

NATIONAL Assessment Centre Services

Date In: 22/09/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC/18017069/13	SAS e-filing		
Veh No: SKN3673J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/09/18 1750	i-Motor Claim Form	MT/1012562 - 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 Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	TWINCAR	Tel:	Fax:
TP Particulars:	Veh No: 50K5994F	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

NA1805989	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	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 (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	22/09/2018 09:46
Date Of Accident	21/09/2018 17:50
Exact Location Of Accident	PIE TWDS CHANGI B4 LOR 6 TOA PAYOH EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN3673J
Insured/Policyholder	
Name Of Registered Owner	NG KHENG GUAN
NRIC No	S1709971Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91859261
Alternative Phone No	OTHERS-91859261

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	THIRD PARTY
Fleet Policy	NO
Policy Number	5100776775
Cover Note Number	

Driver

Name of Driver	NG KAI JUN
NRIC No	S9838360C
Date Of Birth	08/11/1998
Occupation	INDOOR
Date Of Driving Pass	25/09/2017
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81253713
Fax Number	
Contact Number	
Email Address	KAIJUNSAPP@GMAIL.COM

Address	BLK 206C COMPASSVALE LANE #05-99
Postcode	543206
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	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: : NG KHENG GUAN
	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	SDK5994T
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	SFD4455C
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	NG KAI JUN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKN3673J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NG KHENG GUAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKN3673J
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.

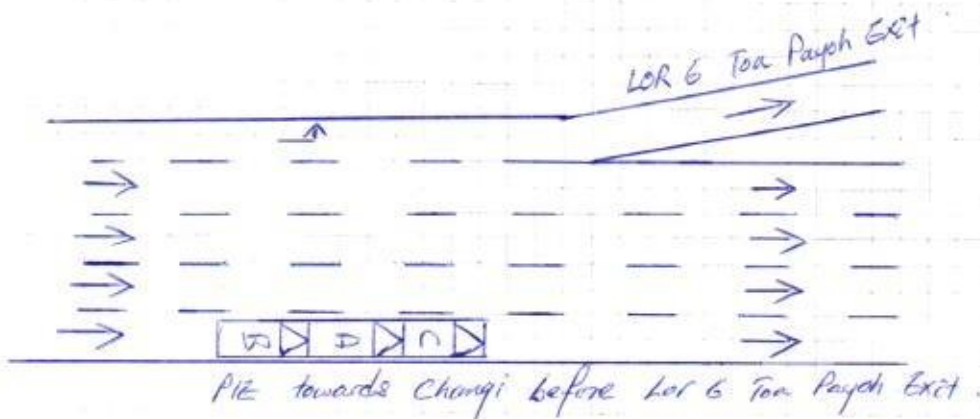
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

- (A) SKN 3673J
- (B) SDK 5994T
- (C) SFD 4455C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/09/18 at @ 1750 hrs, I was travelling in my vehicle (SKN 3673J) along PIE towards Changi before Lor 6 Toa Payoh exit on the extreme right lane. I slow down and stopped due to traffic jammed ahead. Suddenly, a vehicle (SDK 5994T) from behind collided onto the rear portion of my vehicle. The impact was so great that pushed my vehicle forward and caused my vehicle to collide onto the vehicle (SFD 4455C) ahead of me.

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:

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

Vehicle No.	SKN 3673 J.	Model / Make	Toyota Altis
Date of Accident	21 / 09 / 18		
Time of Accident	1750 HRS		
Location of Accident	PIE towards Changi before Lor 6 Toa Payoh Exit.		
Exact purpose use during accident	Private Used		
Name of Owner	NG KHENG GUAN.		
Telephone No.	H/P: 9185 9261	Home :	Office :
NRIC	S 17099712		
Address	BLK 206C Compassvale Lane #05-99 (S) 543206.		
Claim type	OD <u>THIRD PARTY</u>	REPORTING ONLY	
Insurance Company	NTRC.		
Type of Coverage	Comprehensive <u>Third Party</u>	Third Party / Fire / Theft	
Policy No.	5100776775		
Name of Driver	As Above If No, NG KAI JUN		
NRIC	S 9838360 C.	Any Passengers :	01 (M).
Date of birth	08 / 11 / 1998		
Occupation	Outdoor / <u>Indoor</u>		
Driving License Pass Date	25 / 09 / 2017		
Gender	<u>Male</u> / Female		
Contact No.	H/P: 8125 3713	Home :	Office :
Address	BLK 206C, Compassvale Lane #05-99 (S) 543206.		
Driver have any own vehicle	<u>No,</u> If yes, Reg No.		
Relationship	Employee, If no, state Son.		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	Dry <u>Wet</u> Other		
Any Injuries	No, <u>If Yes, Who?</u>		
Name And Contact No.	Ng Kai Jun (H/P: 8125 3713)		
Name And Contact No.	Ng Kheng Guan (H/P: 9185 9261)		
Police Report	<u>No,</u> If Yes, Where?		
Vehicle B No.	SDK 5994T.	Any Passengers :	03.
Name of Driver		Contact No. :	
Vehicle C No.	SFD 4455 C.	Any Passengers :	N.A.
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name	N.A.	Witness Contact :	N.A.
Accident Portion	Front and Rear Portion.		
Camera Recorder	Yes <u>No</u> .		
Email Address	kaijunsapp@gmail.com.		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?	Yes <u>No</u>		
PARTICULAR WORKSHOP	Twincar.		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Huixin.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9838360C**

Name: **NG KAI JUN**

Birth Date: **08 Nov 1998**

Issue Date: **25 Sep 2017**





REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9838360C**



Name: **NG KAI JUN**

黄 凯 骏

Race: **CHINESE**

Date of birth: **08-11-1998**

Country/Place of birth: **SINGAPORE**

Sex: **M**



S9838360C

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	25 Sep 2017

NP 428A

Licence No: **S9838360C**



5538051



NRIC No: **S9838360C**



Date of issue: **18-11-2015**

Address: **APT BLK 206C COMPASSVALE LANE #05-99 SINGAPORE 543206**

Driver

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: 5100776775

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: SKN3673J

Chassis Number

: MR053REH104509014

2. Name of Policyholder

: NG KHENG GUAN

3. Effective Date of Insurance

: 05 Jun 2018

4. Expiry Date of Insurance

: 04 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 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)

: N/A

EXCESS (SECTION 2)

: N/A

ADDITIONAL EXCESS

: N/A

UNNAMED DRIVER EXCESS

: N/A

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

: N/A

NCD PROTECTION

: NO

PRIMARY DRIVER

: NG KHENG GUAN

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: N/A

SUM INSURED

: N/A

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 : THIAM HENG AUTO (S) PTE LTD (00000613992)

Date of Issue : 18 May 2018 11:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1012562

Policy No.	5100776775	Vehicle No.	SKN3673J	GST Registration No.
Certificate No.				
Policyholder Name	NG KHENG GUAN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	91859261	Contact No.(Office)	0	Contact No.(Home)
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 Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	22/09/2018 15:42	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	17/09/2018	Time of Accident hh:mm	17:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE TWDS CHANGI B4 LOR 6 TOA PAYOH EXIT			

▼ Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	2,500.00	Outside Singapore OD Excess	0.00	
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 206C #05-99	Address 2	COMPASSVALE LANE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5100776775	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	NG KAI JUN	Driver NRIC	S9838360C	Driver DOB
Register Date of Driver License	25/09/2017	Driver Age	19	Driving Experience
Contact No.(Mobile)	81253713	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 206C	Address 2	COMPASSVALE LANE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#05-99			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

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	NG KHE
Contact No.(Mobile)	91859261	Contact No. (Home)	678811
Email Address		OI Vehicle Number	SKN3673J
Claim Description	SKN3673J / SDK5994T ON 17 Sept 2018		
Preferred Workshop	Insured Liability	Not at Fault	
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered	22/09/2018 16:52	GIA report	Received
Report Taken By	ROSINDA	Claim Close Date	
		Workshop Repairer	

☒ Print AK letter

Save

Submit

Attachment



Accident No.	MT/1012562	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/09/2018 00:00

Path *		Category *		Confidential
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Message Read"/>		<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des.
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Sep 2018 16:52	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Sep 2018 16:52	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Sep 2018 16:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Sep 2018 16:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Sep 2018 16:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Sep 2018 16:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Sep 2018 16:51	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Sep 2018 16:51	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Sep 2018 16:51	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Sep 2018 16:51	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Sep 2018 16:51	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Sep 2018 16:51	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Sep 2018 16:51	Photos	Normal	Photos



Video List

Uploaded By/Date	Folder Date	File Name	
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Display in New Window

Scan and uploading