NATIONAL Assessment Co	entre Services	we! 1 Jan'05 M	NA 118065581		
Date In: 31/5/18-10:47	Jeb description		Date &Time Completed	Done	by by
Ref No: NA/INC8039241/24	SAS e-filing				
Veh No: Stp 1907 A	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 185/18-16:30	i-Motor Clai	m Form	m1/0995287-001	21/5/18	20:19
	i-Motor W/C	(Within: OD 2h	rs, TP 4hrs)		
OD (TP) Reporting Only	i-Photo Uplo	aded			
TRI	Assessment/St	irvey Report		PAS CAR	
TP Insurer:	Ass't Report b	y Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW	': (Tol: F	ax:)
TP Particulars: Veh No:	FBG6497A	, INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (V	WO): N: 0-2	20%; P: 21-79%. F: 30-1	.00%]	
Year of Registration: () Warranty: YES ()/NO()		
	\$1,000()/\$2,000				
General Remarks:-			A SOMEON SERVICE	2019 3	
() Walk-In Customer: Customer's	s information strictly Co				
() Total Loss Case : to e-mail I	nsurer URGENTLY.				
Drive-In ()/ Towed-In (); In	voice: YES () / N	NO();7	Towing Co: (
Remarks: (INC hotline: 6788 66)	16) ``-		Date& Time Completed	Done	by
1) Apply for Transport Allowance () / Courtesy Car ()		and a first of the col	
2) QC Check / Post Repair Inspection	())			
3) Upload Resurvey Photo [Repair Cost	t > \$3000] ()			
· Injurý :					
	To the second	STATE STREET, SOURS		117.2827.70	A - Chillippy
Date/Time Actions		12.75.8690	The second secon	REFLOADE	
	14				
			Ch. Julia	Anit (S)	Amt (\$)
NA1803162		TO SAME STORY AND	paration Checklist	fu Bill	Add Bill
laimant's Particulars :-		1) AR : Acciden 2) DA : Damage	Assessment (\$100); INC (\$8	would street a	
priver/Owner:		3) TF : Towing : 4) FT : Follow-T	Fee . 540	\$120	
ontact No:		5) FT : Follow-7	Through Survey (Resurvey)	\$30	
		6) TR: Re-inspe	against INC Only (wef 10 Jan 2005	\$75	
amaged Portion:		7) N1 : Idac DA	+ SMRT Survey	\$160	
Name of the state		8) NTUC Addit	ional Services:-		
C Checked by (Engr-In-Charge):	¥	*NS: Courtes	y Car / Tpt Allowance	\$5	
SERVER SPECIAL SERVER S	o lateralistada independente	*N6: Repair (Co-ordination pair Inspection	\$10	-
uditors! Comments ::-		+N8: DV / Co	ollect Excess Coordination	53	
1.1:	200 - Table 1	TP (N11) : T 9) N12: Idae Me	P (Non INC) against INC obile	30	
1. 2 / 3;)	Invoice dated	Fee Chargea	e e de la constante de la cons	and the first
		Invoice dated	Fee Charged	Sec. Marie	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Birth

Date Of Driving Pass

Driving Experience

Mobile Number Fax Number Contact Number

EMail Address

Occupation

Gender

- 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

aloresaid.	
And the transfer of the second second second	ACCIDENT STATEMENT
Date Of Report	21/05/2018 10:47
Date Of Accident	18/05/2018 16:30
Exact Location Of Accident	PIE (CHANGI AIRPORT)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP1907A
Insured/Policyholder	
Name Of Registered Owner	RENT A CAR LEASING PTE LTD
Co Reg No	201529642E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	AIRWAVE 1.5M 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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5092383531
Cover Note Number	
Driver	
Name of Driver	YASIN BIN MOHD ZAIN
NRIC No	S1314512A
the Control of the Co	Control of the same

26/05/1958

OUTDOOR

13/07/1988

MALE

NOEMAIL

29 YEARS AND 10 MONTHS

(LOCAL) +65-96197339

OFFICE-96197339

Address BLK 43 CIRCUIT ROAD #02-685

#02-000

Postcode 370043

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Vehicle

+

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 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.

3

Number of Passengers (Including Driver)
Passenger 1

NAME: : -

GENDER: : FEMALE

Passenger 2 NAME: : -

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180518/2144.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH TRAFFIC POLICE

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBG6497A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

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.
- 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.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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

emplying 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

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	police report - 7/20180518/2144.

DECLARATION

particulars are true in every respect.

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

DIAMESTE SERVICE MAN AND AND





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Report No. T/20180518/2144

1 of 4

Tel No: 65470000

ALPORT OFFICE VILLOPRI POLICE DIVISION

REPORT OF	A	TRAFFIC	ACCIDENT
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Date/Tir 18/05/2	me Report I 018 19:06	Made:	Vide Report No.: G/20180518/0153	Station Diary No.:
Informa	nt's Partic	ulars	Service Western	THE PERSON NAMED IN COLUMN TWO
Yasin B	f Informant: in Mohd Za		Address: 43 CIRCUIT RD HDB-GEYLA	ANG SINGAPORE 370043
	/ ID No.: O / S13145	12A	Contact No.: Home/Office:	Mobile: 96197339
National SINGAR	lity: PORE CITIZ	EN	Email:	Wobile. 90 197339
Sex: Male	Age: 59	Date of Birth: 26/05/1958	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,3	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/05/2018 16:30	Type of Location Straight Road	
Sunny		ne 2 turning left to Chan Road Surface:	gi Airport.	Road Speed Limit:	
Traffic Flow: One Way		Dry Traffic Control: Not Controlled	(1)	raffic Volume:	
	ion:		1.0	leavy	

Vehicle No.	Type	Make	Model	Color		Control of the Contro
FBG6497A	The state of the s	Marke	iviouei	Color	Condition	No of Passenger
SG5920A					Slightly Damaged	0
STATE OF STA	Bus/Coach/Mi nibus				No Damage	0
SJP1907A	Car				Seriously Damaged	2

Details of Person Involved	
Any Pedestrian Involved: No	THE RESERVE OF THE PARTY OF THE
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 4

Report No. T/20180518/2144

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Name	Fong	1	ID No.		NIL
Related Vehicle	FBG6497A (Motorcycle)			ct No.	90280835
Hospital/Clinic	NIL	Į.	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	18/05/2018	Date Discha	scharge NIL		
No. of Days gran	ted Medical Leave NIL	Degree of Injury NIL			
Driver			Make 1	de miles	
Name	Yasin Bin Mohd Zain	1	ID No.		S1314512A
Related Vehicle	SJP1907A (Car)	(Contact No.		96197339
Hospital/Clinic	NIL	i i	Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discha	arge	NIL	
No of Days gran	ted Medical Leave NIL	Degree of Ir	njurv	NIL	

Brief Details.

I am the above mentioned person residing at the above mentioned address. My registration number is SJP1907A Honda Airwaye Black in colour.

I received a job from Bukit Batok street 34 to fetch 2 passengers and were required to sent them to Changi Airport Terminal 1. While I was driving at towards Changi Airport, I discovered that I was driving on 3rd lane towards ECP, as such I decided to switch lane to my left as I needed to go to my destination and also the arrow stated to the left. I also noticed that before I changed my lane, I saw there were a lot of vehicles stationary as if that It was jammed going toward Changi Airport.

After I changed my lane I stopped behind a vehicle, Subsequently, less than a minute later I discovered from my right side mirror that there was a SBS bus (registration No. SG5920A) was going towards the ECP on the 3rd lane, suddenly out of nowhere the motorcycle (registration no. FBG6497A) rode quickly and make a sharp left turn behind the SBS bus and I noticed that he lose control and he collided onto my rear vehicle. I and the passengers inside my vehicle did not suffer any damage however my rear windscreen was shattered, right signal broken, right bumper dented and driver's right side screen. shattered.

I immediately asked the motorist was he okay, and he informed that he was okay, however he suffer some major abrasions on left arms and left legs. Subsequently, he was quickly conveyed to ambulance. However I was unable to recall the damage of the motorcycle. I also wish to state that, the rider informed me that he was in a hurry to go to work and he had lost his balance after he was trying to avoid the SBS bus. TP Soffian informed me to lodge a Police report. That is all.



3 of 4

Report No. T/20180518/2144

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT





4 of 4

Report No. T/20180518/2144

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

SI	(e	tc	h	PI	an
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NP168

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Case:





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

PASS DATE

NP 428A

Class 28 Metercycles not exceeding 200 cc Class 3 Meter Cars and Meter Tractors the weight of which unladen does not exceed 2500 kilograms



eBao Tech									GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage	Change Passwo	rd Log Out	
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	lo.				Date of Ac	cident	18/0	5/2018 16:30		
	Vehicle	No.(For Motor)	SJP1907A								
					1	Search					
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5092383531	RENT A CAR LEASING PTE LTD	201529642E	GPC	Third Party, Fire & Theft	SJP1907A	SJP1907A	03/07/2017	01/07/2018	
						Continue					

Policy No.	5092383531	Policyholder Name	RENT A CA	R LEASING PTE LTD	Policyholder NRIC	201529642E	
Address	8 KAKI BUKIT AVENUE 4 PREMI	ER @ KAKI BU	KIT SINGAP	ORE 415875			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	03/07/2017	Effective Date	03/07/201	7 00:00	Expiry Date	01/07/2018 23:	59
Excess Type		All Claim Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	3000			Young/I	nexperience Driver Excess
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	8 KAKI BUKIT AVENUE 4	Addr	ess 2	PREMIER @ KAKI E	BUKIT	Address 3	SINGAPORE 415875
Address 4		Addr	ess Type	Singapore address		Post Code	415875
		Relat Numi	ed Policy per	5092383531			
Unit No.							
	ed Object: SJP1907A						

aim Handling									50	
loy No.	5092383531		Liebinia No.	CONTRACTOR OF THE PARTY.						
		1221129	Vehicle No.	53P1907A			GST Registration No	0.		
licyholder Name	RENT A CAR LEASING						Policyholder NRIC		201529	647E
oduct Code	PRIVATE CAR INSUR	ANCE:	Cover Type		, Fire & Theft		Loading		a	
react No.(Mobile)	0		Contact No (Office):	0			Contact No.(Home)	605	0	
na# Address			Special Remark				eCode		E.V	
K.	® Nor □ Yes		TCA	® No ○1	res		eCode Reason			
20 Protection	No.		NCD Entitlement(%)	0			Private Hire		Yes	
Accident Details										
port Date	21/05/2018 20:17		Accident Report Within 24 hrs	Yes		7	Accident Type		Colesion	- Head to Rear
ite of Accident	18/05/2018		Time of Accident nh:mm					20		
	10003/2010			16:30			Country of Acadent		Singapo	re
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	PIE (CHANGI AIRPOR	77								
- Benefits										
Excess										
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named Driver Excess			Outside Singapore OD Excess		0.00					
and Party Excess		1,500.00	Outside Singapore TP Excess		3,000.00					
GST Registered Inform	mation									
T Registered	No			GS*	T Registration Date					
T Registration No.					T Status Venfied		Yes			
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00000000000000000000000000000000000000										
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	TOTAL STREET									ORE 415875
dress 4			Address Type	Singapore			Post Code		415875	
it No.			Related Policy Number	50923835	71					
OI Driver Info										
ver Name	Unnamed Driver		Driver Type	Unnamed (
named driver Name	YASIN BIN MOHD ZA	TNI.	Driver NR3C	81314512	Α.		Driver DOS		26/05/1	958
gister Date of Driver Licens	# 13/07/1988		Driver Age	59			Driving Experience		29	
ntact No.(Mobile)	96197339		Contact No.(Office)	0			Contact No.(Home)		0	
dress 3	BLK 42		Address 2	CIRCUIT R	OAD		Address 3		MACPHE	ERSON GARDEN
dress 4	SINGAPORE 370043		Address Type	Singapore	address	0	Post Code		370043	
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gistered car?	☐ Yes ® No		Driver Vehicle No.			5	Driver Insurer Com;	pany		
claration										
eathalyser or Blood Test ading?	D mg		Any injury?	○ Yes ⑧	No					
dification History										
ancason restory										
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	Tana Low			MENT A CA	K LEASONG PIE LID		nsured NRIC		201529	200
ntact No. (Mobile)		Contact No (Home)				Contact No. (Office)		66351820		
ail Address			Of Vehicle Number	SJP1907A		7	TP Vehicle Number		FBG6497A	
im Description	SJP1907A / FBG6497	4 DN 18 May 2018				N	vame of Preferred V	Workshop		
ferred Workshop Contact	8	1.	Insured Liability *	Not at Fau	it 🔻					
guire Finalisation	Yes	-	Preferered Repair Option		Workshop, Name unknown	7 2	SIA report		Receive	d U
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