

# NATIONAL Assessment Centre Services

Date In: 03/11/2018 14:29	Job description	Date & Time Completed	Done by
Ref No: NA/INC18019987/K4	SAS e-filing		
Veh No: PC7630E	E-mail (within 8hrs, AIG 2hrs)		
D.O.A: 02/11/2018 13:30	i-Motor Claim Form	MT/1018318-001	3/11/18 15:41
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SBS6037G	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%; F: 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

NA1807146

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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: Idno 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 (Non INC) against INC \$20		
	9) N12: Idno Mobile \$0		
	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	03/11/2018 14:29
Date Of Accident	02/11/2018 13:30
Exact Location Of Accident	SERANGOON MRT NEAR BUS STOP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7630E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JOSEPH COACH PTE. LTD.
Co Reg No	201719851E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97639352
Alternative Phone No	OFFICE-97639352

### Vehicle Particulars

Manufacturer	YUTONG
Model	ZK6119H AUTO
Exact Purpose for which vehicle was being used at time of accident	WORK
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	BUS

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100416925-01
Cover Note Number	

### Driver

Name of Driver	NG KING FAI
NRIC No	S1790605D
Date Of Birth	14/06/1967
Occupation	OUTDOOR
Date Of Driving Pass	04/01/2010
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97639352
Fax Number	
Contact Number	OTHERS-97639352
Email Address	NOEMAIL

Address	BLK 808 TAMPINES AVENUE 4 #12-147
Postcode	520808
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	NO
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)	8

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SBS6037G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## 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.

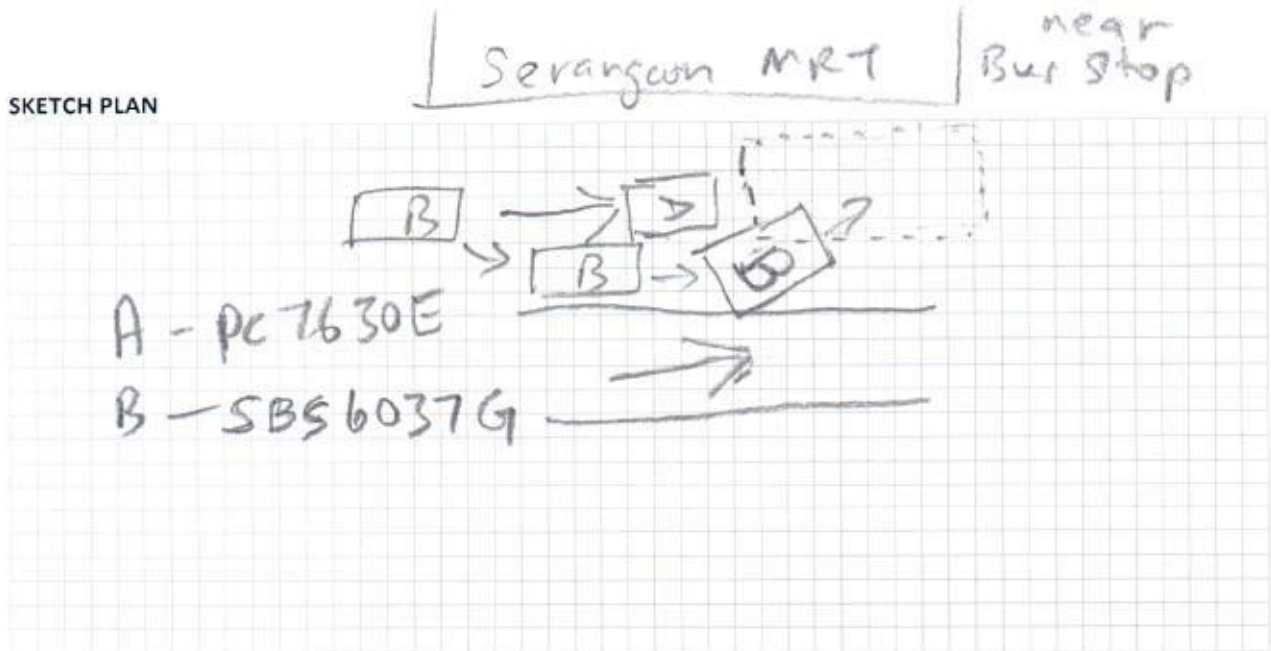
Policyholder's Signature  
Date & Time:



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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was at Serangoon MRT near Bus stop, waiting to alight passengers and then suddenly Vehicle B came from the right side and hit on Vehicle A right side portion.

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.:



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1790605D



NG KING FAI  
吴健辉  
CHINESE  
Date of Birth: 14-06-1967 M  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1790605D



NG KING FAI  
Birth Date: 14 Jun 1967  
Issue Date: 19 Aug 2003

000755191J

2615

S1790605D

26-05-2004

APT BLK 808 TAMPINES AVENUE 4 #12-147  
SINGAPORE 520808  
NRIC No: S1790605D Date: 26-05-2004 No: 4963503

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Expiry Date
Class 2B	Motorcycles <= 200 CC	18 Jan 1988
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	27 Oct 1992
Class 4A	Omnibuses	29 May 2001
Class 4	Heavy motor cars and motor tractors > 2500 kg	21 Oct 2009
Class 5	Motor vehicles > 7250 kg not constructed to carry any load	04 Jan 2010

S1790605D S/No. 9000110698

NP 426A

Licence No: S1790605D

Land Transport Authority



**VOCATIONAL LICENCE**

Licence No: **S1790605D**

Name: **NG KING FAI**

Issue Date: **26/11/2012**

**Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check  
the status of this vocational licence**

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	07/12/2009
04	BUS ATTENDANT	07/12/2009



## 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** : 5100416925-01

**Cover** : Comprehensive

1. Index mark and Registration Number of Vehicle

: PC7630E

Chassis Number

: LZYTBT61J1035118

2. Name of Policyholder

: JOSEPH COACH PTE. LTD.

3. Effective Date of Insurance

: 23 Oct 2018

4. Expiry Date of Insurance

: 22 Oct 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 the carriage of passengers in connection with the Policyholder's business.

(b) Limited to carry 47 passengers.

**This Policy does not cover**

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

\* 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.

**GEOGRAPHICAL LIMIT** : WITHIN THE REPUBLIC OF SINGAPORE ONLY

**EXCESS (SECTION I)** : S\$3,000

**EXCESS (SECTION II)** : S\$3,000

**WINDSCREEN EXCESS** : S\$500

**INSURE WITH COE** : YES

**HIRE PURCHASE COMPANY** : HONG LEONG FINANCE LTD

**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** : ACR INSURANCE AGENCY (00000572680)

**Date of Issue** : 03 Jul 2018 17:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



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"/>	S100416925-01		JOSEPH COACH PTE. LTD.	201719851E	GFT	Comprehensive	PC7630E	PC7630E	23/10/2018	

## ▼ Policy Information

Policy No.	5100416925-01	Policyholder Name	JOSEPH COACH PTE. LTD.	Policyholder NRIC	201719851E
Certificate No.					
Address	BLK 2 #02-531 DEFU LANE 10 DEFU INDUSTRIAL ESTATE SINGAPORE 539183				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	03/07/2018	Effective Date	19/07/2018 00:00	Expiry Date	18/07/2019 23:59
Third Party Excess	3000	Own damage Excess	3000	Windscreen Excess	500
Additional Excess		OS Premium	3874.37		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	ACR INSURANCE AGENCY	Agent Tel.	66462745	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 2 #02-531	Address 2	DEFU LANE 10	Address 3	DEFU INDUSTRIAL ESTATE
Address 4	SINGAPORE 539183	Address Type	Singapore address	Post Code	539183
Unit No.	02-531	Related Policy Number	5100416925-01		

## ► Insured Object: PC7630E

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	19/07/2018 00:00	Basic Information Endorsement	000001286854392	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. PC7235M 19-07-2018 \$1,124.78 In view of this amendment, an additional premium of \$1,124.78 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>



## Claim Handling

The premium on this policy has not been collected.

Accident MT/1018318

Policy No.	5100416925-01	Vehicle No.	PC7630E	GST Registration No.
Certificate No.				
Policyholder Name	JOSEPH COACH PTE. LTD.			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	97639352	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
<div> <div> </div> <div> </div> </div> <b>Accident Details</b>				
Report Date	03/11/2018 15:31	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/11/2018	Time of Accident hh:mm	13:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	SERANGOOD MRT NEAR BUS STOP			
<div> <div> </div> <div> </div> </div> <b>Excess</b>				
Own damage Excess	3,000.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	3,000.00	Outside Singapore TP Excess		
<div> <div> </div> <div> </div> </div> <b>Benefits</b>				
<div> <div> </div> <div> </div> </div> <b>GST Registered Information</b>				
GST Registered	Yes	GST Registration Date	01/10/20	
GST Registration No.	201719851E	GST Status Verified	No	
Modification History				
<div> <div> </div> <div> </div> </div> <b>Policyholder Mailing Address</b>				
Address 1	BLK 2 #02-531	Address 2	DEFU LANE 10	Address 3
Address 4	SINGAPORE 539183	Address Type	Singapore address	Post Code
Unit No.	02-531	Related Policy Number	5100416925-01	
<div> <div> </div> <div> </div> </div> <b>OI Driver Info</b>				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	NG KING FAI	Driver NRIC	S1790605D	Driver DOB
Register Date of Driver License	04/01/2010	Driver Age	51	Driving Experience
Contact No.(Mobile)	97639352	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 808 #	Address 2	TAMPINES AVENUE 4	Address 3
Address 4	SINGAPORE 520808	Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	JOSEPH
Contact No.(Mobile)		Contact No. (Home)	
Email Address		Vehicle Number	PC7630
Claim Description	PC7630E / SBS6037G ON 2 Nov 2018		
Preferred Workshop		Insured Liability	Partially at Fault
CONTACT No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	03/11/2018 15:42
		Workshop Repairer	

Print AK letter

Save

















Submit

Attachment



Accident No.	MT/1018318	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/11/2018 15:40
Path *		Category *	Confidential
<div>Choose File</div> No file chosen		<div>Clear</div> <div>Please Select</div>	<div>NO</div>
<div>Choose File</div> No file chosen		<div>Clear</div> <div>Please Select</div>	<div>NO</div>
<div>Choose File</div> No file chosen		<div>Clear</div> <div>Please Select</div>	<div>NO</div>
<div>Choose File</div> No file chosen		<div>Clear</div> <div>Please Select</div>	<div>NO</div>
<div>Choose File</div> No file chosen		<div>Clear</div> <div>Please Select</div>	<div>NO</div>
<div>Choose File</div> No file chosen		<div>Clear</div> <div>Please Select</div>	<div>NO</div>
<div>Message Read</div>		<div>Clear</div> <div>Please Select</div>	<div>NO</div>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2018 15:41	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2018 15:39	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2018 15:39	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2018 15:39	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2018 15:39	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2018 15:38	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2018 15:38	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2018 15:38	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2018 15:38	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2018 15:38	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2018 15:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2018 15:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2018 15:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2018 15:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2018 15:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2018 15:36	Photos	Normal	Photos

Video List