

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 02/01/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19000006/13	SAS e-filing		
Veh No: FBL7683X	E-mail (within 8hrs, AIC 2hrs)		
DOA: 01/01/19 1015	i-Motor Claim Form	MT/1026035-001	
OD: TP <u>Reporting Only</u>	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: PA93264	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

NA1900088	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Claimant's Particulars :-	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 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	ON*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5			
	TP (N11) : TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
Cat 1:	Invoice dated	Fee Charged		
Cat 2 / 3:	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	02/01/2019 09:49
Date Of Accident	01/01/2019 10:15
Exact Location Of Accident	JLN DAMAI B4 CARPARK ENTRANCE OF BLK 666-672
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBL7683X
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FAIZAL BIN SHALIHUDDIN
NRIC No	S9426187B
Email Address	MENTARI94@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94561104
Alternative Phone No	OTHERS-94561104
Vehicle Particulars	
Manufacturer	HONDA
Model	CBF190WH
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	5100237424
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD FAIZAL BIN SHALIHUDDIN
NRIC No	S9426187B
Date Of Birth	24/07/1994
Occupation	OUTDOOR
Date Of Driving Pass	30/03/2016
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94561104
Fax Number	
Contact Number	OTHERS-94561104
Email Address	MENTARI94@HOTMAIL.COM

Address	BLK 127 BEDOK NORTH ST 2 #02-68
Postcode	460127
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 (including own vehicle) involved in the accident	2
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190101/2078

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	PA9326G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MAHAYINTHERAN S/O PAKIRSAMY
NRIC/Passport Number	S6838852Z
Contact Number	86243114
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD FAIZAL BIN SHALIHUDDIN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBL7683X
Were seat belts worn?	
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:

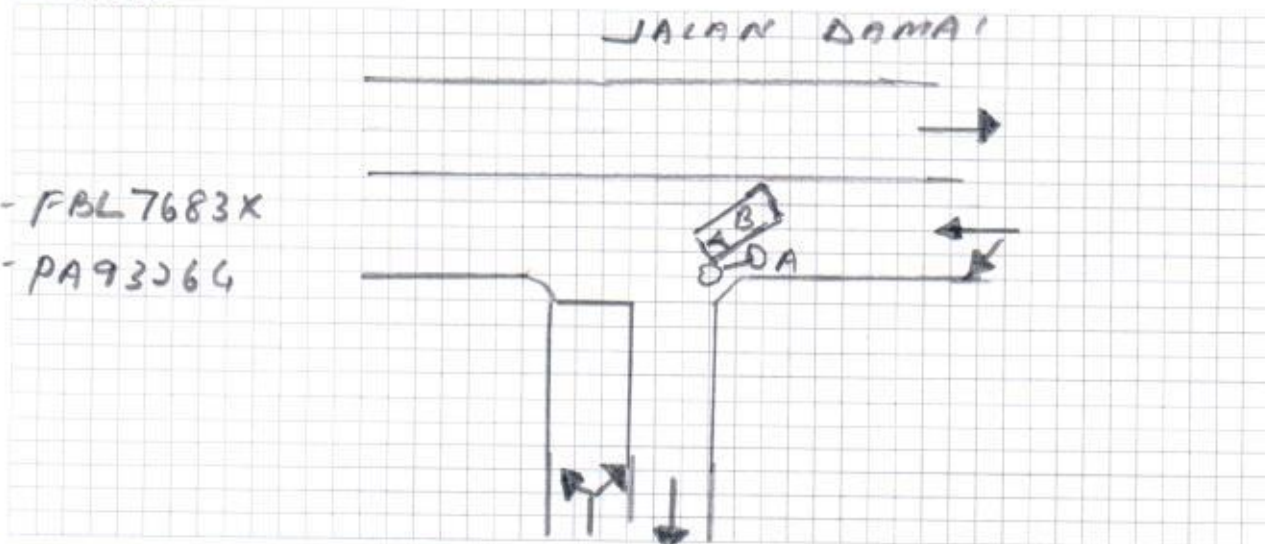
02/01/19

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

SKETCH PLAN

A - FBL7683X

B - PA93066



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20190101/2078

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature
Date & Time:

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

[Signature] 02/01/19

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



**SINGAPORE
POLICE FORCE**



T/20190101/2078

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 4

Report No. T/20190101/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/01/2019 17:15	Vide Report No.:	Station Diary No.: 57
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Informant's Particulars

Name of Informant: MUHAMMAD FAIZAL BIN SHALIHUDDIN			Address: APT BLK 127 BEDOK NORTH STREET 2 #02-68 SINGAPORE 460127		
ID Type / ID No.: NRIC NO / S9426187B			Contact No.: Home/Office: Mobile: 94561104		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 24/07/1994	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: SMRT DEPOT Supervisor			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/01/2019 10:15	Type of Location: Straight Road
Location: Along Road 1 JALAN DAMAI				
Before carpark entrance of Blk 666-672 Jalan Damai				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL7683X	Motorcycle	HONDA	CBF190WH	Black	Slightly Damaged	0
PA9326G	Omnibus	TOYOTA		White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL7683X	NTUC Income Insurance Co-Operative Limited	5100237424	27/04/2018	02/03/2019



SINGAPORE POLICE FORCE



T/20190101/2078

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20190101/2078

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD FAIZAL BIN SHALIHUDDIN	ID No.	S9426187B
Related Vehicle	FBL7683X (Motorcycle)	Contact No.	94561104
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	01/01/2019	Date Discharge	01/01/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	MAHAYINTHERAN S?O PAKIRSAMY	ID No.	S6838852Z
Related Vehicle	PA9326G (Omnibus)	Contact No.	86243114
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 01/01/2019 at about 1015hrs, I was riding my motorcycle bearing registration number FBL7683X alone, traveling straight along Jalan Damai. I was riding at less than 25km/h. Road traffic was smooth and road surface even with no road hazards.

I was riding straight and kept to the left as I intended to make a left turn into the carpark of Blk 666 - 672 Jalan Damai. There was a vehicle bearing registration number PA9326G in front of me and I maintained a safe following distance. Upon approaching the said car park, vehicle PA9326G suddenly jammed the brakes. I could not react in time but to swerve slight to the left to the left side in between the front left portion of the vehicle and the road kerb.

I recalled there was no signal light intention from PA9326G and no other vehicle traveling in front of it. Vehicle PA9326G suddenly made a left turn into the carpark, and its' front left portion hit onto the right handle bar of my bike, causing me to fall onto the road surface. After the driver of PA9326G parked his vehicle, we met up and inspected the damage. There were scratches found on the left front portion of PA9326G, and the right side of my bike was damaged. I could start the engine but the bike would not move even after gear was engaged. I suffered abrasion and cuts on both my left arms and right foot. My right foot was swollen after the accident. There was no injury observed from the driver of PA9326G. We exchanged particulars and left scene shortly after.

I seek medical treatment at CGH and was given 4 days of MC.



**SINGAPORE
POLICE FORCE**



T/20190101/2078

Police Station Of Origin:

Bedok North N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

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Report No. T/20190101/2078

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190101/2078

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20190101/2078

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:
G /
Sr Staff Sgt MUHAMMAD SUFFIAN BIN ABDUL
RAHIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /

Contact No.:

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
01/01/2019 17:15

Classification Of Case:

SIGNATURE

REPUBLIC OF SINGAPORE. DRIVING LICENCE

License Number **S9426187B**

Name
MUHAMMAD FAIZAL BIN SHALIHUDDIN

Birth Date **24 Jul 1994**

Issue Date **11 Apr 2013**

002170319D



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9426187B**

Name
MUHAMMAD FAIZAL BIN SHALIHUDDIN

Race
MALAY

Date of birth
24-07-1994

Country/Place of birth
SINGAPORE

Sex
M





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Effective Date
Class 2B	Motorcycles <= 200 CC	30 Mar 2014
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	11 Apr 2013

S9426187B

S / No. 9000293640

License No: S9426187B



5978951

Barcode

NRIC No. **S9426187B**

Date of issue
13-07-2018

Address
**APT BLK 127 BEDOK NORTH STREET 2
#02-68
SINGAPORE 460127**



Hello, NAC_PAYA_UBI_800601

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[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="01/01/2019 10:15"/>
Vehicle No.(For Motor)	<input type="text" value="FBL7683X"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5100237424		MUHAMMAD FAIZAL BIN SHALIHUDDIN	S9426187B	GMC	Third Party	FBL7683X	FBL7683X	27/04/2018	02/03/2019

Claim Handling

Accident MT/1026035

Policy No.	5100237424	Vehicle No.	FBL7683X	GST Registration No.
Certificate No.				
Policyholder Name	MUHAMMAD FAIZAL BIN SHALIHUDDIN			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	94561104	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

▼ Accident Details

Report Date	02/01/2019 16:46	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	01/01/2019	Time of Accident hh:mm	10:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JLN DAMAI B4 CARPARK ENTRANCE OF BLK 666-672			

▼ 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 127 #02-68	Address 2	BEDOK NORTH STREET 2	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-68	Related Policy Number	5100237424	

▼ OI Driver Info

Driver Name	MUHAMMAD FAIZAL BIN SHALIHUDDIN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9426187B	Driver DOB
Register Date of Driver License	01/01/2005	Driver Age	24	Driving Experience
Contact No.(Mobile)	94561104	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 127 #02-68	Address 2	BEDOK NORTH STREET 2	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-68			
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 002 OD-MX

New

Claim Type *	OD-MX ▼	Insured Name	MUHAM
Contact No.(Mobile)	94561104	Contact No. (Home)	
Email Address		OI Vehicle Number	FBL768
Claim Description	FBL7683X / PA9326G ON 1 Jan 2019		
Preferred Workshop		Insured Liability	Not at Fault ▼
Contact No. Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop, Name unknown ▼
Date Registered		GIA report	Received ▼
Report Taken By		Claim Close Date	02/01/2019 17:43
		Workshop Repairer	ROS LINDA

Print AK letter

Save Submit

Attachment

Accident No.	MT/1026035	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/01/2019 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 02 Jan 2019 17:42	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2019 17:42	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2019 17:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2019 17:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2019 17:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2019 17:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2019 17:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2019 17:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2019 17:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2019 17:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2019 17:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2019 17:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2019 17:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2019 17:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2019 17:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2019 17:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2019 17:40	Photos	Normal	Photos



Video List

Uploaded By/Date	Folder Date	File Name	
		<div>Display in New Window</div>	<div>Scan and uploading</div>