

NATIONAL Assessment Centre Services (wef 1 Jan'05)

Date In: 16/12/17	Job description	Date & Time Completed	Done by
Ref No: NA/INC17003877/13	SAS e-filing		
Veh No: GQ8787M	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 15/12/17 1300	i-Motor Claim Form	MT/0974014	
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: SVC 72325	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

NA/707758	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	Est Bill	Add Bill
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		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	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:-		
	QD*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	16/12/2017 10:47
Date Of Accident	15/12/2017 13:00
Exact Location Of Accident	TAMPINES RD TWDS UPP SERANGOON B4 HOUGANG AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GQ8787M
Insured/Policyholder	
Name Of Registered Owner	HAK SHENG & CO
Co Reg No	06884000D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62920828

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	5093713195
Cover Note Number	

Driver

Name of Driver	GOH KIOK SENG
NRIC No	S0650859F
Date Of Birth	09/11/1941
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1963
Driving Experience	54 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81988787
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 66 KALLANG BAHRU #01-523
Postcode	330066
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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)	2

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

I WAS TRAVELLING STRAIGHT ALONG TAMPINES RD TWDS UPP SERANGOON B4 HOUGANG AVE 1 ON THE 2ND LANE OF A3-LANES RD. INFRT OF MY VEH STOP AND I FOLLOWED SUIT, SUDDENLY VEH(B) BEARING REG NO SJC7232S CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.

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	SJC7232S
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	

DETAILS OF INJURED PERSON 1

Name	GOH KIOK SENG
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	GQ8787M
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	GOH YIN XIAN ZAVIER
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	GQ8787M
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.



合盛公司

HAK SHENG & CO.

BLK 16 KALLANG BAHRU #01-528

SINGAPORE 330066

TEL: 62920828, 62987342 FAX: 62960785

EMAIL: patrick_8787@hotmail.com

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

TAMPINES RD TWDS UPP SERANGOON
BY HOUGANG AVE 1

A - GQ8767M
B - SJL7232S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

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



合盛公司

HAK SHENG & CO.

BLK C6 KALLANG BAHRU #01-523

SINGAPORE 330066

Policyholder's Signature: [Signature] Driver's Signature: [Signature]

Date & Time: [Signature] (If driver is not the policyholder)

EMAIL: patrick_8787@hotmail.com

Date & Time:

[Signature] 16/12/17

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





**SINGAPORE
POLICE FORCE**



A/20171215/2118

1 of 2

POLICE REPORT (NP322)

Report No. A/20171215/2118

Police Station Of Origin
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

Date/Time Report Made 15/12/2017 18:27	Vide Report No.	Station Diary No. 12
Name Of Informant GOH KIOK SENG	Address APT BLK 66 KALLANG BAHRU #01-523 SINGAPORE 330066	
ID Type / ID No. NRIC NO / S0650859F	Contact No. Home/Office Mobile 81988787	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation SELF EMPLOYED	Sex Male	Age 76
Institution/School Name	Date of Birth 09/11/1941	Race Chinese
Date/Time Of Incident 15/12/2017 13:00	Location Of Incident 66 KALLANG BAHRU #01-523 GEYLANG BAHRU VILLE SINGAPORE 330066	

Brief details.

On the above mentioned date, time and place. I had lost the below mentioned item. I tried to search but to no avail. I am unsure of where I had misplaced it. That is all.

Property Information

Signature Of Officer Recording The Report:
A / Sgt 1 MOHAMED FERROZ S/O MOHAMED IQBAL

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
A / Central Police Divisional Investigation Branch /
Insp AW YI LONG, MATTHIAS
Contact No.: 65575076

Signature Of Informant:

Date/Time:
15/12/2017 18:27

Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645

Signature:
Singapore Police Force



**SINGAPORE
POLICE FORCE**



A/20171215/2118

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. A/20171215/2118

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Licence	Lost	Qualified Driving Licence			1		ONE SINGAPORE DRIVING LICENCE BEARING THE NAME OF GOH KIOK SENG

Signature Of Officer Recording The Report:

A / Sgt 1 MOHAMED FEROZ S/O MOHAMED IQBAL

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
A / Central Police Divisional Investigation Branch /
Insp AW YI LONG, MATTHIAS
Contact No.: 65575076

Authentication Stamp

Signature Of Informant:

Date/Time:
15/12/2017 18:27

Classification Of Case:

FUPO hotline number: 68429645

Signature:
Singapore Police Force

LOW MEDICAL CLINIC
67, KALLANG BAHRU
#01-447
SINGAPORE 330067
Tel: 62950805

Medical Certificate

Date of Visit: 15-Dec-2017

MC No. : C1-SBDBEO

This is to certify that

Name: GOH KIOK SENG

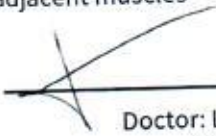
NRIC: S0650859F

is Unfit for Work

for 2 day(s) from 15-Dec-2017 to 16-Dec-2017

Remarks: Diagnosis

1. Sprains and strains of joints and adjacent muscles



Doctor: Low Kee Hwa
MCR: M03238G

** This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Printed on 15 Dec 2017 13:53:58 by Low Kee Hwa

Page 1 of 1

LOW MEDICAL CLINIC
67, KALLANG BAHRU
#01-447
SINGAPORE 330067
Tel: 62950805

Medical Certificate

Date of Visit: 15-Dec-2017

MC No.: C1-SBDBEP

This is to certify that

Name: GOH YIN XIAN ZAVIER

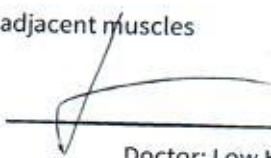
NRIC: T0329533D

is Unfit for Work

for 2 day(s) from 15-Dec-2017 to 16-Dec-2017

Remarks: Diagnosis

1. Sprains and strains of joints and adjacent muscles



Doctor: Low Kee Hwa
MCR: M03238G

** This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Printed on 15 Dec 2017 13:59:04 by Low Kee Hwa

Page 1 of 1

LOW MEDICAL CLINIC
67, KALLANG BAHRU
#01-447
SINGAPORE 330067
Tel: 62950805

TAX INVOICE

GOH YIN XIAN ZAVIER (T0329533D)
13 SENGKANG EAST AVENUE
12 - 05
544805

Invoice No. : GPC 011002
Invoice Date : 15 Dec 2017
ACRA No. : 199507451H
Doctor : Low Kee Hwa

ITEM NAME	QTY	ADJ	TOTAL
VOREN GEL 20G	1.00 tube		\$5.00
DISCOUNTED CONSULTATION			\$20.00
			\$25.00
Final Bill			
Cash Rounding			\$0.00
Payment received by Cash - RE/008473			\$25.00
Outstanding Balance			\$0.00

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 : 5093713195

Cover : Comprehensive

- | | |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle | : GQ8787M |
| Chassis Number | : JTFUF34YX03011014 |
| 2. Name of Policyholder | : HAK SHENG & CO |
| 3. Effective Date of Insurance | : 19 Sep 2017 |
| 4. Expiry Date of Insurance | : 18 Sep 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	: WAH SOON HENG VEHICLE TRADING
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 : HIGH POWER ENTERPRISE (00000612809)
 Date of Issue : 31 Aug 2017 15:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

 Authorised Officer



 Chief Executive

Claim Handling

Accident MT/0974014

Policy No.	5093713195	Vehicle No.	GQ8787M	GST Registration No.	
Policyholder Name	HAK SHENG & CO	Cover Type	Comprehensive	Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)	62920828	Loading	
Contact No.(Mobile)	0	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(%)	20	eCode Reason	
NCD Protection	No	Private Hire	No		

▼ Accident Details

Report Date	16/12/2017 17:46	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	15/12/2017	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES RD TWDS UPP SERANGOON B4 HOUGANG AVE 1				

▼ Benefits

▼ Excess

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

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 66 #01-523	Address 2	KALLANG BAHRU	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5093713195		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	GOH KIOK SENG	Driver NRIC	S0650859F	Driving Experience	
Register Date of Driver License	01/01/1963	Driver Age	76	Contact No.(Home)	
Contact No.(Mobile)	81988787	Contact No.(Office)	0	Address 3	
Address 1	BLK 66	Address 2	KALLANG BAHRU	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	#01-523	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				

Declaration

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

Claim 001 OD-MX **New**



Claim Type *	OD-MX	Insured Name	HAK SHENG & CO	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GQ8787M	TP Vehicle Number	
Claim Description	GQ8787M / SJC7232S ON 15 Dec 2017				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	16/12/2017 17:53	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSILINDA	Workshop Repairer			

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0974014	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/12/2017 00:00
Path *	Category *		
	Confidential Urgency		
	Please Select		

		Please Select	NO	Normal
		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 16 Dec 2017 17:53	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Dec 2017 17:53	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Dec 2017 17:53	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Dec 2017 17:52	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Dec 2017 17:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Dec 2017 17:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Dec 2017 17:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Dec 2017 17:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Dec 2017 17:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Dec 2017 17:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Dec 2017 17:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Dec 2017 17:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Dec 2017 17:52	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Sour
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[Display in New Window](#)
[Scan and uploading](#)