

NATIONAL Assessment Centre Services

Date In: 08/03/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18004507/13	SAS e-filing		
Veh No: GX27805	E-mail (within 8hrs, ABC 2hrs)		
D.O.A: 08/03/18 0825	i-Motor Claim Form	MT/0985307	
OD TP: Reporting Only	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: UNKNOWN	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

NA1801514	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	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		
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Dat. 1:	Invoice dated	Fee Charged	
Dat. 2/3:	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 15:20
Date Of Accident	08/03/2018 08:25
Exact Location Of Accident	JUNC OF LOYANG LANE & LOYANG AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX2780J
Insured/Policyholder	
Name Of Registered Owner	AIR POWER RESOURCES PTE LTD
Co Reg No	198900712G
Email Address	INFO@AIRPOWER.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65451831

Vehicle Particulars

Manufacturer	KIA
Model	FRONTIER
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5067474074-03
Cover Note Number	

Driver

Name of Driver	HON SIONG TER
Passport No/FIN	G0710418P
Date Of Birth	05/10/1989
Occupation	OUTDOOR
Date Of Driving Pass	09/02/2017
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	OFFICE-65451831
Email Address	INFO@AIRPOWER.COM.SG

Address	30 LOYANG WAY #04-22
Postcode	508769
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	-
Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : HUIJUN GENDER: : MALE
Passenger 2	NAME: : WANG CHAO GENDER: : MALE

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

PLS REFER TO THE POLICE REPORT: T/20180308/2087

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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)**

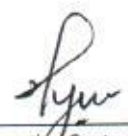
I understand, acknowledge, agree and consent that:

- (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:

 08/03/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A - GY 2780 J
B - UNKNOWN

LOYANG AVE

LOYANG LANE

VEH B REVERSED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A - GY 2780 J
B - UNKNOWN

LOYANG AVE

LOYANG LANE

VEH B REVERSED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20180308/2087

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:

[Signature] 08/03/18

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



**SINGAPORE
POLICE FORCE**



T/20180308/2087

1 of 3

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

Report No. T/20180308/2087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/03/2018 14:56	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: HON SIONG TER	Address: 30 LOYANG WAY #04-22 SINGAPORE 508769		
ID Type / ID No.: FIN NO / G0710418P	Contact No.: Home/Office: 65451731 Mobile:		
Nationality: MALAYSIAN	Email:		
Sex: Male	Age: 28	Date of Birth: 05/10/1989	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: PROJECT ENGINEER	Driving Licence Information: Class: 3 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: 08/03/2018 08:25	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 LOYANG LANE LOYANG AVENUE LOYANG LANE JUNCTION OF LOYANG AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GX2780J	Lorry				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180308/2087

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

2 of 3

Report No. T/20180308/2087

CONTINUATION OF REPORT

Driver			
Name	HON SIONG TER	ID No.	G0710418P
Related Vehicle	NIL	Contact No.	65451731
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

08/03/2018 @0825HRS (LOYANG LANE JUNCTION OF LOYANG AVENUE)
I WAS DRIVING ALONG LOYANG LANE BEHIND A LORRY(???79B), THIS LORRY BELONGS TO NTT TRANSPORT FROM THE DESIGN THE LORRY. WHEN WE STOP THE JUNCTION, THE LIGHT TURN GREEN THE LORRY START TO REVERSE TOWARDS MY VEHICLE AND I TRY TO REVERSE MY VEHICLE AS WELL BUT I WAS UNABLE TOO. HE REVERSE UNTILL HE HIT ONTO THE FRONT OF MY VEHICLE AND STOP. SO I EXITED MY VEHICLE AND INSPECT THE INCIDENT AND I THOUGHT HE WAS GOING TO EXIT FROM HIS VEHICLE AT WELL BUT HE SUDDENLY DROVE OFF. I WANTED TO FOLLOW BEHIND BUT THE TRAFFIC LIGHT TURN AMBER BEFORE I COULD MOVE MY VEHICLE.
THAT'S ALL



**SINGAPORE
POLICE FORCE**



T/20180308/2087

3 of 3

Report No. T/20180308/2087

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

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.

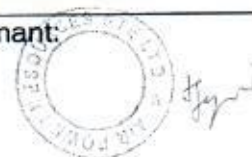
Signature Of Officer Recording The Report:
TP /
KEE CHUAN JIA MARCUS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI TAN LEE HWANG DAWN
Contact No.: 65476215

Authentication Stamp
NP168

Signature Of Informant:



Date/Time:
08/03/2018 14:56

Classification Of Case:



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **G0710418P**

Name **HON SIONG TER**

Birth Date: **05 Oct 1989**
 Issue Date: **29 Sep 2016**
 Valid Till **28/09/2021**

002614415D

L7077919

04-08-2018
 Date of Expiry
 04-08-2018
 Date of Issue
 26-07-2016
 Date of Application

4 05793199
 ID No.

PROJECT ENGINEER
 Occupation
HON SIONG TER
 Name

MANUFACTURING
 AIR POWER RESOURCES PTE LTD

S PASS
 Employment of Foreign Manpower Act (Chapter 91A)
 Republic of Singapore

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

EFFECTIVE DATE

Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg 09 Feb 2017

G0710418P S / No. 9000266669

Licence No: G0710418P

NP 428A

VISIT PASS
 Immigration Regulations

Name
HON SIONG TER

Date of Birth: **05-10-1989** Sex: **M** Nationality: **MALAYSIAN**
 FIN: **G0710418P** Date of Issue: **04-08-2016** Date of Expiry: **04-08-2018**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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 : 5067474074-03

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **GX2780J**
Chassis Number : KNCSD011237921406
2. Name of Policyholder : AIR POWER RESOURCES PTE LTD
3. Effective Date of Insurance : 18 Sep 2017
4. Expiry Date of Insurance : 17 Sep 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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: 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 : THINK ONE AUTOMOBILE & TRADING PTE. LTD. (00000571089)
Date of Issue : 06 Sep 2017 18:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Think One Authorised Workshop
Accident No.: 9128 8488 / 6844 3300
18 Defu Avenue 2 S(539522)
Renewal No.: 6555 3300
20 Ubi Road 4, #02-03 S(408622)

Claim Handling

Accident MT/0985307

Policy No.	5067474074-03	Vehicle No.	GX2780J	GST Registration No.	M200853067
Policyholder Name	AIR POWER RESOURCES PTE LTD			Policyholder NRIC	198900712G
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	65451831	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
Report Date	08/03/2018 17:01	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	08/03/2018	Time of Accident hh:mm	08:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF LOYANG LANE & LOYANG AVE				
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	Yes	GST Registration Date	01/01/2015		
GST Registration No.	M200853067	GST Status Verified	No		
Modification History					
Policyholder Mailing Address					
Address 1	30 LOYANG WAY	Address 2	#04-22	Address 3	SINGAPORE 508769
Address 4		Address Type	Singapore address	Post Code	508769
Unit No.		Related Policy Number	5086740342-01		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	05/10/1989
Unnamed driver Name	HON SIONG TER	Driver NRIC	G0710418P	Driving Experience	1
Register Date of Driver License	09/02/2017	Driver Age	28	Contact No.(Home)	0
Contact No.(Mobile)	65451831	Contact No.(Office)	65451831	Address 3	SINGAPORE 508769
Address 1	30 LOYANG WAY	Address 2		Post Code	508769
Address 4		Address Type	Singapore address		
Unit No.	#04-22				
Does he own a Singapore Registered car?	<input checked="" 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 checked="" type="radio"/> No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	AIR POWER RESOURCES PTE LT	Insured NRIC	198900712G
Contact No.(Mobile)	97340678	Contact No.(Home)	NIL	Contact No.(Office)	65451831
Email Address	DEANNA@AIRPOWER.COM.SG	01 Vehicle Number	GX2780J	TP Vehicle Number	UNKNOWN
Claim Description	GX2780J / UNKNOWN ON 8 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	Received
Date Registered	08/03/2018 17:09	Claim Close Date		Date Received	08/03/2018 00:00
Report Taken By	ROSILINDA	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save

Submit

Attachment

Accident No.	MT/0985307	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/03/2018 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

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Message Read

Clear

Please Select

NO

Normal

Clear

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Normal

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Normal

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 17:08	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 17:08	SAS	Normal	SAS 2018-3-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 17:07	Photos	Normal	Photos 2018-3-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 17:07	Photos	Normal	Photos 2018-3-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 17:06	Photos	Normal	Photos 2018-3-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 17:06	Photos	Normal	Photos 2018-3-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 17:06	Photos	Normal	Photos 2018-3-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 17:06	Photos	Normal	Photos 2018-3-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 17:06	Photos	Normal	Photos 2018-3-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Mar 2018 17:06	Photos	Normal	Photos 2018-3-8

Video List

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