

**NATIONAL Assessment Centre Services** [wef 1 Jan'05] **MVA19039165**

Date In: 3/5/17 - 14:51	Job description	Date & Time Completed	Done by
Ref No: NAJ, INC 19039165/24	SAS e-filing		
Vch No: GDB61760	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 3/5/19 - 14:00	i-Motor Claim Form	M71042801-001	3/5/19 15:06
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: Vch No: 5B35012 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

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) In 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) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*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 \$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	03/05/2019 14:51
Date Of Accident	02/05/2019 14:20
Exact Location Of Accident	BALESTIER RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB6176C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ZLX ENGINEERING PTE LTD
Co Reg No	200922561Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64659029

### Vehicle Particulars

Manufacturer	FIAT
Model	DOBLO 1.3MJTD
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5086904104-01
Cover Note Number	

### Driver

Name of Driver	TAN CHOO LIANG
NRIC No	S1513325B
Date Of Birth	04/01/1961
Occupation	OUTDOOR
Date Of Driving Pass	13/07/1978
Driving Experience	40 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97318070
Fax Number	
Contact Number	OFFICE-97318070
EMail Address	NOEMAIL

Address	35 JALAN DUSUN #09-01
Postcode	329387
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?	
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	SJB3001Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SITI MASKINAH
NRIC/Passport Number	
Contact Number	97666414
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBA5297Z
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

TOH KIM HONG

NRIC/Passport Number

Contact Number

93835829

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) 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.:

**SKETCH PLAN**

Refer to attached sketch plan.

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to statement.

**DECLARATION**

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



Policyholder's Signature  
Date & Time:

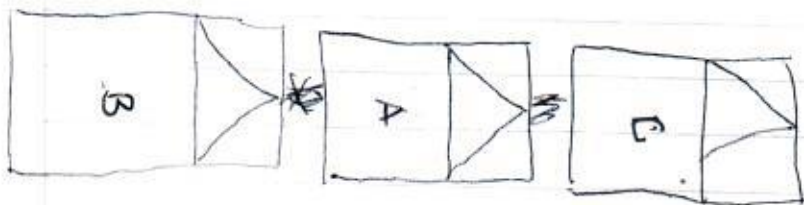
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

On 2 May 2019, my son informed me to warm up his car as he was overseas. I then drive the vehicle GBB6176C outside my house along Balestier Road

At about 2.22pm, while I was stationary along Balestier Road traffic light towards Kim Heat Road, I felt a strong impact from rear causes my vehicle to swim forward and collided into vehicle GBAS297Z.

I alighted and ~~ret~~ realise vehicle SJB3001Z collided onto my vehicle and causes the chain collision.



veh c ) GBAS297Z      Toh Kim Hong  
93835829

veh a ) GBB6176C      TAN CHOO LIANG  
97318070

veh B ) SJB3001Z      Siti MASKINAH  
97666414

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 2/5/19 ) (DD/MM/YYYY), TIME: ( 14:20 ) (HH:MM)

LOCATION: Bulestier Rd.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G8B6176c  
b) INSURANCE COMPANY: ZLX P 1170C  
c) POLICY NUMBER: 5086904104.01  
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: ZLX Engineering Pte Ltd. ( MALE / FEMALE )  
b) NRIC/FIN/PASSPORT: 200922861Z CONTACT: 64659049  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Tan Choo Kang ( MALE / FEMALE )  
b) NRIC/FIN/PASSPORT: S1517524B CONTACT: 97318070  
c) ADDRESS: 35 Jalan Purnama 1/1 (32987)

\*d) DATE OF BIRTH: ( 4/1/1961 ) ( DD/MM/YYYY )

e) OCCUPATION: ( INDOOR / OUTDOOR )

f) YEARS OF DRIVING EXPERIENCE: 17/2/1978

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: SJB2012 MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: Siti Maskinah  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 92666414

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: 6RA52972 MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: Tan Iam Hong  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 93835829

\* No of passenger  
(Including driver)  
( 1 )

\* No of passenger  
(Including driver)  
(      )

\* No of passenger  
(Including driver)  
(      )

email = ZLXeng@singnet.com.sg  
fax = ZLX3219@gmail.com  
64659040  
video =



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1513325B



Name

TAN CHOO LIANG

陈 朱 亮

Race

CHINESE

Date of birth

04-01-1961

Sex

M

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1513325B

Name

TAN CHOO LIANG

Birth Date: 04 Jan 1961

Issue Date: 22 Sep 2017



5878347



NRIC No. S1513325B



Date of issue

06-02-2018

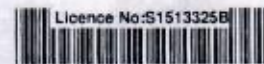
Address

35 JALAN DUSUN  
#09-01  
SINGAPORE 329387

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	27 Jan 1981
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	13 Jul 1978
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 7250kg	29 Aug 1994



Licence No: S1513325B

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5086904104-01		ZLX ENGINEERING PTE LTD	200922561Z	GCV	Comprehensive	GBB6176C	GBB6176C	04/03/2018	03/09/2019

Continue

**Policy Information**

Policy No.	5086904104-01	Policyholder Name	ZLX ENGINEERING PTE LTD	Policyholder NRIC	200922561Z
Certificate No.					
Address	11 MANDAI ESTATE #01-01 ELDIX SINGAPORE 729908				
Product Name	COMMERCIAL VEHICLE INSURAI Plan	Group Policy Flag	N		
Policy Issue Date	14/02/2018	Effective Date	04/03/2018 00:00	Expiry Date	03/09/2019 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	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

**Policyholder Mailing Address**

Address 1	11 MANDAI ESTATE	Address 2	#01-01 ELDIX	Address 3	SINGAPORE 729908
Address 4		Address Type	Singapore address	Post Code	729908
Unit No.		Related Policy Number	5086904104-01		

**Insured Object: GBB6176C**

**Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	01/02/2019 00:00	POI Extension/Shorten	Endorsement Take Effective	<p>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: 04 Mar 2018 TO 03 Sep 2019 In view of this amendment, an additional premium of \$823.74 (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.</p>

Claim Handling

Exit

Accident MT/1042801

Policy No.	S086904104-01	Vehicle No.	GBB6176C	GST Registration No.	
Certificate No.					
Policyholder Name	ZLX ENGINEERING PTE LTD			Policyholder NRIC	200922561Z
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	64659029	Contact No.(Home)	0
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	No	NCD Entitlement(%)	10	Private Hire	No
<b>Accident Details</b>					
Report Date	03/05/2019 15:04	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	02/05/2019	Time of Accident h:mm	14:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BALESTIER RD				
<b>Excess</b>					
Own damage Excess	600.00	Additional excess		Windscreen Excess	100.00
Uninsured Driver Excess		Outside Singapore OO Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	Yes	GST Registration Date	01/01/2010		
GST Registration No.	200922561Z	GST Status Verified	Yes		
Modification History	03/05/2019 15:05:57 System changed GST Registered from No to Yes 03/05/2019 15:05:57 System changed GST Registration No. from null to 200922561Z 03/05/2019 15:05:57 System changed GST Registration Date from null to 01/01/2010				
<b>Policyholder Mailing Address</b>					
Address 1	11 MANDAI ESTATE	Address 2	#01-01 BLDIX	Address 3	SINGAPORE 729908
Address 4		Address Type	Singapore address	Post Code	729908
Unit No.		Related Policy Number	S086904104-01		
<b>OT Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	04/01/1961
Unnamed driver Name	TAN CHOO LIANG	Driver NRIC	S15133258	Driving Experience	40
Register Date of Driver License	13/07/1978	Driver Age	58	Contact No.(Home)	0
Contact No.(Mobile)	97318070	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	35 JALAN DUSUN	Address 2	NEW COURT	Address 3	SINGAPORE 329387
Address 4		Address Type	Singapore address	Post Code	329387
Unit No.	09-01				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OO-PR	Insured Name	ZLX ENGINEERING PTE LTD	Insured NRIC	200922561Z
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	64659029
Email Address		OI Vehicle Number	GBB6176C	TP Vehicle Number	S1B3001Z
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBB6176C / S1B3001Z ON 2 May 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	03/05/2019 15:06	Claim Close Date		Date Received	03/05/2019 00:00
Report Taken By	Jackson				

Attachment

Accident No. MT/1042801 Claim No. 001  
 Last Doc. Received  Yes  No Upload Date 03/05/2019 15:08

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please Select   Please Select

Attachment List

Send Message

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 May 2019 15:08	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 May 2019 15:08	SAS	Normal	SAS 2019-5-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 May 2019 15:07	Photos	Normal	Photos 2019-5-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 May 2019 15:07	Photos	Normal	Photos 2019-5-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 May 2019 15:07	Photos	Normal	Photos 2019-5-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 May 2019 15:07	Photos	Normal	Photos 2019-5-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 May 2019 15:07	Photos	Normal	Photos 2019-5-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 May 2019 15:07	Photos	Normal	Photos 2019-5-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 May 2019 15:07	Photos	Normal	Photos 2019-5-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 May 2019 15:07	Photos	Normal	Photos 2019-5-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 May 2019 15:07	Photos	Normal	Photos 2019-5-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 May 2019 15:06	Photos	Normal	Photos 2019-5-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 May 2019 15:06	Photos	Normal	Photos 2019-5-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 May 2019 15:06	Photos	Normal	Photos 2019-5-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 May 2019 15:06	Photos	Normal	Photos 2019-5-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 May 2019 15:06	Photos	Normal	Photos 2019-5-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 May 2019 15:06	Photos	Normal	Photos 2019-5-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 May 2019 15:06	Photos	Normal	Photos 2019-5-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 May 2019 15:06	Photos	Normal	Photos 2019-5-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 May 2019 15:06	Photos	Normal	Photos 2019-5-3		<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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