NATIONAL Assessment Centre	Services. P	1 Jan'05 UN	०१२०८४००८			
Date In: 81272-11:48	Jeb description		Date & Time Comple	eted	Done b	j.
Ref No: Mp N/C2013509 74	SAS e-filing					
Veh No: 5)x7661B	E-mail (within 8)	rs, AIC 2hrs)				
D.O.A: 4/12/12-15:10	i-Motor Claim	Form	M1117791-0	1 8/1	Vha 11	1
	i-Motor W/O	(Within: OD 2hrs,	7P 4hrs)			
OD TPY Reporting Only	i-Photo Uploa	ded				
	Assessment/Sur	vey Report				
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: Juk?	971	INC ()/Non-INC()		
Owner / Driver: (Tel:	· 	<u> </u>	
Policy No: () Perio	od: ()	Cover Type: (<u> </u>	
Confirmed by : (Date:	Time:	22.1500/	,	
Insured/Driver Liability: (%) [No	ote-Est. Status (W		%; P: 21-79%. P	: 80-100%]	
	arranty: YES ()/NO()			
Excess: (\$) Loading: \$1,000)()/\$2,000()		<u> १९५७ स्थ</u> ा	12. 7.	
General Remarks:-			A NO setes of son	alter	<u> </u>	<u> </u>
() Walk-In Customer: Customer's inform		fidential & Str	ictly NO rater of rep			
() Total Loss Case : to e-mail Insurer				,		1
Drive-In () / Towed-In (); Invoice:	YES () / N	0();10	owing Co: (unono de noco	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Remarks:- (INC hotline: 6788 6616)			Date&Time Comple	etad (Done	hy
1) Apply for Transport Allowance ()/Co	urtesy Car ()	1		4		
2) QC Check / Post Repair Inspection	()		·			
3) Upload Resurvey Photo [Repair Cost > \$30	00] ()					
Injury:	Anna a granical de		- 1-			
Date/Time / Actions					loane.	
			1			
			•			
*					Anit (S)	Amt (\$)
Manna (œ	Invoice Pre	aration Checklist		fstBill	Add Bill
MANDOOL 6 's		1) AR : Accident	Reporting (\$30);	INC (\$80)		
Claimant's Particulars:		3) TF : Towing F	Assessment (\$100);	\$40/\$45		
Driver/Owner:		4) FT : Follow-T	hrough Survey hrough Survey (Resurvey)	\$120 \$30		
Contact No:		For claiming a	gainst INC Only (wef 10	Jan 2005) \$75		
Damaged Portion:		6) TR: Re-inspe- 7) N1: Idac DA		. \$160		
		8) NTUC Additi	onal Services:-			
QC Checked by (Engr-In-Charge):		*N5: Courtes)	Car / Tpt Allowance	\$5		
	on the section of the section of the	*N6: Repair C	o-ordination	\$10 \$25		
Auditors' Comments:-		+N8: DV / Co	lect Excess Coordination	\$5 \$20		
Cat. 1:		TP (N11): TF 9) N12: Idae Mo	(Non INC) against INC	30		
Cat. 2 / 3;		Invoice dated	Fee	Charged		动物了型
Name of the Association of the A		Invoice dated	Fee	Charged	THE REAL PROPERTY.	

3 . p. 11 1 . m

SN0920C8000C / National Assessment Centre Services [408933] ENTRY DATE & TIME: 08/12/2020 11:48 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (08/12/2020 11:48 (SGT))



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 08/12/2020 11:48 (SGT) Date of Accident 04/12/2020 15:10 (SGT) Exact Location of Accident 406A Woodlands Street 41, Singapore 731406 Additional Location Information CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJX7661B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner CHONG WEN HAN NRIC No SXXXX806J Email Address andyoh@gmail.com Mobile Phone No (Phone) +65-84250925 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer **BMW** Model 523i Exact purpose for which vehicle was being used at time of Private use accident

Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle?

Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5117852360 Cover Note Number

DRIVER

Name of Driver **CHONG WEN HAN** NRIC No SXXXX806J 12/10/1987 Date Of Birth Occupation Indoor

Date Of Driving Pass 18/11/2015 Driving experience 5 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-84250925 Alt. Phone Number Email Address andyoh@gmail.com Address **BLK 408 WOODLANDS STREET 41** Address complement #10-11 Postcode 730408 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 0 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No 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) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SGK7397T Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number Address Address complement

Insurance Company Name

Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report carrectly 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 truthful and accurate as possible. Any wilful misrepresentation or withholding 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. 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)

l 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 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, involces, 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

NRIC/FIN No.:

Stocks Metchéhalana vs

SKETCH PLAN	ISTANCES OF	THE ACCIDE	NT NT					766 TK
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Langy	1 12	ulnd	vehin	R	knock	L SV	12-	· ·
		·						
ECLARATION We declare the foregol State Control of the foregol Control of					•	4		In .
Signature a Signature		Driver's Signati	niĠ		Report	ng Centre Perso	nnel's Sign	ature

Pol

Date & Time:

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

Name: NRIC/FIN No.:

SIARLY Shear Dynamic, 4a

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

Date and time of accident	Date: 4/12/	2020	(DD/	MM/YY) Time: 3 10 Or	n (HH:MM)
Exact location of accident	Moodlens	St	41	406A CATE	

Details of vehicle

Vehicle registration number	S 3X 71	613				
Vehicle make and model	Bmw 523	i				
Type of vehicle	Saloon 🗷	MPV D	0 =	Van	Others:	
Vehicle category	Private 2	Comm	ercial 🗆	Motorcy		
Purpose of using at said time	Parte	d				
Are you claiming under your own insurance company?	Yes □ Third part cla	No æ	if no, pleas			

Insurance information

Insurance company	NTUL		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only []

Insured / Policy holder

Name	chora	1 WEN HON				Male &	Female D
NRIC / Fin / Passport number	2873	730818					
Contact		6925					
Address	408	Mostlers	St	41	#10-11	SC7 30408)

Same as insured above (skip to D.O.B) **Driver**

Name			Male 🗆	Female 🗆
NRIC / Fin / Passport number				
Contact			,	
Address				
Email address	 			
Date of birth	12/10/165	1		
Occupation	Indoor	Outdoor 🗆		•
Driving date pass	18/11/15			

General information of the accident

	,	
Was driver an employee of	Yes - No - Post	
the insured's company?	in no, relationship of the driver and insured:	
Accident captured by camera		
Weather condition	Clear Raining Others:	
Road surface	Dry D Wet D	
No of passenger	(Inclusive o	f driver)
Passenger 1		
Name		
Gender	Male Female	
Passenger 2		
Name		
Gender	Male Female	
Passenger 3		
Name		
Gender	Male Female	
Passenger 4		
Name		
Gender	Male Female	
Passenger 5		
Name		
Gender		
Gender	Male Female	
Passenger 6	Male Female 6	
Passenger 6 Name	Male Female Femal	
Passenger 6 Name	Male Female Male Female Female Male Female Male Female Male Female Male Male Male Female Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male Male	
Passenger 6 Name		
Passenger 6 Name Gender Other information		
Passenger 6 Name Gender	Male Ferpale	
Passenger 6 Name Gender Other information Was anybody injured?	Male D Female D Yes D No D Yes No D	
Passenger 6 Name Gender Other information Was anybody injured? Was other vehicle damaged? Details of police action	Male D Female D Yes D No D Yes No D	

Third party vehicle 1

	T-1
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SGK 73977
Vehicle make model	
Third party vehicle 2	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 3	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 4	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 5	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 6	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1 Name Witness 2 Name Injured person 1 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No o Was injured conveyed to Yes 🗆 No 🗆 hospital by ambulance? Injured person 2 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No 🗆 Was injured conveyed to Yes 🗆 No a hospital by ambulance? Injured person 3 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No o Was injured conveyed to Yes 🗆 No o hospital by ambulance? Injured person 4 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No 🗆 Was injured conveyed to Yes 🗆 No hospital by ambulance?

eBao Tech				計學						Genera	alClaim
Hello, NAC_PAYA_UBI_8000	601						› Change	Language	• Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									•
Notice of Loss	Policy N	lo.				Date o	f Accident	O	4/12/2020 1	5:10	
	Vehicle	No.(For Motor)	SJX766	1B		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	5117852360		CHONG WEN HAN	S8731806J	GPC	drivo CLASSIC	SJX7661B	SJX7661B	13/06/2020	09/07/2021
					C	Continue					

Policy No.	5117852360	Policyholder Name	CHONG WE	EN HAN	Policyholder NRIC	S8731806J	
Certificate		, and					
Address	BLK 408 #10-11 WOODLANDS	STREET 41 SI	NGAPORE 73	0408			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	12/06/2020	Effective Date	13/06/2020	0 00:00	Expiry Date	09/07/2021	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			You	ng/Inexperience Driver Excess
Agent	DICKSON INSURANCE AGENC	Agent Tel.	63447667		GST Flag	Y	
Co- nsurance	No						
Flag Open Policy Info							
Open							
Open Policy Info Certificate Info	nolder Mailing Address						
Open Policy Info Certificate Info Policyh	nolder Mailing Address BLK 408 #10-11	Addre	ess 2	WOODLANDS STR	EET 41	Address 3	SINGAPORE 730408
Open Policy Info Certificate Info Policyh Address 1			ess 2	WOODLANDS STR Singapore address		Address 3 Post Code	SINGAPORE 730408 730408
Open Policy Info Certificate Info		Addre	ess Type ed Policy				
Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	BLK 408 #10-11	Addre Relati	ess Type ed Policy	Singapore address			
Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	BLK 408 #10-11 10-11 d Object: SJX7661B	Addre Relati	ess Type ed Policy	Singapore address			
Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	BLK 408 #10-11 10-11 d Object: SJX7661B	Addre Relat Numb	ess Type ed Policy	Singapore address		Post Code	

Claim Handling					
Accident MT/1112791					
Policy No. Certificate No.	5117852360	Vehicle No.	SJX7661B	GST Registration No.	
olicyholder Name	CHONG WEN HAN			Policyholder NRIC	\$8731806)
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		0
ontact No.(Mobile)	84250925	Contact No.(Office)	0	Loading	
nail Address	04230923		O military and the control of the co	Contact No.(Home)	0
	8 11- O 11-	Special Remark	80	eCode	Nc 🗸
FK	● No ○ Yes	TCA	No ○Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
eport Date	08/12/2020 11:49	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
ate of Accident	04/12/2020	Time of Accident hh:mm	15:10	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	406A Woodlands Street 41				
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
cess Type	Per Accident	Windscreen Excess	100.00		
Standard Excess	600.00	TP Standard Excess	0.00		
ED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
ditional Excess		TIED IT EXCESS	0.00	Driver is Covered?	Covered
	0				
al OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Informa					
Registered	No		GST Registration Date		Anthony .
FRegistration No.			GST Status Verified	Yes	
dification History					
Policyholder Mailing Ad	dress				
		Address 2	WOODI ANDS STREET 41	Address 3	EINCADOR TRACES
dress 1	BLK 408 #10-11	Address 2	WOODLANDS STREET 41		SINGAPORE 730408
dress 4		Address Type	Singapore address	Post Code	730408
it No.	10-11	Related Policy Number	5117852360		
OI Driver Info					
ver Name	CHONG WEN HAN	Driver Type	Main Driver		
named driver Name		Driver NRIC	\$87318063	Driver DOB	12/10/1987
gister Date of Driver License	18/11/2015	Driver Age	33	Driving Experience	5
ntact No.(Mobile)	84250925	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 408				
	BLK 408	Address 2	WOODLANDS STREET 41	Address 3	SINGAPORE 730408
dress 4		Address Type	Singapore address	Post Code	730408
nit No.	10-11				
es he own a Singapore gistered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
A.S. 5-100-000/05/200					
claration					
eathalyser or Blood Test ading?	0 mg	Any injury?	O Yes ● No		
dification History					
0.00 B					
Claim 001 New					
im Type *	OD-MX	Insured Name	CHONG WEN HAN	Insured NRIC	S8731806J
ntact No.(Mobile)	84250925	Contact No.(Home)		Contact No.(Office)	
Control of the State of the Sta			C1V7661B		ECK3303
all Address	STEVE.CARMASTER@GMAIL.CO	OI Vehicle Number	SJX7661B	TP Vehicle Number	SGK7397T
imant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
mant Name .*	>>	Claimant NRIC +			
imant Address		CHEST CHILD			
m Description	SJX7661B / SGK7397T ON 4 Dec 2020			Name of Preferred Workshop	
ferred Workshop Contact		Insured Liability *	Not at Fault	A.C.	
To Florida				NAME OF TAXABLE PARTY.	
uire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registered	08/12/2020 11:51	Claim Close Date		Date Received	08/12/2020 00:00
port Taken By	Jackson				
Print AK letter					
			Save Submit		
Attachment					
,					
cident No.	MT/1112791	Claim No.	001		
st Doc. Received	● Yes ○ No	Upload Date	08/12/2020 11:53		
		opious pare			Equation 1
	Path *		Category *	Confidential Urgen	
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经现货过行 医皮肤		Browse.	Clear Please Select	NO V Normal	V
		Browse	Clear Please Select	NO V Normal	<u> </u>
		Browse.			<u> </u>
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		Browse	Clear Please Select	NO V Normal	<u> </u>
		A STATE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAMED IN			

Attachment		ided By/Date		9				Mar Corta
Attachment			Category	Į.	Urgency	Descri	otion	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NA CES) on 0	FIONAL ASSESSMENT CENTRE SERVI B Dec 2020 11:53	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-8		
and a	NAC_PAYA_UBI_800601(NA' CES) on 0	TIONAL ASSESSMENT CENTRE SERVI B Dec 2020 11:53	NRIC/ Driving License	Υ	Normal	NRIC/ Driving Lice	ense 2020-12-8	
10	NAC_PAYA_UBI_800601(NA CES) on 0	TIONAL ASSESSMENT CENTRE SERVI B Dec 2020 11:53	SAS		Normal	SAS 202	0-12-8	
	NAC_PAYA_UBI_800601(NAT CES) on 0	TONAL ASSESSMENT CENTRE SERVI B Dec 2020 11:52	Photos		Normal	Photos 2020-12-8		
	NAC_PAYA_UBI_800601(NAT CES) on 0	IONAL ASSESSMENT CENTRE SERVI B Dec 2020 11:52	Photos		Normal	Photos 2020-12-8		
	NAC_PAYA_UBI_800601(NAT CES) on 00	C_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERV: CES) on 08 Dec 2020 11:52			Normal	Photos 2020-12-8		
	NAC_PAYA_UBI_800601(NAT CES) on 08	IONAL ASSESSMENT CENTRE SERVI Dec 2020 11:52	Photos		Normai	Photos 2020-12-8		
	NAC_PAYA_UBI_800601(NAT CES) on 08	IONAL ASSESSMENT CENTRE SERVI Dec 2020 11:52	Photos		Normal	Photos 2020-12-8		
6	NAC_PAYA_UBI_800601(NAT CES) on 08	IONAL ASSESSMENT CENTRE SERVI Dec 2020 11:52	Photos		Normal	Photos 2020-12-8		
6	NAC_PAYA_UBI_800601(NAT CES) on 08	IONAL ASSESSMENT CENTRE SERVI Dec 2020 11:52	Photos		Normal	Photos 2020-12-8		
10		IONAL ASSESSMENT CENTRE SERVI Dec 2020 11:52	Photos		Normal	Photos 2020-12-8		
and the last of the last		IONAL ASSESSMENT CENTRE SERVI Dec 2020 11:52	Photos	Normal		Photos 2020-12-8		
7	NAC_PAYA_UBI_800601(NAT CES) on 08	ONAL ASSESSMENT CENTRE SERVI Dec 2020 11:52	Photos		Normal	Photos 202	0-12-8	
/ideo List				1002-100				
	Uploaded By/Date	Folder Date	File Name			Source		A