

Date In: 11/3/18 11:12	Job description: SAS e-filing	Date/Time Completed: 11/3/18 11:43
Ref No: MA/INC 18003946164	E-mail (with date, AM/PM):	
Veh No: SJC 853X	I-Motor Claim Form	MT/0984192
D.O.A: 29/12/18 18:20	I-Motor W/O (with date, AM/PM):	
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: (Tel:	Fax:
TP Particulars: Veh No: SLL 2356 E	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

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:		INC (\$)	Am't (\$)
Contact No:	1) AR: Accident Reporting (\$10)	30.00	
Damaged Portion:	2) DA: Damage Assessment (\$100)		
	3) TF: Towing Fee	\$40.00	
	4) FT: Follow-Through Survey	\$1.00	
	5) FT: Follow-Through Survey (Resurvey)	\$1.00	
	For claiming against INC Only (Ref 10 Jan 2018)		
	6) TR: Re-inspection	\$7.00	
	7) NT: Inc DA + SMRT Survey	\$15.00	
	8) NTUC Additional Services:-		
	QDI		
	*N2: Courtesy Car / Tpl Allowance	\$5.00	
	*N3: Repair Coordination	\$1.00	
	*N4: Post Repair Inspection	\$1.00	
	*N5: DM - Damage Assess Coordination	\$5.00	
	TR (N1) - TP N1 & INC against INC	\$1.00	
	9) N12: Inc Mtds	\$0.00	
QC Checked by (Engr-In-Charge):	Invoice date:	Fee Charges:	
Auditors' Comments :-	Invoice date:	Fee Charges:	

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	01/03/2018 11:12
Date Of Accident	28/02/2018 18:20
Exact Location Of Accident	PIE TWDS CHANGI AFTER ONRAET RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC853X
Insured/Policyholder	
Name Of Registered Owner	KOH BOK KWAN
NRIC No	S1500646C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98802693
Alternative Phone No	OFFICE-98802693

Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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	5096770889
Cover Note Number	-

Driver

Name of Driver	KOH BOK KWAN
NRIC No	S1500646C
Date Of Birth	24/08/1961
Occupation	OUTDOOR
Date Of Driving Pass	27/12/1982
Driving Experience	35 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98802693
Fax Number	
Contact Number	OFFICE-98802693
Email Address	NOEMAIL

Address	10 FLORA RD #03-01
Postcode	509729
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL2356E
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHB8865M
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

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

KOH BOK KWAN

Approximate Age

Injuries Sustain

WRIST, KNEE, BACK

Injured person in which vehicle?

SJC853X

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode


SKETCH PLAN


IMPORTANT NOTICE


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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.

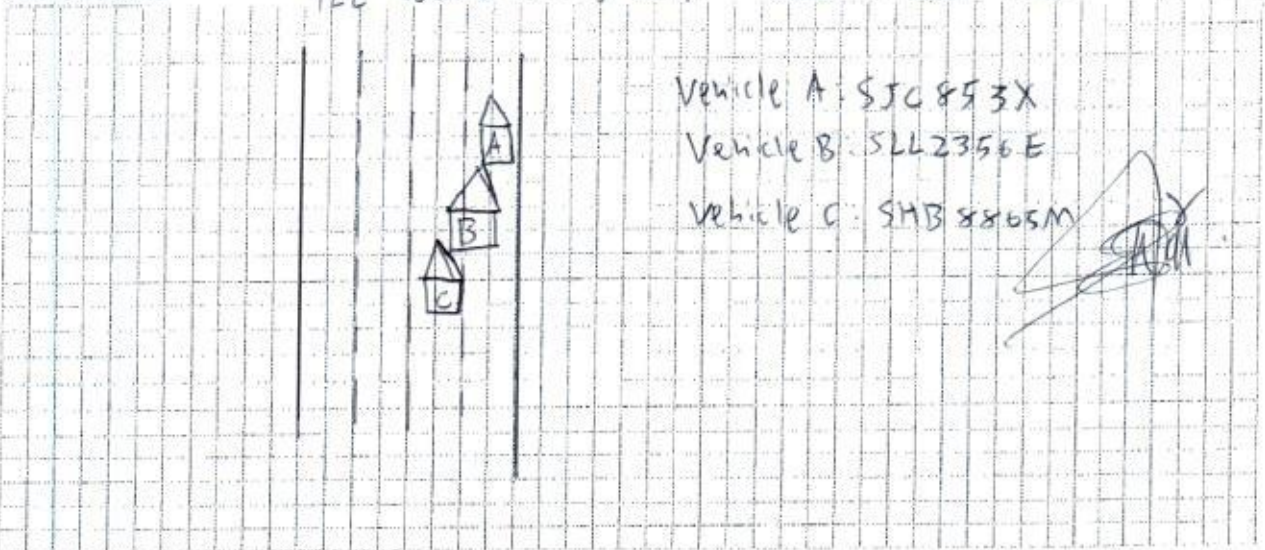

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

PIE toward changi airport after onraet road



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along PIE toward changi airport after onraet road. The traffic was heavy, the car in front of me slow down and stop, so I follow to slow down and stop. Suddenly I felt a huge impact coming from the left rear of my vehicle, I got down and see Vehicle B (SLL2356E) had hit onto rear left side of my vehicle. Vehicle B (SLL2356E) had swiped out of the lane after hitting me causing vehicle C to also get involved in the accident. Total 3 car was involved.

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.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 28/02/18 (DD/MM/YY) Time: 18:23 (HH:MM)
Exact location of accident	PIE towards Changi airport ^{after} before onraet rd

Details of vehicle

Vehicle registration number	SJC 53X		
Vehicle make and model	Toyota Axio		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time	On the way home		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select:
	Third part claim <input checked="" type="checkbox"/>	Reporting only <input type="checkbox"/>	

Insurance information

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

Insured / Policy holder

Name	Koh Boh Kuan	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S1502646C	
Contact	9880 2643	
Address	10 Florn rd #03-01 S(509720)	

Driver

Same as insured above ☒ (skip to D.O.B)

Name	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	
Contact	
Address	
Email address	
Date of birth	
Occupation	Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/>
Driving date pass	

General information of the accident

Was driver an employee of the insured's company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, relationship of the driver and insured: _____	
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others: _____
Road surface	Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/>
No of passenger	1 (Inclusive of driver)

Passenger 1

Name	Koh Bok Kwan
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Other information

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

Third party vehicle 1

Name	SL 2356E
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SL2356E
Vehicle make model	Mitsubishi Attrage

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SHB8865M
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	KOH BOK KWAN
Injuries sustained	Wrist, knee & back
Which vehicle person in?	SJC 853X
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Injured person 2

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1500646C**

Name: **KOH BOK KWAN**

Birth Date: **24 Aug 1961**

Issue Date: **19 Jul 2004**





1001258425C



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1500646C**

Name

KOH BOK KWAN



Race
CHINESE

Date of birth
24-08-1961

Sex
M

Country/Place of birth



S1500646C

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

PASS DATE

27 Dec 1992

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

NP 428A



Licence No: S1500646C

5413588



MRBC No: S1500646C



Date of Issue
28-09-2015

Address
10 FLORA ROAD
SINGAPORE

Hello, NAC_PAYA_UBI_800601

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

28/02/2018 11:11

Vehicle No.(For Motor)

SJC853X

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096770889	KOH BOK KWAN	S1500646C	GPC	drive CLASSIC	SJC853X	SJC853X	20/12/2017	19/12/2018

Continue

3/1/2018

Claim Handling(accident reporting Claim Task)

Claim Handling

Accident MT/0984192

Policy No.	5096770889	Vehicle No.	SJC853X	GST Registration No.	
Policyholder Name	KOH BOK KWAN	Cover Type	drive CLASSIC	Policyholder NRIC	S1500646C
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	98802693	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details					
Report Date	01/03/2018 11:39	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	28/02/2018	Time of Accident hh:mm	18:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWOS CHANGE AFTER ONRAET RD				

Benefits					
Excess					
Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	1
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address					
Address 1	10 FLORA ROAD	Address 2	#03-01 AZALEA PARK CONDOM	Address 3	SINGAPORE 509729
Address 4		Address Type	Singapore address	Post Code	509729
Unit No.	03-01	Related Policy Number	5096770889		
01 Driver Info					
Driver Name	KOH BOK KWAN	Driver Type	Main Driver	Driver DOB	24/08/1961
Unnamed driver Name		Driver NRIC	S1500646C	Driving Experience	35
Register Date of Driver License	27/12/1982	Driver Age	56	Contact No.(Home)	
Contact No.(Mobile)	98802693	Contact No.(Office)		Address 3	SINGAPORE 509729
Address 1	10 FLORA ROAD	Address 2	#03-01 AZALEA PARK CONDOM	Post Code	509729
Address 4		Address Type	Singapore address		
Unit No.	03-01			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle 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	KOH BOK KWAN	Insured NRIC	S1500646C
Contact No.(Mobile)	98802693	Contact No.(Home)		Contact No.(Office)	
Email Address		01 Vehicle Number	SJC853X	TP Vehicle Number	SLL2356E
Claim Description	SJC853X / SLL2356E ON 28 Feb 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	01/03/2018 11:41	Claim Close Date		Date Received	01/03/2018 00:00
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0984192	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/03/2018 11:43		
Path *		Category *	Confidential	Urgency *	Desor
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal

3/1/2018

Claim Handling(accident reporting Claim Task)

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 11:43	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 11:43	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 11:42	SAS	Normal	SAS 2018-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 11:42	Photos	Normal	Photos 2018-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 11:42	Photos	Normal	Photos 2018-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 11:42	Photos	Normal	Photos 2018-3-1
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 11:41	Photos	Normal	Photos 2018-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 11:41	Photos	Normal	Photos 2018-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 11:41	Photos	Normal	Photos 2018-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 11:41	Photos	Normal	Photos 2018-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 11:41	Photos	Normal	Photos 2018-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 11:41	Photos	Normal	Photos 2018-3-1

Video List

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

Scan and uploading