Dutalminal dia 15 15	Jeb description	Date &Time Completed	Don	e by
Date In: 12 5/18 - 15:43		Date to Time		
Res No: NA   NC 18009W8/24	SAS e-filing	-	-	
Veh No: PBD6119D	E-mail (within Shrs, AIC 2hrs)		1-1-	
D.O.A: 16/1/18-07-50	i-Motor Claim Form	MT/0994797-001	17/1/18	19:06
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hr.	s, TP 4hrs)		
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report	<u> </u>		
	Ass't Report by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			ax:	)
TP Particulars: Veh No: Unk	chown . INC (			
Owner / Driver: (		Tcl:	)	
	eriod: ( )	Cover Type: (	) .	
Confirmed by : (	Date:	Time:	)	-
	Note-Est. Status (WO): N: 0-20	D%; P: 21-79%. F: 80-10	00%]	
	Warranty: YES ( )/NO (	)		
	000 ( ) / \$2,000 ( )	A REPORT OF THE PARTY OF	<del>ख्नुत्र गुल</del>	
General Remarks,-			CON RECEIVE	
( ) Walk-In Customer: Customer's info		nctly NO rater of repairer.		
Drive-In ( )/ Towed-In ( ); Invoice		owing Co: (	<del></del>	1
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		Date&Tame Completed	Done	ору
1) Apply for Transport Allowance ( )/C	Courtesy Car ( )	Date&Taris Comple ad	Don	рру
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1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time: Actions  Actions  Inimant's Particulars:	Invoice Prej  1) AR: Accident 2) DA: Damage / 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th	Paration Checklist  Reporting (330);  Assessment (\$100); INC (\$30);  Incomplete (\$40/);  Incomplete (\$40/)	Ant (5)	(\$)
1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time: Actions  Actions  Inimant's Particulars:	Invoice Pre:    Invoice Pre:   1) AR : Accident	Paration Checklist:  Reporting (\$30); Assessment (\$100); INC (\$80 (\$90); Assessment (\$100); INC	Ant (5) // / / / / / / / / / / / / / / / / / /	(\$)
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1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time: Actions  Actions  aimant's Particulars: iver/Owner: intact No: imaged Portion:	Invoice Prej  Invoice Prej  Invoice Prej  I) 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	Paration Checklist  Reporting (\$30); Assessment (\$100); INC (\$80 to \$40/tough Survey \$ trough Survey (Resurvey)  Sinst INC Only (wef 10 Jan 2005) tion  SMRT Survey \$ tion  SMRT Survey \$ tion  Car / Tpt Allowance	Ant (5)  18:Bill  330  \$75  160	(\$)
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1) Apply for Transport Allowance ( )/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time: Actions  Actions  iver/Owner:  ontact No:  imaged Portion:  C Checked by (Engr-In-Charge):	Invoice Prepared to the state of the state o	Paration Checklist.  Reporting (530); Assessment (5100); INC (580); Incough Survey (8 survey); Incough Survey (Resurvey); Incough Survey (Resurvey); Incough Survey (8 survey); Incough Survey (9 survey); Incough	Ant (5)  In Bill  S45 120  \$30  \$75 160  \$5 510  \$25 55	(\$)
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to per crimer

## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2, This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

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 second secon	ACCIDENT STATEMENT
Date Of Report	17/05/2018 15:43
Date Of Accident	16/05/2018 07:50
Exact Location Of Accident	ANAK BUKIT FLYOVER TWDS TUAS
Country/State of Loss	SINGAPORE
D D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBD6129D
Insured/Policyholder	
Name Of Registered Owner	ABDUL HELMI BIN MOHD YASSIN
NRIC No	\$83079161
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91529427
Alternative Phone No	OFFICE-91529427
Vehicle Particulars	
Manufacturer	HONDA
Model	CBF150
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5050307719-07
Cover Note Number	

Driver	

MOHAMMAD FAZLY BIN SALLEH Name of Driver S8102278Z NRIC No 22/01/1981 Date Of Birth INDOOR Occupation 21/06/2017 Date Of Driving Pass 0 YEAR AND 10 MONTH Driving Experience

MALE Gender

(LOCAL) +65-97102594 Mobile Number

Fax Number

OFFICE-97102594 Contact Number

NOEMAIL EMail Address

BLK 260B PUNGGOL WAY Address

#17-313

822260 Postcode

Was driver an employee of the Insured's Company NO

FRIEND If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

1

## General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions WET Road Surface

### Other Information

Was any foreign vehicle involved in this accident? NO

2 Number of vehicles involved in the accident YES Was any body injured in the Accident?

Was any injured conveyed to hospital by NO

ambulance? Was any other material or property damaged?

YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

#### **Details of Police Action**

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

NO Was notice of intended Prosecution given?

If Yes, against whom?

### Circumstances of Accident

REFER TO STATEMENT.

#### Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO

Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

UNKNOWN Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

MOTORCYCLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

MOHAMMAD FAZLY BIN SALLEH Name

Approximate Age

Injuries Sustain

LEG

Injured person in which vehicle?

FBD6129D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

# 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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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;
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature

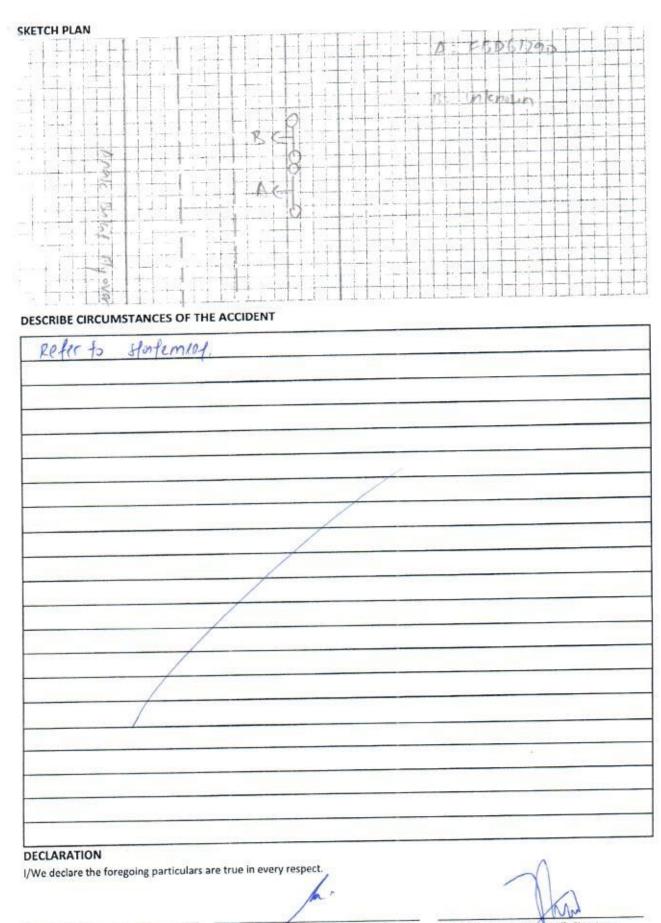
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIACINIC SterchPlanEarm\_N3

2

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 1 (MORE ON THE LEFT) ANAK BUKIT FLYOVER TWDS TUAS. VEHICLE B BRAKE HIS VEHICLE AS IN FRONT HAVE ACCIDENT OCCUR ALONG LANE 1. I TRIED TO BRAKE MY VEHICLE HOWEVER MY BIKE SKIDDED DUE TO ROAD SURFACE WAS WET. IN A RESULT, MY VEHICLE HIT ONTO VEHICLE B REAR PORTION.

# ACCIDENT STATEMENT

ACCI	DENT DATE: 16/5/18 (DD/MM/YY	YY), TIME: ( 07: JO ) (HH:MM)	
200	THE THE PARTY OF T	Eds Tras.	
LOCA	MON: Anale Buley Mysvar +		
1.	a) VEHICLE NUMBER:	<u> </u>	
- 2	DINSURANCE COMPANY: NTUC	+	
	CIPOLICY NUMBER: 50 50307719-07	PARTY (THIPD PARTY FIRE &THEFT)	
	DIPOLICY TYPE: (COMPREHENSIVE / THIRD P	ART / THIRD I ART THE STORY	
	e)MAKE & MODEL:	PRY / MOTORCYCLE / OTHERS)	
	g) VEHICLE CATEGORY: (PRIVATE / COMMER	CIAL / MOTORCYCLE)	
	h)PURPOSE OF USING AT ACCIDENT TIME:_	Privage My	
	I) ARE YOU CLAIMING UNDER YOUR OWN IN	SURANCE (YES NO)	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM /	REPORTING ONLY)	746
2	INSURED / POLICY HOLDER		•
•	ALNAME: About Helm? Bin Moh.	A YOUSIN (MALE / FEMALE)	1
90	b)NRIC/FIN/PASSPORT: SE3079167	CONTACT: 9132940.	I all al
	c)ADDRESS:		A HO OF
8	To the state of th		. (Including d
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER	(1)
3.	DRIVER a)NAME: Mohammad Fazly Bin J	SALL (MALE FEMALE)	
	a)NAME: TOTAL MANAGE TOTAL	CONTACT: 9710259	14
	CIADDRESS: BIC 260 B FAMOGOL WE	117-71 / 0222-601	<u> </u>
	CIADDRESS: BIK 260 B Proggal We	17	
	*d)DATE OF BIRTH: ( 22 1 / (98)(DI	D/MM/YYYY)	3 8
	e OCCUPATION: (INDOOR / OUTDOOR)		
	FLYFARS OF DRIVING EXPRERIENCE: 2016	717	
4.	WAS DRIVER AN EMPLOYEE OF THE INSU	RED'S COMPANY? (YES / NO)	0.5
	IF NO, RELATIONSHIP OF THE DRIVER W	ITH INSURED:	7
5.	a) WEATHER CONDITION: (CLEAR / RAINING	OTHERS	<b>-</b> ',
111	b)ROAD SURFACE: (DRY / WET / OTHERS		<del></del> /
	WAS ANYBODY INJURED (YES / NO) - 100		
7.	a)REPORTED TO POLICE (YES (NO)		92
	IF YES, PLEASE STATE WHICH POLICE STATIO	N:	<del></del>
8.	THIRD PARTY VEHICLE  a) VEHICLE NUMBER: Unknown	MODEL:	- * Ho of passo
	b) DRIVER'S NAME:		- Clududing du
339	c) NRIC/FIN/PASSPORT:	CONTACT:	
9. 1	THIRD PARTY VEHICLE		(-)
	d) VEHICLE NUMBER:	MODEL:	· " Ho of passi
*	e) DRIVER'S NAME:		- NO of hassi
	f) NRIC/FIN/PASSPORT:	CONTACT::-	_ (Induding a
	3		(-)

email = papatos 2 @ hotmail com
fax =

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8102278Z



## MOHAMMAD FAZLY BIN SALLEH

Race MALAY Date of birth 22-01-1981

SINGAPORE



5411197



29-12-2014

APT BLK 260B PUNGGOL WAY #17-313 SINGAPORE 822260

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

Class 3 Motorcycles =< 200 cc Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A



<b>eBao</b> Tech							Gene	eralClaim		
Hello, NAC_PAYA_UBI_80	0601					,	Change Lan	guage	Change Passwo	rd • Log Out
My Desktop	Polic	y Query								•
Notice of Loss	Policy N	0.	7			Date of Accident		16/05	2018 07:50	
	Vehicle	No.(For Motor)	FBD6129D	y						
					1	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5050307719- 07	ABDUL HELMI BIN MOHD YASSIN	583079161	GMC	Third Party	FBD6129D	FBD6129D	07/05/2018	06/05/2019
			10005070		-	Continue			28	

Policy No.	5050307719-07	Policyholder Name	ABDUL HEL	MI BIN MOHD YASSI	Policyholder NRIC	S8307916I	
Address	BLK 193 #07-216 EDGEFIELD	PLAINS SINGAR	ORE 820193	3			
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	04/05/2018	Effective Date	07/05/2018	8 00:00	Expiry Date	06/05/2019 23	3:59
Excess Type		All Claim Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess		
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	VICOM LTD	Agent Tel.	67414803		GST Flag	Y	
Co- insurance Flag Open	No						
insurance Flag Open Policy	No						
insurance Flag	No						
Insurance Flag Open Policy Info Certificate Info	No holder Mailing Address						
nsurance Flag Open Policy Info Certificate Info		Addre	ess Z	EDGEFIELD PLAINS	5	Address 3	SINGAPORE 820193
insurance Flag Open Policy Info Certificate Info	holder Mailing Address	1000000	ess 2 ess Type	EDGEFIELD PLAINS Singapore address		Address 3 Post Code	SINGAPORE 820193 820193
insurance Flag Open Policy Info Certificate Info  Policy Address 1	holder Mailing Address	Addre	ess Type ed Policy	77.707.72.207.00 kineto hono			THE RESIDENCE OF THE PARTY OF T
Insurance Flag Open Policy Info Certificate Info PolicyI Address 1 Address 4 Unit No.	holder Mailing Address	Addr Relat	ess Type ed Policy	Singapore address			THE RESIDENCE OF THE PARTY OF T
Insurance Flag Open Policy Info Certificate Info PolicyI Address 1 Address 4 Unit No.	holder Mailing Address  BLK 193 #07-216  and Object: FBD6129D	Addr Relat	ess Type ed Policy	Singapore address			THE RESIDENCE OF THE PARTY OF T

ccident MT/0994797					
slicy No.	5050307719-07	Vehicle No.	FBD6129D	GST Registration No.	
cyholder Name	ABDUL HELMI BIN MOHD VASSIN			Policyholder NRIC	583079161
fuct Code	HOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
ract No.(Mobile)	91529427	Contact No.(Office)	0	Contact No.(Home)	0
l Address		Special Remark		eCode	Tel 💙
	® No ⊜ Yes	TCA	® No ⊜Yes	eCode Reason	
Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details	110		27		
	Table 1 and 1 and 1	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
t Date	17/05/2018 19:05				
of Accident	16/05/2018	Time of Accident hhomm	07:50	Country of Accident	Singapore
ting Centre		Orange Force		SCM No.	
int Location	ANAK BUKIT FLYOVER TWDS TUAS				
Benefits					
Excess					
damage Excess	0.00	Additional Excess		Windscreen Excess	
med Driver Excess		Outside Singapore CO Excess			
Party Excess	0.00	Outside Singapore TP Excess			
SST Registered Inform					
egistered	No		GST Registration Date		
egistration No.	0.000		GST Status Verified	Yes	
disign History					
Mrs. 4-300 a. 10					
Policyholder Mailing A	ddress				
10 1	BLK 193 #07-216	Address 2	EDGEFIELD PLAINS	Address 3	SINGAPORE 820193
55.4		Address Type	Singapore address	Post Code	820193
10.		Related Policy Number	5050307719-07		
OI Driver Info					
r Name	MOHAMMAD FAZLY BIN SALLEH	Driver Type	Named Driver		
med driver Name		Driver NRIC	\$8102278Z	Driver DOB	22/01/1981
ter Date of Driver License	e 21/06/2017	Driver Age	37	Driving Experience	0
				Contact No.(Home)	0
ect Na (Mabile)	97102594	Contact No. (Office)	0		Same and the same of the same
ess 1	BLK 2609	Address 2	PUNGGOL WAY	Address 3	PUNGGOL TOPAZ
ess 4	51NGAPORE 822260	Address Type	Singapore address	Post Code	822260
No.	17-313				
s he own a Singapore stered car?	O Yes ® No	Driver Vehicle No.		Driver Insurer Company	
eration					
thalyser or Blood Test ling?	0 mg	Any injury?	® Yes ○ No		
fication History					
0.000					
100 May 100 Ma					
100 May 100 Ma		27.02462		R00917204845*	
im 001 <b>New</b>	ОО-МХ	Insured Name	ABDUL HELMI BIN MOHD YASSI	Insured NR3C	583079161
nim 001 New	ОО-Mx У	Insured Name Contact No.(Home)	ABDUL HELMI BIN MOHD YASSI 65279549	Insured NR3C Centact No.(Office)	583079161
Type * act No (Mobile)	And the second s		AND ADDRESS OF THE PARTY OF THE		563079161 UNKNOWN
nim 001 New 1 Type * act No.(Modife) I Address	91529427	Contact No. (Home) OI Vehicle Number	65279549	Contact No.(Office)	UNKNOWN
nim 001 New  1 Type * act No.(Modife)  I Address to Description	91529427 bebsbredrum@yahos.com	Contact No.(Home) OI Vehicle Number	65279549 FBD6129D	Contact No.(Office) TP Vehicle Number	UNKNOWN
n Type * act No.(Mobile) If Address In Description	91529427 bebobredrum@yahos.com FB051290 / UNKNOWN DN 16 May 2018	Contact No. (Home) OI Vervice Number Insured Liability *	65279549 PBD\$1290 Fully at Fault	Contact No. (Office)  TP Vehicle Number  Name of Preferred Worksh	UNICHÓWN
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Attachment		Uploaded By/Date	Category	P	Urgency	Description	Msg Sent? Action (CO)
77 ME		TIONAL ASSESSMENT CENTRE SERVICES) on 17 Ma y 2018 19:08	NRJC/ Onlying License		Normal	NRIC/ Driving License 2018-5-17	Edit
193	MAC_PAVA_UBI_800601( NA	TIONAL ASSESSMENT CENTRE SERVICES; on 17 Ma y 2018 19:07	SAS		Normal	SAS 2018-5-17	Edit
TAS	NAC PAYA URL 800501( NA	TIONAL ASSESSMENT CENTRE SERVICES) on 17 Ma y 2018 19:07	Photos		Normal	Photos 2018-5-17	Edit
	NAC_PAYA_U81_800601( NA	TIONAL ASSESSMENT CENTRE SERVICES) on 17 Mg y 2018 19:07	Photos		Normal	Proces 2018-5-17	Edit
1	NAC_PAYA_UB1_800601( NA	TIONAL ASSESSMENT CENTRE SERVICES) on 17 Ma y 2018 19:07	Photos		Normal	Photos 2018-5-17	Edit
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M	NAC_PAYA_UBI_800601{ NA	TIONAL ASSESSMENT CENTRE SERVICES) on 17 Ma y 2018 19:06	Photos		Normal	Photos 2018-5-17	Edit
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1	NAC_PAYA_UBI_B00601( NA	TIONAL ASSESSMENT CENTRE SERVICES) on 17 Ma y 2018 19:06	Photos		Normal	Photos 2018-5-17	Edit
⇒ Video List					1000		
	Uploaded By/Date	Folder Date	File Name		?	Source	Action

Display in New Window Scan and uploading