

# NATIONAL Assessment Centre Services

(Ref: 23/05)

Date In: <b>06/03/18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC18004247/13</b>	SAS e-filing		
Veh No: <b>YPJ993R</b>	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: <b>02/03/18</b> <b>1250</b>	i-Motor Claim Form	<b>MT/0984858</b>	
OD: TP <b>Reporting Only</b>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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:	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

**NA/801432**

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) RT: 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:-		
	Q1:		
	*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 \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

**Auditors' Comments :-**

Cat. 1:

Cat. 2 / 3:



## 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	06/03/2018 09:44
Date Of Accident	02/03/2018 12:50
Exact Location Of Accident	JALAN AHMAD IBRAHIM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2993R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NYQ SERVICES PTE LTD
Co Reg No	199102353Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62274449

### Vehicle Particulars

Manufacturer	DAF
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091718852
Cover Note Number	

### Driver

Name of Driver	CHRISTOPHER LIN HONGFA
NRIC No	S76337171
Date Of Birth	24/09/1976
Occupation	OUTDOOR
Date Of Driving Pass	08/09/1999
Driving Experience	18 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91045555
Fax Number	
Contact Number	
Email Address	AMIBABES.SG@GMAIL.COM

Address	BLK 99 ALJUNIED CRESCENT #02-387
Postcode	380099
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	NO COLLISION
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I'M NOT AWARE OF THE ACCIDENT, TILL MY COMPANY RECEIVED AN EMAIL FROM TRAFFIC POLICE. OFFICER NAME MOHD ZULKARNIAN SAMSUDIN. PLS REFER TO THE 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



## 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.

NYQ SERVICES PTE LTD

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 06/03/18

Reporting Centre Personnel's Signature  
Name: shyn 06/03/18  
NRIC/FIN No.:

NOT AWARE OF ACCIDENT

NOT AWARE OF ACCIDENT

Pls refer to the statement and  
police report: T/20180305/2036

Pls refer to the statement and police report: T/20180305/2036

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

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 05/02/18

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





# SINGAPORE POLICE FORCE



T/20180305/2036

1 of 3

Report No. T/20180305/2036

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/03/2018 12:04	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: CHRISTOPHER LIN HONGFA			Address: APT BLK 99 ALJUNIED CRESCENT #02-387 HDB-GEYLANG SINGAPORE 380099	
ID Type / ID No.: NRIC NO / S7633717I			Contact No.: Home/Office:	Mobile: 91045555
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 41	Date of Birth: 24/09/1976	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: LORRY DRIVER			Driving Licence Information: Class: 3,4,5 Date of Expiry:	

**General Information of the Accident**

General Information of the Accident:				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/03/2018 12:50	Type of Location:
Location: Along Road 1 JALAN AHMAD IBRAHIM				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YP2993R	Lorry				No Damage	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20180305/2036

2 of 3

Report No. T/20180305/2036

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	CHRISTOPHER LIN HONGFA	ID No.	S7633717I
Related Vehicle	YP2993R (Lorry)	Contact No.	91045555
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE MENTIONED DATE AND TIME

I DID DRIVE ALONG JALAN AHMAD IBRAHIM WITH MY LORRY YP2993R BUT I DO NOT REMEMBER AT WHAT TIME. AND I DID NOT KNOW THAT I WAS IN ANY ACCIDENT AS DURING MY DRIVE THERE I DID NOT FEEL ANYTHING AND THERE WERE NO DAMAGES TO THE LORRY.





**SINGAPORE  
POLICE FORCE**



T/20180305/2036

3 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20180305/2036

**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:  
TP /  
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
SI KALESWARI PALANI  
Contact No.: 65476902

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
05/03/2018 12:04

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature: \_\_\_\_\_



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S76337171**



Name

**CHRISTOPHER LIN HONGFA**

Race

**CHINESE**

Date of birth

**24-09-1976**

Sex

**M**

Country/Place of birth

**SINGAPORE**



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S76337171**

Name

**CHRISTOPHER LIN HONGFA**

Birth Date: **24 Sep 1976**

Issue Date: **05 Jan 2017**



002644769E

5684406



NRIC No. **S76337171**



Date of issue

**03-01-2017**

Address

**APT BLK 99 ALJUNIED CRESCENT  
#02-387  
SINGAPORE 380099**

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

EFFECTIVE DATE

- |         |  |             |
|---------|--|-------------|
| Class 3 | Motor cars with unladen weight $\leq 3000\text{kg}$ with $\leq 7$ passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ | 22 Jun 1998 |
| Class 4 | Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2500\text{kg}$  | 08 Sep 1999 |
| Class 5 | Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq 7250\text{kg}$   | 14 Dec 2004 |
|         | Motor vehicles not constructed to carry any load and the unladen weight $> 7250\text{kg}$  |             |



NP 42BA

## 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 :** 5091718852

**Cover :** Comprehensive

1. Index mark and Registration Number of Vehicle

: **YP2993R**

Chassis Number

: **XLRAEL1F00449030**

2. Name of Policyholder

: **NYQ SERVICES PTE LTD**

3. Effective Date of Insurance

: **08 Jun 2017**

4. Expiry Date of Insurance

: **07 Jun 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 business or profession.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# 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\$1,500**

EXCESS (SECTION 2) : **N/A**

WINDSCREEN EXCESS : **S\$100**

INSURE WITH COE : **YES**

HIRE PURCHASE COMPANY : **N/A**

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 : **S & M ALLIANCE PTE LTD (00000614373)**

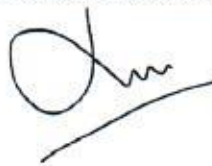
Date of Issue : **07 Jun 2017 12:19 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## Claim Handling

Accident MT/0984858

Policy No.	5091718852	Vehicle No.	YP2993R	GST Registration No.	199102353Z
Policyholder Name	NYQ SERVICES PTE LTD			Policyholder NRIC	199102353Z
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	62274449	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
MCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
<b>Accident Details</b>					
Report Date	06/03/2018 11:01	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	02/03/2018	Time of Accident hh:mm	12:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JALAN AHMAD IBRAHIM				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	1,500.00	Additional Excess		Windscreen Excess	1
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>GST Registered Information</b>					
GST Registered	Yes	GST Registration Date	01/03/2009		
GST Registration No.	199102353Z	GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	39 KEPPEL ROAD	Address 2	#02-01 TANJONG PAGAR DISTR	Address 3	SINGAPORE 089065
Address 4		Address Type	Singapore address	Post Code	089065
Unit No.	02-01	Related Policy Number	5091718852		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	24/09/1976
Unnamed driver Name	CHRISTOPHER LIN HONGFA	Driver NRIC	S76337171	Driving Experience	18
Register Date of Driver License	08/09/1999	Driver Age	41	Contact No.(Home)	0
Contact No.(Mobile)	91045555	Contact No.(Office)	0	Address 3	SINGAPORE 380099
Address 1	BLK 99	Address 2	ALJUNIED CRESCENT	Post Code	380099
Address 4		Address Type	Singapore address		
Unit No.	#02-387				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	NYQ SERVICES PTE LTD	Insured NRIC	199102353Z
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	YP2993R	TP Vehicle Number	
Claim Description	YP2993R ON 2 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	06/03/2018 00:00
Date Registered	06/03/2018 11:06	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSINDA	Workshop Repairer			
<input type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0984858	Claim No.	001		
Last Doc. Received	<input type="radio"/> Yes <input type="radio"/> No	Upload Date	06/03/2018 00:00		
Path *		Category *	Confidential	Urgency *	Descr
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

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

NO

Normal

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NO

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NO

Normal

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## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 11:06	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 11:06	SAS	Normal	SAS 2018-3-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 11:06	Photos	Normal	Photos 2018-3-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 11:06	Photos	Normal	Photos 2018-3-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 11:06	Photos	Normal	Photos 2018-3-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 11:05	Photos	Normal	Photos 2018-3-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 11:05	Photos	Normal	Photos 2018-3-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 11:05	Photos	Normal	Photos 2018-3-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 11:05	Photos	Normal	Photos 2018-3-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 11:05	Photos	Normal	Photos 2018-3-6
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 11:05	Photos	Normal	Photos 2018-3-6

## Video List

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

Scan and uploading