | |
| Excess: (\$) Loading: 5 General Remarks;- | \$1,000 ()/\$2,000 () | Colored Somonace Colored at 1,000 | 25/23 x 15 3 3 3 4 5 7 7 |
| Drive-In ()/ Towed-In (); Inv | oice: YES() / NO(| |) prize,kýzeur voje: |
| () Total Loss Case : to e-mail In: | surer URGENTLY. | | |
| Drive-In ()/ Towed-In (); Inv | oice: YES () / NO (|); Towing Co: (| ,) |
| Remarks:- (INC hotline: 6788 6610 | 6)) ; | Date&Time Completed | Done by |
| 1) Apply for Transport Allowance (|) / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection | · () | | * |
| The state of the s | | The state of the s | |
| 3) Upload Resurvey Photo [Repair Cost: | >\$3000] () | 1 | |
| 3) Upload Resurvey Photo [Repair Cost: | > \$3000] () | | |
| Injury: | > \$3000] () | | |
| Injury: | > \$3000] () | | |
| Injury: | > \$3000] () | | L CONTROLLER |
| Injury: | > \$3000] () | | |
| Injury: | > \$3000] () | | |
| Injury: | > \$3000] () | | |
| Injury: Oste/Time: Actions | | Deservation Checklist | Amt (S) Airil |
| Injury: Oste/Time: Actions | Inveite | Preparation Checklist | Ant (S) And |
| Injury: Date/Time Actions NAIPO 0820 | Inveite 1) AR: At 2) DA: D | ccident Reporting (\$30); amege Assessment (\$100); INC (| fitBill Add |
| Injury: Date/Time: Actions Actions MAPV 0820 Almant's Particulars :- | 1 Invoice 1) AR: A 2) DA: D 3) TF: Te 4) FT: Fe | ccident Reporting (\$30); amage Assessment (\$100); INC (wing Fee \$ Stow-Through Survey | fir Bill Add |
| Injury: Oate/Time Actions NAPO 0820 alimant's Particulars:- iver/Owner: | 1) AR: A(2) DA: D(3) TF: F(4) FT: F(5) FT: F(5) | ccident Reporting (\$30); amage Assessment (\$100); INC (wing Fee S llow-Through Survey | 7it Bill Add 580) 40/545 5120 530 |
| Injury: Date/Time Actions Actions Actions Actions iver/Owner: Intact No: | Inveite 1) AR: At 2) DA: D 3) TF: To 4) FT: Fo 5) FT: Fo Forclei 6) TR: Re | coldent Reporting (\$30); amage Assessment (\$100); INC (wing Fee \$ Illow-Through Survey Illow-Through Survey (Resurvey) mins against INC Only (wef 10 Jan 20) -inspection | 74 Bill Add 580) 40/545 \$120 \$30 025) \$75 |
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| Injury: Date/Time: Actions Actions Actions Injury: Injury: Actions Injury: I | Invoice 1) AR: A: 2) DA: D 3) TF: To 4) FT: Fo 5) FT: Fo For clei 6) TR: R: 7) N1: Id 8) NTUC QD: | ccident Reporting (\$30); amage Assessment (\$100); INC (wing Fee \$ Illow-Through Survey Illow-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 20) -inspection at DA + SMRT Survey Additional Services:- | 74-Bill Add 580) 40/545 5120 530 05) 575 5160 |
| Injury: Date/Time: Actions Actions Actions Injury: Injury: Actions Injury: I | Invoice 1) AR: A: 2) DA: D 3) TF: To 4) FT: Fo 5) FT: Fo Forclai 6) TR: Re 7) N1: Id 8) NTUC OD* *N5: C | ccident Reporting (\$30); amage Assessment (\$100); INC (wing Fee \$ Illow-Through Survey Illow-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 20) -inspection to DA + SMRT Survey Additional Services:- burtlesy Car / Tpt Allowance | 74 Bill Add 580) 40/545 \$120 \$30 025) \$75 |
| Injury: Date/Time Actions Actions Actions Actions Actions Actions Actions Checked by (Engr-In-Charge): | Invoice 1) AR: A 2) DA: D 3) TF: To 4) FT: Fo 5) FT: Fo For clai 6) TR: Re 7) N1: Id 8) NTUC OD* *N5: C *N6: R *N7: F | coldent Reporting (\$30); amage Assessment (\$100); INC (wing Fee \$ Illow-Through Survey Illow-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 20) inspection as DA + SMRT Survey Additional Services:- ourtesy Car / Tpt Allowance opair Co-ordination ast Repair Inspection | \$10 Add \$10 |
| NAIPO 0820 Laimant's Particulars:- river/Owner: ontact No: amaged Portion: C. Checked by (Engr-In-Charge): | Invoice 1) AR: At 2) DA: D 3) TF: To 4) FT: Fo 5) FT: Fo Forclai 6) TR: Re 7) N1: Id 8) NTUC OD* *N5: C *N6: R *N7: Fo *N8: D | coldent Reporting (\$30); amage Assessment (\$100); INC (wing Fee \$ Illow-Through Survey Illow-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 20) inspection at DA + SMRT Survey Additional Services:- ourlesy Car / Tpl Allowance opair Co-ordination but Repair Inspection V / Collect Excess Coordination | Tir Bill Add 580) 40/545 5120 530 05) 575 5160 55 510 |
| Injury: Date/Time Actions Actions Actions Actions Actions Actions Actions Checked by (Engr-In-Charge): | Invoice 1) AR: At 2) DA: D 3) TF: To 4) FT: Fo 5) FT: Fo Forclai 6) TR: Re 7) N1: Id 8) NTUC OD* *N5: C *N6: R *N7: Fo *N8: D | celdent Reporting (\$30); amage Assessment (\$100); INC (wing Fee | \$50) 40/\$45 \$120 \$30 25) \$75 \$160 \$5 \$10 \$25 \$30 \$225 \$33 \$20 \$30 |

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 ability.
- 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

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|----|-------|------|--------|---|
| AC | | STA | 11 E W | ш |

Date Of Report 06/02/2018 17:31 Date Of Accident 06/02/2018 12:30

ALEXANDRA RETAIL CENTRE BASEMENT CARPARK Exact Location Of Accident

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR5439Z

Insured/Policyholder

KEE YONG CHEN Name Of Registered Owner

NRIC No S8682297J Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-94845424 Alternative Phone No OFFICE-94845424

Vehicle Particulars

Manufacturer AUDI

Model A4 1.8T FSI MU CVT ABS D/AB 2WD 4DR

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?

NQ

REPORTING ONLY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

Policy Number 5093544270

Cover Note Number

Driver

Name of Driver KOH XIAOHUI (XU XIAOHUI)

S8214529Z NRIC No Date Of Birth 11/05/1982 INDOOR Occupation Date Of Driving Pass 10/03/2008

Driving Experience 9 YEARS AND 10 MONTHS

Gender FEMALE

+65-92302303 Mobile Number

Fax Number

OFFICE-92302303 Contact Number

EMail Address NOEMAIL

BLK 12C MARSILING LANE Address

#18-75

733012 Postcode

Was driver an employee of the Insured's Company NO

SPOUSE If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident

CLEAR Weather Conditions

DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO NO

NO

YES

NO

1

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLL5764R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

ESPENON IVAN MICHEL

G3127397H NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

è

1

Page 2 of 16

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.
- 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.
- 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:

Driver's Signature

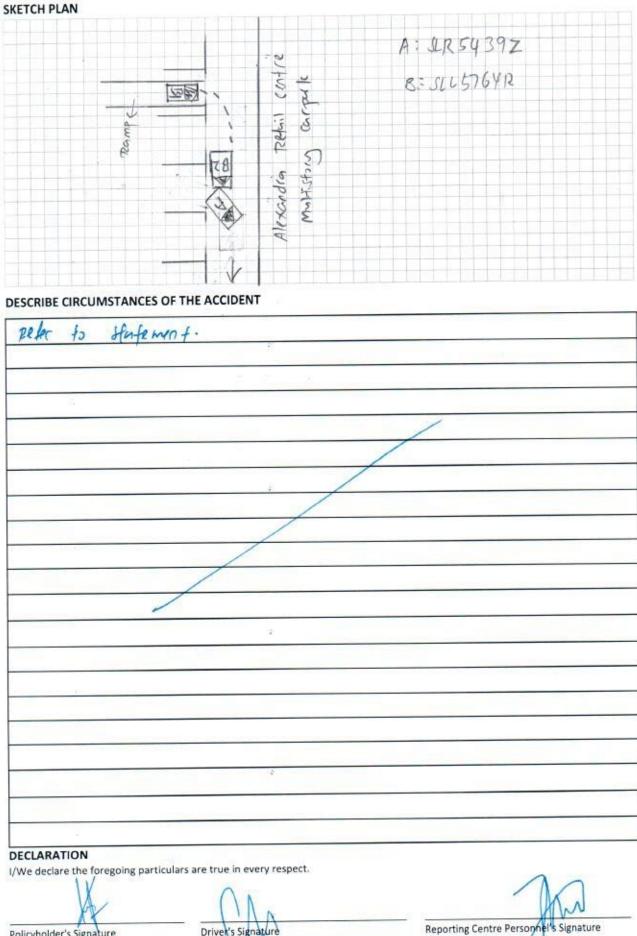
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder) Date & Time:

Name:

NRIC/FIN No.:

GIARMIC SketchPlanForm, V3

ON STATED DATE AND TIME, I SAW AN EMPTY PARKING LOT SO I TURN ON MY INDICATOR AND REVERSED ONTO A PARKING LOT AT ALEXANDRA RETAIL CENTRE. SUDDENLY VEHICLE B COMING DOWN FROM THE RAMP AND MAKING A RIGHT TURN. IN A RESULT, VEHICLE B HIT ONTO MY VEHICLE REAR LEFT PORTION.

ACCIDENT STATEMENT

| ACCIE | CIDENT DATE: 6. / 2. / 18)(DD/MM/YY | (YY), TIME:(; | 30)(HH:MM) | *** *** |
|-------|--|-------------------|------------------------------|--|
| OCA1 | CATION: Alexandra Retail and | ce Rusem | of Carper | - le |
| | | - | | |
| 1. | 1. DETAILS OF VEHICLE OLY 543982 | 73)7L | | |
| | DINSURANCE COMPANY: NTUC | <u> </u> | | 88 |
| 55 | -IDOLICY HILLABED. TOOLS 44370 | | | * |
| | d)POLICY TYPE: (COMPREHENSIVE / THIRD F | PARTY / THIRD PAR | TY FIRE &THEFT) | |
| | | Aut 1 iiiii | ACA LECENCE CONTRACTOR (ACA) | *** |
| | e)MAKE & MODEL: | DRY / MOTOPCYC | OTHERS) | 42 |
| | FITYPE: (SALOON / COUPE / MPV /VAN / LO | KKI / MOIORCIL | VCIEL . | |
| | g) VEHICLE CATEGORY: (PRIVATE / COMME | Private uss | TOLL) | 3. |
| | h) PURPOSE OF USING AT ACCIDENT TIME:_ | | | |
| | I) ARE YOU CLAIMING UNDER YOUR OWN IN | ISURANCE (YES N | 01) | |
| | IF NO, PLEASE STATE (THIRD PARTY CLAIM | REPORTING ONE | *) | |
| 2. | 2. INSURED / POLICY HOLDER | | | (E) |
| | A)NAME: ICER YOUR CHID | | LE FEMALE | Part of |
| - 53 | b) NRIC/FIN/PASSPORT: 55 68 2297 | CONTACT: | 7-149 47 17 | M Ho of |
| | c)ADDRESS: | | | De Mo |
| • | | · · · · · | - | Cincluding d |
| | * CONTINUE TO 3.d IF DRIVER ALSO POLICY | HOLDER | 5 A | ()) |
| 3. | B. DRIVER | To serve against | | |
| | a) NAME: Koh Xigo Kui (XV Xigo | hy:) (MA | LE / FEMALE | 8. |
| | b)NRIC/FIN/PASSPORT: >82145792 | CONTACT: | C 20 12 1 | - |
| | CIADDRESS: Alle 120 Marsiling Inn | e x 418-7. | (173017) | |
| | II + INGENTO | D/MM/YYYY) | 34.5 | - 8 |
| | | DIMMITTITI | | |
| | e)OCCUPATION: (INDOOR) (SUTDOOR) | 2008 | | * |
| | WAS DRIVER AN EMPLOYEE OF THE INSI | | Y? (YES / NO) | |
| 4. | IF NO, RELATIONSHIP OF THE DRIVER W | ITH INSURED: | Spack of | - |
| 5. | THE PARTY OF THE P | / OTHERS | |) |
| ٥. | b)ROAD SURFACE: (DRY / WET / OTHERS | | | 1 |
| , | . WAS ANYBODY INJURED (YES / NO) | No. | | 201 |
| | | | 8. 3 | 50 (0 |
| /. | a)REPORTED TO POLICE (YES / NO) | ON! | | |
| | IF YES, PLEASE STATE WHICH POLICE STATIC | JN | - Marie 1997 | D; |
| . 8. | THIRD PARTY VEHICLE | MODEL | v | *No of passo |
| | a) VEHICLE NUMBER: SLUSTEY R | MODEL: | - | A STATE OF THE PARTY OF THE PAR |
| | DI DRIVER STANIE | CONTACT: | | Clududing de |
| | C) NRIC/FIN/PASSPORT: 431273974 | CONIACI. | | (7) |
| 9. 1 | | MODEL: | ¹⁴ # 3 | |
| | d) VEHICLE NUMBER: | MODEL: | | * Ho of passi |
| | e) DRIVER'S NAME: | CONTACT | | (Induding d |
| 1 | f) NRIC/FIN/PASSPORT: | CONTACT: | | |
| | 50 | | | (|
| | | | | |

email = ryankyc86@qmail.com



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: 566SS0020G / GST Reg. No.: M400017735

 $\underline{\textbf{IMPORTANT NOTE}}: \quad \text{Please submit the completed Addendum form to the } \underline{\textbf{same}} \quad \text{Authorised Reporting Centre}$ with whom you submitted the Original Report.

| ADDENDUM |
|---|
| PARTICULARS OF PERSON MAKING THE AMENDMENTS: |
| Original Report No : MNA 118 018 698 Vehicle Registration No: SCR 5 4 3 9 Z |
| Name(as shown in NRIC): 16h Xiqohui (Xu Xiqohui)NRIC/FIN/Passport No: 582143292 |
| (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate |
| Address : Blk 12c Marsiling Lane *18-75 Singapore(7330 |
| Contact (Tel) :Mobile No. : |
| Email Address : |
| Date of Accident : 6/3/18Time of Accident : |
| Place of Accident : Alexandra Relail Centre Bakment carparle |
| Insurance Company: NTUC |
| 2 A |
| ADDITIONALINFORMATION / AMENDMENTS: |
| I have made a report on the above mentioned accident and would like to include additional information of make the following amendments: |
| Amend vehicle A car plate number (SLR54392) |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| Policyholder / Driver's Signature Reporting Centre Personnel's Signature Name: |
| Date: Name: NRIC/FIN No.: |
| |

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8214529Z





Name

KOH XIAOHUI (XU XIAOHUI)

许 晚

CHINESE Date of birth

S .

11-05-1982 Country of birth SINGAPORE





NRIC No. S8214529Z



Oute of Issue

29-05-2006

APT BLK 12C MARSILING LANE #18-75

NRIC NO: COSTACOOT

Date: 03/07/201

No: 7098897



POLICE FORCE

SINGAPORE POLICE FORCE SINGAPORE 408865 10, UBI AVENUE 3 gww.police.gov.sg TRAFFIC POLICE

unless you made a special request to collect working days from the date of application licence by registered post within 10 forth of will receive your photocard driving at Traffic Police at the time of application

You can drive while awaiting the delivery of your photocard driving licence

Please turn overleaf for important notes.

KOH XIAOHUI

Private & Confidential

APT BLK 12C MARSILING LANE #18-75 SINGAPORE 733012 C001333129

(Please do not detach) \$25/-

YOU CAN DRIVE WHILE AWAITING THE DELIVERY OF YOUR PHOTOCARD

S8214529Z

| eBao Tech | | | | | | | | | Gene | eralClaim |
|------------------------|---------------------------|----------------|----------------------|----------------------|---------|---------------|----------------|-------------------|------------------|---------------|
| Hello, NAC_PAYA_UBI_80 | 0601 | | | | | | Change Lar | guage | + Change Passwo | ord • Log Out |
| My Desktop | Polic | cy Query | | | | | | | | |
| Notice of Loss | Notice of Loss Policy No. | | | | | Date of Acc | ident | 06/03 | 2/2018 12:30 | |
| | Vehicle | No.(For Motor) | SLR5439Z | | | | | | | |
| | | | | * | | Search | | | | |
| | Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5093544270 | KEE YONG CHEN | S86822973 | GPC | drivo CLASSIC | SLR5439Z | SLR54392 | 18/08/2017 | 17/08/2018 |
| | | | | | - | Continue | | | | |

| Policy No. | 5093544270 | Policyholder Name | KEE YONG CHEN | Policyholder NRIC | S8682297J |
|---|---|--|---|----------------------|-------------------------------------|
| Address | BLK 12C #18-75 MARSILING L | ANE STRAITS V | ISTA @ MARSILING SINGAP | ORE 733012 | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Policy issue Date | 18/08/2017 | Effective Date | 18/08/2017 00:00 | Expiry Date | 17/08/2018 23:59 |
| Third Party Excess | 0 | Own damage Excess | 600 | Windscreen Excess | 100 |
| Additional Excess | 0 | OS Premium | 0 | | |
| Outside Singapore OD Excess | 600 | Outside Singapore TP Excess | 0 | | |
| Agent | ALL INS AGENCY PTE. LTD. | Agent Tel. | FAX 64514549 | GST Flag | Y |
| Co- insurance | No | | ×. | | |
| Open | | | | | |
| Open Policy Info Certificate | | | | | |
| Open Policy Info Certificate Info | older Mailing Address | | | | |
| Open Policy Info Certificate Info Policyh | nolder Mailing Address BLK 12C #18-75 | Address 2 | MARSILING LANE | Address 3 | STRAITS VISTA @ MARSILING |
| Open Policy Info Certificate Info Policyh Address 1 | | Address Type | MARSILING LANE ,Singapore address | Address 3 Post Code | STRAITS VISTA @ MARSILING 733012 |
| Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. | BLK 12C #18-75 | Address | (5) | 72 //72 | |
| Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. | BLK 12C #18-75 SINGAPORE 733012 | Address Type Related Policy | ,Singapore address | 72 //72 | |
| Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. | BLK 12C #18-75 SINGAPORE 733012 18-75 d Object: SLR5439Z | Address Type Related Policy | ,Singapore address | 72 //72 | |
| Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure | BLK 12C #18-75 SINGAPORE 733012 18-75 d Object: SLR5439Z ements | Address Type Related Policy Number | Singapore address | 72 //72 | |
| Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure | BLK 12C #18-75 SINGAPORE 733012 18-75 d Object: SLR5439Z ements | Address Type Related Policy Number | Singapore address 5093544270 ement Type Endors | Post Code | 733012 |

| laim Handling coldent MT/0981295 | | | | | |
|--|---|--|---|--|--|
| folicy No. | 5093544270 | Vehicle No. | 5LR 5439Z | GST Registration No. | |
| | KEE YONG CHEN | | | Policyholder NRIC | \$06822971 |
| rolicyholder Name roduct Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Cornact No.(Mobile) | 94845424 | Contact No. (Office) | 0 | Contact No.(Home) | 0 |
| mail Address | K (818) (81 | Special Remark | | eCode | 3c ♥ |
| | | TCA | ® No ○Yes | eCode Reason | |
| CFK | ® No ○ Yes | | 구. 17 | | Neo |
| ACD Protection | No | NCD Entitlement(%) | 10 | Private Hire | 175 |
| ♥ Accident Details | | | | | Side Swipe |
| Report Date | 06/02/2018 18:50 | Accident Report Within 24 hrs. | Yes | Accident Type | Side Swipe |
| Date of Accident | 06/02/2018 | Time of Accident Michigan | 12:30 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | 3CM No. | |
| Accident Location | ALEXANDRA RETAIL CENTRE BASEMENT C | ARPARK | | | |
| ♥ Benefits | | | | | |
| | | | | | |
| ♥ Excess | | 2 | 0.00 | Windscreen Excess | 100.00 |
| Own damage Excess | 600.00 | Additional Excess | | 11/0/12/00/12/12/12/00/12 | 609983 |
| Innamed Driver Excess | 500,00 | Outside Singapore OD Excess | 600.00 | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | 0.00 | | |
| □ GST Registered Informa | stion | | | | |
| ST Registered | No | | GST Registration Date | | |
| IST Registration No. | | | GST Status Venfled | Yes | |
| Addition History | | | | | |
| ♥ Policyholder Halling Ad | dress | | | | |
| Address 1 | BLX 12C #18-75 | Address 2 | MARSILING LANE | Address 3 | STRAITS VISTA @ MARSILING |
| Address 4 | SINGAPORE 733012 | Address Type | Singapore address | Post Code | 733012 |
| una No. | 18-75 | Related Policy Number | 5093544270 | | |
| ♥ OI Driver Info | | | | | |
| Driver Name | Unnamed Oriver | Driver Type | Unnamed Driver | | |
| Unnamed driver Name | KDH XIADHUI (XU XIAOHUI) | Driver NRIC | 58214529Z | Driver DOS | 11/05/1982 |
| | | Driver Age | 35 | Driving Experience | 9 |
| Register Date of Driver License | | 165 | | | g. |
| Contact No.(Mobile) | 92302303 | Contact No. (Office) | 0 | Contact No.(Home) Address 3 | STRAITS VISTA @ MARSILING |
| Address 1 | BCK 12C | Address 2 | MARSILING LANE | | STRAITS VISTA @ PAASILIPU |
| | | | | | |
| Address 4 | SINGAPORE 733012 | Address Type | Singapore address | Post Code | 733012 |
| Address 4 Unit No. | SINGAPORE 733012 18-75 | Address Type | | | |
| | | Address Type Driver Vehicle No. | | | |
| und No. Does he own a Singapore | 18-75 | | | Post Code | |
| Une No. Does he own a Singapore Registered car? | 18-75 | Driver Vehicle No. | | Post Code | |
| unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test | 18-75 ○ Yes ® No | Driver Vehicle No. | Singapore address | Post Code | |
| Une No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History | 18-75 ○ Yes ® No | Driver Vehicle No. | Singapore address | Post Code | |
| une No. Does he own a Singapore Registered car? Declaration Breachalyser or Blood Test Reading? | 18-75 ○ Yes ® No | Driver Vehicle No. | Singapore address | Post Code | |
| Une No. Does he own a Singapore Registered Car? Declaration Breachalyser or Blood Test Residing? Modification History Claim 001 New | 18-75 ○ Yes ® No O mg | Driver Vehicle No. © Any ingury? | Singapore address ○ Yes No | Post Code | |
| Une No. Does he own a Singapore Registered car? Declaration Breachalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * | 18-75 ○ Yes No Omg | briver Vehicle No. S Any injury? Insured Name | Singapore address | Post Code Driver Insurer Company | 733012 |
| Une No. Does he own a Singapore Registered Car? Declaration Breachalyser or Blood Test Reading? Modification History Claim 001 New Comm Type * Contract No.(Mobile) | 18-75 ○ Yes ® No O mg | Driver Vehicle No. Any injury? Insured Name Contact No. (Home) | Singapore address ○ Yes No Nee YONG CHEN | Post Code Driver Insurer Company Insured NR3C Contact No.(Office) | 733012 |
| Une No. Does he own a Singapore Registered car? Declaration Breachalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile) Email Address | 18-75 ○ Yes No O mg | briver Vehicle No. S Any injury? Insured Name | Singapore address ○ Yes No | Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number | 733012 SB6822973 GLL5764R |
| une No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 1001 New Chaim 300 Section 100 | 18-75 ○ Yes No Omg | Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number | Singapore address ○ Yes No NEE YONG CHEN SUR5439Z | Post Code Driver Insurer Company Insured NR3C Contact No.(Office) | 733012 SB6822973 GLL5764R |
| Une No. Does he own a Singapore Registered car? Declaration Breachalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile) Email Address | 18-75 ○ Yes No O mg | Driver Vehicle No. Any injury? Insured Name Contact No. (Home) | Singapore address ○ Yes No NEE YONG CHEN SUR5439Z | Post Code Driver Insurer Company Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferres Worksh | \$86822973 \$LL5764R |
| Une No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Coim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact | 18-75 ○ Yes No O mg | Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number | Singapore address ○ Yes No NEE YONG CHEN SUR5439Z | Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Worksh | \$86622973 \$LL\$764R |
| une No. Does he own a Singapore Registered Car? Declaration Breathayear or Blood Test Reading? Modification History Claim 001 New Comm Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. | 18-75 ○ Yes ® No O mg OD-MK 94845424 SLR54392 / SLL5764K ON 6 Feb 2018 | Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number | Singapore address ○ Yes No NEE YONG CHEN SUR5439Z | Post Code Driver Insurer Company Insured NR3C Contact No. (Office) TP Vehicle Number Name of Preferres Worksh | \$86822973 \$LL5764R |
| unit No. Does he own a Singapore Registered Car? Declaration Breathayear or Blood Test Reading? Modification History Claim 001 New Claim 1001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered. | 18-75 ○ Yes ® No O mg OD-MK 94845424 SLR54392 / SLL5764K ON 6 Feb 2018 Yes V | Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferered Repair Option | Singapore address ○ Yes No NEE YONG CHEN SUR5439Z | Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Worksh | \$86622973 \$LL\$764R |
| une No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered. Report Taken By | 18-75 Yes ® No Omg OB-MK 94845424 SLR34392 / SLL5764K ON 6 Feb 2018 Yes Ves V | Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferered Repair Option | Singapore address ○ Yes No NEE YONG CHEN SUR5439Z | Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Worksh | \$86622973 \$LL\$764R |
| unit No. Does he own a Singapore Registered Car? Declaration Breathayear or Blood Test Reading? Modification History Claim 001 New Claim 1001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered. | 18-75 Yes ® No Omg OB-MK 94845424 SLR34392 / SLL5764K ON 6 Feb 2018 Yes Ves V | Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferered Repair Option | Singapore address ○ Yes No NEE YONG CHEN SUR5439Z | Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Worksh | \$86622973 \$LL\$764R |
| une No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered. Report Taken By | 18-75 Yes ® No Omg OB-MK 94845424 SLR34392 / SLL5764K ON 6 Feb 2018 Yes Ves V | Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferered Repair Option | Singapore address O Yes ® No NEE YONG CHEN SURS-1992 Not at Fault Preferres Workshop, Name unknown | Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Worksh | \$86622973 \$LL\$764R |
| Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered. Report Taken By D. Print AK letter | 18-75 Yes ® No Omg OB-MK 94845424 SLR34392 / SLL5764K ON 6 Feb 2018 Yes Ves V | Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferered Repair Option | Singapore address O Yes ® No NEE YONG CHEN SURS-1992 Not at Fault Preferres Workshop, Name unknown | Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Worksh | \$86622973 \$LL\$764R |
| Une No. Does he own a Singapore Registered Car? Dectaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Common Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered. Resport Taken By D Print AK letter | 18-75 Yes ® No Omg OB-MK 94845424 SLR34392 / SLL5764K ON 6 Feb 2018 Yes Ves V | Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferered Repair Option | Singapore address ○ Yes ® No NEE YONG CHEN SUR3439Z Not at Fault Preferres Workshop, Name unknown Save Submet | Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Worksh | \$86622973 \$LL\$764R |
| Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered. Report Taken By D. Print AK letter | 18-75 Yes ® No Omg OB-MK 94845424 SLR34392 / SLL5764K ON 6 Feb 2018 Yes Ves V | Driver Vehicle No. Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferered Repair Option | Singapore address O Yes ® No NEE YONG CHEN SURS-1992 Not at Fault Preferres Workshop, Name unknown | Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Worksh | \$86622973 \$LL\$764R |
| Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered. Report Taken By D Print AK letter | 18-75 O Yes ® No O mg OD-MX 94845424 SLR54392 / SLL57648 ON 6 Feb 2018 Yes Ves Value O6/02/2018 18:55 | Driver Vehicle No. Any sigury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Crose Date | Singapore address ○ Yes ® No NEE YONG CHEN SUR3439Z Not at Fault Preferres Workshop, Name unknown Save Submet | Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Worksh | \$86622973 \$LL\$764R |
| Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 101 New Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered. Report Taken By D Print AK letter Accident No. | 18-75 ○ Yes ® No O mg OD-MX 94845424 SLR54392 / SLL5764R ON 6 Feb 2018 Yes Ves MT/0981295 PYES No No | Driver Vehicle No. Any sigury? Insured Name Contact No. (Flome) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Crose Date | Singapore address ○ Yes ® No NEE YONG CHEN SUR3439Z Not at Fault Preferres Workshop, Name unknown Save Submit | Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Worksh GIA report Date Received | \$86622973 \$LL\$764R |
| Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 101 New Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered. Report Taken By D Print AK letter Accident No. | 18-75 O Yes ® No O mg OD-MX 94845424 SLR54392 / SLL57648 ON 6 Feb 2018 Yes Ves V 06/02/2018 18:55 Nackson | Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date | Singapore address O Yes ® No NEE YONG CHEN SUR3429Z Not at Fault Preferred Workshop, Name unknown O01 06/02/2018 18:56 Category * | Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Worksh GIA report Date Received | \$86822973 \$LL5764R 000 Received 06/02/2018 00:00 |
| une No. Does he own a Singapore Regulared Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Denni AK letter Attachment | 18-75 ○ Yes ® No O mg OD-MX 94845424 SLR54392 / SLL5764R ON 6 Feb 2018 Yes Ves MT/0981295 PYES No No | Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date | Singapore address O Yes ® No NEE YONG CHEN SUR5439Z Not at Fault Preferred Workshop, Name unknown O01 O6/02/2018 18:56 Category * E. Clear Please Select | Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Worksh GIA report Date Received | \$86823973 \$LL5764R 06/02/2018 00:00 Received O6/02/2018 00:00 Pagency • Description • Pagency • Pagency • Description • Pagency |
| une No. Does he own a Singapore Regulared Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Denni AK letter Attachment | 18-75 ○ Yes ® No O mg OD-MX 94845424 SLR54392 / SLL5764R ON 6 Feb 2018 Yes Ves MT/0981295 PYES No No | Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date Brows Brows | Singapore address O Yes ® No NET YONG CHEN SUR3429Z Not at Fault Preferred Workshop, Name unknown 001 06/02/2018 18 56 Category * 6 Clear Please Select 6 Clear Please Select | Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Worksh GIA report Date Received Confidential W Nom | 733012 580622973 SIL5764R 009 Received C6/02/2018 00:00 rigency * Description * nat nat nat Inst |
| une No. Does he own a Singapore Regulared Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Denni AK letter Attachment | 18-75 ○ Yes ® No O mg OD-MX 94845424 SLR54392 / SLL5764R ON 6 Feb 2018 Yes Ves MT/0981295 PYES No No | Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date Brows Brows Brows | Singapore address O Yes ® No NET YONG CHEN SUR3429Z Not at Fault Preferred Workshop, Name unknown O01 O6/02/2018 18:56 Category * C Clear Please Select C Clear Please Select C Clear Please Select | Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Worksh GIA report Date Received Confidential V Nom V No | 733012 5806322973 SLL5764R 009 Received 06/02/2018 00:00 |
| une No. Does he own a Singapore Regulared Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Denni AK letter Attachment | 18-75 ○ Yes ® No O mg OD-MX 94845424 SLR54392 / SLL5764R ON 6 Feb 2018 Yes Ves MT/0981295 PYES No No | Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date Brows Brows | Singapore address O Yes ® No NET YONG CHEN SUR3429Z Not at Fault Preferred Workshop, Name unknown 001 06/02/2018 18 56 Category * Clear Please Select C Clear Please Select | Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Worksh GIA report Date Received Confidential V No. V No. | 733012 586622973 SLL5764R 009 Received C6/02/2018 00:00 rgency * Description * net net mail m |
| Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 101 New Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered. Report Taken By D Print AK letter Accident No. | 18-75 ○ Yes ® No O mg OD-MX 94845424 SLR54392 / SLL5764R ON 6 Feb 2018 Yes Ves MT/0981295 PYES No No | Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date Brows Brows Brows | Singapore address O Yes ® No NEE YONG CHEN SUR54392 Not at Fault Preferres Workshop, Name unknown O01 O6/02/2018 18:56 Category * Cites Please Select E Clear Please Select | Post Code Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Worksh GIA report Date Received Confidential V Nom V No | 733012 SB6822973 |
| Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim 101 New Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered. Report Taken By D Print AK letter Accident No. | 18-75 ○ Yes ® No O mg OD-MX 94845424 SLR54392 / SLL5764R ON 6 Feb 2018 Yes Ves MT/0981295 PYES No No | Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date Brows Brows Brows Brows | Singapore address O Yes ® No NEE YONG CHEN SUR54392 Not at Fault Preferres Workshop, Name unknown Y Freferres Workshop, Name unknown Y Category * Cites Please Select Cites Please Select | Driver Insurer Company Insured NR3C Contact No.(Office) TP Vehicle Number Name of Preferred Worksh GIA report Date Received Confidential V No. V No. | SB6822973 SLL5764R |

| Attachment | | Uploaded By/Date | Cacegory | 9 | urgency | Description | Sent? Action (CO) |
|--------------|--------------------------|---|-----------------------|---|---------|--------------------------------|----------------------|
| | NAC_PAYA_UB1_800601(NAT | IONAL ASSESSMENT CENTRE SERVICES) on 06 Pe b 2018 18:56 | NRIC/ Driving License | | Normal | NRIC/ Driving License 2018-2-6 | Edit |
| 49° | NAC_PAYA_UB1_800601(NAT | IONAL ASSESSMENT CENTRE SERVICES) on 06 Fe b 7018 18:56 | NRIC/ Driving License | | Normal | NR3C/ Driving License 2018-2-6 | Edit |
| 7 | NAC_PAYA_UBI_B00601(NAT | IONAL ASSESSMENT CENTRE SERVICES) on 06 Fe b 2018 18:56 | SAS | | Normal | SAS 2018-2-6 | Edit |
| | NAC_PAYA_UBI_800601(NAT | IONAL ASSESSMENT CENTRE SERVICES) on 06 Fe b 2018 18:56 | Photos | | Normal | Photos 2018-2-6 | Edit |
| - | NAC_PAYA_UBI_800601(NAT | IONAL ASSESSMENT CENTRE SERVICES) on 06 Fe b 2016 18:56 | Photos | | Normal | Photos 2018-2-6 | Edit |
| | NAC_PAYA_UBL_800601(NAT | IDNAL ASSESSMENT CENTRE SERVICES) on 06 Fe ⁵ b 2018 18:56 | Photos | | Normal | Photos 2018-2-6 | Edit |
| | NAC_PAYA_UBI_800601(NAT | IDNAL ASSESSMENT CENTRE SERVICES) on 06 Fe b 2018 18:56 | Photos | | Normal | Photoe 2018-2-6 | Edit |
| = | NAC_PAYA_UB1_800601(NAT | IONAL ASSESSMENT CENTRE SERVICES) on 06 Fe b 2018 18:55 | Photos | | Normal | Photos 2018-2-5 | Edit |
| 5 | NAC_PAYA_UBI_800601[NAT | IONAL ASSESSMENT CENTRE SERVICES) on 06 Fe b 2018 18:55 | Photos | | Normal | Photos 2018-2-6 | Edit |
| | NAC_PAYA_UB1_800601(NAT | DONAL ASSESSMENT CENTRE SERVICES) on 06 Fe b 2018 18:55 | Photos | | Normal | Photos 2018-2-6 | Edit |
| | NAC_PAYA_UBI_800601(NAT | IONAL ASSESSMENT CENTRE SERVICES) on 06 Pe | Photos | | Normal | Photos 2018-2-6 | Edit |
| | NAC_PAYA_UBI_B00601(NAT | DONAL ASSESSMENT CENTRE SERVICES) on 06 Fe b 2018 18:55 | Photos | | Normal | Photos 2018-2-6 | Edit |
| | NAC_PAYA_UBI_B00601(NAT | 10NAL ASSESSMENT CENTRE SERVICES) on 06 Fe is 2018 18:55 | Photos | | Normal | Photos 2018-2-6 | Edit |
| □ Video List | | | | | 0 | | |
| | Uploaded By/Date | Folder Date | File Name | | 9 | Source | Action |