1 - 1 - 6 - 1 - 7 - 7	Jeb description		Date &Time Completed	De	ne by
Date In: 4/6/18-10: 49			Date ter and designation	-	
Res No: NA) INC1801 0 126/24	SAS e-filing			-	
Veh No: IJLY 7775	E-mail (within Sh	rs, AIC 2hrs)			
D.O.A: 30 /5/18-19:25	i-Motor Claim	Form	M7/0997202-001	4/01/8	20:46
OD (TP): Reporting Only	i-Motor W/O (Within: OD 2hrs,	P 4hrs)	A ISSAY SI INDE	
	i-Photo Upload	led			
TP Insurer:	Assessment/Surv	ey Report			Services direct
11 1134101.	Ass't Report by	Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 13	2 2963A .	INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: () (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WC): N: 0-20%	6; P: 21-79%. F: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1	,000()/\$2,000()			
		SKWWW.	2013 E. 48 S. 48 S. 48 S. 5		
() Walk-In Customer: Customer's in	formation strictly Confidence	tential & Strice	du NO enfor of manicos	5 S ADM C 1 - 1	-
() Total Loss Case : to e-mail Insu		Jeridai & Suic	ily NO 13let of tepallet.		
zwe-m (), wed-m (); mvoi	ce: YES() / NO	();100	ring Co: ()
temarks: (INC hotline: 6788 6616)	and the second second	1000	Date&Time Completed	Dor	chy
l) Apply for Transport Allowance ()/	Courtesy Car ()			Contract of the contract of th	
2) QC Check / Post Repair Inspection	()		*		W - 80 Delite
/ C roby reopen improducti		15	15		
Unload Resurvey Photo (Repair Cost > 5	()				
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B) Upload Resurvey Photo [Repair Cost > 5] Injury:	53000] ()				
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Injury: ate/Time Actions Actions	lin 1)	AR : Accident Rep	orting (\$30);	The Bill	
Injury: Actions Actions Allo 3420 Limant's Particulars:-	1 in 1) / (2) 1		orting (\$30); essment (\$100); INC (\$8	The Bill	
Injury: Actions Actions Allo 3420 Limant's Particulars:-	1 In 2) 3) 3) 4) 1	AR: Accident Rep DA: Damage Asse IF: Towing Fee FT: Follow-Throu	orting (\$30); :ssment (\$100); INC (\$8 gh Survey	Fat Bill 80) 0/\$45 \$120	
Injury: Actions Actions Also 3420 Limant's Particulars:- ver/Owner:	1 in 2) in 2) in 3) in 4) in 4) in 5) in 4) in 5) in 4) in 5) in 6	AR: Accident Rep DA: Damage Assa IF: Towing Fee FT: Follow-Throu FT: Follow-Throu	orting (\$30); :ssment (\$100); INC (\$8	19t Bill 80) 9/\$45 \$120 \$30	1 to 1 to 1
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Injury: Actions Actions Allo 3420 Limant's Particulars:- ver/Owner:	1 In	AR: Accident Rep DA: Darrage Assa TF: Towing Fee FT: Follow-Throu FT: Follow-Throu FT: Galiming again TR: Re-inspection N1: Idac DA + SN	orting (\$30); ssment (\$100); INC (\$8 \$40 gh Survey gh Survey (Resurvey) stJNC Only (wef 10 Jan 2005	15t Bill 100) 175 45 5120 530)	1 to 1 to 1
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Injury: Actions Actions Allo 3420 Limant's Particulars:- ver/Owner: naged Portion:	1) (1) (2) (3) (4) (5) (4) (5) (4) (5) (4) (5) (4) (5) (6) (7) (7) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	AR: Accident Rep DA: Darrage Ass IF: Towing Fee FT: Follow-Throu FT: Follo	orting (\$30); ssment (\$100); INC (\$8 \$40 gh Survey gh Survey (Resurvey) st INC Only (wef 10 Jen 2005 fRT Survey Services:- / Tpt Allowance dination aspection	\$10 Bill \$10	4 February 1
Injury: Pate/Time Actions Actions NA 180 3420 Limant's Particulars:- ver/Owner: naged Portion: Checked by (Engr-In-Charge):	1) (1) (2) (3) (4) (5) (6) (7) (8) (6) (7) (7) (8) (6) (7) (7) (7) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	AR: Accident Rep DA: Darriage Ass TF: Towing Fee FT: Follow-Throu FT: Gainning again FR: Re-inspection FR: Re-inspection FR: Re-inspection FR: Re-inspection FR: Courtesy Car FR: Repair Co-ore FR: Fost Repair In FR: DV / Collect	orting (\$30); ssment (\$100); INC (\$8 \$40 gh Survey gh Survey (Resurvey) st INC Only (wef 10 Jen 2005 fRT Survey Services / Tpt Allowance dination sspection Excess Coordination	\$10 Bill \$10	Ami (
Injury: Actions Actions Allo 3420 Limant's Particulars: ver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	1) (1) (2) (3) (4) (5) (4) (5) (6) (7) (6) (7) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	AR: Accident Rep DA: Darriage Ass TF: Towing Fee FT: Follow-Throu FT: Gainning again FR: Re-inspection FR: Re-inspection FR: Re-inspection FR: Re-inspection FR: Courtesy Car FR: Repair Co-ore FR: Fost Repair In FR: DV / Collect	orting (\$30); ssment (\$100); INC (\$8 \$40 gh Survey gh Survey (Resurvey) st INC Only (wef 10 Jen 2005 fRT Survey Services:- / Tpt Allowance dination aspection	\$10 Bill \$10	4 February 1

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.
- 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.

- 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

NAME OF THE PARTY	ACCIDENT STATEMENT
Date Of Report	04/06/2018 10:49
Date Of Accident	30/05/2018 19:25
Exact Location Of Accident	T2 ARRIVAL DR PICK-UP POINT
Country/State of Loss	SINGAPORE
Approximation of the D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL4757S
Insured/Policyholder	
Name Of Registered Owner	SAM TRANSPORTE
Co Reg No	53362321M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3SP LUX
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100645140
Cover Note Number	
Driver	
Name of Driver	NG AH SIONG
NRIC No	S1710823I
Date Of Birth	29/08/1965
Occupation	OUTDOOR
Date Of Driving Pass	25/09/2006
Driving Experience	11 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93805376
Fax Number	
Contact Number	OFFICE-93805376

NOEMAIL

BLK 255 PASIR RIS STREET 21 Address

#05-265 510255

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO 2 Number of vehicles involved in the accident Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? 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? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY ALONG T2 ARRIVAL DR PICK-UP POINT AS I WAS LOADING LUGGAGE TO MY VEHICLE. SUDDENLY VEHICLE B REVERSED HIS VEHICLE AND HIT ONTO MY VEHICLE FRONT PORTION.

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

SJQ2963A Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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 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) of:
 - (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 Personnel's Signature Name:

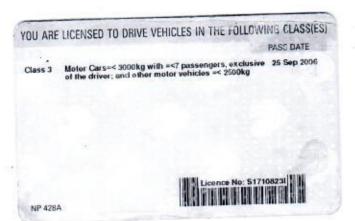
NRIC/FIN No.:

SKETCH PLAN	bonce !	
	Single Si	A: SJ LYASAS
	Pick-up par	B= 510 2963A
	P.10	
	7	
	NCES OF THE ACCIDENT	
Refer to H	atempny.	
DECLARATION I/We declare the foreign	g particulars are true in every respect.	
	100	(MW)
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder	Reporting Centre Personnel's Signature Name:

GUARTING SOCIETY STREET, V.









eBao Tech					GeneralClaim					
Hello, NAC_PAYA_UBI_80	0601					,	Change Lar	guage	Change Passwo	ord Log Out
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	10:				Date of Acc	ident	30/05	/2018 19:25	
	Vehicle	No.(For Mator)	53L4757S							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5100645140	SAM TRANSPORTE	53362321M	GPC	drivo CLASSIC	SJL4757S	53L4757S	28/05/2018	27/11/2018
						Continue				1.5

Policy No.	5100645140	Policyholder Name	SAM TRANS	PORTE	Policyholder NRIC	53362321M	
Address	BLK 255 #05-265 PASIR RIS ST		SAPORE 5102	55			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	21/05/2018	Effective Date	28/05/2018	00:00	Expiry Date	27/11/2018 23:	59
Excess Type		All Claim Excess					
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			Young/I	Inexperience Driver Excess
Agent	THINK ONE AUTOMOBILE & TRA	Agent Tel.	65433303		GST Flag	Y	
Co- insurance Flag Open Policy Info	No						
Certificate Info							
□ Policyl	holder Mailing Address						
Address 1	BLK 255 #05-265	Addr	ess 2	PASIR RIS STREET	21	Address 3	SINGAPORE 510255
Address 4		Addr	ess Type	Singapore address		Post Code	510255
Unit No.	05-265	Relat Num	ed Policy ber	5100645140			
Ome no.	ed Object: SJL4757S						
1000	d Object. SSE47575						
1000	NO. CONT. AND CO.						

											Ext
Accident MT/0997202											
Pakey No.	5100645140		Vehicle No.	5JL47575			OST Registration N	σ.			
Policyholder Name	SAM TRANSPORTE						Policyholder NRSC		533623	21M	
Product Code	PRIVATE CAR INSUR	RANCE	Cover Type	drive CLAS	SIC		Loading		0		
Contact No. (Mobile)	0		Contact No.(Office)	0			Contact No.(Home)	k:	0		
Email Appress			Special Remark				eCode		TH.V		
KPK	® No ○ Yes		TCA	® No ○Y	es		eCode Reason				
NCD Protection	No		NCD Encidement(%)	10			Private Hire		Yes		
Accident Details											
Report Date	04/06/2018 20:44		Academ Report Within 24 hrs	Yes			Accident Type		Damage	ed whilst parked	
Date of Accident	30/05/2018		Time of Accident hhomm	19:25			Country of Acciden	t	Singapo	re	
Reporting Centre			Orange Force				ICM No.				
Accident Lucation	TE ARRIVAL DR PIC	K-UP POINT	1,000 9000000								
→ Benefits											
₩ Excuss											
Own damage Excess		2,000.00	Additional Excess	0			Windscreen Excess		100.00		
Unnamed Driver Excess			Outside Singapore OD Excess		2,000.00						
Third Party Excess		1,500.00	Outside Singagore TP Excess		1,500.00						
GST Registered Inform	ation				Calebra and						
GST Registered	No.			053	F Registration Date						
GST Registration No.	140				Status Verified		No.				
Madification History				15025			1972				
♥ Policyholder Mailing Ad	idress										
Address 1	BLK 255 #05-265		Address 2	PASIR RIS	STREET 21	(3	Address 3		SINGAL	ORB 510255	т
Address 4			Address Type	Singapore (address	33	Post Code		510255		
Unit No.	05-265		Related Policy Number	510064514	10						
OI Driver Info											
Oriver Name	Unnamed Driver		Driver Type	Unnamed D	Oriver .						+
Unnemed driver Name	NG AH SIONG		Driver NRIC	\$17108231		- 0	Driver DOS		29/08/	965	
Register Date of Driver License	25/09/2006		Driver Age	52		8	Onving Expenence		.11		
Contact No. (Mobile)	93805376		Contact No.(Office)	0		- 9	Contact No.(Home)	Ď.	0		
Address 1	BLK 255		Address 2	PASIR RIS	STREET 21	- 3	Address 3		SINGAL	ORE 510255	
Address 4			Address Type	Singapore a	address	31	Post Code		510255		
Address 4 Unit No.	05-265		Address Type	Singapore a	address	37	Post Code		510255		
Unit No. Does he own a Singapore				Singapore a	address			sianty.	510255		
Unit No.	D5-265 ○ Yes ③ No		Address Type Driver Vehicle No.	Singapore a	address		Post Code Driver Insurer Com	gany	510255		
Unit No. Does he own a Singapore Registered (air?				Singapore a	address			geny	510255		
Unit No. Does he own a Singapore Repistered car? Declaration Breathalyser or Blood Test				Singapore a				gany	510255		
Unit No. Does he own a Singapore Registered (air) Declaration	○ Yes ⑥ No		Driver Vehicle No.					ideny	510255		
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Roading?	○ Yes ⑥ No		Driver Vehicle No.					ideny	510255		
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Roading?	○ Yes ⑥ No		Driver Vehicle No.					igany	510255		
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Roading?	○ Yes ⑥ No		Driver Vehicle No.					geny	510255		
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Teld Reading? Modification History	○ Yes ⑥ No		Driver Vehicle No.					geny	510255		
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test: Roading? Modification History Claim 001 Next	○ ves ® No O mg		Driver Vehicle No. Any injury?	○ Yes ® P	No	j	Driver Insurer Com	geny			
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test: Roading? Modification History Claim 001 Next Claim Type *	○ Yes ⑥ No	v.	Driver Vehicle No. Any injury? Insured Name	○ Yes ® P	No		Driver Insurer Com		510255		
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Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Roading? Modification History Claim 001 Mexit Claim Type * Contact No. (Mobile) Email Address	O mg		Driver Vehicle No. Any injury? Insured Name	○ Yes ® P	No	1 3 3	Driver Insurer Com Insured NAIC Contact No.(Office) TP Vehicle Number			JIM .	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Talet Reading? Modification History Claim 001 Mexic Claim Type * Contact No.(Modile) Email Address Claim Description	○ ves ® No O mg		Driver Vehicle No. Any injury? Imured Name Contact No.(Home) Of Vehicle Number	○ Yes ® P	SPCATE	1 3 3	Driver Insurer Com		533623	JIM .	
Unit No. Does he own a Singapore Repistered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 Misor Claim 17pe * Contact No.(Mobile) Email Address Claim 4 Morkshop Contact Preferred Workshop Contact	O mg		Driver Vehicle No. Any injury? Imured Name Contact No.(Home)	O Yes ® P	SPCATE	1 3 3	Driver Insurer Com Insured NAIC Contact No.(Office) TP Vehicle Number		533623	JIM .	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 Mexit Claim 17pe * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No.	O mg		Driver Vehicle No. Any injury? Imured Name Contact No.(Home) Of Vehicle Number	○ Yes ® P	SPORTE V	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Driver Insurer Com Insured NAIC Contact No.(Office) TP Vehicle Number		533623	31M	
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Telet Reading? Modification History Claim 001 Mexit Claim Type * Contact No.(Mobile) Email Address Claim Description	O mg OD-MX S3147575 / S3Q296	3A ON 30 May 2018	Driver Vehicle No. Any injury? Imured Name Contact No.(Home) OI Wehicle Number	○ Yes ® P	SPORTE V		Oriver Insurer Com Unsured NAUC Contact No. (Office) IP Vehicle Number Name of Preferred I		\$33623 \$3Q296	31M	
Unit No. Does he own a Singapore Registered (air?) Declaration Breathalyser or Blood Teld Reading? Modification History Claim 001 Mexic Claim Type * Contact No. (Modile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Debs Registered	O mg GD-HX S3147575 / \$30296	3A ON 30 May 2018	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Lability * Preference Regain Option	○ Yes ® P	SPORTE V		Driver Insurer Com Insured NAIC Contact No. (Office) IP Vehicle Number Name of Preferred I		\$33623 \$3Q296	31M 3A	
Unit No. Does he own a Singapore Registered (air?) Declaration Breathalyser or Blood Teld Reading? Modification History Claim 001 Mexic Claim Type * Contact No. (Modile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Debs Registered	O mg O mg S147575 / 530296 Yes D4/06/2018 20:46	3A ON 30 May 2018	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Lability * Preference Regain Option	○ Yes ® P	SPORTE V		Driver Insurer Com Insured NAIC Contact No. (Office) IP Vehicle Number Name of Preferred I		\$33623 \$3Q296	31M 3A	
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Attachment		Uploaded By/Cate	Category	Urgency	Description	Msg Sent? (CO)	Action
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99	NAC_PAYA_UBI_B00601 NA	TIONAL ASSESSMENT CENTRE SERVICES) on 04 July 2018 20:48	SAS	Normal	SAS 2018-6-4		Edit
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