

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 08/05/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19008144/13	SAS e-filing		
Veh No: SLA4387K	E-mail (within 8hrs, AIC 2hrs)		
DOA 07/05/19 1410	i-Motor Claim Form	MT/1043588-001	
OD (IP) 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: (TWINCAR) Tel: Fax:)

TP Particulars:	Veh No: SHC80213	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

NA1903390

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		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2/3:	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	08/05/2019 17:26
Date Of Accident	07/05/2019 14:10
Exact Location Of Accident	6 LINCOLN RD PARK INFINIA @ WEE NAM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA4387K
Insured/Policyholder	
Name Of Registered Owner	SHIEH WEI SIAN, ALLAN
NRIC No	S8515969J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91009312
Alternative Phone No	OTHERS-91009312

Vehicle Particulars

Manufacturer	HYUNDAI
Model	TUCSON
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100786119
Cover Note Number	

Driver

Name of Driver	SOH LU XIN, BETINA MARIA
NRIC No	S9118995Z
Date Of Birth	08/06/1991
Occupation	INDOOR
Date Of Driving Pass	29/06/2010
Driving Experience	8 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91702341
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 661B EDGEDALE PLAINS
	#02-632
Postcode	822661
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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: : MOTHER
	GENDER: : FEMALE

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	ROAD: BLK 357 HOUGANG AVENUE 7 #01-805 , POSTCODE: 530357 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2869999 - FAX NO: 63822066
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: F/20190507/2166

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8021B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	SOH LU XIN,BETINA MARIA
Approximate Age	
Injuries Sustain	WAS PREGNANT
Injured person in which vehicle?	SLA4387K
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.

Policyholder's Signature
Date & Time:

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

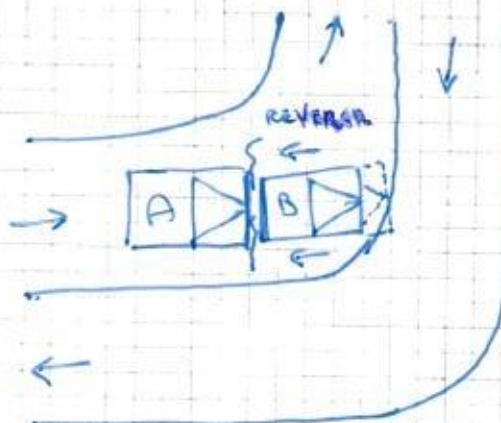
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

6 LINCOLN RD PARK INFANIA
@ WEE NAM

VEHICLE A - SLA 4387K

VEHICLE B - SHC 8021B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT :

REPORT NUMBER
F/20190507/2166

VEHICLE A - SLA 4387K

VEHICLE B - SHC 80213

DECLARATION

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:

 08/05/19
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



F/20190507/2166

1 of 2

POLICE REPORT (NP299)

Report No. F/20190507/2166

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

Date/Time Report Made 07/05/2019 21:21		Vide Report No.		Station Diary No. 24	
Name Of Informant SOH LU XIN, BETINA MARIA		Address APT BLK 661B EDGEDALE PLAINS #02-632 SINGAPORE 822661			
ID Type / ID No. NRIC NO / S9118995Z		Contact No. Home/Office		Mobile 91702341	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation UNEMPLOYED		Sex Female	Age 27	Date of Birth 08/06/1991	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 07/05/2019 14:05 - 07/05/2019 14:05		Location Of Incident 6 LINCOLN ROAD PARK INFANIA AT WEE NAM SINGAPORE 308345 Security Post			

Brief details.

On 07/05/2019 at around 1415hrs, I was driving and I came into a stop before exiting out from the mentioned location. There was a car in front of me at that point of time, suddenly the car reverse and it continues to move despite me honking at the car. As such, the car collided onto the front of my vehicle. As such, I came down from the vehicle to made a check and exchange particulars with the driver. We then left.

Signature Of Officer Recording The Report: F / Sgt 2 LOW KAI TAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/05/2019 21:21
Officer In-Charge Of Case: F / Hougang N.P.C / Sgt 2 PATRICIA NIVASHINI D/O SIVACHANDRA Contact No.: 64890999	Classification Of Case:

Authentication Stamp





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190507/2166

No police & ambulance were at scene as it was a minor accident.

Subsequently, I went to see a doctor as I was pregnant. I did not request for medical leave certificate as I am not working.

I am lodging this report for insurance claim purposes.

Signature Of Officer Recording The Report: F / Sgt 2 LOW KAI TAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/05/2019 21:21
Officer In-Charge Of Case: F / Hougang N.P.C / Sgt 2 PATRICIA NIVASHINI D/O SIVACHANDRA Contact No.: 64890999	Classification Of Case:
Authentication Stamp	SN 085



Signature:

Singapore Police Force

Vehicle No.	SLA4387K	Model / Make	HYUNDAI TUCSON
Date of Accident	07/05/19		
Time of Accident	1410	HRS	
Location of Accident	6 LINCOLN ROAD PARK INFINIA AT WEE NAM S(308345)		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	SHIEH WEI SIAN, ALLAN		
Telephone No.	H/P: 91009312	Home :	Office :
NRIC	S8515969J		
Address	BLK 661B EDGEHALL PLAINS #02-632 S(822661)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5100756119		
Name of Driver	As Above If No, SOH LU XIN, BETINA MARIA		
NRIC	S0118995Z	Any Passengers : 1 (MOTHER)	
Date of birth	08/06/1991		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	21 JUN 2010		
Gender	Male / Female		
Contact No.	H/P: 91702341	Home :	Office :
Address	BLK 661B EDGEHALL PLAINS #02-632 S(822661)		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state	SPOUSE
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No	If Yes, Who? DRIVER ONLY.	
Name And Contact No.	SOH LU XIN, BETINA MARIA (91702341)		
Name And Contact No.			
Police Report	No	If Yes, Where?	HONGKONG NPA
Vehicle B No.	SHC 8021B	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	FRONT		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	TWINKAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n5i.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9118995Z



Name

SOH LU XIN, BETINA MARIA

苏 璐 馨

Race

CHINESE

Date of birth

08-06-1991

Sex

F

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S9118995Z

Name

SOH LU XIN, BETINA MARIA

Birth Date: 08 Jun 1991

Issue Date: 29 Jun 2010



3 9 9 3 1 2 8

NRIC No. S9118995Z



Date of issue

15-06-2008

APT BLK 881B EDGE DALE PLAINS #02-832
SINGAPORE 822861

NRIC No. S9118995Z

Date: 29/12/2018

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 29 Jun 2010

NP 428A





Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5100786119

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle
Chassis Number

: SLA4387K
: KMHJ3813MGU183482

2. Name of Policyholder

: SHIEH WEI SIAN, ALLAN

3. Effective Date of Insurance

: 17 May 2018

4. Expiry Date of Insurance

: 31 Aug 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: SHIEH WEI SIAN ALLAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: STANDARD CHARTERED BANK (SINGAPORE) LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : KHC HOLDINGS PTE LTD (00000613934)

Date of Issue : 17 May 2018 18:01 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1043588

Policy No.	5100786119	Vehicle No.	SLA4387K	GST Registration No.
Certificate No.				
Policyholder Name	SHIEH WEI SIAN, ALLAN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91009312	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	No	NCD Entitlement(%)	50	Private Hire
▼ Accident Details				
Report Date	08/05/2019 18:00	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	07/05/2019	Time of Accident hh:mm	14:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	6 LINCOLN RD PARK INFANIA @ WEE NAM			
▼ Excess				
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	
▼ 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 661B #02-632	Address 2	EDGEDALE PLAINS	Address 3
Address 4	SINGAPORE 822661	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5100786119	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SOH LU XIN,BETINA MARIA	Driver NRIC	S9118995Z	Driver DOB
Register Date of Driver License	29/06/2010	Driver Age	27	Driving Experience
Contact No.(Mobile)	91702341	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 661B	Address 2	EDGEDALE PLAINS	Address 3
Address 4	SINGAPORE 822661	Address Type	Singapore address	Post Code
Unit No.	#02-632			
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 checked="" type="radio"/> Yes <input type="radio"/> No	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	SHIEH
Contact No.(Mobile)	91009312	Contact No. (Home)	
Email Address	allansws@gmail.com	Vehicle Number	SLA438
Claim Description	SLA4387K / SHC8021B ON 7 May 2019		
Preferred Workshop	Yes	Insured Liability	Not at Fault
Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	08/05/2019 18:06	Claim Close Date	
Report Taken By	ROSINDA	Workshop Repairer	
<input checked="" type="checkbox"/> Print AK letter			

[Save](#) [Submit](#)

Attachment

Accident No. MT/1043588 Claim No. 001
Last Doc. Received ☒ Yes ☐ No Upload Date 06/05/2019 00:00

Path *

Category *

Confidential

[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](#)

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NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 18:06	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 18:06	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 18:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 18:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 18:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 18:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 18:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 May 2019 18:05	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	
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