

NATIONAL Assessment Centre Services [wef 10 Jan 2005]

Date In: 06/04/2019 10:47	Job description	Date & Time Completed	Done by
Ref No. NA/INC19006104/K4	SAS e-filing		
Veh No: GBJ1119J	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 05/04/2019 11:45	i-Motor Claim Form	MT/1039134-001	8/4/19 10:10
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: FBL6847Y 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

NA1902473

Client's Particulars:	Invoice Preparation Checklist:	Am't (\$) Est. Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	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 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	06/04/2019 10:47
Date Of Accident	05/04/2019 11:45
Exact Location Of Accident	SERANGOON RD B4 CTE NEAR TO EXIT 15A
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ1119J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RI SHEN SERVICES PTE. LTD.
Co Reg No	201109258N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86889366
Alternative Phone No	OFFICE-86889366

### Vehicle Particulars

Manufacturer	TOYOTA
Model	REGIUS ACE SUPER GL DARK PRIME II 2.8 A
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106663704
Cover Note Number	

### Driver

Name of Driver	OW KOK SHENG, ZACHARY
NRIC No	S9140839B
Date Of Birth	13/11/1991
Occupation	INDOOR
Date Of Driving Pass	17/07/2010
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86889366
Fax Number	
Contact Number	OTHERS-86889366
EMail Address	NOEMAIL

Address	BLK 475A UPPER SERANGOON CRESCENT #03-509
Postcode	531475
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	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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 357 HOUGANG AVENUE 7 #01-805 , <b>POSTCODE:</b> 530357 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2869999 - <b>FAX NO:</b> 63822066
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190405/2203

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBL6847Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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 SLG9513Z  
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)

**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) complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

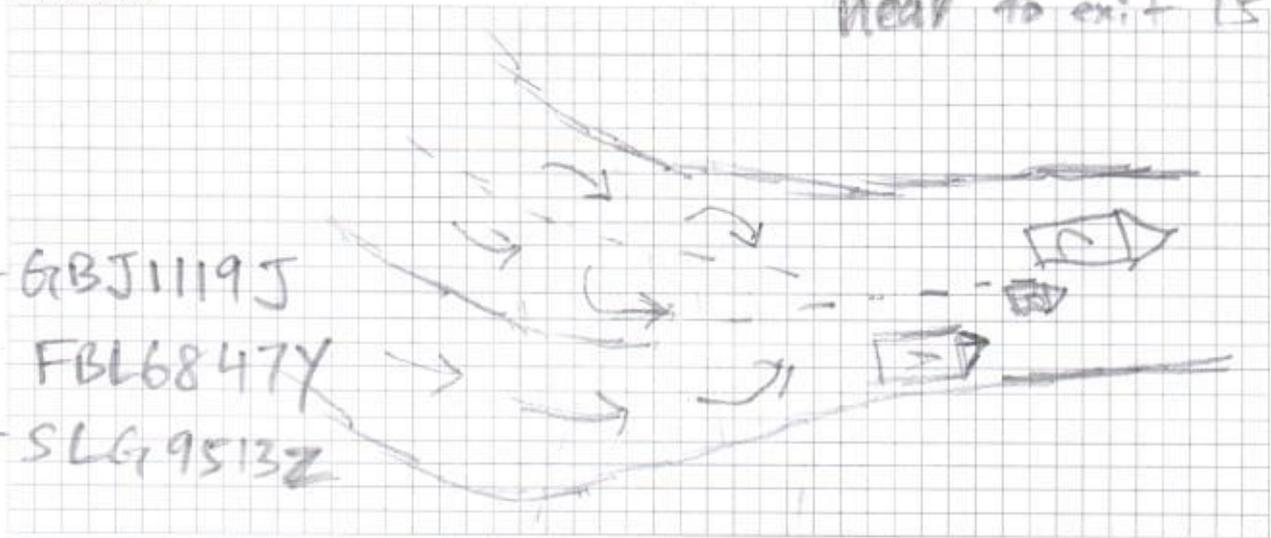
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

Along Serangoun road before CTE  
near to exit 15A

- A- GBJ1119J
- B- FBL6847X
- C- SLG9513Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

— PLS Refer to the Police Report —  
T/20190405/2203

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

Policyholder's Signature  
Date & Time: 20190405



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

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

6/4/2019





**SINGAPORE  
POLICE FORCE**



T/20190405/2203

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

2 of 3

Report No. T/20190405/2203

**CONTINUATION OF REPORT**

**Brief Details.**

On 05/04/2019 at about 1145hrs, I was travelling along Serangoon Road before CTE nearing to exit 15A in my Van (GBJ 1119J) and everything was in order. At that point of time when I was very near to the merging lane towards CTE, I noticed one motorcycle (FBL 6847Y) which was on my right lane where I was travelling. Initially, he was in the middle of two lanes but after which, I noticed the motorcycle swerving left and right which I was clueless where the motorcycle was heading.

After which, I picked up speed as I wanted to join the traffic along CTE, all of a sudden, I noticed the motorcycle in front of me and it was very close to the front of my vehicle. I quickly applied the brakes and as such, I managed to stop in time however, the motorcycle had grazed onto the front of my vehicle. I wish to state that the reason for me applying the brakes is because the motorcycle was very close to my vehicle as I was joining the traffic along CTE. After which, I stopped my vehicle at the side of the road and after checking on the rider, noticed some injuries on him and I called for the police which ultimately, the ambulance also arrived.

The motorcycle also collided onto another vehicle (SLG 9513Z) which was travelling along the left lane. I wish to state that I was not injured however, the rider of the motorcycle was conveyed to hospital. I also wish to state that there some graze marks on the front left of my van.



**SINGAPORE  
POLICE FORCE**



T/20190405/2203

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

3 of 3

Report No. T/20190405/2203

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Sgt 1 ONG YU HAN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216

Signature Of Informant:
Date/Time: 05/04/2019 20:42
Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE POLICE FORCE  
ACKNOWLEDGEMENT SLIP

(U)

Ref: Report No: 2/2019 0405/0088

Rashid  
6547 6218

I, TISAL G  
(Recipient's Name, NRIC or Passport No. / Rank and No.)

of 1 P40  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 32
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from OW 59140839B  
(Name, NRIC or Passport No. / Rank and No.)

of B/475A 277 Kiyocou Rd #03-504 531451  
(Address / Police Station / NPC / NPP)

on 08/04/19 at 1235  
(Date) (Time)

Witnessed by / \* Handed over by:  
(\* Delete if applicable)  
[Signature]  
(Signature)  
OW 59140839B  
(Name, NRIC or Passport No. / Rank and No.)

Received by:  
[Signature]  
(Signature)  
TISAL G  
(Name, NRIC or Passport No. / Rank and No.)

Other Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S9140839B



Name  
 OW KOK SHENG, ZACHARY

欧 国 丹  
 Race  
 CHINESE

Date of birth  
 13-11-1991

Sex  
 M

Country of birth  
 SINGAPORE





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9140839B

Name  
 OW KOK SHENG, ZACHARY

Birth Date: 13 Nov 1991

Issue Date: 04 Mar 2015




002401771D




4860798



NRIC No. S9140839B



Date of issue  
 25-03-2013

APT BLK 475A UPPER SERANGOON CRESCENT #03-509  
 SINGAPORE 531475

NRIC No: S9140839B Date: 22/07/2015 (R)

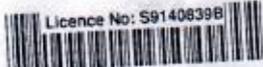
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE  
 17 Jul 2010

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

GBC  
 846SP

Licence No: S9140839B



NP 428A

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="checkbox"/>	5106663704		RI SHEN SERVICES PTE. LTD.	201109258N	GCV	Comprehensive	GBJ1119J	GBJ1119J	02/01/2019	01/01/2020

▼ Policy Information

Policy No.	5106663704	Policyholder Name	RI SHEN SERVICES PTE. LTD.	Policyholder NRIC	201109258N
Certificate No.					
Address	7030 ANG MO KIO AVENUE 5 #01-23 NORTHSTAR @ AMK SINGAPORE 569880				
Product Name	COMMERCIAL VEHICLE INSURANCE Plan	Group Policy Flag	N		
Policy issue Date	31/12/2018	Effective Date	02/01/2019 00:00	Expiry Date	01/01/2020 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	HON BROTHERS MOTOR	Agent Tel.	68446450	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	7030 ANG MO KIO AVENUE 5	Address 2	#01-23 NORTHSTAR @ AMK	Address 3	SINGAPORE 569880
Address 4		Address Type	Singapore address	Post Code	569880
Unit No.	01-23	Related Policy Number	5108454481		

▶ Insured Object: GBJ1119J

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	02/01/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 02 Jan 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: MOTOR CREDIT PTE LTD CHASSIS NUMBER: GDH2011013141 ENGINE NUMBER: 1GD8326969 VEHICLE REGISTRATION NUMBER: GBJ1119J ORIGINAL REGISTRATION DATE: 02 Jan 2019

Continue Cancel

**Claim Handling**

Accident MT/1039134

Policy No.	5106663704	Vehicle No.	GBJ1119J	GST Registration No.	
Certificate No.					
Policyholder Name	RI SHEN SERVICES PTE. LTD.			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	86889366	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
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	

**Accident Details**

Report Date	08/04/2019 10:03	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	05/04/2019	Time of Accident hh:mm	11:45	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	SERANGOON RD B4 CTE NEAR TO EXIT 15A				

**Excess**

Own damage Excess	600.00	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	Yes
Modification History	08/04/2019 10:06:38 System changed GST Registered from Yes to No 08/04/2019 10:06:38 System changed GST Registration No. from 201109258N to null 08/04/2019 10:06:38 System changed GST Registration Date from 18/04/2011 to null		

**Policyholder Mailing Address**

Address 1	7030 ANG MO KIO AVENUE 5	Address 2	#01-23 NORTHSTAR @ AMK	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	01-23	Related Policy Number	5108454481		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	OW KOK SHENG, ZACHARY	Driver NRIC	S9140839B	Driving Experience	
Register Date of Driver License	17/07/2010	Driver Age	27	Contact No.(Home)	
Contact No.(Mobile)	86889366	Contact No.(Office)	0	Address 3	
Address 1	BLK 475A #	Address 2	UPPER SERANGOON CRESCENT	Post Code	
Address 4	SINGAPORE 531475	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	RI SHEI
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	GBJ111
Claim Description	GBJ1119J / FBL6847Y ON 5 Apr 2019		
Preferred Workshop Finalisation	Yes	Insured Liability	Partially at Fault
Date Registered		Preferred Repair Option	Preferred Workshop, Name unknown
Report Taken By		GIA report	Received
<input checked="" type="checkbox"/> Print AK letter		Claim Close Date	08/04/2019 10:11
		Workshop Repairer	

Save Submit

Attachment

Accident No. MT/1039134 Claim No. 001  
 Last Doc. Received  Yes  No Upload Date 08/04/2019 10:10

Choose File	No file chosen	Clear	Category *	Confidential	
Choose File	No file chosen		Please Select	NO	
Choose File	No file chosen		Clear	Please Select	NO
Choose File	No file chosen		Clear	Please Select	NO
Choose File	No file chosen		Clear	Please Select	NO
Choose File	No file chosen		Clear	Please Select	NO
Choose File	No file chosen		Clear	Please Select	NO
Message Read					

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2019 10:11	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2019 10:10	SAS	Normal	SAS
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2019 10:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2019 10:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2019 10:09	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2019 10:08	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Apr 2019 10:08	Photos	Normal	Photos

Video List

Uploaded By/Date Folder Date File Name