

NATIONAL Assessment Centre Services

[Ref: JAN 2005]

Date In: <u>14/07/18</u>	Job description	Date & Time Completed	Done by
Ref No: <u>NA/INC18012811/13</u>	SAS e-filing		
Veh No: <u>4BB9792D</u>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <u>13/07/18</u> <u>1730</u>	i-Motor Claim Form	<u>MT/1002996-001</u>	
OD <u>(TP)</u> 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: (<u>N-51</u>)	Tel:	Fax:
TP Particulars:	Veh No: <u>XE1839E</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: 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

<u>NA/1804423</u>	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill	
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
	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:-			
	OP*			
Driver/Owner:	*N5: Courtesy Car / Tpt Allowance \$5			
Contact No:	*N6: Repair Co-ordination \$10			
Damaged Portion:	*N7: Post Repair Inspection \$25			
QC Checked by (Engr-In-Charge):	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20			
Cat. 1:	9) N12: Idac Mobile 30			
Cat. 2 / 3:	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	14/07/2018 14:29
Date Of Accident	13/07/2018 17:30
Exact Location Of Accident	PIE TWDS TUAS(ALJUNIED FLYOVER)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB9792D
Insured/Policyholder	
Name Of Registered Owner	AIRPOWER ENGINEERING SERVICES PTE. LTD.
Co Reg No	201202246H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93886342
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093304543
Cover Note Number	
Driver	
Name of Driver	ZIN MIN
Passport No/FIN	G6703083X
Date Of Birth	15/03/1974
Occupation	OUTDOOR
Date Of Driving Pass	26/10/2013
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98677442
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 21 TOH GUAN RD EAST
#07-27 TOH GUAN CENTRE

Postcode 608609

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 -

Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident CHAIN COLLISION

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) 3

Passenger 1 NAME: : PHONE MIN SOE
GENDER: : MALE

Passenger 2 NAME: : MOE KYAW SOE
GENDER: : MALE

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

PLS REFER TO THE 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 XE1839E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

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

SGF8112T

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

ZIN MIN

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

GBB9792D

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

PHONE MIN SOE

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

GBB9792D

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name

MOE KYAW SOE

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

GBB9792D

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: 14-Jul 18



Driver's Signature

(If driver is not the policyholder)

Date & Time:

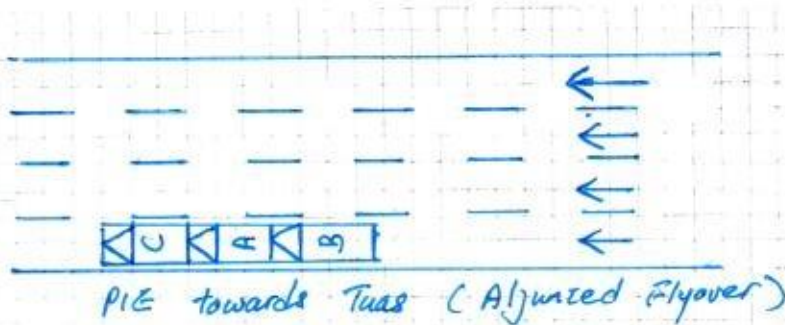
14/07/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



- (A) GBB 9792D
- (B) XE 1839E
- (C) SGF 8112T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/07/18 at @ 1730 hrs, I was travelling in my vehicle (GBB 9792D) along PIE towards Tuas going up Aljunied flyover on the extreme left lane. The vehicle (SGF 8112T) in front of me stopped due to traffic jammed ahead. I slow down and stopped too. Suddenly, a truck (XE 1839E) from behind, collided onto the rear portion of my lorry. The impact was so strong, that pushed my vehicle forward and caused my lorry to collide onto the vehicle ahead. My lorry was totally stopped before the truck collided onto me.

DECLARATION

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

Policyholder's Signature
Date & Time: 14-Jul-18



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

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

Vehicle No.	GBB 9792 D		Model / Make	Toyota Dyna.
Date of Accident	13 / 07 / 18			
Time of Accident	1730 HRS			
Location of Accident	PIG towards Tuas (Aljunced Flyover)			
Exact purpose use during accident	Commercial			
Name of Owner	Airpower Engineering Services Pte Ltd.			
Telephone No.	H/P: 9388 6342		Home:	Office:
NRIC	2012022464			
Address	21, Toh Guan Road East #07-27, Toh Guan Centre (S) 608609			
Claim type	OD	<u>THIRD PARTY</u>	REPORTING ONLY	
Insurance Company	NTUC			
Type of Coverage	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft	
Policy No.	5093304543			
Name of Driver	As Above If No, ZIN MIN			
NRIC	G6703083X		Any Passengers:	02 (M)
Date of birth	15 / 03 / 1974			
Occupation	<u>Outdoor</u>	/	Indoor	
Driving License Pass Date	26 / 10 / 2013			
Gender	<u>Male</u>	/	Female	
Contact No.	H/P: 9867 7442		Home:	Office:
Address	21, Toh Guan Road East #07-27, Toh Guan Centre (S) 608609			
Driver have any own vehicle	<u>No</u>	If yes, Reg No.		
Relationship	<u>Employee</u>	If no, state		
Weather condition	<u>Clear</u>	Raining	Other	
Road Surface	<u>Dry</u>	Wet	Other	
Any Injuries	No	If Yes, Who? ① ZIN MIN (H/P: 9867 7442)		
Name And Contact No.	② PHONE MIN SOE (H/P: 8170 2932)			
Name And Contact No.	③ MOE KYAW SOE (H/P: 8265 0068)			
Police Report	No	If Yes, Where?		
Vehicle B No.	XE 1839 E		Any Passengers:	01 (M)
Name of Driver	Contact No.:			
Vehicle C No.	SGF 8112 T		Any Passengers:	06
Vehicle D No.	Any Passengers:			
Vehicle E no.	Any Passengers:			
Vehicle F No.	Any Passengers:			
Vehicle G No.	Any Passengers:			
Witness Name	N.A.		Witness Contact:	
Accident Portion	Front and Rear Portion			
Camera Recorder	Yes <u>No</u>			
Email Address	-			
PARTICULAR WORKSHOP	N-51			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Huixin			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	Sales @ n51.com.sg			

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G6703083X**

Name: **ZIN MIN**

Birth Date: **15 Mar 1974**

Issue Date: **26 Oct 2013**

Valid Till: **25 Oct 2018**

002238983D

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer: **AIRPOWER ENGINEERING SERVICES PTE. LTD.**

Sector: **CONSTRUCTION**

Name: **ZIN MIN**

Occupation: **CONSTRUCTION WORKER-CUM-DRIVER**

Work Permit No.: **0 92516830**

Date of Application: **18-05-2017**

Date of Issue: **06-06-2017**

Date of Expiry: **21-05-2019**

L8017523

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

EFFECTIVE DATE: **26 Oct 2013**

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

Licence No: **G6703083X**

NP 428A

VISIT PASS
Immigration Regulations

Name: **ZIN MIN**

Date of Birth: **15-03-1974** Sex: **M** Nationality: **MYANMAR**

Pin: **G6703083X** Date of Issue: **06-06-2017** Date of Expiry: **21-05-2019**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



CROSBY INSURANCE AGENCY

50 Tagore Lane, #02-101

Entrepreneur Centre, Singapore 787494

Tel: (65) 6285 2640 Fax: (65) 6452 5043

Email: company@crosby.com.sg

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 : 5093304543

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: GB89792D

Chassis Number

: JTFAT35Y70K201384

2. Name of Policyholder

: AIRPOWER ENGINEERING SERVICES PTE. LTD.

3. Effective Date of Insurance

: 12 Aug 2017

4. Expiry Date of Insurance

: 11 Aug 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.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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

INSURE WITH COE : YES

HIRE PURCHASE COMPANY : HITACHI CAPITAL ASIA PACIFIC 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 : CROSBY INSURANCE AGENCY (00000570899)

Date of Issue : 11 Aug 2017 17:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/1002996

Policy No.	5093304543	Vehicle No.	GB89792D	GST Registration No.	201202246H
Policyholder Name	AIRPOWER ENGINEERING SERVICES PTE. LTD.			Policyholder NRIC	201202246H
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	93886342	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(%)	0	Private Hire	No

▼ Accident Details

Report Date	14/07/2018 16:29	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	13/07/2018	Time of Accident hh:mm	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS TUAS(ALJUNIED FLYOVER)				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	22/04/2015
GST Registration No.	201202246H	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	21 TOH GUAN ROAD EAST	Address 2	#07-27 TOH GUAN CENTRE	Address 3	SINGAPORE 608609
Address 4		Address Type	Singapore address	Post Code	608609
Unit No.		Related Policy Number	5053114396-06		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	15/03/1974
Unnamed driver Name	ZIN MIN	Driver NRIC	G6703083X	Driving Experience	4
Register Date of Driver License	26/10/2013	Driver Age	44	Contact No.(Home)	0
Contact No.(Mobile)	98677442	Contact No.(Office)	0	Address 3	SINGAPORE 608609
Address 1	21 TOH GUAN ROAD EAST	Address 2	TOH GUAN CENTRE	Post Code	608609
Address 4		Address Type	Singapore address		
Unit No.	#07-27				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	AIRPOWER ENGINEERING SERV	Insured NRIC	201202246H
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	63161719
Email Address	airpower@airpowerengineering.com	OI Vehicle Number	GB89792D	TP Vehicle Number	XE1839E
Claim Description	GB89792D / XE1839E ON 13 Jul 2018			Name of Preferred Workshop	N51
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	14/07/2018 00:00
Date Registered	14/07/2018 16:45	Claim Close Date			
Report Taken By	ROSLINDA				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1002996	Claim No.	001			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/07/2018 16:46			
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	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2018 16:46	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2018 16:46	SAS	Normal	SAS 2018-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2018 16:46	Photos	Normal	Photos 2018-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2018 16:46	Photos	Normal	Photos 2018-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2018 16:45	Photos	Normal	Photos 2018-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2018 16:45	Photos	Normal	Photos 2018-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2018 16:45	Photos	Normal	Photos 2018-7-14
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2018 16:45	Photos	Normal	Photos 2018-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2018 16:45	Photos	Normal	Photos 2018-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2018 16:45	Photos	Normal	Photos 2018-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2018 16:45	Photos	Normal	Photos 2018-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2018 16:45	Photos	Normal	Photos 2018-7-14

Video List

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