

NATIONAL Assessment Centre Services (wef 1 Jan 2015)

Date In: 11/06/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19010241/13	SAS e-filing		
Veh No: SKA3396C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/06/19 1715	i-Motor Claim Form	MT/1048618-001	
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: (HUP 800N	Tel:	Fax:
TP Particulars:	Veh No: SLQ8233K	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

NA1904231	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
Contact No:	4) FT: Follow-Through Survey \$120		
Damaged Portion:	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:-		
QC Checked by (Engr-In-Charge):	OP:		
	*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 (N11 INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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	11/06/2019 10:33
Date Of Accident	10/06/2019 17:15
Exact Location Of Accident	MCE TUNNEL TWDS ECP CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA3396C
Insured/Policyholder	
Name Of Registered Owner	RABIATUL ADAWIYAH
NRIC No	S8921348G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92368785
Alternative Phone No	OTHERS-92368785

Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE
Exact Purpose for which vehicle was being used at time of accident	VISITING
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	5088652907-02
Cover Note Number	

Driver

Name of Driver	ABDUL RAZAK BIN ABDUL RAHIM
NRIC No	S1682921H
Date Of Birth	25/07/1965
Occupation	INDOOR
Date Of Driving Pass	06/08/1998
Driving Experience	20 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96186664
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 651 YISHUN AVE 4 #03-503
Postcode	760651
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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)	3
Passenger 1	NAME: : SON GENDER: : MALE
Passenger 2	NAME: : WIFE GENDER: : FEMALE

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

PS 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	SLQ8233K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	QUEK
NRIC/Passport Number	S1433276F
Contact Number	96397235
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SBB9119Z

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

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

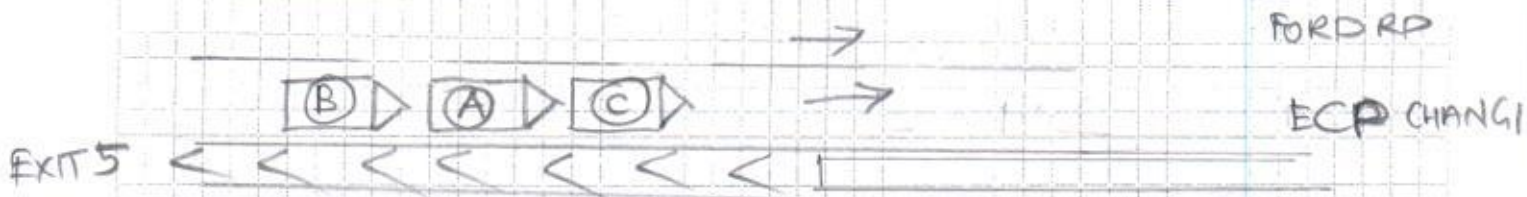
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

MCE TUNNEL TOWDS FCP CHANGI



- (A) SKA3396C
- (B) SLQ8233K
- (C) SBB9119Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG MCE TUNNEL TOWARDS FCP CHANGI.
 VEHICLE C IN FRONT OF ME SUDDENLY BRAKE AND I FOLLOW SUIT IN
 TIME TO STOP. BUT VEHICLE B BEHIND ME DID NOT STOP IN TIME
 AND HIT SO HARD ONTO MY CAR'S REAR BRTION CAUSING MY
 VEHICLE TO MOVE FORWARD AND ~~HIT~~ ~~CAUSE~~ CAUSED A CHAIN COLLISION.

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.:



HS AUTOMOTIVES PTE LTD

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.
TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotivespl@gmail.com

VEHICLE NO: -

SKA 3396C

MAKE/MODEL:

CHEVROLET CRUZE

DATE OF ACCIDENT

10/06/2019

DAY/MONTH/YEAR

TIME

17

HR

15

MIN

AM/PM

LOCATION OF ACCIDENT

MCE TUNNEL TWDS ECP CHANGI

EXACT PURPOSE USE DURING ACCIDENT

GOING VISITING

CAR OWNER

NAME OF CAR OWNER

RABIATUL ADAWIYAH

CONTACT NO

9236 8785

NRIC

S8921348G

CLAIM TYPE

☐ OD



THIRD PARTY



REPORTING ONLY

INSURANCE COMPANY

NTUC

TYPE OF COVERAGE



COMPREHENSIVE



THIRD PARTY



THIRD PARTY FIRE & THEFT

POLICY NO

ACCIDENT DRIVER

☐ AS ABOVE



IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER

ABDUL RAZAK BIN ABDUL RAHIM

NRIC

S1682921H

NO OF PASSENGER/S

2

1- Son
1- WIFE

DATE OF BIRTH

25.7.1965

OCCUPATION

STORE ASSISTANT



OUTDOOR



INDOOR

DATE OF DRIVING PASS

06.08.1998



MALE



FEMALE

GENDER

CONTACT NO

9618 6664

ADDRESS

BLK 651 YISHUN AVE 4 #03-503 (S) 760651

DRIVER OWN ANY VEHICLE

NO/ IF YES- REGISTRATION NO

RELATIONSHIP EMPLOYEE/SPOUSE

IF NOT:

FATHER

WEATHER CONDITION



CLEAR

RAINING

OTHER:

ROAD SURFACE



DRY

WET

OTHER:

ANY INJURIES

NO/ IF YES- NAME:

CONTACT NO

POLICE REPORT

NO/ IF YES- LOCATION:

VIDEO FOOTAGE

NO/ YES

3RD PARTY INFO

VEHICLE B NO

SLQ 8233K

NAME

QUEK S1433276F

CONTACT NO

9639 7235

VEHICLE C NO

VEHICLE D NO

VEHICLE E NO

VEHICLE F NO

ANY WITNESS

WITNESS CONTACT NO

NO OF PASSENGER/S

-

NO OF PASSENGER/S

NO OF PASSENGER/S

NO OF PASSENGER/S

NO OF PASSENGER/S

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S1682921H**

Name: **ABDUL RAZAK BIN ABDUL RAHIM**

Birth Date: **25 Jul 1965**

Issue Date: **06 Aug 2003**

000720349H

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1682921H**

Name: **ABDUL RAZAK BIN ABDUL RAHIM**

عبدالرزاق بن عبدالرحيم

Race: **MALAY**

Date of birth: **25-07-1965** Sex: **M**

Country of birth: **SINGAPORE**

4175812

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

Class	Description	Valid Date
Class 2B	Motorcycles <= 250 CC	30 Nov 2006
Class 2A	Motorcycles between 201 CC and 500 CC	03 Feb 2008
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver and motor tractors/vehicles <= 2500 kg	06 Aug 1998
Class 4	Heavy motor cars and motor tractors > 2500 kg	11 Feb 2002
Class 5	Motor vehicles > 7250 kg not constructed to carry any load	01 Oct 2007

S1682921H

S / No. 9000091583

NP 428A

License No: S1682921H

For LKK/NAC Use Only

Barcode

NRIC No. **S1682921H**

Date of issue: **18-02-2008**

APT BLK 651 YISHUN AVENUE 4 #03-503

SINGAPORE 760651

NRIC No: **S1682921H** Date: **17/02/2012** No: **7037021**

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8921348G



Name

RABIATUL ADAWIYAH



Race

MALAY

Date of birth

20-06-1989

Sex

F

Country of birth

SINGAPORE



For LKK/NAC Use Only

3583317



NRIC No. S8921348G



Date of Issue

10-07-2004

For LKK/NAC Use Only

APT BLK 651 YISHUN AVENUE 4 #03-503

SINGAPORE 760651

No: 7037201

Date:

17/07/2004

9001248G

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)

SKA3396C

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5088652907-02		RABIATUL ADAWIYAH	S8921348G	GPC	drivo CLASSIC	SKA3396C	SKA3396C	18/02/2019	17/02/2020

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 1348G

Vehicle Details

Vehicle No.: SKA3396C
Vehicle to be Exported: No
Intended Deregistration Date: 11 Jun 2019
Vehicle Make: CHEVROLET
Vehicle Model: CRUZE 1.6L AUTO ABS D/AB 2WD 4DR
Primary Colour: Blue
Manufacturing Year: 2010
Engine No.: F16D4224804KA
Chassis No.: KL1JA69E9BK081771
Maximum Power Output: 91.0 kW (122 bhp)
Open Market Value: \$13,103.00
Original Registration Date: 18 Feb 2011
First Registration Date: 18 Feb 2011
Transfer Count: 1
Actual ARF Paid: \$13,103.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 17 Feb 2021
PARF Rebate Amount: \$7,206.00

Intended COE Rebate Details

COE Expiry Date: 17 Feb 2021
COE Category: A - Car (1600cc & below)
COE Period(Years): 10
QP Paid: \$23,378.00
COE Rebate Amount: \$6,253.00
Total Rebate Amount: \$13,459.00

The information contained herein is correct as at 10 Jun 2019

OK

Claim Handling

Accident MT/1048618

Policy No.	5088652907-02	Vehicle No.	SKA3396C	GST Registration No.
Certificate No.				
Policyholder Name	RABIATUL ADAWIYAH			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	92368785	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire
▼ Accident Details				
Report Date	11/06/2019 18:17	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	10/06/2019	Time of Accident hh:mm	17:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	MCE TUNNEL TWDS ECP CHANGI			
▼ Excess				
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
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 Registration No.		GST Status Verified		Yes
Modification History				
▼ Policyholder Mailing Address				
Address 1	BLK 651 #03-503	Address 2	YISHUN AVENUE 4	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5088652907-02	
▼ OI Driver Info				
Driver Name	ABDUL RAZAK BIN ABDUL RAHIM	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S1682921H	Driver DOB
Register Date of Driver License	06/08/1998	Driver Age	53	Driving Experience
Contact No.(Mobile)	96186664	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 651	Address 2	YISHUN AVENUE 4	Address 3
Address 4	SINGAPORE 760651	Address Type	Singapore address	Post Code
Unit No.	#03-503			
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 type="radio"/> Yes <input checked="" type="radio"/> No	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	RABIAT
Contact No.(Mobile)	92368785	Contact No. (Home)	675952
Email Address	rayzek89@hotmail.com	Vehicle Number	SKA3396C
Claim Description	SKA3396C / SLQ8233K ON 10 Jun 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Contact No. Finalisation	Preferred	Repair Option	Preferred Workshop (refer below)
Date Registered	11/06/2019 18:21	GIA report	Received
Report Taken By	ROSLINDA	Workshop Repairer	

☒ Print AK letter

Save Submit

Attachment



Accident No.	MT/1048618	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/06/2019 00:00

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des.
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 18:21	NRIC/ Driving License	Normal	NRIC/ Driving 1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 18:21	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 18:20	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 18:20	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 18:20	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 18:20	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 18:20	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 18:20	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 18:20	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 18:20	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 18:20	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 18:20	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 18:20	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2019 18:20	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name
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