

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In 10/09/18	Job description	Date & Time Completed	Done by
Ref No NA/INC 18016399/13	SAS e-filing		
Veh No 5JW62960	E-mail (w/Plan 8hrs, AIC 2hrs)		
D.O.A 08/09/18 0640	i-Motor Claim Form	MT/1010869 - 001	
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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 5H6896A	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

NA1805728

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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		
	4) FT : Follow-Through Survey \$120		
	5) RT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	<u>OH*</u>		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Cat 1:	9) N12: Idac Mobile 30		
Cat 2 / 3:	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	10/09/2018 09:37
Date Of Accident	08/09/2018 06:40
Exact Location Of Accident	CTE TWDS AYE SLIP RD INTO MOULMEIN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW6396D
Insured/Policyholder	
Name Of Registered Owner	EASYDRIVE CAR RENTAL
Co Reg No	53375868L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96735981

Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5098649458
Cover Note Number	

Driver

Name of Driver	SYED ATHAILAH ALATTAS BIN ZAINAL ABIDIN
NRIC No	S9430344C
Date Of Birth	16/08/1994
Occupation	INDOOR
Date Of Driving Pass	17/07/2014
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88169914
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	66 MOONSTONE LANE #03-10
Postcode	328498
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : SYARIFAH PUTRI NOVIA GENDER: : FEMALE

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

I WAS DRIVING ALONG CTE(AYE) SLIP RD INTO MOULMEIN RD ON A SINGLE LANE RD. UPON ARRIVING AT THE PEDESTRIAN CROSSING, CYCLIST CYCLE ACROSS THE PEDESTRIAN CROSSING. AS SUCH, I APPLIED BRAKE STOP AND GIVE WAY TO THE CYCLIST. OUT OF THE SUDDEN VEH B CAME FROM THE REAR AND COLLIDED ONTO THE REAR PORTION OF MY VEH.

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	SH6896A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	SYED ATHAILAH ALATTAS BIN ZAINAL ABIDIN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJW6396D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	SYARIFAH PUTRI NOVIA
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJW6396D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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.

EasyDrive Car Rental

200 Jalan Sultan
#02-38 Textile Centre
Singapore 199018
Tel: 9673 5989 Fax: 6883 2418
Email: easydrivesg@gmail.com
Fax: 63375868

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

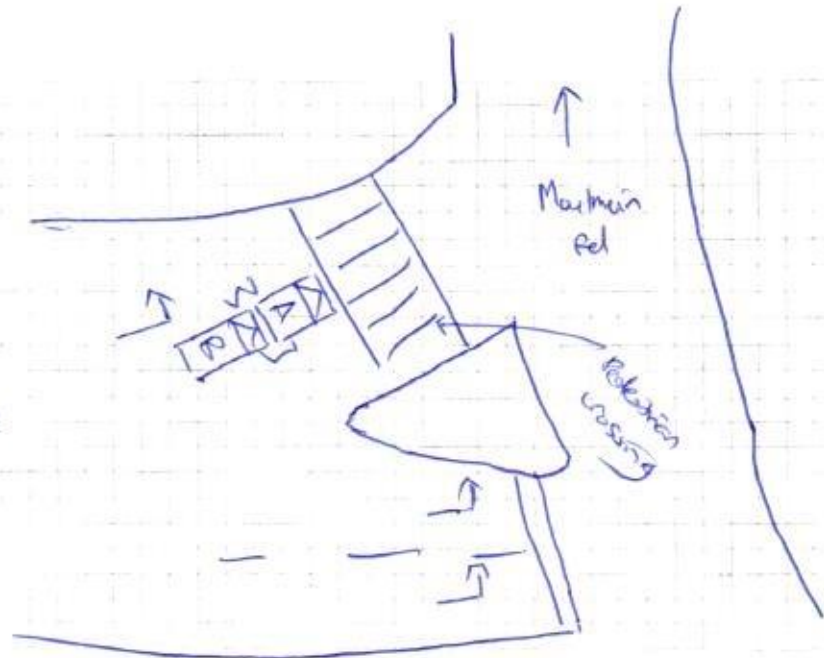
Name:

NRIC/FIN No.:

SKETCH PLAN

A - SJW 6896D
B - SH 6896A

CTE → AGE
Slip Rd
into
Maulmein
Rd



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along CTE (AGE) Slip road to Maulmein Rd on a single lane, ^{road} upon arriving at the pedestrian crossing, one cyclist cycled across the said pedestrian crossing. As such, I applied brake, stopped and gave way to the said cyclist. Out of the sudden, veh (B) came from the rear and collided directly into the rear portion of my vehicle.

A - SJW 6896D
B - SH 6896A

DECLARATION

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

EasyDrive Car Rental
200 Jalan Sultan
#02-38 Textile Centre
Singapore 199018
Tel: 9673 5989 Fax: 6883 2418
Email: easydrivesg@gmail.com
UEN: 53375868L
Date & Time:

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

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

[Signature] 10/09/18

Vehicle No.	SJW 6396D	Model / Make	Schro Impreza
Date of Accident	8/1/18		
Time of Accident	6:40am	HRS	
Location of Accident	CTE towards Ayer Sijang Road near Moulmein Rd		
Exact purpose use during accident	Commercial use		
Name of Owner	Easy Fire Car Rental		
Telephone No.	H/P: 96735981	Home :	Office : 6339444
NRIC	53375868L		
Address	200, Jalan Sultan Textile Centre, #		
Claim type	OD	(THIRD PARTY)	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5098649458		
Name of Driver	As Above If No, Syed Athailah Alatas Bin Zainal' Abidin		
NRIC	59433344C	Any Passengers :	01 (female)
Date of birth	16/8/1994		
Occupation	Outdoor / (Indoor)		
Driving License Pass Date	17/7/2014		
Gender	(Male) / Female		
Contact No.	H/P: 8816994	Home :	Office :
Address	66, Moonstone Lane, #03-10, S(328498)		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state <i>husb</i>	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	Syed Athailah Alatas Bin Zainal' Abidin		
Name And Contact No.	Syarifah Putri Novia		
Police Report	No,	If Yes, Where?	
Vehicle B No.	SH 6896A	Any Passengers :	01 (female)
Name of Driver	Yee Kwan Cheung	Contact No. :	91280060
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Rear Bumper		
Camera Recorder	Yes / (No)		
Email Address	athailahamiza@gmail.com		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING /			
OFFERING ACCIDENT CLAIMS ASSISTANCE? Yes / (No)			
PARTICULAR WORKSHOP	NSI Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	mura		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@nsi.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9430344C**

Name: **SYED ATHAILAH ALATTAS BIN ZAINAL ABIDIN**

Birth Date: **16 Aug 1994**

Issue Date: **30 Mar 2017**

002670566E




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9430344C**



Name

**SYED ATHAILAH ALATTAS
BIN ZAINAL ABIDIN**

Race

MALAY

Date of birth

16-08-1994

Country of birth

SINGAPORE

Sex

M

S9430344C

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

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg

EFFECTIVE DATE

17 Jul 2014

NP 428A



Licence No: S9430344C



4426716

NRIC No: **S9430344C**



Date of issue

03-07-2009

**66 MOONSTONE LANE #03-10
SINGAPORE 328498**

NRIC No: **S9430344C**

Date: **15/11/2017**



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: 5098649458

Cover : drive CLASSIC

- | | |
|---|------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJW6396D |
| Chassis Number | : JF1GE3KS59G004053 |
| 2. Name of Policyholder | : EASYDRIVE CAR RENTAL |
| 3. Effective Date of Insurance | : 25 Jun 2018 |
| 4. Expiry Date of Insurance | : 24 Jun 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	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: KENSO LEASING 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 : ASSURE PTE. LTD. (00000572842)
 Date of Issue : 05 Mar 2018 17:32 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/1010869

Policy No.	5098649458	Vehicle No.	SJW6396D	GST Registrat
Certificate No.				
Policyholder Name	EASYDRIVE CAR RENTAL			Policyholder I
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96735981	Contact No.(Office)	0	Contact No.(I
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	10/09/2018 18:29	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/09/2018	Time of Accident hh:mm	06:40	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	CTE TWDS AYE SLIP RD INTO MOULMEIN RD			

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen E
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	200 JALAN SULTAN	Address 2	#02-38 TEXTILE CENTRE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-38	Related Policy Number	5098649458	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SYED ATHAILAH ALATTAS BIN Z	Driver NRIC	S9430344C	Driver DOB
Register Date of Driver License	17/07/2014	Driver Age	24	Driving Exper
Contact No.(Mobile)	88169914	Contact No.(Office)	0	Contact No.(I
Address 1	66 MOONSTONE LANE	Address 2	M66	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#03-10			
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insure

Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	E
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	S
Claim Description	SJW6396D / SH6896A ON 8 Sept 2018		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	10/09/2018 18:35
		Workshop Repairer	ROSLINDA

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1010869	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/09/2018 00:00

Path *

Choose File	No file chosen	<div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div>	Category *	Confid:
Choose File	No file chosen		Please Select ▼	NO
Choose File	No file chosen		Please Select ▼	NO
Choose File	No file chosen		Please Select ▼	NO
Choose File	No file chosen		Please Select ▼	NO
Choose File	No file chosen		Please Select ▼	NO
Choose File	No file chosen		Please Select ▼	NO
Message Read				

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2018 18:35	NRIC/ Driving License	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2018 18:35	SAS	Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2018 18:35	Photos	Normal	p
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2018 18:35	Photos	Normal	p
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2018 18:34	Photos	Normal	p
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2018 18:34	Photos	Normal	p
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2018 18:34	Photos	Normal	p
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2018 18:34	Photos	Normal	p
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2018 18:34	Photos	Normal	p
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2018 18:34	Photos	Normal	p

Video List

Uploaded By/Date	Folder Date	File Name	
			
		Display in New Window	Scan and uploading