

NATIONAL Assessment Centre Services

Date In: 26/01/2018 16:40	Job description	Date & Time Completed	Done by
Ref No: NA/INC18001652/K4	SAS e-filing		
Veh No: SGX 5861P	E-mail (within 8hrs, AIC 2hrs)		
DOA: 26/01/2018 12:30	i-Motor Claim Form	MT/0979679	27/1/18 09:15
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: SLF5450C	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
(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

Claimant's Particulars:-	NA1800605		Invoice Preparation Checklist		Ant (\$)	Ant (\$)
Driver/Owner:			1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
Contact No:			2) DA: Damage Assessment (\$100); INC (\$30)			
Damaged Portion:			3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):			4) FT: Follow-Through Survey \$120			
Auditors' Comments:-			5) FT: Follow-Through Survey (Resurvey) \$30			
Cat 1:			For claiming against INC Only (wef 10 Jan 2005)			
Cat 2/3:			6) TR: Re-inspection \$75			
			7) N1: 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 (N11) 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 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	26/01/2018 16:40
Date Of Accident	26/01/2018 12:30
Exact Location Of Accident	BEDOK NORTH RD TWDS NEW UPPER CHANGI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX5861P
Insured/Policyholder	
Name Of Registered Owner	GOH SOO PING
NRIC No	S7705398J
Email Address	NING435@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96528528
Alternative Phone No	OTHERS-96528528

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT 1.3 A
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	5023106626-10
Cover Note Number	

Driver

Name of Driver	GOH SOO PING
NRIC No	S7705398J
Date Of Birth	07/03/1977
Occupation	INDOOR
Date Of Driving Pass	08/09/2001
Driving Experience	16 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96528528
Fax Number	
Contact Number	OTHERS-96528528
Email Address	NING435@HOTMAIL.COM

Address	BLK 138 BEDOK NORTH ST 2 #09-167
Postcode	460138
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	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?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF5450C
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)	

DETAILS OF INJURED PERSON 1

SKETCH PLAN

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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)**

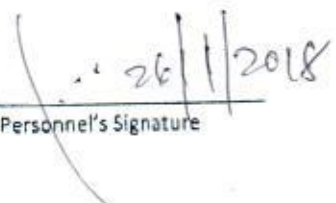
I understand, acknowledge, agree and consent that:

- (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

Bedok North Road Toward New Upper Changi Road.



A - SGX 5861P


B - SLF 5450C


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was stationary while waiting for the traffic light to turn green. After a few seconds I felt an impact. When I awoke I was involved in a two-car 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.:

26/1/2018

Vehicle No.	SGX5861P	Model / Make	Suzuki
Date of Accident	26.11.18		
Time of Accident	12.30pm	HRS	
Location of Accident	Bedok North Rd towards New Upper Changi Rd		
Exact purpose use during accident	Private Use		
Name of Owner	Goh Soo Ping		
Telephone No.	H/P : 96528528	Home :	Office :
NRIC	S7705398J		
Address	Blk B8 Bedok North St 2		
Claim type	OD (THIRD PARTY)	REPORTING ONLY	
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire /Theft
Policy No.	5023106626-10		
Name of Driver	As Above	If No,	
NRIC	S7705398J	Any Passengers :	0
Date of birth	7/3/1977		
Occupation	Outdoor / (Indoor)		
Driving License Pass Date	8 Sep 2001		
Gender	Male / (Female)		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	Owner
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SLF 5450 C	Any Passengers :	Nil
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	For B2UN		
Camera Recorder	Yes / No		
Email Address	Aika ning435@hotmail.com		
PARTICULAR WORKSHOP	Purton Automotive P/L		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Hui X		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7705398J**

Name: **GOH SOO PING (WU SHUPING)**

Birth Date: **07 Mar 1977**

Issue Date: **21 Mar 2003**

10003060218




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7705398J**



Name

GOH SOO PING

Race

CHINESE

Date of birth

07-03-1977

Country/Place of birth

SINGAPORE

Sex

F

S7705398J

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

Class 2B Motorcycles not exceeding 200 cc

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms


PASS DATE

28 Mar 1995

08 Sep 2001

NP 428A

Licence No: S7705398J




5381866

NRIC No. **S7705398J**



Date of issue

29-10-2014

Address

APT BLK 138 BEDOK NORTH STREET 2
#09-167
SINGAPORE 460138

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: 5023106626-10

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SGX5861P**
Chassis Number : ZC11S192936
2. Name of Policyholder : **GOH SOO PING**
3. Effective Date of Insurance : **01 Sep 2017**
4. Expiry Date of Insurance : **31 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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: GOH SOO PING
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: STANDARD CHARTERED BANK
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 : CROSBY INSURANCE AGENCY (00000570899)
Date of Issue : 28 Aug 2017 13:37 hrs
Reprint : 28 Aug 2017 13:38 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.

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"/>	5023106626-10	GOH SOO PING	S7705398J	GPC	drivo CLASSIC	SGX5861P	SGX5861P	01/09/2017	31/08/2018

▼ Policy Information

Policy No.	5023106626-10	Policyholder Name	GOH SOO PING	Policyholder NRIC	S7705398J
Address	BLK 138 #09-167 BEDOK NORTH STREET 2 SINGAPORE 460138				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	28/08/2017	Effective Date	01/09/2017 00:00	Expiry Date	31/08/2018 23:59
Third Party Excess	0.0	Own damage Excess	600.0	Windscreen Excess	100.0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600.0	Outside Singapore TP Excess	0.0		
Agent	CROSBY INSURANCE AGENCY	Agent Tel.	62852640	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 138 #09-167	Address 2	BEDOK NORTH STREET 2	Address 3	SINGAPORE 460138
Address 4		Address Type	Singapore address	Post Code	460138
Unit No.		Related Policy Number	5023106626-10		

▶ Insured Object: SGX5861P

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/0979679

Policy No.	5023106626-10	Vehicle No.	SGX5861P	GST Registration No.	
Policyholder Name	GOH SOO PING			Policyholder NRIC	S771
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96528528	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	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	27/01/2018 09:11	Accident Report Within 24 hrs	Yes	Accident Type	Coll
Date of Accident	26/01/2018	Time of Accident hh:mm	12:30	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEDOK NORTH RD TWDS NEW UPPER CHANGI RD				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
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 138 #09-167	Address 2	BEDOK NORTH STREET 2	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	460
Unit No.		Related Policy Number	5023106626-10		

▼ OI Driver Info

Driver Name	GOH SOO PING	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7705398J	Driver DOB	07/0
Register Date of Driver License	08/09/2001	Driver Age	40	Driving Experience	16
Contact No.(Mobile)	96528528	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 138	Address 2	BEDOK NORTH STREET 2	Address 3	
Address 4		Address Type	Singapore address	Post Code	460
Unit No.	#09-167				
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	GOH SOO PING	Insured NRIC	S771	
Contact No.(Mobile)	96528528	Contact No.(Home)	NIL	Contact No.(Office)		
Email Address	NING435@GMAIL.COM	OI Vehicle Number	SGX5861P	TP Vehicle Number	SLF5	
Claim Description	SGX5861P / SLF5450C ON 26 Jan 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec	
Date Registered	27/01/2018 09:18	Claim Close Date		Date Received	27/0	
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired		
<input checked="" type="checkbox"/> Print AK letter						

☒ Print AK letter

Save Submit

Attachment

1/27/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/0979679

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

27/01/2018 09:15

Path *

 No file chosen No file chosen No file chosen No file chosen No file chosen No file chosen No file chosen

Category *

Confidential

Urgency *

<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jan 2018 09:18	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jan 2018 09:15	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jan 2018 09:15	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jan 2018 09:15	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jan 2018 09:15	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jan 2018 09:15	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jan 2018 09:15	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jan 2018 09:15	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jan 2018 09:14	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jan 2018 09:14	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jan 2018 09:14	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jan 2018 09:14	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jan 2018 09:14	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jan 2018 09:14	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jan 2018 09:14	Photos	Normal	Photos 2018

Video List

Uploaded By/Date	Folder Date	File Name	Source
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