Dida Invad also		NA118052234	D L.	
Date In: 20 1/18-12:10	Jcb description	Date &Time Completed	Done by	
Ref No: NA/INC 18007331/24	SAS e-filing	i		
Veh No: JK B6887(E-mail (within 8hrs, AIC 2hrs)			*
D.O.A : 19/1/8-19:35	i-Motor Claim Form	M7 0991143 - 001	20/4/18 12:	39
()	i-Motor W/O (Within: OD 2)	ors, TP 4hrs)		
OD TP Preporting Only	i-Photo Uploaded			
TDI	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (141.	Fax:)
TP Particulars: Veh No: JR	545 G INC			diam'r.
Owner / Driver: (- W	Tel:		
Policy No: () Po	eriod: ()	Cover Type: (- 70
Confirmed by : (Date:	Time:)	
	[Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-	100%]	
1 cui of reognitudo on (Warranty: YES ()/NO ()		
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General Remarks:-			STATE OF THE STATE OF	· V
() Walk-In Customer: Customer's info	ormation strictly Confidential & S	Strictly NO refer of repairer.	·	
() Total Loss Case : to e-mail Insur	rer URGENTLY.			
Drive-In ()/Towed-In (); Invoice	e: YES () / NO ();	Towing Co: ()
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by	
	Courtesy Car ()			
7 11 2	Courtesy Car ()		11	
7) OC Check / Part 2 mair Inspection	()	The second secon	CONTRACTOR OF THE PARTY OF THE	
2) QC Check / Post Repair Inspection 3) Unload Resurvey Photo [Repair Cost > S	()			
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3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions.			Ant (S)	Amt (3)
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	1 Inveice P	reparation Checklist	2000 CT 80 8 20 80 4	Amt (3)
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3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NAI8 03 484 Laimant's Particulars:-	Invoice P 1) AR: Accid 2) DA: Dams 3) TF: Towin 4) FT: Follow	ent Reporting (\$30); ge Assessment (\$100); INC (g Fee 5 r-Through Survey r-Through Survey (Resurvey)	580) (40/\$45 \$120 \$30	A marine
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NAI8 02484 Claimant's Particulars:	Invoice P 1) AR: Accid 2) DA: Dame 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin	ent Reporting (\$30); ge Assessment (\$100); INC (g Fee 5 -Through Survey y-Through Survey (Resurvey) g against INC Only (wef 10 Jan 20	580) (40/545 \$120 \$30 05)	the same of
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NAI8 02484 Claimant's Particulars: Oriver/Owner: Contact No:	Invoice P 1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in	ent Reporting (\$30); ge Assessment (\$100); INC (g Fee 5 -Through Survey y-Through Survey (Resurvey) g against INC Only (wef 10 Jan 20 spection	580) (40/\$45 \$120 \$30	A marine
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July : Date/Time Actions NAI8 02484 Claumant's Particulars:- Oriver/Owner: Contact No:	Invoice P 1) AR: Accid 2) DA: Darra 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae I 8) NTUC Ade	ent Reporting (\$30); ge Assessment (\$100); INC (g Fee S -Through Survey (-Through Survey (Resurvey) g against INC Only (wef 10 Jan 20) spection OA + SMRT Survey litional Services:-	380) 40/545 \$120 \$30 05) \$75	the same of
July : Date/Time Actions NAI8 02484 Claumant's Particulars:- Oriver/Owner: Contact No:	1 Invoice P 1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae I 8) NTUC Ad OD* *N5: Cour *N6: Repa	ent Reporting (\$30); ge Assessment (\$100); INC (g Fee S -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 20) pection OA + SMRT Survey ditional Services:- csy Car / Tpt Allowance ir Co-ordination	\$80) \$40/\$45 \$120 \$30 \$55 \$160	the same of
3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NAI8 02484 Claumant's Particulars:- Oriver/Owner: Contact No: Oamaged Portion: C Checked by (Engr-In-Charge):	Invoice P 1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae I 8) NTUC Ad QD* *N5: Cour *N6: Reps *N7: Post	ent Reporting (\$30); ge Assessment (\$100); INC (g Fee S -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 20) spection A + SMRT Survey litional Services:- csy Car / Tpt Allowance ir Co-ordination Repair Inspection	\$80) 40/\$45 \$120 \$30 05) \$75 \$160	the same of
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3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	Invoice P 1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae I 8) NTUC Ad OD* *N5: Cour *N6: Repa *N7: Post +N8: DV/	ent Reporting (\$30); ge Assessment (\$100); INC (g Fee S -Through Survey -Through Survey (Resurvey) g sgainst INC Only (wef 10 Jan 20 spection OA + SMRT Survey ditional Services: less Car / Tpt Allowance ir Co-ordination Repair Inspection Collect Excess Coordination TP (Non INC) against INC Mobile	\$80) \$40/\$45 \$120 \$30 \$530 \$55 \$160 \$55 \$510 \$525 \$55 \$50 \$30	the same of

i i por et

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.

See a se	ACCIDENT STATEMENT
Date Of Report	20/04/2018 12:10
Date Of Accident	19/04/2018 19:35
Exact Location Of Accident	ALONG UPP SERANGOON VIADUCT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKB6887C
Insured/Policyholder	
Name Of Registered Owner	ZOOM CAR LEASING
Co Reg No	53349410M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	AUDI
Model	A5 SPORTBACK 3.2 FSI QU
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095507846
Cover Note Number	
Driver	
Name of Driver	TIONG HIN YANG (ZHANG XIANYANG)
NRIC No	S9140180J
Date Of Birth	01/11/1991
Occupation	INDOOR
Date Of Driving Pass	19/11/2012
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92212213
Fax Number	
Contact Number	OFFICE-92212213

NOEMAIL

Address BLK 832 SIMS AVENUE

#12-884 400832

Postcode 4008

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME: : CAI QIANWEN, ELIN

GENDER: : FEMALE

NO

NO

NO

2

NO

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

inent?

Was there any video captured by Car Camera?

NO

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJR545G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Page 2 of 12

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.
- 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:

- (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
- (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 Personne Name:

NRIC/FIN No.:

Vehicle A: SYB68870 Upper serangoon viaduct verille B: SIR545 & V

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date y time, I, vehicle 4, sk86887C,
was travelling straight along the stated venue suddenly, rehicle B.
SJR 545 G, cut into my lane and conided onto my vehicle's
right portion, inwhich damaged my vehicle's front right bumper,
fender, rim, tive, both right doors. After the accident, my car
alignment went off due to the accident.
my passenger: cai Ganwen, Elin segonyagi

DECLARATION

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

ZOOM TAR

Driver's Signature

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

Reporting Centre Personnelle Signature Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:

ACCIDENT STATEMENT

ACCI	DENT DATE: (19 , 04 , 20	018)(DD/MM/	YYYY), TIME:(19:0	T_H(HH:MM)
LOCA	ALCO ALLOCAV	serangoon	viaduct	
	DETAILS OF VEHICLE	STB 6887C	0	
	O) VEHICLE NUMBER: DINSURANCE COMPANY:	NTUL		
		In DIA hts II d'y	046	IRF &THEFT)
	d)POLICY TYPE: (COMPRE)	M 1/1/// / / / / / / / / / / / / / / / /		
	6)MAKE & MODEL:	/ MPV /VAN / L	EKCIAL / MOTOROTO	/ OTHERS) E)
	WARREST OF A WARRIOT LINED	EB AUTH CLAMM	MOOK WILL LIEUM	
	IF NO, PLEASE STATE (THIR	D PARTY CLAIM	/ REPORTING ONLY)	
2.	INSURED / POLICY HOLDER	1 3 1 1/6-20		FEMALE)
	A)NAME: ZOOI	63349411		
	b)NRIC/FIN/PASSPORT:			
m 5 w	E STATE OF THE STA		VIIOIDER	-
Ď	* CONTINUE TO 3.d IF DRIV	ER ALSO POLIC		
14 Ho of passenga	DRIVER	Yang	(MADE /	FEMALE)
(Including driver)	b) NRIC/FIN/PASSPORT:	39140180J	CONTACT: 9.	R32)
(05)	CIADDRESS: 832 SIM	ns Avenue	1112 007 30 400	
1 female	*d)DATE OF BIRTH: (D1)	11/1991 11	DD/MM/YYYY)	150
iai aianneh, Elin	eloccupation: (INDOOR	/OUTDOOR)	V 92	
esanuaai	f)YEARS OF DRIVING EXPRE	RIENCE:	SURED'S COMPANY?	(YES / NO)
4,	TE NO DELATIONSHIP OF	THE DRIVER	WITH INSURED.	iner.
5	DIWEATHER CONDITION: (C	CLEAR / KAININ	G / OTHERS	
	BIROAD SURFACE: (DRY / V	NEL / OTHERS_		
6.	WAS ANYBODY INJURED (Y	ES / NO1		
6	IF YES, PLEASE STATE WHIC	CH POLICE STAT	ION:	
8. No of passenger	THIRD PARTY VEHICLE a) VEHICLE NUMBER:		MODEL:	
(Induding driver)	D) DRIVER'S NAME:		CONTACT:	
[01]	C) TAKIC/FINATI AGGI OKTI.	The state of the s	CONTACT	
	THIRD PARTY VEHICLE d) VEHICLE NUMBER:		MODEL:	
* No of passenger	e) DRIVER'S NAME:			
(Including driver)	f) NRIC/FIN/PASSPORT:		CONTACT::	1100-1100
()				
Contract of				

email = 200 mauto werks @ gmail. com



Licence Number S 9 1 4 0 1 8 0 J

TIONG HIN YANG (ZHANG XIANYANG)

Birth Date: 01 Nov 1991

Issue Date: 19 Nov 2012



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9140180J





Name

TIONG HIN YANG (ZHANG XIANYANG)

显洋

Race

CHINESE Date of birth

Sex

01-11-1991

Country of birth

M

SINGAPORE



YOU ARE LICENSED IN DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 19 Nov 2012 of the driver; and other motor vehicles =< 2500kg

Licence No: S9140130J

NP 428A

4499399



NRIC No. 59140180J



Date of issue 01-12-2009

Address

APT BLK 832 SIMS AVENUE #12-884 SINGAPORE 400832

eBao Tech							100		Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601		ALC: NAME OF THE PARTY OF THE P		September 1	•	Change Lan	guage '	Change Passwo	rd P Log Out
My Desktop	Polic	y Query						-		
Notice of Loss	Policy N	o.				Date of Acc	ident	19/04/	2018 19:35	
	vehicle	No. (For Motor)	SKB6887C							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095507846	ZOOM CAR LEASING	53349410M	GPC	drivo CLASSIC	SKB6887C	SKB6887C	10/11/2017	09/11/2018
			0.69.650064-20			Continue				

allen No	5095507846	Policyholder	ZOOM CAR LEASING	Policyholder NRIC	53349410M
olicy No.		Name		INCIC	
ddress	832 SIMS AVENUE #12-884 EU	NOSVILLE SIN	GAPORE 400832	250	
Product Name	PRIVATE CAR INSURANCE	Plan		Policy Flag	N
Policy ssue Date	09/11/2017	Effective Date	10/11/2017 00:00	Expiry Date	09/11/2018 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	ASSURE (SINGAPORE) PTE. LT	C Agent Tel.	68038751	GST Flag	Υ
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyl	nolder Mailing Address				
Address 1	832 SIMS AVENUE	Address 2	#12-884 EUNOSVILLE	Address 3	SINGAPORE 400832
Address 4		Address Type	Singapore address	Post Code	400832
Unit No.	12-884	Related Policy Number	5099754716		
D Insure	d Object: SKB6887C				
♥ Endors	sements				
Sequen	ce Date of Endorsement	Endors	ement Type Endor	sement Status	Endorsement Content

Claim Handling								- Exit
Accident MT/0991143								
Poscy No.	5095587846	Vehicle No.	5K86887C		GST Registration No.		Processes	
Poscyholder Name	ZOOM CAR LEASING				Policyholder NRIC		53349410M	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSI	€ 3	Loading			
Contact No. (Mobile)	0	Contact No. (Office)	0		Contact No.(Home)		0	
Email Address		Special Remark			eCode		N. V	
KFK	® No Ves	TCA	® No ○Yes		eCode Reason			
	10	NCD Entitlement(%)	0		Private Hire		No.	
NCD Protection	AU.							
→ Accident Details		Accident Report Within 24 hi	rs Yes		Academ Type		Collision - Ch	ange / Cross lane
Report Date	20/04/2018 12:27				Country of Accident		Singapore	
Date of Accident	19/04/2018	Time of Accident hh:mm	19:35		ICM No.		0.000	
Reporting Centre		Orange Force			Tors and			
Accident Location	ALONG UPP SEXANGOON VIADUCT							
TP Benefits								
· Excess				100				100.00
Own damage Excess	2,000.00	Auditional Excess		0.00	Windscreen Excess			100.00
Unnamed Driver Excess		Outside Singapore OD Excel	95	2,000.00				
Third Party Excess	1,500.00	Outside Singapore TP Exces	is.	1,500.00				
GST Registered Informa	stion							
GST Registered	No.			Registration Date				
GST Registration No.			GST S	Ratus Verified	Yes			
Modification History								
	dress			491-1034-1	-2.00000000		SINGAPORE	400022
Address 1	832 SIMS AVENUE	Address 2	#12-884 EU	NO5VILLE	Address 3			10/000
Address 4		Address Type	Singapore ad	tdress	Post Code		400832	
une No.	12-894	Related Policy Number	5099754716					
OI Driver Info								
Driver Name	Unnamed Driver	Onver Type	Unnamed Dr	iver.				
Unnamed driver Name	TIONG HIN YANG (ZHANG KIAN)	Driver NRIC	591401803		Driver DOB		01/11/1991	
Register Date of Driver License	19/11/2012	Driver Age	26		Driving Experience		F	
Contact No.(Mobile)	92212213	Contact No.(Office)	0		Contact No.(Home)		٥	
Address 1	832 SIMS AVENUE	Address 2	EUNOSVELLE		Address 3		SINGAPORE	400832
	age and Arenac	Address Type	Singapore ac	doress	Post Code		400832	
Address 4	12-004	100						
Unit No. Does he own a Singapore Registered car?	○ Yes ® No	Oriver Vehicle No.			Driver Insurer Company			
Declaration								
Breathelyser or Blood Text Reading ³	0 mg	Any vigury?	○ Yes ® N	•				
Modification History Claim 001 New								
Claim Type *	OD-MX	Insured Name	ZOOM CAR	LEASING	Insured NRIC		53349410M	
Contact No.(Mobile)	92212213	Contact No.(Home)	NIL		Contact No.(Office)		MIL	
Email Address		OI vehicle Number	SK86887C		Tit Vehicle Number		S1R545G	
Own Description	SKB6887C / S3R545G ON 19 Apr 2018				Name of Preferred	Workshop		
Preferred Workshop Contact		Inquired Liability *	Not at Faul	V				
No.	yes.	Preferend Repair Option	Preferred W	Vorkshop, Name unknown	GIA report		Received	V
Require Finalisation		Claim Close Date			Date Received		20/04/2010	00 00
Date Registered	20/04/2018 12:29	CIBITI CIDINI DARK			7776678888			
Report Taken By	Tackson							
O Sving AV letter								
Attachment			Save Sub	mt				
4								
Accident No.	MF/0991143	Claim No.		001				
Last Doc, Received	® yes ○ No	Upload Date		20/04/2018 12:30				
AND	Path *			Category *	Confidential	Urger	scy *	Description *
	78.11	Bro	wse Cear		ko o	Normal	V	
				TOTAL CONTRACTOR OF THE PARTY O		Normal	V	
						Normal	V	
		100						
		Bro	cinar Cinar			Normal	V .	
		Bro	Clear Clear	Please Select	V 800 V	Normal		
		Bro	owse Clear	Please Select	V 10 V	Normal	V	
		-						Send Message Uplo

Attachment	0.0	ploaded By/Date	Category	9	Urgency	Description	Sent? (CO)	Action
Market States	NAC_PAYA_UBI_800601(NATK	NAL ASSESSMENT CENTRE SERVICES) on 20 Ap r 2018 12:30	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-4-20		Edit
	NAC_PAYA_UBI_800603[NATIO	NAL ASSESSMENT CENTRE SERVICES) on 20 Ap r 2018 12:30	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-4-20		Edit
100	NAC_PAYA_UBI_800603(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2018 12:29	SAS		Normal	SAS 2018-4-20		Edit
1	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 20 Ap r 2018 12:29	Photos		Normal	Photos 2018-4-20		Edit
	NAC_PAYA_UBI_B00601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 20 Ap r 2018 12:29	Photos		Normal	Photos 2018-4-20		Edit
	NAC_PAYA_UBI_800601/ NATIX	NAL ASSESSMENT CENTRE SERVICES) on 20 Ap. (2018 12:29	Photos		Normal	Photos 2018-4-20		Edit
	NAC_PAYA_UBI_BOOGOI(NATIO	NIAL ASSESSMENT CENTRE SERVICES) on 20 Ap r 2018 12:29	Photos		Normal	Photos 2018-4-20		Edit
	NAC_PAYA_UBI_800603(NATIO	MAL ASSESSMENT CENTRE SERVICES) on 20 Ap + 2018 12-29	Photos		Normal	Photos 2018-4-20		Edit
	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 20 Ap r 2018 12:29	Photos		Normal	Photos 2018-4-20		Edit
200	NAC_PAYA_UBI_BOOKO1 NATS	MAL ASSESSMENT CENTRE SERVICES) on 20 Ap 7 2018 12:29	Photos		Normal	Photos 2018-4-20		Edit
5	NAC_PAYA_UBI_800601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 20 Ap r 2018 12:29	Photos		Normal	Proces 2018-4-20		Edit
♥ Video List								
	Uploaded By/Date	Folder Date	the Name		9	Source	Action	