NATIONAL Assessment Ce.	THE DELLICES: The LITTLES	THE OUND VAN		
Date In: 117/18-14:45	Jeb description	Date &Time Completed	Done	by by
Ref No: NA   NC1800644)24	SAS e-filing			
Veh No: SDU76ML	E-mail (within Shrs, AIC 2hr	s)	İ	
D.O.A : 9/3/18 - 00:30	i-Motor Claim Form	M1/102585-001	117/18 16	TV.
OD TP PReporting Only	i-Motor W/O (Within: OD		17/10 16	10
OD A FF Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Repor	rt		
Tr Insurer:	Ass't Report by Fax / Har		<del> </del>	
Preferred Wksp / INC Assign Wksp / QW:		THE RESERVE OF THE PARTY OF THE	Fax:	
TP Particulars: Veh No: 67	SURE INC	C( )/Non-INC( )		
Owner / Driver: (		Tel:	)	
Policy No: ( )	Period: (	) Cover Type: (	)	-
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %	) [Note-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 80-	100%]	
Year of Registration: ( )	Warranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$				
General Remarks:	THE RESERVE	a a carried and a carried and a		
( ) Walk-In Customer: Customer's in	oformation etricity Coefficial 8	Cul-ut-NO C C		
( ) Total Loss Case : to e-mail Ins	urar IIBCENTI V	Curcuy NO 13161 Of Tepatier.		
Drive-In ( )/ Towed-In ( ); Invo	nice: YES( ) / NO( );	T		1
	.cc. 125( )/ NO( );	Towing Co: (	<u> </u>	)
			VESTER TO	) A1!!!
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### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

EMail Address

- 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.
- 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

the state of the second second	ACCIDENT STATEMENT
Date Of Report	11/07/2018 14:45
Date Of Accident	09/07/2018 00:30
Exact Location Of Accident	BLK 509 TAMPINES CENTRAL DRIVEWAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDU7619L
Insured/Policyholder	
Name Of Registered Owner	FORTE AUTO LEASING PTE LTD
Co Reg No	201631486C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97984296
Alternative Phone No	OFFICE-97984296
Vehicle Particulars	
Manufacturer	NISSAN
Model	LATIO 1.5L AT ABS D/AIRBAG 2WD 4DR
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	5093297212
Cover Note Number	
Driver	
Name of Driver	SITI NOR RIZARTUL BINTE ALI
NRIC No	\$7000551D
Date Of Birth	06/01/1970
Occupation	OUTDOOR
Date Of Driving Pass	17/10/2008
Driving Experience	9 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82534281
Fax Number	
Contact Number	OFFICE-82534281

NOEMAIL

BLK 12 MERPATI ROAD Address

#05-125 370012

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

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE

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? YES

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

Number of Passengers (Including Driver)

Passenger 1

NAME:

NO

5

GENDER: : FEMALE

Passenger 2

NAME:

GENDER: : MALE

Passenger 3

NAME:

: 2

GENDER: : MALE

Passenger 4

NAME:

GENDER:

: MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

YES

NO

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

TEL NO: 65470000 - FAX NO:

Circumstances of Accident

REFER TO POLICE REPORT - T/20180711/2059.

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 Witness 1

Name ERRAH NATASHA

Phone Number 84578943

Email Address

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number GZ8458R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

0

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

- 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:
  - 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 Signature

Date & Time:

Driver's Signature

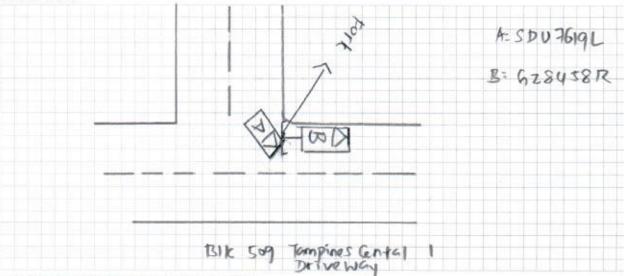
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20180711/2059.
To the same same same same same same same sam

DECLARATION

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

Policyholder Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:





T/20180711/2059

1 of 3

Report No. T/20180711/2059

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

REPORT OF	A TRAFFIC	ACCIDENT		Otation Diena No.	
Date/Time 11/07/201		ade:	Vide Report No.:	Station Diary No.:	
Informant	's Particu	lars			
Name of I	nformant:	L BINTE ALI	Address: APT BLK 12 MERPATI RD #0	05-125 SINGAPORE 370012	
ID Type / NRIC NO	ID No.:		Contact No.: Home/Office: Mobile: 82534281		
Nationality			Email:		
Sex: Female	Age:	Date of Birth: 06/01/1970	Type of Informant: Driver		
Race: Malay			Language: English	Institution / School Name:	
Occupation Grab Driv	OI OA Dato			Date of Expiry:	

eneral Inform	nation of the Accident		The state of the s	A COURS
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/07/2018 00:30	Type of Location Car Park
Location: Along Road 1 TAMPINES C Blk 509 Carps	ENTRAL 1			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collis	sion:			Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ8458R	TOW TRUCK	ISUZU	NHR69E	Blue		0
SDU7619L	Car	NISSAN	LATIO 1.5L AT ABS D/AIRBAG 2WD 4DR	Grey		4

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





T/20180711/2059

2 of 3

Report No. T/20180711/2059

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

## CONTINUATION OF REPORT

Driver	STATE STATE STATE OF THE STATE					
Name	SITI NOR RIZARTU	L BINTE AL		ID No	0.	S7000551D
Related Vehicle	NIL			Contact No.		82534281
Hospital/Clinic	NIL					02334281
				Class Drivin Licen	rg ce &	Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Data Dies	Expir	y Date	
No. of Days gran	ted Medical Leave	NIL	Date Disc	narge	NIL	
Witness		TAIL TO SERVICE STATE OF THE S	Degree of	Injury	NIL	
Name	ERRAH NATASHA					
accommon and a second	- THATAONA			ID No		S9820035E
Related Vehicle	NIL				-	
	1.11.5			Conta	ct No.	84578943
Hospital/Clinic	NIL			0:		
Date Treatment				Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL
	NIL od Madia al I		Date Disch		NIL	
to. or Days grant	ed Medical Leave	NIL	Degree of		NIL	

### Brief Details.

On the above mentioned date and time, I was sending a passenger to Blk 509 Tampines Central 1 from Holland Village. As one of my passengers is handicapped, I needed to drop him off at the Car Park bay. I was making a left turn into the carpark bay when I jammed brakes as I noticed that there was a Tow Truck parked at the edge of the left turn on the double yellow line, with no hazard lights on. I horned and tried to High beam the tow truck to get the driver to move as he was blocking the road but to my dismay, there was nobody in the Tow Truck. Suddenly, the driver of the Tow Truck came from behind and was started shouting and was being very aggressive towards me. I alighted from my vehicle to talk to him about leaving his vehicle here but he insisted that he was right and continued being aggressive towards I did not know that the fork from the tow truck was beneath my vehicle to the right. At that point of time, it caused the fork to get dragged beneath my vehicle. The driver was screaming at me again saying "What are you doing?!" He was also accusing me of trying to damage his vehicle and that I hit his leg and called the police.

When the police arrived, they spoke to both parties, came back and told me to make a police report as he was making a false accusation against me. The passengers that were on my vehicle are willing to be my witnesses and testify for me. The entire incident took about 1 hour.





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

3 of 3 Report No. T/20180711/2059

CONTINUATION OF REPORT

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CIA	-4-	L	Plan
- 1	otr		non

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:	Signature Of Informant:
ZENG ZI CONG	Mr
Signature Of Interpreter:	Pote /Firm
Not applicable	Date/Time:
	11/07/2018 13:55
Officer In Charge Of Case:	Classification Of Case:
TP/GIT/	(2)
SI THABAGESH JEYATHESH	以關於 SINGAPORE
Contact No.: 65476232	POLICE FORCE
Authentication Stamp	4.0
NP168	
	Signature:
	orginature.

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7000551D





SITI NOR RIZARTUL BINTE

MALAY

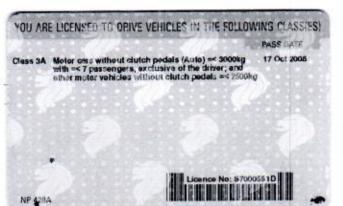
REPUBLIC OF SINGAPORE DRIVING LICENCE

Ukstrate Manchell S 7 0 0 0 5 5 1 D

Native
SITI NOR RIZARTUL BINTE
ALI

Birth Dute: 06 Jan 1970
Induse Dute: 17 Oct 2008







#### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre

with whom you submitted the Original Report.

## ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MNA 118089 146 Vehicle Registration No: SDU76 9L Name (as shown in NRIC): Sit Nor Rizardy Onte At NRIC/FIN/Passport No: 5200551P (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate : BLE 12 Merpet Road for-125 Address Singapore(37002) Mobile No.: 82534281 Contact (Tel) Email Address \_Time of Accident : \_\_\_\_\_\_00:3 o Date of Accident : 97/18 ant9) Tampines Drive Ward Place of Accident : NTUC Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Policyholded Prover Signature

Reporting Centre Personnel's Signature

Name: NRIC/FINNo.:

Date:

<b>eBao</b> Tech				1.00					Gen	eralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lar	guage	Change Passwo	ord , Log Ou
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	io.				Date of Acc	cident	09/07	/2018 00:30	13
	Vehicle	No.(For Motor)	SDU7619L							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5093297212	FORTE AUTO LEASING PTE LTD	201631486C	GPC	drivo CLASSIC	SDU7619L	SDU7619L	08/08/2017	22/10/2018
						Continue				

Policy No.	5093297212	Policyholder Name	FORTE AU	TO LEASING PTE LTD	Policyholder NRIC	201631486C	
Address	25 KAKI BUKIT ROAD 4 #01-6	2 SYNERGY @ F	B SINGAP	ORE 417800			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	08/08/2017	Effective Date	08/08/20	17 00;00	Expiry Date	22/10/2018 2	23:59
Excess Type		All Claim Excess					
Third Party Excess	1500	Own damage Excess	1500		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	1500	Outside Singapore TP Excess	1500			Youn	g/Inexperience Driver Excess
Agent	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020	null	GST Flag	Y	
Có- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	53 UBI AVENUE 1	Addre	ss 2	#05 - 44 PAYA UBI	INDUSTRIAL	Address 3	SINGAPORE 408934
Address 4		Addre	ss Type	Singapore address		Post Code	408934
	01-62	Relate Numb	ed Policy er	5097558305			
Jnit No.							
05:040	ed Object: SDU7619L						
Unit No.  Insure  Endors							

cy No.	5093297212	Vehicle No.	S0u7619L		GST Registration	No.		
cyholder Name	FORTE AUTO LEASING PTE LTD				-		20163148	60
aduct Code	PRIVATE CAR INSURANCE	Cover Type			Policyholder NRIC			oC.
ntact No.(Mobile)	97984296	Correct No. (DMice)	drive CLASSIC		Loading		0	
nail Address	The second second		0		Contact No.(Hom	(e)	0	
K	W CO CALLED	Special Remark	E21490A-14530		eCode:		Ac Y	
	® No ○ Yes	TCA	® No ○ Yes		eCode Reason			
ID Protection	No	NCD Entitlement(%)	0		Private Hire		Yes	
Accident Details								
eport Date	11/07/2018 16:15	Accident Report Within 24 hrs	Yes		Accident Type		Side Swipe	20
ate of Accident	09/07/2018	Time of Accident hh:mm	00:30			51		
eporting Centre	100/1000				Country of Accide	ent	Singapore	
cident Location		Orange Force			ICM No.			
	BLK 509 TAMPINES CENTRAL DRIVEWAY							
2 Benefits								
Excess								
en damage Excess	1,500.00	Additional Excess	0		Windscreen Exces	ss	100.00	
nnamed Driver Excess		Outside Singapore OD Excess	1,500.00					
ind Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00					
GST Registered Inform	ation		7533017					
T Registered	NU		GST Registration Date					
T Registration No.			GST Status Verified		Yes			
dification History					152			
Policyholder Malling Ad	dress							
dress 1	53 UBI AVENUE 1	Address 2	#05 - 44 PAYA USI INDUSTRIAL		Address 3		SINGAPOR	F 409934
dress 4		Address Type	Singapore address				Gigging Co.	7.700
nit No.	01-62				Post Code		408934	
P OI Driver Info		Related Policy Number	5097558305					
iver Name	Manager Printer	NA1207 W 775						
mer Name married driver Name	Urnamed Driver	Driver Type	Unnamed Driver					
	SITI NOR RIZARTUL HINTE ALI	Driver NRIC	\$70005510		Driver DOB		06/01/197	0
gister Date of Driver License		Driver Age	48		Driving Experience	•	9	
Mact No.(Mobile)	82534281	Contact No (Office)	0		Contact No.(Home	e)	O .	
dress 1	BUK 12	Adoress 2	MERPATI ROAD		Address 3		SINGAPOR	0 370012
dress 4		Address Type	Singapore address		Post Code		370012	
it No.	05-125	M						
es he own a Singapore								
es he own a Singapora	05-125 ○ Yes <b>®</b> No	Driver Vehicle No.			Driver Insurer Co.	mpany		
es he own a Singapora gistered car?						mpany		
es he own a Singapore gistered car? Claration cathalyser or Sicoid Test	☐ Yes <b>®</b> No	Driver Vehicle No.				mpany	258825	
es he own a Singapora gistered car? claration eathalyser or Sigod Tess			○ Yes ® No			mpany	758835	
nt No. oes he own a Singapora gistered car? Claration eathalyser or Slood Test ading?	☐ Yes <b>®</b> No	Driver Vehicle No.				mpany	23837	
oes he own a Singapora igistered car? claration eathalyser or Srood Text	☐ Yes <b>®</b> No	Driver Vehicle No.				mpany		
es he own a Singapore gatered car? claration cathalyser or Slood Test ading? afication History	☐ Yes <b>®</b> No	Driver Vehicle No.				mpany		
es he own a Singapore patered car? laration othalyser or Slood Test dding?	☐ Yes <b>®</b> No	Driver Vehicle No.				mpany		
es he own a Singapore patered car? daration athalyser or Blood Test dding? afication History	□ Yes <b>®</b> No ⊅ mg	Driver Vehicle No.				mpany		
es he own a Singapore gistered car? claration eathalyser or Shood Test ading?	☐ Yes <b>®</b> No	Driver Vehicle No.		.58		mpany	201631486	c
es he own a Singapore getered car?  claration eathalyser or Snood Test ading?  affication History  Claim dos New	D yes   No	Driver Vehicle No. Any Injury?	○ Yes ® No		Driver Insurer Cor		201631486	c
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Video List	NAC_PAYA_UBI_800601( NATE	ONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 16:40	Photos		Normal	Photos 2018-7-11	31
9		DNAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2015 16:40	Photos		Normal	Photos 2018-7-11	į
3	NAC_PAYA_USI_800601( NATI	ONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 16:40	Photos		Normal	Photos 2018-7-11	1
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	NAC_PAYA_USI_800601( NATI	ONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 16:41	Photos		Normal	Photos 2018-7-11	- 3
10	NAC_PAYA_UBI_800601( NATI	IONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 16:41	Photos		Normal	Photos 2018-7-11	a
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0	NAC_PAYA_UBI_BOOGO1( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 16:41	Photos		Normal	Photos 2018-7-11	
	NAC_PAYA_UBS_BOOGD1( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 16:41	Photos		Normal	Photos 2018-7-11	
	NAC_PAYA_UB1_800601( NAT	IDNAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 16:41	Photos		Normal	Photos 2018-7-11	
<b>E 1</b>	NAC_PAYA_U61_800601( NAT	IDNAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 16:41	Photos		Normal	Photos 2018-7-11	
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ALC: NO	NAC_PAYA_UBI_800601( NAT	IONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 16:41	hR3C/ Driving License		Normal	ARIC/ Driving License 2018-7-11	
Attachment		Uploaded By/Date	Category	9	Lirgency:	Description	Sent? (CO)