| 4-17-17 | | | | | | | |
|--|--|--|---|--|--|---------------------|--|
| Date In 28 16/18 15:50 | Jeb description | 1 | Date & Time Complete | ed | Done | by | |
| Re(No: MA/ INC 180 11820 144 | SAS e-filing | | | | | | |
| Veh No. 580 2227 E | E-mail (within | Shrs, AIC 2hrs) | | | | *1 | |
| D.O.A : 26 16 118 15:30 . | i-Motor Cla | im Form | MT/01000807 | 21 29 | 16118 | 09:23. | |
| | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | | | | | |
| OD . TP ' Reprum Only | i-Photo Uplo | oaded | | | | | |
| | Assessment/S | urvey Report | | | | | |
| TP Insurer: | Ass't Report l | by Fax/Hand | o Owner/Wksp | | | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | +11111111111111111111111111111111111111 | Tel: | Fax: | |) | |
| TP Particulars: Veh No: 5: | JN 2944×. | INC (|)/Non-INC() | | | | |
| Owner / Driver: (| | | Tel: | |) | | |
| Policy No: () Peri | iod: (|) | Cover Type: (| |) | | |
| Confirmed by : (| | Date: | Time: | |) | | |
| Insured/Driver Liability: (%) [N | ote-Est Status (| WO): N: 0-2 | 0%; P. 21-79%. F: 5 | 0-1009 | (o) | - | |
| | /arranty: YES (| |) | | Z=500 | | |
| Excess: (\$) Loading: \$1,00 | 0 ()/\$2,000 |)() | | | | | |
| General Remarks:- | | | | this is | | | |
| () Walk-In Customar : Customer's inform | | | rictly NO rafer of repair | er. | | | |
| () Total Loss Case : to e-mail Insurer | | | | | | | |
| Drive-In ()/Towed-In (); Invoice: | YES () / 1 | NO () ; T | owing Co. (| | - DOMESTICAL TOTAL | | |
| Remarks: (INC horline: 6788 6616) | | | Date&Time Complets | d L | Done | by | |
| 1) Apply for Transport Allowance () / Co | ourtesy Car (| 4 | THE PROPERTY OF THE PROPERTY OF THE | | | | |
| The state of the s | A STATE OF THE PARTY OF THE PAR |) | | | | | |
| 2) QC Check / Post Repair Inspection | (|) | | | | | |
| | (|) | | | | | |
| 2) QC Check / Post Repair Inspection | (|) | 4 | | | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: | (|) | | | | | |
| QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$30] | (|) | | | | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: | (|) | | | TE CLUB | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: | (|) | | | ALCO AND PERSONS ASSESSMENT OF THE PERSON ASSE | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: | (|) | | | ATECONOMICS OF THE PROPERTY OF | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: | (|) | | | | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions | (000) (| Invoice Pre | paration Checklist | | Ant(\$) | Amt (I) | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions | (| 1) AR : Acciden | t Reporting (\$30); | | Ant(\$) [3:81] 30.00 | Amt (3) Add Bill | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions M laimant's Particulars:- | (000) (| 1) AR : Acciden | t Reporting (\$30); Assessment (\$100); IN | C (\$80) \$40/\$45 | intBill | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions | (000) (| 1) AR : Acciden 2) DA : Damege 3) TF : Towing I 4) FT : Follow-T | t Reporting (\$30); Assessment (\$100); IN | \$40/\$45 \$120 | 10 Bill 30,00 | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions | (000) (| 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For glaiming a | t Reporting (\$30); Assessment (\$100); IN- Fee hrough Survey hrough Survey (Resurvey) reainst INC Only (wef 10 Jan | \$40/\$45 \$120 \$30 2005) | 1st Bill 30.00 | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Raimant's Particulars:- river/Owner ontact No: | (000) (| 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For glaiming 8 6) TR: Re-iuspe | t Reporting (\$30); Assessment (\$100); IN Fee hrough Survey (Resurvey) reginst INC Only (wef 10 Jan clion | \$40/\$45 \$120 \$30 | 1st Bill 30.00 | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Mainmant's Particulars:- river/Owner. | (000) (| 1) AR: Acciden 2) DA: Damege 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming 8 6) TR: Re-iuspe 7) N1: Idac DA 8) NTUC Additi | t Reporting (\$30); Assessment (\$100); IN Fee Prough Survey Prough Survey (Resurvey) Reginst INC Only (wef 10 Jan ction + SMRT Survey | \$40/\$45 \$120 \$30 2005) \$75 | 1st Bill 30.00 | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury : Date/Time Actions | (000) (| 1) AR: Acciden 2) DA: Damege 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming s 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi | t Reporting (\$30); Assessment (\$100); IN Fee Prough Survey Prough Survey (Resurvey) Reginst INC Only (wef 10 Jan ction + SMRT Survey | \$40/\$45 \$120 \$30 2005) \$75 \$160 | 14 Bill 30.00 | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury : Date/Time Actions | (000) (| 1) AR: Acciden 2) DA: Damege 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming s 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD* *N5: Courtesy *N6: Repair C | Reporting (\$30); Assessment (\$100); IN- Fee Prough Survey Prough Survey (Resurvey) Igainst INC Only (wef 10 Jan etion + SMRT Survey enal Services Car / Tpt Allowance Proordination | \$40/\$45 \$120 \$30 2005) \$75 \$160 | 161Bill 30.00 | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury : Date/Time Actions Claimant's Particulars :- Priver/Owner: Contact No: amaged Portion: C Checked by (Engr-In-Charge): | (000) (| 1) AR: Acciden 2) DA: Damege 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming s 6) TR: Re-iuspe 7) N1: Idac DA 8) NTUC Additi OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co | Reporting (\$30); Assessment (\$100); IN- Fee Through Survey Through Survey (Resurvey) Igajust INC Only (wef 10 Jan ottion + SMRT Survey onal Services Car/Tpt Allowance On-ordination sair Inspection Heet Excess Coordination | \$40/\$45 \$120 \$30 \$2005) \$75 \$160 \$5 \$10 \$25 \$5 | 14 Bill 30.00 | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions | (000) (| 1) AR: Acciden 2) DA: Damege 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming s 6) TR: Re-iuspe 7) N1: Idac DA 8) NTUC Additi OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co | Reporting (\$30); Assessment (\$100); IN- Fee hrough Survey hrough Survey (Resurvey) Igajust INC Only (wef 10 Jan ottion + SMRT Survey onal Services Car/Tpt Allowance In-ordination hair Inspection Heet Excess Coordination (Non INC) against INC | \$40/\$45 \$120 \$30 2005) \$75 \$160 \$5 \$10 \$23 | 1st Bill 30.00 | | |

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
- 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. 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

| | ACCIDENT STATEMENT |
|---|--|
| Date Of Report | 28/06/2018 15:50 |
| Date Of Accident | 26/06/2018 15:30 |
| Exact Location Of Accident | 21A GEYLANG |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | GBD2227E |
| Insured/Policyholder | |
| Name Of Registered Owner | SINO SG CONSTRUCTION PTE LTD |
| Co Reg No | 201735963E |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-84473690 |
| Vehicle Particulars | |
| Manufacturer | NISSAN |
| Model | CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5 |
| 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 | REPORTING ONLY |
| Vehicle Category | COMMERCIAL VEHICLE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5097458533 |
| Cover Note Number | * |
| Driver | |
| Name of Driver | KAZI MASUD |
| NRIC No | G2456041X |
| Date Of Birth | 31/12/1992 |
| Occupation | OUTDOOR |
| Data Of Data D | 12/02/2018 |
| Driving Experience | 0 YEAR AND 4 MONTH |
| Canda | MALE |
| MARK M. T. | (LOCAL) +65-84473690 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |
| | |

Address 43 TECH PARK CRESCENT

Postcode 637811

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

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

YES

NO 2

NAME: : UNKNOWN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

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

Was there any audio recorded?

YES NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJN2944X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver WONG KWEK VUI

NRIC/Passport Number S7240877B

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 14

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 faise 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:

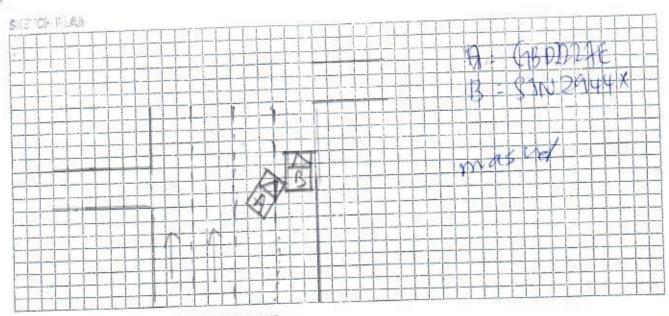
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

CTON PTELLID

Policyholder's Signature Date & Time: masud

Driver's Signature (if driver is not the policyholder) Date & Time: Took

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:



| SCRIBE CIRC | CUMSTANCES OF THE ACCIDENT |
|-------------|---|
| 1 turn | I was travelling along 21A creylang in lane 2, and on the right signal to make a right turn to Lovering 23, all of sudden I felt an impact from right front of my renicle while changing to lane 1. |
| | mascol |
| | |
| | |
| | CONST. |
| | |

DECLARATION

I we decare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

mas w

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SINGAPEREACCICENTSTATEMENT

IMPORTANT A OTICE

- Complete and submit this form to the individual insurance authorised reporting centra.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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 traffic police department for investigation.

| ISSUED FOR SHOULD FOR SHOULD BE SHOU | ACCIDENT DETAILS | 是 40 mm () 上 1 mm () 1 mm (|
|--|------------------|---|
| Date of accident | 26.06.18 | (DD/MM/YY) |
| Time of accident | 3:30 pm | (HH:MM) |
| Exact location of accident | 21 A Geylang | |

| Of Annahistation Control | DE | TAILS OF | (TH) (CLE | LACIN TO NET THE REAL PROCESS. | | |
|---|------------------------|---------------|---|--------------------------------|--|--|
| Vehicle registration number | GBD2227E | | | | | |
| Vehicle make and model | | NISS | IN CARCTAR | | | |
| Type of vehicle | Saloon D | MPV D | CRV Va Motorcycle | Others: | | |
| Vehicle category | Private 🗆 | Comme | ercial Motorc | ycle 🗆 | | |
| Purpose of using at said time | | | | | | |
| Are you claiming under your own insurance company? | Yes □ Third part cl | No □ aim □ | If no, please select Reporting only of | : | | |

| WALKERSON AND THE STREET | INSURANCE IN | TORMATION | No. of Persons and |
|--------------------------|-----------------|----------------------------|--|
| Insurance company | NIUC | | |
| Policy number | 5097 | 458533 | |
| Type of policy | Comprehensive z | Third party fire & theft a | TP only 🗆 |

| Mame | SINO | 54 | CONSTRUCTION | J PTE | LTD | Male 🗆 | Female |
|------------------------------|--------------|----|--------------|-------|-----|--------|--------|
| NRIC / Hin / Passport number | | 50 | 1735963E | | | -14 | |
| Contact | 3/2 22 22 24 | | | | | | |
| Address | | | | | | | |

| DRIVER | SAME AS INSURED ABOVE (SKIP TO D.O.B) | TARREST . |
|------------------------------|---------------------------------------|-------------|
| Name | KAZI MASUD Male of | Female |
| NRIC / Fin / Passport number | G2456041X | |
| Contact | 84473690 | |
| Address | 43 Tech Park (rescent | 3 77 |
| Email address | | |
| Date of birth | 31 Dec 1992 | |
| Occupation | Indoor □ Outdoor Ø | |
| Driving date pass | 12 Feb 2018 | |

| - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | 建设建设工厂 | FÖRWINTHÉN IÐFT | hada A Milio B AT 1999 | |
|--|--|---|--|--|
| Was chuer an employee of | Ves D | No 🗆 | | Employer |
| ché insuracia company? | If no, relat | tionship of the cir | ver and insured: | Limporter |
| Accident captured by camera? | Yes D | Noe | | |
| Weather condition | Clear | Raining 🗆 | Others: | 1 |
| Road surface | Dry | Wet 🗆 | | |
| No of passanger | | 2 | | (Inclusive of driver) |
| 100 01 10000 000 | | | | 4-1 |
| See a second sec | STATE AND ADDRESS OF THE PARTY | PASSENGER 1 | SEARCH AND A STREET | ARREST C. ARREST E. ARREST E. |
| Name | | Unknown | | |
| Gender | Male | Female 🗆 | | |
| dends | | 95 | | |
| WE STATE OF THE ST | E 3 (0) 100 | PASSENGER | AND AND AND ASSESSED. | 以后,对称 对一种的一种。 |
| Name | | | | |
| Gender | Maleo | Female D | | |
| aenaer | | • | | 1 |
| Service Control of the Control of th | SER - 15597 | PASSENGER 3 | TO MAN THE STREET | We had a second of the second |
| THE RESERVE OF THE PARTY OF THE | The state of the s | / | | |
| Name | Male 🗆 | Femaled | | |
| Gender | IVI die L | 7 101112 | | and the second s |
| 200 41 21 21 | Service Difficult | PASSENGER 4 | NAMES OF THE OWNER. | 建筑的大型 |
| · · · · · · · · · · · · · · · · · · · | | W.A.SELBICS.JAME | | |
| Name | Male 🗆 | Female Ø | | |
| Gender | TVIUIC II | -// | | and the second section and the second |
| THE RESERVE OF THE PROPERTY AND ADDRESS OF THE PERSON OF T | CALL TOWNSHIP | PASSENGER S | THE RESIDENCE OF STREET | 建筑 (1) (1) (1) (1) (1) (1) (1) (1) (1) |
| A STATE OF THE PARTY OF THE PAR | NAME OF BRIDE WAS IN | | | |
| Name | Male 🗆 | Female Ø | | |
| Gender | Male | Telliare | | |
| · · · · · · · · · · · · · · · · · · · | FDO VALSES | PASSENGER (| SALES BEEN | SERVICE THE REPORT OF THE PARTY |
| 被某些地方的企业的特殊的企业 | STATE OF THE PARTY | I APPROXIMENT | The same of the sa | |
| Name | Male □ | Female D | | |
| Gender | Maic | 10111010 | 10. | 4 (Y) 4 (B) To 12 (4 to 14) |
| | LICITION OF | OTHER INFORMA | TION | AWEST OF THE SECOND |
| | Yes 🗆 | Noe | | |
| Was anybody injured? | Yes | No 🗆 | | |
| Was other vehicle damaged? | res | 140 11 | 00 10 | 1000 - 1000 - 1000 pc - 8000 - 1000 pc - 1000 pc - 1000 pc - 8000 - 1000 pc - 1000 pc - 1000 pc - 8000 - 1000 pc - |
| | S. D. Park Tole | TAILS OF POLICE | ACTION | THE RESERVE OF THE |
| | Yes 🗆 | No. If ye | s, please state which | ch police station. |
| Reported to police? | 163 [| .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| Police station name | | | | The second secon |
| | PARTY DESCRIPTION | WITNESS 1 | CATTLE SAME TO SAME | WALLEY THE SECOND |
| THE RESERVE OF THE PERSON OF T | | William 1 | | The same of the sa |
| Name | | | | 620001 418.500-4 |
| | | | No. of Street, | NAME OF PARTIES ASSESSED. |
| Apple and the party of the later | | WITNESS 2 | A CASA CONTRACTOR OF THE PARTY | hatras at the second |
| Name | | | | |

| A SELECTION OF THE RESERVE | THE PARTY VERILLE L |
|--|--|
| Vehicle registration number | STN 2944X |
| Vehicle make model | Hyundai Avante |
| Name | Wang twek Vui |
| NRIC / Fin / Passport number | S +2408 77B |
| Contact | |
| | The same of the sa |
| White will fell the same to | THURD PARTY VEHICLE 2 |
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| 11 1977-1- | |
| Was to skill which the same | THIRD PARTY VEHICLE 3 |
| Vehicle registration number | |
| Vehide make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | 7 |
| | |
| 用以下,对于1000年间,1000年 | THIRD PARTY VEHICLE 4 |
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| | THE PROPERTY OF THE PROPERTY O |
| The best of the second of the | THIRD PARTY VEHICLE 5 |
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| | THIRD PARTY VEHICLE 6 |
| in the state of th | |
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| | THIRD PARTY VEHICLE 7 |
| HALD MANAGE SEARCH STREET | |
| Vehicle registration number | |
| Vehicle make model | |
| Name () | |
| NRIC / Fin / Passport number | |
| Contact | |

| es D es D es D | No D No D (NUURSO RERS | 50 (W 2. | | | | |
|----------------|--|---|--|----------------------|---------------|--|
| es 🗆 | NO D | FOIN 2. | | | | |
| es 🗆 | NO D | SOTU 2. | | | | |
| es 🗆 | NO D | FOIN 2. | | | | |
| es 🗆 | (NJURED PERS | 50 (N 2: | | | 0.000 | NEW SER |
| es 🗆 | | KOW 2. | | | | |
| | | 60 (W 2: | No. of the last | | 10.00 | |
| | | SOIV 2. | 學的例如 | | 57.89 | TO VIEW |
| | No 🗆 | | | | | |
| | No 🗆 | | | | | |
| | No 🗆 | | | | | |
| | No□ | | | | | |
| es 🗆 | | | | 1111111 | | 1010 |
| | No 🗆 | / | 88 | | | |
| | | | | | 30 | |
| | | | | | | |
| MAIN. | INJURED PER | SON 3 | FEGUR | BE STORY | THE PER | |
| | | | | | | |
| 1100 | e e e e e e e e e e e e e e e e e e e | | | | | |
| | | | | | | |
| es 🗆 | No 🗆 | | | | | - |
| es 🗆 | No 🗆 | | | | | |
| | | | | | | |
| | | | - Andrews | A-10/18/19/19 | in the same | |
| 经报 证 | INTURED PER | SON 4 | NO 321 341 | 图1683 | HE PASSE | Series and the series of |
| | | | | | | |
| | | | | | - | |
| | | | | | | |
| es 🗆 | The second secon | | | | | |
| es 🗆 | No 🗆 | | | | | |
| | | | | | | |
| DE MARKETANI | | TON EVAL | AND DESCRIPTIONS | SAL REPORT | 3050 | |
| 成功學 | INJURED PER | 80N 2 | | 到 提明点 | | A THE PART OF |
| | | | | | | |
| | | | | | | e e e |
| 2012/03/2012 | | | | | | |
| | | | | | | |
| 'es □ | No □ | | 1 | | | |
| | | | | | | |
| THE STATE OF | water per | CON 6 | STANCE OF THE PARTY OF THE PART | N IN COLUMN STATE OF | Sanda Barrell | Sales and the sa |
| 国籍的联 | INJURED PER | SUNB | Maria Control | | | COLUMN TO A VINE WA |
| 10 | | | | | | |
| | | | | | | |
| | | | | | -11-50-5 | |
| 'es □ | | | | | 7 == | |
| es □ | No 🗆 | | | _ | | |
| | | | | | | |
| | es D es D es D es D | es No No No No No No No N | es No INJURED PERSON 4 es No INJURED PERSON 5 es No INJURED PERSON 6 INJURED PERSON 6 | es No | es No | es D No D (NIURED PERSON 4 es D No D INJURED PERSON 5 es D No D INJURED PERSON 6 |



Employment of Foreign Manpower Act (Chapter \$1A) Republic of Singapore

Employer SINO'SG CONSTRUCTION PTE, LTD.



Name KAZI MASUD Work Permit No 0 64207350

Sector CONSTRUCTION







Immigration Regulations

Name KAZI MASUD



FIN G2486041X

31-12-1992

BANGLADESHI

MULTIPLE JOURNEY VISA ISSUED







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

EFFECTIVE DATE

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

Licence No:G2456041X

NP 428A



CO. REGN NO: 846705200W

99 MOTORS TRADING 7030 Ang Mo Kio Ave 5 #01-53 Northstar@AMK, Singapore 569880 Tel: 6284 4922 (5 Lines) Fax: 6684 8049

A001

| Certifica | ate of Insurance |
|--|---|
| MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSAT MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSAT ROAD TRANSPORT ACT, 1987 (MALAYSIA) | TION) RULES, 1960 |
| MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MA | |
| Certificate Number: 5097458533 | Cover : Comprehensive |
| Index mark and Registration Number of Vehicle | : GBD2227E |
| Chassis Number | : JN1SC2F24Z0856081 |
| Name of Policyholder | : SINO SG CONSTRUCTION PTE LTD |
| 3. Effective Date of Insurance | : 18 Jan 2018 |
| Expiry Date of Insurance Persons or Classes of Persons entitled to drive# | : 23 Jan 2019 |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholo | der's order or with his/her permission |
| Provided that the person driving is permitted in a | accordance with the licensing or other laws or regulations to drive is not disqualified by order of a Court of Law or by reason of any |
| 6. Limitations as to Use# | |
| | nd in connection with the Policyholder's business or profession. |
| (b) Use for the carriage of passengers or goods in cor | nnection with the Policyholder's business. |
| This Policy does not cover | |
| (a) Use for hire or reward. | |
| (b) Use for racing, pace-making, reliability trial or speed (c) Use whilst drawing a trailer except the towing of | III NA |
| Act (Chapter 189) and Section 95 of the Road Train headings. | nsport Act, 1987 (Malaysia), are not to be included under these |
| EXCESS (SECTION 1) : \$\$600 | |
| EXCESS (SECTION 2) : N/A | |
| WINDSCREEN EXCESS : \$\$100 | |
| INSURE WITH COE YES | . 0 Take |
| 13// \ | TOR TRANING ENTERPRICE |
| SUM INSURED SUM INSURED | JE OF INSURED VEHICLE AT TIME OF LOSS |
| I/We hereby Certify that the Policy to which this Certificat Vehicles (Third Party Risks and Compensation) Act (Chapter Agency : INSURE LINK PTE LTD (000006 | te relates is issued in accordance with the provisions of the Motor ter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) |
| Date of Issue : 18 Jan 2018 11:32 hrs | |
| Insure Link Pte Ltd 2 Kallang Averue #08-16 CT H 10 13-34-10-7 Off: 04-4-4-4-4 Fax: 6444 0140 | For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED |
| · Authorised Officer | Chief Executive |
| Authorised officer | Gilet Executive |
| | |

Claim Handling

| | www.common.com | | ZV W. C. MAIDET | 1000-100-100-100-100-100-100-100-100-10 | |
|--|--|--|---|--|---|
| Policy No. | 5097458533 | Vehicle No. | GBO2227E | GST Registration No. | |
| olicyholder Name | SIND SG CONSTRUCTION PTE LTD | | | Policyholder NRJC | 201735963E |
| voduct Code | COMMERCIAL VEHICLE INSURAL | Cover Type | Comprehensive | Loading | 0 |
| Contact No.(Mobile) | 84473690 | Contact No.(Office) | | Contact No.(Home) | |
| mail Address | | Special Remark | | eCode | No ▼ |
| (FK | • No Yes | TCA | ■ No ② Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 0 | Private Hire | No |
| | | | | | |
| Report Date | 29/06/2018 09:19 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Change / C |
| Date of Accident | 26/06/2018 | Time of Accident hh:mm | 15:30 | Country of Accident | Singapore |
| teparting Centre | | Orange Force | | ICM No. | |
| Accident Location | 21A GEYLANG | Destroit of the State of the St | | | |
| ♥ Benefits | | | | | |
| ♥ Excess | | | | | |
| Own damage Excess | 600.00 | Additional Excess | | Windscreen Excess | 100.00 |
| Innamed Driver Excess | 53355 | Outside Singapore OD Excess | | The second secon | 100.00 |
| hird Party Excess | 0.00 | Outside Singapore TP Excess | | | |
| GST Registered Informa | | | | | |
| ST Registered | No | | GST Registration Date | | |
| iST Registration No. | 5.00 | | GST Status Verified | No | |
| fodification History | | | SANA ARTERIA (TERM | 5200 | |
| | | | | | |
| ▼ Policyholder Mailing Ad | dress | | | | |
| ddress 1 | 15 LORONG 21A GEYLANG | Address 2 | SINGAPORE 388432 | Address 3 | |
| iddress 4 | | Address Type | Singapore address | Post Code | 388432 |
| Unit No. | | Related Policy Number | 5097458533 | 7 000,0000 | 300432 |
| ♥ OI Driver Info | | ASSESSMENT CONTRACTOR OF CONTRACTOR | NEST CONTRACTOR | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| Innamed driver Name | KAZI MASUD | Driver NRIC | G2456041X | Driver DOB | 31/12/1992 |
| legister Date of Driver License | | Driver Age | 25 | Driving Experience | 0 |
| Contact No.(Mobile) | 84473690 | Contact No.(Office) | | Contact No.(Home) | |
| Address 1 | 43 TECH PARK CRESCENT | Address 2 | | Address 3 | SINGAPORE 637811 |
| Address 4 | The second of th | Address Type | Singapore address | Post Code | |
| Init No. | | Address type | anyapore accress | Post Code | 637811 |
| Does he own a Singapore | | 601 000000 | | | |
| | Yes a No | Driver Vehicle No. | | Driver Insurer Company | |
| Registered car? | | | | | |
| | | | | | |
| eciaration | * SHARM TREE Y | 27 00002 | | | |
| Registered car? Reclaration Breathalyser or Blood Test Reading? | 0 mg | Any injury? | ○ Yes ☀ No | | |
| eclaration Breathalyser or Blood Test | * SHARM TREE Y | Any injury? | ○ Yes · No | | |
| eciaration Breathalyser or Blood Test | * SHARM TREE Y | Any injury? | ○ Yes · No | | |
| reclaration Breathalyser or Blood Test Leading? | * SHARM TREE Y | Any injury? | yes ⋅ No | | |
| eclaration Breathalyser or Blood Test Leading? | * SHARM TREE Y | Any injury? | yes ∗ No | | |
| eclaration freathalyser or Blood Test leading? odification History | * SHARM TREE Y | Any injury? | yes ∗ No | | |
| eclaration reathalyser or Blood Test eading? odification History Claim 001 New | 0 mg | | | | |
| eclaration ireathalyser or Blood Test leading? odification History Claim 001 New | * SHARM TREE Y | Insured Name | Yes ★ No SINO SG CONSTRUCTION PTE L | Insured NRIC | 201735963E |
| eclaration preathalyser or Blood Test leading? preathalyser or Blood Test leading? preathalyser or Blood Test leading? Claim 001 New Claim Type * Contact No. (Mobile) | 0 mg | Insured Name Contact No.(Home) | SING SG CONSTRUCTION PTE U | Contact No.(Office) | 201735963E 6444644 |
| eclaration presthalyser or Blood Test leading? colification History Claim 001 New Claim Type * Contact No. (Mobile) contact No. (Mobile) | 0 mg | Insured Name | | | |
| eclaration preathalyser or Blood Test leading? codification History Claim 001 New Claim Type * Contact No. (Mobile) Small Address Claim Description | 0 mg | Insured Name Contact No.(Home) | SING SG CONSTRUCTION PTE U | Contact No.(Office) | 64444644 |
| cclaration Preathalyser or Blood Test leading? Indification History Claim 001 New Claim Type * Contact No. (Mobile) Imail Address Claim Description referred Workshop Contact | 0 mg | Insured Name Contact No.(Home) | SING SG CONSTRUCTION PTE U | Contact No.(Office) TP Vehicle Number | 64444644 S3N2944X |
| cclaration reathalyser or Blood Test leading? odification History Claim 001 New Itaim Type * contact No. (Mobile) mail Address claim Description referred Workshop Contact lo. | 0 mg OD-MX Fig. 100-MX GBD2227E / SJN2944X ON 26 Jun 2018 | Insured Name Contact No.(Home) OI Vehicle Number | SINO SG CONSTRUCTION PTE L | Contact No.(Office) TP Vehicle Number Name of Preferred Workshop | 64444644 S3N2944X |
| cclaration Preathalyser or Blood Test leading? Indification History Claim 001 New Claim Type * Contact No. (Mobile) Imail Address Claim Description Preferred Workshop Contact Indication in the contact leading in the cont | 0 mg OD-MX GB02227E / SJN2944X DN 26 Jun 2018 0 | Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * | SINO SG CONSTRUCTION PTE L GBD2227E Partially at Fault | Contact No.(Office) TP Vehicle Number Name of Preferred Workshop | 64444644 S3N2944X 0 |
| eclaration Breathalyser or Blood Test leading? Indification History | 0 mg OD-MX F GBD2227E / SJN2944X ON 26 Jun 2018 O Yes Y | Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option | SINO SG CONSTRUCTION PTE L GBD2227E Partially at Fault | Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report | 64444644 S3N2944X 0 Received |
| cclaration reathalyser or Blood Test leading? odification History Claim 001 New Claim Type * Contact No. (Mobile) Imail Address Islam Description referred Workshop Contact Io. Lequire Finalisation late Registered Report Taken By | 0 mg OD-MX GBD2227E / SJN2944X ON 26 Jun 2018 O Yes 29/06/2018 09:22 | Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option | SINO SG CONSTRUCTION PTE L GBD2227E Partially at Fault | Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report | 64444644 S3N2944X 0 Received |
| cclaration reathalyser or Blood Test leading? odification History Claim 001 New Claim Type * Contact No. (Mobile) Imail Address Islam Description referred Workshop Contact Io. Lequire Finalisation late Registered Report Taken By | 0 mg OD-MX GBD2227E / SJN2944X ON 26 Jun 2018 O Yes 29/06/2018 09:22 | Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option | SIND SG CONSTRUCTION PTE LI GBD2227E Partially at Fault Preferred Workshop, Name unknown | Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report | 64444644 S3N2944X 0 Received |
| cclaration reathalyser or Blood Test leading? odification History Claim 001 New Claim Type * Contact No. (Mobile) Imail Address Islam Description referred Workshop Contact Io. Lequire Finalisation late Registered Report Taken By | 0 mg OD-MX GBD2227E / SJN2944X ON 26 Jun 2018 O Yes 29/06/2018 09:22 | Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option | SINO SG CONSTRUCTION PTE L GBD2227E Partially at Fault | Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report | 64444644 S3N2944X 0 Received |
| cclaration reathalyser or Blood Test leading? odification History Claim 001 New Claim 1901 New Contact No. (Mobile) mail Address claim Description referred Workshop Contact location leading Finalisation late Registered leport Taken By Print AK letter | 0 mg OD-MX GBD2227E / SJN2944X ON 26 Jun 2018 O Yes 29/06/2018 09:22 | Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option | SIND SG CONSTRUCTION PTE LI GBD2227E Partially at Fault Preferred Workshop, Name unknown | Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report | 64444644 S3N2944X 0 Received |
| cclaration reathalyser or Blood Test leading? odification History Claim 001 New Claim Type * Contact No. (Mobile) Imail Address Islam Description referred Workshop Contact Io. Lequire Finalisation late Registered Report Taken By | 0 mg OD-MX GBD2227E / SJN2944X ON 26 Jun 2018 O Yes 29/06/2018 09:22 | Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option | SIND SG CONSTRUCTION PTE LI GBD2227E Partially at Fault Preferred Workshop, Name unknown | Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report | 64444644 S3N2944X 0 Received |
| claim Type * Contact No. (Mobile) Small Address Claim Description Claim Description Claim Elegation Claim Description Claim Elegation Claim El | 0 mg OD-MX GBD2227E / SJN2944X ON 26 Jun 2018 O Yes 29/06/2018 09:22 | Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option | SIND SG CONSTRUCTION PTE LI GBD2227E Partially at Fault Preferred Workshop, Name unknown | Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report | 64444644 S3N2944X 0 Received |
| Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Vate Registered Report Taken By Print AK letter | 0 mg OD-MX GB02227E / SJN2944X ON 26 Jun 2018 O Yes 29/06/2018 09:22 LIEW SHAN HUI | Insured Name Contact No. (Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date | SINO SG CONSTRUCTION PTE L GBD2227E Partially at Fault Preferred Workshop, Name unknown Save Submit | Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report | 64444644 S3N2944X 0 Received |
| ccident No. | 0 mg OD-MX GB02227E / SJN2944X ON 26 Jun 2018 O Yes 29/06/2018 09:22 LIEW SHAN HUI MT/1000807 | Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Claim No. | SINO SG CONSTRUCTION PTE LI GBD2227E Partially at Fault Preferred Workshop, Name unknown Save Submit | Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report | 64444644 S3N2944X 0 Received |
| ccident No. | 0 mg OD-MX ▼ GBD2227E / SJN2944X ON 26 Jun 2018 O Yes ▼ 29/06/2018 09:22 LIEW SHAN HUI MT/1000807 ▼ Yes ○ No | Insured Name Contact No. (Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date | SINO SG CONSTRUCTION PTE L G8D2227E Pertially at Fault Preferred Workshop, Name unknown Save Submit 001 29/05/2018 09:23 | Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received | 64444644 S3N2944X 0 Received |
| cclaration resthalyser or Blood Test eading? odification History Claim 001 New laim Type * ontact No. (Mobile) mail Address laim Description referred Workshop Contact o. equire Finalisation ate Registered eport Taken By Print AK letter Attachment ccident No. ast Doc. Received | 0 mg OD-MX GB02227E / SJN2944X ON 26 Jun 2018 O Yes Yes ▼ 29/06/2018 09:22 LIEW SHAN HUI MT/1000807 ▼ Yes □ No Path * | Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Claim No. | SINO SG CONSTRUCTION PTE LI GBD2227E Partially at Fault Preferred Workshop, Name unknown Save Submit | Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report | 6444644 53N2944X 0 Received 29/06/2018 00:00 |
| claration preathalyser or Blood Test leading? Claim 001 New Claim 1001 New | 0 mg OD-MX ▼ GBD2227E / SJN2944X ON 26 Jun 2018 O Yes ▼ 29/06/2018 09:22 LIEW SHAN HUI MT/1000807 ※ Yes ○ No Path ** | Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Claim No. | SINO SG CONSTRUCTION PTE L G8D2227E Pertially at Fault Preferred Workshop, Name unknown Save Submit 001 29/05/2018 09:23 | Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received | 6444644 53N2944X 0 Received 29/06/2018 00:00 |
| cclaration resthalyser or Blood Test eading? odification History Claim 001 New laim Type * ontact No. (Mobile) mail Address laim Description referred Workshop Contact o. equire Finalisation ate Registered eport Taken By Print AK letter Attachment ccident No. ast Doc. Received | 0 mg OD-MX ▼ GBD2227E / SJN2944X ON 26 Jun 2018 O Yes ▼ 29/06/2018 09:22 LIEW SHAN HUI MT/1000807 ※ Yes ○ No Path ** | Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Claim No. | SINO SG CONSTRUCTION PTE L G8D2227E Pertially at Fault Preferred Workshop, Name unknown O01 29/05/2018 09:23 Category * | Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urgen | 64444644 S3N2944X 0 Received 29/06/2018 00:00 |

| Choose File | No file chosen |
|--------------|----------------|
| Choose File | No file chosen |
| Choose File | No file chosen |
| Message Read | 1 |

| lear | Please Select | * | NO. | • | Normal | * |
|------|---------------|----|-----|---|--------|---|
| lear | Please Select | * | NO | | Normal | • |
| lear | Please Select | 7. | NO | | Normal | |

| Attachment | | Uploaded By/Date | Category | 9 | Urgency | Description |
|------------|------------------------|--|-----------------------|---|---------|--------------------------------|
| New | NAC_PAYA_UB1_800601(N | IATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 09:23 | NRIC/ Driving License | | Normal | NRTC/ Driving License 2018-6-2 |
| Ç., | NAC_PAYA_UB1_800601(N | IATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 09:23 | NRIC/ Driving License | | Normal | NRIC/ Driving License 2018-6-2 |
| 10 | NAC_PAYA_UB1_800601(N | IATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 09:23 | SAS | | Normal | SAS 2018-6-29 |
| 100 | NAC_PAYA_UBI_800601(N | IATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 09:23 | Photos | | Normal | Photos 2018-6-29 |
| 0.4 | NAC_PAYA_UB1_800601(N | IATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 09:23 | Photos | | Normal | Photos 2018-6-29 |
| 1 | NAC_PAYA_UBI_800601(N | ATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 09:23 | Photos | | Normal | Photos 2018-6-29 |
| | NAC_PAYA_UBI_800601(N | ATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 09:23 | Photos | | Normal | Photos 2018-6-29 |
| F | NAC_PAYA_UBI_B00601(N | ATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 09:22 | Photos | | Normal | Photos 2018-6-29 |
| L | NAC_PAYA_UB1_B00601(N | ATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 09:22 | Photos | | Normal | Photos 2018-6-29 |
| | NAC_PAYA_UBJ_800601(N | ATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 09:22 | Photos | | Normal | Photos 2018-6-29 |
| | NAC_PAYA_UBI_800601(N | ATTOMAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 09:22 | Photos | | Normal | Photos 2018-6-29 |
| 1 | NAC_PAYA_UBI_B00601(N | ATTONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 09:22 | Photos | | Normal | Photos 2018-6-29 |
| | NAC_PAYA_UBI_800601(N | ATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2018 09:22 | Photos | | Normal | Photos 2018-6-29 |
| Video List | | | | | | |
| | Uploaded By/Date | Folder Date | File Name | | Ŷ | Source |

Display in New Window Scan and uploading