

Date In: 09/01/2018 14:11	Job description	Date & Time Completed	Done by
Ref No NA/INC18000504/K4	SAS e-filing		
Veh No SJD 9718P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A 28/11/2017 11:30	I-Motor Claim Form	MT/0972452	9/1/18 17:20
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: FB L 9917J	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:	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

NA1800242

Claimant's Particulars	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
Driver/Owner:	1st Bill	Add Bill		
Contact No:	1) AR: Accident Reporting (\$30);			
Damaged Portion:	2) DA: Damage Assessment (\$100); INC (\$80)			
QC Checked by (Engr-In-Charge):	3) TF: Towing Fee \$40/\$45			
Auditors' Comments:	4) FT: Follow-Through Survey \$120			
Cat. 1:	5) FT: Follow-Through Survey (Resurvey) \$30			
Cat. 2/3:	6) TR: Re-inspection \$75			
	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 \$3			
	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	09/01/2018 14:11
Date Of Accident	28/11/2017 11:30
Exact Location Of Accident	HENDERSON RD TO TELOK BLANGAH HEIGHTS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD9718P
Insured/Policyholder	
Name Of Registered Owner	CARWAY LEASING & RENTAL
Co Reg No	53264813K
Email Address	BILLY@CARWAY.COM.SG
Mobile Phone No	(LOCAL) +65-83582330
Alternative Phone No	OFFICE-83582330

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORK
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5067526313-03
Cover Note Number	

Driver

Name of Driver	VASANTHI KUMARI D/O MANICKAM
NRIC No	S1293115H
Date Of Birth	24/12/1958
Occupation	OUTDOOR
Date Of Driving Pass	13/08/1994
Driving Experience	23 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83582330
Fax Number	
Contact Number	OTHERS-83582330
Email Address	BILLY@CARWAY.COM.SG

Address	BLK 419 FAJAR ROAD #03-459
Postcode	670419
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	NO 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?	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)	1

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBL9917J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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**.
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5. **Any false reporting may be referred to the Police for investigation.**
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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

I did not involve in accident.

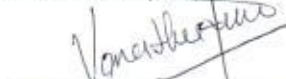
DECLARATION

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

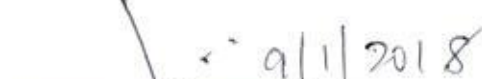

Policyholder's Signature

Date & Time:




Driver's Signature

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


Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Our Ref: MT/CA/TP/020/0972452-001/HT/LC

14 Dec 2017

**CERTIFICATE OF POSTING
REMINDER**

CARWAY LEASING & RENTAL
53 UBI AVENUE 1
#03-01 PAYA UBI INDUSTRIAL PARK
SINGAPORE 408934

Dear Policyholder

CLAIM NUMBER: MT/0972452-001
ACCIDENT INVOLVING SJD9718P / FBL9917J on 28 Nov 2017

We refer to our letter of 05 Dec 2017.

We have yet to receive your report on the accident. We would like to inform you that under your motor insurance policy, you have to report within 24 hours or the next working day after the accident, even if there is no damage to your vehicle. If you have not done so, please report the accident to any of our reporting centres immediately. Otherwise, we may not be able to handle the claim on your behalf.

We reserve the rights to seek recovery from you and/or your driver if we are bound by law or statute to settle the third party injury claim.

If you have any queries, please contact Helena Tan at 6430 7920 or email us at motor@income.com.sg.

Yours sincerely



Jenny Pe
Deputy Vice President
Motor Insurance

Reported on 9/1/2018
@ 1110AM.

ACCIDENT STATEMENT

ACCIDENT DATE: (28/11/2017) (DD/MM/YYYY), TIME: (11 30 AM) (HH:MM)
LOCATION: Henderson Rd to Telok Blangah Heights

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: STD 9718 P
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: 83582330
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) HIRE
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: FBL 9917J 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: _____

Email = billy@carway.com.sg

fax =

*Private Hire

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1293115H



Name
**VASANTHI KUMARI D/O
MANICKAM**

Race
INDIAN

Date of Birth
24-12-1958

Country of Birth
SINGAPORE

Sex
F



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number
S1293115H

Name
**VASANTHI KUMARI D/O
MANICKAM**

Birth Date
24 Dec 1958

Issue Date
17 Feb 2005




001322612K

2549983



H5T1ESZTS



Blood Group
B+


Date of Issue
23-12-1994

APT BLK 419 FAJAR ROAD #03-459
SINGAPORE 670419
NRIC No: S1293115H
Date: 24/02/2017

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

PASS DATE
13 Aug 1994

Class 3 Motor cars =< 3000 kg with =< 7 passengers,
exclusive of the driver; and motor tractors
/vehicles =< 2500 kg



Licence No: S1293115H

NP 428A

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: 5067526313-03

Cover : Third Party

- | | |
|---|---------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJD9718P |
| Chassis Number | : MR053ZEE106101776 |
| 2. Name of Policyholder | : CARWAY LEASING & RENTAL |
| 3. Effective Date of Insurance | : 03 Aug 2017 |
| 4. Expiry Date of Insurance | : 02 Aug 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 or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : INSMART (INSURANCE) AGENCY PTE LTD (00000615165)
Date of Issue : 23 Jun 2017 16:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="28/11/2017 11:30"/>						
Vehicle No.(For Motor)	<input type="text" value="SJD9718P"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5067526313-03	CARWAY LEASING & RENTAL	53264813K	GFT	Third Party	SJD9718P	SJD9718P	03/08/2017	
<input type="button" value="Continue"/>									

Claim Handling

» [Task Transfer](#) » [Exit](#)

▼ Accident MT/0972452

LOS SAL SUB

Policy No.	5067526313-03	Vehicle No.	SJD9718P	GST Registration No.	
Policyholder Name	CARWAY LEASING & RENTAL			Policyholder NRIC	53264813K
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No. (Mobile)	NA	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	No ▼
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	Not available

▼ Accident Details

Report Date	05/12/2017 15:28	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	28/11/2017	Time of Accident hh:mm	11:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG HENDERSON ROAD				

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#03-01 PAYA UBI INDUSTRIAL F	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.		Related Policy Number	5094683034		

▼ OI Driver Info

Driver Name		Driver Type	
Unnamed driver Name		Driver NRIC	
Register Date of Driver License		Driver Age	
Contact No. (Mobile)		Contact No. (Office)	
Address 1		Address 2	
		Driver DOB	
		Driving Experience	
		Contact No. (Home)	
		Address 3	

Claim Handling

The premium on this policy has not been collected.

Accident MT/0972452

Policy No.	5067526313-03	Vehicle No.	SJD9718P	GST Registration No.	
Policyholder Name	CARWAY LEASING & RENTAL			Policyholder NRIC	5321
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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	Not

▼ Accident Details

Report Date	05/12/2017 15:28	Accident Report Within 24 hrs	Yes	Accident Type	Unki
Date of Accident	28/11/2017	Time of Accident hh:mm	11:35	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG HENDERSON ROAD				

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#03-01 PAYA UBI INDUSTRIAL F	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	4081
Unit No.		Related Policy Number	5094683034		

▼ 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 OD-MX

New

Claim Type *	OD-MX	Insured Name	CARWAY LEASING & RENTAL	Insured NRIC	5321
Contact No.(Mobile)	98627777	Contact No.(Home)		Contact No.(Office)	6571
Email Address		OI Vehicle Number	SJD9718P	TP Vehicle Number	FBL1
Claim Description	SJD9718P / FBL9917J ON 28 Nov 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	09/01/2018 17:14	Claim Close Date		Date Received	09/01
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0972452	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/01/2018 17:20
Path *		Category *	Confidential
			Urgency *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

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	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:14	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:12	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:12	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:12	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:12	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:12	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:12	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:12	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:11	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:11	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:11	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:11	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