

NATIONAL Assessment Centre Services

[Print Date]

Date In: 12/02/2018 18:28	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18002818/K4	SAS e-filing		
Veh No: SJV 1691P	E-mail (within 8 hrs, AIC 2 hrs)		
DOA: 09/02/2018 22:55	i-Motor Claim Form	MT/0982100	13/2/18 10:10
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: SGF 1525G	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

NA1801080	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
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) RT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2003)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD:			
	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged		
Auditors' Comments:-	Invoice dated	Fee Charged		
Car 1:				
Car 2/3:				

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	12/02/2018 18:28
Date Of Accident	09/02/2018 22:55
Exact Location Of Accident	PIE TWDS CHANGI BEFORE EUNOS FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV1691P
Insured/Policyholder	
Name Of Registered Owner	ADAM BIN HAYAT
NRIC No	S7148785G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92312082
Alternative Phone No	OTHERS-92312082

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
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	5087396759-01
Cover Note Number	

Driver

Name of Driver	ADAM BIN HAYAT
NRIC No	S7148785G
Date Of Birth	25/09/1971
Occupation	INDOOR
Date Of Driving Pass	18/05/2005
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92312082
Fax Number	
Contact Number	OTHERS-92312082
Email Address	NOEMAIL

Address	BLK 121 PASIR RIS ST 11 #03-471
Postcode	510121
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGF1525G
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

Name	ADAM BIN HAYAT
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SKETCH PLAN


IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
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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.

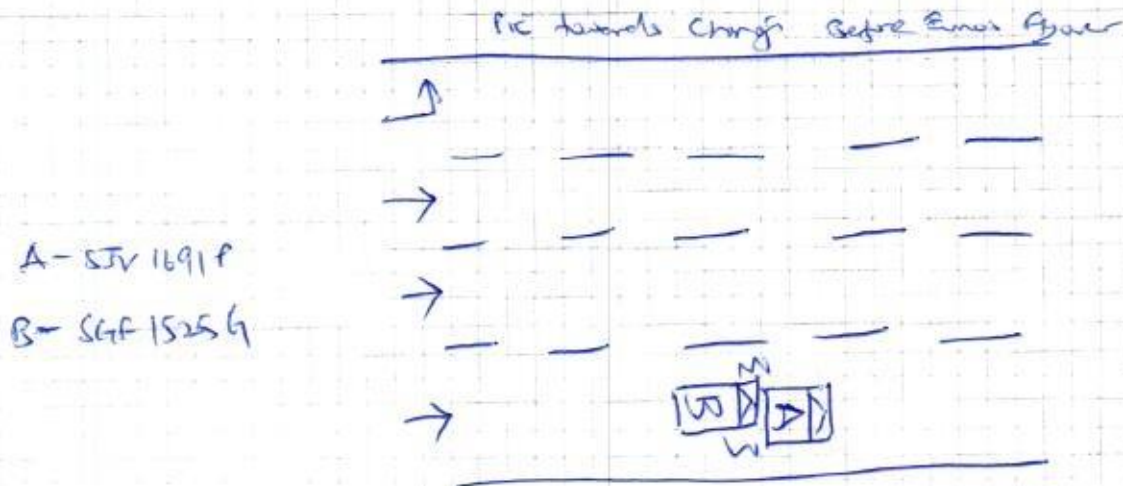

Policyholder's Signature
Date & Time:


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


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

12/2/2018

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along PC towards Changi on the extreme right lane of a 4-lanes, expressway. Somewhere before Ennis Ayer, vehicles ahead of me slowed down and stopped due to accident ahead. As such, I applied brake and stopped accordingly. Along the sudden, van (B) came from the rear and crashed onto the rear portion of my vehicle.

A - SJV 1691P

B - SGF 1525G

[Signature]

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

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

[Signature] 12/7/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle No.	91218 SJV 1691P Model / Make Toyota Vios	
Date of Accident	9/2/18	
Time of Accident	2255 HRS	
Location of Accident	P/E towards change before Buni Ayer	
Exact purpose use during accident	P/E use	
Name of Owner	Adam Bin Hayat	
Telephone No.	H/P : 92312082	Home : Office :
NRIC	57148785G	
Address	Blok 121, Bnd. Pjs st 11, #03-471, S(51024)	
Claim type	OD (THIRD PARTY) REPORTING ONLY	
Insurance Company	NTL	
Type of Coverage	(Comprehensive) Third Party Third Party / Fire / Theft	
Policy No.	5087396759-01	
Name of Driver	As Above If No,	
NRIC	Any Passengers : 00	
Date of birth	25/9/1971	
Occupation	Outdoor / Indoor	
Driving License Pass Date	18/5/2025	
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	
Weather condition	(Clear) Raining Other	
Road Surface	(Dry) Wet Other	
Any Injuries	No, If Yes, Who?	
Name And Contact No.	Adam Bin Hayat	
Name And Contact No.		
Police Report	No, If Yes, Where?	
Vehicle B No.	SGF 1525G	Any Passengers : 01 (male)
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	adam.hayat@nsgic.com	
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?		
		Yes / No
PARTICULAR WORKSHOP	NSI Automotive P/L	
CONTACT NO.	6842 0051 / 6744 0510	
CONTACT PERSON	Jusaid	
FAX NO	6741 0510	
WORKSHOP EMAIL ADDRESS	sales@nsi.com.sg	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7148785G



Name

ADAM BIN HAYAT

ادم بن حیات

Race

MALAY

Date of Birth

25-09-1971

Country of Birth

SINGAPORE

Sex

M

S7148785G

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7148785G

Name: ADAM BIN HAYAT

Birth Date: 25 Sep 1971

Issue Date: 18 May 2005

001342697H



NRIC No. S7148785G



Blood Group Date of issue

O+ 20-05-1993

Address

APT BLK 121 PASIR RIS STREET 11 #03-471
SINGAPORE 510121

NRIC No. S7148785G

Date: 08/09/2010

No: 6616723

0988214

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E

PASS DATE

18 May 2005

Class 3A Motor cars without clutch pedals =< 3000kg
with =< 7 passengers, exclusive of the driver;
and motor tractors/vehicles without clutch
pedals =< 2500 kg



Licence No. S7148785G

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: 5087396759-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle :

SJV1691P

Chassis Number

MR053HY9305132417

2. Name of Policyholder :

ADAM BIN HAYAT

3. Effective Date of Insurance :

14 Jan 2018

4. Expiry Date of Insurance :

13 Jan 2019

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	: YES
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ADAM BIN HAYAT
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
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 : VILLAGE CREDIT PTE LTD (00000614548)

Date of Issue : 02 Jan 2018 12:03 hrs

Reprint : 02 Jan 2018 12:04 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"/>	5087396759-01	ADAM BIN HAYAT	S7148785G	GPC	drive CLASSIC	SJV1691P	SJV1691P	14/01/2018	13/01/2019

▼ Policy Information

Policy No.	5087396759-01	Policyholder Name	ADAM BIN HAYAT	Policyholder NRIC	S7148785G
Address	BLK 121 #03-471 PASIR RIS STREET 11 SINGAPORE 510121				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	02/01/2018	Effective Date	14/01/2018 00:00	Expiry Date	13/01/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	VILLAGE CREDIT PTE LTD	Agent Tel.	64646626 (Fax)	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 121 #03-471	Address 2	PASIR RIS STREET 11	Address 3	SINGAPORE 510121
Address 4		Address Type	Singapore address	Post Code	510121
Unit No.		Related Policy Number	5087396759-01		

▶ Insured Object: SJV1691P

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/0982100

Policy No.	5087396759-01	Vehicle No.	SJV1691P	GST Registration No.	
Policyholder Name	ADAM BIN HAYAT			Policyholder NRIC	S71
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92312082	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input 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	13/02/2018 10:05	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	09/02/2018	Time of Accident hh:mm	22:55	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS CHANGI BEFORE EUNOS FLYOVER				

▼ Benefits

Coverage		Sum Insured	
Transport Allowance		99999999.99	

▼ 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 121 #03-471	Address 2	PASIR RIS STREET 11	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	510
Unit No.		Related Policy Number	5087396759-01		

▼ OI Driver Info

Driver Name	ADAM BIN HAYAT	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7148785G	Driver DOB	25/01/1985
Register Date of Driver License	18/05/2005	Driver Age	46	Driving Experience	12
Contact No.(Mobile)	92312082	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 121	Address 2	PASIR RIS STREET 11	Address 3	
Address 4		Address Type	Singapore address	Post Code	510
Unit No.	#03-471				
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	ADAM BIN HAYAT	Insured NRIC	S71
Contact No.(Mobile)	96522314	Contact No.(Home)	63841567	Contact No.(Office)	
Email Address		OI Vehicle Number	SJV1691P	TP Vehicle Number	SGF
Claim Description	SJV1691P / SGF1525G ON 9 Feb 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	13/02/2018 10:11	Claim Close Date		Date Received	13/02
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

▼

Accident No. MT/0982100

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 13/02/2018 10:10

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

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NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

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NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 10:11	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 10:10	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 10:10	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 10:10	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 10:10	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 10:10	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 10:10	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 10:09	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 10:09	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 10:09	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 10:09	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 10:09	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 10:09	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 10:09	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 10:09	Photos	Normal	Photos 2018

▼ Video List

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