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		Assessment/Survey Rep	and the second s		
TP Insurer.		Ass't Report by Fax / H	The second secon		en com
Preferred Wk	sp / INC Assign Wksp / QW:	(Tel: Fa	ix!	
1P Particula	irs: Veh No:	54V5818B 11	VC () / Non-INC ()		
Owner / Di	river (Tel:		
Policy No.	1	Period: () Cover Type: (
	afterned by : (Date:	Time:)	
	river Liability ((WO): Note-Est. Status (WO): N	1: 0-20%; P: 21-79%. F: 80-1	[0%]	-
Year of R	egistration: () Warranty: YES () / NC)()		
Excess: (\$		\$1,000()/\$2,000()			
General Re	marks:-				
() Wall	-In Customer's Customer's	s information strictly Confidentia	& Strictly NO (Bler of Repairer)		
	Loss Case : to e-mail I				
A DOMESTICAL STREET		voice: YES () / NO () ; Towing Co. ()
Drive-In ()/Towed-In (); In	voice, risk y rive (
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The state of the s	The second secon) / Courtesy Car ()	Date&Time Completed	Done b	iy
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

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.
- 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

The second second second	ACCIDENT STATEMENT		
Date Of Report	13/04/2018 11:49		
Date Of Accident	07/04/2018 18:00		
Exact Location Of Accident	ECP TWDS MARINE PARADE RD(STILL RD)	
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	GBD6591B	,	
Insured/Policyholder			
Name Of Registered Owner	AUTOMOBILE TRADERS PTE. LTD.		
Co Reg No	5		
Email Address	NOEMAIL		
Mobile Phone No			

OFFICE-84848621

Alternative Phone No Vehicle Particulars

MITSUBISHI Manufacturer

L200 Model

Exact Purpose for which vehicle was being used at WORKING

Are you claiming under your own insurance policy

for repair to your vehicle?

REPORTING ONLY If No, Please state action to be taken

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5076718445-02 Policy Number

Cover Note Number

Driver

THAN HTIKE SOE Name of Driver

F8495359T Passport No/FIN 20/05/1977 Date Of Birth OUTDOOR Occupation 09/05/2014 Date Of Driving Pass

3 YEARS AND 10 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-85337498 Mobile Number

Fax Number Contact Number

NOEMAIL **EMail Address**

BLK 643 BEDOK RESERVOIR RD Address

#02-85

410643 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER(COMPANY)

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 RAINING Weather Conditions

WET 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?

NO

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

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

YES

NO

1

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGV5818B

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category KOO CHEE SIONG Name of Driver

NRIC/Passport Number

S1419854G

Contact Number

98207060

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

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.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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:

- 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
- (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:

TR40

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

Pls refr to the statement.	
	2 - E
	10-10

DECLARATION

I/We decision the language particulars are true in

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.:

I WAS TRAVELLING FROM ECP TWDS MARINE PARADE RD(STILL RD). SUDDENLY INFRT OF MY VEH E-BRAKE AND I FOLLOWED SUIT TO STOP DUE TO THE ROAD SURFACE WET MY VEH SPIN ONE ROUND AND HIT ONTO THE VEH(B)REAR RIGHT SIDE PORTION OF HIS VEH. THE DRIVER INFRT OF VEH B SAID THAT MY VEH GRAZED ONTO HIS VEH(C), I'M NOT SURE THAT MY VEH HAD GRAZED ONTO HIS VEH.





PENTA-OCEAN/KOON JOINT VENTURE

MOT - Land Preparation Works For Airport Development (CITHQ0ETT14000033)

SHE Form 14-2

Person Interview Statement

Date Of Accident:	07/	04	2018

Date Of Interview:

I'm writing this letter to file a report for car accordent in which I was involved on the Aprili 2018. I was dring quiteel car on the way of ECP to Morne Procole road esist around 6pm.

The webside in front of my see was sudalently break and I also used the break but due to heavy raining, my car was known slipped and turned and hit the webside class with my car back.

Name Of Person:

Than Htike Soe

Name Of Interviewer:

ws: Vahya

Signature Of Person:

BURS

Signature Of Interviewer:

1021

Date:

09/04/2018

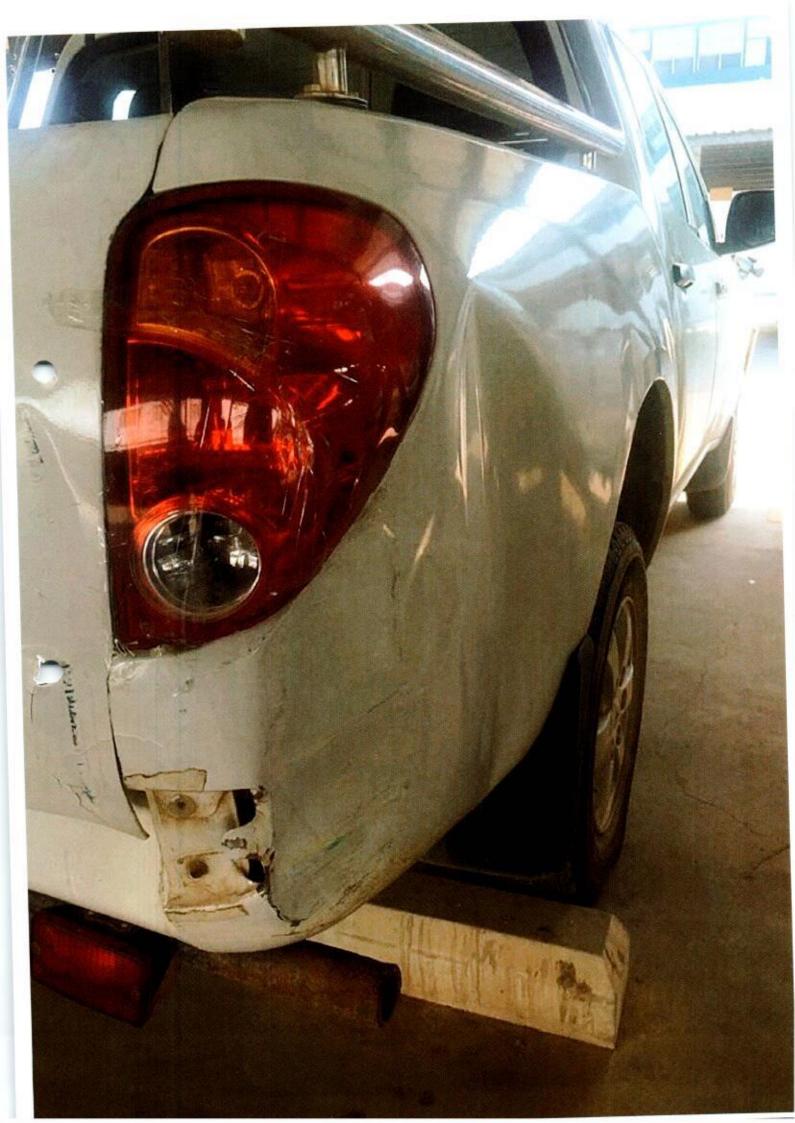
Date:

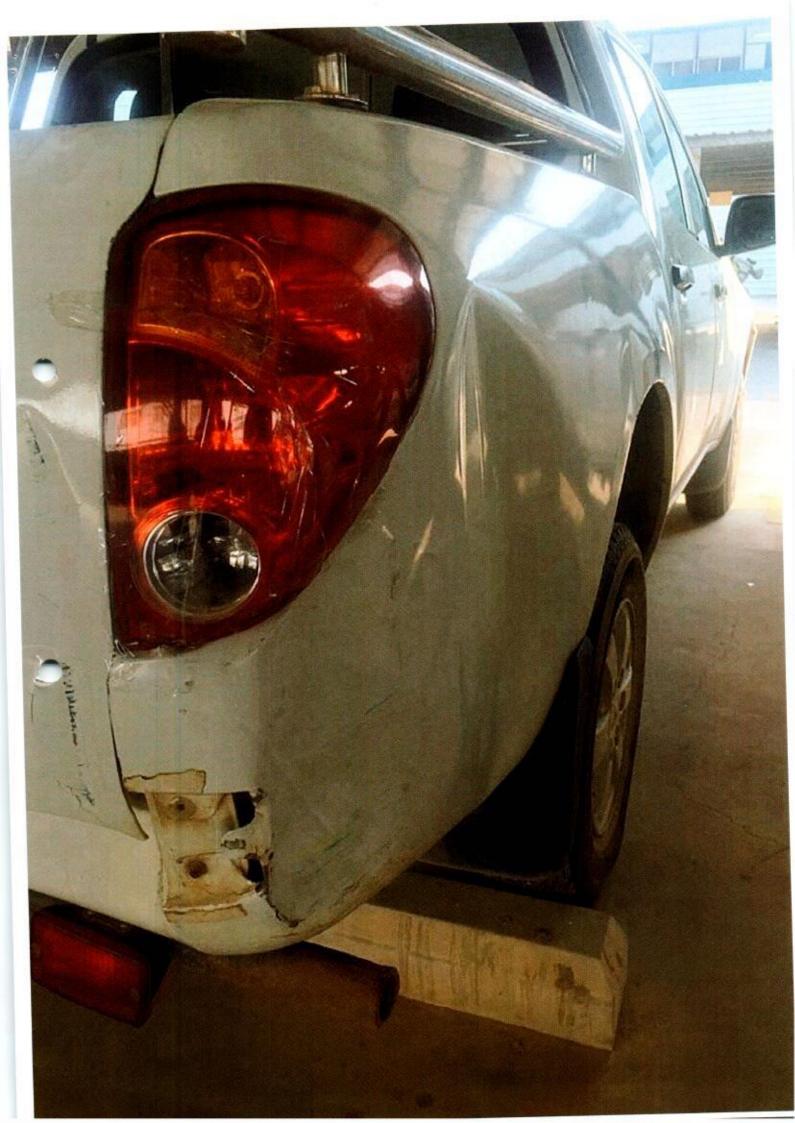
PH / 85337498

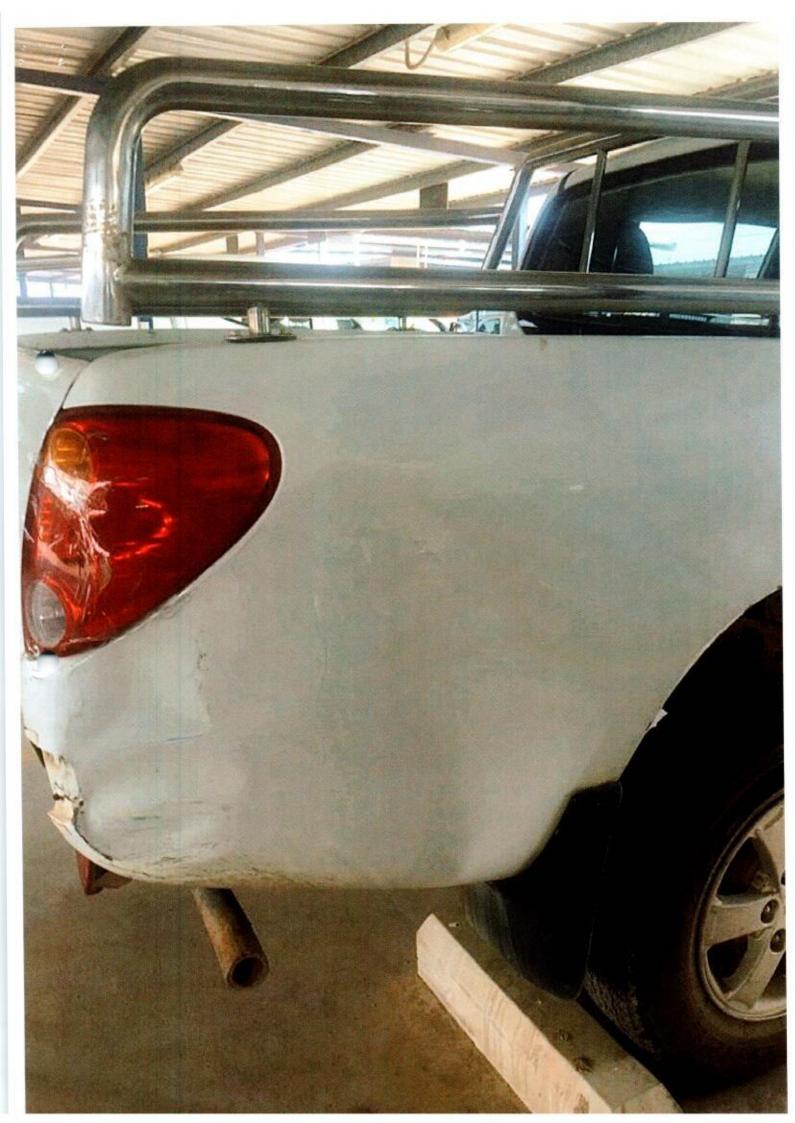
ACCIDENT STATEMENT

	TION: ECP TWAS MARINE RARABE RO (STILL	20)
	DETAILS OF VEHICLE	
; b	aJVEHICLE NUMBER: 980 65913	
	AJVEHICLE NOMBER: 4755 577.5	
100	b)INSURANCE COMPANY: NIUC	
	CJPOLICY NUMBER:	
	d)POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE &THEFT)	
	e MAKE & MODEL: MISSIN LOO	
	F)TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS)	
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL DIMOTORCYCLE)	
	h) PURPOSE OF USING AT ACCIDENT TIME:	
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES NO)	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	19
2.	INSURED / POLICY HOLDER	
	A)NAME: (MALE / FEMALE)	
	b)NRIC/FIN/PASSPORT: CONTACT: 84848621	
	c) ADDRESS:	
		900
Α	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
this of passenge. (Including diviver)	DRIVER a) NAME: SHAN HINE SOE (MALE / FEMALE)	
(Including disver)	a) NAME: THAN HIKE SOE (MALE / FEMALE)	
()		
	MO2-85 HO643	98
	*d)DATE OF BIRTH: (30 / 05 / 1977)(DD/MM/YYYY)	
	e)OCCUPATION: (INDOOR FOUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 09/05/2014	
a a	THEARS OF DRIVING EXPRENIENCE. DYTO TO	
4.	WAS DOINED AN EMDITIVEE HE THE INSTITUTION CHIMPANAY TYPS / WILL	
	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)	+ MIRE
5	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	+ MIRE
5.	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	HIRE
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	HIRE
6.	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	HIRE
6.	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / FAINING) OTHERS b) ROAD SURFACE: (DRY / WEI) OTHERS WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO)	HIRE
6. 7.	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / FAINING) OTHERS b) ROAD SURFACE: (DRY / WET) OTHERS WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:	HIRE
6. 7.	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / FAINING) OTHERS b) ROAD SURFACE: (DRY / WEI) OTHERS WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE	HIRE
6. 7. 8. No of passenger	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / FAINING) OTHERS b) ROAD SURFACE: (DRY / WEI) OTHERS WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE a) VEHICLE NUMBER: SGV SEIEB MODEL:	HIRE
6. 7. 8. 8. of passenger Including driver)	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / FAINING) OTHERS b) ROAD SURFACE: (DRY / WEI) OTHERS WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE a) VEHICLE NUMBER: SGV S8 (8 / 8 MODEL: b) DRIVER'S NAME: COO CHEE (1004)	
6. 7. 8. 8. of passenger Including driver)	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / RAINING) OTHERS b) ROAD SURFACE: (DRY / WEI) OTHERS WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE a) VEHICLE NUMBER: SGV S& (& B) b) DRIVER'S NAME: KOO CHEE (10MG) c) NRIC/FIN/PASSPORT: S14198546 / 6 CONTACT: 98307066 THIRD PARTY VEHICLE	
6. 7. 8. No of passinger Induding driver) () 9.	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / RAINING) OTHERS b) ROAD SURFACE: (DRY / WEI) OTHERS WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE a) VEHICLE NUMBER: SGV S& (& B) b) DRIVER'S NAME: KOO CHEE (10MG) c) NRIC/FIN/PASSPORT: S14198546 / 6 CONTACT: 98307066 THIRD PARTY VEHICLE	
6. 7. 8. No of passinger Induding driver) () 9.	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / RAINING) OTHERS b) ROAD SURFACE: (DRY / WEI) OTHERS WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE a) VEHICLE NUMBER: SQV S& 1 & 3 MODEL: b) DRIVER'S NAME: COO CHEE FLOWS c) NRIC/FIN/PASSPORT: S14198544 / 5 CONTACT: 98307060 THIRD PARTY VEHICLE d) VEHICLE NUMBER: UN CAUCUM! MODEL:	
6. 7. 8. No of passanger Including driver) 9. No of passanger	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / RAINING) OTHERS b) ROAD SURFACE: (DRY / WET) OTHERS WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE a) VEHICLE NUMBER: SGV S& 16 / S MODEL: b) DRIVER'S NAME: COO CHEE FLOWS c) NRIC/FIN/PASSPORT: S1419854G / S CONTACT: 9830706 THIRD PARTY VEHICLE d) VEHICLE NUMBER: UN CAUCUA! MODEL: DRIVER'S NAME:	
6. 7. 8. No of passanger Including driver) 9. No of passanger	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / RAINING) OTHERS b) ROAD SURFACE: (DRY / WEI) OTHERS WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE a) VEHICLE NUMBER: SQV S& 1 & 3 MODEL: b) DRIVER'S NAME: COO CHEE FLOWS c) NRIC/FIN/PASSPORT: S14198544 / 5 CONTACT: 98307060 THIRD PARTY VEHICLE d) VEHICLE NUMBER: UN CAUCUM! MODEL:	
6. 7. 8. No of passanger Including driver) 9. No of passanger	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / RAINING) OTHERS b) ROAD SURFACE: (DRY / WET) OTHERS WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE a) VEHICLE NUMBER: SGV S& 16 / S MODEL: b) DRIVER'S NAME: COO CHEE FLOWS c) NRIC/FIN/PASSPORT: S1419854G / S CONTACT: 9830706 THIRD PARTY VEHICLE d) VEHICLE NUMBER: UN CAUCUA! MODEL: DRIVER'S NAME:	
6. 7. 8. No of passanger Including driver) 9. No of passanger	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: a) WEATHER CONDITION: (CLEAR / RAINING) OTHERS b) ROAD SURFACE: (DRY / WET) OTHERS WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE a) VEHICLE NUMBER: SGV S& 16 / S MODEL: b) DRIVER'S NAME: COO CHEE FLOWS c) NRIC/FIN/PASSPORT: S1419854G / S CONTACT: 9830706 THIRD PARTY VEHICLE d) VEHICLE NUMBER: UN CAUCUA! MODEL: DRIVER'S NAME:	
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VISION AUTOWORK









S PASS

Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

Employer CIVIL TECH PTE, LTD,

Sector CONSTRUCTION



THAN HTIKE SOE MACHINE OPERATOR

8 Pass No. 0 90584391

Date of Application 12-07-2016

Date of Nave 26-07-2016 27-10-2018



L7041962



VISIT PASS Immigration Regulations

THAN HTIKE SOE



Cate of Birth See

20-05-1977 M

MYANMAR Date of Expiry

F8495359T 26-07-2016 27-10-2018

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



YOU ARE LICENSED TO DRIVE VEH SUES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Motor Cars=< 9000kg with =<7 passengers, exclusive 09 May 2014 of the driver; and other motor vehicles =< 2500kg

NP 428A



eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

· Change Language

· Change Password

Log Out

My Desktop Notice of Loss **Policy Query**

Policy No.

Select

Vehicle No.(For Motor)

GBD6591B

Date of Accident

GFT Comprehensive GBD6591B

07/04/2018 18:00

Search

Policy No. 5076718445-

Policyholder Name AUTOMOBILE TRADERS PTE, LTD. Policyholder NRIC 201025189R

Cover Type Product

Vehicle No.

Insured Object

GBD6591B

Commence Date

08/09/2017

Expiry Date

Continue

Claim Handling

Policy No.	5076718445-02		Vehicle No.	GBD65918			GST Registration	No.	2010251	890
Policyholder Name	AUTOMOBILE TRADERS	PTE LTD	200							
Product Code	FLEET INSURANCE		Cover Type	#000000E000	42/45 x		Policyholder NRIC		2010251	189R
Contact No.(Mobile)	NA NA		Contact No.(Office)	Comprehen	sive		Loading		0	
mail Address	100		State of the state				Contact No.(Hom	e)		
	104223 3000		Special Remark				eCode		No *	
KFK	= No Yes		TCA	= No. Y	es		eCode Reason			
NCD Protection	No		NCD Entitlement(%)	0			Private Hire		Not avail	able
Accident Details										
Report Date	09/04/2018 15:44		Accident Report Within 24 hrs	Yes			Accident Type		Side Swi	ne .
Date of Accident	07/04/2018		Time of Accident hh; mm	19:00			Country of Accide	nt	Singapor	
Reporting Centre	RESIDENCE PER		Orange Force	15100				THE.	Singapor	
Accident Location	ETHI BOAD COURT TO		Grange roice				ICM No.			
✓ Benefits	STILL ROAD SOUTH TO	WARDS STILL NOAD								
♥ Excess										
Own damage Excess	7	2,000.00	Additional Excess				Windscreen Exces	g		
Unnamed Driver Excess			Outside Singapore OD Excess							
Third Party Excess	1	500.00	Outside Singapore TP Excess							
	mation									
ST Registered	Yes			GST	Registration Date		01/12/20	011		
ST Registration No.	201025	5189R		G5T	Status Verified		Yes			
fodification History	10/04/2	018 17:21:07 Carol V	Nan changed GST Registered from Nan changed GST Registration No Nan changed GST Registration Da	from null to 2	201025189R 01/12/2011					
Address 1	210 TURF CLUB ROAD		Address 2	107 n n	E COANDETAND		Addition W		2000000	1200000
Address 4	ATT TORT CLUB RUAD		Address Type		IE GRANDSTAND		Address 3		SINGAPO	RE 2879
Unit No.				Singapore a			Post Code		287995	
			Related Policy Number	5073681076	5-02					
OI Driver Info										
Driver Name			Driver Type							
Innamed driver Name			Driver NRIC				Driver DOB			
Register Date of Driver Licens	e		Photograph Cont.				Driving Experience			
			Driver Age							
Contact No. (Mobile)			Contact No.(Office)				Contact No.(Home			
Address 1			Contact No.(Office)	Foreign addr	ess		Contact No.(Home			
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Attachment List

Attachment		Uploaded By/Date	Category	9	Urgency	Description
To THE	NAC_PAYA_UBI_800601(N	ATIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2018 17:46	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-4-13
60	NAC_PAYA_UBI_800601(N	ATIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2018 17:46	SAS		Normal	SAS 2018-4-13
	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2018 17:45	Photos		Normal	Photos 2018-4-13
	NAC_PAYA_UBI_B00601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2018 17:45	Photos		Normal	Photos 2018-4-13
2	NAC_PAYA_UB1_800601(N/	TIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2018 17:45	Photos		Normal	Photos 2018-4-13
34	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2018 17:45	Photos		Normal	Photos 2018-4-13
	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2018 17:45	Photos		Normal	Photos 2018-4-13
2	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2018 17:45	Photos		Normal	Photos 2018-4-13
J	NAC_PAYA_UB1_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2018 (7:45	Photos		Normal	Photos 2018-4-13
	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2018 17:45	Photos		Normal	Photos 2018-4-13
	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2018 17:45	Photos		Normal	Photos 2018-4-13
	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 13 Apr 2018 17:45	Photos		Normal	Photos 2018-4-13
Video List						

Display in New Window Scan and uploading