

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 14/05/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19008490/13	SAS e-filing		
Veh No: PC9524	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 03/05/19 0600	i-Motor Claim Form	MT/1043221 - 002	
OD TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: SJQ 5483Z	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

NA1903548	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
	3) TF: Towing Fee \$40/\$45		
	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*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	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	14/05/2019 12:06
Date Of Accident	03/05/2019 06:00
Exact Location Of Accident	TPE TWDS PIE 5.5KM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC952Y
Insured/Policyholder	
Name Of Registered Owner	AURORA WORLD PTE. LTD.
Co Reg No	201002992D
Email Address	ERICLIMTN@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-91188517

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIALUSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107354786
Cover Note Number	

Driver

Name of Driver	SHAHUL HAMEED BIN MOHAMED DAWOOD
NRIC No	S8017622H
Date Of Birth	02/06/1980
Occupation	OUTDOOR
Date Of Driving Pass	19/02/2010
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81381839
Fax Number	
Contact Number	
Email Address	UMITHA_17@HOTMAIL.COM

Address	BLK 611 CHOA CHU KANG ST 62 #07-173
Postcode	680611
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	COLLISION - CHANGE/CROSS LANE
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190506/2083

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	SJQ5483Z
Vehicle Make/Model/Colour	HYUNDAI AVANTE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BENEDICT DAVID
NRIC/Passport Number	S8420716J
Contact Number	96835325
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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.

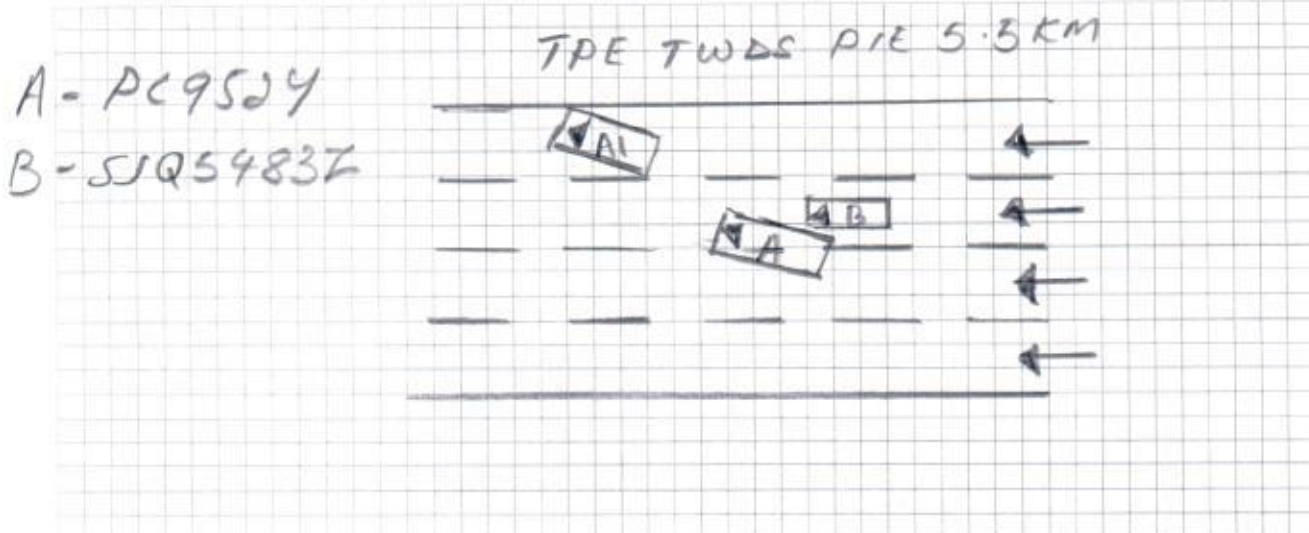


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 3/5/19

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to the police report: T/20190506/2083

DECLARATION

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

Policyholder's Signature
Date & Time:

GAAMC SketchPlanForm_V3

Driver's Signature
(If driver is not the policyholder)
Date & Time: 3/5/19

Reporting Centre Personnel's Signature
Name: 14/05/19
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190506/2083

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20190506/2083

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/05/2019 14:36			Vide Report No.: G/20190503/0051		Station Diary No.: 85
Informant's Particulars					
Name of Informant: SHAHUL HAMEED BIN MOHAMED DAWOOD			Address: APT BLK 611 CHOA CHU KANG STREET 62 #07-173 SINGAPORE 680611		
ID Type / ID No.: NRIC NO / S8017622H			Contact No.: Home/Office: Mobile: 81381839		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 02/06/1980	Type of Informant: Driver		
Race: Indian			Language:	Institution / School Name:	
Occupation: DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/05/2019 06:00	Type of Location:
Location: Along Road 1 TAMPINES EXPRESSWAY TPE TOWARDS PIE 5.5KM				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC952Y	Van				Seriously Damaged	0
SJQ5483Z	Car				Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20190506/2083

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20190506/2083

CONTINUATION OF REPORT

Brief Details.

On the 03/05/2019 at about 0603hrs, I was travelling along TPE towards PIE on the 3rd lane in my company vehicle bearing registration number PC952Y. As I signal right and the lane is clear thus I proceed to lane change to the 2nd lane, suddenly the vehicle bearing registration number SJQ5483Z from the 2nd lane front left side collided onto my rear right tire which cause my vehicle to swerve to the 1st lane and my front right bumper collided onto the divider.

I was not injured, however the other party vehicle there were one passenger who is injured and is conveyed by ambulance. I then exchange particular with the other driver. Both traffic police and ambulance was at scene. My car does not have in car camera.



**SINGAPORE
POLICE FORCE**



T/20190506/2083

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20190506/2083

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: J / Sgt 2 SEAH SI HAO	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI Contact No.: 65476904	

Signature Of Informant:
Date/Time: 06/05/2019 14:36
Classification Of Case:

Authentication Stamp
NP168

ACCIDENT STATEMENT

ACCIDENT DATE: (3 / 5 / 2019) (DD/MM/YYYY), TIME: (6:03) (HH:MM) ^{0603HRS AM}

LOCATION: TPE TOWARDS PIE 5.5km

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC952Y
 b) INSURANCE COMPANY:
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA HIACE
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
 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: AURORA WORLD PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 2010 027920 CONTACT: 91188517
 c) ADDRESS:
 * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SHAHUL HAMMED BIN MOHD DAWOOD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S80176224 CONTACT: 81381839
 c) ADDRESS: BIK611 C.C.K ST62 #07-173

*d) DATE OF BIRTH: (02/06/1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:
 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) NORMAL

6. WAS ANYBODY INJURED (YES / NO) SLIGHT

7. a) REPORTED TO POLICE (YES / NO) ->

IF YES, PLEASE STATE WHICH POLICE STATION:
 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SJQ 5483Z MODEL: HYUNDAI AVANTE

b) DRIVER'S NAME: BENEDICT DAVID

c) NRIC/FIN/PASSPORT: S8420716J CONTACT: 96835325

9. THIRD PARTY VEHICLE


d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:
 03/05/19
 waiting for
 police report.
 ↓
 PS 3 ✓

Email = umitha_17@hotmail.com



fax =

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8017622H



Name
SHAHUL HAMEED BIN
MOHAMED DAWOOD
شاحول حميد بن محمد داود
Race
INDIAN
Date of birth 02-06-1980 Sex M
Country of birth
SINGAPORE

48792



NRIC No. S8017622H



Date of issue
01-09-2012

Address
APT BLK 611 CHOA CHU KANG STREET 62
#07-173
SINGAPORE 680611

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8017622H

Name
SHAHUL HAMEED BIN
MOHAMED DAWOOD

Birth Date 02 Jun 1980
Issue Date 02 Jan 2013





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	04 Apr 20
Class 2A	Motorcycles between 201 cc and 400 cc	18 Jul 20
Class 2	Motorcycles > 400 cc	23 Oct 20
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	28 Mar 20

Licence No. S8017622H




NP 428A

Land Transport Authority

VOCATIONAL LICENCE


Licence No : S8017622H
Name : SHAHUL HAMEED BIN
MOHAMED DAWOOD



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

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
03	BUS VL	19/02/201
04	BUS ATTENDANT	19/02/201



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="03/05/2019 06:05"/>
Vehicle No.(For Motor)	<input type="text" value="PC952Y"/>	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 type="radio"/>	5107354786		AURORA WORLD PTE. LTD.	201002992D	GBS	Comprehensive	PC952Y	PC952Y	01/02/2019	31/01/2020

Claim Handling

Accident MT/1043221

Policy No.	5107354786	Vehicle No.	PC952Y	GST Registration No.
Certificate No.				
Policyholder Name	AURORA WORLD PTE. LTD.			Policyholder NRIC
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		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(%)	0	Private Hire
▼ Accident Details				
Report Date	07/05/2019 07:45	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/05/2019	Time of Accident hh:mm	05:50	Country of Accident
Reporting Centre	administrator	Orange Force	Yes	ICM No.
Accident Location	TAMPINES EXPRESSWAY TOWARDS CHANGI AIRPORT			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	500.00	
OD Standard Excess	2,000.00	TP Standard Excess	3,000.00	
YIED OD Excess		YIED TP Excess		Driver is Covered?
Additional Excess				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	3,000.00	
▼ Benefits				
▼ GST Registered Information				
GST Registered	Yes	GST Registration Date	01/02/2018	
GST Registration No.	201002992D	GST Status Verified	Yes	
Modification History	07/05/2019 07:45:50 System changed GST Registered from No to Yes 07/05/2019 07:45:50 System changed GST Registration No. from null to 201002992D 07/05/2019 07:45:50 System changed GST Registration Date from null to 01/02/2018			
▼ Policyholder Mailing Address				
Address 1	39A WEST COAST PARK	Address 2	#10-01 THE INFINITI	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-05	Related Policy Number	S10B602807	
▼ OI Driver Info				
Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	AURORA
Contact No.(Mobile)	93837638	Contact No. (Home)	
Email Address		Vehicle Number	PC952Y
Claim Description	PC952Y / SJQ5483Z ON 3 May 2019		
Preferred Workshop		Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	14/05/2019 14:17
		Workshop Repairer	ROSLINDA

☒ Print AK letter

Save Submit

Attachment



Accident No.	MT/1043221	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/05/2019 00:00

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 14:17	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 14:17	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 14:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 14:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 14:16	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 14:16	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 14:16	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 14:16	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 14:16	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 14:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 14:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 14:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 14:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 14:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 14:15	Photos	Normal	Photos

Video List

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