

NATIONAL Assessment Centre Services [wef: 10 Jan 05]

Date In: 10/07/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18012559/13	SAS e-filing		
Veh No: SD02554B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 09/07/18 2330	i-Motor Claim Form	MT/1002470	-001
OD <input checked="" type="radio"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **RAILING** 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:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
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 :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
Cat 1:	6) TR : Re-inspection \$75		
Cat 2 / 3:	7) NI : 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	10/07/2018 16:58
Date Of Accident	09/07/2018 23:30
Exact Location Of Accident	KJE(YEW TEE FLYOVER)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJD2354B
Insured/Policyholder	
Name Of Registered Owner	KHONG LIENG TRADING CO PTE LTD
Co Reg No	197201476H
Email Address	SALES@KHONGLIENG.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67478555
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5099675256
Cover Note Number	
Driver	
Name of Driver	OH LI TING
NRIC No	S9110214E
Date Of Birth	13/03/1991
Occupation	OUTDOOR
Date Of Driving Pass	24/11/2011
Driving Experience	6 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96459705
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 812B CHOA CHU KANG AVE 7 #18-645
Postcode	682812
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	
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

I WAS TRAVELLING AT KJE(YEW TEE FLYOVER) ON THE 2ND LANE OF A3-LANES RD WITHIN SPEED LIMIT. SUDDENLY VEH C FROM THE 3RD LANE SWERVED THE VEH TO MY LANE AND TO AVOID COLLISION ,I SWERVED MY VEH TO THE RIGHT AND LOST CONTROL.MY VEH HIT THE RAILING DIVIDER AFTER THE IMPACT MY VEH SPIN AND STOP AT THE CENTER OF THE RD INFRT OF VEH C.VEH C HIT MY LEFT SIDE OF MY VEH AND THE IMPACT MY VEH BEING PUSHED TO THE FRT .AS MY VEH CAN'T MOVE,THE DRIVER OF VEH C AND MYSELF ALIGHTED AND DISCUSS AT THE SIDE OF THE ROAD(ROAD SHOULDER)MOMENT LATER ANOTHER ONCOMING VEH(D) COME WITH A FAST SPEED AND HIT ONTO MY REAR PORTION OF MY VEH CAUSING MY VEH TO MOVED TO THE 3RD LANE.I WANTED TO MAKE A THIRD PARTY CLAIMS AGAINST VEH D CAUSE HIT ONTO MY REAR PORTION OF MY STATIONARY VEH WITH HAZARD LIGHT ON.

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	
Vehicle Make/Model/Colour	
Details Of Properties	RAILING DIVIDER
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLB566G

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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLW7764U

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

OH LI TING

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SJD2354B

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.
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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**.
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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.



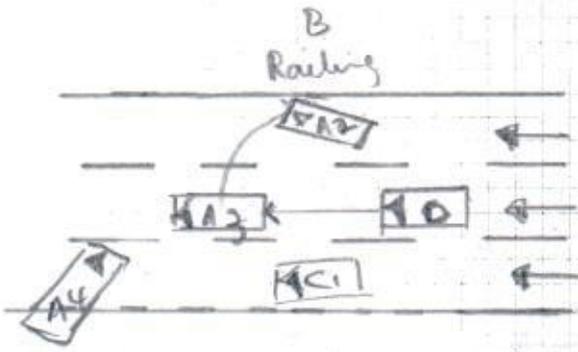
Policyholder's Signature
Date & Time:

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

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

SCENE 2

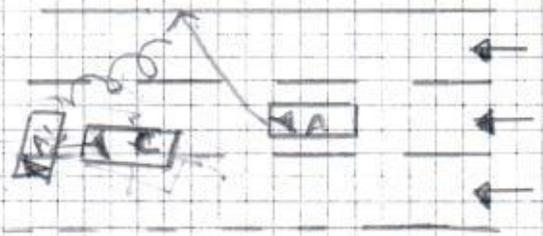
SKETCH PLAN



- A - SJD2354B
- B - RAILING
- C - SLB566G
- D - SLW7764U

SCENE 1

KJE (YEW TEE FLYOVER)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling at KJE (Yew Tee Flyover) on the 2nd lane within speed limit. To avoid collision with the front vehicle X, I swerved my vehicle to the right and hit on to the divider.

Due to the impact, my vehicle spin and stopped back at the second lane.

As my vehicle can't be shifted, another on coming vehicle came along at a fast speed and hit my vehicle, causing it to moved to the 3rd lane at the back.

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.:

I WAS TRAVELLING AT KJE(YEW TEE FLYOVER) ON THE 2ND LANE OF A3-LANES RD WITHIN SPEED LIMIT.SUDDENLY VEH C FROM THE 3RD LANE SWERVED THE VEH TO MY LANE AND TO AVOID COLLISION ,I SWERVED MY VEH TO THE RIGHT AND LOST CONTROL.MY VEH HIT THE RAILING DIVIDER AFTER THE IMPACT MY VEH SPIN AT STOP AT THE CENTER OF THE RD INFRT OF VEH C.VEH C HIT MY LEFT SIDE OF MY VEH AND THE IMPACT MY VEH BEING PUSHED TO THE FRT .AS MY VEH CAN'T MOVE,THE DRIVER OF VEH C AND MYSELF ALIGHTED AND DISCUSS AT THE SIDE OF THE ROAD(ROAD SHOULDER)MOMENT LATER ANOTHER ONCOMING VEH(D) COME WITH A FAST SPEED AND HIT ONTO MY REAR PORTION OF MY VEH CAUSING MY VEH TO MOVED TO THE 3RD LANE.I WANTED TO MAKE A THIRD PARTY CLAIMS AGAINST VEH D CAUSE HIT ONTO MY REAR PORTION OF MY STATIONARY VEH WITH HAZARD LIGHT ON.

ACCIDENT STATEMENT

ACCIDENT DATE: (09 / 07 / 2018) (DD/MM/YYYY), TIME: (23: 30) (HH:MM)

LOCATION: KJE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJD2344B
b) INSURANCE COMPANY: Khong Leng trading co p/l
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 87478555
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Oh Litng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S91102140 CONTACT: 9645 9705
c) ADDRESS: 612B Choa Chu Kang Ave 7 #1B-645 Singapore 682612

*d) DATE OF BIRTH: (13 / 03 / 1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 6

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: RAILIN6 MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SCB5666 MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

UNKNOWN

*No of passenger
(including driver)
(1)

*No of passenger
(including driver)
()

*No of passenger
(including driver)
()

10/07/18
waiting for
company stamp

Email =
fax =

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S9110214E



Name
 OH LI TING
 胡 丽 婷

Race
 CHINESE

Date of birth
 13-03-1991

Sex
 F

Country of birth
 SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9110214E

Name
 OH LI TING

Birth Date 13 Mar 1991

Issue Date 24 Nov 2011

002020631H




3857501



NRIC No. S9110214E



Date of issue
 17-03-2006

APT BLK 812B CHOA CHU KANG AVENUE 7 #18-845
 SINGAPORE 862812

NRIC No: S9110214E Date: 30/10/2017 (R)

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 24 Nov 2011

NP 428A

Licence No: S9110214E



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="09/07/2018 23:30"/>						
Vehicle No.(For Motor)	<input type="text" value="SJD2354B"/>	<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"/>	5099675256	KHONG LIENG TRADING CO PTE LTD	197201476H	GPC	Third Party	SJD2354B	SJD2354B	10/04/2018	09/04/2019
<input type="button" value="Continue"/>									

Claim Handling

Accident MT/1002470

Policy No.	S099675256	Vehicle No.	SJD2354B	GST Registration No.	M20014524X
Policyholder Name	KHONG LIENG TRADING CO PTE LTD	Cover Type	Third Party	Policyholder NRIC	197201476H
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	67478555	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No ▼
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No	Private Hire	No		

▼ **Accident Details**

Report Date	10/07/2018 19:17	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	09/07/2018	Time of Accident hh:mm	23:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KJE(YEW TEE FLYOVER)				

▼ **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	0.00	Outside Singapore TP Excess	0.00		

▼ **GST Registered Information**

GST Registered	Yes	GST Registration Date	01/01/2015
GST Registration No.	M20014524X	GST Status Verified	No

Modification History

▼ **Policyholder Mailing Address**

Address 1	102 NEYTHAL ROAD	Address 2	SINGAPORE 628590	Address 3	
Address 4		Address Type	Singapore address	Post Code	628590
Unit No.		Related Policy Number	S099675256		

▼ **O1 Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	13/03/1991
Unnamed driver Name	OH LI TING	Driver NRIC	S9110214E	Driving Experience	6
Register Date of Driver License	24/11/2011	Driver Age	27	Contact No.(Home)	0
Contact No.(Mobile)	96459705	Contact No.(Office)	0	Address 3	KEAT HONG COLOURS
Address 1	BLK 812B	Address 2	CHOA CHU KANG AVENUE 7	Post Code	682812
Address 4	SINGAPORE 682812	Address Type	Singapore address		
Unit No.	#1B-645	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>				

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	KHONG LIENG TRADING CO PTE	Insured NRIC	197201476H
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67478555
Email Address		O1 Vehicle Number	SJD2354B	TP Vehicle Number	RAILING
Claim Description	SJD2354B / RAILING ON 9 Jul 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	10/07/2018 00:00
Date Registered	10/07/2018 19:22	Claim Close Date			
Report Taken By	ROSLINDA				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1002470	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/07/2018 19:25
Path *		Category *	Confidential
Choose File No file chosen		Urgency *	Normal
Choose File No file chosen		Descr	
Choose File No file chosen			

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

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

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 19:25	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 19:25	SAS	Normal	SAS 2018-7-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 19:25	Photos	Normal	Photos 2018-7-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 19:25	Photos	Normal	Photos 2018-7-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 19:24	Photos	Normal	Photos 2018-7-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 19:24	Photos	Normal	Photos 2018-7-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 19:24	Photos	Normal	Photos 2018-7-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 19:24	Photos	Normal	Photos 2018-7-10
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 19:23	Photos	Normal	Photos 2018-7-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 19:22	Photos	Normal	Photos 2018-7-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 19:22	Photos	Normal	Photos 2018-7-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 19:22	Photos	Normal	Photos 2018-7-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 19:22	Photos	Normal	Photos 2018-7-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 19:22	Photos	Normal	Photos 2018-7-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 19:22	Photos	Normal	Photos 2018-7-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jul 2018 19:22	Photos	Normal	Photos 2018-7-10

Video List

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