

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MHA 118139254.

Date In: 26/10/18 15:23	Job description	Date & Time Completed	Done by
Ref No: NAI INC 18019531/64.	SAS e-filing		
Veh No: FBL 446K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 19/10/18 19:15.	i-Motor Claim Form	MT/1017386-001	27/10/18 10:12.
OD / <input checked="" type="radio"/> / 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: SJ6 8036P.	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:	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

NAI 806943	Invoice Preparation Checklist	Amt (\$) Inc Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
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)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non 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 willful 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	26/10/2018 15:23
Date Of Accident	19/10/2018 19:15
Exact Location Of Accident	TOH GUAN RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBL446K
Insured/Policyholder	
Name Of Registered Owner	LEE GEOK HU
NRIC No	S1732008D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92215838
Alternative Phone No	OFFICE-92215838
Vehicle Particulars	
Manufacturer	KYMCO
Model	DOWNTOWN 200I
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090569775-01
Cover Note Number	-
Driver	
Name of Driver	LEE GEOK HU
NRIC No	S1732008D
Date Of Birth	26/04/1965
Occupation	INDOOR
Date Of Driving Pass	24/11/1984
Driving Experience	33 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92215838
Fax Number	
Contact Number	OFFICE-92215838
Email Address	NOEMAIL

Address	BLK 182 JELEBU RD #16-54
Postcode	670182
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 - 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)	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
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	SJG8036P
Vehicle Make/Model/Colour	
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	LEE GEOK HU
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBL446K
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.:

Tek. Guan. Rol.

A = FBL 446K
B = SJG 8036P.

BILK 285A - 285E

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.: _____

ACCIDENT STATEMENT

ACCIDENT DATE: (19 / 10 / 18) (DD/MM/YYYY), TIME: (19 : 15) (HH:MM)

LOCATION: Toh Guan Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL 446K
b) INSURANCE COMPANY: INC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use.
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Lee Geok Hu. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9221 5838.
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS _____)

b) ROAD SURFACE: (DRY / WET / OTHERS _____)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJG 8036P. MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Yes conveyed.

writing photo & license. Email = Lee-Geokhu@yahoo.com

fax =

video =



SINGAPORE POLICE FORCE



T/20181025/2067

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

1 of 3

Report No. T/20181025/2067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/10/2018 13:17	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LEE GEOK HU			Address: APT BLK 182 JELEBU ROAD #16-54 SINGAPORE 670182		
ID Type / ID No.: NRIC NO / S1732008D			Contact No.: Home/Office: Mobile: 92215838		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 26/04/1965	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Electrical engineering technician (general)			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/10/2018 19:15	Type of Location:
Location: Along Road 1 TOH GUAN ROAD				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL446K	Motorcycle	KYMCO	DOWNTOWN 200I	Black		0
SJG8036P	Car	TOYOTA	ALLION A1.5A			0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL446K	NTUC Income Insurance Co-Operative Limited	5090569775-01	16/05/2018	15/05/2019



**SINGAPORE
POLICE FORCE**



T/20181025/201

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

Report No. T/2018

CONTINUATION OF REPORT

Brief Details.

On 19/10/2018 at about 7:14 pm, I was along Toh Guan Rd where I met an accident. This vehicle 'SJG8036P' came out from the carpark and wanted to go out from the carpark Blk 285A-285E and turn right into Toh Guan Rd. I then collided onto the front right portion of his vehicle.

**SINGAPORE
POLICE FORCE**



T/20181025/2067

3 of 3

Report No. T/20181025/2067

Station Of Origin:
Police Division HQ
1 Avenue 3 SINGAPORE 408865
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 /
SEBASTIAN NG JING PEI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Insp TAN CHIN YONG
Contact No.: 65476178

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
25/10/2018 13:17

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1732008D



Name
LEE GEOK HU



李 玉 富

Race
CHINESE

Date of Birth
26-04-1965

Sex
M

Country of Birth
SINGAPORE

1527292



NRIC No. S1732008D



Blood Group
AB+

Date of issue
20-12-1993

APT BLK 182 JELEBU ROAD #16-54
SINGAPORE 670182

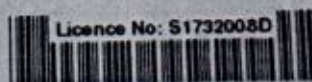
NRIC No: S1732008D

Date: 14/12/2001 (R)



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

	PASS DATE
Class 2B Motorcycles \leq 200 cc	24 Nov 1984
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	18 Jun 1983
4 *Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg	26 Jul 1986
*Motor vehicles which are not constructed to carry load and the unladen weight $<$ 7250kg	



Licence No: S1732008D

NP 428A

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="19/10/2018 13:47"/>							
Vehicle No.(For Motor)	<input type="text" value="FBL446K"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5090569775-01		LEE GEOK HU	S1732008D	GMC	Comprehensive	FBL446K	FBL446K	16/05/2018	15/05/2019
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1017386

Policy No.	5090569775-01	Vehicle No.	FBL446K	GST Registration No.	
Certificate No.					
Policyholder Name	LEE GEOK HU			Policyholder NRIC	S17320
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	92215838	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No
▼ Accident Details					
Report Date	27/10/2018 10:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	19/10/2018	Time of Accident hh:mm	19:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TOH GUAN RD				
▼ Excess					
Own damage Excess	300.00	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 Registration No.		GST Status Verified		Yes	
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 182 #16-54	Address 2	JELEBU ROAD	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	670181
Unit No.		Related Policy Number	5090569775-01		
▼ OI Driver Info					
Driver Name	LEE GEOK HU	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1732008D	Driver DOB	24/04/1957
Register Date of Driver License	01/01/1997	Driver Age	53	Driving Experience	21
Contact No.(Mobile)	92215838	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 182 #16-54	Address 2	JELEBU ROAD	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	670181
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	LEE GEOK HU
Contact No.(Mobile)	92215838	Contact No. (Home)	63143580
Email Address	geok-hu.lee@exxonmobil.com	OT Vehicle Number	FBL446K
Claim Description	FBL446K / SJG8036P ON 19 Oct 2018		
Preferred Workshop	Insured Liability	Not at Fault	
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			27/10/2018 10:10
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			
<div>Save Submit</div>			

Attachment

Accident No. MT/1017386 Claim No. 001

Last Doc: Received

Yes No

Upload Date

27/10/2018 10:12

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) o 27 Oct 2018 10:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 10:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 10:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 10:12	SAS	Normal	SAS 2018-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 10:12	Photos	Normal	Photos 2018-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 10:12	Photos	Normal	Photos 2018-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 10:12	Photos	Normal	Photos 2018-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 10:12	Photos	Normal	Photos 2018-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 10:11	Photos	Normal	Photos 2018-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 10:11	Photos	Normal	Photos 2018-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 10:11	Photos	Normal	Photos 2018-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 10:11	Photos	Normal	Photos 2018-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 10:11	Photos	Normal	Photos 2018-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 10:10	Photos	Normal	Photos 2018-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 10:10	Photos	Normal	Photos 2018-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 10:10	Photos	Normal	Photos 2018-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 10:10	Photos	Normal	Photos 2018-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 10:10	Photos	Normal	Photos 2018-10-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Oct 2018 10:10	Photos	Normal	Photos 2018-10-27

Video List

Uploaded By/Date Folder Date File Name Source

Display in New Window

Scan and uploading