Date In:	itre Services.			!	<del></del>
Date In: 1812/2-18:43	Jeb descripti	ON	Date & Time Completed	Do	ne by
Rel No: HA LINIC 2001 4572/24	SAS e-filin	g	İ		
Veh No: SMHBOTT	E-mail (with	nin Shrs, AIC 2hrs)			
D.O.A: 17/10/20. 13:55	i-Motor Cl	aim Form	m/1114116-001	8/2/20	10:48
OD / TP / Reporting Only	i-Motor W	O (Within: OD 2hrs			
	i-Photo Up	loaded			
TP Insurer:	Assessment/	Survey Report			
ir insurer:	Ass't Report	by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	ax:	
TP Particulars: Veh No: 50	167966C .	INC (	)/Non-INC( )		
Owner / Driver: (			Tel:	· )	
Policy No: ( )	Period: (	)	Cover Type: (		
Confirmed by : (		Date:	Time:	)	
	[Note-Est. Status	(WO): N: 0-20	%; P: 21-79%. F: 80-1	00%]	
Year of Registration: ( )	Warranty: YES (		)		
Excess: (\$ ) Loading: \$1	,000 ( )/\$2,00	0()			
General Remarks:-					,
( ) Walk-In Customer: Customer's in				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
( ) Total Loss Case : to e-mail Insu					
Drive-In ( )/ Towed-In ( ); Invoice	ce: YES( )/	NO ( ); To	wing Co: (	<del></del>	)
					, 
Remarks: (INC hotline: 6788 6616)			Date&Time Completed	Don	e by
1) Apply for Transport Allowance ( )/	Courtesy Car (	)	Date&Time Completed	Don	e by
Apply for Transport Allowance ( )/     QC Check / Post Repair Inspection	Courtesy Car (	)	Dates: Time Completed	Don	e by
1) Apply for Transport Allowance ( )/	Courtesy Car (	)	Date&Time Completed	Don	e hy
Apply for Transport Allowance ( )/     QC Check / Post Repair Inspection	Courtesy Car (	)	Dates: Time Completed	Don	e by
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1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	Courtesy Car (	)			×1.7.2.2.
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# **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

- 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
- 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

junction with bukit batok west ave 3

18/12/2020 10:43 (SGT)

17/12/2020 13:55 (SGT)

Bukit Batok Rd, Singapore

Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMH1305T

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

**AALEE SERVICE** Company Reg No 5XXXX931B

**Email Address** chong678989@gmail.com Mobile Phone No (Phone) +65-96885307

Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Toyota Model Noah Variant .....

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Private hire

No - Claiming third party Private hire

### INSURANCE COMPANY

Accident report SN0920CI0003

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy

Policy Number

5106862707-01 Cover Note Number

## DRIVER

Name of Driver CHONG WEIKEN NRIC No SXXXX512G Date Of Birth

26/12/1979 Occupation Outdoor

Date Of Driving Pass	26/06/2004
Driving experience	10 1/5 100 1115 1115
Gender	MALL STATE STATE O MICHATES
Mobile Number	
Alt. Phone Number	(Phone) +65-96885307
Email Address	
Address	chong678989@gmail.com
	DI V 261 DI IVIT DATON OTDETE
Address complement	#02-463
Postcode	650261
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	Nie
Vehicle Registration Number of Other Vehicle Owned by Driver	NO
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Assident	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
	Diy
OTHER INFORMATION	
Was any farsion and the same	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
was any injured conveyed to hospital by ambulance?	No
vvas any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	1
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?	INO
	-
CIRCUMSTANCES OF ACCIDENT	
CIRCUMSTANCES OF ACCIDENT	
REFER TO STATEMENT.	
LICENTO STATEMENT.	
ATTACHMENT(S)	
ALTACHIMENT(S)	
No cocident about 11 11 6	
Are accident photos available for attachment?	Yes
Vas there any video captured by Car Camera?	Yes
Vas there any audio recorded?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
ehicle Registration Number	SMC30660
ehicle Manufacturer	SMG3966C
ehicle Model	•
ehicle Variant	•
ehicle Variant	-
ehicle Colour	t <del>e</del>
ehicle Category	Private car
ame of Driver	NUR FARAH ADILAH BINTI ZULKIFLI
ontact Number	(Phone) +65-94555356
ddress	-
ddress complement	F 1
ostcode	_
surance Company Name	

Nature Of Damage	
Details of property damaged in accident	-
No. Of Passages (Incl. 1)	_
No. Of Passenger (Including Driver)	2

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person Address	CHONG WEI KEN
Address Complement	2
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	•
	BODY
Were seet helte were?	SMH1305T
	Yes
was this injured conveyed to hospital by ambulance?	No
Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	BODY SMH1305T Yes

## **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>.
- 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.
- 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.:

THE ACCIDENT
vehicle (smt 13057) along Buket Batok Road junction Bukit Batok West Ave 3 on the extreme right land due to red light. Suddenly, a car (smg 13966c) from behind colleded onto the rear portion of my vehicle.
wehicle (SMH 13057) along Buket Batok Road junction
due to sed babt 911 to extreme right land
from behand called I de car (smg/3966c)
vehicle. contains the near portion of my

DECLARATION

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

Policyholder's Signat e Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

VEHICLE NO: SMH 1305	T MAKE & MODEL: Toyota & Noah AUTO / MANUAL
DATE OF ACCIDENT:	17 / 12 / 2020 · CC: 1797
TIME OF ACCIDENT:	/355 ·HRS
LOCATION OF ACCIDENT:	Bukit Batok Road Junction Bukit Batok West Ave
EXACT PURPOSE USED AT TIME OF ACCIDENT:	EMPLOYMENT / PRIVATE USE PRIVATE HIRE
NAME OF OWNER:	AALEE Service.
TEL NO:	11/2 9/00 52.7
NRIC:	533919318 · HOME:
ADDRESS:	
EMAIL:	8LK 36 1 Bukit Batok 2+31 # 02-463 (3)65036
CLAIM TYPE:	chong 678989@gmail.com.
FLEET POLICY:	OD / THIRD PARTY D REPORTING ONLY YES NO?
INSURANCE COMPANY:	
TYPE OF COVERAGE:	NTUC.
POLICY NO:	Comprehensive Third Party / Third Party Fire & Theft  5/06862707-0/.
NAME OF DRIVER:	
NRIC:	AS ABOVE / IF NO: CHONG WE! KEN.  8 79685126 ANY PASSENGER: N.A.
DATE OF BIRTH:	3/1013/12/3 ANY PASSENGER: N.J.
OCCUPATION:	26/12/1979 Licence Pass Date: 26/06/2001.
GENDER:	MALE / FEMALE
CONTACT NO:	2/24 - 2 - 7
ADDRESS:	BLK 361 Buket Butch St 31 402 - 463 (8) 650361.
EMAIL:	301 301 BURET BUTTON 37 31 403 - 463 (3) 650361.
DOES DRIVER OWNED ANY VEHICLE:	NO/ IF YES, REG NO: INSURER:
RELATIONSI SHIP:	NO/ IF YES, REG NO: INSURER:
WEATHER CONDITION N:	CLEAR DRAINING / OTHERS:
ROAD SURFACE:	DRY / WET / OTHERS:
ANY INJURIES:	NO (IF YES, WHO?
NAME & CONTACT:	CHONG WEI KEN (H/P: 96885307)
NAME & CONTACT:	(4/11/15002/351)
POLICE REPORT:	NO / D YES, WHERE?
NOTICE OF INTENDED PROSECUTION GIVEN?	NO OF YES, WHO?
VEHICLE B REG NO:	SMG 3966C ANY PASSENGERS: 01 (2)
NAME OF DRIVER:	Nur Farah & Adilah Britle CONTACT NO: 9455 5356.
VEHICLE C REG NO:	Zulkifli ANY PASSENGERS:
VEHICLE D REG NO:	ANY PASSENGERS:
VEHICLE E REG NO:	ANY PASSENGERS:
VEHICLE F REG NO:	ANY PASSENGERS:
VEHICLE G REG NO:	ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE?	YES DNO
NAS THERE ANY AUDIO RECORDED?	YES NO.
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO
ACCIDENT PORTION:	Rear Portro
WORKSHOP PARTICULAR:	Turnear.
CONTACT REPECAL	68420051 / 67440510
ONTACT PERSON:  AX NO:	JOSEPH PAN.
VORKSHOP EMAIL:	67410510 sales@n51.com.sg
	acies@ii31.com.sg



## 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: 5106862707-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SMH1305T

Chassis Number

: ZWR800344813

2. Name of Policyholder

: AALEE SERVICE

3. Effective Date of Insurance

: 11 Jan 2020

4. Expiry Date of Insurance

: 10 Jan 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)** 

: S\$2,000

**EXCESS (SECTION 2)** 

: S\$1,500

WINDSCREEN EXCESS

: S\$100 : N/A

**ADDITIONAL EXCESS** UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

**INSURE WITH COE** 

: YES

NCD PROTECTION

: NO

TRANSPORT ALLOWANCE

: NO

**EXCESS WAIVER** 

: NO

PRIMARY DRIVER

: N/A

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

HIRE PURCHASE COMPANY

: N/A

SUM INSURED

: SWIFT GARAGE PTE. LTD. : 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

: DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue

: 10 Jan 2020 14:46 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

**Chief Executive** 

Hello, NAC_PAYA_UBI_80	0601					The second second	) Chan	ge Languag	o A Char	Maria Control of the last of t	alClaim
My Desktop	Pol	icy Query						ge cangua	je renar	ige Password	is todays • is • is
Notice of Loss	Policy	No.				Date	of Accident		17/12/2020	13:55	
	Vehicle	No.(For Motor)	SMH13	05T		Certif	ficate Number				
					ı	Search					er ti banda e
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0	5106862707- 01		AALEE SERVICE	53391931B	GPC	drivo CLASSIC	SMH1305T	5-01-0-01-01-01	Date 11/01/2020	10/01/2021

		ner work like a second control	ndorsement				
<b>Endorse</b>	ments						
Insured	Object: SMH1305T						
nit No.	02-463	Related Numbe		5106862707-01			
ddress 4		Address	s Туре	Singapore address	P	ost Code	650361
ddress 1	BLK 361 #02-463	Addres	s 2	BUKIT BATOK STRE	ET 31 A	ddress 3	SINGAPORE 650361
<b>▽</b> Policyh	older Mailing Address						
Certificate nfo							
Policy Info							
lag Open	***************************************						
Co- nsurance	No						
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Υ	
Singapore OD Excess	2000	Singapore TP Excess	1500			Young	/Inexperience Driver Excess
xcess Outside		Premium Outside	0				
Additional	0	Excess OS			Excess		
Third Party Excess	1500	Own damage	2000		Windscreen	100	
Type	Per Accident	All Claims Excess					
issue Date Excess	10/01/2020	Effective Date	11/01/202	0 00:00	Expiry Date	10/01/2021 2	3:59
Name Policy	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Product	BLK 361 #02-463 BUKIT BATOR		INGAPORE	650361			
No. Address	PLV 261 #02 462 PLV						
Certificate	5106862707-01	Policyholder Name	AALEE SE	RVICE	Policyholder NRIC	53391931B	

Accident MT/1114116					
Policy No.	5106862707-01	Vehicle No.	SMH1305T		
Certificate No.			3,,,,1303,	GST Registration No.	
Policyholder Name	AALEE SERVICE			250000 mm 1860 mm 1 mm	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Policyholder NRIC	53391931B
ontact No.(Mobile)	96885307	Contact No.(Office)	drivo CLASSIC	Loading	0
mail Address		Special Remark	0	Contact No.(Home)	0
FK	● No ○ Yes	TCA	00	eCode	NC V
CD Protection	No	NCD Entitlement(%)	No Yes	eCode Reason	
Accident Details		NCD Entitlement(76)	10	Private Hire	Yes
eport Date	18/12/2020 10:45				
ate of Accident		Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
	17/12/2020	Time of Accident hh:mm	13:55	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
cident Location	Bukit Batok Rd				
Total Excess Applicable	•				
cess Type	Per Accident	Windscreen Excess	100.00		
Standard Excess	2,000.00	TP Standard Excess	1,500.00		
ED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Iditional Excess	0				
tal OD Excess Applicable	2000.00	Total TP Excess Applicable			
Benefits					
GST Registered Inform	ation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
dification History				1,22/cll	
Policyholder Mailing Ad	dress				
dress 1	BLK 361 #02-463	Address 2	BUKIT BATOK STREET 31	Address 3	SINGAPORE 650361
dress 4		Address Type	Singapore address	Post Code	
it No.	02-463	Related Policy Number	5106862707-01	r ost code	650361
OI Driver Info		1859/9950011 1869/7 <del>6</del> 1.00 7600 <del>0.00</del> 01	510002707-01		
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	CHONG WEI KEN	Driver NRIC	S7968512G	Driver DOB	
sister Date of Driver License	26/06/2001	Driver Age	40		26/12/1979
ntact No.(Mobile)	96885307	Contact No.(Office)	0	Driving Experience	19
dress 1	BLK 361	Address 2		Contact No.(Home)	0
dress 4			BUKIT BATOK STREET 31	Address 3	SINGAPORE 650361
t No.	02-463	Address Type	Singapore address	Post Code	650361
es he own a Singapore	○ Yes  No	Driver Vehicle No.			
gistered car?		briver vehicle No.		Driver Insurer Company	
laration					
athalyser or Blood Test	0.00	• 200 000000			
ding?	0 mg	Any injury?	● Yes ○ No		
lification History					
DIE D					
laim 001 New					
n Type *	OD-MX	Insured Name	AMES SSOURCE	X25.5 #X399003	
act No.(Mobile)			AALEE SERVICE	Insured NRIC	53391931B
il Address		Contact No.(Home)		Contact No.(Office)	64400220
	Please Select		SMH1305T	TP Vehicle Number	SMG3966C
mant Name *			Please Select		
nant Address	>>>	Claimant NRIC *			
rred Workshop Contact	SMH1305T / SMG3966C ON 17 Dec 2020			Name of Preferred Workshop	
workshop Contact		Insured Liability *	Not at Fault		or water and a second s
ire Finalisation	Yes	Preferered Repair Option		✓ GIA report	Deschied
Registered	18/12/2020 10:48	Claim Close Date	The state of the s		Received V
	Jackson			Date Received	18/12/2020 00:00
Print AK letter					
		S	ave Submit		
achment			MANAGEMENT STATES OF THE PARTY		
100					
ent No.	MT/1114116	Claim No.	001		
Doc. Received	● Yes ○ No	Upload Date			
	Path *	Sp. vad Date	18/12/2020 10:51		
	raun +		Category *	Confidential Urgeno	cy * Description
		Browse	Clear Please Select	NO V Normal	<u> </u>
		Browse	Clear Please Select	NO V Normal	<u> </u>
		Browse	Clear Please Select	NO V Normal	$\overline{v}$
		Browse	Clear Please Select	NO V Normal	$\overline{\mathbf{v}}$
		Browse	Clear Please Select		
				▼ NO	
		Browse	Clear Please Select	V SIO M Newson	

Attachment	U	ploaded By/Date		9			
THE CO.			Category	1	Urgency	Description	Msg Sent? (CO)
· ·	NAC_PAYA_UBI_800601( CES) o	NATIONAL ASSESSMENT CENTRE SERVI n 18 Dec 2020 10:51	NRIC/ Driving License	Υ	Normal	NRIC/ Driving License 2020-12-18	(0)
1	NAC_PAYA_UBI_800601( CES) o	NATIONAL ASSESSMENT CENTRE SERVI n 18 Dec 2020 10:49	SAS		Normal	SAS 2020-12-18	
	NAC_PAYA_UBI_800601( CES) o	NATIONAL ASSESSMENT CENTRE SERVI n 18 Dec 2020 10:49	Photos		Normal	Photos 2020-12-18	
	NAC_PAYA_UBI_800601( CES) or	NATIONAL ASSESSMENT CENTRE SERVI n 18 Dec 2020 10:49	Photos		Normal	Photos 2020-12-18	
变。	NAC_PAYA_UBI_800601( CES) or	NATIONAL ASSESSMENT CENTRE SERVI of 18 Dec 2020 10:49	Photos		Normal	Photos 2020-12-18	
	NAC_PAYA_UBI_800601( PCES) or	NATIONAL ASSESSMENT CENTRE SERVI 0 18 Dec 2020 10:48	Photos		Normal	Photos 2020-12-18	
*/	NAC_PAYA_UBI_800601( N CES) on	NATIONAL ASSESSMENT CENTRE SERVI 18 Dec 2020 10:48	Photos		Normal	Photos 2020-12-18	
S	NAC_PAYA_UBI_800601( N CES) on	ATIONAL ASSESSMENT CENTRE SERVI 18 Dec 2020 10:48	Photos		Normal	Photos 2020-12-18	
	NAC_PAYA_UBI_800601( N CES) on	ATIONAL ASSESSMENT CENTRE SERVI 18 Dec 2020 10:48	Photos		Normal	Photos 2020-12-18	
	NAC_PAYA_UBI_800601( N CES) on	ATIONAL ASSESSMENT CENTRE SERVI 18 Dec 2020 10:48	Photos		Normal	Photos 2020-12-18	
	NAC_PAYA_UBI_800601( No CES) on	ATIONAL ASSESSMENT CENTRE SERVI 18 Dec 2020 10:48	Photos		Normal	Photos 2020-12-18	
ideo List	Uploaded By/Date	Folder Date	- File	Name	***************************************	Source	