

Date In: 17/4/18 14:43	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC18007088/64	E-mail (within 3hrs, A/C 2hrs)		
Veh No: GBC6544T	i-Motor Claim Form	MT/0990806	17/4/18 17:29
D.O.A: 16/4/18 07:50	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> 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: SHB 5710X	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

MA1802408	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$40)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
	Q1:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
at 1:	9) N12: Idac Mobile \$0		
at 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	17/04/2018 14:43
Date Of Accident	16/04/2018 07:50
Exact Location Of Accident	SELETAR WEST LINK TWDS CTE (CITY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC6544T
Insured/Policyholder	
Name Of Registered Owner	GUTHRIE ENGINEERING (S) PTE LTD
Co Reg No	195100006K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98785888

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
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	THIRD PARTY
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	5065971132-03
Cover Note Number	-

Driver

Name of Driver	MUTHAIYAN VELMURUGAN
NRIC No	G7664962L
Date Of Birth	24/09/1979
Occupation	OUTDOOR
Date Of Driving Pass	30/10/2013
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83759601
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	SIMPANG LODGE 2 YISHUN AVE 7 C1-03-04
Postcode	768930
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	COLLISION - CHANGE/CROSS LANE
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?	
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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE

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

PLEASE REFER TO 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	SHB5710X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHEONG CHUEN WEY
NRIC/Passport Number	
Contact Number	97851813

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

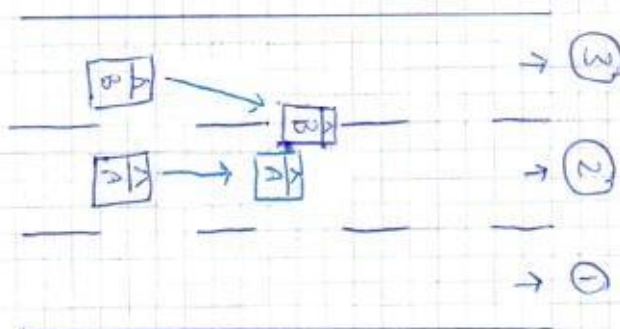
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

SELETAR WEST LINK TOWARDS CTE(CITY) before SELETAR WEST LINK - SELETAR AEROSPACE DRIVE T-JUNCTION.

A- GBC 6544T

B- SHB 5710X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along SELETAR WEST LINK TOWARDS CTE(CITY) on center of 3-lane carriageway. Somewhere before SELETAR WEST LINK - SELETAR AEROSPACE DRIVE T-JUNCTION, veh(B) from the extreme left lane out of sudden swerve towards my path without signaling causing veh(B) right rear portion collided onto my FRONT LEFT portion. Therefore, we exchanged particulars after the accident.

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)



Reporting Centre Personnel's Signature

Name:

Vehicle No.	GBC 6544T	Model / Make	NISSAN NV200
Date of Accident	16/04/18		
Time of Accident	07:50 AM	HRS	
Location of Accident	SELETAR WEST LINK TOWARDS CTE(CITY) before SELETAR WEST LINK		
Exact purpose use during accident	WORKING hour		
Name of Owner	GUTHRIE ENGINEERING (S) PTE LTD		
Telephone No.	H/P: LEE CHONG: 9872 9888	Home :	Office :
NRIC	195100006K		
Address	6 ALJUNIED AVENUE 3 #04-00 S(389932)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5065471132-03		
Name of Driver	As Above If No, MUTHAIYAN VELMURUGAN		
NRIC	G 7664962L	Any Passengers : 3(MALE)	
Date of birth	24/09/1979		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	30/10/2013		
Gender	Male	/	Female
Contact No.	H/P: 8875 9601	Home :	Office :
Address	SIMPANG LODGE 2 YISHUN AVE 7 C1-03-04		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	
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.	SHB 5710 X	Any Passengers : 1(MALE)	
Name of Driver	CHONG CHUEN WEY	Contact No.: 9785 1813	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	LEFT: PORTION		
Camera Recorder	Yes / No		
Email Address	—		
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	JUN MING.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		

SELETAR
AEROSPACE
DRIVE
T-JUNCTION

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

Employer
QUTHRIE ENGINEERING (S) PTE LTD



Name
MUTHAIYAN VELMURUGAN

Work Permit No.
D 33022743

Sector
CONSTRUCTION



K0065808



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G7664962L**
Name

MUTHAIYAN VELMURUGAN

Birth Date: **24 Sep 1979**

Issue Date: **30 Oct 2013**

Valid Till **29 Oct 2018**



VISIT PASS
Immigration Regulations

08-12-2017

Name
MUTHAIYAN VELMURUGAN

FIN
07664962L

Date of Birth
24-09-1979 Sex
M

Nationality
INDIAN

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.

Download SGWorkPass
App to check status



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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 30 Oct 2013
Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 30 Oct 2013

NP 428A



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 : 5065971132-03

Cover : Comprehensive

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle
Chassis Number
2. Name of Policyholder
3. Effective Date of Insurance
4. Expiry Date of Insurance
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
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.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
(b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | : GBC6544T
: VSKYBAM20U0038869
: GUTHRIE ENGINEERING (S) PTE LTD
: 12 Jun 2017
: 11 Jun 2018 |
|---|---|

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 : TELESales-DIRECT MARKETING (00000601661)
 Date of Issue : 06 Jun 2017 11:35 hrs
 Reprint : 06 Jun 2017 11:36 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

 Authorised Officer



 Chief Executive

Transaction ref 20130612120611859309

The owner and vehicle particulars for Vehicle No. GBC6544T as at 12 Jun 2013 are as follows:

1. Name	: GUTHRIE ENGINEERING (S) PTE LTD
2. Identification No. Type	: Company
3. Identification No.	: 195100006K
4. Place Of Passport Issue	: -
5. Registered Address	: 6 ALJUNIED AVENUE 3 #04-00 SINGAPORE 389932
6. Mailing Address	: -
7. Vehicle No.	: GBC6544T
8. Effective Date of Ownership	: 12 Jun 2013
9. Original Registration Date	: 12 Jun 2013
10. First Registration Date	: 12 Jun 2013
11. Vehicle Type	: A50 - Goods (Closed) Van/Van Panel (Delivery)
12. Vehicle Scheme	: Normal
13. Attachment 1	: No Attachment
14. Attachment 2	: -
15. Attachment 3	: -
16. Vehicle Make	: NISSAN
17. Vehicle Model	: NV200 1.5L MT ABS AIRBAG 2WD 6DR
18. Year of Manufacture	: 2012
19. Primary Colour	: Silver
20. Secondary Colour	: -
21. Passenger Capacity	: 1
22. Chassis/Trailer Chassis No.	: VSKYBAM20U0038869 / -
23. Propellant	: Diesel
24. Engine No./Motor No.	: K9KF276D126903 / -
25. Engine Capacity(cc)/Power Rating(kw)	: 1461 / -
26. Unladen Weight(kg)	: 1320
27. Maximum Laden Weight(kg)	: 2000
28. Open Market Value	: \$22,455.00
29. PARF Eligibility	: No
30. PARF Eligibility Expiry Date	: -
31. Minimum PARF Benefit	: \$0.00
32. IU Label No.	: -
33. COE No.	: 2013050105000275G
34. COE Expiry Date	: 11 Jun 2023
35. COE Category	: C - Goods Vehicle & Bus
36. Quota Premium/Prevailing Quota Premium	: \$58,502.00
37. Actual Quota Premium/PQP Paid	: \$58,502.00
38. Actual ARF Paid	: \$1,123.00
39. CO2 Emission(g/km)	: 137.00
40. Actual CEVS Rebate Utilised	: -
41. CEVS Surcharge Paid	: -
42. Actual Green Vehicle Rebate Utilised	: -
43. Vehicle Lifespan Expiry Date	: 11 Jun 2033
44. Road Tax Amount	: \$157.00
45. Road Tax Start Date	: 12 Jun 2013
46. Road Tax End Date	: 11 Dec 2013
47. Remarks	: This vehicle requires side marking. To renew the COE, the Prevailing Quota Premium payable is that of Category C.

Claim Handling

Accident MT/0990806

Policy No.	5065971132-03	Vehicle No.	GBC6544T	GST Registration No.	
Policyholder Name	GUTHRIE ENGINEERING (S) PTE LTD	Cover Type	Comprehensive	Policyholder NRIC	195100006K
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)		Loading	0
Contact No.(Mobile)	98785888	Special Remark		Contact No.(Home)	
Email Address		TCA	No Yes	eCode	No
KFK	No Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	17/04/2018 17:24	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	16/04/2018	Time of Accident hh:mm	07:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SELETAR WEST LINK TWDS CTE (CITY)				
Benefits					
Excess					
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	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	6 ALJUNIED AVENUE 3	Address 2	#04-00	Address 3	SINGAPORE 389932
Address 4		Address Type	Singapore address	Post Code	389932
Unit No.		Related Policy Number	5099866480		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	24/09/1979
Unnamed driver Name	MUTHAIYAN VELMURUGAN	Driver NRIC	G7664962L	Driving Experience	4
Register Date of Driver License	30/10/2013	Driver Age	38	Contact No.(Home)	
Contact No.(Mobile)	83759601	Contact No.(Office)		Address 3	SINGAPORE 768930
Address 1	20 YISHUN AVENUE 7	Address 2	#C1-03-04 SIMPANG LODGE 2	Post Code	768930
Address 4		Address Type	Singapore address		
Unit No.	C1-03-04			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

New

Claim Type *	OD-MX	Insured Name	GUTHRIE ENGINEERING (S) PTE	Insured NRIC	195100006K
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67462222
Email Address		01 Vehicle Number	GBC6544T	TP Vehicle Number	SHB5710X
Claim Description	GBC6544T / SHB5710X ON 16 Apr 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	17/04/2018 00:00
Date Registered	17/04/2018 17:27	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0990806	Claim No.	001			
Last Doc. Received	Yes No	Upload Date	17/04/2018 17:29			
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	

4/17/2018

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	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 17 Apr 2018 17:29	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 17:29	SAS	Normal	SAS 2018-4-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 17:29	Photos	Normal	Photos 2018-4-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 17:29	Photos	Normal	Photos 2018-4-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 17:29	Photos	Normal	Photos 2018-4-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 17:28	Photos	Normal	Photos 2018-4-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 17:28	Photos	Normal	Photos 2018-4-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 17:28	Photos	Normal	Photos 2018-4-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 17:28	Photos	Normal	Photos 2018-4-17
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 17:28	Photos	Normal	Photos 2018-4-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 17:28	Photos	Normal	Photos 2018-4-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 17:28	Photos	Normal	Photos 2018-4-17
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 17:28	Photos	Normal	Photos 2018-4-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 17:28	Photos	Normal	Photos 2018-4-17

Video List

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

Scan and uploading