

NATIONAL Assessment Centre Services

Form 1.2a (2015)

Date In: 09/01/2018 15:41

Ref No NA/INC18000542/K4

Veh No SKB3913E

D.O.A 07/01/2018 20:20

OD TP Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (within 8hrs, A/C 2hrs)

I-Motor Claim Form

I-Motor W/O (Within: OD 2hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Date & Time Completed

Done by

Tel:

Fax:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No:

SHC6293X

INC () / Non-INC ()

Tel:

Owner / Driver: (

Period: (

Cover Type: (

Policy No: (

Date:

Time:

Confirmed by: (

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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time

Actions

Invoice Preparation Checklist

- 1) AR: Accident Reporting (\$30); INC (\$30)
- 2) DA: Damage Assessment (\$100); \$40/\$45
- 3) TP: Towing Fee \$120
- 4) FT: Follow-Through Survey \$30
- 5) VT: Follow-Through Survey (Resurvey) \$30
- 6) TR: Re-inspection \$75
- 7) NI: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:
 - OP: \$5
 - *N5: Courtesy Car / Tpt Allowance \$10
 - *N6: Repair Co-ordination \$25
 - *N7: Post Repair Inspection \$3
 - *N8: DV / Collect Excess Coordination \$20
- 9) N12: Idac Mobile \$0

Am't (\$)

1st Bill

Am't (\$)

Add Bill

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cat. 1:

Cat. 2 / 3:

Fee Charged

Fee Charged

NA1800244

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 15:41
Date Of Accident	07/01/2018 20:20
Exact Location Of Accident	PURVIS STREET CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB3913E
Insured/Policyholder	
Name Of Registered Owner	GUNONG DJATI TRADING PTE LTD
Co Reg No	198502380N
Email Address	GDCARZ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90097159
Alternative Phone No	OFFICE-90097159

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 1.6L SDN
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	0082749075-13
Cover Note Number	

Driver

Name of Driver	LEE SEN KHUAY
NRIC No	S0161328F
Date Of Birth	14/12/1953
Occupation	INDOOR
Date Of Driving Pass	29/06/1979
Driving Experience	38 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90097159
Fax Number	
Contact Number	OTHERS-90097159
Email Address	GDCARZ@GMAIL.COM

Address	BLK 318 SEMBAWANG VISTA
	#13-227
Postcode	750318
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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)	0

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	SHC6293X
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)	

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.



X

Policyholder's Signature
Date & Time:

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

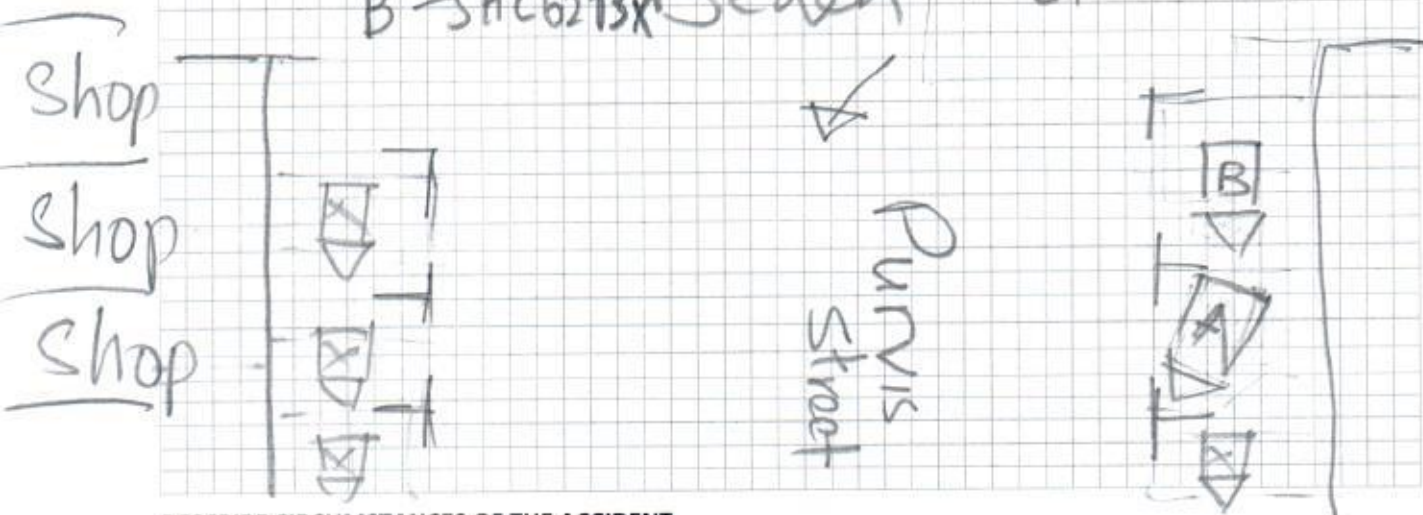
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

9/11/2018

SKETCH PLAN

A-SKB3913E

B-SHC6293X Beach Rd



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I Parked at Purvis Street Car park at 08:20pm. When I reversed my car A back. Suddenly the Vehicle B taxi Driver call me and I stopped and see the Vehicle A & B no damage to both parties. Both parties have taken Photos. Vehicle B Driver told that he will see the car tomorrow morning again. When I drive my Vehicle A out all is o.k. no damage no accident also.

DECLARATION

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

X



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.:

9/1/2018

Reported on 9/1/2018
@ 1320 HRS

ACCIDENT STATEMENT

ACCIDENT DATE: (07/01/2018) (DD/MM/YYYY), TIME: (0820 PM) (HH:MM)

LOCATION: Parvis Street Carpark.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKB3913E
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: 90097159
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)
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: SH6293X 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 passenger
(Including driver)
(0)

*No of passenger
(Including driver)
()

*No of passenger
(Including driver)
()

email = gdcarz@gmail.com ✓

fax =

Waiting for Company Chop? ✓ ok

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0161328F



Name

LEE SEN KHUAY

李 旋 魁

Race

CHINESE

Date of birth

14-12-1953

Country/Place of birth

SINGAPORE

Sex

M



5707179



NRIC No. S0161328F



Date of issue

10-02-2017

Address

APT BLK 318 SEMBAWANG VISTA
#13-227
SINGAPORE 750318

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S0161328F

Name

LEE SEN KHUAY

Birth Date 14 Dec 1953

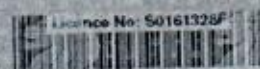
Issue Date 03 Mar 2003



YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

PASS DATE

Class 2B	Motorcycles not exceeding 200 cc	01 Dec 1978
Class 2A	Motorcycles between 201 cc and 400 cc	01 Dec 1978
Class 2	Motorcycles exceeding 400 cc	01 Dec 1978
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms	29 Jun 1979



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 : 0082749075-13

Cover : Third Party

1. Index mark and Registration Number of Vehicle : N/A

Any Motor Vehicle the property of the Policyholder or in their custody or control. All steam-driven vehicles are excluded.

2. Name of Policyholder : GUNONG DIATI TRADING PTE LTD

3. Effective Date of Insurance : 23 May 2017

4. Expiry Date of Insurance : 22 May 2018

5. Persons or Classes of Persons entitled to drive*

Refer to List Attached

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 only for Motor Trade purposes.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use solely for 'Breakdown' purposes is not deemed to be use for hire or reward.

* 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.

POLICY TYPE

: MOTOR-TRADE INSURANCE

TYPE OF TRADE/BUSINESS

: CAR DEALERS

TOTAL NUMBER OF AUTHORISED DRIVER(S)

: 5

DETAILS OF AUTHORISED DRIVER(S)

: REFER TO LIST ATTACHED

EXCESS (SECTION I)

: N/A

EXCESS (SECTION II)

: 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 : LQ INSURANCE AGENCY PTE LTD (00000613125)

Date of Issue : 08 May 2017 21:24 hrs

for NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

0082749075-13

Date of Accident

07/01/2018 08:30

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"/>	0082749075-13	GUNONG DJATI TRADING PTE LTD	198502380N	GMT	Third Party		TAY SOO SUAN @ TAY PEN SOO/S0848484H_TAY YEOW YEE/S7348479J_NG BOON HOO/S0212245F_LEE SEN KHUAY/S0161328F_FRANCIS KOH WAH PHENG/S6807687J	23/05/2017	22/05/2018

▼ Policy Information

Policy No.	0082749075-13	Policyholder Name	GUNONG DJATI TRADING PTE L	Policyholder NRIC	198502380N
Address	486 UPPER SERANGOON ROAD SINGAPORE 534518				
Product Name	MOTOR TRADE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	08/05/2017	Effective Date	23/05/2017 00:00	Expiry Date	22/05/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	LQ INSURANCE AGENCY PTE LTI	Agent Tel.	63340783	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	486 UPPER SERANGOON ROAD	Address 2	SINGAPORE 534518	Address 3	
Address 4		Address Type	Singapore address	Post Code	534518
Unit No.		Related Policy Number	0082749075-13		

▶ Insured Object: TAY SOO SUAN @ TAY PEN SOO/S0848484H_TAY YEOW YEE/57348479J_NG BOON HOO/S0212245F_LEE SEN KHUAY/S0161328F_FRANCIS KOH WAH PHENG,

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Claim Handling

Accident MT/0977066

Policy No.	0082749075-13	Vehicle No.		GST Registration No.	M20
Policyholder Name	GUNONG DJATI TRADING PTE LTD			Policyholder NRIC	1981
Product Code	MOTOR TRADE INSURANCE	Cover Type	Third Party	Loading	0
Motor Trade Plate No.	SKB3913E	Motor Trade Driver Name	LEE SEN KHUAY	Motor Trade Driver NRIC	S011
Contact No.(Mobile)	90097159	Contact No.(Office)	0	Contact No.(Home)	0
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(%)	10	Private Hire	No

▼ Accident Details

Report Date	09/01/2018 16:44	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	07/01/2018	Time of Accident hh:mm	20:20	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	PURVIS STREET CARPARK				

▼ Benefits

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

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M20071726X	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	486 UPPER SERANGOON ROAD	Address 2	SINGAPORE 534518	Address 3	
Address 4		Address Type	Singapore address	Post Code	5341
Unit No.		Related Policy Number	0082749075-13		

▼ OI Driver Info

Driver Name	LEE SEN KHUAY	Driver Type	Named Driver	Driver DOB	14/1
Unnamed driver Name		Driver NRIC	S0161328F	Driving Experience	38
Register Date of Driver License	29/06/1979	Driver Age	64	Contact No.(Home)	0
Contact No.(Mobile)	90097159	Contact No.(Office)	0	Address 3	SINI
Address 1	BLK 318 #	Address 2	SEBBAWANG VISTA	Post Code	7501
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle 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	GUNONG DJATI TRADING PTE L	Insured NRIC	1981
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	6281
Email Address		OI Vehicle Number		TP Vehicle Number	SHC
Claim Description	/ SHC6293X ON 7 Jan 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	GIA report	Rec
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	09/1
Date Registered	09/01/2018 16:54	Claim Close Date		Total Loss but Repaired	
Report Taken By	KRISHNASAMY	Workshop Repairer			
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0977066	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/01/2018 17:00

Path *

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

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

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descrip
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 16:54	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 16:52	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 16:52	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 16:52	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 16:52	Photos	Normal	Photos 20
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 16:51	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 16:51	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 16:51	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 16:51	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 16:51	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 16:51	Photos	Normal	Photos 20

▼ Video List

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