| NATIONAL Assessment Ce   | ntre Services   Well Jamos M          | NA118094026  |  |
|--|---------------------------------------|--|--|
| Date In: 204 18-17:16  | Job description                       | Date &Time Completed                                     | Done by  |
| Ref No: NA/ NCB 0 13263/24   | SAS e-filing                          |  |  |
| Veh No: JVIII 26   | E-mail (within 8hrs, AIC 2hrs)        |  |  |
| D.O.A: 1873/18 - 19:00   | i-Motor Claim Form                    | M7 1003913-001   | 27:31 81 K OK  |
|  | i-Motor W/O (Within: OD 2h            | rs, TP 4brs)   |  |
| OD (TP) Reporting Only   | i-Photo Uploaded                      |  |  |
|  | Assessment/Survey Report              |  |  |
| TP Insurer:  | Ass't Report by Fax / Hand            | to Owner/Wksp  |  |
| Preferred Wksp / INC Assign Wksp / QW:   | (                                     | Tel; F   | ax: )  |
| TP Particulars: Veh No:  | IN-7220T INC (                        | )/Non-INC()  |  |
| Owner / Driver: (  |                                       | Tel:   | )  |
| Policy No: ( )   | Period: ( )                           | Cover Type: (  | )  |
| Confirmed by: (  | Date:                                 | Time:  | )  |
|  | %) [Note-Est. Status (WO): N: 0-2     | 10%; P: 21-79%. P: 80-                                   | 100%]  |
| Year of Registration: (  | ) Warranty: YES ( )/NO (              | )  |  |
|  | \$1,000()/\$2,000()                   |  | 198 C 19 W. V  |
| General Remarks:-  |                                       |  | Con Since  |
| ( ) Walk-In Customer: Customer's   | information strictly Confidential & S | trictly NO refer of repairer.                            |  |
| ( ) Total Loss Case : to e-mail In   | surer URGENTLY.                       |  |  |
| Drive-In ( )/ Towed-In ( ); Inv  | voice: YES( ) / NO( );7               | Towing Co: (   | . )  |
| Remarks: (INC hotline: 6788 661  |                                       | Date&Time Completed.                                     | Donshy   |
|  | )/Courtesy Car ( )                    |  | 200  |
| 2) QC Check / Post Repair Inspection   | )/ Courtesy Car ( )                   | -  |  |
| B) Upload Resurvey Photo [Repair Cost  | > \$3,0001 ( )                        | <del>                                     </del>         |  |
|  |                                       |  |  |
| Injury:  |                                       |  |  |
| Date/Time Actions  | 4 1 1 1 1 1 1 1 1 1 1                 | 3 m - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -                | eranicana.   |
|  |                                       |  | -  |
|  |                                       |  |  |
| 1200 CO 1000 C |                                       |  |  |
|  | ,                                     |  | (c)  |
| •  |                                       |  |  |
| MAROYSQ7   | Invoice Pre                           | paration Checklist                                       | Anif (5) Anii (5)  |
| COLUMN STATE OF THE STATE OF TH | 1) AR : Acciden                       | Reporting (\$30);  |  |
| umant's Particulars :-   | 2) DA : Damage<br>3) TF : Towing I    |  | 30)<br>0/\$45  |
| ver/Owner:   | 4) FT : Follow-T                      | hrough Survey  | \$120  |
| ntact No:  | 5) FT : Follow-T                      | hrough Survey (Resurvey) sainstINC Only (wef 10 Jan 2003 | \$30   |
| The state of the s | 6) TR: Re-inspe                       | ction  | \$75   |
| naged Portion:   | 7) N1 : Idas DA                       | - Diritti out -  | \$160  |
| Charles and the control of the contr | 8) NTUC Additi                        |  |  |
| Checked by (Engr-In-Charge):   | *N5: Courtes)                         | Car / Tpt Allowance                                      | \$10   |
|  | *N6: Repair C<br>*N7: Post Rep        | mit Inspection   | \$25   |
| ditors' Comments :-  | *N8: DV / Co                          | llect Excess Coordination                                | \$3<br>\$20  |
| 1:   | TP (N11) : TF<br>9) N12: Idae Mo      | (Non INC) against INC                                    | 30   |
| 2/3:   | Invoice dated                         | Fee Charged  | <b>动物/</b> 数   |
|  | Invoice dated                         | Fee Charged  | DESCRIPTION OF THE PARTY OF THE |

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Gender

Mobile Number

Fax Number 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.
- Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties,
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

|  | ACCIDENT STATEMENT                     |
|--|--|
| Date Of Report   | 20/07/2018 17:56                       |
| Date Of Accident   | 18/07/2018 19:00                       |
| Exact Location Of Accident   | CARPARK OF BLK 156A RIVERVALE CRESCENT |
| Country/State of Loss  | SINGAPORE                              |
| D  | DETAILS OF OWN VEHICLE                 |
| Vehicle Registration Number  | SJV5552G                               |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | MUHAMMAD HARDI BIN MOHAMED ARIS        |
| NRIC No  | S8709607F                              |
| Email Address  | NOEMAIL                                |
| Mobile Phone No  | (LOCAL) +65-91086478                   |
| Alternative Phone No   | OFFICE-91086478                        |
| Vehicle Particulars  |  |
| Manufacturer   | KIA                                    |
| Model  | RIO 1.4 AT ABS AIRBAG 2WD 5DR          |
| Exact Purpose for which vehicle was being used at<br>time of accident        | PRIVATE 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 CAR                            |
| Insurance Company  |  |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage   | COMPREHENSIVE                          |
| Fleet Policy   | NO                                     |
| Policy Number  | 5087684656-01                          |
| Cover Note Number  |  |
| Driver   |  |
| Name of Driver   | MUHAMMAD HARDI BIN MOHAMED ARIS        |
| NRIC No  | S8709607F                              |
| Date Of Birth  | 27/03/1987                             |
| Occupation   | OUTDOOR                                |
| Date Of Driving Pass   | 11/06/2010                             |
| Driving Experience   | 8 YEARS AND 1 MONTH                    |

MALE

NOEMAIL

(LOCAL) +65-91086478

OFFICE-91086478

BLK 717B WOODLANDS DRIVE 70 Address

#07-22

Postcode 732717

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

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 2 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) NO soliciting/offering accident claims assistance. 2

Number of Passengers (Including Driver)

Passenger 1

NAME:

NO

NO

GENDER: : FEMALE

#### **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)

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

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

Vehicle Registration Number SJN7220T

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR Name of Driver NG JUN JIE NRIC/Passport Number S8118570J Contact Number 98761470

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

### **IMPORTANT NOTICE**

- Please report <u>correctly</u> 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 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.
- 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)
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN

Solows to level 3A

A STV 5552 G

B Convey to level 3B

Campark of Block 156A

Riverfale Crassent

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| 1 am      | 9nside     | the      | Carpark  | of             | Block  | 156A   | Ravewale |
|-----------|------------|----------|----------|----------------|--------|--------|----------|
| Crescent. | 1 am       | travelly | ing st   | raight         | en     | leve1  | 3B. A    |
| 1 was     | Dansing    | by the   | e entre  | ante           | hous   | level  | 3A to    |
| level 31  | b, relicle | (B)      | diel 1   | not.           | Stop o | H He   | Sopline  |
| and das   | hout.      | He col   | Rolled o | into 1         | my ve  | Ricle. | Front    |
| right por | fion.      |          |          |                | ,      |        |          |
|           |            |          |          |                |        |        |          |
|           |            |          |          |                |        |        |          |
|           |            |          |          |                |        |        |          |
|           |            |          |          | erentik-niv.e- |        |        |          |
|           |            |          |          |                |        |        |          |

### DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMIC SketchPlanForm, V3

# 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
- 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: /  | Julia | 20,0  | IDD Is as a few of |        |         |         |
|----------------------------|----------|-------|-------|--------------------|--------|---------|---------|
| Exact location of accident | Date: 18 | Jung  | 2018  | (DD/MM/YY)         | Time:  | 1900    | (HH:MM) |
| and rocation of accident   | Corpark  | 01    | Block | 156A               | 2 News | le (roi | cent.   |

## Details of vehicle

| Vehicle registration number                           | 951-35526   |
|---|---|
| Vehicle make and model                                | Kia Rio   |
| Type of vehicle                                       | Saloon B MPV C CRV Van C  |
| Vehicle category                                      | Private Control Others:   |
| Purpose of using at said time                         | Private Commercial Motorcycle D                                   |
| Are you claiming under your<br>own insurance company? | Yes D Not if no, please select: Third part claim Reporting only D |

## Insurance information

| Insurance company | NTUC            |                            |         |
|-------------------|-----------------|----------------------------|---------|
| Policy number     | 12142           |                            |         |
| Type of policy    | Comprehensive   | Third is a                 |         |
|                   | comprehensive u | Third party fire & theft a | TP only |

## Insured / Policy holder

| Name                         | Mohal Hardi Bin Mohal Aris Males Females                |
|------------------------------|---|
| NRIC / Fin / Passport number | S 8708607F Males Female                                 |
| Contact                      | 9108 6478:  |
| Address                      | Block 7178 Woodland Dave 70<br># 07-12 Sempapore 732717 |
|                              | # 07-22 Sempapore 722717                                |

### Driver

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

| Name                         |                                    |          |
|------------------------------|------------------------------------|----------|
| NRIC / Fin / Passport number | Male D                             | Female 🗆 |
| Contact                      |                                    |          |
| Address                      |                                    |          |
| Email address                | hand: muh - 107 O 11               |          |
| Date of birth                | hardi. muhammad 87 @ hotma?1. com. |          |
| Occupation                   |                                    |          |
| Driving date pass            | Indoor Outdoor M/6boro             |          |

## General information of the accident

| Was driver an employee of<br>the insured's company? | Yes O No. If no, relationship of the driver and insured | Seff                  |
|---|---|-----------------------|
| Accident captured by camera?                        | Yes O Now   |                       |
| Weather condition                                   | Clear Raining Others:                                   |                       |
| Road surface  | Dry Wet a   |                       |
| No of passenger                                     | 2   | (Inclusive of driver) |

### Passenger 1

| Name   |        |           |  |
|--------|--------|-----------|--|
| Gender | Male 🗆 | Female, p |  |

### Passenger 2

| Name   |              |  |
|--------|--------------|--|
| Gender | Male  Female |  |

### Passenger 3

| Name   |                 |  |
|--------|-----------------|--|
| Gender | Male D Female D |  |

### Passenger 4

| Name   |                 |  |
|--------|-----------------|--|
| Gender | Male p Female p |  |
|        | Marc 1 emale D  |  |

### Passenger 5

| Name   |        |        |  |
|--------|--------|--------|--|
| Gender | Male g | Female |  |

### Passenger 6

| Name   |                 |  |
|--------|-----------------|--|
| Gender | Male 🗆 Female 🗆 |  |
|        |                 |  |

## Other information

| Was anybody injured?       | Yes 🗆 | No.e |  |
|----------------------------|-------|------|--|
| Was other vehicle damaged? | Yes   | No 🗆 |  |

## Details of police action

| Reported to police? | Yes 🗆 | Non | If yes, please state which police station. |
|---------------------|-------|-----|--|
| Police station name |       |     | - , , , , , , , , , , , , , , , , , , ,    |

# Third party vehicle 1

| Name                         | Hg Jun Tie |  |
|------------------------------|------------|--|
| Contact number               | 9876 1470  |  |
| NRIC / Fin / Passport number | 881185707. |  |
| Vehicle registration number  | SJN 7220T  |  |
| Vehicle make model           | 00,043201  |  |

# 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

| Name      |  |
|-----------|--|
| Witness 2 |  |
| Name      |  |

# Injured person 1

1

| Name  | Mond Hardi Bin Mond Aris   |
|---|----------------------------|
| Injuries sustained                                | Body theydi Bin Mond Artis |
| Which vehicle person in?                          | Sav 555 6                  |
| Were seat belts worn?                             | Yes B No.B                 |
| Was injured conveyed to<br>hospital by ambulance? | Yes D No B                 |

## Injured person 2

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

## Injured person 3

| Name  |            |
|---|------------|
| Injuries sustained                                |            |
| Which vehicle person in?                          |            |
| Were seat belts worn?                             | Yes D No D |
| Was injured conveyed to<br>hospital by ambulance? | Yes D No D |

## Injured person 4

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

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8709607F





#### MUHAMMAD HARDI BIN MOHAMED ARIS

محمد حاردي بن محمد اريس

Race

MALAY

S8709607F

524768

27-03-1987

SINGAPORE

NRIC No. S8709607F

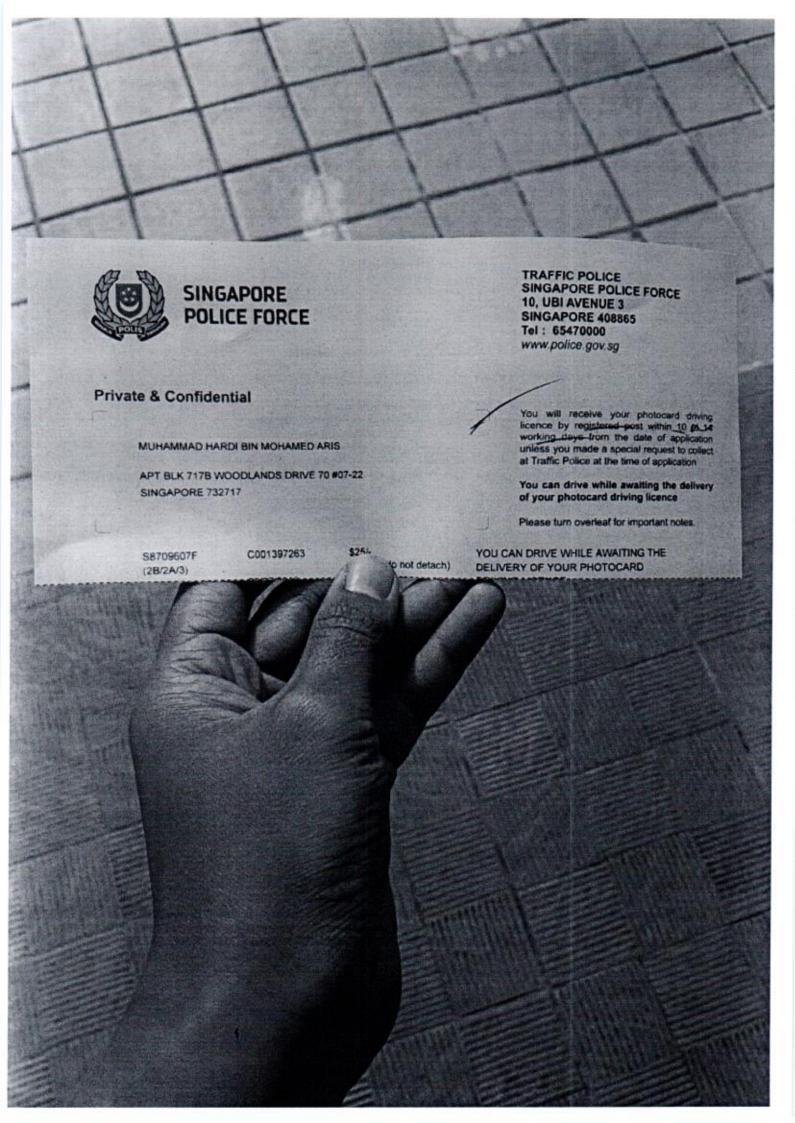


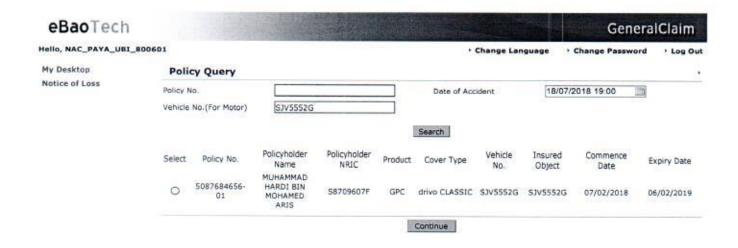
Date of issue 27-11-2013

APT BLK 717B WOODLANDS DRIVE 70 #07-22 SINGAPORE 732717

NRIC No:S8709807F

Date: 13/03/2017





| Policy No.                           | 5087684656-01   | Policyholder<br>Name              | минамм                          | AD HARDI BIN MOHAM   | Policyholder<br>NRIC | S8709607F    |                              |  |
|--------------------------------------|---|-----------------------------------|---------------------------------|----------------------|----------------------|--------------|------------------------------|--|
| Address                              | BLK 717B #07-22 WOODLANDS DRIVE 70 ADMIRALTY VISTA SINGAPORE 732717 |                                   |                                 |                      |                      |              |                              |  |
| Product<br>Name                      | PRIVATE CAR INSURANCE   | Plan                              |                                 |                      | Group<br>Policy Flag | N            |                              |  |
| Policy<br>issue<br>Date              | 01/02/2018  | Effective<br>Date                 | 07/02/201                       | 8 00:00              | Expiry Date          | 06/02/2019 2 | 23:59                        |  |
| Excess<br>Type                       |   | All Claim<br>Excess               |                                 |                      |                      |              |                              |  |
| Third<br>Party<br>Excess             | 0   | Own<br>damage<br>Excess           | 600                             |                      | Windscreen<br>Excess | 100          |                              |  |
| Additional<br>Excess                 | 1500  | OS<br>Premium                     | 0                               |                      |                      |              |                              |  |
| Outside<br>Singapore<br>OD<br>Excess | 600   | Outside<br>Singapore<br>TP Excess | 0                               |                      |                      | Youn         | g/Inexperience Driver Excess |  |
| Agent                                | DICKSON AUTO AGENCY   | Agent Tel.                        | NIL                             |                      | GST Flag             | Υ            |                              |  |
| Co-<br>insurance<br>Flag             | No  |                                   |                                 |                      |                      |              |                              |  |
| Open<br>Policy<br>Info               |   |                                   |                                 |                      |                      |              |                              |  |
| Certificate<br>Info                  |   |                                   |                                 |                      |                      |              |                              |  |
|                                      | nolder Mailing Address  |                                   |                                 |                      |                      |              |                              |  |
| Address 1                            | BLK 717B #07-22   | Addre                             | ss 2                            | WOODLANDS DRIVE 70 A |                      | Address 3    | ADMIRALTY VISTA              |  |
| Address 4                            | SINGAPORE 732717  | Addre                             | ss Type                         | Singapore address    |                      | Post Code    | 732717                       |  |
| Unit No.                             |   |                                   | ted Policy<br>ber 5087684656-01 |                      |                      |              |                              |  |
| 1 Insure                             | d Object: SJV5552G  | 4                                 |                                 |                      |                      |              |                              |  |
|                                      | sements   |                                   |                                 |                      |                      |              |                              |  |
| ▼ Endors                             |   |                                   | Endorsement Type                |                      |                      |              | Endorsement Content          |  |

| cident MT/1003913  |   |  |  |   |  |  |  |
|--|---|--|--|---|--|--|--|
|  |   | The state of the s |  | COT No.   |  |  |  |
| licy No.   | 5087684656-01   | Vehicle No.  | EJV5552G   | GST Registration No.  | 20000000                               |  |  |
| Ricyholder Name  | MUHAMMAD HARDI BIN MOHAMED ARIS   |  |  | Policyholder NRIC   | \$8709607F                             |  |  |
| oduct Code   | PRIVATE CAR INSURANCE   | Cover Type   | drivo CLASSIC  | Losding   | O.                                     |  |  |
| ntact No. (Mobile)   | 91086479  | Contact No.(Office)  | 0  | Contact No.(Home)   | 0                                      |  |  |
| vall Address   |   | Special Remark   |  | eCode   | THE V                                  |  |  |
| K  | ® No. ○Yes  | TCA  | No      Yes  | eCode Reason  |  |  |  |
| D Protection   | No  | NCD Entitlement(%)   | 10   | Private Hire  | No :                                   |  |  |
|  | 110   | (New Assessment of Section 1)  | 19   |   |  |  |  |
| Accident Details   |   |  |  | S1000000000000000000000000000000000000  | 68863666                               |  |  |
| port Date  | 20/07/2018 18:51  | Accident Report Within 24 hrs  | Yes  | Accident Type   | Side Swipe                             |  |  |
| te of Accident   | 18/07/2018  | Time of Accident hh:mm   | 19:00  | Country of Accident   | Singapore                              |  |  |
| porting Centre   |   | Orange Force   |  | JCM No.   |  |  |  |
| cident Location  | CARPARK OF BLK 156A RIVERVALE CRESCE  |  |  |   |  |  |  |
| Benefits   |   |  |  |   |  |  |  |
| Excess   |   |  |  |   |  |  |  |
|  |   | WE 825   | 200  | MES 250   | 744720                                 |  |  |
| n damage Excess  | 600.00  | Additional Excess  | 1500   | Windscreen Excess   | 100,00                                 |  |  |
| named Driver Excess  | 0.00  | Outside Singapore OD Excess  | 600.00   |   |  |  |  |
| nd Party Excess  | 0.00  | Outside Singapore TP Excess  | 0.00   |   |  |  |  |
| GST Registered Inform  | ation   |  |  |   |  |  |  |
| Remotered  | No  |  | GST Registration Date  |   |  |  |  |
| SST Registration No.   |   | GST Status Verified  |  | Yes   |  |  |  |
| ification History  |   |  | (2007-10-100 CA (1000))  | 0.550   |  |  |  |
| A STATE OF THE PARTY   |   |  |  |   |  |  |  |
| Policyholder Mailing As  | filmss  |  |  |   |  |  |  |
| ress 1   | BLK 7178 #07-22   | Address 2  | WOODLANDS DRIVE 70   | Address 3   | ADMIRALTY VISTA                        |  |  |
| fress 4  | SINGAPORE 732717  |  |  | Post Code   | 732717                                 |  |  |
|  | SUMMAPORE (34/1)  | Address Type   | Singapore address  | FUSI COME   | 134/1/                                 |  |  |
| t No.  |   | Related Policy Number  | 5087684656-01  |   |  |  |  |
| OI Driver Info   |   |  |  |   |  |  |  |
| ver Name   | MUHAMMAD HARDI BIN MOHAMED ARIS   | Oriver Type  | Main Driver  |   |  |  |  |
| named criver Name  |   | Driver NRIC  | \$8709607F   | Driver DOS  | 27/03/1987                             |  |  |
| pister Date of Driver License  | 11/06/2010  | Driver Age   | 31   | Driving Experience  |  |  |  |
| cact No. (Mobile)  | 91086478  | Contact No. (Office)   | 0  | Contact No.(Home)   | 0                                      |  |  |
|  |   |  | Eliteratura de la companya del companya de la companya del companya de la company |   |  |  |  |
| bress 1  | BLK 7176  | Address 2  | WOODLANDS DRIVE 70   | Address 3   | ADMIRALTY VISTA                        |  |  |
| dress 4  | SINGAPORE 732717  | Address Type   | Singapore address  | Post Code   | 732717                                 |  |  |
|  |   |  |  |   |  |  |  |
| it No.   | 07-22   |  |  |   |  |  |  |
| es he own a Singapore  | 07-22<br>○ Yes <b>®</b> No  | Oriver Vehicle No.   |  | Driver Insurer Company  |  |  |  |
| es he own a Singapore  |   | Driver Vehicle No.   |  | Driver Insurer Company  |  |  |  |
| es he own a Singapore<br>gratered car?<br>daration   |   | Driver Vehicle No.   | 125  | Driver Insurer Company  |  |  |  |
| ses he own a Singapore<br>gistered car?<br>claration<br>eathalyser or Blood Test   |   | Oriver Vehicle No.  Any injury?  | ○ Yes <b>®</b> No  | Driver Insurer Company  |  |  |  |
| nit No.<br>ces ne own a Sirigapore<br>significant<br>collaration<br>reathalyser or Brood Test<br>reading?  | ○ Yes <b>⑥</b> No   | 1884 1866 7700   | ○ Yes <b>⑥</b> No  | Driver Insurer Company  |  |  |  |
| oes he own a Sirigapore<br>gratered car?<br>claration<br>eathalyser or Blood Test  | ○ Yes <b>⑥</b> No   | 1884 1866 7700   | ○ Yes <b>®</b> No  | Driver Insurer Company  |  |  |  |
| es he own a Sirigapore<br>gratered car?<br>Claration<br>eathalyser or Brood Test<br>eding?<br>diffasion History  | ○ Yes <b>⑥</b> No   | 1884 1866 7700   | ○ Yes 	No  | Driver Insurer Company  |  |  |  |
| is te own a Singapore<br>patered car?<br>laration<br>laration<br>athlyser or Shood Test<br>ding?   | ○ Yes <b>⑥</b> No   | 1884 1866 7700   | ○ Yes 	No  | Driver Insurer Company  |  |  |  |
| es ne own a Sirgapore patiered car? laration athalyser or Sirod Test iding? infration History Islaim 001 New   | ○ Yes <b>®</b> No<br>O mg   | Any injury?  |  | 300.00000000000000000000000000000000000   |  |  |  |
| es he own a Sirigapore patiened car?  Saration  sathalyser or Brood Test sding?  Infration History  Claim OOI New  | ○ Yes <b>⑥</b> No   | 1884 1866 7700   | ○ Yes ® No  MUHAMMAD HARGE BIN MOHAM   | Driver Insurer Company Insured NRIC   | 58709607F                              |  |  |
| es he own a Sirigapore gistered car?  Saration hathalyser or Sirod Test ading?  Jification History  Claim 001 New  | ○ Yes <b>®</b> No<br>O mg   | Any injury?  |  | 300.00000000000000000000000000000000000   | 5a709607F                              |  |  |
| is fe own a Singapore patiened car? Isration athialyser or Shood Test iding? Infration History Italiem 001 New Italiem 001 New Italiem (Mobile)  | O mg  DO-MX  Yes   No  Ves   No   | Any injury?  |  | Insured NRIC  | \$8709807F                             |  |  |
| is the own a Sirgapore patiened car?  Isration  athiatyser or Sinod Test ding?  Infication History  Italian 001 New  Type *  Ract No. (Mobile)  air Address  | O mg  DO-MX  91086478   | Any injury?  Insured Name Contact No.(Home)  | MUHAMMAD HARDI SIN MOHAM   | Insured NRIC Contact No.(Office) TP Vehicle Number  | \$3N7220T                              |  |  |
| is no own a Singapore patient car?  Isration athalyser or Shood Test ding?  Isration History  Islam 001 New  In Type *  Isac No. (Mobile) air Address Im Description   | O mg  DO-MX  Yes   No  Ves   No   | Any injury?  Insured Name Contact No.(Home) Oil Vehicle Number   | MUHAMMAD HARDI SIN MOHAM<br>SIVSSS2G   | Insured NATIC Contact No. (Office)  | \$3N7220T                              |  |  |
| is no own a Singapore patient car?  Isration athalyser or Shood Test ding?  Isration History  Islam 001 New  In Type *  Isac No. (Mobile) air Address Im Description   | O mg  DO-MX  91086478   | Any injury?  Insured Name Contact No.(Home)  | MUHAMMAD HARDI SIN MOHAM   | Insured NRIC Contact No.(Office) TP Vehicle Number  | \$3N7220T                              |  |  |
| es he own a Sirigapore patiened car?  Isration  sathalyser or Brood Test stding?  Infration History  Italian 001 New  Italian | O mg  DO-MX  91086478   | Any injury?  Insured Name Contact No.(Home) Oil Vehicle Number   | MUHAMMAD HARDI SIN MOHAM<br>SIVSSS2G   | Insured NATIC Contact No.(Office) TP Vehicle Number Name of Preferred Worksho   | \$3N7220T                              |  |  |
| es he own a Sirigapore gistered car?  Claration Hathalyser or Brood Test eding?  Sirication History  Claim 001 New  Im Type * next No. (Mobile) and Address Im Description eferred Workshop Coreact guire Finalisation   | O mg  DO-MX  91086478  S7VS552G / SIN17220T ON 18 Jul 2018  Ves  Ves  | Any injury?  Insured Name Contact No.(Home) Oil Vehicle Number  Insured Liability *  | MUHAMMAD HARDI SIN MOHAM SIV5552G  | Insured NATIC Contact No.(Office) TP Vehicle Number Name of Preferred Worksho   | \$1N7220T                              |  |  |
| es he own a Sirigapore gatered car?  Caration  Nathalyser or Sirod Test  ading?  Claim 001 New  Im Type * neact No. (Mobile) aar Address Im Description ferred Workshop Careact  quire Finalisation  te Registered   | O mg  O mg  OD-MX  91086478  S2V5532G / S3N7320T ON 18 Jul 2018  Yes  Ves  20/07/2018 18:52                         | Any injury?  Insured Name Contact No.(Home) Oil Vehicle Number  Insured Liability * Preferend Repair Option  | MUHAMMAD HARDI SIN MOHAM SIV5552G  | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Worksho GIA report   | SIN7220T                               |  |  |
| es he own a Sirigapore general car?  Caration Pathalyser or Shood Test eding?  Claim OO1 New  Im Type * Pract No. (Mobile) air Address Im Description Perred Workshop Contact ouire Finalisation be Registered port Taken By   | O mg  DO-MX  91086478  S7VS552G / SIN17220T ON 18 Jul 2018  Ves  Ves  | Any injury?  Insured Name Contact No.(Home) Oil Vehicle Number  Insured Liability * Preferend Repair Option  | MUHAMMAD HARDI SIN MOHAM SIV5552G  | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Worksho GIA report   | SIN7220T                               |  |  |
| es he own a Sirigapore gistered car?  Claration hathalyser or Blood Test eding?  Sification History  Claim 001 New  Im Type * react No. (Mobile) hair Address Im Description referred Workshop Contact quire Finalisation te Registered port Taken By  | O mg  O mg  OD-MX  91086478  S2V5532G / S3N7320T ON 18 Jul 2018  Yes  Ves  20/07/2018 18:52                         | Any injury?  Insured Name Contact No.(Home) Oil Vehicle Number  Insured Liability * Preferend Repair Option  | MUHAMMAD HARDI SIN MOHAM SIV5552G  | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Worksho GIA report   | SIN7220T                               |  |  |
| es he own a Sirigapore<br>gratered car?<br>Claration<br>eathalyser or Brood Test<br>ading?<br>diffication History  | O mg  O mg  OD-MX  91086478  S2V5532G / S3N7320T ON 18 Jul 2018  Yes  Ves  20/07/2018 18:52                         | Any injury?  Insured Name Contact No.(Home) Oil Vehicle Number  Insured Liability * Preferend Repair Option  | MUHAMMAD HARDI SIN MOHAM SIV5552G  | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Worksho GIA report   | SIN7220T                               |  |  |
| es he own a Sirigapore patiened car?  Iaration  athalyser or Brood Test string?  Iffication History  Italian 001 New  Im Type * react No.(Mobile)  aar Address  im Description ferred Workshop Contact spure Finalization se Registered port Taken By.  Print AK letter  | O mg  O mg  OD-MX  91086478  S2V5532G / S3N7320T ON 18 Jul 2018  Yes  Ves  20/07/2018 18:52                         | Any injury?  Insured Name Contact No.(Home) Oil Vehicle Number  Insured Liability * Preferend Repair Option  | MUHAMMAD HARDI BIN NOHAM SJV5552G  Not at Fault  Preferred Workshop, Name unknown  | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Worksho GIA report   | SIN7220T                               |  |  |
| is ne own a Sirigapore patiened car?  laration athalyser or Blood Test ding?  lification History  laim 001 New  m Type * cact No. (Mobile) air Address im Description ferred Workshop Contact quire Finalisation e Registered and Taken By  Print AK letter  | O mg  O mg  OD-MX  91086478  S2V5532G / S3N7320T ON 18 Jul 2018  Yes  Ves  20/07/2018 18:52                         | Any injury?  Insured Name Contact No.(Home) Oil Vehicle Number  Insured Liability * Preferend Repair Option  | MUHAMMAD HARDI BIN NOHAM SJV5552G  Not at Fault  Preferred Workshop, Name unknown  | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Worksho GIA report   | SIN7220T                               |  |  |
| es he own a Sirgapore patiered car?  Isration atharyser or Sirod Test string?  Infration History  Isration History  Isra | O mg  DO-MX  91086478  S7VS552G / SIN17220T ON 18 Jul 2018  Yes  20/07/2018 18:52  2ackson                          | Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  | MUHAMMAD HARDS SIN MOHAM SJV5552G  Not at Fault  Preferred Workshop, Name unknown  Save Save   | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Worksho GIA report   | SIN7220T                               |  |  |
| is no own a Singapore patiened car?  laration atharyser or Blood Test iding?  lification History  latin O01 New  im Type * tect No. (Mobile) air Address im Description ferred Workshop Contact quire Finalisation be Registered boott Taken By  Print AK letter   | O mg  DO-MX  91.086470  SPVS552G / SIM7320T ON 18 Jul 2018  Yes  20/07/2018 18:52  Jackson  MT/5003913              | Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preference Repair Option Claim Close Date  Claim No.  | MUHAMMAD HARDS SIN MOHAM SJV5552G  Not at Fault  Preferred Workshop, Name unknown  Save Submit  001  | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Worksho GIA report   | SIN7220T                               |  |  |
| is no own a Singapore patiened car?  laration atharyser or Blood Test iding?  lification History  latin O01 New  im Type * tect No. (Mobile) air Address im Description ferred Workshop Contact quire Finalisation be Registered boott Taken By  Print AK letter   | O mg  DO-MX  91086478  S7VS552G / SIN17220T ON 18 Jul 2018  Yes  20/07/2018 18:52  2ackson                          | Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preferend Repair Option Claim Close Date  | MUHAMMAD HARDS SIN MOHAM SJV5552G  Not at Fault  Preferred Workshop, Name unknown  Save Save   | Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Worksho GIA report   | SIN7220T                               |  |  |
| is ne own a Sirigapore intered car?  laration athalyser or Blood Test ding?  fication History  laim 001 New  In Type *  cact No. (Mobile) all Address in Description lerred Workshop Contact juice Finalisation e Registered out Taken By  Print AK letter  ttachment  | O mg  DO-MX  91.086470  SPVS552G / SIM7320T ON 18 Jul 2018  Yes  20/07/2018 18:52  Jackson  MT/5003913              | Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preference Repair Option Claim Close Date  Claim No.  | MUHAMMAD HARDS SIN MOHAM SJV5552G  Not at Fault  Preferred Workshop, Name unknown  Save Submit  001  | Insured NATIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksho GIA report Date Received   | SIN7220T                               |  |  |
| is ne own a Sirigapore interest car?  Intration athalyser or Blood Test ding?  Infestion History  Infestion  | O mg  DO-MX  91.086470  SPV5552G / SIN17320T ON 18 Jul 2018  Yes  20/07/2018 18:52  24ckson  MT/5003913  ■ Yes □ No | Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preference Repair Option Claim Close Date  Claim No.  | MUHAMMAD HARGI BIN MOHAM  SIVS552G  Not at Fault  Preferred Workshop, Name unknown  Save Submit  001  20/07/2018 18:54  Category *   | Insured NRTC Confact No. (Office) TP Vehicle Number Name of Preferred Worksho GIA report Date Received  Confidential Urg  | SIN7220T  P  Received 20/07/2018 00:00 |  |  |
| is ne own a Sirigapore interest car?  Intration athalyser or Blood Test ding?  Infestion History  Infestion  | O mg  DO-MX  91.086470  SPV5552G / SIN17320T ON 18 Jul 2018  Yes  20/07/2018 18:52  24ckson  MT/5003913  ■ Yes □ No | Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Lisbility * Preferend Repair Option Claim Close Date  Claim No. Upload Date   | MUHAMMAD HARGESIN NOHAM  SIVSSSZG    Not at Fault   V     Preferred Workshop, Name unknown   V     Save   Subme     001  | Insured NATIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksho GIA report Date Received  Confidential Urg   | SIN7220T                               |  |  |
| is ne own a Sirigapore interest car?  Intration athalyser or Blood Test ding?  Infestion History  Infestion  | O mg  DO-MX  91.086470  SPV5552G / SIN17320T ON 18 Jul 2018  Yes  20/07/2018 18:52  24ckson  MT/5003913  ■ Yes □ No | Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured List-lity * Preference Repair Option Claim Close Date  Claim No. Upload Date  Browse  Browse  | MUHAMMAD HARGESIN NOHAM  SIVSSSZG    Not at Fault   V     Preferred Workshop, Name unknown   V     Save   Subme     O01  | Insured NACIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksho GIA report Date Received  Confidential Urg NO V Norma  | SIN7220T                               |  |  |
| es he own a Sirgapore patiened car?  Ilaration  anhalyser or Sirod Test  Idication History  Italiam 001 New  Im Type *  Inact No. (Mobile)  air Address  Im Description ferred Workshop Contact  Suire Finalisation the Registered port Taken By  Print AK letter  Attachment  P  Ident No.  | O mg  DO-MX  91.086470  SPV5552G / SIN17320T ON 18 Jul 2018  Yes  20/07/2018 18:52  24ckson  MT/5003913  ■ Yes □ No | Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Lisbility * Preferend Repair Option Claim Close Date  Claim No. Upload Date   | MUHAMMAD HARGESIN NOHAM  SIVSSSZG    Not at Fault   V     Preferred Workshop, Name unknown   V     Save   Subme     O01  | Insured NATIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksho GIA report Date Received  Confidential Urg   | SIN7220T                               |  |  |
| es he own a Sirigapore gistered car?  Claration Inathalyser or Sirod Test ading?  Diffication History  Claim OD1 New  Im Type * Inact No. (Mobile) Inar Address Im Description Intered Workshop Contact Spure Finalisation the Registered port Taken By  Frint AK letter  Metachment P  Dident No.   | O mg  DO-MX  91.086470  SPV5552G / SIN17320T ON 18 Jul 2018  Yes  20/07/2018 18:52  24ckson  MT/5003913  ■ Yes □ No | Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured List-lity * Preference Repair Option Claim Close Date  Claim No. Upload Date  Browse  Browse  | MUHAMMAD HARDI SIN NOHAM  SIV5552G  Not at Fault  Preferred Workshop, Name unknown  20/07/2018 18:54  Calegory *  Calegory *  Dear Please Select  Please Select  Please Select  Please Select  | Insured NACIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksho GIA report Date Received  Confidential Vig NO V Norma NO Norma NO Norma                          | SIN7220T                               |  |  |
| es he own a Sirigapore gistered car?  Claration Inathalyser or Sirod Test ading?  Diffication History  Claim OD1 New  Im Type * Inact No. (Mobile) Inar Address Im Description Intered Workshop Contact Spure Finalisation the Registered port Taken By  Frint AK letter  Metachment P  Dident No.   | O mg  DO-MX  91.086470  SPV5552G / SIN17320T ON 18 Jul 2018  Yes  20/07/2018 18:52  24ckson  MT/5003913  ■ Yes □ No | Any injury?  Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preference Repair Option Claim Close Date  Claim No. Upload Date  Browse Browse Browse  | MUHAMMAD HARDI SIN MOHAM  SIVSSS2G  Not at Fault  Preferred Workshop, Name unknown  O01 20/07/2018 18-54 Category *  Chear Please Select  Clear Please Select  Dear Please Select  Dear Please Select  | Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksho GIA report Date Received  Confidential Virg Norma Norma Norma Norma Norma Norma Norma Norma Norma | SIN7220T                               |  |  |
| es he own a Singapore gratered car?  Claration eathalyser or Blood Test eding?  dification History  Claim 001 New  Innact No. (Mobile) has Address Inn Description elerned Workshop Contact quire Finalisation te Registered port Taken By   | O mg  DO-MX  91.086470  SPV5552G / SIN17320T ON 18 Jul 2018  Yes  20/07/2018 18:52  24ckson  MT/5003913  ■ Yes □ No | Any injury?  Insured Name Contact No.(Home) OI Vehicle Number  Insured Liability * Preference Repair Option Claim Close Date  Claim No. Uproad Date  Browse Browse   | MUHAMMAD HARDI SIN MOHAM  SIVSSS2G  Not at Fault  Preferred Workshop, Name unknown  20/07/2018 18:54  Category *  Category *  Dear Please Select  Clear Please Select  Clear Please Select  Clear Please Select  | Insured NACIC Contact No. (Office) TP Vehicle Number Name of Preferred Worksho GIA report Date Received  Confidential Vig NO V Norma NO Norma NO Norma                          | SIN7220T                               |  |  |

| Attachment   |   | Uploaded By/Date  | Category              | 9 | urgency | Description                     | Sent? Action<br>(CO) |
|--------------|---|---|-----------------------|---|---------|---------------------------------|----------------------|
|              | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul<br>2018 18:54 |   | NRIC/ Driving License |   | Normal  | NRIC/ Oriving License 2018-7-20 | Edit                 |
| 47           | NAC_PAYA_UBI_BD0601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2010 18:54    |   | NRIC/ Driving License |   | Normal  | NR1C/ Oriving License 2018-7-20 | Edit                 |
| 663          | NAC_PAYA_URL_800601( NAT  | IONAL ASSESSMENT CENTRE SERVICES) on 20 Jul<br>2018 18:54 | SAS                   |   | Normal  | SAS 2018-7-20                   | Edit                 |
| -            | NAC_PAYA_UBI_BD0601( NAT  | IONAL ASSESSMENT CENTRE SERVICES) on 20 Jul<br>2018 18:53 | Priotos               |   | Normel  | Photos 2018-7-20                | Esta                 |
| 0            | NAC_PAYA_UB1_800601( NAT  | IONAL ASSESSMENT CENTRE SERVICES) on 20 Jul<br>2018 18:53 | Photos                |   | Normal  | Photos 2018-7-20                | Edit                 |
| 4            | NAC_PAYA_UBI_800601( NAT  | IONAL ASSESSMENT CENTRE SERVICES) on 20 Jul<br>2018 18:53 | Photos                |   | Normal  | Photos 2018-7-20                | Edit                 |
|              | NAC_PAYA_UBI_B00601( NAT  | IONAL ASSESSMENT CENTRE SERVICES) on 20 Jul<br>2018 18:53 | Photos                |   | Normal  | Photos 2018-7-20                | Edit                 |
|              | NAC_PAYA_UBI_B00601( NAT  | IONAL ASSESSMENT CENTRE SERVICES) on 20 Jul<br>2018 18:53 | Photos                |   | Normal  | Photos 2018-7-20                | Edit                 |
| 10           | NAC_PAYA_LIBI_BOOKGI( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 18:53   |   | Photos                |   | Normal  | Phetos 2018-7-20                | Edit                 |
| 6            | NAC_PAYA_UBI_800601( NATXONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 18:53    |   | Photos                |   | Normal  | Photos 2018-7-20                | Edit                 |
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| U            | NAC_MAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul<br>2018 18:53 |   | Photos                |   | Normal  | Photos 2018-7-20                | Edit                 |
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|              | NAC_PAYA_US1_800601( NAT  | ONAL ASSESSMENT CENTRE SERVICES) on 20 Jul<br>2018 18:53  | Photos                |   | Normal  | Photos 2018-7-20                | Edit                 |
|              | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul<br>2018 18:53 |   | Photos                |   | Normal  | Photos 2018-7-20                | Edit                 |
| ♥ Video List |   |   |                       |   |         |                                 |                      |
|              | Uploaded By/Date  | Folder Date   | File Name             |   | Ŷ       | Source                          | Action               |