

NATIONAL Assessment Centre Services

(Rev. Jan 2005)

Date In: 08/09/2018 17:31	Job description	Date & Time Completed	Done by
Ref No: NA/INC18016400/K4	SAS e-filing		
Veh No: GZ3209	E-mail (within 3hrs, AOC 2hrs)		
D.O.A: 07/09/2018 18:00	i-Motor Claim Form	MT/10/1048-001	11/9/18/16:05
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 Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: JNR 3822 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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

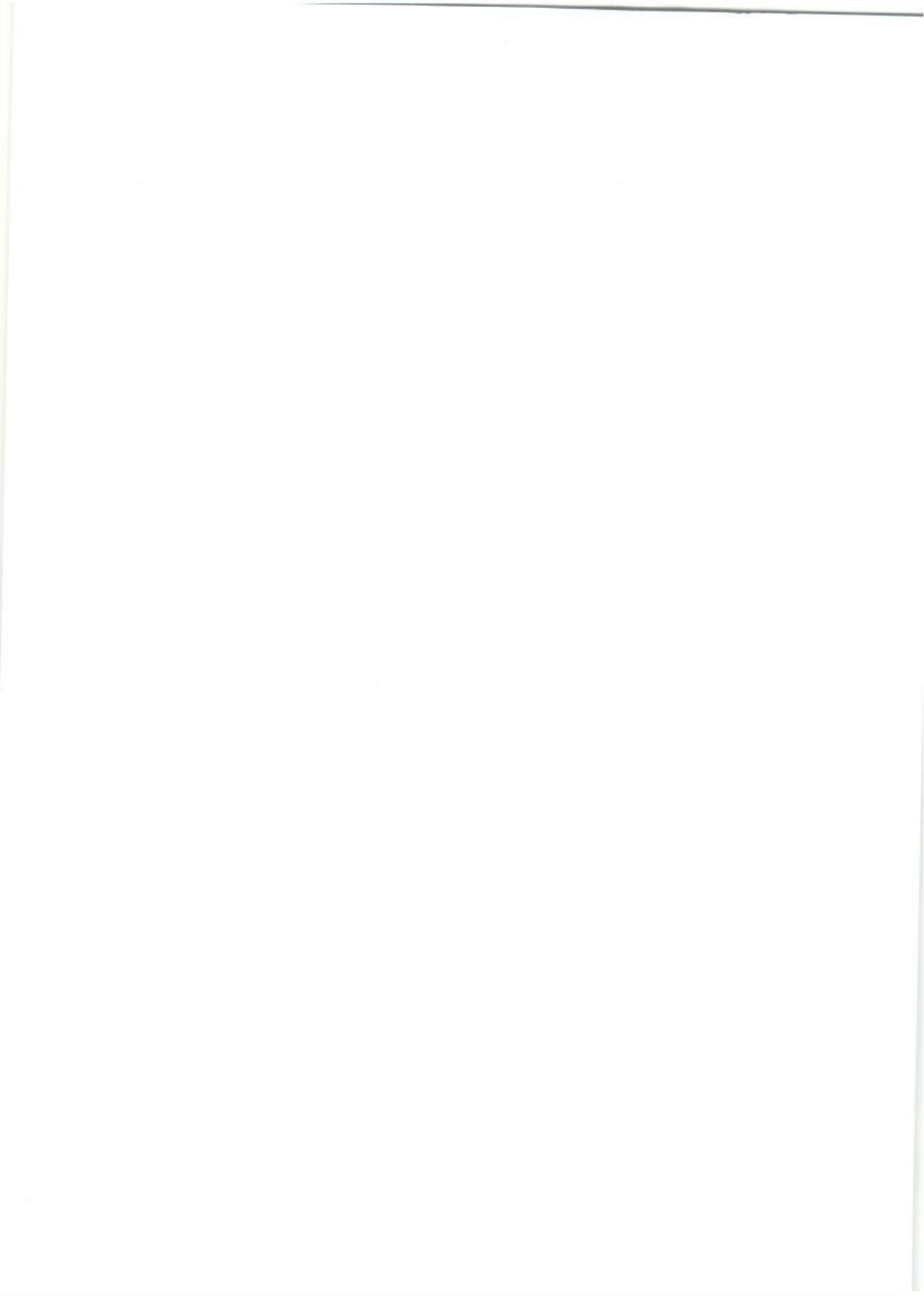
3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Actions

NA1805799

Chalman's Particulars	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Date 1:	For claiming against INC Only (wef 10 Jan 2005)		
Date 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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 willful 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	08/09/2018 17:31
Date Of Accident	07/09/2018 18:00
Exact Location Of Accident	JLN BOON LAY TWDS BOON LAY WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ320G
Insured/Policyholder	
Name Of Registered Owner	TRI-TECH SECURITY PTE. LTD.
Co Reg No	200906279E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92399159
Alternative Phone No	OFFICE-92399159

Vehicle Particulars

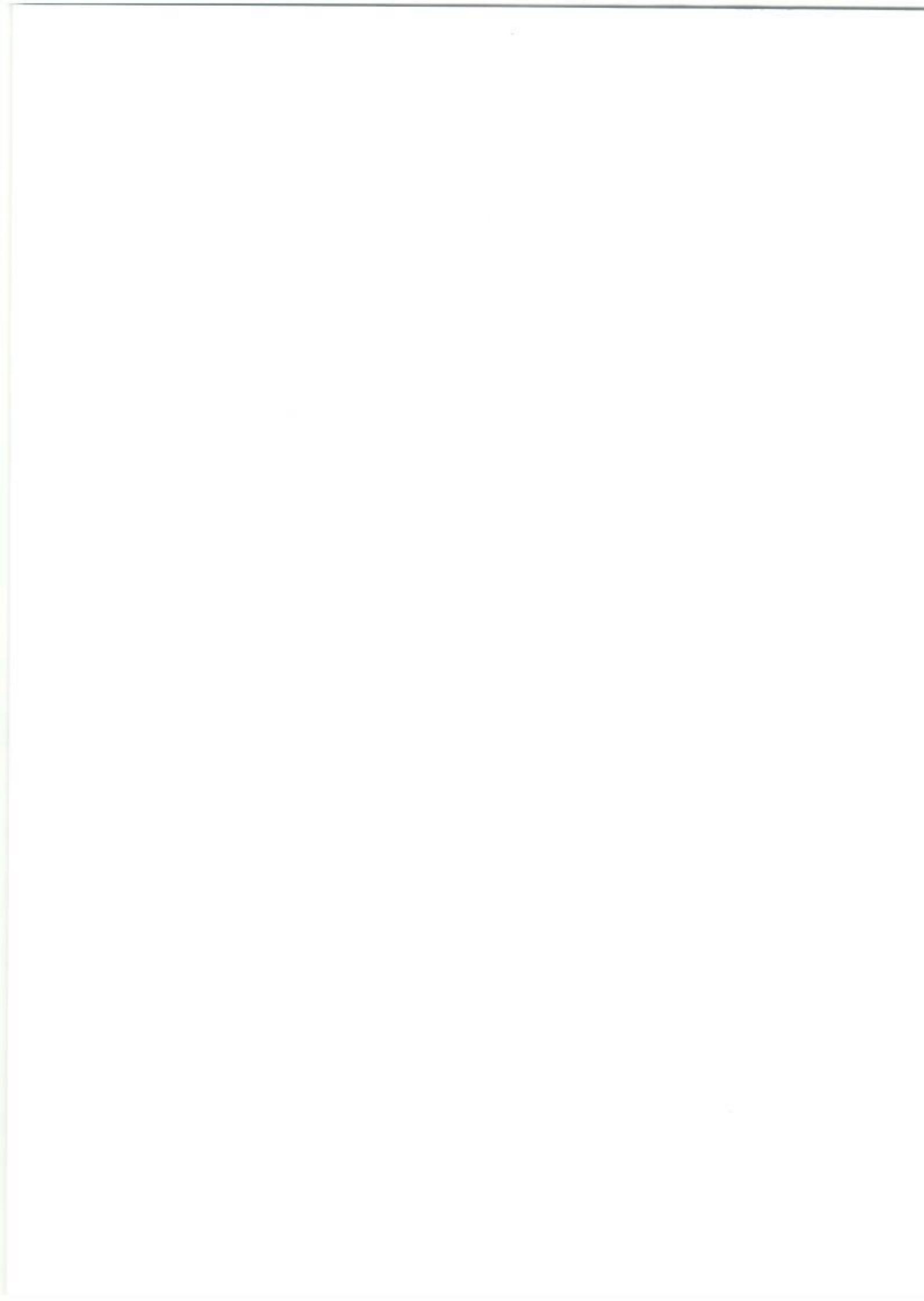
Manufacturer	TOYOTA
Model	HIACE VAN TURBO 5DR MT
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096231252
Cover Note Number	

Driver

Name of Driver	FU KIAN WAH
NRIC No	S9079644E
Date Of Birth	01/05/1990
Occupation	OUTDOOR
Date Of Driving Pass	11/08/2012
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92399159
Fax Number	
Contact Number	OTHERS-92399159
EMail Address	NOEMAIL



Address	BLK 835 JURONG WEST STREET 81 #12-37
Postcode	640835
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	DRIZZLING
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?	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	JNR3822
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAW WEN HUA
NRIC/Passport Number	
Contact Number	+601111918920
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)

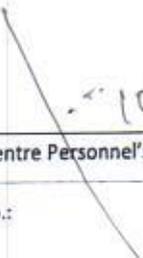
I understand, acknowledge, agree and consent that:

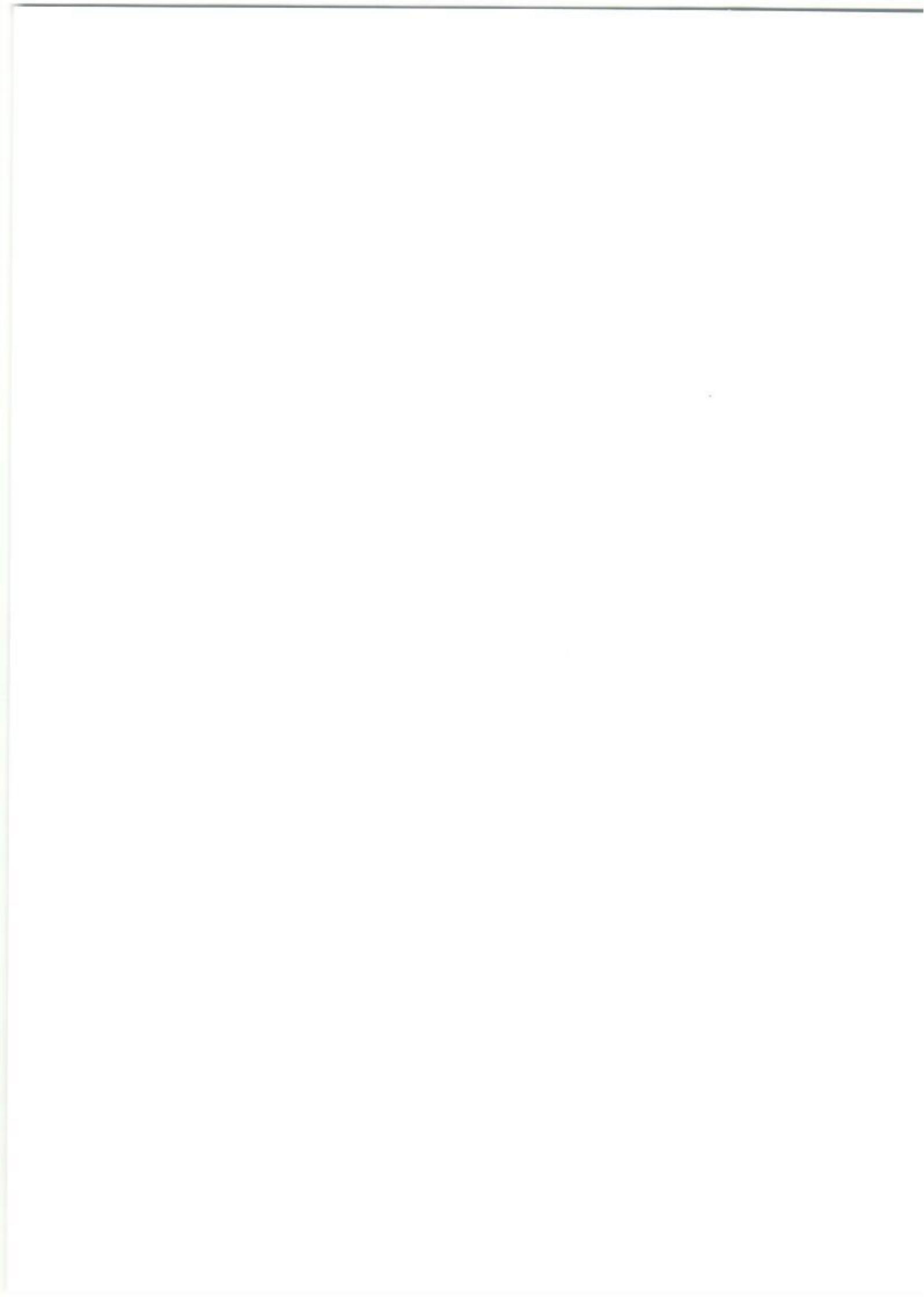
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

x 
 Policyholder's Signature
 Date & Time: 8/9/18

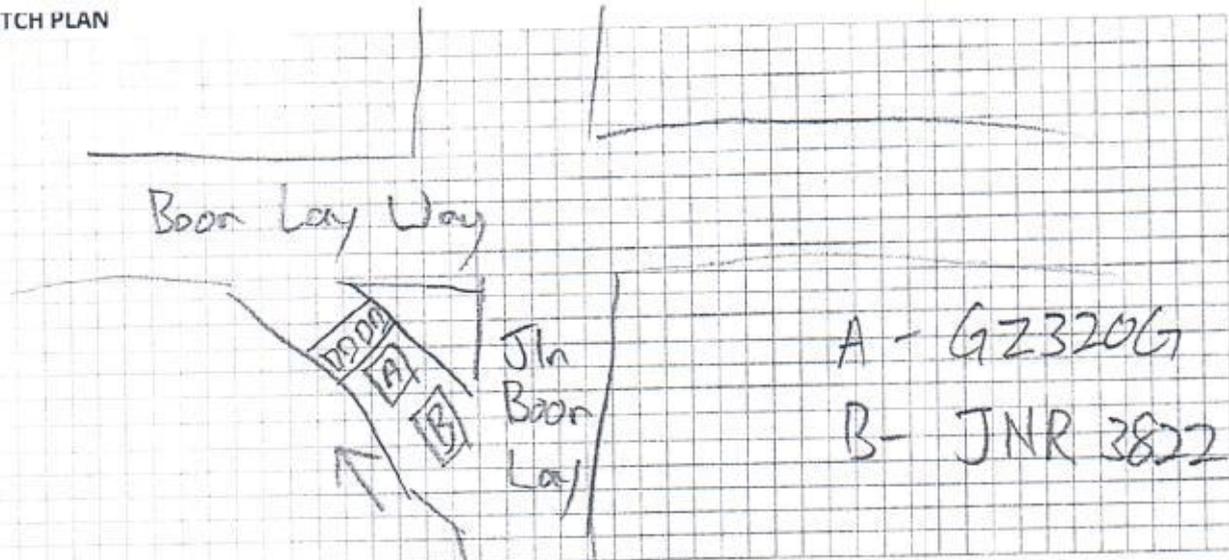



 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:


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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Jln Boon Lay To Boon Lay Way
 I Give way to people cross over
 then he hit my van behind
 my van is rear bump portation and rear
 Door damage.

DECLARATION

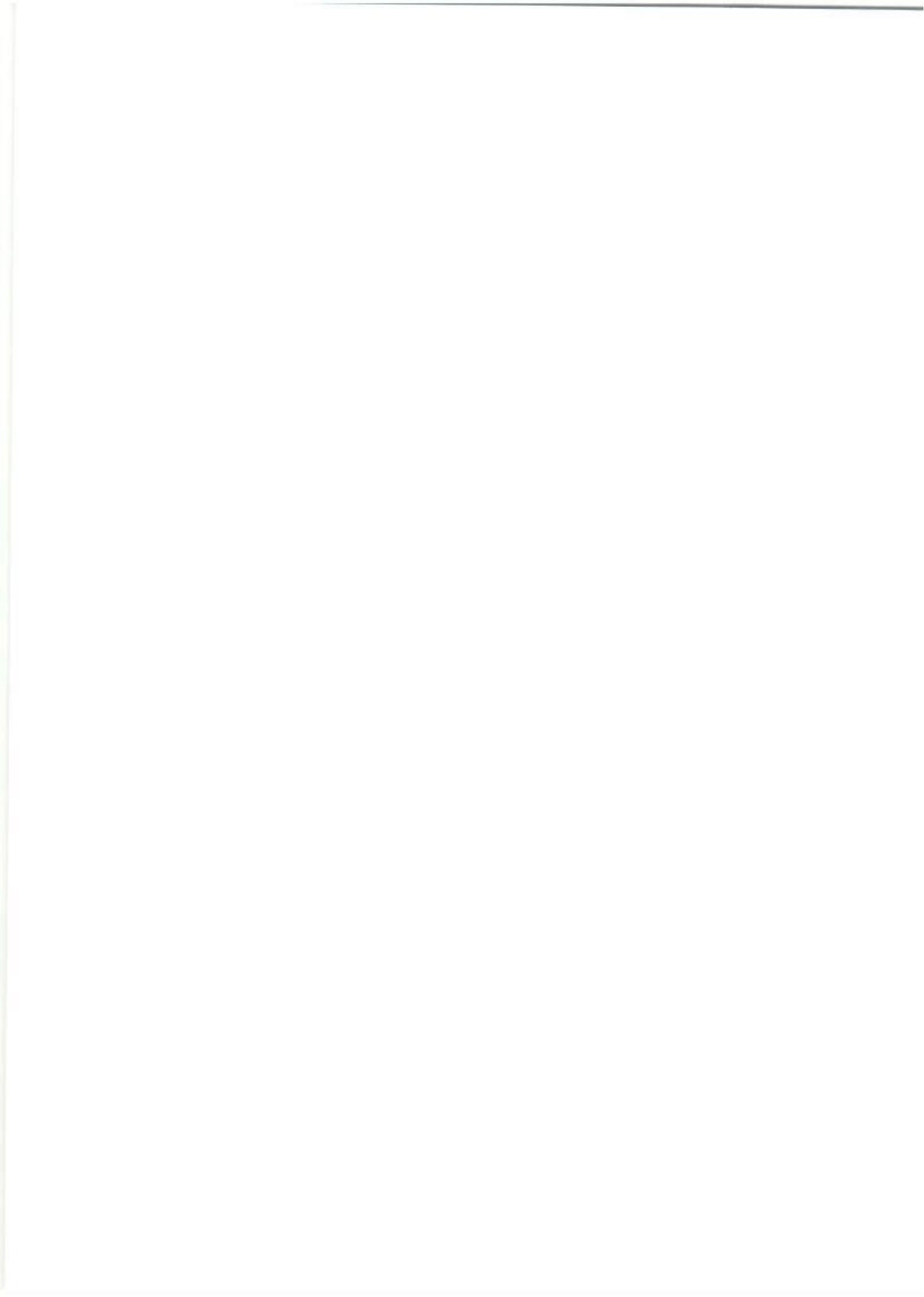
I/We declare the foregoing particulars are true in every respect.

X
 Policyholder's Signature
 Date & Time:



Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 8 sep 2018

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: 10/9/2018



Reported on 8/9/2018
1030AM

ACCIDENT STATEMENT

ACCIDENT DATE: (7/9/2018) (DD/MM/YYYY), TIME: (18:00) (HH:MM)

LOCATION: JLN Boon Lay towards Boon Lay Way

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GZ 320G
- b) INSURANCE COMPANY: _____
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: _____
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: _____
- 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: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 92399159
- c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

- 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 Drizzling)

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: JNR 3822 MODEL: _____
- b) DRIVER'S NAME: LAW WEN HUA
- c) NRIC/FIN/PASSPORT: _____ CONTACT: +60111918920

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
- e) DRIVER'S NAME: _____
- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passenger
(including driver)
(1)

*No of passenger
(including driver)
()

*No of passenger
(including driver)
()

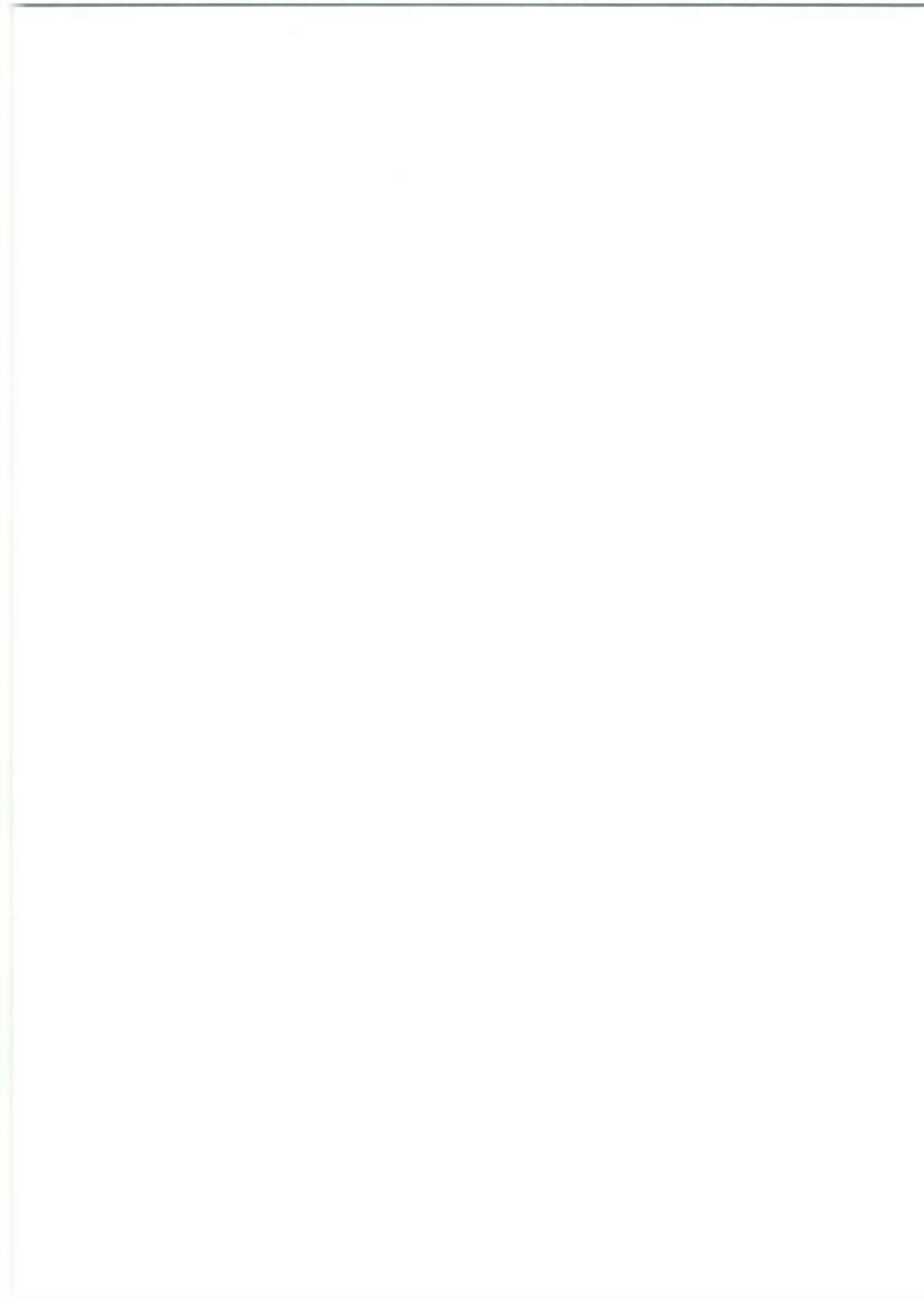
email =

fax = 6748 0537

video =

Waiting for ~~certificate~~

& Company Chop? ✓ 67



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S9079644E**



Name
FU KIAN WAH
 傅健华

Race
CHINESE

Date of birth
01-05-1990

Country/Place of birth
MALAYSIA

Sex
M





REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S9079644E**

FU KIAN WAH

Birth Date: **01 May 1990**
 Issue Date: **18 Dec 2017**

002754943C



9397548



MRIC No. **S9079644E**



Nationality
MALYSIAN

Date of issue
29-03-2016

Address
**APT BLK 835 JURONG WEST STREET 81
 #12-37
 SINGAPORE 640835**

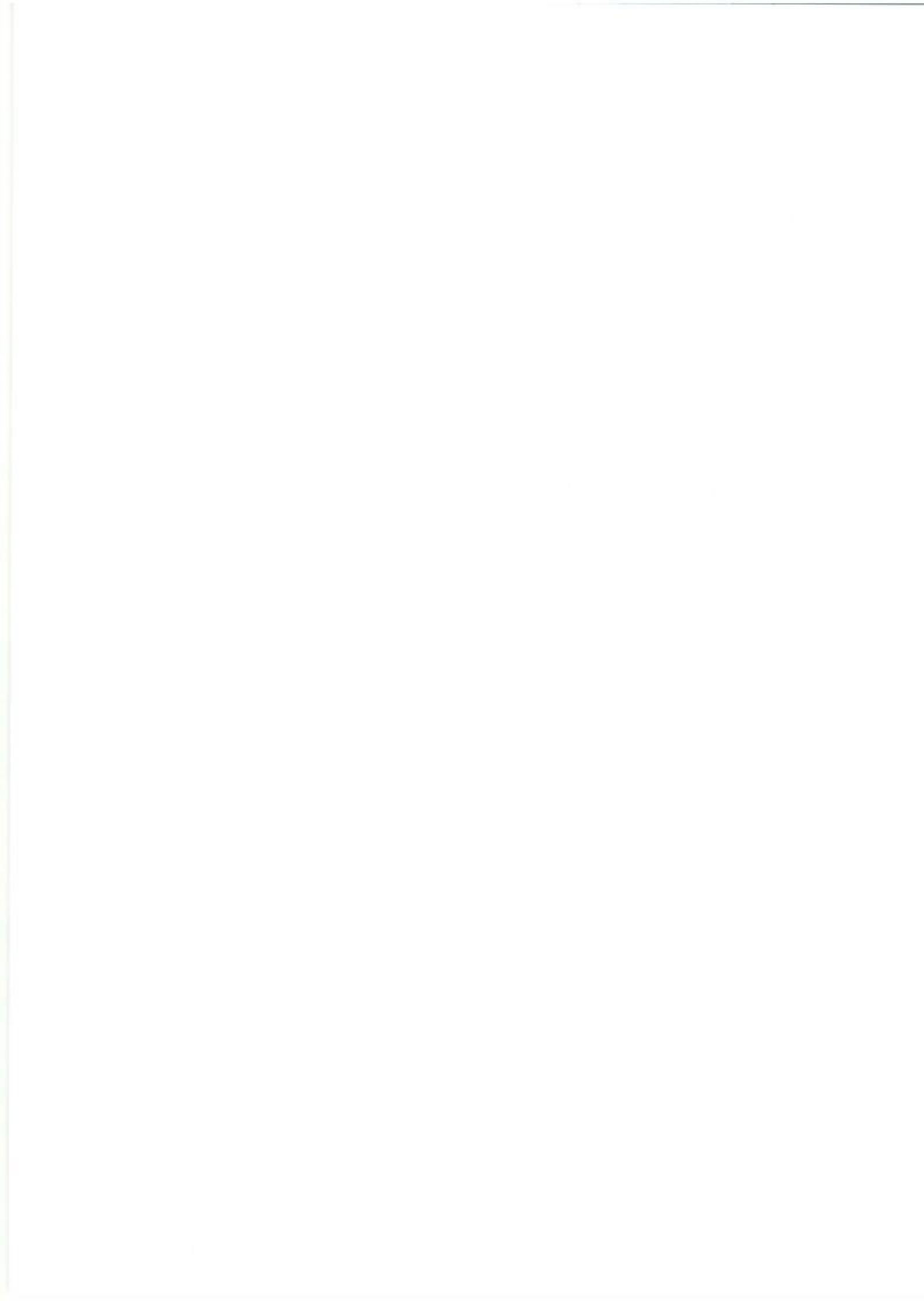
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	11 Aug 2012
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	11 Aug 2012

NP 428A

Licence No: S9079644E





Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop
Notice of Loss

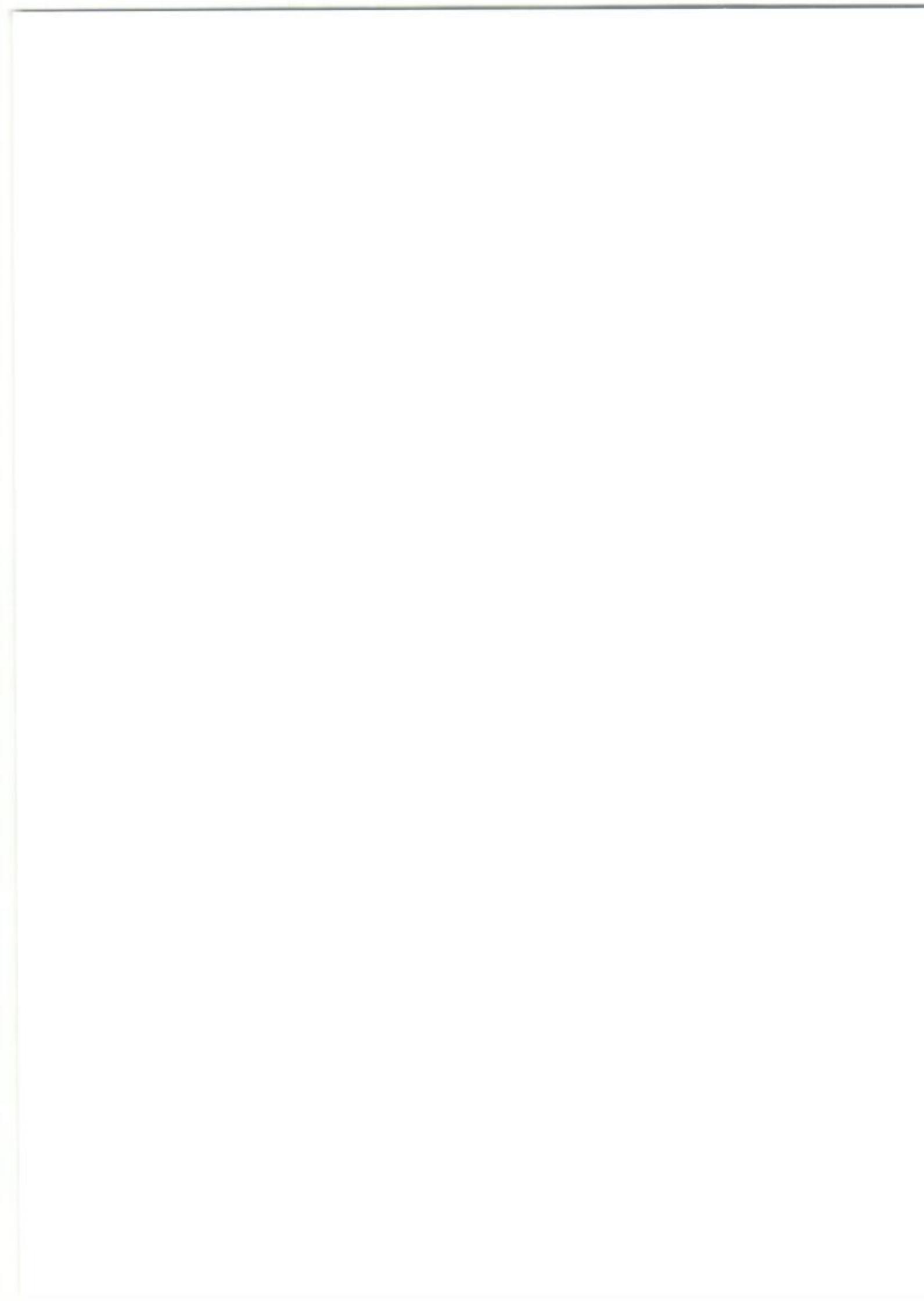
Policy Query

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"/>	5096231252		TRI-TECH SECURITY PTE. LTD.	200906279E	GCV	Comprehensive	GZ320G	GZ320G	30/11/2017	29/11/2018

Continue



▼ Policy Information

Policy No.	5096231252	Policyholder Name	TRI-TECH SECURITY PTE. LTD.	Policyholder NRIC	200906279E
Certificate No.					
Address	BLK 3024 #03-107 UBI ROAD 3 KAMPONG UBI INDUSTRIAL ESTATE SINGAPORE 408652				
Product Name	COMMERCIAL VEHICLE INSURANCE Plan	Group Policy Flag	N		
Policy Issue Date	28/11/2017	Effective Date	30/11/2017 00:00	Expiry Date	29/11/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	NET LINK COMMERCIAL PTE. LT	Agent Tel.	66599463	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 3024 #03-107	Address 2	UBI ROAD 3	Address 3	KAMPONG UBI INDUSTRIAL EST
Address 4	SINGAPORE 408652	Address Type	Singapore address	Post Code	408652
Unit No.		Related Policy Number	5087842970-01		

▶ Insured Object: GZ320G

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	30/11/2017 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We would like to inform you that from 30 Nov 2017, you are entitled to 20% NCD under your policy. After the NCD adjustment, the revised premium is \$1,002.24 (inclusive of GST). Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.
2	30/11/2017 00:00	NCD Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We note that you have not cancelled your insurance policy with your previous insurer. Hence, we are unable to accord you the NCD of 20% in your policy with us. In

Claim Handling

Accident MT/1011048

Policy No.	5096231252	Vehicle No.	GZ320G	GST Registration No.	
Certificate No.					
Policyholder Name	TRI-TECH SECURITY PTE. LTD.			Policyholder NRIC	2009
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	92399159	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(%)	20	Private Hire	No

Accident Details

Report Date	11/09/2018 15:55	Accident Report Within 24 hrs	Yes	Accident Type	Collis
Date of Accident	07/09/2018	Time of Accident hh:mm	18:00	Country of Accident	Singe
Reporting Centre		Orange Force		ICM No.	
Accident Location	JLN BOON LAY TWDS BOON LAY WAY				

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	No
Modification History			

Policyholder Mailing Address

Address 1	BLK 3024 #03-107	Address 2	UBI ROAD 3	Address 3	KAMI
Address 4	SINGAPORE 408652	Address Type	Singapore address	Post Code	4086
Unit No.		Related Policy Number	5087842970-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	01/0
Unnamed driver Name	FU KIAN WAH	Driver NRIC	S9079644E	Driving Experience	6
Register Date of Driver License	11/08/2012	Driver Age	28	Contact No.(Home)	0
Contact No.(Mobile)	92399159	Contact No.(Office)	0	Address 3	
Address 1	BLK 835	Address 2	JURONG WEST STREET 81	Post Code	6408
Address 4		Address Type	Singapore address		
Unit No.	#12-37				
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**

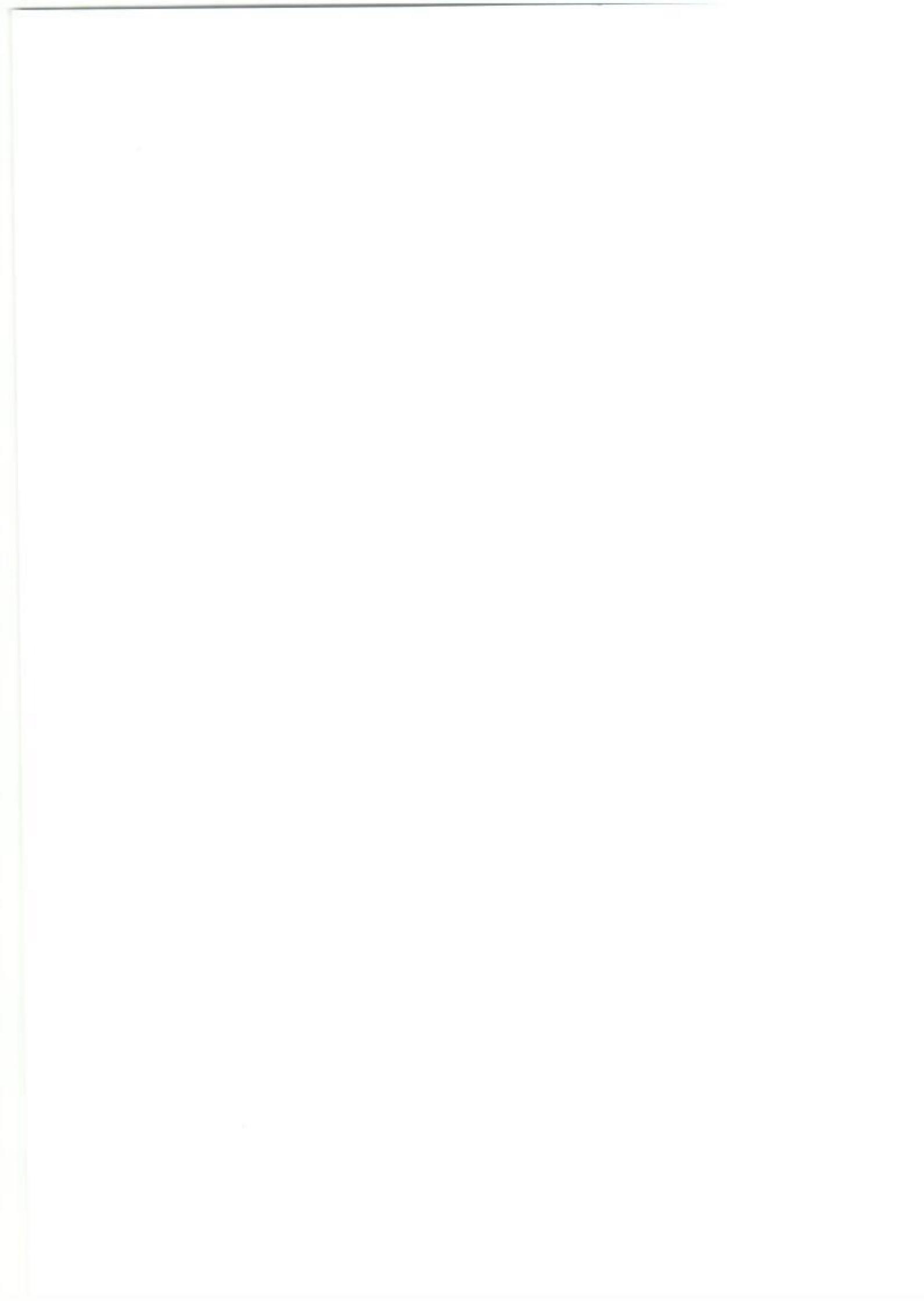
Claim Type *	OD-MX	Insured Name	TRI-TECH SECURITY PTE. LTD.	Insured NRIC	2009
Contact No.(Mobile)	93838084	Contact No.(Home)		Contact No.(Office)	
Email Address	wilsontan@tri-techsecurity.com	O1 Vehicle Number	GZ320G	TP Vehicle Number	JNR3
Claim Description	GZ320G / JNR3822 ON 7 Sept 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GJA report	Rece
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	11/0
Date Registered	11/09/2018 16:05	Claim Close Date		Total Loss but Repaired	
Report Taken By	KRISHNASAMY	Workshop Repairer			

Print AK letter

Save Submit

Attachment

Accident No.	MT/1011048	Claim No.	001
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Last Doc. Received

Yes No

Upload Date

11/09/2018 16:05

Path *

Category *

Confidential

Urgency *

<input type="text"/>	<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="text"/>	<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="text"/>	<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="text"/>	<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="text"/>	<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="text"/>	<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 11 Sep 2018 16:05	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 16:03	SAS	Normal	SAS 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 16:02	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 16:02	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 16:02	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 16:02	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 16:02	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 16:02	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 16:02	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 16:02	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 16:01	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 16:01	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 16:01	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 16:01	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 16:01	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 16:01	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 16:01	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 16:01	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 16:01	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 16:01	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 16:01	Photos	Normal	Photos 2018-9-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 16:01	Photos	Normal	Photos 2018-9-11

Video List

