

NATIONAL Assessment Centre Services.

[Part 1 Jan'03]

MMA 119063710

Date In: 16/5/19 13:51	Job description	Date & Time Completed	Done by
Ref No: MA/INC 19008685/64	SAS e-filing		
Veh No: SJM 4447 G.	E-mail (within 3hrs, AIC 2hrs)		
DDA: 14/5/19 18:30	I-Motor Claim Form	MT/1044849001	16/5/19 15:36
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsn		

Preferred Whsp / INC Assign Whsp / GW: (

Tel:

Fax:

TP Particulars:

Veh No:

XE 4259 J.

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: YBS () / NO ()

Excess: (\$

Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repolier.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: (INC Noting: 0/10/0/0/0)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time: ()

Actions:

MA1903591

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

At 1:

At 2/3:

Invoice Description	Amount	Remarks
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100); INC (\$40)		
3) TP: Towing Fee \$40/\$45		
4) PT: Follow-Through Survey \$120		
5) PT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (w/c 10 Jan 2003)		
6) TR: Re-inspection \$75		
7) NI: Idao 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'n INC) against INC \$20		
9) N12: Idao 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	16/05/2019 13:51
Date Of Accident	14/05/2019 18:30
Exact Location Of Accident	ENTRANCE OF KPE (TPE) SIMS AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM4447G
Insured/Policyholder	
Name Of Registered Owner	CHONG SHING JUN
NRIC No	G3161704P
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96263691
Alternative Phone No	OFFICE-96263691

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	5106975263
Cover Note Number	-

Driver

Name of Driver	CHONG SHING JUN
NRIC No	G3161704P
Date Of Birth	21/10/1984
Occupation	INDOOR
Date Of Driving Pass	15/03/2019
Driving Experience	0 YEAR AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96263691
Fax Number	
Contact Number	OFFICE-96263691
EMail Address	NOEMAIL

Address	BLK 120A EDGEDALE PLAINS #09-263
Postcode	821120
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	YES
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	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE4259J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 CHONG SHING JUN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJM4447G

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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.

X 

Policyholder's Signature
Date & Time:

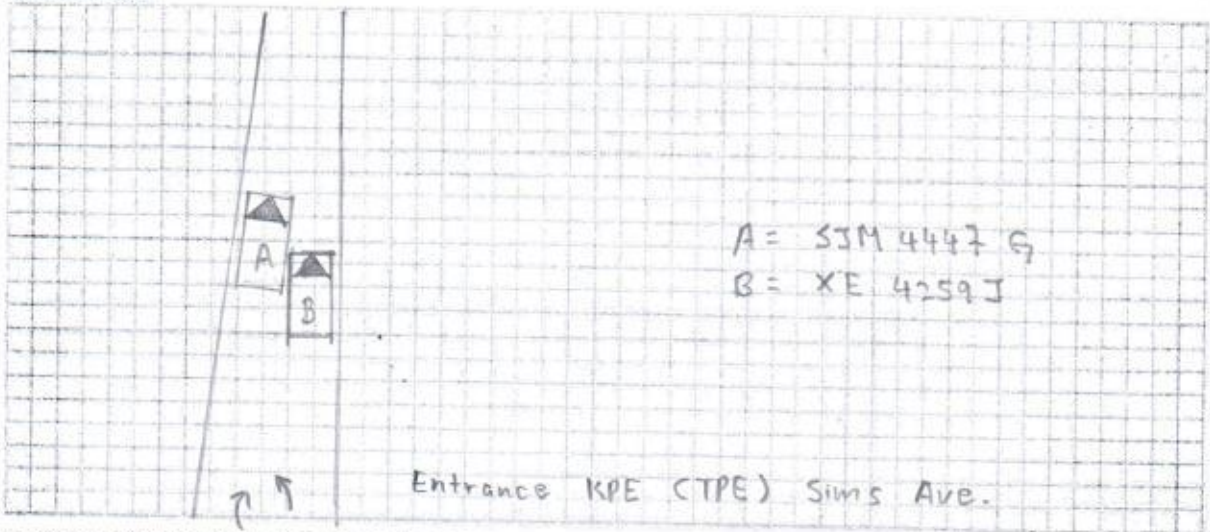
X 

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

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

X *[Signature]*

Policyholder's Signature

Date & Time:

X *[Signature]*

Driver's Signature

(if driver is not the policyholder)

Date & Time:

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190515/2140

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 3

Report No. T/20190515/2140

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/05/2019 15:52		Vide Report No.:		Station Diary No.: 53	
Informant's Particulars					
Name of Informant: CHONG SHING JUN			Address: APT BLK 120A EDGEDALE PLAINS #09-263 SINGAPORE 821120		
ID Type / ID No.: FIN NO / G3161704P			Contact No.: Home/Office: Mobile: 96263691		
Nationality: MALAYSIAN			Email:		
Sex: Female	Age: 34	Date of Birth: 21/10/1984	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: manager		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/05/2019 18:30	Type of Location: Straight Road
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY Entrance KPE (TPE) Sims Ave				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM4447G	Car				Seriously Damaged	0
XE4259J	Truck				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190515/2140

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20190515/2140

CONTINUATION OF REPORT

Driver			
Name	CHONG SHING JUN	ID No.	G3161704P
Related Vehicle	SJM4447G (Car)	Contact No.	96263691
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/05/2019	Date Discharge	15/05/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 14/05/2019 at about 1833hrs, I am driving my vehicle SJM4447G entering to KPE (TPE) entrance at Sims Ave. As at the point of time, there is heavy traffic at the stretch of road, vehicles were moving at a slower speed. In the tunnel, I felt an impact on the rear right of my vehicle and the impact continued all the way to the front right of my vehicle. which resulted in my front right tire was burst and causing my vehicle to move to the left of the lane. I then noticed that a tipper truck with registration plate XE4259J had hit onto my vehicle. TP attended to the case reference G/20190514/0147 and I was subsequently conveyed to TTSH by ambulance. I had already submitted the video evidence to TP IO Mirah and had been advised to lodge a traffic accident report after I discharged from hospital. I was given 7 days of hospitalization leave (TTSH19112095) from 14th May 2019 to 20th May 2019. I am lodging this report for insurance claim and for traffic police investigation purposes. That's All



**SINGAPORE
POLICE FORCE**



T/20190515/2140

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

3 of 3

Report No. T/20190515/2140

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:
F /
Sr Staff Sgt CHAN LEE WAH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NOR FAIZAL BIN YAHYA
Contact No.: 65476202

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
15/05/2019 15:52

Classification Of Case:

Singapore Police Force

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **G 3 1 6 1 7 0 4 P**

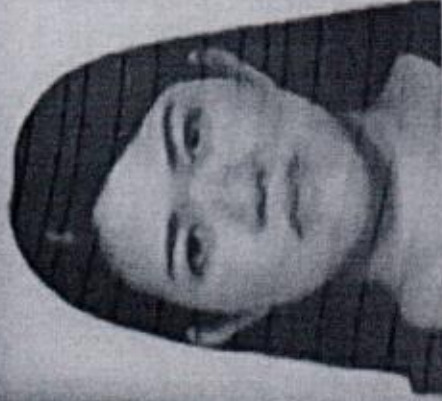
Name

CHONG SHING JUN

Birth Date: **21 Oct 1984**

Issue Date: **15 Mar 2019**

Valid Till **14/03/2024**



002912953F



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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg

NP 428A





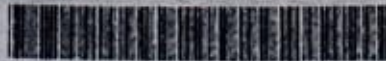
EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
IDEMA SINGAPORE PTE. LTD.



Name
CHONG SHING JUN

FIN
G3161704P



K0236626

VISIT PASS
Immigration Regulations

02 OF 2016

Name
CHONG SHING JUN



FIN
G3161704P

Date of Birth
21-10-1984

Nationality
MALAYSIAN

Download SGWorkPass
App to check status



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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="16/05/2019 13:39"/>							
Vehicle No.(For Motor)	<input type="text" value="SJM4447G"/>	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"/>	5106975263		CHONG SHING JUN	G3161704P	GPC	drivo CLASSIC	SJM4447G	SJM4447G	16/01/2019	15/01/2020
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1044849

Policy No.	5106975263	Vehicle No.	SJM4447G	GST Registration No.	
Certificate No.					
Policyholder Name	CHONG SHING JUN			Policyholder NRIC	G3161
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96263691	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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	No
Accident Details					
Report Date	16/05/2019 15:29	Accident Report Within 24 hrs	Yes	Accident Type	Side Sv
Date of Accident	14/05/2019	Time of Accident hh:mm	18:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	ENTRANCE OF KPE (TPE) SIMS AVE				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	2,500.00	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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 120A #09-263	Address 2	EDGEDALE PLAINS	Address 3	PUNGE
Address 4	SINGAPORE 821120	Address Type	Singapore address	Post Code	821120
Unit No.	09-263	Related Policy Number	5106975263		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	21/10/
Unnamed driver Name	CHONG SHING JUN	Driver NRIC	G3161704P	Driving Experience	0
Register Date of Driver License	15/03/2019	Driver Age	34	Contact No.(Home)	
Contact No.(Mobile)	96263691	Contact No.(Office)		Address 3	PUNGE
Address 1	BLK 120A #09-263	Address 2	EDGEDALE PLAINS	Post Code	821120
Address 4	SINGAPORE 821120	Address Type	Singapore address		
Unit No.	09-263				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CHONG SHING JUN
Contact No.(Mobile)	96459997	Contact No.(Home)	
Email Address		Vehicle Number	SJM4447G
Claim Description	SJM4447G / XE4259J ON 14 May 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	16/05/2019 15:32
<input checked="" type="checkbox"/> Print AK letter			LIEW SHAN HUI

Save Submit

Attachment

Accident No. MT/1044849

Claim No. 001

Last Doc. Received

Yes No

Upload Date

16/05/2019 15:36

Path *

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

Category *	Confidential	Urgency *
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 15:36	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 15:36	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 15:36	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 15:36	SAS	Normal	SAS 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 15:34	Photos	Normal	Photos 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 15:34	Photos	Normal	Photos 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 15:34	Photos	Normal	Photos 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 15:34	Photos	Normal	Photos 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 15:34	Photos	Normal	Photos 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 15:34	Photos	Normal	Photos 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 15:34	Photos	Normal	Photos 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 15:34	Photos	Normal	Photos 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 15:34	Photos	Normal	Photos 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 15:34	Photos	Normal	Photos 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 15:34	Photos	Normal	Photos 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 15:33	Photos	Normal	Photos 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 15:33	Photos	Normal	Photos 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 15:33	Photos	Normal	Photos 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 15:33	Photos	Normal	Photos 2019-5-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 May 2019 15:33	Photos	Normal	Photos 2019-5-16

Video List

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

Scan and uploading