

NATIONAL Assessment Centre Services

[wef 1 Jan 2005]

Date In: 20/06/19	Job description	Date & Time Completed	Done by
Ref No: NIA/INC19010920/13	SAS e-filing		
Veh No: SBU9238M	E-mail (w/thin 8hrs, AIC 2hrs)		
D.O.A: 19/06/19 1600	i-Motor Claim Form	MT/1049843-001	
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: () Tel: () Fax: ()

TP Particulars:	Veh No: RW3135H	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

NA1904656		Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-		1) AR : Accident Reporting (\$30);			
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)			
Cat. 1:		6) TR : Re-inspection \$75			
Cat. 2 / 3:		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	
		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 12:22
Date Of Accident	19/06/2019 16:00
Exact Location Of Accident	SLE(BKE) NEAR WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBU9238M
Insured/Policyholder	
Name Of Registered Owner	LYFFE3 PTE. LTD.
Co Reg No	201717454G
Email Address	LYFFE.JWJ@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-90053522

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	OTW BACK HOME
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5108851346
Cover Note Number	

Driver

Name of Driver	MOHAMAD NAZARI BIN ANWARI
NRIC No	S1514861F
Date Of Birth	10/09/1961
Occupation	OUTDOOR
Date Of Driving Pass	14/10/1981
Driving Experience	37 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98784214
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 204 MARSILING DRIVE #07-194
Postcode	730204
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 27 MARSILING DRIVE , POSTCODE: 730027 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3689999 - FAX NO: 63682383
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190619/2126

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FW3135H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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

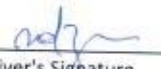
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.

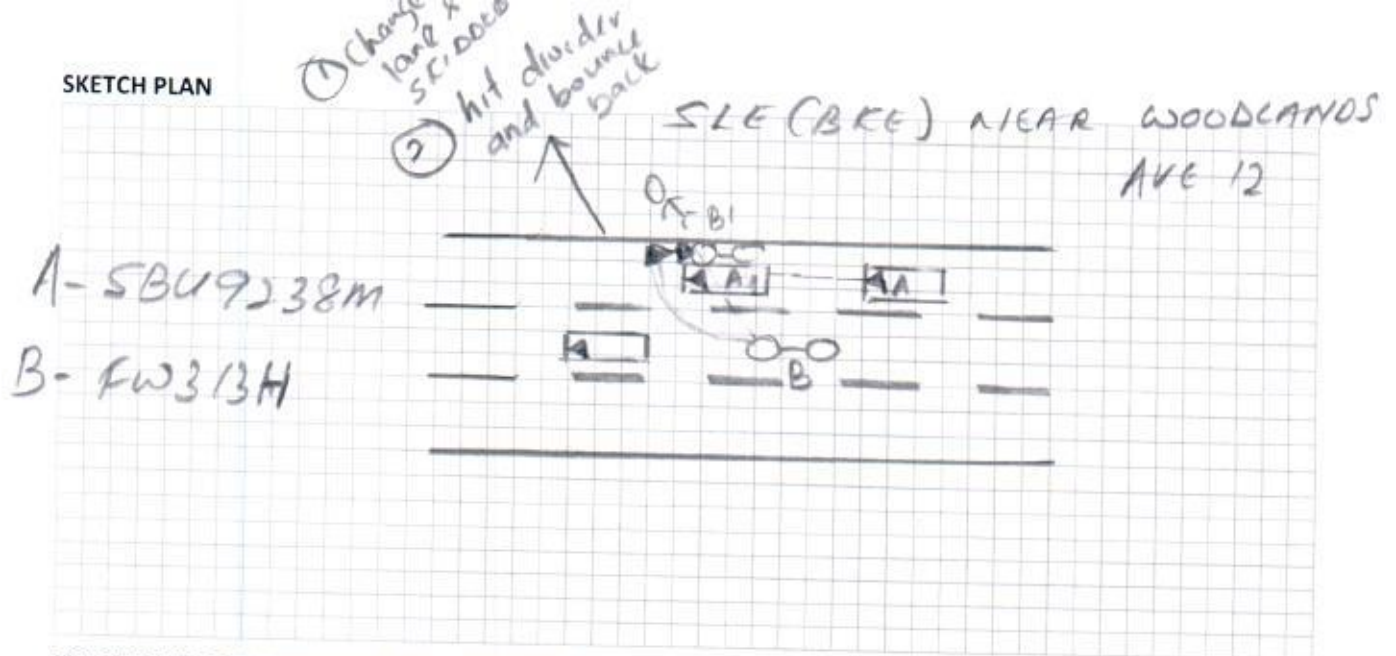
LYFFE3 PTE LTD

Policyholder's Signature
Date & Time:

 20/6/2019
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 20/06/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: 7/20190619/2126

DECLARATION

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

LYFFEE PTE LTD

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.:



SINGAPORE POLICE FORCE



T/20190619/2126

1 of 3

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

Report No. T/20190619/2126

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/06/2019 17:22		Vide Report No.:		Station Diary No.: 22	
Informant's Particulars					
Name of Informant: MOHAMAD NAZARI BIN ANWARI			Address: APT BLK 204 MARSILING DRIVE #07-194 SINGAPORE 730204		
ID Type / ID No.: NRIC NO / S1514861F			Contact No.: Home/Office: 98784214 Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 10/09/1961	Type of Informant: Driver		
Race: Boyanese			Language:		Institution / School Name:
Occupation: Private Hire Driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/06/2019 16:00	Type of Location: Straight Road
Location: Along Road 1 SELETAR EXPRESSWAY SLE(BKE) near Woodlands Ave 12				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW3135H	Motorcycle				Slightly Damaged	0
SBU9238M	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190619/2126

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

2 of 3

Report No. T/20190619/2126

CONTINUATION OF REPORT

Driver			
Name	MOHAMAD NAZARI BIN ANWARI	ID No.	S1514861F
Related Vehicle	SBU9238M (Car)	Contact No.	98784214
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 19/06/2019 at about 1600hrs, I was travelling along SLE(BKE) near Woodlands Ave 12 on the most right lane when I saw a motorcycle on the center lane in front of me and had wanted to enter my lane. I then notice that the motorbike had suddenly skidded while entering my lane as I was not fast moving. I saw the motor and the motorist banged into the right side barrier and the motorist had stopped there but the bike had continued back onto the right lane in which I had then collided onto the motorcycle and came to a stop after. There was other people that had stopped and had also called for the police in which shortly after the ambulance conveyed the motorist and traffic police had came after to gather more facts from me and informed me to make a police report. I had also handed them my in-car camera footage at the scene.



**SINGAPORE
POLICE FORCE**



T/20190619/2126

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

3 of 3

Report No. T/20190619/2126

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:

L /

Sgt 2 CHOONG JIA LE, DION

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt YUS MASTARI I KHAZALI

Contact No.: 65476214

Authentication Stamp
NP168


Signature Of Informant:

Date/Time:

19/06/2019 17:22

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1514861F



MOHAMAD NAZARI BIN ANWARI
محمد نازري بن عنواري
BOYANESE
Date of Birth: 10-09-1961 Sex: M
Country of Birth: SINGAPORE

For LKK/NAC Use Only

2400798



NRIC No. S1514861F



82221957

Blood Group: B+ Date of Issue: 20-09-1994

APT BLK 204 MARSILING DRIVE #07-194
SINGAPORE 730204
NRIC No: S1514861F Date: 18/07/2017

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1514861F



MOHAMAD NAZARI BIN ANWARI

Birth Date: 10 Sep 1961
Issue Date: 12 Sep 2003




For LKK/NAC Use Only

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class 3 Motor Cars and Motor Tractors the weight of which, unladen, does not exceed 2500 kilograms

PASS DATE: 14 Oct 1996

Licence No: S1514861F




NP 4284

Land Transport Authority

VOCATIONAL LICENCE

Licence No: S1514861F
Name: MOHAMAD NAZARI BIN ANWARI




Please visit www.lta.gov.sg to check the status of this vocational licence

For LKK/NAC Use Only

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	24/07/2018



14/10/1981

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: 5083035791-02

Cover : Third Party

- | | |
|--|----------------------|
| 1. Index mark and Registration Number of Vehicle | : SBU9238M |
| Chassis Number | : KMH DU41BR9U687652 |
| 2. Name of Policyholder | : LYFFE PTE LTD |
| 3. Effective Date of Insurance | : 30 Nov 2018 |
| 4. Expiry Date of Insurance | : 29 Nov 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 or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : MAH YEE WEI (00000585767)

Date of Issue : 22 Mar 2018 10:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1049843

Policy No.	5108851346	Vehicle No.	SBU9238M	GST Registration No.
Certificate No.				
Policyholder Name	LYFFE3 PTE. LTD.			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	90053522	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(%)	0	Private Hire

▼ Accident Details

Report Date	20/06/2019 15:52	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	19/06/2019	Time of Accident hh:mm	16:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	SLE(BKE) NEAR WOODLANDS AVE 12			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	1,500.00	
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	500.00	Total TP Excess Applicable	1,500.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	20/06/2019 15:54:41 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	711 GEYLANG ROAD	Address 2	#01-01 ORIENTAL VENTURE BU	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	08-82	Related Policy Number	5110365159	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	MOHAMAD NAZARI BIN ANWAR	Driver NRIC	S1514861F	Driver DOB
Register Date of Driver License	14/10/1981	Driver Age	57	Driving Experience
Contact No.(Mobile)	98784214	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 204	Address 2	MARSILING DRIVE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#07-194			
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
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Modification History

Claim 001 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Contact No.

Finalisation

Date Registered

OD-MX	Insured Name	LYFFE3
90053522	Contact No.	NIL
	(Home)	
	OI Vehicle Number	SBU9238M
SBU9238M / FW3135H ON 19 Jun 2019		

Insured Liability	Not at Fault	GIA report	Received
Preferred Workshop, Name unknown			

20/06/2019 15:57	Claim Close Date
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Report Taken By

ROSILINDA

Workshop
Repairer

Print AK letter

Save

Submit

Attachment

Accident No.	MT/1049843	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/06/2019 00:00
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2019 15:57	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2019 15:57	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2019 15:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2019 15:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2019 15:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2019 15:56	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2019 15:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2019 15:56	Photos	Normal	Photos

Video List

Uploaded By/Date

Folder Date

File Name

Display in New Window

Scan and uploading