

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA 18683298

Date In: 28/6/18-11:10	Job description	Date & Time Completed	Done by
Ref No: NA/INC1801863/24	SAS e-filing		
Veh No: PC932P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 27/6/18-21:30	i-Motor Claim Form	M7/1000798-001	28/6/18 20:22
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: SK5892J	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

NA1804102	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) 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:-		
	QD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
QC Checked by (Engr-In-Charge):	TP (N11): TP (Non INC) against INC \$20		
Auditors' Comments:-	9) N12: Idac Mobile 30		
Lat. 1:	Invoice dated	Fee Charged	
Lat. 2 / 3:	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	28/06/2018 11:10
Date Of Accident	27/06/2018 21:30
Exact Location Of Accident	ALONG SELEGIE RD AFTER JUNC KIRK TERRACE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC972P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SINGTOURS TRANSPORT & TOURS SERVICES
Co Reg No	52939411A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66396650
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	TOYOTA HIACE HIROOF AUTO 14 SEATER
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	BUS
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5062525558-04
Cover Note Number	
<b>Driver</b>	
Name of Driver	MOHAMED SALEEM
NRIC No	S7278618A
Date Of Birth	28/06/1972
Occupation	OUTDOOR
Date Of Driving Pass	16/09/2000
Driving Experience	17 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90016545
Fax Number	
Contact Number	OFFICE-90016545
EMail Address	NOEMAIL

Address	BLK 9 SELEGIE ROAD #03-30
Postcode	180009
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	2
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)	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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 2 SELEGIE RD. VEHICLE B TRAVELLING FROM LANE 3 SUDDENLY CUT ONTO MY LANE WHICH RESULTING MY VEHICLE LEFT PORTION WAS DAMAGED.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK5892J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HENG YIH CHYUAN
NRIC/Passport Number	S9247596D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	MOHAMED SALEEM
------	----------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

HEAD

PC972P

YES

NO



## 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:

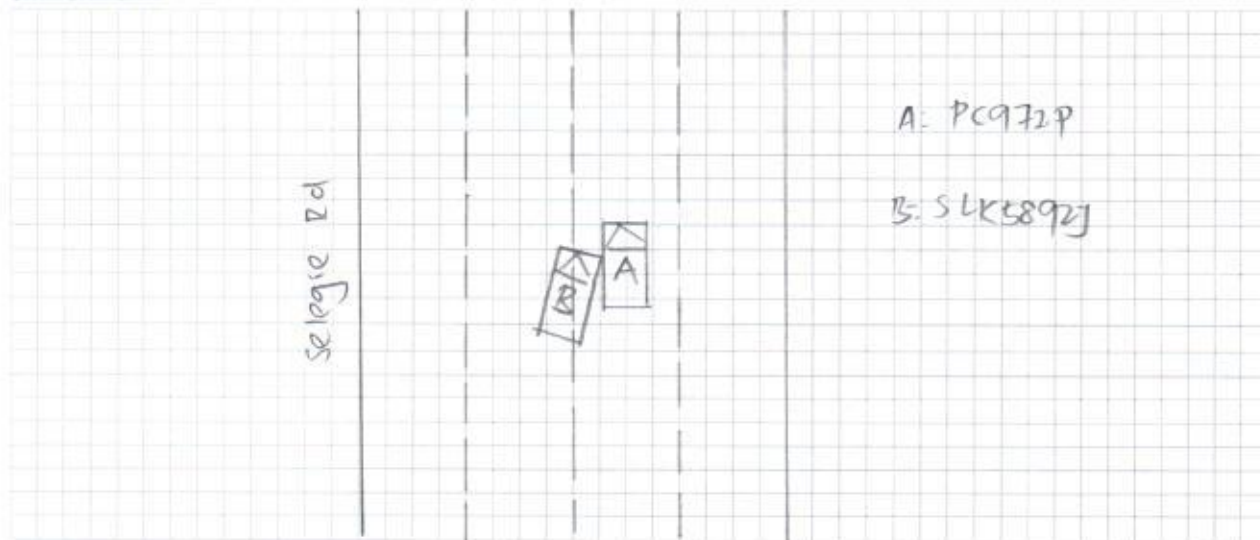
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 statement.

## 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.:

## INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

**Business Profile (Business) of SINGTOURS TRANSPORT & TOURS SERVICES  
(52939411A)**

Date: 19/01/2016

**The Following Are The Brief Particulars of :**

Name of Business	: SINGTOURS TRANSPORT & TOURS SERVICES
Former Name(s) if any	: SINGTOURS TRANSPORT SERVICES
Date of Change of Name	: 08/04/2014
Registration No.	: 52939411A
Registration Date	: 09/03/2001
Commencement Date	: 01/04/2001
Status of Business	: Live
Status Date	: 15/01/2016
Renewal Date	: 15/01/2016
Expiry Date	: 09/03/2019
Renewal via GIRO	: NO
Constitution of Business	: Sole-Proprietor
Principal Place of Business	: 9 SELEGIE ROAD #03-30 SELEGIE HOUSE SINGAPORE (180009)
Date of Change of Address	: 27/05/2008

**Principal Activities**

Activities (I)	: CHARTERED BUS SERVICES (49212)
Description	: TRANSPORT & TOURS
Activities (II)	: PASSENGER LAND TRANSPORT NEC (EG PRIVATE CARS FOR HIRE WITH OPERATOR) (49219)
Description	:

**Particulars of Authorised Representative(s)**

Name	ID	Nationality	Address	Address Source	Date of Appointment
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## INFORMATION RESOURCES

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**Business Profile (Business) of SINGTOURS TRANSPORT & TOURS SERVICES  
(52939411A)**

Date: 19/01/2016

**Existing Sole-Proprietor(s) / Partner(s)**

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry Position
MOHAMED SALEEM	S7278618A	SINGAPORE CITIZEN	9 SELEGIE ROAD #03-30 SELEGIE HOUSE SINGAPORE (180009)	OSCARS	01/03/2001 Owner

**Withdrawn Partner(s)**

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry Position	Date of Withdrawal
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**Abbreviation**

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

PLEASE NOTE THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS/TRANSACTIONS FILED  
WITH THE AUTHORITY

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES  
SINGAPORE


RECEIPT NO. : ACRA160119007624

DATE : 19/01/2016

This is computer generated. Hence no signature required.



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7278618A



Name  
**MOHAMED SALEEM**


முஹம்மது சலீம்

Race  
**INDIAN**

Date of birth  
**28-06-1972**

Sex  
**M**

Country of birth  
**MALAYSIA**




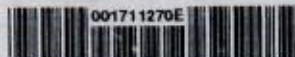
REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S7278618A**

Name  
**MOHAMED SALEEM**

Birth Date: **28 Jun 1972**

Issue Date: **20 Feb 2009**

Land Transport Authority


**VOCATIONAL LICENCE**

License No: **S7278618A**

Name: **MOHAMED SALEEM**

Issue Date: **12/12/2011**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence



4355548



NRIC No: **S7278618A**



Date of issue  
**20-02-2009**


Address  
**APT BLK 9 SELEGIE ROAD  
#03-30  
SINGAPORE 180009**

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

Class	Description	PASS DATE
Class 2B	Motorcycles <= 200 cc	30 Jun 1994
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	30 Jun 1994
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 2500kg	30 Jun 1994


NP 428A

License No: **S7278618A**



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	12/12/2011
03	BUS VL	16/09/2000



eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="27/06/2018 21:30"/>						
Vehicle No. (For Motor)	<input type="text" value="PC972P"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5062525558-04	SINGTOURS TRANSPORT & TOURS SERVICES	52939411A	GBS	Comprehensive	PC972P	PC972P	06/11/2017	05/11/2018
<input type="button" value="Continue"/>									



## ▼ Policy Information

Policy No.	5062525558-04	Policyholder Name	SINGTOURS TRANSPORT & TOU	Policyholder NRIC	52939411A
Address	BLK 9 #03-30 SELEGIE ROAD SELEGIE HOUSE SINGAPORE 180009				
Product Name	BUS INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	05/10/2017	Effective Date	06/11/2017 00:00	Expiry Date	05/11/2018 23:59
Excess Type		All Claim Excess			
Third Party Excess	1500	Own damage Excess	2000.0	Windscreen Excess	500.0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	S'PORE SCH&PTE HIRE BUS OW	Agent Tel.	67410788	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 9 #03-30	Address 2	SELEGIE ROAD	Address 3	SELEGIE HOUSE
Address 4	SINGAPORE 180009	Address Type	Singapore address	Post Code	180009
Unit No.		Related Policy Number	5069633893-03		

## ▶ Insured Object: PC972P

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

## Claim Handling

Exit

## Accident MT/1000798

Policy No.	S062525558-04	Vehicle No.	PC972P	GST Registration No.	
Policyholder Name	SINGTOURS TRANSPORT & TOURS SERVICES			Policyholder NRIC	52939411A
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	66396650	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Report Date	26/06/2018 20:20	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	27/06/2018	Time of Accident hh:mm	21:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG SELEGIE RD AFTER JUNG KIRK TERRACE				

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	500.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

## Policyholder Mailing Address

Address 1	BLK 9 #03-30	Address 2	SELEGIE ROAD	Address 3	SELEGIE HOUSE
Address 4	SINGAPORE 180009	Address Type	Singapore address	Post Code	180009
Unit No.		Related Policy Number	S069633893-03		

## OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	28/06/1972
Unnamed driver Name	MUHAMMAD SALEEM	Driver NRIC	S7278618A	Driving Experience	17
Register Date of Driver License	16/09/2000	Driver Age	45	Contact No.(Home)	0
Contact No.(Mobile)	90016545	Contact No.(Office)	0	Address 3	SELEGIE HOUSE
Address 1	BLK 9	Address 2	SELEGIE ROAD	Post Code	180009
Address 4	SINGAPORE 180009	Address Type	Singapore address		
Unit No.	03-30				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	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	SINGTOURS TRANSPORT & TOURS	Insured NRIC	52939411A
Contact No.(Mobile)	90016545	Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address		OT Vehicle Number	PC972P	TP Vehicle Number	SLK58923
Claim Description	PC972P / SLK58923 ON 27 Jun 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	26/06/2018 00:00
Date Registered	26/06/2018 20:22	Claim Close Date			
Report Taken By	Jackson				

☒ Print AK letter
























Save Submit

## Attachment

Accident No.	MT/1000798	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/06/2018 20:24

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? Action (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2018 20:24	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-28	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2018 20:24	SAS	Normal	SAS 2018-6-28	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2018 20:24	Photos	Normal	Photos 2018-6-28	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2018 20:24	Photos	Normal	Photos 2018-6-28	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2018 20:24	Photos	Normal	Photos 2018-6-28	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2018 20:24	Photos	Normal	Photos 2018-6-28	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2018 20:24	Photos	Normal	Photos 2018-6-28	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2018 20:24	Photos	Normal	Photos 2018-6-28	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2018 20:24	Photos	Normal	Photos 2018-6-28	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2018 20:23	Photos	Normal	Photos 2018-6-28	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2018 20:23	Photos	Normal	Photos 2018-6-28	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2018 20:23	Photos	Normal	Photos 2018-6-28	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2018 20:23	Photos	Normal	Photos 2018-6-28	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2018 20:23	Photos	Normal	Photos 2018-6-28	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2018 20:23	Photos	Normal	Photos 2018-6-28	<a href="#">Edit</a>
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2018 20:22	Photos	Normal	Photos 2018-6-28	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2018 20:22	Photos	Normal	Photos 2018-6-28	<a href="#">Edit</a>

Video List

Uploaded By/Date

Folder Date

File Name

Source

Action

Display in New Window

Scan and Information