

NATIONAL Assessment Centre Services: [wef 1 Jan 05] MHA 9280 285

Date In: 2/6/19-11:48	Job description	Date & Time Completed	Done by
Ref No: NA/NC/15010912/24	SAS e-filing		
Veh No: 68477052	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 15/6/19-0:00	i-Motor Claim Form	M7/1049794-001	2/6/19 N:03
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: (Tel:	Fax:
TP Particulars:	Veh No: SDW692J	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: 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

NA 9280 285	Invoice Preparation Checklist	Am (\$)	Am (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Est Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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:-		
	QJ*:		
	*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	
	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	20/06/2019 11:48
Date Of Accident	19/06/2019 13:00
Exact Location Of Accident	JUNC INTERNATIONAL RD & KIAN TECK AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG7755Z
Insured/Policyholder	
Name Of Registered Owner	EVERGREEN SEAFOOD PTE LTD
Co Reg No	199501536N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	YES
Policy Number	5096004353-01
Cover Note Number	

Driver

Name of Driver	MANPREET SINGH
Passport No/FIN	G6745951U
Date Of Birth	15/12/1987
Occupation	OUTDOOR
Date Of Driving Pass	08/11/2013
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83217980
Fax Number	
Contact Number	OFFICE-83217980
Email Address	NOEMAIL

Address	94E JALAN SENANG
Postcode	418472
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 - MAJOR/MINOR RD
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)	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

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDW692J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOO SWEE LEONG
NRIC/Passport Number	S7200004H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	MANPREET SINGH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBG7755Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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:

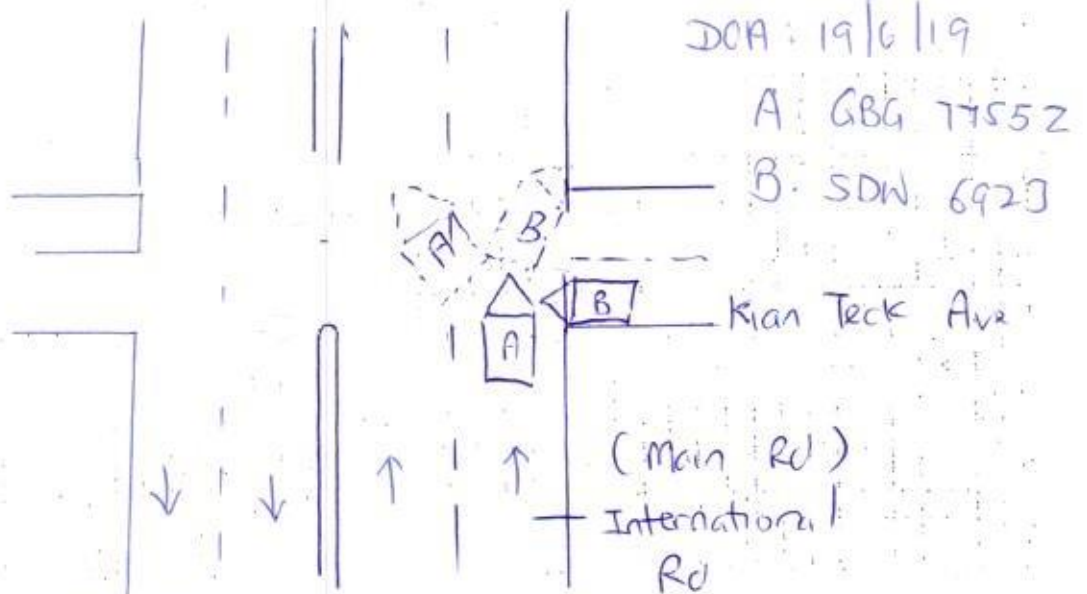
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along International Road (Main Rd)

Suddenly veh B came out from the small

road of Kian Teck Ave hit onto my veh

At RH portion of veh B lost control again

hit onto my veh rear rh portion.

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.:

Personal Particulars

Date of Accident: 19/6/19

Time of Accident: 1:00 pm

Exact Location of Accident: International Rd

Owner's Name: Evergreen Seafood Pte Ltd NRIC No: _____ HP No: _____

Driver's Name: Manpreet Singh NRIC No: 6674551 HP No: 83217980

Date of Birth: 15/12/1987 Driving Licence Passing Date: 8/11/2013 Occupation: Indoor / Outdoor

Address: 94E Jln Senang (148472)

Relationship of Driver with Insured: Employee Email Address: _____

Vehicle No: 6BG 7755 Z Make & Model: Toyota

Insurance Co: NTUC Coverage: Comprehensive Policy No: _____

*Purpose of Reporting? ☐ Own Damage Claim / ☒ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☐ Private Use / ☒ Work

*Weather Condition? ☒ Clear / ☐ Raining / Others: _____ ☐ Wet / ☒ Dry / Others: _____

*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1+0 B: 1+0 C: _____ D: _____

*Was Anybody Injured? (☒ Yes / ☐ No) If yes,

Name / NRIC / In Vehicle: Manpreet Singh neck & leg

*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (☒ Yes / ☐ No)

Third Party Driver's Particulars

Vehicle B No: SDN 692J Make & Model: _____

Driver's Name: Loo Swee Leng NRIC No: S7200004 HP No: _____

Vehicle C No: _____ Make & Model: _____

Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____

Employer
EVERGREEN SEAFOOD PTE. LTD.



Name
MANPREET SINGH
G Pass No.
0 34404755

Sector
MANUFACTURING



K0886682

For LKK/NAC Use Only

MANPREET SINGH

Licence Number: **G6745951U**

Valid Date: **15 Dec 1987**
Expiry Date: **17 Oct 2018**
Valid Till: **07/11/2023**

100285836K

VISIT PASS
Immigration Regulations

Name
MANPREET SINGH

FIN
G6745951U
Date of Birth
15-12-1987
Sex
M
Nationality
INDIAN



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.

Download SGWorkPass
App to check status



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 3	Motor cars up to 2000 kg with up to 7 passengers, excluding the driver, and motor motorcycles up to 250 kg	08 Nov 2012
Class 4	Heavy motor cars and motor bicycles > 250 kg	23 Jan 2019

S / No. 9000288251

G6745951U

NP 428A



Licence No. G6745951U

eBaoTech

GeneralClaim

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="19/06/2019 13:00"/>
Vehicle No. (For Motor)	<input type="text" value="GBG7755Z"/>	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"/>	5096004353-01		EVERGREEN SEAFOOD PTE. LTD.	199501536N	GFT	Comprehensive	GBG7755Z	GBG7755Z	30/10/2018	

Policy Information

Policy No.	5096004353-01	Policyholder Name	EVERGREEN SEAFOOD PTE. LTD	Policyholder NRIC	199501536N
Certificate No.					
Address	94E JALAN SENANG SINGAPORE 418472				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	17/09/2018	Effective Date	17/09/2018 00:00	Expiry Date	16/09/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	3000	Windscreen Excess	100
Additional Excess		OS Premium	569.51		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	LQ INSURANCE AGENCY PTE LTD	Agent Tel.	63340783	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	94E JALAN SENANG	Address 2	SINGAPORE 418472	Address 3	
Address 4		Address Type	Singapore address	Post Code	418472
Unit No.		Related Policy Number	5093985922-01		

Insured Object: GBG7755Z

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	29/10/2018 00:00	Basic Information Endorsement	000001286932606	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GBG7755Z 30-10-2018 \$1,915.45 In view of this amendment, an additional premium of \$1,915.45 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>
2	12/06/2019 00:00	Basic Information Endorsement	000001287087437	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. FEB21EA25339 13-06-2019 \$569.51 In view of this amendment, an additional premium of \$569.51 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you</p>

Claim Handling

The premium on this policy has not been collected.

Exit

Accident MT/1049794

Policy No.	5096004353-01	Vehicle No.	GBG7755Z	GST Registration No.	199501536N
Certificate No.					
Policyholder Name	EVERGREEN SEAFOOD PTE. LTD.	Cover Type	Comprehensive	Policyholder NRIC	199501536N
Product Code	FLEET INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	20/06/2019 12:01	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	19/06/2019	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC INTERNATIONAL RD & KIAN TEOK AVE				
Excess					
Dwif Damage Excess	3,000.00	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	01/05/2004		
GST Registration No.	199501536N	GST Status Verified	Yes		
Modification History	20/06/2019 12:02:34 System changed GST Registration Date from 01/01/2015 to 01/05/2004 20/06/2019 12:02:34 System changed GST Status Verified from No to Yes				
Policyholder Mailing Address					
Address 1	94E JALAN SENANG	Address 2	SINGAPORE 418472	Address 3	
Address 4		Address Type	Singapore address	Post Code	418472
Unit No.		Related Policy Number	5093985922-01		
OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	15/12/1987
Unnamed Driver Name	HANPREET SINGH	Driver NRIC	G6745951U	Driving Experience	5
Register Date of Driver License	08/11/2013	Driver Age	31	Contact No.(Home)	0
Contact No.(Mobile)	83217980	Contact No.(Office)	0	Address 3	
Address 1	94E JALAN SENANG	Address 2	SINGAPORE 418472	Post Code	418472
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" 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	EVERGREEN SEAFOOD PTE. LTD.	Insured NRIC	199501536N
Contact No.(Mobile)	91799988	Contact No.(Home)		Contact No.(Office)	85820111
Email Address	admin@evergreenseafood.com	OT Vehicle Number	GBG7755Z	TP Vehicle Number	SDW6922
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBG7755Z / SDW6922 ON 19 Jun 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	20/06/2019 12:03	Claim Close Date		Date Received	20/06/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print A/L letter					

Save Submit

Attachment					
Accident No.	MT/1049794	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/06/2019 12:07		
Path *		Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal

Please Select

1/2

Normal

Please Select

1/2



















Normal

Please Select

1/2

Normal

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Jun 2019 12:07	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Jun 2019 12:07	SAS	Normal	SAS 2019-6-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Jun 2019 12:07	Photos	Normal	Photos 2019-6-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Jun 2019 12:07	Photos	Normal	Photos 2019-6-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Jun 2019 12:04	Photos	Normal	Photos 2019-6-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Jun 2019 12:04	Photos	Normal	Photos 2019-6-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Jun 2019 12:04	Photos	Normal	Photos 2019-6-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Jun 2019 12:04	Photos	Normal	Photos 2019-6-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Jun 2019 12:04	Photos	Normal	Photos 2019-6-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Jun 2019 12:03	Photos	Normal	Photos 2019-6-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Jun 2019 12:03	Photos	Normal	Photos 2019-6-20		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Jun 2019 12:03	Photos	Normal	Photos 2019-6-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Jun 2019 12:03	Photos	Normal	Photos 2019-6-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Jun 2019 12:03	Photos	Normal	Photos 2019-6-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Jun 2019 12:03	Photos	Normal	Photos 2019-6-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Jun 2019 12:03	Photos	Normal	Photos 2019-6-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Jun 2019 12:03	Photos	Normal	Photos 2019-6-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 20 Jun 2019 12:03	Photos	Normal	Photos 2019-6-20		Edit

▼ Video List

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

Scan and uploading