

NATIONAL Assessment Centre Services

(ver 1.2/2000)

Date In: 15/01/2018 13:53

Ref No: NBA/INC18000887/KY

Veh No: YM 225D

D.O.A: 13/01/2018 15:00

OD / TP / Reporting Only

Job description

SAS e-illing

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

Motor Claim Form

Motor VVO (within 100 hrs, TP 1hr)

Photo Uploaded

Assessment/Survey Report

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

Date & Time Completed

Done by

MT/0977921

16/01/18 09:25

TP Insured

Preferred Wksp / INC Assign Wksp / QW:

TP Particulars: Yeh No: SKG 5959 J, INC() / Non-INC()

Owner / Driver: (

Policy No: (

Period: (

Tel: (

Fax: (

Confirmed by: (

Date: (

Time: (

Insured/Driver Liability: (

%) (Note: Bsl Status (WO): NI 0-20%; P: 21-79%; P: 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 repeller.

() 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	Action

NA 1800378

Insurance Broker/Owner:

Contact No:

Damaged Portion:

C. Checked by (Engr-In-Charge):

Comments:

TP (NI): TP (Non INC) against INC

TP (NI): TP (Non INC) against INC

TP (NI): TP (Non INC) against INC

TP (NI): TP (Non INC) against INC

Invoice Breakdown Charges	Amount	Remarks
1) AR: Accident Reporting (\$30)	\$30	
2) DA: Damage Assessment (\$100)	\$100	INC (\$30)
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$10	
For claimant against INC Only (wef 10 Jan 2018)		
6) TR: Assessment	\$75	
7) NI: DA + SMRT Survey	\$160	
8) NTUC Additional Services		
9) NI: Courtesy Car / Tpl Allowance	\$3	
10) NI: Repair Coordination	\$10	
11) NI: Post Repair Inspection	\$15	
12) NI: DY / Collision Expert Coordination	\$3	
TP (NI): TP (Non INC) against INC	\$20	
13) NI: Idas Mobile	\$0	
Invoice total		Not Charged
Invoice total		Not Charged

Signature



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	15/01/2018 13:53
Date Of Accident	13/01/2018 15:00
Exact Location Of Accident	PIE 7 1/2 KM TWDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM225D
Insured/Policyholder	
Name Of Registered Owner	HUP SENG COMPANY
Co Reg No	03019100M
Email Address	HUPSENG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90568938
Alternative Phone No	OFFICE-90568938

Vehicle Particulars

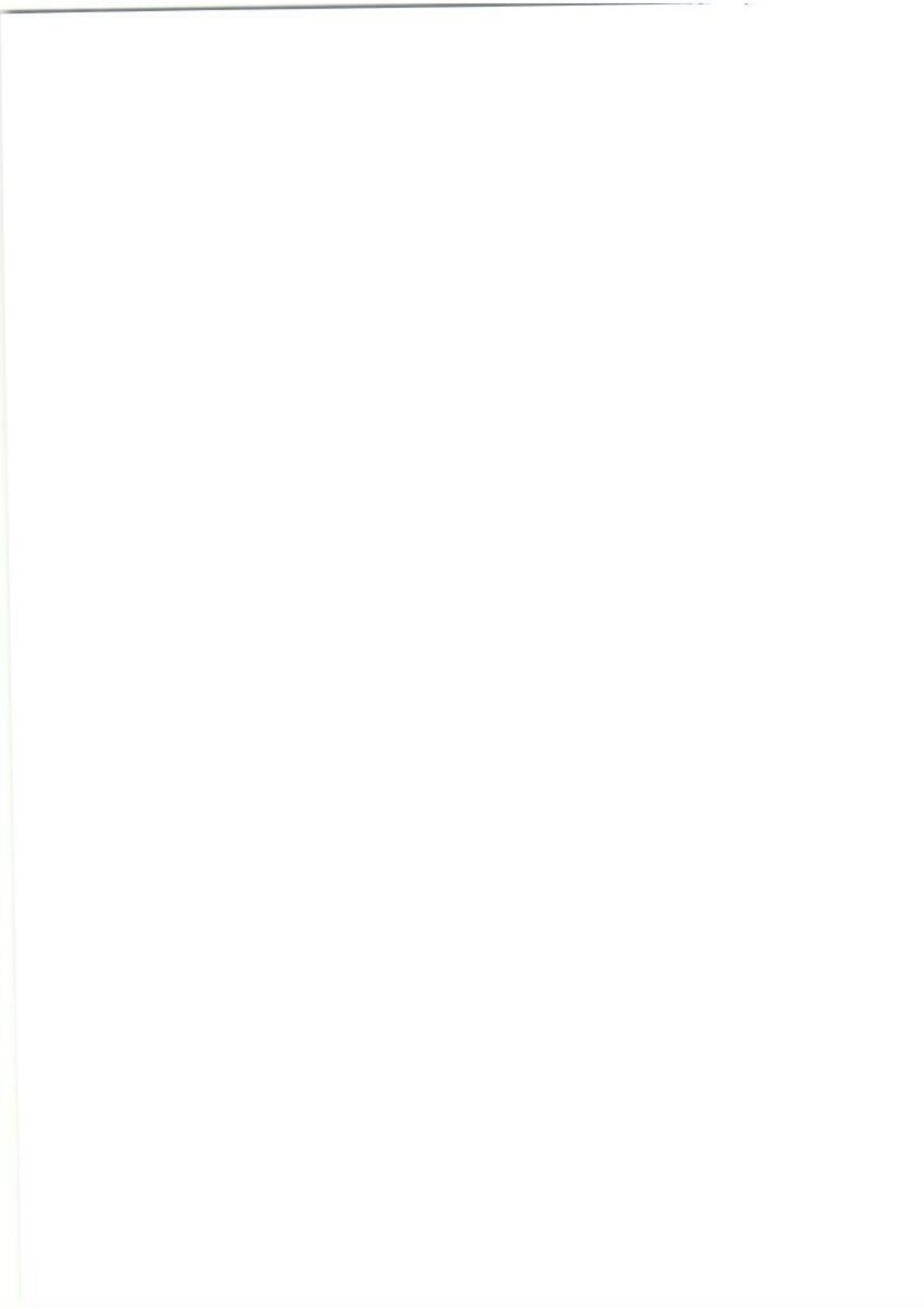
Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5028776155-09
Cover Note Number	

Driver

Name of Driver	XIE ZHIGANG
Passport No/FIN	G5161653M
Date Of Birth	16/11/1978
Occupation	OUTDOOR
Date Of Driving Pass	25/10/2011
Driving Experience	6 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90568938
Fax Number	
Contact Number	OTHERS-90568938
Email Address	HUPSENG@YAHOO.COM.SG



Address HUP SENG COMPANY

Postcode

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 SIDE SWIPE

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) 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 SKG5959J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

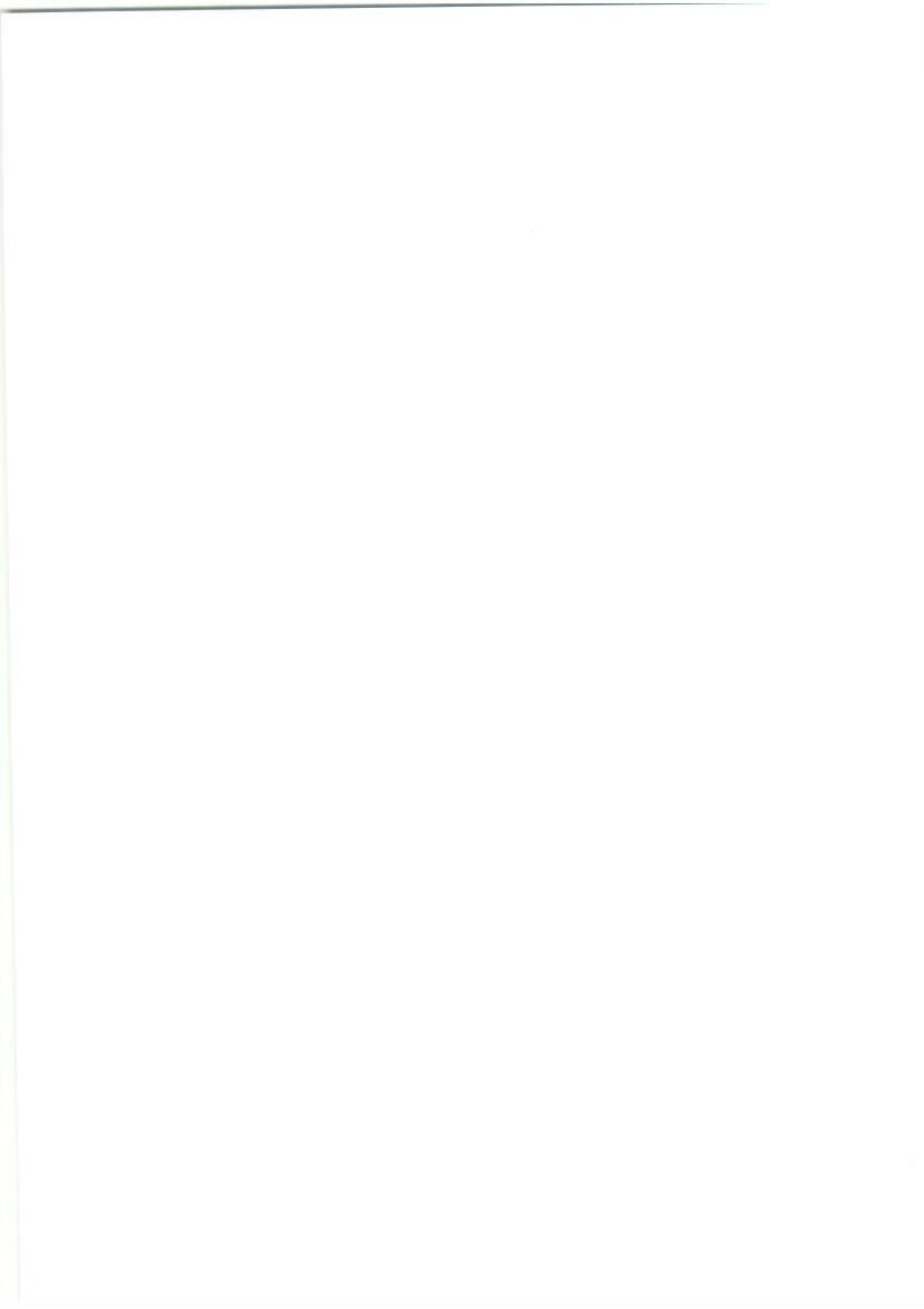
Address

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.

合成公司
HUP SENG CO
APT BLOCK 36, BEO CRESCENT
100-110 SINGAPORE 160036
Policyholder's Signature
(BEHNTONG BAHRU MRT STATION)
Date & Time:
TEL : 6475 1977 FAX : 6475 1978



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

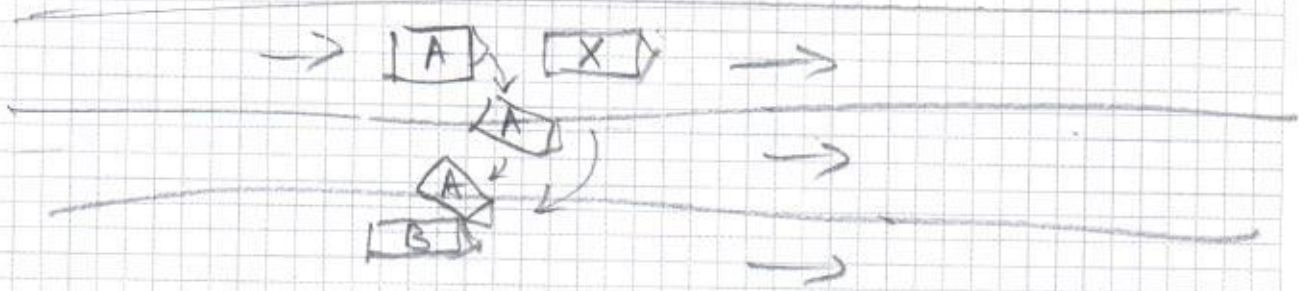


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

同公與合
HUP SENG CO
INCORPORATED
IN THE STRAITS SETTLEMENTS
SINGAPORE
100, ROBINSON ROAD
SINGAPORE 068899

SKETCH PLAN

PIE 7 1/2 km towards City.



A - YM22SD
B - SKG5959J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along PIE 7 1/2 km towards City. While Vehicle X was moving suddenly stop and Vehicle A suddenly brake but Vehicle A turn right side, slippery and hit on Vehicle B Left side portion.

DECLARATION

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

合成公司
HUP SENG CO
APT BLOCK 36, BEO CRESCENT
SINGAPORE 160036
POLYESTER BAHRU MRT STATION
TEL: 6475 1977 FAX: 6475 1978

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

15/1/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

合興公司
HUP SENG CO
247 BLOCK 25 ROAD 11A
SINGAPORE 416247
(INCORPORATED IN SINGAPORE)
TEL: 434 2222 FAX: 434 2222

ACCIDENT STATEMENT

Reported on 15/1/2018
@ 1025 AM

ACCIDENT DATE: (13/01/2018) (DD/MM/YYYY), TIME: (15:00) (HH:MM)

LOCATION: PIE 7 1/2 km towards City

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YM 225D
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

3. DRIVER

- a) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 905 68938
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: SKG 5959 J MODEL: *No of pass

b) DRIVER'S NAME: (Including d

c) NRIC/FIN/PASSPORT: CONTACT: (-)

9. THIRD PARTY VEHICLE

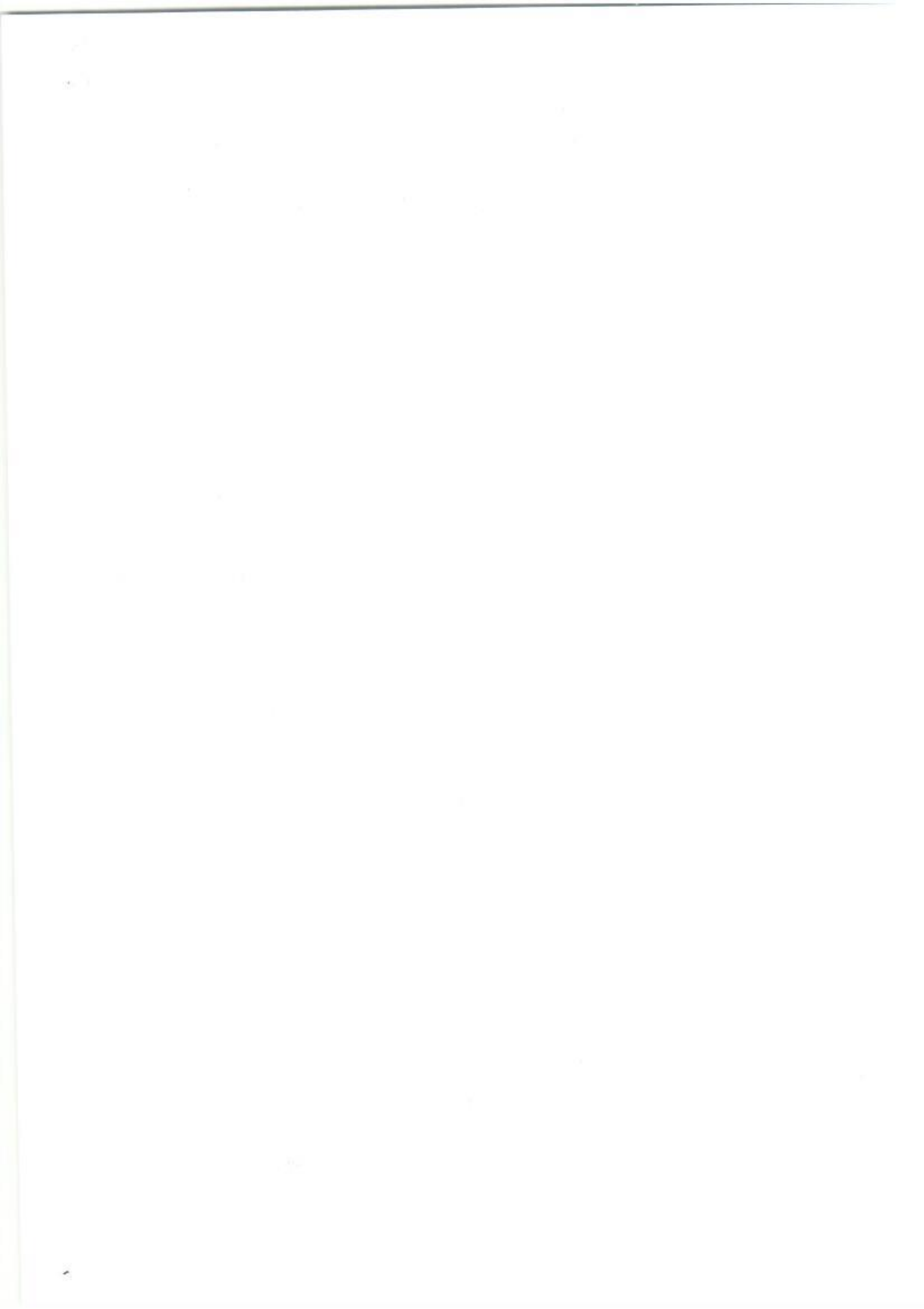
d) VEHICLE NUMBER: MODEL: *No of pass

e) DRIVER'S NAME: (Including

f) NRIC/FIN/PASSPORT: CONTACT: (-)

Email = hup Seng @ Yahoo.com.sg ✓

fax = Boss: HP: 64 95 1977



S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
HUP SENG COMPANY

Sector: **SERVICE**

Name:
XIE ZHIGANG
Occupation:
ASSISTANT DELIVERY MANAGER

S Pass No.
0 74517129

Date of Application:
26-04-2017

Date of Issue:
15-05-2017

Date of Expiry:
31-08-2019





L7922633

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **G 5161653 M**

Name:
XIE ZHIGANG

Birth Date: **16 Nov 1978**

Issue Date: **24 Oct 2016**

Valid Till: **24/10/2021**





VISIT PASS
Immigration Regulations

Name:
XIE ZHIGANG



Date of Birth: **16-11-1978** Sex: **M** Nationality: **CHINESE**

FIN: **G5161653M** Date of Issue: **15-05-2017** Date of Expiry: **31-08-2019**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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 $\leq 2500\text{kg}$	25 Oct 2011

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 : 5028776155-09

Cover : Third Party, Fire & Theft

- | | |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle | : YM225D |
| Chassis Number | : JTFUF35Y806010084 |
| 2. Name of Policyholder | : HUP SENG COMPANY |
| 3. Effective Date of Insurance | : 26 May 2017 |
| 4. Expiry Date of Insurance | : 25 May 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 business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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)	: N/A
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : TOO SEE HOW (00000528003)
Date of Issue : 06 May 2017 13:40 hrs
Reprint : 06 May 2017 13:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

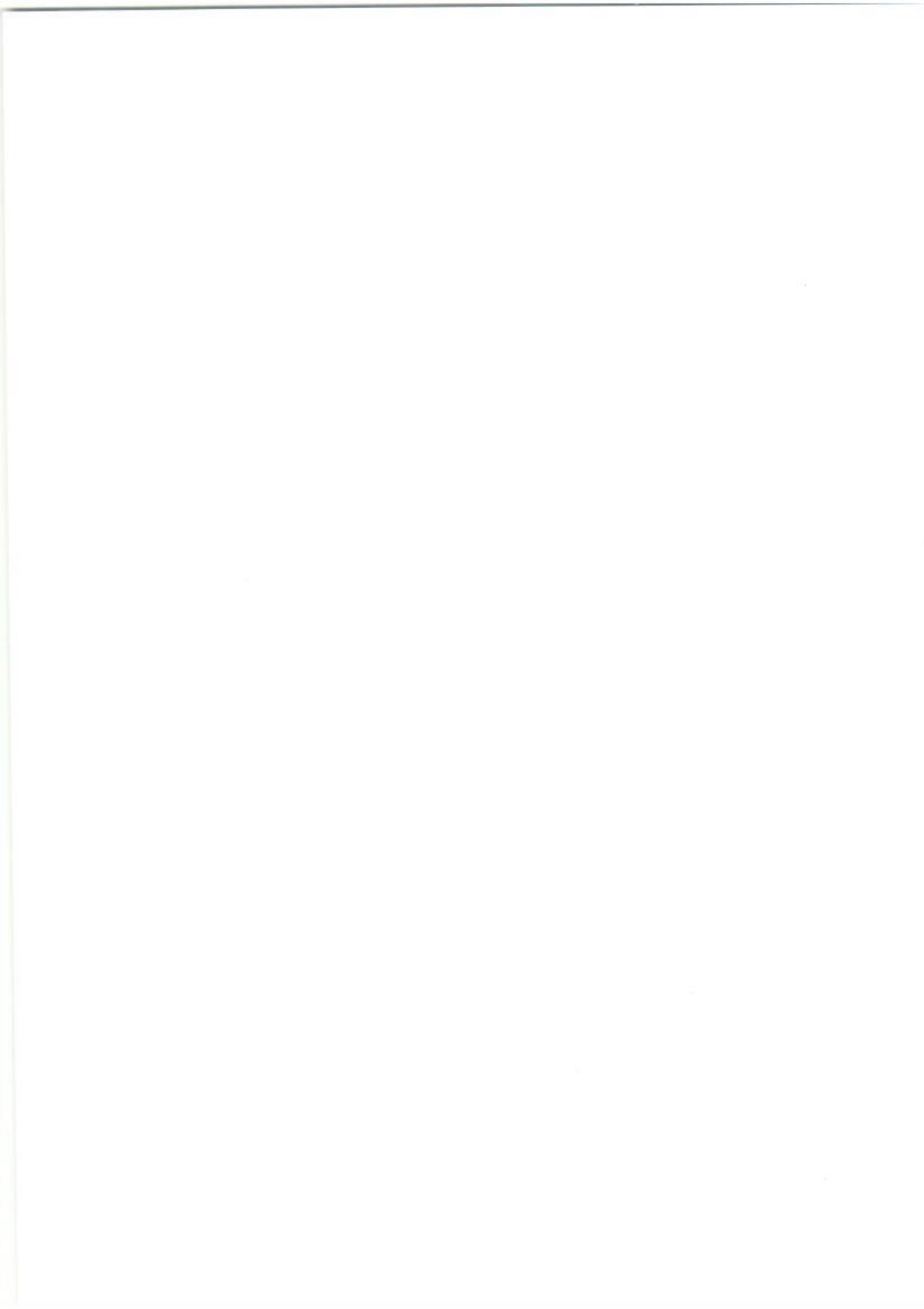


Countersigned By:

Authorised Officer



Chief Executive



eBaoTech

General Claim

Hello, NAC_BUKIT_MERAH_800676

[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 checked="" type="radio"/>	5028776155-09	HUP SENG COMPANY	03019100M	GCV	Third Party, Fire & Theft	YM225D	YM225D	26/05/2017	25/05/2018

 **Policy Information**

Policy No.	5028776155-09	Policyholder Name	HUP SENG COMPANY	Policyholder NRIC	03019100M
Address	BLK 36 #01-37 BEO CRESCENT THE BEO CRESCENT SINGAPORE 160036				
Product Name	COMMERCIAL VEHICLE INSURAI Plan			Group Policy Flag	N
Policy Issue Date	06/05/2017	Effective Date	26/05/2017 00:00	Expiry Date	25/05/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	TOO SEE HOW	Agent Tel.	63685888	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 **Policyholder Mailing Address**

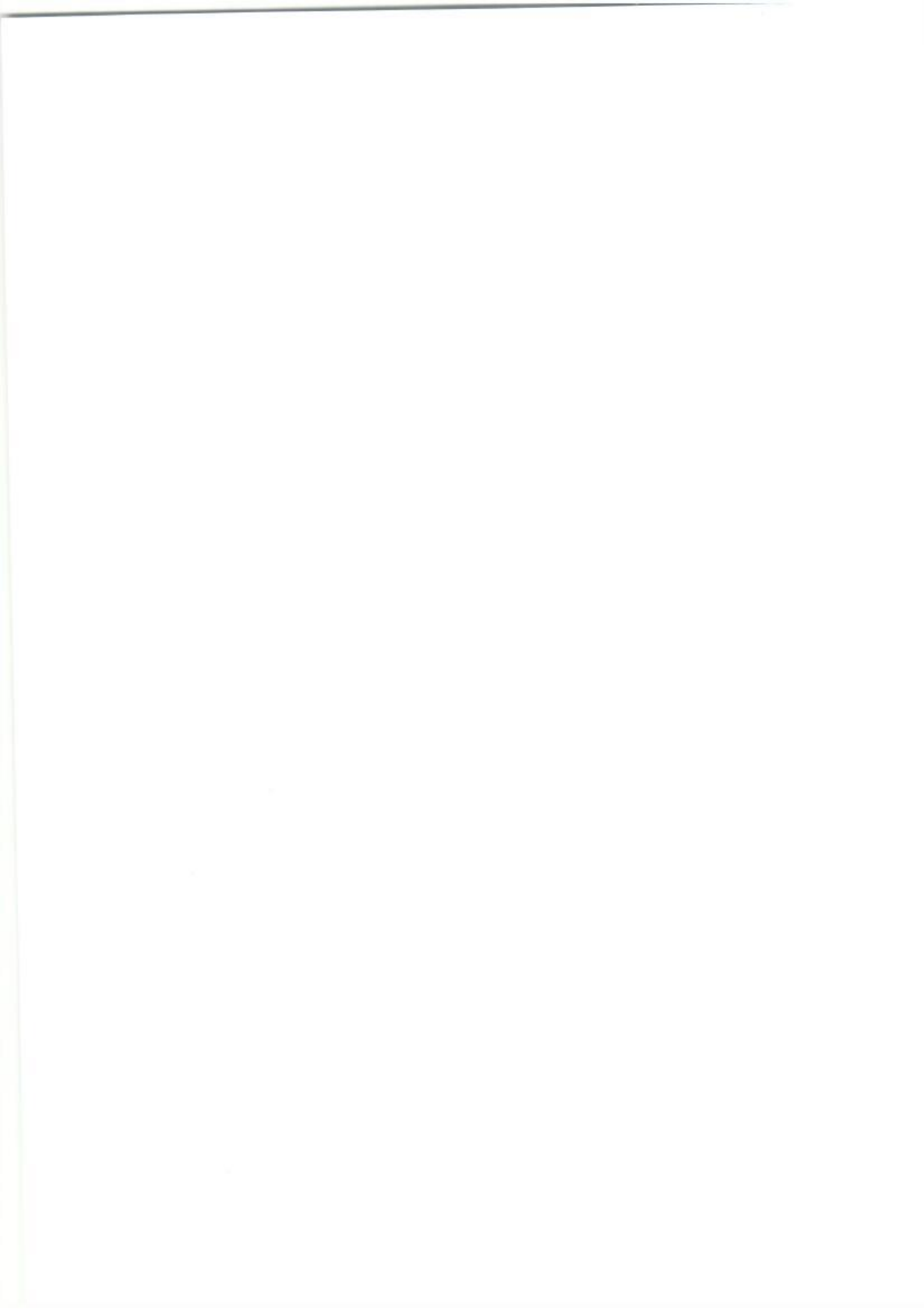
Address 1	BLK 36 #01-37	Address 2	BEO CRESCENT	Address 3	SINGAPORE 160036
Address 4		Address Type	Singapore address	Post Code	160036
Unit No.		Related Policy Number	5028776155-09		

 **Insured Object: YM225D**
 **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

Continue

Cancel



Claim Handling

Accident MT/0977921

Policy No.	5028776155-09	Vehicle No.	YM225D	GST Registration No.	
Policyholder Name	HUP SENG COMPANY	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No	Private Hire	No		
Accident Details					
Report Date	15/01/2018 17:21	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	13/01/2018	Time of Accident hh:mm	15:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE 7 1/2 KM TWDS CITY				
Benefits					
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen 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	01/01/2015		
GST Registration No.	M880023039	GST Status Verified	No		
Modification History					
Policyholder Mailing Address					
Address 1	BLK 36 #01-37	Address 2	BEO CRESCENT	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5028776155-09		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	XIE ZHIGANG	Driver NRIC	G5161653M	Driving Experience	
Register Date of Driver License	25/10/2011	Driver Age	39	Contact No.(Home)	
Contact No.(Mobile)	90568938	Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.		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		

Modification History

Claim 002 OD-MX **New**

Claim Type *	OD-MX	Insured Name	HUP SENG COMPANY	Insured NRIC	
Contact No.(Mobile)	97852732	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	YM225D	TP Vehicle Number	
Claim Description	YM225D / SKG5959J ON 13 Jan 2018	Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Preferred Workshop Contact No.		Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Require Finalisation	Yes	Claim Close Date		Date Received	
Date Registered	16/01/2018 09:28	Workshop Repairer		Total Loss but Repaired	
Report Taken By	KRISHNASAMY				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0977921	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/01/2018 09:25
Path *		Category *	Confidential
		Urgency	Normal
		Please Select	

<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

Media List

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 09:26	2018/2 Driving License	Normal	NRTC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 09:27	SAC	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 09:26	Photos	Normal	Photo
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 09:26	Photos	Normal	Photo
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 09:26	Photos	Normal	Photo
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 09:26	Photos	Normal	Photo
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 09:26	Photos	Normal	Photo
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 09:26	Photos	Normal	Photo
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 09:26	Photos	Normal	Photo
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 09:26	Photos	Normal	Photo
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 09:26	Photos	Normal	Photo
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Jan 2018 09:26	Photos	Normal	Photo

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading

