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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 aforesaid.

ACCIDENT STATEMENT
07/10/2019 12:15
06/10/2019 17:30
CTE (AYE) AFTER YIO CHU KANG RD EXIT
SINGAPORE
DETAILS OF OWN VEHICLE
SJS8630K
HUANG XIONG JIE
S8534751I
NOEMAIL
(LOCAL) +65-96945472
OFFICE-96945472
PERODUA
MYVI EZI 1.3L AT 2WD 5DR
PRIVATE USE
NO
THIRD PARTY
PRIVATE HIRE
NTUC INCOME INSURANCE CO-OPERATIVE LTD
COMPREHENSIVE
NO
5111681974
HUANG XIONGJIE
S8534751I
17/11/1985
OUTDOOR
12/03/2007
12 YEARS AND 6 MONTHS
MALE
(LOCAL) +65-96945472

OFFICE-96945472

NOEMAIL

Address BLK 24 HOUGANG AVENUE 3

#05-422

Postcode 530024

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 COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? YES

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

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: LIM KAI YING

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

NO

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

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?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191006/7014.

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 SLB1913G

Vehicle Make/Model/Colour TOYOTA HARRIER

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

SKR8124Z

Vehicle Registration Number

Vehicle Make/Model/Colour NISSAN SYLPHY

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name HUANG XIONGJIE

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SJS8630K

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LIM KAI YING

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SJS8630K

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- i. Please report <u>entrectly</u> the details of the accident to speed up the claims protons
- 2. This Form must be completed by the Policibalder and/or the Authorised Orlean.
- 3. Information provided must be as truthful and accurate as possible. Any will all misrapresentation or withouting of material facts may allow insurance companies to repudiete policy Rability.
- 4. The basic and acceptance of this Form by incurance companies tanot an admission of policy liability on the part of the insurance campanies.
- s. Any felse recoming may be referred to the Police for investigation.
- 5. The report will be forwarded by the insurers of the GIA Records Management Control established by the General Insurance Association of Singapore (GIA) for architing and that copies of this report will for a fee be made available upon application by interested partles.
- 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.
- 1. Consent under the Personal Data Protection Act (PDPA)

Lunderstann, acknowledge, agree and entrent that:

- (1) 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/Java firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (i) processing, handling and/or doubing with my dains including the settlement of the cisims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my dalms;
 - (iii) sarrying out and/or dealing with my instructions or responding to any enquiries by mag
 - (by) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclesure of certain personal data about me to bring about delivery of the same as well as on the external cover of envalopes/mail packages); and/or
 - (v) complying with applicable low in administering, processing, handling and/or dealing with my dains.(collectively the "Purposss")
- (b) all insurer(s) who have insured vehicle(s) involved in this eccident and the insurers' iswyers/law firms, may/are parrecited to collect, use, dictions and/or process my Personal information for one or more of the above Purposes; and
- (c) my Personal Information may/ran be disclosed by say of the insurers and/or GIA to their third party service providers or egests Circluding their lewyers faw firms), which may be sted outside of Singaporo, for one or more of the above Purposes.
- (b) my Personal information will also be collected and used to compile claims history for the purpose of freed 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, lowestleating, controlling or managing iraud, regulators, law enforcement and government agancies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policy Cors

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signature

Mama:

KRIC/FIN No.:

4	SKETCH PLAN
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DEC	CLARATION
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Poli	cyhol ar s bistrature Oriver's Signature Reporting Contre Personant's Signature
Date	(ii diner is onl (ne policyholder) Nome:
	Date & Tinte: NRIC/FIN No.:

Date of Accident	6/10/2019 Accident Time: 1730 (24-HR-Format)
Accident Place	CTE towards AYE AFTER YID CHU KANG EXIT
Vehicle Reg. No. (Car Plate No.)	: SIS 8630K
Vehicle Make/Model	: Perodua myvi
Insurance Company	:
Owner or Company Name /IC No.	HUANG KIONG JIE
Owner or Company Contact No.	Owner's Hp 9694 5472 Ompany Tel
DRIVER'S Name / IC No.	:_ HUANG KIONG JIE
DRIVER'S Date Of Birth	: 17/ 11/1985 DRIVER'S License Pass Date 12/3/2007
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: 0 Wng
DRIVER'S Address	: 24 HOUGANG AVENUE 3 #05-422 5(530024)
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation	: INDOOR (OUTDOOR (e.g. working inside or outside office)
Email Address	: stanley huang. xiongite @ gmail . com
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET VAFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including Dr	iver): 02 PASSEMGER: LIM KAI YING 58984556 D
Was there any video Captured by car Exact purpose for which vehicle was	camera: YES (NO) being used at the time of accident: Private use \ Work purpose
Other P	arty Driver's Particular (if anv)
Vehicle Reg. No: SLB 1913	Vehicle Reg. No: SER 8/242
Vehicle Make Wodel: Toyo TA	HARRIAR Vehicle Make Model: NIWAN SYLPHY
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20191006/7014

REPORT OF	A TR	AFFIC	ACCIDEN	ı

Date/Tin 06/10/20	Date/Time Report Made: 06/10/2019 21:21		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
	Informant: XIONGJIE		Address: APT BLK 24 HOUGANG A' 530024	VENUE 3 #05-422 SINGAPORE	
ID Type / ID No.: NRIC NO / S8534751I			Contact No.: Home/Office: Mobile: 96945472		
National SINGAP	ty: ORE CITIZ	EN	Email: stanley.huang.xiongjie@gm	nail.com	
Sex: Male	Age: 33	Date of Birth: 17/11/1985	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation Operation	Occupation: Operations officer (except transport		Driving Licence Information Class: 3	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/10/2019 17:30	Type of Location: Bend	
Location: SELETAR EX Weather: After rain	PRESSWAY	Road Surface: Wet		Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collie	ion: ing Vehicles - Head			Anyone conveyed by ambulance:	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SJS8630K	Car	PERODUA	MYVI EZI 1.3L AT 2WD 5DR	Blue	Seriously Damaged	1
SKR8124Z	Car		1.11.2.2.2.2			0
SLB1913G	Car					0

Details of V	ehicle Insurance	A Charles State of the Man	的人名 医水杨素	のである。
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20191006/7014

CONTINUATION OF REPORT

Details of Vehicle Insurance					
	Insurance Company	Insurance No	Effective	Expiry Date	
SJS8630K	NTUC Income Insurance Co-Operative Limited	5111681974	07/08/2019	06/08/2020	

Any Pedestrian I	avalved: No			THE RESERVE OF THE PARTY OF THE
No. of Pedestriar		I lies of De	dantina Cara	desi MA
Passenger	S II NO EC. IVIL	Use of Pe	destrian Cross	sing: NA
Name	LIMIKANAMA	SELAL MEST		
rea ne	LIM KAI YING		ID No.	S8984556D
Related Vehicle	SJS8630K (Car)		Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/10/2019	Date Disc	harge 06/10	/2019
No. of Days gran	ted Medical Leave 06		Injury Slight	
Driver				Total Service Control of the Control
Name	HUANG XIONGJIE		ID No.	S8534751I
Related Vehicle	SJS8630K (Car)		Contact No.	96945472
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Dete Teastment	06/10/2019	Date Disc	harge 06/10	/2010
Date Treatment	55.625.5	1 0000 000	110145 00110	12013

Brief Details

On the stated date and time, I was travelling along CTE towards AYE after Yio Chu Kang Road exit on Lane 1. Suddenly the vehicle infront of me slow down and stopped. I follow suit. All of sudden I felt a one huge impact from the rear, followed by another second impact. I alighted from my vehicle and realise that vehicle SLB1913G has collided onto my rear and swerve to lane 2(1st impact). Then vehicle SKR8124Z collided directly on my rear(2nd impact) causing severe damages to my vehicle. I wish to state that my wife Lim Kai Xing (S8984556D) is in the car with me. Both me & her felt pain and discomfort after the accident and consulted a doctor at Mount Alvemia hospital. She was subsequently referred to KK women's and children hospital as she is pregnant. I'm given 5 days mc and my wife is given 6 days mc.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20191006/7014

CONTINUATION OF REPORT

Sketch	Dlan
SKELCII	i idii

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/10/2019 21:21
Officer In Charge Of Case: TP / TPHQ / WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	

eBao Tech		12.00		ALC: NO.	and the				Gener	alClaim	
Hello, NAC_PAYA_UBI_80	0601						· Change	Language	· Chan	ge Password	• Log Ou
My Desktop	Poli	cy Query									10
Notice of Loss	Policy N	io.				Date o	Accident	[0	6/10/2019	17:30	
	Vehicle	No.(For Motor)	SJS863	0K		Certifi	cate Number				
					E	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5111681974		HUANG XIONG JIE	S8534751I	GPC	drivo CLASSIC	SJS8630K	S3S8630K	07/08/2019	06/08/2020

Endors	ements						
▶ Insure ▼ Endors	d Object: SJS8630K						
Jnit No.	05-422		d Policy er	5111681974			
Address 4			ss Type			Post Code	530024
Address 1	BLK 24 #05-422	Addre	ss 2	HOUGANG AVENUE	3	Address 3	SINGAPORE 530024
Policyh	nolder Mailing Address						
Certificate Info							
Open Policy Info							
lag	8779						
Co- nsurance	No						
Agent	INSURE LINK PTE LTD	Agent Tel.	64444644		GST Flag	Y	
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Excess	Young/Inexperience Driver Exc	
Additional Excess		OS Premium	0				
Excess	1500	damage Excess	2000			100	
Third Party	-	Own			Windscreen		
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	07/08/2019	Effective Date	07/08/201	9 00:00	Expiry Date	06/08/2020 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 24 #05-422 HOUGANG A	VENUE 3 SINGA	PORE 53002	24			
Certificate No.							
Policy No.	5111681974	Policyholder Name	HUANG XI	ONG JIE	Policyholder NRIC	S8534751I	

Claim Handling						
ccident HT/1065623	No contention					
rolley No.	5111681974	Vehicle No.	\$3\$8630K	GST Registration No.		
Dertificate No.						
Policyholder Name	Code PRIVATE CAR INSURANCE 96945472			Policyholder NRIC	585347511	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0	
Contact No. (Mobile)	96945472	Contact No.(Office)	0	Contact No.(Home)	0	
mail Address		Special Remark		eCode	No. V	
(FK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	M5332	
CD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes	
Accident Details		NOT PROPERTY AND ADDRESS OF THE PARTY.		Private Pare	2,650	
eport Date	07/10/2019 12:43	Arridant Sanost William Salker	22	920 MAN (ADS) 50		
ate of Accident		Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear	
eporting Centre	06/10/2019	Time of Accident hh:mm	17:30	Country of Accident	Singapore	
codent Location		Orange Force		ICM No.		
Total Excess Applicable	CTE (AYE) AFTER YIO CHU KANG RD EXIT					
xcess Type	Per Accident	Windscreen Excess	100,00			
D Standard Excess	2,000.00	TP Standard Excess				
IED OD Excess			1,500.00			
	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered	
dditional Excess	0.00					
ital OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00			
7 Benefits	W-04000					
GST Registered Inform						
T Registered	No		GST Registration Date			
ST Registration No.			GST Status Verified	Yes		
runcation rimbry						
Policyholder Mailing Ad	Idraes					
or Policyholder Mailing Ad		Address &				
	BLK 24 #05-422	Address 2	HOUGANG AVENUE 3	Address 3	SINGAPORE 530024	
ddress 4		Address Type	Singapore address	Post Code	530024	
nit No.	05-422	Related Policy Number	5111681974			
♥ OI Driver Info	COSC COMPANY SOUR	V 10 14 04 04 04 04 04 04 04 04 04 04 04 04 04	nrative covery			
river Name	HUANG XIONGJEE	Driver Type	Main Driver			
named driver Name		Driver NRIC	\$85347511	Driver DOB	17/11/1985	
igister Date of Driver License	12/03/2007	Driver Age	33	Driving Experience	12	
ontact No. (Mobile)	96945472	Contact No.(Office)	0	Contact No.(Home)	0	
idress 1	BLK 24	Address 2	HOUGANG AVENUE 3	Address 3	SINGAPORE 530024	
dress 4		Address Type	Singapore address	Post Code	530024	
nit No.	05-422					
oes he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company		
egistered car?				onver tradier company		
daration						
reathalyser or Blood Test rading?	0 mg	Any injury?	® Yes ○ No			
X (5)						
MARKET NAME OF THE OWNER OWN						
odification History						
Claim 001 OD-MX New	li .					
	-					
	46-					
am Type *	ор-их 💌	Insured Name	HUANG XIONG JIE	Insured NRIC	\$85347511	
ntact No.(Mobile)	92835203	Contact No.(Home)	65470584	Contact No.(Office)		
nail Address		Of Vehicle Number	\$3\$8630K	TP Vehicle Number	SLB1913G	
imant Type Claimant Type •	Please Select	Type of Benefit *	Please Select			
imant Name *	22	Claimant NR3C *				
smant Address						
im Description	5358630K / SUB1913G CW 6 Oct 2019			Name of Preferred Workshop		
eferred Workshop Contact		Insured Liebility *	Not at Fault			
quire Finalisation	(Vac					
	Yes 🔍	Preferend Repair Option	Preferred Workshop, Name unknow		Received	
te Registered	07/10/2019 12:47	Claim Close Date		Date Received	07/10/2019 12:48	
port Taken By	Jackson	Workshop Repairer		Total Loss but Repaired		
Print AK letter						
			SCOTTS CONTRACTOR			
			Save Subma			
Attachment						
ident No.	MT/1065623	Claim No.	2004			
			100			
t Doc. Received	● Yes ○ No	Upload Date	07/10/2019 12:48			
	Path *		Category *	Confidential Urgen	cy * Descriptio	
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Attachmen								☐ Send Mess	sage
Machment	Table 1	aded By/Date	Category	9	Urgency		Description	Mag Sent? (CO)	100
	NAC_PAYA_UB1_800501(NA CES) on I	NRIC/ Driving License	٧	Normal	NRIC/ Driv	ing License 2019-10-7	(60)		
LOS I	NAC_PAYA_UB1_800601(NA CES) on I	TIONAL ASSESSMENT CENTRE SERVI 07 Oct 2019 12:48	NRIC/ Driving License	٧	Normal	NRIC/ Driv	ing License 2019-10-7		
1	NAC_PAYA_UBI_B00601(NA CES) on 0	TIONAL ASSESSMENT CENTRE SERVI 07 Oct 2019 12:48	SAS		Normal	SA	AS 2019-10-7		
	NAC_PAYA_UBI_B00601(NA CES) on 0	TIONAL ASSESSMENT CENTRE SERVI 07 Oct 2019 12:47	Photos	Photos Normal			Photos 2019-10-7		
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	NAC_PAYA_UBI_800601[NA CES) on C	TIONAL ASSESSMENT CENTRE SERVI 17 Oct 2019 12:47	Photos	Normal		Pho	tos 2019-10-7		
	NAC_PAYA_UBI_800601(NA CES) on C	TIONAL ASSESSMENT CENTRE SERVI 7 Oct 2019 12:47	Photos	Photos Normal		Pho	Photos 2019-10-7		
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Oct 2019 12:47		Photos		Normal	Pho	Photos 2019-10-7		
6	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Oct 2019 12:47		Photos		Normal	Pho	tos 2019-10-7		
4	NAC_PAYA_UBI_BD0601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Oct 2019 12:47		Photos		Normai	Pho	tos 2019-10-7		
3	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Oct 2019 12:47		Photos		Normal	Pho	tos 2019-10-7		
-	NAC_PAYA_UBI_800601[NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Oct 2019 12:47		Photos		Normal	Phot	Photos 2019-10-7		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Oct 2019 12:47		Photos		Normal	Photos 2019-10-7			
-	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Oct 2019 12:47		Photos		Normal	Phot	Photos 2019-10-7		
1	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Oct 2019 12:47		Photos		Normal	Photos 2019-10-7			
4	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Oct 2019 12:47		IVI Photos Normal			Phot			
	NAC_PAYA_UBI_800601(NAT CES) on 0	TIONAL ASSESSMENT CENTRE SERVI 7 Oct 2019 12:47	Photos		Normal	Phot	ns 2019-10-7		
deo List	Uploaded By/Date	Folder Date		e Name		9	hopitoca is		