

NATIONAL Assessment Centre Services

Part 1 Jan 08

MNA 119085908

2/7/19 12:11
MA/INC19011679164
GBH 1817M
2815/19 11:10

TP

Repairing only

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 2hrs, A/C 2hrs)		
I-Motor Claim Form	M7/1051601 001	2/7/19 18:07
I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
I-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Whse		

NEW or OLD Assessment YES or NO: ()

Tel: ()

Fax: ()

VE Registration

Veh No:

YK 2105P.

INC () / Non-INC ()

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 ()

Access ()

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: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey / Photo [Repair Cost > \$3000] ()

Damage: ()

Date/Time: ()

MNA1904894

Comments/Particulars:

Driver/Owner:

Constant No:

damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

INVOICE	AMOUNT (\$)	PAID (\$)	AMOUNT (\$)
1) AR: Accident Reporting (\$30)		30.00	
2) DA: Damage Assessment (\$100)	INC (\$50)		
3) TP: Towing Fee	\$40/\$45		
4) PT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
For obtaining status UNC Only (see C10 Jan 2003)			
6) TR: Re-Inspection	\$75		
7) NI: Ideal DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
Q1:			
*N5: Courtesy Car / Tpt Allowance	\$5		
*N6: Repair Coordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Loss Coordination	\$5		
TP: (NI) : TP (NC) : INC : at least INC	\$20		
9) NI: Ideal Mobile	\$0		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

2019/2020

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	02/07/2019 12:11
Date Of Accident	28/05/2019 11:10
Exact Location Of Accident	7 GUL CIR OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH1817M
Insured/Policyholder	
Name Of Registered Owner	FILTREX TECHNOLOGY PTE LTD
Co Reg No	200207796C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64562388

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CITAN 109 CDI EL 5MT 6DR
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	5098533651
Cover Note Number	-

Driver

Name of Driver	CHUA PUAY BOON (CAI PEIWEN)
NRIC No	S8021241J
Date Of Birth	17/07/1980
Occupation	OUTDOOR
Date Of Driving Pass	07/04/2000
Driving Experience	19 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90096728
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 197 PASIR RIS ST 12 #02-114
Postcode	510197
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	
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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YK2105P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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.



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



A = GBH 1817 M
B = YK 2105 P

7 Gul Cir Open Carpark.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (28/5/19) (DD/MM/YYYY), TIME: (11:10) (HH:MM)

LOCATION: Thermo Fisher Scientific 7 Gul Cir open carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH1817M
b) INSURANCE COMPANY: Ins
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: Filtrex Technology pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 674562388
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chua Puay Boon (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 90096728
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: Pasir Ris MPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YK 2105P MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = melsen_chua@hotmail.com

fax =

VIDEO = Yes

Waiting chop.



SINGAPORE POLICE FORCE



T/20190530/2134

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20190530/2134

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/05/2019 18:56	Vide Report No.:	Station Diary No.: 91
--	------------------	--------------------------

Informant's Particulars

Name of Informant: CHUA PUAY BOON			Address: APT BLK 197 PASIR RIS STREET 12 #02-114 SINGAPORE 510197		
ID Type / ID No.: NRIC NO / S8021241J			Contact No.: Home/Office: Mobile: 90096728		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 17/07/1980	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: SERVICE TECHNICIAN		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:			

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 28/05/2019 11:10	Type of Location: Car Park
Location: Along Road 1 GUL CIRCLE				
Thermo Fisher Scientific, 7 Gul Cir. Open carpark				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH1817M	Van	MERCEDES BENZ	CITAN 109 CDI EL 5MT 6DR	Silver	Slightly Damaged	0
YK2105P	Lorry	NISSAN	MKB210NH RH	White		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190530/2134

2 of 3

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20190530/2134

CONTINUATION OF REPORT

Driver			
Name	CHUA PUAY BOON	ID No.	S8021241J
Related Vehicle	NIL	Contact No.	90096728
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 28/05/2019 at about 3pm, I went back to my parked vehicle at the above mentioned location and I discovered scratches on my right front bumper just below the head light. I also discovered a cracked at my right front head light.

I went back to my car and try to retrieve the footage from my in car camera and view back however I am unable to find anything then I carry on with my journey.

On 29/05/2019 at about 11am, I transferred the footage to my computer and I started to view from my computer. At about 12pm, I saw 1 lorry who was trying to do a 3 point turn and wanted into the loading & unloading bay. When the lorry was trying to make the adjustment, the lorry brush through my right front portion of my vehicle. After the lorry hit my vehicle, the lorry ran away without leaving any note on my vehicle. The footage was dated on 28/05/2019 at about 11am to 11.30am when the incident took place.

On 30/05/2019 at about 4pm, I cropped the footage as the footage was 20hrs long and I transferred the cropped footage into my phone.

I wish to state that this is my first time such incident happened to me.



**SINGAPORE
POLICE FORCE**



T/20190530/2134

3 of 3

Report No. T/20190530/2134

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

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:

G /

Sgt 2 JOHNNY TAN KOK JOO

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt ESTHER CHONG

Contact No.: 65476368

Authentication Stamp

NP168



SIGNATURE

Signature Of Informant:

Date/Time:

30/05/2019 18:56

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8021241J



Name
CHUA PUAY BOON
(CAI PEIWEN)
蔡培文

Race
CHINESE

Date of birth
17-07-1980

Sex
M

Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S8021241J

Name
CHUA PUAY BOON (CAI PEIWEN)

Birth Date 17 Jul 1980

Issue Date 21 Feb 2003





4859178



NRIC No. S8021241J



Date of issue
16-12-2010

Address
APT BLK 197 PASIR RIS STREET 12
#02-114
SINGAPORE 510197

class 3

714/2000

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

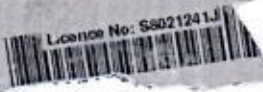
Class 2B Motorcycles not exceeding 200 cc

Class 2A Motorcycles between 201 cc and 400 cc

Class 3 Motorcycles and Motorcarts the weight of which unladen does not exceed 250 kilograms

11 Mar 1980
13 Jun 1979
17 Apr 2000

License No: S8021241J



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="28/05/2019 15:11"/>							
Vehicle No.(For Motor)	<input type="text" value="GBH1817M"/>	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"/>	5098533651		FILTREX TECHNOLOGY PTE LTD	200207796C	GCV	Preferred Workshop Plan	GBH1817M	GBH1817M	28/02/2018	27/02/2020
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1051601

Policy No.	5098533651	Vehicle No.	GBH1817M	GST Registration No.	200207796C
Certificate No.					
Policyholder Name	FILTREX TECHNOLOGY PTE LTD	Cover Type	Preferred Workshop Plan	Policyholder NRIC	200207796C
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	64562388	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
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	02/07/2019 18:03	Accident Report Within 24 hrs	Yes	Accident Type	Damage
Date of Accident	28/05/2019	Time of Accident hh:mm	11:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	7 GUL CIR OPEN CARPARK				

▼ 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	26/09/2002
GST Registration No.	200207796C	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	4009 ANG MO KIO AVENUE 10	Address 2	#04-37 TECHPLACE 1	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	569731
Unit No.		Related Policy Number	S100162726-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHUA PUAY BOON (CAI PEI WEN)	Driver NRIC	S8021241J	Driver DOB	17/07/1979
Register Date of Driver License	07/04/2000	Driver Age	38	Driving Experience	19
Contact No.(Mobile)	90096728	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 197 #02-114	Address 2	PASIR RIS STREET 12	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	510195
Unit No.	02-114				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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	FILTREX TECHNOLOGY PTE LTD
Contact No.(Mobile)		Contact No.(Home)	
Email Address		Vehicle Number	GBH1817M
Claim Description	GBH1817M / YK2105P ON 28 May 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	02/07/2019 18:06
			LIEW SHAN HUI

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1051601	Claim No.	001
--------------	------------	-----------	-----

Last Doc. Received

☒ Yes ☐ No

Upload Date

02/07/2019 18:07

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Category *

Please Select

Confidential

NO

Urgency *

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jul 2019 18:07	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jul 2019 18:07	SAS	Normal	SAS 2019-7-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jul 2019 18:07	Photos	Normal	Photos 2019-7-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jul 2019 18:07	Photos	Normal	Photos 2019-7-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jul 2019 18:06	Photos	Normal	Photos 2019-7-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jul 2019 18:06	Photos	Normal	Photos 2019-7-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jul 2019 18:06	Photos	Normal	Photos 2019-7-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jul 2019 18:06	Photos	Normal	Photos 2019-7-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jul 2019 18:06	Photos	Normal	Photos 2019-7-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jul 2019 18:06	Photos	Normal	Photos 2019-7-2

Video List

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

Display in New Window

Scan and uploading