				•
NATIONAL Assessment Centre Services.	1 Janos Mogz	0C4000H	Done l	
Date In: 70 Jcb description	l)aı	e & Time Completed		·;
Ref No: NA INCLOSURE SAS e-filing	İ	!		
Veh No: SU191916 E-mail (within Shrs	, AIC 2hrs)			
D.O.A: 21/12 - 17.15 i-Motor Claim I	Form M	1111567-001	30 11/2	17:44
i-Motor W/O (V	Vithin: OD 2hrs, TP 41	nrs)		
OD TP Reporting Only i-Photo Upload	ed			
Assessment/Surv	ey Report			.
TP Insurer: Ass't Report by I	Fax / Hand to Ow	ner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Тө	1:	Fax:)
TP Particulars: Veh No: 618 2849	. INC()	/Non-INC()		
Owner / Driver: (Т	cl:		
Policy No: () Period: () Co	ver Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WC)): N: 0-20%;	P: 21-79%. P: 30-	100%]	
real of Registration. ()/NO()			
Excess: (\$) Loading: \$1,000 ()/\$2,000 ()	aanaa oo o	7788 STR. 115	,
General Remarks:-				· · ·
() Walk-In Customer: Customer's information strictly Confi	dential & Strictly	NO refer of repairer	<u>. </u>	
() Total Loss Case : to e-mail Insurer URGENTLY.		*		
Drive-In ()/Towed-In (); Invoice: YES ()/NO	(); Towin	ng Co: (
Remarks:- (INC hotline: 6788 6616)	D	ite&Time Completed	Done	by
Remarks:- (INC norme: 0700 0010)				
1) Apply for Transport Allowance ()/Courtesy Car ()				
1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection ()				
1) Apply for Transport Allowance ()/Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] ()				
1) Apply for Transport Allowance ()/Courtesy Car () 2) QC Check / Post Repair Inspection ()				ATT OF STATE
1) Apply for Transport Allowance ()/Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] ()				×
1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury:				
1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury:				
1) Apply for Transport Allowance ()/Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury:				
1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury:				
1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions	1 D		Ant (5)	
1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions	Invoice Prepar	ation Checklist		Amt (3)
1) Apply for Transport Allowance ()/Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions	Inveice Prepar 1) AR: Accident Rep 2) DA: Damage Asse	ation Checklist: orting (\$30); ssment (\$100); INC	Ant (5) fit Bill (580)	1.
1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions KANOUN Claimant's Particulars:-	1) AR: Accident Rep 2) DA: Damage Asse 3) TF: Towing Fee	ation Checklist: orting (\$30); ssment (\$100); INC	Ant (S)	1.
1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions Claimant's Particulars:- Driver/Owner:	1) AR: Accident Rep 2) DA: Damage Asse 3) TF: Towing Fee 4) FT: Follow-Throu	ation Checklist: orting (\$30); ssment (\$100); INC gh Survey	Amt (\$) fit Bill (\$80) \$40/\$45 \$120 \$30	1.
1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions Claimant's Particulars: Driver/Owner: Contact No:	1) AR: Accident Rep 2) DA: Damage Asse 3) TF: Towing Fee 4) FT: Follow-Throu 5) FT: Follow-Throu For claiming again 6) TR: Re-inspection	ation Checklist. orting (\$30); ssment (\$100); INC gh Survey gh Survey (Resurvey) st INC Only (wef 10 Jan 2	(\$80) \$40/\$45 \$120 \$30 \$005) \$75	1.
1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion:	1) AR: Accident Rep 2) DA: Damage Asse 3) TF: Towing Fee 4) FT: Follow-Throu 5) FT: Follow-Throu For claiming again 6) TR: Re-inspection 7) N1: Idac DA + Sh	ation Checklist. orting (\$30); ssment (\$100); INC gh Survey gh Survey (Resurvey) st INC Only (wef 10 Jan 2	(\$80) \$40/\$45 \$120 \$30 \$905)	1.
1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion:	1) AR: Accident Rep 2) DA: Damage Asse 3) TF: Towing Fee 4) FT: Follow-Throu 5) FT: Follow-Throu For claiming again 6) TR: Re-inspection 7) N1: Idac DA + SN 8) NTUC Additional	ation Checklist orting (\$30); ssment (\$100); INC gh Survey gh Survey (Resurvey) st INC Only (wef 10 Jan 2 ART Survey Services:-	(\$80) \$40/\$45 \$120 \$30 (905) \$75 \$160	1.
1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion:	1) AR: Accident Rep 2) DA: Damage Asse 3) TF: Towing Fee 4) FT: Follow-Throu 5) FT: Follow-Throu For claiming again 6) TR: Re-inspection 7) N1: Idac DA + SN 8) NTUC Additional OD.* *N5: Courtesy Car	ation Checklist. orting (\$30); ssment (\$100); INC gh Survey gh Survey (Resurvey) st INC Only (wef 10 Jan 2 ART Survey Services:-	(\$80) \$40/\$45 \$120 \$30 \$95 \$75 \$160	1.
1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	1) AR: Accident Rep 2) DA: Damage Asse 3) TF: Towing Fee 4) FT: Follow-Throu 5) FT: Follow-Throu For claiming again 6) TR: Re-inspection 7) N1: Idac DA + SN 8) NTUC Additional QD* *N5: Courtesy Cai *N6: Repair Co-or *N7: Fost Repair Co-or	ation Checklist. orting (\$30); ssment (\$100); INC gh Survey gh Survey (Resurvey) st INC Only (wef 10 Jan 2 fRT Survey Services:- / Tpt Allowance dination nspection	\$25 \$10 \$25	1.
1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions Claimant's Particulars: Driver/Owner: Contact No: Darnaged Portion: QC Checked by (Engr-In-Charge): Arditors! Comments::	1) AR: Accident Rep 2) DA: Damage Asse 3) TF: Towing Fee 4) FT: Follow-Throu 5) FT: Follow-Throu For claiming again 6) TR: Re-inspection 7) N1: Idac DA + SN 8) NTUC Additional OD* *N5: Courtesy Car *N6: Repair Co-or *N7: Fost Repair I +N8: DV / Collect	ation Checklist. orting (\$30); ssment (\$100); INC gh Survey gh Survey (Resurvey) st INC Only (wef 10 Jan 2 4RT Survey Services:- / Tpt Allowance dination nspection Excess Coordination	Ant (\$) fit Bill (\$80) \$40/\$45 \$120 \$30 905) \$75 \$160 \$55 \$10 \$25 \$55 \$20	1.
1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion:	1) AR: Accident Rep 2) DA: Damage Asse 3) TF: Towing Fee 4) FT: Follow-Throu 5) FT: Follow-Throu For claiming again 6) TR: Re-inspection 7) N1: Idac DA + SN 8) NTUC Additional OD* *N5: Courtesy Car *N6: Repair Co-or *N7: Fost Repair I +N8: DV / Collect	ation Checklist. orting (\$30); ssment (\$100); INC gh Survey gh Survey (Resurvey) st INC Only (wef 10 Jan 2 fRT Survey Services:- / Tpt Allowance dination nspection	\$\frac{\text{Ant}}{5t \text{Bill}}\$ (\$\$0) \$\$40/\$45 \$\$120 \$\$30 \$\$995 \$\$75 \$\$160 \$\$25 \$\$510 \$\$225 \$\$55 \$\$220 \$\$30	Add Bill

SN0920CU000H / National Assessment Centre Services [408933] ENTRY DATE & TIME: 30/12/2020 17:39 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (30/12/2020 17:39 (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 30/12/2020 17:39 (SGT) Date of Accident 29/12/2020 13:15 (SGT) Exact Location of Accident Woodlands Ave 10, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Vehicle Registration Number SLH9595G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner FRESH CARS PTE LTD Company Reg No 2XXXXX540Z

Email Address kim@freshcars.sg Mobile Phone No (Phone) +65-96192819

Alternative Phone No

VEHICLE PARTICULARS

Toyota Wish Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle?

No - Claiming third party Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage ThirdParty Fleet Policy Policy Number 5118938332

Cover Note Number

DRIVER

Name of Driver LIM HONG LAN (LIN FENGLAN) SXXXX974Z NRIC No 31/05/1975 Date Of Birth Outdoor Occupation

Date Of Driving Pass 12/05/2000 Driving experience 20 YEARS AND 7 MONTHS Gender Female Mobile Number (Phone) +65-96273309 Alt. Phone Number Email Address kim@freshcars.sg Address BLK 559 ANG MO KIO AVENUE 10 Address complement #08-1860 Postcode 560559 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 - Head to Rear Weather Conditions Clear 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? Yes 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? PASSENGER 1 Name Gender Male 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 **GBE7840X** Vehicle Manufacturer Toyota Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver SARAVANAN S/PO SUPPARAYAN

SXXXX471A

NRIC No

Contact Number	(Phone) +65-97665210
Address	-
Address complement	-
Postcode	-
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	LIM HONG LAN (LIN FENGLAN)
Address	=
Address Complement	
Post Code	-
Approximate Age Years Old	_
Injuries Sustained	BODY
Injured person in which vehicle?	SLH9595G
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.
- 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

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel Signature

Name:

NRIC/FIN No .:

		A	SLH95956	
A		B	GBE7840	X
B				
	8			100

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	While I was taxelling along woodlands avenue to as the vehicle in
font of	me stopped. I also stopped my vehicle in time and stationary.
	Syddenly vehicle B come from behind and hit onto the rear
portion	of my Vehicle.

DECLARATION

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

Policyhelder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

Date of Accident	: 29/12/2020 Accident Time: 13:17 (24-HR-FORMAT)
Accident Place	: Woodlands Ave 10
Vehicle Reg. No (Car plate No.)	SLH 9595 G Vehicle Make/Model: Toyota Wish
Insurance Company	: Income (NTUC) Policy No. 5118938332
Name of Registered Owner	(: Company / Individual Fresh Cars Pte Led
ID of Registered Owner	: Co Reg No: 2016 08540 Z Owner's NRIC No:
	: Co Contact No: 96192819 Owner's Contact No:
DRIVER'S Name	: Lim Hong Lan DRIVER'S NRIC No: 57539974Z
DRIVER'S Date of Birth	:31 05 1975 DRIVER'S License Pass Date 12/05 2000
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others; Hirer
DRIVER'S Address	: Blk 559 Ang Mo Kio Avenue 10 #08-1860 Singapore
DRIVER'S Contact No./ Alt No.	:1) 96273309 2) -
DRIVER'S Occupation	: INDOOR (OUTDOOR (eg. working inside or outside of an ofc)
Email Address	kin@fresh cars.sq
Weather & Road Surface	CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Was the accident reported to the p Was there any video Captured by	
	ner Party Driver's Particulars (if any)
Vehicle Reg No. (B) GBE 78	40 X Vehicle Reg No:
Vehicle MakelModel: Toyota	Vehicle Make Model:
Name DRIVER: Sardvanan SC	
IC No. DRIVER: S89 404	IC No. DRIVER :
DRIVER'S Contact & add Blk 673	5210 DRIVER'S Contact & add: 2B Yoshun Avenue 4 # 10-544 Singapove 762672
Injured Person (D)	· Im How In / C75299747

ACKNOWLEDGMENT

	m Hong Lan holding	(delete which is not applicable)	* 4
of vehicle	No. SLH9595G acknow	rledge the following:	
1. I	have been given Income's practice leaflet.		
2.	The counter-staff has explained Income's pr	actice leaflet to me accordingly.	
3. I	am clear about the information disseminate accident reporting.	ed by the counter-staff during my	
4.]	My accident reporting is for (please circle the appropriate one)	- a) reporting purpose only	
		b) claiming own damage	
		c) claiming third party	
5.	I came - a) with my workshop]		
	b) without my workshop	(please circle the appropriate one)	
6.	My workshop who came with me is	*	
	The state with the to the to	(please provide the name)	
7.	My preferred workshop who did not com	e with me is	
	(please provide the name)	and not recommended by the staff.	
	A .		
Sig	gnature: Jen		
Da	ate:		



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: 5118938332

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: SLH9595G

Chassis Number

: JTDER12W403002318

2. Name of Policyholder

: FRESH CARS PTE. LTD

3. Effective Date of Insurance

: 07 Sep 2020

4. Expiry Date of Insurance

: 06 Sep 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.

- - (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)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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

: AA INTERNATIONAL INSURANCE AGENCY (00000572347)

Date of Issue

: 04 Sep 2020 11:22 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Hello, NAC_PAYA_UBI_80060)1						• Change	Language	· Chang	ge Password	· Log Ou
My Desktop	Polic	y Query									
Notice of Loss	Policy N	0.	511893	8332		Date o	f Accident	25	9/12/2020 1	3:15	
	Vehicle	No.(For Motor)	SLH959	5G		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	5118938332		FRESH CARS PTE. LTD	201608540Z	GPC	Third Party	SLH9595G	SLH9595G	07/09/2020	06/09/2021

Policy No.	5118938332	Policyholder Name	FRESH CA	RS PTE. LTD	Policyholder NRIC	201608540Z	
Certificate							
Address	105 KAKI BUKIT AVENUE 1 #0	03-03 SHUN LI	INDUSTRIAL	PARK SINGAPORE 4:	15987		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	04/09/2020	Effective Date	07/09/202	20 00:00	Expiry Date	06/09/2021 23:	59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			Young/I	nexperience Driver Excess
Agent	AA INTERNATIONAL INSURAN	ICI Agent Tel.	64646022		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	older Mailing Address						
Address 1	105 KAKI BUKIT AVEN	UE 1 Addr	ess 2	#03-03 SHUN LI II	NDUSTRIAL P	Address 3	SINGAPORE 415987
Address 4		Addr	ess Type	Singapore address		Post Code	415987
Unit No.	02-03	Relat Num	ed Policy ber	5120249608			
) Insure	d Object: SLH9595G						
▽ Endors	ements						
	ce Date of Endorsem		Endorseme	nt Tuna	Endorsement	Ctatus	Endorsement Content

ccident MT/1115657 Policy No.					
olicy No.			W. 2011 (1911)(1911 (1911))(1911 (1911)(1911)(1911)(1911)(1911)(1911)(1911)(1911)(1911)(19	NAME OF THE OWNER OWNER.	
	5118938332	Vehicle No.	SLH9595G	GST Registration No.	
rtificate No.					
licyholder Name	FRESH CARS PTE. LTD			Policyholder NRIC	201608540Z
oduct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
					0
ntact No.(Mobile)	96192819	Contact No.(Office)	0	Contact No.(Home)	
nail Address		Special Remark		eCode	Nc 🗸
FK	No ○Yes	TCA	No ○Yes	eCode Reason	
		NCD Entitlement(%)	0	Private Hire	Yes
CD Protection	No	NCD Entitlement(%)	0	The second	163
 Accident Details 					
eport Date	30/12/2020 17:41	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
		Time of Accident hh:mm	13:15	Country of Accident	Singapore
ate of Accident	29/12/2020		13.13		
eporting Centre		Orange Force		ICM No.	
ccident Location	Woodlands Ave 10				
▼ Total Excess Applicable					
	Per Accident	Windscreen Excess	0.00		
ccess Type	Per Accident	Willdscreen Excess	0.00		
D Standard Excess	0.00	TP Standard Excess	1,500.00		
ED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
dditional Excess					
		Total TD Comme Accessor			
otal OD Excess Applicable	0.00	Total TP Excess Applicable			
▽ Benefits					
GST Registered Inform	ation	AND AND THE PROPERTY OF THE PR			
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
odification History	30/12/2020 17:43:21 Syste	m changed GST Status Verified from			
Juneación Friscory					
	77				
Policyholder Mailing A					
ddress 1	105 KAKI BUKIT AVENUE 1	Address 2	#03-03 SHUN LI INDUSTRIAL P.	Address 3	SINGAPORE 415987
ddress 4		Address Type	Singapore address	Post Code	415987
nit No.	02-03	Related Policy Number	5120249608		
OI Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
nnamed driver Name	LIM HONG LAN (LIN FENGLAN)	Driver NRIC	S7539974Z	Driver DOB	31/05/1975
egister Date of Driver License	12/05/2000	Driver Age	45	Driving Experience	20
ontact No.(Mobile)	96273309	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BLK 559	Address 2	ANG MO KIO AVENUE 10	Address 3	CHENG SAN PLACE
		Address Type	Singapore address	Post Code	560559
ddress 4	SINGAPORE 560559	Address Type	Singapore address	Post Code	300333
Jnit No.	08-1860				
Does he own a Singapore	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
	0 0				
legistered car?					
egistered car?					
egistered car?					010
egistered car? eclaration reathalyser or Blood Test	0 mg	Any injury?	● Yes ○ No		
egistered car? eclaration reathalyser or Blood Test	0 mg	Any injury?	● Yes ○ No		
eclaration	0 mg	Any injury?	● Yes ○ No		
egistered car? eclaration ireathalyser or Blood Test eading?	0 mg	Any injury?	● Yes ○ No		
eclaration reathalyser or Blood Test eading? odification History	0 mg	Any injury?	● Yes ○ No		
eclaration reathalyser or Blood Test eading?	0 mg	Any injury?			
eclaration reathalyser or Blood Test eading?	0 mg	Any injury?	● Yes ○ No		
eclaration reathalyser or Blood Test eading? odification History Claim 001					DUEDELOY
eclaration reathalyser or Blood Test eading? odification History Claim 001	0 mg	Any injury?	Yes No FRESH CARS PTE. LTD	Insured NRIC	201608540Z
eclaration reathalyser or Blood Test eading? coldification History Claim 001				Insured NRIC Contact No.(Office)	201608540Z +
eclaration reathalyser or Blood Test eading? colification History Claim 001 New Claim Type * Contact No.(Mobile)		Insured Name Contact No.(Home)	FRESH CARS PTE. LTD		
eclaration reathalyser or Blood Test eading? coldification History Claim 001 New liaim Type * contact No.(Mobile) mail Address	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number	FRESH CARS PTE, LTD SLH9595G	Contact No.(Office)	* 45 To 10 T
eclaration reathalyser or Blood Test eading? Claim 001 New laim Type * ontact No.(Mobile) mail Address	OD-MX	Insured Name Contact No.(Home)	FRESH CARS PTE. LTD	Contact No.(Office)	* 48 ES ES ES ES ES ES ES ES
eclaration reathalyser or Blood Test eading? Claim 001 New laim Type * ontact No.(Mobile) mail Address laimant Type Claimant Type talmant Type ta	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number	FRESH CARS PTE, LTD SLH9595G	Contact No.(Office)	* 48 ES ES ES ES ES ES ES ES
eclaration reathalyser or Blood Test eading? Claim 001 New liaim Type * contact No. (Mobile) mail Address laimant Type Claimant Type laimant Type Claimant Type	OD-MX Please Select	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit *	FRESH CARS PTE, LTD SLH9595G	Contact No.(Office)	* 48 ES ES ES ES ES ES ES ES
eclaration reathalyser or Blood Test eading? Claim 001 New liaim Type * ontact No. (Mobile) mail Address laimant Type Claimant Type talmant Name * laimant Address	OD-MX V Please Select V ≥≥≥	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit *	FRESH CARS PTE, LTD SLH9595G	Contact No.(Office) TP Vehicle Number	* 48 ES ES ES ES ES ES ES ES
eclaration reathalyser or Blood Test eading? Claim 001 New Claim Type * contact No. (Mobile) mail Address claimant Type Claimant Type that a contact No. (Mobile) claimant Address claimant Address claimant Address claimant Address claimant Address claimant Description	OD-MX Please Select	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit *	FRESH CARS PTE, LTD SLH9595G	Contact No.(Office)	* 45 To 10 T
eclaration reathalyser or Blood Test eading? Claim 001 New Italiam Type * Contact No. (Mobile) mail Address Italiamant Type Claimant Type Italiamant Name * Italiamant Address	OD-MX V Please Select V ≥≥≥	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit *	FRESH CARS PTE, LTD SLH9595G	Contact No.(Office) TP Vehicle Number	* 48 ES ES ES ES ES ES ES ES
eclaration reathalyser or Blood Test eading? codification History Claim 001 Next laim Type * contact No. (Mobile) mail Address laimant Type Claimant Type laimant Address laim Description referred Workshop Contact lo.	OD-MX ✓ Please Select ≥≥ SLH9595G / GBE7840X ON 29 Dec 2020	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	FRESH CARS PTE, LTD SLH9595G Please Select Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	+ GBE7840X
eclaration reathalyser or Blood Test eading? Claim 001 New Italim Type * Italim Type Claimant Type Italimant Address Italimant Name * Italimant Address It	OD-MX Please Select ≥≥ SLH9595G / GBE7840X ON 29 Dec 2020 Yes	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	FRESH CARS PTE. LTD SLH9595G Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	+ GBE7840X
eclaration reathalyser or Blood Test eading? Claim 001 New Italim Type * Italim Type Claimant Type Italimant Address Italimant Name * Italimant Address It	OD-MX ✓ Please Select ≥≥ SLH9595G / GBE7840X ON 29 Dec 2020	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	FRESH CARS PTE, LTD SLH9595G Please Select Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	+ GBE7840X
eclaration reathalyser or Blood Test eading? Claim 001 New Claim 001 New Liaim Type * ontact No. (Mobile) mail Address laimant Type Claimant Type * laimant Address laimant Address laim Description referred Workshop Contact oc. equire Finalisation late Registered	OD-MX Please Select ≥≥ SLH9595G / GBE7840X ON 29 Dec 2020 Yes	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	FRESH CARS PTE, LTD SLH9595G Please Select Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	+ GBE7840X
eclaration reathalyser or Blood Test eading? Claim 001 New liaim Type * ontact No. (Mobile) mail Address laimant Type Claimant Type * laimant Address laim Description referred Workshop Contact o, equire Finalisation ate Registered eport Taken By	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	FRESH CARS PTE, LTD SLH9595G Please Select Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	GBE7840X
eclaration reathalyser or Blood Test eading? Claim 001 New liaim Type * ontact No. (Mobile) mail Address laimant Type Claimant Type * laimant Address laim Description referred Workshop Contact o, equire Finalisation ate Registered eport Taken By	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	FRESH CARS PTE, LTD SLH9595G Please Select Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	+ GBE7840X
eclaration reathalyser or Blood Test eading? Claim 001 New liaim Type * ontact No. (Mobile) mail Address laimant Type Claimant Type * laimant Address laim Description referred Workshop Contact o, equire Finalisation ate Registered eport Taken By	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	FRESH CARS PTE. LTD SLH9595G Please Select Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	GBE7840X
eclaration reathalyser or Blood Test eading? Claim 001 New Laim Type * Ontact No.(Mobile) mail Address laimant Type Claimant Type talamant Type Claimant Type Claimant Type Claimant Type Claimant Type Claimant Type Claimant Cl	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	FRESH CARS PTE, LTD SLH9595G Please Select Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	+ GBE7840X
cclaration reathalyser or Blood Test eading? Claim 001 New laim Type * ontact No. (Mobile) mail Address laimant Type Claimant Type talmant Name * laimant Address laim Description referred Workshop Contact oc. equire Finalisation ate Registered eport Taken By	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	FRESH CARS PTE. LTD SLH9595G Please Select Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	+ GBE7840X
cclaration reathalyser or Blood Test eading? Claim 001 New Claim 001 New claim Type * contact No. (Mobile) mail Address laimant Type Claimant Type * laimant Address laim Description referred Workshop Contact oequire Finalisation ate Registered eport Taken By Print AK letter Attachment	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	FRESH CARS PTE. LTD SLH9595G Please Select Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	# GBE7840X
eclaration reathalyser or Blood Test eading? Claim 001 New Laim Type * Ontact No.(Mobile) mail Address laimant Type Claimant Type talamant Type Claimant Type Claimant Type Claimant Type Claimant Type Claimant Type Claimant Cl	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	FRESH CARS PTE. LTD SLH9595G Please Select Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	+ GBE7840X
eclaration reathalyser or Blood Test eading? Claim 001 New liaim Type * ontact No. (Mobile) mail Address laimant Type Claimant Type * laimant Address laimant Address laim Description referred Workshop Contact o, equire Finalisation ate Registered eport Taken By Print AK letter Attachment	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date	FRESH CARS PTE. LTD SLH9595G Please Select Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	+ GBE7840X
collection cathalyser or Blood Test eading? Claim 001 New Claim 001 New Claim Type * Contact No. (Mobile) mail Address Iaimant Type Claimant Type * Iaimant Address I	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date	FRESH CARS PTE. LTD SLH9595G Please Select Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	+ GBE7840X
collection cathalyser or Blood Test eading? Claim 001 New Claim 001 New Claim Type * Contact No. (Mobile) mail Address Iaimant Type Claimant Type * Iaimant Address I	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date	FRESH CARS PTE. LTD SLH9595G Please Select Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	# GBE7840X
claration eathalyser or Blood Test eading? claim 001 Mex aim Type * ontact No. (Mobile) mail Address aimant Type Claimant Type * aimant Address aimant Address aim Description eferred Workshop Contact obequire Finalisation ate Registered eport Taken By Print AK letter Attachment Attachment	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date	FRESH CARS PTE. LTD SLH9595G Please Select Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	# GBE7840X Received 30/12/2020 00:00
claration eathalyser or Blood Test eading? claim 001 Mex aim Type * ontact No. (Mobile) mail Address aimant Type Claimant Type * aimant Address aimant Address aim Description eferred Workshop Contact obequire Finalisation ate Registered eport Taken By Print AK letter Attachment Attachment	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No. Upload Date	FRESH CARS PTE. LTD SLH9595G Please Select Not at Fault Preferred Workshop, Name unknown Save Submit 001 30/12/2020 17:47 Category *	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urger	# GBE7840X Received 30/12/2020 00:00
claration eathalyser or Blood Test eading? claim 001 Mex aim Type * ontact No. (Mobile) mail Address aimant Type Claimant Type * aimant Address aimant Address aim Description eferred Workshop Contact obequire Finalisation ate Registered eport Taken By Print AK letter Attachment Attachment	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No. Upload Date	FRESH CARS PTE. LTD SLH9595G Please Select Not at Fault Preferred Workshop, Name unknown O01 30/12/2020 17:47 Category * Clear Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urger NO Normal	Received 30/12/2020 00:00
claration eathalyser or Blood Test eading? claim 001 Mex aim Type * ontact No. (Mobile) mail Address aimant Type Claimant Type * aimant Address aimant Address aim Description eferred Workshop Contact obequire Finalisation ate Registered eport Taken By Print AK letter Attachment Attachment	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No. Upload Date	FRESH CARS PTE. LTD SLH9595G Please Select Not at Fault Preferred Workshop, Name unknown 30/12/2020 17:47 Category * Category *	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urger	# GBE7840X Received 30/12/2020 00:00
colaration reathalyser or Blood Test reading? Claim 001 New and Type * ontact No. (Mobile) mail Address raimant Type Claimant Type raimant Address raimant Address raimant Address referred Workshop Contact occupier Finalisation ate Registered report Taken By Print AK letter Attachment Ccident No.	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No. Upload Date	FRESH CARS PTE. LTD SLH9595G Please Select Not at Fault Preferred Workshop, Name unknown 30/12/2020 17:47 Category * Category * Clear Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urger NO Normal	Received 30/12/2020 00:00
claration eathalyser or Blood Test eading? claim 001 Mex aim Type * ontact No. (Mobile) mail Address aimant Type Claimant Type * aimant Address aimant Address aim Description eferred Workshop Contact obequire Finalisation ate Registered eport Taken By Print AK letter Attachment Attachment	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No. Upload Date Browse Browse	FRESH CARS PTE. LTD SLH9595G Please Select Not at Fault Preferred Workshop, Name unknown 30/12/2020 17:47 Category * Category * Clear Please Select Please Select Clear Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urger NO V Normal V NO V Normal NO V Normal	Received Solving Process of the Control of the Cont
ecistered car? echaration reathalyser or Blood Test eading? Claim 001 New Liaim Type * ontact No. (Mobile) mail Address laimant Type Claimant Type * laimant Address laimant Address laim Description referred Workshop Contact o. equire Finalisation late Registered eport Taken By Print AK letter Attachment Attachment	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No. Upload Date Browse Browse Browse	FRESH CARS PTE. LTD SLH9595G Please Select Not at Fault Preferred Workshop, Name unknown 30/12/2020 17:47 Category * Category * Clear Please Select Clear Please Select Clear Please Select Clear Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urger NO V Normal V NO V Normal V NO V Normal	Received 30/12/2020 00:00
eclaration sreathalyser or Blood Test teading? Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Description Perferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No. Upload Date Browse Browse	FRESH CARS PTE. LTD SLH9595G Please Select Not at Fault Preferred Workshop, Name unknown 30/12/2020 17:47 Category * Category * Clear Please Select Clear Please Select Clear Please Select Clear Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urger NO V Normal V NO V Normal NO V Normal	Received 30/12/2020 00:00

Attachment	Uploaded E	sy/Date	Category	9	Urgency	Description	Msg Sent? (CO)
RET INCO	NAC_PAYA_UBI_800601(NATIONA CES) on 30 Dec		NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-30	
10	NAC_PAYA_UBI_800601(NATIONA CES) on 30 Dec		SAS		Normal	SAS 2020-12-30	
WZIES	NAC_PAYA_UB1_800601(NATIONA CES) on 30 Dec		Photos		Normal	Photos 2020-12-30	
	NAC_PAYA_UBI_800601(NATIONA CES) on 30 Dec		Photos		Normal	Photos 2020-12-30	
	NAC_PAYA_UBI_800601(NATIONA CES) on 30 Dec		Photos		Normal	Photos 2020-12-30	
-	NAC_PAYA_UBI_800601(NATIONA CES) on 30 Dec		Photos		Normal	Photos 2020-12-30	
	NAC_PAYA_UBI_800601(NATIONA CES) on 30 Dec		Photos		Normal	Photos 2020-12-30	
	NAC_PAYA_UBI_800601(NATIONA CES) on 30 Dec		Photos		Normal	Photos 2020-12-30	
	NAC_PAYA_UBI_800601(NATIONA CES) on 30 Dec		Photos		Normal	Photos 2020-12-30	
	NAC_PAYA_UBI_800601(NATIONA CES) on 30 Dec		Photos		Normal	Photos 2020-12-30	
	NAC_PAYA_UBI_800601(NATIONA CES) on 30 Dec		Photos		Normal	Photos 2020-12-30	
	NAC_PAYA_UBI_800601(NATIONA CES) on 30 Dec		Photos		Normal	Photos 2020-12-30	
Video List	Uploaded By/Date	Folder Date		ile Name		Source	A