

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In <u>30/08/18</u>	Job description	Date & Time Completed	Done by
Ref No <u>NA/INC18015826/13</u>	SAS e-filing		
Veh No <u>SGJ5673P</u>	E-mail (w/tdm 8hrs, AIC 2hrs)		
DOA <u>30/08/18</u> <u>0905</u>	i-Motor Claim Form	<u>MT/1009473-001</u>	
OD <u>(11)</u> 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: (N-51) Tel: Fax:)

TP Particulars:	Veh No: <u>SL67438G</u>	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

<u>NA1805496</u>	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
Driver/Owner:	3) TP: Towing Fee \$40/\$45			
Contact No:	4) FT: Follow-Through Survey \$120			
Damaged Portion:	5) FT: Follow-Through Survey (Resurvey) \$30			
OC Checked by (Engr-In-Charge):	For claiming against INC Only (wef 10 Jan 2005)			
Auditors' Comments :-	6) TR: Re-inspection \$75			
	7) N1: Idao 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 (N7n INC) against INC \$20			
	9) N12: Idao 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	30/08/2018 11:26
Date Of Accident	30/08/2018 09:05
Exact Location Of Accident	SLE TWDS BKE(THOMSON FLYOVER)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ5673P
Insured/Policyholder	
Name Of Registered Owner	LAW QING YANG ROYSTON
NRIC No	S8714483F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96271398
Alternative Phone No	OTHERS-96271398

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	5100539441
Cover Note Number	

Driver

Name of Driver	LAW QING YANG ROYSTON
NRIC No	S8714483F
Date Of Birth	27/05/1987
Occupation	INDOOR
Date Of Driving Pass	08/04/2011
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96271398
Fax Number	
Contact Number	OTHERS-96271398
EMail Address	NOEMAIL

Address	BLK 286 TAMPINES ST 22 #08-175
Postcode	520286
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	CHAIN COLLISION
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?	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)	3
Passenger 1	NAME: : SAMEER KAHN GENDER: : MALE
Passenger 2	NAME: : CALEB PANG JIA LE 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

PLS REFER TO THE ATTACHED STATEMENT.

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	SLE7438G
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 2

Vehicle Registration Number SJM7862X
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 SLH4514Z
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 SKC5351H
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 5

Vehicle Registration Number SKE8101H
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 LAW QING YANG ROYSTON
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SGJ5673P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SAMEER KAHN
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SGJ5673P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name CALEB PANG JIA LE
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SGJ5673P
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:

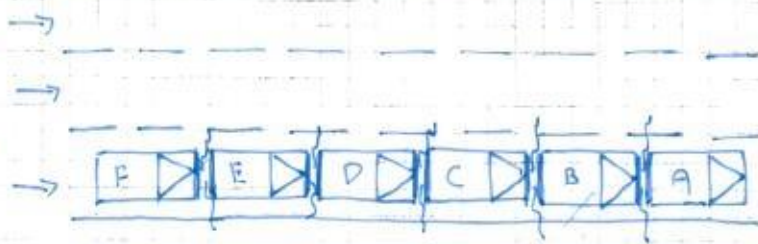
30/08/18

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

SKETCH PLAN

SLE TWO'S BIKE (THOMSON FLYOVER)

VEHICLE A - SGJ 5673P
 VEHICLE B - SLE 7438G
 VEHICLE C - SJM 7862X
 VEHICLE D - SLH 4514Z
 VEHICLE E - SKC 5351H
 VEHICLE F - SKE 8101H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG SLE TOWARDS BKE, I WAS ON THE EXTREME RIGHT LANE. (THOMSON FLYOVER)

WHILE TRAVELLING STRAIGHT AHEAD, SUDDENLY THE VEHICLE INFRONT BRAKE TO COMPLETE STOP DUE TO HEAVY TRAFFIC, AND SO I TOO APPLIED BRAKE AND MANAGED TO STOP IN TIME. WHICH SUDDENLY AFTER A FEW SECONDS, I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALICATED FROM MY VEHICLE AND REALIZED, A VEHICLE WITH LICENCE PLATE NUMBER (SLE 7438G) HAD COLLIDED TO THE REAR OF MY VEHICLE. AND IT WAS A CHAIN COLLISION INVOLVING 6 VEHICLES.

VEHICLE A - SGJ 5673P
 VEHICLE B - SLE 7438G
 VEHICLE C - SJM 7862X
 VEHICLE D - SLH 4514Z
 VEHICLE E - SKC 5351H
 VEHICLE F - SKE 8101H

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:

 30/08/18

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

Vehicle No.	SGJ 5673 P	Model / Make	TOYOTA ALIS
Date of Accident	30/08/2018		
Time of Accident	0905	HRS	
Location of Accident	SLG TOWARDS BKIE, THOMSON FLYOVER		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	LAW QINH YANH, ROYSTON		
Telephone No.	H/P: 96271398	Home:	Office:
NRIC	S8714483F		
Address	BLK 286 TAMANIS ST 22 #08-175 S(520286)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5100539441		
Name of Driver	As Above If No,		
NRIC		Any Passengers:	2 (MALE)
Date of birth	27 MAY 1987		
Occupation	Outdoor / Indoor		
Driving License Pass Date	08 APR 2011		
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	OWNER	
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?	LAW QINH YANH, ROYSTON 96271398	
Name And Contact No.	SAMER KAHN, 84193844		
Name And Contact No.	CAIR PANK JIA LE, 97665565		
Police Report	No, If Yes, Where?		
Vehicle B No.	SLG 74384	Any Passengers:	
Name of Driver		Contact No.:	
Vehicle C No.	SSM 7862 X	Any Passengers:	
Vehicle D No.	SLH 4514 E	Any Passengers:	
Vehicle E No.	SKC 5351 H	Any Passengers:	
Vehicle F No.	SKB 8101 H	Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	REAR		
Camera Recorder	Yes/ No	FR / RR	
Email Address			
PARTICULAR WORKSHOP	TUNCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8714483F



Name

LAW QING YANG, ROYSTON

劉慶楊

Race

CHINESE

Date of birth

27-05-1987

Sex

M

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8714483F

Name

LAW QING YANG, ROYSTON

Birth Date: 27 May 1987

Issue Date: 08 Apr 2011



001953833A



5856620

NRIC No. S8714483F



Date of issue

22-01-2018

Address

APT BLK 286 TAMPINES STREET 22
#08-175
SINGAPORE 520286

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 08 Apr 2011



Licence No: S8714483F

NS 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: 5100539441

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

: SGJ5673P

Chassis Number

: MR053ZEC107126262

Name of Policyholder

: LAW QING YANG ROYSTON

Effective Date of Insurance

: 12 May 2018

Expiry Date of Insurance

: 11 May 2019

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.

5. 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	: LAW QING YANG ROYSTON
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE 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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of Issue : 11 May 2018 16:32 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1009473

Policy No.	5100539441	Vehicle No.	SGJ5673P	GST Registrat
Certificate No.				
Policyholder Name	LAW QING YANG ROYSTON			Policyholder f
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	96271398	Contact No.(Office)	0	Contact No.(f
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 Reaso
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	30/08/2018 15:45	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	30/08/2018	Time of Accident hh:mm	09:05	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	SLE TWDS BKE(THOMSON FLYOVER)			

▼ 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	

▼ 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 286 #08-175	Address 2	TAMPINES STREET 22	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	08-175	Related Policy Number	5100539441	

▼ OI Driver Info

Driver Name	LAW QING YANG ROYSTON	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8714483F	Driver DOB
Register Date of Driver License	08/04/2011	Driver Age	31	Driving Exper
Contact No.(Mobile)	96271398	Contact No.(Office)	0	Contact No.(f
Address 1	BLK 286	Address 2	TAMPINES STREET 22	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#08-175			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insure

Declaration

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

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)	NIL	Contact No. (Home)	
Email Address		Vehicle Number	
Claim Description	SGJ5673P / SLE7438G ON 30 Aug 2018		
Preferred Workshop	Insured Liability	Not at Fault	
Benefit No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	30/08/2018 15:50
		Workshop Repairer	ROSLINDA

☒ Print AK letter

Save Submit

Attachment



Accident No. MT/1009473 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 30/08/2018 00:00

Path *

Category *

Confid

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Aug 2018 15:50	NRIC/ Driving License	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Aug 2018 15:50	SAS	Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Aug 2018 15:50	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Aug 2018 15:50	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Aug 2018 15:49	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Aug 2018 15:49	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Aug 2018 15:49	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Aug 2018 15:49	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Aug 2018 15:49	Photos	Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Aug 2018 15:49	Photos	Normal	P

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading