

NATIONAL Assessment Centre Services (wef 10 Jan 2005)

Date In: 12/03/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18004610/13	SAS e-filing		
Veh No: 5403449R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/03/18 1415	i-Motor Claim Form	MT/0985622	
OD <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (**N-51**) Tel: Fax:)

TP Particulars: Veh No: **GBC990C** 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		Amt (\$)	Amt (\$)
			1st Bill	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			
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120			
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30			
Date 1:	For claiming against INC Only (wef 10 Jan 2005)			
Date 2 / 3:	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			
	TP (N11) : TP (N-in INC) against INC \$20			
	9) N12: Idac Mobile 30			
	Invoice dated	Fee Charged		
	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	12/03/2018 11:51
Date Of Accident	10/03/2018 14:15
Exact Location Of Accident	PIE(THOMSON RD) TWDS CHANGI (OUTSIDE PA)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD3449R
Insured/Policyholder	
Name Of Registered Owner	NG KIM SENG
NRIC No	S1113692C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97575755
Alternative Phone No	OTHERS-97575755

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	GOING 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 CAR

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	5056435589-05
Cover Note Number	

Driver

Name of Driver	NG SONG KAI,BENJAMIN(HUANG SONGKAI)
NRIC No	S9309158B
Date Of Birth	08/03/1993
Occupation	INDOOR
Date Of Driving Pass	22/09/2012
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90095335
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address 17 SIANG KUANG AVENUE
 Postcode 347935
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured CHILDREN
 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 CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? 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: : TAY CHEE WEI
 GENDER: : MALE
 Passenger 2 NAME: : KHOO PEI YI
 GENDER: : FEMALE

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 GBC990C
 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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJR5192H
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NG SONG KAI,BENJAMIN(HUANG SONGKAI)
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SGD3449R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name TAY CHEE WEI
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SGD3449R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name KHOO PEI YI
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SGD3449R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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:

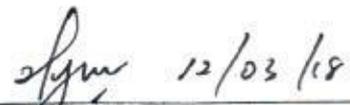
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:



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

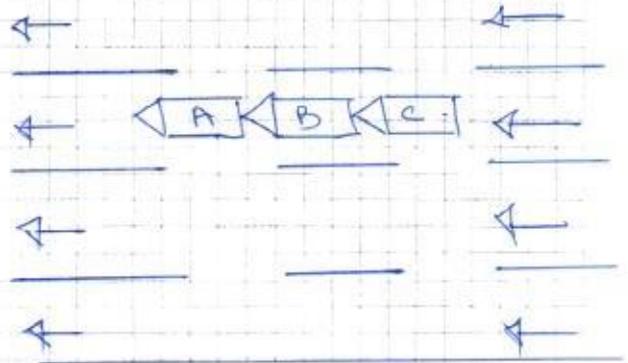
SKETCH PLAN

P1E (HUNSON RD) TWAS CHANGI (OUTSIDE PA)

Vehicle A: SGD3449R

Vehicle B: GBC990C

Vehicle C: SJR5192H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I was driving on the stated venue. The front vehicle stopped so I stopped suddenly I felt 2 impacts from the back of my car. I stopped and I realized I was involved in a 3 cars chain collision.

Vehicle A: SGD3449R (2 passengers) 1) Tay Chee Wei S9390444J M
2) Khoo Pei Yi S9534664B F

Vehicle B: GBC990C

Vehicle C: SJR5192H

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:

12/03/18

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

Vehicle No.	SGD3449R	Model / Make	Toyota Altis
Date of Accident	10/3/2018		
Time of Accident	2:15 PM	HRS	
Location of Accident	Thomson Road PIE Towards Changi (Outside P.A)		
Exact purpose use during accident	Going Home.		
Name of Owner	Ng Kim Seng.		
Telephone No.	H/P : 9757 5755	Home :	Office :
NRIC	S1113692 C.		
Address	17 Sians Kiang Ave 347935 (S)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	205643 5589-05		
Name of Driver	As Above If No,	Ng Song kai Benjamin	
NRIC	S9309158 B.	Any Passengers : 2 passengers	
Date of birth	08/3/1993		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	Student		
Gender	Male	/	Female
Contact No.	H/P :	Home :	Office :
Address	9009 5335 .		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state Son .	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	GBC 990C	Any Passengers :	No,
Name of Driver		Contact No. :	
Vehicle C No.	SJR 5192 H.	Any Passengers :	1
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	bnsk1993@hotmail.com.		
PARTICULAR WORKSHOP	N-51 AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN 84840051		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9309158B



Name
NG SONG KAI, BENJAMIN
(HUANG SONGKAI)
黄颂凯

Race
CHINESE

Date of birth
08-03-1993

Sex
M

Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9309158B

Name
NG SONG KAI, BENJAMIN
(HUANG SONGKAI)

Birth Date 08 Mar 1993

Issue Date 22 Sep 2012




DRIVER

4188853



NRIC No. S9309158B



Date of Issue
10-03-2008

17 SIANG KUANG AVENUE
SINGAPORE 347935

NRIC No: S9309158B Date: 17/09/2008 No: 6104979

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 22 Sep 2012

NP 428A

Licence No. S9309158B



OWNER

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1113692C



Name
NG KIM SENG

Race
CHINESE

Date of birth
16-04-1955

Sex
M

Country/Place of birth
SINGAPORE




5373227



NRIC No. S1113692C



Date of Issue
24-10-2014

Address
17 SIANG KUANG AVENUE
SINGAPORE 347935

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: 5056435589-05 **Cover :** Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle	: SGD3449R
Chassis Number	: MR053ZEC107113044
2. Name of Policyholder	: NG KIM SENG
3. Effective Date of Insurance	: 16 Feb 2018
4. Expiry Date of Insurance	: 15 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.	

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: NG KIM SENG
NAMED DRIVER (1)	: NGOR LAI KEE
NAMED DRIVER (2)	: N/A
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 : UNIQUE RESOURCES PTE LTD (00000612265)
 Date of Issue : 09 Feb 2018 14:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



 Authorised Officer



 Chief Executive

Claim Handling

Accident MT/0985622

Policy No.	5056435589-05	Vehicle No.	SGD3449R	GST Registration No.	
Policyholder Name	NG KIM SENG	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S1113692C
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	97575755	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode	No
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	12/03/2018 12:34	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	10/03/2018	Time of Accident hh:mm	14:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE(THOMSON RD) TWDS CHANGI (OUTSIDE PA)				

Benefits

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess	2,500.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	17 SIANG KUANG AVENUE	Address 2	SENNETT ESTATE	Address 3	SINGAPORE 347935
Address 4		Address Type	Singapore address	Post Code	347935
Unit No.		Related Policy Number	5056435589-05		

OJ Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	08/03/1993
Unnamed driver Name	NG SONG KAI,BENJAMIN(HUAN)	Driver NRIC	S9309158B	Driving Experience	5
Register Date of Driver License	22/09/2012	Driver Age	25	Contact No.(Home)	0
Contact No.(Mobile)	90095335	Contact No.(Office)	0	Address 3	SINGAPORE 347935
Address 1	17 SIANG KUANG AVENUE	Address 2	SENNETT ESTATE	Post Code	347935
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Driver Vehicle No.			

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

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	NG KIM SENG	Insured NRIC	S1113692C
Contact No.(Mobile)	97575755	Contact No.(Home)	62558409	Contact No.(Office)	62020355
Email Address	sing_lee@singnet.com.sg	OJ Vehicle Number	SGD3449R	TP Vehicle Number	GBC990C
Claim Description	SGD3449R / GBC990C ON 10 Mar 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	NS1
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	12/03/2018 12:39	Claim Close Date		Date Received	12/03/2018 00:00
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	

Save Submit

Attachment

Accident No.	MT/0985622	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/03/2018 00:00
Path *			
Choose File	No file chosen	Category *	Confidential <input type="checkbox"/> Urgency *
Choose File	No file chosen	Clear	Please Select <input type="checkbox"/> NO <input type="checkbox"/> Normal <input type="checkbox"/>
Choose File	No file chosen	Clear	Please Select <input type="checkbox"/> NO <input type="checkbox"/> Normal <input type="checkbox"/>
		Clear	Please Select <input type="checkbox"/> NO <input type="checkbox"/> Normal <input type="checkbox"/>

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 12 Mar 2018 12:38	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 12:38	SAS	Normal	SAS 2018-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 12:38	Photos	Normal	Photos 2018-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 12:38	Photos	Normal	Photos 2018-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 12:38	Photos	Normal	Photos 2018-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 12:38	Photos	Normal	Photos 2018-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 12:38	Photos	Normal	Photos 2018-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 12:38	Photos	Normal	Photos 2018-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 12:38	Photos	Normal	Photos 2018-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 12:38	Photos	Normal	Photos 2018-3-12

Video List

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

Scan and uploading