

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 06/04/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18006369/13	SAS e-filing		
Veh No: 5CE8939X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 05/04/18 -1740	i-Motor Claim Form	MT/0989359	
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (NSI)	Tel:	Fax:
TP Particulars:	Veh No: 5BX4880A	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

NA1803/11	Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
	2) DA : Damage Assessment (\$100); INC (\$80)			
	3) TF : Towing Fee \$40/\$45			
	4) FT : Follow-Through Survey \$120			
	5) FT : Follow-Through Survey (Resurvey) \$30			
Driver/Owner:	For claiming against INC Only (wef 10 Jan 2005)			
Contact No:	6) TR : Re-inspection \$75			
Damaged Portion:	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	ON*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5			
	TP (N11) : TP (N-n INC) against INC \$20			
Cat. 1:	9) N12: Idac Mobile 30			
Cat. 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	06/04/2018 09:52
Date Of Accident	05/04/2018 17:40
Exact Location Of Accident	SLE TWDS CTE B4 WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE8939X
Insured/Policyholder	
Name Of Registered Owner	SHARON GOH
NRIC No	S1830902E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96483000
Alternative Phone No	OTHERS-96483000

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	5082494901-01
Cover Note Number	

Driver

Name of Driver	LIONEL NG HAO ZE
NRIC No	S9526804H
Date Of Birth	26/07/1995
Occupation	INDOOR
Date Of Driving Pass	20/08/2015
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96668758
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 727 WOODLANDS CIRCLE #12-114
Postcode	730727
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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	SBX4880A
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 2

Vehicle Registration Number	SDJ2869Y
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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

SHB757U

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)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

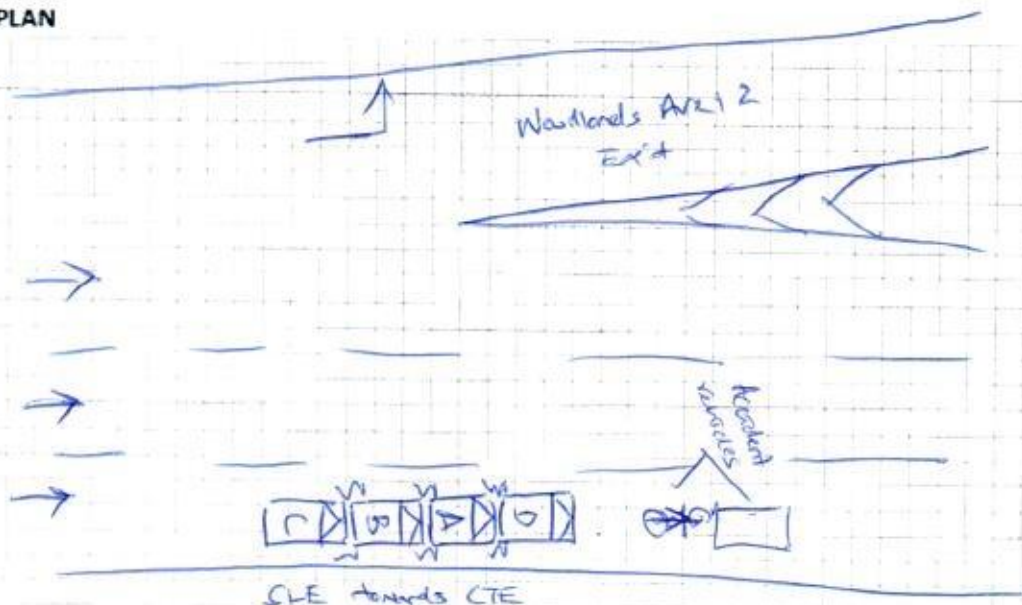
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along SLE towards CTE on the extreme right lane of a 5-lanes expressway. Somewhere before Woodlands Area 12, vehicles ahead of me slowed down and stopped due to accident happened ahead. As such, I applied brake and stopped completely behind veh (D). Out of the sudden, veh (B) came from the left and collided directly into the rear portion of my vehicle. Upon the impact, my vehicle surged forward and collided into veh (D). After the accident, I alighted and realised a total of 4-vehicles were involved in this accident.

A - SLE 8959X

B - SRX 4880A

C - SDJ 2869Y

D - SHB 757U

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.	SLE 8939X	Model / Make	Honda Vezel
Date of Accident	5/4/18		
Time of Accident	5.40pm	HRS	
Location of Accident	SLE towards CTE Before Woodlands Ave 12		
Exact purpose use during accident	AT WORK		
Name of Owner	Sharon Goh		
Telephone No.	H/P: 96483000	Home :	Office :
NRIC	S183902E		
Address	B1K 727, Woodlands Circle #12-114, SC780727		
Claim type	OD	(THIRD PARTY) REPORTING ONLY	
Insurance Company	NTUC		
Type of Coverage	(Comprehensive)	Third Party	Third Party / Fire / Theft
Policy No.			
Name of Driver	As Above If No, Lionel Ng Hao Ze		
NRIC	S9526904H	Any Passengers :	Nil
Date of birth	26/7/1995		
Occupation	Outdoor / (Indoor)		
Driving License Pass Date	29/8/15		
Gender	(Male) / Female		
Contact No.	H/P: 96668758	Home :	Office :
Address	As owner		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If (no), state Mother & Son		
Weather condition	(Clear) Raining Other		
Road Surface	(Dry) Wet Other		
Any Injuries	(No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	SBX 4830A	Any Passengers :	01 (male)
Name of Driver		Contact No. :	
Vehicle C No.	SDJ 2869Y	Any Passengers :	Unknown
Vehicle D No.	SHB 1574	Any Passengers :	Nil
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	sharongoh3000@yahoo.com.sg		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes / (No)
PARTICULAR WORKSHOP	NSI Automotive Pte		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Jing Xian		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@nsi.com.sg		

 **SINGAPORE ARMED FORCES**
IDENTITY CARD

Name
LIONEL NG HAO ZE

NRIC No
S9526804H



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9526804H**
Name:
LIONEL NG HAO ZE

Birth Date: **26 Jul 1995**
Issue Date: **20 Aug 2015**




00 2464207K



GEMALTO93PU108451980613 00000050228223

NRIC No/Colour
S9526804H/ PINK

Race
CHINESE

Date Of Birth
26/07/1995

Service Status
NSman

Blood Group
O (+)

Country Of Birth
SINGAPORE

Military Rank Status
ENLISTEE

Sex
M

N07145335

This card is to be used in conjunction with NRIC



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

EFFECTIVE DATE

Class	Description	Effective Date
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	25 Apr 2016
Class 3A	MOTOR CARS AND MOTOR TRACTORS WITHOUT CLUTCH PEDALS THE WEIGHT OF WHICH UNLOADED DOES NOT EXCEED 2500 KILOGRAMS	20 Aug 2015

S / No. 9000247184

Licence No: S9526804H

NP 428A



Signature Date _____

Arrival Date _____

Date of _____

OFFICIAL TRANSFER Date _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1830902E



Name

SHARON GOH

Race

CHINESE

Date of birth

07-12-1967

Sex

F

Country of birth

SINGAPORE



4738262



NRIC No. S1830902E



Date of issue

25-06-2011

APT BLK 727 WOODLANDS CIRCLE #12-114
SINGAPORE 730727

NRIC No. S1830902E

Date: 29/07/2018

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1830902E

Name

SHARON GOH



Birth Date 07 Dec 1967

Issue Date 03 Aug 2011

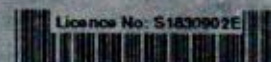


001967991J

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

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg 03 Jul 1993



Licence No. S1830902E

NP 428A

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="05/04/2018 17:40"/>						
Vehicle No.(For Motor)	<input type="text" value="SLE8939X"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5082494901-01	SHARON GOH	S1830902E	GPC	drivo PREMIUM	SLE8939X	SLE8939X	04/08/2017	03/08/2018
				<input type="button" value="Continue"/>					

Claim Handling

Accident MT/0989359

Policy No.	5082494901-01	Vehicle No.	SLE8939X	GST Registration No.	
Policyholder Name	SHARON GOH			Policyholder NRIC	S1830902E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	95483000	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No ▾
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No
▽ Accident Details					
Report Date	06/04/2018 18:19	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	05/04/2018	Time of Accident hh:mm	17:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLE TWDS CTE B4 WOODLANDS AVE 12				
▽ Benefits					
▽ Excess					
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	1
Unnamed Driver Excess	2,500.00	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		Yes	
GST Registration No.		GST Status Verified			
Modification History					
▽ Policyholder Mailing Address					
Address 1	BLK 727 #12-114	Address 2	WOODLANDS CIRCLE	Address 3	SINGAPORE 730727
Address 4		Address Type	Singapore address	Post Code	730727
Unit No.		Related Policy Number	5082494901-01		
▽ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	26/07/1995
Unnamed driver Name	LIONEL NG HAO ZE	Driver NRIC	S9526804H	Driving Experience	2
Register Date of Driver License	20/08/2015	Driver Age	22	Contact No.(Home)	0
Contact No.(Mobile)	96668758	Contact No.(Office)	0	Address 3	SINGAPORE 730727
Address 1	BLK 727	Address 2	WOODLANDS CIRCLE	Post Code	730727
Address 4		Address Type	Singapore address		
Unit No.	#12-114				
Does he own a Singapore Registered car?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

Modification History

Claim 001 OD-MX	<u>New</u>
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Claim Type *	OD-MX	Insured Name	SHARON GOH	Insured NRIC	S1830902E
Contact No.(Mobile)	96483000	Contact No.(Home)	63636163	Contact No.(Office)	
Email Address	sharongoh3000@hotmail.com	Of Vehicle Number	SLE8939X	TP Vehicle Number	SBX4880A
Claim Description	SLE8939X / SBX4880A ON 5 Apr 2018			Name of Preferred Workshop	N51
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	05/04/2018 18:24	Claim Close Date		Date Received	06/04/2018 00:00
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0989359	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/04/2018 00:00

Path *

<input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen	<table border="1"> <thead> <tr> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Descr</th> </tr> </thead> <tbody> <tr> <td>Clear <input type="text" value="Please Select"/></td> <td><input type="text" value="NO"/></td> <td><input type="text" value="Normal"/></td> <td><input type="text"/></td> </tr> <tr> <td>Clear <input type="text" value="Please Select"/></td> <td><input type="text" value="NO"/></td> <td><input type="text" value="Normal"/></td> <td><input type="text"/></td> </tr> <tr> <td>Clear <input type="text" value="Please Select"/></td> <td><input type="text" value="NO"/></td> <td><input type="text" value="Normal"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	Category *	Confidential	Urgency *	Descr	Clear <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>	Clear <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>	Clear <input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
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 Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 18:24	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 18:24	SAS	Normal	SAS 2018-4-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 18:24	Photos	Normal	Photos 2018-4-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 18:24	Photos	Normal	Photos 2018-4-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 18:24	Photos	Normal	Photos 2018-4-6
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 18:24	Photos	Normal	Photos 2018-4-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 18:23	Photos	Normal	Photos 2018-4-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 18:23	Photos	Normal	Photos 2018-4-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 18:23	Photos	Normal	Photos 2018-4-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 18:23	Photos	Normal	Photos 2018-4-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 18:23	Photos	Normal	Photos 2018-4-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 18:23	Photos	Normal	Photos 2018-4-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 18:23	Photos	Normal	Photos 2018-4-6

Video List

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