

NATIONAL Assessment Centre Services

Date In: 10/08/2018 10:44	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC18014501/K4	E-mail (within 8hrs, AIC 2hrs):		
Veh No: SBH 1388 J	i-Motor Claim Form	MT/1007223-001	15/8/18 10:00
DOA: 09/08/2018 22:40	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: (

TP Particulars: Vch No: SHC7077Y INC () / Non-INC () Tel: Fax:)

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)

1) Apply for Transport Allowance () / Courtesy Car () Date & Time Completed: Done by:

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time Actions

Invoice Preparation Checklist		Amt (\$)	Amt (\$)
		Int. Bill	Add. Bill
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) PT: Follow-Through Survey (Resurvey) \$30			
For claiming against INC Only (wef 10 Jan 2005)			
6) TR: Re-inspection \$75			
7) NI: Idau DA + SMRT Survey \$160			
8) NTUC Additional Services:			
ON:			
* N5: Courtesy Car / Tpl 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: Idau Mobile \$30			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

at 1:

at 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 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. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	10/08/2018 10:44
Date Of Accident	09/08/2018 22:40
Exact Location Of Accident	JUNC OF BAYFRONT AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBH1388J
Insured/Policyholder	
Name Of Registered Owner	SIM YANG RIKKI
NRIC No	S1156871H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90661388
Alternative Phone No	OTHERS-90661388

Vehicle Particulars

Manufacturer	NISSAN
Model	TEANA 2.5 CVT ABS D/AB HID 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	WORK
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100414841
Cover Note Number	

Driver

Name of Driver	SIM YANG RIKKI
NRIC No	S1156871H
Date Of Birth	06/08/1956
Occupation	OUTDOOR
Date Of Driving Pass	03/10/1974
Driving Experience	43 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90661388
Fax Number	
Contact Number	OTHERS-90661388
EEmail Address	NOEMAIL

Address	BLK 512 CHOA CHU KANG STREET 51 #14-255
Postcode	680512
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	COLLISION - HEAD TO REAR
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?	NO
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: : NIL GENDER: : FEMALE
Passenger 2	NAME: : NIL GENDER: : FEMALE

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	SHC7077Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SAMSURI BIN GHAZALI
NRIC/Passport Number	S7629769Z
Contact Number	90698887
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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:

10/8/2018

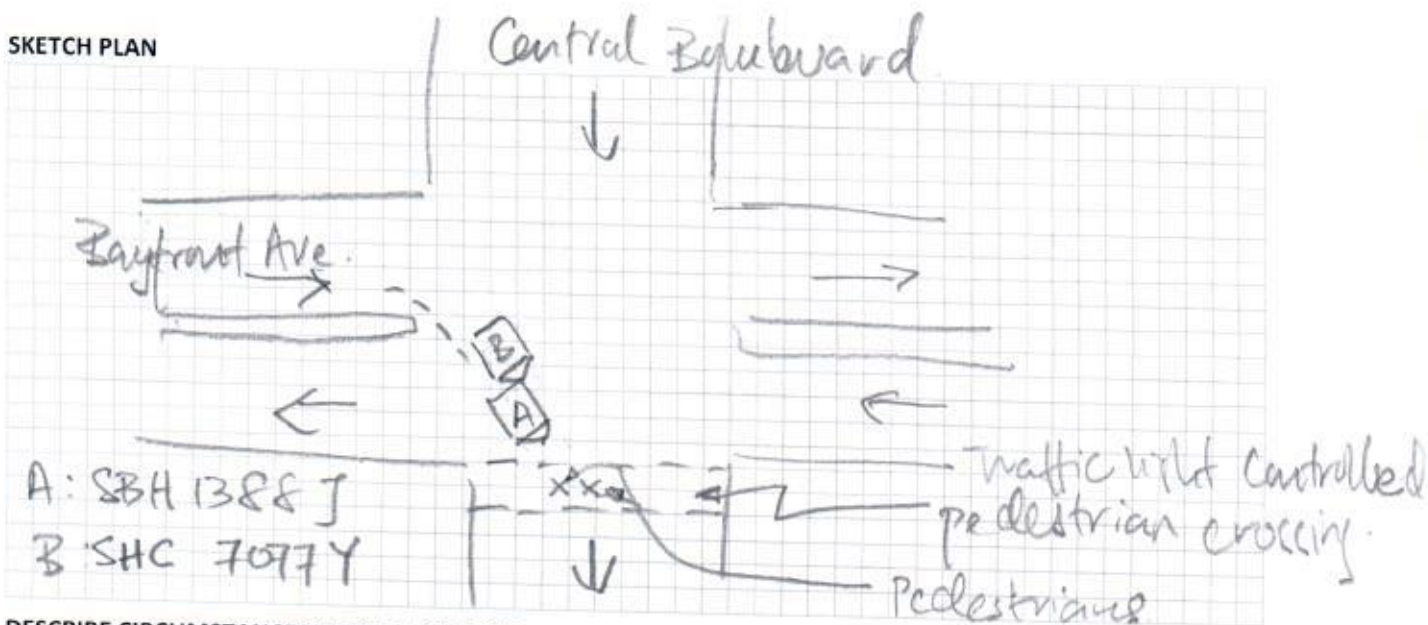
Driver's Signature
(If driver is not the policyholder)
Date & Time:

10/8/2018

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

10/8/2018

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9 Aug 2018 at 1042 pm, after turning to Central Boulevard from Bayfront Ave, at the traffic light - controlled pedestrian crossing to give way to two pedestrian, SHC 7077Y hit the rear-left of my bumper.

As the result of the impact, the rear-left bumper was badly damaged and dislodged slightly. The rear-left lining was also broken & dislodged.

DECLARATION

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

Policyholder's Signature

Date & Time: 10/8/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time: 10/8/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1156871H



Name
SIM YANG RIKKI
沈 陽
Race
CHINESE
Date of Birth
06-08-1956 Sex
M
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S1156871H
Name
SIM YANG RIKKI
Birth Date 06 Aug 1956
Issue Date 03 Mar 2011

1001943041F

2925434



NRIC No. S1156871H



Blood Group Date of issue
B+ 05-12-1996

Address
APT BLK 512 CHOA CHU KANG STREET 51 #14-255
SINGAPORE 690512
NRIC No: S1156871H Date: 11-07-1998 No: 2527665

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

	EFFECTIVE DATE
Class 2B Motorcycles \leq 200 cc	08 Aug 1979
Class 2A Motorcycles between 201 cc and 400 cc	08 Aug 1979
Class 2 Motorcycles $>$ 400 cc	08 Aug 1979
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	03 Oct 1974
Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg	19 Jul 1979
Class 5 Motor vehicles which are not constructed to carry load and the unladen weight $<$ 7250kg	23 Aug 1979
Class 5 Motor vehicles not constructed to carry any load and the unladen weight $>$ 7250kg	

NP 42CA

Licence No: S1156871H



Email: rikkisim@yahoo.com ✓

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: 5100414841

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SBH1388J**
Chassis Number : JN18BUJ32Z0002852
2. Name of Policyholder : SIM YANG RIKKI
3. Effective Date of Insurance : 11 May 2018
4. Expiry Date of Insurance : 10 May 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: SIM YANG RIKKI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK 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 : SAFE HARBOUR ENSURANCE (00000573456)
Date of Issue : 08 May 2018 14:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="09/08/2018 22:40"/>							
Vehicle No. (For Motor)	<input type="text" value="SBH1388J"/>	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"/>	S10D414841		SIM YANG RJKK1	S1156871H	GPC	drive CLASSIC	SBH1388J	SBH1388J	11/05/2018	10/05/2019
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5100414841	Policyholder Name	SIM YANG RIKKI	Policyholder NRIC	S1156871H
Certificate No.					
Address					
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	08/05/2018	Effective Date	11/05/2018 00:00	Expiry Date	10/05/2019 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	SAFE HARBOUR ENSURANCE	Agent Tel.	63823203	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 512 #14-255	Address 2	CHOA CHU KANG STREET 51	Address 3	SINGAPORE 680512
Address 4		Address Type	Singapore address	Post Code	680512
Unit No.	14-255	Related Policy Number	5100414841		

▶ Insured Object: SBH1388J

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/1007223

Policy No.	5100414841	Vehicle No.	SBH1388J	GST Registration No.	
Certificate No.					
Policyholder Name	SIM YANG RIKKI			Policyholder NRIC	S115
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90661388	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(%)	50	Private Hire	Yes

Accident Details

Report Date	15/08/2018 09:55	Accident Report Within 24 hrs	Yes	Accident Type	Collis
Date of Accident	09/08/2018	Time of Accident hh:mm	22:40	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF BAYFRONT AVE				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 512 #14-255	Address 2	CHOA CHU KANG STREET 51	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	6805
Unit No.	14-255	Related Policy Number	5100414841		

OI Driver Info

Driver Name	Sim Yang Rikki	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1156871H	Driver DOB	06/0
Register Date of Driver License	03/10/1974	Driver Age	62	Driving Experience	43
Contact No.(Mobile)	90661388	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 512	Address 2	CHOA CHU KANG STREET 51	Address 3	
Address 4		Address Type	Singapore address	Post Code	6805
Unit No.	#14-255				
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
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	SIM YANG RIKKI	Insured NRIC	S115
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		O1 Vehicle Number	SBH1388J	TP Vehicle Number	SHC
Claim Description	SBH1388J / SHC7077Y ON 9 Aug 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	15/08/2018 10:02	Claim Close Date		Date Received	15/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1007223	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

15/08/2018 10:00

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

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 10:01	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 10:00	SAS	Normal	SAS 2018-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 10:00	Photos	Normal	Photos 2018-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 10:00	Photos	Normal	Photos 2018-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 10:00	Photos	Normal	Photos 2018-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 09:59	Photos	Normal	Photos 2018-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 09:59	Photos	Normal	Photos 2018-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 09:59	Photos	Normal	Photos 2018-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 09:59	Photos	Normal	Photos 2018-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 09:59	Photos	Normal	Photos 2018-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 09:59	Photos	Normal	Photos 2018-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 09:59	Photos	Normal	Photos 2018-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 09:59	Photos	Normal	Photos 2018-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 09:59	Photos	Normal	Photos 2018-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 09:59	Photos	Normal	Photos 2018-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Aug 2018 09:59	Photos	Normal	Photos 2018-8-15

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading