

Date In: 24/19/18 09:45	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19017288/144	SAS e-filing		
Veh No: SLB 8903P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/19/18 15:00	i-Motor Claim Form	MT/1012858-001	25/19/18 09:57
OD: <input checked="" type="radio"/> 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: XD 6519B	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

Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Ref. 1: Ref. 2 / 3:	Invoice Preparation Checklist	Amt (\$) In Bill 30.00	Amt (\$) Add Bill
	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
	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)		
	6) TR: Re-inspection \$75		
	7) NI: 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 \$0			
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	24/09/2018 09:45
Date Of Accident	21/09/2018 15:00
Exact Location Of Accident	JUNC OF WOODLANDS AVE 12 & AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB8903P
Insured/Policyholder	
Name Of Registered Owner	BRYANT8585RENTAL
Co Reg No	53380995M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87871051

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100354804
Cover Note Number	-

Driver

Name of Driver	LIU BINGZONG
NRIC No	S8522465D
Date Of Birth	11/07/1985
Occupation	OUTDOOR
Date Of Driving Pass	17/11/2016
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87871051
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 175 BOON LAY DRIVE #05-342
Postcode	640175
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	HEAVY RAIN
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)	3
Passenger 1	NAME: : WAYNE
	GENDER: : MALE
Passenger 2	NAME: : UNKNOWN
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
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?	YES
Remarks/ Reasons:	FRONT CAMERA ONLY
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD6519B
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

LIU BINGZONG

Approximate Age

Injuries Sustain

BACK & LOWER ABDOMEN & RIGHT SHIN

Injured person in which vehicle?

SLB8903P

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.:

Woodlands Ave 15

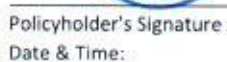
A = 52B 8903

B = XD 6519B

Woodlands Ave 12

Please Refer to ~~statement~~ Police Report

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



in eye



ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 9 / 18) (DD/MM/YYYY), TIME: (15 : 00) (HH:MM)

LOCATION: June st woodlands Ave 12 & Ave 5.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLB 8903P.
b) INSURANCE COMPANY: INC
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: commercial use
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: Bryant 8585 Rental (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 87871051
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Liu Bing zong (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 87871051
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: owner.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS Heavy rain)

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

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: XD 6519B. 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: _____

Back n leg - Driver

email = bryantliu85@hotmail.com

fax =

video = front camera only.

waiting chop

Police Report?

*No of passengers
(including driver)
(3)

12/11
MF

wayne

98899851



SINGAPORE POLICE FORCE



T/20180922/2052

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180922/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/09/2018 11:47	Vide Report No.:	Station Diary No.: 123
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Informant's Particulars			
Name of Informant: LIU BINGZONG		Address: APT BLK 175 BOON LAY DRIVE #05-342 SINGAPORE 640175	
ID Type / ID No.: NRIC NO / S8522465D		Contact No.: Home/Office: Mobile: 87871051	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 33	Date of Birth: 11/07/1985	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/09/2018 15:00	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 WOODLANDS AVENUE 12 WOODLANDS AVENUE 5 T-junction				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLB8903P	Car	TOYOTA	ALTIS	Silver	Slightly Damaged	2
XD6519B	Lorry	MAN		White	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180922/2052

2 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180922/2052

CONTINUATION OF REPORT

Driver			
Name	LIU BINGZONG		ID No. S8522465D
Related Vehicle	SLB8903P (Car)		Contact No. 87871051
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	21/09/2018	Date Discharge	22/09/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	TEO PHANG KOK		ID No. F8228183P
Related Vehicle	XD6519B (Lorry)		Contact No. 91096798
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 21.09.2018 at about 1500hrs, my vehicle; SLB8903P was stationery along Woodlands Avenue 12 at the T-junction of Woodlands Avenue 5. I was heading towards Woodlands Ave 12 while awaiting for the traffic light to turn green. When the traffic light was turning green, before I could move off, a lorry; XD6519B collided onto the rear of my vehicle. The said lorry continued to pushed my vehicle till after the junction without stopping. The weather was raining and the traffic volume was heavy at that point of time. Due to the incident, my airbags were deployed.

Subsequently, we exchanged particulars and took photos of the damage sustained on both vehicles. I sustained some injuries on my back, my lower abdomen and right shin however nothing serious and was granted 4 days Medical Leave.



**SINGAPORE
POLICE FORCE**



T/20180922/2052

3 of 3

Report No. T/20180922/2052

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999


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: J / Staff Sgt MOHAMMED AMIRULHAFIZ BIN RAMLAN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151

Signature Of Informant: 
Date/Time: 22/09/2018 11:47
Classification Of Case:

Authentication Stamp
NP168



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8522465D



Name

LIU BINGZONG

柳秉宗

Race

CHINESE

Date of birth

11-07-1985

Country/Place of birth

SINGAPORE

Sex

M



5503857



NRIC No. S8522465D



Date of issue

28-07-2015

Address

APT BLK 175 BOON LAY DRIVE
#05-342
SINGAPORE 640175

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8522465D

Portrait



LIU BINGZONG

Birth Date: 11 Jul 1985

Issue Date: 17 Nov 2016



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 $\leq 2500\text{kg}$ 17 Nov 2016

NP 428A



Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="21/09/2018 16:42"/>							
Vehicle No.(For Motor)	<input type="text" value="SLB8903P"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5100354804		BRYANT8585RENTAL	53380995M	GPC	drivo CLASSIC	SLB8903P	SLB8903P	01/05/2018	30/04/2019
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1012858

Policy No.	5100354804	Vehicle No.	SLB8903P	GST Registration No.	
Certificate No.					
Policyholder Name	BRYANT8585RENTAL			Policyholder NRIC	533801
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	87871051	Contact No.(Office)		Contact No.(Home)	
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(%)	0	Private Hire	Yes
Accident Details					
Report Date	25/09/2018 09:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	21/09/2018	Time of Accident hh:mm	15:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF WOODLANDS AVE 12 & AVE 5				
Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
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	BLK 175 #05-342	Address 2	BOON LAY DRIVE	Address 3	BOON
Address 4	SINGAPORE 640175	Address Type	Singapore address	Post Code	640175
Unit No.	05-342	Related Policy Number	5100354804		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIU BINGZONG	Driver NRIC	S8522465D	Driver DOB	11/07/
Register Date of Driver License	17/11/2016	Driver Age	33	Driving Experience	1
Contact No.(Mobile)	87871051	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 175 #05-342	Address 2	BOON LAY DRIVE	Address 3	BOON
Address 4	SINGAPORE 640175	Address Type	Singapore address	Post Code	640175
Unit No.	05-342				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	BRYANT8585RENTAL
Contact No.(Mobile)		Contact No.(Home)	NIL
Email Address		DI	
		Vehicle Number	SLB8903P
Claim Description	SLB8903P / XD6519B ON 21 Sept 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation		GIA report	Received
Date Registered			
Report Taken By			
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1012858	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

25/09/2018 09:57

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

Category *

Confidential

Urgency *

Clear

Please Select

NO

Normal

Clear

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NO

Normal

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NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal







Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2018 09:57	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2018 09:56	SAS	Normal	SAS 2018-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2018 09:56	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2018 09:56	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2018 09:56	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2018 09:56	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2018 09:56	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2018 09:55	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2018 09:55	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2018 09:55	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2018 09:55	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2018 09:55	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2018 09:55	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2018 09:55	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2018 09:55	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2018 09:55	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2018 09:55	Photos	Normal	Photos 2018-9-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Sep 2018 09:55	Photos	Normal	Photos 2018-9-25

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading