NATIONAL Assessment Centre Services. (ver 1 Jan'05) MNA 11903449G.

Date In: 14/3/19 17:57	Job description	Date & Time Completed	Done by
Ref No: MAI INC1900 4685/h4.	SAS e-filing		
Veh No: SJE 8849X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 13/3/19 20:00	I-Motor Claim Form	MT/10359732 01	14/3/19 18:08.
OD: (P) 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 / GW: (Tel: Fax:)

TP Particulars: Veh No: SJX 2689E. 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 6016)	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

MA1901901

Claimant's Particulars :

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt($)	Amt($) Ind'bin
1) AR : Accident Reporting ($30);		30.00	
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-Inspection	$75		
7) N1 : Idan 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: Idan 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 witholding 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	14/03/2019 17:57
Date Of Accident	13/03/2019 20:00
Exact Location Of Accident	KPE TWDS TPE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJE8849X
Insured/Policyholder	
Name Of Registered Owner	HO JASON
NRIC No	S8741176A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90913008
Alternative Phone No	OFFICE-90913008
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100255057
Cover Note Number	-
Driver	
Name of Driver	HO JASON
NRIC No	S8741176A
Date Of Birth	30/08/1990
Occupation	INDOOR
Date Of Driving Pass	28/09/2013
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90913008
Fax Number	
Contact Number	OFFICE-90913008
EMail Address	NOEMAIL

Address	BLK 811 JURONG WEST ST 81 #06-74
Postcode	640811
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	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?	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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX2689E
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	SMA7975G
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	HO JASON
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJE8849X
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:

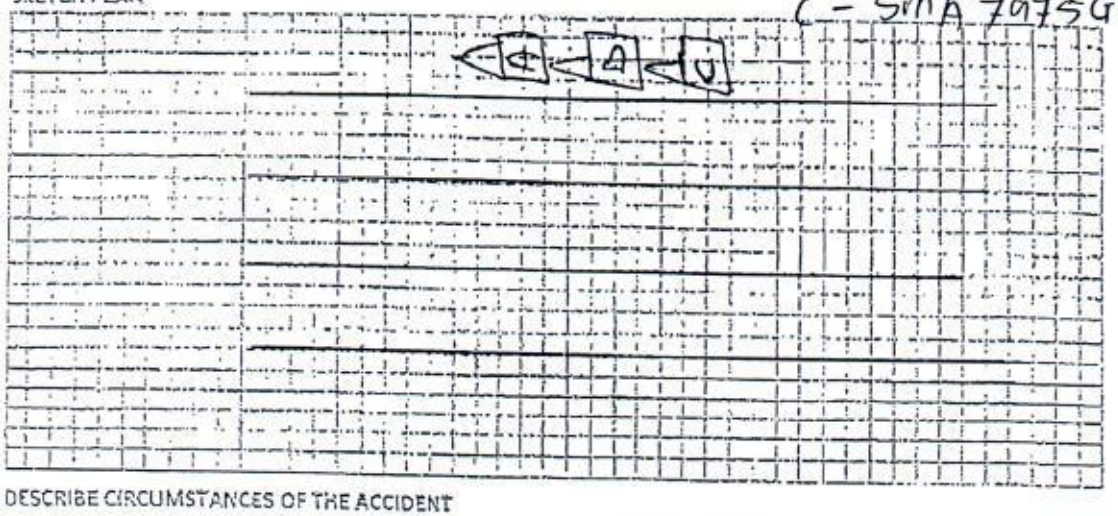
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Scanned by CamScanner

KPE Towards TPE

A - SJE 8844X
B - SJX2689E
C - SMA 7975G

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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.:

Scanned by CamScanner

Date of Accident : 13/3/2019 Accident Time: _____ (24-HR-Format)

Accident Place : KPE Towards TPE

Vehicle Reg. No. (Car Plate No.) : SJE 8840 1 X

Vehicle Make/Model : Toyota Vios

Insurance Company : NTUC Policy No. _____

Owner or Company Name /IC No. : HU Jason / S8701176A

Owner or Company Contact No. : 90913008 Owner's Hp _____ Company Tel

DRIVER'S Name / IC No. : -

DRIVER'S Date Of Birth : _____ DRIVER'S License Pass Date _____

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: _____

DRIVER'S Address : Blk 180C Boon Lay Drive #10-640

DRIVER'S Contact No./ Alt No. :1) _____ 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : _____

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 1

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SJX 2689E

Vehicle Make\Model: BMW 3181

Name Driver: Lee Chee Weng

IC No. Driver: S7818908H

Driver's Contact & Add: 90296216

Vehicle Reg. No: SMA 7975G

Vehicle Make\Model: _____

Name Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

Scanned by CamScanner

SINGAPORE POLICE FORCE

T/20190314/7015

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

Report No. T/20190314/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
14/03/2019 17:19		

Informant's Particulars

Name of Informant: HO WILSON			Address: APT BLK 811 JURONG WEST STREET 81 #06-74 SINGAPORE 640811	
ID Type / ID No.: NRIC NO / S9030747I			Contact No.: Home/Office: Mobile: 90913008	
Nationality: SINGAPORE CITIZEN			Email: volumized@gmail.com	
Sex: Male	Age: 28	Date of Birth: 30/08/1990	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/03/2019 20:00	Type of Location: kpe tunnel
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJE8849X	Car	TOYOTA	Vios	White	Seriously Damaged	1
SJX2689E	Car	BMW	bmw	Silver		2
SMA7975G	Car	TOYOTA	CHR	Black	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20190314/7015

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

Report No. T/20190314/7015

CONTINUATION OF REPORT

Driver				
Name	HO WILSON		ID No.	S9030747I
Related Vehicle	SJE8849X (Car)		Contact No.	90913008
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/03/2019		Date Discharge	13/03/2019
No. of Days granted Medical Leave	03		Degree of Injury	Slight

Brief Details.

On the stated time and date, i was travelling on KPE towards Punggol on my vehicle bearing carplate number SJE8849X, i slowed down due to the traffic ahead of me when i felt an impact from my rear. I alight from my vehicle and came to realise that Vehicle B bearing carplate number SJX2689E had collided head to rear of my vehicle. I would like to also state that the accident involves 3 vehicles in total, including vehicle C bearing carplate number SMA7975G. I felt pain after the accident and consulted the doctor after that, where i was given 3- Days MC.

SINGAPORE POLICE FORCE

T/20190314/7015

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

Report No. T/20190314/7015

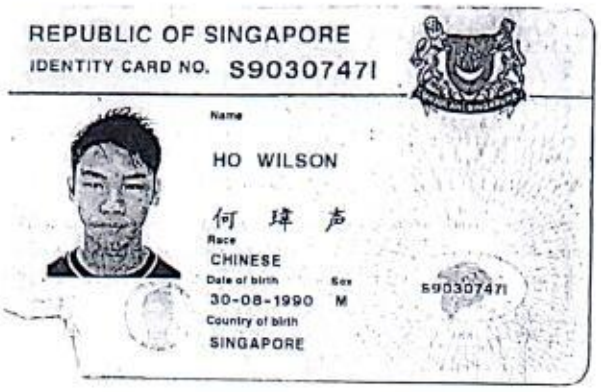
CONTINUATION OF REPORT

Sketch Plan

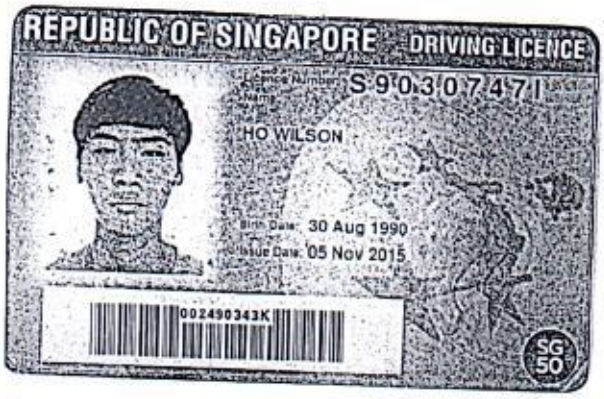
Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/03/2019 17:19
Officer In Charge Of Case: TP / TPHQ / SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:

Authentication Stamp


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9030747I
Name
HO WILSON
何 瑋 声
Race
CHINESE
Date of birth
30-08-1990
Sex
M
Country of birth
SINGAPORE
S9030747I


3781938
NRIC No. S9030747I
Date of Issue
15-10-2005
Address
APT BLK 811 JURONG WEST STREET 81
#06-74
SINGAPORE 640811


REPUBLIC OF SINGAPORE DRIVING LICENCE
Licence Number
S9030747I
Name
HO WILSON
Birth Date: 30 Aug 1990
Issue Date: 05 Nov 2015
002490343K
SG 50


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
EFFECTIVE DATE
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 28 Sep 2013
Licence No:S9030747I
NP 428A

Scanned by CamScanner

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.
Vehicle No.(For Motor) SJE8849X
Date of Accident 13/03/2019 17:57
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5100255057		HO JASON	S8741176A	GPC	drivo CLASSIC	SJE8849X	SJE8849X	27/04/2018	11/05/2019

Continue

Claim Handling

Accident MT/1035973

Policy No.	5100255057	Vehicle No.	SJE8849X	GST Registration No.	
Certificate No.					
Policyholder Name	HO JASON			Policyholder NRIC	S8741
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	90913008	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	○ No ○ Yes	TCA	● No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	14/03/2019 18:05	Accident Report Within 24 hrs	Yes	Accident Type	Chain (
Date of Accident	13/03/2019	Time of Accident hh:mm	20:00	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	KPE TWDS TPE				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
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 180C #10-640	Address 2	BOON LAY DRIVE	Address 3	BOON
Address 4	SINGAPORE 643180	Address Type	Singapore address	Post Code	64318(
Unit No.	10-640	Related Policy Number	5092324578-01		

OI Driver Info

Driver Name	HO JASON	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8741176A	Driver DOB	19/12/
Register Date of Driver License	21/11/2008	Driver Age	31	Driving Experience	10
Contact No.(Mobile)	90913008	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 180C #10-640	Address 2	BOON LAY DRIVE	Address 3	BOON
Address 4	SINGAPORE 643180	Address Type	Singapore address	Post Code	64318(
Unit No.	10-640				
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

Modification History

Claim 001 **New**

Claim Type *		OD-MX	Insured Name: HO JASON
Contact No.(Mobile)		87256993	Contact No. (Home):
Email Address		JASONHO87@LIVE.COM	OI Vehicle Number: SJE8849X
Claim Description		SJE8849X / SJX2689E ON 13 Mar 2019	
Preferred Workshop	0	Insured Liability: Not at Fault	
Request No. Finalisation	Yes	Preferred Repair Option: Preferred Workshop, Name unknown	GIA report: Received
Date Registered		14/03/2019 18:07	Claim Close Date:
Report Taken By		LIEW SHAN HUI	

☐ Print AK letter

Save Submit

Attachment

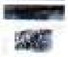
Accident No.	MT/1035973	Claim No.	001

Last Doc. Received ◉ Yes ○ No | Upload Date 14/03/2019 18:08

Path *		Category *	Confidential	Urgency *
Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal
Choose File No file chosen	Clear	Please Select	NO	Normal

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 18:08	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 18:08	SAS	Normal	SAS 2019-3-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 18:08	Photos	Normal	Photos 2019-3-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 18:08	Photos	Normal	Photos 2019-3-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 18:08	Photos	Normal	Photos 2019-3-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 18:08	Photos	Normal	Photos 2019-3-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 18:08	Photos	Normal	Photos 2019-3-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 18:08	Photos	Normal	Photos 2019-3-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 18:08	Photos	Normal	Photos 2019-3-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 18:08	Photos	Normal	Photos 2019-3-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 18:07	Photos	Normal	Photos 2019-3-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 18:07	Photos	Normal	Photos 2019-3-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 18:07	Photos	Normal	Photos 2019-3-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 18:07	Photos	Normal	Photos 2019-3-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 18:07	Photos	Normal	Photos 2019-3-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Mar 2019 18:07	Photos	Normal	Photos 2019-3-14

Video List

Uploaded By/Date	Folder Date	File Name	Source

Display in New Window | Scan and uploading