Date In: 29/7/10-13:14	The same of the sa		4120063448		T	
11120-17:17	Jeb description		Date & Time Com	pleted	Done b	,
Rel'No: HA 1402007816124	SAS e-filing		i			
Veh No: 108417K	E-mail (within 8	hrs, AIC 2hrs)				
D.O.A: 25/2/2 - 13:15	i-Motor Clain	n Form	w- 1508 Bes 1-00	2 24	17/20	70:4
	i-Motor W/O	(Within: OD 2hrs	TP 4hrs)		minimal maria 1 - 1	
OD / TP / Reporting Only	i-Photo Uploa	ided				
	Assessment/Sur	vey Report	i			
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	-	
TP Particulars: Veh No: 500	259457.	. INC ()/Non-INC()	W. V. S. S. S. S.	
Owner / Driver: (Tel:	3034)	
Policy No: ()	Period: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (W	/O): N: 0-20)%; P: 21-79%.	F: 80-100%	•]	
Year of Registration: ()	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$	1,000 ()/\$2,000	()				
General Remarks:-				A Property	S	2 T 10
() Walk-In Customer : Customer's in	nformation strictly Cor	fidential & Str	ictly NO refer of re	pairer.		-
() Total Loss Case : to e-mail Inst	The state of the s		- 1 m 1 m			
	ice: YES () / N	O();T	owing Co: (1')
			Date&Time Com	de ad U.S	Done	by
Remarks: (INC horline: 6788 6616)		\ \				
,	/ Courtesy Car (,	The second secon			-
2) QC Check / Post Repair Inspection	520007		-			
3) Upload Resurvey Photo [Repair Cost >	\$3000] (
Injury:			•			
Injury:					geraw Rożne	10.00
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Injury: Onte/Time Actions JA2079 19	1	1) AR : Acciden	Reporting (\$30);	2000	21. 10 . 10 . 10 . 10	
Injury: Date/Time Actions JA2079 19	1	1) AR : Acciden 2) DA : Damage	Reporting (\$30); Assessment (\$100);	INC (\$80) \$40/\$45	21. 10 . 10 . 10 . 10	
Injury: Pate/Time Actions JA2029 19 alimant's Particulars:		1) AR : Accident 2) DA : Damage 3) TF : Towing I 4) FT : Follow-I	Reporting (\$30); Assessment (\$100); See brough Survey	INC (\$80) \$40/\$45 \$120	fn Bill	
Injury: Date/Time Actions JA202919 aimant's Particulars: iver/Owner:	•	1) AR : Accident 2) DA : Damage 3) TF : Towing I 4) FT : Follow-I	Reporting (\$30); Assessment (\$100); See hrough Survey hrough Survey (Resurve)	INC (\$80) \$40/\$45 \$120 y) \$30	fn Bill	
Injury: Pate/Time Actions JA2029 19 aimant's Particulars: iver/Owner: ntact No:		1) AR : Acciden 2) DA : Damege 3) TF : Towing I 4) FT : Follow-I 5) FT : Follow-I For claiming s 6) TR : Re-inspe	Reporting (\$30); Assessment (\$100); ce hrough Survey hrough Survey (Resurve goinst ING Only (well ction	INC (\$80) \$40/\$45 \$120 y) \$30 0 Jan 2005) \$75	(ABIII	
Injury: Oate/Time Actions JA202949 atimant's Particulars:- iver/Owner: ontact No:		1) AR : Acciden 2) DA : Damage 3) TF : Towing I 4) FT : Follow-I 5) FT : Follow-I For claiming s	Reporting (\$30); Assessment (\$100); For hrough Survey (Resurvey (R	INC (\$80) \$40/\$45 \$120 y) \$30 0 Jan 2005)	(ABIII	
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Injury: Date/Time Actions JA2029 19 alimant's Particulars: iver/Owner: intact No: imaged Portion: Checked by (Engr-In-Charge): inditors! Comments::		1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For cleimings 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD* *N5: Courtes *N6: Repair C *N7: Fost Rep *N8: DV / Co	Reporting (\$30); Assessment (\$100); Fee hrough Survey hrough Survey (Resurve, seinst INC Only (wef) ction + SMRT Survey onal Services: y Car / Tpt Allowance Co-ordination main Inspection licet Excess Coordination	INC (\$80) \$40/\$45 \$120 y) \$30 0 Jan 2005) \$75 \$160 \$25 510 \$25	in Bill	
Injury: ————————————————————————————————————		1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For cleimings 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD* *N5: Courtes *N6: Repair C *N7: Fost Rep *N8: DV / Co	Reporting (\$30); Assessment (\$100); Fee hrough Survey (Resurve, goinst INC Only (wef) ction + SMRT Survey onal Services:- y Car / Tpt Allowance Co-ordination nair Inspection Heet Excess Coordinatic P (N:n INC) against INC	INC (\$80) \$40/\$45 \$120 y) \$30 0 Jan 2005) \$75 \$160 \$25 510 \$25	(MBill	Am (3 Add Bi

per 41 1 22

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.

- 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

aloresaid.		
	ACCIDENT STATEMENT	
Date Of Report	29/07/2020 13:54	
Date Of Accident	25/07/2020 13:15	
Exact Location Of Accident	CTE TWDS AYE BEFORE OUTRAM RXIT	
Country/State of Loss	SINGAPORE	
	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJP8457K	
Insured/Policyholder		
Name Of Registered Owner	90'S CAR LEASING PRIVATE LIMITED	
Co Reg No	2XXXXX754R	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-98528570	
Alternative Phone No	OFFICE-98528570	
Vehicle Particulars		
Manufacturer	ТОУОТА	
Model	COROLLA ALTIS 1.6 AUTO	
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	THIRD PARTY FIRE AND/OR THEFT	
Fleet Policy	YES	
Policy Number	5109690650-01	
Cover Note Number		
Driver		
Name of Driver	ZHOU RUNFA	
NRIC No	SXXXX748E	
Date Of Birth	11/10/1993	
Occupation	OUTDOOR	
Date Of Driving Pass	02/06/2015	
Driving Experience	5 YEARS AND 1 MONTH	
Gender	MALE	
Mobile Number	(LOCAL) +65-91087408	
Fax Number		
Contact Number	OFFICE-91087408	
	NOEMAII	

NOEMAIL

BLK 108A CANBERRA WALK Address #02-09 751108 Postcode Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured OTHER - HIRER Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle General Information of the Accident Type Of Accident COLLISION - CHANGE/CROSS LANE 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 Was any body injured in the Accident? NO Was any injured conveyed to hospital by ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 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 REFER TO STATEMENT. 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 SDQ5945D Vehicle Make/Model/Colour AUDI **Details Of Properties** PRIVATE CAR Vehicle Category Name of Driver NRIC/Passport Number Contact Number Address Postcode Insurance Company Name Nature Of Damage 2 No. Of Passenger (Including Driver)

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:
 - (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

UEN:

Driver's Signature (If/driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

On	the stated date and time, I was travelling
along	CTE Toward DyE, before Outram Exif
I wo	anted to make a hand change
Enddehly	veh B also make a lane change
and	we both collided on to each other.

0.5	~			1001
		ДΚ	Δ	ION

I/We declare the terescase, articulars are true in every respect.

UEN: 201811754R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

25

ACCIDENT DATE: 201 01 2020 (DD/MM/YYYY), TIME: 13 : 15 (HH:M)
LOCATION. CTE Toward AyE before Own Ortran Exit.
1. DETAILS OF VEHICLE GIVEHICLE NUMBER: SIP8457 K b)INSURANCE COMPANY: NTVC
CIPOLICY NUMBER: 5109690650
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY PIRE & THEFT e) MAKE & MODEL: TOYOTO AIL'S f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE & COMMERCIAL MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES(NO)) IF NO, PLEASE STATE (THIRD PARTY CLAIM (REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: 905 (av Legsing Pte Ltd (MALE / FEMALE) b) NRIC/FIN/PASSPORT: 2018 11754 (CONTACT: 98528570)
CIADDRESS: 940 Hougang St 92 #14-19 530940
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
(O1) a)NAME: 2how Run Fa MALB/ FEMALE) b)NRIC/FIN/PASSPORT: S9390748E CONTACT: 91087408 c)ADDRESS: (084 Canherra walk #02-09 75118
*d)DATE OF BIRTH: (11 / 10 / 1993)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 5 years
4. WAS DRIVER AN EMPLOYEE OF THE INSUPER'S COMPANYS OF THE
TO THE DETVER WITH THE DETVER
STATILE CONDITION: (CLEAR RAINING / OTHERS
6. WAS ANYBODY INJURED (YES / WO)
7. GIREPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
6. THIRD PARTY VEHICLE
NE OF PASSENGER OF VEHICLE NUMBER: SDQ59450 MODEL: Audi
manding closer) O) DRIVER'S NAME:
() NRIC/FIN/PASSPORT:CONTACT:
7. MIKO PARTI VEHICLE
No of passanger d) VEHICLE NUMBER:MODEL:
Induding driver f) DRIVER'S NAME:
CONTACT:

email = anggordon-x @gmail .com

VIDEO =

90's Car Leasing Pte Ltd

201811754R Gordon 98528570

Rental Invoice/Agreement

Hirer Name: 2hou Runfa

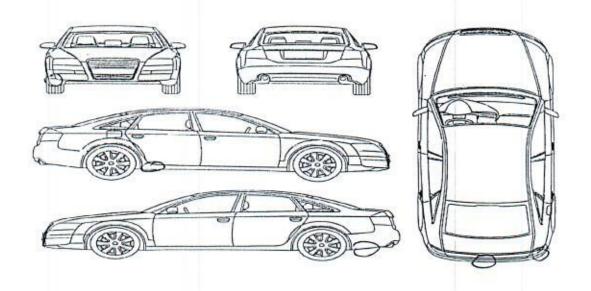
Address: 108A Canburn Walk #02-09 75/108

Hirer NIRC: 59390748 ©

Number: H/P: 9108 7408 Other contact:

Remarks: Date Of Birth: 11/10/1997

Vehicle Make:	Vehicle Number: らフP845ラド	Colour:
Date Out:	Time Out:	Total Amount:
2/6/2020	635pm	\$2001 week.
Date In:	Time In:	
28/7/2020	635pm	
Petrol(%):	Remark	(S:
1/8		



Hirer's Signature & Date

both

Company Stamp





Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5109690650-01-000003 Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : SJP8457K

Chassis Number : MR053ZEE106142370

2. Name of Policyholder : 90'S CAR LEASING PRIVATE LIMITED

3. Effective Date of Insurance : 17 May 2020 4. Expiry Date of Insurance : 16 May 2021

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : \$\$1,500 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : N/A REPAIR AT OWNER'S PREFERRED WORKSHOP : NO **INSURE WITH COE** : YES NCD PROTECTION : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : TAN WEI CREDIT PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)

Date of Issue : 16 May 2020 10:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601				The Real Property lies and the least of		• Change	Languag	e • Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date o	of Accident	Ē	25/07/2020 1	13:15	
	Vehicle	No.(Far Motor)	SJP8457	'K		Certifi	cate Number	[9		
					8	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109690650- 01	5109690650- 01-000003	90'S CAR LEASING PRIVATE LIMITED	201811754R	GFM	Third Party, Fire & Theft	SJP8457K	SJP8457K	17/05/2020	16/05/2021
					C	ontinue					

Claim Handling										
	5109690650-01		Vehicle No.	S1P8457K			GST Registration	No.		
Policy No. Certificate No.	\$109690650-01-000003		Venicie No.	30194376			usi negatration	No.		
Policyholder Name	90'S CAR LEASING PRIVATE LIMIT	TED					Policyholder NR3		201811	754R
Product Code	PLEET MASTER INSURANCE		Cover Type	Third Party	Third Party, Fire & Tneft				0	
Contact No.(Mobile)	NA.		Contact No.(Office)				Contact No.(Home)			
Email Address			Special Remark				eCode.		N. W	
KFK	® No ○ Yes		TCA	® No ○ Y	es.		eCode Reason			
NCD Protection	No		NCD Entitlement(%)	0			Private Hire		Not avai	lable.
Accident Details										
Report Date	27/07/2020 18:09		Accident Report Within 24 t	hrs Yes			Accident Type		Side Sw	pe
Date of Accident	25/07/2020		Time of Accident hhomm	13:10			Country of Accid	ent	Singapo	
Reporting Centre		Orange Force					JCM No.			
Accident Location	CTE TOWARDS AVE		1250000000							
♥ Total Excess Applicable										
Excess Type	Per Accident		Windscreen Excess							
00 Standard Excess			TP Standard Excess		1,500.00					
V1ED OD Excess			VIED TP Excess				Driver is Covered	12	Not App	Roable
Additional Excess	0									
Total GD Excess Applicable	0.00		Total TP Excess Applicable		1,500.00					
♥ Benefits										
□ GST Registered Informa				0.505	F Registration Date					
GST Registered GST Registration No.	No				Fixegistration Date f Status Verified		Yes			
Modification History					Contract of the same		2,344			
A/10040000000000000000000000000000000000										
Policyholder Malling Ad	dress									
Address 1	SUK 940 #14-19		Address 2	HOUGANG	STREET 92		Address 3		SINGAP	ORE 530940
Address 4			Address Type	Singagore	address		Post Code 5309			
Unit No.	14-19		Related Policy Number	51096906	50-01					
♥ OI Driver Info										
Driver Name			Driver Type							
Unnamed driver Name			Driver NRIC				Driver DOB			
Register Date of Driver License			Driver Age				Driving Experien	te		
Contact No (Mobile)			Centact No.(Office)				Contact No.(Hon	e)		
Address 1			Address 2				Address 3			
Address 4			Address Type	Foreign ad	dress		Post Code			
Unit No. Does he own a Singapore										
Registered car?	○ Yes ® No		Driver Vehicle No.				Driver Insurer Ci	mpany		
Modification History										
Claim 002 New										
The state of the s										
United the second			200000000	0222					627510	
Claim Type *	OD-MX		Insured Name	90'S CAR 1	EASING PRIVATE LIP		Insured NRIC	1977	201911	754R
Contact No. (Motive)			Contact No. (Home) Of Vehicle Number	53P8457K			Contact No. (Office TP Vehicle Numb		NIL SDQ594	Eb.
Email Address Claimant Type Claimant Type *	Please Select		Type of Benefit *	Please Se	ect 🔍		to Astron Matte		Sugar	130
Clament Name +		>>	Claimant NRIC •	17 10000 30						
Claimant Address		n.e.								
Claim Description	SJP8457K / SDQ5945D ON 25 Jul	2020					Name of Preferre	d Workshop		
Preferred Workshop Contact		7	Insured Liability *	Partially a	r Fault	7				
No. Require Finalisation	Ves 🔻		Preferend Repair Option	-	Workshop, Name unknown	V	GIA report		Receive	
Date Registered	29/07/2020 14:05		Claim Close Date	p-mailing.	nance ap, regime and remi		Date Received		planting the	020 00 00
Report Taken By	Jackson Jackson		Clerin Close Date				Date Hassing		Contract of the	
	SACKSON									
Print AK letter										
				Save Sub	emit					
Attachment										
	MT HAVE AND THE		Magazin and		003					
Accident No.	MT/1098071		Claim No. Upload Date		29/07/2020 14:07					
Last Doc. Received	● Yes □ No		upued pare				Confidence	100	.no. •	Description *
	Path *		g _m .	use Inch	Category * Please Select	V	Confidential	Normal	ancy *	Description *
			Brov		Please Select	v		Normal		
			Brov	-	Please Select	v		Normal		
			Brov	vse Dear	Please Select	V	1.00	Normal		
			Broy	vse Gear	Please Select	V	40	Normal		
			Brov	vse Cear	Please Select	v	160	Normal	~	
Steeding Light										Send Message
Attachment List										
Abrachman	United ad No Press		Patanani		Dimenry		Parc	intion		

	Uploaded By/Date	Folder Date	,	lie Name		9	Source	Action
Video List								
85		TOWAL ASSESSMENT CENTRE SERVI 9 Jul 2020 14:06	Photos		Normal	Photo	os 2020-7-29	
O		TOWAL ASSESSMENT CENTRE SERVI 9 Jul 2020 14:05	Photos		Normal	Photo	os 2020-7-29	
		TONAL ASSESSMENT CENTRE SERVI 9 Jul 2020 14:06	Photos		Normal	Prioto	os 2020-7-29	
		TONAL ASSESSMENT CENTRE SERVE 9 Jul 2020 14:06	Photos		Normal	Photo	os 2020-7-29	
50		10NAL ASSESSMENT CENTRE SERVI 9 Jul 2020 14:06	Photos		Normal	Photo	os 2020-7-29	
1		DONAL ASSESSMENT CENTRE SERVI 9 Jul 2020 14:06	Photos		Normal	Photo	os 2020-7-29	
0		TONAL ASSESSMENT CENTRE SERVI 9 Jul 2020 14:06	Photos		Normal		os 2020-7-29	
19		TOWAL ASSESSMENT CENTRE SERVI 9 Jul 2020 14:06	Photos		Normal	Photo	os 2020-7-29	
B.		TOWAL ASSESSMENT CENTRE SERVI 9 Jul 2020 14:06	Photos		Normal	Photo	ns 2020-7-29	
2.9		TIONAL ASSESSMENT CENTRE SERVI 9 Jul 2020 14:06	Photos		Normal	Photo	os 2020-7-29	
10		TONAL ASSESSMENT CENTRE SERVI 9 Jul 2020 14:07	SAS		Normal	SAS	5 2020-7-29	
#17 #25		TONAL ASSESSMENT CENTRE SERVI 9 Jul 2020 14:07	NRIC/ Driving License	٧	Normal		g License 2020-7-29	
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