

Date In: 5/10/18 15:52	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC18018118/164.	E-mail (within 2hrs, A/C 2hrs)		
Veh No: PC 29710	i-Motor Claim Form	MT/1014489001	5/10/18 16:42.
IP: 5/10/18 05:15	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> Reporting Only	i-Photo Uploaded		
IP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

IP Particulars: Veh No: SJN 6348R. 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%, 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

MA 18-6364

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

- AR: Accident Reporting (\$30);
- DA: Damage Assessment (\$100); INC (\$80)
- TF: Towing Fee \$40/\$45
- FT: Follow-Through Survey \$120
- FT: Follow-Through Survey (Resurvey) \$30
- TR: Re-inspection \$75
- NI: Idan DA + SMRT Survey \$160
- NTUC Additional Services:-
- QD*
- *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
- N12: Idan Mobile \$0

Amr (\$) Add Bill

30.00

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 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. 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	05/10/2018 15:52
Date Of Accident	05/10/2018 05:15
Exact Location Of Accident	ALONG TPE TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2971D
Insured/Policyholder	
Name Of Registered Owner	MIRAGE VISION
Co Reg No	53386482L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91814326

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE COMMUTER GL 3.0 A
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	5103649908
Cover Note Number	-

Driver

Name of Driver	MUHAMMAD HAMZAH BIN AMIR
NRIC No	S8105156I
Date Of Birth	24/02/1981
Occupation	OUTDOOR
Date Of Driving Pass	12/12/2008
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91814326
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 606 BEDOK RESERVOIR RD #02-730
Postcode	470606
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 - CHANGE/CROSS LANE
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	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
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	SJN6348R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LO JING POH
NRIC/Passport Number	
Contact Number	93675868
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD HAMZAH BIN AMIR
Approximate Age	
Injuries Sustain	BACK
Injured person in which vehicle?	PC2971D
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.

MIRAGE VISION
Reg No : 53386482L

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 = PC 2971 D.
B = SJN 6348 R.

TPE twn's PIE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

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

MIRAGE VISION

Reg No. 53386482L

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.:



**SINGAPORE
POLICE FORCE**



T/20181005/2032

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 4

Report No. T/20181005/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/10/2018 11:35	Vide Report No.:	Station Diary No.: 34
--	------------------	--------------------------

Informant's Particulars

Name of Informant: MUHAMMAD HAMZAH BIN AMIR			Address: APT BLK 606 BEDOK RESERVOIR ROAD #02-730 SINGAPORE 470606		
ID Type / ID No.: NRIC NO / S8105156I			Contact No.: Home/Office: Mobile: 91814326		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 24/02/1981	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/10/2018 05:15	Type of Location: Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY ALONG TPE towards PIE.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
PC2971D	Bus/Coach/Mi nibus				Slightly Damaged	0
SJN6348R	Car				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/20181005/2032

2 of 4

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

Report No. T/20181005/2032

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD HAMZAH BIN AMIR	ID No.	S8105156I
Related Vehicle	PC2971D (Bus/Coach/Minibus)	Contact No.	91814326
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Lo Jing Poh	ID No.	S9526560Z
Related Vehicle	SJN6348R (Car)	Contact No.	93675868
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 the 5/10/2018 at about 5:15am, I was driving (V1: PC2971D) along TPE heading towards PIE at the extreme left lane. Suddenly, I heard screeching sound coming from the back. I made a check from my mirror and as I turned around I saw a vehicle (V2: SJN6348R) coming towards my direction from the first or second lane. I do not recall the exact lane was he coming from.

I saw V2 was trying to avoid a collision from the motorbike in front of him. Thus, he turned his car towards my direction. V2 front left collided with V1 right side of the vehicle.

V1 sustain damages on the right side of the vehicle, there was dents and scratches. V2 left side of the car sustained dents and scratches as well.

The paramedic and Traffic Police came to attend to us, however, no one was conveyed to the hospital. I wish to state that I have sustain back injury and I was given 3 days of medical leave.

Particular of V2 (SJN6348R) owner:

S9526560Z

Lo Jing Poh

Hp: 93675868



**SINGAPORE
POLICE FORCE**



T/20181005/2032

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 4

Report No. T/20181005/2032

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20181005/2032

4 of 4

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20181005/2032

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:

G /

Sgt 2 LIM YA HUI

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

05/10/2018 11:35

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S81051561**



Name
MUHAMMAD HAMZAH BIN AMIR

Race
MALAY

Date of birth
24-02-1981

Country of birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S81051561**

Name
MUHAMMAD HAMZAH BIN AMIR

Birth Date **24 Feb 1981**

Issue Date **05 Aug 2006**

001436711D

Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S81051561**

Name: **MUHAMMAD HAMZAH BIN AMIR**

Issue Date: **23/8/2016**

Please visit www.lta.gov.sg to check the status of this vocational licence

3921493



NRIC No. **S81051561**



Date of issue
03-08-2006

APT BLK 606 BEDOK RESERVOIR ROAD #02-730
SINGAPORE 470606

Issue No: **S81051561** Date: **24/11/2010** No: **6028524**


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	PASS DATE
Class 2B	Motorcycles < 200 cc	30 Dec 15
Class 2A	Motorcycles between 201 cc and 400 cc	28 Jun 20
Class 2	Motorcycles > 400 cc	02 Jul 25
Class 4	motor Cars including with passengers, exclusive of the driver; and other motor vehicles < 2500kg	05 Aug 2006

Licence No: **S81051561**

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	12/12/2008
04	BUS ATTENDANT	12/12/2008



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"/>	5103649908		MIRAGE VISION	53386482L	GBS	Comprehensive	PC2971D	PC2971D	11/09/2018	10/09/2019

Claim Handling

Accident MT/1014489

Policy No.	S103649908	Vehicle No.	PC2971D	GST Registration No.	
Certificate No.					
Policyholder Name	MIRAGE VISION			Policyholder NRIC	533864
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	91814326	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	No
Accident Details					
Report Date	05/10/2018 16:35	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	05/10/2018	Time of Accident hh:mm	05:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG TPE TWDS PIE				
Excess					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	500.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	3,000.00	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 833 #02-26	Address 2	TAMPINES STREET 83	Address 3	TAMPINES
Address 4	SINGAPORE 520833	Address Type	Singapore address	Post Code	520833
Unit No.	02-26	Related Policy Number	S103649908		
O1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUHAMMAD HAMZAH BIN AMIR	Driver NRIC	S81051561	Driver DOB	24/02/1980
Register Date of Driver License	12/12/2008	Driver Age	37	Driving Experience	9
Contact No.(Mobile)	91814326	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 606 #02-730	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS
Address 4	SINGAPORE 470606	Address Type	Singapore address	Post Code	470606
Unit No.	02-730				
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	MIRAGE VISION
Contact No.(Mobile)		Contact No.(Home)	NIL
Email Address		O1 Vehicle Number	PC2971D
Claim Description	PC2971D / S3N6348R ON 5 Oct 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	05/10/2018 16:41
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1014489	Claim No.	001
--------------	------------	-----------	-----

Last Doc. Received

Yes No

Upload Date

05/10/2018 16:42

Path *

Category *

Confidential

Urgency *

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 Please Select NO Normal

Clear Please Select NO Normal

Clear Please Select 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) 05 Oct 2018 16:42	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2018 16:42	SAS	Normal	SAS 2018-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2018 16:42	Photos	Normal	Photos 2018-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2018 16:42	Photos	Normal	Photos 2018-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2018 16:42	Photos	Normal	Photos 2018-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2018 16:42	Photos	Normal	Photos 2018-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2018 16:42	Photos	Normal	Photos 2018-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2018 16:42	Photos	Normal	Photos 2018-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2018 16:42	Photos	Normal	Photos 2018-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2018 16:42	Photos	Normal	Photos 2018-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2018 16:42	Photos	Normal	Photos 2018-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2018 16:41	Photos	Normal	Photos 2018-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2018 16:41	Photos	Normal	Photos 2018-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2018 16:41	Photos	Normal	Photos 2018-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2018 16:41	Photos	Normal	Photos 2018-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2018 16:41	Photos	Normal	Photos 2018-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2018 16:41	Photos	Normal	Photos 2018-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2018 16:41	Photos	Normal	Photos 2018-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2018 16:41	Photos	Normal	Photos 2018-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2018 16:41	Photos	Normal	Photos 2018-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2018 16:41	Photos	Normal	Photos 2018-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2018 16:41	Photos	Normal	Photos 2018-10-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2018 16:41	Photos	Normal	Photos 2018-10-5

Video List

Uploaded By/Date Folder Date File Name Source

Display in New Window

Scan and uploading