

NATIONAL Assessment Centre Services

Part 1 (2-2005)

MNA118050100

Date In: 16/4/18 13:35	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC18006951/h4	E-mail (within 3hrs; A/C 2hrs)		
Veh No: 332 5292	i-Motor Claim Form	MT/0990565	16/4/18 16:39
D.O.A: 15/4/18 15:15	i-Motor W/O (Within: OD 2hrs; TP 4hrs)		
OD: <input checked="" type="radio"/> Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / GW: (Tel:	Fax:
TP Particulars:	INC () / Non-INC ()	
Veh No: 332 2838	Tel:	
Owner / Driver: (Cover Type: (
Policy No: (Period: (
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:-	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

Claimant's Particulars :-	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		in Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$40)			
Damaged Portion:	3) TP: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 19 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	Q1:			
	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	*N9: TP (N11) - TP (N11) against INC \$20			
	*N10: TP (N11) - TP (N11) against INC \$30			
	9) N12: Idac Mobile			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

Auditors' Comments :-

Sat 1:

Sat 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 16/04/2018 13:35
 Date Of Accident 15/04/2018 15:15
 Exact Location Of Accident MELAKA TO SINGAPORE (E2)
 Country/State of Loss MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJZ529L
Insured/Policyholder
 Name Of Registered Owner LIN XINYI
 NRIC No S8632399J
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-91086915
 Alternative Phone No OFFICE-91086915

Vehicle Particulars

Manufacturer HYUNDAI
 Model AVANTE 1.6 AT ABS D/AB 2WD 4DR
 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 5087605600
 Cover Note Number -

Driver

Name of Driver PHYO THET ZAW
 NRIC No G5021582U
 Date Of Birth 26/07/1979
 Occupation INDOOR
 Date Of Driving Pass 10/04/2018
 Driving Experience 0 YEAR AND 0 MONTH
 Gender MALE
 Mobile Number (LOCAL) +65-91086915
 Fax Number
 Contact Number
 Email Address NOEMAIL

Address BLK 334C YISHUN ST 31 #04-121
 Postcode 763334
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured SPOUSE
 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 HEAVY RAIN
 Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? YES
 Foreign Vehicle Registration Number JJF2838 (PRIVATE CAR)
 Number of vehicles involved in the accident 7
 Was any body injured in the Accident? YES
 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: LIN XINYI
 GENDER: FEMALE
 Passenger 2 NAME: TAYLOR
 GENDER: FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 POLICE STATION NAME [OTHER] KULAIJAYA
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

ON 15/04/2018 AROUND 1515 HRS, I WAS DRIVING MY VEH CAR PLATE NUMBER SJZ529L MODEL HYUNDAI AVENTE FROM MELAKA TO SINGAPORE. WHEN THAT TIME I WAS DRIVING ON THE RIGHT LANE AT KM35.7 LEBUH RAYA UTARA SELANTAN ARAH SELATAN, I STOP MY VEH DUE TO THE VEH C (JMW6708) MODEL CAMRY WHICH WAS IN FRONT OF ME STOP. SUDDENLY VEH B (JJF2838) MODEL NISSAN SENTRA COLLIDED ONTO MY VEH REAR PORTION DUE TO THE IMPACT MY VEH BEEN PUSH FORWARD HIT ONTO VEH C REAR PORTION. I WAS NO INJURY BUT MY WIFE FEEL PAIN ON HER NECK AND BACK. MY VEH WAS SUFFER DAMAGE ON FRONT AND BACK. THAT ALL

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 JJF2838
 Vehicle Make/Model/Colour
 Details Of Properties PRIVATE CAR
 Vehicle Category
 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 JMW6708
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 WC6584X
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 4

Vehicle Registration Number SLH6507G
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 5

Vehicle Registration Number WA3383K
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

DETAILS OF OTHER VEHICLE PROPERTY 6

Vehicle Registration Number

SKH9798A

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 INJURED PERSON 1

Name

LIN XINYI

Approximate Age

Injuries Sustain

NECK N BACK

Injured person in which vehicle?

SJZ529L

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

PHYO THET ZAW

Approximate Age

Injuries Sustain

NECK N BACK

Injured person in which vehicle?

SJZ529L

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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



A = SJZ 529 L
 B = J3F 2738
 C = JMW 6708
 D = WC 6584X
 E = SLH 6507 G
 F = WA 3383 K
 G = SKH 9798 A.

Melaka to Singapore
 (E2)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

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.:



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TRAFIK KULAIJAYA
 Daerah : KULAIJAYA
 Kontinjen : JOHOR
 No Repot : TRAFIK KULAIJAYA/003613/18
 Tarikh : 15/04/2018
 Waktu : 1725 PM
 Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R131361
 No Repot Bersangkut : TRAFIK
 KULAIJAYA/003611/18

Butir-butir Penerima Repot

Nama : MAXEN GREG VINCENT

No Personel : R194588

Pangkat : KONST/P

Butir-butir Jurubahasa (Jika Ada)

Nama : ---

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : ---

Bahasa Asal : ---

Alamat : ---

Butir-butir Pengadu

Nama : PHYO THET ZAW

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : MB289295

No Sijil Beranak : ---

Jantina : Lelaki

Tarikh Lahir : 26/07/1979

Umur : 38 tahun 8 bulan

Keturunan : Myanmar

Warganegara : Myanmar

Pekerjaan : PROJECT MANAGER

Alamat Tempat Tinggal : APT BLK 334C YISHUN STREET 31 #04-121, SINGAPORE, 763334

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : ---

No Tel (Pejabat) : ---

No Tel (HP) : 6591086915

Emel : ---

Pengadu Menyatakan:-

PADA 15/04/2018 JAM LEBIH KURANG 1515HRS SAYA MEMANDU M/KAR NO.SJZ529L JENIS H/AVANTE DARI MELAKA KE SINGAPURA.PADA KETIKA ITU,SEMASA SAYA BERADA DI LORONG KANAN KM 35.7 LEBUH RAYA UTARA SELATAN ARAH SELATAN.SAYA MEMBERHENTIKAN M/KAR KERANA SEBUAH M/KAR NO.JMW6708 JENIS T/CAMRY YANG BERADA DI HADAPAN SAYA TELAH BERHENTI,TIBA-TIBA DATANG SEBUAH M/KAR NO.JJF2838 JENIS N/SENTRA DARI ARAH BELAKANG TELAH MELANGGAR BAHAGIAN BELAKANG M/KAR DAN MENYEBABKAN M/KAR SAYA TELAH TERGANJAK KE DEPAN LALU MELANGGAR BAHAGIAN BELAKANG M/KAR YANG BERADA DI HADAPAN SAYA ITU.SAYA TIDAK CEDERA.MANAKALA,ISTERI SAYA (NAMA:LIN XINYI ID.S8632399J)MENGALAMI KECEDERAAN SAKIT DI BAHAGIAN LEHER,SAKTI-SAKIT DI BAHAGIAN BELAKANG.KEROSAKAN M/KAR SAYA DI BAHAGIAN DEPAN BUMPER.BAHAGIAN BUMPER,EKZOS,BONET DAN LAIN-LAIN KEROSAKAN BELUM PASTI.SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada) :

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

: R194588 | 15/04/2018 05:41:02 PM

REPUBLIC OF SINGAPORE

FIN G5021582U



Name
PHYTO THET ZAW

Date of Birth: 26-07-1979
Nationality: MYANMAR
Sex: M

G5021582U

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: G5021582U



Name: PHYTO THET ZAW

Birth Date: 26 Jul 1979

Issue Date: 10 Apr 2018

Valid Till 05/12/2021



FA2077365

VISIT PASS

Immigration Regulations



FIN G5021582U

MULTIPLE JOURNEY VISA ISSUED

Date of Issue: 05-04-2018
Date of Expiry: 05-04-2020



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

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 10 Apr 2018

NP 428A



Licence No:G5021582U

Hello, NAC_PAVA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[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"/>	5087605600	LIN XINYI	S8632399J	GPC	drive CLASSIC	SJZ529L	SJZ529L	24/01/2017	24/04/2018

Claim Handling

Accident MT/0990565

Policy No.	S087605600	Vehicle No.	SJZ529L	GST Registration No.	
Policyholder Name	LIN XINYI	Cover Type	drive CLASSIC	Policyholder NRIC	S8632399J
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	91086915	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	15/04/2018 16:32	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	15/04/2018	Time of Accident hh:mm	15:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MELAKA TO SINGAPORE (E2)				
Benefits					
Excess					
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	1
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 232 #04-106	Address 2	BISHAN STREET 22	Address 3	SINGAPORE 570232
Address 4		Address Type	Singapore address	Post Code	570232
Unit No.		Related Policy Number	S087605600-01		
OI Driver Info					
Driver Name	PHYD THET ZAW	Driver Type	Main Driver	Driver DOB	26/07/1979
Unnamed driver Name		Driver NRIC	G5021582U	Driving Experience	6
Register Date of Driver License	06/12/2011	Driver Age	38	Contact No.(Home)	
Contact No.(Mobile)	91086915	Contact No.(Office)		Address 3	YISHUN RIVERWALK
Address 1	BLK 334C #04-121	Address 2	YISHUN STREET 31	Post Code	763334
Address 4	SINGAPORE 763334	Address Type	Singapore address		
Unit No.	04-121			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?	<input type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LIN XINYI	Insured NRIC	S8632399J
Contact No.(Mobile)	91060255	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	xinyi20703@hotmail.com	OI Vehicle Number	SJZ529L	TP Vehicle Number	JJF2838
Claim Description	SJZ529L / JJF2838 ON 15 Apr 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	15/04/2018 16:35	Claim Close Date		Date Received	16/04/2018 00:00
Report Taken By	JEW SHAN HUI				
<input type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0990565	Claim No.	001
Last Doc. Received	<input type="radio"/> Yes <input type="radio"/> No	Upload Date	16/04/2018 16:39
Path *			
Choose File	No file chosen	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

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 16 Apr 2018 16:39	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2018 16:39	SAS	Normal	SAS 2018-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2018 16:39	Photos	Normal	Photos 2018-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2018 16:39	Photos	Normal	Photos 2018-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2018 16:39	Photos	Normal	Photos 2018-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2018 16:38	Photos	Normal	Photos 2018-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2018 16:38	Photos	Normal	Photos 2018-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2018 16:38	Photos	Normal	Photos 2018-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2018 16:38	Photos	Normal	Photos 2018-4-16
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2018 16:38	Photos	Normal	Photos 2018-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2018 16:36	Photos	Normal	Photos 2018-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2018 16:36	Photos	Normal	Photos 2018-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2018 16:36	Photos	Normal	Photos 2018-4-16
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2018 16:35	Photos	Normal	Photos 2018-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2018 16:35	Photos	Normal	Photos 2018-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2018 16:35	Photos	Normal	Photos 2018-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2018 16:35	Photos	Normal	Photos 2018-4-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2018 16:35	Photos	Normal	Photos 2018-4-16

Video List

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