NATIONAL Assessment Centre Se	ervices	[met 1/Jan 95]	IMA 11804432	8		
Date In. 3/4/18 13:37 Jo	b description		Date & Time Complete		Done	by
	SAS e-filing					
	E-mail (within	Shrs, AIC 2hrs)				
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	Assessment/Su					
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Preferred Wksp / INC Assign Wksp / QW: (155 Licepoil o	J Aug Alming to	Tel:	Fax:)
	2 2 0	INC ()/Non-INC()			
JKI.	9087B.	Incl	Tel:)	
Owner / Driver: (Policy No: () Period:	ř.	Y	Cover Type: (<u> </u>	
Policy No: () Period: Confirmed by : (Date:	Time:)	
	Est Status (1)		%; P: 21-79%. F: 8	0-100%	6]	
	anty: YES ()	W-19/1/0		
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General Remarks:-		54 - 13 - 13 - 13	why NO refer of remain	or.	No. 34-fa	
() Walk-In Customer: Customer's informati		nfidential & Stri	ctly NO rater of repair	91.		-
() Total Loss Case : to e-mall Insurer UF					-	1
Drive-In () / Towed-In (); Invoice: YE	S()/1	NO () ; To	wing Co: (1
Remarks: (INC hotline: 6788 6616)			Date&Time Complets	1	Done	by
1) Apply for Transfort Allowance () / Courte	esy Car ()				
2) QC Check / Posi Repair Inspection	(-	
3) Upload Resurvey Photo [Repair Cost > \$3000]	()				
Injury:						
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	802061	Andrew Co.	aration Checklist	PMs.	Int Bill	Add Bill
laimant's Particulars :-		1) AR : Accident		C (\$80)	30.00	
river/Owner		3) TF : Towing Fe	ie .	\$40/\$45		
		4) FT : Follow-Th	rough Survey (Resurvey)	\$120		
ontact No:		For claiming as	ainst INC Only (wef 10 Jan	2005) 175		
amaged Portion:		6) TR : Re-inspec 7) N1 : Idna DA 4	SMRT Survey	\$160	1	
		8) NTUC Additio				-
C Checked by (Engr-In-Charge):		*N5: Courtesy	Car / Tpt Allowance	53		
		*N6: Repeir Co	a-nedination	310 \$25	1	
uditors' Comments :-		*N7: Fost Repr	rir Inspection leet Excess Coordination	51		-
4.1:	artis, and course	<u>TP</u> (N11): TP	(Non INC) against INC	\$20		
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1. 2/3:		Invaice dated	Fee Chai			

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.

- 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 ladgement 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.	
MATERIAL SERVICES CONTROL	ACCIDENT STATEMENT
Date Of Report	03/04/2018 13:37
Date Of Accident	03/04/2018 08:00
Exact Location Of Accident	PIE TWDS CHANGI SLIP RD EXIT TO PAYA LEBAR RD
Country/State of Loss	SINGAPORE
The state of the state of the state of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBC5240B
Insured/Policyholder	
Name Of Registered Owner	GOH CHEK YAP
NRIC No	S2644384I
Email Address	NOEMAIL

(LOCAL) +65-90926911

OFFICE-90926911

Alternative Phone No
Vehicle Particulars

Mobile Phone No

Manufacturer PIAGGIO
Model MP3 400 I.E.

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

REPORTING ONLY

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

5054717113-05

Cover Note Number

.

Driver

 Name of Driver
 GOH CHEK YAP

 NRIC No
 \$2644384I

 Date Of Birth
 18/07/1956

 Occupation
 INDOOR

 Date Of Driving Pass
 25/03/1997

Driving Experience 21 YEARS AND 0 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-90926911

Fax Number

Contact Number

OFFICE-90926911

EMail Address

NOEMAIL

BLK 27 TOA PAYOH EAST #11-186 Address

310027 Postcode

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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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

I WAS TRAVELLING ALONG PIE TWDS CHANGI AT THE SLIP RD EXIT TO PAYA LEBAR RD. WHEN I NOTICED MY FRONT VEH STARTED INCHED OUT TO THE MAIN ROAD AFTER TRAFFIC WAS CLEAR. AS SUCH I FOLLOW TO MOVE AND CHECK ON MY RIGHT SIDE. ALL OF A SUDDEN, THE VEH INFRONT OF ME SUDDENLY STOP. I MANAGE MY BRAKE BUT CANNOT STOP IN TIME. AS THE RESULT, MY BIKE HIT ONTO THE VEH REAR PORTION. AFTER THE INCIDENT, I SAW THAT WAS NO SERIOUS DAMAGE ON THE BACK SIDE OF THE VEH. I WISH TO STATE, THE VEH SUDDENLY STOP AFTER INCHED OUT TO THE STOP LINE.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SKP9087B Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

Page 2 of 18

A STATE OF THE STA	DETAILS OF INJURED PERSON 1	
Name	GOH CHEK YAP	
Approximate Age		
Injuries Sustain	SLIGHTLY ABRUSION	
Injured person in which vehicle?	FBC5240B	
Were seat belts worn?		
Was this injured conveyed to hospital by ambulance?	NO	
Address		
Postcode		

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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:

Name:

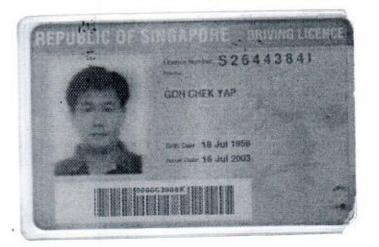
NRIC/FIN No.:

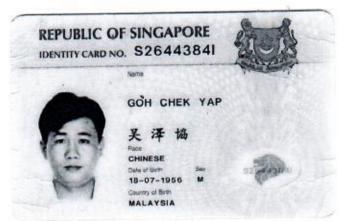
Reporting Centre Personnel's Signature

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT		
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT		= FBC 5240B = SKP 9087
Please Refer to Statement		Paya Lebar R
	to Statement	
		/
DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature	The state of the s	not

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.:









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Hello, NAC_PAYA_UBI_80	0601			The second		2	Change Lan	guage	Change Password	Log Out
My Desktop	Polic	y Query								
Notice of Loss	Policy N	o.				Date of Ac	cident	03/04	1/2018 13:26	
	Vehicle	No.(For Motor)	FBC5240B							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5054717113-	GOH CHEK YAP	S2644384I	GMC	Third Party	FBC5240B	FBC5240B	16/04/2017	15/04/2018

Continue

Claim Handling

cident MT/0988792			THE PARTY OF THE P	CHARLE PRINCESON CONTRACTOR	
olicy No.	5054717113-05	Vehicle No.	FBC5240B	GST Registration No.	
olicyholder Name	GOH CHEK YAP			Policyholder NRIC	S26443841
roduct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
ontact No.(Mobile)	90926911	Contact No.(Office)		Contact No.(Home)	
	30340314	Special Remark		eCode	No T
nail Address	887 200		= No Yes	eCode Reason	20
FK.	= No Yes	TCA		Private Hire	No
CD Protection	No.	NCD Entitlement(%)	10	1111302.11113	2000
Accident Details					Callisian Hand to Daw
eport Date	03/04/2018 15:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rea
ate of Accident	03/04/2018	Time of Accident hh:mm	08:00	Country of Accident	Singapore
porting Centre	0.444.5.454.5	Orange Force		ICM No.	
The state of the s	PIE TWDS CHANGI SLIP RD EXIT TO PAYA	A LEBAR BD			
ccident Location	PLE THUS CHANGE SELF NO EAST TO THE				
✓ Benefits					
♥ Excess				Windscreen Excess	
wn damage Excess	0.00	Additional Excess			
nnamed Driver Excess		Outside Singapore OD Excess			
nird Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Inform	nation				
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
lodification History					
X 1370-96 T. (151-9)					
Policyholder Mailing A	ddress				
		Address 2	TOA PAYOH EAST	Address 3	SINGAPORE 310027
ddress 1	BLK 27 #11-186	Address Type	Singapore address	Post Code	310027
ddress 4					
Init No.		Related Policy Number	5054717113-06		
		1000000			
Oriver Name	GOH CHEK YAP	Driver Type	Main Driver		40 lp2/1955
Innamed driver Name		Driver NRIC	S2644384I	Driver DOB	18/07/1956
legister Date of Driver Licens	e 01/01/1997	Driver Age	61	Driving Experience	21
Contact No.(Mobile)	90926911	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 27 #11-186	Address 2	TOA PAYOH EAST	Address 3	SINGAPORE 310027
	AND RELEASED TO	Address Type	Singapore address	Post Code	310027
Address 4		100000000000000000000000000000000000000	576		
Jnit No.		5000 494000000000000		Policies Toronto Company	
Does he own a Singapore Registered car?	Yes a No	Driver Vehicle No.		Driver Insurer Company	
The state of the s					
Declaration					
Breathalyser or Blood Test	0 mg	Any injury?	- Yes No		
Reading?	u mg	200 80-65			
Modification History					
Modification History					
odification History Claim 001 New					
				Incured MBIC	\$26443841
Claim 001 New	OD-MX ¥	Insured Name	GOH CHEK YAP	Insured NRIC	\$26443841
Claim 001 New	OD-MX ▼ NIL	Insured Name Contact No.(Home)	GOH CHEK YAP 63583352	Contact No.(Office)	NIL.
Claim 001 New Claim Type * Contact No.(Mobile)	00 110				P
Claim 001 New Claim Type * Contact No.(Mobile) Email Address	NIL	Contact No.(Home)	63583352	Contact No.(Office)	NIL.
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description	NIL FBC5240B / SKP9087B ON 3 Apr 2018	Contact No.(Home) OI Vehicle Number	63583352 FBCS240B	Contact No.(Office) TP Vehicle Number	NIL SKP90878
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact	NIL FBC5240B / SKP9087B ON 3 Apr 2018	Contact No.(Home) OI Vehicle Number Insured Llability *	63583352 FBC5240B Fully at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	NIL 5KP90878
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No.	NIL FBC5240B / SKP9087B ON 3 Apr 2018	Contact No.(Home) OI Vehicle Number	63583352 FBCS240B	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	NTL SKP9087B 0 Received
Claim 7001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	NIL FBC5240B / SKP9087B ON 3 Apr 2018	Contact No.(Home) OI Vehicle Number Insured Llability *	63583352 FBC5240B Fully at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	NIL 5KP90878
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	NIL FBC5240B / SKP9087B ON 3 Apr 2018 0 Yes V	Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option	63583352 FBC5240B Fully at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	NTL SKP9087B 0 Received
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	NIL FBC5249B / SKP9087B ON 3 Apr 2018 0 Ves 03/04/2018 15:33	Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option	63583352 FBC5240B Fully at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	NTL SKP9087B 0 Received
Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	NIL FBC5249B / SKP9087B ON 3 Apr 2018 0 Ves 03/04/2018 15:33	Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option	FBCS240B Fully at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	NTL SKP9087B 0 Received
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	NIL FBC5249B / SKP9087B ON 3 Apr 2018 0 Ves 03/04/2018 15:33	Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option	63583352 FBC5240B Fully at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	NTL SKP9087B 0 Received
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Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By ** Print AK letter Attachment	NIL FBC5249B / SKP9087B ON 3 Apr 2018 0 Ves 03/04/2018 15:33	Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option	FBCS240B Fully at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	NTL SKP9087B 0 Received
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By ** Print AK letter	NIL FBC5249B / SKP9087B ON 3 Apr 2018 0 Ves 03/04/2018 15:33	Contact No.(Home) OI Vehicle Number Insured Liability * Preferenced Repair Option Claim Close Date	FBCS240B Fully at Fault Preferred Workshop, Name unknown Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	NTL SKP9087B 0 Received
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By ** Print AK letter Attachment	NIL FBC5249B / SKP9087B ON 3 Apr 2018 0 Ves 03/04/2018 15:33	Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option	FBCS240B Fully at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	NTL SKP9087B 0 Received
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By * Print AK letter Attachment Accident No.	NIL FBC5240B / SKP9087B ON 3 Apr 2018 0 Yes 03/04/2018 15:33 LIEW SHAN HUI	Contact No.(Home) OI Vehicle Number Insured Liability * Preferenced Repair Option Claim Close Date	FBCS240B Fully at Fault Preferred Workshop, Name unknown Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	NTL SKP9087B 0 Received
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By ** Print AK letter	NIL FBC5240B / SKP9087B ON 3 Apr 2018 0 Yes 03/04/2018 15:33 LIEW SHAN HUI MT/0988792 • Yes No	Contact No.(Home) OI Vehicle Number Insured Liebility * Preferered Repair Option Claim Close Date Claim No.	FBCS240B Fully at Fault Preferred Workshop, Name unknown Save Submit 001 03/04/2018 15:34	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	NTL SKP9087B 0 Received
Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By ** Print AK letter Attachment Accident No. Last Doc, Received	NIL FBC5240B / SKP9087B ON 3 Apr 2018 0 Ves 03/04/2018 15:33 LIEW SHAN HUI MT/0988792 • Yes No	Contact No.(Home) OI Vehicle Number Insured Liebility * Preferered Repair Option Claim Close Date Claim No.	FBC5240B Fully at Fault Preferred Workshop, Name unknown Save Submit 001 03/04/2018 15:34 Category *	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urge	NIL SKP90878 0 0
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By ** Print AK letter Attachment Accident No.	NIL FBC5240B / SKP9087B ON 3 Apr 2018 0 Ves 03/04/2018 15:33 LIEW SHAN HUI MT/0988792 • Yes No	Contact No.(Home) OI Vehicle Number Insured Liebility * Preferered Repair Option Claim Close Date Claim No.	Fully at Fault Fully at Fault Preferred Workshop, Name unknown Save Submit 001 03/04/2018 15:34 Category * Clear Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urge T NO T Normal	NIL SKP90878 0
Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By ** Print AK letter Attachment Accident No. Last Doc, Received	NIL FBC5240B / SKP9087B ON 3 Apr 2018 0 Ves	Contact No.(Home) OI Vehicle Number Insured Liebility * Preferered Repair Option Claim Close Date Claim No.	FBC5240B Fully at Fault Preferred Workshop, Name unknown Save Submit 001 03/04/2018 15:34 Category *	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urge	NIL SKP90878 0

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	7	NO		Normal *	
Clear	Please Select	7.	NO	*	Normal T	
Clear	Please Select	*	NO		Normal *	

		44.
P.	Attachment	LIST

Attachment		Uploaded By/Date	Category	9	Urgency	Description
905 67 115 x21	NAC_PAYA_UBI_800601	NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2016 15:34	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-4-3
1	NAC_PAYA_UBI_800601	NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 15:34	SAS		Normal	SAS 2018-4-3
	NAC_PAYA_UBI_800601	NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 15:34	Photos		Normal	Photos 2018-4-3
10	NAC_PAYA_UBI_B00601	NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 15:34	Photos		Normal	Photos 2018-4-3
A.	NAC_PAYA_UBI_800601	(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 15:34	Photos		Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601	(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 15:34	Photos		Normal	Photos 2018-4-3
	NAC_PAYA_UBI_800601	NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 15:34	Photos		Normal	Photos 2018-4-3
1	NAC_PAYA_UBI_800601	(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 15:34	Photos		Normal	Photos 2018-4-3
2	NAC_PAYA_UBI_800601	(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 15:34	Photos		Normal	Photos 2018-4-3
To	NAC_PAYA_UBI_800601	(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 15:34	Photos		Normal	Photos 2018-4-3
- 8	NAC_PAYA_UBI_800601	(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 15:34	Photos		Normal	Photos 2018-4-3
	Uploaded By/Date	Folder Date	File Name		9	Source

Display in New Window Scan and uploading