

NATIONAL Assessment Centre Services. [ver 1 Jan'05] MA119021152

Date In: 15/12/19 11:39	Job description	Date & Time Completed	Done by
Ref No: MA1 INC 19002838144	SAS e-filing		
Veh No: SJQ 847R	E-mail (within 3hrs, AIC 2hrs)		
DDA: 14/12/19 14:15	I-Motor Claim Form	17/1032177-001	15/12/19 13:47
OD: <input checked="" type="checkbox"/> 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 Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SL2 2966B INC () / Non-INC () Tel: ()

Owner / Driver: ()

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 repaler.

() 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

MA1901193	Invoice/Repairation Checklist	Amo (\$)	Amo (\$)
Client's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee 540/545		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (wof 10 Jan 2005)		
Tel: 1	6) TR: Re-inspection \$75		
2/3	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idao 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	15/02/2019 11:39
Date Of Accident	14/02/2019 14:15
Exact Location Of Accident	CTE TWDS AYE B4 LOWER DELTA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ847R
Insured/Policyholder	
Name Of Registered Owner	KUAN WEI ZHENG, DAN
NRIC No	S8945604E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81801176
Alternative Phone No	OFFICE-81801176

Vehicle Particulars

Manufacturer	SUZUKI
Model	SX4 1.6HB AT
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5104895753
Cover Note Number	-

Driver

Name of Driver	MOHAMMAD ZALLIMIN BIN KADRI
NRIC No	S8326449G
Date Of Birth	29/08/1983
Occupation	OUTDOOR
Date Of Driving Pass	02/09/2015
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86089754
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 191 BOON LAY DR #07-216
Postcode	640191
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - COLLEAGUE
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	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
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	SLZ2866B
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	MOHAMMAD ZALLIMIN BIN KADRI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJQ847R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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:



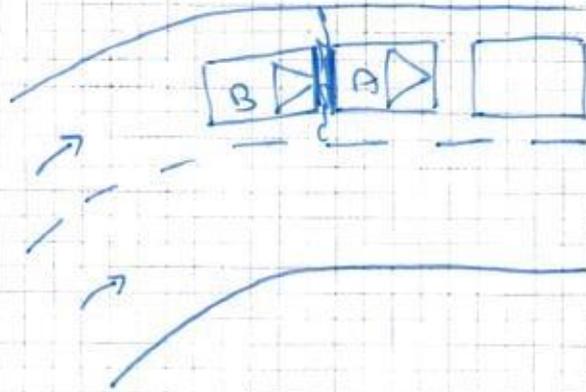
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

CTR TOWARD AYE BEFORE
LOWER PENTA FUSOVER AFTER BLIT (IA):

VEHICLE A
- SJQ 847R

VEHICLE B
- SLZ 2866B

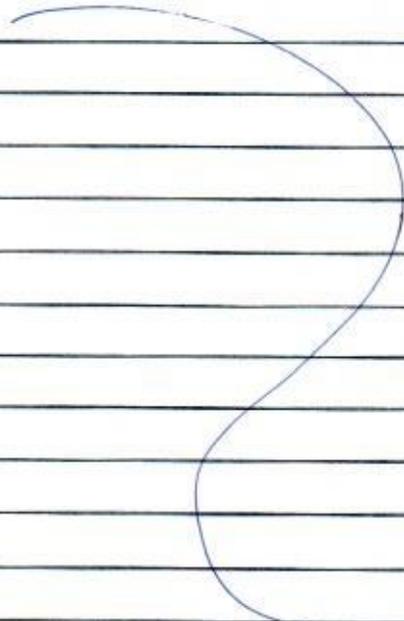


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report T/20190215/7001

VEHICLE A - SJQ 847R

VEHICLE B - SLZ 2866B



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.:

Vehicle No.	SJQ 847 R	Model / Make	Suzuki SX4
Date of Accident	14/2/19		
Time of Accident	14.15	HRS	
Location of Accident	CTE Towards AYE Before Lower Delta		
Exact purpose use during accident	Work		
Name of Owner	Kuan Wei Zheng Dan.		
Telephone No.	H/P: 81801176	Home:	Office:
NRIC	S8945604 E		
Address	BLK 429B MISHUN AVE 11 # 13-370 S(762426)		
Claim type	OD	(THIRD PARTY)	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	(Third Party)	Third Party / Fire / Theft
Policy No.	5104895753		
Name of Driver	As Above If No, Mohammad Zallimin Bin Kadri		
NRIC	S 8326449 G	Any Passengers: No Passengers.	
Date of birth	29/8/83		
Occupation	(Outdoor)	/	Indoor Delivery
Driving License Pass Date	2 September 2015		
Gender	(Male)	/	Female
Contact No.	H/P: 86089754	Home:	Office:
Address	Blk 191 Boon Lay Drive #07-216 (640191)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state <i>COUSIN</i>	
Weather condition	(Clear)	Raining	Other
Road Surface	(Dry)	Wet	Other
Any Injuries	No,	If Yes, Who? Mohammad Zallimin Bin Kadri	
Name And Contact No.	86089754		
Name And Contact No.			
Police Report	No,	If Yes, Where? T/20190215/7001	
Vehicle B No.	SL2 2866B	Any Passengers:	
Name of Driver	Contact No.:		
Vehicle C No.	Any Passengers:		
Vehicle D No.	Any Passengers:		
Vehicle E no.	Any Passengers:		
Vehicle F No.	Any Passengers:		
Vehicle G No.	Any Passengers:		
Witness Name	Witness Contact:		
Accident Portion	REAR		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	TwinCar Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		



**SINGAPORE
POLICE FORCE**



T/20190215/7001

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

2 of 3

Report No. T/20190215/7001

CONTINUATION OF REPORT

Driver			
Name	MOHAMMAD ZALLIMIN BIN KADRI	ID No.	S8326449G
Related Vehicle	SJQ847R (Car)	Contact No.	86089754
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/02/2019	Date Discharge	14/02/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

At approximately 1415hrs, i was on my way to deliver item to clients place via route CTE towards AYE near Lower Delta Flyover, the car in front of me sudden break and as i manage to break in time, vehicle number SLZ2866B hit the back of my car. There were no witnesses to my knowledge. I was injured due to the impact from the hit and had myself checked at National University Hospital. I was issued a five days medical certification.



**SINGAPORE
POLICE FORCE**



T/20190215/7001

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

3 of 3

Report No. T/20190215/7001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
YEO GEAK ENG CECILIA
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
15/02/2019 00:58

Classification Of Case:

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: 5104895753 **Cover :** Third Party

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : SJQ847R |
| Chassis Number | JSAGYA21500120209 |
| 2. Name of Policyholder | KUAN WEI ZHENG DAN |
| 3. Effective Date of Insurance | : 23 Oct 2018 |
| 4. Expiry Date of Insurance | : 22 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. | |
| | 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.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: KUAN WEI ZHENG DAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : INSURE LINK PTE LTD (00000614836)
 Date of Issue : 23 Oct 2018 14:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Insure Link Pte Ltd
 2, KUALA LUMPUR #08-16
 (71, JALAN S 49/07)
 Off : 6444 4644
 Fax : 6444 0040

 Authorised Officer



 Chief Executive

Claim Handling

Accident MT/1032177

Policy No.	S104895753	Vehicle No.	SJQ847R	GST Registration No.	
Certificate No.					
Policyholder Name	KUAN WEI ZHENG, DAN			Policyholder NRIC	58945I
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	81801176	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input 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	15/02/2019 13:41	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	14/02/2019	Time of Accident hh:mm	14:15	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWDS AYE B4 LOWER DELTA				

▼ **Excess**

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess	500.00	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 429B #13-370	Address 2	YISHUN AVENUE 11	Address 3	ORCHI
Address 4	SINGAPORE 762429	Address Type	Singapore address	Post Code	76242I
Unit No.	#13-370	Related Policy Number	S104895753		

▼ **O1 Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMMAD ZALLIMIN BIN KAD	Driver NRIC	S8326449G	Driver DOB	29/08/
Register Date of Driver License	02/09/2015	Driver Age	35	Driving Experience	3
Contact No.(Mobile)	86089754	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 191 #07-216	Address 2	BOON LAY DRIVE	Address 3	SINGAI
Address 4		Address Type	Singapore address	Post Code	64019I
Unit No.	07-216				
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	KUAN WEI ZHENG, DAN
Contact No.(Mobile)	81801176	Contact No.(Home)	NIL
Email Address	21ahdan@gmail.com	O1 Vehicle Number	SJQ847R
Claim Description	SJQ847R / SLZ2866B ON 14 Feb 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			
		Date Registered	15/02/2019 13:46
		Claim Close Date	
		Report Taken By	LIEW SHAN HUI

Print AK letter

Save Submit

Attachment

Accident No. MT/1032177 Claim No. 001

Last Doc. Received

Yes No

Upload Date

15/02/2019 13:47

Path *

- No file chosen
-

Clear	Category *	Confidential	Urgency *
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2019 13:47	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2019 13:47	SAS	Normal	SAS 2019-2-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2019 13:47	Photos	Normal	Photos 2019-2-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2019 13:47	Photos	Normal	Photos 2019-2-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2019 13:47	Photos	Normal	Photos 2019-2-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2019 13:47	Photos	Normal	Photos 2019-2-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2019 13:47	Photos	Normal	Photos 2019-2-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2019 13:46	Photos	Normal	Photos 2019-2-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2019 13:46	Photos	Normal	Photos 2019-2-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2019 13:46	Photos	Normal	Photos 2019-2-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2019 13:46	Photos	Normal	Photos 2019-2-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2019 13:46	Photos	Normal	Photos 2019-2-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Feb 2019 13:46	Photos	Normal	Photos 2019-2-15

Video List

Uploaded By/Date	Folder Date	File Name	Source
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