

**NATIONAL Assessment Centre Services** Form 1 Jan 2013

Date to 15/08/2018 13:01	Job description	Date & Time Completed	Done by
Ref No NA/INC18014826/K4	SAS e-filing		
Veh No SJU 2911D	E-mail (within 8hrs, AIC 2hrs)		
DOA 14/08/2018 22:45	i-Motor Claim Form	MT/1007397-001	16/8/18 10:04
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Asslgn Wksp / QW: ( ) Tol: ( ) Fax: ( )

TP Particulars: Veh No: SLH 8574Z 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)

Remarks	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

NA 1805060

Amount's Particulars	Invoice Preparation Checklist	Amnt (\$) In Bill	Amnt (\$) Add Bill
Driver/Owner	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
C Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors' Comments:	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:		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TE (N11): TP (N-in INC) against INC \$20		
	9) N12: Idau 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	15/08/2018 13:01
Date Of Accident	14/08/2018 22:45
Exact Location Of Accident	MOUNT ELIZABETH LINK TURNT0 CAIRNHILLRD/BIDEFORDRD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU2911D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOH THONG JIN, ASHLEY
NRIC No	S8912535I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96286633
Alternative Phone No	OTHERS-96286633

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I30 (FD) 1.6 DOHC AUTO
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098880333
Cover Note Number	

### Driver

Name of Driver	KOH THONG JIN, ASHLEY
NRIC No	S8912535I
Date Of Birth	13/04/1989
Occupation	OUTDOOR
Date Of Driving Pass	26/11/2013
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96286633
Fax Number	
Contact Number	OTHERS-96286633
Email Address	NOEMAIL

Address	18 KEW CRESCENT
Postcode	466245
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?	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)	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

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	SLH8574Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MD NOOR UL KARIM
NRIC/Passport Number	S2630880A
Contact Number	92327243
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### IMPORTANT NOTICE

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:

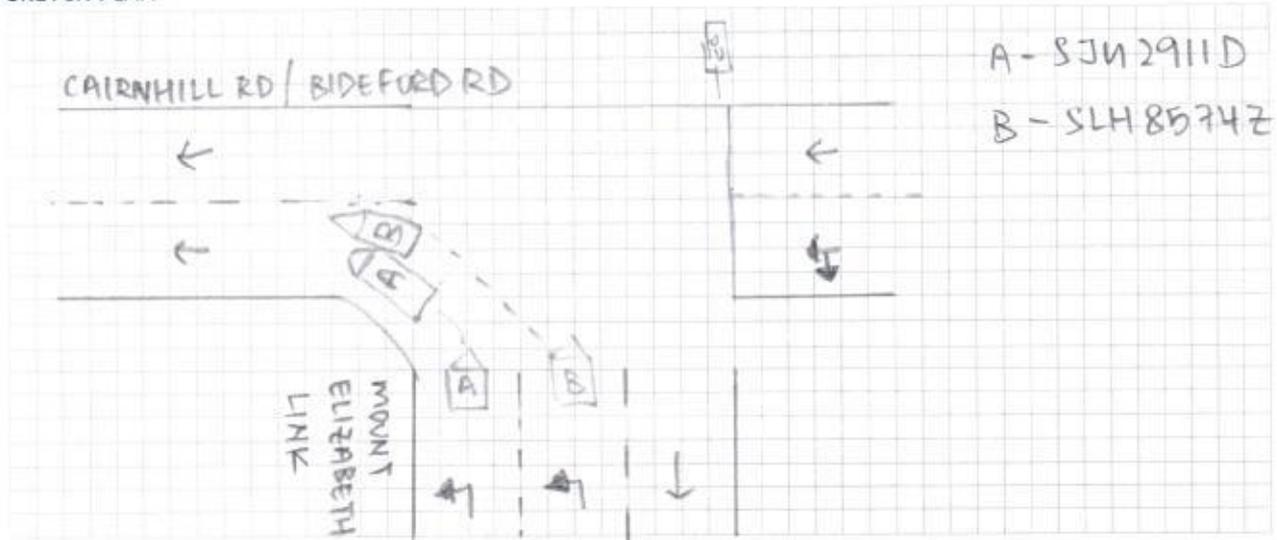
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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:

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

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

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On the above mentioned date & time, I was travelling on  
 Mount Elizabeth Link turning left towards CAIRNHILL RD/BIDEFORD  
 RD. While turning, I felt an impact. Upon alighting,  
 I realised Vehicle B cut into my lane & hit my vehicle  
 front right portion

**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:

\_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name: 15/8/2018  
 NRIC/FIN No.:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S891253



Name

KOH THONG JIN, ASHLEY

许 统 俊

Race

CHINESE

Date of birth

Sex

13-04-1989

M

Country of birth  
SINGAPORE

S89125351

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S89125351

Name

KOH THONG JIN, ASHLEY

Birth Date 13 Apr 1989

Issue Date 26 Nov 2013



002249441J

4888504

NRIC No. S89125351

Date of issue  
06-08-2012

Address  
18 KEW CRESCENT  
SINGAPORE 466245

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 26 Nov 2013

Licence No: S89125351

NP 428A

## 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)

<b>Certificate Number:</b> 5098880333	<b>Cover :</b> drivo CLASSIC
1. Index mark and Registration Number of Vehicle	: <b>SJU2911D</b>
Chassis Number	: KMHDC51DMAU228259
2. Name of Policyholder	: KOH THONG JIN, ASHLEY
3. Effective Date of Insurance	: 19 Mar 2018
4. Expiry Date of Insurance	: 18 Mar 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	: KOH THONG JIN, ASHLEY
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)  
 Date of Issue : 19 Mar 2018 11:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive

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"/>	5098880333		KOH THONG JIN, ASHLEY	S8912535I	GPC	drive CLASSIC	SJU2911D	SJU2911D	19/03/2018	18/03/2019

Continue

**Policy Information**

Policy No.	5098880333	Policyholder Name	KOH THONG JIN, ASHLEY	Policyholder NRIC	S89125351
Certificate No.					
Address	18 KEW CRESCENT SINGAPORE 466245				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	19/03/2018	Effective Date	19/03/2018 00:00	Expiry Date	18/03/2019 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	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

**Policyholder Mailing Address**

Address 1	18 KEW CRESCENT	Address 2	SINGAPORE 466245	Address 3	
Address 4		Address Type	Singapore address	Post Code	466245
Unit No.		Related Policy Number	5098880333		

**Insured Object: SJU2911D**

**Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	19/03/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 19 Mar 2018, the following amendment(s) is/are made to this policy: MAIN DRIVER ; KOH THONG JIN, ASHLEY

**Claim Handling**

**Accident MT/1007397**

Policy No.	5098880333	Vehicle No.	SJU2911D	GST Registration No.	
Certificate No.					
Policyholder Name	KOH THONG JIN, ASHLEY			Policyholder NRIC	5891
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96286633	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(%)	0	Private Hire	Yes

**Accident Details**

Report Date	16/08/2018 09:58	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	14/08/2018	Time of Accident hh:mm	22:45	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	MOUNT ELIZABETH LINK TURNTO CAIRNHILLRD/BIDEFORDRD				

**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	18 KEW CRESCENT	Address 2	SINGAPORE 466245	Address 3	
Address 4		Address Type	Singapore address	Post Code	4662
Unit No.		Related Policy Number	5098880333		

**OJ Driver Info**

Driver Name	KOH THONG JIN, ASHLEY	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S89125351	Driver DOB	13/0
Register Date of Driver License	26/11/2013	Driver Age	29	Driving Experience	4
Contact No.(Mobile)	96286633	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	18 KEW CRESCENT	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	4662
Unit No.					
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	KOH THONG JIN, ASHLEY	Insured NRIC	S891
Contact No.(Mobile)	96286633	Contact No.(Home)		Contact No.(Office)	
Email Address	ashley.koh1989@gmail.com	OJ Vehicle Number	SJU2911D	TP Vehicle Number	SLH8
Claim Description	SJU2911D / SLH8574Z ON 14 Aug 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rece
Date Registered	16/08/2018 10:04	Claim Close Date		Date Received	16/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

Print AK letter

**Attachment**

Accident No.	MT/1007397	Claim No.	001
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Last Doc. Received

Yes  No

Upload Date

16/08/2018 10:05

Path *	Category *	Confidential	Urgency *
<input type="text" value="Browse..."/>	<input type="text" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="text" value="Browse..."/>	<input type="text" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="text" value="Browse..."/>	<input type="text" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="text" value="Browse..."/>	<input type="text" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="text" value="Browse..."/>	<input type="text" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="text" value="Browse..."/>	<input type="text" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Aug 2018 10:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Aug 2018 10:03	SAS	Normal	SAS 2018-8-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Aug 2018 10:02	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Aug 2018 10:02	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Aug 2018 10:02	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Aug 2018 10:02	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Aug 2018 10:02	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Aug 2018 10:02	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Aug 2018 10:01	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Aug 2018 10:01	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Aug 2018 10:01	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Aug 2018 10:01	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Aug 2018 10:01	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Aug 2018 10:01	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Aug 2018 10:01	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Aug 2018 10:01	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Aug 2018 10:01	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Aug 2018 10:01	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Aug 2018 10:01	Photos	Normal	Photos 2018-8-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Aug 2018 10:01	Photos	Normal	Photos 2018-8-16

Video List

Uploaded By/Date	Folder Date	File Name	Source

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