

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

Date In: 16/11/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18020753/13	SAS e-filing		
Veh No: 4P3521M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 15/11/18 1130	I-Motor Claim Form	MT/1020019-	001
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		

Profatrod Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: UNKNOWN	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 repaler.

() 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

NA1807494	Invoice Preparation Checklist	Am (S)	Am (S)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
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: 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 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 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	16/11/2018 10:23
Date Of Accident	15/11/2018 11:30
Exact Location Of Accident	BLK 146 JLN BUKIT MERAH CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP3521M
Insured/Policyholder	
Name Of Registered Owner	RSA ENGINEERING CONSTRUCTION PTE. LTD.
Co Reg No	201415734C
Email Address	RSAENGINEERING.PTE.LTD@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-92372844

Vehicle Particulars

Manufacturer	ISUZU
Model	-
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084605224-01
Cover Note Number	

Driver

Name of Driver	JAYAPAL ARAVINTHAN
Passport No/FIN	G7459637T
Date Of Birth	22/05/1980
Occupation	OUTDOOR
Date Of Driving Pass	17/06/2008
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90211847
Fax Number	
Contact Number	
Email Address	RSAENGINEERING.PTE.LTD@GMAIL.COM

Address	BLK 629 HOUGANG AVENUE 8 #06-78
Postcode	530629
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	RAINING
Road Surface	WET

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	ROCHOR N.P.C. 11 KAMPONG KAPOR ROAD, SINGAPORE 208678
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181115/2079

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	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	NA/UNKNOWN
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

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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.



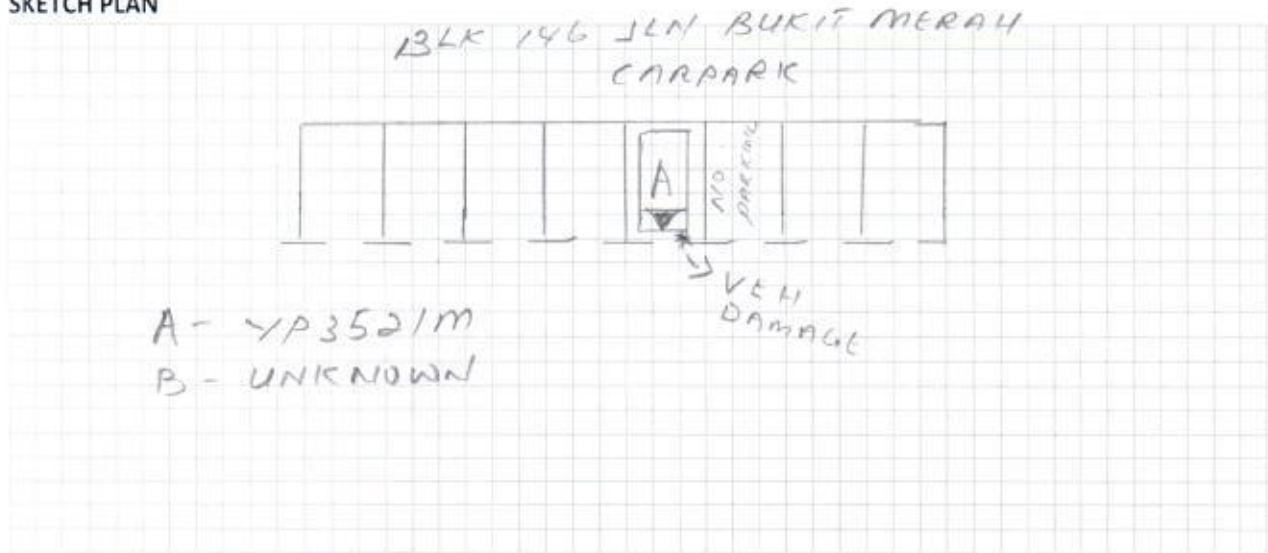
*

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

Pls refer to the police report: T/2018/115/2079

DECLARATION

I/We declare that 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/20181115/2079

1 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20181115/2079

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/11/2018 15:19	Vide Report No.:	Station Diary No.: 116
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Informant's Particulars

Name of Informant: JAYAPAL ARAVINTHAN			Address: APT BLK 629 HOUGANG AVENUE 8 #06-78 SINGAPORE 530629		
ID Type / ID No.: FIN NO / G7459637T			Contact No.: Home/Office: Mobile: 90211847		
Nationality: INDIAN			Email: rsaengineering.pte.ltd@gmail.com		
Sex: Male	Age: 38	Date of Birth: 22/05/1980	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: COMPANY DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry: 16/06/2023		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/11/2018 11:30	Type of Location:
Location: Along Road 1 JALAN BUKIT MERAH open space carpark, in front of Blk 146 Jalan Bukit Merah, Lot Number 303				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YP3521M	Lorry	ISUZU	NHR85AUE4 A	White	Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20181115/2079

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20181115/2079

CONTINUATION OF REPORT

Driver			
Name	JAYAPAL ARAVINTHAN	ID No.	G7459637T
Related Vehicle	YP3521M (Lorry)	Contact No.	90211847
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 16/06/2023
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 15/11/2018 at about 0900hrs, I parked one lorry. bearing registration plate number YP3521M (which belongs to RSA Engineering Construction Pte Ltd) at Lot number 303, whereby the front part was facing outwards. After I parked the lorry, I secured the lorry and proceeded to a construction site opposite Singapore General Hospital. I wish to state that the lorry was in good condition. On the same day at about 1130hrs, I discovered the front left headlights, left front part and the left side mirror were damaged. There are no front dashboard camera on the lorry.

I am hereby lodging this report for my company's reference as well as necessary follow up action by Traffic Police.



**SINGAPORE
POLICE FORCE**



T/20181115/2079

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

3 of 3


Report No. T/20181115/2079

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: A / Staff Sgt TAUFIQ BIN JUPRI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/11/2018 15:19
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case:

Authentication Stamp
NP168

Singapore Police Force

ACCIDENT STATEMENT

ACCIDENT DATE: (15/11/18) (DD/MM/YYYY), TIME: (11:00) (HH:MM)

LOCATION: BLK 146 JOHAN BIKIT MERAH CARPARK BMT 25 LOT 303

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP 3521 M
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: ISUZU NHR85 AVE 4A
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PARKED @ LOT WITH FOR SITE VISIT
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: RSA ENGINEERING CONSTRUCTION PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 2014157346 CONTACT: 92372844
c) ADDRESS: 18, NEW GLOUSFORD Rd, #06-03, C-536205

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: JAYAPAL ARAVANTHAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G7459637T CONTACT: 90211847
c) ADDRESS: BLK 629, #06-78, HOUGANG AVE-8, S-530629

* d) DATE OF BIRTH: (22/05/1980) (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: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS RAINING)
b) ROAD SURFACE: (DRY / WET / OTHERS WET)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: ROCHOR NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Unknown 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: _____

rsaengineering.pte.ltd@gmail.com

15/11/18

Email =

fax =

video =

writing for
company stamp.

REPUBLIC OF SINGAPORE DRIVING LICENCE

G7459637T

JAYAPAL ARAVINTHAN

Birth Date: 22 May 1980
Issue Date: 16 May 2016
Valid Till: 16/05/2023

002804200F



S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
RSA ENGINEERING CONSTRUCTION PTE. LTD.

Name:
JAYAPAL ARAVINTHAN

S Pass No.:
0 32761259

Sector:
CONSTRUCTION





K0827794



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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	17 Jun 2008
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	17 Jun 2008



NP 428A

VISIT PASS
Immigration Regulations

28-09-2018

Name:
JAYAPAL ARAVINTHAN

FIN:
G7459637T

Date of Birth:
22-05-1980

Sex:
M

Nationality:
INDIAN

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download SGWorkPass App to check status





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="15/11/2018 11:30"/>
Vehicle No. (For Motor)	<input type="text" value="YP3521M"/>	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"/>	5084605224-01		RSA ENGINEERING CONSTRUCTION PTE. LTD.	201415734C	GCV	Comprehensive	YP3521M	YP3521M	24/10/2017	23/04/2019

Claim Handling

Accident MT/1020019

Policy No.	5084605224-01	Vehicle No.	YP3521M	GST Registration No.
Certificate No.				
Policyholder Name	RSA ENGINEERING CONSTRUCTION PTE. LTD.			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	92372844	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(%)	10	Private Hire
Accident Details				
Report Date	16/11/2018 10:48	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/11/2018	Time of Accident hh:mm	11:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 146 JLN BUKIT MERAH CARPARK			
Excess				
Own damage Excess	600.00	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		No
Modification History				
Policyholder Mailing Address				
Address 1	BLK 629 #06-78	Address 2	HOUGANG AVENUE 8	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-09	Related Policy Number	S097863383	
O1 Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	JAYAPAL ARAVINTHAN	Driver NRIC	G7459637T	Driver DOB
Register Date of Driver License	17/06/2008	Driver Age	38	Driving Experience
Contact No.(Mobile)	90211847	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 629	Address 2	HOUGANG AVENUE 8	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#06-78			
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 checked="" type="radio"/> No	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	RSA EN
Contact No.(Mobile)	90211847	Contact No. (Home)	
Email Address		O1 Vehicle Number	YP3521
Claim Description	YP3521M / UNKNOWN ON 15 Nov 2018		
Preferred Workshop	Preferred	Insured Liability	Not at Fault
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By	ROSLINDA	Claim Close Date	16/11/2018 11:42
		Workshop Repairer	

Print AK letter

[Save](#) [Submit](#)

Attachment

Accident No.	MT/1020019	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/11/2018 00:00
Path *		Category *	Confidential
Choose File No file chosen		Clear Please Select ▼	NO ▼
Choose File No file chosen		Clear Please Select ▼	NO ▼
Choose File No file chosen		Clear Please Select ▼	NO ▼
Choose File No file chosen		Clear Please Select ▼	NO ▼
Choose File No file chosen		Clear Please Select ▼	NO ▼
Choose File No file chosen		Clear Please Select ▼	NO ▼
Choose File No file chosen		Clear Please Select ▼	NO ▼
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2018 11:41	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2018 11:41	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2018 11:38	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2018 11:38	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2018 11:38	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2018 11:37	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2018 11:37	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2018 11:37	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2018 11:37	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2018 11:37	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2018 11:37	Photos	Normal	Photos ;

Video List

Uploaded By/Date	Folder Date	File Name	
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[Display in New Window](#)[Scan and uploading](#)