

# NATIONAL Assessment Centre Services

Date In: 19/02/18  
 Ref No: NA/INC18002118/13  
 Vch No: SJX 68246  
 D.O.A: 16/02/18 1545  
 OD: (TP) Reporting Only

Job description

SAS e-filing

E-mail (within 8hrs, AIC 2hrs)

i-Motor Claim Form

i-Motor W/O (Within: OD 2hrs, TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Date & Time Completed

Done by

TP Insurer:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Vch No:

FBG 9734R

INC ( ) / Non-INC ( )

Owner / Driver: (

Policy No: (

Period: (

Date:

Time:

Cover Type: (

Confirmed by: (

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)

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:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

## Invoice Preparation Checklist

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$30)
- 3) TP: Towing Fee \$40/\$45
- 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:-

- ON\*
- \*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 (N'n INC) against INC \$20
  - 9) N12: Idac Mobile \$30

Invoice dated

Fee Charged

Ant (\$)

Ant (\$)

1st Bill

Add Bill



## 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	19/02/2018 10:37
Date Of Accident	16/02/2018 15:45
Exact Location Of Accident	TPE TWDS LORONG HALUS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX6824E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD KARIM BIN SUHAIMI
NRIC No	S8103186Z
Email Address	YPVS22@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90664490
Alternative Phone No	OTHERS-90664490

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO
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	5050538143-06
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD KARIM BIN SUHAIMI
NRIC No	S8103186Z
Date Of Birth	20/05/1981
Occupation	INDOOR
Date Of Driving Pass	09/11/1999
Driving Experience	18 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90664490
Fax Number	
Contact Number	OTHERS-90664490
EEmail Address	YPVS22@YAHOO.COM

Address	BLK 330B ANCHORVALE ST #10-535
Postcode	542330
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)	2
Passenger 1	NAME: : SITI HAJAR BINTE MOHAMAD SIDEK 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

I WAS TRAVELLING STRAIGHT ALONG TPE TWDS LORONG HALUS ON THE EXTREME RIGHT LANE OF A4-LANES ROAD. I SLOWED DOWN AND STOP MY VEH WITHOUT ANY CONTACT TO THE FRONT VEH, WHEN I NOTICED AHEAD THERE WAS AN ACCIDENT. SUDDENLY VEH(B) BEARING BREG NO FBG9736R CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.

#### 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	FBG9736R
Vehicle Make/Model/Colour	YAMAHA
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD FAZLI BIN IBRAHIM
NRIC/Passport Number	S9008273F
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

MUHAMMAD FAZLI BIN IBRAHIM

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

FBG9736R

Were seat belts worn?

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:

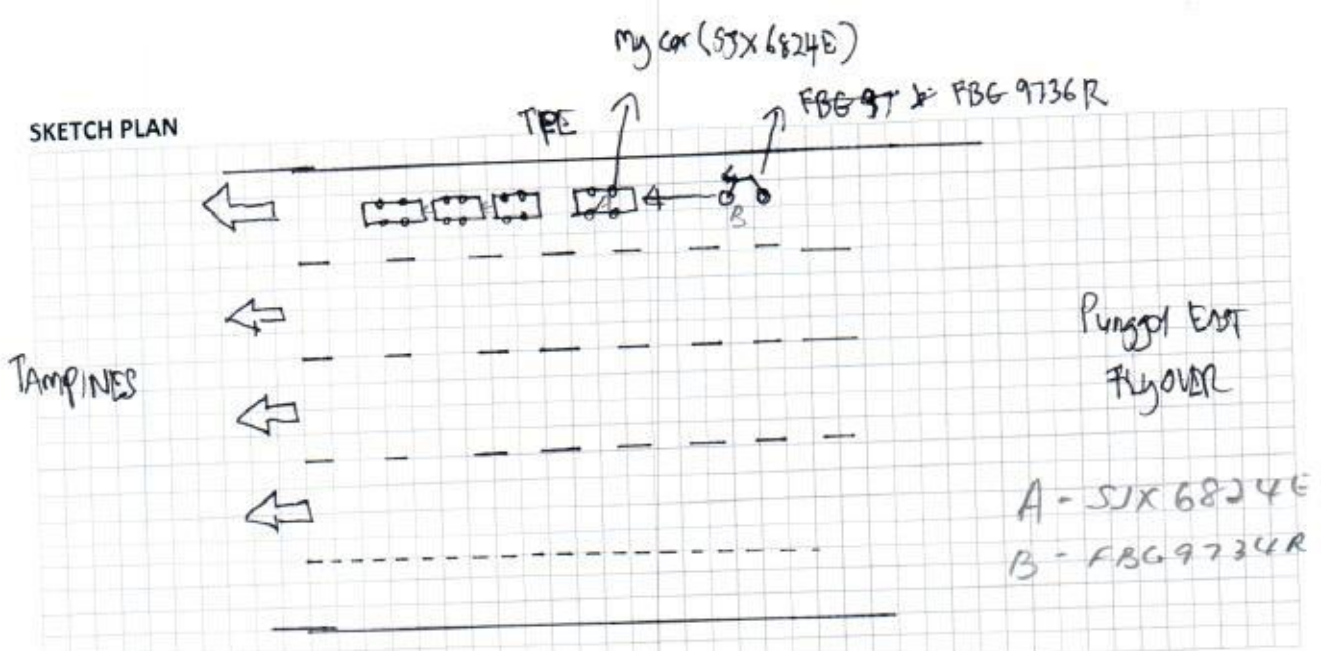
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

 19/07/2018  
Policyholder's Signature  
Date & Time:

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

 19/02/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pls refer to the statement.*

DECLARATION

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

*[Signature]*  
 Policyholder's Signature  
 Date & Time: 19/02/2018

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

*[Signature]* 19/02/18  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



## ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 02 / 2019 (DD/MM/YYYY), TIME: 15 : 45 (HH:MM)

LOCATION: BETWEEN TPE Punggol Exit Flyover and Loring Mals

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJX 6824 E  
b) INSURANCE COMPANY: NTUC INCOME  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: KIA CERARO EX PORTE 1.6L M/T  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Transport  
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: MUHAMMAD KARIM BIN SUMAIMI (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S81031862 CONTACT: 90664490  
c) ADDRESS: BLK 330B ANCHORAGE STREET #10-535 S 542330

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

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 20 / 05 / 1981 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 18 Years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

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: FBG 9736 R MODEL: YAMAHA  
b) DRIVER'S NAME: MUHAMMAD FAZLI BIN IBRAHIM  
c) NRIC/FIN/PASSPORT: S 9008273 P CONTACT: \_\_\_\_\_


### 9. THIRD PARTY VEHICLE

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

email = ypvs22@yahoo.com

fax = -

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8103186Z





Name  
MUHAMMAD KARIM BIN SUHAIMI  
محمد كريم بن سحيمي

Race  
MALAY

Date of birth  
20-05-1981

Sex  
M

Country of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8103186Z

Name  
MUHAMMAD KARIM BIN SUHAIMI

Birth Date: 20 May 1981

Issue Date: 22 May 2003




4731740



NRIC No: S8103186Z



Date of issue  
07-05-2011

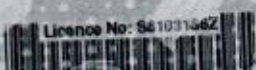
APT BLK 330B ANCHORVALE ST #10-535  
SINGAPORE 542330

NRIC No: S8103186Z Date: 22/04/2015

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 350 cc	25 Jul 1999
Class 2A	Motorcycles between 201 cc and 400 cc	10 Oct 2000
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilogram	09 Nov 1999

Licence No: S8103186Z



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: 5050538143-06

1. Index mark and Registration Number of Vehicle
- Chassis Number
2. Name of Policyholder
3. Effective Date of Insurance
4. Expiry Date of Insurance
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 heading.

EXCESS (SECTION 1)

EXCESS (SECTION 2)

WINDSCREEN EXCESS

ADDITIONAL EXCESS

UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP

INSURE WITH COE

NCD PROTECTION

TRANSPORT ALLOWANCE

EXCESS WAIVER

PRIMARY DRIVER

NAMED DRIVER (1)

NAMED DRIVER (2)

HIRE PURCHASE COMPANY

SUM INSURED

Cover : drive CLASSIC

SJX6824E

KNAFU411LA5230236

MUHAMMAD KARIM BIN SUHAIMI

30 Jun 2017

29 Jun 2018

SS600

N/A

SS100

N/A

PLEASE REFER OVERLEAF

NO

YES

YES (FREE)

NO

NO

NO

MUHAMMAD KARIM BIN SUHAIMI

SUHAIMI BIN DIM YATI

RAPIAH BINTE AHMAD

N/A

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 : INCOME - TAMPINES BRANCH (00000600507)

Date of Issue : 10 Jun 2017 11:27 hrs

Reprint : 10 Jun 2017 11:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

## Claim Handling

## Accident MT/0982724

Policy No.	5050538143-06	Vehicle No.	SJX6824E	GST Registration No.	
Policyholder Name	MUHAMMAD KARIM BIN SUHAIMI	Cover Type	drive CLASSIC	Policyholder NRIC	S811
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	90664490	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 checked="" type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
<b>Accident Details</b>					
Report Date	19/02/2018 20:17	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	16/02/2018	Time of Accident hh:mm	15:45	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	TPE TWDS LORONG HALUS				
<b>Benefits</b>					
<b>Excess</b>					
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		
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 58 #07-63	Address 2	MARINE TERRACE	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	4401
Unit No.		Related Policy Number	0088338299-14		
<b>OI Driver Info</b>					
Driver Name	MUHAMMAD KARIM BIN SUHAIMI	Driver Type	Main Driver	Driver DOB	20/0
Unnamed driver Name		Driver NRIC	S8103186Z	Driving Experience	18
Register Date of Driver License	09/11/1999	Driver Age	36	Contact No.(Home)	0
Contact No.(Mobile)	90664490	Contact No.(Office)	0	Address 3	SIN
Address 1	BLK 58	Address 2	MARINE TERRACE	Post Code	4401
Address 4		Address Type	Singapore address		
Unit No.	#07-63			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	MUHAMMAD KARIM BIN SUHAIMI	Insured NRIC	S811
Contact No.(Mobile)	90664490	Contact No.(Home)	64421558	Contact No.(Office)	
Email Address		OI Vehicle Number	SJX6824E	TP Vehicle Number	FBG
Claim Description	SJX6824E / FBG9734R ON 16 Feb 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	19/02/2018 20:21	Claim Close Date		Date Received	19/0
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AX letter					

Save Submit

## Attachment



2/19/2018

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

Accident No.

MT/0982724

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

19/02/2018 00:00

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
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	Descript
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:21	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:21	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:21	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:21	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:21	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:20	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:20	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:20	Photos	Normal	Photos 20:
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:20	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:20	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:20	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:20	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:20	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:20	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:20	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:20	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 20:20	Photos	Normal	Photos 20:

## Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading