


# NATIONAL Assessment Centre Services. [ver 1 Jan 03] MNA 119011399.

Date In: 24/11/19 09:07	Job description	Date & Time Completed	Done by
Ref No: NA/Inc 19001568164	SAS e-filing		
Veh No: YM 120 Y	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 23/11/19 12:10	I-Motor Claim Form	M711029338-001	24/11/19 13:42
OD:  Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: (	Tel:	Fax:
TP Particulars:	Veh No: YP 4983 G	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

<p>NA 1900702</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Ref 1:</p> <p>Ref 2/3:</p>	<p>Invoice Itemization Checklist</p> <table border="1"> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td>70.00</td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$80)</td> <td></td> </tr> <tr> <td>3) TP: Towing Fee \$40/\$45</td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey \$120</td> <td></td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey) \$30</td> <td></td> </tr> <tr> <td colspan="2">For claiming against INC Only (wef 10 Jan 2003)</td> </tr> <tr> <td>6) TR: Re-inspection \$75</td> <td></td> </tr> <tr> <td>7) NI: Idao DA + SMRT Survey \$160</td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> </tr> <tr> <td>ON:</td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tpt Allowance \$5</td> <td></td> </tr> <tr> <td>*N6: Repair Co-ordination \$10</td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection \$25</td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination \$5</td> <td></td> </tr> <tr> <td>TP (N11): TP (Non INC) against INC \$20</td> <td></td> </tr> <tr> <td>9) N12: Idao Mobile \$0</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> </tr> </table>	1) AR: Accident Reporting (\$30);	70.00	2) DA: Damage Assessment (\$100); INC (\$80)		3) TP: Towing Fee \$40/\$45		4) FT: Follow-Through Survey \$120		5) PT: Follow-Through Survey (Resurvey) \$30		For claiming against INC Only (wef 10 Jan 2003)		6) TR: Re-inspection \$75		7) NI: Idao 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: Idao Mobile \$0		Invoice dated	Fee Charged	Invoice dated	Fee Charged
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## 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	24/01/2019 09:07
Date Of Accident	23/01/2019 12:10
Exact Location Of Accident	BUKIT BATOK ST 31 CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YM120Y
Insured/Policyholder	
Name Of Registered Owner	OS BAGUS FOODSTUFF
Co Reg No	52999085K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67481363
Vehicle Particulars	
Manufacturer	ISUZU
Model	NPR85UH5A 3.0 MT
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104609828
Cover Note Number	-
Driver	
Name of Driver	ANBALAGAN MURUGADASS
NRIC No	G2500460X
Date Of Birth	25/07/1992
Occupation	OUTDOOR
Date Of Driving Pass	29/12/2014
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84607648
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	57 UBI AVE 1 #02-03
Postcode	408936
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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)	1

#### 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

MY LORRY PARKED AT THE BUKIT BATOK ST 31 CARPARK TO DELIVERY, ALL OF A SUDDEN, I FELT AN IMPACT FROM RIGHT HAND SIDE, AFTER THE INCIDENT, I REALIZED VEH B (BEARING NO YP4983G) REVERSING AND HIT ONTO MY VEH RIGHT HAND SIDE.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FRONT CAMERA ONLY
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP4983G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TOH ENG LYE
NRIC/Passport Number	S1813502G
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 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.:

# SKETCH PLAN

A = YM 120Y  
B = YP 4983 G

Reversed

Bukit Batok St 31 Carpark

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

## 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.:



**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number: **G2500460X**  
 Name: **ANBALAGAN MURUGADASS**  
 Birth Date: **25 Jul 1992**  
 Issue Date: **30 Jul 2015**  
 Valid Till: **28/12/2019**

002456639F

SG 50

**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore


 Name: **ANBALAGAN MURUGADASS**  
 S Pass No.: **0 36461365** Sector: **SERVICE**

Employer: **OS BAGUS FOODSTUFF**

K0769547

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

		EFFECTIVE DATE
Class 2	Motorcycles =< 200 cc	29 Dec 2014
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	29 Dec 2014

Licence No: G2500460X

NP 428A

**VISIT PASS**  
Immigration Regulations


 Name: **ANBALAGAN MURUGADASS**  
 FIN: **G2500460X**  
 Date of Birth: **25-07-1992** Sex: **M**  
 Nationality: **INDIAN**  
**MULTIPLE JOURNEY VISA ISSUED**


 Download SGWorkPass App to check status

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

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104609828		OS BAGUS FOODSTUFF	52999085K	GCV	Preferred Workshop Plan	YM120Y	YM120Y	15/10/2018	14/10/2019

## 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 :** 5104609828

**Cover :** Preferred Workshop Plan

- |  |                      |
|--|----------------------|
| 1. Index mark and Registration Number of Vehicle   | : To Be Advised      |
| Chassis Number   | : JAANPR85HJ7100184  |
| 2. Name of Policyholder  | : OS BAGUS FOODSTUFF |
| 3. Effective Date of Insurance   | : 15 Oct 2018        |
| 4. Expiry Date of Insurance  | : 14 Oct 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.<br>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.  |                      |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.  |                      |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# 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
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (SINGAPORE) 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 : PRO-LINK INSURANCE AGENCY (00000615233)

Date of Issue : 11 Oct 2018 12:46 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive



Claim Handling  
Accident MT/1029338

Policy No.	5104609828	Vehicle No.	YM120Y	GST Registration No.	M903
Certificate No.					
Policyholder Name	OS BAGUS FOODSTUFF			Policyholder NRIC	5299
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	67481363	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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(%)	0	Private Hire	No
▼ Accident Details					
Report Date	24/01/2019 13:38	Accident Report Within 24 hrs	Yes	Accident Type	Dama
Date of Accident	23/01/2019	Time of Accident hh:mm	12:10	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT BATOK ST 31 CARPARK				
▼ Excess					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.0
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
▼ Benefits					
▼ GST Registered Information					
GST Registered	Yes	GST Registration Date	01/01/2015		
GST Registration No.	M90357916L	GST Status Verified	No		
Modification History					
▼ Policyholder Mailing Address					
Address 1	57 UBI AVENUE 1	Address 2	#02-03 UBI CENTRE	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	4089
Unit No.		Related Policy Number	5087373023-02		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ANBALAGAN MURUGADASS	Driver NRIC	G2500460X	Driver DOB	25/01
Register Date of Driver License	29/12/2014	Driver Age	26	Driving Experience	4
Contact No.(Mobile)	84607648	Contact No.(Office)		Contact No.(Home)	
Address 1	57 UBI AVENUE 1	Address 2	#02-03 UBI CENTRE	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	4089
Unit No.	02-03				
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?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 New

Claim Handling  
Accident MT/1029338

Policy No.	5104609828	Vehicle No.	YM120Y	GST Registration No.	M903
Certificate No.					
Policyholder Name	OS BAGUS FOODSTUFF			Policyholder NRIC	5299
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	67481363	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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(%)	0	Private Hire	No
▼ Accident Details					
Report Date	24/01/2019 13:38	Accident Report Within 24 hrs	Yes	Accident Type	Dama
Date of Accident	23/01/2019	Time of Accident hh:mm	12:10	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT BATOK ST 31 CARPARK				
▼ Excess					
Total Excess Applicable					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.0
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Excess Type		Windscreen Excess	100.00		

1/24/2019

## Claim Handling(accident reporting Claim Task )

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	57 UBI AVENUE 1	Address 2	#02-03 UBI CENTRE	Address 3	SING.
Address 4		Address Type	Singapore address	Post Code	4089.
Unit No.		Related Policy Number	5087373023-02		

## 01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	25/05
Unnamed driver Name	ANBALAGAN MURUGADASS	Driver NRIC	G2500460X	Driving Experience	4
Register Date of Driver License	29/12/2014	Driver Age	26	Contact No.(Home)	
Contact No.(Mobile)	84607648	Contact No.(Office)		Contact No.(Home)	
Address 1	57 UBI AVENUE 1	Address 2	#02-03 UBI CENTRE	Address 3	SING.
Address 4		Address Type	Singapore address	Post Code	4089.
Unit No.	02-03				
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
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## Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	OS BAGUS FOODSTUFF
Contact No.(Mobile)	90229177	Contact No. (Home)	NIL
Email Address		Ol Vehicle Number	YM120Y
Claim Description	YM120Y / YP4983G ON 23 Jan 2019		
Preferred Workshop	0	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	24/01/2019 13:41
		Workshop Repairer	LIEW SHAN HUI

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1029336	Claim No.	001
Last Doc. Received	Yes * No	Upload Date	24/01/2019 13:42
Path *		Category *	
Choose File No file chosen		Clear	Please Select
Choose File No file chosen		Clear	Please Select
Choose File No file chosen		Clear	Please Select
Choose File No file chosen		Clear	Please Select
Choose File No file chosen		Clear	Please Select
Choose File No file chosen		Clear	Please Select
Message Read		Clear	Please Select

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-24	
24 Jan 2019 13:42				





Video List

NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2019 13:42	SAS	Normal	SAS 2019-1-24
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2019 13:42	Photos	Normal	Photos 2019-1-24
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2019 13:42	Photos	Normal	Photos 2019-1-24
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2019 13:42	Photos	Normal	Photos 2019-1-24
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2019 13:41	Photos	Normal	Photos 2019-1-24
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2019 13:41	Photos	Normal	Photos 2019-1-24
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2019 13:41	Photos	Normal	Photos 2019-1-24
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NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2019 13:41	Photos	Normal	Photos 2019-1-24
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2019 13:41	Photos	Normal	Photos 2019-1-24

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading