

NATIONAL Assessment Centre Services

Part 1 JAC009

MA 118131074

Date In: 9/10/18 16:11	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC18018279/64	E-mail (within 2hrs, A/C 2hrs)		
Veh No: FBG 12042	i-Motor Claim Form	MT/1015017-001	10/10/18 09:00
D.O.A: 9/10/18 09:20	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> Reporting Only	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 1996P	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 repaler.

() 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

MA1806442	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	70.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: 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)		
Ref 1:	6) TR: Re-inspection \$75		
Ref 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 (N'n 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 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	09/10/2018 16:11
Date Of Accident	09/10/2018 09:20
Exact Location Of Accident	TUAS ROUNDABOUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG1204L
Insured/Policyholder	
Name Of Registered Owner	LIM SAN HOON
NRIC No	S1172067F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92317056
Alternative Phone No	OFFICE-92317056

Vehicle Particulars

Manufacturer	PIAGGIO
Model	VESPA PX 150
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5058989919-05
Cover Note Number	-

Driver

Name of Driver	LIM SAN HOON
NRIC No	S1172067F
Date Of Birth	19/01/1956
Occupation	OUTDOOR
Date Of Driving Pass	05/10/1979
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92317056
Fax Number	
Contact Number	OFFICE-92317056
Email Address	NOEMAIL

Address	BLK 277 TOH GUAN RD #06-171
Postcode	600277
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 - ROUNDABOUT
Weather Conditions	RAINING
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - 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	XD1996P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHEW
NRIC/Passport Number	G7606936R
Contact Number	84301033
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LIM SAN HOON
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBG1204L
Were seat belts worn?	
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.:

Tras Rd.

B

A

Tras Roundabout

A = FBG.1204 L

B = XD 1996 P

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/20181009/2104

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20181009/2104

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
09/10/2018 15:10

Vide Report No.:

Station Diary No.:

Informant's Particulars

Name of Informant: LIM SAN HOON			Address: APT BLK 277 TOH GUAN ROAD #06-171 TOH GUAN VIEW SINGAPORE 600277		
ID Type / ID No.: NRIC NO / S1172067F			Contact No.:		
Nationality: SINGAPORE CITIZEN			Home/Office:		Mobile: 92317056
Email:					
Sex: Male	Age: 62	Date of Birth: 19/01/1956	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Crane operator (port)			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive:	No	Date/Time of Accident:	09/10/2018 09:20	Type of Location:
Location: Along Road 1 TUAS STREET ROUNDAABOUT OF STREET 41						
Weather: Raining		Road Surface: Wet		Road Speed Limit:		
Traffic Flow:		Traffic Control:		Traffic Volume:		
Type of Collision:						Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG1204L	Motorcycle	PIAGGIO	VESPA PX 150	Blue		0
XD1996P	Lorry	SCANIA	P380CB8X4 MHZ			0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG1204L	NTUC Income Insurance Co-Operative Limited	5058989919-05	26/03/2018	25/03/2019



**SINGAPORE
POLICE FORCE**



T/20181009/2104

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Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181009/2104

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LIM SAN HOON	ID No.	S1172067F
Related Vehicle	FBG1204L (Motorcycle)	Contact No.	92317056
Hospital/Clinic	LIGHTHOUSE CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	NIL
Driver			
Name	CHEW	ID No.	G7606936R
Related Vehicle	XD1996P (Lorry)	Contact No.	84301033
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.

AT STATED DATE, TIME AND LOCATION,
I WAS AT THE ROUNDABOUT AT STREET 41 HEADING TO TUAS ROAD. AS I WAS HEADING STRAIGHT, A LORRY DID NOT STOP AT THE GIVE WAY LINE AND PROCEEDED WITHOUT STOPPING. I SOUNDED MY HORN TO SIGNAL TO THE LORRY DRIVER BUT HE STILL DID NOT STOP. I TRIED TO BRAKE AND AVOID THE LORRY BUT DID NOT MANAGE TO STOP IN TIME. TO AVOID DIRECT CONTACT, I FOLLOWED THE FLOW OF THE LORRY BUT HE SIDE SWIPE ME AND CAUSED ME TO LOSS BALANCE OF THE BIKE AND CAUSED ME TO FELL OF THE BIKE. THE LORRY DRIVER DID NOT NOTICE THAT HE HAD HIT ONTO ME UNTIL THE MOMENT I HAD FALLEN TO THE GROUND. SOME OF THE PASSER BY ASK ME WHETHER I NEED TO CALL FOR POLICE, BUT I TOLD THEM THAT I COULD STILL WALK AND ITS NOT NECESSARY TO CALL FOR THE POLICE. I JUST TO THEM THAT I WOULD BE MAKING A POLICE REPORT.



**SINGAPORE
POLICE FORCE**



T/20181009/2104

3 of 3

Report No. T/20181009/2104

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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:
TP /
MOHAMED ANWAR BIN MOHAMED IBRAHIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
09/10/2018 15:10

Classification Of Case:

Ar

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S 1172067F**


Name
LIM SAN HOON

Birth Date **19 Jan 1956**
Issue Date **07 Mar 2003**

 000273759D

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1172067F



Name
LIM SAN HOON

Race
CHINESE

Date of Birth **19-01-1956** Sex **M**

Country of Birth
SINGAPORE

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	05 Oct 1979
Class 2A Motorcycles between 201 cc and 400 cc	05 Oct 1979
Class 2 Motorcycles exceeding 400 cc	05 Oct 1979
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	29 Mar 1976
Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	15 Apr 1977
Class 5 Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	19 Apr 1979

Licence No: S1172067F

NP 42RA

 0914832



NRIC No. **S1172067F**

Blood Group **B+** Date of Issue **23-04-1993**

801 BLK 277 TOH GUAN ROAD #08-171
SINGAPORE 400277

NRIC No: **S1172067F** Date: **23-04-1993** No: **9375441**

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

09/10/2018 15:59

Vehicle No.(For Motor)

FBG1204L

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"/>	5058989919-05		LIM SAN HOON	S1172067F	GMC	Third Party, Fire & Theft	FBG1204L	FBG1204L	26/03/2018	25/03/2019

Claim Handling

Accident MT/1015017

Policy No.	5058989919-05	Vehicle No.	FBG1204L	GST Registration No.	
Certificate No.					
Policyholder Name	LIM SAN HOON			Policyholder NRIC	S11721
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	92317056	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(%)	15	Private Hire	No
Accident Details					
Report Date	10/10/2018 08:51	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	09/10/2018	Time of Accident hh:mm	09:20	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	TUAS ROUNDABOUT				
Excess					
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			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 277 #06-171	Address 2	TOH GUAN ROAD	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	60027
Unit No.		Related Policy Number	5058989919-05		
OI Driver Info					
Driver Name	LIM SAN HOON	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1172067F	Driver DOB	19/01/
Register Date of Driver License	05/10/1979	Driver Age	62	Driving Experience	39
Contact No.(Mobile)	92317056	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 277 #06-171	Address 2	TOH GUAN ROAD	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	60027
Unit No.					
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 checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LIM SAN HOON
Contact No.(Mobile)	92317056	Contact No. (Home)	68998496
Email Address		Vehicle Number	FBG1204L
Claim Description	FBG1204L / XD1996P ON 9 Oct 2018		
Preferred Workshop	Insured Liability	Not at Fault	
Workshop No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	Received		
Report Taken By	10/10/2018 08:58	Claim Close Date	
	LIEW SHAN HUI		
<input checked="" type="checkbox"/> Print AK letter			
Save Submit			

Attachment

Accident No.	MT/1015017	Claim No.	001
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Last Doc. Received

Yes No

Upload Date

10/10/2018 09:00

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 *
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 10 Oct 2018 09:00	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2018 09:00	SAS	Normal	SAS 2018-10-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2018 09:00	Photos	Normal	Photos 2018-10-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2018 09:00	Photos	Normal	Photos 2018-10-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2018 09:00	Photos	Normal	Photos 2018-10-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2018 09:00	Photos	Normal	Photos 2018-10-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2018 08:59	Photos	Normal	Photos 2018-10-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2018 08:59	Photos	Normal	Photos 2018-10-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2018 08:59	Photos	Normal	Photos 2018-10-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2018 08:59	Photos	Normal	Photos 2018-10-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2018 08:59	Photos	Normal	Photos 2018-10-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2018 08:58	Photos	Normal	Photos 2018-10-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2018 08:58	Photos	Normal	Photos 2018-10-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2018 08:58	Photos	Normal	Photos 2018-10-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2018 08:58	Photos	Normal	Photos 2018-10-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2018 08:58	Photos	Normal	Photos 2018-10-10
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 10 Oct 2018 08:58	Photos	Normal	Photos 2018-10-10

Video List

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