

# NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA 11F13F389.

Date In: 24/10/18 17:14.	Job description	Date & Time Completed	Done by
Ref No: <del>FBM</del> NA/INC 18019377	SAS e-filing		
Veh No: FBM 2F27B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/10/18 12:50.	i-Motor Claim Form	MT/1017074-001	25/10/18 10:13
OD / TP: 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: SLT 34232.	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

MNA 1806878

Claimant's Particulars:	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11) against INC \$20		
	9) N12: Idao Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Ref. 1:

Ref. 2/3:



## 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	24/10/2018 17:14
Date Of Accident	24/10/2018 12:50
Exact Location Of Accident	AMOY ST 53 NEAR TEMPLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM2827B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM SOON KIAT
NRIC No	S1124965E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91721739
Alternative Phone No	OFFICE-91721739

### Vehicle Particulars

Manufacturer	HONDA
Model	FS150F
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
Fleet Policy	NO
Policy Number	5102977252
Cover Note Number	-

### Driver

Name of Driver	LIM SOON KIAT
NRIC No	S1124965E
Date Of Birth	17/07/1955
Occupation	OUTDOOR
Date Of Driving Pass	28/01/1980
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91721739
Fax Number	
Contact Number	OFFICE-91721739
Email Address	NOEMAIL

Address	BLK 92A PIPIT RD #06-91
Postcode	371092
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 - OPENING DOOR OF VEHICLE
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	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
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	SLJ3423Z
Vehicle Make/Model/Colour	NOT ACCURATE
Details Of Properties	
Vehicle Category	PRIVATE CAR
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

LIM SOON KIAT

Approximate Age

Injuries Sustain

CUTS & ABRASION ON BOTH ARMS AND LEGS

Injured person in which vehicle?

FBM2827B

Were seat belts worn?

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.
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.:

# SKETCH PLAN

A = FBM 2827 D

B = SLJ 3423 E

Amoy street 53 near temple

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

## 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:  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20181024/2092

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

1 of 4

Report No. T/20181024/2092

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/10/2018 14:57	Vide Report No.:	Station Diary No.: 27
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: LIM SOON KIAT	Address: APT BLK 92A PIPIT ROAD #06-91 SINGAPORE 371092
ID Type / ID No.: NRIC NO / S1124965E	Contact No.: Home/Office: Mobile: 91721739
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 63 Date of Birth: 17/07/1955	Type of Informant: Rider
Race: Chinese	Language: Institution / School Name:
Occupation: DELIVERY MAN	Driving Licence Information: Class: Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/10/2018 12:50	Type of Location: Straight Road
Location: Along Road 1 AMOY STREET  AMOY STREET 53, NEAR A TEMPLE				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume:		
Type of Collision: LEFT PASSENGER DOOR HIT MOTORCYCLE				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM2827B	Motorcycle	HONDA	FS150F	Red	Slightly Damaged	0
SLJ3423Z (Not Accurate)	Car				No Damage	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM2827B	NTUC Income Insurance Co-Operative Limited	5102977252	08/09/2018	07/09/2019





**SINGAPORE  
POLICE FORCE**



T/20181024/2092

2 of 4

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

Report No. T/20181024/2092

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	LIM SOON KIAT	ID No.	S1124965E
Related Vehicle	FBM2827B (Motorcycle)	Contact No.	91721739
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	Slight
<b>Driver</b>			
Name	JOSEPH TAY	ID No.	NIL
Related Vehicle	SLJ3423Z (Car)	Contact No.	NIL
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 24/10/18 at around 1250hrs, I was travelling in my motorcycle (FBM2827B) as I was sending some goods. I was riding in a one way, one lane road when I was approaching a vehicle (SLJ3423Z) that was stationary. I wanted to overtake and as such, I went over to the left side of the vehicle as there was ample space for me to do so. When I was approaching near the vehicle, I suddenly saw the left rear passenger side door open and the door hit onto me which caused my vehicle to fall over and eventually I fell down as well.

I sustained several cuts and abrasions on both my arms and legs due to this. I later then found that one female passenger alighted from the vehicle and she informed me she did not properly check her surrounding and apologized to me. She also informed me that she took a grab car however after the incident, she closed the door and the driver drove off immediately without helping me. I am not sure if the driver is aware regarding this incident. There was no police or ambulance at scene as well and I will be seeking medical attention after I lodge this report.

Female passenger details:  
Flora  
9170 7068

Driver name:  
Joseph Tan





**SINGAPORE  
POLICE FORCE**



T/20181024/2092

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

3 of 4

Report No. T/20181024/2092

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20181024/2092

4 of 4

Report No. T/20181024/2092




Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

**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 CHANG JUN KAI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 24/10/2018 14:57
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219 	Classification Of Case:
Authentication Stamp NP168	



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1124965E



Name  
LIM SOON KIAT

林 順 吉

Race  
CHINESE

Date of birth  
17-07-1955

Sex  
M

Country of birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1124965E

Name  
LIM SOON KIAT

Birth Date: 17 Jul 1955

Issue Date: 05 Sep 2017




002720577E

4065074




NRIC No. S1124965E

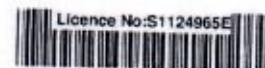
Date of issue  
13-06-2007

Address  
APT BLK 92A PIPIT ROAD  
#06-91  
SINGAPORE 371092

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	28 Jan 1980
Class 2A	Motorcycles between 201 cc and 400 cc	28 Jan 1980
Class 2	Motorcycles > 400 cc	28 Jan 1980
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	18 Nov 1976

NP 428A



## 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 : 5102977252

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: FBM2827B

Chassis Number

: PMKKC27A0H8004329

2. Name of Policyholder

: LIM SOON KIAT

3. Effective Date of Insurance

: 08 Sep 2018

4. Expiry Date of Insurance

: 07 Sep 2019

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: LIM SOON KIAT
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : LEE CHIA ERN (00000602555)

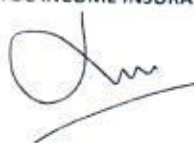
Date of Issue : 08 Aug 2018 16:50 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## Claim Handling

Accident MT/1017074

Policy No.	5102977252	Vehicle No.	FBM2827B	GST Registration No.	
Certificate No.					
Policyholder Name	LIM SOON KIAT			Policyholder NRIC	S11245
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	91721739	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(%)	10	Private Hire	No
<b>Accident Details</b>					
Report Date	25/10/2018 10:06	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	24/10/2018	Time of Accident hh:mm	12:50	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	AMDY ST 53 NEAR TEMPLE				
<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 Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 92-A #06-91	Address 2	PIPI ROAD	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	37109
Unit No.		Related Policy Number	5102977252		
<b>01 Driver Info</b>					
Driver Name	LIM SOON KIAT	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1124965E	Driver DOB	17/07/
Register Date of Driver License	28/01/1980	Driver Age	63	Driving Experience	38
Contact No.(Mobile)	91721739	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 92-A #06-91	Address 2	PIPI ROAD	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	37109
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
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 SOON KIAT
Contact No.(Mobile)	91721739	Contact No. (Home)	68425257
Email Address		Vehicle Number	FBM2827B
Claim Description	FBM2827B / SLJ3423Z ON 24 Oct 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	25/10/2018 10:12
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

## Attachment

Accident No. MT/1017074

Claim No. 001

Last Doc. Received

Yes No

Upload Date

25/10/2018 10:13

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 *
	Please Select	NO	Normal
Clear	Please Select	NO	Normal
	Please Select	NO	Normal
Clear	Please Select	NO	Normal
	Please Select	NO	Normal
Clear	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 25 Oct 2018 10:13	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Oct 2018 10:13	SAS	Normal	SAS 2018-10-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Oct 2018 10:13	Photos	Normal	Photos 2018-10-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Oct 2018 10:13	Photos	Normal	Photos 2018-10-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Oct 2018 10:13	Photos	Normal	Photos 2018-10-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Oct 2018 10:12	Photos	Normal	Photos 2018-10-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Oct 2018 10:12	Photos	Normal	Photos 2018-10-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Oct 2018 10:12	Photos	Normal	Photos 2018-10-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Oct 2018 10:12	Photos	Normal	Photos 2018-10-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Oct 2018 10:12	Photos	Normal	Photos 2018-10-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Oct 2018 10:12	Photos	Normal	Photos 2018-10-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Oct 2018 10:12	Photos	Normal	Photos 2018-10-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Oct 2018 10:12	Photos	Normal	Photos 2018-10-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Oct 2018 10:12	Photos	Normal	Photos 2018-10-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Oct 2018 10:12	Photos	Normal	Photos 2018-10-25

Video List

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