NATIONAL Assessment Centre Services. (wef 1 Jan'05) MNA 119 008870

	Job description	Date & Time Completed	Done by
Date In: 18/1/19-19:04	SAS e-filing		
Ref No: NA/INC1900574/24	E-mail (within 8hrs, AIC 2hrs)		
Veh No: SCY8372D.	i-Motor Claim Form	M/10285 34-001	18/1/19 20:32
D.O.A : 12/1/19-19:45	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only	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: SLE 5837D. 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

NA1900574.

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) 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) FT : 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:-			
OD*			
*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: Idac Mobile	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

MNA119008880 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 18/01/2019 19:04
SUBMITTED BY: Jackson Ho Zhao Tian

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 18/01/2019 20:49

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 witholding 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	18/01/2019 19:04
Date Of Accident	10/01/2019 19:45
Exact Location Of Accident	ALONG MIDDLE RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SCY8321D
Insured/Policyholder	
Name Of Registered Owner	AIS AUTOMOBILE PTE LTD
Co Reg No	201828408E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97516802
Alternative Phone No	OFFICE-97516802
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PICNIC AUTO W/O ROOF RACK
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5104265335
Cover Note Number	
Driver	
Name of Driver	KOH BUAN HENG
NRIC No	S1336494Z
Date Of Birth	25/03/1958
Occupation	INDOOR
Date Of Driving Pass	01/01/1978
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82223383
Fax Number	
Contact Number	OFFICE-82223383
EMail Address	NOEMAIL

Address	BLK 114 JURONG EAST STREET 13 #01-400
Postcode	600114
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	COLLISION - CHANGE/CROSS LANE
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	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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: : - GENDER: : MALE

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE5837B
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 OTHER VEHICLE PROPERTY 2	
Vehicle Registration Number	SGT9884T
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)	

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 orpossessed 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[illegible]irements under any regulations, laws or court orders.

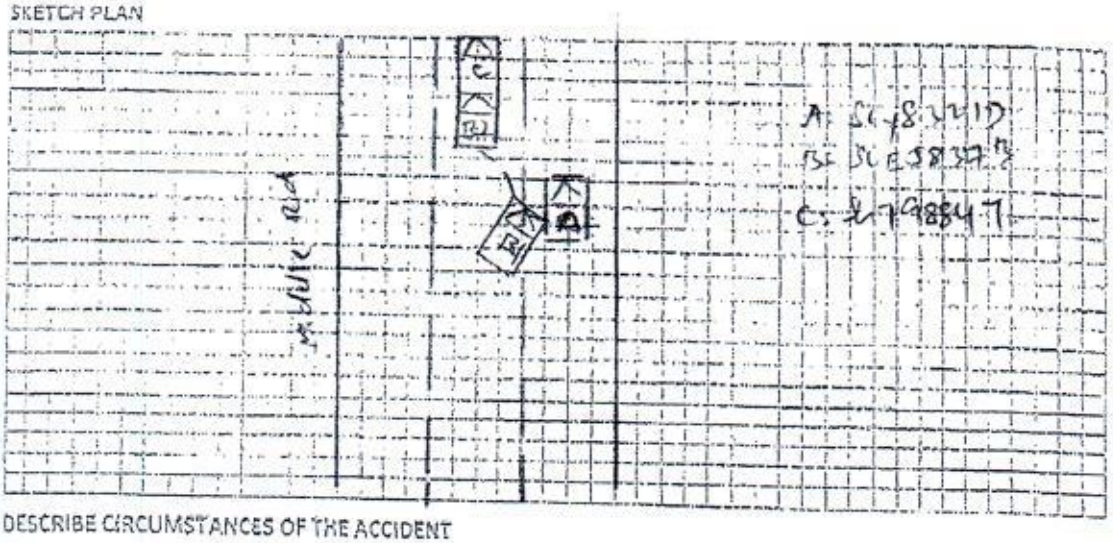
AIS AUTOMOBILE PTE LTD REG. NO. 201828408E

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

On the stated time and Date I was driving my car (Veh': SCY8321D) at Victoria street and cross Junction middle Road when I felt an impact from my left. I realised that a car (Veh B: SGT9884T) has collided on to the left side of my vehicle and it continue forward to collide onto another car (Veh C: SLE5537B).

DECLARATION

I/We declare the [illegible] is are true in every respect.

Policyholder's Signature
Date & Time:

AIS AUTOMOBILE PTE LTD
REG. NO. 201828408E

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

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

Date of Accident : 10/1/18 Accident Time: 1945 (24-HR-Format)

Accident Place : Junction of Victoria Road & Middle Road

Vehicle Reg. No. (Car Plate No.) : SCY8321D

Vehicle Make/Model : Toyota Picnic 2.0A

Insurance Company : NTUC INCOME Policy No. 5101424789 (5104263335)

Owner or Company Name /IC No. : Traders Place Pte Ltd

Owner or Company Contact No. : 97518802 Owner's Hp _____ Company Tel

DRIVER'S Name / IC No. : Koh buan heng

DRIVER'S Date Of Birth : 25/03/1958 DRIVER'S License Pass Date 1/1/1978

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ (Employee) \ Others: _____

DRIVER'S Address : Blk 114 Jurong east street 13 #01-400 S(600114)

DRIVER'S Contact No./ Alt No. :1) 8222 3383 2) _____

DRIVER'S Occupation (INDOOR) \ OUTDOOR (e.g. working inside or outside office)

Email Address : samlim0577@gmail.com

Weather & Road Surface (CLEAR & DRY) \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ (Claim Other Party) \ Claim Own Insurance

Number of Passengers (Including Driver): 02, Innie passanges.

Was there any video Captured by car camera: (YES) \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SLE 5837B

Vehicle Make\Model: _____

Name Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

Vehicle Reg. No: SGT 9884T

Vehicle Make\Model: _____

Name Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1336494Z

Name

KOH BUAN HENG

Race
CHINESE

Date of Birth
25-03-1958

Sex
M

Country of Birth
SINGAPORE

A9012311

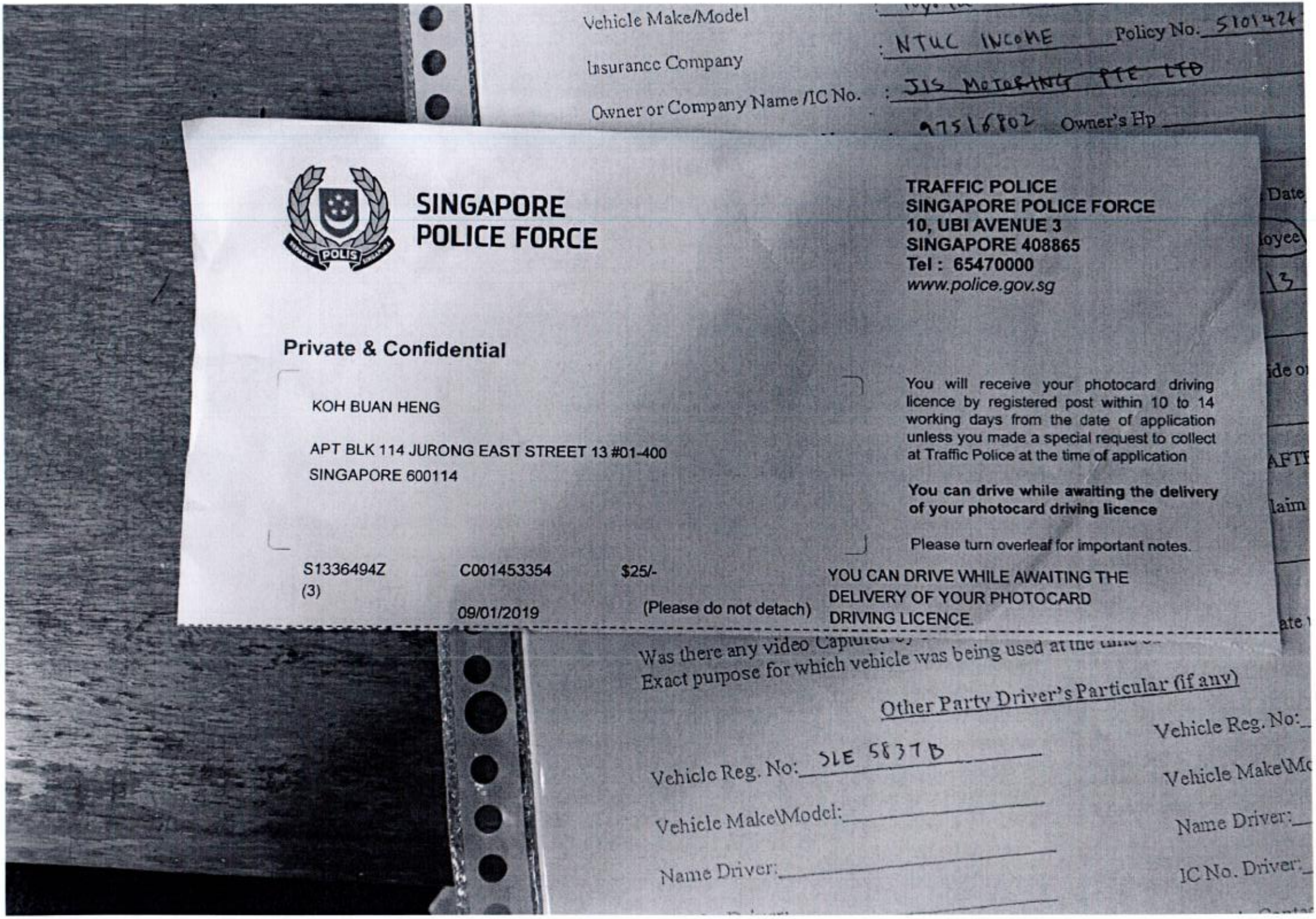
NRIC No. S1336494Z

Blood Group -

Date of issue 11-06-2003

APT BLK 114 JURONG EAST STREET 13 #01-400
SINGAPORE 600114

RIC No: S1336494Z Date: 04/10/2018



Vehicle Make/Model

Insurance Company : NTUC INCOME Policy No. 5101424

Owner or Company Name /IC No. : JIS MOTORING PTE LTD

97516802 Owner's Hp

SINGAPORE POLICE FORCE

TRAFFIC POLICE
SINGAPORE POLICE FORCE
10, UBI AVENUE 3
SINGAPORE 408865
Tel : 65470000
www.police.gov.sg

Private & Confidential

KOH BUAN HENG

APT BLK 114 JURONG EAST STREET 13 #01-400
SINGAPORE 600114

You will receive your photocard driving licence by registered post within 10 to 14 working days from the date of application unless you made a special request to collect at Traffic Police at the time of application

You can drive while awaiting the delivery of your photocard driving licence

Please turn overleaf for important notes.

S1336494Z (3) C001453354 $25/- 09/01/2019 (Please do not detach)

YOU CAN DRIVE WHILE AWAITING THE DELIVERY OF YOUR PHOTOCARD DRIVING LICENCE.

Was there any video Captured o

Exact purpose for which vehicle was being used at the time

Other Party Driver's Particular (if any)

Vehicle Reg. No: SLE 5837B

Vehicle Make\Model:

Name Driver:

Vehicle Reg. No:

Vehicle Make\Mo

Name Driver:

IC No. Driver:

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601 › Change Language › Change Password › Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. 5104265335 Date of Accident 10/01/2019 19:45

Vehicle No.(for Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5104265335		AIS AUTOMOBILE PTE. LTD.	201828408E	GMT	Third Party		KOH CHIN WAN/S7725624E_VINCENT GOH SWEE MENG (WU RUIMING)/S7241147A	28/09/2018	27/09/2019

Continue

Policy Information

Policy No.	5104265335	Policyholder Name	AIS AUTOMOBILE PTE. LTD.	Policyholder NRIC	201828408E
Certificate No.					
Address	60 JALAN LAM HUAT #05-13 CARROS CENTRE SINGAPORE 737869				
Product Name	MOTOR TRADE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	28/09/2018	Effective Date	28/09/2018 00:00	Expiry Date	27/09/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	558.05		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	THINK ONE AUTOMOBILE & TRA	Agent Tel.	65553300	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	60 JALAN LAM HUAT	Address 2	#05-13 CARROS CENTRE	Address 3	SINGAPORE 737869
Address 4		Address Type	Singapore address	Post Code	737869
Unit No.	05-13	Related Policy Number	5104265335		

Insured Object: KOH CHIN WAN/S7725624E_VINCENT GOH SWEE MENG (WU RUIMING)/S7241147A

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	15/11/2018 00:00	Basic Information Endorsement	Entry Rejected	Thank you for giving us the opportunity to serve you. We confirm that from 15 Nov 2018, the following amendment(s) is/are made to this policy: INCLUSION OF NAMED DRIVER 1. G 2. K In view of this amendment, an additional premium of $660.08 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.
2	03/01/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 03 Jan 2019, the following amendment(s) is/are made to this policy: INCLUSION OF NAMED DRIVER 1. KOH CHIN WAN 2. VINCENT GOH SWEE MENG (WU RUIMING) In view of this amendment, an additional premium of $558.05 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since

Claim Handling

Exit

The premium on this policy has not been collected.

Accident MT/1028524

Policy No.	5104265335	Vehicle No.		GST Registration No.	
Certificate No.					
Policyholder Name	AIS AUTOMOBILE PTE. LTD.			Policyholder NRIC	201828408E
Product Code	MOTOR TRADE INSURANCE	Cover Type	Third Party	Loading	2
Motor Trade Plate No.	SCY8321D	Motor Trade Driver Name	KOH BUAN HENG	Motor Trade Driver NRIC	S1336494Z
Contact No.(Mobile)	97516802	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	18/01/2019 20:50	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	10/01/2019	Time of Accident hh:mm	19:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG MIDDLE 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	No

Modification History

Policyholder Mailing Address

Address 1	60 JALAN LAM HUAT	Address 2	#05-13 CARROS CENTRE	Address 3	SINGAPORE 737869
Address 4		Address Type	Singapore address	Post Code	737869
Unit No.	05-13	Related Policy Number	5104265335		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KOH BUAN HENG	Driver NRIC	S1336494Z	Driver DOB	25/03/1958
Register Date of Driver License	01/01/1978	Driver Age	60	Driving Experience	41
Contact No.(Mobile)	82223383	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 114	Address 2	JURONG EAST STREET 13	Address 3	JURONG EAST VILLE
Address 4	SINGAPORE 600114	Address Type	Singapore address	Post Code	600114
Unit No.	01-400				
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 OD-MX New

Claim Type *	OD-MX	Insured Name	AIS AUTOMOBILE PTE. LTD.	Insured NRIC	201828408E
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number		TP Vehicle Number	SLE5837B
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	/ SLE5837B ON 10 Jan 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	18/01/2019 20:53	Claim Close Date		Date Received	18/01/2019 20:54
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	

☑ Print AK letter

Save Submit

Attachment

Accident No.	MT/1028524	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	18/01/2019 20:54

Path *		Category *	Confidential	Urgency *	Description *
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	

	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 20:54	NRIC/ Driving License		Normal	NRIC/ Driving License 2019-1-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 20:54	NRIC/ Driving License		Normal	NRIC/ Driving License 2019-1-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 20:54	NRIC/ Driving License		Normal	NRIC/ Driving License 2019-1-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 20:54	SAS		Normal	SAS 2019-1-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 20:54	Photos		Normal	Photos 2019-1-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 20:54	Photos		Normal	Photos 2019-1-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 20:54	Photos		Normal	Photos 2019-1-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 20:54	Photos		Normal	Photos 2019-1-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 20:54	Photos		Normal	Photos 2019-1-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 20:54	Photos		Normal	Photos 2019-1-18		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jan 2019 20:54	Photos		Normal	Photos 2019-1-18		Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display In New Window Scan and uploading