NATIONAL Assessment Centre Services (wef 1 Jan'08) MNA1190377OO

Date In: 22/3/19 - 11:05	Job description	Date & Time Completed	Done by
Ref No: NA/INC 1900517V/Y4	SAS e-filing		
Veh No: GBG3788E	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 21/3/19 - 16:40	i-Motor Claim Form	M1/1056984-001	22/3/19 11:17.
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 Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:)

TP Particulars: Veh No: YP8013E 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)	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

NA190217V

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 ($) In Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
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 : 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	22/03/2019 11:05
Date Of Accident	21/03/2019 16:40
Exact Location Of Accident	CTE TWDS CITY BEFORE BRADDELL RD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBG3788E
Insured/Policyholder	
Name Of Registered Owner	SPECTRIS PTE LTD
Co Reg No	198101779G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200 DX-2 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5101529270
Cover Note Number	
Driver	
Name of Driver	LIM POH KIAT (LIN BAOJI)
NRIC No	S7927511E
Date Of Birth	08/09/1979
Occupation	OUTDOOR
Date Of Driving Pass	14/03/2014
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96214539
Fax Number	
Contact Number	OFFICE-96214539
EMail Address	NOEMAIL

Address	BLK 250 KIM KEAT LINK #05-101
Postcode	310250
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
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

REFER TO 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	YP8013E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	GZ8209T

Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 3

Vehicle Registration Number	YN6751G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 POH KIAT (LIN BAOJI)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBG3788E
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.

Spectris Pte Ltd

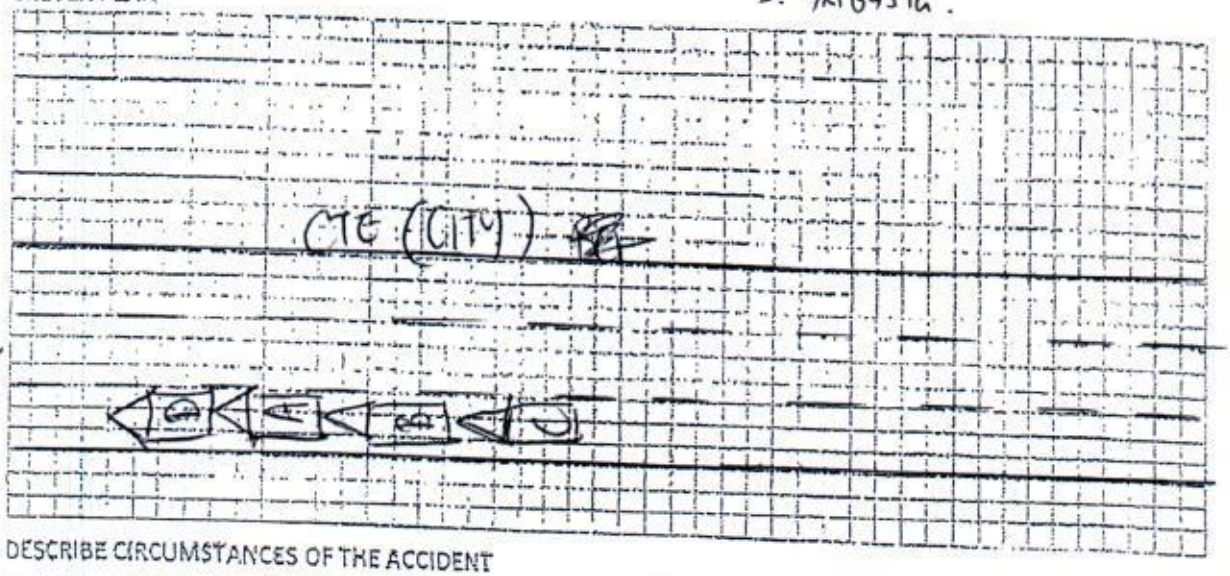
Policyholder's Signature
Date & Time:

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

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

A: GB6337885.
B: YP8013E.
C: GZ8209T.
D: YN6751G.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED TIME AND DATE, I ~~WAS DRIVING~~ (GB6337885E) WAS TRAVELLING AT A SLOW SPEED ALONG THE STATE VENUE ON THE LEFT MOST ~~RA~~ LANE. TRAFFIC WAS SLOW AS IT WAS RAINING HEAVILY. AS THE FRONT VEHICLE APPLIED BRAKES, I FOLLOWED SUIT. A SUDDENLY THERE WAS A HUGE IMPACT FROM MY REAR, CAUSING MY VEHICLE TO PROPEL FORWARD AND COLLIDE ONTO (YN6751G). AFTER ALIGHTING, I REALISED IT WAS A CHAIN COLLISION CAUSED BY (GZ8209T) WHO COLLIDED ONTO (YP8013E) THUS COLLIDING ONTO ME AND FINALLY PUSHING MY VEHICLE FORWARD TO (YN6751G)

DECLARATION

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

Spectris Pte Ltd

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.:

Date of Accident : 21/03/19 Accident Time: 1640 (24-HR-Format)

Accident Place : CTE (CITY) BEFORE BRADELL

Vehicle Reg. No. (Car Plate No.) : GBG 3788 E

Vehicle Make/Model : NISSAN NV 200

Insurance Company : NTUC Policy No. 5101529270

Owner or Company Name /IC No. : SPECTRIS PTE LTD

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

DRIVER'S Name / IC No. : LIM. POH KIAT / S7927511E

DRIVER'S Date Of Birth : 08/09/79 DRIVER'S License Pass Date 14/03/14

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

DRIVER'S Address : 250 JOM KEAT LINK #05-101, 310250

DRIVER'S Contact No./ Alt No. : 1) 96214539 2) _____

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

Email Address : ADMIN@MYCAR.SG

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): 01 Driver injured

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)

(B) Vehicle Reg. No: YP 8013 E

Vehicle Make\Model: _____

Name Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

(C) Vehicle Reg. No: GZ 8209 T

Vehicle Make\Model: _____

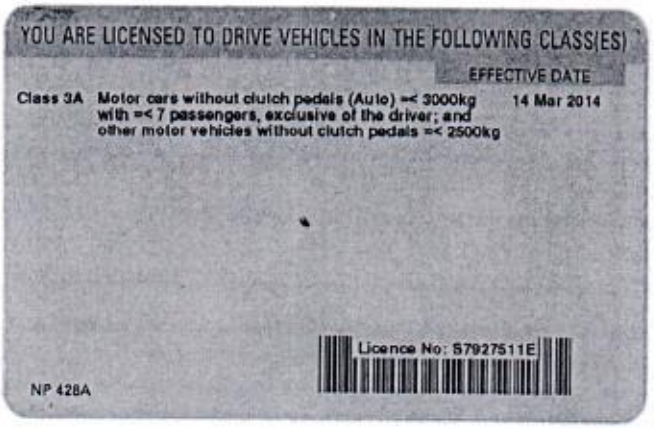
Name Driver: _____

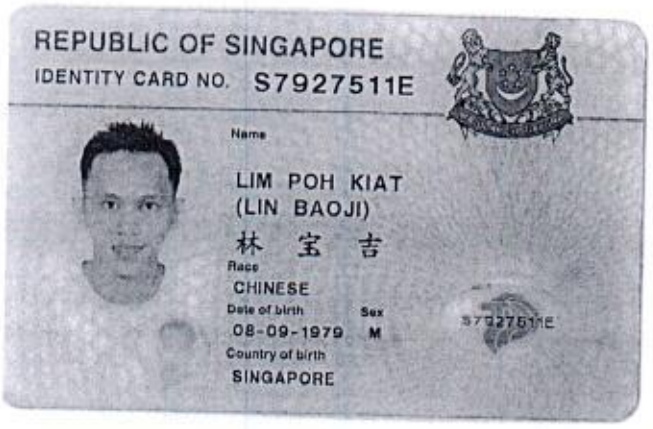
IC No. Driver: _____

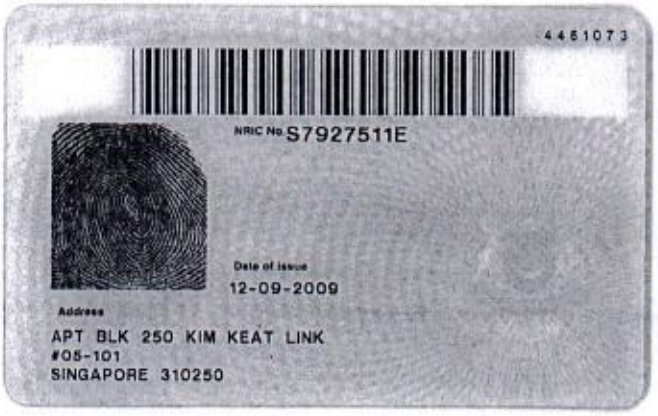
Driver's Contact & Add: _____

(D) YN 6751 G.


REPUBLIC OF SINGAPORE DRIVING LICENCE
Licence Number S7927511E
Name
LIM POH KIAT
(LIN BAOJI)
Birth Date 08 Sep 1979
Issue Date 14 Mar 2014
002284560B


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg
14 Mar 2014
Licence No: S7927511E
NP 428A


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7927511E
Name
LIM POH KIAT
(LIN BAOJI)
林 宝 吉
Race
CHINESE
Date of birth
08-09-1979
Sex
M
Country of birth
SINGAPORE
S7927511E


4461073
NRIC No S7927511E
Date of issue
12-09-2009
Address
APT BLK 250 KIM KEAT LINK
#05-101
SINGAPORE 310250

eBaoTech GeneralClaim

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

My Desktop
Notice of Loss

Policy Query

Policy No. | Date of Accident: 21/03/2019 16:40

Vehicle No.(For Motor): GBG3788E | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5101529270		SPECTRIS PTE LTD	198101779G	GCV	Comprehensive	GBG3788E	GBG3788E	28/07/2018	27/07/2019

Continue

Policy Information

Policy No.	5101529270	Policyholder Name	SPECTRIS PTE LTD	Policyholder NRIC	198101779G
Certificate No.					
Address	31 KAKI BUKIT ROAD 3 #04-05 TECHLINK SINGAPORE 417818				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy issue Date	02/07/2018	Effective Date	28/07/2018 00:00	Expiry Date	27/07/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	AWG INSURANCE BROKERS PTE	Agent Tel.	62946688	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	31 KAKI BUKIT ROAD 3	Address 2	#04-05 TECHLINK	Address 3	SINGAPORE 417818
Address 4		Address Type	Singapore address	Post Code	417818
Unit No.		Related Policy Number	5101529270		

Insured Object: GBG3788E

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	28/07/2018 00:00	NCD Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We would like to inform you that from 28 Jul 2018, you are entitled to 20% NCD under your policy. After the NCD adjustment, the revised premium is $1,105.56(inclusive of GST). 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.

Continue Cancel

Claim Handling

Exit

Accident MT/1036984

Policy No.	5101529270	Vehicle No.	GBG3788E	GST Registration No.	M200433904
Certificate No.					
Policyholder Name	SPECTRIS PTE LTD			Policyholder NRIC	198101779G
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	(•) No ( ) Yes	TCA	(•) No ( ) Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	22/03/2019 11:14	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	21/03/2019	Time of Accident hh:mm	16:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWDS CITY BEFORE BRADDELL RD EXIT				

Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200433904	GST Status Verified	Yes
Modification History	22/03/2019 11:16:12 System changed GST Registration Date from 01/01/2015 to 01/04/1994 22/03/2019 11:16:12 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	31 KAKI BUKIT ROAD 3	Address 2	#04-05 TECHLINK	Address 3	SINGAPORE 417818
Address 4		Address Type	Singapore address	Post Code	417818
Unit No.		Related Policy Number	5101529270		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM POH KIAT (LIN BAOJI)	Driver NRIC	S7927511E	Driver DOB	08/09/1979
Register Date of Driver License	14/03/2014	Driver Age	39	Driving Experience	5
Contact No.(Mobile)	96214539	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 250	Address 2	KIM KEAT LINK	Address 3	SINGAPORE 310250
Address 4		Address Type	Singapore address	Post Code	310250
Unit No.	05-101				
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	SPECTRIS PTE LTD	Insured NRIC	198101779G
Contact No.(Mobile)	96773215	Contact No.(Home)		Contact No.(Office)	64960336
Email Address		OI Vehicle Number	GBG3788E	TP Vehicle Number	YPB013E
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	GBG3788E / YPB013E ON 21 Mar 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	22/03/2019 11:17	Claim Close Date		Date Received	22/03/2019 00:00
Report Taken By	Jackson				

☑ Print AK letter

Save Submit

Attachment

Accident No.	MT/1036984	Claim No.	001
Last Doc. Received	(•) Yes ( ) No	Upload Date	22/03/2019 11:18

Path *			Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	

Browse... Clear Please Select NO Normal

Browse... Clear Please Select NO Normal

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 11:18	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 11:18	SAS	Normal	SAS 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 11:17	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 11:17	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 11:17	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 11:17	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 11:17	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 11:17	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 11:17	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 11:17	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 11:17	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 11:17	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 11:17	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 11:17	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 11:17	Photos	Normal	Photos 2019-3-22		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action

Display in New Window | Scan and uploading