

# NATIONAL Assessment Centre Services

Postcard

MNA 118125852.

Date In	28/12/18 12:07	Job description	Date & Time Completed	Done by
Ref No	NA/INC18017647164.	SAS e-Billing		
Veh No	FR 15645	E-mail (within 3hrs, A/C 2hrs)		
DOA	619118 20:30.	i-Motor Claim Form	MT/1013474-001	28/12/18 15:48.
(O) <input checked="" type="radio"/> Reporting Only		i-Motor W/O (Within 24hrs, TP 4hrs)		
IP Insurer:		i-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
IP Particulars:	Veh No: FBK 213LK.	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (	Date:	Time:
Insured/Driver Liability: ( )	[Note-Bst Status (WO): N: 0-20%, P: 21-79%, P: 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:	MA 1806188	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30);	30.00	
Contact No:		2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:		3) TP: 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		
Int. 1:		For claiming against INC Only (wef 10 Jan 2005)		
Int. 2 / 3:		6) TR: Re-inspection \$75		
		7) N1: Idac DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
		QD:		
		* 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 (N-in 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 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	28/09/2018 12:07
Date Of Accident	06/09/2018 20:30
Exact Location Of Accident	BEACH RD INFRONT GOLDEN MILE FOOD CENTRE
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	FR1564S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL NASSER S/O BASHEER AHAMAD
Co Reg No	S1841445G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97124562

**Vehicle Particulars**

Manufacturer	YAMAHA
Model	RXZ
Exact Purpose for which vehicle was being used at time of accident	GOING BACK HOME
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	MOTORCYCLE

**Insurance Company**

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5060337827-05
Cover Note Number	-

**Driver**

Name of Driver	ABDUL SALAM MUPTHAJUDEEN
NRIC No	S2725332F
Date Of Birth	05/01/1957
Occupation	OUTDOOR
Date Of Driving Pass	11/11/1997
Driving Experience	20 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97762237
Fax Number	
Contact Number	OTHERS-96165740
Email Address	NOEMAIL

Address	BLK 467 NORTH BRIDGE RD #12-5053
Postcode	190467
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?	YES
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: : MOHAMED KASSIM SULTHANUL ARIFF GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
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 Witness 1

Name	UNKNOWN
Phone Number	93809525
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBK2131K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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 ABDUL SALAM MUPTHAJUDEEN  
Approximate Age  
Injuries Sustain FRACTURE AND ABRASION LIMBS, CLOSED FRACTURE OF PROMIXAL  
END OF HUMERUS  
Injured person in which vehicle? FR1564S  
Were seat belts worn?  
Was this injured conveyed to hospital by  
ambulance? YES  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name MOHAMED KASSIM SULTHANUL ARIFF  
Approximate Age  
Injuries Sustain SLIGHTLY SCRATCHES RIGHT HAND AND LEFT ANKLE AND LEFT  
KNEE  
Injured person in which vehicle? FR1564S  
Were seat belts worn?  
Was this injured conveyed to hospital by  
ambulance? YES  
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.:

Golden mile food centre.

Beach Rd.

A = FR15645  
B = FBK2131K.

B O + O O  
| O A

Please Refer to Police Report

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

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



# SINGAPORE POLICE FORCE



T/20180907/2127

1 of 4

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No. T/20180907/2127

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/09/2018 19:31	Vide Report No.:	Station Diary No.: 139
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**Informant's Particulars**

Name of Informant: ABDUL SALAM MUPTHAJUDEEN			Address: APT BLK 467 NORTH BRIDGE ROAD #12-5053 SINGAPORE 190467		
ID Type / ID No.: NRIC NO / S2725332F			Contact No.: Home/Office: Mobile: 97762237		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 05/01/1957	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: SALESMAN			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/09/2018 20:30	Type of Location: Straight Road
Location: Along Road 1 BEACH ROAD				
Towards Crawford St				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK2131K	Motorcycle	YAMAHA	FZN150	Red	Slightly Damaged	1
FR1564S	Motorcycle	YAMAHA	RXZ	Multi-Colored	Totally Damaged	1

**Details of Person Involved**

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



Police Station Of Origin:  
Rochor N.P.C  
11, Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	ABDUL SALAM MUPTHAJUDEEN	ID No.	S2725332F
Related Vehicle	FR1564S (Motorcycle)	Contact No.	97762237
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	06/09/2018	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Serious
<b>Pillion</b>			
Name	MOHAMED KASSIM SULTHANUL ARIFF	ID No.	S2754291C
Related Vehicle	FR1564S (Motorcycle)	Contact No.	98225952
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/09/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Serious

**Brief Details.**

On 06/09/2018 at about 2030hrs, I was riding my motorbike (FR1564S) along Beach Road towards Crawford St direction. I was riding at about 30km/hr at the 2nd lane. Just then as I reach Golden Mile Food Centre's carpark, one motorcycle (FBK2131K) suddenly came out of Golden Mile Food Centre's carpark and rode to my lane.

I immediately applied emergency brake however could not stop in time. As a result, my vehicle's front collided with his vehicle's right. As a result, my pillion and I flew out of the bike.

I was able to stand up however my pillion (Kassim) was stuck under the bike. Passerby came to assist with bringing up the bike and after awhile, ambulance and traffic police arrived. Ambulance made a check on me and conveyed my pillion and I to Tan Tock Seng Hospital.

Upon reaching the hospital, the doctor diagnosed that I suffered fractures and abrasions limbs, closed fracture of proximal end of humerus as stated on the medical report.

My pillion suffered slight scratches on his right hand and left ankle and left knee as well.

On 07/09/2018, I received photos of my damaged bike and the other riders bike from a witness who claimed he was there at the point of time. His contact number is 9380 9525.

Afterwhich, I decided to lodge a police report. I wish to state that I did not manage to take the other rider's and his pillion's particulars



**SINGAPORE  
POLICE FORCE**



T/20180907/2127

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapor Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20180907/2127

**CONTINUATION OF REPORT**



SINGAPORE  
POLICE FORCE



T/20180907/2127

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapor Road SINGAPORE  
208678  
Tel No: 1800-2949999

4 of 4

Report No. T/20180907/2127

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:

A /

Sgt 2 LOW ZI HAO

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI NORASHIKIN BINTE DAUD 12

Contact No.: 65476439

Authentication Stamp

NP168


Signature Of Informant:

Date/Time:

07/09/2018 19:31

Classification Of Case:

**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number **S2725332F**  
 Name  
**ABDUL SALAM MUPTHAJUDEEN**  
 Birth Date: 05 Jan 1957  
 Issue Date: 19 Jul 2004

001260694C

**REPUBLIC OF SINGAPORE**


 IDENTITY CARD NO. **S2725332F**  
 Name  
**ABDUL SALAM MUPTHAJUDEEN**  
 அ சலாம் முப்தாஜுதீன்  
 Race  
**INDIAN**  
 Date of birth  
**05-01-1957** Sex  
**M**  
 Country of birth  
**INDIA**

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

		PAAS DATE
Class 2B	Motorcycles not exceeding 200 cc	11 Nov 1997
Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	11 Nov 1997

NP 428A

Licence No: S2725332F

4253114


 NRIC No. **S2725332F**  

 Date of issue  
**23-07-2008**  
 Address  
**APT BLK 467 NORTH BRIDGE ROAD  
 #12-5053  
 SINGAPORE 190467**

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"/>	5060337827-05		ABDUL NASSER S/O BASHEER AHAMAD	S1841445G	GMC	Third Party	FR1564S	FR1564S	10/06/2018	09/06/2019

## Claim Handling

Accident MT/1013474

Policy No.	5060337827-05	Vehicle No.	FR1564S	GST Registration No.	
Certificate No.					
Policyholder Name	ABDUL NASSER S/O BASHEER AHAMAD			Policyholder NRIC	S1841
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	97124562	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(%)	20	Private Hire	No
<b>Accident Details</b>					
Report Date	28/09/2018 15:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	06/09/2018	Time of Accident hh:mm	20:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEACH RD INFRONT GOLDEN MILE FOOD CENTRE				
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 957 #09-278	Address 2	HOUANG STREET 91	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	53095
Unit No.		Related Policy Number	5060337827-05		
<b>OI Driver Info</b>					
Driver Name	ABDUL SALAM MUPTHAJUDEEN	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S2725332F	Driver DOB	05/01/
Register Date of Driver License	11/11/1997	Driver Age	61	Driving Experience	20
Contact No.(Mobile)	97762237	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 467 #12-5053	Address 2	NORTH BRIDGE ROAD	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	19046
Unit No.	12-5053				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ABDUL NASSER S/O BASHEER AHAMAD
Contact No.(Mobile)	97124562	Contact No. (Home)	63875373
Email Address	ogbooks@singnet.com.sg	OI Vehicle Number	FR1564S
Claim Description	FR1564S / FBK2131K ON 6 Sept 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			
<input type="checkbox"/> Print AK letter			

Save Submit

## Attachment

Accident No.	MT/1013474	Claim No.	001
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Last Doc. Received

Yes No

Upload Date

28/09/2018 15:48

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

Clear

Clear

Clear

Clear

Clear

Category \*

Confidential

Urgency \*

Please Select	NO	Normal
Please Select	NO	Normal
Please Select	NO	Normal
Please Select	NO	Normal
Please Select	NO	Normal
Please Select	NO	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 15:48	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 15:48	SAS	Normal	SAS 2018-9-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 15:48	Photos	Normal	Photos 2018-9-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 15:48	Photos	Normal	Photos 2018-9-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 15:48	Photos	Normal	Photos 2018-9-28
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 15:48	Photos	Normal	Photos 2018-9-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 15:48	Photos	Normal	Photos 2018-9-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 15:47	Photos	Normal	Photos 2018-9-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 15:47	Photos	Normal	Photos 2018-9-28
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 15:47	Photos	Normal	Photos 2018-9-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 15:47	Photos	Normal	Photos 2018-9-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 15:47	Photos	Normal	Photos 2018-9-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 15:47	Photos	Normal	Photos 2018-9-28

## Video List

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

Scan and uploading