

NATIONAL Assessment Centre Services

(Ref 1 Jan 2003)

MMA 118080070

Date In: 21/6/18 14:27	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC18011270/h4	E-mail (within 8hrs, ADC 2hrs)		
Veh No: SJT 52643	i-Motor Claim Form	MT/0999544 ⁰⁰¹	21/6/18 16:10
D.O.A: 20/6/18 22:40	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="radio"/> Reporting Only	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:

GY 3828 U

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: 30-100%]

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

Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Sat 1: Sat 2 / 3:	MMA1803885	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		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 2003)		
		6) TR: Re-inspection \$75		
		7) N1: Idac DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
	*N5: Courtesy Car / Tpl 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	21/06/2018 14:27
Date Of Accident	20/06/2018 22:40
Exact Location Of Accident	NEWTON CIRCUS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT5264Z
Insured/Policyholder	
Name Of Registered Owner	ACCURATE LEASING PTE LTD
Co Reg No	201727451M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91449265

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	5094921806
Cover Note Number	-

Driver

Name of Driver	MUHAMMAD ZHUHRI BIN MOHAMED JAMBARI
NRIC No	S8924852C
Date Of Birth	25/07/1989
Occupation	OUTDOOR
Date Of Driving Pass	03/03/2009
Driving Experience	9 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97824618
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 219A BEDOK CENTRAL #09-12
Postcode	461219
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 - CHANGE/CROSS LANE
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: : UNKNOWN GENDER: : MALE

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

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GY3828U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN KHUAN CHIEW
NRIC/Passport Number	S0143364D
Contact Number	98356642
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD ZHUHRI BIN MOHAMED JAMBARI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJT5264Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

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.:

Scott Rod

Newton Circus

A = SJT 52642

B = GY 3828U

B = 6Y 3828U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

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



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

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



**SINGAPORE
POLICE FORCE**



T/20180621/2098

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

1 of 3

Report No. T/20180621/2098

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/06/2018 14:08	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD ZHUHRI BIN MOHAMED JAMBARI			Address: 219A BEDOK CENTRAL #09-12 HDB-BEDOK SINGAPORE 461219		
ID Type / ID No.: NRIC NO / S8924852C			Contact No.: Home/Office: Mobile: 97824618		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 25/07/1989	Type of Informant: Driver		
Race: Javanese			Language: English	Institution / School Name:	
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 2B,2A,3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/06/2018 22:40	Type of Location:
Location: Along Road 1 NEWTON CIRCUS				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GY3828U	Van					0
SJT5264Z	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180621/2098

2 of 3

Report No. T/20180621/2098

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

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD ZHUHRI BIN MOHAMED JAMBARI	ID No.	S8924852C
Related Vehicle	NIL	Contact No.	97824618
Hospital/Clinic	SINGHEALTH POLYCLINICS - TAMPINES	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION

I WAS DRIVING ALONG THE 2ND LANE OF NEWTON CIRCUS HEADING TOWARDS BUKIT TIMAH ROAD EXIT AND WAS APPROACHING SCOTTS ROAD EXIT. AS I WAS PASSING THE SCOTTS ROAD EXIT, A VAN(GY3828U) CAME FROM MY RIGHT AND HIT THE BACK RIGHT SIDE OF MY CAR. WE EXCHANGED PARTICULARS AND THE BOTH OF US MOVED OFF. HOWEVER THE DAY AFTER I WENT TO TAMPINES POLYCLINIC AND WAS GIVEN 3 DAYS MC.



SINGAPORE
POLICE FORCE



T/20180621/2098

3 of 3

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

Report No. T/20180621/2098

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 /
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
21/06/2018 14:08


Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8924852C




Name
MUHAMMAD ZUHRI BIN
MOHAMED JAMBARI
محمد زهري بن محمد جمباري

Race
JAVANESE

Date of birth
25-07-1989

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8924852C
Name:

MUHAMMAD ZUHRI BIN
MOHAMED JAMBARI

Birth Date: 25 Jul 1989
Issue Date: 03 Mar 2009




001715353D

5051869




NRIC No. S8924852C

Date of issue
22-06-2012


Address
APT BLK 219A BEDOK CENTRAL
#09-12
SINGAPORE 461219

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Valid Until
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	11 Sep 2015
Class 2A	MOTORCYCLES BETWEEN 200 CC AND 400 CC	12 Jun 2015
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	03 Mar 2009
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 2500 KILOGRAMS	30 Dec 2011

S8924852C

S / No. 9000224022



N° 428A

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: 5094921806	Cover : Third Party, Fire & Theft
1. Index mark and Registration Number of Vehicle	: SJT5264Z
Chassis Number	: MR053ZEE106157341
2. Name of Policyholder	: ACCURATE LEASING PTE LTD
3. Effective Date of Insurance	: 09 Oct 2017
4. Expiry Date of Insurance	: 08 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	: GENIE FINANCIAL SERVICES 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 : 09 Oct 2017 14:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/0999544

Policy No.	5094921806	Vehicle No.	SJT5264Z	GST Registration No.	
Policyholder Name	ACCURATE LEASING PTE LTD			Policyholder NRIC	201727451M
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Leading	0
Contact No.(Mobile)	91449265	Contact No.(Office)		Contact No.(Home)	
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(%)	0	Private Hire	Yes

▼ Accident Details

Report Date	21/06/2018 15:57	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	20/06/2018	Time of Accident hh:mm	22:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NEWTON CIRCUS				

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess	0	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 Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#01-33 PAYA UBI INDUSTRIAL F	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	01-33	Related Policy Number	5095104229		

▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUHAMMAD ZHUHRI BIN MOHA	Driver NRIC	S8924852C	Driver DOB	25/07/1989
Register Date of Driver License	03/03/2009	Driver Age	28	Driving Experience	9
Contact No.(Mobile)	97824618	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 219A #09-12	Address 2	BEDOK CENTRAL	Address 3	SINGAPORE 461219
Address 4		Address Type	Singapore address	Post Code	461219
Unit No.	09-12				
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ACCURATE LEASING PTE LTD	Insured NRIC	201727451M
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		O1 Vehicle Number	SJT5264Z	TP Vehicle Number	GY3828U
Claim Description	SJT5264Z / GY3828U ON 20 Jun 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	21/06/2018 00:00
Date Registered	21/06/2018 16:09	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save Submit

Attachment



Accident No.	MT/0999544	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/06/2018 16:10

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Category *

Confidential

Urgency *

Descr

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read


ClearPlease SelectNONormal

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Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jun 2018 16:10	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jun 2018 16:10	SAS	Normal	SAS 2018-6-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jun 2018 16:10	Photos	Normal	Photos 2018-6-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jun 2018 16:10	Photos	Normal	Photos 2018-6-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jun 2018 16:09	Photos	Normal	Photos 2018-6-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jun 2018 16:09	Photos	Normal	Photos 2018-6-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jun 2018 16:09	Photos	Normal	Photos 2018-6-21
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jun 2018 16:09	Photos	Normal	Photos 2018-6-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jun 2018 16:09	Photos	Normal	Photos 2018-6-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jun 2018 16:09	Photos	Normal	Photos 2018-6-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jun 2018 16:09	Photos	Normal	Photos 2018-6-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jun 2018 16:09	Photos	Normal	Photos 2018-6-21

Video List

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