

**NATIONAL Assessment Centre Services** (wef 1 Jan 2005)

Date In: 14/02/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18002977/113	SAS e-filing		
Veh No: 5445898A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/02/18 0800	i-Motor Claim Form	MT/0982326	
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: CB5969B 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 :-	Invoice Preparation Checklist	
	Amnt (\$)	Amnt (\$)
NA1800964		
Driver/Owner:	1) AR: Accident Reporting (\$30);	
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) NI: 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 (Non INC) 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	14/02/2018 09:13
Date Of Accident	13/02/2018 08:00
Exact Location Of Accident	LOYANG AVE B4 LOYANG RISE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY5898D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	RELIABLECARZPL@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-65919999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	GRAB HITCH
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094551582
Cover Note Number	

### Driver

Name of Driver	TAN ZHEN HUI
NRIC No	S8235200G
Date Of Birth	23/10/1982
Occupation	OUTDOOR
Date Of Driving Pass	29/06/2005
Driving Experience	12 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96790493
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 532 PASIR RIS DRIVE 1 #12-326
Postcode	510532
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?	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)	3
Passenger 1	NAME: : YAP WAI CHING GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN 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	CB5969B
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SOON CHIN HIN
NRIC/Passport Number	S1234691C
Contact Number	96666456
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	TAN ZHEN HUI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SGY5898D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	YAP WAI CHING
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SGY5898D
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) complying with requirements under any regulations, laws or court orders.

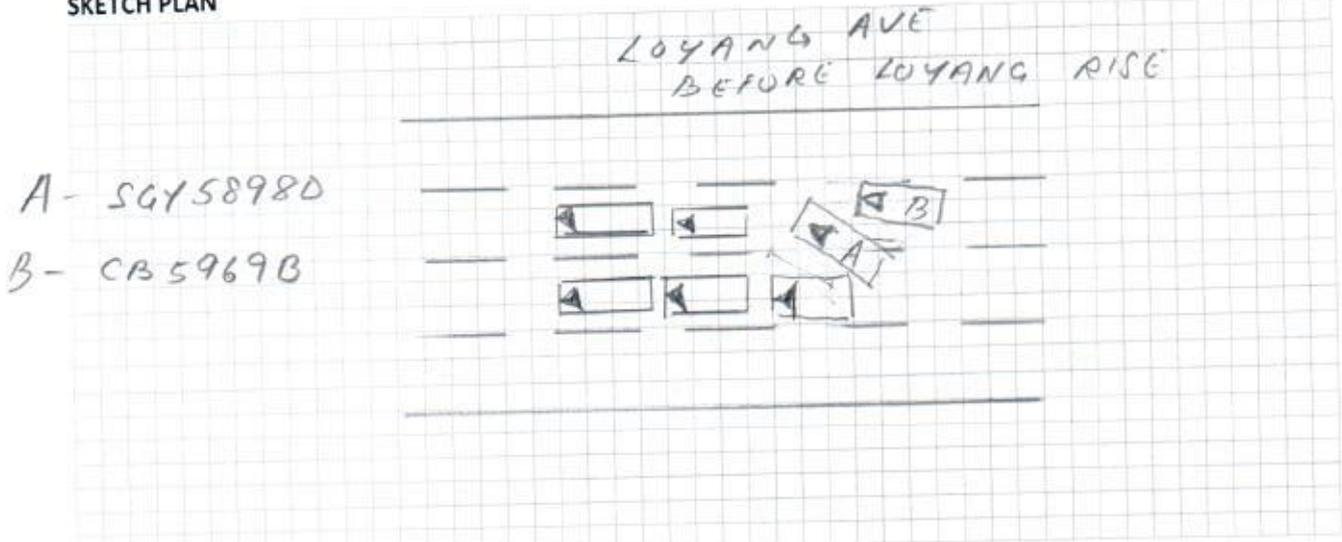


\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

 14/02/18  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was stop in a jam. After signaling the intention to filter right, Driver in Vehicle A check the rear view mirror, side mirror and blind-spot <sup>and</sup> slowly more right. After being 3/4 into the 2<sup>nd</sup> lane, from the 3<sup>rd</sup> lane, vehicle B drove forward at a very fast speed and hit the right of vehicle A. The impact was so huge that the mobile phone of vehicle A fell off the phone holder. Vehicle A driver's wife is pregnant.

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:

*[Signature]* 13 FEB 2018

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

*[Signature]* 14/02/18

# ACCIDENT STATEMENT

ACCIDENT DATE: (13/02/2018) (DD/MM/YYYY), TIME: (08:00) (HH:MM)

LOCATION: Loyang Ave before Loyang Rise

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGY 5898D  
b) INSURANCE COMPANY: ATNC Income  
c) POLICY NUMBER: 5094551582  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Toyota Wish  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Carrito Hitch  
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: Reliable Rides Pte Ltd (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: B KAKI BUKIT AVE 4 #05-50  
Premier @ Kaki Bukit

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: TAN ZHEN HUI (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S023520061 CONTACT: 9679 0493  
c) ADDRESS: Blk 532 PASIR RIS DR 1 #12-326  
S(510532)

\*d) DATE OF BIRTH: (23/10/1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 13

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hired

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: CB 5969B MODEL: Toyota HIACE  
b) DRIVER'S NAME: Soon Chin Hin  
c) NRIC/FIN/PASSPORT: S1234691C CONTACT: 9666 6456

## 9. THIRD PARTY VEHICLE

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

\*No of passengers  
(Including driver)  
(3)

\*No of passenger  
(Including driver)  
( )

\*No of passenger  
(Including driver)  
( )

13/02/18  
waiting for vehicle

email =

fax =

YAP WAI CHING  
Female

unknown  
Female

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8235200G



Name  
TAN ZHEN HUI

陈 振 辉

Race  
CHINESE

Date of birth  
23-10-1982

Sex  
M

Country/Place of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S8235200G

Name:

TAN ZHEN HUI

Birth Date: 23 Oct 1982

Issue Date: 29 Jun 2005



5226158



NRIC No. S8235200G



Date of issue  
04-10-2013

Address

APT BLK 532 PASIR RIS DRIVE 1  
#12-326  
SINGAPORE 510532

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

Class 3 Motor cars =< 3000 kg with =< 7 passengers,  
exclusive of the driver; and motor tractors  
(vehicles =< 2500 kg)

PASS DATE

29 Jun 2005

NP 428A



reliablecarzpl@gmail.com

NAME: Jason  
NO: 81669797

## 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:** 5094551582

**Cover :** drivo CLASSIC

- |   |                          |
|---|--------------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>SGY5898D</b>        |
| Chassis Number  | : ZNE100359976           |
| 2. Name of Policyholder   | : RELIABLE RIDES PTE LTD |
| 3. Effective Date of Insurance  | : 27 Sep 2017            |
| 4. Expiry Date of Insurance   | : 30 Sep 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 or Hirer's business.  |                          |

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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\$1,000
EXCESS (SECTION 2)	: S\$1,500
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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TAI THONG LEE TRADING PTE LTD
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 : TAN INSURANCE BROKERS PTE LTD (00000690287)  
Date of Issue : 26 Sep 2017 08:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Claim Handling

Accident MT/0982326

Policy No.	5094551582	Vehicle No.	SGY5898D	GST Registration No.	
Policyholder Name	RELIABLE RIDES PTE LTD	Cover Type	drive CLASSIC	Policyholder NRIC	201
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	65919999	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No	Accident Report Within 24 hrs	Yes	Private Hire	Yes
<b>Accident Details</b>					
Report Date	14/02/2018 09:58	Time of Accident hh:mm	08:00	Accident Type	Colli
Date of Accident	13/02/2018	Orange Force		Country of Accident	Sing
Reporting Centre				ICM No.	
Accident Location	LOYANG AVE B4 LOYANG RISE				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	1,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	3,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					

## Policyholder Mailing Address

Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	4151
Unit No.	05-50	Related Policy Number	5098145508		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	23/1
Unnamed driver Name	TAN ZHEN HUI	Driver NRIC	S8235200G	Driving Experience	12
Register Date of Driver License	29/06/2005	Driver Age	35	Contact No.(Home)	0
Contact No.(Mobile)	96790493	Contact No.(Office)	0	Address 3	SIN
Address 1	BLK 532	Address 2	PASIR RIS DRIVE 1	Post Code	510
Address 4		Address Type	Singapore address		
Unit No.	#12-326			Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.			

<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	RELIABLE RIDES PTE LTD	Insured NRIC	201	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	663	
Email Address		OI Vehicle Number	SGY5898D	TP Vehicle Number	CB5	
Claim Description	SGY5898D / CB5969B ON 13 Feb 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Rec	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	14/0	
Date Registered	14/02/2018 10:15	Claim Close Date		Total Loss but Repaired		
Report Taken By	ROSLINDA	Workshop Repairer				
<input checked="" type="checkbox"/> Print AK letter						
<input type="button" value="Save"/> <input type="button" value="Submit"/>						

## Attachment

Accident No.  
Last Doc. Received

MT/0982326  
 Yes  No

Claim No.  
Upload Date

001  
14/02/2018 00:00

Path \*

- No file chosen
- 

	Category *	Confidential	Urgency *
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Clear"/>	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 10:15	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 10:15	SAS	Normal	SAS 2011
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 10:15	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 10:15	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 10:14	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 10:14	Photos	Normal	Photos 20:
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 10:14	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 10:14	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 10:14	Photos	Normal	Photos 20:

Video List

Uploaded By/Date	Folder Date	File Name	Source
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