

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In 08/02/19	Job description	Date & Time Completed	Done by
Ref No NA/INC19002279/13	SAS e-filing		
Veh No 5KE636J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 07/02/19 1050	i-Motor Claim Form	MT/1051232-001	
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (**SM AUTOMOTIVE**) Tel: Fax:)

TP Particulars: Veh No: **5JC214R** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

() **Walk-In Customer** : Customer's information strictly Confidential & Strictly NO refer of repairer.

() **Total Loss Case** : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

Remarks:- (INC hotline: 6788 6616) Date&Time Completed Done by

- | | | |
|---|--|--|
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury : _____

Date/Time	Actions

NA1901099	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	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		

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	08/02/2019 10:13
Date Of Accident	07/02/2019 10:50
Exact Location Of Accident	PIE TWDS AIRPORT AFT EUNOS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKE636J
Insured/Policyholder	
Name Of Registered Owner	MOHAMED KHAIRUL ANUAR BIN SALLEH
NRIC No	S8324309J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91197294
Alternative Phone No	OTHERS-91197294
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA 6
Exact Purpose for which vehicle was being used at time of accident	OTW TO MEET FRIEND
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103109605
Cover Note Number	
Driver	
Name of Driver	MOHAMED KHAIRUL ANUAR BIN SALLEH
NRIC No	S8324309J
Date Of Birth	10/08/1983
Occupation	INDOOR
Date Of Driving Pass	21/03/2007
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91197294
Fax Number	
Contact Number	OTHERS-91197294
Email Address	NOEMAIL

Address	BLK 336 WOODLANDS AVE 1 #03-521
Postcode	730336
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	CHAIN COLLISION
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJC214R
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	SKR3552D
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	MOHAMED KHAIRUL ANUAR BIN SALLEH
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKE636J
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:

08/02/19

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

P/E TOWARDS AP AFTER EUNOS.

A: SKC 363J.
B: SJC 214R
C: SKR 3552D

I WAS TRAVELLING ALONG PIE TOWARDS AIRPORT ON THE CENTRE LANE OF 3 LANES, AS I WAS TRAVELLING STRAIGHT, VEHICLE IN FRONT BRAKE AND STOP AND I ALSO MANAGED TO STOP WAGN. SUDDENLY ONE M/CAR SJR 214R CAME FROM MY REAR AND COLLIDED ONTO THE REAR OF MY VEHICLE, DUE TO THE STRONG IMPACT CAUSED MY VEHICLE TO SURGE FORWARD AND COLLIDED ONTO M/CAR SKR 3552 D IN FRONT OF ME.

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

Reporting Centre Personnel's Signature
Name: Syren 08/02/19
NRIC/FIN No.:

VEHICLE NO:	SKG 636 J.	MAKE & MODEL:	MAOZA 6.
DATE OF ACCIDENT	07 / 02 / 2019		
TIME OF ACCIDENT	10.49 AM/PM		
LOCATION OF ACCIDENT	PIE TOWARDS AIRPORT AFTER CONOS		
EXACT PURPOSE USE DURING ACCIDENT	ON THE WAY TO MEET FRIEND.		
NAME OF OWNER	MUHAMED KHAIRUL ANUAR BIN SALLEH		
TEL NO	9119 7294		
NRIC	S8324309J.		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY		
INSURANCE CO	NTUC		
TYPE OF COVERAGE	Comprehensive // Third Party / Third Party Fire & Theft		
POLICY NO.	516 310 9605		
NAME OF DRIVER	As Above / If No:		
NRIC	38324309J.	Any Passengers: NO	
DATE OF BIRTH	10 / 08 / 1983.		
OCCUPATION	Outdoor / <u>Indoor</u>		
DATE OF DRIVING PASS	21 / 03 / 2007		
GENDER	<u>Male</u> / Female		
CONTACT NO.	Office: Home:		
ADDRESS	BLK 336 WOODLANDS AVE 1 #03-521 S(7303362)		
DRIVER HAVE ANY OWN VEHICLE	<u>NO</u> // If yes: Reg No:		
RELATIONSHIP	Employee / If No:		
WEATHER CONDITION	<u>Clear</u> / Raining / Other:		
ROAD SURFACE	<u>Dry</u> / Wet / Other:		
ANY INJURIES	No / If yes: Who? MUHAMED KHAIRUL ANUAR BIN SALLEH.		
CONTACT NO.			
POLICE REPORT	<u>NO</u> / If yes: Where?		
VEHICLE B NO.	SJC 214 R.	Any Passenger: 1	
NAME			
CONTACT NO.			
VEHICLE C NO.	SKR 3552 D.	Any Passenger: NOT SURE	
VEHICLE D NO.	Any Passenger:		
VEHICLE E NO.	Any Passenger:		
VEHICLE F NO.	Any Passenger:		
ANY WITNESS			
WITNESS CONTACT NO.			
OWNER/DRIVER EMAIL			
IN-CAR CAMERA	<u>YES</u> / NO		
PARTICULAR WORKSHOP	SM AUTOMOTIVE		
	1 Kaki Bukit Ave 6, Blk C #01-43		
	Autobay@Kaki Bukit Singapore 417883		
TEL NO	TEL: 6747 9241		
CONTACT PERSON	Reena / Sukyi		
FAX NO.	FAX: 6741 7276		
EMAIL	reena@nhtmotor.com		
	admin@nhtmotor.com		

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8324309J



Name

MOHAMED KHAIRUL ANUAR BIN
SALLEH

محمد خير الانوار بن صالح

Race

MALAY

Date of birth

10-08-1983

Sex

M

Country/Place of birth

SINGAPORE



S8324309J

5244263



NRIC No. S8324309J



Date of issue

03-12-2013

APT BLK 336 WOODLANDS AVENUE 1 #03-521
SINGAPORE 730336

NRIC No: S8324309J

Date: 02/04/2018

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8324309J**

Name:

**MOHAMED KHAIRUL ANUAR
BIN SALLEH**

Birth Date: **10 Aug 1983**

Issue Date: **21 Mar 2007**



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

Class 2B Motorcycles \leq 200 cc

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive
of the driver; and other motor vehicles \leq 2500kg

PASS DATE

29 Nov 2003

21 Mar 2007

NP 428A



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: 5103109605

Cover : drive CLASSIC

- | | |
|---|------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SKE636J |
| Chassis Number | : JM6GH10F2B0200385 |
| 2. Name of Policyholder | : MOHAMED KHAIRUL ANUAR BIN SALLEH |
| 3. Effective Date of Insurance | : 21 Aug 2018 |
| 4. Expiry Date of Insurance | : 20 Aug 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. | |
| 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 or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

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\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: MOHAMED KHAIRUL ANUAR BIN SALLEH
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
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 : AUTOSHIELD PTE. LTD. (00000573469)
Date of Issue : 21 Aug 2018 11:46 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Claim Handling

Accident MT/1031232

Policy No.	5103109605	Vehicle No.	SKE636J	GST Registration No.
Certificate No.				
Policyholder Name	MOHAMED KHAIROL ANUAR BIN SALLEH			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91197294	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	09/02/2019 15:08	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	07/02/2019	Time of Accident hh:mm	10:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE TWDS AIRPORT AFT EUNOS			

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	

▼ 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 336 #03-521	Address 2	WOODLANDS AVENUE 1	Address 3
Address 4	SINGAPORE 730336	Address Type	Singapore address	Post Code
Unit No.	#03-521	Related Policy Number	5103109605	

▼ OI Driver Info

Driver Name	Mohamed khairul anuar bin sallah	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8324309J	Driver DOB
Register Date of Driver License	01/01/2010	Driver Age	35	Driving Experience
Contact No.(Mobile)	91197294	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 336	Address 2	WOODLANDS AVENUE 1	Address 3
Address 4	SINGAPORE 730336	Address Type	Singapore address	Post Code
Unit No.	#03-521			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	MOHAM
Contact No.(Mobile)	91197294	Contact No.(Home)	NIL
Email Address		Vehicle Number	SKE636J
Claim Description	SKE636J / SJC214R ON 7 Feb 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Contact No. Finalisation	Preferred Repair Option	Preferred Workshop (refer below)	GIA report
Date Registered	09/02/2019 15:13	Claim Close Date	
Report Taken By	ROSINDA	Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1031232	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/02/2019 00:00
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			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:13	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:13	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:13	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:12	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 15:12	Photos	Normal	Photos

Video List

Uploaded By/Date

Folder Date

File Name

Display in New Window

Scan and uploading