

NATIONAL Assessment Centre Services

Date In: 30/05/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18009698/13	SAS e-filing		
Veh No: FBL2113H	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 25/05/18 1800	i-Motor Claim Form	MT/0996518 - 001	
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: SLP6869U	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

NA/1803354	Invoice Preparation Checklist	Amt (\$) 1st 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		
	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:-		
	OP*		
	*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		
Auditors' Comments:-	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:			

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	30/05/2018 11:30
Date Of Accident	25/05/2018 18:00
Exact Location Of Accident	PIE B4 WHITLEY RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBL2113H
Insured/Policyholder	
Name Of Registered Owner	MOHAMED ALI B ISMAIL
NRIC No	S0037620E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93704109
Alternative Phone No	OTHERS-93704109
Vehicle Particulars	
Manufacturer	KYMCO
Model	KA40AA
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5082479780-01
Cover Note Number	
Driver	
Name of Driver	MOHAMED ALI B ISMAIL
NRIC No	S0037620E
Date Of Birth	23/04/1951
Occupation	INDOOR
Date Of Driving Pass	23/08/1978
Driving Experience	39 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93704109
Fax Number	
Contact Number	OTHERS-93704109
EMail Address	NOEMAIL

Address	BLK 987D JURONG WEST ST 93 #04-589
Postcode	644987
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 - CHANGE/CROSS LANE
Weather Conditions	AFTER RAIN
Road Surface	WET

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	TRAFFIC POLICE DIVISION HQ
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

I WAS TRAVELLING FROM PIE TWDS JURONG B4 WHITLEY RD ON THE 2ND LANE. I SWERVED MY VEH TO MY RIGHT LANE WHEN I HAD ALREADY ON MY LANE SUDDENLY VEH B INFRT OF ME SWERVED HIS VEH TO THE LEFT LANE AND SUDDEN BRAKE. TOO AVOID COLLISION, I JAMMED BRAKE AND MY VEH WOBBLE AND HIT VEH B REAR LEFT SIDE PORTION. AFTER THE IMPACT THE VEH B DRIVER DRIVE OFF HIS VEH AND STOP ABT 3 CAR LENGTH. BY THE TIME I HAD ALREADY FELL OFF FROM MY MOTORCYCLE.

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	SLP6869U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 MOHAMED ALI B ISMAIL

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? FBL2113H

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.

WOL 30/5/18

Policyholder's Signature
Date & Time:

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

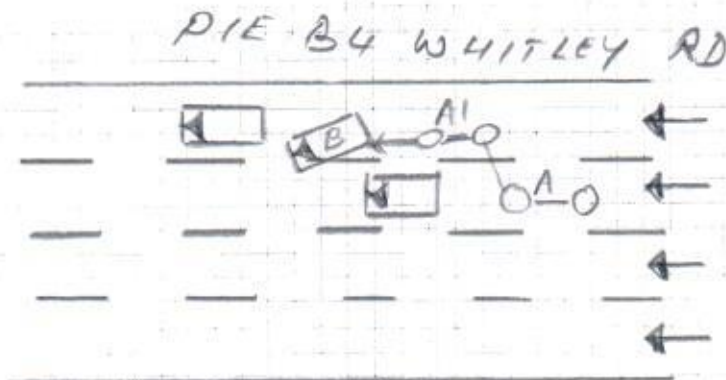
2/ym 30/05/18

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

SKETCH PLAN

A - FBL21134

B - SLA68694



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

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

Wohi 30/5/18

Policyholder's Signature
Date & Time:

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

Sym 30/05/18

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



SINGAPORE POLICE FORCE



T/20180528/2041

1 of 3

Report No. T/20180528/2041

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/05/2018 13:13	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: HAJ MOHAMED ALI BIN ISMAIL			Address: APT BLK 987D JURONG WEST ST 93 #04-589 HDB JURONG WEST SINGAPORE 644987		
ID Type / ID No.: NRIC NO / S0037620E			Contact No.: Home/Office: Mobile: 93704109		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 23/04/1951	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: FIRST AID INSTRUCTOR			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/05/2018 18:00	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY BEFORE WHITLEY ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL2113H	Motorcycle	KYMCO	KA40AA	Green		0
SLP6869U	Car	HYUNDAI	ELANTRA 1.6 AT ABS D/AB 2WD 4DR	Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20180528/2041

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180528/2041

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL2113H	NTUC Income Insurance Co-Operative Limited	5082479780-01	21/07/2017	20/07/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HAJ MOHAMED ALI BIN ISMAIL	ID No.	S0037620E
Related Vehicle	NIL	Contact No.	93704109
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	25	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS RIDING ON THE 2ND LANE FROM THE RIGHT ON THE PIE, FILTERING OUT ONTO THE EXTREME RIGHT LANE. JUST AS I WENT ON THE EXTREME RIGHT LANE, THE CAR INFRONT SLP6869Y OF ME JAMMED BRAKES AND I ENDED UP COLLIDING WITH THE VEHICLE SLP6869U. AFTER THE COLLISION, I FELL OFF MY BIKE AND MY MOTORCYCLE

AFTER THE COLLISION, SOMEONE CALLED THE AMBULANCE AND I WAS CONVEYED TO TAN TOCK SENG HOSPITAL; AND WAS GRANTED 5 DAYS OF MEDICAL LEAVE.



**SINGAPORE
POLICE FORCE**



T/20180528/2041

3 of 3

Report No. T/20180528/2041

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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:
TP /
ZENG ZI CONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /

Contact No.:

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
28/05/2018 13:13

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0037620E



Name

HAJI MOHAMED ALI BIN ISMAIL

حاج محمد علي بن اسماعيل

Race

MALAY

Date of birth

23-04-1951

Sex

M

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S0037620E

Name

HAJI MOHAMED ALI BIN ISMAIL

Birth Date 23 Apr 1951

Issue Date 27 Aug 2003

1000773396E

5928295



NRIC No. S0037620E

Date of issue

03-05-2018

Address

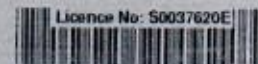
APT BLK 987D JURONG WEST STREET 93
#04-589
SINGAPORE 644987

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

Class 2B	Motorcycles not exceeding 200 cc	23 Aug 1978
Class 2A	Motorcycles between 201 cc and 400 cc	23 Aug 1978
Class 2	Motorcycles exceeding 400 cc	23 Aug 1978
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	29 Oct 1976
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	19 Jul 1977

NP 428A



Licence No: S0037620E

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.

Date of Accident

25/05/2018 18:00

Vehicle No.(For Motor)

FBL2113H

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5082479780-01	MOHAMED ALI B ISMAIL	S0037620E	GMC	Third Party, Fire & Theft	FBL2113H	FBL2113H	21/07/2017	20/07/2018

Claim Handling

Accident MT/0996518

Policy No.	5082479780-01	Vehicle No.	FBL2113H	GST Registration No.	
Policyholder Name	MOHAMED ALI B ISMAIL			Policyholder NRIC	S0037620E
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	93704109	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No
▼ Accident Details					
Report Date	30/05/2018 17:56	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	25/05/2018	Time of Accident hh:mm	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE B4 WHITLEY RD				
▼ 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 987D #04-589	Address 2	JURONG WEST STREET 93	Address 3	SINGAPORE 644987
Address 4		Address Type	Singapore address	Post Code	644987
Unit No.		Related Policy Number	5082479780-01		
▼ O1 Driver Info					
Driver Name	HAJI MOHAMED ALI BIN ISMAIL	Driver Type	Main Driver	Driver DOB	23/04/1951
Unnamed driver Name		Driver NRIC	S0037620E	Driving Experience	39
Register Date of Driver License	23/08/1978	Driver Age	67	Contact No.(Home)	0
Contact No.(Mobile)	93704109	Contact No.(Office)	0	Address 3	SINGAPORE 644987
Address 1	BLK 987D	Address 2	JURONG WEST STREET 93	Post Code	644987
Address 4		Address Type	Singapore address		
Unit No.	#04-589				
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	MOHAMED ALI B ISMAIL	Insured NRIC	S0037620E
Contact No.(Mobile)	97258264	Contact No.(Home)	67908971	Contact No.(Office)	64706209
Email Address		O1 Vehicle Number	FBL2113H	TP Vehicle Number	SLP6869U
Claim Description	FBL2113H / SLP6869U ON 25 May 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	30/05/2018 00:00
Date Registered	30/05/2018 18:01	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSILINDA	Workshop Repairer			
<input checked="" type="checkbox"/> Print AK letter					
<div>Save Submit</div>					

Attachment

Accident No.	MT/0996518	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/05/2018 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

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

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Normal

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Normal

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 18:01	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 18:01	SAS	Normal	SAS 2018-5-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 18:00	Photos	Normal	Photos 2018-5-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 18:00	Photos	Normal	Photos 2018-5-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 18:00	Photos	Normal	Photos 2018-5-30
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 18:00	Photos	Normal	Photos 2018-5-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 18:00	Photos	Normal	Photos 2018-5-30
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 18:00	Photos	Normal	Photos 2018-5-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 18:00	Photos	Normal	Photos 2018-5-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 May 2018 18:00	Photos	Normal	Photos 2018-5-30

Video List

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

Scan and uploading