

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	17/06/2019 16:04
Date Of Accident	21/04/2019 02:15
Exact Location Of Accident	LOR 19 GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6782G
Insured/Policyholder	
Name Of Registered Owner	TAISIN PAPER (S) PTE LTD
Co Reg No	197701566H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84444433

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092128861-01
Cover Note Number	-

Driver

Name of Driver	YIN CHENGZHEN
NRIC No	G8543367P
Date Of Birth	21/10/1984
Occupation	OUTDOOR
Date Of Driving Pass	19/01/2018
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86572945
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	1809 GEYLANG BAHRU #01-01
Postcode	339713
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	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?	
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408665 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML1680M
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJS4524K

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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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:

YIN CHAN'G ZHIV

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

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

SKETCH PLAN

Lorong 19 Geylang

A = YP 6782 G
B = SML 1680 M
C = SJS 4524 K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

I/We declare

that the particulars are true in every respect.

Policyholder
Date & Time:



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

YIN CHANG ZHIV

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

[Signature]



SINGAPORE POLICE FORCE



T/20190421/2014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190421/2014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/04/2019 10:11 ✓	Vide Report No.: G/20190421/0039	Station Diary No.:
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Informant's Particulars

Name of Informant: YIN CHENGZHEN			Address: C/O 1809 GEYLANG BAHRU #01-01 SINGAPORE 339713		
ID Type / ID No.: FIN NO / G8543367P			Contact No.: Home/Office:		Mobile: 85672945
Nationality: CHINESE			Email:		
Sex: Male	Age: 34	Date of Birth: 21/10/1984	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/04/2019 02:15	Type of Location:
Location: Along Road 1 LORONG 19 GEYLANG LOR 19 GEYLANG X LOR BACHOK				
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
YP6782G	Lorry					0



**SINGAPORE
POLICE FORCE**



T/20190421/2014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190421/

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTION DATE TIME AND LOCATION

ON 20/04/2019 AT ABOUT 2000HRS, I PARK MY VEHICLE AT LOR 19 GEYLANG UNKNOWN LOT NUMBER. ON 21/04/2019 AT 0915HRS, I WENT BACK MY VEHICLE AND REALISED THAT MY VEHICLE WAS BADLY DAMAGE. AFTER THAT, I REALISED THAT SOMEONE PLACE A NOTE AT MY LORRY WINDSCREEN. AFTERWARD I CALLED THE CONTACT THAT STATE ON THAT NOTE.



SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20190421/2014

3 of 3

Report No. T/20190421/2014

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:
P /
AN KOK RAY

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
P / GIT /
Staff Sgt MA JUNXIANG
Contact No.: 65476251

Authentication Stamp

Signature Of Informant:

Date/Time:
21/04/2019 10:11

Classification Of Case:

SINGAPORE
POLICE FORCE



YP
6782G

FUSO





ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 4 / 19) (DD/MM/YYYY), TIME: (02 : 15) (HH:MM)

LOCATION: Lor 19 Geylang

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP 6782 G.
 b) INSURANCE COMPANY:
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Parked.
 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: Tarsin Paper cs) Pte Ltd. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 8444 4433.
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Yin cheng zhen (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 88 8657 2945.
 c) ADDRESS:

* d) DATE OF BIRTH: (/ /) (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)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Sml 1680 M. MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SJS 4524 K. MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

* No of passengers
 (including driver)
 (0)

* No of passengers
 (including driver)
 ()

* No of passengers
 (including driver)
 ()

pending chop & email. Email =
 with sketch.

fax =

video =

? Pa@cmht.sg.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of YIN CHENGZHEN

License Number: **G8543367P**

YIN CHENGZHEN

Birth Date: **21 Oct 1984**
 Issue Date: **30 Nov 2017**
 Valid Till: **29/11/2022**

Barcode: 002749146D

WORK PERMIT
 Employment of Foreign Manpower Act (Chapter 91A)
 Republic of Singapore

Employer: **CHENG MOH HUAT TRADING SUPPLIER CO**

Sector: **MANUFACTURING**

Portrait of YIN CHENGZHEN

Name: **YIN CHENGZHEN**
 Occupation: **DRIVER**

Work Permit No: **0 77617698**

Date of Application: **08-08-2017**
 Date of Issue: **28-08-2017**
 Date of Expiry: **09-08-2019**

Barcode

L8269500

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 CC	30 Nov 2017
Class 3	Motor cars <= 3800 kg with <= 7 passengers, exclusive of the driver; and motor tractor/vehicles <= 2500 kg	19 Jan 2018

G8543367P

S / No. 9000304957

NP 426A

Barcode: Licence No: G8543367P

VISIT PASS
 Immigration Regulations

Name: **YIN CHENGZHEN**

Portrait of YIN CHENGZHEN

Date of Birth	Sex	Nationality
21-10-1984	M	CHINESE
FIN	Date of Issue	Date of Expiry
G8543367P	28-08-2017	09-08-2019

MULTIPLE JOURNEY VISA ISSUED

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

Barcode

SML1680M

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 : 5092128861-01

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: **YP6782G**

Chassis Number

: FEB50550874

2. Name of Policyholder

: TAISIN PAPER (S) PTE LTD

3. Effective Date of Insurance

: 29 Jun 2018

4. Expiry Date of Insurance

: 28 Jun 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) : S\$600

EXCESS (SECTION 2) : N/A

WINDSCREEN EXCESS : S\$100

INSURE WITH COE : YES

HIRE PURCHASE COMPANY : THINK ONE CREDIT PTE LTD

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 : THINK ONE AUTOMOBILE & TRADING PTE LTD (00000571089)

Date of Issue : 05 Jun 2018 20:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/1049402

Policy No.	5092128861-01	Vehicle No.	YP6782G	GST Registration No.	M2002
Certificate No.					
Policyholder Name	TAISIN PAPER (S) PTE LTD			Policyholder NRIC	19770
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	84444433	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	17/06/2019 19:00	Accident Report Within 24 hrs	Yes	Accident Type	Chain (
Date of Accident	21/04/2019	Time of Accident hh:mm	02:15	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOR 19 GEYLANG				

Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M20027256X	GST Status Verified	Yes
Modification History	17/06/2019 19:02:02 System changed GST Registration Date from 01/01/2015 to 01/04/1994 17/06/2019 19:02:02 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	211 WOODLANDS AVENUE 9	Address 2	#05-77	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	738961
Unit No.		Related Policy Number	S066715567-04		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	YIN CHENGZHEN	Driver NRIC	G85433679	Driver DOB	21/10/
Register Date of Driver License	19/01/2018	Driver Age	34	Driving Experience	1
Contact No.(Mobile)	86572945	Contact No.(Office)		Contact No.(Home)	
Address 1	1809 #01-01 GEYLANG BAHRU	Address 2	SINGAPORE 339713	Address 3	
Address 4		Address Type	Singapore address	Post Code	33971
Unit No.	01-01				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	TAISIN PAPER (S) PTE LTD
Contact No.(Mobile)		Contact No. (Home)	
Email Address	taisinsingnet.com.sg	Vehicle Number	YP6782G
Claim Description	YP6782G / SML1680M ON 21 Apr 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	17/06/2019 19:03
Print AK letter			LIEW SHAN HUI

Save Submit

Attachment

Accident No.	MT/1049402	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

17/06/2019 19:04

Path *

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Choose File No file chosen

Message Read

Category *	Confidential	Urgency *
<div>Clear</div> <div>Please Select</div>	<div>NO</div>	<div>Normal</div>
<div>Clear</div> <div>Please Select</div>	<div>NO</div>	<div>Normal</div>
<div>Clear</div> <div>Please Select</div>	<div>NO</div>	<div>Normal</div>
<div>Clear</div> <div>Please Select</div>	<div>NO</div>	<div>Normal</div>
<div>Clear</div> <div>Please Select</div>	<div>NO</div>	<div>Normal</div>
<div>Clear</div> <div>Please Select</div>	<div>NO</div>	<div>Normal</div>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 19:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 19:04	SAS	Normal	SAS 2019-6-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 19:04	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 19:04	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 19:04	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 19:04	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 19:03	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 19:03	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 19:03	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 19:03	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 19:03	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 19:03	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 19:03	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 19:03	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 19:03	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 19:03	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 19:03	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 19:03	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 19:03	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 19:03	Photos	Normal	Photos 2019-6-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jun 2019 19:03	Photos	Normal	Photos 2019-6-17
Video List				
Uploaded By/Date	Folder Date	File Name		Source
		Display in New Window	Scan and uploading	