

NATIONAL Assessment Centre Services

[verf 1 Jan 2005]

MMA 118120205

Date In: 17/1/18 11:39	Job description	Date & Time Completed	Done by
Ref No: NA/INC18016878164	SAS e-filing		
Veh No: GBC 5042	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 17/1/18 15:45	i-Motor Claim Form	MT/1011784-001	17/1/18 16:41
OD: (P) 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: GBC 1562C	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:	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

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR : Accident Reporting (\$30);	Inc Bill	Add Bill
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)	70.00	
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	* 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 (N-in 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	17/09/2018 11:39
Date Of Accident	14/09/2018 15:45
Exact Location Of Accident	SCIENCE PARK RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBC504Z
Insured/Policyholder	
Name Of Registered Owner	EVERGREEN GROUP PTE LTD
Co Reg No	197801558C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64562355
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE 280 2.5 M
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	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	5070446155-03
Cover Note Number	-
Driver	
Name of Driver	TEO AH HUA
NRIC No	S1234258F
Date Of Birth	17/10/1957
Occupation	OUTDOOR
Date Of Driving Pass	17/05/1979
Driving Experience	39 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83813288
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 465 AMK AVE 10 #14-1062
Postcode	560465
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 - MAJOR/MINOR RD
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	GBG1562C
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 INJURED PERSON 1

Name	TEO AH HUA
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBC504Z
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)**

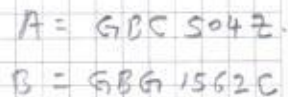
I understand, acknowledge, agree and consent that:

- (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:


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



Please Refer to Police Report

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

Ch

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 9 / 18) (DD/MM/YYYY), TIME: (15 : 45) (HH:MM)

LOCATION: Science park Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBC 504 Z
b) INSURANCE COMPANY: IMC
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: 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: Evergreen (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 6456 2355.
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Teo Ah Hua. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
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)

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: AMK South NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: G86 1562 C. MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

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 =

VIDEO = No.



**SINGAPORE
POLICE FORCE**



T/20180915/2135

1 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20180915/2135

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/09/2018 19:39	Vide Report No.:	Station Diary No.: 136
--------------------------------------------	------------------	---------------------------

Informant's Particulars

Name of Informant: TEO AH HUA			Address: APT BLK 465 ANG MO KIO AVENUE 10 #14-1062 SINGAPORE 560465		
ID Type / ID No.: NRIC NO / S1234258F			Contact No.: Home/Office: Mobile: 83813288		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 17/10/1957	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 2,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/09/2018 15:45	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 SCIENCE PARK ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC504Z	Van				Seriously Damaged	0
GBG1562C	TRUCK				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180915/2135

2 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No: T/20180915/2135

CONTINUATION OF REPORT

Driver			
Name	TEO AH HUA	ID No.	S1234258F
Related Vehicle	GBC5^4Z (Van)	Contact No.	83813288
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2,3,4,5 Date of Expiry: NIL
Date Treatment	15/09/2018	Date Discharge	15/09/2018
No. of Days granted Medical Leave	07	Degree of Injury	Serious
Driver			
Name	NAGAIYA BALAMURUGAN	ID No.	G6727886R
Related Vehicle	GBG1562C (TRUCK)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 14/09/2018 at about 1543hrs, I was driving my van; GBC504Z along Science park road towards Pasir Panjang on the 1st lane on the cross junction. Suddenly a truck; GBG1562C just dashed across the junction. My front then hit the left side of the truck. TP and ambulance came. I was then given a 7 days MC from Khoo Teck Puat Hospital from 15/09/2018 to 21/09/2018.



SINGAPORE
POLICE FORCE



T/20180915/2135

3 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20180915/2135

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
F /
Sgt 3 MASHIDAYAT BIN MASZENI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMED SUFIAN BIN SUDIN
Contact No.: 65476367


Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
15/09/2018 19:39

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1234258F



Name
TEO AH HUA

張亞華


Race
CHINESE

Date of Birth
17-10-1957

Sex
M

Country of Birth
SINGAPORE

S1234258F



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1234258F

Name
TEO AH HUA

Birth Date: 17 Oct 1957

Issue Date: 14 Apr 2003

10003974008

1230959



NRIC No: S1234258F



Blood Group: O+ Date of issue: 17-07-1994


NTT Bldg 405 MAG NO. 110 AVENUE TO #14-1002
SINGAPORE 350103

NRIC No: S1234258F Date: 06-08-1999 No: 1990142

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

		CLASS DATE
Class 2B	Motorcycles not exceeding 200 cc	03 May 1977
Class 2A	Motorcycles between 201 cc and 400 cc	03 May 1977
Class 2	Motorcycles exceeding 400 cc	03 May 1977
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	17 May 1979
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	05 Sep 1979
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	19 Oct 1979

Licence No: S1234258F



NP 426A

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5070446155-03		EVERGREEN GROUP PTE LTD	197801558C	GCV	Comprehensive	GBC504Z	GBC504Z	22/03/2018	21/03/2019

Claim Handling

Accident MT/1011784

Policy No.	5070446155-03	Vehicle No.	GBC504Z	GST Registration No.	M2003
Certificate No.					
Policyholder Name	EVERGREEN GROUP PTE LTD			Policyholder NRIC	19780
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	64562355	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No
▼ Accident Details					
Report Date	17/09/2018 16:33	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	14/09/2018	Time of Accident hh:mm	15:45	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	SCIENCE PARK RD				
▼ 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	Yes	GST Registration Date	01/04/1994		
GST Registration No.	M200313640	GST Status Verified	Yes		
Modification History					
▼ Policyholder Mailing Address					
Address 1	8 NEW INDUSTRIAL ROAD	Address 2	#01-02/03 LHK 3	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	53620
Unit No.		Related Policy Number	5070446155-03		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TEO AH HUA	Driver NRIC	S1234258F	Driver DOB	17/10/
Register Date of Driver License	17/05/1979	Driver Age	60	Driving Experience	39
Contact No.(Mobile)	83813288	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 465 #14-1062	Address 2	ANG MO KIO AVENUE 10	Address 3	TECK C
Address 4	SINGAPORE 560465	Address Type	Singapore address	Post Code	56046
Unit No.	14-1062				
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		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	EVERGREEN GROUP PTE LTD
Contact No.(Mobile)	NIL	Contact No.(Home)	NIL
Email Address	info@evergreen.com.sg	OI Vehicle Number	GBC504Z
Claim Description	GBC504Z / GBG1562C ON 14 Sept 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Contract No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	17/09/2018 16:39
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. MT/1011784

Claim No. 001

Last Doc. Received

☒ Yes ☐ No

Upload Date

17/09/2018 16:41

Path *

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

Category *

Please Select

Confidential

NO

Urgency *

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

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NO

Normal

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NO

Normal

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NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Sep 2018 16:41	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Sep 2018 16:40	SAS	Normal	SAS 2018-9-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Sep 2018 16:40	Photos	Normal	Photos 2018-9-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Sep 2018 16:40	Photos	Normal	Photos 2018-9-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Sep 2018 16:40	Photos	Normal	Photos 2018-9-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Sep 2018 16:40	Photos	Normal	Photos 2018-9-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Sep 2018 16:40	Photos	Normal	Photos 2018-9-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Sep 2018 16:40	Photos	Normal	Photos 2018-9-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Sep 2018 16:40	Photos	Normal	Photos 2018-9-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Sep 2018 16:40	Photos	Normal	Photos 2018-9-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Sep 2018 16:40	Photos	Normal	Photos 2018-9-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Sep 2018 16:40	Photos	Normal	Photos 2018-9-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Sep 2018 16:40	Photos	Normal	Photos 2018-9-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Sep 2018 16:40	Photos	Normal	Photos 2018-9-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Sep 2018 16:40	Photos	Normal	Photos 2018-9-17

Video List

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