

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MMA 118135616.

Date In: 19/10/18 09:41	Job description	Date & Time Completed	Done by
Ref No: NA/INC18019000/h4.	SAS e-filing		
Veh No: SLW 108 K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 18/10/18 00:30	i-Motor Claim Form	MT/1016274-001	19/10/18 10:11
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SGF 4489H.	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

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
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		
Ref 1:	For claiming against INC Only (wef 10 Jan 2005)		
Ref 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*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: Idao 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	19/10/2018 09:41
Date Of Accident	18/10/2018 00:30
Exact Location Of Accident	ANG MO KIO AVE 1 TOWARD CTE BEFORE ANG MO KIO AVE6
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLW108K
Insured/Policyholder	
Name Of Registered Owner	SATHIVEL S/O ANGUDAN
NRIC No	S7803868C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87310999
Alternative Phone No	OTHERS-87310999
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C230
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091124869-01
Cover Note Number	-
Driver	
Name of Driver	SHANITHA RUCHIRASHIL D/O N SUPPIAH
NRIC No	S7819406E
Date Of Birth	08/07/1978
Occupation	INDOOR
Date Of Driving Pass	25/07/2003
Driving Experience	15 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92297995
Fax Number	
Contact Number	OTHERS-92297995
Email Address	NOEMAIL

Address	BLK 9 MARSILING DRIVE #16-40
Postcode	730009
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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)	2
Passenger 1	NAME: : SATHIVEL S/O ANGUDAN 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

PLEASE REFER TO ATTACHED STATEMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGF4489H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	IGNATINS YAM WEI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name SATHIVEL S/O ANGUDAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLW108K

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name SHANITHA RUCHIRASHIL D/O N SUPPIAH

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLW108K

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

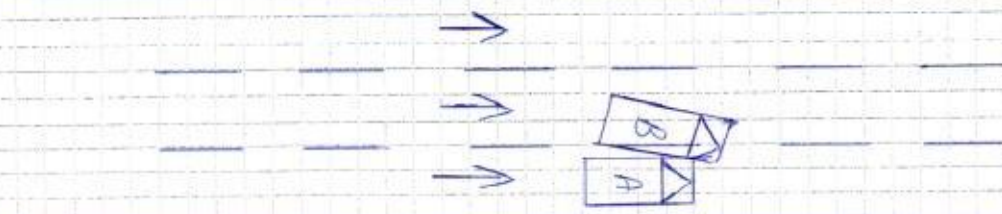
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

(A) SLW 108K
(B) SGF 4489H



Ang Mo Kio Ave 1 towards CTE
before Ang Mo Kio Ave 6

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/10/18 at @ 0030 hrs, I was travelling in my vehicle (SLW 108K) along Ang Mo Kio Ave 1 towards the direction of CTE before Ang Mo Kio Ave 6 on the extreme right lane, travelling straight. Suddenly, a vehicle (SGF 4489H) on the centre lane cut into my lane and collided onto the left portion of my vehicle.

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:
NIDP/CRS No.:

Vehicle No.	SLW 108 K	Model / Make	Mec. C230
Date of Accident	18 / 10 / 18		
Time of Accident	0030 HRS		
Location of Accident	Ang Mo Kio Ave 1 towards CTE before Ang Mo Kio Ave 6.		
Exact purpose use during accident	Private Used.		
Name of Owner	Sathivel s/o Angudan		
Telephone No.	H/P: 87310999	Home:	Office:
NRIC	S7803868C		
Address	BLK 440, Ang Mo Kio Ave 10 #05-1309 (S) S60440		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NJUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5091124869-01		
Name of Driver	As Above If No, Shanitha Ruchirashil d/o N Supprah		
NRIC	S7819406E	Any Passengers:	01 (M)
Date of birth	08 / 07 / 1978		
Occupation	Outdoor / Indoor		
Driving License Pass Date	25 / 07 / 2003		
Gender	Male / Female		
Contact No.	H/P: 9229 7995	Home:	Office:
Address	BLK 9, Marsden Drive #16-40 (S) 730009		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state Friend		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.	Sathivel s/o Angudan (H/P: 87310999)		
Name And Contact No.	Shanitha Ruchirashil d/o N Supprah (H/P: 9229 7995)		
Police Report	No, If Yes, Where?		
Vehicle B No.	SGF 4489 H	Any Passengers:	01 (F)
Name of Driver	Ignatius Yam Wei	Contact No.:	
Vehicle C No.		Any Passengers:	
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	Left Side		
Camera Recorder	Yes / No		
Email Address	hanitha-86@hotmail.com		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?	Yes / No		
PARTICULAR WORKSHOP	Twincat		
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: **S7819406E**

Name:

**SHANITHA RUCHIRASHIL D/O
N SUPPIAH**

Birth Date: **08 Jul 1978**

Issue Date: **25 Jul 2003**



000684039B

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7819406E**



Name

**SHANITHA RUCHIRASHIL D/O
N SUPPIAH**

Race

INDIAN

Date of Birth

08-07-1978

Sex

F

Country of Birth

SINGAPORE



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

Class 3

**Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms**

PASS DATE

25 Jul 2003

MP 428A



Licence No: S7



3178564

NRIC No. **S7819406E**



Blood Group

O+

Date of issue

31-07-2000

**APT BLK 9 MARSILING DRIVE #16-40
SINGAPORE 730009**

NRIC No. **S7819406E**

Date: **15/06/2016 (R)**

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: 5091124869-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLW108K**
 Chassis Number : **WDD2040522A140047**
2. Name of Policyholder : **SATHIVEL S/O ANGUDAN**
3. Effective Date of Insurance : **12 Jun 2018**
4. Expiry Date of Insurance : **11 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: SATHIVEL S/O ANGUDAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: ESPRIT MOTOR TRADING
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : LQ INSURANCE AGENCY PTE LTD (00000613125)
 Date of Issue : 11 Jun 2018 16:38 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1016274

Policy No.	5091124869-01	Vehicle No.	SLW108K	GST Registration No.	
Certificate No.					
Policyholder Name	SATHIVEL S/O ANGUDAN			Policyholder NRIC	S78031
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	87310999	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	No
Accident Details					
Report Date	19/10/2018 10:08	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	18/10/2018	Time of Accident hh:mm	00:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	ANG MO KIO AVE 1 TOWARD CTE BEFORE ANG MO KIO AVE6				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00		
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 440 #05-1309	Address 2	ANG MO KIO AVE 10	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	56044
Unit No.		Related Policy Number	5091124869-01		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SHANITHA RUCHIRASHIL D/O N	Driver NRIC	S7819406E	Driver DOB	08/07/
Register Date of Driver License	25/07/2003	Driver Age	40	Driving Experience	15
Contact No.(Mobile)	92297995	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 9 #16-40	Address 2	MARSILING DRIVE	Address 3	MARSI
Address 4	SINGAPORE 730009	Address Type	Singapore address	Post Code	73000
Unit No.	16-40				
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input checked="" type="radio"/>	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	SATHIVEL S/O ANGUDAN
Contact No.(Mobile)		Contact No. (Home)	64567253
Email Address		OI Vehicle Number	SLW108K
Claim Description	SLW108K / SGF4489H ON 18 Oct 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered		Received	
Report Taken By		19/10/2018 10:11	Claim Close Date
		LIEW SHAN HUI	
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. MT/1016274

Claim No. 001

Last Doc. Received

☒ Yes ☐ No

Upload Date

19/10/2018 10:11

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](#)

Category *

Confidential

Urgency *

[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) o 19 Oct 2018 10:11	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Oct 2018 10:11	SAS	Normal	SAS 2018-10-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Oct 2018 10:11	Photos	Normal	Photos 2018-10-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Oct 2018 10:11	Photos	Normal	Photos 2018-10-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Oct 2018 10:11	Photos	Normal	Photos 2018-10-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Oct 2018 10:11	Photos	Normal	Photos 2018-10-19
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Oct 2018 10:11	Photos	Normal	Photos 2018-10-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Oct 2018 10:11	Photos	Normal	Photos 2018-10-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Oct 2018 10:11	Photos	Normal	Photos 2018-10-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Oct 2018 10:11	Photos	Normal	Photos 2018-10-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Oct 2018 10:11	Photos	Normal	Photos 2018-10-19

Video List

Uploaded By/Date	Folder Date	File Name	Source
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