

NATIONAL Assessment Centre Services

Date In 09/04/18

Ref No NA/INC18006545/13

Veh No 5475396L

D.O.A 07/04/18

1805

QD ☒ Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (within 3hrs, MP 2hrs)

i-Motor Claim Form

i-Motor W/O (within OD 2hrs, TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Date & Time Completed

Done by

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SLB7466R

INC () / Non-INC ()

Tel:

Owner / Driver: (

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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time

Actions

Date & Time Completed

Done by

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

	Ant (\$) 1st Bill	Ant (\$) Add Bill
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		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) NI: Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
OD:		
*N5: Courtesy Car / Tpt Allowance \$5		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$5		
TP (N11): TP (Non INC) against INC \$20		
9) N12: Idac Mobile \$0		

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	09/04/2018 18:57
Date Of Accident	07/04/2018 18:05
Exact Location Of Accident	X-JUNC OF RAFFLES AVENUE & BAYFRONT AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT5396L
Insured/Policyholder	
Name Of Registered Owner	INVEST WELLNESS & SERVICES PTE. LTD.
Co Reg No	201434387Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90915808

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	5089920360
Cover Note Number	

Driver

Name of Driver	SEET ENG CHUAN(XUE YONGCHUAN)
NRIC No	S8313504B
Date Of Birth	03/05/1983
Occupation	OUTDOOR
Date Of Driving Pass	13/11/2003
Driving Experience	14 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83240018
Fax Number	
Contact Number	
Email Address	JOESEET3583@GMAIL.COM

Address BLK 207 SERANGOON CENTRAL
#07-204
Postcode 550207
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION
Weather Conditions RAINING
Road Surface WET

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) 3
Passenger 1 NAME: : UNKNOWN
GENDER: : MALE
Passenger 2 NAME: : UNKNOWN
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-4880999 - FAX NO: 64883561
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180407/2155

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 SLB7466R
Vehicle Make/Model/Colour MAZDA
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver LOH CHIEU KWUAN

NRIC/Passport Number	S1360207G
Contact Number	96319023
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:

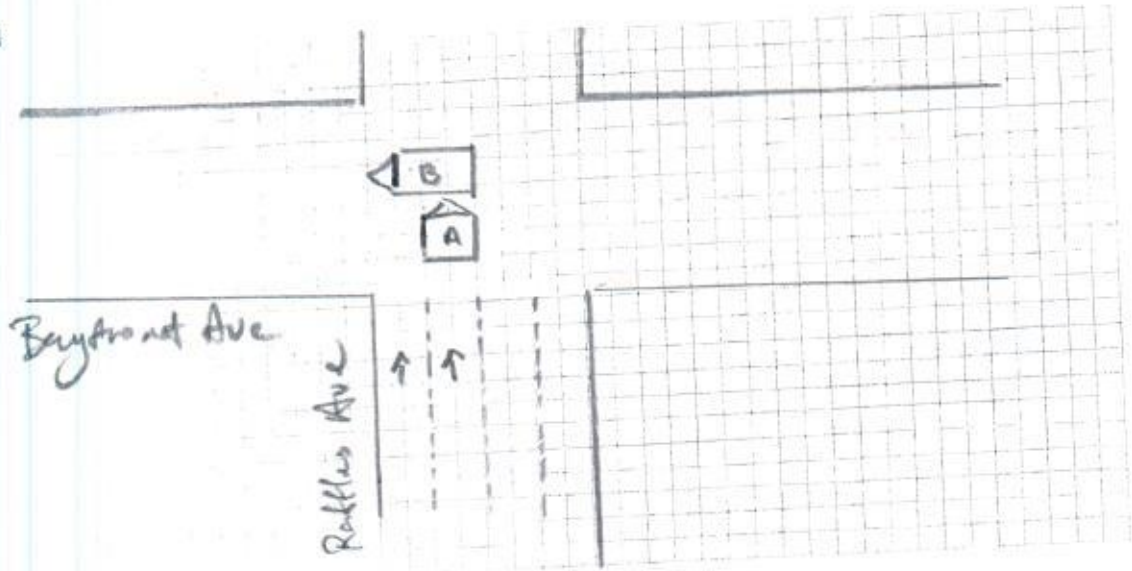
Driver's Signature
(If driver is not the policyholder)
Date & Time:

9/4/18

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

sfm 09/04/18

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20180407/2155

DECLARATION

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

Policyholder's Signature
Date & Time:

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

9/4/18

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

fyw 09/04/18



SINGAPORE POLICE FORCE



T/20180407/2155

1 of 3

Report No. T/20180407/2155

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
07/04/2018 23:42

Vide Report No.:
A/20180407/0178

Station Diary No.:
69

Informant's Particulars

Name of Informant:
SEET ENG CHUAN

Address:
APT BLK 207 SERANGOON CENTRAL #07-204 SINGAPORE
550207

ID Type / ID No.:
NRIC NO / S8313504B

Contact No.:
Home/Office: Mobile: 83240018

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 34 03/05/1983

Type of Informant:
Driver

Race:
Chinese

Language:
English

Institution / School Name:

Occupation:
PRIVATE DRIVER

Driving Licence Information:
Class:

Date of Expiry:

General Information of the Accident

Type of
Accident:

Non-Injury
Government Property

Drink
Drive:
No

Date/Time of
Accident:
07/04/2018 18:05

Type of Location:
X-Junction

Location:
Junction of Road 1 and Road 2
RAFFLES AVENUE
BAYFRONT AVENUE
X-Junction

Weather:
Heavy rain

Road Surface:
Wet

Road Speed Limit:

Traffic Flow:
Dual Carriage Way

Traffic Control:
Traffic Light - Working

Traffic Volume:

Type of Collision:
Between Moving Vehicles - Side Swipe - Opposite Direction

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGT5396L	Car					2
SLB7466R	Car					1

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180407/2155

2 of 3

Report No. T/20180407/2155

Police Station Of Origin:

Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

Tel No: 1800-4880999

CONTINUATION OF REPORT

Driver Name	SEET ENG CHUAN	ID No.	S8313504B
Related Vehicle	NIL	Contact No.	83240018
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 07/04/2018 at about 1803hrs, I was driving my car SGT5396L along Raffles Ave. I stopped at the junction of Raffles Ave and Bayfront Ave as the traffic light was red. Subsequently I saw that the traffic light turned green, thus I proceeded as per normal. When I continue to drive, a vehicle, SLB7466R, came from the right side from Bayfront Ave. I couldn't stopped in time, thus I hit onto the vehicle in the middle of the road. After the hit, the vehicle swerved to the right and hit onto the divider.

After the accident, I came out of the vehicle and I thought that the other driver's passenger was injured, thus I called the ambulance. Ambulance and traffic police came there after and advised us to make a traffic accident report. No one was injured. We then called our towing service to tow our vehicle.

I making this report for insurance claim as well and instructed by the traffic police.



**SINGAPORE
POLICE FORCE**



T/20180407/2155

3 of 3

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20180407/2155

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 TEO JING XIAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI
Contact No.: 65476219

Signature Of Informant:

Date/Time:
07/04/2018 23:42

Classification Of Case:

Authentication Stamp
NP168

ACCIDENT STATEMENT

ACCIDENT DATE: 07, 09, 2018 (DD/MM/YYYY), TIME: 18:05 (HH:MM)

LOCATION: Cross Junction Raffles Ave & Bayfront Ave

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5396L
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5089920360
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Lexus
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Grab
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Invent Wellness & Services P/L (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 2014343877 CONTACT: 90915808
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: LEE EUGENE CHUAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S83135043 CONTACT: 8324008
 c) ADDRESS: Blk 207 Serangoon Central #07-207

* d) DATE OF BIRTH: 03, 05, 1983 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR
 f) YEARS OF DRIVING EXPERIENCE: 15 yrs

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: RENTAL

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS
 b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO) NO
 7. a) REPORTED TO POLICE (YES / NO) YES

IF YES, PLEASE STATE WHICH POLICE STATION: Serangoon NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLB 7466 R MODEL: Mazda 2 * No of passengers (including driver) (2)
 b) DRIVER'S NAME: LOH CHIEU KWAN
 c) NRIC/FIN/PASSPORT: S13602074 CONTACT: 96319023

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____ * No of passengers (including driver) (-)
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = joeset 3583@gmail.com

fax: _____

09/04/18

waiting for vch

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8313504B



Name

SEET ENG CHUAN
(XUE YONGCHUAN)

薛永川

Race

CHINESE

Date of birth

03-05-1983

Sex

M

Country of birth

SINGAPORE

S8313504B

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8313504B

Name

SEET ENG CHUAN
(XUE YONGCHUAN)

Birth Date: 03 May 1983

Issue Date: 13 Nov 2003



000996582K



4649098

NRIC No. S8313504B



Date of issue

23-10-2010

Address

APT BLK 207 SERANGOON CENTRAL
#07-204
SINGAPORE 550207

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

PASS DATE

13 Nov 2003

Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms



Licence No: S8313504B

NP 428A

Hello, NAC_PAYA_UBI_800601

[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5089920360	INVEST WELLNESS & SERVICES PTE. LTD.	201434387Z	GPC	drivo CLASSIC	SGT5396L	SGT5396L	12/04/2017	15/04/2018

4/9/2018

Claim Handling

Accident MT/0989641

Policy No.	5089920360	Vehicle No.	SGT5396L	GST Registration No.	
Policyholder Name	INVEST WELLNESS & SERVICES PTE. LTD.			Policyholder NRIC	201434387Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90915808	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	09/04/2018 19:31	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	07/04/2018	Time of Accident hh:mm	18:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	X-JUNC OF RAFFLES AVENUE & BAYFRONT AVE				
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 Status Verified	No
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	19 SENGKANG EAST AVENUE	Address 2	#01-16 AUSTVILLE RESIDENCE	Address 3	SINGAPORE 544808
Address 4		Address Type	Singapore address	Post Code	544808
Unit No.	01-16	Related Policy Number	5085925234-01		
O1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	03/05/1983
Unnamed driver Name	SEET ENG CHUAN(XUE YONGCH	Driver NRIC	S8313504B	Driving Experience	14
Register Date of Driver License	13/11/2003	Driver Age	34	Contact No.(Home)	0
Contact No.(Mobile)	83240018	Contact No.(Office)	0	Address 3	SINGAPORE 550207
Address 1	BLK 207	Address 2	SERANGOON CENTRAL	Post Code	550207
Address 4		Address Type	Singapore address		
Unit No.	#07-204			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	INVEST WELLNESS & SERVICES	Insured NRIC	201434387Z
Contact No.(Mobile)	90915808	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	investwellness.sg@gmail.com	O1 Vehicle Number	SGT5396L	TP Vehicle Number	SLB7466R
Claim Description	SGT5396L / SLB7466R ON 7 Apr 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	09/04/2018 19:37	Claim Close Date		Date Received	09/04/2018 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/0989641	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	09/04/2018 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 09 Apr 2018 19:37	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 19:37	SAS	Normal	SAS 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 19:37	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 19:37	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 19:37	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 19:37	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 19:36	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 19:36	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 19:36	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 19:36	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 19:36	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 19:36	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 19:36	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 19:36	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 19:36	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 19:36	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 19:36	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 19:36	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 19:36	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 19:36	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 19:36	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 19:36	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 19:36	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 19:36	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 19:36	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 19:36	Photos	Normal	Photos 2018-4-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 19:36	Photos	Normal	Photos 2018-4-9

Video List

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