

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In 01/12/2018 14:29	Job description	Date & Time Completed	Done by
Ref No NA/INC18021645/14	SAS e-filing		
Veh No FBF 696L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 29/11/2018 14:20	i-Motor Claim Form	MT/1022196-001	3/12/18 09:45
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		

Preferred 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%; 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

NA1807847

Claimant's Particulars: ( )

Driver/Owner: ( )

Contact No: ( )

Damaged Portion: ( )

QC Checked by (Engr-In-Charge): ( )

Auditors' Comments: ( )

at 1:

at 2/3:

Invoice Preparation Checklist		Amt (\$) In Bill	Amt (\$) Add Bill
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) RT: Follow-Through Survey (Resurvey) \$30			
For claiming against INC Only (wef 10 Jan 2005)			
6) TR: Re-inspection \$75			
7) N1: Idau 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: Idau 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	01/12/2018 14:29
Date Of Accident	29/11/2018 14:20
Exact Location Of Accident	LANE2 OF SOMERSET RD NEAR TAXISTAND TWDS GRANGE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF696L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JESVYNPAL SINGH S/O HARI SINGH
NRIC No	S9627051H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98599695
Alternative Phone No	OTHERS-98599695

### Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15
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	REPORTING ONLY
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	5103997945
Cover Note Number	

### Driver

Name of Driver	JESVYNPAL SINGH S/O HARI SINGH
NRIC No	S9627051H
Date Of Birth	05/08/1995
Occupation	INDOOR
Date Of Driving Pass	05/09/2018
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98599695
Fax Number	
Contact Number	OTHERS-98599695
EEmail Address	NOEMAIL

Address	BLK 344 UBI AVENUE 1 #08-1105
Postcode	400344
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	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?	YES
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)	2
Passenger 1	NAME: : NIL GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG N.P.C
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , 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/20181130/2064

#### 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	UNKNOWN
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)

#### DETAILS OF INJURED PERSON 1

Name

JESVYNPAL SINGH S/O HARI SINGH

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

FBF696L

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:

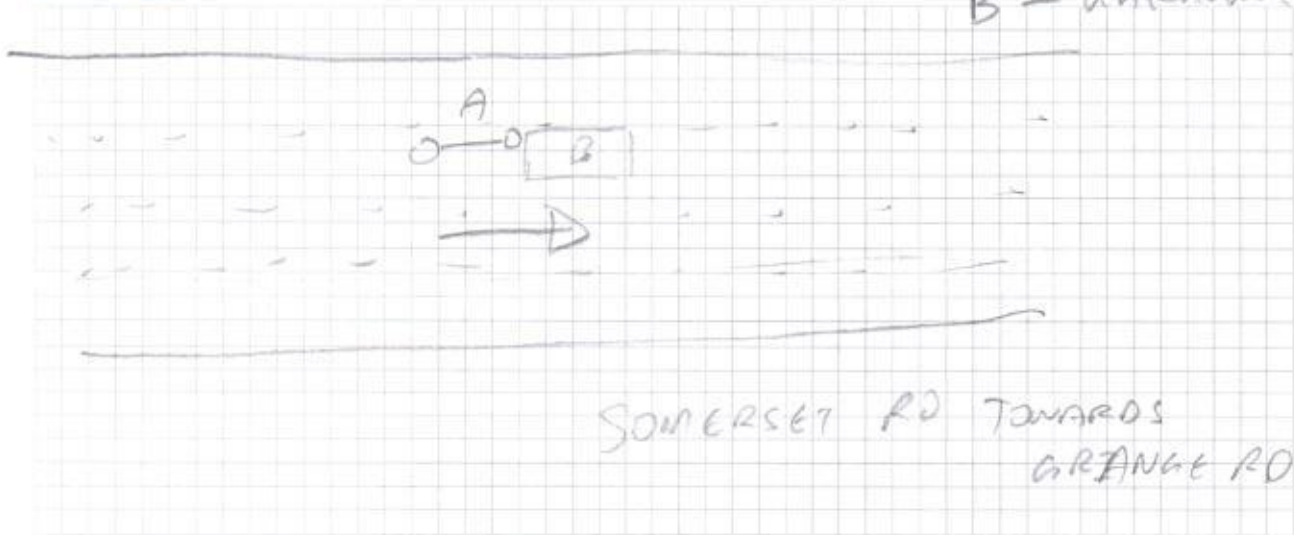
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
01/12/2018

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

SKETCH PLAN

A - FBF696L  
B - Unknown



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Pls Refer to the Police Report -  
T/20181130/2064

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.:

01/12/2018





# SINGAPORE POLICE FORCE



T/20181130/2064

1 of 3

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Report No. T/20181130/2064

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/11/2018 13:17	Vide Report No.:	Station Diary No.: 27
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**Informant's Particulars**

Name of Informant: JESVYNPAL SINGH S/O HARI SINGH			Address: APT BLK 344 UBI AVENUE 1 #08-1105 SINGAPORE 400344		
ID Type / ID No.: NRIC NO / S9627051H			Contact No.: Home/Office: Mobile: 98599695		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 05/08/1996	Type of Informant: Rider		
Race: Sikh			Language: English		Institution / School Name:
Occupation: National Service Full Time			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/11/2018 14:20	Type of Location: Straight Road
Location: Along Road 1 SOMERSET ROAD  LANE 2 OF SOMERSET ROAD NEAR TAXI STAND TOWARDS GRANGE RD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: moving vehicle against stopped vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF696L	Motorcycle	YAMAHA	YZF-R15	Red	Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF696L	NTUC Income Insurance Co-Operative Limited	5103997945	19/09/2018	17/11/2019



**SINGAPORE  
POLICE FORCE**



T/20181130/2064

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

2 of 3

Report No. T/20181130/2064

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	JESVYNPAL SINGH S/O HARI SINGH	ID No.	S9627051H
Related Vehicle	FBF696L (Motorcycle)	Contact No.	98599695
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	29/11/2018	Date Discharge	29/11/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On the 29/11/2018 at about 1420hrs, I was riding my bike along somerset rd towards somerset mrt on lane 2 with one pillion rider. Road conditions were dry and the weather was clear. Traffic was moderately heavy. As I was riding, a grab car in front of me suddenly braked and came to a stop near a taxi stand. I attempted to evade the said vehicle by swerving to the left however there wasn't enough room and as such I applied my break and hit the grabs car left rear signal light. I was able to prevent myself and my pillion rider from falling off the bike. I then parked my bike at the same spot and 2 police officers who happened to be at scene came to render assistance. Shortly after, traffic police and ambulance arrived. I was subsequently conveyed to Raffles Hospital where I received a medical certificate of 3 days from 29/11/2018 to 1/12/2018. I did not manage to exchange particulars with the driver of the said vehicle and do not remember his registration plate.

**Injuries sustained:**

- 1) Cut on right forearm which require stitches
- 2) Abrasion on right shin
- 3) Swelling on middle and index finger.

That's all





SINGAPORE  
POLICE FORCE



T/20181130/2064

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

3 of 3

Report No. T/20181130/2064

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 MOHAMAD AKMAL BIN MOHD ROSLAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
30/11/2018 13:17

Officer In Charge Of Case:  
TP / GIT /  
Sgt 2 LEE MING CAI  
Contact No.: 65476960

Classification Of Case:

Authentication Stamp  
NP168



**SINGAPORE ARMED FORCES  
IDENTITY CARD**

Name  
**JESVYNPAL SINGH  
S/O HARI SINGH**

NRIC No  
**S9627051H**

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S9627051H**

Name:  
**JESVYNPAL SINGH S/O HARI  
SINGH**

Birth Date: **05 Aug 1996**  
Issue Date: **15 Apr 2015**

**002416577G**

**SG 50**

GLMAI TDSGPH2100151020116

NRIC No / Colour  
**S9627051H / PINK**

Race  
**SIKH**

Date Of Birth  
**05/08/1996**

Service Status  
**NSF**

Address  
**Blk 344 UBI AVENUE 1  
#08-1103 SINGAPORE 400344**

Blood Group  
**A (\*)**

Country Of Birth  
**SINGAPORE**

Military Rank Status  
**ENLISTEE**

Sex  
**M**

**0000000200150**

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

**EFFECTIVE DATE**

Class 2B	Motorcycles <= 100 CC	05 Sep 2018
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	15 Apr 2015

**S9627051H**

**S / No. 9000300237**

**Licence No: S9627051H**

**NP 428A**



Hello, NAC\_PAYA\_UBI\_800601

• Change Language

• Change Password

• Log Out

[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.

Date of Accident

29/11/2018 14:20

Vehicle No.(For Motor)

FBF696L

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"/>	5103997945		JESVYNPAL SINGH S/O HARI SINGH	S9627051H	GMC	Third Party	FBF696L	FBF696L	19/09/2018	17/11/2019

## Policy Information

Policy No.	5103997945	Policyholder Name	JESVYNPAL SINGH S/O HARI SII	Policyholder NRIC	S9627051H
Certificate No.					
Address					
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	18/09/2018	Effective Date	19/09/2018 00:00	Expiry Date	17/11/2019 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	DIRECT BUSINESS DEPT	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 344 #08-1105	Address 2	UBI AVENUE 1	Address 3	SINGAPORE 400344
Address 4		Address Type	Singapore address	Post Code	400344
Unit No.	#08-1105	Related Policy Number	5103997945		

## Insured Object: FBF696L

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	07/11/2018 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: 19 Sep 2018 TO 17 Nov 2019 In view of this amendment, an additional premium of \$195.61 (inclusive of GST) is payable under your policy. This amount will be debited to your credit card account number 5264-71xx-xxxx-2609.

Continue

Cancel



## Claim Handling

Accident MT/1022196

Policy No.	5103997945	Vehicle No.	FBF696L	GST Registration No.
Certificate No.				
Policyholder Name	JESVYNPAL SINGH S/O HARI SINGH			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	98599695	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
K/F/K	<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

## ➤ Accident Details

Report Date	03/12/2018 09:40	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	29/11/2018	Time of Accident hh:mm	14:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	LANE2 OF SOMERSET RD NEAR TAXISTAND TWDS GRANGE RD			

## ➤ 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 344 #08-1105	Address 2	UBI AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#08-1105	Related Policy Number	5103997945	

## ➤ OI Driver Info

Driver Name	Jesvynpal Singh S/O Hari Singh	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S9627051H	Driving Experience
Register Date of Driver License	01/01/2018	Driver Age	22	Contact No.(Home)
Contact No.(Mobile)	98599695	Contact No.(Office)	0	Address 3
Address 1	BLK 344	Address 2	UBI AVENUE 1	Post Code
Address 4		Address Type	Singapore address	
Unit No.	#08-1105			
Does he own a Singapore registered car?	<input type="radio"/> Yes <input checked="" 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
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## Modification History

Claim 001 OD-MX

New

## Claim Type \*

Contact No.(Mobile)

Email Address

## Claim Description

Preferred Workshop		Insured Liability	Partially at Fault	GIA report	Received
Repair No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		

Date Registered

Report Taken By

Print AK letter

OD-MX	Insured Name	JESVYN
	Contact No.	
	(Home)	
	Vehicle Number	FBF696

FBF696L / UNKNOWN ON 29 Nov 2018

03/12/2018 09:47	Claim Close Date	
	Workshop Repairer	

Save Submit

## Attachment



Accident No. MT/1022196 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 03/12/2018 09:45

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

Message Read

Clear

Please Select ▼

NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des.
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 09:47	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 09:45	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 09:45	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 09:45	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 09:45	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 09:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 09:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 09:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 09:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 09:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 09:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 09:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 09:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 09:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 09:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 09:44	Photos	Normal	Photos

## Video List

Uploaded By/Date

Folder Date

File Name