

NATIONAL Assessment Centre Services [wef: 1 Jan 2005]

Date In: 08/11/2018 10:03	Job description	Date & Time Completed	Done by
Ref No: NA/INC18020487/K4	SAS e-filing		
Vel No: FT4880 Z	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/08/2018 10:05	i-Motor Claim Form	MT/1018985-001	9/11/18 10:00
OD: (P) 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: Vel No: SKW178U 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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time Actions

Date/Time	Actions

NA1807196

Claimant's Particulars:	Invoice Preparation Checklist	Amt (\$) (at Bill)	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: 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		
Pat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Pat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Oil*		
	*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: Idac 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	08/11/2018 10:03
Date Of Accident	26/08/2018 10:05
Exact Location Of Accident	BLK 201E TAMPINES STREET 23 OPEN CARPARK M/CLOT3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT4880Z
Insured/Policyholder	
Name Of Registered Owner	LUM WEI PHANG
NRIC No	S7938735E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97960716
Alternative Phone No	OTHERS-97960716

Vehicle Particulars

Manufacturer	PIAGGIO
Model	PX 200E
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	5080875417-01
Cover Note Number	

Driver

Name of Driver	LUM WEI PHANG
NRIC No	S7938735E
Date Of Birth	11/12/1979
Occupation	INDOOR
Date Of Driving Pass	05/03/2005
Driving Experience	13 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97960716
Fax Number	
Contact Number	OTHERS-97960716
Email Address	NOEMAIL

Address	BLK 53 NEW UPPER CHANGI ROAD #11-1468
Postcode	461053
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	COLLIDED INTO PARKED 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?	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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANAH MERAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 51 NEW UPPER CHANGI ROAD #01-1514 , POSTCODE: 461051 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4499999 - FAX NO: 62447251
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180826/2056

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	SKW178U
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)

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:

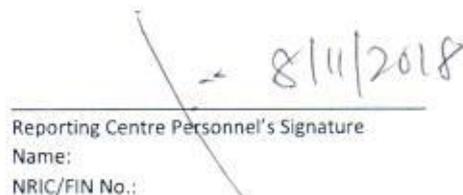
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

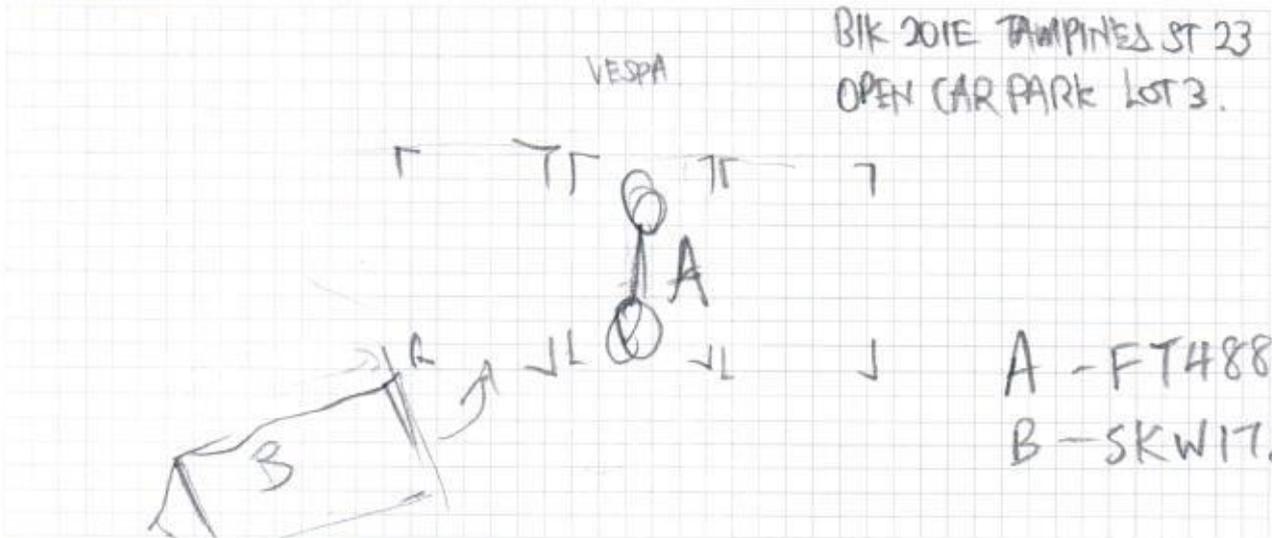


Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: 8/11/2018
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20180826/2056

DECLARATION

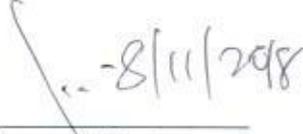
I/We declare the foregoing particulars are true in every respect.


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**

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 0000
Fax +65 6547 4883
www.police.gov.sg

Our Ref : TP/IP/49791/2018
Date : 26 October 2018

LUM WEI PHANG
BLK 53 NEW UPPER CHANGI ROAD
#11-1468
SINGAPORE 461053

Dear Sir / Madam,

TRAFFIC ACCIDENT INVOLVING FT4880Z AND SKW178U ALONG TAMPINES STREET 23 ON 26/08/2018 AT ABOUT 1005HRS

I refer to the above accident.

2. Please be informed that we have completed our investigations which revealed that the driver of **SKW178U** had committed the following offences:
- (i) Careless Driving under Rule 29 of the Road Traffic Rules;
 - (ii) Failing to stop after an accident under Section 84(1) of the Road Traffic Act Chapter 276;
 - (iii) Failing to report an accident within 24 Hours under Section 84(2) of the Road Traffic Act Chapter 276.

Action has been initiated against the driver for the said offences.

3. If you have any clarification, you may contact the Investigation Officer, SI Kaleswari at office number: 6547 6902.

4. Thank you.

Yours faithfully,

**HEAD INVESTIGATION
TRAFFIC POLICE
SINGAPORE POLICE FORCE**

This is a computer-generated letter. No signature is required.



Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

Report No. T/20180826/2056

CONTINUATION OF REPORT

Vehicle Owner			
Name	LUM WEI PHANG	ID No.	S7938735E
Related Vehicle	FT4880Z (Motorcycle)	Contact No.	97960716
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 26/08/2018 at about 0950 hours, I had parked my motorcycle, a blue in colour Vespa PX200E bearing the registration plate number FT4880Z, at the open car park of Block 201E Tampines Street 23, at the Motorcycle Lot Number 3. I subsequently went to a nearby ATM Machine to withdraw some money.

On the same day at about 1005 hours, upon returning back to my motorcycle, there were two guys by the name of Mohammad Hafiz (HP: 96235996) and Aidelutfi, who asked if I am the owner of the motorcycle to which I replied yes. Hafiz and Aidelutfi then informed that there was a driver in a black in colour Toyota Vellfire bearing the registration plate number SKW178U, who had reversed and knocked onto my motorcycle. As such, I immediately made a check on my motorcycle and discovered that the right side mirror was broken and that there were scratches on the right side of the motorcycle. I also noticed that my motorcycle's throttle and throttle cable were damaged as well. Apart from the visible damages, I also could not start my motorcycle due to unknown reasons.

I wish to state that there is no CCTV at the vicinity of where I had parked my motorcycle. However, Mohammad Hafiz and Aidelutfi did inform me that they are willing to be my witnesses with regards to this incident. I also wish to state that, when I just got to my motorcycle after withdrawing some money, I did see a guy in a yellow in colour top placing my helmet onto my motorcycle seat, before he got into a black in colour Toyota Vellfire after which he drove off.



**SINGAPORE
POLICE FORCE**



T/20180826/2056

3 of 3

Report No. T/20180826/2056

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

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 3 MUHAMMAD SYAHIDIN BIN MATNIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/08/2018 14:30

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Classification Of Case:

Authentication Stamp

NP168

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7938735E




Name
**LUM WEI PHANG
(LIN WEIPENG)**
林 炜 棚

Race
CHINESE

Date of birth
11-12-1979

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Reference Number
S 7938735E



**LUM WEI PHANG
(LIN WEIPENG)**

Birth Date: **11 Dec 1979**

Issue Date: **07 Aug 2017**



4573889



NRIC No. **S7938735E**



Date of Issue
13-05-2010

Address
**APT BLK 53 NEW UPPER CHANGI ROAD
#11-146B
SINGAPORE 461053**

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

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	05 Mar 2005
Class 2A Motorcycles between 201 cc and 400 cc	06 Jun 2006
Class 2 Motorcycles > 400 cc	23 Dec 2008
Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	29 Jul 2011

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="26/08/2018 10:05"/>
Vehicle No.(For Motor)	<input type="text" value="FT4880Z"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5080875417-01		LUM WEI PHANG	S7938735E	GMC	Third Party	FT4880Z	FT4880Z	01/06/2017	20/11/2018

Policy Information

Policy No.	5080875417-01	Policyholder Name	LUM WEI PHANG	Policyholder NRIC	S7938735E
Certificate No.					
Address	BLK 53 #11-1468 NEW UPPER CHANGI ROAD SINGAPORE 461053				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	12/05/2017	Effective Date	01/06/2017 00:00	Expiry Date	20/11/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	LIM KIAN HWEE ALVIN	Agent Tel.	96819821	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 53 #11-1468	Address 2	NEW UPPER CHANGI ROAD	Address 3	SINGAPORE 461053
Address 4		Address Type	Singapore address	Post Code	461053
Unit No.		Related Policy Number	5045590293-08		

Insured Object: FT4880Z

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	26/10/2017 00:00	POI Extension/Shorten	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 01 Jun 2017 TO 20 Nov 2018 In view of this amendment, an additional premium of \$66.96 (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, credit card or NETS.

Claim Handling

Accident MT/1018985

Policy No.	5080875417-01	Vehicle No.	FT4880Z	GST Registration No.
Certificate No.				
Policyholder Name	LUM WEI PHANG			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	97960716	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

Accident Details

Report Date	09/11/2018 09:53	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	26/08/2018	Time of Accident hh:mm	10:05	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 201E TAMPINES STREET 23 OPEN CARPARK M/CLOT3			

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 Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 53 #11-1468	Address 2	NEW UPPER CHANGI ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5045590293-08	

OI Driver Info

Driver Name	LUM WEI PHANG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7938735E	Driver DOB
Register Date of Driver License	05/03/2005	Driver Age	38	Driving Experience
Contact No.(Mobile)	97960716	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 53	Address 2	NEW UPPER CHANGI ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#11-1468			
Does he own a Singapore Registered car?	<input checked="" 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 checked="" type="radio"/> No

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	LUM WI
Contact No.(Mobile)	97960716	Contact No.(Home)	624278
Email Address	lum.weiphang@gmail.com	OI Vehicle Number	FT4880
Claim Description	FT4880Z / SKW178U ON 26 Aug 2018		
Preferred Workshop		Insured Liability	Partially at Fault
Workshop No.		Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation	<input checked="" type="radio"/> Yes	GIA report	Received
Date Registered	09/11/2018 09:59	Claim Close Date	
Report Taken By		Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No. MT/1018985 Claim No. 001
 Last Doc. Received Yes No Upload Date 09/11/2018 10:00

- Choose File No file chosen
 - Choose File No file chosen
- Message Read

Path *	Category *	Confidential
<input type="button" value="Clear"/>	Please Select ▼	NO
<input type="button" value="Clear"/>	Please Select ▼	NO
<input type="button" value="Clear"/>	Please Select ▼	NO
<input type="button" value="Clear"/>	Please Select ▼	NO
<input type="button" value="Clear"/>	Please Select ▼	NO
<input type="button" value="Clear"/>	Please Select ▼	NO
<input type="button" value="Clear"/>	Please Select ▼	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Nov 2018 09:59	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Nov 2018 09:58	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Nov 2018 09:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Nov 2018 09:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Nov 2018 09:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Nov 2018 09:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Nov 2018 09:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Nov 2018 09:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Nov 2018 09:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Nov 2018 09:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Nov 2018 09:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Nov 2018 09:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Nov 2018 09:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Nov 2018 09:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Nov 2018 09:57	Photos	Normal	Photos

Video List

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