

NATIONAL Assessment Centre Services

Date In: 03/04/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18006031/13	SAS e-filing		
Veh No: SKM624	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 02/04/18 1410	i-Motor Claim Form	07/0988861	
OD (IP) 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: 5250477C	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

NA1802030	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
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		
QC Checked by (Engr-In-Charge):	5) RT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 (Non 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	03/04/2018 09:22
Date Of Accident	02/04/2018 14:10
Exact Location Of Accident	PAYA LEBAR RD B4 CIRCUIT LINK JUNC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM62Y
Insured/Policyholder	
Name Of Registered Owner	LIM PEK KEONG
NRIC No	S7344092J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84884088
Alternative Phone No	OTHERS-84884088

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	5095668273
Cover Note Number	

Driver

Name of Driver	LIM PEK KEONG
NRIC No	S7344092J
Date Of Birth	07/11/1973
Occupation	OUTDOOR
Date Of Driving Pass	13/11/2013
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84884088
Fax Number	
Contact Number	OTHERS-84884088
EMail Address	NOEMAIL

Address	BLK 204A PUNGGOL FIELD #13-288
Postcode	821204
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 - CHANGE/CROSS LANE
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)	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

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	SLS2477C
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: 02/04/18

4pm

Driver's Signature

(If driver is not the policyholder)




Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

	Vehicle No A - SKM 624 B - SLS 747C
	Legend <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  Vehicle </div> <div style="text-align: center;">  Bike </div> </div>

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to the statement.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
 Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time: 020418

Driver's Signature

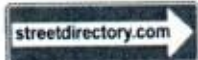
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



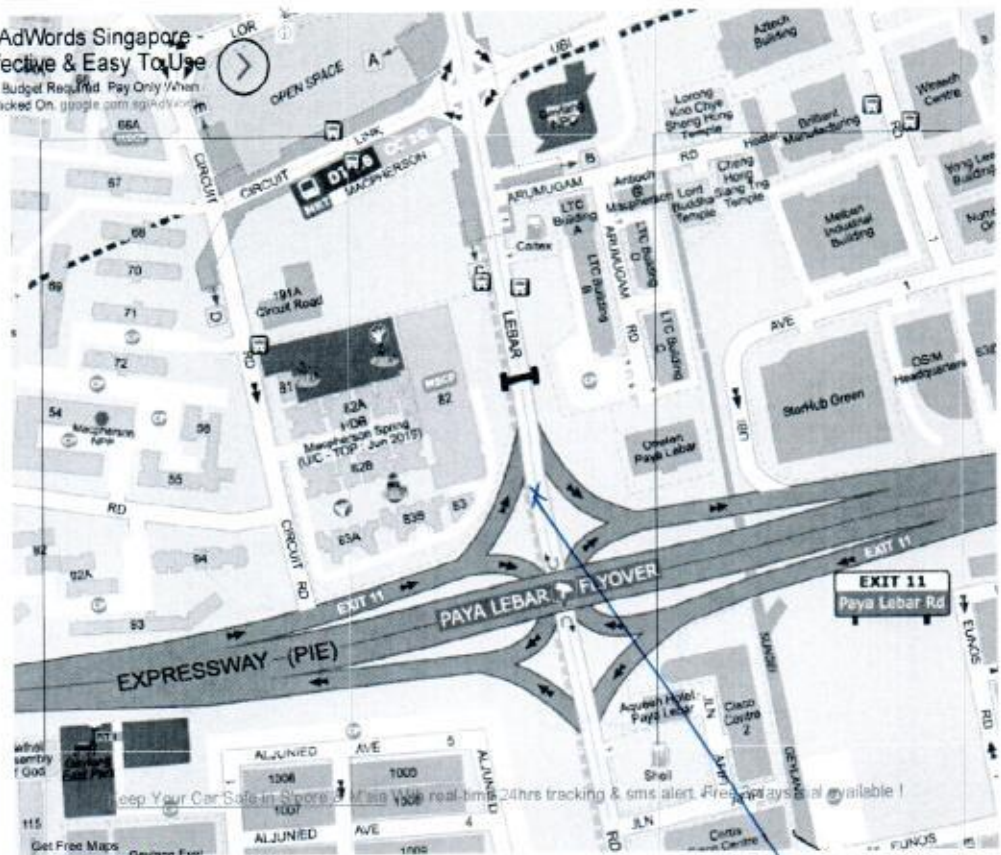
Paya Ubi Industrial Park, 53 Ubi Avenue 1 408934

Paya Ubi Industrial Park
53 Ubi Avenue 1
(S)408934

Map Directions

- Map
- Building Directory
- Photos
- What's Nearby
- Get Tips
- Getting Here

Google AdWords Singapore -
Cost-Effective & Easy To Use
No Minimum Budget Required. Pay Only When
Your Ad Is Clicked On. google.com/ads



5 Things You Shouldnt Do
If Hes Cheating On You

Keep Your Car Safe in Singapore with real time 24hrs tracking & sms alert. Free always on available!

A - SKN 62Y

B - SLS 2477C

Paya Lebar Road

Accident site

[Handwritten signature]

Accident Statement

On 2nd April 2018 around 1410Hrs, I was driving my vehicle (SKM62Y) along paya Lebar Road towards Circuit Road. Suddenly a vehicle (SLS2477C) cut into my lane and hit onto the right rear of my vehicle. I'm making a third party claim.



Name: Lim Pek Keong

NRIC: S7344092J

ACCIDENT STATEMENT (Part I)

Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 02/04/18		Time 14:10		2 Exact location of accident Paya Lebar Rd before Circuit Link Junction towards Upper Paya Lebar Rd		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)		Vehicle Video Camera Available No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	

Registration No. (VEHICLE A) SKM 624

6 Insured / policyholder (see insurance cert.)
Name Lim Pek Keow
(capital letters)
Address Block 204A Punggol
Flm #13-204
NRIC / Passport no. 973440923
Tel no. (from 9am till 5pm) _____
HP 84884068

7 Vehicle
Make, type Toyota Vio (A)

8 Insurance company
☐ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. GA279884/1

9 Driver ☐ Same as Owner
Name _____
(capital letters)
NRIC / Passport no. _____
Class of licence _____
HP _____
Gender Male ☐ Female ☐

12 CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Bicyclist
<input type="checkbox"/>	Collided into Motorcyclist
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Cross Lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Major/Minor Rd
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Lightning
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Theft

State TOTAL number of boxes marked with a cross

10 Indicate the point of initial impact with an arrow (→)

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively, please provide a reference to one of the sketches on page 11

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A
Right Rear Fender and Rear Bumper

11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers

A

14 My remarks

B

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7344092J



Name

LIM PEK KEONG

林 必 强

Race

CHINESE

Date of birth

07-11-1973

Sex

M

Country of birth

SINGAPORE

3427455



NRIC No. S7344092J



BEK ZONAPUNGOL FIELD #13-286

SINGAPORE 821204

S7344092J

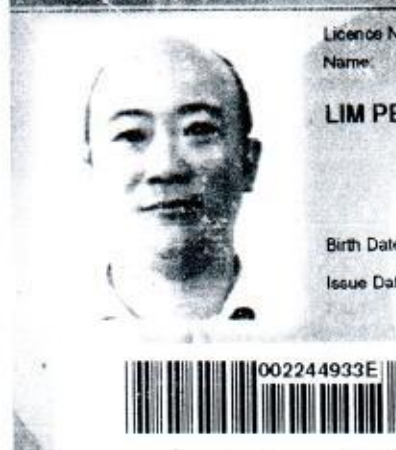
11-02-2007

Date:

No: 5620458

SINGAPORE 460539

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7344092J**

Name:

LIM PEK KEONG

Birth Date: **07 Nov 1973**

Issue Date: **13 Nov 2013**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES:

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg **13 Nov 2013**
with =< 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals =< 2500kg

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: 5095668273



Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SKM62Y
Chassis Number : MR053HY9305020350
2. Name of Policyholder : LIM PEK KEONG
3. Effective Date of Insurance : 07 Nov 2017
4. Expiry Date of Insurance : 06 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 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	: LIM PEK KEONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
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 : INSURE LINK PTE LTD (00000614836)
Date of Issue : 07 Nov 2017 10:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Insure Link Pte Ltd
2 Kallang Road #08-16
Singapore 340001
Off : 6444 4644
Fax: 6444 0040

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/0988861

Policy No.	5095668273	Vehicle No.	SKM62Y	GST Registration No.	
Policyholder Name	LIM PEK KEONG	Cover Type	drive CLASSIC	Policyholder NRIC	S7344092J
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	84884088	Special Remark		Contact No.(Home)	0
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(%)	20	eCode Reason	
NCD Protection	No	Private Hire	No		
Accident Details					
Report Date	03/04/2018 17:50	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	02/04/2018	Time of Accident hh:mm	14:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PAYA LEBAR RD B4 CIRCUIT LINK JUNG				
Benefits					
Excess					
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	1
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
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	BLK 204A #13-286	Address 2	PUNGGOL FIELD	Address 3	SINGAPORE 821204
Address 4		Address Type	Singapore address	Post Code	821204
Unit No.		Related Policy Number	5095668273		
OI Driver Info					
Driver Name	LIM PEK KEONG	Driver Type	Main Driver	Driver DOB	07/11/1973
Unnamed driver Name		Driver NRIC	S7344092J	Driving Experience	4
Register Date of Driver License	13/11/2013	Driver Age	44	Contact No.(Home)	0
Contact No.(Mobile)	84884088	Contact No.(Office)	0	Address 3	SINGAPORE 821204
Address 1	BLK 204A	Address 2	PUNGGOL FIELD	Post Code	821204
Address 4		Address Type	Singapore address		
Unit No.	#13-286				
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX ▼	Insured Name	LIM PEK KEONG	Insured NRIC	S7344092J
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SKM62Y	TP Vehicle Number	SLS2477C
Claim Description	SKM62Y / SLS2477C ON 2 Apr 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		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 17:59	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSINDA	Workshop Repairer			
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0988861	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/04/2018 00:00		
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 17:59	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 17:59	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 17:59	SAS	Normal	SAS 2018-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 17:59	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 17:59	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 17:59	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 17:59	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 17:58	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 17:58	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 17:58	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 17:58	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 17:58	Photos	Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 17:58	Photos	Normal	Photos 2018-4-3

Video List

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