

**NATIONAL Assessment Centre Services.** [wef 1 Jan 2005] **MMA 118154237.**

Date In: <b>28/11/18 15:55</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC 18021479/164.</b>	SAS e-filing		
Veh No: <b>PC 736E</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>22/11/18 06:05</b>	I-Motor Claim Form	<b>MT/1021768<sup>001</sup></b>	<b>28/11/18 16:55.</b>
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tol: ( ) Fax: ( )

TP Particulars:	Veh No: <b>Barrier</b>	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

<b>NA1807777</b>	<b>Invoice Preparation Checklist</b>	<b>Am't (\$)</b>	<b>Am't (\$)</b>
<b>Claimant's Particulars:</b>	1) AR: Accident Reporting (\$30);	30.00	
	2) DA: Damage Assessment (\$100); INC (\$80)		
	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
<b>Driver/Owner:</b>	*N5: Courtesy Car / Tpt Allowance	\$5	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$5	
	*N9: DV / Collect Excess Coordination	\$5	
<b>Contact No:</b>	TE (N11): TP (Inc on INC) against INC	\$20	
	9) N12: Idno Mobile	30	
<b>Damaged Portion:</b>	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
<b>QC Checked by (Engr-In-Charge):</b>			
<b>Auditors' Comments:</b>			
<b>Ref. 1:</b>			
<b>Ref. 2/3:</b>			



**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	28/11/2018 15:55
Date Of Accident	22/11/2018 06:05
Exact Location Of Accident	PIE TWDS AIRPORT B4 BKE EXIT
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	PC736E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TWENTY-EIGHT LIMO
Co Reg No	53324929E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86840577

**Vehicle Particulars**

Manufacturer	TOYOTA
Model	TOYOTA HIACE HIROOF AUTO 14 SEATER
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	BUS

**Insurance Company**

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5076618351-02
Cover Note Number	-

**Driver**

Name of Driver	SHAIKH MUHAMMAD SHALIH BIN SALIM MARJAN
NRIC No	S8428274Z
Date Of Birth	13/09/1984
Occupation	OUTDOOR
Date Of Driving Pass	11/03/2016
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86840577
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 211B PUNGGOL WALK #03-631
Postcode	822211
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 PROPERTY
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?	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)	2

#### 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	
Vehicle Make/Model/Colour	BARRIER
Details Of Properties	
Vehicle Category	GOVERNMENT
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	SHAIKH MUHAMMAD SHALIH BIN SALIM MARJAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	PC736E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	NURHAYATI BINTE ABDUL RAZAK
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	PC736E
Were seat belts worn?	YES
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.

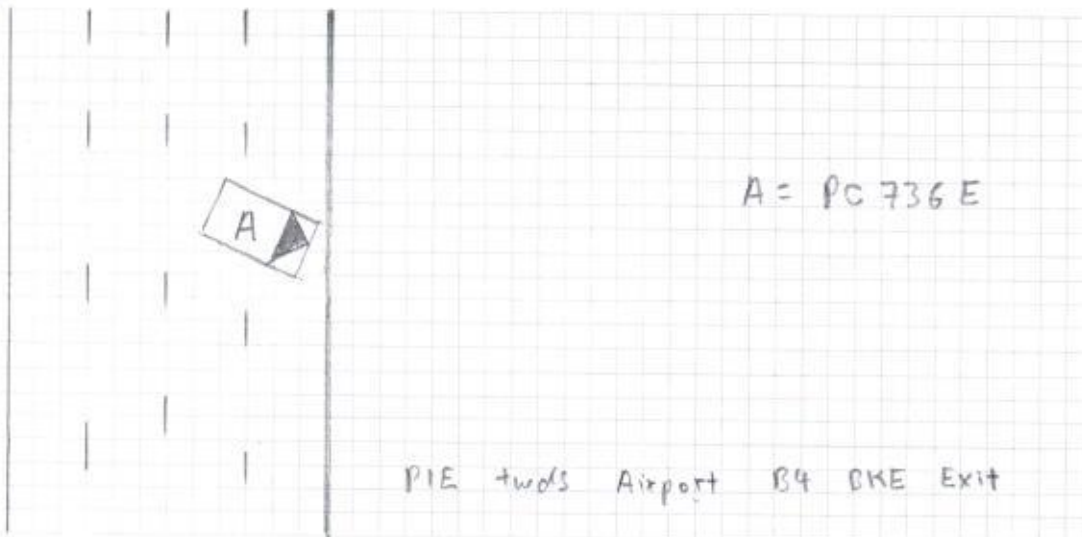


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



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.:





# SINGAPORE POLICE FORCE



T/20181124/2078

1 of 3

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

Report No. T/20181124/2078

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/11/2018 15:47	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

<b>Informant's Particulars</b>			
Name of Informant: SHAIKH MUHAMMAD SHALIH BIN SALIM MARJAN		Address: 211B PUNGGOL WALK #03-631 PUNGGOL RIPPLES SINGAPORE 822211	
ID Type / ID No.: NRIC NO / S8428274Z		Contact No.: Home/Office: 83866696      Mobile: 86840577	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 13/09/1984	Type of Informant: Driver
Race: Arab		Language: English	Institution / School Name:
Occupation: BUS DRIVER		Driving Licence Information: Class: 2B,2A,2,3A      Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/11/2018 06:05	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY  PIE TOWARDS AIRPORT BEFORE BKE EXIT				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC736E	Bus/Coach/Mi nibus					2



**SINGAPORE  
POLICE FORCE**



T/20181124/2078

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

2 of 3

Report No. T/20181124/2078

**CONTINUATION OF REPORT**

**Brief Details.**

ON THE ABOVE MENTIONED DATE TIME AND LOCATION

I WAS TRAVELLING ON THE 2ND LANE ON THE 4-LANE ROAD ALONG WITH MY WIFE AT AROUND SPEED OF 60-70 KM/H AND WAS DRIVING NORMALLY. DURING THAT TIME, IT WAS NOT CONGESTED AND THE WEATHER WAS DRIZZLING AND THE ROAD CONDITION WAS WET. I WAS TRAVELLING STRAIGHT WHEN I REACHED A CERTAIN PART OF THE ROAD AND FELT MY STEERING WHEEL WAS LIGHT AND I FELT LIKE MY BUS WAS SLIDING ON THE ROAD. AFTER WHICH I RELEASED MY ACCELERATOR. HOWEVER MY BUS STARTED TO DRIFT TO THE SIDE. I VEERED MY BUS BACK INTO THE LANE AND BRAKED AS I WANTED TO SLOW DOWN. THERE WERE ALSO A CAR IN FRONT THAT I DID NOT WANT TO HIT. I WAS BRAKING WHEN MY BUS SPUN OUT OF CONTROL AND HIT THE CENTRE BARRIER.

I BELIEVE THE CAUSE OF THE ACCIDENT WAS AN OIL SPILLAGE ON THE ROAD. MY BUS NOT BADLY DAMAGES AND THE AIRBAG WAS STILL INTACT. AMBULANCE CAME AND CONVEYED ME TO TAN TOCK SENG. I WAS NOT ADMITTED TO THE HOSPITAL BUT RECEIVED 5-DAYS MC. MY WIFE WAS HOSPITALISED AND WAS DISCHARGED ON 23RD OCT 2018 AND RECEIVED 9-DAYS MC.

BY SAYING THIS AFTER MY ACCIDENT, UNTIL TODAY, THERE WERE A FEW ACCIDENTS AT THE SPOT WHERE I HAD THE BAD EXPERIENCE. I HOPE THE RELEVANT DEPARTMENT WILL LOOK INTO THIS MATTER AS IM CONCERNED FOR THE ORDER ROAD USERS.





**SINGAPORE  
POLICE FORCE**



T/20181124/2078

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

3 of 3

Report No. T/20181124/2078

**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 /  
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt MA JUNXIANG  
Contact No.: 65476251


Signature Of Informant:

Date/Time:  
24/11/2018 15:47

Classification Of Case:

Authentication Stamp  
NP168

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8428274Z



Name  
SHAIKH MUHAMMAD SHALIH BIN  
SALIM MARJAN  
شيخ محمد شاليه بن سليم مرجن

Race  
ARAB

Date of birth  
13-09-1984

Sex  
M

Country/Place of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8428274Z

Name  
SHAIKH MUHAMMAD SHALIH  
BIN SALIM MARJAN

Birth Date 13 Sep 1984

Issue Date 07 Jan 2006

001392053B

AUTO TRANSMISSION  
VEHICLE ONLY

Land Transport Authority


VOCATIONAL LICENCE

Licence No. S8428274Z

Name SHAIKH MUHAMMAD  
SHALIH BIN SALIM M

Issue Date 11/3/2016


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



5404108



NRIC No. S8428274Z



Date of issue  
27-12-2014

Address  
APT BLK 211B PUNGGOL WALK  
#03-631  
SINGAPORE 622211

ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING

Class	Description	Issue Date
Class 2B	Motorcycles <= 200 CC	07 Jan 2006
Class 2A	Motorcycles between 201 CC and 400 CC	25 Sep 2007
Class 2	Motorcycles > 400 CC	18 Nov 2008
Class 3A	Motor cars without clutch pedals <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles without clutch pedals <= 2500 kg	09 Jan 2015

S8428274Z

S / No. 9000215028

Licence No. S8428274Z

NP 428A



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	11/03/2016
04	BUS ATTENDANT	11/03/2016





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)

PC736E

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5076618351-02		TWENTY-EIGHT LIMO	53324929E	GBS	Third Party, Fire & Theft	PC736E	PC736E	21/12/2017	05/12/2018

## Claim Handling

## Accident MT/1021768

Policy No.	5076618351-02	Vehicle No.	PC736E	GST Registration No.	
Certificate No.					
Policyholder Name	TWENTY-EIGHT LIMO			Policyholder NRIC	533241
Product Code	BUS INSURANCE	Cover Type	Third Party, Fire & Theft	Leading	0
Contact No.(Mobile)	86840577	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
<b>Accident Details</b>					
Report Date	28/11/2018 16:50	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	22/11/2018	Time of Accident hh:mm	06:05	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS AIRPORT B4 BKE EXIT				
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 211B #03-631	Address 2	PUNGGOL WALK	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	82221
Unit No.	03-631	Related Policy Number	5076618351-02		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SHAIKH MUHAMMAD SHALIH BI	Driver NRIC	S84282742	Driver DOB	13/09/
Register Date of Driver License	11/03/2016	Driver Age	34	Driving Experience	2
Contact No.(Mobile)	86840577	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 211B #03-631	Address 2	PUNGGOL WALK	Address 3	PUNGG
Address 4	SINGAPORE 822211	Address Type	Singapore address	Post Code	82221
Unit No.	03-631				
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?	Yes No		

## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	TWENTY-EIGHT LIMO
Contact No.(Mobile)	86840577	Contact No. (Home)	
Email Address		OI Vehicle Number	PC736E
Claim Description	PC736E / BARRIER ON 22 Nov 2018		
Preferred Workshop	0	Insured Liability	Partially at Fault
Enduct No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	28/11/2018 16:54
			LIEW SHAN HUI
Print AK letter			

Save Submit

## Attachment

Accident No.	MT/1021768	Claim No.	001
--------------	------------	-----------	-----



LIB1 DDC: Reserved

\* Yes ☐ No ☐

Upload Date

28/11/2018 16:55

Path \*

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

Category \*

Please Select ▼

Confidential

NO ▼

Urgency \*

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 28 Nov 2018 16:55	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Nov 2018 16:55	SAS	Normal	SAS 2018-11-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Nov 2018 16:55	Photos	Normal	Photos 2018-11-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Nov 2018 16:55	Photos	Normal	Photos 2018-11-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Nov 2018 16:55	Photos	Normal	Photos 2018-11-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Nov 2018 16:55	Photos	Normal	Photos 2018-11-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Nov 2018 16:55	Photos	Normal	Photos 2018-11-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Nov 2018 16:55	Photos	Normal	Photos 2018-11-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Nov 2018 16:55	Photos	Normal	Photos 2018-11-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Nov 2018 16:54	Photos	Normal	Photos 2018-11-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Nov 2018 16:54	Photos	Normal	Photos 2018-11-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Nov 2018 16:54	Photos	Normal	Photos 2018-11-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Nov 2018 16:54	Photos	Normal	Photos 2018-11-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Nov 2018 16:54	Photos	Normal	Photos 2018-11-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Nov 2018 16:54	Photos	Normal	Photos 2018-11-28

## ✓ Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading