

# NATIONAL Assessment Centre Services: [verf 1 Jan'03]

Date In: 05/12/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18021653/13	SAS e-filing		
Veh No: SKZ 4451M	E-mail (Within 3hrs, AIC 2hrs)		
QDA 01/12/18 1900	I-Motor Claim Form	MT/1022371 -	001
OD (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Insured Wksp / INC Assign Wksp / QW: (TWINCAR	Tel:	Fax:
TP Particulars:	Veh No: SHAS 160	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 16th Dec 6788 4616)	Date & Time Completed	Done by
( ) Apply for Transport Allowance ( ) / Courtesy Car ( )		
( ) TC Check / Post Repair Inspection ( )		
( ) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Signature: \_\_\_\_\_

Date/Time	Actions

NA1805085	Invoice Preparation Checklist	Am (\$)	Labt (\$)
1) AR: Accident Reporting (\$30);			
2) DA: Damage Assessment (\$100); INC (\$80)			
3) TP: Towing Fee \$40/\$45			
4) FT: Follow-Through Survey \$120			
5) FT: Follow-Through Survey (Resurvey) \$30			
For claiming against INC Only (verf 10 Jan 2003)			
6) TR: Re-inspection \$75			
7) NI: Idao DA + SMRT Survey \$160			
8) NTUC Additional Services:-			
OD:			
*NS: Courtesy Car / Tpt Allowance \$5			
*N6: Repair Co-ordination \$10			
*N7: Post Repair Inspection \$25			
*N8: DV / Collect Excess Coordination \$5			
TP (N11): TP (Inc in INC) against INC \$20			
9) N12: Idao Mobile \$0			
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	03/12/2018 10:04
Date Of Accident	01/12/2018 19:00
Exact Location Of Accident	CTE TWDS AYE B4 BRADDELL RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ4451M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOH YEE LIANG (XU YULIANG)
NRIC No	S7523125C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88221187
Alternative Phone No	OTHERS-88221187

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	-
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096728607
Cover Note Number	

### Driver

Name of Driver	KOH YEE LIANG (XU YULIANG)
NRIC No	S7523125C
Date Of Birth	02/08/1975
Occupation	INDOOR
Date Of Driving Pass	26/08/2013
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88221187
Fax Number	
Contact Number	OTHERS-88221187
EMail Address	NOEMAIL

Address	BLK 327B SUMANG WALK #20-920
Postcode	822327
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	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
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?	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: : YUAN FUDAN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SHA516D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MUHAMMAD YUSUF BIN ABDUL RAHMAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	KOH YEE LIANG (XU YULIANG)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKZ4451M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	YUAN FUDAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKZ4451M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	




## SKETCH PLAN


### IMPORTANT NOTICE

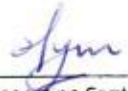
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

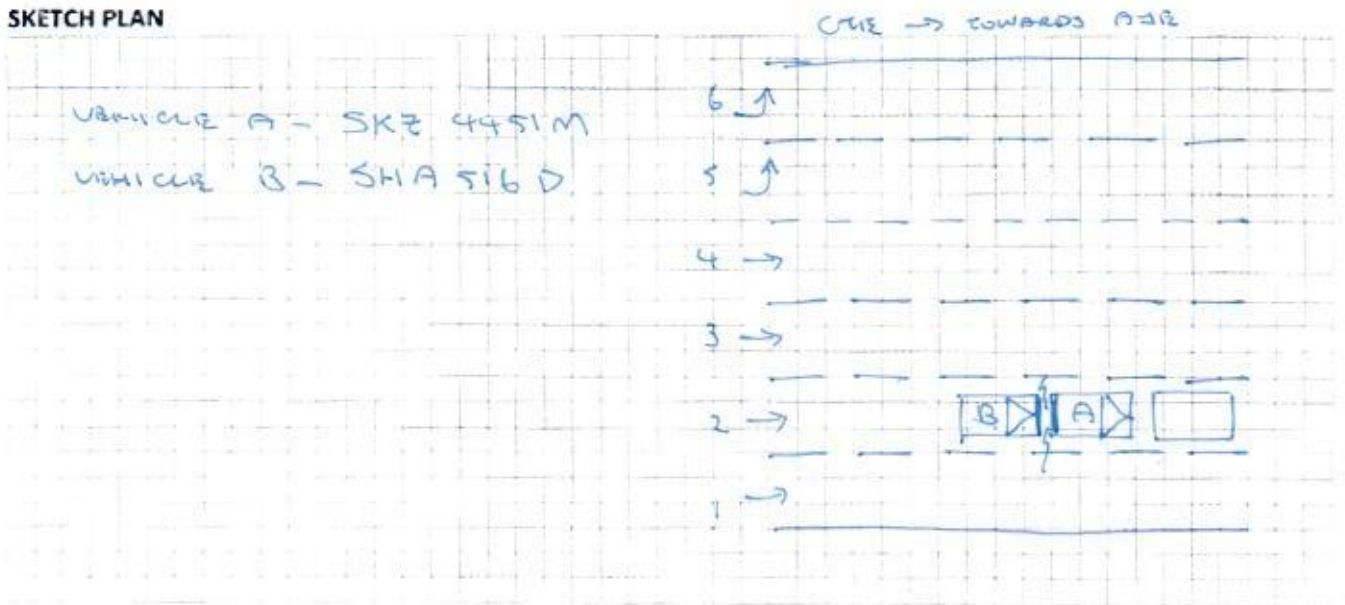
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 03/12/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG CTIE TOWARDS AIR, I WAS ON THE 2ND LANE.

WHILE TRAVELLING STRAIGHT AHEAD, AND DUE TO HEAVY TRAFFIC, THE VEHICLE INFRONT BRAKE TO COMPLETE STOP, AND SO I TOO APPLIED BRAKE TO COMPLETE STOP.

SUDDENLY AFTER A FEW SECONDS I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE NUMBER (SHA 516 D) THAT COLLIDED TO THE REAR OF MY VEHICLE.


VEHICLE A - SKZ 4451 M

VEHICLE B - SHA 516 D

## 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:

 03/12/18  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



<b>Vehicle No.</b>	SK2 4451M	<b>Model / Make</b>	MARC C180
<b>Date of Accident</b>	01/12/2018		
<b>Time of Accident</b>	1900	<b>HRS</b>	
<b>Location of Accident</b>	CTE TOWARDS AJE BEFORE BRADWELL ROAD EXIT		
<b>Exact purpose use during accident</b>	PRIVATE USE		
<b>Name of Owner</b>	KOH YEE LIANH		
<b>Telephone No.</b>	H/P : 8822 1187	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S7523125C		
<b>Address</b>	BLK 327B SUMANH WALK #20-920 S(822327)		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5096728607		
<b>Name of Driver</b>	As Above If No,		
<b>NRIC</b>	Any Passengers : 1 WIFE		
<b>Date of birth</b>	02 AUG 1975		
<b>Occupation</b>	Outdoor	/	Indoor
<b>Driving License Pass Date</b>	26 AUG 2023		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P :	<b>Home :</b>	<b>Office :</b>
<b>Address</b>			
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state OWNER	
<b>Weather condition</b>	Clear	Raining	Other DAZZLING
<b>Road Surface</b>	Dry	Wet	Other
<b>Any Injuries</b>	No,	If Yes, Who?	
<b>Name And Contact No.</b>	KOH YEE LIANH , 88221187		
<b>Name And Contact No.</b>	YUAN FUDAN , 88221187 , 85053346		
<b>Police Report</b>	No,	If Yes, Where?	
<b>Vehicle B No.</b>	SHA 516 D	Any Passengers :	
<b>Name of Driver</b>	MUHAMMAD YUSUF BIN ABDUL RAHMAN	Contact No. :	
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	REAR		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>			
<b>HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?</b>			
	Yes / No		
<b>PARTICULAR WORKSHOP</b>	TWINCAR AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n5i.com.sg		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7523125C



Name

KOH YEE LIANG  
(XU YULIANG)

许宇梁

Race

CHINESE

Date of birth

02-08-1975

Country/Place of birth

SINGAPORE

Sex

M

S7523125C

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7523125C

Name:

KOH YEE LIANG  
(XU YULIANG)

Birth Date: 02 Aug 1975

Issue Date: 26 Aug 2013



002217618A

5201361



NRIC No. S7523125C



Date of issue

16-07-2013

APT BLK 327B SUMANG WALK #20-020  
SINGAPORE 822327

NRIC No: S7523125C

Date: 09/02/2018

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg 26 Aug 2013  
with =< 7 passengers, exclusive of the driver, and  
other motor vehicles without clutch pedals =< 2500kg



Licence No: S7523125C

NP 428A



REPUBLIC OF SINGAPORE  
FIN G1616261U



Name  
YUAN FUDAN

Date of Birth  
02-01-1989  
Nationality  
CHINESE

Sex  
F



FA2128028

**VISIT PASS**  
Immigration Regulations



FIN G1616261U

MULTIPLE JOURNEY VISA ISSUED

Date of Issue	Date of Expiry
20-08-2018	20-08-2019



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

## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5096728607

**Cover :** drive CLASSIC

- |   |                              |
|---|------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SKZ4451M                   |
| Chassis Number  | : WDD2040452A630611          |
| 2. Name of Policyholder   | : KOH YEE LIANG (XU YULIANG) |
| 3. Effective Date of Insurance  | : 15 Feb 2018                |
| 4. Expiry Date of Insurance   | : 14 Feb 2019                |
| 5. Persons or Classes of Persons entitled to drive#   |                              |
| (a) The Policyholder.   |                              |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                              |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                              |
| 6. Limitations as to Use#   |                              |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.   |                              |

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: KOH YEE LIANG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: LAKE-VIEW CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : AUTOSHIELD PTE. LTD. (00000573469)  
 Date of Issue : 14 Dec 2017 16:25 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## Claim Handling

Accident MT/1022371

Policy No.	5096728607	Vehicle No.	SKZ4451M	GST Registration No.
Certificate No.				
Policyholder Name	KOH YEE LIANG (XU YULIANG)			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	88221187	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KIR	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

## ➤ Accident Details

Report Date	03/12/2018 17:16	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	01/12/2018	Time of Accident hh:mm	19:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CTE TWDS AYE B4 BRADDELL RD EXIT			

## ➤ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	

## ➤ 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 326 #11-1994	Address 2	ANG MO KIO AVENUE 3	Address 3
Address 4	SINGAPORE 560326	Address Type	Singapore address	Post Code
Unit No.	11-1994	Related Policy Number	5096728607	

## ➤ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	KOH YEE LIANG (XU YULIANG)	Driver NRIC	S7523125C	Driver DOB
Register Date of Driver License	26/08/2013	Driver Age	43	Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1	BLK 327B SUMANG WALK	Address 2		Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#20-920			
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 type="radio"/> No
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## Modification History

Claims 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	KOH YE
Contact No.(Mobile)	83012211	Contact No. (Home)	
Email Address		OI Vehicle Number	SKZ4451M
Claim Description	SKZ4451M / SHAS16D ON 1 Dec 2018		
Preferred Workshop	Insured Liability	Not at Fault	
BOHART No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	03/12/2018 17:39
		Workshop Repairer	ROSLINDA

➤ Print AK letter

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

## Attachment

Accident No. MT/1022371 Claim No. 001  
Last Doc. Received ☒ Yes ☐ No Upload Date 03/12/2018 17:34

Path \*

Category \*

Confidential

[Choose File](#) No file chosen[Clear](#)[Please Select](#) ▼

NO

[Choose File](#) No file chosen[Clear](#)[Please Select](#) ▼

NO

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[Choose File](#) No file chosen[Clear](#)[Please Select](#) ▼

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NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 17:39	NRIC/ Driving License	Normal	NRIC/ Driving 1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 17:38	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 17:34	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 17:34	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 17:34	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 17:34	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 17:34	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2018 17:34	Photos	Normal	Photos

## Video List

Uploaded By/Date

Folder Date

File Name

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