NATIONAL Assessment Centre Services

Date In: 05/02/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC/8002262/13	SAS e-filing		
Veh No: SJH2774B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 05/02/18 1030	i-Motor Claim Form	M7/0981079	
OD / (TP) / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: GBC9569C 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

NA1800759

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80) $40/$45		
3) TF : Towing Fee	$120		
4) FT : Follow-Through Survey	$30		
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2005)	$75		
6) TR : Re-inspection	$160		
7) N1 : Idac DA + SMRT Survey			
8) NTUC Additional Services.-			
ON*	$5		
*N5: Courtesy Car / Tpt Allowance	$10		
*N6: Repair Co-ordination	$25		
*N7: Post Repair Inspection	$5		
*N8: DV / Collect Excess Coordination	$20		
TP (N11) : TP (Non INC) against INC	30		
9) N12: Idac Mobile			
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

MNA118017875 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 05/02/2018 16:52
SUBMITTED BY: Roslinda Binte Abdul Wahab

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 witholding 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	05/02/2018 16:52
Date Of Accident	05/02/2018 10:30
Exact Location Of Accident	PIE(CHANGI)B4 THOMSON EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJH2774B
Insured/Policyholder	
Name Of Registered Owner	NEO GIM YEOW
NRIC No	S1627296E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98822121
Alternative Phone No	OTHERS-98822121
Vehicle Particulars	
Manufacturer	FIAT
Model	PANORAMA
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5094175582
Cover Note Number	
Driver	
Name of Driver	NEO JIT WEE
NRIC No	S9041323F
Date Of Birth	07/11/1990
Occupation	INDOOR
Date Of Driving Pass	24/08/2011
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98822121
Fax Number	
Contact Number	
EMail Address	JWNEO@SINTERIOR.COM

Address	BLK 317 WOODLANDS ST 31 #07-180
Postcode	730317
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	2
Passenger 1	NAME: : CHAI YI WEN YVONNE GENDER: : FEMALE

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	GBC9569C
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)	

DETAILS OF INJURED PERSON 1

Name	NEO JIT WEE
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJH2774B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	CHAI YI WEN YVONNE
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJH2774B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

Policyholder's Signature
Date & Time:

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

05/02/18

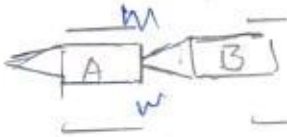
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

PIE toward changi before Thomson

(A) – SJH 2774B

(B) – GBC 9569C



veh A : SJH 2774B.
veh B : GBC 9569C.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on the 2nd lane from the right of a 4 lane expressway on PIE (changi). Somewhere before Thomson exit, I saw vehicle ahead slowing down as such I also applied brake and slowed down. I managed to stop completely behind vehicles ahead of me. Moments after I stopped, I ~~stood~~ suddenly felt a strong impact from the rear of my vehicle. After the accident, I alighted to see that vehicle B had collided into the rear portion of my vehicle.

vehicle A : SJH 2774B.
vehicle B : GBC 9569C.

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:

05/02/18

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

Vehicle No.	SJH 2774B. Model / Make FIAT . Panorama .
Date of Accident	5th Feb 2018.
Time of Accident	1030 HRS
Location of Accident	PIE (Changi) before Thomson Exit.
Exact purpose use during accident	
Name of Owner	Neo Gim Yeow.
Telephone No.	H/P : Home : Office :
NRIC	S1627296E
Address	Blk 317 Woodlands St 31 # 07-180 S(730317).
Claim type	OD (THIRD PARTY) REPORTING ONLY
Insurance Company	
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	
Name of Driver	As Above If No, Neo JH Wee.
NRIC	S9041323J. Any Passengers : 01
Date of birth	07-11-1990. Gender: Male / (Female).
Occupation	Outdoor / (Indoor)
Driving License Pass Date	02 Jan 2016.
Gender	(Male) / Female
Contact No.	H/P : 98822121 Home : Office :
Address	Blk 517 Woodlands Street 31 # 07-180 S(730317).
Driver have any own vehicle	(No), If yes, Reg No.
Relationship	Employee, If no, state Son
Weather condition	(Clear) Raining Other
Road Surface	(Dry) Wet Other
Any Injuries	No, (Yes), Who? Driver and Passenger.
Name And Contact No.	Driver: Neo JH Wee 98822121.
Name And Contact No.	Passenger: Chai Yi Wen, Yvonne S8916104E
Police Report	No, If Yes, Where?
Vehicle B No.	GBC 9569C Any Passengers :
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	Rear Portion
Camera Recorder	Yes / No
Email Address	jwneo@sinterior.com
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?	Yes / (No).
PARTICULAR WORKSHOP	Motor Intel Automo Pte. Ltd.
CONTACT NO.	8838 3318 / 6281-0087.
CONTACT PERSON	WILSON ONG
FAX NO	6281-0187
WORKSHOP EMAIL ADDRESS	sales@mia.com.sg / ong_wilson3@hotmail.com.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9041323F

Name
NEO JIT WEE

梁 梓 伟

Race
CHINESE

Date of birth
07-11-1990

Sex
M

Country/Place of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9041323F

NEO JIT WEE

Birth Date: 07 Nov 1990

Issue Date: 06 Apr 2015

092412652B

5485409

NRIC No. S9041323F

Date of issue
29-05-2015

APT BLK 317 WOODLANDS STREET 31 #07-180
SINGAPORE 730317

NRIC No: S9041323F Date: 18/07/2015

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

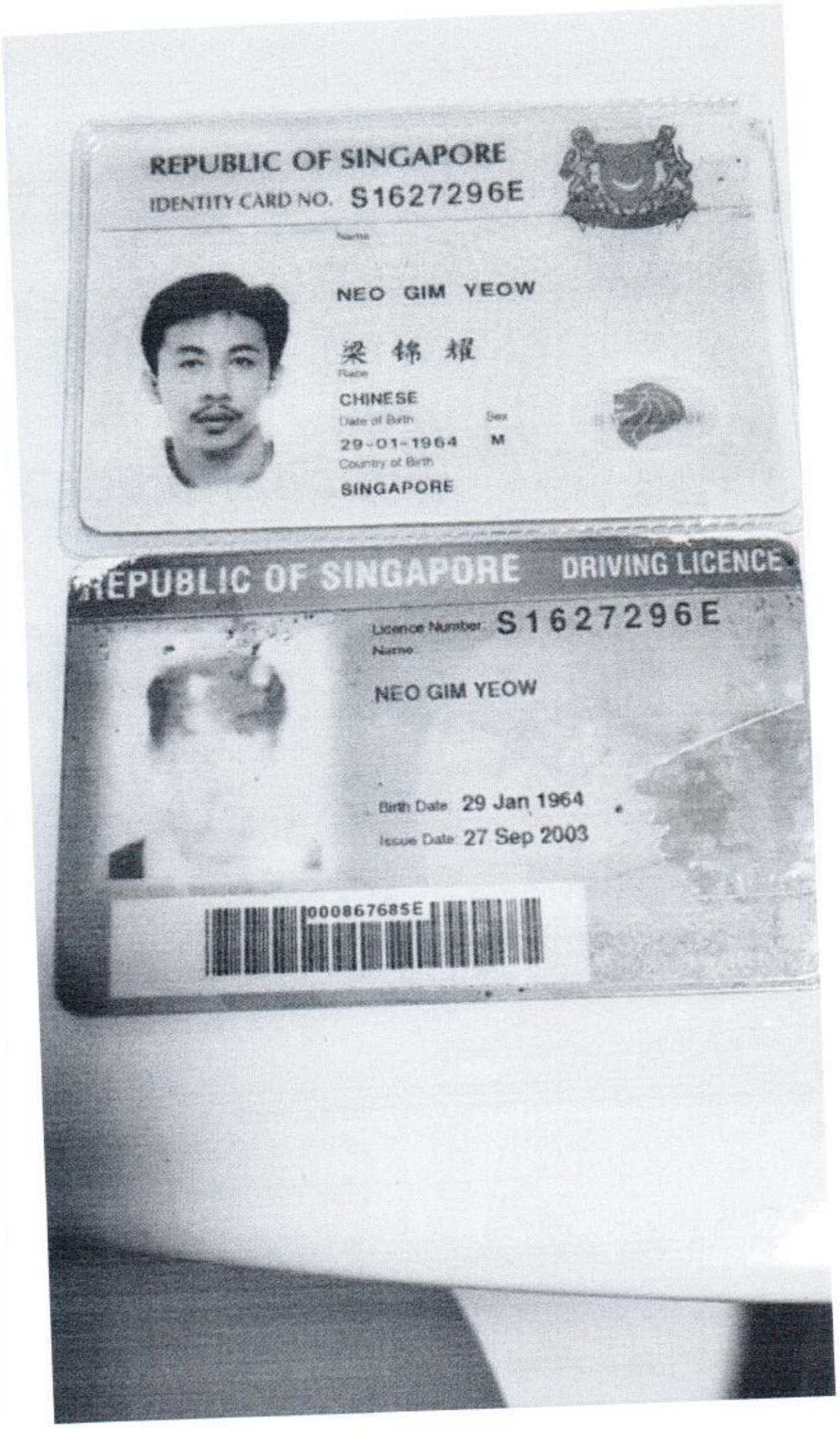
		EFFECTIVE DATE
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	08 Oct 2009
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	31 May 2011
Class 3A	MOTOR CARS AND MOTOR TRACTORS WITHOUT CLUTCH PEDALS THE WEIGH OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	24 Aug 2011
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGH OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	02 Jan 2016

S9041323F

S / No.9000243767

Licence No: S9041323F

NP 428A


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1627296E
NEO GIM YEOW
梁 锦 耀
CHINESE
Date of Birth
29-01-1964
Sex
M
Country of Birth
SINGAPORE
REPUBLIC OF SINGAPORE DRIVING LICENCE
Licence Number S1627296E
Name
NEO GIM YEOW
Birth Date 29 Jan 1964
Issue Date 27 Sep 2003
0008676855

9272744

NRIC No. S1627296E

Blood Group: O+

Date of issue: 13-08-1994

APT BLK 317 WOODLANDS STREET 31 #07-180
SINGAPORE 730317

NRIC No: S1627296E Date: 18/07/2015

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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	03 Nov [illegible]
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	11 Ap[illegible] 1987

Licence No: S1627296E

NP 425A

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601 › Change Language › Change Password › Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident 05/02/2018 10:30

Vehicle No.(For Motor) SJH2774B

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5094175582	NEO GIM YEOW	S1627296E	GPC	Third Party	SJH2774B	SJH2774B	19/09/2017	29/07/2018

Continue

INCOME
INSURE. EMPOWER.

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: 509817558Z

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SJH2774B**
   Chassis Number : ZFA22300005586347
2. Name of Policyholder : NEO GIM YEOW
3. Effective Date of Insurance : 19 Sep 2017
4. Expiry Date of Insurance : 29 Jul 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)	: N/A
EXCESS (SECTION 2)	: N/A
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	: NEO GIM YEOW
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 : KHC HOLDINGS PTE LTD (00000613934)
Date of Issue : 19 Sep 2017 11:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

KHC HOLDINGS PTE LTD
389A BALESTIER ROAD SINGAPORE 329790
TEL: 62536208 FAX: 62536208

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/0981079

Policy No.	5094175582	Vehicle No.	SJH2774B	GST Registration No.	
Policyholder Name	NEO GIM YEOW			Policyholder NRIC	S16
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	98822121	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	05/02/2018 19:58	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	05/02/2018	Time of Accident hh:mm	10:30	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE(CHANGI)B4 THOMSON EXIT				

Benefits

Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	0.00		
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 317 #07-180	Address 2	WOODLANDS STREET 31	Address 3	SIN(
Address 4		Address Type	Singapore address	Post Code	730
Unit No.	07-180	Related Policy Number	5094175582		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NEO JIT WEE	Driver NRIC	S9041323F	Driver DOB	07/1
Register Date of Driver License	24/08/2011	Driver Age	27	Driving Experience	6
Contact No.(Mobile)	98822121	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 317	Address 2	WOODLANDS STREET 31	Address 3	SIN(
Address 4		Address Type	Singapore address	Post Code	730
Unit No.	#07-180				
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	◉ Yes ○ No

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	NEO GIM YEOW	Insured NRIC	S16
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SJH2774B	TP Vehicle Number	GBC
Claim Description	SJH2774B / GBC9569C ON 5 Feb 2018			Name of Preferred Workshop	MOT
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop (refer below)	GIA report	Rec
Date Registered	05/02/2018 20:02	Claim Close Date		Date Received	05/0
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	

☑ Print AK letter

Save Submit

Attachment

Accident No.	MT/0981079	Claim No.	001
Last Doc. Received	(•) Yes ( ) No	Upload Date	05/02/2018 00:00

Path *		Category *	Confidential	Urgency *
Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descrip
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 20:02	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 20:02	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 20:02	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 20:02	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 20:02	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 20:02	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 20:02	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 20:02	Photos	Normal	Photos 20

Video List

Uploaded By/Date	Folder Date	File Name	Source

Display in New Window | Scan and uploading