

# NATIONAL Assessment Centre Services

Date In <b>06/09/18</b>	Job description	Date & Time Completed	Done by
Ref No <b>NA/INC18016266/13</b>	SAS e-filing		
Veh No <b>4P1448E</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A <b>05/09/18 0850</b>	i-Motor Claim Form	<b>MT/1010430-001</b>	
OD TP <b>(Reporting Only)</b>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: <b>GBE2652E</b>	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

<b>NA1805669</b>	<b>Invoice Preparation Checklist</b>	<b>Amt (\$)</b> 1st Bill	<b>Amt (\$)</b> Add Bill
<b>Claimant's Particulars:-</b>	1) AR: Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT: Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments:-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat. 1:</b>	6) TR: Re-inspection \$75		
<b>Cat. 2 / 3:</b>	7) N1: Idac 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		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac 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	06/09/2018 11:30
Date Of Accident	05/09/2018 08:50
Exact Location Of Accident	TPE TWDS CHANGI B4 PASIR RIS FLYOVER
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YP1448E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEHC INTERNATIONAL PTE LTD
Co Reg No	199103354G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97655678
<b>Vehicle Particulars</b>	
Manufacturer	ISUZU
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORKING
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088587905-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	KALIYAMOORTHY PALANITHARAN
Passport No/FIN	G6763617T
Date Of Birth	22/02/1988
Occupation	OUTDOOR
Date Of Driving Pass	17/11/2015
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83797704
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	11 WOODLANDS CLOSE #10-30/31 WOODLANDS 11
Postcode	737853
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	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?	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: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE2652E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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

SLM1117E

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

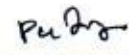
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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)**

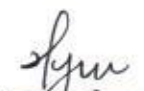
I understand, acknowledge, agree and consent that:

- (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.

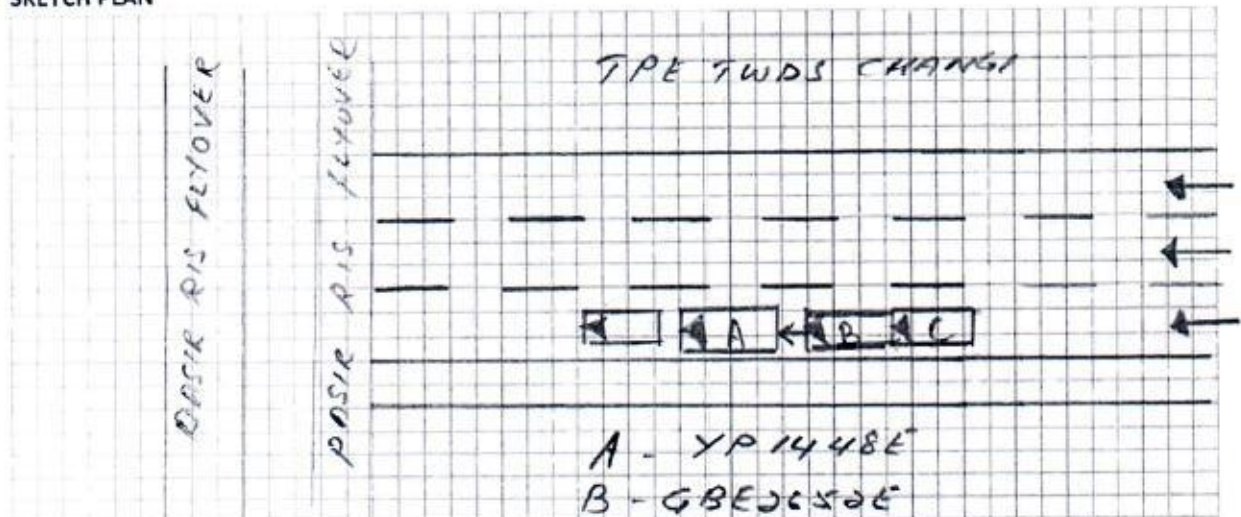
  
Policyholder's Signature  
Date & Time:



  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 05/09/18

 06/09/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

C - SLM 1117E

Pls refer to the statement.

## 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: 05/09/18

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

I WAS TRAVELLING STRAIGHT ALONG THE TWDS CHANGI B4 PASIR RIS FLYOVER ON THE EXTREME LEFT LANE OF A3-LANES RD. INFRONT OF MY VEH STOPPED AND I FOLLOWED SUIT. SUDDENLY I FELT THE IMPACT FROM MY REAR. THE VEH(B) WAS BEING PUSHED FORWARD BY VEH C AND HIT ONTO MY MATERIAL. I WAS INVOLVED IN A CHAIN COLLISION OF 3 VEHICLES.



## ACCIDENT STATEMENT

ACCIDENT DATE: 05/09/2018 (DD/MM/YYYY), TIME: 08:50 (HH:MM)

LOCATION: T.P.E TWPS Changi before PASIR RIS flyover

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XP 1448E  
b) INSURANCE COMPANY: DAUC  
c) POLICY NUMBER: 5088587905-01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: DAUCU  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: working  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: TEHC INTERNATIONAL PTE LTD (MALE / FEMALE)  
B) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97655673  
C) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: KALIYAMOORTHY PALANITHARAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 96763617T CONTACT: 83797704  
c) ADDRESS: NO 11 WOODLANDS CLOSE #10-30/31  
WOODLANDS 71 SINGAPORE 737353

\*d) DATE OF BIRTH: 22/02/1988 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 17/11/2015

### 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS \_\_\_\_\_)

b) ROAD SURFACE: (DRY / WET / OTHERS \_\_\_\_\_)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBE 2652E MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLM 1117E MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

05/09/18

waiting for company stamp  
and scan photo

Email =

fax =

video =



**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

46

Employer:  
**TEHC INTERNATIONAL PTE. LTD.**

Sector: **CONSTRUCTION**

Name:  
**KALIYAMOORTHY PALANITHARAN**

Occupation:  
**CONSTRUCTION WORKER-CUM-DRIVER**

Work Permit No.  
**0 35102353**

Date of Application:  
**08-09-2016**

Date of Issue:  
**07-10-2016**

Date of Expiry:  
**08-09-2018**

**L7282546**





**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **G6763617T**

Name:  
**KALIYAMOORTHY PALANITHARAN**

Birth Date: **22 Feb 1988**

Issue Date: **22 Jun 2015**

Valid Till: **21/06/2020**

**002441904F**





**VISIT PASS**  
Immigration Regulations

Name:  
**KALIYAMOORTHY PALANITHARAN**

Date of Birth: **22-02-1988** Sex: **M** Nationality: **INDIAN**

File: **G6763617T** Date of Issue: **07-10-2016** Date of Expiry: **08-09-2018**

**MULTIPLE JOURNEY VISA ISSUED**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.




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

Class 2B: **MOTORCYCLES NOT EXCEEDING 200 CC**

Class J: **MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS**


EFFECTIVE DATE:  
22 Jun 2015  
17 Nov 2015

**S / No.9000226351**

**G6763617T**

**NP 428A**

Licence No: **G6763617T**



## 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 :** 5088587905-01

**Cover :** Comprehensive

- |  |                              |
|--|------------------------------|
| 1. Index mark and Registration Number of Vehicle   | : <b>YP1448E</b>             |
| Chassis Number   | : JAANPR85HG7100128          |
| 2. Name of Policyholder  | : TEHC INTERNATIONAL PTE LTD |
| 3. Effective Date of Insurance   | : 15 Mar 2018                |
| 4. Expiry Date of Insurance  | : 14 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.<br>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	: SING INVESTMENTS & 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 : HUI HUA CREDIT PTE LTD (00000571762)  
Date of Issue : 08 Mar 2018 18:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

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



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



## Claim Handling

## Accident MT/1010430

Policy No.	5088587905-01	Vehicle No.	YP1448E	GST Registrat
Certificate No.				
Policyholder Name	TEHC INTERNATIONAL PTE LTD			Policyholder 1
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	97655678	Contact No.(Office)	0	Contact No.(
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" 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	07/09/2018 09:30	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	05/09/2018	Time of Accident hh:mm	08:50	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	TPE TWDS CHANGI B4 PASIR RIS FLYOVER			

## ▼ Excess

Own damage Excess	600.00	Additional Excess		Windscreen E
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/
GST Registration No.	M20100674X	GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	11 WOODLANDS CLOSE	Address 2	#10-30/31 WOODLANDS 11	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	10-30/31	Related Policy Number	5088587905-01	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	KALIYAMOORTHY PALANITHARA	Driver NRIC	G6763617T	Driver DOB
Register Date of Driver License	17/11/2015	Driver Age	30	Driving Exper
Contact No.(Mobile)	83797704	Contact No.(Office)	0	Contact No.(
Address 1	11 WOODLANDS CLOSE	Address 2	WOODLANDS 11	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#10-30/31			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insure

## 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	
Contact No.(Mobile)	97909790	Contact No.(Home)	
Email Address		OI Vehicle Number	
Claim Description	YP1448E / GBE2652E ON 5 Sept 2018		
Preferred Workshop		Insured Liability	Not at Fault
Contract No. Finalisation	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered		Repair Option	Received
Report Taken By		Claim Close Date	07/09/2018 09:39
		Workshop Repairer	ROSLINDA

☒ Print AK letter

Save Submit

## Attachment

Accident No. MT/1010430 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 07/09/2018 00:00

Path \*

Category \*

Confid

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

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Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

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NO

Choose File No file chosen

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Please Select ▼

NO

Message Read

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2018 09:39	NRIC/ Driving License	Normal	NRIC/ D
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2018 09:38	SAS	Normal	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2018 09:38	Photos	Normal	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2018 09:38	Photos	Normal	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2018 09:38	Photos	Normal	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2018 09:38	Photos	Normal	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Sep 2018 09:38	Photos	Normal	

## Video List

Uploaded By/Date

Folder Date

File Name

Display in New Window

Scan and uploading