

Date In: 22/12/17 11:31	Job description: SAS e-filing	Done by:
Ref No: NAI INC 17024260/h4	E-mail (outside 9am-5pm A/C time):	
Veh No: SDW 33 X	i-Motor Claim Form: MT/0974799	22/12/17 13:32
D.O.A: 21/12/17 15:45	i-Motor W/O (within 30 days TP 4hrs)	
OD: <input checked="" type="radio"/> Reporting Only	i-Photo Uploaded	
TP Insurer:	Assessment/Survey Report	
	Ass't Report by Fax/Hand to Owner/Work	

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars:	Veh No: SJD 3SS2 P	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 > \$5000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars:-	Invoice Preparation Checklist	Est (\$)	Ami (\$)
		Inc Bill	Ass Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)	30.00	
Contact No:	2) DA: Damage Assessment (\$100) INC: \$40		
Damaged Portion:	3) TP: Towing Fee \$40.00		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$100		
Auditors' Comments:-	5) FT: Follow-Through Survey-Resurvey \$100		
	For claimant against INC Only (Ref: 17024260)		
	6) TR: Re-inspection \$75		
	7) N1: (Inc DA - SMRI Survey) \$150		
	8) NTUC Additional Services -		
	OPR		
	*N3: Courtesy Car / Tel Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$10		
	*N8: DV / Collision Repair Coordination \$5		
	TP (N11): TP (Inc) INC against INC \$50		
	9) N12: Misc Mobile \$5		
	Invoice date:	Est. Charges:	
	Invoice date:	Est. Charges:	

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	22/12/2017 11:31
Date Of Accident	21/12/2017 15:45
Exact Location Of Accident	BRADDELL RD TWDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDW73X
Insured/Policyholder	
Name Of Registered Owner	LOW AISHI (LUO AISHI)
NRIC No	S8134106J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93839285
Alternative Phone No	OFFICE-93839285

Vehicle Particulars

Manufacturer	BMW
Model	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D NAV
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	5095553875
Cover Note Number	-

Driver

Name of Driver	LOW WEI WEN (LUO WEIWEN)
NRIC No	S8506606D
Date Of Birth	10/03/1985
Occupation	INDOOR
Date Of Driving Pass	22/01/2008
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82003050
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 610 WOODLANDS AVE 4 #05-435
Postcode	730610
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD3552P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YONG TECK FAR
NRIC/Passport Number	S1735601A
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLL781Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ANGELA LIOW

NRIC/Passport Number

S7827143D

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SH8124G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name

LOW WEI WEN (LUO WEIWEN)

Approximate Age

Injuries Sustain

BACK AND NECK

Injured person in which vehicle?

SDW73X

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

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:

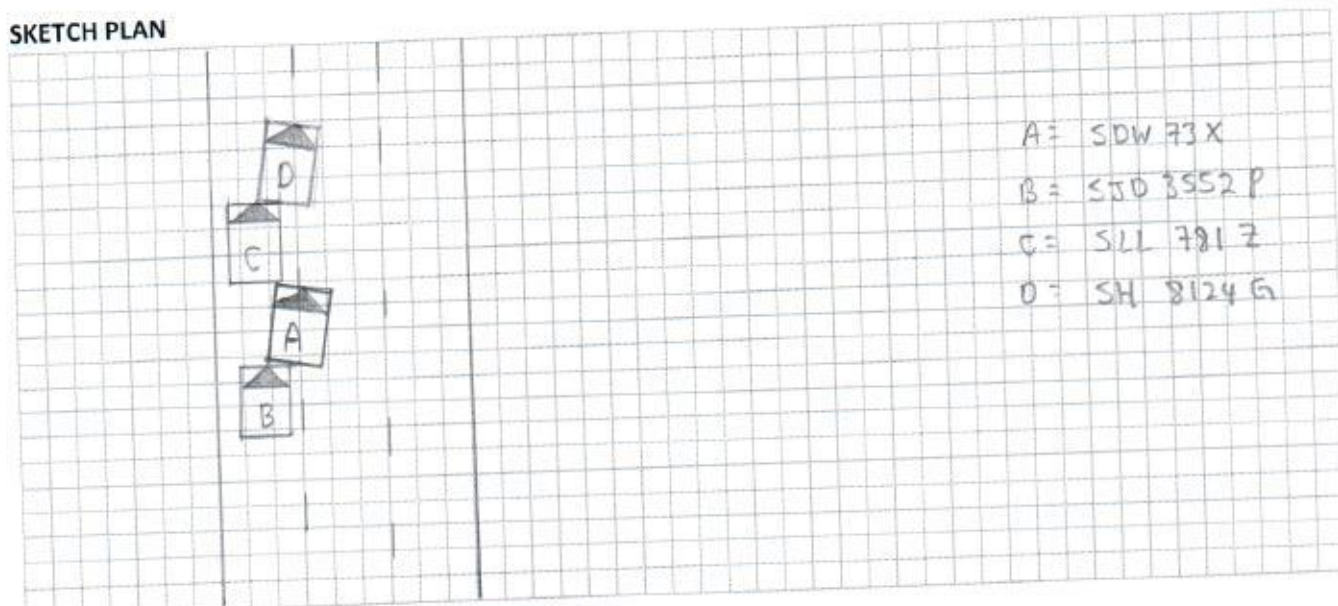


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



A = SDW 73X
 B = SSD 3552 P
 C = SLL 781 Z
 D = SH 8124 G

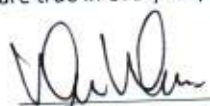
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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/20171222/2027

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20171222/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/12/2017 10:35	Vide Report No.:	Station Diary No.:
Informant's Particulars		
Name of Informant: LOW WEI WEN	Address: 610 WOODLANDS AVE 4 #05-435 HDB-WOODLANDS SINGAPORE 730610	
ID Type / ID No.: NRIC NO / S8506606D	Contact No.: Home/Office:	Mobile: 82003050
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 32	Date of Birth: 10/03/1985
Type of Informant: Driver		
Race: Chinese	Language:	Institution / School Name:
Occupation: SELF EMPLOYED	Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/12/2017 15:45	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BRADDELL ROAD CENTRAL EXPRESSWAY TOWARDS CTE				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control:		Traffic Volume: Moderate	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDW73X	Car				Seriously Damaged	0
SH8124G	Car				Slightly Damaged	1
SJD3552P	Car				Seriously Damaged	0
SLL781Z	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20171222/2027

2 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20171222/2027

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOW WEI WEN	ID No.	S8506606D
Related Vehicle	NIL	Contact No.	82003050
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

AT THE ABOVE STATED TIME, DATE AND LOCATION.

I WAS DRIVING ALONG BRADELL ROAD. ON THE EXTREME LEFT LANE, AS I WAS DRIVING, I REALISED THE CAR IN FRONT OF ME WITH THE REGISTRATION NUMBER: SLL781Z SUDDENLY BRAKE, SO I TRIED TO AVOID IT BY SHIFTING TO THE LANE ON MY RIGHT. HOWEVER, THE LEFT FRONT SIDE OF MY CAR COLLIDED INTO THE RIGHT REAR SIDE OF THE OTHER VEHICLE. AT THE SAME TIME THE CAR WITH REGISTRATION NUMBER: SJD3552P COLLIDED INTO THE BACK OF MY VEHICLE. AFTERWARDS WE ALL GOT OUT OF OUR VEHICLES AND THEN A POLICE THAT WAS PASSING BY CAME AND TOOK ALL OUR PARTICULARS. I HAVE CAMERA FOOTAGE FOR EVIDENCE. AMBULANCE ALSO ARRIVED AT THE SCENE, I WAS CONVEYED TO TAN TOCK SENG HOSPITAL. I RECEIVED 3 DAYS MC.

THAT'S ALL



**SINGAPORE
POLICE FORCE**



T/20171222/2027

3 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20171222/2027

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:
TP /
KHALED AMR HASSAN MOHSSEN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /

Contact No.:

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
22/12/2017 10:35

Classification Of Case:



SINGAPORE
POLICE FORCE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8506606D



Name
LOW WEI WEN
(LUO WEIWEN)
罗伟文

Race
CHINESE

Date of birth
10-03-1985

Country/Place of birth
SINGAPORE

Sex
M





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8506606D

Name
LOW WEI WEN
(LUO WEIWEN)

Birth Date 10 Mar 1985

Issue Date 22 Jan 2008




5482683



NRIC No. S8506606D




Date of issue
10-06-2015

Address
APT BLK 610 WOODLANDS AVENUE 4
#05-435
SINGAPORE 730610


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

PASS DATE 22 Jan 2008

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg



Licence No: S8506606D



NP 420A

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

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"/>	5095553875	LOW AISHI (LWO AISHI)	S81341063	GPC	drive CLASSIC	SDW73X	SDW73X	03/11/2017	02/11/2018

Claim Handling

Accident MT/0974799

Policy No.	5095553875	Vehicle No.	SDW73X	GST Registration No.	
Policyholder Name	LOW AISHI (LUO AISHI)	Cover Type	drive CLASSIC	Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	93839285	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(%)	40	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	22/12/2017 13:27	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	21/12/2017	Time of Accident hh:mm	15:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BRADDELL RD TWDS CTE				

Benefits

Coverage	Sum Insured
Excess Waiver	99999999.99

Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00	
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 466D #12-351	Address 2	SEMPAWANG DRIVE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5095553875	

OI Driver Info

Driver Name	LOW WEI WEN	Driver Type	Named Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S8506606D	Driving Experience
Register Date of Driver License	01/01/2007	Driver Age	32	Contact No.(Home)
Contact No.(Mobile)	82003050	Contact No.(Office)		Address 3
Address 1	BLK 610 #05-435	Address 2	WOODLANDS AVENUE 4	Post Code
Address 4		Address Type	Singapore address	
Unit No.	05-435	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 **New**

Claim Type *	OD-MX	Insured Name	LOW AISHI (LUO AISHI)	Insured NRIC
Contact No.(Mobile)	93839285	Contact No.(Home)	63643162	Contact No.(Office)
Email Address	adei_low81@yahoo.com.sg	OJ Vehicle Number	SDW73X	TP Vehicle Number
Claim Description	SDW73X / SJD3552P ON 21 Dec 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	22/12/2017 13:31	Claim Close Date		Date Received
Report Taken By	LIEW SHAN HUI			

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0974799	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/12/2017 13:32

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
<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 22 Dec 2017 13:32	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 13:32	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 13:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 13:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 13:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 13:31	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 13:31	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 13:31	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 13:31	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 13:31	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 13:31	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 13:31	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 13:31	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 13:31	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 13:31	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 13:31	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Dec 2017 13:31	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>