	Services. Well Jan'osk L	OT VIIO -	
Date In: 7/1/1/ - 11/13	Jeb description	Date & Time Completed	Done by
Ref No: MA INCHOOLES 74	SAS e-filing		
Veh No: CONSON	E-mail (within 8hrs, AIC 2hrs)		a
D.O.A: 25/11/20-17:45	i-Motor Claim Form	M7 1115766-00V	31:K M11E
	i-Motor W/O (Within: OD 2h	rs, 7°P 4hrs)	
OD TD ! Reporting Only	i-Photo Uploaded	1	
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No:SLR 47	inc ()/Non-INC().	
Owner / Driver: (Tel:)
Policy No: () Perio	od: ()	Cover Type: (
Confirmed by: (Date:	Time:)
Insured/Driver Liability: (%) [No	ote-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-	.100%]
Year of Registration: () Wa	arranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,000)()/\$2,000()		**************************************
General Remarks;-			
() Walk-In Customer: Customer's inform		trictly NO refer of repairer	
() Total Loss Case : to e-mail Insurer		· · · · · · · · · · · · · · · · · · ·	
Drive-In ()/ Towed-In (); Invoice:	YES()/NO();	Towing Co: (,
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by
1) Apply for Transport Allowance ()/ Col	urtesy Car ()	- T	
· / · · · · · · · · · · · · · · · · · ·	urtesy Car ()		7
2) QC Check / Post Repair Inspection	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300	()		
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time: Actions	()	eparation Checklist	Ant(S) Amt(S
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions	() 00] () Invoice Pi	eparation Checklist.	Ant (5) Amt (3 fit Bill Add Bi
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions	() 00] () Invoice Pi 1) AR: Accide 2) DA: Dama	ent Reporting (\$30); ge Assessment (\$100); INC	Ant (5) Amt (3 fit Bill Add Bi
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Analysis Particulars:	Invoice Pi 1) AR: Accide 2) DA: Dama 3) TF: Towin 4) FT: Follow	ent Reporting (\$30); ge Assessment (\$100); INC g Fee -Through Survey	Ant (\$) Ant (\$) (\$80) \$40/\$45 \$120
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Augorgan amant's Particulars:- river/Owner:	Invoice Pi 1) AR : Accide 2) DA : Dama 3) TF : Towin 4) FT : Follow	ent Reporting (\$30); ge Assessment (\$100); INC g Fee -Through Survey -Through Survey (Resurvey)	Ant (\$) Amt (\$) (\$80) 540/\$45 \$120 \$30
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions August Particulars: inver/Owner: ontact No:	Invoice Property	ent Reporting (\$30); ge Assessment (\$100); INC g Fee -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 2) pection	(\$80) \$40/\$45 \$120 \$30 \$205) \$75
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Laumant's Particulars: river/Owner: ontact No: amaged Portion:	Invoice Property Invoice Pro	ent Reporting (\$30); ge Assessment (\$100); INC g Fee -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 2) pection A + SMRT Survey itional Services:-	(\$80) \$40/\$45 \$120 \$30 \$75 \$160
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Lumant's Particulars: river/Owner: ontact No: amaged Portion:	Invoice Pi 1) AR: Accide 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-ins 7) N1: Idac D 8) NTUC Add QD* *NS: Court	ent Reporting (\$30); ge Assessment (\$100); INC g Fee -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 2) pection A + SMRT Survey itional Services:- csy Car / Tpt Allowance	(\$80) \$40/\$45 \$120 \$30 \$205) \$75 \$160
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Lamant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice Pi 1) AR: Accide 2) DA: Dama 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-ins 7) N1: Idae D 8) NTUC Add QII* *N5: Court *N6: Repair *N7: Fost	ent Reporting (\$30); ge Assessment (\$100); INC gree -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 2) pection A + SMRT Survey itional Services:- csy Car / Tpt Allowance tr Co-ordination Repair Inspection	(\$80) \$40/\$45 \$120 \$30 \$75 \$160 \$5 \$10 \$25
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Laumant's Particulars: river/Owner: ontact No: armaged Portion: C. Checked by (Engr-In-Charge): anditors' Comments: anditors' Comments:	Invoice Pi	ent Reporting (\$30); ge Assessment (\$100); INC gree -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 2) pection A + SMRT Survey itional Services:- csy Car / Tpt Allowance tr Co-ordination Repair Inspection Collect Excess Coordination	(\$80) \$40/\$45 \$120 \$30 \$20/\$55 \$160 \$5 \$10 \$25 \$5 \$25 \$20
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions	Invoice Pi	ent Reporting (\$30); ge Assessment (\$100); INC gree Fee (\$100); INC gree	Amt(s) Amt(s) (\$80) \$40/\$45 \$120 \$30 \$25 \$75 \$160 \$55 \$10 \$25 \$55 \$30 \$30 \$30 \$30 \$30 \$30 \$3

Francis Com

SN0921160003 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 07/01/2021 12:13 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (07/01/2021 12:13 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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	07/01/2021 12:13 (SGT)
Date of Accident Exact Location of Accident	29/12/2020 13:00 (SGT) Boon Lay Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN3042L	
INSURED/POLICYHOLDER		
Is company?	No CHIN CHEN POOL	

Name Of Registered Owner SXXXX144E NRIC No chooiyee78@gmail.com **Email Address** (Phone) +65-98876623 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer	Honda AFS125MSF
Variant	-
Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to	Private use
vour vehicle?	No - Claiming third party
Vehicle Category	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5112058791-01
Cover Note Number	_

DRIVER

Name of Driver	CHIN CHEN POOI
NRIC No	SXXXX144E
Date Of Birth	13/06/1974
Occupation	Outdoor

Date Of Driving Pass	02/01/2002
Driving experience	18 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98876623
Alt. Phone Number	+
Email Address	chooiyee78@gmail.com
Address	BLK 2 BEACH ROAD
Address complement	#03-4797
Postcode	190002
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	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
the conident?	No
Was any foreign vehicle involved in the accident?	
Number of vehicles involved in the accident	2
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
and the state of t	Voo
Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT - T/20201229/2167 & T/2021010	1/2032.
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	
Was there any video captured by Car Carriera. Was there any audio recorded?	
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	SLR4741G
Vehicle Manufacturer	=
Vehicle Model	
Vehicle Variant	v
Vehicle Colour	
Vehicle Category	
VEHICLE COLCULY	Private car
Name of Driver	Private car
Name of Driver Contact Number	-

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	CHIN CHEN POOI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SHOULDER
Injured person in which vehicle?	FBN3042L
Were seat belts worn?	£.
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 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknow ledge, agree and consent that :

- (a) My insurer, my w orkshop 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Min	Chm	That
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / & Time	Date Witnessed by Reporting Centre Personnel
Sketch Plan		
		A: FBN3042L
	200	B: 52R47416

Describe Circumstances of the Accident	
a Dec h Olica Acoust	
Ruler to Blice Report T/201101/2032	
1 204 0 0 1 20 3 2	
	COLUMN CO
	The state of the s

Declaration

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

Witnessed by Reporting Centre Personnel

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.

	ACCID	ENT DET	AILS	
Date of accident		29	112/2020	(DD/MM/YY)
			1300	(HH:MM)
Time of accident				
Exact location of accident	1300v	lay	Live	

\$P\$60.0000000000000000000000000000000000	DETAILS OF VEHICLE
Vehicle registration number	FRN 3042 L
Vehicle make and model	Honda 125
Type of vehicle	Saloon MPV CRV Van Lorry Bus Motorcycle Others: Bike
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No⁄□ if no, please select: Third part claim ✓ Reporting only □

	INSURANCE IN	FORMATION	
Insurance company	NTU	<u>C</u>	
Policy number	5	112058791-01	
Type of policy	Comprehensive 🗷	Third party fire & theft \square	TP only

INSURED / POLICY HOLDER	<u>Darithir was in Labors</u>
chin then Pool	Male Female
57487144E	
98876623	
Olk 2 Beach Road #03-4797	5(190002)
	Chin chen Pooz 57487,44E 98876623

DRIVER	SAI	ME AS INSURED ABOVE [] (SKIP T	O D.O.B)	
Name			Male □	Female 🗆
NRIC / Fin / Passport number				
Contact				
Address				
Email address				
Date of birth		13/06/1974		
Occupation	Indoor	Outdoor 🗹		
Driving date pass		0210, 12002		

	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Ves D No P
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes 🗆 No 🗹
Weather condition	Clear Raining Others:
Road surface	Dry Ø Wet □
No of passenger	(Inclusive of driver)
学见到自己的基础的 证明的基本的证据。	PASSENGER 1
Name	
Gender	Male Female
Gender	
	PASSENGER 2
Name	
Gender	Male Femaie
0000	
	PASSENGER 3
Name	
Gender	Male Female
Gender	Wate 1 Female 2
	PASSENGER 4
Name of the second second	
Name Gender	Male Female
Gender	Water Fernale 2
	PASSENGER 5
No. 2	
Name	Male Female
Gender	Male 1 Terrare 1
	PASSENGER 6
No. 20	PASSENGEN 0
Name Gender	Male Female
Gender	Marc 1 Femare 1
	OTHER INFORMATION
Was anybody injured?	Yes No D
Was other vehicle damaged?	Yes No D
was other vehicle damaged.	169/2 116
Parameter and the second secon	DETAILS OF POLICE STATION ACTION
Description and the maline 3	
Reported to police?	Yes No I If yes, please state which police station. JUMPA WENT NPC
Police station name	1 Sololing water
	WITNESS 1
No.	WINISST T
Name	
	WITNESS 2
	WIINE352
Name	

	THIRD PARTY VEHICLE 1
Vehicle registration number	SLR 47416
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle registration named	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	- THIRD PARTY-VEHICLE'S
Vehicle registration number	
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
医 异素 医二乙酰基酚 医毛膜炎	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
2008年19月1日 18月1日 19月1日	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
And the second of the second of the second	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

		Chia Chen Poo;
Name		
Injuries sustained		Shalder
Which vehicle person in?		FBN3042L
Were seat belts worn?	Yes	No 🗆
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 □
hospital by ambulance?		
		INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
The second of the second		INJURED PERSON 4
Name		INJURED PERSON 4
Name Injuries sustained		INJURED PERSON 4
		INJURED PERSON 4
Injuries sustained	Yes 🗆	No 🗆
Injuries sustained Which vehicle person in?	Yes Yes	
Injuries sustained Which vehicle person in? Were seat belts worn?		No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name		No 🗆 No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained		No 🗆 No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes 🗆	No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes	No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes	No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes Yes	No No No No No No No No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes Yes	No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	Yes Yes	No No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes Yes	No No No No No No No No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes Yes Yes Yes	No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes Yes Yes Yes Yes Yes Yes	No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes Yes Yes Yes	No





1 of 4 Report No. T/20201229/2167

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

REPORT OF A TRAFFIC ACCIDENT

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Lind

Date/Time Report Made: 29/12/2020 23:23 Vide Report No.: Station Diary No.: Informant's Particulars 195 Name of Informant: CHIN CHEN POOI Address: APT BLK 2 BEACH ROAD #03-4797 SINGAPORE 190002 ID Type / ID No.: NRIC NO / S7487144E Contact No.: Nationality: Home/Office: Mobile: 98876623 MALAYSIAN Email: Sex: Age: Date of Birth: Type of Informant: Male 13/00/1974 Race: Rider 1 Chinese Language: Institution / School Name: Occupation: Glass & windows manufacturing **Driving Licence Information:** Class: 2B,3 wokrer Date of Expiry:

Type of Accident:	Injury Others	Dri		Date/Time of		T
Location:		Driv No	ve:	Accident: 29/12/2020 13:0	00	Type of Location Straight Road
BOON LAY DE	RIVE					
Name -						,
Weather:						
Clear		Road Surfac	e:			Ť
raffic Flow:		Dry			Road	Speed Limit:
Qual Carriage V	Vav	Traffic Contro	ol:		50 Km	n/h
VDe of Collision		Not Controlle	h		Traffic	Volume:
etween Moving	Vehicles - Side S	Swine C			140 112	affic
5 1	olde c	Swipe - Same Direct	ion	1	Anyon	e conveyed by ance:

Vehicle No.	770	Make	Mandal			
BN3042L	Motorcycle	HONDA	Model	Color	Condition	
LR4741G			AFS125MSF	Blue	Slightly	No of Passenge
	Car	MAZDA	MAZDAG		Damaged	0
			MAZDA3	Blue	Slightly	0
7.77			SEDAN 1.5 AT EU6		Damaged	0

Details of V	ehicle Insurance				
Vehicle No.	Insurance Company				
1. 37		Insura	nce No	Effective	Expiry Date
ASK:				Епе	ctive



2 of 4

Report No. T/20201229/2167

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

CONTINUATION OF REPORT

	ehicle Insurance			
	Insurance Company	Insurance No	Effective	Expiry Date
I DINOU4ZL	NTUC Income Insurance Co-Operative Limited	5112058791-01	07/09/2020	06/09/2021

Any Pedestrian	ma Initiated Alli						· Northwest of
No. of Pedestria	ins injured: NIL		Use of F	edestria	n Cros	sing: NA	
Rider							
Name	CHIN CHEN POOI			ID No	D.	S7487144E	.8 ()
_⊧ Related Vehicle	FBN3042L (Motorcycle)			Contact No.		98876623	
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class of Driving Licence &		Class: 2B,3 Date of Expir	
Date Treatment	29/12/2020		Data Dia		Date		(Philipsy)
	ted Medical Leave	05	Date Dis	charge	NIL		1076
Driver			Degree o	or injury	Serio	us	oarts bud f
Name	RICKY			ID No.		NIL	Propins
Related Vehicle	SLR4741G (Car)			Conta	ct No.	90052692	* *********
Hospital/Clinic	NIL					Class: NIL Date of Expiry	: NIL
Date Treatment	NIL		Data Dia				
	ed Medical Leave	NIL	Date Disc Degree of	narge	NIL		

Brief Details.

On 29/12/2020, at around 1300hrs, I was driving my motorbike, V1) FBN3042L along the dotted line of Boon Lay Drive, between Blk 197A Boon Lay Dr and Tuas Pek Kong Keng Temple, in the direction away from Corporation Rd. Then, I saw this car, V2) SLR4741G in front of me was in the right lane of Boon Lay Dr, preparing to make a U-turn.

When I was driving past V2, V2 suddenly decided not to make the U-turn and turn left in order to continue to go straight. I was on his left, very near to the vehicle (V2), hence its left side mirror hit me and I fell off from my motorbike and the motorbike was moved to slightly ahead of me due to its inertia. V2's driver also admitted that he was hestitating to make the U-turn and did not check his left side mirror before continuing to go straight, thus he did not see me. I did not manage to get V2's driver's particulars but I have his phone number, 90052692. His name is Ricky.

There were some scratches on the left handle bar area of my vehicle and my left side mirror was bent and damaged. V2's left side mirror was also bent and damaged and the bottom part of the exterior outside





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Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

Report No. T/20201229/2167

Tel No: 1800-2689999

CONTINUATION OF REPORT

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VEST Curre 29/12/2

Ricky

1251 418 28/12 m.

. Buriou

V2's co-driver seat also has some scratches. My right shoulder and both thighs feel sore until now. Currently my right hand was unable to lift up any heavy item. I have obtained a 5-days MC from 29/12/2020 to 02/01/2021 from Ng Teng Fong General Hospital.

Ricky rented V2 from Grab company and Grab has been informed regarding this accident.





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

4 of 4 Report No. T/20201229/2167

CONTINUATION OF REPORT

Sketch Plan

THE KINNY THE

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:		
J/	Signature Of Informant:	-Bubst
SC2 CHENG DEREN		
	dun	¥18
Cianata Official		72
Signature Of Interpreter:	Date/Time:	123.7
Not applicable	29/12/2020 23:23	20 01
		ALTE !
		1000
Officer In Charge Of Case:	01-15-11	Helv
TP / AEIT /	Classification Of Case:	deg
SI MOHAMAD ZULFAZDLI BIN ABDULLAH		·qV7
Contact No.: 65476204		sho ?
	SN 126	EII.
Authentication Stamp		
NF 108	01.	~ F69/\\
Cianatara		
Signature:		1775
Taganore Market	Force	





1 of 3 Report No. T/20210101/203

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/01/2021 13:11			Vide Report No.:	Station Diary No.: 39			
Informan	t's Partic	ulars		000			
Name of I CHIN CHI ID Type /	nformant: EN POOI		Address: APT BLK 2 BEACH ROAD #	03-4797 SINGAPORE 190002			
NRIC NO / S7487144E		44E	Contact No.: Home/Office:	Mobile: 98876623			
Nationality: MALAYSIAN			Email:				
Sex: Male	Age: 46	Date of Birth: 13/06/1974	Type of Informant:	a menero en en sera la Speria de como en esperia en			
Race: Chinese			Language:	Institution / School Name:			
Occupation: GLASS & WINDOWS MANUFACTURING WORKER			Driving Licence Information: Class: 2B,3	Date of Expiry:			

-	mation of the Acc	The state of the s			
Type of Accident:	Others	Drink Drive: No	Date/Time of Accident:	Type of Location Straight Road	
Location:		TIVO	29/12/2020 13:00		
BOON LAY D Weather:		Road Surface:			
Clear		Dry		oad Speed Limit: 0 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control:	T	Traffic Volume:	
Dual Carriage Type of Collision		Not Controlled	1 10	O Traffic	

Vehicle No.	Туре	Make	Model	Color	Constitution	
FBN3042L	Motorcycle	LIONDA		THE RESIDENCE OF THE PARTY OF T	Condition	No of Passenge
Land Committee C	Motorcycle	HONDA	AFS125MSF	Blue	Slightly	0
SLR4741G	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Blue	Slightly Damaged	0

Details of Vehicle Insurance			
Vehicle No. Insurance Company	Insurance No.	les :	
	Insurance No	Effective	Expiry Date





T/20210101/2032

2 of 3 Report No. T/20210101/2032

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Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

CONTINUATION OF REPORT

	ehicle Insurance				
	Insurance Company	Insurance No	Effective	Expiry Date 06/09/2021	
FBN3U4ZL	NTUC Income Insurance Co-Operative Limited	5112058791-01	07/09/2020		

No. of Pedestrians Injured: NIL Rider Name CHIN CHEN POOI Related Vehicle Hospital/Clinic Date Treatment Name RICKY RICKY Related Vehicle SLR4741G (Car) CIass of Driving Licence & Expiry Date Contact No. Date Discharge NIL Class of Driving Licence & Expiry: NIL Class: 2B,3 Date of Expiry: NIL Class: NIL Contact No. Class: 2B,3 Date of Expiry: NIL Class: NIL Class: Class: NIL Date Discharge Class: NIL Date of Expiry: NIL Class of Driving Licence & Expiry Date Class: NIL Date Treatment NIL Date Discharge NIL Degree of Injury NIL	No of Dodosti	Involved: No					The second secon
Name	Pidor	ans injured: NIL		Use of F	edestria	n Cros	esing: NA
Related Vehicle FBN3042L (Motorcycle) Contact No. 98876623 Hospital/Clinic NG TENG FONG GENERAL HOSPITAL Class of Driving Licence & Expiry Date Date Treatment 29/12/2020 Date Discharge NIL No. of Days granted Medical Leave 05 Degree of Injury Serious RICKY ID No. NIL Related Vehicle SLR4741G (Car) Contact No. 90052692 Hospital/Clinic NIL Class of Driving Licence & Expiry Date Date Treatment NIL Date Discharge NIL	THE RESERVE THE PROPERTY OF THE PARTY OF THE						2. 9
Hospital/Clinic NG TENG FONG GENERAL HOSPITAL Class of Driving Licence & Expiry Date Date Treatment No. of Days granted Medical Leave RICKY Related Vehicle SLR4741G (Car) Assume Assuming the proving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL Date Discharge NIL Degree of Injury Contact No. Pool Days granted Medical Leave Degree of Injury Contact No. Class: NIL Date of Expiry: NIL Class of Driving Licence & Expiry Date Date Of Days granted Medical Leave Date Discharge NIL Class of Driving Licence & Expiry: NIL Date of Expiry: NIL Date of Expiry: NIL Date of Expiry: NIL Date of Expiry: NIL					ID N	0.	S7487144E
Date Treatment 29/12/2020 Date Discharge NIL Priving Licence & Expiry Date Discharge NIL Driver Name RICKY ID No. NIL Related Vehicle SLR4741G (Car) Contact No. 90052692 Rospital/Clinic NIL Date Discharge NIL Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL Degree of Injury Serious Contact No. 90052692 Class: NIL Driving Licence & Expiry Date Attended to the contact No. 90052692 Class: NIL Date of Expiry: NIL Date Discharge NIL Date Discharge NIL	Related Vehicle	FBN3042L (Motorcycle)				act No.	98876623
No. of Days granted Medical Leave 05 Degree of Injury Serious Priver Name RICKY ID No. NIL Related Vehicle SLR4741G (Car) Contact No. 90052692 Hospital/Clinic NIL Class of Driving Licence & Expiry Date ate Treatment NIL Date Discharge NIL Date Discharge NIL Date Discharge NIL Date Discharge NIL Date Discharge NIL Date Discharge NIL Date Discharge NIL Date Discharge NIL Date Discharge NIL Date Discharge NIL Date Discharge NIL Date Discharge NIL		NG TENG FONG	HOSPITAL	Drivir Licen	ng ce &		
Driver Name RICKY Related Vehicle SLR4741G (Car) Rospital/Clinic NIL Class of Driving Licence & Expiry Date Rate Treatment On the Driving Licence & Expiry Date Date Discharge NIL Date of Expiry: NIL Date of Expiry: NIL		29/12/2020		Date Die			
Name RICKY ID No. NIL Related Vehicle SLR4741G (Car) Contact No. 90052692 Hospital/Clinic NIL Class of Driving Licence & Expiry Date Date Treatment NIL Date Discharge NIL	No. of Days gran	ted Medical Leave	05	Degree o	finium		
Related Vehicle SLR4741G (Car) Contact No. 90052692 Hospital/Clinic NIL Class of Driving Licence & Expiry Date Pate Treatment NIL O of Days granted Medical Licence Medical Licence Medical Licence NIL Date Discharge NIL				T = egice c	i irijury	Serio	us
Hospital/Clinic NIL Class of Driving Licence & Expiry Date Class grapted Medical Licence NIL Date of Expiry: NIL		RICKY			ID No		NIL
ate Treatment NIL Output Diving Licence & Expiry Date Date Discharge NIL Class: NIL Date of Expiry: NIL	Related Vehicle	SLR4741G (Car)			Contact No.		90052692
o of Davs granted Medical I Date Discharge NIL	lospital/Clinic	NIL		Driving Licence	e &		
o of Dave graphed Medical Land Date Discharge NIL	ate Treatment	NIL		Deta Di			
			NII	Date Disch	narge	_	

Brief Details.

Vide report no.: T/20201229/2167

I wanted to make some amendments to the first paragraph of the vide report, T/20201229/2167.

It should be:

"On 29/12/2020, at around 1300hrs, I was riding my motorbike, V1) FBN3042L on the left lane of Boon Lay Drive, between Blk 197A Boon Lay Dr and Tuas Pek Kong Keng Temple, in the direction away from Corporation Rd. Then, I saw this car, V2) SLR4741G in front of me was in the right lane of Boon Lay Dr, preparing to make a U-turn."





3 of 3

Report No. T/20210101/203

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you pow please fax a copy to 65474885 stating the report number as reference. the certificate with you now, pleas

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:	Signature Of Informant:
SC2 CHENG DEREN	Chin
Signature Of Interpreter: Not applicable	Date/Time: 01/01/2021 13:11
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH	Classification Of Case:
Contact No.: 65476204	SN 1261
Authentication Stamp NP168 Signature:	
Singapore Polic	e Force



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: 5112058791-01

Cover: Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FBN3042L

Chassis Number

: MLHJA2138H5100154

2. Name of Policyholder

: CHIN CHEN POOL

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) Named Driver(s) Only.

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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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 35 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

N/A

EXCESS (SECTION 2)

: N/A

EXCESS (THEFT OUTSIDE SINGAPORE)

: PLEASE REFER OVERLEAF

INSURE WITH COE

NAMED DRIVER (1)

CHIN CHEN POOL

NAMED DRIVER (2)

: LIM WEE MING

HIRE PURCHASE COMPANY

SUM INSURED

MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency

: A S PHOON PTE LTD (00000571911)

Date of Issue

: 08 Aug 2020 10:58 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	→ Chan	ge Password	→ Log Out
My Desktop	Polic	y Query									,
Notice of Loss	Policy N	0.				Date o	of Accident	2	9/12/2020 1	3:00	
	Vehicle	No.(For Motor)	FBN304	2L		Certifi	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112058791- 01		CHIN CHEN POOI	S7487144E	GMC	Third Party, Fire & Theft	FBN3042L	FBN3042L	07/09/2020	06/09/2021
					C	Continue					

laim Handling					
	F4400F0704 04	Vehicle No.	FBN3042L	GST Registration No.	Supplied the explication
icy No.	5112058791-01	- arrive red.	M-0457-1775		
rtificate No.	CHIN CHEN POOI			Policyholder NRIC	S7487144E
5.0 F. CO. SER. 1907 (1907)		Cover Type	Third Party, Fire & Theft	Loading	0
oduct Code	MOTORCYCLE INSURANCE		mind Party, Fire & Their	Contact No.(Home)	
ntact No.(Mobile)	98876623	Contact No.(Office)		eCode	Nc V
nail Address		Special Remark	00		
ek .	No ○ Yes	TCA	● No ○ Yes	eCode Reason	No.
CD Protection	No	NCD Entitlement(%)	15	Private Hire	No
Accident Details					
port Date	30/12/2020 11:57	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Cyclist
ate of Accident	29/12/2020	Time of Accident hh:mm	12:55	Country of Accident	Singapore
	administrator	Orange Force	No	ICM No.	
eporting Centre		Orange Force			
cident Location	BOON LAY DRIVE				
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess			
		TD Chandard France	0.00		
D Standard Excess	0.00	TP Standard Excess		Deluga is Counted?	Not Covered
ED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	NOT COVERED
dditional Excess					
otal OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
▽ Benefits					
GST Registered Informa	ition				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
odification History					
Policyholder Mailing Ad	dress				
ddress 1	117 JALAN INDAH	Address 2	1/17 TAMAN BUKIT INDAH	Address 3	81200 JOHOR BAHRU
ddress 4	MALAYSIA	Address Type	Foreign address	Post Code	000000
nit No.	03-4797	Related Policy Number	5112058791-01		
OI Driver Info					
river Name	CHIN CHEN POOI	Driver Type	Main Driver		
nnamed driver Name		Driver NRIC	S7487144E	Driver DOB	13/06/1974
	03/01/2003	Driver Age	46	Driving Experience	18
egister Date of Driver License		Contact No.(Office)		Contact No.(Home)	
ontact No.(Mobile)	98876623		1/17 TAMAN BUKIT INDAH	Address 3	81200 JOHOR BAHRU
ddress 1	117 JALAN INDAH	Address 2		Post Code	000000
ddress 4	MALAYSIA	Address Type	Foreign address	Post Code	00000
Init No.	03-4797				
loes he own a Singapore Registered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
reathalyser or Blood Test leading?	0 mg	Any injury?	○ Yes No		
cading:					
adification History					
odification History					
Claim 002 New					
100 3000 3000					
		Total Name	CHIN CHEN POOI	Insured NRIC	S7487144E
laim Type *	OD-MX	Insured Name		Contact No.(Office)	
ontact No.(Mobile)	98876623	Contact No.(Home)	63651633		CIDATANG
mail Address		OI Vehicle Number	FBN3042L	TP Vehicle Number	SLR4741G
laimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
laimant Name *	>>	Claimant NRIC *			
laimant Address					
laim Description	FBN3042L / SLR4741G ON 29 Dec 2020			Name of Preferred Workshop	
referred Workshop Contact		Insured Liability *	Not at Fault		
10.				GIA report	Received
equire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown		07/01/2021 00:00
ate Registered	07/01/2021 13:18	Claim Close Date		Date Received	0170 172021 00.00
eport Taken By	Jackson				
Print AK letter					
.00			Care Cubmit		
a No.			Save Submit		
Attachment					
•					
250	MTMISECO	Claim No.	002		
Accident No.	MT/1115566				
ast Doc. Received	● Yes ○ No	Upload Date	07/01/2021 13:21		
	Path *		Category *		ency * Description
William Tarking Committee		Brows	se Clear Please Select	NO V Normal	▼
		Brows	se Clear Please Select	NO V Normal	<u> </u>
		Brows		NO V Normal	
		Brows		NO V Normal	- Contraction of the Contraction
		Brows	se Clear Please Select	NO V Normal	<u> </u>

Message Kead	_								
Attachment I	Uploaded	By/Date	Category	9	Urgency	De	scription	Msg Sent? (CO)	
	NAC_PAYA_UBI_800601(NATION CES) on 07 Ja	IAL ASSESSMENT CENTRE SERVI n 2021 13:21	NRIC/ Driving License	Y	Normal	NRIC/ Driving	g License 2021-1-7		
9	NAC_PAYA_UBI_800601(NATION CES) on 07 Ja	NAL ASSESSMENT CENTRE SERVI n 2021 13:21	SAS		Normal	SAS	2021-1-7		
	NAC_PAYA_UBI_800601(NATION CES) on 07 Ja	NAL ASSESSMENT CENTRE SERVI n 2021 13:20	Photos		Normal	Photo	os 2021-1-7		
	NAC_PAYA_UBI_800601(NATION CES) on 07 Ja	NAL ASSESSMENT CENTRE SERVI in 2021 13:20	Photos		Normal	Photo	os 2021-1-7		
	NAC_PAYA_UBI_800601(NATION CES) on 07 Ja	NAL ASSESSMENT CENTRE SERVI in 2021 13:20	Photos		Normal	Photo	os 2021-1-7		
ارد	NAC_PAYA_UBI_800601(NATIO CES) on 07 Ja	NAL ASSESSMENT CENTRE SERVI an 2021 13:20	Photos		Normal	Phot	os 2021-1-7		
15		NAL ASSESSMENT CENTRE SERVI an 2021 13:19	Photos		Normal	Phot	os 2021-1-7		
	NAC_PAYA_UBI_800601(NATIO CES) on 07 3	NAL ASSESSMENT CENTRE SERVI an 2021 13:19	Photos		Normal	Phot	os 2021-1-7		
	NAC_PAYA_UBI_800601(NATIO CES) on 07 J	NAL ASSESSMENT CENTRE SERVI an 2021 13:19	Photos		Normal	Phot	os 2021-1-7		
-	NAC_PAYA_UBI_800601(NATIO CES) on 07 J	NAL ASSESSMENT CENTRE SERVI an 2021 13:19	Photos		Normal	Phot	os 2021-1-7		
1	NAC_PAYA_UBI_800601(NATIO CES) on 07 J	NAL ASSESSMENT CENTRE SERVI an 2021 13:19	Photos		Normal	Phot	os 2021-1-7		
N.	NAC_PAYA_UBI_800601(NATIO CES) on 07 J	NAL ASSESSMENT CENTRE SERVI an 2021 13:19	Photos		Normal	Phot	os 2021-1-7		
₹ Video List				File Name		9	Source		A