

**NATIONAL Assessment Centre Services** [wef 1 Jan 09] **MMA 118039697**

Date In: <b>23/3/18 16:25</b>	Job description	Date & Time Completed	Done by
Ref No: <b>MAI inc 18005478/h4</b>	SAS e-filing		
Veh No: <b>SJY 3325</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>22/3/18 18:30</b>	i-Motor Claim Form	<b>MT/0987430</b>	<b>23/3/18 17:39.</b>
OD: <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars: Veh No: **FQ 7382 R.** 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 helpline: 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

<b>Claimant's Particulars :-</b> <b>Driver/Owner:</b> <b>Contact No:</b> <b>Damaged Portion:</b> <b>QC Checked by (Engr-In-Charge):</b> <b>Auditors' Comments :-</b> <b>Ref 1:</b> <b>Ref 2/3:</b>	<b>Invoice Preparation Checklist</b> 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$30) 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 2003) 6) TR: Re-inspection \$75 7) N1: Idac DA + SMRT Survey \$160 8) NTUC Additional Services:- 9) N12: Idac Mobile \$30	Amt (\$) 1st Bill <b>3000</b>	Amt (\$) Add Bill
	*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		
	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	23/03/2018 16:25
Date Of Accident	22/03/2018 18:30
Exact Location Of Accident	CHOA CHU KANG AVE 1 TURNING INTO BLK 202 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY332S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG KIAN TIONG
NRIC No	S7737160E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90033484
Alternative Phone No	OFFICE-90033484

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5075901464-02
Cover Note Number	-

### Driver

Name of Driver	ANG KIAN TIONG
NRIC No	S7737160E
Date Of Birth	20/12/1977
Occupation	INDOOR
Date Of Driving Pass	17/05/2007
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90033484
Fax Number	
Contact Number	OFFICE-90033484
E-Mail Address	NOEMAIL



Address	BLK 490D CHOA CHU KANG AVE 5 #02-297
Postcode	684490
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	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?	
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

PLEASE REFER TO ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FQ7382R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	90182814
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.

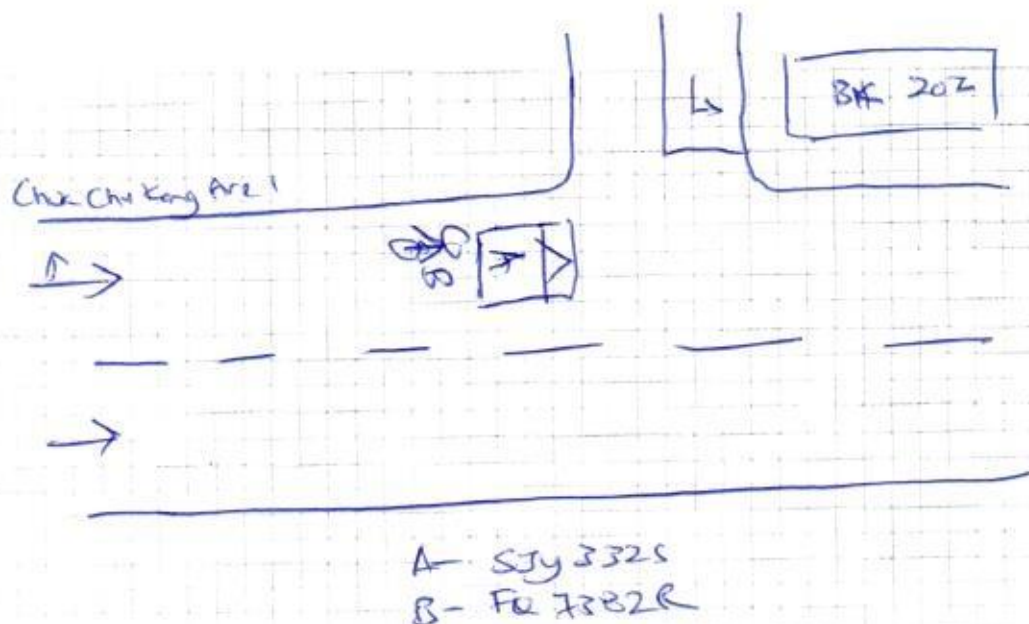
  
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN

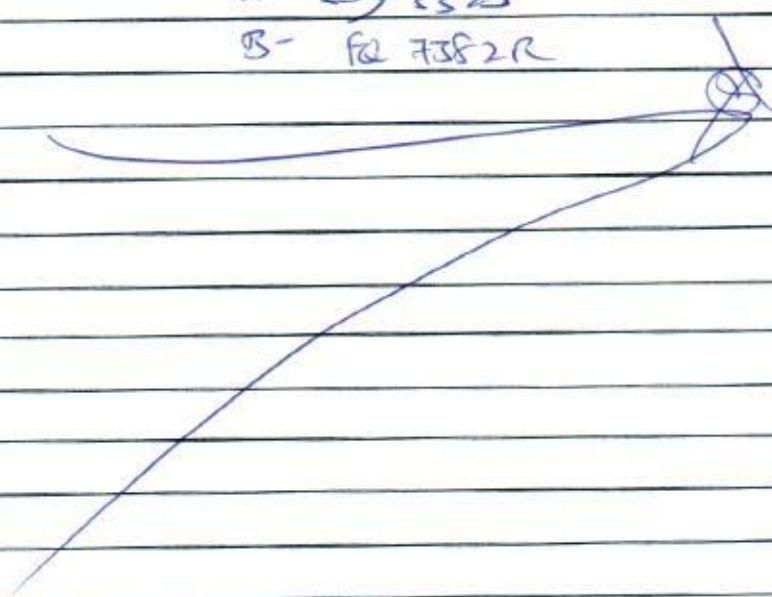


## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Chee Chee Kong Ave on the left lane of a 2-lanes road. Before turning into BK 202 carpark, I slowed down and signalled to the left. Before I could make a left turn into the carpark, veh (B) came from the rear and collided onto the rear left side of my vehicle.

A - SJY 3325

B - FK 7382R



## 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.:



<b>Vehicle No.</b>	04 3325	<b>Model / Make</b>	Volkswagen Scirocco
<b>Date of Accident</b>	22/3/18		
<b>Time of Accident</b>	1830HRS	<b>HRS</b>	
<b>Location of Accident</b>	Chua Chu Kang Ave 1 turning into Bk 202 Carpark		
<b>Exact purpose use during accident</b>	Pte Use		
<b>Name of Owner</b>	Ang Kean Tong		
<b>Telephone No.</b>	H/P: 90033684	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S7737165		
<b>Address</b>	Bk 202 Chua Chu Kang Ave 5, #02-297, S(68)4492		
<b>Claim type</b>	OD	(THIRD PARTY) REPORTING ONLY	
<b>Insurance Company</b>	NHL		
<b>Type of Coverage</b>	(Comprehensive)	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5075901464-02		
<b>Name of Driver</b>	(As Above) If No,		
<b>NRIC</b>	Any Passengers : 27		
<b>Date of birth</b>			
<b>Occupation</b>	Outdoor / Indoor		
<b>Driving License Pass Date</b>	17/5/2007		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P :	<b>Home :</b>	<b>Office :</b>
<b>Address</b>			
<b>Driver have any own vehicle</b>	No, If yes, Reg No.		
<b>Relationship</b>	Employee, If no, state		
<b>Weather condition</b>	(Clear) Raining Other		
<b>Road Surface</b>	(Dry) Wet Other		
<b>Any Injuries</b>	(No) If Yes, Who?		
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No, If Yes, Where?		
<b>Vehicle B No.</b>	FR 7382 R	Any Passengers : Nil	
<b>Name of Driver</b>	FR 7382 R	Contact No. : 90192814	
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
<b>Witness Name</b>	Witness Contact :		
<b>Accident Portion</b>	Rear portion		
<b>Camera Recorder</b>	(Yes) / No		
<b>Email Address</b>			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
Yes / (No)			
<b>PARTICULAR WORKSHOP</b>	Turret Automotive Pte Ltd		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Wahid		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n5i.com.sg		

## NOTICE OF REPORTING

This is to confirm that Ang Kian Tiong, NRIC/FIN  
S7737160E, has reported to the Police a non-injury traffic accident which  
occurred at along Choa Chu Kang Ave 1, turning into  
B/202 carpark.

on 22/3/18 at 18:30hrs ~~am~~ pm involving the following vehicles:

- v1) SJY332S, white volkswagen scirocco
- v2) FQ7382R, yellow RX-Z, Yamaha.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSgt T10188 Harry Loh

Date: 22/03/18 Time: 1949hrs

S/D Ref: 91


CHOA CHU KANG NPC  
20 CHOA CHU KANG ST 52 #01  
SINGAPORE 689286  
TEL : 1800-7659999  
FAX : 67673651

Police Post/Unit : \_\_\_\_\_

Original - to be issued to informant  
Duplicate - to be submitted to Traffic Police



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7737160E



NAME  
ANG KIAN TIONG

洪建忠

Race  
CHINESE

Date of birth  
20-12-1977

Country of birth  
SINGAPORE

Sex  
M

S7737160E

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7737160E

Name  
ANG KIAN TIONG

Birth Date 20 Dec 1977

Issue Date 17 May 2007

C4

001500166J

4151266



NRIC No. S7737160E



Date of issue  
27-12-2007

APT BLK 490D CHOA CHU KANG AVENUE 5 #02-297  
SINGAPORE 684490

NRIC No. S7737160E

Date: 11/12/2015

Handwritten: 11/12/2015, 20033849, 11/12/2015

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS


Class	Description	PASS DATE
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	17 May 2007
Class 4	Heavy motor cars and motor tractors > 2500 kg	05 Nov 2007
Class 5	Motor vehicles > 7250 kg not constructed to carry any load	28 Jan 2008

S7737160E

S / No. 9000088131

NP 428A

Licence No: S7737160E





## 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:** 5075901464-02

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJY3325**  
Chassis Number : **WVWZZZ13ZAV449093**
2. Name of Policyholder : **ANG KIAN TIONG**
3. Effective Date of Insurance : **01 Mar 2018**
4. Expiry Date of Insurance : **28 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ANG KIAN TIONG
NAMED DRIVER (1)	: N/A
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 : LQ INSURANCE AGENCY PTE LTD (00000613125)  
Date of Issue : 26 Feb 2018 11:42 hrs

**LQ INSURANCE AGENCY PTE LTD**

180B BENCOOLEN STREET

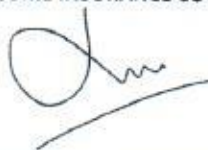
#04-01 THE BENCOOLEN

SINGAPORE 110004

TEL: 6-334-0713 FAX: 6-334-0624

Co. Reg. No: 199005500W

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



Countersigned By:

\_\_\_\_\_  
Authorised Officer

\_\_\_\_\_  
Chief Executive

24 Hours  
6444-2555

## Claim Handling

Accident MT/0987430

Policy No.	5075901464-02	Vehicle No.	SJY3325	GST Registration No.	
Policyholder Name	ANG KIAN TIONG	Cover Type	driva CLASSIC	Policyholder NRIC	S7737160E
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	90033484	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	No

<b>Accident Details</b>		Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Report Date	23/03/2018 17:33	Time of Accident hh:mm	18:30	Country of Accident	Singapore
Date of Accident	22/03/2018	Orange Force		ICM No.	
Reporting Centre					
Accident Location	CHOA CHU KANG AVE 1 TURNING INTO BLK 202 CARPARK				

<b>Benefits</b>					
<b>Excess</b>					1
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

<b>GST Registered Information</b>		GST Registration Date			
GST Registered	No	GST Status Verified	Yes		
GST Registration No.					
Modification History					

<b>Policyholder Mailing Address</b>					
Address 1	BLK 490D #02-297	Address 2	CHOA CHU KANG AVENUE 5	Address 3	SUNSHINE GARDENS
Address 4	SINGAPORE 684490	Address Type	Singapore address	Post Code	684490
Unit No.	02-297	Related Policy Number	5075901464-02		

<b>OI Driver Info</b>					
Driver Name	ANG KIAN TIONG	Driver Type	Main Driver	Driver DOB	20/12/1977
Unnamed driver Name		Driver NRIC	S7737160E	Driving Experience	10
Register Date of Driver License	17/05/2007	Driver Age	40	Contact No.(Home)	
Contact No.(Mobile)	90033484	Contact No.(Office)		Address 3	SUNSHINE GARDENS
Address 1	BLK 490D #02-297	Address 2	CHOA CHU KANG AVENUE 5	Post Code	684490
Address 4	SINGAPORE 684490	Address Type	Singapore address		
Unit No.	02-297			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.			

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

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	ANG KIAN TIONG	Insured NRIC	S7737160E
Contact No.(Mobile)		Contact No.(Home)	66666666	Contact No.(Office)	
Email Address		OI Vehicle Number	SJY3325	TP Vehicle Number	FQ7382R
Claim Description	SJY3325 / FQ7382R ON 22 Mar 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	23/03/2018 17:39	Claim Close Date		Date Received	23/03/2018 00:00
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

## Attachment

Accident No.	MT/0987430	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/03/2018 17:39		
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



3/23/2018

## Claim Handling(accident reporting Claim Task )

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 23 Mar 2018 17:39	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 17:39	SAS	Normal	SAS 2018-3-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 17:39	Photos	Normal	Photos 2018-3-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 17:39	Photos	Normal	Photos 2018-3-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 17:39	Photos	Normal	Photos 2018-3-23
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 17:39	Photos	Normal	Photos 2018-3-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 17:39	Photos	Normal	Photos 2018-3-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 17:39	Photos	Normal	Photos 2018-3-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 17:39	Photos	Normal	Photos 2018-3-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 17:39	Photos	Normal	Photos 2018-3-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 17:39	Photos	Normal	Photos 2018-3-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 17:39	Photos	Normal	Photos 2018-3-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 17:39	Photos	Normal	Photos 2018-3-23

## Video List

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

Scan and uploading