DATIONAL Assessment Centre	Services -	er : sa (og)				
Date In: 09/02/2018 16:33	Jc-b description	1100-1100-000-10-10	Date & Time Comp	pleted	Don	e by
Res No MA/INC 18002712 K4	SAS e-filing		T.		-	
VeliNo SLC 42214	E-mail (within 8h					
DOA 09102/2018 09:00	i-Niotor Claim		: MT/09817	471	0 5/1	0 17.
OD TP ' P.eporting Only	i-Motor W/O (	Within: OD 2h	The state of the s		9/20	8 17:
			<del></del>			
TP Insurer:	Assessment/Surv		<u></u>	_ _		
Preferred Wksp / INC Assign Wksp / QW: (	Ass't Report by I	fax / Hand				
	1500000		Tel:	Fax:		
	+B66964	INC (		)		
Owner / Driver: (		-	. Tel:		)	
Policy No: ( ) Perio		)	Cover Type: (		)	
Confirmed by : (		Date:	Time:		)	
	ote-Est. Status (WC	): N: 0-2	20%; P: 21-79%. P	: SO-100	%]	
	arranty: YES (	) / NO (	)			
Excess: (\$ ) Loading: \$1,000	)()/\$2,000(	)				
General Remarks:-	37770731488888888	Maring.	ACCEPTANCE OF THE	M. 10 50		
Drive-In ( ) / Towed-In ( ); Invoice:	YES()/NO	( );1	Towing Co: (		+-	)
Remarks: (INC horline: 6788 6616)			Date&Time Comple	berd	Done	by
Apply for Transport Allowance ( )/ Con	irtesy Car ( )					
2) QC Check / Post Repair Inspection	( )					
) Upload Resurvey Photo [Repair Cost > \$300	00] ( )		100 more a notation and 100 more and			
Injury :					174	
	s w/ day has 100°07 / 38 10000 - 1000.2 d -	Delastratio	* ////////////////////////////////////	# T T T T T T T T T T T T T T T T T T T		-
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: - 14 1 0			Carlo Carlo Carlo	W.T. G.72	Anit (S)	. Amt (3
. NY18008	12.5		paration Checklist	MAN AND	lst Bill	Add Bi
umant's Particulars :-		AR : Accident		NC (\$30)		
ver/Owner:	(3)	TF : Towing F	ee .	\$40/\$45		
ntact No:	5)	FT : Follow-T	hrough Survey hrough Survey (Resurvey)	\$120 \$30		
		For claiming a TR : Re-inspe	gainst INC Only (wef 10 Jaction	in 2005) \$75		
näged Portion:	7)	NI : Idac DA	+ SMRT Survey	\$160		
1		NTUC Addition	onal Services:-			
Checked by (Engr-In-Charge):	279	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUM	Car / Tpt Allowance	\$5		
		N6: Repair C	o-ordination	\$10 \$25		
ditors' Comments :-			eir Inspection Heat Excess Coordination	325		
1:	102	<u>FP</u> (N11) : TP N12: Idae Mo	(Non INC) against INC	\$20 30		-
2/3:		voice dated	Fee Ch			1 -7
SC 22 - 100   100	1.	oice dated	Fee Ch	arned	:15-	Tilenen son

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 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.	
	ACCIDENT STATEMENT
Date Of Report	09/02/2018 16:33
Date Of Accident	09/02/2018 09:00
Exact Location Of Accident	ORCHARD HOTEL INFRONT OF THE YELLOW BOX
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC4221U
Insured/Policyholder	
Name Of Registered Owner	CARSONRENT
Co Reg No	53320759B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98793205
Alternative Phone No	OFFICE-98793205
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALLION 1.5 A
Exact Purpose for which vehicle was being used at time of accident	WORK
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096318932
Cover Note Number	
Driver	
Name of Driver	PHUA CHIN CHYE

NRIC No S1455859D Date Of Birth 17/06/1960 OUTDOOR Occupation 05/08/1980 Date Of Driving Pass 37 YEARS AND 6 MONTHS Driving Experience MALE Gender (LOCAL) +65-98793205 Mobile Number

Fax Number

OTHERS-98793205 Contact Number

**EMail Address** NOEMAIL Address

BLK 157 BEDOK SOUTH AVE 3

#12-563

Postcode

460157

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

#### Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

NO

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

## Attachment(s)

Was there any audio recorded?

YES

Was there any video captured by Car Camera?

Are accident photos available for attachment?

NO

NO

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

SHB6696Y

Details Of Properties

TAXI

Vehicle Category Name of Driver

TAN CHEE WEE

NRIC/Passport Number

S7212304B

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.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: 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

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
Vehicle A was driving near Orchard Hotel
vehicle A was driving near circhard Hotel infront of the road when suddenty Vehicles
1. In the unlaw box and open surdents
but Vehide A just slightly trouch on the right side rear portion of vehicle B
solt sol seem set yet which R
right state rear portion of rocks

## 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 .:



CS17-1136 RENTAL AUKEEMENT Contac: 9181 6096 / 8403 8815 / 9455 7994 if anything occurs 11-Dec-17 Company Name: CARSonRENT (ROC No. 53320759B) Company Address: SINGAPORE 61 Ubi Avenue 2 #02-03 Automobile Megamart 408898 Relief Driver's Driver's Name : Name: Phua Chin Chye Nric No. : NRIC No. S1455859D Local Contact Hp : 9879 3205 Local Contact Hp : Hirer's Address : 157 Bedok South Ave 3 #12-563 460157 SINGAPORE Rental Fees To Be Deposited Every Monday Before 2.00pm To DBS Current A/C No. 023-905224-0 Deposit Remark: \$500.00 Start Date: Start Time : No. Of Months: 11-Dec-17 1338hrs 12 Return Date : Return Time: Rate Per Week: 08-Sep-18 23.59Hrs \$420.00 NO NO Left Side Back Toyota Allion 1.5A Frant CAR PLATE Right Side SLC4221U Top D = Dent S = Scratches C = Chips R = Rust M = Missing 5\8 1/8 Fuel Amount 314 \* Every 1/8 of of petrol used is chargeable @ \$20 nett REMARK Vehicle Collected on Hirer Signature

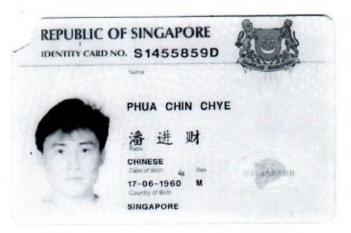


alisiei Oi veili	cle Ownership (Acknowle	agerre	TO A SECURITION OF THE PERSON
ehicle Details			
ehicle No.:	SLC4221U		
ehicle Type:	Z10 - Private Hire (Chauffeur) Motor Car	Vehicle Scheme:	Normal
ehicle Make:	TOYOTA	Vehicle Model:	ALLION 1.5 A
hassis No.:	NZT2603024476	Engine No.:	1NZD021325
otor No.:		Trailer Chassis No.:	
opellant:	Petrol	Passenger Capacity:	4
ngine Capacity:	1496 cc	Power Rating:	
nladen Weight:	1200 kg	Maximum Laden Weight:	1475 kg
rimary Colour:	White	Secondary Colour:	
J Label No.:	1029882411	Maximum Power Output:	81.0 kW (108 bhp)
irst Registration ate:	08 Sep 2008	Original Registration Date:	08 Sep 2008
Manufacturing	2008	Open Market Value:	\$13,959.00
ARF Eligibility:	Yes	Minimum PARF Benefit:	\$6,979.00
No. of Transfer:	4	Actual ARF Paid:	\$13,959.00
Owner Particula	rs		
Owner Name:	CARSONRENT		
Owner ID Type:	Business		
Owner ID:	53320759B		
Registered Address Type:	Private Residential (Condo A	ot or House) / Shoppin	g / Office Complexes
Registered Block 'House No.:	61 •		
Registered Street Name:	UBI AVENUE 2		
Registered Unit No.:	#02-03		
Registered Building Name:	AUTOMOBILE MEGAMART		
Registered Postal Code:	408898		
COE No./Expiry Date:	2008100101000580M / 07	Sep 2018	

COE Bid Category: A - Car (1600cc & below)

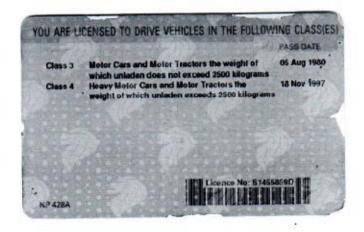
QP Paid:

\$9,501.00



















### Certificate of Insurance

MIGTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATIONS ACT (CHAPTER 189). MICTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

Certificate Number: 5096318932

Cover

1. Index mark and Registration Number of Vehicle

5LC4221U

Chassis Number

NZT2603024476 CARSONBENT

2. Name of Policyholder 3. Effective Date of Insurance

28 Nov 2017

4 Expiry Date of Insurance

07 Sep 2018

5. Pendins or Dasses of Persons entitled to drive

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Mixtor 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 Used
  - (a) Use for signal domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

#### This Policy does not cover

- (a) the for racing pace making reliability trial or speed testing
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.
  - a Limitations rendered inoperative by Section & of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

EXCESS (SECTION 1) \$51,500 EXCESS (SECTION 2) 55100 WINDSCREEN EXCESS N/A ADDITIONAL EXCESS PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP NO YES. INSURE WITH COE

NCD PROTECTION NO NO TRANSPORT ALLOWANCE NO EXCESS WAIVER N/A PRIMARY DRIVER NAMED DRIVER (1) NIA NAMED DRIVER (2)

LIAN HONG PRIVATE DIMITED HIRE PURCHASE COMPANY

MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS. SUM INSURED

If We he rely Certify that the Policy to which this Certificate relates it issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part M of the Road Transport Act, 1987 (Malayilla)

Agency

GE-SHOP (00900572282)

Date of basic

29 Nov 2017 11: 34 hm

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

<b>eBao</b> Tech			11000000		Officentiers		With History and	SOCIAL PLANE OF THE SOCIAL PROPERTY OF THE SO	Control of the second	ralClaim
ello, NAC_PAYA_UBI_80	0601						Change Lan	guage '	Change Passwo	rd , Log C
dy Desktop	Polic	y Query								
lotice of Loss	Policy N	io,				Date of Acc	ident	09/02/2	2018 09:00	
	Vehicle	No.(For Motor)	SLC4221U							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5096318932	CARSONRENT	533207598	GPC	drivo CLASSIC	SLC4221U	SLC4221U	28/11/2017	07/09/2018

## **▽** Policy Information

Policy No.	5096318932	Policyholder Name	CARSONRENT	Policyholder NRIC	53320759B
Address	61 UBI AVENUE 2 #02-03 AUT	OMOBILE MEGA	MART SINGAPORE 408898		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	29/11/2017	Effective Date	28/11/2017 00:00	Expiry Date	07/09/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	GI-SHOP	Agent Tel.	68411279	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
	holder Mailing Address				
Address 1	61 UBI AVENUE 2	Address 2	#02-03 AUTOMOBILE MEGAMAR	Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.	02-03	Related Policy Number	5088152153-01		
D Insure	ed Object: SLC4221U				
P 211501C					
	sements				

Continue Cancel

# **Claim Handling**

#### Accident MT/0981747

Policy No.					
	5096318932	Vehicle No.	SLC4221U	GST Registration No.	
Policyholder Name	CARSONRENT	5 (5)		Policyholder NRIC	53
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	98793205	Contact No.(Office)	0	Contact No.(Home)	0
Email Address	and the same of the same	Special Remark		eCode	No
KFK	• No Yes	TCA	* No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes
Report Date	09/02/2018 17:19	Accident Report Within 24 hrs	Yes	Accident Type	Col
Date of Accident	09/02/2018	Time of Accident hh:mm	09:00	Country of Accident	Sin
Reporting Centre		Orange Force		ICM No.	
Accident Location	ORCHARD HOTEL INFRONT OF THE	YELLOW BOX			
▽ Benefits					
<b>▽ Excess</b>					
Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500,00	Outside Singapore TP Excess	1,500.00		
GST Registered Inform	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	No	
Modification History					
Policyholder Mailing Ac	idress				
Address 1	61 UBI AVENUE 2	Address 2	#02-03 AUTOMOBILE MEGAMAR	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	408
Unit No.	02-03	Related Policy Number	5088152153-01		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	PHUA CHIN CHYE	Driver NRIC	S1455859D	Driver DOB	17/
Register Date of Driver License	05/08/1980	Driver Age	57	Driving Experience	37
Contact No.(Mobile)	98793205	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 157	Address 2	BEDOK SOUTH AVENUE 3	Address 3	
Address 4		Address Type	Singapore address	Post Code	460
Unit No.	#12-563				
Does he own a Singapore Registered car?	Yes a No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
Modification History					
	n				
Claim 001 OD-MX Nev	<u>M</u>				
Claim Type •	OD-MX ▼	Insured Name	CARSONRENT	Insured NRIC	533
Contact No.(Mobile)	91557911	Contact No.(Home)		Contact No.(Office)	674
Email Address		OI Vehicle Number	SLC4221U	TP Vehicle Number	SHE
Claim Description	SLC4221U / SHB6696Y ON 9 Feb 20	20/27/20/20/20/20/20/20/20/20/20/20/20/20/20/		Name of Preferred Workshop	
Preferred Workshop Contact		Insured Liability •	Partially at Fault		-5
	Tu-			CH	
No.	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Re
No. Require Finalisation	10 Del (100 V20 V20 V20 V20 V20 V20 V20 V20 V20 V			Date Received	09/
No. Require Finalisation Date Registered	09/02/2018 17:28	Claim Close Date			
No. Require Finalisation	09/02/2018 17:28 KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

MT/0981747

Claim No.

Last Doc. Received

Accident No.

• Yes No

Upload Date

09/02/2018 17:25

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	Category *		Confid	ential	Urgency *	
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Message Read

Attachment		Uploaded By/Date	Category	8	Urgency	Descrip
定體	NAC_PAYA_UBI_B00601(	NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 17:28	NRIC/ Driving License		Normal	NRIC/ Driving Lic
1	NAC_PAYA_UB1_800601(	NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 17:27	SAS		Normal	SAS 201
1.5	NAC_PAYA_UBI_800601(	NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 17:27	Photos		Normal	Photos 20
Service Management	NAC_PAYA_UBI_800601(	NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 17:27	Photos		Normal	Photos 20
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1	NAC_PAYA_UB1_800601{	NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 17:26	Photos		Normal	Photos 20
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	NAC_PAYA_UB1_800601(	NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 17:26	Photos		Normal	Photos 20
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▽ Video List	Uploaded By/Date	Folder Date	File Name		?	Source

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