

# NATIONAL Assessment Centre Services

[Ref: 30/10/2018]

\* Gift Submission on 19/11/2018. Take Note.

Date In: 17/04/2018 15:05	Job description	Date & Time Completed	Done by
Ref No: NA/INC18007249/14	SAS e-filing		
Veh No: SJW 651G	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/04/2018 08:15	i-Motor Claim Form	MT10990056 202	2019/18 10:12
OD TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SGM 6747M	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

<p>NA18012508</p> <p><b>Claimant's Particulars:-</b></p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p><b>Auditors' Comments:-</b></p> <p>Cat. 1:</p> <p>Cat. 2 / 3:</p>	<p><b>Invoice Preparation Checklist</b></p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TF: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) i-T: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idac DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>OD*</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idac Mobile \$30</p> <p>Invoice dated</p> <p>Fee Charged</p>	<p>Amt (\$) 1st Bill</p> <p>Amt (\$) Add Bill</p>
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## 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 15:05
Date Of Accident	11/04/2018 08:15
Exact Location Of Accident	TPE TWDS PIE FROM WOODLAND
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJW651G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VISION LIMO SERVICES
Co Reg No	53308983B
Email Address	VANI1172@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81896225
Alternative Phone No	OFFICE-81896225
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	FORTUNER 2.7 2WD AUTO FL
Exact Purpose for which vehicle was being used at time of accident	TO WORK
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	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094819052
Cover Note Number	
<b>Driver</b>	
Name of Driver	VANITHA D/O JAGANATHAN MRS JEGADESAN VANITHA
NRIC No	S7230445D
Date Of Birth	11/08/1972
Occupation	INDOOR
Date Of Driving Pass	08/08/2006
Driving Experience	11 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81896225
Fax Number	
Contact Number	OTHERS-81896225
Email Address	VANI1172@HOTMAIL.COM

Address	BLK 758 WOODLANDS AVENUE 6 #10-40
Postcode	730758
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	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGM6747M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DOREEN
NRIC/Passport Number	
Contact Number	97488542
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

SJW651G

NTUC

94881051

RAAKASH

### 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:

16/4/18

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

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

19/4/2018

SKETCH PLAN

11/04/2018 @ 8.15 am ①

TPE

TPE  
SLE



From  
Woodlands

A-SJW 651G  
B-SGM 6747M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was drive along ~~to~~ TPE SLE  
From woodland toward PIE.  
Hit vehicle B when vehicle B needed  
a sudden Jam brace Damage  
Damage on vehicle A is on the front.  
Damage on vehicle B is only on the  
Bumper.

DECLARATION

I/we declare the foregoing particulars are true in every respect.



Policyholder's Signature

Date & Time:

16/4/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

11/4/2018 @ 8.15am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

19/4/2018



# ACCIDENT STATEMENT

ACCIDENT DATE: 11/04/2018 (DD/MM/YYYY), TIME: 08:15 (HH:MM) am

LOCATION: TPE Toward PIE From Woodland

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 8JW 651G  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5094819052  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Toyota Fortuna  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: To work  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: VISION LIMO. Services (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 81896225 CONTACT: 81896225  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## 3. DRIVER

- a) NAME: Vani Dlo Sagarathen (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S12304451D CONTACT: 81896225  
 c) ADDRESS: B1C 75B Woodland Ave 6 #01-03  
(5730758)

\* d) DATE OF BIRTH: 11/08/1992 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 12 yrs

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

## 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

## 6. WAS ANYBODY INJURED (YES / NO)

## 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGM 6747M MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: Doreen  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9748854

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger (including d) (1)

HIRED

\* No of passenger (including d) (-)

\* No of passenger (including d) (-)

\* Call no response  
19/4/2018 @ 10:35 AM

Email = vani1172@hotmail.com

fax = vani1172@hotmail.com

\* Waiting for IC & DL?



Name

VANITHA D/O JAGANATHAN  
MRS JEGADESAN VANITHA

வனிதா

Race

INDIAN

Date of birth

11-08-1972

Sex

F

S7230445D

Country/Place of birth  
SINGAPORE



5860581



NRIC No. S7230445D



Date of issue

29-01-2018

Address

APT BLK 75B WOODLANDS AVENUE 6  
#10-40  
SINGAPORE 730758



REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence Number S 7230445 D

Name

VANITHA D/O JAGANATHAN

Birth Date 11 Aug 1972

Issue Date 03 Oct 2012



002111381A





ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

3A Motor cars without clutch pedals (Auto) =< 3000kg 08 Aug 2006  
with =< 7 passengers, exclusive of the driver; and  
other motor vehicles without clutch pedals =< 2500kg

Licence No: S7230445D



Hello, NAC\_PAYA\_UBI\_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

## Policy Query

Policy No.

Date of Accident

11/04/2018 08:15

Vehicle No. (For Motor)

SJW651G

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094819052	VISION LIMO SERVICES	53308983B	GPC	drivo CLASSIC	SJW651G	SJW651G	06/10/2017	31/08/2018

Continue



## Claim Handling

Task Transfer Exit

LOS SAL SUB

## ▼ Accident MT/0990056

Policy No.	5094819052	Vehicle No.	SJW651G	GST Registration No.	
Policyholder Name	VISION LIMO SERVICES			Policyholder NRIC	53308983B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No. (Mobile)	NA	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	No ▼
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

## ▼ Accident Details

Report Date	12/04/2018 11:30	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	11/04/2018	Time of Accident hh:mm	08:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TOWARDS AMK AVE 5				

## ▼ Benefits

## ▼ Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	100.00
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 Registration No.		GST Status Verified	Yes
Modification History	13/04/2018 10:54:01 Nur Shahira Hassan changed GST Registered from Yes to No 13/04/2018 10:54:01 Nur Shahira Hassan changed GST Registration No. from 53308983B to null 13/04/2018 10:54:01 Nur Shahira Hassan changed GST Registration Date from 24/08/2015 to null		

## ▼ Policyholder Mailing Address

Address 1	73 MACKENZIE ROAD	Address 2	SINGAPORE 228729	Address 3	
Address 4		Address Type	Singapore address	Post Code	228729
Unit No.		Related Policy Number	5094819052		

## ▼ OI Driver Info

Driver Name	Driver Type		
Unnamed driver Name	Driver NRIC	Driver DOB	
Register Date of Driver License	Driver Age	Driving Experience	
Contact No. (Mobile)	Contact No. (Office)	Contact No. (Home)	
Address 1	Address 2	Address 3	

## Claim Handling

Accident MT/0990056

Policy No.	5094819052	Vehicle No.	S1W651G	GST Registration No.	
Policyholder Name	VISION LIMO SERVICES			Policyholder NRIC	533089838
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KfK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

▼ Accident Details

Report Date	12/04/2018 11:30	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	11/04/2018	Time of Accident hh:mm	08:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TOWARDS AMK AVE 5				

## 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 Registration No.		GST Status Verified	Yes
Modification History	13/04/2018 10:54:01 Nur Shahira Hassan changed GST Registered from Yes to No 13/04/2018 10:54:01 Nur Shahira Hassan changed GST Registration No. from 533089838 to null 13/04/2018 10:54:01 Nur Shahira Hassan changed GST Registration Date from 24/08/2015 to null		

## Policyholder Mailing Address

Address 1	73 MACKENZIE ROAD	Address 2	SINGAPORE 228729	Address 3	
Address 4		Address Type	Singapore address	Post Code	228729
Unit No.		Related Policy Number	5094819052		

## 01 Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	VISION LIMO SERVICES	Insured NRIC	533089838
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	S1W651G	TP Vehicle Number	SGM6747M
Claim Description	S1W651G / SGM6747M ON 11 Apr 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Fully at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	20/04/2018 10:10	Claim Close Date		Date Received	20/04/2018 00:00
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save Submit

## Attachment

Accident No.	MT/0990056	Claim No.	002
Last Doc. Received	Yes No	Upload Date	20/04/2018 10:12

Path \*

Category *	Confidential	Urgency *	Descr
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	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













Choose File No file chosen

Choose File No file chosen



Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2018 10:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2018 10:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2018 10:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2018 10:11	SAS	Normal	SAS 2018-4-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2018 10:11	Photos	Normal	Photos 2018-4-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2018 10:11	Photos	Normal	Photos 2018-4-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2018 10:11	Photos	Normal	Photos 2018-4-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2018 10:11	Photos	Normal	Photos 2018-4-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2018 10:11	Photos	Normal	Photos 2018-4-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2018 10:10	Photos	Normal	Photos 2018-4-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2018 10:10	Photos	Normal	Photos 2018-4-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2018 10:10	Photos	Normal	Photos 2018-4-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2018 10:10	Photos	Normal	Photos 2018-4-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2018 10:10	Photos	Normal	Photos 2018-4-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2018 10:10	Photos	Normal	Photos 2018-4-20

Video List

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

Scan and uploading