NATIONAL Assessment Centre	Services (1973/2017)						
Date In: 10/03/31	Job description Date & Tuno Completed	Done by					
Re(No No / NESTO 0 3153/13	SAS e-filing						
Veh No 4020684	E-mail (within Stars, A1C 2brs)						
DOA:09/03/21 1430	i-Motor Claim Form 1/03 : M7 /113 4038-001	n Form "/02: MT /113 4038-001					
	i-Motor W/O (Within: OD 2hrs, TP 4hrs)						
OD TRY Reporting Only	i-Photo Uploaded						
NO. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	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:	7/18/5 4 77 INC( )/Non-INC( )						
Owner / Driver: (	Tel:	)					
Policy No. ( ) Per	iod: ( ) Cover Type: (	)					
Confirmed by : (	Date: Time:	)					
The second secon	Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 30-100%	1					
	Varranty: YES ( ) / NO ( )						
Excess: (\$ ) Loading: \$1,00	00( )/\$2,000( )						
General Remarks:-	rmation strictly Confidential & Strictly NO refer of repairer.						
Remarks:- (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/C  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3  Injury: ————————————————————————————————————	Date&Time Completed  Courtesy Car ( )						
	Invoice Preparation Checklist	Anit (S) Am					
PIA2 102042	1) AR: Accident Reporting (\$30);	Tat Din Too					
Claimant's Particulars :-	2) DA : Damage Assessment (\$100); INC (\$80)  3) TF : Towing Fee \$40/\$45						
Priver/Owner:	4) FT : Follow-Through Survey \$120						
Contact No:	For claiming against INC Only (wef 10 Jan 2005)	For claiming against INC Only (wef 10 Jan 2005)					
Pamaged Portion:	6) 1 K : IXe-mapecuon	6) TR : Re-inspection 575 7) N1 : Idae DA + SMRT Survey \$160					
C Checked by (Engr-In-Charge):	• N6: Repair Co-ordination 510	*N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10					
Auditors' Comments :-	*N7: Post Repair Inspection \$2:  *N8: DV / Collect Excess Coordination \$:	1					
at. 1:	TP (N11): TP (Non INC) against INC \$20						
	9) N12: Idae Mobile 30 Invoice dated Fee Charged						
Cat. 2 / 3:	Invoice dated Fee Charged	<b>BUILD</b>					

SN09213A000E / National Assessment Centre Services [408933] ENTRY DATE & TIME: 10/03/2021 17:49 (SGT)

SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (10/03/2021 17:49 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.
 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 insurance of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that species of the record will for a few results. 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

10/03/2021 17:49 (SGT) Date of Submission 09/03/2021 14:30 (SGT) Date of Accident Exact Location of Accident N Woodlands Dr, Singapore JUNC OF WOODLANDS SQUARE Additional Location Information Singapore Country/State of Loss

# **DETAILS OF OWN VEHICLE**

Employment

YP2065U Vehicle Registration Number

INSURED/POLICYHOLDER

Yes Is company? QUAN JI CONSTRUCTION PTE LTD Name Of Registered Owner 1XXXXX458C Company Reg No ANGWILLIAM@HOTMAIL.COM **Email Address** (Phone) +65-62910032 Mobile Phone No

Alternative Phone No (Office) +65-62910032

VEHICLE PARTICULARS

Mitsubishi Manufacturer FUSO FK62FMZ1RDEB Model

Variant

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

Are you claiming under your own insurance policy for repair to

No - Reporting only your vehicle? Commercial vehicle Vehicle Category

INSURANCE COMPANY

NTUC Name of Insurance Company Comprehensive Type of Coverage Fleet Policy 5089803800-03 Policy Number

Cover Note Number

DRIVER

ANG WILLIAM Name of Driver SXXXX483A NRIC No 16/06/1979 Date Of Birth Outdoor Occupation

19/10/2001 Date Of Driving Pass 19 YEARS AND 5 MONTHS Driving experience Male Gender (Phone) +65-94888856 Mobile Number Alt. Phone Number ANGWILLIAM@HOTMAIL.COM Email Address 60 PUNGGOL WALK Address #11-23 Address complement 828780 Postcode Is the driver the policyholder? No Other If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Side Swipe Type of Accident 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? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 1 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE ATTACHED STATEMENT. ATTACHMENT(S) Yes Are accident photos available for attachment? No Was there any video captured by Car Camera? No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number SMB1547T Vehicle Manufacturer

#### Vehicle Variant Vehicle Colour Bus Vehicle Category Name of Driver Contact Number Address

Address complement Postcode

Accident report SN09213A000E

Insurance Company Name

Vehicle Model

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

# 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.
- 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)

Lunderstand, 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' 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;

North abadlands

- (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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Sketch Plan

(A) YP 2065 U.

(R) SMB LSHTT.

- =

Woodlands Squere

Describe Circumstances of the Accident										
On 09/03/21 at @ 1430hrs, 1. Stopped my long										
(YP 2065 U) along North Woodlands Drive before the Stop line,										
to give way to the traffic along woodlands Square. My larry										
was stationery. Suddenly! a bul (SMB 1547 F) comerly frep.										
my right travelling too close to my relacte. As a result, the										
said bus left side collided onto the right rear edge of my										
larry.										

# Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel

MODEL: Met. Fighter. AUTO MANUAL  03/2021. CC:  0 'HRS  Woodlande Dr Junetion Woodlands Rquere.  MENTI PRIVATE USE / PRIVATE HIRE  21' Construction Pte Ltd.  OFFICE: 629/0032 HOME:  90/458 C  JIN Rulton # 12-01 Pextele Contre (2) 199018.  RD PARTY / REPORTING ONLY)  0?  Ensive Third Party / Third Party Fire & Theft  89803800-03.  E / IF NO: Ang William  917483A ANY PASSENGER: N-A.  26/1979 LICENCE PASSED DATE: 19/10/2001  R DINDOOR  FEMALE  88856 OFFICE: HOME:  Rugged Walk #11-33 (8) 828780.					
Woodlande Dr junction Needlands Rquere.  MENTI PRIVATE USE / PRIVATE HIRE  Ji Gnetruction Pte Ltd.  OFFICE: 629/0032 HOME:  901458 C  JIN Rulton # 12-01 Pextile Centre (2) 199018.  RD PARTY / REPORTING ONLY  O?)  Censive / Third Party / Third Party Fire & Theft  P9803800-03.  E/IFNO: Any William  917483 A ANY PASSENGER: N.A.  16/1979 LICENCE PASSED DATE: 19/10/2001  R DINDOOR  FEMALE  8 8856 OFFICE: HOME:					
Woodlande Dr junction Noodlands Rquere.  MENTI PRIVATE USE / PRIVATE HIRE  J' Construction Pte Ltd.  OFFICE: 629/0032 HOME:  901458 C  JIN Rulton # 12-01 Pextile Centre (2) 199018.  RD PARTY / REPORTING ONLY)  O?)  Censive / Third Party / Third Party Fire & Theft  P9803800-03.  E/IFNO: Any William  917483 A ANY PASSENGER: N-A-  16 / 1979 LICENCE PASSED DATE: 19/10/2001  R DINDOOR  FEMALE  8 8856 OFFICE: HOME:					
PRIVATE USE / PRIVATE HIRE  JI CONSTRUCTION PRE LES .  OFFICE: 629/0032 HOME:  901458 C  JIN Rulton # 12-01 Particle Code (2) 199018.  RD PARTY / REPORTING ONLY  O?  LE .  LE / IF NO: Any William  917483 A ANY PASSENGER: N-A.  16 / 1979 LICENCE PASSED DATE: 19 / 10 / 2001  RD INDOOR  FEMALE  8 8856 OFFICE: HOME:					
OFFICE: 629/0032 HOME:  90/458 C  JIN Sultan # 12-01 Particle Cathe (2) 199018.  RD PARTY / REPORTING ONLY  0?)  ensive Third Party / Third Party Fire & Theft  199803800-03.  E / IF NO: Any William  917483 A ANY PASSENGER: N-A.  16 / 1979 LICENCE PASSED DATE: 19 / 10 / 2001  R DINDOOR  FEMALE  8 8856 OFFICE: HOME:					
OFFICE: 629/0032 HOME:  90/458C  JIN Pulton # 12-01 Pextile Cathe (2) 199018.  RD PARTY / REPORTING ONLY  0?)  ensive Third Party / Third Party Fire & Theft  89803800-03.  E / IF NO: Any William  917483 A ANY PASSENGER: N-A-  16 / 1979 LICENCE PASSED DATE: 19 / 10 / 2001  R DINDOOR  FEMALE  8 8856 OFFICE: HOME:					
901458C  JIN Rulton # 12-01 Particle Centre (2) 199018.  RD PARTY / REPORTING ONLY  PROPERTY / Third Party Fire & Theft  P9803800-03.  If IF NO: Any William  917483 A ANY PASSENGER: N-A-  16 / 1979 LICENCE PASSED DATE: 19 / 10 / 2001  RDINDOOR  FEMALE  18 88-16 OFFICE: HOME:					
IN Rulton # 12-01 Pextile Centre (2) 199018.  RD PARTY / REPORTING ONLY  PROPORTING ONLY  P					
RD PARTY / REPORTING ONLY  Pensive / Third Party / Third Party Fire & Theft  P9803800 - 03.  E / IF NO: Any William  917483 A ANY PASSENGER: N-A-  16 / 1979 LICENCE PASSED DATE: 19 / 10 / 200 1  R DINDOOR  FEMALE  18 88-16 OFFICE: HOME:					
ensive Third Party / Third Party Fire & Theft  19803800 - 03.  19 / IF NO: Any William  1917483 A ANY PASSENGER: N-A-  106 / 1979 LICENCE PASSED DATE: 19 / 10 / 200 1  R DINDOOR  FEMALE  18 88-16 OFFICE: HOME:					
ensive Third Party / Third Party Fire & Theft  19803800 - 03.  19 / IF NO: Any William  1917483 A ANY PASSENGER: N-A-  106 / 1979 LICENCE PASSED DATE: 19 / 10 / 200 1  R DINDOOR  FEMALE  18 88-16 OFFICE: HOME:					
ensive Third Party / Third Party Fire & Theft  P9803800 - 03.  I IF NO: Any Wulkarn  917483 A ANY PASSENGER: N.A.  16 / 1979 LICENCE PASSED DATE: 19 / 10 / 200 1  R DINDOOR  FEMALE  18 88-76 OFFICE: HOME:					
ensive Third Party / Third Party Fire & Theft  8 98 03800 - 03.  E / IF NO: Any William  917 H 83 A ANY PASSENGER: N-A-  16 / 1979 LICENCE PASSED DATE: 19 / 10 / 2001  R DINDOOR  FEMALE  18 88-16 OFFICE: HOME:					
89803800-03. E/IFNO: Any William 917483A ANY PASSENGER: N-A- 06/1979 LICENCE PASSED DATE: 19/10/2001 R DINDOOR FEMALE 88856 OFFICE: HOME:					
PITH83A ANY PASSENGER: N-A-  16 / 1979 LICENCE PASSED DATE: 19 / 10 / 200 1  R DINDOOR  FEMALE  18 88-16 OFFICE: HOME:					
917H83 A ANY PASSENGER: N-A- 26 / 1979 LICENCE PASSED DATE: 19 / 10 / 200 1  R DINDOOR FEMALE 8 88-76 OFFICE: HOME:					
R DINDOOR FEMALE  8 88-76 OFFICE: HOME:					
FEMALE  18 88-16 OFFICE: HOME:					
FEMALE  8 88-16 OFFICE: HOME:					
8 88-16 OFFICE: HOME:					
Kinggol Walk #11-23 (8) 828 150:					
anguiltean a hotnail. com					
S, BEG NO: 3KJ 3400 B INSURER:					
tractor.					
RAINING / OTHERS:					
ET / OTHER:					
/ES, WHO?					
'ES, WHERE?					
YES, WHO?					
SMB LSHTT . ANY PASSENGERS: OI (M)					
CONTACT NO:					
ANY PASSENGERS:					
ANY PASSENGERS:					
ANY PASSENGERS:					
ANY PASSENGERS:					
ANY PASSENGERS:					
WITNESS CONTACT:					
2					
ht rear edge.					
cident claims assistance YES (NO ) -					
(57440540					
/ 67440510					
SPH 70H					
A // Company of the c					



### 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: 5089803800-03

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: YP2065U

Chassis Number

FK62FMA30097

2. Name of Policyholder

QUAN JI CONSTRUCTION PTE LTD

3. Effective Date of Insurance

: 14 Apr 2020

4. Expiry Date of Insurance

: 13 Apr 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 business or profession.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- # 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)
EXCESS (SECTION 2)

: \$\$600 : N/A

WINDSCREEN EXCESS INSURE WITH COE : S\$100 : YES

HIRE PURCHASE COMPANY

: UNITED OVERSEAS BANK LIMITED

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

: ACER INSURANCE AGENCY (00000573834)

Date of Issue

: 14 Apr 2020 10:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

#### 3/11/2021 Claim Handling Accident MT/1124028 199901458C GST Registration No. 5089803800-03 Vehicle No. YP2065U Policy No. Certificate No. Policyholder NRIC 19990145BC QUAN 3) CONSTRUCTION PTE LTD Policyholder Name Loading 0 Cover Type Comprehensive COMMERCIAL VEHICLE INSURA Product Code Contact No.(Office) 62910032 Contact No.(Home) 0 Contact No.(Mobile) No w eCode Email Address Special Remark eCode Reason No Yes TCA No Yes KFK NCD Entitlement(%) Private Hire No NCD Protection No W Accident Details Side Swipe Accident Report Within 24 hrs Accident Type Report Date 11/03/2021 16:16 Yes Country of Accident Singapore Time of Accident hh:mm 14:30 Date of Accident 09/03/2021 ICM No. Orange Force Reporting Centre N WOODLANDS DRIVE JUNC OF WOODLANDS SQUARE Accident Location ▼ Total Excess Applicable 100.00 Windscreen Excess Excess Type Per Accident TP Standard Excess 0.00 OD Standard Excess 600.00 Driver is Covered? Covered VIED TP Excess YIED OD Excess 0,00 0.00 Additional Excess Total TP Excess Applicable 0.00 Total OD Excess Applicable 600,00 · Benefits GST Registration Date 15/10/2001 GST Registered Yes: **GST Status Venified** GST Registration No. 1999014580 11/03/2021 16:20:43 System changed GST Registered from No to Yes 11/03/2021 16:20:43 System changed GST Registration No. from mult to 199901458C 11/03/2021 16:20:43 System changed GST Registration Oate from mult to 15/10/2001 Modification History 51NGAPORE 199018 #12-01 TEXTILE CENTRE Address 3 Address 1 200 JALAN SULTAN Address 2 Address Type Singapore address Post Code 199018 Address 4 Related Policy Number 5120813448 ▽ OI Driver Info Unnamed Driver Unnamed Driver Driver Type Driver Name Driver DOB 16/06/1979 57917483A Unnamed driver Name ANG WILLIAM Driver NR1C Driving Experience Driver Age 41 Register Date of Driver License 19/10/2001 94888856 Contact No.(Office) Contact No.(Home) Contact No.(Mobile) SINGAPORE 828780 Address 3 A TREASURE TROVE Address 2 Address 1 60 PUNGGOL WALK Address Type Singapore address Post Code 828780 Address 4 Unit No. #11-23 Does he own a Singapore Registered car? Driver Insurer Company Yes = No Driver Vehicle No. Declaration Breathalyser or Blood Test Reading? Yes No 0 mg Any Injury? Modification History Claim 001 OD-MX New Insured NRIC 199901458C QUAN 31 CONSTRUCTION PTE L \* Insured Name Claim Type \* OD-MX Contact No.(Office) 62910032 Contact No.(Home) Contact No.(Mobile) TP Vehicle Number SMB1547T Email Address OI Vehicle Number YP2065U lamchee@singnet.com.sg Name of Preferred Workshop Claim Description YP2065U / SMB1547T ON 9 Mar 2021 Preferred Workshop Contact No. Partially at Fault GIA report Received Preferered Repair Option Preferred Workshop, Name unknown Require Finalisation Yes ٧ 11/03/2021 00:00 Date Received Claim Close Date Date Registered 11/03/2021 16:23 Total Loss but Repaired Workshop Repairer Report Taken By ROSLINDA Print AK letter Save Submit Attachment Accident No. MT/1124028 11/03/2021 00:00 Upload Date Last Doc. Received ® Yes ○ No Confidential Urgency \* Description Path \* ٧ ✓ Normal Clear Please Select Choose File No file chosen NO ¥ Normal \* Clear Please Select NO Choose File No file chosen Clear Please Select \* ✓ Normal ٧ Choose File No file chosen Clear Please Select ~ ✓ Normal \* Choose File No file chosen \* NO \* Normal \* Clear Please Select Choose File No file chosen

Choose File No file chosen

Attachment List

Send Mes

Y NO

Clear Please Select

∨ Normal

٧

Attachment	Uploa	ided By/Date	Category	P	Urgency	Description	Msg Sent (CO)
902 KT	NAC_PAYA_UBI_800601( NAT CES) on 1	TIONAL ASSESSMENT CENTRE SERVI 1 Mar 2021 16:22	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-11	122014.1
1	NAC_PAYA_UBI_800601( NAT CES) on 1	TIONAL ASSESSMENT CENTRE SERVI 1 Mar 2021 16:22	SAS		Normal	SAS 2021-3-11	
	NAC_PAYA_UBI_800601( NAT CES) on 1:	TONAL ASSESSMENT CENTRE SERVI 1 Mar 2021 16:22	Photos		Normal	Photos 2021-3-11	
14	NAC_PAYA_UBI_800601( NAT CES) on 11	IONAL ASSESSMENT CENTRE SERVI Mar 2021 16:22	Photos		Normal	Photos 2021-3-11	
	NAC_PAYA_UBI_800601( NAT CES) on 11	IONAL ASSESSMENT CENTRE SERVI I Mar 2021 16:22	Photos		Normal	Photos 2021-3-11	
	NAC_PAYA_UBI_800601( NAT CES) on 11	10NAL ASSESSMENT CENTRE SERVI I Mar 2021 16:22	Photos Normal		Normal	Photos 2021-3-11	
		10NAL ASSESSMENT CENTRE SERVI Mar 2021 16:22	Photos Normal		Normal	Photos 2021-3-11	
		TONAL ASSESSMENT CENTRE SERVI Mar 2021 16:22	Photos Norma		Normal	Photos 2021-3-11	
7	NAC_PAYA_UBI_800601( NAT CES) on 11	IONAL ASSESSMENT CENTRE SERVI Mar 2021 16:22	Photos		Normal Photos 2021-3-11		
澧		IONAL ASSESSMENT CENTRE SERVI Mar 2021 16:22	Photos		Normal	Photos 2021-3-11	
	Uploaded By/Date	Folder Date		le Name		? Source	

Display in New Window S

Scan and unloading