

NATIONAL Assessment Centre Services

Ver 1.0

2.0

Date In: 19/03/2019 14:55
Ref No: NA/INC19004963/K4
Veh No: GBB 1879R
D.O.A: 18/03/2019 09:30

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (w/dun 3hrs, A/C 2hrs)

I-Motor Claim Form

I-Motor W/O (Within: OD 2hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner / Wksp

MT/1036649-001 20/3/19 09:50

OD: TP: Reporting Only

TP Insurer:

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SL56454S, 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 No: 67886616)

Date: 19/03/2019 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

NA1902041

Invoice Preparation Checklist

Am (\$)

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref 1:

Ref 2/3:

Invoice Preparation Checklist	Am (\$)	Add Bill
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$30)	
3) TP: 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) NI: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
*N5: Courtesy Car / Tp 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	

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	19/03/2019 14:55
Date Of Accident	18/03/2019 09:30
Exact Location Of Accident	CORPORATION RD TWDS CORPORATION RISE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB1879R
Insured/Policyholder	
Name Of Registered Owner	T.A.G CONSTRUCTION PTE LTD
Co Reg No	200804399H
Email Address	TAGCONSTN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82776869
Alternative Phone No	OFFICE-82776869
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FB70BB1SRDEA
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5101981887
Cover Note Number	
Driver	
Name of Driver	UDDIN HELAL
Passport No/FIN	G7107247P
Date Of Birth	01/02/1981
Occupation	OUTDOOR
Date Of Driving Pass	27/02/2012
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82776869
Fax Number	
Contact Number	OTHERS-82776869
EMail Address	TAGCONSTN@GMAIL.COM

Address	T.A.G. CONSTRUCTION PTE LTD
Postcode	
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	NO 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	2
Was any body injured in the Accident?	NO
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS6454S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	91917059
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

X

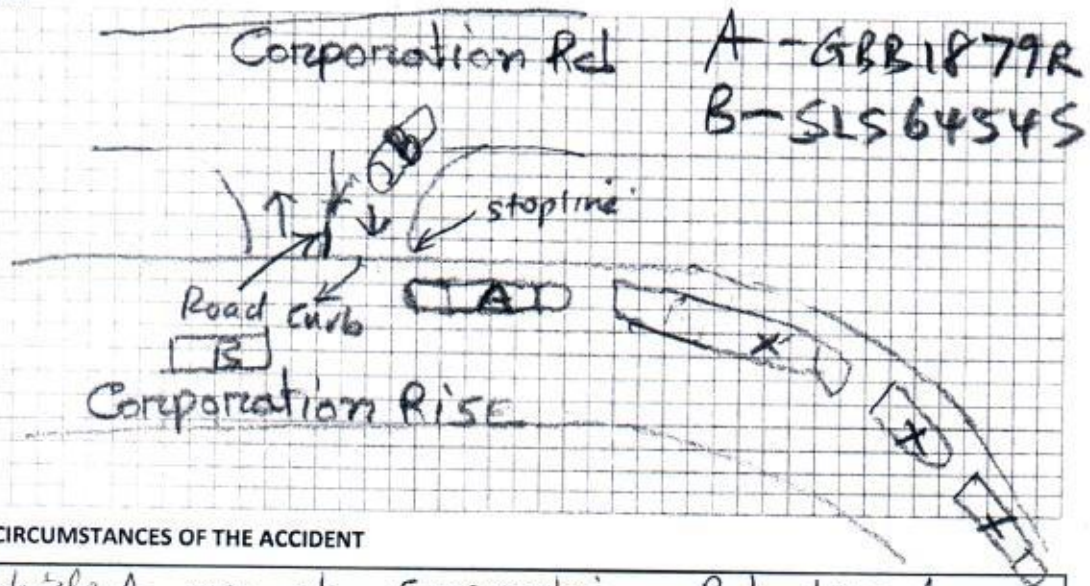


Policyholder's Signature
Date & Time:

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

Vehicle A was at Corporation Rd toward Corporation Rise. When Vehicle A was waiting for ~~front~~ front Vehicle X to move but Vehicle B from my left was move and hit on the Road curb and drive out and stop at the road side and ask me why you was park here. Vehicle A ^{driver} told the Vehicle B driver that the Vehicle X in front of me so I waited for the Vehicle X to move. Vehicle A has no damages.

DECLARATION

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

X

Policyholder's Signature
Date & Time:



[Signature]

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

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

19/3/2019

Reported on 19/3/2019
@ 1415HRS

ACCIDENT STATEMENT

ACCIDENT DATE: (18, 3, 2019) (DD/MM/YYYY), TIME: (09 30 AM) (HH:MM)

LOCATION: Corporation Rd toward Corporation Rise

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBB1879R
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 82776869
c) ADDRESS: _____
*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/ NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SL564545 MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: 91917059

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = tagconstn@gmail.com

fax =

video = tagconstn@gmail.com

* No of passengers
(including driver)
(1)

* No of passengers
(including driver)
()

* No of passengers
(including driver)
()

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
T.A.G. CONSTRUCTION PTE. LTD.

Name
UDDIN HELAL

Work Permit No.
0 61882626

Sector
CONSTRUCTION

K0025226

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Update Number **G7107247P**

Name
UDDIN HELAL

Birth Date **01 Feb 1981**

Issue Date **23 Feb 2017**

Valid Till **26/02/2022**

002659738C

VISIT PASS
Immigration Regulations

Name
UDDIN HELAL

Download SGWorkPass App to check status

Pin
G7107247P

Date of Birth **01-02-1981** Sex **M**

Nationality
BANGLADESHI

MULTIPLE JOURNEY VISA ISSUED

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

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

		EFFECTIVE DATE	
Class 2B	Motorcycles <= 200 CC	27 Feb 2012	312
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractor/vehicles <= 2500 kg	27 Feb 2012	312
			317

S / No. 9000259853

G7107247P

NP 428A

Licence No: G7107247P

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 : 5101981887

Cover : Third Party

- | | |
|---|------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBB1879R |
| Chassis Number | : FB70BBA10593 |
| 2. Name of Policyholder | : T.A.G CONSTRUCTION PTE LTD |
| 3. Effective Date of Insurance | : 11 Jul 2018 |
| 4. Expiry Date of Insurance | : 02 Sep 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. | |
| (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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: 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 : CHESSA INSURANCE AGENCIES PTE. LTD. (00000615068)
Date of Issue : 11 Jul 2018 17:22 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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"/>	5101981887		T.A.G CONSTRUCTION PTE LTD	200804399H	GCV	Third Party	GBB1879R	GBB1879R	11/07/2018	02/09/2019

Policy Information

Policy No.	5101981887	Policyholder Name	T.A.G CONSTRUCTION PTE LTD	Policyholder NRIC	200804399H
Certificate No.					
Address	BLK 3004 #02-96 UBI AVENUE 3 SINGAPORE 408860				
Product Name	COMMERCIAL VEHICLE INSURANCE Plan			Group Policy Flag	N
Policy issue Date	11/07/2018	Effective Date	11/07/2018 00:00	Expiry Date	02/09/2019 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	CHESSA INSURANCE AGENCIES	Agent Tel.	68424331	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 3004 #02-96	Address 2	UBI AVENUE 3	Address 3	SINGAPORE 408860
Address 4		Address Type	Singapore address	Post Code	408860
Unit No.	#02-96	Related Policy Number	5108164259		

Insured Object: GBB1879R

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	18/02/2019 00:00	POI Extension/Shorten	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 11 Jul 2018 TO 02 Sep 2019 In view of this amendment, an additional premium of \$219.51 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.

Claim Handling

Accident MT/1036649

Policy No.	5101981887	Vehicle No.	GBB1879R	GST Registration No.
Certificate No.				
Policyholder Name	T.A.G CONSTRUCTION PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	82776869	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	20/03/2019 09:43	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	18/03/2019	Time of Accident hh:mm	09:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CORPORATION RD TWDS CORPORATION RISE			

▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		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	No
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 3004 #02-96	Address 2	UBI AVENUE 3	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#02-96	Related Policy Number	S108164259	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	UDDIN HELAL	Driver NRIC	G7107247P	Driving Experience
Register Date of Driver License	27/02/2012	Driver Age	38	Contact No.(Home)
Contact No.(Mobile)	82776869	Contact No.(Office)	0	Address 3
Address 1	T.A.G. CONSTRUCTION PTE LTD	Address 2		Post Code
Address 4		Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	T.A.G C
Contact No.(Mobile)		Contact No. (Home)	
Email Address		Vehicle Number	GBB1879R
Claim Description	GBB1879R / SLS6454S ON 18 Mar 2019		
Preferred Workshop	Insured Liability	Partially at Fault	
Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	20/03/2019 09:50	Claim Close Date	
Report Taken By		Workshop Repairer	
<input checked="" type="checkbox"/> Print AK letter			

[Save](#) [Submit](#)

Attachment

Accident No. MT/1036649 Claim No. 001
Last Doc. Received ☒ Yes ☐ No Upload Date 20/03/2019 09:45

Path *

[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Message Read](#)[Clear](#)[Clear](#)[Clear](#)[Clear](#)[Clear](#)[Clear](#)[Clear](#)

Category *

[Please Select](#)[Please Select](#)[Please Select](#)[Please Select](#)[Please Select](#)[Please Select](#)[Please Select](#)

Confidential

NO

NO

NO













NO

NO

NO

NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2019 09:50	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2019 09:49	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2019 09:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2019 09:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2019 09:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2019 09:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2019 09:48	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2019 09:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2019 09:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2019 09:48	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2019 09:48	Photos	Normal	Photos

Video List

Uploaded By/Date

Folder Date

File Name

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