NATIONAL Assessment Centi	re Services	wel 1 Jan'05 MN	A.119082610		
Date In: 25/49-14:17	Jeb description		Date &Time Complete	ed D	one by
Res No: MA NC 19011169/24	SAS e-filing		1		
Veh No: Jhyzygs	E-mail (within 8	Shrs, AIC 2hrs)			
D.O.A : n/6/19-18:40	i-Motor Clair		Mallotoya -00	25/6/100	14.70
OD TP! Reporting Only	i-Motor W/O	(Within: OD 2hrs			
OD 119. Reporting Only	i-Photo Uplo:	aded	1	1	
TP Insurer:	Assessment/Su	rvey Report			
IF Insurer:	Ass't Report by	Y Fax / Hand t	o Owner/Wksp		100000000000000000000000000000000000000
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: (MC	61060	. INC ()/Non-INC()	v v	
Owner / Driver: (Tel:)	
Policy No: () Pe	eriod: ()	Cover Type: ()
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [[Note-Est Status (W	7O): N: 0-20	%; P: 21-79%. P: 8	0-100%]	
	Warranty: YES ()/NO()		
	000 ()/\$2,000 (
General Remarks:-	E TRESSULTANCES AND A	18028 NAVE NOVE 1800	NEW RESIDENCE TO THE	5 MWS 170 T	,
Lower and the control of the control	en Onne Canadantes		A. M. W. Street Selection of the District Selection	Allower Pro	33 1 3
() Walk-In Customer: Customer's info () Total Loss Case : to e-mail Insur		ndential & Str	ictly NO refer of repair	er.	
Drive-In ()/ Towed-In (); Invoice	e: YES () / N	O();T	owing Co: ()
Remarks: (INC hotline: 6788 6616)			Date&Timb Complete	1*b. D	one by
1) Apply for Transport Allowance ()/(Courtesy Car ()	1		S. A. L. S. L. A. L.	7.
2) QC Check / Post Repair Inspection	()		*		
3) Upload Resurvey Photo [Repair Cost > \$3	30001 ()				-
	5000) ()				W-124 ()
Injury:	The second secon				
Date/Time Actions	ik an		and the second	MISTON AND AND AND AND AND AND AND AND AND AN	Ziewanik Art. But. Nada il
				OF 200 A COMMON COM. P. C. M.	
	241				
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. 14.1				Anit (S) Amt (3)
HAMAYAOY .		Invoice Prep	aration Checklist	fit B	Trail.
laimant's Particulars :-	SALLOS BOSTORIOS / BANGO NOTICO POR A REPORTO NACES 🛌	1) AR : Accident l			
river/Owner:		2) DA : Damage A 3) TF : Towing Fe		\$40/\$45	
		4) FT : Follow-Th	rough Survey	\$120	
ontact No:	25 (6)		rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2	(005)	
amaged Portion:		6) TR : Re-inspect	ion	\$75	
	THE STREET STREET, SALES STREE	7) N1 : Idac DA +	CHARLEST PROPERTY OF THE PARTY	\$160	
C Checked by (8-car I- Charach		8) NTUC Addition	ial Services:-		
C Checked by (Engr-In-Charge):		*N5: Courtesy (Cor/Tpt Allowance	\$5	
S.VASS SEE REPHE LOUGEST CONTROL OF THE THE	THE PROPERTY OF THE PARTY OF TH	*N6: Repair Co *N7: Fost Repa		\$10	
uditors' Comments :=			et Excess Coordination	55	
<u>(.):</u>		TP (N11) : TP (Non INC) against INC	\$20	
1.2/3;		nvoice dated	Fee Charg	ea'	and a
		Invoice dated	Fee Charg	MANAGEMENT LINE	

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 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	25/06/2019 14:15
Date Of Accident	22/06/2019 18:40
Exact Location Of Accident	STEVENS RD
Country/State of Loss	SINGAPORE
Manufacture and the D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGY749J
Insured/Policyholder	
Name Of Registered Owner	PHUA KOK HENG
NRIC No	S7627586F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91088044
Alternative Phone No	OFFICE-91088044
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8 A
Exact Purpose for which vehicle was being used at 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105159710
Cover Note Number	

Name of Driver PHUA KOK HENG (PAN GUOXING)

NRIC No S7627586F Date Of Birth 28/08/1976 Occupation OUTDOOR Date Of Driving Pass 16/03/1995

Driving Experience 24 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91088044

Fax Number

Contact Number OFFICE-91088044

EMail Address NOEMAIL

BLK 301 ANG MO KIO AVENUE 3 Address

#02-1818 560301

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 - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES

YES

NO

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)

1

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 - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190623/7008.

Attachment(s)

Are accident photos available for attachment?

YES NO

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC6106D

Vehicle Make/Model/Colour KIA

Details Of Properties

TAXI Vehicle Category

MOY KIM HOONG Name of Driver

S7238606Z NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 40

Nature Of Damage

No. Of Passenger (Including Driver)

Black Street and Control of the Commis-	DETAILS OF INJURED PERSON 1
Name	PHUA KOK HENG (PAN GUOXING)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGY749J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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 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.
- 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:
 - 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 Personnells Signature

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

W-1/2	lefu t	o police	Report.		
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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 ::

WHOME GLORED LANCOUR VS

	Date of Accident	22619 Accident Time: 1840 (24-HR-Pormat)
	Accident Place	Stevens Road
	Vehicle Reg. No. (Car Plate No.	SGY 749 J
	Vehicle Make/Model	: Honda stream
	lasurance Company	: NTUC Policy No.
	Owner or Company Name /IC No	87627586F
	Owner or Company Contact No.	91088044 Owner's HpCompany Tel
	DRIVER'S Name / IC No.	: Phua kok Heng / s7627586F
	DRIVER'S Date Of Birth	28 08 76 DRIVER'S License Pass Date 16 03 95
	Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: 1 - 10
	DRIVER'S Address	: Blk 301 Ang mo kabave 3 # 02-1818 s (560301)
	DRIVER'S Contact No./ Alt No.	:1) 91088044 2)
	DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
	Email Address	: Admin@Mycar.sg
i i	Weather & Road Surface	: CLEAR & DRY \RAINING & WET \ AFTER RAIN WET
	Reporting Type	: Reporting Only \Claim Other Party Claim Own Insurance
	Number of Passengers (Including I	Driver): DA ONE
	Was there any video Captured by contact purpose for which vehicle was	ar camera: YES \NO as being used at the time of accident: Private use \ Work purpose
	Other)	Party Driver's Particular (if anv)
	Vehicle Reg. No: SHC 6	Vehicle Reg. No:
	Vehicle Make Model: KIA	Vehicle Make\Model:
	Name Driver: MOY Kim F	HOONG Name Driver:
	IC No. Driver: 572 386	067 IC No. Driver:
	Driver's Contact & Add:	
		Alternative Management (Management Management Managemen





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

Report No. T/20190623/7008

1 of 3

REPORT OF A TRAFFIC ACCIDENT

Date/Tin 23/06/20	ate/Time Report Made: 3/06/2019 14:35		Vide Report No.:	Station Diary No.:	
Informa	nt's Partici	ulars		(C. M. W.) 中央中央公司 (C. M.) 中央 (C. M.)	
Name of Informant: PHUA KOK HENG			Address: APT BLK 301 ANG MO K SINGAPORE 560301	CIO AVENUE 3 #02-1818	
ID Type / ID No.: NRIC NO / S7627586F		86F	Contact No.: Home/Office: Mobile: 91088044		
National SINGAP	ity: ORE CITIZ	EN	Email: evephua1818@gmail.com	m	
Sex: Male	Age: 42	Date of Birth: 28/08/1976	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: grab driver			Driving Licence Information Class: 3	on: Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/06/2019 18:40	Type of Locatio Bend	
Location: STEVENS RO	DAD				
		Road Surface:		Road Speed Limit:	
Clear		Wet		60 Km/h	
Weather: Clear Traffic Flow: One Way					

Control of the Contro	I commence the second second	Contract Con	The same of the same of	White Street Commission		THE RESERVE TO SERVE THE RESERVE TO SERVE THE RESERVE
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGY749J	Car	HONDA	STREAM 1.8	Black		0

Details of V	ehicle insurance	A STATE OF THE STA				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SGY749J	NTUC Income Insurance Co-Operative Limited	5105159710	31/10/2018	30/10/2019		



Police Station Of Origin: Traffic Police

Report No. T/20190623/7008

2 of 3

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Any Pedestrian I	nvolved: No	SAUGE COMMITTEE TO THE				
No. of Pedestrian	Use of Pedestrian Crossing: NA					
Driver	CONTROL SUB-BUILD NO SUB-BUILD NO	COMPAND OF STREET	SEAL.	SECTION .	HITCH STREET	
Name	PHUA KOK HENG	1	D No.	47	S7627586F	
Related Vehicle	SGY749J (Car)	(Contact No.		91088044	
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	22/06/2019	Date Discha	rge	23/06	/2019	
No. of Days gran	ted Medical Leave 03	Degree of In	jury	Slight		

On 22/6/2019, at about 1840hrs, I was travelling on steven road before draycott park at the bend . Suddenly i felt a huge impact from my rear . my vehicle bearing (SGY749J) was hit by SHC6106D . We both exchange particular and agree to do a accident cliam . I have a back pain and conveyed by the amblance. We went to Tan Tock Seng hospital



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



3 of 3

Report No. T/20190623/7008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / TPHQ / MOHAMED HUSNUL TAUFIQ BIN MD YUSOF

Contact No.: 65476358

Authentication Stamp NP168

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time: 23/06/2019 14:35

Classification Of Case:



IDENTITY CARD NO. S7627586F



REPUBLIC OF SINGAPORE

PHUA KOK HENG (PAN GUOXING)



CHINESE

28-08-1976 Country of birth



27-07-2007

APT BLK 301 ANG MO KID AVENUE 3 #02 - 1818. SINGAPORE 560301

NRIG No: \$7627588F

Date: 28/05/2010

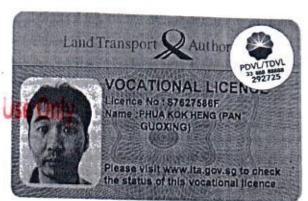
No: 0524118

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request, if found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

13

Description Issue Date

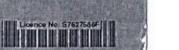
PRIVATE HIRE CAR VL 25/05/2018





M PASS DATE S

For LKK/NAC U





eBaoTech Hello, NAC_PAYA_UBI_80	0601				Sales of the sales	+ Change	Language	A Chan	Genera ge Password	IClaim • Log Out
My Desktop	Policy Query					Change	Language	Chan	ge Password	, Lug Out
Notice of Loss	Policy No. Vehicle No.(For Motor	SGY74	91			of Accident Icate Number		22/06/2019	18:40	
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5105159710		PHUA KOK HENG	S7627586F	GPC	drivo CLASSIC	SGY7493	SGY7493	31/10/2018	30/10/2019
				8	Continue]				

olicy No.	5105159710	Policyholder Name	PHUA KOK	HENG	Policyholder NRIC	S7627586F	
Certificate lo.		Nume.			MALC		
Address	BLK 301 #02-1818 ANG MO KIO	AVENUE 3 S	INGAPORE 56	0301			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	31/10/2018	Effective Date	31/10/2018	00:00	Expiry Date	30/10/2019 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			Young/	Inexperience Driver Excess
Agent	INSMART (INSURANCE) AGENC	Agent Tel.	68420766		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 301 #02-1818	Addr	ess 2	ANG MO KIO AVEN	NUE 3	Address 3	SINGAPORE 560301
Address 4		Addr	ess Type	Singapore address	and the second s	Post Code	560301
		Relat Num	ed Policy ber	5105159710			
Unit No.	THE MICHAEL AND ARCHAEL TO MICHAEL TO MANAGE TO						
7330747959	d Object: SGY7493						
Unit No. Insure Endor	Electrical and the Avenue						

		Browse.	Clear Please Select	Normal V	V
		Browse.		Normal	
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	Path *	0.	Category *	Confidential Urgen	
en vor sereites	● Yes ○ No	Upload Date	25/06/2019 14:33		
actident No. ast Doc. Received	MT/1050472	Claim No.	00t		
	provide and the second	gos. 15000	Page 1		
Attachment					
			Save Submit		
Print AK letter					
teport Yaken By	Jackson				
Date Registered	25/06/2019 14:30	Claim Close Date		Date Received	25/08/2019 00:00
Require Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		96
Claim Description	SGY749) / SHC6106D ON 22 Jun 2019			Name of Preferred Workshop	
Daimant Address			NAME OF THE OWNER O]	
Dalmant Name *	22	Claimant NRIC *			
Daimant Type Claimant Type +	Please Select 🔍	Type of Benefit *	Please Select	NORTH AND INCOME.	Managara and American
mail Address	ALEXPHUAZBOS@HOTMAD, COM	OI Vehicle Number	5577491	TP Vehicle Number	SHC6106D
Contact No. (Mobile)	91088044	Contact No.(Home)	PHUA KOK HENG 66397543	Insured NRIC Contact No.(Office)	\$7627586F
Dam Type •	00-MX V	Insured Name	Bullia War Labor		Terrorian T
Claim 001 New					
fodification History					
and the same of the same					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	® Yes ○ No		
Declaration					
Does he own a Singapore Registered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
Joit No.	02-1818				
Address 4	7525-077	Address Type	Singapore address	Post Code	560301
Address 1	BLK 301	Address 2	ANG MO KIO AVENUE 3	Address 3	SINGAPORE 560301
Contact No.(Mobile)	91088044	Contact No.(Office)	0	Contact No. (Home)	0
legister Date of Driver License	16/03/1995	Driver Age	42	Driving Experience	24
Innamed driver Name		Oriver NRIC	57627586F	Driver DOB	28/08/1976
or Of Driver Info	PHUA KOK HENG(PAN GUOXING)	Driver Type	Main Driver		
oit No.		Related Policy Number	5105159710		
-ddress 4		Address Type	Singapore address	Post Code	560301
Address 1	BLK 301 #02-1818	Address 2	ANG MO KIO AVENUE 3	Address 3	SINGAPORE 560301
→ Policyholder Mailing Ad					
Modification History			CONTRACTOR OF THE CONTRACTOR O	1000	
as T Registered GST Registration No.	No		GST Registration Date GST Status Venfied	Yes	
♥ GST Registered Informal SST Registered			WATER AND THE STATE OF THE STAT		
▼ Benefits □ GST Registered Inform	ation.				
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
Own damage Excess	2,000.00	Additional Excess	(0	Windscreen Excess	100.00
♥ Excess					
Accident Location	STEVENS RD				
Reporting Centre		Orange Force		ICM No.	
Date of Accident	22/06/2019	Time of Accident hhomm	18-40	Country of Accident	Singapore
Report Date	25/06/2019 14:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Accident Details		HURBOSSON CONTROL NO.	New York	NORTH DESIGNATION	5-85-51
4CD Protection	tvo	NCD Entitlement(%)	0	Private Hire	Yes
(FK	® No ⊜ Yes	TCA	® No ⊜Yes	eCode eCode Reason	In v
mail Address	91088044	Contact No. (Office) Special Remark	0	Contact No.(Home)	0
roduct Code Contact No.(Mobile)	PRIVATE CAR INSURANCE 91088044	Cover Type	erivo CLASSIC	Loading	0
folicyholder Name	PHUA KOK HENG			Policyholder NRIC	57627586F
Dertificate No.					
folicy No.	5105159710	Vehicle No.	SGY749I	GST Registration No.	
scident MT/1050472					
laim Handling					



	Uploaded By/Date	Folder Date		Name	9	Source	Action
♥ Video List							
4	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Jun 2019 14:31		Photos	Normal	Photo	Photos 2019-6-25	
T.	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Jun 2019 14:31		Photos	Normal	Photo	Photos 2019-6-25	
4	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Jun 2019 14:31		Photoe	Normal	Photos	Photos 2019-6-25	
3	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Jun 2019 14:31		Photos	Normal	Photos	Photos 2019-6-25	
9							