

NATIONAL Assessment Centre Services. (ver 1 Jan 2008)

Date In: 15/03/2018 12:43	Job description	Date & Time Completed	Done by
Ref No: NA/INC18004911/K4	SAS e-Milling		
Veh No: SJJ 8919B	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 14/03/2018 2020	I-Motor Claim Form	MT/0986143	15/3/18 14:05
OD / TP / Reporting Only	I-Motor W/O (within: OD 3hrs, TP 3hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars: Yeh No: SJJ 9353Z, 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%; 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 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

NA1801677	Invoice Preparation Credits	Amended Bill
Customer'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	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	Forfeiture against INC Only (ver 10 Jan 2008)	
	6) TR: Re-inspection \$75	
	7) NI: Ideal DA + SMRT Survey \$150	
	8) NTUC Additional Services:	
	Q11:	
	*N3: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DY / Collision Unseen Coordination \$5	
	TP (N11): TP (Non INC) against INC \$20	
	9) N12: Idms Mobile \$10	
	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	15/03/2018 12:43
Date Of Accident	14/03/2018 20:20
Exact Location Of Accident	TPE TWDS PUNGGOL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ8919B
Insured/Policyholder	
Name Of Registered Owner	CARWAY LEASING & RENTAL
Co Reg No	53264813K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91862723
Alternative Phone No	OFFICE-91862723

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA AERAS 2.4 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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5067526313-03
Cover Note Number	

Driver

Name of Driver	SIMON XIN LOON SPENCER
NRIC No	S1473023J
Date Of Birth	20/10/1961
Occupation	OUTDOOR
Date Of Driving Pass	16/09/1983
Driving Experience	34 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91862723
Fax Number	
Contact Number	OTHERS-91862723
Email Address	NOEMAIL

Address	38 SARACA WALK
Postcode	807270
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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)	5
Passenger 1	NAME: : NIL GENDER: : MALE
Passenger 2	NAME: : NIL GENDER: : FEMALE
Passenger 3	NAME: : NIL GENDER: : FEMALE
Passenger 4	NAME: : NIL 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	SJT9353Z
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

SJF3722E

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)

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.:

15/3/2018

SKETCH PLAN

pls Refer to the Attached.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls Refer to the Attached

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.:

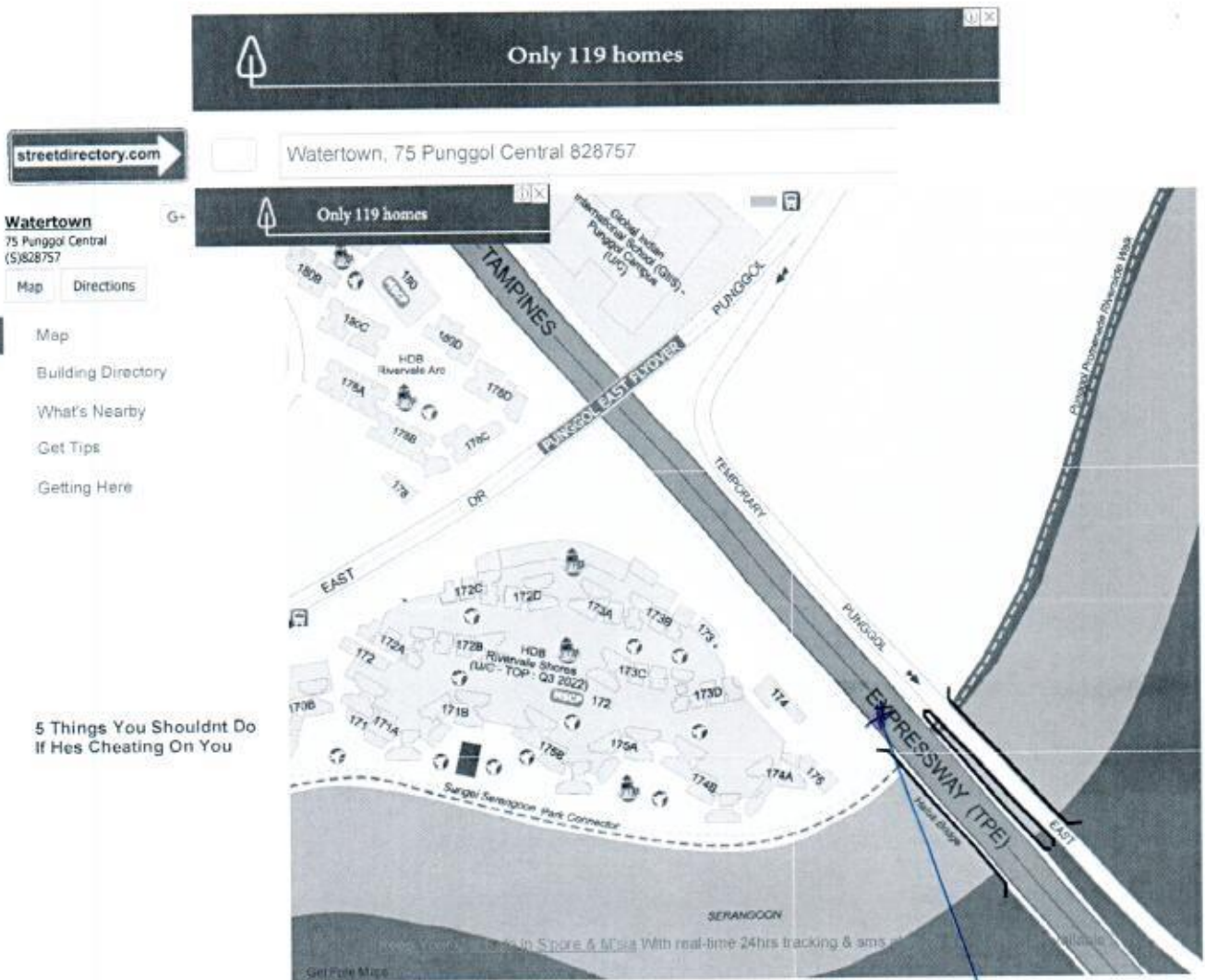
15/3/2018

Accident Statement

On 14th Mar 2018 around 0820 Hrs, I was driving my vehicle (SJJ8919B) along Tampines Expressway (TPE). Suddenly the vehicle (SJT9353Z) in front of me activated emergency brake, I do not have ample time to stop my vehicle and hit onto the rear of the vehicle. It was a 3 cars chain collision. I am making this report for the purpose of reporting only.



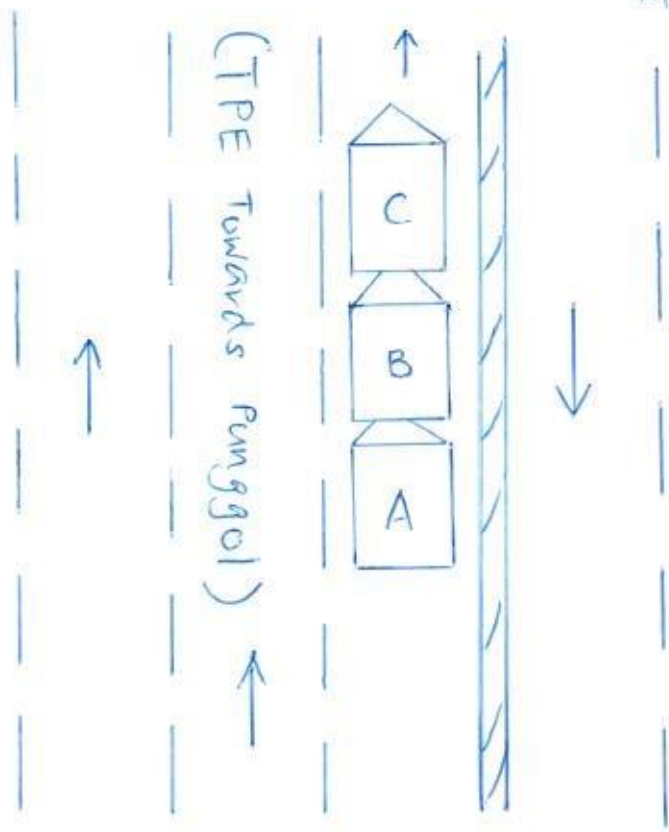
Name: Simon Xin Loon Spencer
NRIC: S1473023J



Accident site

- A - SJJ 8919B
- B - SJJ 9353Z
- C - SJF 3722E

[Handwritten signature]



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1473023J



SIMON XIN LOON SPENCER

CHINESE

20-10-1961 M

SINGAPORE

REPUBLIC OF SINGAPORE - DRIVING LICENSE

License Number: **S1473023J**
Name: **SIMON XIN LOON SPENCER**

Birth Date: 20 Oct 1961
Issue Date: 26 Jun 2003

000602746A

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
16 Sep 1983



NP 428A

3341734

NRIC No: S1473023J

Blood Group: - Date of issue: 21-05-2003

38 SARACA WALK
SINGAPORE 807270

NRIC No: S1473023J Date: 25/01/2016

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: 5067526313-03

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SJ8919B**
Chassis Number : ACR507064178
2. Name of Policyholder : CARWAY LEASING & RENTAL
3. Effective Date of Insurance : 24 Nov 2017
4. Expiry Date of Insurance : 23 Nov 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
(b) Use for the carriage of goods (other than samples) in connection with any trade or business.
(c) Use for the carriage of passengers for reward purposes.
(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)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MARLENE VEHICLES TRADING
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 : INSMART (INSURANCE) AGENCY PTE LTD (00000615165)
Date of Issue : 23 Jun 2017 16:18 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

14/03/2018 20:20

Vehicle No.(For Motor)

SJJ8919B

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5067526313-03	CARWAY LEASING & RENTAL	53264813K	GFT	Third Party	SJJ8919B	SJJ8919B	24/11/2017	

▼ Policy Information

Policy No.	5067526313-03	Policyholder Name	CARWAY LEASING & RENTAL	Policyholder NRIC	53264813K
Address	53 UBI AVENUE 1 #03-01 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	23/06/2017	Effective Date	27/06/2017 00:00	Expiry Date	26/06/2018 23:59
Third Party Excess	1500.00	Own damage Excess	0.00	Windscreen Excess	0.00
Additional Excess	0	OS Premium	277.46		
Outside Singapore OD Excess	0.00	Outside Singapore TP Excess	1500.00		
Agent	INSMART (INSURANCE) AGENCY	Agent Tel.	68420766	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#03-01 PAYA UBI INDUSTRIAL F	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.		Related Policy Number	5094683034		

► Insured Object: SJJ8919B

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	04/07/2017 00:00	Basic Information Endorsement	000001286592317	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJD6374S 05-07-2017 \$943.37 In view of this amendment, an additional premium of \$943.37 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	06/07/2017 00:00	Basic Information Endorsement	000001286593674	Endorsement Undo	Thank you for giving us the opportunity to serve you. We confirm that the following 1

Claim Handling

The premium on this policy has not been collected.

Accident MT/0986143

Policy No.	5067526313-03	Vehicle No.	SJJ8919B	GST Registration No.	
Policyholder Name	CARWAY LEASING & RENTAL			Policyholder NRIC	5320
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	91862723	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	Yes

▼ Accident Details

Report Date	15/03/2018 14:08	Accident Report Within 24 hrs	Yes	Accident Type	Chai
Date of Accident	14/03/2018	Time of Accident hh:mm	20:20	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	TPE TWDS PUNGGOL				

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#03-01 PAYA UBI INDUSTRIAL F	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	408
Unit No.		Related Policy Number	5094683034		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	20/1
Unnamed driver Name	SIMON XIN LOON SPENCER	Driver NRIC	S1473023J	Driving Experience	34
Register Date of Driver License	16/09/1983	Driver Age	56	Contact No.(Home)	0
Contact No.(Mobile)	91862723	Contact No.(Office)	0	Address 3	
Address 1	38 SARACA WALK	Address 2		Post Code	807
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	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	CARWAY LEASING & RENTAL	Insured NRIC	5320
Contact No.(Mobile)	98627777	Contact No.(Home)		Contact No.(Office)	657
Email Address		OI Vehicle Number	SJJ8919B	TP Vehicle Number	SJT9
Claim Description	SJJ8919B / SJJ9353Z ON 14 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	GIA report	Rec
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	15/0
Date Registered	15/03/2018 14:20	Claim Close Date		Total Loss but Repaired	
Report Taken By	KRISHNASAMY	Workshop Repairer			

☒ Print AK letter

Save Submit

Attachment



Accident No.	MT/0986143	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/03/2018 14:15

Path *

Choose File	No file chosen	Clear	Please Select	Category *	Confidential	Urgency *
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	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

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Mar 2018 14:20	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Mar 2018 14:18	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Mar 2018 14:17	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Mar 2018 14:17	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Mar 2018 14:17	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Mar 2018 14:17	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Mar 2018 14:17	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Mar 2018 14:17	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Mar 2018 14:17	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Mar 2018 14:17	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Mar 2018 14:16	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Mar 2018 14:16	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Mar 2018 14:16	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Mar 2018 14:16	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Mar 2018 14:16	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Mar 2018 14:16	Photos	Normal	Photos 20:

Video List

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