NATIONAL Assessment Cent					
Date In: 28/2/18-17:47	Jeb description	n	Date & Time Completed	Done	py.
Ref No: NA / INC 18009 635 /24	SAS e-filing				
Veh No: SLUZZOZM	E-mail (within	a Shrs, AIC 2hrs)			3
D.O.A: 25/18-20:10	i-Motor Cla	im Form	M7/099 6208-001	28/5/18 13	5:03
	i-Motor W/	O (Within: OD 2hrs			
OD / TP / Reporting Only	i-Photo Uple	oaded			
TD Innua	Assessment/S	urvey Report			
TP Insurer:	Ass't Report	by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW; (Tel: F	ax:	
TP Particulars: Veh No: FB	ا تردر ا	. INC()/Non-INC()	¥2.	901
Owner / Driver: (Tel:)	
Policy No: () P	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
		WO): N: 0-20	0%; P: 21-79%. F: 80-1	00%]	- N
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,	000 ()/\$2,000)()			
General Remarks:-				Con S	
() Walk-In Customer: Customer's inf	ormation strictly Co				
() Total Loss Case : to e-mail Insur	rer URGENTLY.		A		
		NO();To	owing Co: (-)
		,,,,,	- 5		X 100
Remarks:- (INC hotline: 6788 6616)			Date&Turne Completed	Done	by
)	- 5	Done	by
Remarks:- (INC holline: 6788 6616)	Courtesy Car ()	- 5	Done	by
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/	Courtesy Car ())	- 5	Done	by
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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.
- Information provided must be as <u>truthful and accurate</u> 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.

South of the complete of the later of the later	ACCIDENT STATEMENT
Date Of Report	28/05/2018 12:47
Date Of Accident	25/05/2018 20:10
Exact Location Of Accident	ALONG BEDOK NORTH AVE 3 BESIDE HDB BLK 137
Country/State of Loss	SINGAPORE
Daniel Latin Control C	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU2302M
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	ТОУОТА
Model	C-HR 1.8 HYBRID S AUTO 5DR
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	5096233523
Cover Note Number	
Driver	
Name of Driver	LIU HOCK CHYE
NRIC No	S1790239C
Date Of Birth	15/11/1967
Occupation	OUTDOOR
Date Of Driving Pass	08/01/2008
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98948874
Fax Number	
Contact Number	OFFICE-98948874
EMail Address	NOEMAIL

BLK 52 CIRCUIT ROAD Address #01-821 Postcode 370052 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 - CROSS JUNCTION 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) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 1 **Details of Police Action** Was the accident reported to the police? YES If Yes, Please state which Police Station Police Station Name BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE ROAD: 30 BEDOK NORTH ROAD, POSTCODE: 469676, COUNTRY: Police Station Address SINGAPORE Police Station Contact TEL NO: 1800-2449999 - FAX NO: 62447258 Was notice of intended Prosecution given? NO If Yes, against whom? Circumstances of Accident REFER TO POLICE REPORT - T/20180525/2177. Attachment(s) Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded? NO

	77.70			
DETAILS OF OTHER VEHICLE PROPERTY 1				
Vehicle Registration Number	FBF1755T			
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				
	Page 2 of 29			

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

RID

Driver's Signature

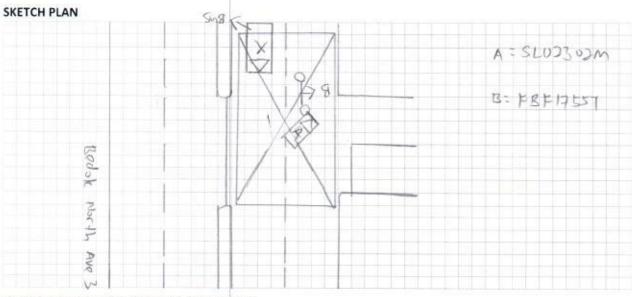
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer +	o mice	renci-	T/2018052 \$	12127	
	politic	10,4	1	7.17.	
				/	
		/	/		
		-/			
	/				

DECLARATION RIDES

I/We declare the foregoine 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.:





1 of 3 Report No. T/20180525/2177

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 018 22:05	/lade:	Vide Report No.: G/20180525/0231	Station Diary No. 106		
Informa	nt's Partice	ulars				
	f Informant: CK CHYE		Address: APT BLK 52 CIRCUIT ROAD #01-821 SINGAPORE 370			
	/ ID No.: O / S17902:	39C	Contact No.: Home/Office: Mobile: 98948874			
National SINGAP	lity: PORE CITIZ	EN	Email:			
Sex: Male	Age: 50	Date of Birth: 15/11/1967	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3	Date of Expiry:		

General Infor	mation of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/05/2018 20:10	Type of Location: Straight Road
	TH AVENUE 3 North Avenue 3 towards	New Upper Chang	i Road.	
Weather: Clear	A STATE OF THE STA	Road Surface: Dry	300000000000000000000000000000000000000	Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collis Between Mov	ion: ring Vehicles - Head To S	ide		Anyone conveyed by ambulance: Yes

Details of V	ehicle Involve	d				Beer the profess
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBF1755T	Motorcycle			Red	Seriously Damaged	0
SLU2302M	Car	TOYOTA	CHR	Grey	Seriously Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

2 of 3 Report No. T/20180525/2177

CONTINUATION OF REPORT

Driver					Mary Jay	
Name	LIU HOCK CHYE			ID No).	S1790239C
Related Vehicle	SLU2302M (Car)			Conta	act No.	98948874
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Dis		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	

Brief Details.

On 25/05/2018 at about 2008hrs, I was driving my grey in color Toyota CHR (SLU2302M) along Bedok North Avenue 3 towards Bedok North Road. As I was making a right turn into the carpark of B/137 Bedok North Avenue 3, an SBS bus had stopped before the yellow box on the other side of the road towards New Upper Changi Road, on the right of two lanes. As such, I could not see any oncoming vehicles on the left of the two lanes, next to the said bus. Thus, I continued to turn right. However, there was a red in color motorcycle moving towards and it's rider was not able to engage the brakes on time. This caused the front of the said motorcycle to collide with the front left side of my car. The motorcyclist fell down and was assisted by a few passerby and one of them called for an ambulance. Traffic Police and an ambulance arrived shortly after. The motorcyclist was conveyed to the hospital. I wish to state that I am not injured. The front bumper on the left side of my car was dented. I am lodging a report as instructed by TP IO Dylan.





3 of 3

Report No. T/20180525/2177

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

CONTINUATION OF REPORT

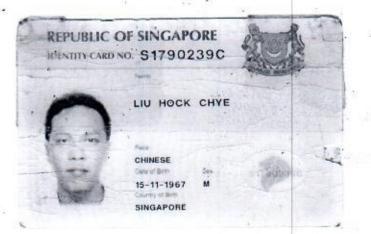
S	keto	h F	Plan
_			

Informant is	not ab	le to	orovide	sketch	plan
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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.

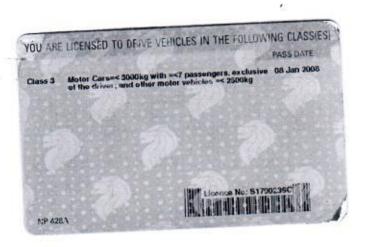
Signature Of Officer Recording The Report: G / Sgt 2 SYED OTHMAN BIN SYED AGIL BIN YAHYA	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/05/2018 22:05
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	
Authentication Stamp	

NP168









eBaoTech Hello, NAC_PAYA_UBI_800601									GeneralClaim		
			· Change Language					· Change Passwo	ord • Log Out		
My Desktop Notice of Loss	Poli	cy Query								34	
	Palicy I	No:				Date of Ac	cident	25/05	5/2018 20:10	3	
	Vehicle	No.(For Motor)	SLU2302M	SLU2302M							
						Search					
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured	Commence Date	Expiry Date	
	0	5096233523	RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLU2302M	SLU2302M	27/11/2017	26/11/2018	
					1	Continue					

□ Poli	cy Information						
Policy No.	5096233523	Policyholder Name	RELIABLE RI	IDES PTE LTD	Policyholder NRIC	20161152	27N
Address	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKIT S	SINGAPORE 415875			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	24/11/2017 Effective Date		27/11/2017	00:00	Expiry Date	26/11/20	18 23:59
Excess Type		All Claim Excess					
Third Party Excess	1500	Own damage Excess	1000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Dutside Singapore OD Excess	3000	Outside Singapore TP Excess	3000			Y	oung/Inexperience Driver Excess
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Y	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	8 KAKI BUKIT AVENUE 4	Addre	ess 2	#05-50 PREMIER @	KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Addre	ess Type	Singapore address		Post Code	415875
Jnit No.	05-50	Relat Numb	ed Policy per	5100908875			
D Insure	ed Object: SLU2302M						
♥ Endors	sements						
Sequer	nce Date of Endorsemen	nt	Endorsement	Туре	Endorsement	Status	Endorsement Content
1 27/11/2017 00:00			Information sement			fective	Thank you for giving us the opportunity to serve you. We confirm that from 27 Nov 2017, the Vehicle Number is amended a follows: VEHICLE REGISTRATION

cident MT/0996205									
Acy No.	5096233523		Venicle No.	SLU2302M		GST Registration N			
olicyholder Name	RELIABLE RIDES PTE	LTD	A CONTRACTOR OF THE PARTY OF TH	300230211			u.	2010112000	
roduct Code	PRIVATE CAR INSURANCE		according.	V0.7704702220417		Policyholder NRIC		201611527N	
			Cover Type	drive CLASSIC		Loading		0	
ontact No.(Mobile)			Contact No.(Office)	0		Contact No.(Home)	100	0	
nail Address	The Strongson Till		Special Remark	2000200		eCode		N. V.	
K.	® No ○ Yes		TGA	® No ○ Yes		eCode Reason			
CD Protection	No		NCD Entitlement(%)	0		Private Hire		Yes	
Accident Details									
port Date	28/05/2018 15:01		Accident Report Within 24 hrs	Yes		Accident Type		Collision - Cross	Junction
tie of Accident	25/05/2018		Time of Accident hh:mm	20:10	Country of Accident ICM No.			Singapore	
porting Centre			Orange Force					32A0.2	
cident Location	ALONG BEDOK NORTH	H AVE 3 BESIDE HOB	BLK 137						
/ Benefits									
/ Excess									
en damage Excess		1,000.00	Additional Excess	0		Windscreen Excess		100.00	
vnamed Driver Excess			Outside Singapore OD Excess	3,000.00				Constitution of the Consti	
ind Party Excess		1,500.00	Outside Singapore TP Excess	3,000.00					
GST Registered Informa	ation	1,500.00	Outside singepore IP Excess	3,000.00					
T Registered	No								
T Registration No.	reg			GST Registration Date GST Status Verified		No			
dification History				The status sallings		1000			
Policyholder Mailing Ad	idress								
dress 1	B KAKI BUKIT AVENU	E 4	Address 2	#05-50 PREMIER @ KAKI BUKIT		Address 3		SINGAPORE 415	875
Idress 4			Address Type	Singapore address		Post Code		415875	
Nt No.	05-50		Related Policy Number	5100908875		000000000000000000000000000000000000000		VARIANT.	
o OI Driver Info									
iver Name	Unnamed Driver		Driver Type	Unnamed Driver					
named driver Name	TIN HOOK OHE		Driver NRIC	51790239C		Driver DDB		15/11/1967	
gister Date of Driver License			Driver Age	50				10	
ntact No.(Mobile)	98948874		THE REPORT OF THE PARTY OF THE			Oriving Experience Contact No.(Home)			
			Contact No.(Office)	0				0	
Idress 1	BLK 52		Address 2	CIRCUIT ROAD		Address 3		MACPHERSON G	ARDEN
								11.00	
Oress 4	SINGAPORE 370052		Address Type	Singapore address		Post Code		370052	
nt No.	SINGAPORE 170052 01-821								
nn No. ses he own a Singapore							pany		
n No. es he own a Singapore gistered car?	01-821		Address Type			Post Code	pany		
n No. es he awn a Singapore gistered car? claration	01-821 ○ Yes ® No		Address Type			Post Code	pany		
nt No. bes he own a Singapore spistered car? claration eathalyser or Blood Test	01-821		Address Type			Post Code	pany		
doress 4 not No. des he dwn a Singapore egistered car? siciaration reathayser or Blood Test each g?	01-821 ○ Yes ® No		Address Type. Driver Vehicle No.	Singapore address		Post Code	рапу		
nn No. oes he own a Singapore opistered car? sclaration reatharyser or Blood Test	01-821 ○ Yes ® No		Address Type. Driver Vehicle No.	Singapore address		Post Code	pany		
or No. ses he own a Singapore gistered car? daration extrayser or Blood Test axing? offication History	01-821 ○ Yes ® No		Address Type. Driver Vehicle No.	Singapore address		Post Code	pany		
t No. es he awn a Singapore parend car? laration ethalyser or Blood Test siding?	01-821 ○ Yes ® No		Address Type. Driver Vehicle No.	Singapore address		Post Code	pany		
nt No. es ne awn a Singapore pistered (ar? daration rethistyser or Blood Test schog? affication History Claim 001 New	01-821 ○ Yes ® No 0.mg		Address Type. Driver vehicle No. Anv injury?	Singapore address		Post Code Driver Insurer Com		370052	
in No. es he own a Singapore pistered car? daration technayser or Blood Test ading? affication History Chairm 001 New	01-821 ○ Yes ® No	V	Address Type Driver Vehicle No. Ansi injuny?	Singapore address		Post Code			- C (C) 419
in No. es he own a Singapore pistered car? daration technayser or Blood Test ading? affication History Chairm 001 New	01-821 ○ Yes ® No 0.mg	V	Address Type. Driver vehicle No. Anv injury?	Singapore address		Post Code Driver Insurer Com		370052	- C (20) 419
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in No. es he own a Singapore gistered (ar?) daration rathalyser or Blood Test ading? dification History Chaim OOs New im Type * Mact No. [Mosile] airi Address im Description ferred Workshop Contact	01-821 ○ Yes ⊕ No 0 mg		Address Type. Driver Vehicle No. Any injury? Insured Name Coreact No. (Home) Of Vehicle Number	Singapore address Yes ® No RELIABLE RIDES PTE LTD SLU2302M		Post Code Driver Insurer Com Insured NRIC Centact No.(Office) TP Vehicle Number		370052 201611527N 66351820	
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in No. Jes he own a Singapore gistered carb daration eatherises or Blood Test ading? discation History Chaim 001 New Interface No. (Modifie) half Address sim Description ferred Workshop Contact Opine Finalisation te Registered point Taken By Print AK letter Attachment y uddent No.	01-821	T ON 25 May 2018	Address Type. Driver Vehicle No. Any injury? Insured Name Contact No. (Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Chaim No. Upload Date	Singapore address O Yes ® No RELIABLE RIDES PTE LTD SLU2302M Partially at Fault Preferred Workshop, Name unknown Save Submit 001 28/05/2018 15:06 Category *		Post Code Driver Insurer Com Insured NRIG Contact No. (Office) TP Vehicle Number Name of Preferred 1 GIA report Date Received Confidential	Workshop Urgency Normal	201611527N 66151820 FBF1755T Received 28/05/2018 00:0	00
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Attachment		Uploaded By/Date	Category	?	Urgency	Description	Sent? (CO)	Action
917 SEE	NAC_PAYA_UBI_800603(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 28 Ma y 2018 15:06	NR3C/ Oriving License		Normal	NRIC/ Driving License 2018-5-28		Edit
993	NAC_PAYA_UBI_BOOSD1(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 28 Ma y 2018 15:05	SAS		Normal	SAS 2018-5-28		Edit
W (8)	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 28 Ma y 2038 15:05	Photos		Normal	Photos 2018:5-28		Edit
-	NAC_PAYA_USI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 28 Ma y 2018 15:05	Photos		Normal	Photos 2018-5-28		Edit
	NAC_PAYA_UB1_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 28 Ma y 2018 15:05	Priotos		Normal	Photos 2018-5-28		Edit
26	NAC_PAYA_UB1_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 28 Ma y 2018 15:05	Photos		Normal	Photos 2018-5-28		Edit
8	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 28 Ma y 2018 15:05	Photos		Normal	Photos 2018-5-28		Edit
E	NAC_PAYA_UB1_800601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 28 Ma y 2018 15:05	Photos		Normal	Photos 2018-5-28		Edit
0	NAC_PAYA_UBI_B00601(NATI	CNAL ASSESSMENT CENTRE SERVICES) on 28 Ma y 2018 15:05	Photos		Normal	Photos 2018-5-28		Edit
V	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 28 Ma y 2018 15:05	Photos		Normal	Photos 2018-5-28		Edit
0	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 28 Ma y 2018 15:05	Photos		Mormal	Photos 2018-5-28		Edit
4	NAC_PAYA_UBI_800601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 28 Ma y 2018 15:04	Photos		Normal	Photos 2018-5-28		Edit
1	NAC_PAYA_UBI_800601{ NATI	DNAL ASSESSMENT CENTRE SERVICES) on 28 Ma y 2018 15:04	Photos		Normal	Photos 2018-5-28		Edit
34	NAC_PAYA_UBI_BOOKOI(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 28 Ma y 2018 15:04	Photos		Normal	Photos 2018-5-28		Edit
	NAC_PAYA_UBI_B00601[NATI	ONAL ASSESSMENT CENTRE SERVICES) on 28 Ma y 2018 15:04	Photos		Normal	Photos 2018-5-28		Edit
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	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 28 Ma y 2018 15:03	Photos		Normal	Photos 2018-5-28		Edit
-	NAC_PAYA_UBI_800601(NATI	DNAL ASSESSMENT CENTRE SERVICES) on 28 Ma y 2018 15:03	Photos		Normal	Photos 2018-5-28		Edit
	NAC_PAYA_UBI_800601(NAT)	DNAL ASSESSMENT CENTRE SERVICES) on 28 Ma y 2018 15:03	Photos		Normal	Photos 2018-5-28		Edit
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	NAC_PAYA_UB1_800601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 28 Ma y 2018 15:03	Photos		Normal	Photos 2018-5-28		Edit
♥ Video List	Uploaded By/Date	Folder Date	File Name		P	Source	Action	