

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MMA 118018029

Date In: 512118 18:10	Job description	Date & Time Completed	Done by
Ref No: NA/IMCIP002282164	SAS e-filing		
Veh No: 53D 6650 U	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 512118 06:50	i-Motor Claim Form	MT/0981049	512118 19:41
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: SHB 2048 U	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

MA 1800788	Invoice Preparation Checklist	Amc (\$)	Amc (I)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
QC Checked by (Engr-In-Charge):	*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 (G-a INC) against INC \$20		
	9) N12: Idac Mobile \$30		
Auditors' Comments:-	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	05/02/2018 18:10
Date Of Accident	05/02/2018 06:50
Exact Location Of Accident	JUNC OF PUNGGOL FIELD & PUNGGOL E
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD6650U
Insured/Policyholder	
Name Of Registered Owner	GQDSPEED AUTOMOBILE
Co Reg No	53207510B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88229119

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5087977861
Cover Note Number	-

Driver

Name of Driver	HOONG MOH KENG(HONG MAOQING)
NRIC No	S7631811E
Date Of Birth	05/10/1976
Occupation	OUTDOOR
Date Of Driving Pass	12/09/2014
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98898144
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 120A EDGEDALE PLAINS #09-263
 Postcode 821120
 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 COLLISION - CHANGE/CROSS LANE
 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?
 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

PLEASE REFER TO 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 SHB2048U
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver CHU SIN LOONG
 NRIC/Passport Number S1511617Z
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver) 2

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:

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

SKETCH PLAN

Punggol E

A = SJD 6650U

B = SHB 2048U



Punggol Field

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

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.:

I STOP AT THE TRAFFIC JUNC OF PUNGGOL FIELD & PUNGGOL E ON THE SECOND LANE FROM THE LEFT DUE TO THE RED LIGHT, I NOTICED ON MY RIGHT LANE WAS CLEAR. THEN I TURN ON MY RIGHT SIGNAL AND CHECK ON THE BLIND SPOT BEFORE I FILTERING. I SAW ON MY RIGHT SIDE MIRROR THAT WAS A TAXI STILL FEW VEHICLE DISTANCE AWAY. SO I FILTERING OUT TO THE RIGHT LANE. SUDDENLY THE TAXI SPEED UP AND NEVER GIVE WAY TO ME AND HIT ONTO MY VEH RIGHT FRONT PORTION. AFTER THE INCIDENT, I NOTICED TAXI HAVE IN CAR CAMERA. IF CAN RETRIEVE THE FOOTAGE FROM THE TAXI, IT CAN SEE MY VEH EARLY ALREADY TURN ON MY RIGHT SIGNAL AND TAXI WAS A DISTANCE AWAY FROM MY VEH.

ACCIDENT STATEMENT

ACCIDENT DATE: (5 / 2 / 18) (DD/MM/YYYY), TIME: (6 : 50) (HH:MM) ^{am}

LOCATION: Junction of Punggol Field & Punggol E

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJD 6650 U
 b) INSURANCE COMPANY: MTUC
 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: Private commercial use
 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: Godspeed Automobile (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 88229119
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Hoong Moh Keng Chong Mao Qing (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 98898144
 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: Hirer

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: SHB 2048 U MODEL: _____
 b) DRIVER'S NAME: Chu Sin Loong
 c) NRIC/FIN/PASSPORT: S1511617 Z CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (Including driver)
(1)

* No of passenger
 (Including driver)
(2)

* No of passenger
 (Including driver)
()

Email = motorlandjayden@gmail.com

fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7631811E**

Name

HOONG MOH KENG
(HONG MAOQING)

Birth Date: 05 Oct 1976

Issue Date: 12 Sep 2014

002344681B

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7631811E**

Name

HOONG MOH KENG
(HONG MAOQING)
洪茂慶

Race
CHINESE

Date of birth
05-10-1976

Sex
M

Country/Place of birth
SINGAPORE

5629680

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 12 Sep 2014

Licence No: S7631811E

NP 428A

5629680

NRIC No **S7631811E**

Date of issue
01-08-2016

Address
APT BLK 120A EDGEDALE PLAINS
#09-263
SINGAPORE 821120

eBaoTech

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Hello, NAC_PAYA_UBI_800601

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

05/02/2018 09:06

Vehicle No.(For Motor)

SJD6650U

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5087977861	GODSPEED AUTOMOBILE	532075108	GFT	Third Party	SJD6650U	SJD6650U	13/02/2017	

▼ Policy Information

Policy No.	5087977861	Policyholder Name	GODSPEED AUTOMOBILE	Policyholder NRIC	53207510B
Address	10 KAKI BUKIT ROAD 2 #01-13 FIRST EAST CENTRE SINGAPORE 417868				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	13/02/2017	Effective Date	13/02/2017 00:00	Expiry Date	12/02/2018 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		
Agent	KCB AGENCY	Agent Tel.	63913813	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	10 KAKI BUKIT ROAD 2	Address 2	#01-13 FIRST EAST CENTRE	Address 3	SINGAPORE 417868
Address 4		Address Type	Singapore address	Post Code	417868
Unit No.	01-66	Related Policy Number	5072535431-02		

► Insured Object: SJD6650U

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	23/03/2017 00:00	Basic Information Endorsement	000001286525498	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLL9432Y 23-03-2017 \$1,188.66 In view of this amendment, an additional premium of \$1,188.66 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	26/04/2017 00:00	Basic Information Endorsement	000001286547377	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We

Claim Handling

Accident MT/0981049

Policy No.	5087977861	Vehicle No.	SJD6650U	GST Registration No.	
Policyholder Name	GODSPEED AUTOMOBILE	Cover Type	Third Party	Policyholder NRIC	5321
Product Code	FLEET INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	88229119	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details					
Report Date	05/02/2018 18:35	Accident Report Within 24 hrs	Yes	Accident Type	Coll
Date of Accident	05/02/2018	Time of Accident hh:mm	06:50	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF PUNGGOL FIELD & PUNGGOL E				
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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	10 KAKI BUKIT ROAD 2	Address 2	#01-13 FIRST EAST CENTRE	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	4171
Unit No.	01-66	Related Policy Number	5072535431-02		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	05/1
Unnamed driver Name	HOONG MOH KENG(HONG MAO)	Driver NRIC	S7631811E	Driving Experience	3
Register Date of Driver License	12/09/2014	Driver Age	41	Contact No.(Home)	
Contact No.(Mobile)	98898144	Contact No.(Office)		Address 3	PUN
Address 1	BLK 120A #09-263	Address 2	EDGEDALE PLAINS	Post Code	821
Address 4	SINGAPORE 821120	Address Type	Singapore address		
Unit No.	09-263			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	GODSPEED AUTOMOBILE	Insured NRIC	5321
Contact No.(Mobile)	82286656	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	godspeedchris@gmail.com	OI Vehicle Number	SJD6650U	TP Vehicle Number	SHB
Claim Description	SJD6650U / SHB2048U ON 5 Feb 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	05/02/2018 18:39	Claim Close Date		Date Received	05/0
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

Attachment

2/5/2018

Claim Handling(accident reporting Claim Task)

Accident No.

MT/0981049

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

05/02/2018 18:41

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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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 05 Feb 2018 18:41	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 18:41	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 18:40	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 18:40	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 18:40	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 18:40	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 18:40	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 18:40	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 18:39	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 18:39	Photos	Normal	Photos 20
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 18:39	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Feb 2018 18:39	Photos	Normal	Photos 20

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