

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	27/04/2018 11:47
Date Of Accident	26/04/2018 08:20
Exact Location Of Accident	B4 CROSS JUNC OF LOYANG AVE TWDS TAMPINES AVE 7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS6658X
Insured/Policyholder	
Name Of Registered Owner	FORTE AUTO LEASING PTE LTD
Co Reg No	201631486C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97984296

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5094228784
Cover Note Number	-

Driver

Name of Driver	MOHAMMAD TAIB BIN PONANG
NRIC No	S7430333A
Date Of Birth	13/09/1974
Occupation	OUTDOOR
Date Of Driving Pass	06/09/2001
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90393868
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 338 TAMPINES ST 33 #04-216
Postcode	520338
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?	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)	2
Passenger 1	NAME: : SHARMINE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES EAST NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 263 TAMPINES STREET 21 #01-128 , POSTCODE: 520263 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7839999 - FAX NO: 67832500
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	SJM852X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

SKETCH PLAN


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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:

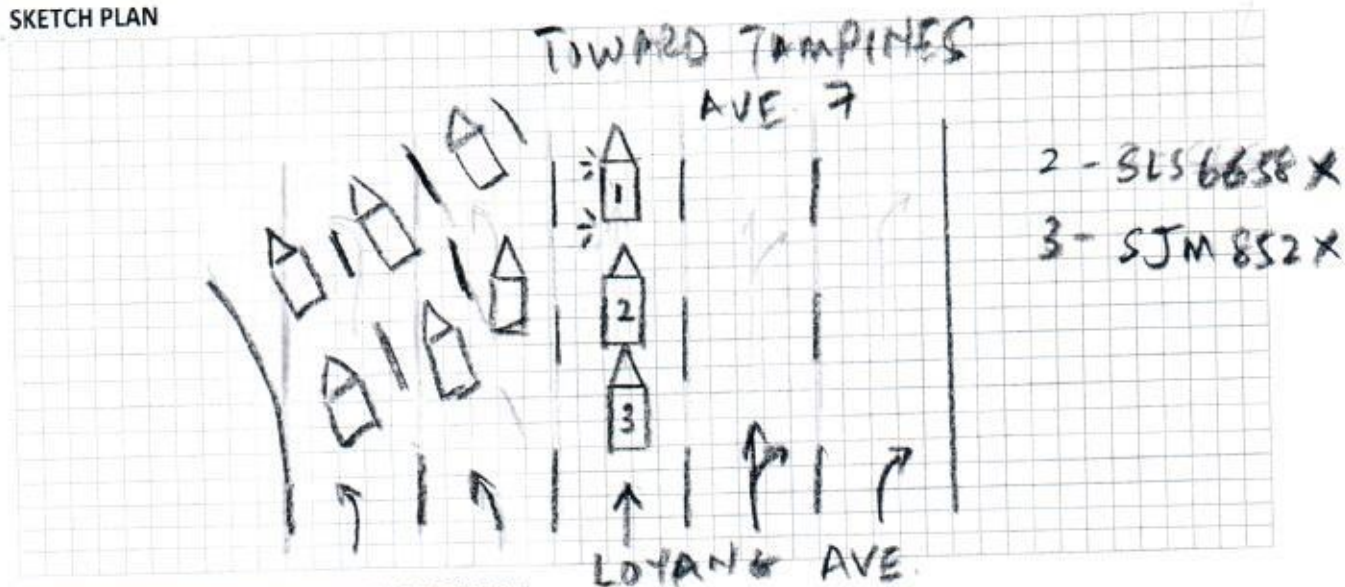
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 26 / 04 / 2018 (DD/MM/YYYY), TIME: 08 : 20 (HH:MM)

LOCATION: Before Cross Junction of Loyang Ave TW Tampines Ave 7

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SL5 6658x
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda Stream
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Commercial Use
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: Forte Auto Leasing Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 91984296
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Mohamed Taib Bin Ponang (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 90393868
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer

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: Tampines East NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJM 852x MODEL: Hyundai Avante
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

*No of passenger
(Including driver)
(2)

female

*No of passenger
(Including driver)
(2)

*No of passenger
(Including driver)
()

Email = admin@blazemotoring.com.sg
fax = 63858262



SINGAPORE POLICE FORCE



T/20180426/2116

1 of 4

Report No. T/20180426/2116

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
26/04/2018 16:50

Vide Report No.:

Station Diary No.:
32

Informant's Particulars

Name of Informant:
MOHAMMAD TAIB BIN PONANG

Address:
APT BLK 338 TAMPINES STREET 33 #04-216 SINGAPORE
520338

ID Type / ID No.:
NRIC NO / S7430333A

Contact No.:
Home/Office: Mobile: 90393868

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 43 13/09/1974

Type of Informant:
Driver

Race:
Javanese

Language:

Institution / School Name:

Occupation:
PRIVATE HIRE DRIVER

Driving Licence Information:
Class: 2B,2A,3

Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/04/2018 08:20	Type of Location: Straight Road
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Location:
Along Road 1
LOYANG AVENUE

Before cross junction of Loyang Avenue towards Tampines Ave 7

Weather: Clear	Road Surface: Dry	Road Speed Limit:
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Traffic Flow: One Way	Traffic Control:	Traffic Volume: Heavy
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Type of Collision: Moving Vehicle Against - Parked Vehicle	Anyone conveyed by ambulance: No
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Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM852X	Car				Slightly Damaged	1
SLS6658X	Car				Slightly Damaged	1

Details of Person Involved

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



SINGAPORE POLICE FORCE



T/20180426/2116

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Report No. T/20180426/2116

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

CONTINUATION OF REPORT

Name	WONG TECK YAN		ID No.	S1706473
Related Vehicle	SJM852X (Car)		Contact No.	84225176
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver Name	MOHAMMAD TAIB BIN PONANG		ID No.	S7430333A
Related Vehicle	SLS6658X (Car)		Contact No.	90393868
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Passenger Name	SHARMINE		ID No.	NIL
Related Vehicle	SLS6658X (Car)		Contact No.	88115488
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	05	Degree of Injury	NIL	

Brief Details.

On the 26/04/2018 at about 0822hrs I was driving my private hired vehicle, plate no. SLS6658X along Loyang Ave towards Tampines Ave 7 with one passenger on board in the right rear seat. I was travelling on the 3rd lane at that point of time. The car in front of me was signaling to the left wanting to change lane and subsequently came to a stop as the traffic was too heavy. I then follow and came to a stop, about 1 to 2 seconds later an impact came from the rear.

The vehicle, SJM852X behind me did not stop in time and hit on to my rear. I came down of my vehicle and make a check and took photos of the damages. We then agreed to send our passengers on board 1st and meet up later on to settle the details. I send my passenger to her location and inform her to let me know if she feels unwell later in the day due to the accident. She left me her particulars as Sharmine, HP: 88115488.



**SINGAPORE
POLICE FORCE**



T/20180426/2116

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Report No. T/20180426/2116

Police Station Of Origin:

Tampines East NPP

263 Tampines Street 21 #01-138

SINGAPORE 520263

Tel No: 1800-7839999

CONTINUATION OF REPORT

At about 0900hrs I met up with the other party and at first we agreed on private settlement. My vehicle rear door suffered dent in it. The opposite party's vehicle front bumper and bonnet was misaligned and slight dent on the front left bonnet. He had one passenger on board.

At about 1435hrs my passenger told me that she was issued with 5 days of medical leave. After making enquiries with my company, they inform me that I had to make a report for insurance claim due to my passenger having more than 5 days medical leave.

The other driver and I are not injured at the point of the accident.

The driver of vehicle SJM852X is Wong Teck Yan, M/1965, S1706473H, HP: 84225176



SINGAPORE
POLICE FORCE



T/20180426/2116

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Report No. T/20180426/2116

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

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 ANABELLE TEY SOO LIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Signature Of Informant:

Date/Time:

26/04/2018 16:50

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7430333A**

Name: **MOHAMMAD TAIB BIN PONANG**

Exp. Date: **13 Sep 1974**

Issue Date: **22 Apr 2003**

1000410514C

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7430333A**

Name: **MOHAMMAD TAIB BIN PONANG**

محمد طيب بن فونغ

Race: **JAVANESE**

Date of birth: **13-09-1974** Sex: **M**

Country of birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Valid Until
Class 2B	Motorcycles not exceeding 200 cc	09 Mar 1992
Class 2A	Motorcycles between 201 cc and 400 cc	25 Aug 1990
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	08 Sep 2001

Licence No: **S7430333A**

NP 425A

3993462

NRIC No. **S7430333A**

Date of issue: **25-01-2007**

Address: **APT BLK 338 TAMPINES STREET 33
#04-216
SINGAPORE 520338**

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: 5094228784

Cover : Third Party, Fire & Theft

- | | |
|---|------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLS6658X |
| Chassis Number | : RN61085236 |
| 2. Name of Policyholder | : FORTE AUTO LEASING PTE LTD |
| 3. Effective Date of Insurance | : 17 Oct 2017 |
| 4. Expiry Date of Insurance | : 16 Oct 2018 |
| 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 or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TAI THONG LEE TRADING PTE LTD
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 : ANIKA INS BROKERS & CONSULTANTS P/L (00000690423)
Date of Issue : 12 Sep 2017 18:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

The premium on this policy has not been collected.

Accident MT/0992187

Policy No.	5094228784	Vehicle No.	SL56658X	GST Registration No.	
Policyholder Name	FORTE AUTO LEASING PTE LTD			Policyholder NRIC	201631486C
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	97984296	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	Yes
Accident Details					
Report Date	28/04/2018 09:36	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	26/04/2018	Time of Accident hh:mm	08:20	Country of Accident	Singapore
Reporting Centre		Orange force		ICM No.	
Accident Location	B4 CROSS JUNC OF LOYANG AVE TWDS TAMPINES AVE 7				
Benefits					
Excess					
Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	53 UBI AVENUE 1	Address 2	#05 - 44 PAYA UBI INDUSTRIAL	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	01-62	Related Policy Number	5097558305		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	13/09/1974
Unnamed driver Name	MOHAMMAD TALIB BIN PONANG	Driver NRIC	S7430333A	Driving Experience	16
Register Date of Driver License	06/09/2001	Driver Age	43	Contact No.(Home)	
Contact No.(Mobile)	90393868	Contact No.(Office)		Address 3	SINGAPORE 520338
Address 1	BLK 338 #04-216	Address 2	TAMPINES STREET 33	Post Code	520338
Address 4		Address Type	Singapore address		
Unit No.	04-216				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	FORTE AUTO LEASING PTE LTD	Insured NRIC	201631486C
Contact No.(Mobile)	97984296	Contact No.(Home)		Contact No.(Office)	+
Email Address		OI Vehicle Number	SL56658X	TP Vehicle Number	SJM852X
Claim Description	SL56658X / SJM852X ON 26 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	28/04/2018 00:00
Date Registered	28/04/2018 09:40	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0992187	Claim No.	001
Last Doc. Received	Yes No	Upload Date	28/04/2018 09:41
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 28 Apr 2018 09:41	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Apr 2018 09:41	SAS	Normal	SAS 2018-4-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Apr 2018 09:40	Photos	Normal	Photos 2018-4-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Apr 2018 09:40	Photos	Normal	Photos 2018-4-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Apr 2018 09:40	Photos	Normal	Photos 2018-4-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Apr 2018 09:40	Photos	Normal	Photos 2018-4-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Apr 2018 09:40	Photos	Normal	Photos 2018-4-28
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Apr 2018 09:40	Photos	Normal	Photos 2018-4-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Apr 2018 09:40	Photos	Normal	Photos 2018-4-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Apr 2018 09:40	Photos	Normal	Photos 2018-4-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Apr 2018 09:40	Photos	Normal	Photos 2018-4-28

Video List

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