

Date In: 02/01/2018 10:57	Job description	Date & Time Completed	Done by
Ref No NA/INC 18000016/K4	SAS e-filing		
Veh No SBX 8022J	E-mail (within 8hrs, AIG 2hrs)		
DOA 29/12/2017 13:45	i-Motor Claim Form	MT/0976066	3/1/18 10:50
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to	Owner/Wksp	

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: GBA 9680Z 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 :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
NA1800098	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: 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)		
Cat 1:	6) TR: Re-inspection \$75		
Cat 2/3:	7) NI: 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 (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	02/01/2018 10:57
Date Of Accident	29/12/2017 13:45
Exact Location Of Accident	ECP TOWARDS CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBX8022J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GAN YU UNN (DR)
NRIC No	S7014492A
Email Address	MORGANUUNN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96463064
Alternative Phone No	OTHERS-96463064

### Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY 2.4 EXV-S CVT 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	5092804624
Cover Note Number	

### Driver

Name of Driver	OW CHIEN KOON
NRIC No	S7010939E
Date Of Birth	01/04/1970
Occupation	INDOOR
Date Of Driving Pass	20/01/1990
Driving Experience	27 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96463064
Fax Number	
Contact Number	OTHERS-96463064
Email Address	OCK28@HOTMAIL.COM

Address 10 EAST COAST DRIVE  
 Postcode 459147  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured SPOUSE  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

**General Information of the Accident**

Type Of Accident HIT BY FALLEN TREE / OTHER OBJECTS  
 Weather Conditions RAINING  
 Road Surface WET

**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? NO  
 Was any injured conveyed to hospital by ambulance? 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) 2  
 Passenger 1  
 NAME: : GAN CHIU WEI  
 GENDER: : MALE

**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**

PLS REFER TO THE ATTACHED STATEMENT.

**Attachment(s)**

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

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number GBA9680Z  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

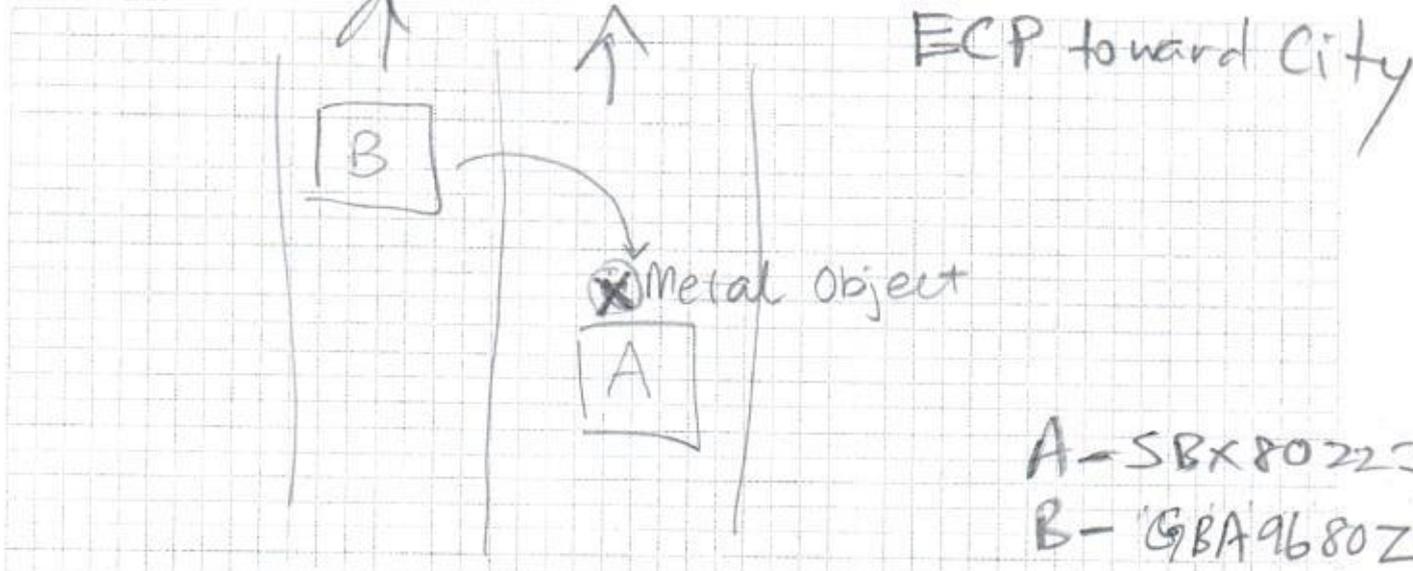
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

Carpark H

SKETCH PLAN



A - SBX8022J  
 B - GBA9680Z  
 X - Fell Metal object

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along ECP towards city. (ECP between Xiling Avenue entrance and Carpark H)  
 When a metal object fell off vehicle B and hit and got lodged under vehicle A. at 13:46 hrs

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.:

2/1/2018

+ \* Reported on 30/12/2017 @ 1600HR

### ACCIDENT STATEMENT

ACCIDENT DATE: (29/12/2017) (DD/MM/YYYY), TIME: (13:45) (HH:MM)

LOCATION: ECP toward City.

**1. DETAILS OF VEHICLE**

- a) VEHICLE NUMBER: SBX 8022J
- b) INSURANCE COMPANY: \_\_\_\_\_
- c) POLICY NUMBER: \_\_\_\_\_
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: \_\_\_\_\_
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_
- 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: \_\_\_\_\_ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_
- c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

**DRIVER**

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96463064
- c) ADDRESS: \_\_\_\_\_

- \*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) 2nd owner sponsor

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

- 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_
- b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_
- 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: GTA 9680Z MODEL: \_\_\_\_\_
- b) DRIVER'S NAME: \_\_\_\_\_
- c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

**9. THIRD PARTY VEHICLE**

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

\* No of passengers (Including driver)

(2)

son - Gan Chiu Wei male

\* No of passenger (Including driver)

( )

\* No of passenger (Including driver)

( )

\* Video Yes Revert

Email = mr.ganyuunn@gmail.com  
Fax = ock28@hotmail.com

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S7010939E



Name  
 OW CHIEN KOON  
 欧倩群

Race  
 CHINESE

Date of Birth  
 01-04-1970

Sex  
 F

Country of Birth  
 SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S7010939E

Name  
 OW CHIEN KOON

Birth Date: 01 Apr 1970

Issue Date: 23 Dec 2002




2554446



NRIC No: S7010939E



Blood Group: B+

Date of issue: 00-12-1994

10 EAST COAST DRIVE  
 SINGAPORE 459147

NRIC No: S7010939E      Date: 07/11/2010      No: 6623561

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	20 Jun 1990

NP 428A

License No: S7010939E





GPC000471083

19 Jul 2017

Dear GAN YU UNN (DR)

Thank you for choosing Income as your motor insurer.

We are pleased to furnish your application details as follows:

Main Driver	:	GAN YU UNN (DR)
Gender	:	Male
Date of Birth	:	15 Apr 1970
Occupation	:	Indoor
Pass Date of Driving License	:	19 Mar 1988
→ Named Driver 1	:	OW CHIEN KOON
Named Driver 2	:	GAN YU CHUAN

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Period of Insurance	:	02 Aug 2017 to 01 Aug 2018
Policy Type	:	Private Car
Cover Type	:	Drivo Classic
Transport Allowance	:	No
Excess Waiver	:	Yes
NCD Protection	:	Yes
Insure COE	:	Yes

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Model	:	HONDA / ODYSSEY	Off-peak Car	:	No
Vehicle Number	:	SBX8022J	No Claim Discount	:	50%
Registration Date	:	02 Aug 2016	Standard Excess	:	\$600
Engine Capacity	:	2400cc	Windscreen Excess	:	\$100
Additional Excess	:	\$0			

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<b>Total Premium</b>	:	<b>\$959.55</b>	<b>(inclusive GST)</b>
Promo code	:	N/A	

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at [csquery@income.com.sg](mailto:csquery@income.com.sg).

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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5092804624	GAN YU UNN (DR)	S7014492A	GPC	drivo CLASSIC	SBX8022J	SBX8022J	02/08/2017	01/08/2018

Continue

▼ **Policy Information**

Policy No.	5092804624	Policyholder Name	GAN YU UNN (DR)	Policyholder NRIC	S7014492A
Address	10 EAST COAST DRIVE SINGAPORE 459147				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	20/07/2017	Effective Date	02/08/2017 00:00	Expiry Date	01/08/2018 23:59
Third Party Excess	0	Own damage Excess	0.0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0		
Agent	TELESALES-DIRECT MARKETING	Agent Tel.		GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ **Policyholder Mailing Address**

Address 1	10 EAST COAST DRIVE	Address 2	SINGAPORE 459147	Address 3	
Address 4		Address Type	Singapore address	Post Code	459147
Unit No.		Related Policy Number	5092804624		

▶ **Insured Object: SBX8022J**

▼ **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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## Claim Handling

Accident MT/0976066

Policy No.	5092804624	Vehicle No.	SBX8022J	GST Registration No.	
Policyholder Name	GAN YU UNN (DR)	Cover Type	drive CLASSIC	Policyholder NRIC	S70
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	96463064	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

## ▼ Accident Details

Report Date	03/01/2018 10:42	Accident Report Within 24 hrs	Yes	Accident Type	Other
Date of Accident	29/12/2017	Time of Accident hh:mm	13:45	Country of Accident	Sing
Reporting Centre		Orange Force		TCM No.	
Accident Location	ECP TOWARDS CITY				

## ▼ Benefits

Coverage		Sum Insured	
Excess Waiver		999999999.99	
▼ Excess			
Own damage Excess	0.00	Additional Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00
Third Party Excess	0.00	Outside Singapore TP Excess	0.00
Windscreen Excess			

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	10 EAST COAST DRIVE	Address 2	SINGAPORE 459147	Address 3	
Address 4		Address Type	Singapore address	Post Code	459
Unit No.		Related Policy Number	5092804624		

## ▼ OI Driver Info

Driver Name	OW CHIEN KOON	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S7010939E	Driver DOB	01/0
Register Date of Driver License	20/01/1990	Driver Age	47	Driving Experience	27
Contact No.(Mobile)	96463064	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	10 # EAST COAST DRIVE	Address 2	SINGAPORE 459147	Address 3	
Address 4		Address Type	Singapore address	Post Code	459
Unit No.					
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
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## Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	GAN YU UNN (DR)	Insured NRIC	S70
Contact No.(Mobile)	98234207	Contact No.(Home)	64484085	Contact No.(Office)	
Email Address	GANYUUNN@YAHOO.COM	OI Vehicle Number	SBX8022J	TP Vehicle Number	GBA
Claim Description	SBX8022J / GBA9680Z ON 29 Dec 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	Rec
Date Registered	03/01/2018 10:49	Claim Close Date		Date Received	03/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

 Print AK letter

Save Submit

## Attachment

Accident No. MT/0976066 Claim No. 001  
 Last Doc. Received  Yes  No Upload Date 03/01/2018 10:50

Path \*

Choose File No file chosen

Message Read

Category *	Confidential	Urgency *
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descrip
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 10:49	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 10:48	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 10:48	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 10:48	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 10:48	Photos	Normal	Photos 20
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 10:47	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 10:47	Photos	Normal	Photos 20
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 10:47	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 10:47	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 10:47	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 10:47	Photos	Normal	Photos 20

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window Scan and uploading