Dute in Filtra da	Job description	1	Date &Time Completed	Done by
Date In: 5/6/18 - 17:38			Jan Carlot	
Re[No:NA INC18010242/24	SAS e-filing			
Veh No: JM 2040J	E-mail (within			11.
D.O.A: 5/6/18-14:40	i-Motor Clai	im Form	M7/0997430-001	2/6/18-20122
OD (TP) Reporting Only		O (Within: OD 2hr	s, TP 4hrs)	
	i-Photo Uplo	paded		
TP Insurer:	Assessment/St	urvey Report		
11 mater.	Ass't Report b	by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:
TP Particulars: Veh No: 5	1799D .	, INC()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: () F	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (\	WO): N: 0-2	0%; P: 21-79%. F: 80-1	100%]
Year of Registration: ()	Warranty: YES ()/NO()	
Excess: (\$) Loading: \$1	,000()/\$2,000	()		
General Remarks:-			Towns and the	
() Walk-In Customer: Customer's int		TO THE OWNER WAS DESCRIPTION OF THE PARTY OF	rictly NO refer of repairer.	
() Total Loss Case : to e-mail Insu	rer URGENTLY.			
Drive-In ()/ Towed-In (); Invoi	ce: YES()/N	NO();T	'owing Co: (.)
			100	Done by
Remarks: - (INC hotline: 6788 6616)	NAME OF TAXABLE PARTY OF TAXABLE PARTY.	in the second	Date&Time Completed	12 one by
1) Ammle for Tunner out Allerrence of	Courteen Cor ()	4	
	Courtesy Car (,		
2) QC Check / Post Repair Inspection	())	*	
	())	-	
2) QC Check / Post Repair Inspection	())		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	())		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	())		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	())		
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	()	100 A	paration Checklist	Ant((\$)) Amt(\$)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions NAI 203527	()	1) AR : Accident	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$6	Anit (5) Amt (5) fit Bill Add Bill
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5 Injury: Date/Time Actions NAI 203527 Chimant's Particulars:	()	1) AR : Accident 2) DA : Damage 3) TF : Towing F	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$6	Ant (5) Amt (5) Tet Bill Add Bill 80)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5 Injury: Date/Time Actions NA 203527 Chimant's Particulars:	()	1) AR : Accident 2) DA : Damege 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T	paration Checklist: Reporting (\$30); Assessment (\$100); INC (\$10	Ant (5) Amt (5) Tit Bill Add Bill 30) 0/545 5120 530
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5 Injury: Date/Time Actions NAI 203527 Claimant's Particulars: river/Owner: ontact No:	()	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming 8	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$100); The Survey (\$100); Through Surv	Ant (5) Amt (5) fit Bill Add Bill 30) 0/545 5120 530
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5 Injury: Date/Time Actions NA 203527 liumant's Particulars::	()	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Post Rep *N8: DV / Co	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$60); Assessment (\$100); INC (\$60); Assessment (\$100); INC (\$60); Assessment (\$100);	Amt (5) Amt (5) Tst Bill Add Bill 80) 0/545 5120 530 5) 575 5160 55 510 525

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

- 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.
- 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.

ACCIDENT STATEMENT

	ACCIDENT STATEMENT
Date Of Report	05/06/2018 17:38
Date Of Accident	05/06/2018 14:40
Exact Location Of Accident	JUNC UPP BUKIT TIMAH RD & OLD JURONG RD
Country/State of Loss	SINGAPORE
The second secon	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM2040J
Insured/Policyholder	
Name Of Registered Owner	WHEELS EXPRESS RENTAL & LEASING PTE LTD
Co Reg No	201810594C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91076963
Alternative Phone No	OFFICE-91076963
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALLION A1.5 A
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5099618206
Cover Note Number	
Driver	
Name of Driver	EWAN LIM WEN XIAN
NRIC No	S9301762E
Date Of Birth	17/01/1993
Occupation	OUTDOOR
Date Of Driving Pass	06/05/2013
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97106755

OFFICE-97106755

NOEMAIL

Address BLK 276 CHOA CHU KANG AVENUE 2

#06-309 680276

Postcode 6802

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

ä

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? YES

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

3

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1

NAME:

: NISHA

GENDE

GENDER: : FEMALE

Passenger 2 NAME: JUN YUNG

GENDER: : MALE

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

REFER TO STATEMENT.

Attachment(s)

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

Was there any video captaled by Car Camera:

YES

NO NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJS1799D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

1000000141000

PRIVATE CAR HO SIEW MEI

NRIC/Passport Number

S7972495E

Contact Number

Name of Driver

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETA	LS OF	INJUR	ED P	ERSON	1
DETA					

Name EWAN LIM WEN XIAN

Approximate Age

Injuries Sustain BACK

Injured person in which vehicle? SJM2040J

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name NISHA

Approximate Age

Injuries Sustain BACK
Injured person in which vehicle? SJM2040J

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 3

Name JUN YUNG

Approximate Age

Injuries Sustain HEADACHE
Injured person in which vehicle? SJM2040J
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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
- 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.
- 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:

JUNE 2018

04:37 PM

Reporting Centre Perso Name:

NRIC/FIN No .:

		TO VOLME : A
		B: SJS 1799D
dd ₀	I A I	
Buk		
7		

nefer +	statement.		

DECLARATION

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

Policyholder Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)
Date & Time: 5 June 2018

04:37 PM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY ALONG LANE 3 UPP BUKIT TIMAH RD AS TRAFFIC LIGHT WAS AMBER. AFTER 2 SECONDS LATER, VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

ACCIDENT STATEMENT

A	CCIDENT DATE: 5 / 6 / 18)(DD/MM/YYYY), TIME: (14:40) (HH:MM)
LC	OCATION: June Upp Bully 7: mak Rd & old Jurong Rd
	1. DETAILS OF VEHICLE a) VEHICLE NUMBER: SJM 2040] b) INSURANCE COMPANY: N10 C c) POLICY NUMBER: 5099618206 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
	e)MAKE & MODEL: f)TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: (OM MOCAS) i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
	2. INSURED / POLICY HOLDER AJNAME: Librals Express Fundal & Lasing (MALE / FEMALE) BJNRIC/FIN/PASSPORT: 2018/0594C CONTACT: 91076963 CJADDRESS:
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
Ho of passeng	3. DRIVER
Induding drive	allame: but um weg xisa (MALE) FEMALE)
(3)	DINRIC/FIN/FASSFORT:CONTACT: 9100 733
(2)	CIADDRESS: MIC 76 Chan chu lang Avenue 2
	A 66-304 (680276) U
	*d)DATE OF BIRTH: (17 / 1 / 1993) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) ELYEARS OF DRIVING EXPRESION : 6/3 / 2/13
	THE THE OF BRITAIN EXTREMENTAL TO
124	4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: /////
9	5 GIMENTHER CONDITION (CLEAR OF BUILDING COTUES
	b) ROAD SURFACE: (DR) / MET / OTHERS 7 Back 7 Hey dache 7
4	6. WAS ANYBODY INJURED (VES) NO) i) Nisha :) Jun Yung :i) driver
	7. a) REPORTED TO POLICE (YES / NO)
	IF YES, PLEASE STATE WHICH POLICE STATION:
8	R THIRD PARTY VEHICLE
- 10 A 10 A	(7) [79AD
of passenger	a) VEHICLE NUMBER: US 14112 MODEL:
of passenger	a) VEHICLE NUMBER: SS 1799D MODEL: b) DRIVER'S NAME: HO SEW Me;
of passenger aduating driver	c) DRIVER'S NAME: HO SEW ME; c) NRIC/FIN/PASSPORT: S797249 E CONTACT:
of passenger aduating driver	b) DRIVER'S NAME: HO SEW Mei
of passenger Including driver () 9	b) DRIVER'S NAME: HO SEW ME; c) NRIG/FIN/PASSPORT: S797249 E CONTACT: THIRD PARTY VEHICLE
of passenger aduding driver () 9 o of passenger	c) DRIVER'S NAME: HO SEW ME; c) NRIC/FIN/PASSPORT: S797249 E CONTACT: THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL:
of passenger aduding driver () 9	b) DRIVER'S NAME: HO SEW ME; c) NRIG/FIN/PASSPORT: S797249 E CONTACT: THIRD PARTY VEHICLE

email = EWAN LIM @ HOTMAIL. 60M.

fax = WHEELSEXPRESSPRENTAL@ AMAIL. com.

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9301762E



EWAN LIM WEN XIAN

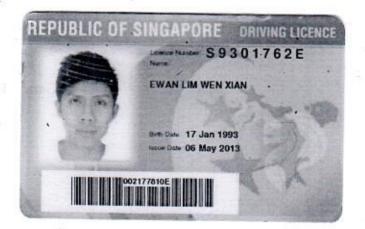
文

CHINESE

17-01-1993

SINGAPORE





4167271



28-01-2008

APT BLK 276 CHOA CHU KANG AVENUE 2 #06-309 SINGAPORE 680276

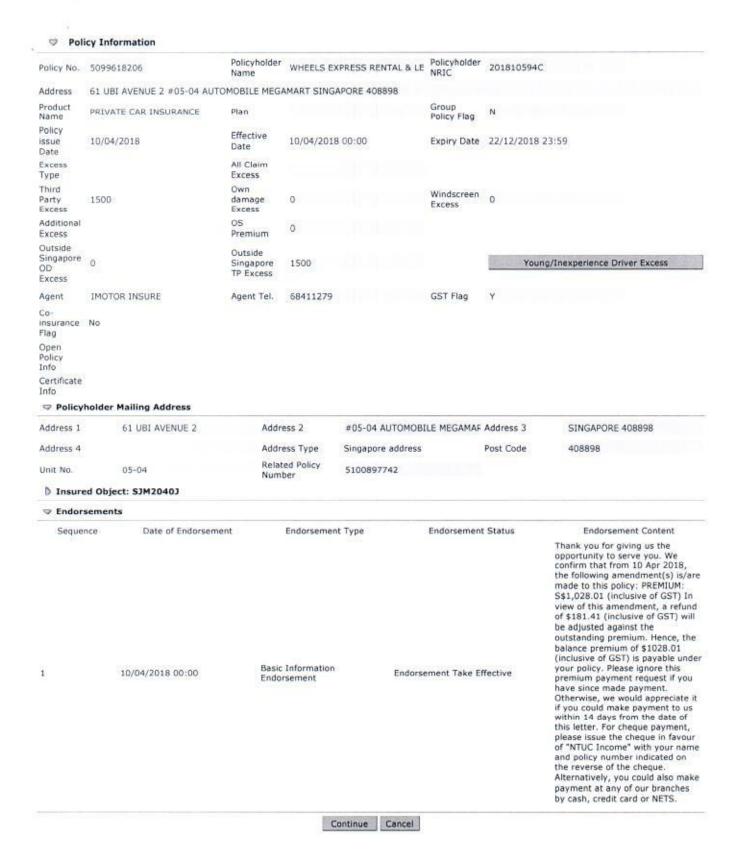
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Motor Cars=< 3000kg with =<7 passengers, exclusive 06 May 2013 of the driver; and other motor vehicles =< 2600kg

NP 428A





Claim Handling								• Excit
Accident MT/0997430								
Policy No.	5099618206	Vehicle No.	S3M20403		GST Registration No.			
Policyholder Name	WHEELS EXPRESS RENTAL & LEASING PTE LTD				Palicyholder NRIC		201810594C	
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party		Loading		0	
Contact No.(Mobile)	91076963	Contact No. (Office)	0		Contact No. (Home)		0	
Email Address		Special Remark			eCode		THE V	
KFK	® No ⊜Yes	TCA	® No ○Yes		eCode Reason			
NCD Protection	No	NCD Entitlement(%)	0		Private Hire		Yes	
 Accident Details 								
Report Date	05/06/2018 20:53	Accident Report Within 24 hm.	Yes		Accident Type		Collision - Head to Rear	
Date of Accident	05/06/2018	Time of Accident hhomm	14:40		Country of Accident		Singapore	
Reporting Centre		Orange Force			ICM No.			
Accident Location	JUNC UPP BUKIT TIMAH RO & OLD JURONG RD							
'V Benefits								
· Excess								
Own damage Excess	0.00	Additional Excess			Windscreen Excess		0.00	
Unnamed Driver Excess		Outside Singapore OD Excess		0.00				
Third Party Excess	1,500.00	Outside Singapore TP Excess		1,500.00				
GST Registered Informa								
GST Registered	No.		GST Registra	tion Date				
GST Registration No.			GST Status V	enfied	No			
Hodrication History								
Policyholder Mailing Ad	dress							
Address 1	51 UBI AVENUE 2	Address Z	#05-04 AUTOMOBIL	E MEGAMAI	Address 3		SINGAPORE 408898	
Address 4		Address Type	Singapore address		Past Code		408898	
Unit No.	DS-D4	Related Policy Number	5100897742					
□ Driver Info								
Oriver Name	unnamed Driver	Driver Type	Unnamed Driver		100000000000000000000000000000000000000		- NAVA COMMA	
Unnamed driver Name	EWAN LIM WEN XIAN	Driver NRIC	593017828		Driver DOB		17/01/1993	
Register Date of Driver License		Driver Age	25		Driving Experience		5	
Contact No (Mobile)	97106755	Contact No.(Office)	0	20028	Consact No.(Home)			
Address 1	BLK 276	Address 2	CHOA CHU KANG AV	ENUE 2	Address 3		SINGAPORE 680276	
Address 4		Address Type	Singapore address		Post Code		680276	
Unit No.	06-309							
Does he own a Singapore Registered car?	☐ Yes No	Driver Vehicle No.			Driver Insurer Comp	sarry		
Declaration								
Breathalyser or Blood Test Reading?	0 mg	Any injury?	® Yes ○ No					
TANK ALEMAN (WWW.Cooks								
Modification History								
Claim 001 New								
10 TO								
100 TO 10	OD-MX	Insured Name	WHEELS EXPRESS R	ENTAL & LE	Insured NRIC		201810594C	
Claim 001 New	OD-MK Y	Contact No.(Home)		ENTAL & LE	Contact No.(Office)		NZL.	
Claim 001 New	7,770,700		WHEELS EXPRESS R	ENTAL & LE	Contact No.(Office) TP Vehicle Number			
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description	7,770,700	Contact No.(Home)		ENTAL & LE	Contact No.(Office)	workshop	NZL.	
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact	90603343	Contact No.(Home)		ENTAL & UE	Contact No.(Office) TP Vehicle Number	Vorkshop	NZL.	
Claim 001 New Claim Type * Contact No.(Moovie) Email Address Claim Description	90603343	Contact No.(Home) OI Vehicle Number	S3M20403	<u> </u>	Contact No.(Office) TP Vehicle Number	Workshop	NZL.	
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Perferred Workshop Contact No.	90603343 S3M20401 / S3S17990 ON 5 Jun 2018	Contact No. (Home) Of Vehicle Number Insured Liability •	S2M20403 Not at Fault	<u> </u>	Contact No.(Office) TP Vehicle Number Name of Preferred V	Yorkshop	NIL 53517990	
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	90603343 S3M20401 / S3S17990 ON 5 Jun 2018 Yes	Contact No.(Home) OI Vehicle Number Insured Lability * Preference Repair Option	S2M20403 Not at Fault	<u> </u>	Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report	Vorkshop	NIL SJS17990 Received	
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	90603141 \$3M20401 / \$1517990 ON 5 Jun 2018 Yes	Contact No.(Home) OI Vehicle Number Insured Lability * Preference Repair Option	S2M20403 Not at Fault	<u> </u>	Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report	Vorkshop	NIL SJS17990 Received	
Claim 001 New Claim Type * Contact No (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered. Report Taken By.	90603141 \$3M20401 / \$1517990 ON 5 Jun 2018 Yes	Contact No.(Home) OI Vehicle Number Insured Lability * Preference Repair Option	S2M20403 Not at Fault	<u> </u>	Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report	Vorkshop	NIL SJS17990 Received	The state of the s
Claim 001 New Claim Type * Contact No (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered. Report Taken By.	90603141 \$3M20401 / \$1517990 ON 5 Jun 2018 Yes	Contact No.(Home) OI Vehicle Number Insured Lability * Preference Repair Option	SIM20403 Not at Fault Preferred Workshop	<u> </u>	Contact No. (Office) TP Vehicle Number Name of Preferred V GIA report	Vorkshop	NIL SJS17990 Received	and the fact that the
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7	NAC_PAYA_UBI_800601[NATIONAL ASSESSMENT CENTRE SERVIC n 2018 20:57	Photos	Norm	Photos 2018-6-5	Edi
	n 2018 20:57 NAC_RAYA_URI_BC0601(NATIONAL ASSESSMENT CENTRE SERVIC n 2018 20:57		Norm		Edit
	NAC_PAYA_UBI_BOOKOI NATIONAL ASSESSMENT CENTRE SERVIC	ES) on 05)u	Norm	nal Photos 2018-6-5	***
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A	NAC_PAYA_UBI_BOOGDI[NATIONAL ASSESSMENT CENTRE SERVICE IN 2018 20:57	ES) on 05 Ju Photos	Norm	Photos 2018-6-5	Edit
1	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVIC + 2018 20-57	ES) on 05 Ju Photos	Norm	Photos 2018-6-5	Edit
4	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVIC n 2018 20:57	ES) on 05 Ju Photos	Nort	Photos 2018-6-5	Edit
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my.	NAC_PAYA_URI_800603(NATIONAL ASSESSMENT CENTRE SERVICE N 2018 20:57	ES) on 05 lu Photos	Norr	Phoros 2018-6-5	Edit
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NX B	NAC_PAYA_UBI_800801(NATIONAL ASSESSMENT CENTRE SERVICE n 2018 20:59	ES) on 05 Ju Photos	Norm	Photos 2018-6-5	Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVIC in 2018 20:56	ES) on 05 Ju Photos	Nore	nal Photos 2018-6-5	Edit
	NAC_PAYA_UB1_800801(NATIONAL ASSESSMENT CENTRE SERVIC n 2018 20:56	ES) on 05 Ju Photos	Nom	Photos 2018-6-5	Edit
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVICE n 2018 20;56	ES) on 05 Ju Photos	Nort	Photos 2018-6-5	Edit
3	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE n 2018 20:56	ES) on 05 3ú Photos	Norn	Photos 2018-6-5	Edit
	NAC_PAYA_UBI_600601(NATIONAL ASSESSMENT CENTRE SERVICE n 2018 20:56	ES) on Q5 Ju Photos	Norn	Photos 2018-6-5	Edit
3	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVICE 0 2018 20:56	ES) on 05 Ju Photos	Norr	Photos 2018-6-5	Edit
Y	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVIC n 2018 20:56	IIS) on 05 Ju Photos	Norm	nal Photos 2018-6-5	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVIC n 2018 20:56	E5) on 05 Ju Photos	Nom	nel Photos 2018-6-5	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVIC + 2018 20:56	ES) on OS Ju Photos	Norm	nel Photos 2018-6-5	Edit
2.20	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVIC n 2018 20:56	ES) on 05 Ju Photos	Norm	Photos 2018-6-5	Edit
♥ Video List					

Display in New Window Stan and uploading