

NATIONAL Assessment Centre Services

[Ref: 1 Jan 05]

MMMA 118093842.

Date In: 20/17/18 15:11	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MMMA 118093842	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SLL 1327 X	i-Motor Claim Form	MT/1003354-002	20/17/18 17:02.
D.O.A: 10/17/18 11:45.	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP: 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: SKX 8808C.	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

NA1804587	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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:-		
	Q1:		
	*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	

Ref: 1

Ref: 2 / 3

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	20/07/2018 15:11
Date Of Accident	10/07/2018 11:45
Exact Location Of Accident	LOYANG DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL1327X
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Insured/Policyholder

Name Of Registered Owner	CHEN YUQIAN
NRIC No	S7489591C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98313665
Alternative Phone No	OFFICE-98313665

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	REPORTING ONLY
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	5087859555-01
Cover Note Number	-

Driver

Name of Driver	CHEN YUQIAN
NRIC No	S7489591C
Date Of Birth	10/07/1974
Occupation	INDOOR
Date Of Driving Pass	01/08/2012
Driving Experience	5 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98313665
Fax Number	
Contact Number	OFFICE-98313665
Email Address	NOEMAIL

Address	9A CRANE RD
Postcode	429357
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	SIDE SWIPE
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?	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. AFTER THE INCIDENT, I WENT TO SGH AND DOCTOR GIVE MC 11 DAY AND UNFIT TO DO REPORT, I WAS DISCHARGE ON 21/JUL 2018. PLEASE REFER TO ATTACHMENT.

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	SKX8808C
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	CHEN YUQIAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLL1327X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

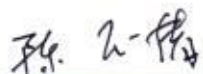
SKETCH PLAN

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.:

SKETCH PLAN

Unable to provide Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

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

陈乙伟

Policyholder's Signature
Date & Time:

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

Handwritten signature

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



SINGAPORE POLICE FORCE



T/20180720/2068

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

1 of 3

Report No. T/20180720/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/07/2018 12:52	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: chen yuqian		Address: C/O APT BLK 9A CRANE RD SINGAPORE 429357	
ID Type / ID No.: NRIC NO / S7489591C		Contact No.: Home/Office: Mobile: 98313665	
Nationality: CHINESE		Email:	
Sex: Male	Age: 44	Date of Birth: 10/07/1974	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: ADMIN		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/07/2018 09:45	Type of Location: Straight Road
Location: Along Road 1 BEDOK NORTH STREET 1 DUNMAN ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Alleged Hit and Run			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLL1327X	Car	HONDA	VEZEL 1.5X CVT	Red	No Damage	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL1327X	NTUC Income Insurance Co-Operative Limited	5087859555-01	15/02/2018	14/02/2019



**SINGAPORE
POLICE FORCE**



T/20180720/2068

2 of 3

Report No. T/20180720/2068

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

CONTINUATION OF REPORT

Brief Details.

on the above mention date time and location

I was travelling along the said location. I was informed that I was involved in an accident however at that point of time I couldn't remember anything. I wish to state that i was also diagnose with Stress Acute Reaction by the doctors at SGH.

That's all.



**SINGAPORE
POLICE FORCE**



T/20180720/2068

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

3 of 3

Report No. T/20180720/2068

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 /
NG JIN SHENG

Signature Of Informant:

[Handwritten signature]

Signature Of Interpreter:
Not applicable

Date/Time:
20/07/2018 12:52

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

Classification Of Case:

Authentication Stamp
NP168



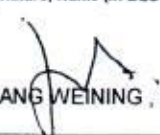
**SINGAPORE
POLICE FORCE**

Signature: _____

ORIGINAL

MEDICAL CERTIFICATE

DIM2018265970

Name CHEN YUQIAN		NRIC No. S7489591C
This is to certify that the above-named is unfit for duty for a period of <u>11</u> days from <u>11-Jul-2018</u> to <u>21-Jul-2018</u> inclusive.		
Type of medical leave granted : <input checked="" type="checkbox"/> Hospitalization Leave <input type="checkbox"/> Outpatient Sick Leave Admitted on : <u>11-Jul-2018</u> Discharged on : _____ <input type="checkbox"/> Maternity Leave, Delivered on : _____ <input type="checkbox"/> Sterilization Leave, Operated on : _____		
This certificate is not valid for absence from court attendance.		
Diagnosis		Surgical Operation (if applicable)
Fit for light duty from <u>N.A.</u> to <u>N.A.</u> Comments : The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic Internal Medicine Singapore General Hospital	Ward No. W53C Date 15-Jul-2018	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  WANG WEINING, 1010H

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7489591C



Name

CHEN YUQIAN

陈玉倩

Race

CHINESE

Date of birth

10-07-1974

Sex

F

Country/Place of birth

CHINA



9322396



NRIC No. S7489591C



Nationality

CHINESE

Date of issue

20-02-2014

Address

9A CRANE ROAD
SINGAPORE 429357



TRAFFIC PO
SINGAPORE
10, UBI AVEN
SINGAPORE

Private & Confidential

CHEN YUQIAN

9A CRANE ROAD
SINGAPORE 429357

You will receive your photocard licence by registered mail within 1 month from date of application unless you made a special request to collect at Traffic Police Department at time of application.

S7489591C
(3)

C001263306

\$25/-

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

02/09/2017

(Please do not detach)

Hello, NAC_PAYA_UBI_800601

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

Policy No.

Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5087859555-01	CHEN YUQIAN	S7489591C	GPC	drivo CLASSIC	SLL1327X	SLL1327X	15/02/2018	14/02/2019



**SINGAPORE
POLICE FORCE**

Our Ref : TP/IP/39545/2018
Date : 20/07/2018

MDM CHEN YUQIAN
9A CRANE ROAD
SINGAPORE 429357

Dear Madam,

**REVOCATION OF DRIVING LICENCE UNDER SECTION 37(6) OF THE ROAD TRAFFIC ACT,
CHAPTER 276**

We refer to the investigation against you for the road traffic accident on 10 July 2018 at about 11.48 a.m. along Loyang Drive by Pasir Ris Drive 6.

Police have reasons to believe that you are suffering from a disease or physical disability likely to cause the driving of a motor vehicle, being a motor vehicle of any such class or description authorised by the licence to drive, to be a source of danger to the public.

In exercise of the powers conferred upon the Deputy Commissioner of Police by Section 37(6) of the Road Traffic Act, Chapter 276, your driving licence will be revoked with effect from **20 July 2018** until such time that you are medically certified to be fit to drive a motor vehicle, and only upon then the revocation may be rescinded under Section 37(8) of the Road Traffic Act, Chapter 276.

During the period of revocation, you shall not drive a motor vehicle on a road under any driving licence granted by any authority and are barred from obtaining a driving licence of any class. If you drive a motor vehicle on a road when your driving licence is revoked, you will have committed an offence under Section 35C(4) of the Road Traffic Act. Upon conviction of this offence, you are liable to a fine not exceeding \$1,000 or to imprisonment for a term not exceeding 3 months; and in the case of a second or subsequent offence, to a fine not exceeding \$2,000 or to imprisonment for a term not exceeding 6 months.

You are hereby required under Section 37(7) of the Road Traffic Act to forthwith surrender your driving licence to me at Traffic Police, No. 10 Ubi Avenue 3.

Failure to surrender your driving licence is an offence and on conviction you will be liable to a fine not exceeding \$1,000/- or to imprisonment for a term not exceeding 3 months and in the case of a second or subsequent offence to a fine not exceeding \$2,000/- or imprisonment not exceeding 6 months.



**SINGAPORE
POLICE FORCE**

Dated this 20th day of July 2018.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Ng Kang Bee', written over a horizontal line.

NG KANG BEE
HEAD INVESTIGATION / TRAFFIC POLICE
For DEPUTY COMMISSIONER OF POLICE
SINGAPORE POLICE FORCE

Claim Handling

Accident MT/1003354

Policy No.	5087859555-01	Vehicle No.	SLL1327X	GST Registration No.	
Policyholder Name	CHEN YUQIAN			Policyholder NRIC	S7489591C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	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(%)	10	Private Hire	Not available

▼ Accident Details

Report Date	17/07/2018 13:33	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	10/07/2018	Time of Accident hh:mm	11:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG LOYANG DRIVE				

▼ 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	9A CRANE ROAD	Address 2	SINGAPORE 429357	Address 3	
Address 4		Address Type	Singapore address	Post Code	429357
Unit No.		Related Policy Number	5087859555-01		

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX ▼	Insured Name	CHEN YUQIAN	Insured NRIC	S7489591C
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLL1327X	TP Vehicle Number	SKX8808C
Claim Description	SLL1327X / SKX8808C ON 10 Jul 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault ▼	GIA report	Received
Require Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop, Name unknown ▼	Date Received	20/07/2018 00:00
Date Registered	20/07/2018 17:03	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment























Accident No.	MT/1003354	Claim No.	002			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/07/2018 17:02			
Path *		Category *	Confidential	Urgency *	Descr	
<div>Choose File</div>	No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div>	No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div>	No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
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<div>Choose File</div>	No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div>	No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	

Message Read

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 17:02	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 17:02	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 17:02	SAS	Normal	SAS 2018-7-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 17:02	Photos	Normal	Photos 2018-7-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 17:02	Photos	Normal	Photos 2018-7-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 17:02	Photos	Normal	Photos 2018-7-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 17:02	Photos	Normal	Photos 2018-7-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 17:02	Photos	Normal	Photos 2018-7-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 17:02	Photos	Normal	Photos 2018-7-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 17:01	Photos	Normal	Photos 2018-7-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 17:01	Photos	Normal	Photos 2018-7-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 17:01	Photos	Normal	Photos 2018-7-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 17:01	Photos	Normal	Photos 2018-7-20
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 17:01	Photos	Normal	Photos 2018-7-20
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 17:01	Photos	Normal	Photos 2018-7-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jul 2018 17:01	Photos	Normal	Photos 2018-7-20

Video List

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

Scan and uploading