

NATIONAL Assessment Centre Services [Ref: 1 Jan 2015]			
Date In: 30/08/2018 10:37	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC18015819/K4	E-mail (within 8hrs, AIC 2hrs):		
Veh No: GBB1868Y	i-Motor Claim Form		
D.O.A: 14/08/2018 13:30	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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>			

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

TP Particulars:	Veh No: SJA730L	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

NA1805528	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		Inc. Bill	Add. Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
C Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
editors' Comments:	For claiming against INC Only (wef 10 Jan 2005)			
1.1:	6) TR: Re-inspection \$75			
1.2/3:	7) N1: Idno DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	QD*			
	*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 (N11 INC) against INC \$20			
	9) N12: Idno Mobile \$30			
	Invoice date:	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	30/08/2018 10:37
Date Of Accident	14/08/2018 13:30
Exact Location Of Accident	TAMPINES CENTRAL 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB1868Y
Insured/Policyholder	
Name Of Registered Owner	MALIK RAFIQ TRADING PTE LTD
Co Reg No	201115768M
Email Address	MALIK_RAFIQ75@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98990249
Alternative Phone No	OFFICE-98990249

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T
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	REPORTING ONLY
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	5083413295-01
Cover Note Number	

Driver

Name of Driver	MALIK MUHAMMAD RAFIQ
NRIC No	S7562491C
Date Of Birth	07/10/1975
Occupation	OUTDOOR
Date Of Driving Pass	17/01/2007
Driving Experience	11 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98990249
Fax Number	
Contact Number	OTHERS-98990249
Email Address	MALIK_RAFIQ75@HOTMAIL.COM

Address	BLK 417 TAMPINES STREET 41 #09-359
Postcode	520417
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	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)	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	SJA730L
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)	

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.

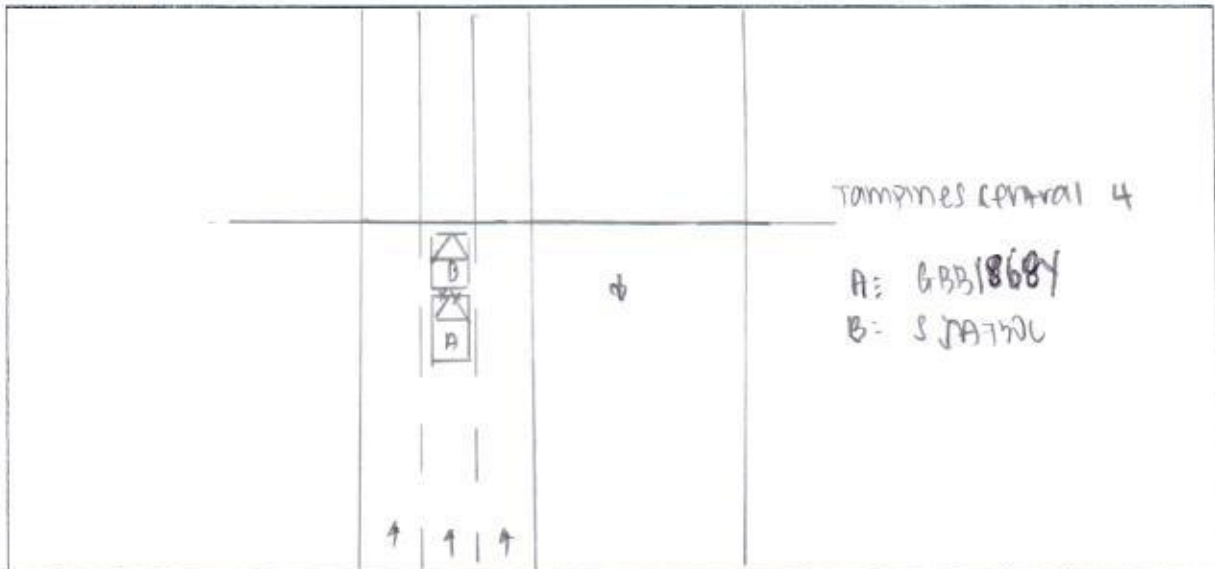


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary along Tampines Central 4 as traffic light was in red. Then, traffic light turn green. I proceeded to move. However, vehicle B have not start to move thus I hit on the rear portion of vehicle B.

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:
NRIC/FIN No.:

30/8/2018

VEHICLE NO:	G881868Y		MAKE & MODEL:	Nissan carstar	
DATE OF ACCIDENT	14 / 08 / 2018				
TIME OF ACCIDENT	1330		AM/PM		
LOCATION OF ACCIDENT	Tampines Central 4				
EXACT PURPOSE USE DURING ACCIDENT					
NAME OF OWNER	Malik Rafiq Trading Pte Ltd				
TEL NO	98990249				
NRIC	20115368M				
CLAIM TYPE	CD /		THIRD PARTY /		REPORTING ONLY
INSURANCE CO	NTUC				
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO.	5083413295-01				
NAME OF DRIVER	As Above /		If No: Malik Muhammad Rafiq		
NRIC	S7562491C		Any Passengers: NIL		
DATE OF BIRTH	07 / 10 / 1975				
OCCUPATION	Outdoor /		Indoor		
DATE OF DRIVING PASS	17 / 01 / 2007				
GENDER	Male /		Female		
CONTACT NO.	98990249		Office:		Home:
ADDRESS	Blk 47 Tampines St 41 #04-359 (D 520417				
DRIVER HAVE ANY OWN VEHICLE	NO / If yes: Reg No:				
RELATIONSHIP	Employed / If No:				
WEATHER CONDITION	Clear / Raining / Other:				
ROAD SURFACE	Dry / Wet / Other:				
ANY INJURIES	No / If yes: Who?				
CONTACT NO.					
POLICE REPORT	No / If yes: Where?				
VEHICLE B NO.	SJA730L		Any Passenger:		NIL
NAME					
CONTACT NO.					
VEHICLE C NO.	Any Passenger:				
VEHICLE D NO.	Any Passenger:				
VEHICLE E NO.	Any Passenger:				
VEHICLE F NO.	Any Passenger:				
ANY WITNESS					
WITNESS CONTACT NO.					
OWNER/DRIVER EMAIL					
PARTICULAR WORKSHOP	NEW HOCK TECK MOTOR PTE. LTD.				
	1 Kaki Bukit Ave 5, Blk C #01-43				
	Autobay@Kaki Bukit Singapore 417883				
TEL NO	TEL: 6747 9241				
CONTACT PERSON	Reena / Sukyi				
FAX NO.	FAX: 6741 7276				
EMAIL	reena@nhtmotor.com				
	admin@nhtmotor.com				

G881868Y

Email: Malik-rafiq75@hotmail.com

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7562491C**



Name

MALIK MUHAMMAD RAFIQ

Race

PAKISTANI

Date of birth

07-10-1975

Sex

M

Country of birth

PAKISTAN

S7562491C

8795099



NRIC No. **S7562491C**



Nationality

PAKISTANI

Date of issue

11-08-2006

Address

**APT BLK 417 TAMPINES STREET 41
#09-359
SINGAPORE 520417**

REPUBLIC OF SINGAPORE DRIVING LICENCE

S7562491C

MALIK MUHAMMAD RAFIQ

Birth Date: **07 Oct 1971**

Issue Date: **17 Jan 2007**



001472774E

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

PASS DATE

Class 2B
Class 3

Motorcycles =< 200 cc

Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

17 Jan 2008
17 Jan 2010



Licence No: S7562491C

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)

Certificate Number : 5083413295-01

Cover : Comprehensive

- | | |
|--|-------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBB1868Y |
| Chassis Number | : JN1SC2F24Z0800489 |
| 2. Name of Policyholder | : MALIK RAFIQ TRADING PTE LTD |
| 3. Effective Date of Insurance | : 18 Sep 2017 |
| 4. Expiry Date of Insurance | : 07 Sep 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: SPEED CREDIT 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 : INCOME-BRANCH SERVICES (00000000738)
Date of Issue : 18 Sep 2017 17:55 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="14/08/2018 13:30"/>
Vehicle No. (For Motor)	<input type="text" value="GBB1868Y"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5083413295-01		MALIK RAFIQ TRADING PTE LTD	201115768M	GCV	Comprehensive	GBB1868Y	GBB1868Y	18/09/2017	07/09/2018

Claim Handling

[Task Transfer](#)
[Exit](#)
[Accident MT/1007511](#)
[LOS](#)
[SAL](#)
[SUB](#)

Policy No.	5083413295-01	Vehicle No.	GBB1868Y	GST Registration No.	
Certificate No.					
Policyholder Name	MALIK RAFIQ TRADING PTE LTD	Policyholder NRIC	201115768M		
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No. (Mobile)	NA	Contact No. (Office)		Contact No. (Home)	
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	16/08/2018 16:38	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	14/08/2018	Time of Accident hh:mm	14:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES CTRL 4				

[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		

[Benefits](#)
[GST Registered Information](#)

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

[Policyholder Mailing Address](#)

Address 1	BLK 417 #09-359	Address 2	TAMPINES STREET 41	Address 3	SINGAPORE 520417
Address 4		Address Type	Singapore address	Post Code	520417
Unit No.	09-359	Related Policy Number	5083413295-01		

[OI Driver Info](#)

Driver Name	Driver Type		
Unnamed driver Name	Driver NRIC	Driver DOB	
	Driver Age		

Claim Handling

Accident MT/1007511

Policy No.	5083413295-01	Vehicle No.	GBB1868Y	GST Registration No.	
Certificate No.					
Policyholder Name	MALIK RAFIQ TRADING PTE LTD			Policyholder NRIC	2011
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
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	16/08/2018 16:38	Accident Report Within 24 hrs	Yes	Accident Type	Collis
Date of Accident	14/08/2018	Time of Accident hh:mm	14:30	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES CTRL 4				

Excess

Dwn damage Excess	600.00	Additional Excess		Windscreen Excess	100.0
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 417 #09-359	Address 2	TAMPINES STREET 41	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	5204
Unit No.	09-359	Related Policy Number	5083413295-01		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	MALIK RAFIQ TRADING PTE LTD	Insured NRIC	2011
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GBB1868Y	TP Vehicle Number	SJA7
Claim Description	GBB1868Y / SJA730L ON 14 Aug 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	GIA report	Rece
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	31/0
Date Registered	31/08/2018 09:43	Claim Close Date		Total Loss but Repaired	
Report Taken By	KRISHNASAMY	Workshop Repairer			

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1007511	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	31/08/2018 09:45
Path *		Category *	Confidential
	Browse...		Urgency *
	Clear	Please Select	NO
			Normal

<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="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="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="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="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 31 Aug 2018 09:43	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2018 09:43	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2018 09:41	SAS	Normal	SAS 2018-8-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2018 09:41	Photos	Normal	Photos 2018-8-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2018 09:41	Photos	Normal	Photos 2018-8-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2018 09:41	Photos	Normal	Photos 2018-8-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2018 09:41	Photos	Normal	Photos 2018-8-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2018 09:40	Photos	Normal	Photos 2018-8-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2018 09:40	Photos	Normal	Photos 2018-8-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2018 09:40	Photos	Normal	Photos 2018-8-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2018 09:40	Photos	Normal	Photos 2018-8-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2018 09:40	Photos	Normal	Photos 2018-8-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2018 09:40	Photos	Normal	Photos 2018-8-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2018 09:39	Photos	Normal	Photos 2018-8-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2018 09:39	Photos	Normal	Photos 2018-8-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2018 09:39	Photos	Normal	Photos 2018-8-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2018 09:39	Photos	Normal	Photos 2018-8-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 31 Aug 2018 09:39	Photos	Normal	Photos 2018-8-31

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"/>			