

NATIONAL Assessment Centre Services

Ref: JN-175

Date In: 05/05/2018 17:39	Job description	Date & Time Completed	Done by
Ref No: NA/INC18008240/KY	SAS e-filing		
Veh No: 56Y4988J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 05/05/2018 12:25	i-Motor Claim Form	MT/0993406 + tol	8/5/18 11:05
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: 5JB5349H	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 rate of repair.

() 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	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat 1:	For claiming against INC Only (wef 10 Jan 2003)		
Cat 2/3:	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 (N'n INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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	05/05/2018 17:39
Date Of Accident	05/05/2018 12:25
Exact Location Of Accident	UBI DR (TRAFFIC JUNCTION)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY4988J
Insured/Policyholder	
Name Of Registered Owner	TIO YUEN LEONG
NRIC No	S7101180A
Email Address	DYNO1212@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82357088
Alternative Phone No	OTHERS-82357088

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8 RSZ A
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	5070695694-02
Cover Note Number	

Driver

Name of Driver	TIO YUEN LEONG
NRIC No	S7101180A
Date Of Birth	16/01/1971
Occupation	INDOOR
Date Of Driving Pass	01/12/1989
Driving Experience	28 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82357088
Fax Number	
Contact Number	OTHERS-82357088
Email Address	DYNO1212@GMAIL.COM

Address	BLK 125 HOUGANG AVE 1 #11-1486
Postcode	530125
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	SJB5349H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH ZHI SHEN
NRIC/Passport Number	S9514021A
Contact Number	93695998
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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: 5/5/2018

Driver's Signature

(If driver is not the policyholder)
Date & Time: 5/5/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Reported on 5/5/2018
@ 1500HRS.

ACCIDENT STATEMENT

ACCIDENT DATE: 5/5/2018 (DD/MM/YYYY), TIME: 12:25 (HH:MM)

LOCATION: UBI DR (Traffic Junction)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGY4988J
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No. of passenger
(including driver)
(1)

- DRIVER
a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 82357088
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) OWNER

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: 5JB5349H MODEL: _____
b) DRIVER'S NAME: KOH ZHI SHEN CONTACT: 93695998
c) NRIC/FIN/PASSPORT: S9514021A

9. THIRD PARTY VEHICLE

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

No. of passenger
(including driver)
()

No. of passenger
(including driver)
()

email = dyno1212@gmail.com

fax = dyno1212@gmail.com ✓

Waiting for IC?

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7101180A



Name

TIO YUEN LEONG

Race

CHINESE

Date of Birth

16-01-1971

Sex

M

Country of Birth

SINGAPORE



04551



NRIC No. **S7101180A**



Blood Group Date of issue

B+ **01-08-1992**

PT BLK 125 HOUGANG AVENUE 1 #11 - 1486
NGAPORE 530125

RIC No: S7101180A Date: 02/11/2010 No: 6622061

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Tio Yuen Leong

License Number: **S7101180A**

Name: **TIO YUEN LEONG**

Birth Date: **16 Jan 1971**

Issue Date: **22 Sep 2003**

Barcode: 000246359G

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

Class	Description	PASS DATE
Class 2	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	01 Dec 1988

STWOOD

201, Ng Mo K, Industrial Park, 2A

#01-02 AMK Technic 5567761

Website: www.stwood.com.sg

Fax: 6341 4500

Tel: 6341 4500

NP 428A

Barcode: Licence No. S7101180A

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: 5070695694-02

Cover : drive CLASSIC

- | | |
|---|------------------|
| 1. Index mark and Registration Number of Vehicle | : SGY4988J |
| Chassis Number | : RN61038393 |
| 2. Name of Policyholder | : TIO YUEN LEONG |
| 3. Effective Date of Insurance | : 27 Sep 2017 |
| 4. Expiry Date of Insurance | : 26 Sep 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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: S\$1,500
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TIO YUEN LEONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
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)

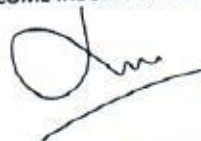
Agency : TELESales-DIRECT MARKETING (00000601661)
Date of Issue : 22 Sep 2017 18:10 hrs
Reprint : 22 Sep 2017 18:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC_PAYA_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"/>	5070695694-02	TIO YUEN LEONG	S7101180A	GPC	drivo CLASSIC	SGY4988J	SGY4988J	27/09/2017	26/09/2018

▼ Policy Information

Policy No.	5070695694-02	Policyholder Name	TIO YUEN LEONG	Policyholder NRIC	S7101180A
Address	BLK 125 #11-1486 HOUGANG AVENUE 1 SINGAPORE 530125				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	22/09/2017	Effective Date	27/09/2017 00:00	Expiry Date	26/09/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	1500	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	TELESALES-DIRECT MARKETING Agent Tel.			GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 125 #11-1486	Address 2	HOUGANG AVENUE 1	Address 3	SINGAPORE 530125
Address 4		Address Type	Singapore address	Post Code	530125
Unit No.		Related Policy Number	5070695694-02		

▶ Insured Object: SGY4988J

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/0993406

Policy No.	5070695694-02	Vehicle No.	SGY4988J	GST Registration No.	
Policyholder Name	TIO YUEN LEONG			Policyholder NRIC	S7101180A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	82357088	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	08/05/2018 10:59	Accident Report Within 24 hrs	Yes	Accident Type	Coll
Date of Accident	05/05/2018	Time of Accident hh:mm	12:25	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	UB1 DR (TRAFFIC JUNCTION)				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess	1500.00	Windscreen Excess	100.
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 Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 125 #11-1486	Address 2	HOUANG AVENUE 1	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	530
Unit No.		Related Policy Number	5070695694-02		

▼ OI Driver Info

Driver Name	TIO YUEN LEONG	Driver Type	Main Driver	Driver DOB	16/05/1989
Unnamed driver Name		Driver NRIC	S7101180A	Driving Experience	29
Register Date of Driver License	01/01/1989	Driver Age	47	Contact No.(Home)	0
Contact No.(Mobile)	82357088	Contact No.(Office)	0	Address 3	
Address 1	BLK 125	Address 2	HOUANG AVENUE 1	Post Code	530
Address 4		Address Type	Singapore address		
Unit No.	#11-1486			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
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	TIO YUEN LEONG	Insured NRIC	S7101180A
Contact No.(Mobile)	82357088	Contact No.(Home)	63489912	Contact No.(Office)	
Email Address	tiollee96@gmail.com	OI Vehicle Number	SGY4988J	TP Vehicle Number	SJB5349H
Claim Description	SGY4988J / SJB5349H ON 5 May 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Rec
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	08/05/2018
Date Registered	08/05/2018 11:06	Claim Close Date		Total Loss but Repaired	
Report Taken By	KRISHNASAMY	Workshop Repairer			

Print AK letter

Save Submit

Attachment

5/8/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.	MT/0993406	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/05/2018 11:05

Path *	Category *	Confidential	Urgency *
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
Choose File No file chosen	Clear Please Select	NO	Normal
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 11:06	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 11:06	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 11:06	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 11:05	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 11:04	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 11:04	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 11:04	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 11:04	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 11:04	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 11:04	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 11:03	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 11:03	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 11:03	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 11:03	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 11:03	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 11:03	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 11:03	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 11:03	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 11:03	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 11:03	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 11:03	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 11:03	Photos	Normal	Photos 20



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 11:03	Photos	Normal	Photos 20
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2018 11:03	Photos	Normal	Photos 20

Video List

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