

NATIONAL Assessment Centre Services

Date In: 28/05/2019 17:19	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC19009415/K4	E-mail (within 8hrs, Alt 2hrs):		
Veh No: SMF 3818C	i-Motor Claim Form	MT/1046664-001	29/5/19 13:27
DGA: 16/05/2019 12:45	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: 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: SKW2106P 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)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time: Actions:

NA1903894

Claimant's Particulars:-

Driver/Owner: f

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat 1:

Cat 2/3:

Invoice Preparation Checklist

	Amt (\$) 1st Bill	Amt (\$) Add Bill
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) iT: 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 (Non INC) against INC \$20		
9) N12: Idac Mobile \$0		
Invoice dated:	Fee Charged:	
Inspection dated:		

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	28/05/2019 17:19
Date Of Accident	16/05/2019 12:45
Exact Location Of Accident	PUNGGOL RD+JUNC OF TPESLIP RD/PUNGGOL RD/FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMF3818C
Insured/Policyholder	
Name Of Registered Owner	NG TZE LOONG DAVID
NRIC No	S8843346G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-99999999
Alternative Phone No	OFFICE-68420051
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1K23Q5 MX
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	5105639080
Cover Note Number	
Driver	
Name of Driver	NG TZE LOONG DAVID
NRIC No	S8843346G
Date Of Birth	01/11/1988
Occupation	INDOOR
Date Of Driving Pass	23/06/2008
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	OFFICE-68420051
Email Address	NOEMAIL

Address	BLK 603B PUNGGOL ROAD #14-712
Postcode	822603
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?	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	SKW2106P
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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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:

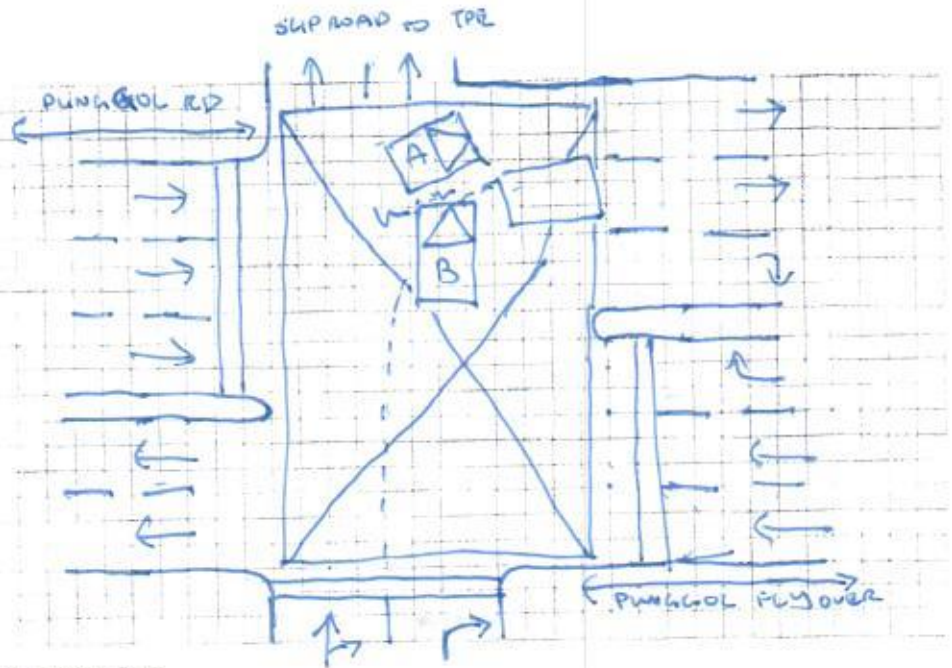

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

28/5/2019

SKETCH PLAN

Vehicle A
- SMF 3818C

Vehicle B
- SKW 2106P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TURNING TOWARD PUNHOL FLYOVER FROM THE SLIP ROAD EXIT FROM (TPE/SLR). I WAS ON THE LEFT LANE.

WHILE I WAS MAKING A RIGHT TURN ALONG THE GUIDED LINE ON THIS FLOOR, AND ANOTHER VEHICLE WAS SOMEWHERE BESIDE ME. SUDDENLY I FELT A IMPACT FROM THE RIGHT REAR SIDE OF MY VEHICLE.

SHORTLY AFTER, I ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE NUMBER (SKW 2106P) THAT HIT ONTO THE RIGHT REAR OF MY VEHICLE, WHEN HE WAS DRIVING STRAIGHT AHEAD ON THE (RIGHT TURN ONLY LANE), AND HIT ONTO MY VEHICLE WHEN I WAS HALF WAY FINISHING THE TURN.

INITIALLY WE AGREED ON PRIVATE SETTLEMENT, BUT AFTER FEW DAYS, HE BECAME UNCONTACTABLE. AND SO I PROCEED TO FILE IN REPORT AND CLAIM AGAINST INSURANCE.

Vehicle A - SMF 3818 C

Vehicle B - SKW 2106 P

DECLARATION

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

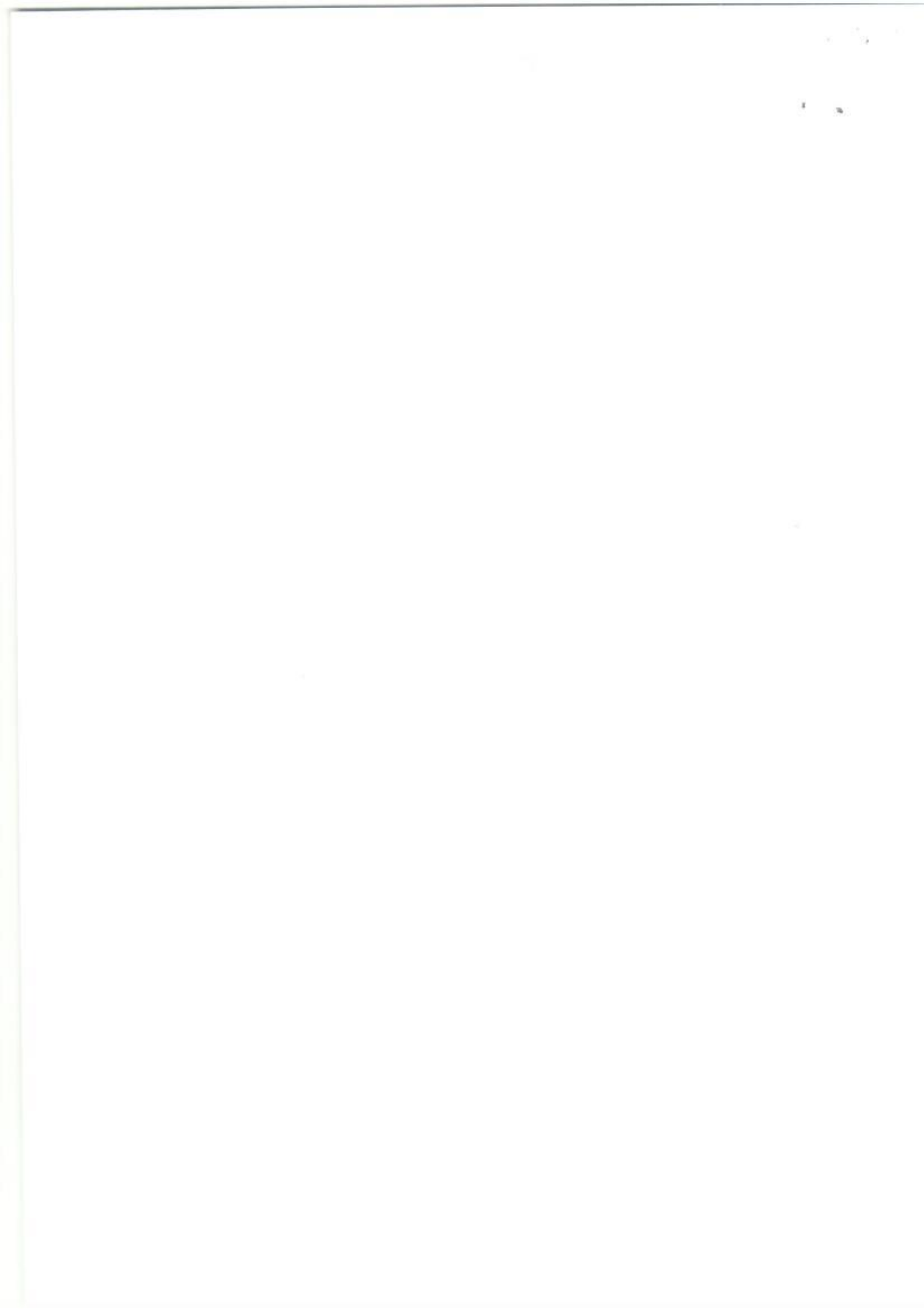
Policyholder's Signature
Date & Time:

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

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

28/5/2019

Vehicle No.	SME 388C	Model / Make	VW JETTA
Date of Accident	16/05/2019		
Time of Accident	1245	HRS	
Location of Accident	PUNGGOL RD, CROSS JUNCTION OF (TRISUP ROAD/PUNGGOL RD/PUNGGOL FLYOVER)		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	NG TEE LOON, DAVID		
Telephone No.	H/P:	Home:	Office:
NRIC	588433466		
Address	BLK 603B PUNGGOL ROAD H14-712 S(822603)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5105639080		
Name of Driver	As Above If No,		
NRIC		Any Passengers:	
Date of birth	01 NOV 1958		
Occupation	Outdoor / Indoor		
Driving License Pass Date	23 JUN 2008		
Gender	Male / Female		
Contact No.	H/P:	Home:	Office:
Address			
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state	owner	
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	SKW 2106P	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	RIGHT REAR PORTION		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	TWINAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	Sales @ n51.com.sg		





S8843346G



NG TZE LOONG, DAVID

黄志龙

CHINESE

01-11-1988

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8843346G

Name:

NG TZE LOONG, DAVID

Birth Date: 01 Nov 1988

Issue Date: 14 Dec 2015



002502743D



5849569

NRIC No: S8843346G



Date of Issue

APT BLK 603B PUNGGOL ROAD #14-712
SINGAPORE 822603

NRIC No: S8843346G
SINGAPORE

Date: 27/01/2018

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 23 Jun 2008

NP 428A



Licence No: S8843346G

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: 5105639080

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SMF3818C
Chassis Number : WVVZZZ1KZAM132160
2. Name of Policyholder : NG TZE LOONG DAVID
3. Effective Date of Insurance : 19 Nov 2018
4. Expiry Date of Insurance : 13 Jan 2020
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	: NG TZE LOONG DAVID
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : META AGENCY PTE. LTD. (00000573430)
Date of Issue : 19 Nov 2018 17:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC_PAYA_UBI_800601

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

Policy Query

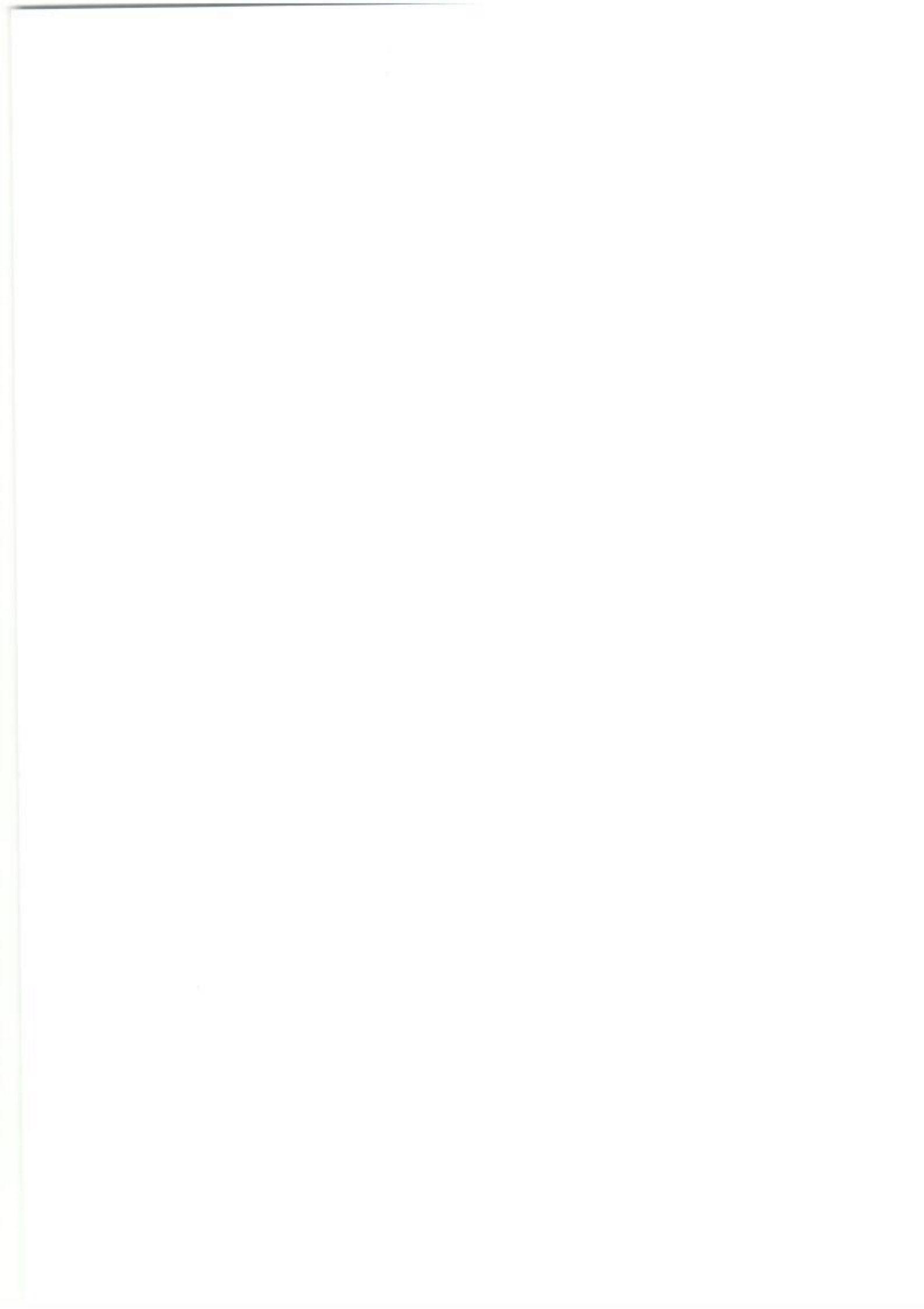
Policy No.

Date of Accident

Vehicle No.(For Motor)

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5105639080		NG TZE LOONG DAVID	S8843346G	GPC	drive CLASSIC	SMF3818C	SMF3818C	19/11/2018	13/01/2020



▼ Policy Information

Policy No.	5105639080	Policyholder Name	NG TZE LOONG DAVID	Policyholder NRIC	S8843346G
Certificate No.					
Address	BLK 603B #14-712 PUNGGOL ROAD PUNGGOL LODGE SINGAPORE 822603				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	19/11/2018	Effective Date	19/11/2018 00:00	Expiry Date	13/01/2020 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	META AGENCY PTE. LTD.	Agent Tel.	98585076	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 603B #14-712	Address 2	PUNGGOL ROAD	Address 3	PUNGGOL LODGE
Address 4	SINGAPORE 822603	Address Type	Singapore address	Post Code	822603
Unit No.		Related Policy Number	5105639080		

▶ Insured Object: SMF3818C

▼ Endorsements

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



Claim Handling

Accident MT/1046664

Policy No.	5105639080	Vehicle No.	SMF3818C	GST Registration No.	
Certificate No.					
Policyholder Name	NG TZE LOONG DAVID	Cover Type	drive CLASSIC	Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	
Contact No.(Mobile)	68420051	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	30	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	29/05/2019 13:19	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	16/05/2019	Time of Accident hh:mm	12:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PUNGGOL RD+JUNG OF TPESLIP RD/PUNGGOL RD/FLYOVER				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	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 603B #14-712	Address 2	PUNGGOL ROAD	Address 3	
Address 4	SINGAPORE 822603	Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5105639080		
OI Driver Info					
Driver Name	NG TZE LOONG DAVID	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S8843346G	Driving Experience	
Register Date of Driver License	23/06/2008	Driver Age	30	Contact No.(Home)	
Contact No.(Mobile)	68420051	Contact No.(Office)	0	Address 3	
Address 1	BLK 603B	Address 2	PUNGGOL ROAD	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	#14-712				
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

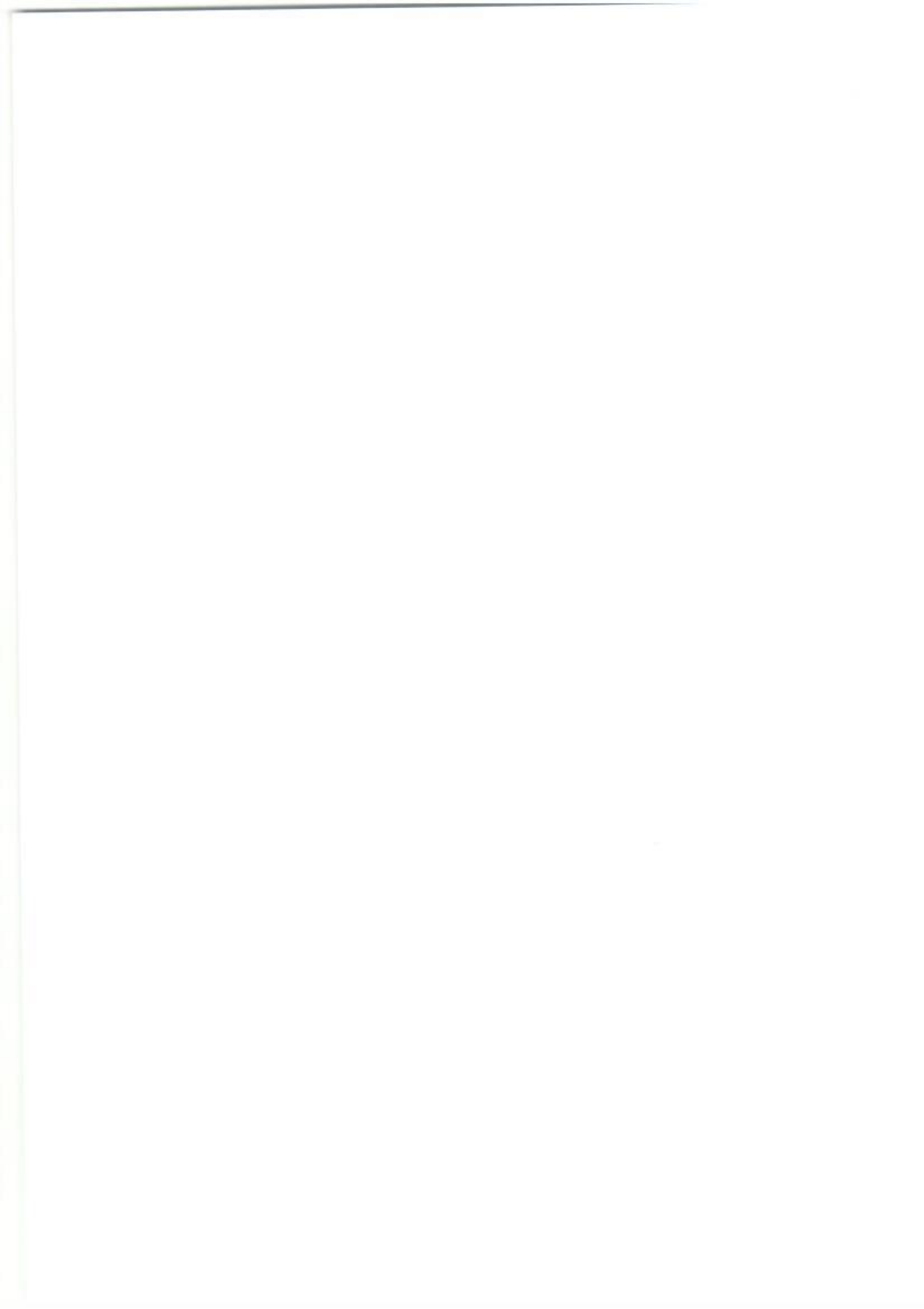
Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	NG TZE LOONG DAVID	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SMF3818C	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMF3818C / SKW2106P ON 16 May 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	29/05/2019 13:28	Claim Close Date		Date Received	
Report Taken By		Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment



001

29/05/2019 13:20

Urgency

[illegible]

Attachment	Upload By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 May 2019 13:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 May 2019 13:26	SAS	Normal	SAS 2019-5-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 May 2019 13:25	Photos	Normal	Photos 2019-5-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 May 2019 13:25	Photos	Normal	Photos 2019-5-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 May 2019 13:25	Photos	Normal	Photos 2019-5-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 May 2019 13:25	Photos	Normal	Photos 2019-5-29
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 May 2019 13:25	Photos	Normal	Photos 2019-5-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 May 2019 13:24	Photos	Normal	Photos 2019-5-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 May 2019 13:24	Photos	Normal	Photos 2019-5-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 May 2019 13:24	Photos	Normal	Photos 2019-5-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 May 2019 13:24	Photos	Normal	Photos 2019-5-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 29 May 2019 13:24	Photos	Normal	Photos 2019-5-29

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

