Ref No. Mp. MCRIP300144 SAS e-filling E-mail (vitinis thm, Atc 2tm) D.O.A. M. M. M. M. M. M. M.	NATIONAL Assessment Cer		CONTRACTOR OF THE PROPERTY OF	
SAS e-filling SAS e-fillin	Date In: (6/2) 18-16:37	Jeb description	Date &Time Completed	Done by
DO A	Ref No: NA) INCHOLOGOSTY	SAS e-filing	i	
Industria Indu	Veh No: PC7370E	E-mail (within Shrs, AIC 2hrs)		
I-Motor W/O (winhs: OD 2nt, TP shan) -Photo Uploaded Assessment/Survey Report	D.O.A:14/2/18-13:10	i-Motor Claim Form	M 603251-001	16/9/18 20:29
I-Photo Uploaded Assessment/Survey Report Tol: Fax: Time:)		i-Motor W/O (Within: OD 2h		
Professor West We	OD . IF , Reporting Only	i-Photo Uploaded		
Ass't Report by Fax / Hand to Owner/Wksp	TDI	Assessment/Survey Report		
TP Particulars:	IP insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Owner / Driver: (Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:
Downer / Driver: (TP Particulars: Veh No: 51	(370) INC ()/Non-INC()	
Insured/Driver Liability Wo Note-Est Stams (WO): N: 0-20%; P: 21-79%. P: 80-100% Year of Registration: (Tel:)
Insured/Driver Liability (%) [Note-Est Status (WO): N: 0-20%; P: 21-79% P: 20-160%] Year of Registration: () Warranty: YES () / NO () Excess: (S) Loading: \$1,000 () / \$2,000 () General Remarks: () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () Remarks: (INC hot/line: 6788-6616)	Policy No: ()	Period: ()	Cover Type: ()
Year of Registration: () Warranty: YES () / NO ()	Confirmed by : (Date:	Time:)
Excess: (\$) Loading: \$1,000 () / \$2,000 () General Remarks:- () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. (Remarks:- (INC horline: 6788 6616) Date string Solippe 54 Done by 1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo (Repair Cost > \$3000) () Injury: Date Time Actions Invoice Preparation Checklist Actions Actions Actions Actions Invoice Preparation Checklist Actions	Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 30-	100%]
General Remarks: () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-in (); Invoice: YES () / NO (); Towing Co. (Remarks:- (INC hot line: 6788/6616)	Year of Registration: ()	Warranty: YES ()/NO ()	
() Walk-In Customers : Customers information strictly Confidential & Strictly NO refer of repairer. () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: (Remarks: (INC hot line: 6788/6616)	Excess: (\$) Loading: \$	31,000 ()/\$2,000 ()		
() Walk-In Customers : Customers information strictly Confidential & Strictly NO refer of repairer. () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: (Remarks; (INC hotline: 6788 6616)	General Remarks:-	THE PARTY OF THE PARTY		
() Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: (Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions				
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: (Remarks: (ING horline: 6788 6616) 1) Apply for Transj.ort Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100), INC (\$80) iver/Owner: 3) TF: Towing Fee \$40,745 iver/owner: 4) FT: Follow-Through Survey \$120 Intact No: 5) FT: Follow-Through Survey (Resurvey) \$10 For claiming against INC Only (wef 10 Jan 2009) 7) NI: Idea DA + SMRT Survey \$160 8) NTUC Additional Services: Only Checked by (Engr-In-Charge): 1) NS: Courtesy Car / Tpt Allowance \$50 1) NS: DV / Collect Excess Coordination \$50 1) NS: Courtesy Car / Tpt Allowance \$50 1) NS: DV / Collect Excess Coordination \$50 1) NS: DV / Collect Excess Coordination \$50 1) NS: DV / Collect Excess Coordination \$50 2) NS: Courtesy Car / Tpt Allowance \$50 2) NS: Courtesy C				
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo (Repair Cost > \$3000] () Injury: Date/Time Actions A			Cowing Co: (· ···
1) Apply for Trans_ont Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury : Date/Time: Actions 1				
2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time: Actions Actions	Remarks:- (INC hotline: 6788 6616	ne de la companya de	Date&Time Completed	Done by
Injury :	Apply for Transport Allowance ()	/ Courtesy Car ()		
Invoice Preparation Checklist Amt (5) Am	2) QC Check / Post Repair Inspection	()		
Invoice Preparation Chreklist	3) Upload Resurvey Photo [Repair Cost>	\$3000] ()	- m	
Invoice Preparation Checklist Ant (5) Ant (6) An	Inturi :			
Invoice Preparation Checklist Anc (5) An		•		
Invoice Preparation Checklist	Date/Time Actions			PRESENTATION OF THE PROPERTY O
Invoice Preparation Checklist				- 3
Invoice Preparation Checklist				
Invoice Preparation Checklist				
Invoice Preparation Checklist				
Invoice Preparation Checklist			77.115v. v. 100.00	8 9
1) AR : Accident Reporting (\$30); 2) DA : Darrage Assessment (\$100); INC (\$80) iver/Owner:	A Maria Maria	Invoice Pre	paration Checklist	Contract of the State of the St
2 DA : Damage Assessment (\$100); INC (\$80) iver/Owner:				THE BILL Add I
A FT : Follow-Through Survey \$120	aimant's Particulars :-		Assessment (\$100); INC (\$8	
Trace Source Process Source S	iver/Owner:			
Por claiming against INC Only (wef 10 Jan 2005)				The state of the s
The control of the	ntact No:		seinet INC Only (wef 10 Jan 2005	
1 1 1 1 1 1 1 1 1 1		For claiming a	Columnia Auto Lance Lance Charles	
OD* State	maged Portion:	For claiming a 6) TR: Re-insper	ction	
*N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Fost Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5 1: TP (N11): TP (N11 INC) against INC \$20 9) N12: Idaa Mobile \$0	maged Portion:	For claiming a 6) TR: Re-inspec 7) N1: Idao DA	tion + SMRT Survey	
*N6: Repair Co-ordination 510 *N7: Fost Repair Inspection 525 *N8: DV / Collect Excess Coordination 53 1: TP (N11): TP (N:n INC) against INC 520 9) N12: Idaa Mobile 30		For claiming a 6) TR: Re-inspect 7) N1: Idao DA 8) NTUC Addition	tion + SMRT Survey	
+ N8: DV / Collect Excess Coordination 55 1:		For claiming a 6) TR: Re-inspect 7) N1: Idao DA 8) NTUC Addition	etion + SMRT Survey onal Services:-	\$160
1: TP (N11): TP (N in INC) against INC \$20 9) N12: Idaa Mobile 30		For claiming a 6) TR: Re-insper 7) N1: Idae DA 8) NTUC Addition OD* *N5: Courtesy	etion + SMRT Survey onal Services:- Cer/Tpt Allowance	\$160 \$5 \$10
9) N12: Idac Mobile 30	Checked by (Engr-In-Charge):	For claiming a 6) TR: Re-insper 7) N1: Idae DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep	ction + SMRT Survey onal Services:- Cer / Tpt Allowance condination air Inspection	\$160 \$5 \$10 \$25
	C Checked by (Engr-In-Charge):	For claiming a 6) TR: Re-insper 7) N1: Idae DA 8) NTUC Addition OD* N5: Courtesy N6: Repair C N7: Fost Rep N8: DV / Col	ction + SMRT Survey onal Services:- Car / Tpt Allowance o-ordination air Inspection lect Excess Coordination	\$160 \$5 \$10 \$25 \$3
2/3: Invoice dated Fee Charged	Checked by (Engr-In-Charge):	For claiming a 6) TR: Re-insper 7) N1: Idae DA 8) NTUC Addition OD* N5: Courtesy N6: Repeir C N7: Fost Rep N8: DV / Col TP (N11): TP	ction + SMRT Survey onal Services:- Car / Tpt Allowance o-ordination oir Inspection lect Excess Coordination (Non INC) against INC	\$160 \$5 \$10 \$25 \$5 \$5 \$20 30

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

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.
- 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.
- 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
Date Of Report	16/07/2018 16:37
Date Of Accident	14/07/2018 13:10
Exact Location Of Accident	SLIP RD CTE TWDS AMK AVE 3
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC7370E
Insured/Policyholder	
Name Of Registered Owner	ZHICHENG STUDENT HOSTEL PTE LTD
Co Reg No	201506659H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350 MICROBUS 2.5 MT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100614510
Cover Note Number	
Driver	
Name of Driver	ONG CHIN GEE
NRIC No	S1578004E
Date Of Birth	25/07/1963
Occupation	OUTDOOR
Date Of Driving Pass	01/12/1984
Driving Experience	33 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96503998
Fax Number	

OFFICE-96503998

NOEMAIL

BLK 310 WOODLANDS STREET 31 Address

#03-14

Postcode 730310

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

NO

NO

NO

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? Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

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?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJK770J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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.
- 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:
 - 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.

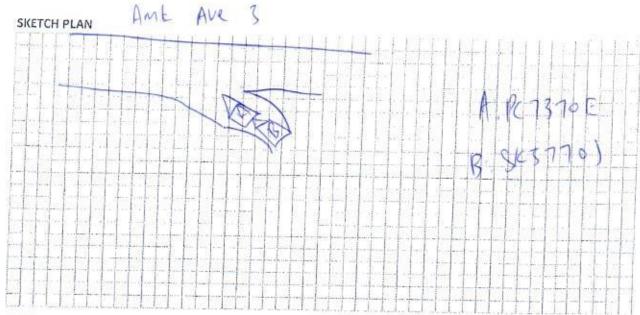
SINGAPORE STUDENT HOSTE PTE

Policyholder's Signature Date & Time:



Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: , w 1881



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My VI	ehicle	WWS	Stationary	6 H	e filter	lane	to	Amk	Avl	3
walthy	Jur	44	traffic	fo	Cler	hefor	1	MOV	toff.	Suddenly
18214	9	hunc	in past	mento	Are ,	~a_ 1	Get	Late	1	ealla.
in ille	0	CSICT	770)/	44	ont	o the	re	o p	7U1 4	of of
ny vel	MAL				Z-108			1		
								10000		
	_						W. N.	- Allex	-7/3/	
	Marin Company									-
								-		
en en en en				-						
			V-LOVE ESTABLISHED							
									7,447	
					300					
50-US LSU										
			ALECTROL PRICE		4200-200-00					
X d	24	2								
		13		-	7					
A STATE	APO	RE)								
A SANGE	APO foregoin	RE)	s are true in every	respect.	- 100 F. A. CA.				1	

Policyholder's Signature Date & Time:

STUDENT HOSTE

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- 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.

Accident details

Date and time of accident	Date: 14	1/1/2018	(DD/MI	V/YY) Time:	1'10 pm	(HH:MM)
Exact location of accident	A CTE	Extfining	Amk	Are	3		(

Details of vehicle

Vehicle registration number	PC 7370E				
Vehicle make and model	NISSAN UTVAN				
Type of vehicle	Saloon MPV CRV Van Van Others:				
Vehicle category	Private Commercial Motorcycle				
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes D No D if no, please select: Third part claim D Reporting only D				

Insurance information

NTUC		
4		
Comprehensive a	Third party fire & theft n	TP only

Insured / Policy holder

Name	Male 🗆	Female D
NRIC / Fin / Passport number	Wide	remaie D
Contact		
Address		

Driver

Same as insured above (skip to D.O.B)

Name	ong chin Gre Male & Female a
NRIC / Fin / Passport number	S1578034E
Contact	9650 8998
Address	310 wood lands St 31 #03-14 S(730310)
Email address	
Date of birth	25/7 (963
Occupation	Indoor Outdoor Outdoor
Driving date pass	1/12/1484

General information of the accident

Was driver an employee of	Yes No 🗆
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes by No er
Weather condition	Clear Raining Others:
Road surface	Dry Wet a
No of passenger	2 (Inclusive of driver)

Passenger 1

Name	ong chi	Gle	
Gender	Male p	Female 🗆	

Passenger 2

Name	DICH THE ANH QUIYER	
Gender	Male □ Female Ø	

Passenger 3

Name			
Gender	Male 🗆	Female 🗆	

Passenger 4

Name			
Gender	Male 🗆	Female	A HIM THE SECOND STATE OF

Passenger 5

Name	- F	
Gender	Male 🗆	Female □

Passenger 6

Name	12-7-12-701-6	
Gender	Male 🗆	Female

Other information

Was anybody injured?	Yes 🗆	No 🗆
Was other vehicle damaged?	Yes 🗆	No 🗆

Details of police action

Reported to police?	Yes□	No 🗆	If yes, please state which police station.
Police station name			

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	S) K 110)
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

News		
Name	ALC 10 201 Land 10	
		-
42 Tab 22 A MAD TO CORON MAD		

Witness 2

Name			_
Maine			

Injured person 1

Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗅	

Injured person 2

Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	

Injured person 3

Name			
Injuries sustained			
Which vehicle person in?	See The second s		
Were seat belts worn?	Yes 🗆	No p	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	and the same of th

Injured person 4

Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	





19-10-2010

APT BLK 310 WOODLANDS STREET 31 #03-14 SINGAPORE 730310

NRIC No: \$1578004E Date:

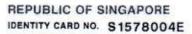
26/08/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 01 Dec 1954 of the driver; and other motor vehicles =< 2500kg

NP 428A







ONG CHIN GEE

王振义 Race CHINESE

Date of birth Sex 25-07-1963 M Country of birth SINGAPORE

51578004E

REPUBLIC OF SINGAPORE DRIVING LICENC 1 5 7 8 0 0 4 E ONG CHIN GEE Ben Date: 25 Jul 1963 Date: 21 Jul 2010

eBao Tech								Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601					Change Lar	nguage	Change Passwo	ord · Log Out
My Desktop	Policy Query								
Notice of Loss	Policy No.				Date of Acc	dent	14/07	/2018 13:10	
	Vehicle No.(For Motor)	PC7370E							
					Search				
	Select Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5100614510	ZHICHENG STUDENT HOSTEL PTE. LTD.	201506659Н	GBS	Comprehensive	PC7370E	PC7370E	11/05/2018	10/05/2019
	O 5100614510	HOSTEL PTE.	201506659Н	GBS	Comprehensive	PC7370E	PC7370E	11/05/2018	10/05/2

Policy No.	5100614510	Policyholo Name	der ZHICHENO	STUDENT HOSTEL P	Policyholder NRIC	201506659Н	
Address	525 JOO CHIAT ROAD PARKWA	Y LODGE SI	INGAPORE 427	705			
Product Name	BUS INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	09/05/2018	Effective Date	11/05/201	8 00:00	Expiry Date	10/05/2019 2	3:59
Excess Type		All Claim Excess					
Third Party Excess	3000	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	7/Inexperience Driver Excess
Agent	KINETIC INSURANCE AGENCY	Agent Tel	66946128		GST Flag	Y	
Co- insurance Flag	No						
Policy							
Open Policy Info Certificate Info							
Policy info Certificate info	nolder Mailing Address						
Policy nfo Certificate nfo Policyh	nolder Mailing Address	Ad	ldress 2	PARKWAY LODGE		Address 3	SINGAPORE 427705
Policy info Certificate info Policyh Address 1	-		dress 2 dress Type	PARKWAY LODGE Singapore address		Address 3 Post Code	SINGAPORE 427705 427705
Policy Info Certificate Info	-	Ad	STORY STREET OF STREET	SAME AND DESCRIPTION OF THE PARTY OF THE PAR		4. 50 . 116.5	
Policy info Certificate info Policyh Address 1 Address 4 Jnit No.	-	Ad	dress Type	Singapore address		4. 50 . 116.5	
Policy info Certificate info Policyh Address 1 Address 4 Unit No.	525 JOO CHIAT ROAD	Ad	dress Type	Singapore address		4. 50 . 116.5	
Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	d Object: PC7370E	Ad Re Nu	dress Type	Singapore address 5100614510		Post Code	

Accident MT/1003251			86000		102	0	
Policy No.	5100614510	Vehicle No.	PC7370E	GST Registration No			
Policyholder Name	ZHICHENG STUDENT HOSTEL PTE, LTD,			Policyholder NRIC		01506659H	
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0		
Cornect No.(Mobile)	0	Contact No.(Office)	0	Contact No. (Home)	0	and the same of th	
Email Address		Special Remark		eCode	4.	i V	
кук	No ○ Yes	TCA	® No ○Yes	eCode Reason			
NCD Protection	No.	NCD Entitlement(%)	20	Private Hire	N	0	
☞ Accident Details							
Report Date	16/07/2018 20:27	Accident Report Within 24 hrs.	Yes	Accident Type	0	ollision - Head to Rear	
Date of Accident	14/07/2018	Time of Accident hitchim	13:10	Country of Accident		ingapore	
Reporting Centre	14/07/2016	Orange Force	23.20	ICM No.	100	i gapane	
Accident Location	SLIP RD. CTE TWDS AMK AVE 3	Consider constant		140.00			
▽ Benefits	SEP NO. CIE 11100 MIN NYE 3						
W Excess							
	0.000	H=0.103		3000 8		202	
Own damage Excess	2,000.00	Agginonal Excess		Windscreen Excess	1	00.00	
Unnamed Driver Excess		Outside Singapore OD Excess					
Third Party Excess	3,000.00	Outside Singapore TP Excess					
□ GST Registered Information	ation						
ST Registered	Yes		GST Registration Date	01/01/201	5		
SST Registration No.	NA.		GST Status Ventled	No			
Modification History							
	250000						
Policyholder Mailing Ad Address 1	525 JOO CHIAT ROAD	Address 2	PARKWAY LODGE	Address 3	26	INGAPORE 427705	
	THE PARTY NAMED IN COLUMN			Post Code			
Address 4		Address Type	Singapore address	Post Code	-4	27705	
Unit No.		Related Policy Number	5100614510				
₩ OI Driver Info							
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Nanco (Maraus		errorus e	
Unnamed driver Name	DNG CHIN GEE	Driver NRIC	S1576004E	Driver DOS	3	5/07/1963	
Register Date of Driver License	01/13/1984	Driver Age	54	Driving Experience	3	3	
Contact No.(Mobile)	96503998	Contact No.(Office)	0	Contact No.(Home)	0		
Address 1	BFK 310	Address 2	WOODLANDS STREET 31	Address 3	- 5	INGAPORE 730310	
					-	110000010	
		Address Type	Singapore address	Post Code		30310	
Address 4	03-14	Address Type					
Address 4 Unit No. Does he own a Singapore	03-14 O Yes ® No	Address Type Driver Vehicle No.			7		
Address 4 Unit No. Does he own a Singapore Registered car?				Post Code	7		
Address 4: Unit No. Does he own a Singapore Registered par? Declaration Greathalyser or Blood Text	□ Yes ® No	Driver Vehicle No.	Singapore address	Post Code	7		
Address 4: Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test				Post Code	7		
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	□ Yes ® No	Driver Vehicle No.	Singapore address	Post Code	7		
Address 4: Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	□ Yes ® No	Driver Vehicle No.	Singapore address	Post Code	7		
Address 4: Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	□ Yes ® No	Driver Vehicle No.	Singapore address	Post Code	7		
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathayser or Blood Test Reading? 4odification History	□ Yes ® No	Driver Vehicle No.	Singapore address	Post Code	7		
Address 4 Unit No. Does he own a Singapore Registered par? Declaration Breathalyser or Blood Text Reading? Addition History Claim 901 New	□ Yes ® No	Driver Vehicle No.	Singapore address	Post Code	2 inany		
Address 4 Unit No. Does he own a Singapore Registered par? Declaration Breathalyser or Blood Text Reading? Addition History Claim 001 New	□ Yes ® No	Driver Vehicle No. Any injury?	Singapore address ○ Yes No	Post Code Driver Insurer Comp	2 inany	30310	
Address 4 Unit No. Doss he own a Singapore Registered car? Declaration Breathayser or Blood Test Reading? Claim 001 New Claim 1990 * Contact No (Mobile)	□ Yes ® No	Driver Vehicle No. Any injury? Insured Name	Singapore address ○ Yes No	Post Code Driver Insurer Comp	7 anny	30310	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathayser or Blood Test Reading? Additionation History Claim 001 New Confact No. (Mobile) Email Address	□ Yes ® No	Driver Vehicle No. Any injury? Insured Name Contact No.(Homs)	Singapore address ○ Yes No ZHICHENG STUDENT HOSTEL P	Post Code Driver Insurer Comp Insured NRIC Contact No. (DMcst)	2 Tanany	01506659H	
Address 4 Unit No. Does he own a Singapore Regulared car? Peclaration Breathalyser or Blood Test Reading? Additional History Claim 003 New Daim Type * Contact No. (Mobile) Email Address Claim Description	○ Yes ® No 0 mg	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) 03 Vehicle Number	© Yes ® No ZHICHENG STUDENT HOSTEL P PC7370E	Post Code Driver Insurer Comp Insured MRIC Contact No. (Office) TP Vehicle Number	2 Tanany	01506659H	
Address 4 Unit No. Does he own a Singapore Registered car? Pectaration Breathayser or Blood Test Reading? Claim 001 New Dawn Type * Confact No. (Mobile) Chair Address Chair Addr	O-MX SC7703 DN 14 316 2018	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability +	Singapore address ○ Yes ® No ZHICHENG STUDENT HOSTEL P PC7370E	Post Code Driver Insurer Comp Insured NRIC Contact No. (DMcs). TP Vehicle Number Name of Preferred W	7 Tanky	01506659H	
Address 4 Unit No. Does he own a Singapore Registered car? Rectaration Press or Blood Test Reading? Indiffication History Claim 001 New Daim Type * Contact No. (Mobile) Charles Address Daim Description Preferred Workshop Contact Mo. Require Finalisation	○ Yes No 0 mg CO-MX PC737DE / S3K7703 DN 14 3u 2018 Yes	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) 03 Vehicle Number Insured Liability * Preferend Repair Option	© Yes ® No ZHICHENG STUDENT HOSTEL P PC7370E	Post Code Driver Insurer Comp Insured MRIC Contact No. (Office): TP Vehicle Number Name of Preferred W	anany (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	01506659H	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathayser or Blood Test Reading? Addification History Claim 003 New Daim Type * Contact No. (Mobile) Email Address Daim Description Perfermed Workshop Contact No. Require Finalisation	O-MX SC7703 DN 14 316 2018	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability +	Singapore address ○ Yes ® No ZHICHENG STUDENT HOSTEL P PC7370E	Post Code Driver Insurer Comp Insured NRIC Contact No. (DMcs). TP Vehicle Number Name of Preferred W	anany (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	01506659H	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathayser or Blood Test Reading? Addirection History Claim 001 New Daim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	○ Yes No 0 mg CO-MX PC737DE / S3K7703 DN 14 3u 2018 Yes	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) 03 Vehicle Number Insured Liability * Preferend Repair Option	Singapore address ○ Yes ® No ZHICHENG STUDENT HOSTEL P PC7370E	Post Code Driver Insurer Comp Insured MRIC Contact No. (Office): TP Vehicle Number Name of Preferred W	anany (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	01506659H	
Address 4 Unit No. Dost he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Hoddication History	O mg D mg PC737DE / \$367703 DN 14 Jul 2018 Yes	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) 03 Vehicle Number Insured Liability * Preferend Repair Option	Singapore address ○ Yes ® No ZHICHENG STUDENT HOSTEL P PC7370E	Post Code Driver Insurer Comp Insured MRIC Contact No. (Office): TP Vehicle Number Name of Preferred W	anany (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	01506659H	
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Confact No. (Mobile) Email Address Claim Description Preferred Workshop Confact No. Require Finalisation Date Registered Report Teken By	O mg D mg PC737DE / \$367703 DN 14 Jul 2018 Yes	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	Singapore address ○ Yes ® No ZHICHENG STUDENT HOSTEL P PC7370E	Post Code Driver Insurer Comp Insured MRIC Contact No. (Office): TP Vehicle Number Name of Preferred W	anany (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	01506659H	
Address 4 Unit No. Does he own a Singapore Registered par? Declaration Breathayser or Blood Test Reading? Address Blood Test Reading? Claim 003 New Claim 1ype * Confact No. (Mobile) Email Address Claim Description Preferred Workshop Confact No. Require Finalisation Date Registered Report Teken By	O mg D mg PC737DE / \$367703 DN 14 Jul 2018 Yes	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	Singapore address ○ Yes ® No ZHICHENG STUDENT HOSTEL P PC7370E Not at Fault Preferred Workshop, Name unknown	Post Code Driver Insurer Comp Insured MRIC Contact No. (Office): TP Vehicle Number Name of Preferred W	anany (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	01506659H	
Address 4 Unit No. Doss he own a Singapore Regulared Car? Declaration Breathalyser or Blood Text Reading? Additional History Claim 001 New Daim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact Regulare Finalisation Date Regulared Report Taken By Sid Pont AK letter Attachment	O mg D mg PC737DE / \$367703 DN 14 Jul 2018 Yes	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	Singapore address ○ Yes ® No ZHICHENG STUDENT HOSTEL P PC7370E Not at Fault Preferred Workshop, Name unknown	Post Code Driver Insurer Comp Insured MRIC Contact No. (Office): TP Vehicle Number Name of Preferred W	anany (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	01506659H	
Address 4 Unit No. Doss he own a Singapore Regulared Car? Declaration Breathalyser or Blood Text Reading? Additional History Claim 001 New Daim Type * Confact No. (Mobile) Email Address Claim Description Preferred Workshop Confact Regular Finalisation Date Regulared Report Taken By Attachment	O mg D mg PC7370E / S3K7703 DN 14 3u 2018 Yes Yes V Jackson	Insured Name Contact No.(Home) O3 Vehicle Number Insured Lability * Preference Repair Option Claim Close Date	Singapore address O Yes ® No ZHICHENG STUDENT HOSTEL P PC7370E Not at Fault Preferred Workshop, Name unknown Sake Submit	Post Code Driver Insurer Comp Insured MRIC Contact No. (Office): TP Vehicle Number Name of Preferred W	anany (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	01506659H	
Address 4 Unit No. Doss he own a Singapore Registered Earl Declaration Breathalyser or Blood Test Reading? Addification History Claim 001 New Chaim 1990 * Confact No. (Mobile) Email Address Claim Description Preferred Workshop Confact No. Report Taken By Solom AK letter Attachment	O mg D mg PC7370E / S3K7703 DN 14 3u 2018 Yes Yes I6/07/2016 20:29 Jackson	Insured Name Contact No.(Home) G0 Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	Singapore address O Yes ® No ZHICHENG STUDENT HOSTEL P PC7370E Not at Fault Preferred Workshop, Name unknown Sake Submit 001	Post Code Driver Insurer Comp Insured MRIC Contact No. (Office): TP Vehicle Number Name of Preferred W	anany (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	01506659H	
Address 4 Unit No. Doss he own a Singapore Registered Car? Declaration Breathalyser or Blood Text Reading? Addification History Claim 001 New Chaim Type * Confact No. (Mobile) Email Address Claim Description Preferred Workshop Confact Report Taken By Attachment	O mg D mg PC7370E / S3K7703 DN 14 3u 2018 Yes Yes V Jackson	Insured Name Contact No.(Home) O3 Vehicle Number Insured Lability * Preference Repair Option Claim Close Date	Singapore address O Yes ® No ZHICHENG STUDENT HOSTEL P PC7370E Not at Fault Preferred Workshop, Name unknown Sake Submit	Post Code Driver Insurer Comp Insured MRIC Contact No. (Office): TP Vehicle Number Name of Preferred W	anany (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	01506659H	
Address 4 Unit No. Doss he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Additional Network Claim 001 Network Claim 001 Network Chaim Description Preferred Workshop Contact Wo. Report Taken By Select Registered Report Taken By Attachment	O mg D mg PC7370E / S3K7703 DN 14 3u 2018 Yes Yes I6/07/2016 20:29 Jackson	Insured Name Contact No.(Home) G0 Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	Singapore address O Yes ® No ZHICHENG STUDENT HOSTEL P PC737DE Not at Fault Preferred Workshop, Name unknown OIL 16/07/2018 20:30 Category *	Post Code Driver Insurer Comp Insured NRIC Contact No. (DMcs). TP Vehicle Number Name of Preferred W GIA report Date Received Confidential	anany (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	01506699H 387703 3877203	
Address 4 Unit No. Doss he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Additional Network Claim 001 Network Claim 001 Network Chaim Description Preferred Workshop Contact Wo. Report Taken By Select Registered Report Taken By Attachment	O mg CO-MX ▼	Insured Name Contact No.(Home) G0 Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	Singapore address O Yes ® No ZHICHENG STUDENT HOSTEL P PC737DE Not at Fault Preferred Workshop, Name unknown OIL 16/07/2018 20:30 Category *	Post Code Driver Insurer Comp Insured ARIC Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report Date Received	ronkshop Urgency •	01506699H 387703 3877203	
Address 4 Unit No. Doss he own a Singapore Registered Car? Reclaration Dreathalyser or Blood Text Reading? Rodification History Claim 001 New Daim Type * Confact No. (Mobile) Creat Address Claim Description Referred Workshop Confact No. Date Registered Report Taken By Sel Print AK letter Attachment	O mg CO-MX ▼	Insured Name Contact No.(Home) O3 Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Date	Singapore address (*) Yes (*) No ZHICHENG STUDENT HOSTEL P PC7370E Not at Fault Preferred Workshop, Name unknown Out 16/07/2018 20:30 Category * Clear Please Select	Post Code Driver Insurer Comp Insured ARIC Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report Date Received	ronkshop Urgency •	01506699H 01506699H 0H77001 0H77001 0H77001 0H77001 0H77001 0H77001 0H77001 0H77001 0H77001 0H77001	
Address 4 Unit No. Doss he own a Singapore Registered Car? Reclaration Dreathalyser or Blood Text Reading? Rodification History Claim 001 New Daim Type * Confact No. (Mobile) Creat Address Claim Description Referred Workshop Confact No. Date Registered Report Taken By Print AK letter Attachment	O mg CO-MX ▼	Insured Name Contact No.(Home) G0 Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Claim No. Uproad Date Browse. Browse.	Singapore address (*) Yes (*) No ZHICHENG STUDENT HOSTEL P PC7370E Not at Fault Preferred Workshop, Name unknown 16/07/2018 20:30 Category * Clear Please Select Please Select Please Select Dear Please Sel	Post Code Driver Insurer Comp Insured ARIC Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report Date Received Confidential	rorkshop Urgency • Normal	01506659H Description *	
Address 4 Unit No. Doss he own a Singapore Registered Car? Reclaration Dreathalyser or Blood Text Reading? Rodification History Claim 001 New Daim Type * Confact No. (Mobile) Creat Address Claim Description Referred Workshop Confact No. Date Registered Report Taken By Print AK letter Attachment	O mg CO-MX ▼	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) O3 Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Liam No. Upload Date Browse. Browse.	Singapore address O Yes ® No ZHICHENG STUDENT HOSTEL P PC7370E Not at Fault Preferred Workshop, Name unknown Int/07/2018 20:30 Category * Clear Please Select Please Select Dear Please Select	Post Code Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report Date Received Confidential NO V Inc. V RC V	Forkshop Urgency • Normal Normal	01506659H 01506659H IN77001 IN77001 Description *	
Address 4 Unit No. Doss he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Additional Network Claim 001 Network Claim 001 Network Chaim Description Preferred Workshop Contact Wo. Report Taken By Select Registered Report Taken By Attachment	O mg CO-MX ▼	Insured Name Contact No.(Home) O3 Vehicle Number Insured Liability * Preferenced Repair Option Claim Close Date Claim No. Uproad Date Browse. Browse. Browse.	Singapore address Over No ZHICHENG STUDENT HOSTEL P PC7370E Not at Fault Preferred Workshop, Name unknown Int/07/2018 20:30 Category * Clear Please Select Gear Please Select Gear Please Select Gear Please Select	Post Code Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report Date Received Confidential NO V RC V RC V	Urgency • Normal Normal Normal Normal	01506699H 01506699H 3H7700 Heckived 5H07/2018 00:00	
Address 4 Unit No. Doss he own a Singapore Registered Car? Declaration Breathalyser or Blood Test Reading? Additional Network Claim 001 Network Claim 001 Network Chaim Description Preferred Workshop Contact Wo. Report Taken By Select Registered Report Taken By Attachment	O mg CO-MX ▼	Driver Vehicle No. Any injury? Insured Name Contact No.(Home) O3 Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Liam No. Upload Date Browse. Browse.	Singapore address Ores No ZHICHENG STUDENT HOSTEL P PC7370E Not at Fault Preferred Workshop, Name unknown Int/07/2018 20:30 Category * Clear Please Select	Post Code Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred W GIA report Date Received Confidential NO V RC V RC V RC V	Urgency * Normal Normal Normal Normal Normal	01506659H 01506659H IN77001 IN77001 Description *	

Attachment		uploaded By/Date	Category	9	Urgency	Description	Msg Sent? Action (CO)
N/A	NAC_PAYA_UBI_800801(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:30	NR1C/ Oriving License		Normal	NRIC/ Driving License 2018-7-16	Edit
1	NAC_PAYA_UBI_800601[NA	TIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:30	SAS		Normal	SAS 2018-7-16	Edit
	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:30	Photos		Normal	Photos 2018-7-16	Edit
O P	NAC_PAVA_UBI_800601(NA	TIONAL, ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:30	Photos		Normal	Photos 2018-7-16	Edit
C.	NAC_PAYA_UBI_800601[NA	TIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:30	Photos		Normal	Photos 2018-7-16	Edit
	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:30	Photos		Normal	Photos 2018-7-16	Edit
	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:30	Photos		Normal	Photos 2018-7-16	Edis
心色	NAC_PAYA_UBI_800601[NA	TIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2015 20:29	Photos		Normal	Photos 2018-7-16	Edit
	NAC_PAYA_UBI_B00601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:29	Photos		Normal	Photos 2018-7-16	Edit
100	NAC_PAYA_UBI_B00601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:29	Photos		Normal	Phoces 2018-7-16	Edis
		TIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:29	Photos		Normal	Photos 2018-7-16	Edit
-	NAC_PAYA_UBI_B00601(NA	TIONAL, ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:29	Photos		Normal	Photos 2018-7-16	Edit
100	NAC_PAYA_UBI_B00601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 16 Jul 2018 20:29	Photos		Normal	Photos 2018-7-16	Edit
♥ Video List							
	Uploaded By/Date	Folder Date	File Name		9	Source	Action

Displey in New Window Scan and uploading