NATIONAL Assessment Centre Services Ref: MNA 118070318.

Date In 30/5/18 17:36	Job description	Date & Time Completed	Done by
Ref No. MA/INC18009766/h4	SAS e-filing		
Veh No SKM 338 Y	E-mail (within 5hrs, AFC 2hrs)		
D.O.A 27/5/18 14:35	i-Motor Claim Form	MT/0996706-001	31/5/18 17:51.
OD (1) / 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 / GW: (Tel: Fax:)

TP Particulars: Veh No: SJX 4211L. 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

MA180 3448

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);		30.00	
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 -			
QD:*			
*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*		

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 30/05/2018 17:57

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	30/05/2018 17:36
Date Of Accident	27/05/2018 14:35
Exact Location Of Accident	FAR EAST SHOPPING CENTRE B2 CARPARK.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN338Y
Insured/Policyholder	
Name Of Registered Owner	LIM CHANG TAT
NRIC No	S8739179E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82288677
Alternative Phone No	OFFICE-82288677
Vehicle Particulars	
Manufacturer	BMW
Model	535I 3.0L AT D/AB 2WD 4DR GAS/D SR HUD
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5096947960
Cover Note Number	-
Driver	
Name of Driver	LIM CHANG TAT
NRIC No	S8739179E
Date Of Birth	22/11/1987
Occupation	INDOOR
Date Of Driving Pass	01/01/2015
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82288677
Fax Number	
Contact Number	OFFICE-82288677
EMail Address	NOEMAIL

Address	BLK 440 HOUGANG AVE 8 #11-1571
Postcode	530440
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	
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)	0

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

PLEASE REFER TO 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	SJX4211L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANDRE MOSES FAN CHANG ANN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

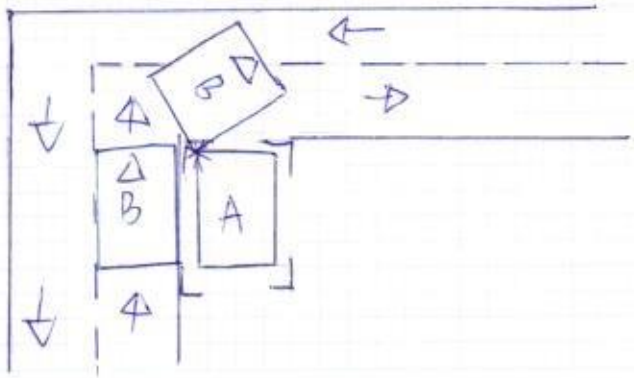
   (e) the information so collected under (d) above may be shared / disclosed:

   (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

As my vehicle, SKN3BY was parked stationary at the basement 2 carpark at Far East Shopping Centre, vehicle B SJX4211L hit onto the front left portion of my vehicle. Vehicle B then left a note on my vehicle's windscreen and I was instructed to contact him. I would like to add that I have the accident footage which will also be submitted with the report and nobody was in the car at the point of accident.

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.:

claims@unitedsg.com.sg

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 27/05/2018 (DD/MM/YY) Time: (HH:MM)
Exact location of accident	Far East Shopping Centre B2 Carpark

Details of vehicle

Vehicle registration number	SKN 338 Y
Vehicle make and model	BMW 535i
Type of vehicle	Saloon ☑ MPV ☐ CRV ☐ Van ☐ Lorry ☐ Bus ☐ Motorcycle ☐ Others:
Vehicle category	Private ☑ Commercial ☐ Motorcycle ☐
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes ☐ No ☑ if no, please select: Third part claim ☑ Reporting only ☐

Insurance information

Insurance company	NTUC INCOME
Policy number	
Type of policy	Comprehensive ☑ Third party fire & theft ☐ TP only ☐

Insured / Policy holder

Name	LIM CHANG TAT Male ☑ Female ☐
NRIC / Fin / Passport number	S8739179E
Contact	82288677
Address	BLK 440 HOUGANG AVE 8 #11-1571 (S530440)

Driver

Same as insured above ☑ (skip to D.O.B)

Name	Male ☐ Female ☐
NRIC / Fin / Passport number	
Contact	
Address	
Email address	
Date of birth	22/11/1987
Occupation	Indoor ☑ Outdoor ☐
Driving date pass	

3year

General information of the accident

Was driver an employee of the insured's company?	Yes ☐ No ☑ If no, relationship of the driver and insured: _____
Accident captured by camera?	Yes ☐ No ☐
Weather condition	Clear ☑ Raining ☐ Others: _____
Road surface	Dry ☑ Wet ☐
No of passenger	0 (Inclusive of driver)

Passenger 1

Name	
Gender	Male ☐ Female ☐

Passenger 2

Name	
Gender	Male ☐ Female ☐

Passenger 3

Name	
Gender	Male ☐ Female ☐

Passenger 4

Name	
Gender	Male ☐ Female ☐

Passenger 5

Name	
Gender	Male ☐ Female ☐

Passenger 6

Name	
Gender	Male ☐ Female ☐

Other information

Was anybody injured?	Yes ☐ No ☑
Was other vehicle damaged?	Yes ☑ No ☐

Details of police action

Reported to police?	Yes ☐ No ☑ If yes, please state which police station.
Police station name	

Third party vehicle 1

Name	ANDRE MOSES TAN CHANG ANN
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SJX 4011L
Vehicle make model	A5

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	

Witness 2

Name	

Injured person 1

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

Injured person 2

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

Injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8739179E

Name

LIM CHANG TAT

林 長 達

Race

CHINESE

Date of Birth

22-11-1987

Sex

M

Country of Birth

SINGAPORE

3266263

NRIC No. S8739179E

Blood Group
-

Date of issue
25-11-2002

Address

APT BLK 440 HOUGANG AVENUE 8
#11-1571
SINGAPORE 530440

SINGAPORE POLICE FORCE

TRAFF
SINGA
10, UBI AVENUE 3
SINGAPORE 408865
Tel : 65470000
www.police.gov.sg

vate & Confidential

LIM CHANG TAT

APT BLK 440 HOUGANG AVENUE 8 #11-1571
INGAPORE 530440

You will receive your photocard driving licence by registered post within 10 to 14 working days from the date of application unless you made a special request to collect at Traffic Police at the time of application

You can drive while awaiting the delivery of your photocard driving licence

Please turn overleaf for important notes.

8739179E C001377566 $25/-

(Please do not detach)

YOU CAN DRIVE WHILE AWAITING THE DELIVERY OF YOUR PHOTOCARD DRIVING LICENCE

income
made different

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: 5096947960 **Cover** : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SKN338Y**
   Chassis Number : WBAFR72060C580632
2. Name of Policyholder : LIM CHANG TAT
3. Effective Date of Insurance : 25 Feb 2018
4. Expiry Date of Insurance : 20 Dec 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	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LIM CHANG TAT
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 : DIRECT BUSINESS DEPT (00000600280)
Date of Issue : 23 Dec 2017 14:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer **Chief Executive**

Claim Handling

Accident MT/0996706

Policy No.	5096947960	Vehicle No.	SKN338Y	GST Registration No.	
Policyholder Name	LIM CHANG TAT			Policyholder NRIC	S8739179E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	82288677	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(%)	50	Private Hire	No

Accident Details

Report Date	31/05/2018 17:40	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	27/05/2018	Time of Accident hh:mm	14:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	FAR EAST SHOPPING CENTRE B2 CARPARK.				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
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 440 #11-1571	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE 530440
Address 4		Address Type	Singapore address	Post Code	530440
Unit No.	11-1571	Related Policy Number	5096947960		

OI Driver Info

Driver Name	lim chang tat	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8739179E	Driver DOB	22/11/1987
Register Date of Driver License	31/05/2018	Driver Age	30	Driving Experience	0
Contact No.(Mobile)	82288677	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 440 #11-1571	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE 530440
Address 4		Address Type	Singapore address	Post Code	530440
Unit No.	11-1571				
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	LIM CHANG TAT	Insured NRIC	S8739179E
Contact No.(Mobile)		Contact No.(Home)	63447667	Contact No.(Office)	
Email Address		OI Vehicle Number	SKN338Y	TP Vehicle Number	SJX4211L
Claim Description	SKN338Y / SJX4211L ON 27 May 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault		
Require Finalisation	Yes	Prefered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	31/05/2018 17:49	Claim Close Date		Date Received	31/05/2018 00:00
Report Taken By	LIEW SHAN HUI				
Print AK letter					

Save Submit

Attachment

Accident No.	MT/0996706	Claim No.	001
Last Doc. Received	Yes No	Upload Date	31/05/2018 17:51

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 31 May 2018 17:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 17:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 17:50	SAS	Normal	SAS 2018-5-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 17:50	Photos	Normal	Photos 2018-5-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 17:50	Photos	Normal	Photos 2018-5-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 17:50	Photos	Normal	Photos 2018-5-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 17:49	Photos	Normal	Photos 2018-5-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 17:49	Photos	Normal	Photos 2018-5-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 17:49	Photos	Normal	Photos 2018-5-31
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 17:49	Photos	Normal	Photos 2018-5-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 17:49	Photos	Normal	Photos 2018-5-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 17:49	Photos	Normal	Photos 2018-5-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 17:49	Photos	Normal	Photos 2018-5-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 17:49	Photos	Normal	Photos 2018-5-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 17:49	Photos	Normal	Photos 2018-5-31

Video List

Uploaded By/Date	Folder Date	File Name	Source

Display in New Window | Scan and uploading