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Veh No: SVSVKE	E-mail (within 8)	hrs, AIC 2hrs)				
D.O.A: 8/11/19-09:00	i-Motor Clain	n Form	m11070951	1001	12/11/19	13'.
	i-Motor W/O	(Within: OD 2hrs				
OD / TP / Reporting Only	i-Photo Uploa	ided	1			
223	Assessment/Sur	vey Report				
TP Insurer:	Ass't Report by	Fax / Hand t	Owner/Wksp		Patricia Cara	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax	c :	
TP Particulars: Veh No: Iree		. INC()/Non-INC().	**	
Owner / Driver: (Tel:)	_
Policy No: () Po	criod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
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() Walk-In Customer: Customer's info						
() Total Loss Case : to e-mail Insur						
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Remarks:- (INC hotline: 6788 6616)			Date&Time Cor	nple od	Done	by
	Courtesy Car ())	Date&Time Cor	npletad	Done	bу
Apply for Transport Allowance ()/)	Date&Time Cor	nple*3d	Done	by
Apply for Transport Allowance ()/(QC Check / Post Repair Inspection	Courtesy Car ())	Date&Time Cot	npletod	Done	by
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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

aforesaid,	
Charles and the Salary Annahameter to the salar	ACCIDENT STATEMENT
Date Of Report	12/11/2019 10:05
Date Of Accident	08/11/2019 03:00
Exact Location Of Accident	237 WHITLEY RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV5215E
Insured/Policyholder	
Name Of Registered Owner	SENG AH JEE
NRIC No	S2704605C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98562200
Alternative Phone No	OFFICE-98562200
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 1.6L SDN
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	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	5087837013-02
Cover Note Number	
Driver	
Name of Driver	GEORGE SENG JIAN HONG
V.E.S. V.	0044000014

S9443938H NRIC No 27/11/1994 Date Of Birth INDOOR Occupation 26/01/2017 Date Of Driving Pass

2 YEARS AND 9 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-98195791 Mobile Number

Fax Number

OFFICE-98195791 Contact Number

NOEMAIL **EMail Address**

BLK 731 JURONG WEST STREET 72 Address

#12-31

640731 Postcode

Was driver an employee of the Insured's Company NO

CHILDREN If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLIDED INTO PROPERTY Type Of Accident

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

1

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

NO

4

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)

Passenger 1

NAME:

5 .

GENDER: : MALE

Passenger 2

NAME:

. .

GENDER: : MALE

Passenger 3

NAME:

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

YES

JURONG POLICE DIVISIONAL HQ ('J' DIVISION)

Police Station Address

Police Station Name

ROAD: NO. 2 JURONG WEST AVENUE 5, POSTCODE: 649482,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-7910000 - FAX NO: 68965649

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - J/20191111/7056

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

TREE

Page 2 of 21

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

GOVERNMENT

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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>.
- 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) 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

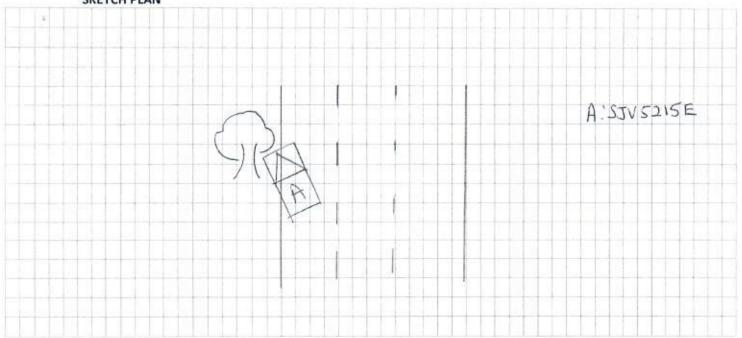
Policy holder's signature Date / time:

Driver's signature (if driver is not policy holder) Date / time;

icy holder) Date / time:

reporting centre personnel's Signature

Page 5



DES	CRIBE	CIRCUM	STAN	CES OF TH	IE ACCIDEN	1T							
	I	was	tr	avelling	along	ان	nitley	Road	, Out	70	sodden	my	vehicle
skided	and			- 1	beside		0.					-	
										-			
			1-7-	-									

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policy holder's signature Date & time:

Driver's signature (if driver is not policy holder)
Date & time: reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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 traffic police department for investigation.

ACCIDENT DETAILS	Bernada Kalanda
08/11/19	(DD/MM/YY)
0300	(HH:MM)
237 writey hoad	
	08/11/19

	D	ETAILS OF	VEHICLE
Vehicle registration number	SJV 5215	E	
Vehicle make and model	Mazda 3		
Type of vehicle	Saloon Lorry	MPV =	
Vehicle category	Private 🗸	Comm	ercial Motorcycle
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes □ Third part c	No □ laim □	if no, please select: Reporting only

	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft \square	TP only 🗆

E Market State of the Control of the	INSURED / POLICY HOLDER		
Name	Sena Ah Jee	Male ☞	Female 🗆
NRIC / Fin / Passport number	S270460SC	100000000000000000000000000000000000000	
Contact	98562200		
Address	Blic 7311/12-31 Work West Street 72 5(640731)		

DRIVER	SAME AS INSURED ABOVE - (SKIP TO D.O.B)				
Name	George Seng Jian Hong	Male □	Female 🗆		
NRIC / Fin / Passport number	59443938 H				
Contact	98195791				
Address	Bik 731 Jurang West Street 72 #112-31 S(640731)				
Email address					
Date of birth	27/11/94				
Occupation	Indoor ✓ Outdoor □				
Driving date pass	26/01/17				

加持型的基本的企业的基本的企业。	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes D No of
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	
Weather condition	Clear Z Raining D Others:
Road surface	Dry
No of passenger	十 (Inclusive of driver)
AND STATES AND STATES	PASSENGER 1
Name	
Gender	Male d Female 🗆
200 0年,199	PASSENGER 2
Name	
Gender	Male
化基础系统 计图像 医阿克里氏试验检尿	PASSENGER 3
Name	
Gender	Male Female
Marin	PASSENGER 4
Name	
Gender	Male Female
Total Control of the	
CONCERNION OF THE PARTY OF	PASSENGER 5
Name	
Gender	Male D Female D
A BUTTON BELLEVILLE	PASSENGER 6
Name	
Gender	Male Female
Charles Visited to Annual State of the Control of t	OTHER INFORMATION
Was anybody injured?	Yes 🗆 No 🖬
Was other vehicle damaged?	Yes □ No Ø
是自己的知识的	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes □ No □ If yes, please state which police station.
Police station name	
建筑和图 27000000000000000000000000000000000000	WITNESS 1
Name	
172 - C 3 (1) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
	WITNESS 2
Name	

ž.	
Mark Tolk of Charles and Charles	THIRD PARTY VEHICLE 1
Vehicle registration number	Tree
Vehicle make model	1100
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
国家是最近,但是国家的人的	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
和西部的大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Market History and Control	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
TOWN THE PARTY OF	
AND THE PROPERTY OF THE PARTY O	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
建筑是一个工作。	THIRD PARTY VEHICLE 7

	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

22 未在成功是在2000年2000年2000年20	September 1	INJURED PERSON 1
Name		
Injuries sustained		
Which vehicle person in?	-	
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
建筑于10 57世纪第一年	AND DESCRIPTION OF THE PERSON	INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆 /
hospital by ambulance?		
A STAN SOUTH WATER TO SEE THE	AND REAL PROPERTY.	INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?	1	
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	1037	110 0
nospitar by ambalance.	-/-	
THE PARTY OF THE P	DESCRIPTION	INJURED PERSON 4
No.	/	INJURED PERSON 4
Name	/	
Injuries sustained	/	
Which vehicle person in?	V	Na
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		
STEEL BOOK SEVENIES OF STAN		INJURED PERSON 5
Name		INJURED PERSON 5
Injuries sustained		INJURED PERSON 5
Injuries sustained Which vehicle person in?		
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆 Yes 🗅	
Injuries sustained Which vehicle person in? Were seat belts worn?	-	No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	-	No - No -
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	-	No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	-	No - No -
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	-	No - No -
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	-	No - No -
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	-	No - No -
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes 🗆	No No INJURED PERSON 6





1 of 1

Report No. J/20191111/7056

POLICE REPORT (NP299)

Police Station Of Origin Jurong Division HQ 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No:1800-7910000

Date/Time Report Made 11/11/2019 22:59	Vide Report No.			Station Diary No.		
Name Of Informant GEORGE SENG JIAN HONG			REET 72 #12-31			
ID Type / ID No. NRIC NO / S9443938H	Contact No. Home/Office:		Mobile: 98195791			
Nationality SINGAPORE CITIZEN	Email Adgressing	ddress outlook.co	m	- X-		
Occupation Valet	Sex Male	Age 24	Date of Birth 27/11/1994	Race Chinese		
Institution/School Name	Language English					
Date/Time Of Incident 08/11/2019 01:00 - 08/11/2019 01:05	Location Of Incident APT BLK 731 JURONG WEST STREET 72 #12-31 SINGAPORE 640731					

Brief details.

I was driving down with 3 other passengers towards city area from PIE, Turning left to whitely road, Car skidded and unable to steer the vehicle back to the road which lead to vehicle crash on to the tree along the left side of the road. Traveling at only 60km/h

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/11/2019 22:59
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



Policy No.	5087837013-02	Policyholder Name	SENG AH JE	E	Policyholder NRIC	S2704605C		
Certificate No.		300000000			10/00/975			
Address	BLK 731 #12-731 JURONG WES	ST STREET 72 SINGAPORE 640731						
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy ssue Date	22/01/2019	Effective Date	06/02/2019	00:00	Expiry Date	05/02/2020 2	3:59	
Excess Type		All Claims Excess						
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100		
Additional Excess	0	OS Premium	0					
Outside Singapore 600 DD Excess		Outside Singapore TP Excess	0			Young/Inexperience Driver Excess		
Agent	I CARE GENERAL INSURANCE A	Agent Tel.	67485585		GST Flag	Y		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
Policy!	older Mailing Address							
Address 1	BLK 731 #12-31	Addre	ress 2 JURONG WEST STR ress Type Singapore address		REET 72	Address 3	SINGAPORE 640731	
		Addre				Post Code	640731	
Address 4	12-731 Related Policy Sol. Number 508:		5087837013-02					
Address 4 Unit No.	12-731	TACHTIO						
Unit No.	12-731 d Object: SJV5215E	Wallio						
Unit No.	d Object: SJV5215E	Wallio						

Accident MT/1070952											
Manual Print and America											
Policy No.	5087837013-02		Vehide No.	SJVS215E		G	ST Registration	No.			
Certificate No.											
Policyholder Name	SENG AH JEE					P	olicyholder NRX		5270	04609C	
Product Code	PRIVATE CAR INSURA	NCE	Cover Type	drivo CLASSIC		Loading			0	0	
Comact No. (Mobile)	98562200		Contact No.(Office)	0		C	ontact No. (Hom	e)	0		
Email Address			Special Remark			6	Code		130.3	V	
KFK	® No ⊜ Yes		TCA	⊕ No ⊜ Y	18		Code Reason				
NCD Protection	No.		NCO Entitlement(%)	10		P	rivate Hire		No		
Accident Details											
Report Date	12/11/2019 10:19		Accident Report Within 24 hrs.	Yes		A	codent Type		Cells	ded into Property	
Date of Accident	08/11/2019		Time of Accident hhomm	03:00			ountry of Accide	ent	Sing	epore	
Reporting Centre			Orange Force			30	CM No.				
Acodent Location	237 WHITLEY RD										
© Excess											
Own damage Excess		600.00	Additional Excess	0		W	rindscreen Exce	55	1003	00	
Unnamed Driver Excess		0.00	Dutside Singapore DD Excess-		600.00						
Third Party Excess		8.00	Dutade Singapore TP Excess		0.00						
Benefits											
□ GST Registered Informa				man	Registration Date						
GST Registered GST Registration No.	No				Status Verified		Ves				
Modification History				-			0.45				
☑ Policyholder Mailing Ade	Ireas										
Address 1	BLK 731 #12-31		Address 2	JURIONG W	EST STREET 72	A	doress 3		SINC	SAPORE 640731	
Address 4	ess 4		Address: Type	Singapore a	doress	p	ost Code		640	731	
Linit No.	12-731		Related Policy Number	508783703	3-02						
O DI Driver Info											
Oriver Name	GEORGE SENG JIAN H	IONG	Driver Type	Main Driver							
Unnamed driver Name			Driver NRIC	594439388			river DOB			1/1994	
Register Date of Driver License			Driver Age	24			riving Experient		2		
Contact No. (Mobile)	98195791		Contact No.(Office)	0			Contact No.(Home)		9		
Address 1	BLK 731		Address 2		EST STREET 72		ddress 3			3APORE 640731	
Address 4			Address Type	Singapore i	ddress	p	ost Code		6401	731	
Unit No.	12-91										
Does he own a Singapore	☐ Yes ® No		Driver Vehicle No.								
Registered car?			Gille Tellige 148			0	river Insurer Co	ampeny			
			Site Tollecité				river Insurer Co	mpany			
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	Uploaded By/Date	Folder Date	F	e Name		9	Source	3	Action
Video List	NAC PAYA USI 800603(NATI CES) on 12	IONAL ASSESSMENT CENTRE SERVI Nov 2019 10:21	Photos		Normal	Photos 2019-1	11-12		
	NAC_PAYA_US], 800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 New 2019 10:21		Photos		Normal	Photos 2019-1	11-12		
1	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Nov 2019 10:21		Photos.		Normal	Photos 2019-	15-12		
-	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Nov 2019 10:21		Photos		Normal	Photos 2019-1	11-12		
マンマフジ	NAC_PAYA_UBI_800501(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Nov 2019 10-21		Photos		Normal	Photos 2019-1	13-12		
	NAC_PAYA_UBI_B00601[NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Nov 2019 10:71		Photos		Normal	Photos 2019-	11-12		
1	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVI CDS) on 12 Nov 2019 10:21		Photos		Normal	Photos 2019-	11-12		
12	NAC_RAYA_UBI: 800601 NATIONAL ASSESSMENT CENTRE SERVE CES) on 12 Nov 2019 10:21		Photos		Normal	Photos 2019-	11-12		
1	NAC_PAYA_UBJ_800601(NAT CES) on 12	Photos		Normal	Photos 2019-	11-12			
150	NAC_PAYA_UBI_800603(_NAT CES) on 12	Photos		Péormal	Photos 2019-	11-12			
1	NAC_PAYA_UB1_800601(NAT CES) on 12	Photos		Normal	Photos 2019-	11-12			
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		TOWAL ASSESSMENT CENTRE SERVI 1 Nov 2019 10:21	Photos		Normal	Photos 2019-	11-12		
50	NAC_PAYA_UBIL_BOORD1(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Nov 2019 (0:2)		Photos		Normal	Photos 2019-	11-12		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Nov 2019 10:21		Photos		Normal	Photos 2019-	11-12		
1993		TIONAL ASSESSMENT CENTRE SERVE 1 Nov 2019 10;22	SAS		Normal	SAS 2019-1	1-12		
200 A.C.	NAC_PAYA_UBI_B00601[NATIONAL ASSESSMENT CENTRE SÉRVI CES) on 12 Nov 2019 10:22		NR3C/ Driving License	٧	Normal	NRIC/ Driving Liberal	e 2019-11-12		
Attachment	0,000	ded By/Date	Category	2	Urgency	Description	27	(00)	