

NATIONAL Assessment Centre Services.

[ver 1 Jan'05] MYWA 119013816

Date In: 29/1/19 14:51	Job description	Date & Time Completed	Done by
Ref No: NA/INC19001880/h4	SAS e-filing		
Veh No: 6Y39A	E-mail (within 8hrs, AIC 2hrs)		
DOA: 26/1/19 03:20	I-Motor Claim Form	MT/1030072 <sup>001</sup>	29/1/19 17:32
OD: <u>AP</u> Reporting 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: Vch No: SLX 655 CE 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)

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	Action

Claimant's Particulars	Invoice Itemization	Amount (\$)	Remarks
	1) AR: Accident Reporting (\$30);	30.00	
	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TP: Towing Fee \$40/\$45		
Contact No:	4) FT: Follow-Through Survey \$120		
Damaged Portion:	5) FT: Follow-Through Survey (Resurvey) \$30		
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75		
Auditors' Comments:	7) N1: 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 30		
	Invoice dated	Fees Charged	
	Invoice dated	Fees 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	29/01/2019 14:51
Date Of Accident	26/01/2019 03:20
Exact Location Of Accident	JUNC OF LENTOR AVE & YIO CHU KANG RD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY39A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WENG SOON AUTO & LEASING
Co Reg No	53227794E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92727979

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5085190811-02
Cover Note Number	-

#### Driver

Name of Driver	LIM GUANGXIAN (LIN GUANGXIAN)
NRIC No	S8132512Z
Date Of Birth	26/10/1981
Occupation	OUTDOOR
Date Of Driving Pass	01/04/2016
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94886857
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 350A CANBERRA RD #10-327
Postcode	751350
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
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	SLX6556E
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 INJURED PERSON 1**

Name	LIM GUANGXIAN (LIN GUANGXIAN)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GY39A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

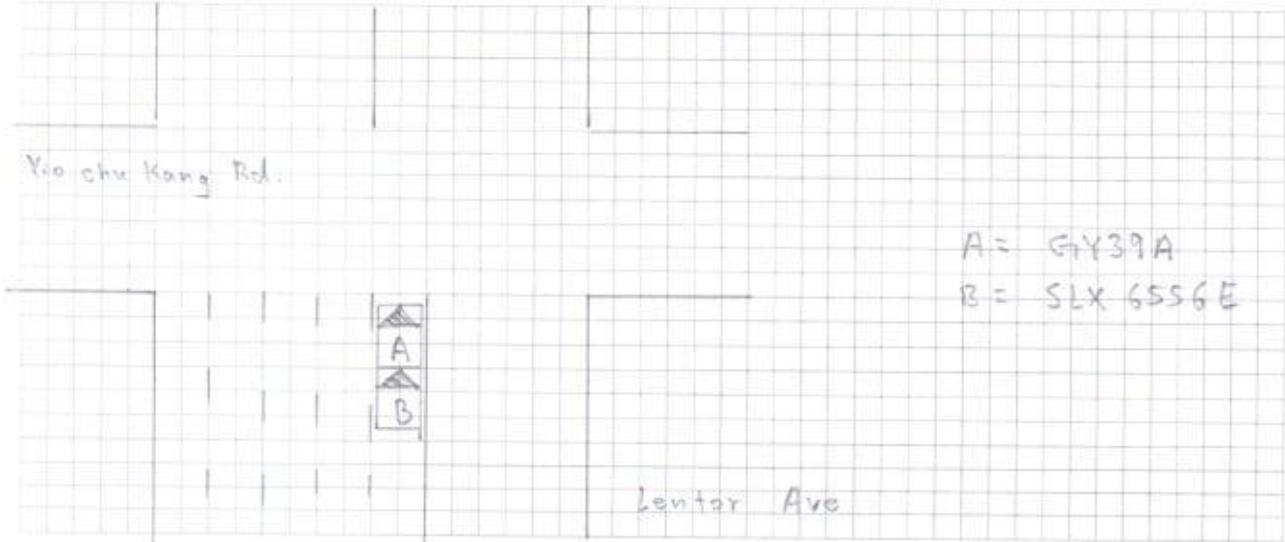


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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.:





Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LIM GUANGXIAN	ID No.	S8132512Z
Related Vehicle	GY39A (Van)	Contact No.	94886857
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/01/2019	Date Discharge	27/01/2019
No. of Days granted Medical Leave	09	Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE MENTIONED DATE TIME AND LOCATION, I WAS DRIVING OF (GY39A) AT THE SAID LOCATION. THERE WAS 4 LANES. I WAS AT THE THE RIGHT MOST LANE. TRAFFIC LIGHT FOR TURNING RIGHT TURN AMBER, SO UPON REACHING THE JUNCTION, I WAS SLOWING DOWN AND MAKE A COMPLETE STOP AT THE JUNCTION. AFTER 1-2 SECONDS FROM THE POINT OF STOP, I HEARD A HORN FROM MY REAR AFTER THAT A COLLISION FROM THE REAR. A VEHICLE OF (SLX6556E) COLLIDED ONTO MY REAR VEHICLE. THE IMPACT WAS SO STRONG THAT MY VEHICLE SURGE FORWARD. DUE TO THE IMPACT I WAS UNCONSCIOUS FOR AWHILE. WHEN I WAS CONSCIOUS BACK , I STRAIGHAWAY PULL THE HANDBRAKE AND RELEASE THE GEAR. SO I CAME OUT FROM MY VEHICLE, AND THEN TURNED OFF MY ENGINE AND WAS BLUR AT THAT PART OF TIME. THE DRIVER OF (SLX6556E) KEEP TELLING ME TO MOVE OFF AND SETTLE AT OTHER SIDE ROAD OF YIO CHU KANG ROAD. SO FROM THERE WE COME OUT FROM OUR VEHICLE AND WE STARTED TO TALK AND THE DRIVER KEEP TELLING THAT ITS MY FAULTS FOR STOPPING. AND I EXPLAINED TO THEM THAT THE TURNING ARROW WAS AMBER SO I SLOW DOWN AND STOP. BUT THEY INSIST AND SAYING ITS MY FAULT. I NEVER SAY MUCH AND STAY FIRM AND SAY WE GO THROUGH BY INSURANCE. WE EXCHANGE PARTICULAR AFTER THAT THE OTHER PARTY LEFT THE SCENE. I REST FOR AWHILE AND THEN CONTINUE MY JOURNEY TO SEND MY DELIVERIES TO ANG MO KIO WET MARKET > KOVAN WET MARKET > PIE KIO WET MARKET > EMPRESS WET MARKET. WHEN I AT PIE KIO MARKET I FELT ALL THE PAIN FROM MY LOWER BACK AND CHEST. THE PART THAT WAS THAT I CANNOT CONCENTRATE DUE TO THE CONCUSSION, AFTER I DONE MY DELIVERIES FROM EMPRESS WET MARKET, I STRAIGHTAWAY GO TAN TOCK SENG HOSPITAL A&E. THAT'S ALL



**SINGAPORE  
POLICE FORCE**



T/20190128/2122

3 of 3

Report No. T/20190128/2122

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**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: TP / MUHAMMAD HAZIQ BIN SAIFUDDIN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414

Signature Of Informant: 
Date/Time: 28/01/2019 17:04
Classification Of Case:

Authentication Stamp  
NP168

 SINGAPORE POLICE FORCE
Signature:

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8132512Z

Name: LIM GUANGXIAN (LIN GUANGXIAN)

Birth Date: 26 Oct 1981

Issue Date: 01 Apr 2016

002553341E




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8132512Z

Name: LIM GUANGXIAN (LIN GUANGXIAN)

林光賢

Race: CHINESE

Date of Birth: 26-10-1981

Sex: M

Country of Birth: SINGAPORE




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

Class	Description	EFFECTIVE DATE
Class 3	Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg	01 Apr 2016

90687361

Licence No: S8132512Z



NP 428A

2552938

Barcode

NRIC No: S8132512Z

3401L



Blood Group: B+

Date of Issue: 30-12-1994

APT BLK 350A CANBERRA ROAD #10-327  
SINGAPORE 751350

NRIC No: S8132512Z      Date: 07/10/2011      No: 6965074

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"/>	5085190811-02		WENG SOON AUTO & LEASING	53227794E	GCV	Comprehensive	GY39A	GY39A	25/10/2018	24/10/2019

## Claim Handling

Accident MT/1030072

Policy No.	5085190811-02	Vehicle No.	GY39A	GST Registration No.	
Certificate No.					
Policyholder Name	WENG SOON AUTO & LEASING			Policyholder NRIC	5322
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	92727979	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(%)	10	Private Hire	No
<b>Accident Details</b>					
Report Date	29/01/2019 17:29	Accident Report Within 24 hrs	Yes	Accident Type	Collisi
Date of Accident	26/01/2019	Time of Accident hh:mm	03:20	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF LENTOR AVE & YIO CHU KANG RD				
<b>Excess</b>					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.0
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	2 KAKI BUKIT AVENUE 2	Address 2	#01-13 KAKI BUKIT AUTOHUB	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	4179
Unit No.	10-200	Related Policy Number	5069507254-04		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	26/10
Unnamed driver Name	LIM GUANGXIAN (LIM GUANGXI	Driver NRIC	S81325122	Driving Experience	2
Register Date of Driver License	01/04/2016	Driver Age	37	Contact No.(Home)	
Contact No.(Mobile)	94886857	Contact No.(Office)		Address 3	SING
Address 1	BLK 350A #10-327	Address 2	CANBERRA ROAD	Post Code	7513
Address 4		Address Type	Singapore address		
Unit No.	10-327				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

## Claim Handling

Accident MT/1030072

Policy No.	5085190811-02	Vehicle No.	GY39A	GST Registration No.	
Certificate No.					
Policyholder Name	WENG SOON AUTO & LEASING			Policyholder NRIC	5322
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	92727979	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(%)	10	Private Hire	No
<b>Accident Details</b>					
Report Date	29/01/2019 17:29	Accident Report Within 24 hrs	Yes	Accident Type	Collisi
Date of Accident	26/01/2019	Time of Accident hh:mm	03:20	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF LENTOR AVE & YIO CHU KANG RD				
<b>Excess</b>					
<b>Total Excess Applicable</b>					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.0
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			
Excess Type		Windscreen Excess	100.00		

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	2 KAKI BUKIT AVENUE 2	Address 2	#01-13 KAKI BUKIT AUTOHUB	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	4179
Unit No.	10-200	Related Policy Number	5069507254-04		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver Insurer Company	
Unnamed driver Name	LIM GUANGXIAN (LIN GUANGXI)	Driver NRIC	S81325122	Driver DOB	26/10
Register Date of Driver License	01/04/2016	Driver Age	37	Driving Experience	2
Contact No.(Mobile)	94886857	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 350A #10-327	Address 2	CANBERRA ROAD	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	7513
Unit No.	10-327	Driver Vehicle No.			
Does he own a Singapore Registered car?	Yes - No				

**Declaration**

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

**Modification History**

Claim 001 OD-MX **New**

**Claim Type \***

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop Effect No. Finalisation:  Yes  No  
 Insured Liability: **Not at Fault**  
 Preferred Repair Option: **Preferred Workshop, Name unknown**  
 GIA report: **Received**

Date Registered

Report Taken By

Print AK letter

Insured Name: **WENG SOON AUTO & LEASIN**  
 Contact No. (Home):  
 OI Vehicle Number: **GY39A**

GY39A / SLX6556E ON 26 Jan 2019

Claim Close Date: 29/01/2019 17:31  
 Workshop Repairer: **LIEW SHAN HUI**

Save Submit

**Attachment**

Accident No.	MT/1030072	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/01/2019 17:32
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
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select
			Confidential
			Urgency *
			NO
			Normal

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on	29 Jan 2019 17:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-29



NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:32	SAS	Normal	SAS 2019-1-29
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:32	Photos	Normal	Photos 2019-1-29
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:32	Photos	Normal	Photos 2019-1-29
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:32	Photos	Normal	Photos 2019-1-29
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:32	Photos	Normal	Photos 2019-1-29
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:31	Photos	Normal	Photos 2019-1-29
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:31	Photos	Normal	Photos 2019-1-29
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:31	Photos	Normal	Photos 2019-1-29
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:31	Photos	Normal	Photos 2019-1-29
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:31	Photos	Normal	Photos 2019-1-29
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:31	Photos	Normal	Photos 2019-1-29
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:31	Photos	Normal	Photos 2019-1-29

Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------

Display in New Window Scan and uploading

