

NATIONAL Assessment Centre Services

Part 1 Jan 2019

MMA 1190 51210

Date In: 2014/19 13:53	Job description	Date & Time Completed	Done by
Ref No: NA/INC 1900 6977164	SAS e-filing		
Veh No: SLJ 1455 U	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 1914/19 22:40	I-Motor Claim Form	MT/1040946-001	2014/19 14:35
OD <input checked="" type="checkbox"/> TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars:	Veh No: SLQ 3781 C	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 repair.
- () Total Loss Case: to e-mail Insurer URGENTLY.
- Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC 1100000 0700 6616)

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time Actions

NA1902859

<p>Comments Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors Comments:</p> <p>Ref. 1:</p> <p>at 2/3:</p>	<p>Invoice Details:</p> <p>1) AIR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$10)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) PT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For claimant against INC Only (w/c 10 Jan 2019)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Ideal DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>ON:</p> <p>*N5: Courtesy Car / Tpt Allowance \$3</p> <p>*N6: Repair Coordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collision Excess Coordination \$3</p> <p>TP (N11): TP (N-in INC) against INC \$20</p> <p>9) N12: Ideal Mobile \$0</p> <p>Invoice dated Fee Charged</p> <p>Invoice dated Fee Charged</p>
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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	20/04/2019 13:53
Date Of Accident	19/04/2019 22:40
Exact Location Of Accident	JUNC OF GEYLANG RD & LOR 27A GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ1455U
Insured/Policyholder	
Name Of Registered Owner	FANTASY C & W
Co Reg No	53350629L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96399944

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104961092
Cover Note Number	-

Driver

Name of Driver	LIM CHUNG KOON
NRIC No	S8027252I
Date Of Birth	13/09/1980
Occupation	OUTDOOR
Date Of Driving Pass	07/01/2000
Driving Experience	19 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96990939
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 144 TAMPINES ST 12 #10-402
Postcode	521144
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	2
Passenger 1	NAME: : KAKHAM CHARINDA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - 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	SLQ3781C
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 LIM CHUNG KOON

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLJ1455U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name KAKHAM CHARINDA

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLJ1455U

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.

FANTASY C&W

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 = SLJ 1455 U
B = SLQ 3781 C

Lor 27 A Geylang

Please Refer to Police Report

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

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



SINGAPORE POLICE FORCE



T/20190420/2044

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 4

Report No. T/20190420/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/04/2019 11:40		Vide Report No.:		Station Diary No.: 33	
Informant's Particulars					
Name of Informant: LIM CHUNG KOON			Address: APT BLK 144 TAMPINES STREET 12 #10-402 SINGAPORE 521144		
ID Type / ID No.: NRIC NO / S8027252I			Contact No.: Home/Office: Mobile: 96990939		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 13/09/1980	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/04/2019 22:40	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 GEYLANG ROAD LORONG 27A GEYLANG				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLJ1455U	Car				Slightly Damaged	1
SLQ3781C	Car				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/20190420/2044

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 4

Report No. T/20190420/2044

CONTINUATION OF REPORT

Passenger			
Name	KAKHAM CHARINDA	ID No.	S7865958J
Related Vehicle	SLJ1455U (Car)	Contact No.	NIL
Hospital/Clinic	UNIVERSAL MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/04/2019	Date Discharge	20/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LIM CHUNG KOON	ID No.	S8027252I
Related Vehicle	SLJ1455U (Car)	Contact No.	96990939
Hospital/Clinic	UNIVERSAL MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	20/04/2019	Date Discharge	20/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LEE PUAY KWONG MATTHEW	ID No.	S1381445G
Related Vehicle	SLQ3781C (Car)	Contact No.	94566678
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 19/04/2019 at about 2240hrs, I was driving (SLJ1455U) along Geylang Road towards the city together with my wife. As I drove past Lorong 27A Geylang, I suddenly felt an impact at the rear right area of my vehicle.

I stopped to make a check and saw that the front left portion of a vehicle (SLQ3781C) that had come from Lorong 27A Geylang had hit against the rear right portion of my vehicle, causing it to be damaged at the area of impact.

I took some photographs of the scene and continued on my journey after exchanging particulars with the other driver.



**SINGAPORE
POLICE FORCE**



T/20190420/2044

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 4

Report No. T/20190420/2044

CONTINUATION OF REPORT

There is a camera installed at the front and rear of my vehicle.

At the time of the accident, no one appeared to be injured. However the following day, my wife and I felt unwell due to the accident and decided to consult a doctor where we were given 3 days medical leave



**SINGAPORE
POLICE FORCE**



T/20190420/2044

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

4 of 4

Report No. T/20190420/2044

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:

G /

Staff Sgt MUHAMMAD NOOR AZRI BIN
MOHAMED SALLEH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65472076

Authentication Stamp

NP168


Signature Of Informant:

Date/Time:

20/04/2019 11:40

Classification Of Case:

Land Transport Authority



VOCATIONAL LICENCE
 Licence No: S80272521
 Name: LIM CHUNG KOON

Please visit www.lta.gov.sg to check the status of this vocational licence

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S80272521



Name
 LIM CHUNG KOON

林宗坤

Race
 CHINESE

Date of birth
 13-09-1980

Sex
 M

Country of birth
 SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S80272521
 Name
 LIM CHUNG KOON

Birth Date: 13 Sep 1980
 Issue Date: 05 Sep 2003

000805860F



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
12	TAXI VL	27/05/2011



4766300



NRIC No: S80272521



Date of issue
 02-09-2011

Address
 APT BLK 144 TAMPINES STREET 12
 #10-402
 SINGAPORE 521144



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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	13 Aug 1999
Class 2A	Motorcycles between 201 cc and 400 cc	15 May 2001
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	07 Jan 2000

Licence No: S80272521



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

19/04/2019 13:50

Vehicle No.(For Motor)

SLJ1455U

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5104961092		FANTASY C & W	53350629L	GPC	drivo CLASSIC	SLJ1455U	SLJ1455U	26/10/2018	28/11/2019

Continue

Claim Handling

Accident MT/1040946

Policy No.	S104961092	Vehicle No.	SLJ1455U	GST Registration No.	
Certificate No.					
Policyholder Name	FANTASY C & W			Policyholder NRIC	533501
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96399944	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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(%)	10	Private Hire	Yes
Accident Details					
Report Date	20/04/2019 14:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	19/04/2019	Time of Accident hh:mm	22:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNG OF GEYLANG RD & LOR 27A GEYLANG				
Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		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 216C #12-560	Address 2	COMPASSVALE DRIVE	Address 3	COMPASSVALE DRIVE
Address 4	SINGAPORE 543216	Address Type	Singapore address	Post Code	543216
Unit No.		Related Policy Number	S104961092		
O1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LEM CHUNG KOON	Driver NRIC	S80272521	Driver DOB	13/09/19
Register Date of Driver License	07/01/2000	Driver Age	38	Driving Experience	19
Contact No.(Mobile)	96990939	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 144 #10-402	Address 2	TAMPINES STREET 12	Address 3	TAMPINES STREET 12
Address 4	SINGAPORE 521144	Address Type	Singapore address	Post Code	521144
Unit No.	10-402				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input 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		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	FANTASY C & W
Contact No.(Mobile)		Contact No.(Home)	
Email Address		O1 Vehicle Number	SLJ1455U
Claim Description	SLJ1455U / SLQ3781C ON 19 Apr 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1040946	Claim No.	001
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Last Doc. Received

☒ Yes
 ☐ No

Upload Date

20/04/2019 14:35

Path *

Category *

Confidential

Urgency *

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	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Apr 2019 14:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Apr 2019 14:35	SAS	Normal	SAS 2019-4-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Apr 2019 14:35	Photos	Normal	Photos 2019-4-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Apr 2019 14:35	Photos	Normal	Photos 2019-4-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Apr 2019 14:35	Photos	Normal	Photos 2019-4-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Apr 2019 14:35	Photos	Normal	Photos 2019-4-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Apr 2019 14:34	Photos	Normal	Photos 2019-4-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Apr 2019 14:34	Photos	Normal	Photos 2019-4-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Apr 2019 14:34	Photos	Normal	Photos 2019-4-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Apr 2019 14:34	Photos	Normal	Photos 2019-4-20
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Apr 2019 14:34	Photos	Normal	Photos 2019-4-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Apr 2019 14:34	Photos	Normal	Photos 2019-4-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Apr 2019 14:34	Photos	Normal	Photos 2019-4-20

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading