

Date In: 26/02/2018 14:57	Job description: SAS e-filing	Date & Time Completed: MT/0983734 26/2/18 17:20	Done by:
Ref No: NA/INC18003586/44	E-mail (within 8hrs. AIC 2hrs)		
Veh No: FU6370K	i-Motor Claim Form		
DOA: 21/02/2018 20:20	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
OD: TP Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:	Veh No: SH3805H	INC () / Non-INC ()	Tel:	Fax:
Owner / Driver: (
Policy No: (Period: (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

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

	Ant (\$)	Ant (\$)
1st Bill		Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$50)		
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:-		
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 (N11 INC) against INC \$20		
9) N12: Idac Mobile \$0		
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

NA1801233

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	26/02/2018 14:57
Date Of Accident	21/02/2018 20:20
Exact Location Of Accident	PIE AT 10.6 KM MARK TWDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FU6370K
Insured/Policyholder	
Name Of Registered Owner	TOH SU YEN
NRIC No	S6902028C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91784152
Alternative Phone No	OTHERS-91784152

Vehicle Particulars

Manufacturer	VESPA
Model	EXCEL 150
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	0083640241-13
Cover Note Number	

Driver

Name of Driver	TOH SU YEN
NRIC No	S6902028C
Date Of Birth	17/01/1969
Occupation	INDOOR
Date Of Driving Pass	31/07/1990
Driving Experience	27 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91784152
Fax Number	
Contact Number	OTHERS-91784152
Email Address	NOEMAIL

Address	BLK 612 BEDOK RESERVOIR ROAD #11-1148
Postcode	470612
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?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180222/2058

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	SH3805H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	90943266
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TOH SU YEN
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FU6370K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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:

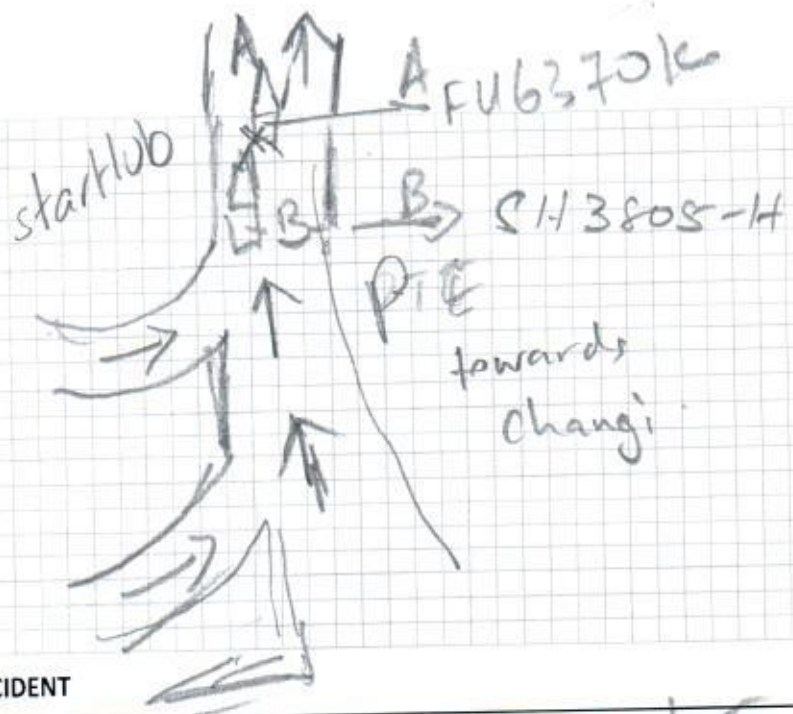
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20180222/2058

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.:

26/2/2018



SINGAPORE POLICE FORCE



T/20180222/2058

1 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20180222/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/02/2018 12:56	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars

Name of Informant: TOH SU YEN			Address: APT BLK 612 BEDOK RESERVOIR ROAD #11-1148 SINGAPORE 470612		
ID Type / ID No.: NRIC NO / S6902028C			Contact No.: Home/Office: Mobile: 91784152		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 17/01/1969	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Primary school teacher			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/02/2018 20:20	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY at the straight road heading towards PIE at 10.6km mark.				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FU6370K	Motorcycle	VESPA	EXCEL 150	Blue	Seriously Damaged	0
SH3805H	Car	HYUNDAI	Elantra	Black	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FU6370K	NTUC Income Insurance Co-Operative Limited	0083640241-13	13/03/2017	12/03/2018



**SINGAPORE
POLICE FORCE**



T/20180222/2058

2 of 3

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

Report No. T/20180222/2058

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TOH SU YEN	ID No.	S6902028C
Related Vehicle	FU6370K (Motorcycle)	Contact No.	91784152
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	21/02/2018	Date Discharge	21/02/2018
No. of Days granted Medical Leave	14	Degree of Injury	Serious
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SH3805H (Car)	Contact No.	90943266
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 21/02/2018, at 222hrs, I was riding along Paya Lebar Way road at the slip road heading to PIE(Changi). I was riding at the left lane turning out to the straight road, there was no traffic at that moment. Suddenly when I was riding at the straight road, a taxi was cutting into my lane on the back and I feel a knock on my rear of my motorcycle. My bike then move forward to the bushes on the left and I lose balance of my motorcycle. I then fall on the floor, However the taxi driver did not stop immediately and stop further in-front. a rider then stop his motorcycle and came to help me. I then told the rider to go to the taxi-drive to prevent him from going away. The pillion of the motorcycle then assist to call ambulance. The taxi driver then came back with the rider. He then pass me his phone number. Traffic police and ambulance then came and I was conveyed to changi general hospital and was given 14days of MC. I wish to state that I suffered injuries on my back, swollen on the second toe on my left foot, swollen right angle, abrasions on my left elbow and abrasion on my lower chin. I also like to state that my motorcycle suffered serious damaged and my motor cycle was unable to start.



**SINGAPORE
POLICE FORCE**



T/20180222/2058

3 of 3

Report No. T/20180222/2058

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 CHUA CHANG YU

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI TAN LEE HWANG DAWN

Contact No.: 65476215

Signature Of Informant:

Date/Time:

22/02/2018 12:56

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6902028C



Name
TOH SU YEN

卓樹炎

Race
CHINESE

Date of Birth
17-01-1969

Sex
M

Country of Birth
SINGAPORE



S6902028C

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S6902028C

Name
TOH SU YEN

Birth Date 17 Jan 1969

Issue Date 30 Sep 2008




0016584468

3198492



UIC No. S6902028C




Blood Group Date of issue
O+ 30-09-2000

Address
APT BLK 612 BEDOK RESERVOIR ROAD
#11-1148
SINGAPORE 470612

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

	PASS DATE
Class 2B Motorcycles <= 200 cc	31 Jul 1990
Class 2A Motorcycles between 201 cc and 400 cc	14 Mar 1992
Class 2 Motorcycles > 400 cc	21 Dec 1999
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	26 Dec 1999

Licence No: S6902028C



P 428A

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 NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	0083640241-13	TOH SU YEN	S6902028C	GMC	Third Party, Fire & Theft	FU6370K	FU6370K	13/03/2017	12/03/2018

▼ Policy Information

Policy No.	0083640241-13	Policyholder Name	TOH SU YEN	Policyholder NRIC	S6902028C
Address	BLK 612 #11-1148 BEDOK RESERVOIR ROAD SINGAPORE 470612				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	03/03/2017	Effective Date	13/03/2017 00:00	Expiry Date	12/03/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	UBI BRANCH SERVICING BRANC	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 612 #11-1148	Address 2	BEDOK RESERVOIR ROAD	Address 3	SINGAPORE 470612
Address 4		Address Type	Singapore address	Post Code	470612
Unit No.		Related Policy Number	0083640241-14		

▶ Insured Object: FU6370K

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/0983734

Policy No.	0083640241-13	Vehicle No.	FU6370K	GST Registration No.	
Policyholder Name	TOH SU YEN			Policyholder NRIC	S691
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	91784152	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(%)	20	Private Hire	No

▼ Accident Details

Report Date	26/02/2018 17:15	Accident Report Within 24 hrs	Yes	Accident Type	Coll
Date of Accident	21/02/2018	Time of Accident hh:mm	20:20	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE AT 10.6 KM MARK TWDS CHANGI				

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	
Third Party Excess	0.00	Outside Singapore TP Excess	

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 612 #11-1148	Address 2	BEDOK RESERVOIR ROAD	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	4701
Unit No.		Related Policy Number	0083640241-14		

▼ OI Driver Info

Driver Name	TOH SU YEN	Driver Type	Main Driver	Driver DOB	17/1
Unnamed driver Name		Driver NRIC	S6902028C	Driving Experience	16
Register Date of Driver License	01/01/2002	Driver Age	49	Contact No.(Home)	0
Contact No.(Mobile)	91784152	Contact No.(Office)	0	Address 3	
Address 1	BLK 612	Address 2	BEDOK RESERVOIR ROAD	Post Code	4701
Address 4		Address Type	Singapore address		
Unit No.	#11-1148			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	TOH SU YEN	Insured NRIC	S691
Contact No.(Mobile)	91784152	Contact No.(Home)	64450685	Contact No.(Office)	
Email Address	bananam30@hotmail.com	OI Vehicle Number	FU6370K	TP Vehicle Number	SH3
Claim Description	FU6370K / SH3805H ON 21 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	26/02/2018 17:23	Claim Close Date		Date Received	26/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

2/26/2018

Claim Handling(claim reporting Claim Task 001 OD-MX)

Accident No.
Last Doc. Received

MT/0983734
☒ Yes ☐ No

Claim No. 001
Upload Date 26/02/2018 17:20

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	Descrip
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 17:23	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 17:21	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 17:20	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 17:20	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 17:20	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 17:20	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 17:20	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 17:20	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 17:20	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 17:20	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 17:20	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 17:20	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 17:20	Photos	Normal	Photos 20:

Video List

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