NATIONAL Assessment Centre Services. [per 13000]. MMA 118165169. Done by Date & Time Completed Job description Date In: 24 112 118 16:04 Ref No: SAS c-filing MAI INC 18023030/h4. E-mall (within Shes, AIC 2hrs) Veh No SLG 2724 C I-Motor Claim Form M7/1025081-D.O.A. 21112 118 15:05. 26/12/18 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD / TP / Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Preferred Wksp / INC Assign Wksp / QW: ()/Non-INC (TP Particulars: Veh No: Unknown.) Owner / Driver: (Tcl:) Policy No: (Cover Type: (Period: (Time: Confirmed by: (Date: %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: (Year of Registration: (Warranty: YES ()/NO(Execss: (\$ Loading: \$1,000 ()/\$2,000(General Remarks : Sansal) Walk-In Cuscomer; Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/Towed-in (); Invoice: YES () / NO () ; Towing Co: (Remarks: 4 (INC hothies 6788 6616) 8: 4 4 4 5 5 5 5) / Courtesy Car (1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection .) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Mid how WA1808490 1) AR : Accident Reporting Claimant's Particulars is INC (\$30) 2) DA : Demego Assessment (5100); \$40/\$4 3) TF 1 Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) PT : Follow-Through Survey (Resurvey) \$30 Contact No: For claiming against INC Only (wof 10 Jan 2005) 6) TR : Re-inspection Damaged Portion: \$160 7) 71 : Idao DA + SMRT Survey 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge); *NS; Courtery Cor / Tpt Allowance \$5 510 * N6: Repair Co-ordination \$25 * N7: Post Repair Inspection Auditors Comments : 55 +N8: DV / Collect Excess Coordination IP (N11): TP (Non INC) against INC \$20 2at. 1: 9) N12: Idao Mobile Fee Charged Involve dated "at 2 / 3; Fee Charged Invoice dated

is a part of the first

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

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

	ACCIDENT STATEMENT
Date Of Report	24/12/2018 16:04
Date Of Accident	21/12/2018 15:05
Exact Location Of Accident	TAMPINES ONE BASEMENT CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLG2724C
Insured/Policyholder	
Name Of Registered Owner	BENJAMIN WEE SOON YEONG (HUANG SHUNRONG BENJAMIN)
NRIC No	\$75377471
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83336211
Alternative Phone No	OFFICE-83336211
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT ABS D/AIRBAG 2WD
Exact Purpose for which vehicle was being used at time of accident	PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
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	5103693577
Cover Note Number	3.
Driver	
Name of Driver	BENJAMIN WEE SOON YEONG (HUANG SHUNRONG BENJAMIN)
NRIC No	S7537747I
Date Of Birth	17/12/1975
Occupation	INDOOR
Date Of Driving Pass	11/02/1998
Priving Experience	20 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83336211
ax Number	

OFFICE-83336211

NOEMAIL

Address

BLK 211A COMPASSVALE LANE #03-192

Postcode

541211

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

YES

NO

0

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ

Police Station Address

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

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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

Vehicle Make/Model/Colour

UNKNOWN

Details Of Properties

Vehicle Category

NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (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

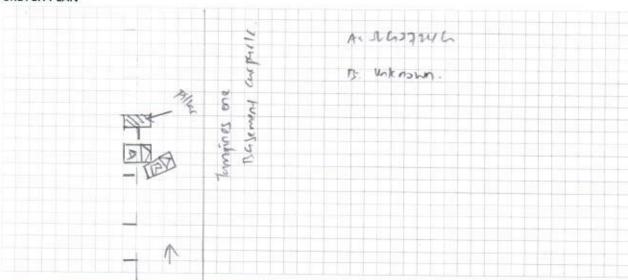
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

nefor to the	tament.	

DECLARATION

I/We declare the oregoing 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.:

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY PARKED ON THE PARKING LOT OF STATED VENUE. WHEN I RETURN TO MY VEHICLE AND FOUND OUT ON MY VEHICLE WINDSCREEN THERES A NOTE, I REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE FRONT RIGHT PORTION (BUMPER AREA).

ACCIDENT STATEMENT

ACCIDENT DATE:	12/18)(DD	D/MM/YYYY), TIME:(_\bullets_	: 02)(HH:MM)
LOCATION: Tangines	one bys	ement corpulli-	
1. DETAILS OF VEHIC	LE Po	4	
a) VEHICLE NUMBI		11.	26 39
b)INSURANCE CO			
**	The state of the s		
C)POLICY NUMBER			
a)POLICY TYPE: (C	OMPREHENSIVE	/ THIRD PARTY / THIRD PAI	RTY FIRE &THEFT)
		AN LORRY / MOTORCY	OLE COTHERS
		COMMERCIAL / MOTORC	
h)PURPOSE OF USI	VG AT ACCIDENT	TTIME: Pâuste u	(8
		OWN INSURANCE (YES/I	
		CLAIM / REPORTING ONL	
2. INSURED / POLICY			
A)NAME: Benia		Jana (Amang Shun	
b)NRIC/FIN/PASSPO	CONTRACTOR OF THE PARTY OF THE		LE / FEMALE) 8 2 3 3 6 2 1 1 .
c) ADDRESS: D) IC			
USE DEL DE	STATE SALVES	210 SONO 20 VS 1-1 V V	-
* CONTINUE TO 3.d	IF DRIVER ALSO	POLICY HOLDER	+1
* No of passong DRIVER			
(Including driver) a)NAME:_	22	(MA	LE / FEMALE)
b)NRIC/FIN/PASSPO	ORT:	CONTACT:_	
c)ADDRESS:		*	
*d)DATE OF BIRTH: (e)OCCUPATION: (IN f)YEARS OF DRIVING	NDOOR / OUTDO	DOR)	
		HE INSURED'S COMPAN	YZ (YES / NO)
IF NO, RELATIONS	HIP OF THE DR	IVER WITH INSURED:_	Dunge
a)WEATHER CONDIT	ION: (CLEAR / R	AINING / OTHERS	1
b)ROAD SURFACE:	DRY WET LOTH	HERS)
6. WAS ANYBODY INJU		CASANDS-SECALINIZATION B	
a)REPORTED TO PO!		Ni Pi	
IF YES, PLEASE STAT		E STATION:	
8. THIRD PARTY VEHICL			
the of passenger a) VEHICLE NUMBER	R: Un lunown	MODEL:	
(Including driver) b) DRIVER'S NAME O) NRIC/FIN/PASSF	OPT-	CONTROL	
9. THIRD PARTY VEHICL		CONTACT:_	
		MODEL:	3 0
a lon of harmost		MODEL	
(Including driver) f) DRIVER'S NAME (Including driver) f) NRIC/FIN/PASSP		CONTACT:	
		CONTACT	,
S 3			1
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arting for di	fax =		,
)	IDEO =		
	5.50		



SLOTTING

Police Station Of Origin: Traffic Police 10 Use Avenue 3 SINGAPORE 408865 Tel No: 65470000 Hillian Hall

T/20181224/2074

Feport No. T/20 1812242074

Date/Time Report Made: 24/12/2016 14:58	Vide Report No.:	Station Diary No.
Informant's Particulars	11250 1770 0 1/10 10 10 10 10 10 10 10 10 10 10 10 10 1	
Name of Informent: BENJAMIN WEE SOON YEONG	Address: APT BLK 211A COMPASSV	ALE LANE #03-192
IO Type / ID No.: NRIG NO / \$75377471	COMPASSYALE BEACON S	
Nationality: SINGAPORE CITIZEN	Home/Office:	Mobile: 83336211
Male 43 17/12/1975	Type of Informant: Driver	
Race: Chinose	Language:	Institution / School Name:
Occupation: INSURANCE AGENT	Driving Licence Information: Class:	Date of Expiry:
Special Sections on all the Accident Type of Non-Injury Accident Others Conflort Mong Road 1 TAMPINES CENTRAL 1	Drive: Dute/Tim Drive: Accident Ma. 21/12/20	o of Type of Location
AMPINES ONE CARPARK	Flood Surface:	Road Speed Limit
Vocation	THURS DUTIES.	
Nontinet Jose refisc Plane:	Dry Traffic Control:	二、25
American Craffic Plane: Type of Collector:	Dry Market Land Sand	Traffic Volume: Anyone conveyed by ambulance: No

26/06/2018 25/06/2019





3 SINGAPORE 408865

Report No. 1/20181204/2014

Pro of Pedestrier	In Injured AL Use C	Pedestrian Cros	sing NA
Name	BENJAMIN WEE SOON YEDING	ID No.	875377471
Related Vehicle	SLG2724C (Car)	Contact No.	83336211
Hospital-Cirac	N-	Class of Driving Licence &	Class: NIL Date of Expiry: NIL
Date Trealment	NIL Date NIL Degree NIL Degree	Expiry Date Discharge Nil.	
O Maria		e of Injury No.	Control of the last
hane	Unknown Driver	ID No.	NL
Related Vehicle	M	Contect No.	93869750
Hospital/Cársis		Class of Driving Libence & Expiry Date	Class: NIL Date of Expiry: NIL

ON THE ABOVE MENTIONED DATE & LOCATION,
MY VEHICLE WAS IN STATIONARY PARKED AT THE SAID LOCATION, WHEN I CAME BACK TO MY
CART I SAW SOME SORATHES ON MY CAR. THE PERSON WHO HIT ONTO MY CAR LEFT A NOTE
WITH HAS CONTACT NUMBER, SHE STOP RESPONDING TO MY MESSAGES AND PORCE ME TO
MAKE A PEPORT.



Police Station Of Origin: Traffic Police 10 Ubl Avenue 3 SINGAPORE 408865 Tel No: 65470000

T/201812242074

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 serbicate with you now, please fax a cupy to 65474885 stating the report number as reference. Signature Of Officer Recording The Report:
TP /
ARMAD JALALLOON BIN ARMAD

Signature Of Interpreter
Not applicable

24/12/2018 14:58

Officer in Charge Of Case: TP / GAS / Suit Sig WONG SIEU LLII Centant No.: 85478151

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$75377471





BENJAMIN WEE SOON YEONG (HUANG SHUNRONG BENJAMIN)

黄顺

CHINESE

17-12-1975

875377671

County of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENC

Ben Date: 17 Dec 1975 Issue Date: 15 Jan 2003

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSI

. Class 3

•eBaoTech									Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					• Chang	e Language	> Chang	e Password) Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.	Date of Accident				E	21/12/2018 15:05			
	Vehicle No.(For Motor)	SLG272	4C		Certi	ficate Number	. [
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5103693577		BENJAMIN WEE SOON YEONG (HUANG SHUNRONG BENJAMIN)	S75377471	GPC	drivo CLASSIC		SLG2724C	26/09/2018	25/09/2019

MICHARALO TRA	5103693577	Policyholder Name	BENJAMI	WEE SOON YEONG (I	Policyholder NRIC	S7537747I	
Certificate No.					MIC	2000 (2000) 200 (100)	
Address	BLK 211A #03-192 COMPASSV	ALE LANE SING	APORE 54	1211			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	14/09/2018	Effective Date	26/09/20	18 00:00		25/09/2019 2	23:59
Excess Type		All Claims Excess					
Third		Own			The action will be a second or an artist of the second or are also as a second or an artist of the second or artist of the second or are also as a second or a second or are also as a second or a second		
Party Excess	0	damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Agent	LOMEN INSURANCE AGENCY	Agent Tel.	NIL		GST Flag	Y	
Co- nsurance Flag	No				COT Flag		
Open Policy Info Certificate							
Info							
Policy	holder Mailing Address						
		Addre	ss 2	COMPASSVALE LANE		Address 3	SINGAPORE 541211
Address 1	BLK 211A #03-192						
Address 1	DEK 5119 #03-195	Addre	ss Type	Singapore address	33	Post Code	541211
	DLR 211A #03-192		d Policy		9	Post Code	541211
Address 1 Address 4 Unit No.	d Object: SLG2724C	Relate	d Policy	Singapore address		Post Code	541211
Address 1 Address 4 Unit No.	d Object: SLG2724C	Relate	d Policy	Singapore address		Post Code	541211

Claim Handling

Accident MT/1025081						
Policy No.	5103693577	Vehicle No.	SLG2724C		GST Registration No.	
Certificate No.	- Landon servicia de la como especia de la como como como como como como como com					
Policyholder Name	BENJAMIN WEE SOON YEONG (HUANG SHUNRON				Policyholder NRIC	\$7537
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	0
Contact No.(Mobile) Email Address	83336211	Contact No.(Office)			Contact No.(Home)	-
KFK	» No Yes	Special Remark TCA	THE RESIDENCE V		eCode	No *
NCD Protection	Yes		* No Yes		eCode Reason	
▼ Accident Details	ics	NCD Entitlement(%)	50		Private Hire	No
Report Date	26/12/2018 09:32	Coldens Barris State Coldens C	was a financial and a financia		AND AND AND AND AND A	
Date of Accident		Accident Report Within 24 hrs	Yes		Accident Type	Damag
Reporting Centre	21/12/2018	Time of Accident hh:mm	15:05		Country of Accident	Singap
Accident Location	TAMPINES ONE BASEMENT CARPARK	Orange Force			ICM No.	
▽ Excess	IAMPINES ONE BASEMENT CARPARK					
Own damage Excess	500.00	4440000	-5			
Unnamed Driver Excess	0.00	Additional Excess	0		Windscreen Excess	100,00
Third Party Excess		Outside Singapore OD Excess		600.00		
⇒ Benefits	0.00	Outside Singapore TP Excess		0.00		
	tion					
GST Registered	No		100000000			
GST Registration No.	S Med.		GST Statu	stration Date	190411	
Modification History			931 31815	s verneu	Yes	
Policyholder Mailing Add	Iress					
Address 1	BLK 211A #03-192	Address 2	COMPASSVALE LA	NE .	Address 3	SINGA
Address 4		Address Type	Singapore address		Post Code	54121
Unit No.		Related Policy Number	5103693577		Pusi Code	54121
OI Driver Info			3103033377			
Driver Name	BENJAMIN WEE SOON YEONG	Driver Type	Main Driver			
Unnamed driver Name		Driver NRIC	575377471		Driver DOB	17/12/
Register Date of Driver License	01/01/2003	Driver Age	43		Driving Experience	15
Contact No.(Mobile)	83336211	Contact No.(Office)			Contact No.(Home)	1188
Address 1	BLK 211A #03-192	Address 2	COMPASSVALE LA		Address 3	51NGA
Address 4		Address Type	Singapore address		Post Code	54121
Unit No.			5500			
Does he own a Singapore Registered car?	Yes a No	Driver Vehicle No.			Driver Insurer Compan	Y
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes a No			
Modification History						
Claim 001 New						
and the second s						
Claim Type *				OD-MX ▼	Insured BENJAMIN V	WEE SOON YEONG (
Contact No.(Mobile)				83336211	Contact No. NIL	
				0330211	(Home)	
Email Address					OI Vehicle SLG2724C Number	
Claim Description				SLG2724C / UNKNOWN ON 21 D	0.450 (0.55)	
Preferred	I Insured I Inhility					
Workshop 0 Benket No. Yes	Preferered Repair Preferred Workshop, Name	GIA Baselined		1		
Finalisation Tes Date Registered	Preferred Workshop, Name	unknown Teport Received	•	P	Claim	
Date Registered				26/12/2018 09:37	Close Date	
Report Taken By				LIEW SHAN HUI		
Print AK letter						
			Save Submit			
Attachment						
▼	82506500000	South.				
Accident No.	MT/1025081	Claim No.		101		

Clear

Last Doc. Received

Choose File No file chosen

* Yes No

Path *

Upload Date

26/12/2018 09:39

Please Select

Category *

Confidential

▼ NO

Urgency *

* Normal

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***	NAC PAVA LIBT BOREST	(NATIONAL ASSESSMENT CENTRE SERVICES) o								
9 (4)		26 Dec 2018 09:39	NRIC/ Driving License		Normal		NRIC/ Dr	iving Lice	nse 2018-12	2-26
Market Name	NAC_PAYA_UB1_800601	(NATIONAL ASSESSMENT CENTRE SERVICES) 0 26 Dec 2018 09:39	NRIC/ Driving License		Normal		NRIC/ Dr	iving Lice	nse 2018-12	2-26
25	NAC_PAYA_UB1_800601	(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2018 09:39	NRIC/ Driving License		Normal		NRIC/ Dr	iving Lice	nse 2018-12	2+26
10	NAC_PAYA_UBL_800601	NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2018 09:39	SAS		Normal		10	SAS 2018	-12-26	
	NAC_PAYA_UBI_800601	NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2018 09:38	Photos		Normal		Př	hotos 201	8-12-26	
THE REAL PROPERTY.	NAC_PAYA_UBI_800601	NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2018 09:38	Photos		Normal		PI	notos 201	8-12-26	
0	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) a 26 Dec 2018 09:38	Photos		Normal		Pf	notos 201	8-12-26	
W	NAC_PAYA_U81_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2018 09:38	Photos		Normal		Pt	notos 201	8-12-26	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2018 09:37	Photos		Normal		Ph	otos 201	8-12-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2018 09:37	Photos		Normal		Ph	otos 201	8-12-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2018 09:37	Photos		Normal		Ph	otos 201	8-12-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) e 26 Dec 2018 09:37	Photos		Normal		Ph	otos 2011	8-12-26	
V	NAC_PAYA_UB1_800501(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2018 09:37	Photos		Normal		Ph	otos 2011	8-12-26	
3	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2018 09:37	Photos		Normal		Phy	otos 2018	8-12-26	
▽ Video List										
	Uploaded By/Date	Folder Date	-	ile Name		9			Sour	