

Date In: 27/12/18 16:06	Job description: SAS e-filing	Done By: []
Ref No: NA/INC18003774/14	E-mail (within 3hrs, add hrs):	
Veh No: FE S145K	i-Motor Claim Form: MT/0983958	27/12/18 18:11
D.O.A: 25/12/18 07:30	i-Motor W/O (within 3hrs, add hrs):	
OD <input checked="" type="checkbox"/> Reporting Only	i-Photo Uploaded	
TP Interest:	Assessment/Survey Report	
	Ass't Report by Fax/Hand to Owner/Wash	

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

TP Particulars: Veh No: SKH 7109C INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-100%, P: 21-75%, 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 repair.

() 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

Invoice Preparation Checklist		Am. 1	Am. 2
		Am. 1	Am. 2
1) AR: Accident Reporting (300)		30.00	
2) DA: Damage Assessment (\$1000)	INC (300)		
3) TF: Towing Fee	\$40, \$40		
4) FT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Resurvey)	\$10		
For claiming assist/INC Only (ref to Item 200)			
6) TR: Re-inspection	\$70		
7) NI: Idio DA + SMRT Survey	\$140		
8) NTVC Additional Services			
QC:			
*NS: Courtesy Car/Tpl Allowance		\$4	
*NS: Repair Co-ordination		\$10	
*NS: Post Repair Inspection		\$20	
*NS: DV / Collect Excess Boarding		\$4	
TP/NI: TP/NI & INC against INC		\$20	
9) 2-12: Idio Dispute		\$10	
Invoice total	Fee Charges		
Invoice total	Fee Charges		

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engi-In-Charge):

Auditors' Comments:-

Date: / /

Date: / /

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	27/02/2018 16:06
Date Of Accident	25/02/2018 07:30
Exact Location Of Accident	TPE TWDS CHANGI AFTER ENTER UPP CHANGI RD E
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FE5145K
Insured/Policyholder	
Name Of Registered Owner	MOHAMED FAUZAN BIN MOHAMED RAHNA
NRIC No	S0572504F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97765230
Alternative Phone No	OTHERS-86533006

Vehicle Particulars

Manufacturer	VESPA
Model	PX20
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
Fleet Policy	NO
Policy Number	5029333789-09
Cover Note Number	-

Driver

Name of Driver	MOHAMED FAUZAN BIN MOHAMED RAHNA
NRIC No	S0572504F
Date Of Birth	30/05/1948
Occupation	INDOOR
Date Of Driving Pass	17/10/1968
Driving Experience	49 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97765230
Fax Number	
Contact Number	OTHERS-86533006
EMail Address	NOEMAIL

Address	BLK 453 PASIR RIS DR 6 #03-226
Postcode	510453
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?	YES
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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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

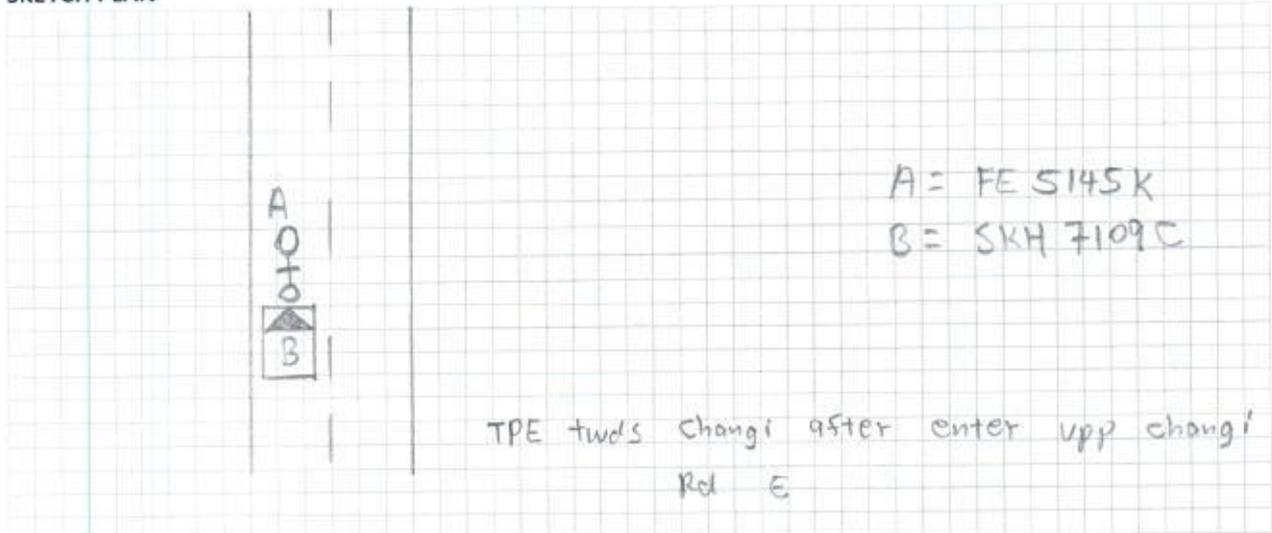
Vehicle Registration Number	SKH7109C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MOHAMED FAUZAN BIN MOHAMED RAHNA
Approximate Age	
Injuries Sustain	LEFT EYEBROW, CRACKED PART BELOW LEFT EYE, ABRASION BOTH KNUCKLES N BACK
Injured person in which vehicle?	FE5145K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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.:

TPE twos Chang; after enter Upp Chang; Rd E
ACCIDENT STATEMENT

ACCIDENT DATE: (25 / 2 / 18) (DD/MM/YYYY), TIME: (7 : 30) (HH:MM)

LOCATION: ~~TPE twos Chang; after entering Upp Chang; Rd E~~
boyang Ave Entering TPE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FE 5145K
b) INSURANCE COMPANY: _____
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 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: Mohamed Fauzan bin Mohamed ^{Rahm} (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97765230 / 86533006
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
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: owner.

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: Pans Ais NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKH 7109C MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ 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)
()

*No of passenger
(Including driver)
()

9477 8811 Ah Joo

email =

fax =



Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2018 21:18	Vide Report No.:	Station Diary No.: 154
--	------------------	---------------------------

Informant's Particulars			
Name of Informant: MOHAMED FAUZAN BIN MOHAMED RAHNA		Address: APT BLK 453 PASIR RIS DRIVE 6 #03-226 SINGAPORE 510453	
ID Type / ID No.: NRIC NO / S0572504F		Contact No.: Home/Office: 97765230 Mobile: 86533006	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 69	Date of Birth: 30/05/1948	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: Retiree		Driving Licence Information: Class: 2	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/02/2018 07:30	Type of Location:
Location: TAMPINES EXPRESSWAY Towards Changi Airport just after entering Upper Changi Road East.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
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
FE5145K	Motorcycle	VESPA	PX20	Grey	Seriously Damaged	0
SKH7109C	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FE5145K	NTUC Income Insurance Co-Operative Limited	5029333789-09	12/06/2017	11/06/2018



Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20180226/2210

CONTINUATION OF REPORT

Brief Details.

On 25/02/2018 at about 0720hrs, I left house to go to my sister's place at Marine Parade. I had taken Loyang Avenue and then merged into TPE before going into Upper Changi Road East as I needed to later merge into PIE Tuas. Just as I enter Upper Changi Road East, I was on the left most lane when I suddenly felt something hit me from the rear before I lost control of my scooter and fell to the road. I then fainted and woke up at Changi General Hospital. I only realized that I was involved in an accident at about 0815hrs on the same day.

I was only informed by the doctor that a car, had collided into the back of my scooter. I was at the short stay unit until I was discharged on 26/02/2018 at 1100hrs. I declined medical leave as I thought that it is only for those who are working. I then went home. I wish to state that I received four stitches on my left eyebrow as the area was cracked together with the part below the left eye. I also suffered abrasion on both my knuckles and back.

I also went down to Traffic Police compound at Airport Road to take a look at my scooter and it was deemed to be seriously damage for me to not be able to ride it. The back had caved in and the side had came off.



**SINGAPORE
POLICE FORCE**



T/20180226/2210

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

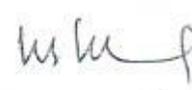
Report No. T/20180226/2210

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/  Staff Sgt MUHAMMAD SHAHMEER BIN ABDUL REHMAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/02/2018 21:18
Officer In Charge Of Case: TP / GIT / SI TAN LEE HWANG DAWN Contact No.: 65476215	Classification Of Case:
Authentication Stamp NP168	



ORIGINAL

MEDICAL CERTIFICATE

SSU201839791

Name MOHAMED FAUZAN BIN MOHAMED, RAHNA		NRIC No. S0572504F
This is to certify that the above-named is unfit for duty for a period of <u>11</u> days from <u>25-Feb-2018</u> to <u>07-Mar-2018</u> inclusive.		
Type of medical leave granted :		
<input checked="" type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient Sick Leave	
Admitted on : <u>25-Feb-2018</u>	<input type="checkbox"/> Maternity Leave,	Delivered on : _____
Discharged on : <u>26-Feb-2018</u>	<input type="checkbox"/> Sterilization Leave,	Operated on : _____
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments :		
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic Observational Medicine Changi General Hospital	Ward No. CGH-SSU Date 27-Feb-2018	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  RSII SANTANDER MATANGUIHAN , 17834I

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0572504F



Name

MOHAMED FAUZAN BIN MOHAMED
RAHNA

محمد فوزان بن محمد رهنا

Race

MALAY

Date of birth

30-05-1948

Sex

M

S0572504F



Country/Place of birth

SINGAPORE

5511166



NRIC No. S0572504F



Date of issue

13-08-2015

Address

APT BLK 453 PASIR RIS DRIVE 6
#03-226
SINGAPORE 510453

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S0572504F**
 Name: **MOHAMED FAUZAN BIN MOHAMED RAHNA**
 Birth Date: **30 May 1948**
 Issue Date: **08 Dec 2011**

002024779K



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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	17 Oct 1968
Class 2A Motorcycles between 201 cc and 400 cc	17 Oct 1968
Class 2 Motorcycles > 400 cc	17 Oct 1968
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	16 Aug 1979

NP 428A

Licence No: S0572504F



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 : 5029333789-09	Cover : Third Party
1. Index mark and Registration Number of Vehicle	: FE5145K
Chassis Number	: VSXIT3004972
2. Name of Policyholder	: MOHAMED FAUZAN BIN MOHAMED RAHNA
3. Effective Date of Insurance	: 12 Jun 2017
4. Expiry Date of Insurance	: 11 Jun 2018
5. Persons or Classes of Persons entitled to drive#	
(a) Named Driver(s) Only.	
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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: MOHAMED FAUZAN BIN MOHAMED RAHNA
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : 02 May 2017 15:15 hrs
 Reprint : 02 May 2017 15:15 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/0983958

Policy No.	5029333789-09	Vehicle No.	FES145K	GST Registration No.	
Policyholder Name	MOHAMED FAUZAN BIN MOHAMED RAHNA	Cover Type	Third Party	Policyholder NRIC	S05
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	97765230	Special Remark		Contact No.(Home)	
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(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

▼ Accident Details

Report Date	27/02/2018 18:08	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	25/02/2018	Time of Accident hh:mm	07:30	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	TPE TWDS CHANGI AFTER ENTER UPP CHANGI RD E				

▼ 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 453 #03-226	Address 2	PASIR RIS DRIVE 6	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	510
Unit No.		Related Policy Number	5029333789-09		

▼ OI Driver Info

Driver Name	MOHAMED FAUZAN BIN MOHAMED RAHNA	Driver Type	Main Driver	Driver DOB	30/0
Unnamed driver Name		Driver NRIC	S0572504F	Driving Experience	49
Register Date of Driver License	17/10/1968	Driver Age	69	Contact No.(Home)	
Contact No.(Mobile)	97765230	Contact No.(Office)		Address 3	SING
Address 1	BLK 453 #03-226	Address 2	PASIR RIS DRIVE 6	Post Code	510
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	MOHAMED FAUZAN BIN MOHAM	Insured NRIC	S05
Contact No.(Mobile)	96344969	Contact No.(Home)	65824743	Contact No.(Office)	
Email Address		OI Vehicle Number	FES145K	TP Vehicle Number	SKH
Claim Description	FES145K / SKH7109C ON 25 Feb 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	27/02/2018 18:10	Claim Close Date		Date Received	27/0
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.

MT/0983958

Claim No.

001

Last Doc. Received

Yes No

Upload Date

27/02/2018 18:11

Path *

[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 27 Feb 2018 18:11	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 18:11	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 18:11	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 18:11	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 18:10	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 18:10	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 18:10	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 18:10	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 18:10	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 18:10	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 18:10	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 18:10	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 18:10	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 18:10	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 18:10	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 18:10	Photos	Normal	Photos 20:

Video List

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