

NATIONAL Assessment Centre Services. [wef 1 Jan 05] **MNA1810457**

Date In: 13/8/18-16:54	Job description	Date & Time Completed	Done by
Ref No: NA/INC 04681/24	SAS e-filing		
Veh No: 6V34JSM	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/8/18-06:15	i-Motor Claim Form	M/1207004-001	13/8/18 19:52
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: **6BDH 4926L** 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

Claimant's Particulars:-	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			In Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee	\$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey)	\$30		
	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:	6) TR: Re-inspection	\$75		
	7) N1: Idac DA + SMRT Survey	\$160		
Cat. 2 / 3:	8) NTUC Additional Services:-			
	9) N12: Idac Mobile	30		
	*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		
	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	13/08/2018 16:54
Date Of Accident	12/08/2018 06:15
Exact Location Of Accident	BLK 105 HOUGANG AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV7425M
Insured/Policyholder	
Name Of Registered Owner	TOK BOCK LAN
NRIC No	S7006495B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92265008
Alternative Phone No	OFFICE-92265008

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 D
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5074901102-02
Cover Note Number	

Driver

Name of Driver	SIM MONG LEE
NRIC No	S1130909G
Date Of Birth	19/10/1954
Occupation	OUTDOOR
Date Of Driving Pass	13/08/1984
Driving Experience	33 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92265008
Fax Number	
Contact Number	OFFICE-92265008
EEmail Address	NOEMAIL

Address	BLK 110 HOUGANG AVENUE 1 #05-1046
Postcode	530110
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO 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	GBH4926L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN SUAN ENG
NRIC/Passport Number	S1823307Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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/mall 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:

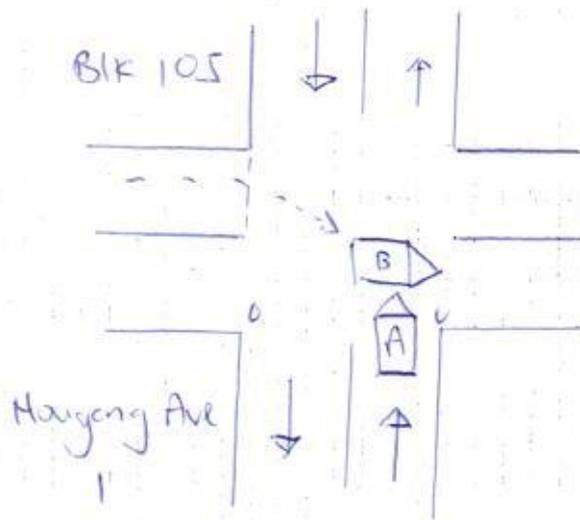
X 

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



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

SKETCH PLAN



DCA: 12/8/18

A: GV 7425M

B: GBH 4926L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along Hougang Ave 1, traffic light was in my favour, suddenly veh B drove out from the small road of Blk 105 & collided onto my veh Rt portion.

DECLARATION

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

Policyholder's Signature
Date & Time:

x

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

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

Personal Particulars

Date of Accident: 12/8/18 Time of Accident: 6:15am
 Exact Location of Accident: Blk 105 Hougang Ave 1
 Owner's Name: Tok Buck Lim NRIC No: S7006458 HP No: 92265008
 Driver's Name: Sim Mong Lee NRIC No: S11309096 HP No: u
 Date of Birth: 19/10/1954 Driving Licence Passing Date: 13/8/1989 Occupation: Indoor / Outdoor
 Address: Blk 110 Hougang Ave 1 #05-1046 (530110)
 Relationship of Driver with Insured: Owner Email Address: _____
 Vehicle No: GV 7425M Make & Model: Toyota
 Insurance Co: NTUC Coverage: Third Party Policy No: _____

*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only
 *Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work
 *Weather Condition? Clear / Raining / Others: _____ Wet / Dry / Others: _____
 * Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
 A: 1+0 B: 1+0 C: _____ D: _____

*Was Anybody Injured? (Yes / ~~No~~) If yes,
 Name / NRIC / In Vehicle: _____

*Was The Accident Reported To The Police?
 No Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?
 No Yes, Vehicle Registration No: _____ insurer: _____

*Was any foreign vehicle involved? (Yes / ~~No~~) If yes, Vehicle No & Category: _____
 *Was there any video captured by Car Camera? (Yes/~~No~~)

Third Party Driver's Particulars

Vehicle B No: GBH 4926L Make & Model: _____
 Driver's Name: Tan Suan Eng NRIC No: S18233072 HP No: _____
 Vehicle C No: _____ Make & Model: _____
 Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S 1130909G**

Name: **SIM MONG LEE**

Birth Date: **19 Oct 1954**

Issue Date: **02 Jun 2003**

000533348C




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1130909G



Name: **SIM MONG LEE**

沈茂利

Race: **CHINESE**

Date of birth: **19-10-1954**

Country of birth: **SINGAPORE**

Sex: **M**



YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(IES)

Class 3 **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

PASS DATE: **13 Aug 1984**

NP 428A

Licence No: S1130909G



453782



NRIC No: **S1130909G**



Date of issue: **06-03-2010**

Address: **APT BLK 110 HOUGANG AVENUE 1 #05-1045 SINGAPORE 530110**

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 : 5074901102-02

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **GV7425M**
Chassis Number : JTFUF34Y803000464
2. Name of Policyholder : TOK BOCK LAN
3. Effective Date of Insurance : 15 Oct 2017
4. Expiry Date of Insurance : 14 Oct 2018
5. Persons or Classes of Persons entitled to drive#
 - (a) The Policyholder.
 - (b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
 - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
 - (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : ONG HUI SENG LIFE & GENERAL INS AGENCY (00000571953)
Date of Issue : 05 Oct 2017 12:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorized Officer

Chief Executive

OHS 47A Lorong 27 Geylang, Singapore 388179

Tel: 6841 0900 (23-HR SERVICE)
HP: 9785 0900 Fax: 6841 1721

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) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5074901102-02		TOK BOCK LAN	S7006495B	GCV	Third Party	GV7425M	GV7425M	15/10/2017	14/10/2018

Continue

Policy Information

Policy No.	5074901102-02	Policyholder Name	TOK BOCK LAN	Policyholder NRIC	S7006495B
Certificate No.					
Address	BLK 138 #07-101 LORONG AH SOO SINGAPORE 530138				
Product Name	COMMERCIAL VEHICLE INSURANCE Plan	Group Policy Flag	N		
Policy Issue Date	05/10/2017	Effective Date	15/10/2017 00:00	Expiry Date	14/10/2018 23:59
Excess Type	All Claims Excess				
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess	OS Premium 0				
Outside Singapore OD Excess	Outside Singapore TP Excess Young/Inexperience Driver Excess				
Agent	ONG HUI SENG LIFE & GENERAL	Agent Tel.	68410900	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 138 #07-101	Address 2	LORONG AH SOO	Address 3	SINGAPORE 530138
Address 4		Address Type	Singapore address	Post Code	530138
Unit No.		Related Policy Number	5027998657-10		

Insured Object: GV7425M

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

Claim Handling

Exit

Accident MT/1007009

Policy No.	5074901102-02	Vehicle No.	GV7425M	GST Registration No.	
Certificate No.					
Policyholder Name	TOK BOCK LAN			Policyholder NRIC	S7006495B
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No. (Mobile)	92265008	Contact No. (Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	
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	13/08/2018 19:49	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	12/08/2018	Time of Accident hh:mm	06:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 105 HOUGANG AVE 1				
Benefits					
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
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 Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address					
Address 1	BLK 138 #07-101	Address 2	LORONG AH SOO	Address 3	SINGAPORE 530138
Address 4		Address Type	Singapore address	Post Code	530138
Unit No.		Related Policy Number	5027998657-10		

O1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	19/10/1954
Unnamed Driver Name	SIM HONG LEE	Driver NRIC	S1130909G	Driving Experience	33
Register Date of Driver License	13/08/1984	Driver Age	63	Contact No. (Home)	0
Contact No. (Mobile)	92265008	Contact No. (Office)	0	Address 3	SINGAPORE 530110
Address 1	BLK 110	Address 2	HOUGANG AVENUE 1	Post Code	530110
Address 4		Address Type	Singapore address		
Unit No.	05-1046				
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 **New**

Claim Type *	OD-MX	Insured Name	TOK BOCK LAN	Insured NRIC	S7006495B
Contact No. (Mobile)	96756468	Contact No. (Home)	63820317	Contact No. (Office)	
Email Address		O1 Vehicle Number	GV7425M	TP Vehicle Number	GBH4926L
Claimant Type	Claimant Type *	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claim Description	GV7425M / GBH4926L ON 12 Aug 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	13/08/2018 00:00
Date Registered	13/08/2018 19:52	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No.	MT/1007009	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/08/2018 19:53
Path *		Category *	
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Aug 2018 19:53	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Aug 2018 19:53	SAS	Normal	SAS 2018-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Aug 2018 19:52	Photos	Normal	Photos 2018-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Aug 2018 19:52	Photos	Normal	Photos 2018-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Aug 2018 19:52	Photos	Normal	Photos 2018-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Aug 2018 19:52	Photos	Normal	Photos 2018-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Aug 2018 19:52	Photos	Normal	Photos 2018-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Aug 2018 19:52	Photos	Normal	Photos 2018-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Aug 2018 19:52	Photos	Normal	Photos 2018-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Aug 2018 19:52	Photos	Normal	Photos 2018-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Aug 2018 19:52	Photos	Normal	Photos 2018-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Aug 2018 19:52	Photos	Normal	Photos 2018-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Aug 2018 19:52	Photos	Normal	Photos 2018-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Aug 2018 19:52	Photos	Normal	Photos 2018-8-13		Edit

Video List

uploaded By/Date	Folder Date	File Name	Source	Action
------------------	-------------	-----------	--------	--------