NATIONAL Assessment Centre Services. HUT I JUNIOSI MNA 11815457 Done by Date & Time Completed Job description Date In: 29/1/18 - 12: 07 SAS e-filing Rel No: NA INCRODICTORY Veh No: 510 2804 U E-mail (within Shrs, AIC 2hrs) 29/11/18 12:45 i-Motor Claim Form M/162/859-001 D.O.A i-Motor W/O (Within: OD 2hrs, TP 4hrs) 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: ()/Non-INC (INC (Veh No: ShrzassA TP Particulars: Tel: Owner / Driver: (Cover Type: (Period: (Policy No: (Time: Date: Confirmed by : (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: (Warranty: YES ()/NO(Year of Registration: (Loading: \$1,000 ()/\$2,000(Excess: (\$ General Remarks:-) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY.); Towing Co: () / NO (Drive-In () / Towed-In (); Invoice: YES (Date&Time Completed 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 Amt (3) Anit (S) Invoice Preparation Checklist Add Bill fu Bill NA 1807806 1) AR : Accident Reporting (530); Claimant's Particulars :-INC (\$80) 2) DA : Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) Contact No: For claiming against INC Only (wef 10 Jan 2005) \$75 6) TR: Re-inspection Damaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): \$5 *NS: Courtesy Car / Tpt Allowanne 510 *N6: Repair Co-ordination \$25 *N7: Fost Repair Inspection Auditors' Comments :-*N8: DV / Collect Excess Coordination 55 TP (N11): TP (Non INC) against INC \$20 at. I: 9) N12: Idno Mobile Fee Chargea Invoice dated Int 2/3: 物件和特殊 Fee Charged Invoice dated

1 1 per st. 1 12

SINGAPORE ACCIDENT STATEMENT

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IMPORTANT NOTICE

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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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. 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	29/11/2018 12:07
Date Of Accident	28/11/2018 14:55
Exact Location Of Accident	JUNC BEDOK NORTH AVE 3 & BEDOK NORTH ST 2
Country/State of Loss	SINGAPORE
D. C.	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJD2804U
Insured/Policyholder	
Name Of Registered Owner	PACIFIC PRACTICAL TUITION CENTRE
Co Reg No	23848400M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62965466
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS E AUTO
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099012053
Cover Note Number	
Driver	
Name of Driver	CHUA DONG HIANG
NRIC No	S1230180D
Date Of Birth	28/07/1957
Occupation	OUTDOOR
Date Of Driving Pass	22/03/1976
Driving Experience	42 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90022595
Fax Number	
Contact Number	OFFICE-90022595

NOEMAIL

BLK 316B ANCHORVALE LINK Address

#12-189 542316

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

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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? YES

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

NO

YES

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

YES

NO

If Yes, Please state which Police Station

Police Station Name SENGKANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: Police Station Address

545025, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800 - 3438999 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20181129/2032.

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 SHB3988A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver LIM KIN HWEE NRIC/Passport Number S0373101D

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER:

DETAILS OF INJURED PERSON 1

Name

CHUA DONG HIANG

Approximate Age

Injuries Sustain

NECK & SHOULDER

Injured person in which vehicle?

SJD2804U

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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:
 - (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.

PACIFIC PRACTICAL TUTTION CENTRE

5001 BEACH ROAD #08-20 GOLDEN MILE COMPLEX SINGAPORE 199588 TEL: 6295 2983

Policyholder's Signature Date & Time: Driver's Signature

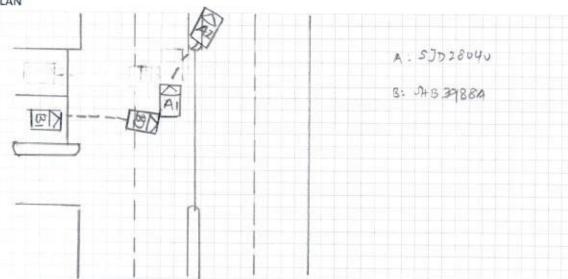
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to potice	RP74-7/20181129/2032.

PACIFIC PRACTICAL PULLION CENTRE

#08-20 GOLDEN MILE COMPLEX
SINGAPORE 199588
TEL: 6295 2983

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Rersonnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDE	ENT DATE: 28 / 11 / 18)(DD/MM/Y)	(YY), TIME:(14	:35	(HH:MM)
LOCATI	ON: bedle North	AL 3 X	Beyok	Holth	Street 2
	DETAILS OF VEHICLE	1 4			
	a) VEHICLE NUMBER:	O hosed on			
	b)INSURANCE COMPANY:	MTUC			
**	c)POLICY NUMBER: 5 00	99012053			
	d)POLICY TYPE: (COMPRE		PARTY / THÍRD F	ARTY FIRE	&THEFT)
	e)MAKE & MODEL:				95
	f)TYPE:(SALOON / COUPE)	MPV /VAN / LO	RRY / MOTORO	CYCLE / O	THERS)
	g) VEHICLE CATEGORY: (PR				6
	h) PURPOSE OF USING AT A		10000		-
i	ARE YOU CLAIMING UND	ER YOUR OWN IN	SURANCE (YES	(QU/S	
	IF NO, PLEASE STATE (THIR	D PARTY CLAIM /	REPORTING C	NLY)	
	NSURED / POLICY HOLDER				
	A)NAME: Pacific Pray	dical Trition (intre 11	MALE / FE	MALE)
t	D)NRIC/FIN/PASSPORT:	3848400W	CONTAC	T: 6296	,5466.
	c) ADDRESS:				
	CONTINUE TO 3.d IF DRIV	ER ALSO POLICY	HOLDER		
The state of the s	ORIVER	hissa	19.		1.11-1
The state of the s	DINRIC/FIN/PASSPORT:	Higng (122015	ONTAC	MALE / FEN	022595.
	JADDRESS: DIK 3163	Ancharvale Hn		9 (542	
	, INDUNESS SILE SILE	Mucha Apric No	K A IF O	1 6-11-	2107
	d) DATE OF BIRTH: (16 /	7 / 1957 +10	D/MM/YYYY)		
	OCCUPATION: (INDOOR		<i>D</i> ////////////////////////////////////		37
	YEARS OF DRIVING EXPRE		13/1976		
107	VAS DRIVER AN EMPLOY			ANY? (YE	5/NO)
	F NO, RELATIONSHIP OF				
5. 0) WEATHER CONDITION: (C	EAR / RAINING	/ OTHERS)
)ROAD SURFACE: (PRY / V		S 807)
	VAS ANYBODY INJURED IY				
7. a	REPORTED TO POLICE (Y	sy no) - Indi	ng.		
	IF YES, PLEASE STATE WHIS	H POLICE STATIC	DN:		
8. 11	HIRD PARTY VEHICLE	7.000.00			
in or passanger (O) VEHICLE NUMBER: (1)	153968A	MODEL:_		- W
- leducting driver)	DRIVER'S NAME: L'A	CARTALLA	CONTIC	×T.	
(~ ·)	HIRD PARTY VEHICLE	- 477)014.	CONTAC	-1:	
			MODEL		1000
tho of prisonger of	DRIVER'S NAME		MODEL:_		2
Induding driver) +	DRIVER'S NAME: NRIC/FIN/PASSPORT:		CONTAC	т.	
7 3	I I I I I I I I I I I I I I I I I I I		CONTAC		
				1	

email =

Pax =

VIDEO =





1 of 3

Report No. T/20181129/2032

Police Station Of Origin:

Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 018 11:20	/lade:	Vide Report No.:	Station Diary No.: 40	
Informa	nt's Partic	ulars			
CHUA E	f Informant: ONG HIAN		Address: APT BLK 316B ANCHO 542316	PRVALE LINK #12-189 SINGAPORE	
ID Type / ID No.: NRIC NO / S1230180D			Contact No.: Home/Office: Mobile: 90022595		
	ationality: NGAPORE CITIZEN		Email:		
Sex: Male	Age: 61	Date of Birth: 28/07/1957	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupat SELF EM	ion: MPLOYED		Driving Licence Informa Class: 3	tion: Date of Expiry:	

General Infor	mation of the Accident	THE RESIDENCE OF	CONTRACTOR SERVICES	
Type of Accident:	Injury Government Property	Drink Drive: No	Date/Time of Accident: 28/11/2018 14:50	Type of Location: X-Junction
	TH AVENUE 3 OK NORTH AVE 3 X BED	OK NORTH ST 2		
Weather:		Road Surface:	R	toad Speed Limit:
Traffic Flow:		Traffic Control:	Т	raffic Volume:
Type of Collis Moving Vehic	ion: le Against - Road Divider/P	(erb/Railings		nyone conveyed by mbulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHB3988A	Car				Slightly Damaged	0
SJD2804U	Car				Slightly Damaged	0

Use of Pedestrian Crossing: NA





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Report No. T/20181129/2032

2 of 3

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Driver							
Name	LIM KIN HWEE			ID No	0.	S0373101D	
Related Vehicle	SHB3988A (Car)			Conta	act No.	90128407	
Hospital/Clinic	NIL		Class Drivin Licen	ng	Class: NIL Date of Expiry: NIL		
Date Treatment	NIL		Date Dis		NIL		
No. of Days gran	ted Medical Leave	NIL		of Injury			
Driver				or mjury	IVIL		
Name	CHUA DONG HIAN	G		ID No		S1230180D	
Related Vehicle	SJD2804U (Car)			Conta	ct No.	90022595	
Hospital/Clinic	MOUNT ALVERNIA	HOSPITAL		Class Driving Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL	
Date Treatment	28/11/2018		Date Disc		28/11/	2010	
No. of Days grant	ed Medical Leave	05	Degree o		Slight	2010	

Brief Details.

On 28/11/2018 at about 1450hrs, I was driving my vehicle bearing registration number SJD2804U along Bedok North Ave 3 on the 1st lane. Out of a sudden, I saw a Taxi bearing registration number SHB3988A turning right from Bedok North St 2 and coming towards my direction. As such, I performed an emergency brake and swerve towards the right which causes my rear left passenger door to hit on to the aforesaid Taxi's front number plate and my vehicle hit on to the railings thereafter.

We alighted from our vehicles and exchanged our particulars. Traffic Police attended to us thereafter.

I've sustained injuries on my neck and shoulder area. I felt giddy and fatigue due to the accident.





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

3 of 3 Report No. T/20181129/2032

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Sketch Plan

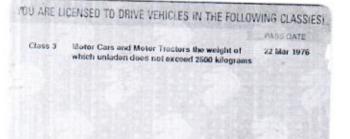
Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report: F / Sgt 3 YE WEIJIE	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	29/11/2018 11:20
Officer In Charge Of Case:	Classification Of Case:
Sr Staff Sgt ONG YONG HOCK	
Contact No.: 65476436	
uthentication Stamp	







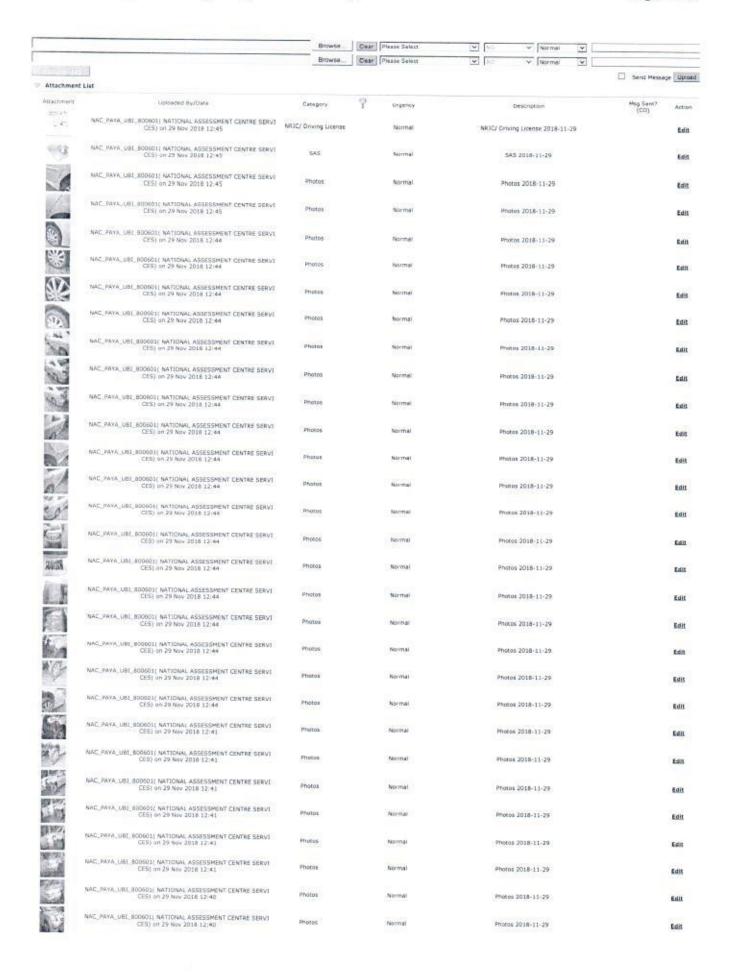




eBao Tech									Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					+ Change	Language	+ Chang	ge Password	· Log Out
My Desktop	Policy Query									,
Notice of Loss	Policy No.				Date	of Accident	2	8/11/2018 1	14:55	
	Vehicle No.(For Motor)	SJD280	24U		Certif	icate Number				
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5099012053		PACIFIC PRACTICAL TUITION CENTRE	23848400M	GPC	drivo CLASSIC		SJD2804U		16/03/2019
					Continue					

the state of the s	5099012053	Policyholder Name	PACIFIC F	PRACTICAL TUITION	CI Policyholder	23848400M	
Certificate No.		warne			NRIC	222707000	
Address	BLK 3168 #12-189 ANCHORVA	LE LINK ANCHO	DRVALE GA	RDENS SINGAPORE	542316		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	15/03/2018	Effective Date	15/03/20	18 00:00	Expiry Date	16/03/2019 2	23:59
Excess Type		All Claims Excess					
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			Youn	g/Inexperience Driver Excess
Agent	TECK WEI CREDIT PTE, LTD.	Agent Tel.	64650020	null	GST Flag	Y	
Co- insurance Flag Open Policy Info	No						
Certificate Info							
 Policyl 	nolder Mailing Address						
	BLK 316B #12-189	Addre	ss 2	ANCHORVALE LII	NK	Address 3	ANCHORVALE GARDENS
Address 1		Addres	s Type	Singapore addres	s	Post Code	542316
	SINGAPORE 542316	Addre	A STATE OF THE STA				
Address 1 Address 4 Unit No.	SINGAPORE 542316		d Policy	5099012053			
Address 4 Unit No.	SINGAPORE 542316 d Object: SJD2804U	Relate	d Policy	5099012053			
Address 4 Unit No.		Relate	d Policy	5099012053			

Policy No.	5099012053	Vehicle No.	93028040	Per Automotive	
Certificate No.		TOTAL NO.	53020040	GST Registration No.	
PolicyHelder Name	PACIFIC PRACTICAL TUITION CENTRE				
Product Code	PRIVATE CAR INSURANCE		The second secon	Policyholder NR3C	23B48400M
Contact No (Mobile)	0	Cover Type	strive CLASSIC	Loading	0
mail Address		Contact No.(Office)	62965466	Contact No (Home)	0
D' E	R No Con-	Special Remark		eCode	19. ×
ICD Protection	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
Accident Details	No	NCD Entitlement(%)	G.	Private Hire	Yes
eport Date	29/11/2018 12:38	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
OTE of Accident	28/11/2018	Time of Accident hh:mm	14.55	Country of Accident	Singapore
coorting Centre		Orange Force		JCM No.	
collent Location	TUNC BEDOK NORTH AVE I & BEDOK NO	ITH ST 2			
v freess					
wn damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
nnamed Driver Excess.		Gutside Singapore OD Excess	2,000.00	THE SECTION OF THE SE	100.00
ord Party Excess	1,500.00	Outside Singapors TP Excess	1,500.00		
3 Benefits			3,300		
GST Registered Inform	ation				
If Registered	No		CET BANKS AND A		
IT Registration No.	11470		GST Registration Date GST Status verified	100	
offication restory			991 310,03 VETTRE	No	
Policyholder Mailing Ac	idress				
dorson t	BLK 2100 #12-189	Address 2	ANCHORVALE LINK	Address 3	A STORY OF THE STO
doress 4	SINGAPORE 542316	Address Type	Singapore address		ANCHORVALE GARDENS
nt No.		Related Policy Number		Post Code	542316
OI Driver Info		reserve Provey realities	5099012053		
river Name	Unnamed Driver	Driver Type	Linnamed Driver		
nnamed driver Name	CHUA DONG HIANG	Driver NRIC	\$1230180D	Police P. P. P.	1910 1901 19
gister Date of Driver Liberiae	32/03/1976	Driver Age		Driver DOS	28/07/1957
Intact No. (Mobile)	90022595		61	Driving Experience	42
Mresia 1	BLK 310B	Contact No.(Office)	4	Contact No.(Home)	0
druse 4		Address 2	ANCHORVALE LINK	Address 3	ANOHORVALE GARDENS
	SINGAPORE 542315	Address Type	Singapore address	Post Code	542316
H ND.	12-189				
res he own a Singapore rigistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
				STONE COLUMN TO SERVER	
Claration					
ewihalyser or Blood Test admy?	D rttg	Any injury?	® Yes ○ No		
difficultion Hopery					
Claim 001 New					
rm Type *	00-MX	Insured Name	for class on a course, where all	ENVIRON	
Mart No.(Mobile)	90022595		PACIFIC PRACTICAL TUITION CE	Insured NR3C	23848400M
at Address	F-100-1409	Contact No.(Home)	NOL	Contact No.(Office)	NIL
		Of Vehicle Number	53028040	TP Vehicle Number	5HB3988A
mant Type Claimant Type •	Please Select	Type of Senetz *	Please Select		
mant Name +	22	Claimant NRIC *			
mant Address					
M Description	S202604u / SHB3968A ON 28 Nov 2018			Name of Preferred Workshop	
Nerred Workshop Coreact		Insured Liability *	Not at Fault		
rure Finalisation	res 💌			GIA record	
a Registered	29/11/2018 12:40	Claim Close Date	Preferred Workshop, Name unknown	GIA report	Received 💟
ort Taken By	Jackson .	White Whenlich		Date Received	29/11/2018 00:00
Print AK letter					
ALL PARTIES.					
		19	Save Submit		
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ttachment					
	MT/1021859	Claim No.	700		
dent No.		Claim No.	100		
dent No.	® Yas ○ No	Claim No. Upload Date	001 29/11/2018 12:45		
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Atachment ident No. I Doc. Received	® Yas ○ No	Upload Dece	29/11/2018 12:45 Category * Clear Please Select Clear Please Select	∏so ∨ Normal	



	NAC_PAYA_UB_BDD601(NATIONAL ASSESSMENT CENTRE SERVI- CES) on 39 Nov. 2018 12:40 NAC_PAYA_UB_BD0601(NATIONAL ASSESSMENT CENTRE SERVI- CES) on 29 Nov. 2018 12:40 NAC_PAYA_UB_BD0601(NATIONAL ASSESSMENT CENTRE SERVI- CES) on 29 Nov. 2018 12:40 Uproaded By/Dake Potent Date		File Name		Ŷ	Source	Action
Video List			Photos	Normal Photos 2018-11-29		Edit	
			Photos	Normal			Edit
1			Photos	Normal	Photo	n 2018-11-29	Edit
2	NAC_PAYA_UBI_800601(NAT CES) on 29	TONAL ASSESSMENT CENTRE SERVI Nov 2018 12:40	Photos	Normal	Photo	s 2018-11-29	Edit