

NATIONAL Assessment Centre Services (wef 1 Jan 2005)			
Date In: 28/07/2018 15:51	Job description	Date & Time Completed	Done by
Ref No: NA/INC18013769/14	SAS e-filing		
Veh No: GBD 2636H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/07/2018 18:15	i-Motor Claim Form	MT/1005119 + 001	30/7/18 14:38
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: GBD 2517 T. 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

NA1804764		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
				In Bill	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			
QC Checked by (Engr-In-Charge):		5) PT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-		For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:		6) TR : Re-inspection \$75			
Cat. 2 / 3:		7) N1 : Idea DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		ON*			
		*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 (N'n INC) against INC \$20			
		9) N12: Idea Mobile \$0			
		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	28/07/2018 15:51
Date Of Accident	27/07/2018 18:15
Exact Location Of Accident	PIE TWDS TUAS BEFORE KPE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD2636H
Insured/Policyholder	
Name Of Registered Owner	THIAM MEI CONSTRUCTION AND ENGINEERING PTE LTD
Co Reg No	201134374D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93202462
Alternative Phone No	OFFICE-93202462

Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA DYNA 150 MANUAL
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092391293
Cover Note Number	

Driver

Name of Driver	NG AH JEE
NRIC No	S1272276A
Date Of Birth	12/03/1955
Occupation	OUTDOOR
Date Of Driving Pass	30/11/2012
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93202462
Fax Number	
Contact Number	OTHERS-93202462
Email Address	NOEMAIL

Address	BLK 770 BEDOK RESERVOIR VIEW #17-179
Postcode	470770
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	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)	2
Passenger 1	
	NAME: : CHINNATHAMBI JAISANKAR
	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	GBD2517T
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	GBB8482E
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 INJURED PERSON 1

Name	NG AH JEE
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBD2636H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	CHINNATHAMBI JAISANKAR
Approximate Age	
Injuries Sustain	BACK AND NECK
Injured person in which vehicle?	GBD2636H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
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.:

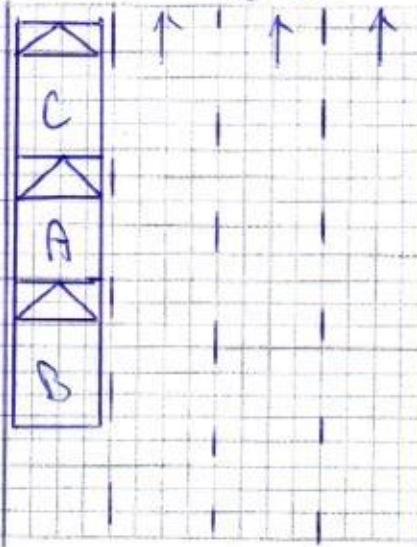
A: GBD 2636 H

B: GBD 2517 T

C: GBB 8482 E

SKETCH PLAN

PIE towards
TUAS before
KPE EXIT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on PIE towards Tuas before KPE
Exit at the most left lane. Out of sudden I
felt a huge impact coming from the rear of my
A.
while The impact was so big that it make my
vehicle A move forward and hit onto vehicle C
behind of me. I got jump up while I was
involved in a 3 car collision.

DECLARATION

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.:

28/7/2018

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 27/07/2018 (DD/MM/YY) Time: 18:15 (HH:MM)
Exact location of accident	P1E towards bus before KPE exit.

Details of vehicle

Vehicle registration number	GBD 2636H
Vehicle make and model	TOYOTA DYNA
Type of vehicle	Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input checked="" type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	Working
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

Insurance information

Insurance company	NTUC
Policy number	5092391293
Type of policy	Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

Insured / Policy holder

Name	THIAM MEI CONSTRUCTION AND ENGINEERING PTG LTD
NRIC / Fin / Passport number	
Contact	93202462
Address	25 KAKE BUKIT ROAD 4 #07-32 SYNEKGY @ KB S 417800

Driver

Same as insured above ☐ (skip to D.O.B)

Name	NG AH JEE	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	31272276A	
Contact	9852 1831	
Address	Blk 770 Bedok Reservoir View #17-17A Singapore 470770	
Email address		
Date of birth	12-03-1955	
Occupation	Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/>	
Driving date pass	30-11-2012	

Email: United

General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, relationship of the driver and insured: _____
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	2 (Inclusive of driver)

Passenger 1

Name	CHINNATHAMONI JAISANKAR
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Other information

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

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

EFFECTIVE DATE

Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 30 Nov 2012

NP 428A



Licence No. S1272276A

5926650



NPIC No. S1272276A



Date of issue
30-04-2018

Address

APT BLK 770 BEDOK RESERVOIR VIEW
#17-179
SINGAPORE 470770

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1272276A

Name: NG AH JEE

Birth Date: 12 Mar 1955

Issue Date: 30 Nov 2012

002128814H



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1272276A



Name

NG AH JEE

黄亚利

Race
CHINESE

Date of birth
12-03-1955

Country/Place of birth
SINGAPORE

Sex
M

S1272276A

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="27/07/2018 18:15"/>
Vehicle No.(For Motor)	<input type="text" value="GBD2636H"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5092391293		THIAM MEI CONSTRUCTION AND ENGINEERING PTE LTD	201134374D	GCV	Comprehensive	GBD2636H	GBD2636H	27/08/2017	26/08/2018

Claim Handling

Accident MT/1005119

Policy No.	5092391293	Vehicle No.	GBD2636H	GST Registration No.	
Certificate No.					
Policyholder Name	THIAM MEI CONSTRUCTION AND ENGINEERING PTE LTD			Policyholder NRIC	2011
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	93202462	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<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
Accident Details					
Report Date	30/07/2018 14:25	Accident Report Within 24 hrs	Yes	Accident Type	Chain
Date of Accident	27/07/2018	Time of Accident hh:mm	18:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS TUAS BEFORE KPE EXIT				
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	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					
Policyholder Mailing Address					
Address 1	25 KAKI BUKIT ROAD 4	Address 2	#07-32 SYNERGY @ KB	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	4178
Unit No.		Related Policy Number	5099123506		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NG AH JEE	Driver NRIC	S1272276A	Driver DOB	12/0
Register Date of Driver License	30/11/2012	Driver Age	63	Driving Experience	5
Contact No.(Mobile)	93202462	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 770	Address 2	BEDOK RESERVOIR VIEW	Address 3	
Address 4		Address Type	Singapore address	Post Code	4707
Unit No.	#17-179				
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 type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	THIAM MEI CONSTRUCTION AND ENGINEERING PTE LTD	Insured NRIC	2011
Contact No.(Mobile)	93202462	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GBD2636H	TP Vehicle Number	GBD2636H
Claim Description	GBD2636H / GBD2517T ON 27 Jul 2018				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	30/07/2018 14:39	Claim Close Date		Date Received	30/07/2018
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No. MT/1005119

Claim No. 001

Last Doc. Received

☒ Yes ☐ No

Upload Date

30/07/2018 14:35

Path *

Category *

Confidential

Urgency *

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2018 14:38	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2018 14:36	SAS	Normal	SAS 2018-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2018 14:36	Photos	Normal	Photos 2018-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2018 14:36	Photos	Normal	Photos 2018-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2018 14:36	Photos	Normal	Photos 2018-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2018 14:36	Photos	Normal	Photos 2018-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2018 14:36	Photos	Normal	Photos 2018-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2018 14:36	Photos	Normal	Photos 2018-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2018 14:35	Photos	Normal	Photos 2018-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2018 14:35	Photos	Normal	Photos 2018-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2018 14:35	Photos	Normal	Photos 2018-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2018 14:35	Photos	Normal	Photos 2018-7-30

Video List

Uploaded By/Date	Folder Date	File Name	Source
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>			