

# NATIONAL Assessment Centre Services

Part 1 (3/3/05)

MMA 118049534

Date In: 14/14/18 11:27	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC 18006921164	E-mail (within 3hrs, APC 2hrs)		
Veh No: YM 6672 G	i-Motor Claim Form	MT10990371	14/14/18 17:40
D.O.A: 13/14/18 14:30	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only	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: Lamp post.	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

NA 1802342	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For cleaning against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
Cal 1:			
Cal 2 / 3:			

## 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 14/04/2018 11:27  
 Date Of Accident 13/04/2018 14:30  
 Exact Location Of Accident MOSQUE STREET LAMP POST NUMBER 20  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number YM6672G  
**Insured/Policyholder**  
 Name Of Registered Owner NEW GUAN HONG TRADING PTE LTD  
 Co Reg No 200100061H  
 Email Address NOEMAIL  
 Mobile Phone No  
 Alternative Phone No OFFICE-63832121

### Vehicle Particulars

Manufacturer ISUZU  
 Model NPR75L  
 Exact Purpose for which vehicle was being used at time of accident WORKING  
 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 COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  
 Type Of Coverage COMPREHENSIVE  
 Fleet Policy NO  
 Policy Number 5072000808-02  
 Cover Note Number -

### Driver

Name of Driver LI YAN  
 NRIC No G2657078L  
 Date Of Birth 08/09/1991  
 Occupation OUTDOOR  
 Date Of Driving Pass 26/08/2016  
 Driving Experience 1 YEAR AND 7 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-94698133  
 Fax Number  
 Contact Number  
 Email Address NOEMAIL

Address C/O 41 PHILIPS AVE  
 Postcode 546974  
 Was driver an employee of the Insured's Company YES  
 If No, Relationship of the Driver with the Insured  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### General Information of the Accident

Type Of Accident COLLIDED INTO PROPERTY  
 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?  
 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? YES  
 If Yes, Please state which Police Station  
 Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE  
 Police Station Address ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-4890999 - FAX NO: 63128989  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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  
 Vehicle Make/Model/Colour LAMP POST  
 Details Of Properties  
 Vehicle Category NA/UNKNOWN  
 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

Please Refer to Police Report

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.:



# SINGAPORE POLICE FORCE



T/20180413/2132

1 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20180413/2132

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/04/2018 17:40	Vide Report No.:	Station Diary No.: 111
--	------------------	---------------------------

**Informant's Particulars**

Informant's Particulars			
Name of Informant: LI YAN			Address: C/O 41 Phillips Avenue SINGAPORE 546974
ID Type / ID No.: FIN NO / G2657078L			Contact No.: Home/Office: Mobile: 94698133
Nationality: CHINESE			Email:
Sex: Male	Age: 26	Date of Birth: 08/09/1991	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Truck Driver		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 13/04/2018 00:00	Type of Location: Straight Road
Location: Along Road 1 MOSQUE STREET				
Lamp Post Number: 20		Road Surface: Wet		Road Speed Limit:
Weather: Raining		Traffic Control:		Traffic Volume: No Traffic
Traffic Flow: One Way		Anyone conveyed by ambulance: No		
Type of Collision: Moving Vehicle Against - Lamp Post				

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YM6672G	Lorry				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE  
POLICE FORCE**



T/20180413/2132

2 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20180413/2132

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LI YAN	ID No.	G2657078L
Related Vehicle	NIL	Contact No.	94698133
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 13/04/2018 at about 1420hrs, I was driving my company lorry bearing vehicle registration plate number YM6672G along Mosque Street a one way road. Subsequently, I stopped my vehicle at the side of the road and went to work.

On the same day at about 1430hrs, I went back to my vehicle and there are vehicles parked in front of me. As such, I reversed my vehicle as I wanted to move out and leave incident location.

After which, I felt an impact on the rear of my vehicle and I came out to make a check and noticed that I have collision with a lamp post number 20. I noticed that the rear portion of my vehicle sustained dents and scratches.

The lamp post then fell and landed on the pathway but however nobody was injured due to the accident. I then told the nearby store owner that I have to work and I left my name and contact with him, I told him if anything happens can contact me. There is CCTV around the vicinity of incident location.



**SINGAPORE  
POLICE FORCE**



T/20180413/2132

3 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20180413/2132

**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 TAI YOONG CHAN, DOMINIQUE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

SN 085



Authentication Stamp

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

13/04/2018 17:40

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of a man

Licence Number: **G 2657078 L**

Name: **LI YAN**

Birth Date: **08 Sep 1991**

Issue Date: **07 Sep 2015**

Valid Till: **06/09/2020**

Barcode: 002470480A

SG 50

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

	EFFECTIVE DATE
Class 3 MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	26 Aug 2016

G2657078L

S / No. 9000234951

NP 428A

Barcode: Licence No: G2657078L



## WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer

NEW GUAN HONG TRADING PTE LTD

Sector

MANUFACTURING

Name

LI YAN

Occupation

LORRY/ TRUCK DRIVER



Work Permit No.

0 75703396



Date of Application

27-05-2015

Date of Issue

26-05-2017

Date of Expiry

01-06-2019



L7971889

**VISIT PASS**  
**Immigration Regulations**

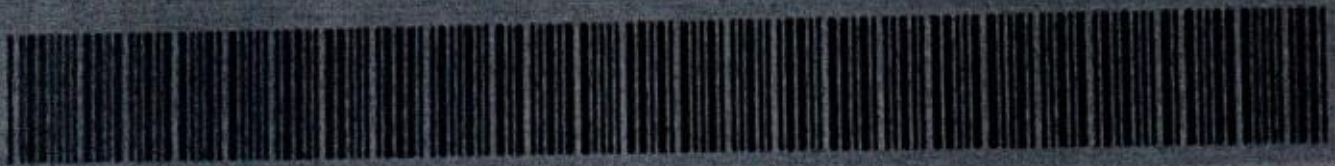
Name

LI YAN

Date of Birth	Sex	Nationality
08-09-1991	M	CHINESE
FIN	Date of Issue	Date of Expiry
G2657078L	26-05-2017	01-06-2019

**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED  
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**



## 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 :** 5072000808-02

**Cover :** Comprehensive

- |  |  |
|--|--|
| 1. Index mark and Registration Number of Vehicle<br>Chassis Number<br>2. Name of Policyholder<br>3. Effective Date of Insurance<br>4. Expiry Date of Insurance<br>5. Persons or Classes of Persons entitled to drive#<br>(a) The Policyholder.<br>(b) Any other person who is driving on the Policyholder's order or with his/her permission.<br>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. | : YM6672G<br>: JAANPR75L77100146<br>: NEW GUAN HONG TRADING PTE LTD<br>: 12 Jun 2017<br>: 11 Jun 2018<br><br>6. Limitations as to Use#<br>(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.<br>(b) Use for the carriage of passengers or goods in connection with the Policyholder's business. |
|--|--|

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# 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
INSURE WITH COE	:	YES
HIRE PURCHASE COMPANY	:	N/A
SUM INSURED	:	MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)  
 Date of Issue : 23 May 2017 11:25 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
 Authorised Officer



\_\_\_\_\_  
 Chief Executive

4/14/2018

## Claim Handling

Accident MT/0990371

Policy No.	5072000808-02	Vehicle No.	YM6672G	GST Registration No.	200100061H
Policyholder Name	NEW GUAN HONG TRADING PTE LTD	Cover Type	Comprehensive	Policyholder NRIC	200100061H
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	63832121	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KPK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

## ▼ Accident Details

Report Date	14/04/2018 17:34	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	13/04/2018	Time of Accident hh:mm	14:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MOSQUE STREET LAMP POST NUMBER 20				

## ▼ Benefits

Own damage Excess	600.00	Additional Excess	Windscreen Excess	1
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		

## ▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/01/2015
GST Registration No.	200100061H	GST Status Verified	No
Modification History			

## ▼ Policyholder Mailing Address

Address 1	41 PHILLIPS AVENUE	Address 2	SINGAPORE 546974	Address 3	
Address 4		Address Type	Singapore address	Post Code	546974
Unit No.		Related Policy Number	S092599048		

## ▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	08/09/1991
Unnamed driver Name	LI YAN	Driver NRIC	G2657078L	Driving Experience	1
Register Date of Driver License	26/08/2016	Driver Age	26	Contact No.(Home)	
Contact No.(Mobile)	94698133	Contact No.(Office)		Address 3	
Address 1	41 PHILLIPS AVENUE	Address 2	SINGAPORE 546974	Post Code	546974
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.			

## Declaration

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

## Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	NEW GUAN HONG TRADING PTE	Insured NRIC	200100061H
Contact No.(Mobile)	96162121	Contact No.(Home)	63832121	Contact No.(Office)	63737706
Email Address		O1 Vehicle Number	YM6672G	TP Vehicle Number	LAMP POST
Claim Description	YM6672G / LAMP POST	Insured Liability *	Full at Fault	Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Require Finalisation	Yes	Claim Close Date		Date Received	14/04/2018 00:00
Date Registered	14/04/2018 17:39				
Report Taken By	LIEW SHAN HUI				
<input type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0990371	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/04/2018 17:40
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		

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 14 Apr 2018 17:40	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 17:40	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 17:40	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 17:40	SAS	Normal	SAS 2018-4-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 17:40	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 17:40	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 17:40	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 17:39	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 17:39	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 17:39	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 17:39	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 17:39	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 17:39	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 17:39	Photos	Normal	Photos 2018-4-14

Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------

Display in New Window

Scan and uploading