

NATIONAL Assessment Centre Services: [wef 1 Jan 05] MMA 118040203

Date In: 26/3/18 09:39	Job description	Date & Time Completed	Done by
Ref No: MA/INC1800 5539/h4	SAS e-filing		
Veh No: FY 6170A	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 19/3/18 20:55	i-Motor Claim Form	MT/0987664	26/3/18 15:27
OD (TP) 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: 588 9622 L	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 (\$) In Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$90)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	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 \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
Dat. 1:			
Dat. 2/3:			

## 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	26/03/2018 09:39
Date Of Accident	19/03/2018 20:55
Exact Location Of Accident	BLK 926 JURONG WEST ST 92 OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY6170A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RWAVE MOTOR
Co Reg No	53373424W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93696869

### Vehicle Particulars

Manufacturer	YAMAHA
Model	WAVE
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5096968941
Cover Note Number	-

### Driver

Name of Driver	JAZZMI BIN HARITH
NRIC No	S9501075Z
Date Of Birth	13/01/1995
Occupation	INDOOR
Date Of Driving Pass	07/10/2015
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93294413
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	BLK 13 BEDOK SOUTH RD #11-619
Postcode	460013
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	COLLISION - HEAD ON 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)	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?	NO
Was there any audio recorded?	NO

#### Details of Witness 1

Name	RAFI
Phone Number	91090600
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB9622L
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 INJURED PERSON 1**

Name	JAZZMI BIN HARITH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FY6170A
Were seat belts worn?	
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.

**RWAVE MOTOR**  
Reg. No. 53373424W

Policyholder's Signature  
Date & Time:

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

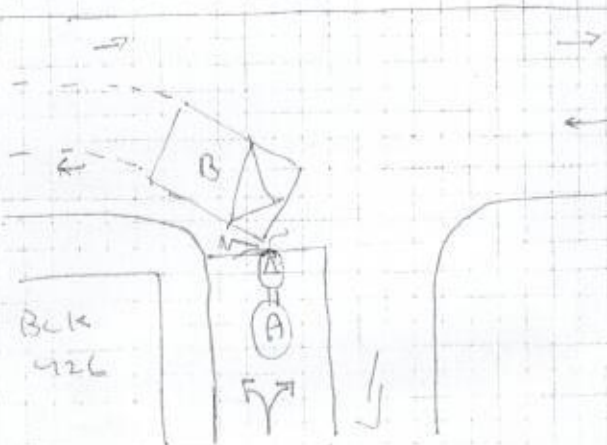
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



Blk 0125

VEHICLE A - FY6170A

VEHICLE B - GBB9622L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS WAITING AT THE STOP LINE TO CHECK ON ANY ON GOING VEHICLE.

WHILE STOPPED, STATIONARY AT THE STOP LINE, SUDDENLY A VEHICLE MADE A TURN FROM THE LEFT SIDE OF THE LANE, AND CUT INTO MY LANE AND HIT HEAD ON ONTO THE FRONT PORTION OF MY VEHICLE.

I DIDN'T FALL DOWN, AND STRAIGHT AWAY GOT DOWN FROM MY BIKE AND EXCHANGED PARTICULAR WITH THE DRIVER.

VEHICLE A - FY6170A

VEHICLE B - GBB9622L

DECLARATION

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

RWAVE MOTOR

Reg. No. 53373424W

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>	FY6170A	<b>Model / Make</b>	Yamaha wave
<b>Date of Accident</b>	14/03/18		
<b>Time of Accident</b>	2055	<b>HRS</b>	
<b>Location of Accident</b>	Buk 926 Sunway West St 92		OPEN CARPARK
<b>Exact purpose use during accident</b>	Private use		
<b>Name of Owner</b>	RWAVE MOTOR		
<b>Telephone No.</b>	H/P: 9369 6869	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	53373424 W		
<b>Address</b>	257 Sunway FASE St 24 409-403 S(600257)		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	NICL		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5096968941		
<b>Name of Driver</b>	As Above If NO, JAZZMI BIN HARITH		
<b>NRIC</b>	S95010772	<b>Any Passengers :</b>	
<b>Date of birth</b>	13/01/1995		
<b>Occupation</b>	Outdoor / Indoor		
<b>Driving License Pass Date</b>	07 OCT 2015		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P: 9329 4413	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	Buk 13 BEDOK SOUTH ROAD #11-619 S(460013)		
<b>Driver have any own vehicle</b>	No, If yes, Reg No.		
<b>Relationship</b>	Employee, If no, state	RENTAL	
<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>	JAZZMI BIN HARITH 9329 4413		
<b>Name And Contact No.</b>			
<b>Police Report</b>	No, If Yes, Where?	BEDOK NORTH NPC	
<b>Vehicle B No.</b>	6BB9622 L	<b>Any Passengers :</b>	
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>	RAFI	<b>Witness Contact :</b>	91090600
<b>Accident Portion</b>	FRONT PORTION		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>			
<b>HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?</b>			
			<b>Yes / No</b>
<b>PARTICULAR WORKSHOP</b>	MOTOSI PRK LID		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	JACKY		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP Email ADDRESS</b>	Sales@n51.com.sg		



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9501075Z



Name  
JAZZMI BIN HARITH

Race  
MALAY

Date of birth  
13-01-1995

Sex  
M

Country of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9501075Z


Name  
JAZZMI BIN HARITH

Birth Date: 13 Jan 1995


Issue Date: 07 Oct 2015



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ERIC TAN S9501075Z



Date of issue  
26-04-2010

Address  
APT BLK 13 BEDOK SOUTH ROAD  
#11-619  
SINGAPORE 460013

S9501075Z



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

Class 2B Motorcycles <= 200 cc

EFFECTIVE DATE  
07 Oct 2015



Licence No: S9501075Z

NP 428A



Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.

Date of Accident

19/03/2018 09:39

Vehicle No.(For Motor)

FY6170A

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096968941	RWAVE MOTOR	53373424W	GFT	Third Party	FY6170A	FY6170A	19/02/2018	

## ▼ Policy Information

Policy No.	5096968941	Policyholder Name	RWAVE MOTOR	Policyholder NRIC	53373424W
Address	BLK 257 #09-403 JURONG EAST STREET 24 SINGAPORE 600257				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	26/12/2017	Effective Date	22/12/2017 00:00	Expiry Date	21/12/2018 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	LOMEN INSURANCE AGENCY	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 257 #09-403	Address 2	JURONG EAST STREET 24	Address 3	SINGAPORE 600257
Address 4		Address Type	Singapore address	Post Code	600257
Unit No.	09-403	Related Policy Number	5096968941		

## ► Insured Object: FY6170A

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	26/12/2017 00:00	Basic Information Endorsement	000001286720701	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. FZ7802Z 26-12-2017 \$486.81 In view of this amendment, an additional premium of \$486.81 (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	26/12/2017 00:00	Basic Information Endorsement	000001286719112	Endorsement Take Effective	Update Sect II Excess
3	29/12/2017 00:00	Basic Information Endorsement	000001286722095	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. FBC3822K 02-01-2018 \$477.37 In view of this amendment, an additional premium of \$477.37 (inclusive of GST) is payable



## Claim Handling

Accident MT/0987664

Policy No.	5096968941	Vehicle No.	FY6170A	GST Registration No.	
Policyholder Name	RWAVE MOTOR	Cover Type	Third Party	Policyholder NRIC	53373424W
Product Code	FLEET INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	93696869	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

**Accident Details**

Report Date	26/03/2018 15:24	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head on collision
Date of Accident	19/03/2018	Time of Accident hh:mm	20:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 926 JURONG WEST ST 92 OPEN CARPARK				

**Benefits**

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

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	BLK 257 #09-403	Address 2	JURONG EAST STREET 24	Address 3	SINGAPORE 600257
Address 4		Address Type	Singapore address	Post Code	600257
Unit No.	09-403	Related Policy Number	5096968941		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	13/01/1995
Unnamed driver Name	JAZZMI BIN HARITH	Driver NRIC	S95010752	Driving Experience	2
Register Date of Driver License	07/10/2015	Driver Age	23	Contact No.(Home)	
Contact No.(Mobile)	93294413	Contact No.(Office)		Address 3	SINGAPORE 460013
Address 1	BLK 13 #11-619	Address 2	BEDOK SOUTH ROAD	Post Code	460013
Address 4		Address Type	Singapore address		
Unit No.	11-619			Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.			

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	RWAVE MOTOR	Insured NRIC	53373424W
Contact No.(Mobile)	93696861	Contact No.(Home)		Contact No.(Office)	NIL
Email Address	MORPHK@HOTMAIL.COM	OI Vehicle Number	FY6170A	TP Vehicle Number	GBB9622L
Claim Description	FY6170A / GBB9622L ON 19 Mar 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	26/03/2018 00:00
Date Registered	26/03/2018 15:26	Claim Close Date			
Report Taken By	LEW SHAN HUI				

☒ Print AK letter

Save

Submit

## Attachment

Accident No.	MT/0987664	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/03/2018 15:27

Path \*
 

Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen

Category *	Confidential	Urgency *	Descr
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	







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	

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 15:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 15:27	SAS	Normal	SAS 2018-3-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 15:27	Photos	Normal	Photos 2018-3-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 15:27	Photos	Normal	Photos 2018-3-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 15:27	Photos	Normal	Photos 2018-3-26
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 15:26	Photos	Normal	Photos 2018-3-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 15:26	Photos	Normal	Photos 2018-3-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 15:26	Photos	Normal	Photos 2018-3-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 15:26	Photos	Normal	Photos 2018-3-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 15:26	Photos	Normal	Photos 2018-3-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 15:26	Photos	Normal	Photos 2018-3-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 15:26	Photos	Normal	Photos 2018-3-26

Video List

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