

NATIONAL Assessment Centre Services

Date In: 08/08/18	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC18014407/13	E-mail (within 8hrs, AIC 2hrs):		
Veh No: SLV7114B	i-Motor Claim Form: MT/1006503 - 001		
D.O.A: 08/08/18 0705	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: (IP) 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: (N-51	Tel:	Fax:
TP Particulars:	Veh No: SHD4103U	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

NA1804942	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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) FT: 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: 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	08/08/2018 10:37
Date Of Accident	08/08/2018 07:05
Exact Location Of Accident	PIE TWDS CHANGI B4 EUNOS FLYOVER
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLV7114B
Insured/Policyholder	
Name Of Registered Owner	BERNARDETTE YEO SI BING
NRIC No	S9111832G
Email Address	BERNARDETTEY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97570656
Alternative Phone No	OTHERS-94570149
Vehicle Particulars	
Manufacturer	VOLVO
Model	T4
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102521189
Cover Note Number	
Driver	
Name of Driver	BERNARDETTE YEO SI BING
NRIC No	S9111832G
Date Of Birth	17/03/1991
Occupation	INDOOR
Date Of Driving Pass	30/07/2013
Driving Experience	5 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97570656
Fax Number	
Contact Number	OTHERS-94570149
EMail Address	BERNARDETTEY@GMAIL.COM

Address	49 STILL ROAD
Postcode	423970
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	RAINING
Road Surface	WET

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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN 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

I WAS DRIVING ALONG PIE TWDS CHANGI ON THE EXTREME RIGHT LANE OA A3-LANESRD.SOMEWHERE B4 EUNOS FLYOVER,VEH AHEAD OF ME SUDDENLY JAMMED BRAKE AND STOP.AS SUCH I APPLIED BRAKE AND MANAGED TO STOP COMPLETELY BEHIND VEH C.OUT OF THE SUDDEN VEH B CAME FROM BEHIND AND COLLIDED ONTO THE REAR PORTION OF MY VEH.UPON THE IMPACT MY VEH SURGED FORWARD AND COLLIDED ONTO VEH C.AFTER THE IMPACT,I ALIGHTED AND ONLY MANAGED TO TAKE DOWN FRT AND BACK VEH NNO.THE REST OF THE VEH NO DIDN'T MANAGE TO TAKE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4103U
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category TAXI
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 SKC7965Z
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 UNKNOWN
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 4

Vehicle Registration Number UNKNOWN
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	BERNARDETTE YEO SI BING
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLV7114B
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:



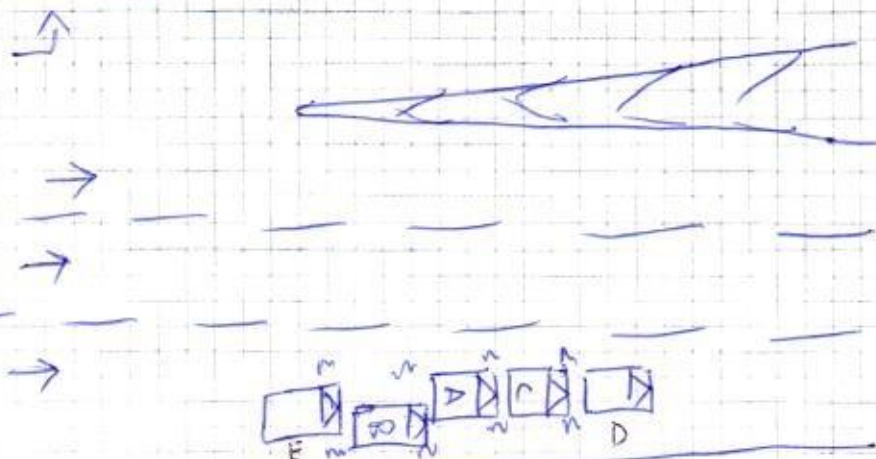
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 08/08/18

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

SKETCH PLAN

A - SIL 7114 B
B - SHD 4103 W
C - SKC 7965 Z
D - UNKNOWN
E - UNKNOWN



P/E towards change Before final finger


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

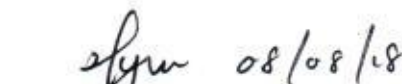
I was driving along P/E towards change on the extreme right lane of a 3-lane, expressway. Somewhere before final finger, vehicles ahead of me suddenly braked and stopped. As such, I slowed and managed to stop completely behind veh (C). Out of the sudden, veh (B) came from the rear and collided onto the rear portion of my vehicle. Upon the impact, my vehicle surged forward and collided onto veh (C). After the accident, I alighted and only managed to take down front & back vehicle numbers. The rest of the vehicles number did not manage to take down. My children were crying and I send them off the accident scene to calm them down.

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:

 08/08/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle No.	SLV 7114 B		Model / Make	Volvo T4
Date of Accident	8/8/18			
Time of Accident	7.05am		HRS	
Location of Accident	Pte. towards Changi before Kovan Flyover			
Exact purpose use during accident	Pte use			
Name of Owner	Bernardette Yeap Si Bong			
Telephone No.	H/P : 94570149	Home :	Office : 94570656 (husband)	
NRIC	S9111832 G			
Address	49, Spt Rd, SC423970			
Claim type	OD (THIRD PARTY) REPORTING ONLY			
Insurance Company	NUL			
Type of Coverage	<input checked="" type="checkbox"/> Comprehensive	<input type="checkbox"/> Third Party	<input type="checkbox"/> Third Party / Fire / Theft	
Policy No.	5102521189			
Name of Driver	As Above If No,			
NRIC	Any Passengers : 03 (2 female, 1 male)			
Date of birth	17/3/1991			
Occupation	Outdoor / Indoor			
Driving License Pass Date	30/7/2013			
Gender	Male / (Female)			
Contact No.	H/P :	Home :	Office :	
Address				
Driver have any own vehicle	No, If yes, Reg No.			
Relationship	Employee, If no, state spouse owner			
Weather condition	Clear <input checked="" type="checkbox"/> Raining Other			
Road Surface	Dry <input checked="" type="checkbox"/> Wet Other			
Any Injuries	No, If Yes, Who?			
Name And Contact No.	Bernardette Yeap Si Bong (94570149)			
Name And Contact No.				
Police Report	No, If Yes, Where?			
Vehicle B No.	SHD 4103U		Any Passengers : N/A	
Name of Driver			Contact No. :	
Vehicle C No.	SKC 1965Z		Any Passengers : N/A	
Vehicle D No.			Any Passengers :	
Vehicle E no.			Any Passengers :	
Vehicle F No.			Any Passengers :	
Vehicle G No.			Any Passengers :	
Witness Name			Witness Contact :	
Accident Portion	Front & Rear			
Camera Recorder	<input checked="" type="checkbox"/> Yes / No			
Email Address	Bernardettey@gmail.com			
PARTICULAR WORKSHOP	Kee NSI Automotive Pte Ltd			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Kee			
FAX NO	6741 0510			
WORKSHOP Email ADDRESS	sales@nsi.com.sg			

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S9111832G**
 Name: **BERNARDETTE YEO SI BING**
 Birth Date: **17 Mar 1991**
 Issue Date: **30 Jul 2013**

002207866A



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9111832G**


 Name: **BERNARDETTE YEO SI BING**
楊 思 冰
 Race: **CHINESE**
 Date of birth: **17-03-1991** Sex: **F**
 Country/Place of birth: **SINGAPORE**

S9111832G

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

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg
 with <= 7 passengers, exclusive of the driver; and
 other motor vehicles without clutch pedals <= 2500kg

EFFECTIVE DATE 30 Jul 2013

NP 428A

Licence No: S9111832G



5174138



NRIC No. S9111832G


 Date of issue: **08-05-2013**

49 STILL ROAD
SINGAPORE 423870
 NRIC No: **S9111832G** Date: **05/02/2016**



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: 5102521189

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SLV7114B
Chassis Number : YV1F5485BB2043837
2. Name of Policyholder : BERNARDETTE YEO SI BING
3. Effective Date of Insurance : 29 Jul 2018
4. Expiry Date of Insurance : 28 Jul 2019
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.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

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
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: BERNARDETTE YEO SI BING
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (S) 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 : S & M ALLIANCE PTE LTD (00000614373)

Date of Issue : 27 Jul 2018 12:48 hrs



For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/1006503

Policy No.	5102521189	Vehicle No.	SLV7114B	GST Registrat
Certificate No.				
Policyholder Name	BERNARDETTE YEO SI BING			Policyholder I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	94570149	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reasoi
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	08/08/2018 16:16	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/08/2018	Time of Accident hh:mm	07:05	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE TWDS CHANGI B4 EUNOS FLYOVER			

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen E
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	49 STILL ROAD	Address 2	SINGAPORE 423970	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5102521189	

▼ OI Driver Info

Driver Name	BERNARDETTE YEO SI BING	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9111832G	Driver DOB
Register Date of Driver License	20/07/2013	Driver Age	27	Driving Exper
Contact No.(Mobile)	94570149	Contact No.(Office)	0	Contact No.(I
Address 1	49 STILL ROAD	Address 2	SINGAPORE 423970	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insure

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

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI Vehicle Number	
Claim Description	SLV7114B / SHD4103U ON 8 Aug 2018		
Preferred Workshop		Insured Liability	Not at Fault
Repair Option	Preferred	Preferred Workshop (refer below)	
Finalisation	Yes	GIA report	Received
Date Registered		Claim Close Date	08/08/2018 16:26
Report Taken By		Workshop Repairer	ROSLINDA

Print AK letter

Save Submit

Attachment

Accident No.	MT/1006503	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/08/2018 00:00
Path *		Category *	Confid
Choose File No file chosen	Clear	Please Select ▼	NO
Choose File No file chosen	Clear	Please Select ▼	NO
Choose File No file chosen	Clear	Please Select ▼	NO
Choose File No file chosen	Clear	Please Select ▼	NO
Choose File No file chosen	Clear	Please Select ▼	NO
Choose File No file chosen	Clear	Please Select ▼	NO
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2018 16:25	NRIC/ Driving License	Normal	NRIC/ D
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2018 16:25	SAS	Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2018 16:25	Photos	Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2018 16:24	Photos	Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2018 16:24	Photos	Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2018 16:24	Photos	Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2018 16:24	Photos	Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2018 16:24	Photos	Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2018 16:24	Photos	Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2018 16:24	Photos	Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2018 16:24	Photos	Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2018 16:24	Photos	Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2018 16:24	Photos	Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Aug 2018 16:24	Photos	Normal	I

Video List

Uploaded By/Date

Folder Date

File Name

[Display in New Window](#)[Scan and uploading](#)