

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 03/06/19	Job description	Date & Time Completed	Done by
Ref No NA/INC19009773/13	SAS e-filing		
Veh No: GBB20724	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 02/06/19 1305	i-Motor Claim Form	MT/1047385-001	
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (TWIN CAR)	Tel:	Fax:
TP Particulars:	Veh No: SLW4184	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

NA1904060

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) 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:-		
	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		
	Invoice dated	Fee Charged	

Auditors' Comments :-

Cat. 1:

Cat. 2/3:

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	03/06/2019 15:40
Date Of Accident	02/06/2019 13:05
Exact Location Of Accident	JLN EUNOS TWDS STILL RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB2072U
Insured/Policyholder	
Name Of Registered Owner	CHOICE CHEM (S) PTE. LTD.
Co Reg No	200310789H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96770767
Vehicle Particulars	
Manufacturer	SUZUKI
Model	EVERY
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5104587452
Cover Note Number	
Driver	
Name of Driver	REEF THOMAS TONG ZHENG HUI
NRIC No	S9519553I
Date Of Birth	06/06/1995
Occupation	INDOOR
Date Of Driving Pass	08/05/2014
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96912959
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 249 HOUGANG AVE 3
	#05-396
Postcode	530249
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 - 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: : MUHAMAD DANISH
	GENDER: : MALE

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	SLW4138Y
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)

DETAILS OF INJURED PERSON 1

Name	REEF THOMAS TONG ZHENG HUI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBB2072U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	MUHAMAD DANISH
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBB2072U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

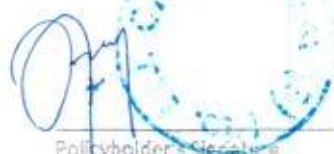
SKETCH PLAN

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:

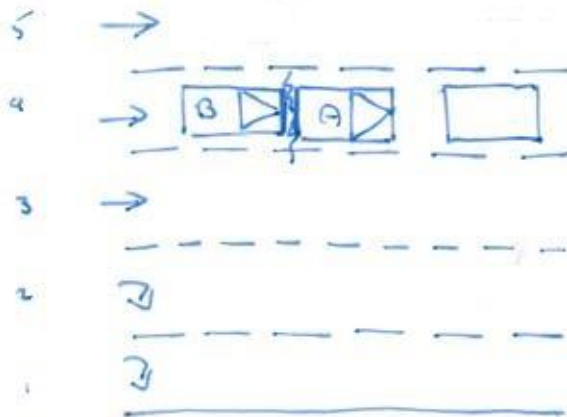

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

VEHICLE A
- GBB 2072 U

VEHICLE B
- SLW 4138 Y

JLN BUNDS TOWARD STILL ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING STRAIGHT ALONG JLN BUNDS TOWARD STILL ROAD DIRECTION. I WAS ON THE FORTH LANE.

WHILE TRAVELLING STRAIGHT AHEAD, SUDDENLY A TAXI CUTTED INTO MY LANE AND JAMMED BRAKE, AND SO I APPLIED BRAKE AND MANAGE TO BRAKE IN TIME. SUDDENLY AFTER A FEW SECONDS I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALICUTTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE (SLW 4138 Y) THAT COLLIDED TO THE REAR OF MY VEHICLE.

VEHICLE A - GBB 2072 U

VEHICLE B - SLW 4138 Y.

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:

 02/06/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle No.	GBB 2072 U		Model / Make	Suzuki Every
Date of Accident	02/06/2019			
Time of Accident	1305 HRS			
Location of Accident	JLN BUNOS TOWARD STILL ROAD			
Exact purpose use during accident	PRIVATE USE			
Name of Owner	CHOICE CHEM (S) PTE LTD			
Telephone No.	H/P: 9677 0767		Home:	Office:
NRIC	2003107911			
Address	3018 BEDOK NORTH ST 5 #02-01 S(486132)			
Claim type	OD <<THIRD PARTY>> REPORTING ONLY			
Insurance Company	NTUC			
Type of Coverage	Comprehensive <<Third Party>> Third Party / Fire / Theft			
Policy No.	5104587452			
Name of Driver	As Above If <input checked="" type="radio"/> REEF THOMAS TONK ZHANG			
NRIC	S 95195531		Any Passengers: 1 (MALE)	
Date of birth	06/06/1995			
Occupation	Outdoor / <input checked="" type="radio"/> Indoor			
Driving License Pass Date	08/05/2014			
Gender	<input checked="" type="radio"/> Male / Female			
Contact No.	H/P: 9691 2959		Home:	Office:
Address	BLK 241 HOUSHAW AVE 3 #05-346 S(530249)			
Driver have any own vehicle	<input checked="" type="radio"/> No, If yes, Reg No.			
Relationship	<input checked="" type="radio"/> Employee, If no, state			
Weather condition	<input checked="" type="radio"/> Clear Raining Other			
Road Surface	<input checked="" type="radio"/> Dry Wet Other			
Any Injuries	No, If <input checked="" type="radio"/> Yes Who?			
Name And Contact No.	REEF THOMAS TONK ZHANG, 9691 2959			
Name And Contact No.	MUHAMAD DANISH, 8168 7029.			
Police Report	<input checked="" type="radio"/> No, If Yes, Where?			
Vehicle B No.	SLW 4138 Y		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	REAR			
Camera Recorder	Yes / <input checked="" type="radio"/> No			
Email Address				
PARTICULAR WORKSHOP	TWINCAR Automotive Pte Ltd			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	IAN			
FAX NO	6741 0510			
WORKSHOP Email ADDRESS	SALES@NEI.COM.SG			

Driver

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9519553I



Name

REEF THOMAS TONG ZHENG
HUI

董 政 辉

Race

CHINESE

Date of birth

06-06-1995

Sex

M

Country of birth

SINGAPORE

S9519553I

For LKK/NAC Use Only

4518301



NRIC No. S9519553I

Date of issue

17-08-2010

Address

APT BLK 249 HOUGANG AVENUE 3
#05-396
SINGAPORE 530249



**SINGAPORE
POLICE FORCE**

SAFEGUARDING EVERY DAY

TRAFFIC POLICE
SINGAPORE POLICE FORCE
10, UBI AVENUE 3
SINGAPORE 408865
Tel : 65470000
www.police.gov.sg

Private & Confidential

REEF THOMAS TONG ZHENG HUI

APT BLK 249 HOUGANG AVENUE 3 #05-396
SINGAPORE 530249



passed on
Class 3A → 08/05/2014

You will receive your photocard driving licence by registered post within 10 to 14 working days from the date of application unless you made a special request to collect at Traffic Police at the time of application

You can drive while awaiting the delivery of your photocard driving licence

Please turn overleaf for important notes.

S9519553I
(3A)

C001490242
03/06/2019

\$25/-

(Please do not detach)

For LKK/NAC Use Only

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 : 5104587452

Cover : Third Party

- | | |
|---|-----------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBB2072U |
| Chassis Number | : DA64V248395 |
| 2. Name of Policyholder | : CHOICE CHEM (S) PTE. LTD. |
| 3. Effective Date of Insurance | : 12 Oct 2018 |
| 4. Expiry Date of Insurance | : 11 Oct 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. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A



6444-2555

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 : LQ INSURANCE AGENCY PTE LTD (00000613125)
Date of Issue : 12 Oct 2018 15:53 hrs

LQ INSURANCE AGENCY PTE LTD

180B BENCOOLEN STREET
#04-01 THE BENCOOLEN
SINGAPORE 150548
TEL: 64540723 FAX: 6434-0624
Co. Reg. No: 199005500W

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/1047385

Policy No.	5104587452	Vehicle No.	GBB2072U	GST Registration No.
Certificate No.				
Policyholder Name	CHOICE CHEM (S) PTE. LTD.			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	96770767	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(%)	0	Private Hire

▼ Accident Details

Report Date	03/06/2019 16:26	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/06/2019	Time of Accident hh:mm	13:05	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JLN EUNOS TWDS STILL RD			

▼ Excess

Own damage Excess	0.00	Additional Excess	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	
Third Party Excess	0.00	Outside Singapore TP Excess	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	03/06/2019 16:29:08 System changed GST Registered from Yes to No 03/06/2019 16:29:08 System changed GST Registration No. from 200310789H to null 03/06/2019 16:29:08 System changed GST Registration Date from 27/10/2003 to null		

▼ Policyholder Mailing Address

Address 1	3018 BEDOK NORTH STREET 5	Address 2	#02-01 EASTLINK	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-01	Related Policy Number	5104587452	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	REEF THOMAS TONG ZHENG HU	Driver NRIC	S95195531	Driver DOB
Register Date of Driver License	08/05/2014	Driver Age	23	Driving Experience
Contact No.(Mobile)	96912959	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 249	Address 2	HOUGANG AVENUE 3	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#05-396			
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	CHOICE
Contact No.(Mobile)	96770767	Contact No. (Home)	
Email Address		O1 Vehicle Number	GBB2072U
Claim Description	GBB2072U / SLW4138Y ON 2 Jun 2019		
Preferred Workshop	Preferred	Insured Liability	Not at Fault
Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	03/06/2019 16:39	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	

☒ Print AK letter

Attachment



Accident No.	MT/1047385	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/06/2019 00:00

<input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Choose File"/> No file chosen <input type="button" value="Message Read"/>	Path *	<input type="button" value="Clear"/> <input type="button" value="Clear"/> <input type="button" value="Clear"/> <input type="button" value="Clear"/> <input type="button" value="Clear"/> <input type="button" value="Clear"/> <input type="button" value="Clear"/>	Category * <div>Please Select</div> <div>Please Select</div> <div>Please Select</div> <div>Please Select</div> <div>Please Select</div> <div>Please Select</div> <div>Please Select</div>	Confidential <div>NO</div> <div>NO</div> <div>NO</div> <div>NO</div> <div>NO</div> <div>NO</div> <div>NO</div>
--	--------	--	--	---

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jun 2019 16:39	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jun 2019 16:39	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jun 2019 16:39	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jun 2019 16:39	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jun 2019 16:38	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jun 2019 16:38	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jun 2019 16:38	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jun 2019 16:38	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jun 2019 16:38	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jun 2019 16:38	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	
------------------	-------------	-----------	--