NATIONAL Assessment Centre Services

	Job description	Date & Time Completed	Done by
Date In: 27/04/18			
Ref No: NA/INC180007758/13	SAS e-filing		
Veh No: FM1420B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/04/18 0330	i-Motor Claim Form	MT/0990913-	002
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: FY5620 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

NA1802645

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		Amt ($) 1st Bill	Amt ($) 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) N1 : 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	30		
Invoice dated	*Fee Charged*		[redacted]
Invoice dated	*Fee Charged*	[redacted]	

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 27/04/2018 12:25

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 witholding 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	27/04/2018 12:03
Date Of Accident	15/04/2018 23:20
Exact Location Of Accident	NICOLL DR NEAR SAFRA SOUTH FERRY TERMINAL
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FH1420B
Insured/Policyholder	
Name Of Registered Owner	MOHD YUSOFF B AMAT
NRIC No	S1610131A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97322519
Alternative Phone No	OTHERS-97322519
Vehicle Particulars	
Manufacturer	YAMAHA
Model	RXZ
Exact Purpose for which vehicle was being used at time of accident	OTW TO WORK
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5061704439-04
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD ASYRAF BIN MOHD YUSOFF
NRIC No	S9114746G
Date Of Birth	03/05/1991
Occupation	OUTDOOR
Date Of Driving Pass	10/12/2009
Driving Experience	8 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83211151
Fax Number	
Contact Number	
EMail Address	MD-ASYRAF@HOTMAIL.COM

Address	BLK 133 GEYLANG EAST AVE 1 #10-205
Postcode	380133
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	**ROAD**: BLK 54 PIPIT ROAD #01-82/84 , **POSTCODE:** 370054 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-7449999 - **FAX NO**: 65476366
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180426/2172

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	FY5662D
Vehicle Make/Model/Colour	HONDA CB400SF4J
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	MUHAMMAD ASYRAF BIN MOHD YUSOFF
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FH1420B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	UNKNOWN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FY5662D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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:

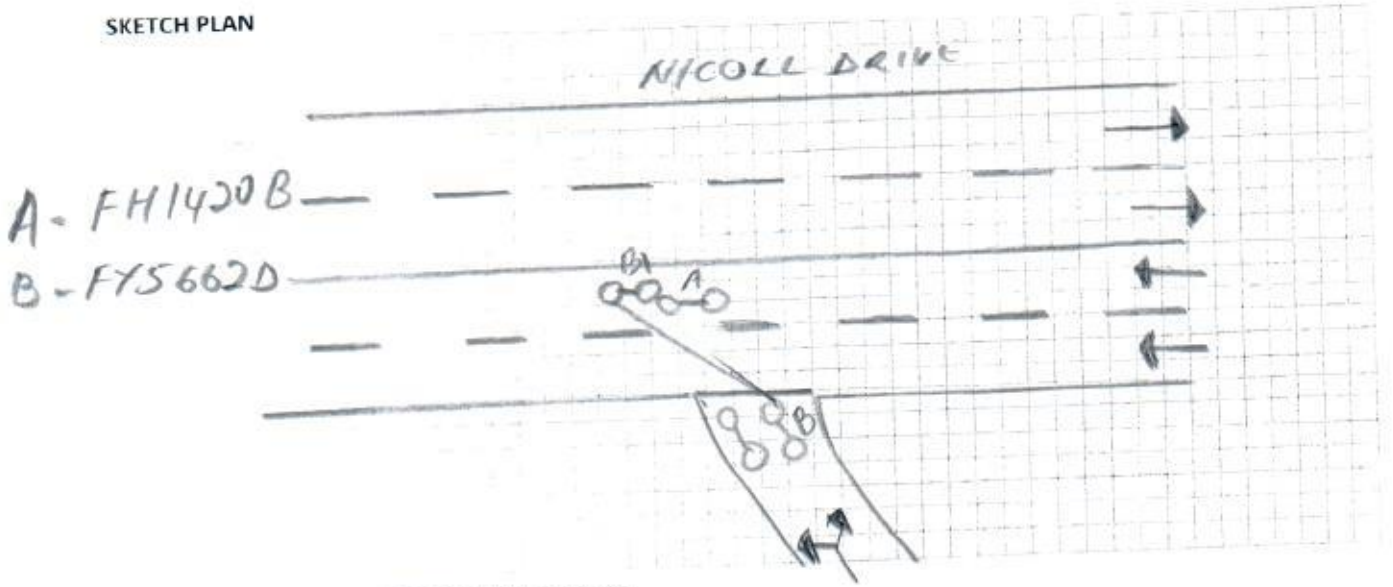
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

27/04/18

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

P/S refer to the police report: T/20180426/2172

DECLARATION

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

27/04/18

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/20180426/2172

Report No. T/20180426/2172

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
26/04/2018 22:01	P/20180415/0073	44

Informant's Particulars

Name of Informant: MUHAMMAD ASYRAF BIN MOHD YUSOFF			Address: APT BLK 133 GEYLANG EAST AVENUE 1 #10-205 SINGAPORE 380133	
ID Type / ID No.: NRIC NO / S9114746G			Contact No.: Home/Office:	Mobile: 83211151
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 26	Date of Birth: 03/05/1991	Type of Informant: Rider	
Race: Indonesian			Language:	Institution / School Name:
Occupation: AIRCRAFT REFUEILER			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/04/2018 23:20	Type of Location: Straight Road

Location:
Along Road 1
NICOLL DRIVE

Near Safra South Ferry Terminal

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FH1420B	Motorcycle	YAMAHA	RXZ	Blue	Slightly Damaged	0
FY5662D	Motorcycle	HONDA	CB400SF4J	Black	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20180426/2172

Report No. T/20180426/2172

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE 370054
Tel No: 1800-7449999

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD ASYRAF BIN MOHD YUSOFF	ID No.	S9114746G
Related Vehicle	FH1420B (Motorcycle)	Contact No.	83211151
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/04/2018	Date Discharge	18/04/2018
No. of Days granted Medical Leave	33	Degree of Injury	Serious

Brief Details.

On 15/04/18 at about 2320hrs, I was riding my motorcycle to work at roughly about 30 - 40km/h. While I was making my way there, there were two rider who came out of the carpark. Both of them were talking to each other and did not notice that my bike was nearing them. They then did not check their blindspot and went out of the carpark. Once they saw my bike it was already too late to jam break and I collided into the rear of the motorcycle (FY5662D). Both of us flew out of our bike. Shortly after, TP and ambulance arrived to our location. Both of us was then conveyed to the hospital. There is no camera installed on my bike.

I was given 33 days MC for left foot wound debridement and closure due to the accident. I wish to state I lodged a traffic accident report now because my left foot was in pain and infection causing fever.

SINGAPORE
POLICE FORCE

T/20180426/2172

Report No. T/20180426/2172

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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: G / Sgt 2 MELSON CHEW WEI JIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/04/2018 22:01
Officer In Charge Of Case: TP / GIT / Insp NORHIDAWATI BINTE AHMAD Contact No.: 65476310	Classification Of Case:
Authentication Stamp NP168	SINGAPORE POLICE FORCE SIGNATURE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9114746G

Name

MUHAMMAD ASYRAF BIN MOHD YUSOFF

Birth Date 03 May 1991

Issue Date 10 Dec 2009

001811032C

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9114746G

Name

MUHAMMAD ASYRAF BIN MOHD YUSOFF

محمد أشرف بن محمد يوسف

Race

INDONESIAN

Date of birth 03-05-1991

Sex M

Country of birth SINGAPORE

Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	10 Dec 2009
Class 2A	MOTORCYCLES BETWEEN 200 CC AND 400 CC	16 Jan 2011
Class 2	MOTORCYCLES EXCEEDING 400 CC	26 Apr 2013
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGH OF WHICH UNLADEN DOES NOT EXCEED 2000 KILOGRAMS	23 Dec 2009
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGH OF WHICH UNLADEN EXCEED 2000 KILOGRAMS	30 Oct 2015

S / No. 9000241707

S9114746G

Licence No. S9114746G

NRIC No. S9114746G

Date of issue 12-06-2006

Address

APT BLK 133 GEYLANG EAST AVENUE 1
#10-205
SINGAPORE 380133

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language | Change Password | Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident 15/04/2018 23:20

Vehicle No.(For Motor) FH1420B

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5061704439-04	MOHD YUSOFF B AMAT	S1610131A	GMC	Third Party	FH1420B	FH1420B	01/03/2018	28/02/2019

Continue

Claim Handling

Accident MT/0990913

Policy No.	5061704439-04	Vehicle No.	FH1420B	GST Registration No.	
Policyholder Name	MOHD YUSOFF B AMAT			Policyholder NRIC	S1610131A
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	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(%)	20	Private Hire	Not available

Accident Details

Report Date	18/04/2018 15:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	15/04/2018	Time of Accident hh:mm	23:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG NICOLL DRIVE AND CHANGI FERRY ROAD NEAR EXIT OF CARPARK 5				

Benefits

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
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 Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 133 #10-205	Address 2	GEYLANG EAST AVENUE 1	Address 3	SINGAPORE 380133
Address 4		Address Type	Singapore address	Post Code	380133
Unit No.		Related Policy Number	5061704439-04		

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	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX New

Claim Type *	OD-MX	Insured Name	MOHD YUSOFF B AMAT	Insured NRIC	S1610131A
Contact No.(Mobile)	97322519	Contact No.(Home)	67461124	Contact No.(Office)	NIL
Email Address		OI Vehicle Number	FH1420B	TP Vehicle Number	FYS662D
Claim Description	FH1420B / FYS662D ON 15 Apr 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Prefered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	27/04/2018 18:28	Claim Close Date		Date Received	27/04/2018 00:00
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Save Submit

Attachment

Accident No.	MT/0990913	Claim No.	002
Last Doc. Received	Yes No	Upload Date	27/04/2018 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	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	

Message Read

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Apr 2018 18:28	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Apr 2018 18:28	SAS	Normal	SAS 2018-4-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Apr 2018 18:28	Photos	Normal	Photos 2018-4-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Apr 2018 18:28	Photos	Normal	Photos 2018-4-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Apr 2018 18:28	Photos	Normal	Photos 2018-4-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Apr 2018 18:28	Photos	Normal	Photos 2018-4-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Apr 2018 18:27	Photos	Normal	Photos 2018-4-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Apr 2018 18:27	Photos	Normal	Photos 2018-4-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Apr 2018 18:27	Photos	Normal	Photos 2018-4-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Apr 2018 18:27	Photos	Normal	Photos 2018-4-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Apr 2018 18:27	Photos	Normal	Photos 2018-4-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Apr 2018 18:27	Photos	Normal	Photos 2018-4-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Apr 2018 18:26	Photos	Normal	Photos 2018-4-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Apr 2018 18:26	Photos	Normal	Photos 2018-4-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Apr 2018 18:26	Photos	Normal	Photos 2018-4-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Apr 2018 18:26	Photos	Normal	Photos 2018-4-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Apr 2018 18:26	Photos	Normal	Photos 2018-4-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Apr 2018 18:26	Photos	Normal	Photos 2018-4-27

Video List

Uploaded By/Date	Folder Date	File Name	Source

Display in New Window | Scan and uploading