

Date: 19/12/17 15:50	Job description: SAS e-filing	Date & Time Completed: 19/12/17 16:48	Done by:
Ref No: MA/INC 17024048164	E-mail (with Date, Att. Desc):		
Veh No: SKG 4980 C	I-Motor Claim Form		
D.O.A: 18/12/17 23:55	I-Motor W/O (with Date, OD Desc, TP Desc):		
OD <input checked="" type="radio"/> Reporting Only	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: GBD 6245 B	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

Claimant's Particulars:-	MA1707814	Invoice Preparation Checklist	Amnt (\$)	Amnt (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30)	30.00	
Contact No:		2) DA: Damage Assessment (\$100) INC (\$80)		
Damaged Portion:		3) TF: Towing Fee (\$40)		
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey (\$100)		
Auditors' Comments:-		5) FT: Follow-Through Survey-Resurvey (\$50)		
Date 1:		6) TR: Re-inspection (\$75)		
Date 2/3:		7) NI: (Inc DA - SMRI) Survey (\$150)		
		8) NTUC Additional Services:		
		ON:		
		*NI: Courtesy Car / Tpt Allowance	\$0	
		*NI: Repair Coordination	\$10	
		*NI: Post Repair Inspection	\$0	
		*NI: DV / Collect Insurer Coordination	\$0	
		TP (Nil) TP (Nil) INC against INC	\$0	
		9) NI12 (Inc Allowance)	\$0	
		Invoice date:	Fee charged:	
		Invoice done:	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	19/12/2017 15:50
Date Of Accident	18/12/2017 23:55
Exact Location Of Accident	JUNC OF SERANGOON NORTH AVE 3 & AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG4980C
Insured/Policyholder	
Name Of Registered Owner	CHNG AH HOE
NRIC No	S1454431C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90625141
Alternative Phone No	OFFICE-90625141

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE KOUP 1.6 6AT SX ABS D/AB SR
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096020080
Cover Note Number	-

Driver

Name of Driver	CHNG CHANG YUN EDWIN
NRIC No	S9601355H
Date Of Birth	05/01/1996
Occupation	OUTDOOR
Date Of Driving Pass	29/04/2016
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91154059
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 265E COMPASSVALE BOW #07-38
Postcode	548265
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	GBD6245B
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	LAI KOK YONG
NRIC/Passport Number	S1786863B
Contact Number	92454568
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
Phone Number	

Email Address

DETAILS OF INJURED PERSON 1

Name	CHNG CHANG YUN EDWIN
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SKG4980C
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.

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

A= SKG 4980C
B= GBD 6245B

Serangoon North Ave 4

Serangoon North Ave 3

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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.:



SINGAPORE POLICE FORCE



T/20171219/2013

1 of 4

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20171219/2013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/12/2017 05:25	Vide Report No.:	Station Diary No.: 17
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Informant's Particulars

Name of Informant: CHNG CHANG YUN EDWIN			Address: APT BLK 265E COMPASSVALE BOW #07-38 SINGAPORE 548265		
ID Type / ID No.: NRIC NO / S9601355H			Contact No.: Home/Office: Mobile: 91154059		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 21	Date of Birth: 05/01/1996	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: REPUBLIC OF SINGAPORE AIR FORCE ENGINEER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/12/2017 23:55	Type of Location: X-Junction T-Junction
Location: Junction of Road 1 and Road 2 SERANGOON NORTH AVENUE 1 SERANGOON NORTH AVENUE 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD6245B	Lorry	TOYOTA		White	Slightly Damaged	0
SKG4980C	Car	KIA	CERATO FORTE	White	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKG4980C	NTUC Income Insurance Co-Operative Limited	5096020080	18/11/2017	17/11/2018



**SINGAPORE
POLICE FORCE**



T/20171219/2013

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

2 of

Report No. T/20171219/201

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LAI KOK YONG	ID No.	S1786863B
Related Vehicle	GBD6245B (Lorry)	Contact No.	92454568
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHNG CHANG YUN EDWIN	ID No.	S9601355H
Related Vehicle	SKG4980C (Car)	Contact No.	91154059
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	19/12/2017	Date Discharge	19/12/2017
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Passenger			
Name	ANG JUNWEI JOEL	ID No.	S9522576D
Related Vehicle	SKG4980C (Car)	Contact No.	90281120
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 18/12/2017 at about 2355hrs, I stopped my car (SKG4980C) on the extreme right lane of Serangoon North Ave 1, before the junction of Serangoon North Ave 4. The traffic lights were red and I was about to make a right turn into Serangoon North Ave 4. Suddenly, a lorry (GBD6245B) collided into the rear of my car.

I suspect that the driver of the lorry was using his phone resulting in the collision as he alighted from the lorry still talking on the phone.



**SINGAPORE
POLICE FORCE**



T/20171219/2013

3 of 4

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20171219/2013

CONTINUATION OF REPORT

After the incident, I felt pain on my neck area. I seek outpatient treatment at Tan Tock Seng Hospital and was given 2 days MC.



**SINGAPORE
POLICE FORCE**



T/20171219/2013

4 of 4

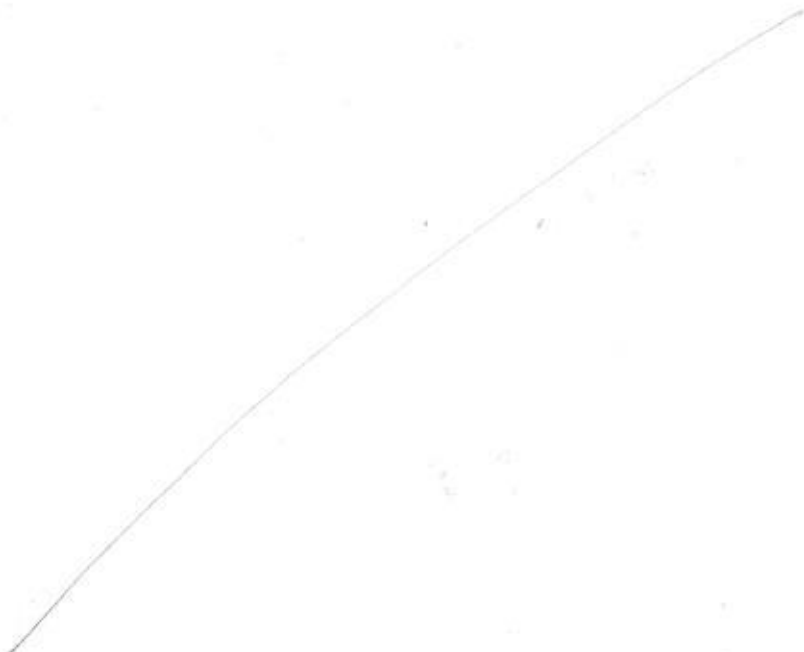
Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No, T/20171219/2013

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 LEE CHENG WAI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt LEE SOON LYE
Contact No.: 65476239

Signature Of Informant:

Date/Time:
19/12/2017 05:25

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE ARMED FORCES IDENTITY CARD

Name
**CHNG CHANG YUN
EDWIN**

NRIC No
S9601355H



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S9601355H**

Name:

CHNG CHANG YUN EDWIN

Birth Date: **05 Jan 1996**

Issue Date: **29 Apr 2016**



00MALT08GPI/106451980116

00000050288849

NRIC No/Colour
S9601355H/ PINK

Race
CHINESE

Date Of Birth
05/01/1996

Service Status
REGULAR

Address

**Blk 265E COMPASSVALE BOW
#07-38 SINGAPORE 548265**

Blood Group

A (+)

Country Of Birth
SINGAPORE

Military Rank Status
ENLISTEE

Sex

M

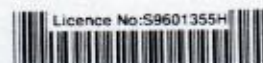


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 29 Apr 2016

NP 428A



Licence No: S9601355H

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

18/12/2017 15:43

Vehicle No.(For Motor)

SKG4980C

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096020080	CHNG AH HOE	S1454431C	GPC	drivo CLASSIC	SKG4980C	SKG4980C	18/11/2017	17/11/2018

Claim Handling

Accident MT/0974400

Policy No.	5096020080	Vehicle No.	SKG4980C	GST Registration No.	
Policyholder Name	CHNG AH HOE			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	90625141	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<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(%)	0	Private Hire	No

Accident Details

Report Date	19/12/2017 16:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	18/12/2017	Time of Accident hh:mm	23:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF SERANGOON NORTH AVE 3 & AVE 4				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	2,500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 265E #07-38	Address 2	COMPASSVALE BOW	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5096020080		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	CHING CHANG YUN EDWIN	Driver NRIC	S9601355H	Driving Experience	
Register Date of Driver License	29/04/2016	Driver Age	21	Contact No.(Home)	
Contact No.(Mobile)	91154059	Contact No.(Office)		Address 3	
Address 1	BLK 265E #07-38	Address 2	COMPASSVALE BOW	Post Code	
Address 4	SINGAPORE 548265	Address Type	Singapore address		
Unit No.	07-38				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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 New

Claim Type *	OD-MX	Insured Name	CHNG AH HOE	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		DI Vehicle Number	SKG4980C	TP Vehicle Number	
Claim Description	SKG4980C / G8D6245B ON 18 Dec 2017				Name of Preferred Workshop
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	19/12/2017 16:47	Claim Close Date		Date Received	
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0974400	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/12/2017 16:48
Path *	Category * Confidential Urgency Browse... 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
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal

Message Board

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 16:48	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 16:48	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 16:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 16:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 16:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 16:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 16:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 16:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 16:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 16:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 16:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 16:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 16:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 16:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 16:47	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Sour
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Display In New Window

Scan and uploading