

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MMA 118147551

Date In: 14/11/18 15:36	Job description	Date & Time Completed	Done by
Ref No: MA/INC 19020622/h4.	SAS e-filing		
Veh No: FBM 6911P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 9/11/18 17:40.	i-Motor Claim Form	MT/1019834 ⁰⁰¹	15/11/18 09:20.
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: XE 1788T. 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

MA1807447

Invoice Preparation Checklist

Amr (\$)

Add (\$)

Inc Bill

Add Bill

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

Ref. 2/3:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- 6) TR: Re-inspection \$75
- 7) N1: Idao 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 (N-in INC) against INC \$20
- 9) N12: Idao Mobile \$0

Invoice dated

Fee Charged

Invoice dated

Fee Charged

MA1807447

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	14/11/2018 15:36
Date Of Accident	09/11/2018 17:40
Exact Location Of Accident	TPE TWDS SLE B4 JLN KAYU EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM6911P
Insured/Policyholder	
Name Of Registered Owner	WANG IT PENG
NRIC No	S0451401G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96586506
Alternative Phone No	OFFICE-96586506

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R155
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	5098058279
Cover Note Number	-

Driver

Name of Driver	WANG YUAN
NRIC No	S9943493G
Date Of Birth	24/06/1999
Occupation	OUTDOOR
Date Of Driving Pass	25/01/2018
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84815384
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	24 NERAM CRESCENT
Postcode	807829
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
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	XE1788T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	WANG YUAN
Approximate Age	
Injuries Sustain	LEFT FACE, LIPS, NECK, CRACK ON FOREHEAD AND ABRASION LEFT HAND AND RIGHT LEG
Injured person in which vehicle?	FBM6911P
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:

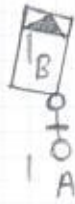
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

SKETCH PLAN



A = FBM 6911P.
B = XE 1788T

TPE twds SLE 04 Jalan Kayu Exit.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (9 / 11 / 18) (DD/MM/YYYY), TIME: (17 : 40) (HH:MM)

LOCATION: TPE twas SLE B4 Jalan Kayu Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: F8M 6911P.
b) INSURANCE COMPANY:
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: Wang IT Peng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 96586506.
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Wang Yuan (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 84815384.
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: children

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: Yishun North NPC.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: XE 1788T 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:

Waiting police Report.

Email = wangitpeng@gmail.com

fax = Mycars.

VIDEO =



**SINGAPORE
POLICE FORCE**



T/20181113/2058

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20181113/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/11/2018 13:03	Vide Report No.: F/20181109/0179	Station Diary No.: 61
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Informant's Particulars

Name of Informant: WANG YUAN			Address: 24 NERAM CRESCENT SINGAPORE 807829	
ID Type / ID No.: NRIC NO / S9943493G			Contact No.: Home/Office: Mobile: 84815384	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 19	Date of Birth: 24/06/1999	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupation: POLICE NATIONAL SERVICEMAN			Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/11/2018 17:40	Type of Location:
Location: Along Road 1 SELETAR EXPRESSWAY SLE TOWARDS YISHUN DAM				<i>TPE towards SLE before Jalan Kayu exit</i> YISHUN NORTH 31 YISHUN CENTRAL SINGAPORE 768827 TEL: 6852 9999 FAX: 6852 2299
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM6911P	Motorcycle				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20181113/2058

2 of 3

Police Station Of Origin:

Yishun North N.P.C

31 Yishun Central SINGAPORE 768827

Tel No: 1800-8529999

Report No. T/20181113/2058

CONTINUATION OF REPORT

Brief Details.

On 09/11/2018, at about 1740hrs, I was riding my motorcycle FBM6911P along Seletar Expressway (SLE) towards Yishun Dam. I was riding on Lane 2 when suddenly a lorry from Lane 3 cut into my lane.

VE 1788 T

This happened too quickly and I was unable to react on time and knocked onto the rear of the lorry. I cannot brake on time. I then fallen down on the road due to this impact.

I sustained injuries on my left face, lips, neck, crack on my forehead and abrasions on my left hand and my right leg.

Traffic Police and ambulance soon arrived and I was conveyed to Seng Kang General Hospital and was warded for 4 days and got MC for 17 days from 09/11/2018 to 25/11/2018.

I was given a report number of F/20181109/0179 to lodge a traffic accident report. The TP IO given to me was IO Khairil.

I wish to state that I was unable to get the contact details or particulars of the lorry driver.

YISHUN NORTH NPC
31 YISHUN CENTRAL
SINGAPORE 768827
TEL: 6852 9999
FAX: 6852 2299



**SINGAPORE
POLICE FORCE**



T/20181113/2058

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20181113/2058

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:

F /

Staff Sgt LEE TECK LENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/11/2018 13:03

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MARIAH BINTE ZAKARIA


Contact No.: 65476433

Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force

 **HOME TEAM**
NATIONAL SERVICE IDENTITY CARD


57

WANG YUAN

89943493G

SINGAPORE POLICE FORCE

THIS IS NOT A WARRANT CARD



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number: **S9943493G**

WANG YUAN

Birth Date: **24 Jun 1999**
Issue Date: **25 Jan 2018**


002767747C



Unauthorized possession, use, retention, alteration, destruction or transfer of this card is strictly prohibited. This card must be returned to the nearest SPF/SCDF station if found.

Date of Birth: **24/06/1999** Race: **CHINESE** Date of Enlistment: **03/04/2018**

Address:
24 NERAM CRESCENT
Singapore 807829




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

Class 2B Motorcycles \leq 200 cc

EFFECTIVE DATE
25 Jan 2018

NP 428A

Licence No: **S9943493G**



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="09/11/2018 15:04"/>
Vehicle No.(For Motor)	<input type="text" value="FBM6911P"/>	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"/>	5098058279		WANG IT PENG	S0451401G	GMC	Comprehensive	FBM6911P	FBM6911P	09/02/2018	08/02/2019

Claim Handling

Accident MT/1019834

Policy No.	5098058279	Vehicle No.	FBM6911P	GST Registration No.	
Certificate No.					
Policyholder Name	WANG IT PENG			Policyholder NRIC	S0451-
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	96586506	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No ▾
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

➤ Accident Details

Report Date	15/11/2018 09:15	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	09/11/2018	Time of Accident hh:mm	17:40	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	TPE TWDS SLE B4 JLN KAYU EXIT				

➤ 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	24 NERAM CRESCENT	Address 2	SELETAR HILLS ESTATE	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	807821
Unit No.		Related Policy Number	5098058279		

➤ O1 Driver Info

Driver Name	WANG YUAN	Driver Type	Main Driver		
Unnamed Driver Name		Driver NRIC	S9943493G	Driver DOB	24/06/
Register Date of Driver License	25/01/2018	Driver Age	19	Driving Experience	0
Contact No.(Mobile)	84815384	Contact No.(Office)		Contact No.(Home)	
Address 1	24 NERAM CRESCENT	Address 2	# SELETAR HILLS ESTATE	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	807821
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX ▾	Insured Name	WANG IT PENG
Contact No.(Mobile)	96586506	Contact No. (Home)	84811807
Email Address	wangitpeng@gmail.com	Vehicle Number	FBM6911P
Claim Description	FBM6911P / XE1788T ON 9 Nov 2018		
Preferred Workshop	0	Insured Liability	Not at Fault ▾
Preferred Repair Option	Yes ▾	Preferred Workshop, Name unknown ▾	GIA report
Date Registered		Received	Received ▾
Report Taken By		Claim Close Date	15/11/2018 09:18
			LIEW SHAN HUI

➤ Print AK letter

Save Submit

Attachment

Accident No.	MT/1019834	Claim No.	001
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Last Doc: Received

* Yes ☐ No ☐

Upload Date

15/11/2018 09:20

Path *

Choose File No file chosen

Choose File No file chosen

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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

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

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NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Nov 2018 09:20	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Nov 2018 09:20	SAS	Normal	SAS 2018-11-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Nov 2018 09:20	Photos	Normal	Photos 2018-11-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Nov 2018 09:20	Photos	Normal	Photos 2018-11-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Nov 2018 09:20	Photos	Normal	Photos 2018-11-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Nov 2018 09:20	Photos	Normal	Photos 2018-11-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Nov 2018 09:20	Photos	Normal	Photos 2018-11-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Nov 2018 09:19	Photos	Normal	Photos 2018-11-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Nov 2018 09:19	Photos	Normal	Photos 2018-11-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Nov 2018 09:19	Photos	Normal	Photos 2018-11-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Nov 2018 09:19	Photos	Normal	Photos 2018-11-15
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Nov 2018 09:19	Photos	Normal	Photos 2018-11-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Nov 2018 09:19	Photos	Normal	Photos 2018-11-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Nov 2018 09:18	Photos	Normal	Photos 2018-11-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Nov 2018 09:18	Photos	Normal	Photos 2018-11-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Nov 2018 09:18	Photos	Normal	Photos 2018-11-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Nov 2018 09:18	Photos	Normal	Photos 2018-11-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Nov 2018 09:18	Photos	Normal	Photos 2018-11-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Nov 2018 09:18	Photos	Normal	Photos 2018-11-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Nov 2018 09:18	Photos	Normal	Photos 2018-11-15

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading