	Services wet + Jamos	י בו ניויווחדווי		
Date In: 112/19-17:17	Jeb description	Date &Time Completed	Done	py.
Ref No: UA INICIGO1878474	SAS e-filing			
Veh No: UMKZV FOH	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 7 10 19-05: 33	i-Motor Claim Form	M7/1067861-001	21/13/19 1	8:18
	i-Motor W/O (Within: OD 2			
OD : TP ! Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			99000000000000000000000000000000000000
1P Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: M Cre	ITTO . INC	()/Non-INC().	8 =	one sell
Owner / Driver: (Tel:)	
Policy No: () Peri	od: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [N	ote-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-	100%]	
	'arranty: YES ()/NO ()		
	0()/\$2,000()			
General Remarks		a was a consideration to a second		
() Walk-In Customer: Customer's inform	nation strictly Confidential & S	Strictly NO refer of repairer.		
() Total Loss Case : to e-mail Insurer	URGENTLY.	, * 1 3		
Drive-In ()/ Towed-In (); Invoice:	YES()/NO();	Towing Co: (1)
Remarks: (INC horline: 6788 6616)		Date&Time Completed	Done	hv
	urtesy Car ()	- Date of the second	A STATE OF STATE OF	
2) QC Check / Post Repair Inspection	()	 	-	
3) Upload Resurvey Photo [Repair Cost > \$300	001 ()			
Injury:				
Date/Time / Actions	Carrier and Car			
The state of the s		CONTRACTOR OF THE PROPERTY OF	CADEMAS - 124 - 1 CO 2 C 2 C.	
	C H		CANSAGE 134.75A, S.F.	
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Maigatgy v	Invoice Pri 1) AR: Accident 2) DA: Damage 3) TF: Towing 4) FT: Follow-	at Reporting (\$30); c Assessment (\$100); INC (\$6 Fee \$40 Through Survey	16 Bill 30) 0/\$45 \$120	7 2 2 2 2 2 2 2 2
Margagy & Claimant's Particulars:	Invoice Pri 1) AR: Accident 2) DA: Darrage 3) TF: Towing 4) FT: Follow- 5) iT: Follow-	at Reporting (\$30); c Assessment (\$100); INC (\$6 Fee \$40	10) 1/545 5120 530	7 2 2 2 2 2 2 2 2
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HAIGOTAY* laimant's Particulars:- river/Owner:	Invoice Pro 1) AR: Accident 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Addit	at Reporting (\$30); c Assessment (\$100); INC (\$100); Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) action + SMRT Survey	10) 1/545 5120 530	7 2 2 2 2 2 2 2 2
MAIGOTAY* Claimant's Particulars:- river/Owner: ontact No: amaged Portion:	Invoice Pro 1) AR: Accident 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-impa 7) N1: Idae DA 8) NTUC Addit OD.*	at Reporting (\$30); c Assessment (\$100); INC (\$6 Fee \$46 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005 cetion + SMRT Survey ional Services:-	50) 0/545 5120 530)) 575 5160	7 2 2 2 2 2 2 2 2
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	Invoice Pro 1) AR: Accident 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Addit OD* *N5: Courtes *N6: Repair (*N7: Fost Re *N8: DV / Ce	at Reporting (\$30); Assessment (\$100); INC (\$100); Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) cetion + SMRT Survey ional Services:- y Car / Tpt Allowance Co-ordination pair Inspection olicet Excess Coordination P (N: n INC) against INC	\$30 \$120 \$30 \$30 \$30 \$35 \$160 \$25 \$31 \$25 \$33 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30	7 2 2 2 2 2 2 2 2

3 - ph at 1.30

SINGAPORE ACCIDENT STATEMENT

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 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.

Manager Carlo Source Vitario Carlo Sand	ACCIDENT STATEMENT
Date Of Report	21/10/2019 17:23
Date Of Accident	20/10/2019 05:00
Exact Location Of Accident	CTE (SLE)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMK2280H
Insured/Policyholder	
Name Of Registered Owner	DYNASTY LIFT TRUCKS SERVICES PTE LTD
Co Reg No	200615265Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97920200
Alternative Phone No	OFFICE-97920200
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA6 4-DOOR SEDAN 2.0L SP.6EAT
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109644318
Cover Note Number	
Driver	
Name of Driver	KELVIN LIM LENG TEE
NRIC No	S7413368A
Date Of Birth	29/04/1974
Occupation	OUTDOOR
Date Of Driving Pass	30/08/1995
Driving Experience	24 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97920200
Fax Number	
Contact Number	OFFICE-97920200

NOEMAIL

Address 632 UPPER THOMSON ROAD

#09-80

Postcode 787133

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 Registration Number of Driver's Own

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

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG THE STATED VENUE. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

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 SMK2952C

Vehicle Make/Model/Colour

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)

2

Passenger 1

NAME:

GENDER:

DETAILS OF INJURED PERSON 1

Name

KELVIN LIM LENG TEE

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SMK2280H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

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)

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 Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN perfor to intenched statch DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer to Statement DECLARATION I/We declare the foregoing particulars are true in every respect.

Driver's signature (If driver is not the policyholder)

Date & Time:

GIARMC SketchPlanForm_V3

Policyholder's Signature

Date & Time:

2

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

2000000 ANS 2280H

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Company) of DYNASTY LIFT TRUCKS SERVICES PTE. LTD. (200615265Z)

Date: 13/05/2019

The Following	Are The	Brief I	Particulars of:	
---------------	---------	---------	-----------------	--

Registration No.

200615265Z

Company Name.

DYNASTY LIFT TRUCKS SERVICES PTE, LTD.

Former Name if any

Incorporation Date.

13/10/2006

Company Type

EXEMPT PRIVATE COMPANY LIMITED BY SHARES

Status

Live Company

Status Date

13/10/2006

Principal Activities

Activities (I)

WHOLESALE TRADE OF A VARIETY OF GOODS WITHOUT A DOMINANT PRODUCT

(46900)

Description

Activities (II)

RENTING AND LEASING OF PRIVATE CARS WITHOUT OPERATOR (77101)

Description

INCLUDING LORRIES, TRUCKS & FORKLIFT

Capital

Issued Share Capital	Number of Shares *	Currency	Share Type
(AMOUNT)		Will BOTH TO THE THE	College Co.
660000	660000	SINGAPORE, DOLLARS	ORDINARY
* Number of Shares include:	s number of Treasury Shares		

Paid-Up Capital Number of Shares Currency Share Type (AMOUNT)

660000

SINGAPORE, DOLLARS

ORDINARY

COMPANY HAS THE FOLLOWING ORDINARY SHARES HELD AS TREASURY SHARES

Number Of Shares

Currency

Authentication No.: X19319912U

Page 1 of 4

INFORMATION RESOURCES

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Business Profile (Company) of DYNASTY LIFT TRUCKS SERVICES PTE. LTD. (200615265Z)

Date: 13/05/2019

Registered Office Address

92 TAGORE LANE

SINDO INDUSTRIAL ESTATE

SINGAPORE (787534)

Date of Address

01/02/2007

Date of Last AGM

29/03/2019

Date of Last AR

24/04/2019

FYE As At Date of Last AR

30/09/2018

Audit Firms

NAME

Charges

Address

Charge No.

Date Registered

Currency

Amount Secured

Chargee(s)

Officers/Authorised Representative(s)

Name	ID	Nationality	Source of	Date of Appointment
Address	Competition and the second	Position Held	Address	
LIM LENG TEE	S7413368A	SINGAPORE CITIZEN	OSCARS	13/10/2006
632 UPPER THOMSON ROAD #09-80 MEADOWS @ PEIRCE SINGAPORE (787133)		Director		
CHAI ENG YEOW	S6915502B	SINGAPORE CITIZEN	ACRA	11/10/2014
102 GANGSA ROAD #07-25 SINGAPORE (670102)		Director		
SOH KIAN HWA	S8009494I	SINGAPORE CITIZEN	ACRA	25/09/2018
259C COMPASSVALE ROAD #14-633 SINGAPORE (543259)		Secretary		
Shareholder(s)	CO CHENO	6000231 ···		
Name		ationality/Place of	Source of	Address Changed
Address		corporation/Origin	Address	

Authentication No.: X19319912U

INFORMATION RESOURCES

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Business Profile (Company) of DYNASTY LIFT TRUCKS SERVICES PTE. LTD. (200615265Z)

Date: 13/05/2019

Shareholder(s	1
---------------	---

922	THE COMMUNICATION OF STREET STREET				
Nan	ne	ID	Nationality/Place of	Source of	
Add	ress		incorporation/Origin	Address	Address Changed
1	CHAI ENG YEOW	S6915502B	SINGAPORE CITIZEN	ACRA	10/09/2012
	102 GANGSA ROAD #07-25 SINGAPORE (670102)				
	Ordinary(Number)	Currency			
	330000	SINGAPORE,	DOLLARS		
2	LIM LENG TEE	S7413368A	SINGAPORE CITIZEN	OSCARS	08/03/2016
	632 UPPER THOMSON ROAD #09-80 MEADOWS @ PEIRCE SINGAPORE (787133)				
	Ordinary(Number)	Currency	en due de la companya del companya del companya de la companya de		
	330000	SINGAPORE, [DOLLARS		

Abbreviation

UL - Local Entity not registered with ACRA

UF - Foreign Entity not registered with ACRA

AR - Annual Return

AGM - Annual General Meeting

FS - Financial Statements

FYE - Financial Year End

OSCARS - One Stop Change of Address Reporting Service by Immigration & Checkpoint Authority.

Note:

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit www.acra.gov.sg.

Authentication No.: X19319912U



biz 4

INFORMATION RESOURCES

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Business Profile (Company) of DYNASTY LIFT TRUCKS SERVICES PTE. LTD. (200615265Z)

Date: 13/05/2019

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES SINGAPORE

RECEIPT NO.

: ACRA190513109356

DATE

: 13/05/2019

This is computer generated. Hence no signature required.



Authentication No.: X19319912U

Page 4 of 4

Hello, NAC_PAYA_UBI_8	00601						• Chang	e Languag	e • Chan	ge Password	+ Log Ou
My Desktop	Poli	cy Query									152
Notice of Loss	Policy N	No.(For Motor)	SMK22	280H	=		of Accident Scate Number		20/10/2019 0	5:00	
	Select	Policy No.	Certificate	Policyholder	Policyholder	Search	Cours Tune	Vehicle	Insured	Commence	
	0	5109644318	Number	Name DYNASTY LIFT TRUCKS SERVICES PTE, LTD.	NRIC 200615265Z	GPC	drivo CLASSIC	NO.	Object SMK2280H	Date 17/05/2019	16/05/2020

♥ Polic	cy Information						
Policy No.	5109644318	Policyholder Name	DYNASTY LIF	T TRUCKS SERVICE	Policyholder NRIC	200615265Z	141 0 101
Certificate No.							
Address	92 TAGORE LANE SINDO IND	USTRIAL ESTATE	SINGAPORE 7	87534			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	16/05/2019	Effective Date	17/05/2019 0	00:00	Expiry Date	16/05/2020 23	:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/	/Inexperience Driver Excess
Agent	PREMIUM LEASING PTE. LTD.	. Agent Tel.	66900296		GST Flag	Υ	
Co- Insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	92 TAGORE LANE	Addre	ss 2 5	SINDO INDUSTRIAL	ESTATE	Address 3	SINGAPORE 787534
Address 4		Addre	ss Type S	Singapore address		Post Code	787534
Unit No.		Relate Numb	ed Policy er	5109644318			
▶ Insure	d Object: SMK2280H						
♥ Endors	ements						
o Lindois							

Claim Handling					
ccident HT/1067861					
olicy No.	5109644318	Vehicle No.	SMK2280H	GST Registration No.	
ertificate No.					
olicyholder Name	DYNASTY LIFT TRUCKS SERVICES PTE, LTD	K.		A 100 000 000 000 000 000 000 000 000 00	MULTINGUESIS
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Policyholder NR3C	2006152652
ontact No.(Mobile)	97920200			Loading	0
mail Address	97920200	Contact No.(Office)	0	Contact No.(Home)	0
	20215 State 5.41	Special Remark		eCode	No. V
PK.	® No ○ Yes		No ○ Yes	eCode Reason	
ICD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details				2001000000000	340
eport Date	21/10/2019 18:57	Accident Report Within 24 hrs	and the second		
ate of Accident	20/10/2019		Yes	Acodent Type	Collision - Head to Rear
	20/10/2019	Time of Accident hh:mm	05:00	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
ccident Location	CTE (SLE)				
Total Excess Applicable					
xosss Type	Per Accident	Windscreen Excess	100.00		
			(300000)		
Standard Excess	600.00	TP Standard Excess	0.00		
ED OD Excess	0.00	YIED TP Excess	0.00	December 10 Community	20000
ditional Excess	0		0.00	Driver is Covered?	Covered
rai OO Excess Applicable					
P Benefits	600.00	Total TP Excess Applicable	0.00		
The state of the s					
F GST Registered Inform			20.00.00.00.00.00.00.00.00.00.00.00.00.0		
T Registered	Yes		GST Registration Date	25/12/2006	
T Registration No.	2006152652		GST Status Verified	Yes	
dification History	21/10/2019 18:57:54 System 21/10/2019 18:57:54 System	m changed GST Registered from N m changed GST Registration No. fr	0 to Yes		
001000000000000000000000000000000000000	21/10/2019 18:57:54 System	m changed GST Registration No. fr in changed GST Registration Date	from null to 25/12/2006		
P Policyholder Mailing Ad	idress				
Idress I	92 TAGORE LANE	Address 2	SINDO INDUSTRIAL ESTATE	Address 3	SINGAPORE 787534
Oress 4		Address Type	Singapore address	Post Code	35-27 State # 172-20 State
Nt No.		Related Policy Number		Post Code	787534
OI Driver Info		Melated Policy reumber	5109544318		
iver Name	KELVIN LIM LENG TEE				
named driver Name	VETATA CITA CEMP 155	Driver Type	Named Driver		
		Driver NRIC	57413368A	Driver DOS	29/04/1974
gister Date of Driver License	30/08/1995	Driver Age	45	Driving Experience	24
ntact No. (Mobile)	97920200	Contact No.(Office)	0	Contact No. (Home)	0
dress 1	632 UPPER THOMSON ROAD	Address 2	MEADOWS @ PEIRCE	Address 3	
dress 4		Address Type			SINGAPORE 787133
E No.	09-80	Montess Type	Singapore address	Post Code	787133
es he own a Singapore					
gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
claration					
athalyser or Blood Test iding?	0 mg	Any injury?	® Yes ○ No		
diffication History					
laim 001 New					
Hew Both					
m Type *	00-MX				Vice and the second
		Insured Name	DYNASTY LIFT TRUCKS SERVICE	Insured NRIC	2006152652
tact No.(Mobile)	The state of the s	Contact No.(Home)		Contact No.(Office)	
all Address		OI Vehicle Number	SMK2280H	TP Vehicle Number	SMK2952C
	Please Select	Type of Benefit *	Please Select		0.7500 CVC.19
mant Name *	>>	Claimant NR3C +			
mant Address					
m Description	SMK2280H / SMK2952C ON 20 Oct 2019			Name of Preferred Workshop	
erred Workshop Contact		100 100 MB 100 C		warne or Preferred Workshop	
		Insured Liebility *	Not at Fault		
	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received.
e Registered	21/10/2019 18:58	Claim Close Date	No. of Contract of	Date Received	21/10/2019 00:00
ort Taken By	Jackson			**************************************	
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Video List	NAC_PAYA_UBI_800601(NATIO CES) on 21 C	NAL ASSESSMENT CENTRE SERVI xt 2019 18:58	Photos		Normal	Photo	s 2019-10-21	
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67.72 67.72	NAC_PAYA_UB1_800601(NATI CES) on 21	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Oct 2019 18:59		Y	Normal	NRJC/ Drivin	ng License 2019-10-21	(1-0)
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