

NATIONAL Assessment Centre Services. [ver 1 Jan 03] MUA 119009347.

Date In: 21/1/19 09:44	Job description	Date & Time Completed	Done by
Ref No: NA/INC19001245/64	SAS e-filing		
Veh No: FBB 8461R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 17/1/19 07:50	I-Motor Claim Form	MT/1028354 ⁰⁰¹	21/1/19 18:08
OD / TP / Rep(air) 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: SME 9194J. 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:	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

Client's Particulars	Invoice Description	Am't (\$)	R. Am't (\$)
NA1900582 Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Ref: 1: Ref: 2/3:	1) AR: Accident Reporting (\$30);	30.00	
	2) DA: Damage Assessment (\$100); INC (\$30)		
	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 19 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NFUC Additional Services:-		
	9) NI2: Idao Mobile		
	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 (N-on INC) against INC \$20		
	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	21/01/2019 09:44
Date Of Accident	17/01/2019 07:50
Exact Location Of Accident	PIPIT RD NEAR LAMP POST 10
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBB8461R
Insured/Policyholder	
Name Of Registered Owner	AROCKIASAMY JOSEPH
NRIC No	S8183944A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94244341
Alternative Phone No	OFFICE-94244341
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YBR125
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	5069887140-03
Cover Note Number	-
Driver	
Name of Driver	AROCKIASAMY JOSEPH
NRIC No	S8183944A
Date Of Birth	12/12/1981
Occupation	OUTDOOR
Date Of Driving Pass	12/09/2003
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94244341
Fax Number	
Contact Number	OFFICE-94244341
Email Address	NOEMAIL

Address	BLK 66 CIRCUIT RD #06-329
Postcode	370066
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	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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
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	SME9194J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NATHANAEL TAN KIAN WEE
NRIC/Passport Number	S8435226H
Contact Number	90027006
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	AROCKIASAMY JOSEPH
Approximate Age	
Injuries Sustain	CUT ON TOE, ABRASION LEFT FOREARM
Injured person in which vehicle?	FBB8461R
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:



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



**SINGAPORE
POLICE FORCE**



T/20190118/2174

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Report No. T/20190118/2174

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AROCKIASAMY JOSEPH	ID No.	S8183944A
Related Vehicle	FBB8461R (Motorcycle)	Contact No.	94244341
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	17/01/2019	Date Discharge	18/01/2019
No. of Days granted Medical Leave	17	Degree of Injury	Serious
Rider			
Name	Nathanael Tan Kian Wee	ID No.	S8435226H
Related Vehicle	SME9194J (Car)	Contact No.	90027006
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 17/01/2019 at about 0750hrs, I was riding my bike, FBB8461R along Pipit Road near to lamppost 10. I was riding on the left side of the two lanes Road. Suddenly, I saw a yellow taxi turn out from the carpark on the left to the most right lane. A Black BMW, SME9194J which was travelling in front of me jammed break. I also jammed break and swerved to the right to avoid hitting the car. The left side of my handle bar hit onto the right rear light of the car. I lost balance and fall on the right together with my bike. I suffered cut between my 4th and 5th toe. The car owner then took out his first aid box and assisted me. Traffic police and ambulance were at scene. I was conveyed to Tan Tock Seng Hospital and was discharged on 18/01/2019 with 17 days of medical leave. I suffered fractured on my 5th toe and abrasion on my left forearm. The front and the gear lever of my bike were damaged.



**SINGAPORE
POLICE FORCE**



T/20190118/2174

3 of 3

Report No. T/20190118/2174

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

CONTINUATION OF REPORT

Sketch Plan

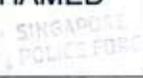
Informant is not able to provide sketch plan

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 2 ANG KAH LUN	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247	

Signature Of Informant:	
Date/Time: 18/01/2019 17:20	
Classification Of Case:	

Authentication Stamp
NP168



REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of Arockiasamy Joseph

License Number: **S8183944A**

Name: **AROCKIASAMY JOSEPH**

Birth Date: **12 Dec 1981**

Issue Date: **07 May 2008**

Barcode: 001600017K

PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

CLASS	DESCRIPTION	PASS DATE
Class 2B	Motorcycles <= 200 CC	12 Sep 2003
Class 2	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	12 Sep 2003
Class 4	heavy motor cars and motor tractors > 2500 kg	27 Aug 2008
Class 5	Motor vehicles > 7250 kg not constructed to carry any load	13 Jul 2009

S / No. 9000108044

88183944A

NP 438A

Barcode: Licence No: S8183944A

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S8183944A



Name
AROCKIASAMY JOSEPH

அரோகியம்
 Race
INDIAN

Date of birth
12-12-1981

Country/Place of birth
INDIA

Sex
M





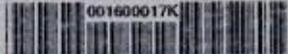
REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8183944A

Name
AROCKIASAMY JOSEPH

Birth Date: 12 Dec 1981
 Issue Date: 07 May 2008

001600017K

9442486



NRIC No. S8183944A

59571

Nationality
INDIAN

Date of issue
25-04-2017

Address
**APT BLK 66 CIRCUIT ROAD
 #06-329
 SINGAPORE 370066**



DRIVE VEHICLES IN THE FOLLOWING CLASS

Class 2B Motorcycles <= 200 CC
 Class 3 Motor cars <= 2000 kg with <= 7 passengers, exclusive of drivers and motor tractors/bikes <= 2500 kg
 Class 4 Heavy motor cars and motor tractors > 2500 kg
 Class 5 Motor vehicles > 7250 kg not constructed to carry any load

S8183944A

NP 433A

Licence No: S6153944A




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) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5069887140-03		AROCKIASAMY JOSEPH	58183944A	GMC	Third Party	FBB8461R	FBB8461R	10/02/2018	09/02/2019

Continue

Claim Handling

Accident MT/1028354

Policy No.	5069887140-03	Vehicle No.	FBB8461R	GST Registration No.	
Certificate No.					
Policyholder Name	AROCKIASAMY JOSEPH			Policyholder NRIC	SB18
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<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	No
Accident Details					
Report Date	18/01/2019 10:22	Accident Report Within 24 hrs	Non-Reporting	Accident Type	Collisi
Date of Accident	17/01/2019	Time of Accident hh:mm	08:00	Country of Accident	Singa
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	PIPET ROAD				
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 66 #06-329	Address 2	CIRCUIT ROAD	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	37001
Unit No.	06-329	Related Policy Number	5069887140-04		
OI Driver Info					
Driver Name	AROCKIASAMY JOSEPH	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	SB183944A	Driver DOB	12/17
Register Date of Driver License	12/09/2003	Driver Age	37	Driving Experience	15
Contact No.(Mobile)	94244341	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 66 #06-329	Address 2	CIRCUIT ROAD	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	37001
Unit No.	06-329				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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 **New**

Claim Handling

Accident MT/1028354

Policy No.	5069887140-03	Vehicle No.	FBB8461R	GST Registration No.	
Certificate No.					
Policyholder Name	AROCKIASAMY JOSEPH			Policyholder NRIC	SB18
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<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	No
Accident Details					
Report Date	18/01/2019 10:22	Accident Report Within 24 hrs	Non-Reporting	Accident Type	Collisi
Date of Accident	17/01/2019	Time of Accident hh:mm	08:00	Country of Accident	Singa
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	PIPET ROAD				
Excess					
Total Excess Applicable					
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			
Excess Type		Windscreen Excess			

All Claims Excess
 YIED All Claim Excess
 Total All Claim Excess Applicable
 OD Standard Excess
 YIED OD Excess
 Additional Excess
 Total OD Excess Applicable

Driver is Covered?
 TP Standard Excess
 YIED TP Excess
 Driver is Covered?
 Total TP Excess Applicable

Benefits

GST Registered Information



Policyholder Mailing Address

Address 1	BLK 66 #06-329	Address 2	CIRCUIT ROAD	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	3700
Unit No.	06-329	Related Policy Number	5069887140-04		

OI Driver Info

Driver Name	AROCKIASAMY JOSEPH	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8183944A	Driver DOB	12/11
Register Date of Driver License	12/09/2003	Driver Age	37	Driving Experience	15
Contact No.(Mobile)	94244341	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 66 #06-329	Address 2	CIRCUIT ROAD	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	3700
Unit No.	06-329				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading? 0 mg Any injury? Yes No

Modification History

Claim 002 OD-MX **New**

Claim Type * **OD-MX** Insured Name **AROCKIASAMY JOSEPH**

Contact No.(Mobile) **94244341** Contact No. (Home)

Email Address OI Vehicle Number **FBBB461R**

Claim Description **FBBB461R / SME9194J ON 17 Jan 2019**

Preferred Workshop Finalisation Insured Liability **Partially at Fault** GIA report **Received**

Date Registered **21/01/2019 18:07** Claim Close Date

Report Taken By **LIEW SHAN HUI** Workshop Repairer

Print AK letter

Save Submit

Attachment

Accident No.	MT/1028354	Claim No.	002
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	21/01/2019 18:08
Path *	Category *	Confidential	Urgency *
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on	21 Jan 2019 18:08	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-21



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:08	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:08	SAS	Normal	SAS 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:08	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:08	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:08	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:07	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:07	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:07	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:07	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:07	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:07	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:07	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:07	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:07	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:07	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:07	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:07	Photos	Normal	Photos 2019-1-21
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:07	Photos	Normal	Photos 2019-1-21

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	