

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MMA 117158020

Date In: 30/11/17 13:29	Job description	Date & Time Completed	Done by
Ref No: NA/ INC 170 22787164	SAS e-filing		
Veh No: YN 1874 T	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 29/11/17 18:20	i-Motor Claim Form	MT/0971828	30/11/17 15:32
OD: <input checked="" type="radio"/> / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: G86 6200P	INC () / Non-INC ()
Owner / Driver: (Tel:	()
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time: (
Insured/Driver Liability: (% [Note-Est. Status (WO): N: 0-20%, P: 21-79%, F: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:

Date/Time	Actions

NA 1707409

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Sat. 1:

Sat. 2 / 3

Invoice Preparation Checklist

	Amt (\$)	Amt (\$)
	1st Bill	Add Bill
1) AR: Accident Reporting (\$30)	30.00	
2) DA: Damage Assessment (\$100)	INC (\$80)	
3) TP: Towing Fee	\$40/\$45	
4) FT: Follow-Through Survey	\$120	
5) FT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection	\$75	
7) N1: Idac DA + SMRT Survey	\$160	
8) NTUC Additional Services -		
OD:		
*N5: Courtesy Car / Tpt Allowance	\$5	
*N6: Repair Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$5	
TP (N11): TP (N-on INC) against INC	\$20	
9) N12: Idac Mobile	\$0	

Invoice dated

Invoice dated

Fee Charged

Fee Charged

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 withholding of material facts may allow insurance companies to repudiate policy ability.
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 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 Report	30/11/2017 13:29
Date Of Accident	29/11/2017 18:20
Exact Location Of Accident	OLD CHOA CHU KANG RD TWDS SUNGEI TENGAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN1874T
Insured/Policyholder	
Name Of Registered Owner	CHEN WA LANDSCAPE PTE LTD
Co Reg No	199507973H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83019215

Vehicle Particulars

Manufacturer	ISUZU
Model	NNR85UH4A
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5049526440-06
Cover Note Number	-

Driver

Name of Driver	LIANG ZHOUHAI
Passport No/FIN	G8092404L
Date Of Birth	06/04/1978
Occupation	OUTDOOR
Date Of Driving Pass	31/01/2008
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83019215
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	51 BT BATOK CRES #08-45
Postcode	658077
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG6200P
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

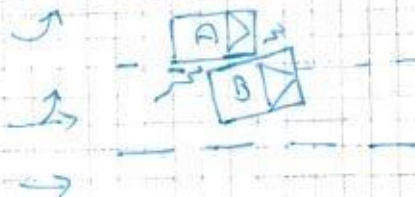
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

OLD CHOA CHU KANG RD TOWARDS SUNGEL TENGAH RD BEFORE
JLN PIRANG JUNCTION.

VEHICLE A - YN1874 T
VEHICLE B - GB4 6200 P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ON THE EXTREME LEFT LANE OF OLD CHOA CHU KANG
TOWARDS SUNGEL TENGAH RD, BEFORE THE JUNCTION INTO WORKERS
DOMESTICATION ON JLN PIRANG.

I WAS DRIVING STRAIGHT AHEAD, SUDDENLY I NOTICED A VEHICLE
TRYING TO CUT INTO MY LANE, SO I TRIED TO GO INTO THE
SLIP LANE ROAD, AND THE VEHICLE CAME AS WELL AND
WHERE I COULDN'T MOVE ON I BRAKED TO COME TO STOP.
WHILE MY VEHICLE WAS STATIONARY STOPPED, THE VEHICLE CAME
INTO MY LANE, HIT ONTO MY VEHICLE AND STOPPED AT A DISTANCE
AWAY.

IT WAS A VEHICLE DRIVING (GB4 6200 P) THAT HIT ONTO MY
VEHICLE. THE ACCIDENT FOOTAGE WAS CAPTURED BY MY
IN-CAR CAMERA.

VEHICLE A - (YN1874 T)

VEHICLE B - (GB4 6200 P)

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 & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle No.	YN 12947	Model / Make	ISHU
Date of Accident	29/11/2017		
Time of Accident	1820	HRS	
Location of Accident	OLD CHUA CHU KANG RD	TOWARDS	SUNGLI TEAHAM RD
Exact purpose use during accident	WORKING PHONE		
Name of Owner	CHEN WA LANDSCAPE PTE LTD		
Telephone No.	H/P:	Home:	Office:
NRIC	1995079431		
Address	51 BUKIT BATOK CASCANT 409-45 UNIT CENTRE		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	504952640-06		
Name of Driver	As Above If No, LIANG ZHOU HAI		
RIC	RIN 680924042	Any Passengers:	
ate of birth	06/04/1978		
ccupation	Outdoor / Indoor		
iving License Pass Date	31 JAN 2008 CLASS 3	05 FEB 2012 CLASS 4	
ender	Male / Female		
ntact No.	H/P: 8301 9215	Home:	Office:
dress			
ver have any own vehicle	No; If yes, Reg No.		
ationship	Employee, If no, state		
ather condition	Clear Raining Other		
d Surface	Dry Wet Other		
Injuries	No; If Yes, Who?		
ie And Contact No.			
ie And Contact No.			
ie Report	No; If Yes, Where?		
le B No.	GB6 6200P	Any Passengers:	
le of Driver		Contact No.:	
le C No.		Any Passengers:	
le D No.		Any Passengers:	
le E no.		Any Passengers:	
le F No.		Any Passengers:	
le G No.		Any Passengers:	
ss Name		Witness Contact:	
nt Portion	FRONT RH / RH FRONT PORTION		
a Recorder	Yes/ No		
ddress			
ILAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
T NO.	6842 0051 / 6744 0510		
T PERSON	IAN		
	6741 0510		
p EMAIL ADDRESS	Sales@n5i.com.sg		

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
CHEN WA LANDSCAPE PTE LTD

Sector: **SERVICE**

Name:
LIANG ZHOUHAI

Occupation:
DRIVER

Work Permit No:
0 57806516

Date of Application:
13-07-2009

Date of Issue:
14-07-2017

Date of Expiry:
11-06-2019

L8125182





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G8092404L**

Name:
LIANG ZHOU HAI

Birth Date: **06 Apr 1978**

Issue Date: **24 Dec 2012**

Valid Till: **30 Jan 2018**

002135086G




VISIT PASS
Immigration Regulations

Name:
LIANG ZHOUHAI

Date of Birth: **06-04-1978** Sex: **M** Nationality: **CHINESE**

FIN: **G8092404L** Date of Issue: **14-07-2017** Date of Expiry: **11-06-2019**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Vehicle Description	Effective Date
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	31 Jan 2008
Class 4	Heavy motor cars and motor tractors > 2500 kg	08 Feb 2017

G8092404L S / No. 9000256425

NP 428A

Licence No. **G8092404L**



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)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5049526440-06

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : YN1874T
Chassis Number : JAANNR85HB7100052
2. Name of Policyholder : CHEN WA LANDSCAPE PTE LTD
3. Effective Date of Insurance : 25 Mar 2017
4. Expiry Date of Insurance : 24 Mar 2018
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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
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 : JOO GUAN LEONG TRADING CO (00000613060)
Date of Issue : 07 Feb 2017 11:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



Register New Vehicle (Acknowledgement)**Vehicle Particulars**

Vehicle No.:	YN1874T	Vehicle Scheme:	Normal
Vehicle Type:	B30 - Goods (Open) Lorry (Wooden Body)		
Vehicle Attachment 1:	With Hood		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	ISUZU	Vehicle Model:	NNR85UH4A
Chassis No.:	JAANNR85HB7100052	Engine No.:	4JJ1990765
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Diesel	Passenger Capacity:	2
Engine Capacity:	2999 cc	Power Rating:	-
Unladen Weight:	2500 kg	Maximum Laden Weight:	5000 kg
Primary Colour:	White	Secondary Colour:	-
First Registration Date:	25 Mar 2011	Original Registration Date:	25 Mar 2011
Manufacturing Year:	2010	Open Market Value:	\$34,048.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfers:	0		

Owner Particulars

Owner Name:	CHEN WA LANDSCAPE PTE LTD
Owner ID Type:	Company
Owner ID:	199507973H
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	51
Registered Street Name:	BUKIT BATOK CRESCENT
Registered Unit No.:	# 08 - 45
Registered Building Name:	UNITY CENTRE
Registered Postal Code:	658077
COE No. / Expiry Date:	2011030105000443N / 24 Mar 2021
COE Bid Category:	C - Goods Vehicle & Bus
QP Paid:	\$29,011.00

Transaction Details

Business Transaction Ref. No.:	20110325132504442808
Business Transaction Date:	25 Mar 2011
Business Transaction Time:	13:25:04

Message

The above vehicle has been successfully registered.

Please note that \$21,192.00 will be deducted from your GIRO account.

OK

Claim Handling

Accident MT/0971828

Policy No.	5049526440-06	Vehicle No.	YN1874T	GST Registration No.	
Policyholder Name	CHEN WA LANDSCAPE PTE LTD	Cover Type	Comprehensive	Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURAI	Contact No.(Office)		Loading	
Contact No.(Mobile)	83019215	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No				

Accident Details		Accident Report Within 24 hrs	Yes	Accident Type	Collision - Chan
Report Date	30/11/2017 15:26	Time of Accident hh:mm	18:20	Country of Accident	Singapore
Date of Accident	29/11/2017	Orange Force		ICM No.	
Reporting Centre					
Accident Location	OLD CHOJA CHU KANG RD TWDS SUNGEI TENGAH RD				

Benefits			
Excess			Windscreen Excess
Own damage Excess	600.00	Additional Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	
Third Party Excess	0.00	Outside Singapore TP Excess	

GST Registered Information		GST Registration Date	01/01/2015
GST Registered	Yes	GST Status Verified	No
GST Registration No.	M289238476		
Modification History			

Policyholder Mailing Address			
Address 1	51 BUKIT BATOK CRESCENT	Address 2	#08-45 UNITY CENTRE
Address 4		Address Type	Singapore address
Unit No.		Related Policy Number	S045774557-07
		Address 3	
		Post Code	

OI Driver Info			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver
Unnamed driver Name	LIANG ZHOUHAI	Driver NRIC	G8092404L
Register Date of Driver License	31/01/2008	Driver Age	39
Contact No.(Mobile)	83019215	Contact No.(Office)	
Address 1	51 BUKIT BATOK CRESCENT	Address 2	#08-45 UNITY CENTRE
Address 4		Address Type	Singapore address
Unit No.	08-45		
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	
		Driver Insurer Company	

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CHEN WA LANDSCAPE PTE LTD	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address	chenwa@singnet.com.sg	OI Vehicle Number	YN1874T	TP Vehicle Number	
Claim Description	YN1874T / GBG6200P ON 29 Nov 2017				
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	30/11/2017 15:31	Claim Close Date		Date Received	
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0971828	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/11/2017 15:32
Path *		Category *	Confidential
		Urgency	Normal

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Nov 2017 15:32	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Nov 2017 15:32	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Nov 2017 15:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Nov 2017 15:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Nov 2017 15:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Nov 2017 15:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Nov 2017 15:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Nov 2017 15:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Nov 2017 15:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Nov 2017 15:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Nov 2017 15:32	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Source
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