

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

NA117163195

Date In: 12/12/17-0957	Job description	Date & Time Completed	Done by
Ref No: NA/INC17023536/24	SAS e-filing		
Veh No: PC4352C	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 27/10/17-05:30	i-Motor Claim Form	MT/0957PAC	12/12/17 10:53
OD / TP / 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: JHC 37755	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% P: 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

NA1707669	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	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:-		
QC Checked by (Engr-In-Charge):	QD*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Lat. 1:	9) N12: Idac Mobile 30		
Lat. 2 / 3:	Invoice dated	Fee Charged	
	Invoice dated	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	12/12/2017 09:57
Date Of Accident	27/10/2017 05:30
Exact Location Of Accident	ALONG TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4352C
Insured/Policyholder	
Name Of Registered Owner	RFL TRANSPORT SERVICES
Co Reg No	53217247K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE COMMUTER GL
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094016015
Cover Note Number	

Driver

Name of Driver	MOHAMAD MASHRIE BIN MUSTAFA
NRIC No	S8038950G
Date Of Birth	10/12/1980
Occupation	OUTDOOR
Date Of Driving Pass	29/01/2015
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93800514
Fax Number	
Contact Number	OFFICE-93800514
Email Address	NOEMAIL

Address	BLK 264A COMPASSVALE BOW #03-44
Postcode	541264
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

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)	5

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20171110/2030.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC3775S
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	GOH CHUN SENG, JEREMY
NRIC/Passport Number	S8308531B
Contact Number	87171437
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

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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.

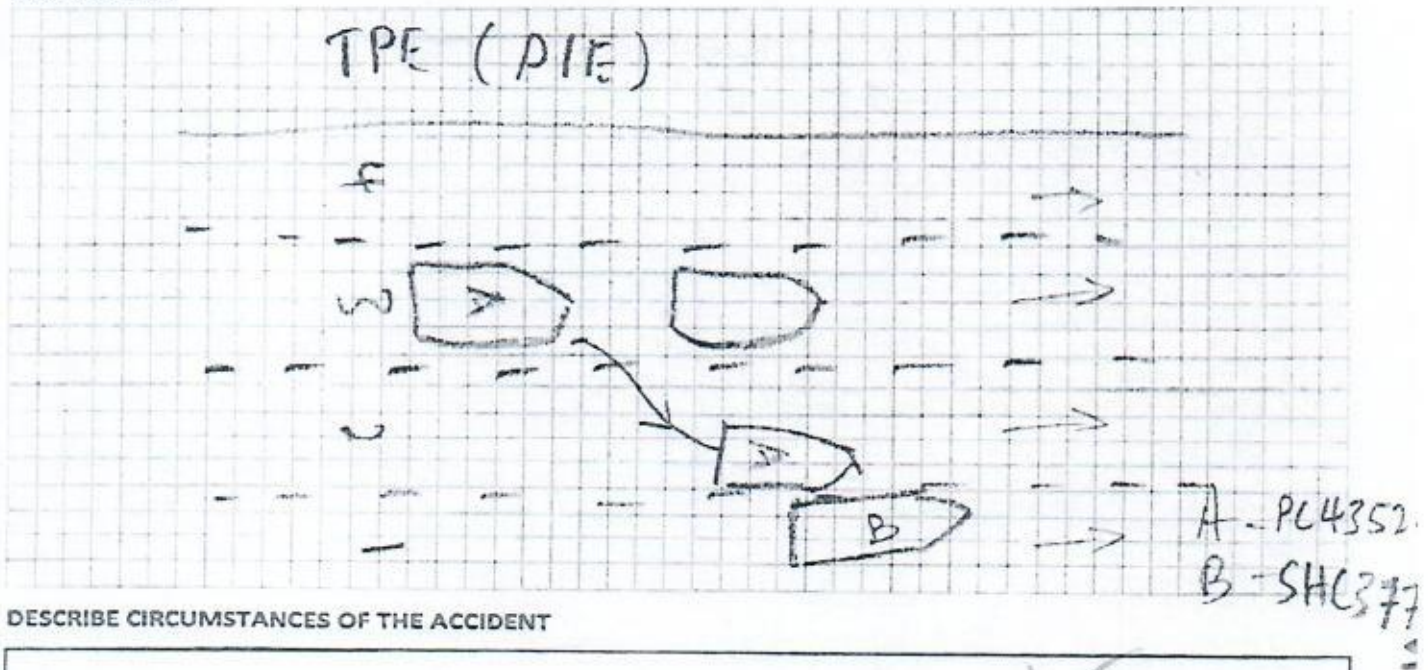
Policyholder's Signature
Date & Time:



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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pl's refer to the Police Report
4/2017/110/2030

DECLARATION

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

X f.

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.:

Reported on 2/12/2017
@ 1445H25

ACCIDENT STATEMENT

ACCIDENT DATE: 27/10/2017 (DD/MM/YYYY), TIME: 05:30 (HH:MM)

LOCATION: TPE (PIE)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PL4352C
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 509401615
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) Bus
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: working private
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: RFL Transport Services (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 53217247K CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Mohamad Mashrie Bin Mustafa (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 580389506 CONTACT: 93800514
c) ADDRESS: _____

*d) DATE OF BIRTH: 10/12/1980 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 29/1/2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) friend
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS) Driest

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHC3775S MODEL: _____
b) DRIVER'S NAME: GOH CHUN SENG, JEREMY
c) NRIC/FIN/PASSPORT: S8308531B CONTACT: 87171437

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Call Driver
7/12/2017 @ 10:04AM
he will chop and
send ASAP

RSL RFL transport @ gmail.com

Email = ulatbulu40@hotmail.com

fax = ulatbulu40@hotmail.com

Waiting for Company Chop?



SINGAPORE POLICE FORCE



T/20171110/2030

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20171110/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/11/2017 10:28		Vide Report No.:		Station Diary No.: 61	
Informant's Particulars					
Name of Informant: MOHAMAD MASHRIE BIN MUSTAFA			Address: APT BLK 264A COMPASSVALE BOW #03-44 SINGAPORE 541264		
ID Type / ID No.: NRIC NO / S8038950G			Contact No.: Home/Office: Mobile: 93800514		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 10/12/1980	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Driver			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 27/10/2017 05:30	Type of Location:
Location: Along Road 1 TAMPINES EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC4352C	Bus/Coach/Minibus			Silver		0
SHC3775S	Car			Blue		0



**SINGAPORE
POLICE FORCE**



T/20171110/2030

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20171110/2030

CONTINUATION OF REPORT

Brief Details.

On 27/10/2017 at about 0530hrs, I was driving my vehicle bearing plate number PC 4352C along the third lane of Tampines Expressway. I then decided to change to the second lane and I checked the blind spot. After which I moved my vehicle to the second lane. As I changed to the second lane, my vehicle was too close to the white line of the first lane. As a result, my vehicle made a slight contact with taxi bearing plate number SHC 3775S traveling on the first lane. My vehicle front right had a slight contact to the taxi's rear left side. No one was injured in this incident and traffic police was not at scene. I am making this report as I received a letter from the traffic police. That's all.



**SINGAPORE
POLICE FORCE**



T/20171110/2030

3 of 3

Report No. T/20171110/2030

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

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 now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
F /
Sgt 2 B HEMANRAJ

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
10/11/2017 10:28

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8038950G



Name

MOHAMAD MASHRIE BIN
MUSTAFA

Race

MALAY

Date of birth

10-12-1980

Sex

M

S8038950G

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8038950G

Name

MOHAMAD MASHRIE BIN
MUSTAFA

Birth Date 10 Dec 1980

Issue Date 04 Mar 2003



3908261

NRIC No. S8038950G



Date of issue
20-07-2006

Address

APT BLK 264A COMPASSVALE BOW
#03-44
SINGAPORE 541264

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Class 2B	Motorcycles <= 200 CC	23 Apr 1999
Class 2A	Motorcycles between 201 CC and 400 CC	05 Dec 2000
Class 2	Motorcycles > 400 CC	01 Mar 2003
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	06 Nov 2003
Class 4	Heavy motor cars and motor tractors > 2500 kg	04 Apr 2015

S8038950G

S/N No. 9000218333



NP 428A

Land Transport Authority



VOCATIONAL LICENCE

Licence No. **S8038950G**

Name **MOHAMAD MASHRIE BIN
MUSTAFA**

Issue Date **29/1/2016**

Please visit www.lta.gov.sg to check
the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	29/01/2015
04	BUS ATTENDANT	29/01/2015



eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094016015	RFL TRANSPORT SERVICES	53217247K	GBS	Comprehensive	PC4352C	PC4352C	14/09/2017	13/09/2018

Claim Handling

The premium on this policy has not been collected.

Accident MT/0967896

Policy No.	5094016015	Vehicle No.	PC4352C	GST Registration No.	
Policyholder Name	RFL TRANSPORT SERVICES			Policyholder NRIC	
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15		

▼ Accident Details

Report Date	01/11/2017 13:40	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	27/10/2017	Time of Accident hh:mm	05:30	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	TPE TOWARDS AIRPORT B4 PASIR RIS DR 12 TAMPINES AVE 10 EXIT				

▼ Benefits

▼ Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	01/11/2017 14:59:09 Karthlyn Yuen changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 14 #13-2813	Address 2	EUNOS CRESCENT	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	13-2813	Related Policy Number	5094016551		

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	RFL TRANSPORT SERVICES	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	PC4352C	TP Vehicle Number	
Claim Description	PC4352C / SHC3775S ON 27 Oct 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	12/12/2017 10:53	Claim Close Date		Date Received	
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0967896	Claim No.	002		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/12/2017 10:53		
Path *		Category *		Confidential	Urgency
	<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

		Please Select	NO	Normal
		Please Select	NO	Normal
		Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 10:53	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 10:53	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 10:53	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 10:53	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 10:53	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 10:53	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 10:53	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 10:53	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 10:53	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Dec 2017 10:53	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Sour
<div> Display in New Window Scan and uploading </div>			