NATIONAL Assessment Centre S	services. w	HS 120'06L 1 15	0920(10007			
	Jcb description		Date & Time Complet	ed L	Done py.	
Ref No: 14 /4000 13/91/14	SAS e-filing					
Veh No: MXYAZIK	E-mail (within 8hr	s, AIC 2hrs)	,			
D.O.A: 29/11/2-19:42	i-Motor Claim	Form	m)111960-00	1112	120 18	'.44
	i-Motor W/O	Within: OD 2hrs,	7'P 4hrs)			
OD TP/ Reporting Only	i-Photo Upload	led				
	Assessment/Surv	ey Report				
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: 51 P354	18P.	. INC()/Non-INC()		
Owner / Driver: (Tel:	·		
Policy No: () Period	d: ()	Cover Type: (
Confirmed by : (Date:	Time:	20.1000/1)	
			%; P: 21-79%. F:	80-100%]		<u> </u>
Total of regulation (rranty: YES ()/NO()			
Excess: (\$) Loading: \$1,000	()/\$2,000()		<u> </u>		
General Remarks:					·:···	<u> </u>
() Walk-In Customer: Customer's information		idential & Str	ictly NO refer of repa	ırer.		
() Total Loss Case : to e-mail Insurer					-	1
Drive-In () / Towed-In (); Invoice: Y	YES () / NO	O();T	owing Co: (
Remarks:- (INC hotline: 6788 6616)			Date&Time Comple	3 d * / 38	Done by	y · ·
	irtesy Car ()					
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$300	00] ()	* ** * *.			·	
Injury:						
					er veri Dans	, est 811.
Date/Time Actions				200 St. 00000		
			•			
	,					
•					Anit (S)	Aml (\$)
MZOOKOV		Invoice Pre	paration Checklist	***********	18 18 X X X	Add Bil
Claimant's Particulars :-		1) AR : Acciden	t Reporting (\$30); Assessment (\$100);	INC (\$80)		
Driver/Owner:		3) TF : Towing	Fee	\$40/\$45 \$120		
	·	ST. Follow-	Through Survey (Resurvey) against INC Only (wef 10.	\$30 (an 2005)		
Contact No:		6) TR : Re-insp	ection .	\$75 . \$160		
Damaged Portion:		7) N1 : Idao DA 8) NTUC Addi	+ SMRT Survey	. 3100		
		OD*		\$5		
QC Checked by (Engr-In-Charge):		*N6: Repair	y Car / Tpt Allowance Co-ordination	310		
		*N7: Fost Re	pair Inspection	\$25		
Auditors! Comments ::-		*N8: DV/C	P (N:n INC) against INC	\$20		
<u>Cat. 1:</u>		9) N12: Idac M	obile	hargea 30		計劃了
Cat. 2/3;		Invoice dated		Charged	Set III	



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.

ACCIDENT STATEMENT

Date of Submission 01/12/2020 18:40 (SGT) Date of Accident 29/11/2020 19:40 (SGT) Exact Location of Accident Bukit Batok Rd, Singapore BUKIT BATOK RD TWDS UPP BUKIT TIMAH Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SLX4772K Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner CRAFT LEASING PTE LTD Company Reg No 2XXXXXX381N Email Address admin@craftleasing.com Mobile Phone No (Phone) +65-89999999 +65-89999999 Alternative Phone No

VEHICLE PARTICULARS

Prius Model Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to

Manufacturer

your vehicle?

Vehicle Category

No - Claiming third party Private hire

Toyota

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5109925523-01 Cover Note Number

DRIVER

CHEW KHENG HOE Name of Driver SXXXX504H NRIC No 21/03/1955 Date Of Birth Outdoor Occupation

08/11/1978 Date Of Driving Pass **42 YEARS** Driving experience Male Gender (Phone) +65-82336213 Mobile Number Alt. Phone Number Email Address admin@craftleasing.com Address **BLK 153 GANGSA ROAD** Address complement #02-325 670153 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver 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 the accident? No Number of vehicles involved in the accident 2 Yes Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? No Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name Gender Male PASSENGER 2 Name Gender Female PASSENGER 3 Name Female Gender DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT. ATTACHMENT(S) Yes Are accident photos available for attachment? Was there any video captured by Car Camera? No Was there any audio recorded? No

Vehicle Registration Number	SLP7548P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	.=
Address complement	% -
Postcode)X=
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	=
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHEW KHENG HOE
Address	
Address Complement	-
Post Code	
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLX4772K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.
- 3. 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.
- 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

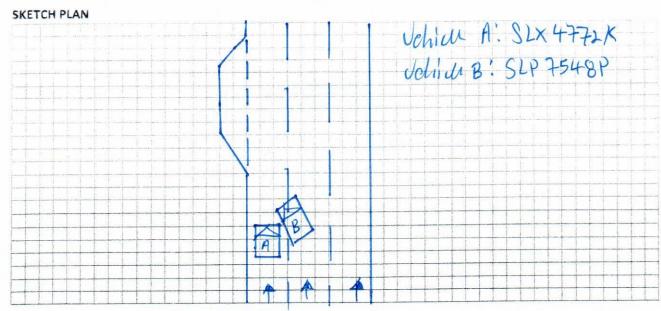
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - (i) 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
Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On the stated date & time. I which A was
travelling straight on the stated venue. Inddenly Which
B cut into my care & hit anto my valide right postion.
I wish to state that my damage pution is from front
right all the way to cear right posion.

DECLARATIONNG

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:

NRIC/FIN No.;

Reporting Centre Personnel's Signature Name:

Date of Accident	29 11 2070 Accident Time: 19:40hm (24-HR-Format)
Accident Place	Butit Batok Rd tooks upper Butit Timah
Vehicle, No. (Car Plate No.)	SLX 4772K Make/Model: Toyota Prius
Insurace Company	: NTUE Policy No: 51099125523-600/05
Owner or Company Name /IC No.	: Craft Leaving Pte Utd (2017 1838IN)
Owner or Company Contact No.	:Owner's HpCompany Tel
DRIVER'S Name / IC No.	: Chew Kheng Hoe (52150504H)
DRIVER'S Date Of Birth	:21 3 1955 DRIVER'S License Pass Date 8 Nov 1978
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer
DRIVER'S Address	: BIK 153 Gangsa M #02-325 (5)670153
DRIVER'S Contact No./ Alt No.	:1) 8233 6213 2) -
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	· rico bo auto services @gmail com
Weather & Road Surface	: CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	river): 04 male/ 2 kmale
Was there any video Captured by ca Exact purpose for which vehicle wa Any Injury (If YES, Pls state):	s being used at the time of accident: Private use \ Work purpose
Other I	Party Driver's Particular (if any)
Vehicle. No: SLP 7548	Vehicle. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
C No. Driver/Contact:	IC No. Driver/Contact:

^{*} NEW - Passenger's name & gender:



210 Turf Club Road, Lot C15A Car Mall The Grandstand, Singapore 287995 Tel: 6484 4115 Fax: 6468 8156 Email: admin@craftleasing.com

UEN: 201718381N

* Rental start - 16/8/2020

* Last time to change car till contrat is over .

* Rental includes CDW.

* My.

Contract Date:

14-08-2020

VEHICLE RENTAL AGREEMENT

(Owner)					
Name		Craft Leasing Pte Ltd	UEN No.	:	201718381N
Address	:	210 Turf Club Road, Lot C15A Car Mall, The Grand Tel: 6484 4115 Fax: 6468 8156, Email: admin@craft	stand, Singapore 28' tleasing.com	7995	
(Hirer)		2			
Name	1	CHEW KHENG HOE S2150504H	NRIC No.	:	S2150504H
Address	;	153 GANGSA ROAD #02-325 Singapore 670153	Contact No.	:	8233 6413
Email		khenghoe60@gmail.com			
(Relief Driver)	l)				
Name	:	N.A	NRIC	:	N.A
Address	:	N.A	Contact No.	:	N.A

DESCRIPTION OF VEHICLE ("The Vehicle")

Make/ Model	: TOYOTA PRIUS AUTO	Vehicle Registration No.	SLX4772K TOYOTA PRIUS HYBRID 1.8S CVT
Engine No.	2ZR8379919	Chassis No.	ZVW506118620

RENTAL PAYMENT DETAILS

1.	Commencement Date: 14-08-2020			
2.	Period of Hire: From 14-08-2020	to 14-03-2021		* **
3.	Rental Payment of SGD \$ 75.00 Per Day Week (payable in advance) ("Due Date"). I	("the Rental") for period_ ate Payment will be charged a	t \$50 for each an	due on the Friday of Each devery payment due.
4.	Upon signing The Agreement, The Hirer sh (hereinafter referred to as "The Deposit")	nall pay The Owner a security d	leposit amount of	SGD \$500

PURPOSE OF RENTING VEHICLE (Please tick the following:)

	Personal Usage	
/	Private Hire Usage	
	Others (Please Specify):	

The Owner's Signature	Date	The Hirer's Signature
(Co. Reg. No.)	14-08-2020	



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: 5109925523-000105

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLX4772K

Chassis Number

: ZVW506118620

2. Name of Policyholder

: CRAFT LEASING PTE LTD

3. Effective Date of Insurance

: 06 Jul 2020

4. Expiry Date of Insurance

: 05 Jul 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.

: 5\$1,500 EXCESS (SECTION 1) : \$\$1,500 **EXCESS (SECTION 2)** WINDSCREEN EXCESS : 5\$100 : N/A ADDITIONAL EXCESS : PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP : NO

: YES INSURE WITH COE : NO NCD PROTECTION TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : CASHWELL CREDIT PTE LTD

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

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

: CHUAN LEE ENTERPRISES PTE, LTD. (00000572826)

Date of Issue

: 27 May 2019 17:14 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

lello, NAC_PAYA_UBI_800	601						• Change	Language	· Chang	ge Password	→ Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	lo.				Date o	f Accident	2	9/11/2020 1	9:40	
	Vehicle	No.(For Motor)	SLX477	2K		Certific	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109925523- 01	5109925523- 01-000100	CRAFT LEASING PTE LTD	201718381N	GFM	drivo CLASSIC	SLX4772K	SLX4772K	17/07/2020	16/07/202

olicy No.	5109925523-01	Policyhold Name	er CRAFT LEA	SING PTE LTD	Policyholder NRIC	201718381N	
ertificate o.	5109925523-01-000100						
ddress	210 TURF CLUB ROAD #LOT-C1	5A THE GRA	ANDSTAND SIN	IGAPORE 287995			
roduct lame	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	01/07/2020	Effective Date	17/07/202	0 00:00	Expiry Date	16/07/2021 23	:59
xcess	Per Accident	All Claims Excess					
hird Party Excess	2500	Own damage Excess	1500		Windscreen Excess	100	
Additional Excess		OS Premium	36935.67				
Outside Singapore OD Excess	1500	Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	CHUAN LEE ENTERPRISES PTE.	Agent Tel	. 64690002	2	GST Flag	Y	
Co- insurance Flag Open	No						
Policy Info Certificate Info							
T100770	nolder Mailing Address						
Address 1	210 TURF CLUB ROAD	Ad	dress 2	#LOT-C15A THE G	RANDSTAND	Address 3	SINGAPORE 287995
Address 4		Ad	Idress Type	Singapore address		Post Code	287995
Unit No.	LOT-C15A		elated Policy umber	5109925523-01			
▶ Insure	ed Object: 5109925523-01-00	0100					41-1-100
▽ Endors	sements						
Seque	nce Date of Endorsement	Endorse	ement Type	Endorsement Numb	er Endorse	ement Status	Endorsement Content
Certifi	cate Endorsements						Endorsement Content
	nce Date of Endorsement	Endorse	ement Type	Endorsement Numb	er Endorse	ement Status	chaorsement content

aim Handling					
cident MT/1111960			C.V.(372)/	GST Registration No.	201718381N
	5109925523-01	Vehicle No.	SLX4772K	651 Registration NO.	2017100011
2000 CO. 000 CO.	5109925523-01-000100			Policyholder NRIC	201718381N
licyholder Name	CRAFT LEASING PTE LTD		WARRANT DAVIS THE RESERVED		0
oduct Code	FLEET MASTER INSURANCE	Cover Type Contact No.(Office) Special Remark	drivo CLASSIC	Loading	0 Nc 🗸
ntact No.(Mobile)	89999999		0	Contact No.(Home)	
nail Address				eCode	
K	No ○ Yes	TCA	No ○ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
port Date	01/12/2020 18:42	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
ite of Accident	29/11/2020	Time of Accident hh:mm	19:40	Country of Accident	Singapore
		Orange Force		ICM No.	
porting Centre	THE THE PARTY OF THE PARTY TIME				
cident Location	BUKIT BATOK RD TWDS UPP BUKIT TIMAH				
7 Total Excess Applicable		100 E 100 E	100.00		
cess Type	Per Accident	Windscreen Excess	- I - I - I - I - I - I - I - I - I - I		
		TD Ctandard Evence	2,500.00		
Standard Excess	1,500.00	TP Standard Excess		Driver is Covered?	
ED OD Excess	0.00	YIED TP Excess		2.1161 13 00161601	
Iditional Excess					
tal OD Excess Applicable	1500.00	Total TP Excess Applicable			
Benefits					
GST Registered Informa	itlon			01/00/2010	
T Registered	Yes		GST Registration Date	01/09/2018 Yes	
T Registration No.	201718381N		GST Status Verified	163	
dification History					
	and and a second a				
Policyholder Mailing Ad			W.O. C.F. T.F. CO	Address 3	SINGAPORE 287995
ddress 1	210 TURF CLUB ROAD	Address 2	#LOT-C15A THE GRANDSTAND	Address 3	
ddress 4		Address Type	Singapore address	Post Code	287995
nit No.	LOT-C15A	Related Policy Number	5109925523-01		
OI Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
nnamed driver Name	CHEW KHENG HOE	Driver NRIC	S2150504H	Driver DOB	21/03/1955
egister Date of Driver License		Driver Age	65	Driving Experience	42
	82336213	Contact No.(Office)	0	Contact No.(Home)	0
ontact No.(Mobile)		Address 2	GANGSA ROAD	Address 3	SINGAPORE 670153
ddress 1	BLK 153		Singapore address	Post Code	670153
ddress 4		Address Type	Singapore address		
Init No.	02-325				
loes he own a Singapore tegistered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
egister ed ear					
eclaration					
Breathalyser or Blood Test teading?	0 mg	Any injury?	Yes No		
odification History					
Claim 001 New					
	OD-MX	Insured Name	CRAFT LEASING PTE LTD	Insured NRIC	201718381N
laim Type *				Contact No.(Office)	NIL
Contact No.(Mobile)	93833162	Contact No.(Home)		TP Vehicle Number	SLP7548P
mail Address		OI Vehicle Number	SLX4772K	i P Venicie Number	20.7340
Claimant Type Claimant Type	Please Select	Type of Benefit *	Please Select		
Claimant Name *	22	Claimant NRIC *			
Claimant Address					
Claim Description	SLX4772K / SLP7548P ON 29 Nov 2020			Name of Preferred Worksho	ф
Preferred Workshop Contact		Insured Liability *	Not at Fault		
No.				GIA report	Received
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown		01/12/2020 00:00
Date Registered	01/12/2020 18:44	Claim Close Date		Date Received	
Report Taken By	Jackson				
☑ Print AK letter					
E) FILL AK IELLEI					
			Save Submit		
Attachment					
₩			المالية		
Accident No.	MT/1111960	Claim No.	001		
Last Doc. Received	● Yes ○ No	Upload Date	01/12/2020 18:47		
	Path *		Category *	Confidential Un	gency * Descript
	7 5511	Brow	se Clear Please Select	NO V Norm	al 🗸
				NO V Norm	ai 🗸
		Brow			
		Brow		NO V Norm	
		Brow	se Clear Please Select	NO V Norm	al 🗸
		Brow	se Clear Please Select	NO V Norm	al 🔻
				Norm	al

Attachment	List			0			Msg Sent?
Attachment	Uploade	ed By/Date	Category	7	Urgency	Description	(CO)
Name France		DNAL ASSESSMENT CENTRE SERVI Dec 2020 18:47	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-1	
13	NAC_PAYA_UBI_800601(NATIO CES) on 01	DNAL ASSESSMENT CENTRE SERVI Dec 2020 18:46	SAS		Normal	SAS 2020-12-1	
		DNAL ASSESSMENT CENTRE SERVI Dec 2020 18:45	Photos		Normal	Photos 2020-12-1	
94		DNAL ASSESSMENT CENTRE SERVI Dec 2020 18:45	Photos		Normal	Photos 2020-12-1	
		DNAL ASSESSMENT CENTRE SERVI Dec 2020 18:45	Photos		Normal	Photos 2020-12-1	
身		DNAL ASSESSMENT CENTRE SERVI Dec 2020 18:45	Photos		Normal	Photos 2020-12-1	
		DNAL ASSESSMENT CENTRE SERVI Dec 2020 18:44	Photos		Normal	Photos 2020-12-1	
		ONAL ASSESSMENT CENTRE SERVI Dec 2020 18:44	Photos		Normal	Photos 2020-12-1	
	NAC_PAYA_UBI_800601(NATI CES) on 01	ONAL ASSESSMENT CENTRE SERVI Dec 2020 18:44	Photos		Normal	Photos 2020-12-1	
		ONAL ASSESSMENT CENTRE SERVI Dec 2020 18:44	Photos		Normal	Photos 2020-12-1	
3		ONAL ASSESSMENT CENTRE SERVI Dec 2020 18:44	Photos		Normal	Photos 2020-12-1	
		ONAL ASSESSMENT CENTRE SERVI Dec 2020 18:44	Photos		Normal	Photos 2020-12-1	
▽ Video List							
	Uploaded By/Date	Folder Date	(1	ile Name		Source	a Ac