

NATIONAL Assessment Centre Services (part 1 Jan 2003)

Date In: 08/03/2018 11:19	Job description	Date & Time Completed	Done by
Ref No: NA/INC18004454/K4	SAS e-filing		
Veh No: GBH 91X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 07/03/2018 14:15	1-Motor Claim Form	MT/0985266	8/3/18 14:55
OD: TP / Reporting Only	1-Motor W/O (within: OD 3hrs, TP 1hrs)		
	1-Photo Uploaded		
TP Insure:	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: (Fax: (
TP Particulars: Yell No: SLF 9130.A INC () / Non-INC ()		
Owner / Driver: (Tel: (
Policy No: () Period: () Cover Type: ()		
Confirmed by: (Date: (Time: (
Insured/Driver Liability: () % (Note: Bst Status (WO): N: 0-20%; P: 21-79%; P: 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 repaler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: UNO 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

NA1801517	Invoice Preparation Checklist	Amount (\$)	Balance (\$)
Human's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
C. Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$20		
	Foreclaiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idv DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OIL:		
	*NS: Courtesy Car / Tpl Allowance \$5		
	*NS: Repair Coordination \$10		
	*NT: Post Repair Inspection \$25		
	*NS: DV / Collect Unacc Coordination \$5		
	TP (NI): TP (Run INC) against INC \$20		
	9) NI: Idv Mobile \$20		
	Invoice dated	Fee Charged	

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	08/03/2018 11:19
Date Of Accident	07/03/2018 14:15
Exact Location Of Accident	ALONG JLN TOA PAYOH TO PIE / CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH91X
Insured/Policyholder	
Name Of Registered Owner	DELSEC LOGISTICS PTE. LTD.
Co Reg No	201720731R
Email Address	DELSECLOGISTICS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83181128
Alternative Phone No	OFFICE-83181128

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE 2.5 A
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

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	5097708789
Cover Note Number	

Driver

Name of Driver	BENEDICT YAP GUO MING
NRIC No	S9623197J
Date Of Birth	05/07/1996
Occupation	OUTDOOR
Date Of Driving Pass	30/03/2015
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91123232
Fax Number	
Contact Number	OTHERS-91123232
Email Address	DELSECLOGISTICS@GMAIL.COM

Address	BLK 754 JURONG WEST STREET 74 #02-38
Postcode	640754
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	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SLF9130A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RAMASUBRAMANIAM PRADEEPAKUMAR
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	BENEDICT YAP GUO MING
------	-----------------------

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.

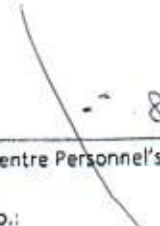

Policyholder's Signature

Date & Time:
Delsec Logistics Pte Ltd

Email: delseclogistics@gmail.com

Reg No 201720731R Mobile: +65 8318 1128


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


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

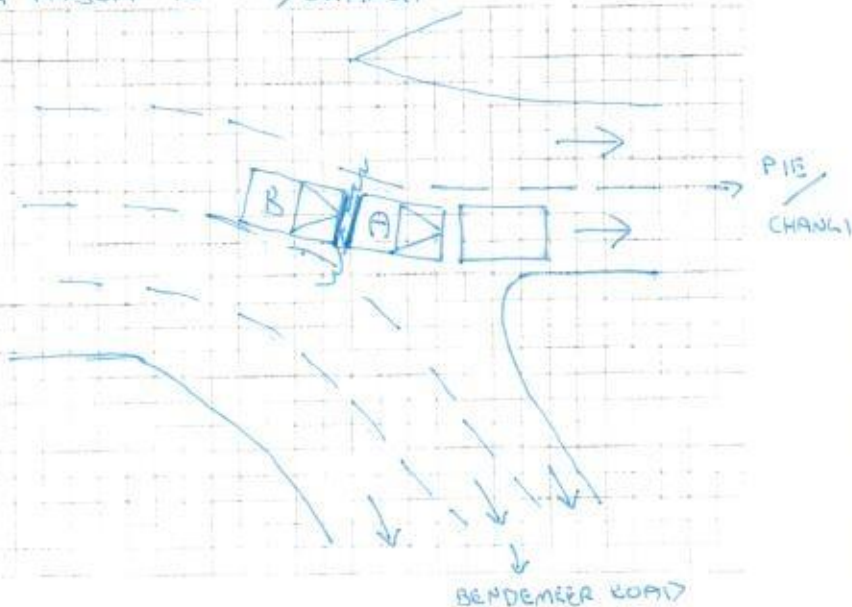
8/3/2018

SKETCH PLAN

ALONG JLN TOA PAJOM TO PIE/CHANGI

VEHICLE A - GBH 91 X

VEHICLE B - SLF 9130A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG JLN TOA PAJOM INTENTION OF GOING FORWARD INTO PIE/CHANGI.

WHILE DRIVING STRAIGHT FORWARD DUE TO A VEHICLE IN FRONT JAMMED BRAKE AND SO I TOO APPLIED BRAKE TO COMPLETE STOP. SUDDENLY I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED A VEHICLE BEHIND (SLF 9130A) HAD COLLIDED TO THE REAR OF MY VEHICLE WHEN I HAD BRAKED TO COMPLETE STOP.

VEHICLE A - GBH 91 X

VEHICLE B - SLF 9130A

DECLARATION

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

[Signature]

Delsec Logistics Pte Ltd

Policyholder's Signature
Email: delseclogistics@gmail.com

Co. Reg. No. 201720731R

Mobile: +65 8318 1128

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

[Signature] 8/3/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle No.	GBH91X		Model / Make	Toyota Hiace
Date of Accident	07/03/2018			
Time of Accident	1415		HRS	
Location of Accident	Bendemeer Along Jln Toa Payah to P.E/Changi			
Exact purpose use during accident	WORK			
Name of Owner	DELSEC LOGISTICS PTE LTD			
Telephone No.	H/P: 93181128		Home:	Office:
NRIC	2017 20731R			
Address	109 VERDE CRESCENT VILLA VERDE SC (688454)			
Claim type	OD	THIRD PARTY		REPORTING ONLY
Insurance Company	NTUC			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5097708789			
Name of Driver	As Above If No, Benedict Yap Guo Ming			
NRIC	S9623197J		Any Passengers: 0	
Date of birth	05 July 1996			
Occupation	Outdoor / Indoor			
Driving License Pass Date	30 March 2015			
Gender	Male / Female			
Contact No.	H/P: 91123232		Home:	Office:
Address	BLK 754 JURONG WEST ST 74 #02-38 S(640754)			
Driver have any own vehicle	No, If yes, Reg No.			
Relationship	Employee, If no, state			
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No, If Yes, Who?			
Name And Contact No.	BENEDICT YAP GUO MING			
Name And Contact No.				
Police Report	No, If Yes, Where?			
Vehicle B No.	SLF 9130A		Any Passengers: 0	
Name of Driver	(Ramasubramaniam)		Contact No.:	
Vehicle C No.	(Pradeep Kumar)		Any Passengers:	
Vehicle D No.	Any Passengers:			
Vehicle E no.	Any Passengers:			
Vehicle F No.	Any Passengers:			
Vehicle G No.	Any Passengers:			
Witness Name	Witness Contact:			
Accident Portion	REAR			
Camera Recorder	Yes / No			
Email Address	delseclogistics@gmail.com			

PARTICULAR WORKSHOP
CONTACT NO. 6842 0051 / 6744 0510

CONTACT PERSON IAN

FAX NO 6741 0510

WORKSHOP EMAIL ADDRESS sales@n51.com.sg

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9623197J



Name

BENEDICT YAP GUO MING

叶国明

Race

CHINESE

Date of birth

05-07-1996

Sex

M

S9623197J

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9623197J

Name:

BENEDICT YAP GUO MING

Birth Date: 05 Jul 1996

Issue Date: 30 Mar 2015



SG
50



002410868C

4745109



NRIC No. S9623197J



Date of issue

05-07-2011

Address

APT BLK 754 JURONG WEST STREET 74
#02-38
SINGAPORE 640754

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 30 Mar 2015



Licence No: S9623197J

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 : 5097708789

Cover : Third Party, Fire & Theft

- | | |
|---|------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBH91X |
| Chassis Number | : KDH200003200 |
| 2. Name of Policyholder | : DELSEC LOGISTICS PTE. LTD. |
| 3. Effective Date of Insurance | : 02 Feb 2018 |
| 4. Expiry Date of Insurance | : 01 Feb 2019 |
| 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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: HITACHI CAPITAL ASIA PACIFIC PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

SG MOTOR TRADER PTE LTD
Reg. No.: 201537467C
172 Sin Ming Drive
Singapore 575720
Tel: 6333 9400 Fax: 6466 0678

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 : SG MOTOR TRADER PTE. LTD. (00000573388)
Date of Issue : 31 Jan 2018 18:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

07/03/2018 14:15

Vehicle No. (For Motor)

GBH91X

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097708789	DELSEC LOGISTICS PTE. LTD.	201720731R	GCV	Third Party, Fire & Theft	GBH91X	GBH91X	02/02/2018	01/02/2019

▼ Policy Information

Policy No.	5097708789	Policyholder Name	DELSEC LOGISTICS PTE. LTD.	Policyholder NRIC	201720731R
Address	109 VERDE CRESCENT VILLA VERDE SINGAPORE 688454				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	31/01/2018	Effective Date	02/02/2018 00:00	Expiry Date	01/02/2019 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	SG MOTOR TRADER PTE. LTD.	Agent Tel.	62527370	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	109 VERDE CRESCENT	Address 2	VILLA VERDE	Address 3	SINGAPORE 688454
Address 4		Address Type	Singapore address	Post Code	688454
Unit No.		Related Policy Number	5097708789		

► Insured Object: GBH91X

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	02/02/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 02 Feb 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY; HITACHI CAPITAL ASIA PACIFIC PTE LTD CHASSIS NUMBER: KDH2000032800 ENGINE NUMBER: 2KD1382139 VEHICLE REGISTRATION NUMBER: GBH91X

Continue

Cancel

Claim Handling

Accident MT/0985266

Policy No.	5097708789	Vehicle No.	GBH91X	GST Registration No.	
Policyholder Name	DELSEC LOGISTICS PTE. LTD.			Policyholder NRIC	201
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	83181128	Contact No.(Office)	0	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	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
▼ Accident Details					
Report Date	08/03/2018 14:49	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	07/03/2018	Time of Accident hh:mm	14:15	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG JLN TOA PAYOH TO PIE / 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		No	
Modification History					
▼ Policyholder Mailing Address					
Address 1	109 VERDE CRESCENT	Address 2	VILLA VERDE	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	688
Unit No.		Related Policy Number	5097708789		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	05/0
Unnamed driver Name	BENEDICT YAP GUO MING	Driver NRIC	S96231973	Driving Experience	2
Register Date of Driver License	30/03/2015	Driver Age	21	Contact No.(Home)	0
Contact No.(Mobile)	91123232	Contact No.(Office)	0	Address 3	
Address 1	BLK 754	Address 2	JURONG WEST STREET 74	Post Code	640
Address 4		Address Type	Singapore address		
Unit No.	#02-38			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.			
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	DELSEC LOGISTICS PTE. LTD.	Insured NRIC	201
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	GBH91X	TP Vehicle Number	SLF9
Claim Description	GBH91X / SLF9130A ON 7 Mar 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	08/03/2018 14:59	Claim Close Date		Date Received	08/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input type="checkbox"/> Print AX letter					
<div>Save</div> <div>Submit</div>					

Attachment

3/8/2018

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

Accident No.

MT/0985265

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

08/03/2018 14:55

Path *

Category *

Confidential

Urgency *

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

Choose File No file chosen

Message Read

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	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 14:59	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 14:58	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 14:57	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 14:57	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 14:56	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 14:56	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 14:56	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 14:56	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 14:56	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 14:56	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 14:56	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 14:56	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 14:56	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 14:56	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 14:56	Photos	Normal	Photos 20

Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------

Display in New Window

Scan and uploading