

NATIONAL Assessment Centre Services (wef 1 Jan 05) MNA 118043864

Date In: 214 11-8 16:47	Job description	Date & Time Completed	Done by
Ref No: MA1INC 180059921h4	SAS e-filing		
Veh No: SJH 857 J	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 114 118 11:30	i-Motor Claim Form	MT10988619	31/4/18 09:05.
OD <input checked="" type="checkbox"/> 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: SHC 5108 E 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

MA1802044	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
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)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
QC Checked by (Engr-In-Charge):	*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		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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	02/04/2018 16:47
Date Of Accident	01/04/2018 11:30
Exact Location Of Accident	CTE TWDS CITY B4 BALESTIER RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH857J
Insured/Policyholder	
Name Of Registered Owner	R2 N Q2
Co Reg No	53359520K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96602126

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	WORKING HOUR
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089494221
Cover Note Number	-

Driver

Name of Driver	MOHAMED ROSDI BIN ABDUL MAJID
NRIC No	S1701050F
Date Of Birth	17/10/1965
Occupation	OUTDOOR
Date Of Driving Pass	17/10/1989
Driving Experience	28 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96711265
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 159 YUNG PING RD #02-13
Postcode	610159
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - CO.OWNER
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5108E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	SLW6673E
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 3

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOBILE EQUIPMENT
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	MOHAMED ROSDI BIN ABDUL MAJID
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJH857J
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:

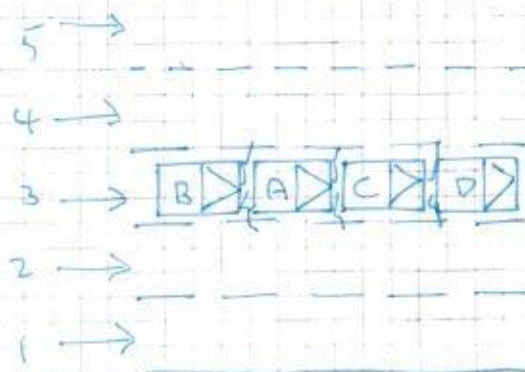
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

CTE TOWARDS CITY, BEFORE BAILESTER ROAD EXIT

VEHICLE A - SJH 857J
 VEHICLE B - SHC 5108E
 VEHICLE C - SLW 6673E
 VEHICLE D - UNKNOWN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING STRAIGHT ALONG CTE TOWARDS CITY,
 I WAS ON THE THIRD LANE.

WHILE TRAVELLING STRAIGHT, DUE TO THE HEAVY
 TRAFFIC, THE VEHICLE IN FRONT BRAKE TO COMPLETE
 STOP, AND SO I TOO APPLIED BRAKE TO COMPLETE
 STOP, WHILE SUDDENLY AFTER A FEW SECONDS I FELT
 A GREAT IMPACT FROM THE REAR OF MY VEHICLE.
 THE IMPACT WAS SO GREAT THAT PUSHED ME FORWARD
 AND HIT ONTO THE VEHICLE IN FRONT.

ALIGHTED FROM MY VEHICLE, AND REALIZED IT WAS
 A VEHICLE BEHIND (SHC 5108E) THAT COLLIDED
 TO THE REAR OF MY VEHICLE, WHEN I WAS STATIONARY
 STOPPED. IT WAS A CHAIN COLLISION INVOLVING 4
 VEHICLES

VEHICLE A - SJH 857J
 VEHICLE B - SHC 5108E
 VEHICLE C - SLW 6673E
 VEHICLE D - UNKNOWN

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.:

Vehicle No.	SSH 857 J	Model / Make	TOYOTA WISH
Date of Accident	1/4/2018		
Time of Accident	1130	HRS	
Location of Accident	CTE TOWARDS CITY BEFORE BALESTIER ROAD KM17		
Exact purpose use during accident	WORKING HOUR		
Name of Owner	R2 N Q2		
Telephone No.	H/P : 9660 2126	Home :	Office :
NRIC	53359520K		
Address	15A YONG ANH ROAD #02-13 S(610159)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5084494221		
Name of Driver	As Above If No, MOHAMED ROSDI BIN ABDEL MAJID		
NRIC	S1701050F	Any Passengers :	1 MALE
Date of birth	17/10/1965		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	17 OCT 1989		
Gender	Male / Female		
Contact No.	H/P : 96711265	Home :	Office :
Address	BLK 15A YONG ANH ROAD #02-13 S(610159)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state CO OWNER SPOUSE	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	MOHAMED ROSDI BIN ABDEL MAJID 96711265		
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SHC 5108 E	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.	SLW 6673 E	Any Passengers :	
Vehicle D No.	UNKNOWN	Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	FRONT & REAR		
Camera Recorder	Yes / No		
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
		Yes / No	
PARTICULAR WORKSHOP	N-SI AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	sales@n5i.com.sg		

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1701050F



MOHAMED ROSDI BIN ABDUL
MAJID

Race
BOYANESE

Date of Birth
17-10-1965

Country of Birth
SINGAPORE

Sex
M

J1050

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1701050F

Name:

MOHAMED ROSDI BIN ABDUL
MAJID

Birth Date: 17 Oct 1965

Issue Date: 10 Oct 2003



0269506

NRIC No. S1701050F



Blood Group: O+ Date of issue: 23-02-1992

APT BLK 159 YUNG PING ROAD #02-13
SINGAPORE 610159

NRIC No: S1701050F Date: 28/07/2011 (R) No: 6716807

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

PASS DATE

Class 2B	Motorcycles not exceeding 200 cc	27 Feb 1990
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	17 Oct 1989
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	23 Jan 1998



NP 428A

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: 5089494221

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJH857J

Chassis Number

: RN61061437

2. Name of Policyholder

: R2 N Q2

3. Effective Date of Insurance

: 31 Mar 2017

4. Expiry Date of Insurance

: 24 Jul 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 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: RUJIAH BINTE MUSARI
NAMED DRIVER (1)	: MOHAMED ROSDI BIN ABOL MAJID
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

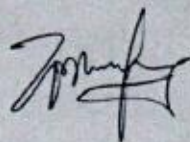
I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : INSTRADE AGENCY & SERVICES (00000571322)

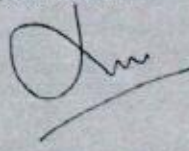
Date of Issue : 31 Mar 2017 11:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Claim Handling

Accident MT/0988619

Policy No.	5089494221	Vehicle No.	SJH857J	GST Registration No.	
Policyholder Name	R2 N Q2	Cover Type	drive CLASSIC	Policyholder NRIC	53359520K
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96602126	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No ▼
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	Yes

▼ Accident Details

Report Date	03/04/2018 09:01	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	01/04/2018	Time of Accident hh:mm	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWDS CITY B4 BALESTIER RD EXIT				

▼ Benefits

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	1
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
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	BLK 159 #02-13	Address 2	YUNG PING ROAD	Address 3	SINGAPORE 610159
Address 4		Address Type	Singapore address	Post Code	610159
Unit No.	02-13	Related Policy Number	5089494221		

▼ OI Driver Info

Driver Name	MOHAMED ROSDI BIN ABDUL MAJID	Driver Type	Named Driver	Driver DOB	17/10/1965
Unnamed driver Name		Driver NRIC	S1701050F	Driving Experience	28
Register Date of Driver License	17/10/1989	Driver Age	52	Contact No.(Home)	
Contact No.(Mobile)	96711265	Contact No.(Office)		Address 3	SINGAPORE 610159
Address 1	BLK 159 #02-13	Address 2	YUNG PING ROAD	Post Code	610159
Address 4		Address Type	Singapore address		
Unit No.	02-13			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.			

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

Modification History

Claim 001 New

Claim Type *	OD-MX ▼	Insured Name	R2 N Q2	Insured NRIC	53359520K
Contact No.(Mobile)	96602126	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SJH857J	TP Vehicle Number	SHCS108E
Claim Description	SJH857J / SHCS108E ON 1 Apr 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	03/04/2018 00:00
Date Registered	03/04/2018 09:04	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

☒ Print AK letterSave Submit

Attachment

Accident No.	MT/0988619	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/04/2018 09:05		
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

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 03 Apr 2018 09:05	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 09:05	SAS	Normal	SAS 2018-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 09:04	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 09:04	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 09:04	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 09:04	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 09:04	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 09:04	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 09:04	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 09:04	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 09:04	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 09:04	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 09:04	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 09:04	Photos	Normal	Photos 2018-4-3

Video List

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