NATIONAL Assessment Centre Sei	vices was to see			
Date by 17/19/51/0	description	Date & Time Complete	di Da	ne by
Parks Ala lotale a contra quela	S e-filing	issue to timo oximploto		ic o'i
Veh No CIF KTGON		+	<del> </del>	
1/ (-0/-	nail (within 8hrs, AIC 2hrs) Iotor Claim Form	1.10-/10-1-1	1	121-2
A	lotor W/O (Within; OD 2hr.	MT/1007721	+001 t7	18/18/17:
The second secon	hoto Uploaded	s. TP +brs)		
TP Insurer: Ass	essment/Survey Report		+	
Ass	't Report by <u>Fax/Hand</u> t	0 Owner/Wksp		** * ** * * * * * * * * * * * * * * *
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	-
TP Particulars: Veh No: SLA	1746 A . INC(	)/Non-INC( )		
Owner / Driver: (		Tel:	)	
Policy No: ( ) Period: (	)	Cover Type: (		
Confirmed by : (	Date:	Time:		
Insured/Driver Liability: ( %) [Note-Est	. Status (WO): N: 0-20		)-100%)	
Year of Registration: ( ) Warranty		1	-1:070]	
Evenous (C	)/\$2,000()	/		
General Remarks;	14 3 4 4 5 1 2 2 2 4 5 1 3 3 C S 2 3	Discount in the second		
The state of the s	STATE OF STA	act which the call	Charles H	
( ) Walk-In Customer's Customer's information s	strictly Confidential & Str	ictly NO rafer of repaire	г.	
Drive-In ( ) / Towed-In ( ): Invoice VES (				Marine Success
Drive-In ( ) / Towed-In ( ); Invoice: YES (	)/NO( );To	owing Co: (		)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:	( )			
				- ///-
Date/Time Actions				
	S. C.	1794988221730,66097319837.46	WW300815 27704 184	
NA 1805213	Invoice Prep	aration Checklist	Anit (\$)	Amt (\$)
laimant's Particulars :-	1) AR : Accident R	CERESCO DE SELECTOR DE LA CONTRACTOR DE	1st Bill	Add Bill
AND A STANDARD STANDA	2) DA : Damage A	ssessment (\$100); INC (	\$80)	
river/Owner:	3) TF : Towing Fee 4) FT : Follow-Thr		40/\$45	
ontact No:	5) FT : Follow-Thr	ough Survey (Resurvey)	\$120	
umagad Dovne	For claiming aga	inst INC Only (wef 10 Jan 200	15)	
imaged Portion:	6) TR: Re-inspecti 7) N1: Idau DA + 3		\$75 \$160	
Charlest Land	8) NTUC Additions			
Checked by (Engr-In-Charge):	OD* *N5: Courtesy C	ar / Tpt Allowanse	\$5	
1.13/4. R2.68/98(e) R2.4	*N6: Repair Co-	ordination	510	
aditors! Comments :-	*N7: Post Repair  *N8: DV / Collect	Inspection of Excess Coordination	\$25	
1:	TP(NII): TP(N	ion INC) against INC	\$5 \$20	·.
2 / 3;	9) N12: Idno Mobil		30	
A Control of the Cont	Invoice dated	Fee Charged Fee Charged		mini ya

#### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to 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.

atoresaid,	
The second second	ACCIDENT STATEMENT
Date Of Report	17/08/2018 10:04
Date Of Accident	16/08/2018 15:10
Exact Location Of Accident	BEDOK MALL ( TAXI STAND )
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLE5783Y
Insured/Policyholder	
Name Of Registered Owner	JK COMMERCIAL
Co Reg No	53129029L
Email Address	JK.SG@ICLOULD.COM
Mobile Phone No	(LOCAL) +65-83220502
Alternative Phone No	OFFICE-83220502
Vehicle Particulars	
Manufacturer	тоуота
Model	TOYOTA COROLLA ALTIS 1.6L CVT
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091950421-01
Cover Note Number	
Driver	

#### Driver

Name of Driver	LOW JOO KHONG
NRIC No	S1276073F
Date Of Birth	25/07/1957
Occupation	OUTDOOR
Date Of Driving Pass	17/12/1976
Driving Experience	41 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83220502
Fax Number	
Contact Number	OTHERS-83220502
EMail Address	JK.SG@ICLOULD.COM

8 LORONG H TELOK KURAU Address

#05-01

Postcode 425991

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO NO

Was any other material or property damaged?

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

NO

YES

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

NO

1

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

REVERT

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SLA9746A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

KOH KENG WEE ( XU JING WEI )

NRIC/Passport Number

S7833993D

Contact Number

96771355

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

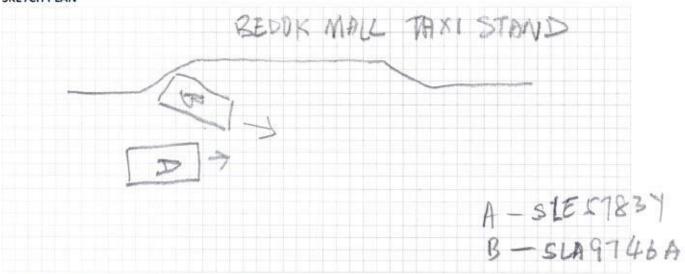
I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (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 Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:



## **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

on left low	I taxi Stand and exit too suddent.  Moving forward, due to who is a  Now to don't enough thus to  Live to vignit side front parmer.	oot to

#### DECLARATION

I/We declare the foregoing particulars are true in every respects

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

17/8/2018

Name:

NRIC/FIN No .:

A	C	CI	D	EN	T	STA	I	ΕN	V	E	N	1
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A	CCID	DENT DATE: (6,8,2018)(DD/MM/YYYY), TIME: (5:10)(HH:MM)	
		TION: Bedok Mall taxi Stand.	
LC.	CAI	HON: SECOLO LO A	
	1.	DETAILS OF VEHICLE SLEST834	
		d) venicle avolvider.	
		b)INSURANCE COMPANY:	
		d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)	
		OLMAKE & MODEL:	
		()TYPE:(SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE./ OTHERS)	
		gIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)	
		i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	
		IF NO, PLEASE STATE (THIRD PARTY OLAIM / REPORTING ONLY)	
	2.	INSURED / POLICY HOLDER	
		A)NAME:(MALE / FEMALE)	
		b]NRIC/FIN/PASSPORT:CONTACT:	
		c) ADDRESS:	
		* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
4-Ho of passion	93,	DRIVER (SEMALE)	
Conduding die	-	DINRIC/FIN/PASSPORT:CONTACT:CONTACT:	
6.15		c)ADDRESS:	
1 3770 <b>1</b> 3331			
85		*d)DATE OF BIRTH: (/	
		FIDATE: OF DRIVING DAGE.	
	4,	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)	
	77525	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	
	5.	DIROAD SURFACE: (DRY / WET / OTHERS	
		WAS ANYBODY INJURED (YES / NO)	
	7	IF YES, PLEASE STATE WHICH POLICE STATION:	1
	8.	I COM	A
rin of history	1	OF VEHICLE NUMBER: SLA 9746 MODEL:  DRIVER'S NAME: KON KENG WEE (XM JING WEI)	1
	15.	C7877 693 D CONTACT	caid
(	9.	C) NRIC/FIN/PASSPORT: \$7 833 993 D CONTACT: 96 771 55 5 THIRD PARTY VEHICLE  d) VEHICLE NUMBER: MODEL:	ins
yste of policie	ricero	d) VEHICLE NUMBER:MODEL:	
		THIRD PARTY VEHICLE  d) VEHICLE NUMBER: MODEL:  e) DRIVER'S NAME: CONTACT:  t) NRIC/FIN/PASSPORT: CONTACT:	tree
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# > Back to OneMotoring

# **Enquire Transfer Fee**

Enquire Transfer Fee			
Vehicle Details			
Vehicle No. :	SLE5783Y		
Vehicle Type :	Z10 - Private Hire (Chauffeur) Motor Car		
Vehicle Attachment 1:	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make:	TOYOTA		
Vehicle Model:	TOYOTA COROLLA ALTIS 1.6L CVT		
Chassis No.:	MR053REH104547623		
Propellant:	Petrol		
Engine No.:	1ZRX558939		
Engine Capacity:	1598 cc		
Maximum Power Output:	90.0 kW (120 bhp)		
Maximum Laden Weight:	1640 kg		
Unladen Weight:	1205 kg		
Year Of Manufacture:	2015		
Original Registration Date :	27 Jul 2016		
Lifespan Expiry Date :	(*)		
COE Category:	A - Car up to 1600cc & 97kW (130bhp)		
Quota Premium :	\$47,889.00		
COE Expiry Date :	26 Jul 2026		
Road Tax Expiry Date:	26 Jan 2019		
PARF Eligibility Expiry Date:	26 Jul 2026		
Inspection Due Date :	26 Jul 2019		
Intended Transfer Date:	16 Aug 2018		
CO2 Emission :	151.00 (g/km)		
CEV/VES Rebate Utilised Amount :	185		
CO Emission :	725		
HC Emission:	0.50		
NOx Emission:	(%)		
PM Emission:	*		
Late renewal fee(s) will be impose	ed if road tax / lay up has expired. Please use Enqui	ire Road Tax Payable for fee(s) pay-	able.
Road tax, including Over Paymen Amount Payable	t (if any), of a vehicle will follow the vehicle to the	new registered owner when its own	ership is being transferred.
	Amount Before GST (S\$)	GST Amount (5\$)	Amount After GST (S\$)
Transfer Fee :	25.00	199	25.00

You may print this page for reference.

Total Amount Payable:

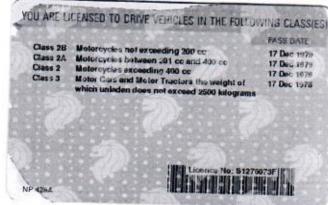
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Hello, NAC_PAYA_UBI_80	0601						• Change	Languag	e · Chan	ge Password	· Log Out
	Poli	cy Query									
	Policy f	No.				Date	of Accident		16/08/2018	15:10	
	Vehicle No.(For Motor)		SLE57	SLE5783Y		Certificate Number					
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5091950421- D1		3K COMMERCIAL	53129029L	GPC	drivo CLASSIC	SLE5783	SLES783Y	27/07/2018	26/07/2019
						Continue	]				

## Policy Information

Policy No.	5091950421-01	Policyholder Name	JK COMMERCIAL	Policyholder NRIC	53129029L
Certificate No.				NAIC	
Address	BLK 1016 #02-157 GEYLANG E	AST AVENUE 3	GEYLANG EAST INDUSTRIAL	ESTATE SINGAPO	ORE 389731
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	04/07/2018	Effective Date	27/07/2018 00:00	Expiry Date	26/07/2019 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	INXURE NETWORK SERVICES	Agent Tel.	62956108	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
	older Mailing Address				
Address 1	BLK 1016 #02-157	Address 2	GEYLANG EAST AVENUE 3	Address 3	GEYLANG EAST INDUSTRIAL ES
Address 4	SINGAPORE 389731	Address Type	Singapore address	ngapore address Post Code 389	
Unit No.	02-157	Related Policy Number	5091950421-01		
♪ Insured	Object: SLE5783Y				
□ Endorse	ements				
	e Date of Endorsement	20000000000000000000000000000000000000	ment Type Endorse	ment Status	Endorsement Content

Claim Handling					
Accident MT/1007721					
Policy No.	5091950421-01	Vehicle No.	SLE5783Y	GST Registration No.	
Certificate No.		STEROTORIO	2023/03/	G31 Registration No.	
Policyholder Name	JK COMMERCIAL			A second second	322
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Policyholder NRIC	531
Contact No. (Mobile)	83220502	Contact No.(Office)	0	Loading	0
Email Address	( 1 mm 6 m		0:	Contact No.(Home)	0
KFK	▼ No ∵Yes	Special Remark		eCode	No
NCD Protection		TCA	® No ○ Yes	eCode Reason	
Accident Details	No	NCD Entitlement(%)	10	Private Hire	Yes
Report Date	17/08/2018 17:48	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	16/08/2018	Time of Accident hh:mm	15:00	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEDOK MALL ( TAXE STAND )				
□ Benefits					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	No	
Modification History					
Policyholder Mailing Ad					
Address 1	BLK 1016 #02-157	Address 2	GEYLANG EAST AVENUE 3	Address 3	GEY
Address 4	SINGAPORE 389731	Address Type	Singapore address	Post Code	3897
Unit No.	02-157	Related Policy Number	5091950421-01		
□ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LOW JOO KHONG	Driver NRIC	S1276073F	Driver DOB	25/0
Register Date of Driver License	17/12/1976	Driver Age	61	Driving Experience	41
Contact No.(Mobile)	83220502	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	8 LORONG H TELOK KURAU	Address 2	# THE BALE	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	4259
Unit No.					
Does he own a Singapore Registered car?	○ Yes # No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ● No		
reading.		5 00 00 00 00 00 00 00 00 00 00 00 00 00			
Modification History					
Claim 001 OD-MX New					
HER					
Claim Type *	OD-MX	Insured Name	JK COMMERCIAL	Insured NRIC	5312
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		O1 Vehicle Number	SLE5783Y	TP Vehicle Number	SLA9
Claim Description	SLE5783Y / SLA9746A ON 16 Aug 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault		10
Require Finalisation	Yes	Preferered Repair Option		GIA second	[n
Date Registered	17/08/2018 17:59	Claim Close Date	Preferred Workshop, Name unknown	GIA report	Rece
Report Taken By	KRISHNASAMY			Date Received	17/0
	KALSHARSANII	Workshop Repairer		Total Loss but Repaired	
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Attachment		L	Janes   Johnson		
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Accident No.	MT/1007721		Claim the	174441	

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Attachment	Uploaded By/Date	Category	9	Urgency		Descri	ption	
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