

NATION A. Assessment Centre Services

Date In: 29/04/2019 12:42	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC19007467/K4	E-mail (within 8hrs, AIC 2hrs)		
Veh No: SGT3713T	i-Motor Claim Form	MT/1042291-001	30/4/19 09:40
DD: 13/04/2019 07:30	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
DD: TP Reporting Only	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: SFE2111C	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

NA 1903050

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 (N-on INC) against INC \$20		
	9) N12: Idac Mobile \$30		
	Invoice date/	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	29/04/2019 12:42
Date Of Accident	13/04/2019 07:30
Exact Location Of Accident	TUAS CHECKPOINT TWDS MALAYSIA CHECKPOINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT3713T
Insured/Policyholder	
Name Of Registered Owner	I DRAGONFLY
Co Reg No	53351959D
Email Address	LIMYEOWLENG38@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91167235
Alternative Phone No	OFFICE-91167235

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA AERAS 2.4 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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5086891611-02
Cover Note Number	

Driver

Name of Driver	LIM YEOW HENG
NRIC No	S1498406B
Date Of Birth	24/08/1961
Occupation	OUTDOOR
Date Of Driving Pass	29/07/1996
Driving Experience	22 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91167235
Fax Number	
Contact Number	OTHERS-91167235
Email Address	LIMYEOWLENG38@GMAIL.COM

Address	BLK 313 TAMPINES STREET 33 #07-28
Postcode	520313
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	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?	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	SFE2111C
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	UNKNOWN
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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

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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.:

29/4/2019

17 18 19 20



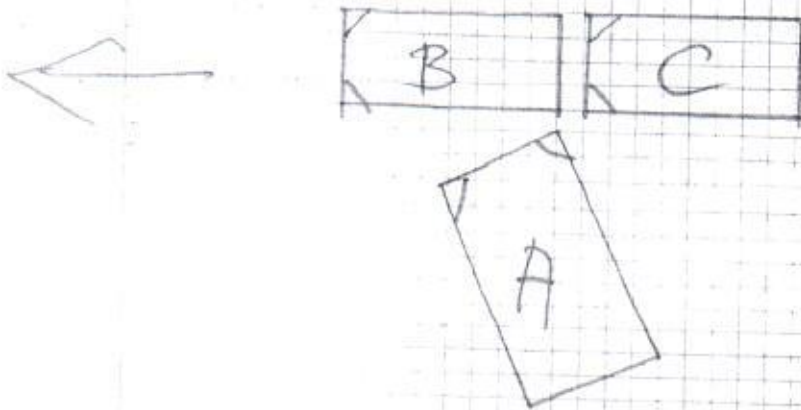
SKETCH PLAN

TUAS CHECKPOINT TOWARDS
MALAYSIA CHECKPOINT

A - SGT 3713 T

B - SFE2111C

C - UNKNOWN.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The traffic was congested on that day.
I intend to litter to the right. Vehicle C
go forward from prevent my from going in.
I was very clear that my vehicle did not
hit vehicle B. Vehicle A have no damages.

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.:

29/4/2019

100-100000



Cheonghoh **Law Corporation**

(Incorporated with limited liability) Blk 53 Chin Swee Road #03-05 . Singapore 160053
Co. Reg No.201108070G Tel: 63378700 Fax: 63373700 E-mail: mail@cheonghoh.sg

In reply, please quote our Reference Number

Our Ref: LCH.my/W1HP-90310.19
Your Ref: To be advised

18 April 2019

CERTIFICATE OF POSTING

I DRAGONFLY
Blk 313 Tampines Street 33
#07-28
Singapore 520313

Dear Sirs

TRAFFIC ACCIDENT INVOLVING YOUR VEHICLE SGT 3713 T AND SFE 2111 C ON 13 APRIL 2019 AT 7:30 AM ALONG TUAS CHECKPOINT TOWARDS MALAYSIA CHECKPOINT

We act for **RAGUVATHI S/O VEERAPPAN**, the owner of the above said motor vehicle no. **SFE 2111 C**.

We understand that you are the owner of motor vehicle **SGT 3713 T** and that your insurers are NTUC Income Insurance Co-Operative Ltd.

On behalf of our client, we had written to the Traffic Police / GIA Record Management Centre (GIA RMC) for a copy of your report on the above accident. We were however informed that you and/or your authorised driver, agent and/or servant had failed to notify your insurers of the accident.

It is in your own interest to forthwith attend at the office of your insurers to make the motor accident report and to notify them of the above accident or to report to the Traffic Police where the accident involved a foreign registered vehicle. Please do so immediately upon receipt of this letter.

If you fail to heed our advice, our client will, in due course, file a claim against you directly for the damages and if necessary, commence legal proceedings against you to recover his losses. In such an event, you will be called upon to pay our client's damages together with interests and legal costs out of your own pocket.

To avoid such a consequence, please report the above accident to the Traffic Police and/or to your insurers immediately upon receipt of this letter. We wish to add that if our inquiry with the Traffic Police and/or the GIA Record Management Office in the next 7 days disclose that you have not reported to the Traffic Police and/or to your insurers the accident and your report has not been forwarded to GIA Record Management Office by your insurers, our client shall proceed to look to you for the satisfaction of his claim.

Kindly ignore this letter if you have already submitted your accident report to your insurers.

Yours faithfully



Lee Cheong Hoh
CHEONGHOH LAW CORPORATION

cc: client (via Fax : 63656101) - SFE 2111 C

2

2

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1st Accident

Reported on 26/4/2019
@ 1320hrs.

ACCIDENT STATEMENT

ACCIDENT DATE: (13/4/2019) (DD/MM/YYYY), TIME: (07:30 AM) (HH:MM)

LOCATION: Tuas Checkpoint TWDs Malaysia
CHECK POINT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGT 3713T
- 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:
- b) NRIC/FIN/PASSPORT: (MALE / FEMALE)
- c) ADDRESS: CONTACT:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME:
- b) NRIC/FIN/PASSPORT: (MALE / FEMALE)
- c) ADDRESS: CONTACT: 91167235

- *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) HIRER
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: SFE211C MODEL:
- b) DRIVER'S NAME:
- c) NRIC/FIN/PASSPORT: CONTACT: B

9. THIRD PARTY VEHICLE

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

* No. of passengers
(Including driver)
(1)

* No. of passengers
(Including driver)
()

* No. of passengers
(Including driver)
()

Private Hire

email = limyeowheng38@gmail.com
fax =
video = Limyeowheng38@gmail.com

Waiting for Company Chop? on sketch plan.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1498406B



Name
LIM YEOW HENG

林耀兴

Race
CHINESE

Date of Birth
24-08-1961

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1498406B**

Name
LIM YEOW HENG

Birth Date **24 Aug 1961**

Issue Date **12 Aug 2003**




1077382



NRIC No. **S1498406B**



Blood Group **O+** Date of Issue **01-07-1993**

Address
**APT BLK 213 TAMMIES STREET 30/07/98
SINGAPORE 220113**

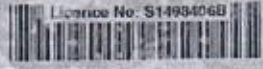
NRIC No. **S1498406B** Date: **10-09-1999** No: **2933395**

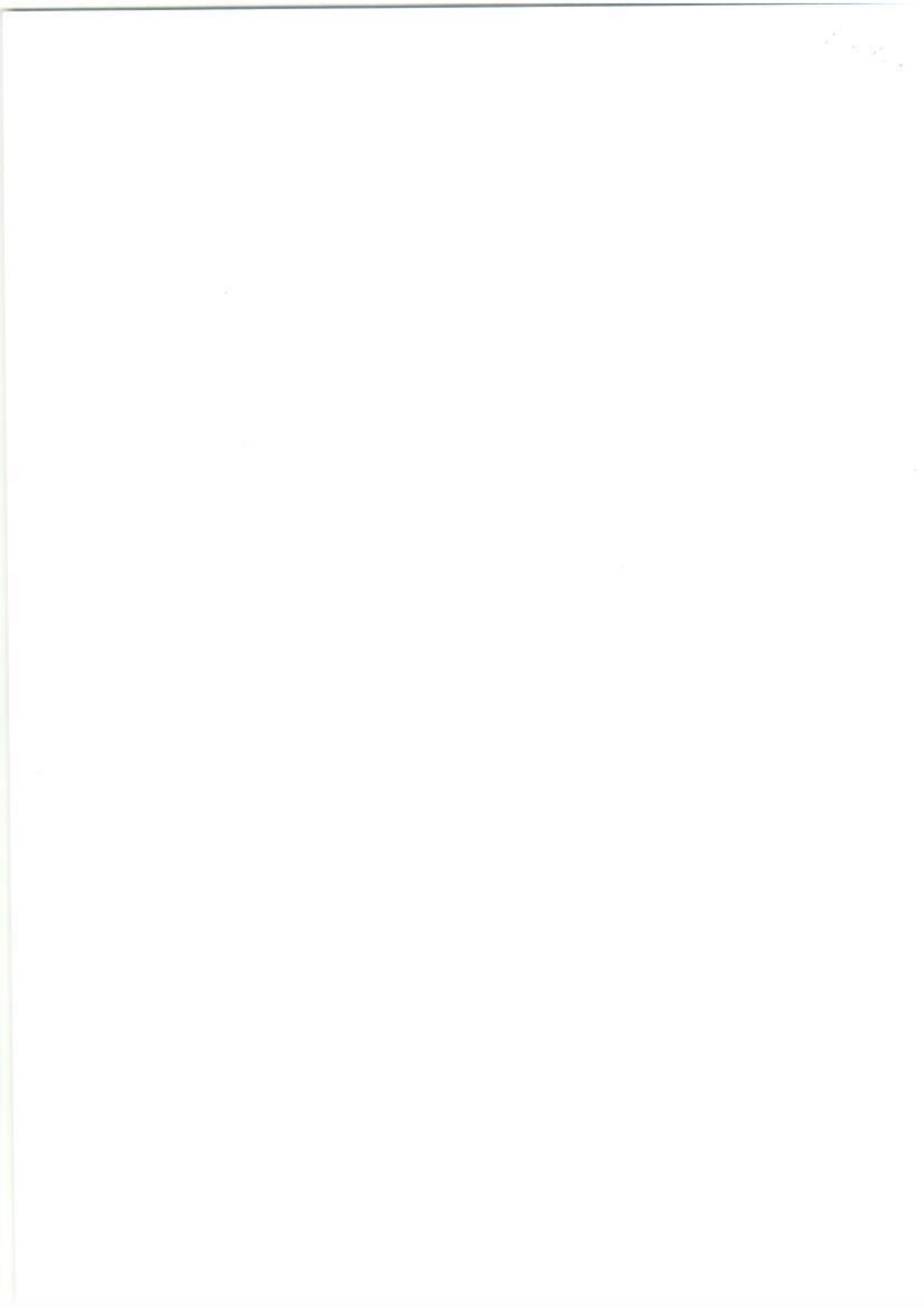
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	29 Apr 1992
Class 2A	Motorcycles between 201 cc and 400 cc	07 Sep 1993
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	29 Jul 1996

NP 426A

Licence No. **S1498406B**





Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="13/04/2019 07:30"/>							
Vehicle No.(For Motor)	<input type="text" value="SGT3713T"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5086891611-02		I DRAGONFLY	53351959D	GPC	driva CLASSIC	SGT3713T	SGT3713T	10/04/2019	09/04/2020
				<input type="button" value="Continue"/>						

▼ Policy Information

Policy No.	5086891611-02	Policyholder Name	I DRAGONFLY	Policyholder NRIC	53351959D
Certificate No.					
Address	BLK 313 #07-28 TAMPINES STREET 33 SINGAPORE 520313				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	08/04/2019	Effective Date	10/04/2019 00:00	Expiry Date	09/04/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	1213.75		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020 null	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

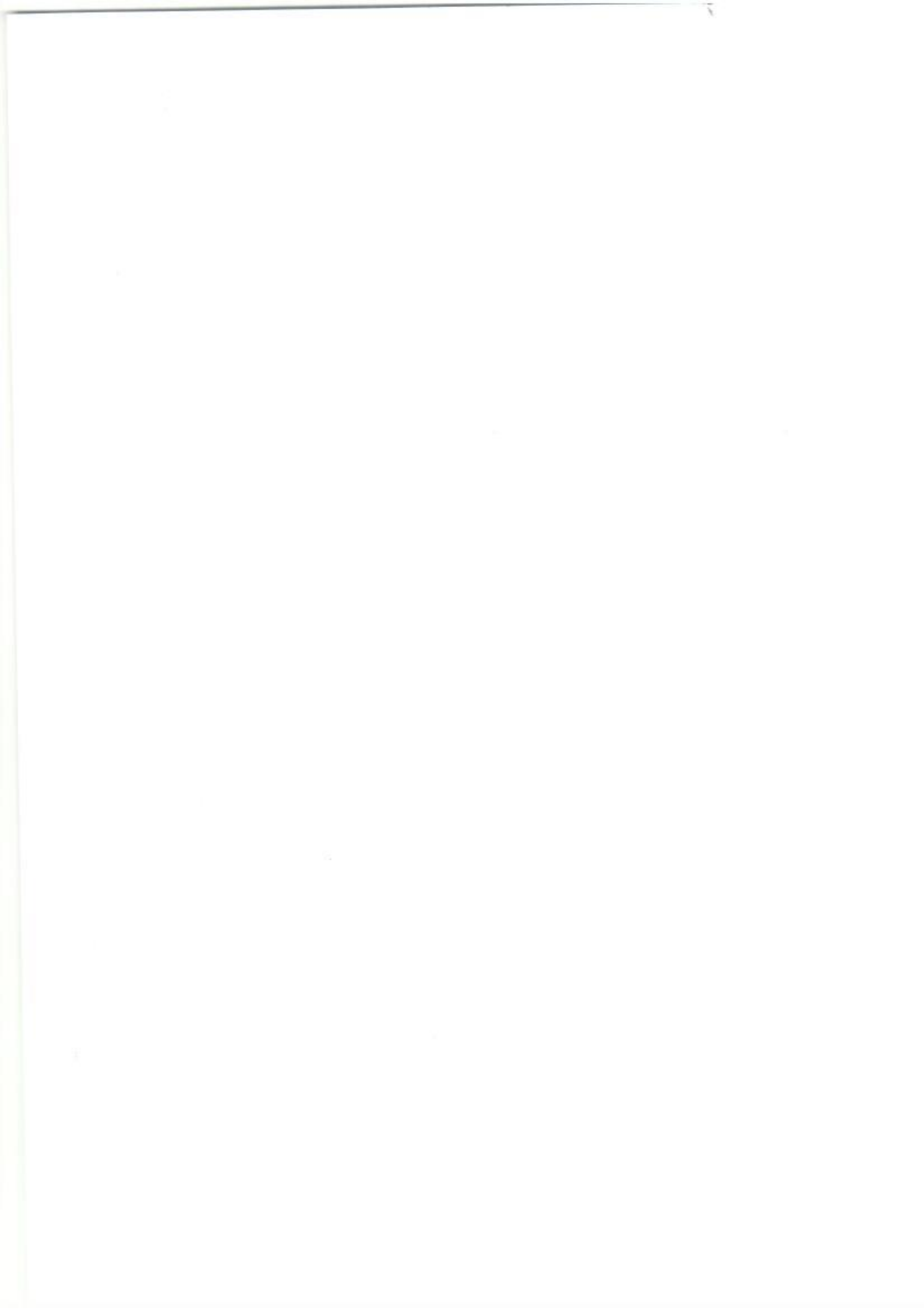
▼ Policyholder Mailing Address

Address 1	BLK 313 #07-28	Address 2	TAMPINES STREET 33	Address 3	SINGAPORE 520313
Address 4		Address Type	Singapore address	Post Code	520313
Unit No.	07-28	Related Policy Number	5086891611-02		

▶ Insured Object: SGT3713T

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				



Claim Handling

The premium on this policy has not been collected.

Accident MT/1042291

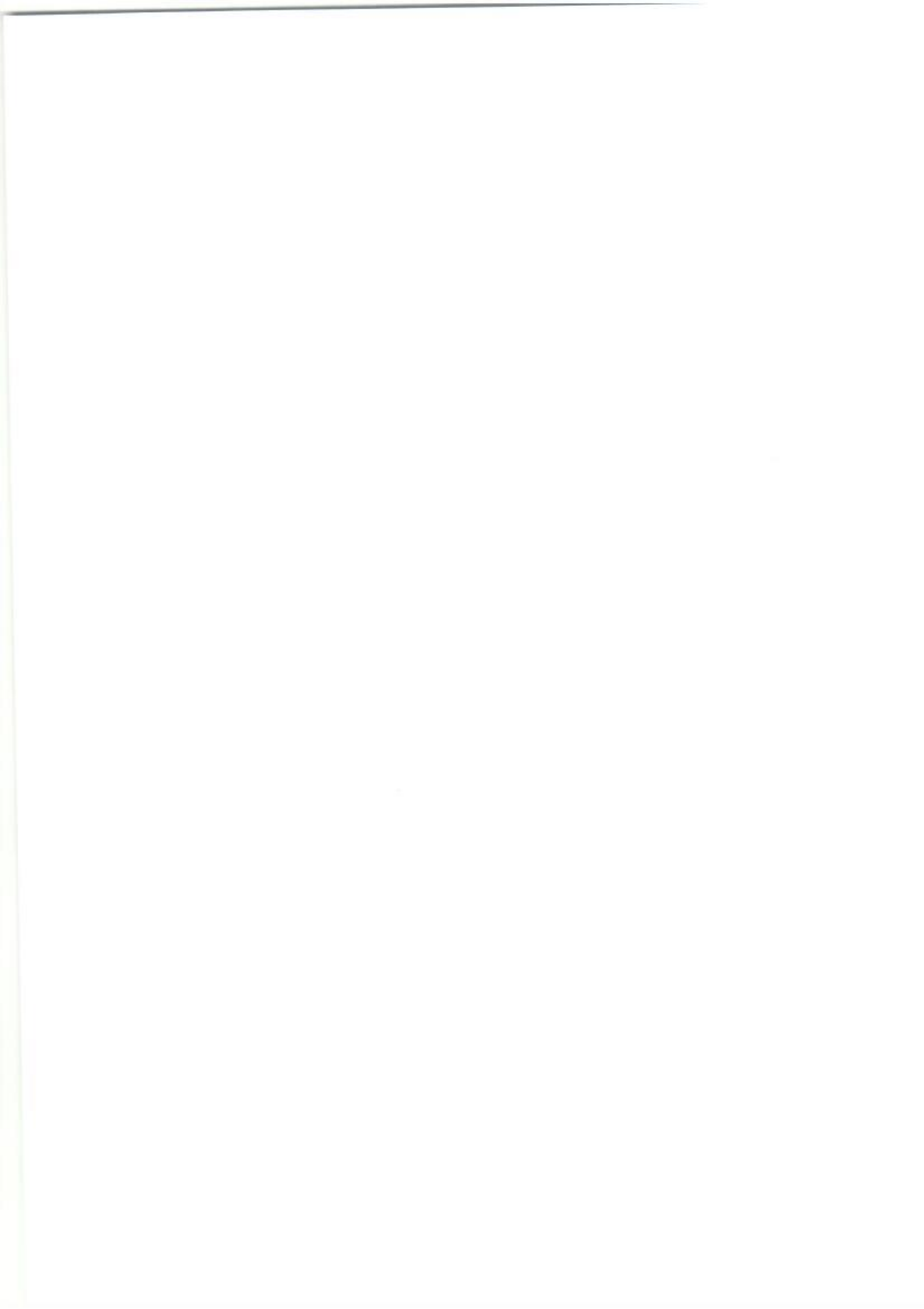
Policy No.	5086891611-02	Vehicle No.	SGT3713T	GST Registration No.	
Certificate No.					
Policyholder Name	I DRAGONFLY			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	91167235	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes
Accident Details					
Report Date	30/04/2019 09:29	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	13/04/2019	Time of Accident hh:mm	07:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TUAS CHECKPOINT TWDS MALAYSIA CHECKPOINT				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	
Additional Excess	0.00	Total TP Excess Applicable			
Total OD Excess Applicable					
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 313 #07-28	Address 2	TAMPINES STREET 33	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	07-28	Related Policy Number	5086891611-02		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	LIM YEOW HENG	Driver NRIC	S1498406B	Driving Experience	
Register Date of Driver License	29/07/1996	Driver Age	57	Contact No.(Home)	
Contact No.(Mobile)	91167235	Contact No.(Office)	0	Address 3	
Address 1	BLK 313 #	Address 2	TAMPINES STREET 33	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 Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	I DRAGONFLY	Insured NRIC	
Contact No.(Mobile)	91167235	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SGT3713T	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SGT3713T / SFE2111C ON 13 Apr 2019				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	30/04/2019 09:41	Claim Close Date		Date Received	
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter



Attachment

Save Submit

Accident No.	MT/1042291	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/04/2019 09:35

Path *	Category *	Confidential	Urgency
Browse... Clear	Please Select	<input type="text" value="NO"/>	Normal
Browse... Clear	Please Select	<input type="text" value="NO"/>	Normal
Browse... Clear	Please Select	<input type="text" value="NO"/>	Normal
Browse... Clear	Please Select	<input type="text" value="NO"/>	Normal
Browse... Clear	Please Select	<input type="text" value="NO"/>	Normal
Browse... Clear	Please Select	<input type="text" value="NO"/>	Normal

Attachments Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Apr 2019 09:40	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Apr 2019 09:37	SAS	Normal	SAS 2019-4-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Apr 2019 09:36	Photos	Normal	Photos 2019-4-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Apr 2019 09:36	Photos	Normal	Photos 2019-4-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Apr 2019 09:36	Photos	Normal	Photos 2019-4-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Apr 2019 09:36	Photos	Normal	Photos 2019-4-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Apr 2019 09:36	Photos	Normal	Photos 2019-4-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Apr 2019 09:36	Photos	Normal	Photos 2019-4-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Apr 2019 09:35	Photos	Normal	Photos 2019-4-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Apr 2019 09:35	Photos	Normal	Photos 2019-4-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Apr 2019 09:35	Photos	Normal	Photos 2019-4-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Apr 2019 09:35	Photos	Normal	Photos 2019-4-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Apr 2019 09:35	Photos	Normal	Photos 2019-4-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Apr 2019 09:35	Photos	Normal	Photos 2019-4-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Apr 2019 09:35	Photos	Normal	Photos 2019-4-30

Video List

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

