

NATIONAL Assessment Centre Services [wef 1 Jan'05] **MNA118059794**

Date In: 7/5/18-15:49	Job description	Date & Time Completed	Done by
Ref No: NA/INC18008352/24	SAS e-filing		
Veh No: F17224	E-mail (within 3hrs, AIC 2hrs)		
D.O.A.: 23/2/8-05:50	i-Motor Claim Form	MT/993343-601	7/3/18 2825
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: YN2109M	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%. P: 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

NA1802862	Invoice Preparation Checklist	Amt (\$) for Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR : Re-inspection \$75		
Dat. 2 / 3:	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	
	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	07/05/2018 15:49
Date Of Accident	23/02/2018 05:50
Exact Location Of Accident	ALONG UPP EAST COAST RD BESIDE NTUC FAIRPRICE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT1772Y
Insured/Policyholder	
Name Of Registered Owner	MOHAMED B ABDULLAH
NRIC No	S1312757C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97375241
Alternative Phone No	OFFICE-97375241

Vehicle Particulars

Manufacturer	PIAGGIO
Model	PX 200E
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	0081267723-13
Cover Note Number	

Driver

Name of Driver	MOHAMED BIN ABDULLAH
NRIC No	S1312757C
Date Of Birth	19/12/1958
Occupation	OUTDOOR
Date Of Driving Pass	07/09/1982
Driving Experience	35 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97375241
Fax Number	
Contact Number	OFFICE-97375241
EMail Address	NOEMAIL

Address	BLK 220A BEDOK CENTRAL #13-54
Postcode	461220
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180321/2155.

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	YN2109M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	MOHAMED BIN ABDULLAH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FT1772Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

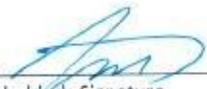
SKETCH PLAN

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.



Policyholder's Signature
Date & Time:

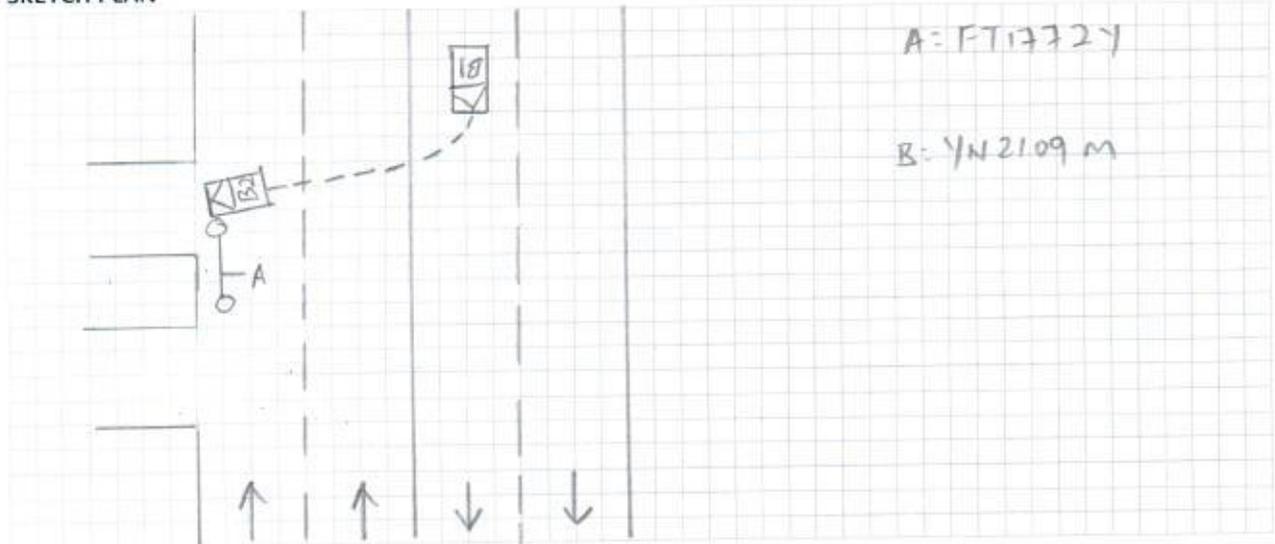


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180321/2155.

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.:



T/20180321/2155

1 of 3

Report No. T/20180321/2155

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No F06554

Report Number T/20180321/2155

Vide Report Number G/20180223/0054

Date/Time of Report Made 21/03/2018 18:52

Place Report Lodged Traffic Police Division HQ

Type of Informant Driver

Name of Informant MOHAMED BIN ABDULLAH

ID Type / ID No. NRIC NO / S1312757C

Home/Office

Mobile 97375241

Email

Type of Accident Injury / Others

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 23/02/2018 05:50

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FT1772Y	Motorcycle					0
YN2109M	Lorry					0

Details of Person Involved	
Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: Not Available



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Report No. T/20180321/2155

Continuation of CSF For NP168

Driver Name	MOHAMED BIN ABDULLAH	ID No.	S1312757C
Related Vehicle	NIL	Contact No.	97375241
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

Brief Facts.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION, I WAS TRAVELLING ALONG EAST COAST ROAD ON THE LEFT OF 2 LANES. I WAS HEADING TO THE MOSQUE THAT MORNING. AS I WAS TRAVELLING STRAIGHT ON THE LEFT LANE, THE LORRY (YN2108M) SUDDENLY TURNED RIGHT FROM THE OPPOSITE DIRECTION. I WAS UNABLE TO BRAKE IN TIME AND TO AVOID THE SAID LORRY. MY MOTORCYCLE COLLIDED ONTO THE LEFT PORTION OF THE LORRY. I WAS CONSCIOUS AND I WAS CONVEYED TO CHANGI GENERAL HOSPITAL.



T/20180321/2155

3 of 3

Report No. T/20180321/2155

Continuation of CSF For NP168

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / AEIT / YEO KIA HUAT
Classification of Case	1) INJURY / OTHERS

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1312757C

Name: MOHAMED BIN ABDULLAH

Birth Date: 19 Dec 1958

Issue Date: 16 Oct 2003

000924499G




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1312757C

Name: MOHAMED BIN ABDULLAH

محمد بن عبدالله

Race: BOYANESE

Date of Birth: 19-12-1958

Sex: M

Country of Birth: SINGAPORE




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES!

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 300 cc	07 Sep 1992
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 Dec 1990

NE 309A

License No: S1312757C



1040204

NRIC No: S1312757C

Blood Group: B+

Date of Issue: 19-06-1993

APT BLK 220A BEDOK CENTRAL #13-54
SINGAPORE 461220

NRIC No: S1312757C Date: 16/05/2008 No: 590887




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 checked="" type="radio"/>	0081267723-13	MOHAMED B ABDULLAH	S1312757C	GMC	Third Party	FT1772Y	FT1772Y	02/03/2017	01/03/2018

Policy Information

Policy No.	0081267723-13	Policyholder Name	MOHAMED B ABDULLAH	Policyholder NRIC	S1312757C
Address	BLK 220A #13-54 BEDOK CENTRAL SINGAPORE 461220				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	20/02/2017	Effective Date	02/03/2017 00:00	Expiry Date	01/03/2018 23:59
Excess Type		All Claim Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	INCOME-CUSTOMER RELATIONS	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 220A #13-54	Address 2	BEDOK CENTRAL	Address 3	SINGAPORE 461220
Address 4		Address Type	Singapore address	Post Code	461220
Unit No.		Related Policy Number	0081267723-13		

Insured Object: FT1772Y

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Exit

Claim Handling

Accident MT/0993343

Policy No.	0061267723-13	Vehicle No.	PT1772Y	GST Registration No.	
Policyholder Name	MOHAMED B ABDULLAH	Cover Type	Third Party	Policyholder NRIC	S1312757C
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	97375241	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	Not	Accident Report Within 24 hrs	Yes	Private Hire	No
Accident Details			Accident Type	Side Swipe	
Report Date	07/05/2018 21:23	Time of Accident hh:mm	05:50	Country of Accident	Singapore
Date of Accident	23/02/2018	Charge Force		ICM No.	
Reporting Centre		Accident Location	ALONG UPP EAST COAST RD BESIDE NTUC FAIRPRICE		
Benefits					
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
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	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address					
Address 1	BLK 220A #13-54	Address 2	BEDOK CENTRAL	Address 3	SINGAPORE 461220
Address 4		Address Type	Singapore address	Post Code	461220
Unit No.		Related Policy Number	0061267723-13		

O1 Driver Info					
Driver Name	MOHAMED B ABDULLAH	Driver Type	Main Driver	Driver DOB	19/12/1968
Unnamed driver Name		Driver NRIC	S1312757C	Driving Experience	35
Register Date of Driver License	07/09/1982	Driver Age	59	Contact No.(Home)	0
Contact No.(Mobile)	97375241	Contact No.(Office)	0	Address 1	SINGAPORE 461220
Address 1	BLK 220A	Address 2	BEDOK CENTRAL	Post Code	461220
Address 4		Address Type	Singapore address		
Unit No.	13-54			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	MOHAMED B ABDULLAH	Insured NRIC	S1312757C
Contact No.(Mobile)	97375241	Contact No.(Home)	84428897	Contact No.(Office)	
Email Address		O1 Vehicle Number	PT1772Y	TP Vehicle Number	YN2109M
Claim Description	PT1772Y / YN2109M ON 23 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	07/05/2018 00:00
Date Registered	07/05/2018 21:25	Claim Close Date			
Report Taken By	Beckson				
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No.	MT/0993343	Claim No.	001																												
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/05/2018 21:26																												
Path *	<table border="1"> <thead> <tr> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> </thead> <tbody> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td>NO</td> <td>Normal</td> </tr> </tbody> </table>			Category *	Confidential	Urgency *	Description *	Browse... Clear	Please Select	NO	Normal	Browse... Clear	Please Select	NO	Normal	Browse... Clear	Please Select	NO	Normal	Browse... Clear	Please Select	NO	Normal	Browse... Clear	Please Select	NO	Normal	Browse... Clear	Please Select	NO	Normal
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<input type="checkbox"/> Send Message <input type="button" value="Upload"/>																															
Attachment List																															

Attachment	uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:26	SAS	Normal	SAS 2018-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:26	Photos	Normal	Photos 2018-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:26	Photos	Normal	Photos 2018-5-7		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 21:26	Photos	Normal	Photos 2018-5-7		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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