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DO A 39 3   15 - 23   19				- Date terains stription		-
I-Motor Claim Form	Rel No: NA INC 1800 19 33 24	SAS e-filing				
Motor W/O (winds: OD Zint, 77 than)   I-Photo Uploaded   I-Photo Uploaded   Assessment/Survey Report   Ass't Report by Fax/Hand to Owner/Wksp	Veh No: 56x7590H	E-mail (within	Shrs, AIC 2hrs)			
I-Photo Uploaded   Assessment/Survey Report   Ass't Report by Fax/Hand to Owner/Wish	D.O.A .: 29/3/18-20:40 7	i-Motor Clair	m Form	MT/0988483	2/4/18 14	:15
I-Photo Uploaded   Assessment/Survey Report   Assessment/Survey Report   Assessment/Survey Report   Assessment/Survey Report   Fax:   Tol:   Fax:	OD : TP ' Penering Only	i-Motor W/O	(Within: OD 2hr:	t, TP 4brs)		
TP   Insurer:	OB : 17 + Inspiring Only	i-Photo Uplo:	aded	1.		-
Ass't Report by Fax/Hand to Ownert/Vision	TD Incurer	Assessment/Su	rvey Report			
TP Particulars:	IF Histori.	Ass't Report by	y Fax / Hand t	0 Owner/Wksp		
Cover / Driver: (	Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	
Policy No. (	TP Particulars: Veh No: 16	NJ 61 G	, INC(	)/Non-INC( )	10	
Confirmed by: (	Owner / Driver: (			Tel:	)	1000
Insured/Driver Liability ( %) [Note-Est Status (WO): N: 0-20%, P: 21-79%, P: 80-100%]  Year of Registration: ( ) Warranty: YES ( ) / NO ( )  Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )  General Remarks: ( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.  ( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.  ( ) Total Loss Case: to e-mail Insurer URGENTLY.  Drive-In ( ) / Towel-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )  Remarks: (IRG-hofline: 6788 6616)	Policy No: ( )	Period: (	)	Cover Type: (	),	
Year of Registration: (	Confirmed by : (		Date:	Time:	)	
Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )  General Remarks:- ( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. ( ) Total Loss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. (  Remarks:- (INC holine: 6788 6016)   Date Furre Conglete 4   Done by  1) Apply for Transport Allowance ( ) / Courtesy Car ( ) 2) QC Check / Post Repair Inspection ( ) 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury:- Date/Time   Actions    Actions   Actions	Insured/Driver Liability: ( %)	Note-Est. Status (W	70): N: 0-20	0%; P: 21-79%. P: 80-	100%]	St
General Kemarks:  ( ) Walk-In Customer: Customers information strictly Confidential & Strictly NO refer of repairer.  ( ) Total Loss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-in ( ); Invoice: YES ( ) / NO ( ); Towing Co: (	Year of Registration: ( )	Warranty: YES (	)/NO(	)		
( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.  ( ) Total Loss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: (		and the second s	The second secon			
( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.  ( ) Total Loss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )  Remarks: (INC horline: 6788 6616)   Date& 13me Completed   Done by    1) Apply for Transport Allowance ( ) / Courtesy Car ( )    2) QC Check / Post Repair Inspection ( )    3) Upload Resurvey Photo [Repair Cost > \$3000] ( )    Injury:   DateCtime   Actions    Actions   Actions    Invoice Preparation Checklist   Actions    Injury:   DateCtime   Actions   Actions   Actions    Injury:   DateCtime   Actions   Actions   Actions    Injury:   DateCtime   Actions   Actions   Actions    Injur	General Remarks:-				75.0% S	nil.
Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: (  Remarks: (ING hotline: 6788 6616)						
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Invoice Preparation Checklist:    Invoice Preparation Checklist:   Invalid   Invalid					A CHENT	
1) AR : Accident Reporting (\$30);   2) DA : Damege Assessment (\$100); INC (\$80)     2) DA : Damege Assessment (\$100); INC (\$80)     3) TF : Towing Fee						2 2
2 DA : Damege Assessment (\$100); INC (\$80)     3 TF : Towing Fee	Date/Time Actions		Inveice Pre		Ant(S)	Ant(t)
### ### ##############################	Pate/Time Actions ادمده	CONTRACTOR OF THE PARTY OF THE		aration Checklist	Ant(S)	Add Bill
Some	Pate/Time Actions		1) AR : Accident 2) DA : Damege	aration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$	Ant (S)  fit Bill  80)	
For claiming against the Only 150	ارمده Actions		1) AR : Accident 2) DA : Damege / 3) TF : Towing Fe	aration Checklist.  Reporting (\$30);  Assessment (\$100); INC (\$200);	Ant (S) fitBill 80) 0/\$45	
1	Date/Time Actions    Actions		1) AR : Accident 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th	aration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$100)	Ant (S) fit Bill ( 80) 0/\$45 \$120 \$30	
OD*	Pate/Time Actions  NA[8020]  Inimant's Particulars:-  river/Owner:		1) AR : Accident 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th For claiming as	aration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$20);  Fough Survey  Fough Survey (Resurvey)  April 10 Jan 200;	Ant (S) fit Bill 80) 0/\$45 \$120 \$30	
*NS: Courtesy Car / Tpt Allowance \$5  *N6: Repair Co-ordination \$10  *N7: Post Repair Inspection \$25  *N8: DV / Collect Excess Coordination \$5  1: TP (N11): TP (N-in INC) against INC \$20  9) N12: Idea Mobile \$30	Date/Time Actions  MA[8020]  Inimant's Particulars:  river/Owner:		1) AR : Accident 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th 5) FT : Follow-Th For claiming as 6) TR : Re-inspec 7) N1 : Idae DA +	aration Checklist.  Reporting (\$30);  Assessment (\$100); INC (\$100); INC (\$100); INC (\$100); INC (\$100);  Brough Survey (Resurvey)  Brough Survey (Resurvey)  Brough Survey (Wef 10 Jan 200);  Brough Survey (Wef 10 Jan 200);  Brough Survey	Ant'(\$) fitBill 80) 0/\$45 \$120 \$30 \$) \$75	
*N6: Repair Co-ordination 510  *N7: Post Repair Inspection 525  *N8: DV / Collect Excess Coordination 55  TP (N11): TP (N-in INC) against INC 520  9) N12: Idea Mobile 30	Date/Time Actions  MA[8020]  Inimant's Particulars:  river/Owner:		1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idao DA + 8) NTUC Addilio	aration Checklist.  Reporting (\$30);  Assessment (\$100); INC (\$100); INC (\$100); INC (\$100); INC (\$100);  Brough Survey (Resurvey)  Brough Survey (Resurvey)  Brough Survey (Wef 10 Jan 200);  Brough Survey (Wef 10 Jan 200);  Brough Survey	Ant'(\$) fitBill 80) 0/\$45 \$120 \$30 \$) \$75	
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TP (N11): TP (N-in INC) against INC \$20  9) N12: Idao Mobile 30  2 / 3:	Date/Time Actions  NA [8 0 20 ]  Inimant's Particulars:  river/Owner:  ontact No:  amaged Portion:		1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idao DA + 8) NTUC Addilio OD* *N5: Courtesy *N6: Repair Cc	aration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$20);  The Survey rough Survey (Resurvey)  A ainst INC Only (well 10 Jan 200);  The SMRT Survey  That Services:  Car / Tpt Allowance  - ordination	Ant((S)) (pt.Bill) 80) 0/\$45 \$120 \$30 5) \$75 \$160	
9) N12: Idea Mobile 30  Invoice dated Foe Charged	אברי Actions  NA   8 סביס    Inimant's Particulars:  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):		1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA + 8) NTUC Additio OD* *N5: Courtesy *N6: Repair Cc *N7: Fost Repair	raration Checklist.  Reporting (\$30);  Assessment (\$100); INC (\$10	\$0) 0/\$45 \$120 \$30 \$5) \$75 \$160 \$25	
	Date/Time Actions  M4[8020]  Inimant's Particulars:-  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):		1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA + 8) NTUC Additio OD* *N5: Courtesy *N6: Repair Cc *N7: Fost Repair *N8: DV / Coll	aration Checklist.  Reporting (\$30);  Assessment (\$100); INC (\$30);  INC (\$30)	\$0) 0/\$45 \$120 \$30 \$5) \$75 \$160 \$25 \$55	
Invalce dated Fee Charged	Date/Time Actions  NA[8020]  Inimant's Particulars :- river/Owner: ontact No: arnäged Portion:  C. Checked by (Engr-In-Charge):		1) AR: Accident 2) DA: Damage / 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA + 8) NTUC Additio OD* *N5: Courtesy *N6: Repair Cc *N7: Fost Repair *N8: DV / Coll TP (N11): TP	Aration Checklist.  Reporting (\$30);  Issessment (\$100); INC (\$20);  Inc (\$20)	\$4mt'(\$))  Fit Bill    80)  0/\$45  \$120  \$30  \$5)  \$75  \$160  \$5  \$510  \$25  \$520  \$30	Add Bill

#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Mobile Number Fax Number

Contact Number

EMail Address

- 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.

- 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.

THE RESIDENCE OF THE PROPERTY OF THE PARTY O	ACCIDENT STATEMENT
Date Of Report	02/04/2018 12:18
Date Of Accident	29/03/2018 22:40
Exact Location Of Accident	CHOON GUAN ST BESIDE INTERNATIONAL PLAZA
Country/State of Loss	SINGAPORE
D. D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGX7590H
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8 STYLE X A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5093978767
Cover Note Number	
Driver	
Name of Driver	MOHAMED SALAHUDDIN BIN ABDUL AZIZ
NRIC No	S7002445D
Date Of Birth	02/02/1970
Occupation	OUTDOOR
Date Of Driving Pass	20/10/1997
Driving Experience	20 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98510441

OFFICE-98510441

NOEMAIL

BLK 311 JURONG EAST STREET 32 Address

#12-335 600311

Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE 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 2

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) NO 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?

# Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS ABOUT TO MOVE MY VEHICLE BUT STILL IN STATIONARY POSITION ALONG LANE 2 CHOON GUAN ST. SUDDENLY VEHICLE B TRAVELLING ALONG LANE 1 TRYING TURN INTO INTERNATIONAL PLAZA BASEMENT CARPARK. IN A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT LEFT PORTION.

1

NO

NO

NO

Attachment(s)

YES Are accident photos available for attachment? NO

Was there any video captured by Car Camera? Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

SLN561G

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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.
- 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)
  - (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
- 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:

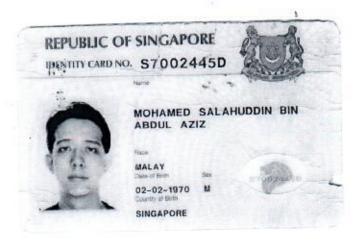
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

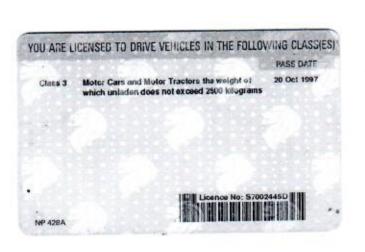
Policyholder's Signature Date & Time: Driver's Signature (If driver's not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:









<b>eBao</b> Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_800	601						Change Lan	guage	Change Passwor	rd · Log Out
My Desktop	Polic	y Query								
Notice of Loss	Policy N	0.	ili ili			Date of Acc	cident	29/03	3/2018 22 40	
	Vehicle	No.(For Mator)	SGX7590H							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5093978767	RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SGX7590H	SGX7590H	04/09/2017	05/09/2018
					-	Continue				

Policy No.	5093978767	Policyholder Name	RELIABLE RIDES PTE LTD	Policyholder NRIC	201611527N
Address	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKIT SINGAPORE 415875		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	04/09/2017	Effective Date	04/09/2017 00:00	Expiry Date	05/09/2018 23:59
Third Party Excess	1500	Own damage Excess	1000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	3000	Outside Singapore TP Excess	3000		
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL	GST Flag	Y
Co- insurance Flag Open	No				
Policy Info					
Certificate Info					
Policyh	nolder Mailing Address				
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKT	1 Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Unit No.	05-50	Related Policy Number	5099409323		
) Insure	d Object: SGX7590H				
	ements				
Sequenc	ce Date of Endorsement	Endorse	ment Type Endorseme	nt Status	Endorsement Content

ccident MT/0988483		000000000	0000000000						
folicy No.	5097978757	Vehicle No.	SGX7590H		ST Registration No.				
Poscyholder Name	RELIABLE RIDES PTE LTD				olicyholder NRIC		201611527N		
Yeduct Code	PRIVATE CAR INSURANCE	Cover Type	grwo CLASSIC		oading	1.6			
Contact No.(Mobile)	C C	Contact No.(Office)	0		Contact No.(Home)	3	-		
med Address		Special Remark			Code	1	Nr. Y		
CFM:	® No ○ Yes	TCA	® N+ ○Yes		eCode Reason				
VCO Protection	No.	NCD Entitlement(%)	0		Yivabe Hire		Yes		
	170								
⟨ Accident Details				3	codent Type	4	Collision - Ch	ange / Cross lane	
Import Date	02/04/2818 14:13	Accident Report Within 24 hrs	Yes						
Date of Acodent	29/03/2018	Time of Accident Nhumm	22:40		Country of Accident	2	Singapore		
teporting Centre		Orange Force		1	CM No.				
	CHOON GUAN ST BESIDE INTERNATIONAL	D 474							
Accident Location	LHOUN GOMA ST BESIDE BY ENANTHORS	0.000							
₩ Benefits									
W Excess								100.00	
own damage Excess	1,000.00	Additional Excess		0.00	Mindscreen Excess			100.00	
Innamed Driver Excess		Outside Singapore OD Excess		3,000.00					
	1,500.00	Outside Singapore TP Excess		3,000.00					
Hard Party Excess		ALTERNATION OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF							
GST Registered Informa			GST Rens	tration Date					
IST Registered	No		GST Statu		No				
SST Registration No.			20, 20,000						
Addition Hillory									
	dress								
	B KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER	⊕ KAKI BUKII	Address 3	- 5	SINGAPORE	415875	
Address 1	S MAN DOWN STERVE S		Singapore address	Table Control of the	Post Code		415875		
Address 4		Address Type							
Unit No.	05-50	Related Policy Number	5099409323						
₩ OI Driver Info									
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver						
Unnamed driver Name	MCHAMED SALAHUDDIN BIN AF	Driver NRIC	S7002445D		Driver DOB		02/02/1970		
		Driver Age	48		Driving Experience		20		
Register Date of Driver License					Contact No. (Home)		0		
Contact No.(Mobile)	98510441	Contact No.(Office)	0					T 33	
Address 1	BOK 311	Address 2	JURONG EAST ST	TREET 32	Address 3		JURONG EAS	11 32	
	SINGAPORE SOCILI	Address Tone							
		Address Type	Singapore addres	5	Post Code		600311		
		Address Type	Singapore addres	5	Post Code		600311		
Address 4 Unit No. Does ne own a Singapore	12-335 ○ Yes ⊕ No	Onver Vehicle No.	Singapore addres		Post Code  Driver Insurer Comp	any	600311		
Unit No.	12-335		Singapore addres			any	600311		
unit No. Dues he own a Singapore Registered car? Declaration	12-335		Singapore addres			any	600311		
Unit No.	12-335		Singapore addres			any	600311		
Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Slood Test	12-335 ○ Yes <b>®</b> No	Onver Vehicle No.	9.00000			any	600311		
Unit No. Does he own a Singapore Registered Car? Declaration Breathalyser or Stood Test	12-335 ○ Yes <b>®</b> No	Onver Vehicle No.	9.00000			any	600311		
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History	12-335 ○ Yes <b>®</b> No	Onver Vehicle No.	9.00000			any	600311		
Unit No. Does he own a Singapone Registered car?  Declaration  Breathalyser or Blood Test Reading?	12-335 ○ Yes <b>®</b> No	Onver Vehicle No.	9.00000			any	600311		
Unit No. Does ne own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New	12-335 ○ Yes ® No 0 mg	Oriver Vehicle No.  Any injury?	○ ves  No		Driver Insurer Comp		2016115271	V	
Unit No. Does ne own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New	12-335 ○ Yes <b>®</b> No	Oriver Vehicle No.  Any injury?  Insured Name	9.00000		Driver Insurer Comp		2016115271	V.	
Unit No. Does ne own a Singapore Registered Car?  Declaration  Breathalyser or Blood Test Reading?  Claim 001 New  Claim Type *	12-335 ○ Yes ® No 0 mg	Oriver Vehicle No.  Any injury?	○ ves  No		Driver Insurer Comp Insured NRIC Contact No.(Office)		2016115271 66261820	V	
Unit No. Does he own a Singapore Registered car?  Peclaration  Breathayser or Blood Test Reading?  Claim 001 New  Claim Type *  Concact No. (Mobile)	12-335 ○ Yes ® No 0 mg	Oriver Vehicle No.  Any injury?  Insured Name	○ ves  No		Driver Insurer Comp		2016115271	V	
Unit No. Does he own a Singapore Registered car?  Declaration Breathayser or Blood Test Reading?  Claim 001  Mem  Claim Type *  Concact No. (Mobile)  Email Address	12-335 ○ Yes  No  O mg	Onver Vehicle No.  Any injury?  Insured Name Contact No.(Home)	○ ves  No		Driver Insurer Comp Insured NRIC Contact No.(Office)		2016115271 66261820	V	
Unit No. Does he own a Singapore Registered car?  Declaration Bereinhayser or Blood Test Reading?  Claim 001 New  Claim Type *  Concact No. (Mobile)  Email Address  Claim Description	12-335 ○ Yes ® No 0 mg	Onver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Oil Vehicle Number	○ Yes  No  RELIABLE RIDES  SIX7590H	PTE LTD	Driver Insurer Comp  Insured NRIC Contact No.(Office) TP Vehicle Number		2016115271 66261820	V	
Unit No. Does Ne own a Singapore Registered Car?  Declaration Breathalyser or Blood Teet Reading?  Modification History  Claim 001 New  Concact No. (Mobile) Email Address Coalm Description Preferred Weekshep Contact	12-335  Ves ® No  Omg  OD-MX  SGx7590H / SLN391G ON 29 Mai 2018	Onver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liabley *	○ Yes  No  RELIABLE RIDES  SIX7590H	PTE LTO	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W	Workshop	2016115271 66261820 SLNE61G		
Unit No. Does he own a Singapore Registered car?  Declaration Breathayser or Blood Test Reading?  Claim 001 New  Claim Type *  Contact No. (Mobile)  Email Address  Claim Description	12-335 ○ Yes  No  O mg	Onver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preferend Repeir Option	○ Yes  No  RELIABLE RIDES  SIX7590H	PTE LTD	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W GIA report	Workshop	2016115271 66361420 SLN661G	v	
Unit No. Does he own a Singapore Registered car?  Declaration Breathayter or Blood Test Reading?  Claim 001 New  Claim Type * Contact No. (Motile) Email Address Claim Description Preferred Workshop Contact No.	12-335  Ves ® No  Omg  OD-MX  SGx7590H / SLN391G ON 29 Mai 2018	Onver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liabley *	○ Yes  No  RELIABLE RIDES  SIX7590H	PTE LTO	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W	Workshop	2016115271 66261820 SLNE61G	v	
Unit No. Does he own a Singapore Registered car?  Declaration Bereinstyser or Shood Test Reading?  Claim 001 New  Claim Type *  Contact No. (Motele) Email Address  Claim Description Preferred Workshop Contact No.  Require Finalisation	12-335  Ves ® No  Omg  OD-MX  SGx7590H / SLM5610 ON 29 Mar 2018	Onver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preferend Repeir Option	○ Yes  No  RELIABLE RIDES  SIX7590H	PTE LTO	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W GIA report	Workshop	2016115271 66361420 SLN661G	v	
Unit No. Does he own a Singapore Registered car?  Declaration Becarhalyser or Blood Test Reading?  Claim 001 New  Claim Type * Concact No. (Motele) Email Address Claim Description Preferred Workshap Contact No. Require Finalisation Date Registered	12-335  Yes ® No  Omg  OC-MY  SGX7590H / SLN5510 ON 29 Mar 2018  Yes  V202/04/2018 14:15	Onver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preferend Repeir Option	○ Yes  No  RELIABLE RIDES  SIX7590H	PTE LTO	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W GIA report	Workshop	2016115271 66361420 SLN661G	v	
Unit No. Does he own a Singapore Registered car?  Declaration Becarhalyser or Blood Test Reading?  Claim 001 New  Claim 17pe * Concact No. (Mobile) Email Address Claim Description Preferred Workshep Contact No. Require Finalisation Date Registered Report Taken By	12-335  Yes ® No  Omg  OC-MY  SGX7590H / SLN5510 ON 29 Mar 2018  Yes  V202/04/2018 14:15	Onver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preferend Repeir Option	O Yes  No  RELIABLE RIDES SIX7590H  Not at Fault  Preferred Works	PTE LTD	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W GIA report	Workshop	2016115271 66361420 SLN661G	v	
Unit No. Does he own a Singapore Registered car?  Declaration Bereinhalyser or Shood Test Reading?  Claim 001 New  Claim Type *  Concact No. (Mobile) Email Address Olaim Description Preferred Werkshop Contact No.  Require Finalisation Date Registered Report Taken Ry  Print AK letter	12-335  Yes ® No  Omg  OC-MY  SGX7590H / SLN5510 ON 29 Mar 2018  Yes  V202/04/2018 14:15	Onver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preferend Repeir Option	○ Yes  No  RELIABLE RIDES  SIX7590H	PTE LTD	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W GIA report	Workshop	2016115271 66361420 SLN661G	v	
Unit No. Does he own a Singapore Registered car?  Declaration Bereinhalpser or Blood Test Reading?  Claim O01 New  Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshep Contact No. Require Finalisation Date Registered Report Taken Ry	12-335  Yes ® No  Omg  OC-MY  SGX7590H / SLN5510 ON 29 Mar 2018  Yes  V202/04/2018 14:15	Onver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preferend Repeir Option	O Yes  No  RELIABLE RIDES SIX7590H  Not at Fault  Preferred Works	PTE LTD	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W GIA report	Workshop	2016115271 66361420 SLN661G	v	
Unit No. Does ne own a Singapore Registered Car?  Declaration  Bereintayser or Blood Test Reading?  Claim O01 New  Claim Type *  Concact No. (Mobile)  Email Address  Darm Description  Preferred Workshep Contact No.  Kequire Finalisation  Date Registered  Report Taken By  Street Ak letter  Attachment	12-335  Yes ® No  Omg  OC-MY  SGX7590H / SLN5510 ON 29 Mar 2018  Yes  V202/04/2018 14:15	Onver Vehicle No.  Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preferend Repeir Option	O Yes  No  RELIABLE RIDES SIX7590H  Not at Fault  Preferred Works	PTE LTD	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W GIA report	Workshop	2016115271 66361420 SLN661G	v	
Unit No. Does he own a Singapore Registered car?  Declaration Breathayser or Blood Test Reading?  Claim 001 New  Claim Type * Concact No. (Mobile) Email Address Claim Description Preferred Workshep Contact No. Require Finalisation Date Registered Report Taken Ry  d Imnit Ak latter  Attachment	12-335  ○ Yes  № No  O mg    OO-MX	Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date	O Yes  No  RELIABLE RIDES SIX7590H  Not at Fault  Preferred Works	PTE LTD	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W GIA report	Workshop	2016115271 66361420 SLN661G	v	
Unit No. Does he own a Singapore Registered car?  Declaration Breathayser or Blood Test Reading?  Claim 001 New  Claim Type * Contact No. (Mobile) Email Address  Darm Description Preferred Workshep Contact No. Require Finalisation Date Registered Report Taken By  Attachment  **  Accident No.	12-335  Ves ® No  O mg  SGX7590m / SLN5910 CN 29 Mar 2018  Yes  92/04/2018 34:15  Jackson	Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Profesered Repair Option Claim Close Date  Claim No.	O Yes  No  RELIABLE RIDES SIX7590H  Not at Fault  Preferred Works	PTE LTD  hop, Name unknown	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W GIA report	Workshop	2016115271 66361420 SLN661G	v	
Unit No. Does he own a Singapore Registered car?  Declaration Breathayser or Blood Test Reading?  Claim 001 New  Claim Type * Concact No. (Mobile) Email Address Claim Description Preferred Workshep Contact No. Require Finalisation Date Registered Report Taken Ry  d Imnit Ak latter  Attachment	12-335  Ves ® No  O mg  SGX7590m / SLN591G CN 29 Mar 2018  Yes  02/04/2018 34:15  Jackson  MT/D988483	Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date	O Yes  No  RELIABLE RIDES SIX7590H  Not at Fault  Preferred Works	PTE LTD  hop, Name unknown   OO1  O2/04/2016 14:16	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred W GIA report Date Received	Workshop	2016115271 66351820 SLN561G Received 02/04/2018	00:00	
Unit No. Does ne own a Singapore Registered car?  Declaration Bereinhayser or Blood Teet Reading?  Claim O01 New  Claim Type * Concact No. (Mobile) Email Address  Darm Description Preferred Workshep Contact No. Kequire Finalisation Date Registered Report Taken Ry  Attachment  Attachment	12-335  Ves ® No  O mg  SGX7590m / SLN5910 CN 29 Mar 2018  Yes  92/04/2018 34:15  Jackson	Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Profesered Repair Option Claim Close Date  Claim No.	RELIABLE RIDES SQX7990H Not at Fault Preferred Works Save Submit	PTE LTD  hop, Name unknown  O01  02/04/2018 14:16  Category *	Insured NRTC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report Date Received	Workshop	2016115271 66351820 SLN551G Received 02/04/2018	v	
Unit No. Does ne own a Singapore Registered car?  Declaration Bereinhayser or Blood Teet Reading?  Claim O01 New  Claim Type * Concact No. (Mobile) Email Address  Darm Description Preferred Workshep Contact No. Kequire Finalisation Date Registered Report Taken Ry  Attachment  Attachment	12-335  Ves ® No  O mg  SGX7590m / SLN591G CN 29 Mar 2018  Yes  02/04/2018 34:15  Jackson  MT/D988483	Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Profesered Repair Option Claim Close Date  Claim No.	O ves ⊕ No RELEABLE RIDES SOX7590H Not at FauR Preferred Works Save Suzemb	PTE LTD  hop, Name unknown  O01  02/04/2018 14:16  Category *	Insured NRTC Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report Date Received	Workshop	2016115271 66351820 SLN551G Received 02/04/2018	00:00	
Unit No. Does he own a Singapore Registered car?  Declaration Bereinhayser or Blood Test Reading?  Claim O01 New  Claim Type *  Concact No. (Mobile) Email Address  Darm Description Preferred Workshep Contact No.  Kequire Finalisation Date Registered Report Taken Ry  Attachment  Attachment	12-335  Ves ® No  O mg  SGX7590m / SLN591G CN 29 Mar 2018  Yes  02/04/2018 34:15  Jackson  MT/D988483	Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Profesered Reper Option Claim Close Date  Claim No. Upload Date	RELEABLE RIDES SOX7590H Not at Fault Preferred Works Save Suzent	PTE LTO  Prop. Name unknown  O01  O2/04/2018 14:16  Category *	Insured NRTC Contact No.(Office) TP Vehicle Number Name of Preferred V GIA report Date Received  Confidential	Workshop	2016115271 66351820 SLN551G Received 02/04/2018	00:00	
Unit No. Does ne own a Singapore Registered Car?  Declaration  Declaration  Declaration  Hodification History  Claim 001 New  Claim Type *  Concact No. (Mobile)  Email Address  Claim Decription  Preferred Workshop Contact  No.  Kequire Finalisation  Date Registered  Report Taken Ry  Signatured Accident No.	12-335  Ves ® No  O mg  SGX7590m / SLN591G CN 29 Mar 2018  Yes  02/04/2018 34:15  Jackson  MT/D988483	Any injury?  Insured Name Centact No.(Home) OI Vehicle Number  Insured Liability * Profusered Reper Option Claim Close Date  Claim No. Upload Date  Brows  Brows	RELEABLE RIDES SUX7590H  Not at Fault Preferred Works  Save Submit	DOIL 02/04/2018 14:16 Category *	Insured NRIIC Contact No.(Office) TP Vehicle Number Name of Preferred V GIA report Date Received  Confidential	Verkahop Urgene; Normal Normal	2016115271 66351820 SLN551G Received 02/04/2018	00:00	
Unit No. Does ne own a Singapore Registered Car?  Declaration  Declaration  Declaration  Hodification History  Claim 001 New  Claim Type *  Concact No. (Mobile)  Email Address  Claim Decription  Preferred Workshop Contact  No.  Kequire Finalisation  Date Registered  Report Taken Ry  Signatured Accident No.	12-335  Ves ® No  O mg  SGX7590m / SLN591G CN 29 Mar 2018  Yes  02/04/2018 34:15  Jackson  MT/D988483	Any injury?  Insured Name Centact No.(Home) Of Vehicle Number  Insured Liability * Profusered Reper Option Claim Close Date  Claim No. Upload Date  Brows Brows	RELEABLE RIDES  SUX7590H  Not at Fault  Preferred Works  Save Submit	PTE LTD  Prop. Name unknown  O01  O2/04/2016 14:16  Category *  ace Select  Ace Select  Ace Select	Insured NRIIC Contact No.(Office) TP Vehicle Number Name of Preferred V GIA report Date Received  Confidential	Urgens; Normal Normal	2016115271 66351820 SLN551G Received 02/04/2018	00:00	
Unit No. Does ne own a Singapore Registered Car?  Declaration  Declaration  Declaration  Hodification History  Claim 001 New  Claim Type *  Concact No. (Mobile)  Email Address  Claim Decription  Preferred Workshop Contact  No.  Kequire Finalisation  Date Registered  Report Taken Ry  Signatured Accident No.	12-335  Ves ® No  O mg  SGX7590m / SLN591G CN 29 Mar 2018  Yes  02/04/2018 34:15  Jackson  MT/D988483	Any injury?  Insured Name Centact No.(Home) OI Vehicle Number  Insured Liability * Profesered Reper Option Claim Close Date  Claim No. Upload Date  Brows Brows Brows Brows	RELEABLE RIDES SOX7590H Not at Fault Preferred Works  Save Summt  Re Clear Pile	PTE LTD  Prop. Name unknown  O01  O2/04/2016 14:16  Category *  ace Select	Insured NRTIC Contact No.(Office) TP Vehicle Number Name of Preferred V GIA report Date Received  Confidential   1401   V   1400   V   1400   V	Urgency Normal Normal Normal	2016115271 66261820 CLM561G Received 02/04/2018	00:00	
Unit No. Does ne own a Singapore Registered Car?  Declaration  Declaration  Declaration  Hodification History  Claim 001 New  Claim Type *  Concact No. (Mobile)  Email Address  Claim Decription  Preferred Workshop Contact  No.  Kequire Finalisation  Date Registered  Report Taken Ry  Signatured Accident No.	12-335  Ves ® No  O mg  SGX7590m / SLN591G CN 29 Mar 2018  Yes  02/04/2018 34:15  Jackson  MT/D988483	Any injury?  Insured Name Centact No.(Home) Of Vehicle Number  Insured Liability * Profusered Reper Option Claim Close Date  Claim No. Upload Date  Brows Brows	RELEABLE RIDES SOX7590H Not at Fault Preferred Works  Save Summt  Re Clear Pile	PTE LTD  Prop. Name unknown  O01  O2/04/2016 14:16  Category *  ace Select  ace Select  ace Select  ace Select  was Select	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred V GIA report Date Received  Confidential	Urgens; Normal Normal Normal	2016115271 66361820 SLN561G Received 02/04/2018	00:00	
Unit No. Does he own a Singapore Registered car?  Declaration Bereinhayser or Blood Test Reading?  Claim O01 New  Claim Type *  Concact No. (Mobile) Email Address  Darm Description Preferred Workshep Contact No.  Kequire Finalisation Date Registered Report Taken Ry  Attachment  Attachment	12-335  Ves ® No  O mg  SGX7590m / SLN591G CN 29 Mar 2018  Yes  02/04/2018 34:15  Jackson  MT/D988483	Any injury?  Insured Name Centact No.(Home) OI Vehicle Number  Insured Liability * Profesered Reper Option Claim Close Date  Claim No. Upload Date  Brows Brows Brows Brows	RELIABLE RIDES SOX7590H  Not at Fault Preferred Works  Save Suzemb  Coar Pie Coar Pie Coar Pie	PTE LTD  Prop. Name unknown  OOI  O2/04/2016 14:16  Category *  ace Select	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred V GIA report Date Received  Confidential	Urgency Normal Normal Normal	2016115271 66261820 CLM561G Received 02/04/2018	00:00	

Attachment	10	ploaded By/Date	Category	P Urger	ncy	Description	Sent? Action (CO)
	NAC_PAYA_UBI_B00601[ NATIO	NAL ASSESSMENT CENTRE SERVICES) on 02 Ap r 2018 14:16	NR)C/ Oriving Ucense	Norm	nal	NR(C/ Onling License 2018-4-2	Edit
190	NAC_PAYA_UBI_800603[ NATIO	NAL ASSESSMENT CENTRE SERVICES) on D2 Ap r 2018 14:16	SAS	Norm	nai	SAS 2018-4-2	Edit
(4)	NAC_PAYA_UBI_800603( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 02 Ap ± 2018 14:16	Photos	Norm	nal	Photos 2018-4-2	Edit
		NAL ASSESSMENT CENTRE SERVICES) on 02 Ap + 2018 14:16	Photos	Norm	nel	Photos 2018-4-2	Edit
6	NAC_PAYA_UBI_800601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 02 Ap r 3018 14:16	Photos	Norm	nai	Photos 2018-4-2	Edit
	NAC_PAYA_UBI_800601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 02 Ap r 2018 14:16	Photos	Norn	nal	Photos 2018-4-2	Edit
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	NAC_PAYA_UBI_B00603( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 02 Ap r 2018 14:16	Protos	Nom	mail	Photos 2018-4-2	Edit
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The same of the sa	NAC_PAYA_UBI_BD0601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 02 Ap r 2018 14:15	Photos	Nort	mai	Protos 2018-4-2	Edit
Ten	NAC_PAYA_UBI_800601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 02 Ap r 2016 14:15	Photos	Nort	mai	Photos 2018-4-2	Edit
W.	NAC_PAYA_UBI_B00601( NATIO	NAL ASSESSMENT CENTRE SERVICES) on 02 Ap r 2018 14:15	Photos	Norr	mai	Photos 2018-4-2	Edit
	NAC_PAYA_UBI_BD0603[ NATIO	nal assessment centre services) on 02 Ap < 2018 14:15	Photos	Non	mail	Photos 2018-4-2	Edit
6	NAC PAYA_UBI_800603( NATIO	INAL ASSESSMENT CENTRE SERVICES) on 02 Ap + 2010 14:15	Photos	Non	mai	Photos 2018-4-2	Edit
6	NAC_PAYA_UBL_800601( NATIO	INAL ASSESSMENT CENTRE SERVICES) on 02 Ap r 2018 14:15	Photos	Non	mai	Photos 2018-4-2	Edit
₩ Video List					0		
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