

NATIONAL Assessment Centre Services. [part 1 Jan'09] : MMA 119 09 1937.

Date In: 15/7/19 11:09	Job description	Date & Time Completed	Done by
Ref No: MA1 INC19012468/h4	SAS e-filing		
Ych Plr: GBF 9918M	E-mail (within 2hrs, AIC 2hrs)		
ETA: 11/7/19 17:30	I-Motor Claim Form	MT/1053466-001	15/7/19 16:49
	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsn		

Produced Wsep / INC Assign Wsep / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: FBP 665 Z	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 ()		

() Total Loss Case : to e-mail Insurer URGENTLY,
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Category	Passion Control Car	Passion Control Car	Passion Control Car
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			

[illegible]

NA 905180		NA 905180	
Unit/Owner:		1) AR: Accident Reporting (530)	3000
Unit No:		2) DA: Damage Assessment (5100)	INC (550)
Unaged Portion:		3) TR: Towing Fee	540/545
Checked by (Bngr-In-Charge):		4) FT: Follow-Through Survey	5120
		5) FT: Follow-Through Survey (Resurvey)	530
		For claiming against INC Only (w/c 10 Jan 2005)	
		6) TR: Re-inspection	575
		7) NR: Idas DA + SMRT Survey	5160
		8) NTUC Additional Services:	
		ON:	
		*NS: Courtesy Car / Tpt Allowance	35
		*N6: Repair Co-ordination	510
		*N7: Post Repair Inspection	525
		*N8: DV / Collect License Coordination	35
		TP (NR) + TR (NR+INC) against INC	520
		9) NR: Idas 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	15/07/2019 11:09
Date Of Accident	11/07/2019 17:30
Exact Location Of Accident	CROSS STREET TURNING LEFT TO CLUB STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF9918M
Insured/Policyholder	
Name Of Registered Owner	BESTLINK VEHICLE PTE. LTD.
Co Reg No	200603095W
Email Address	JOKERM8090@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88386693
Alternative Phone No	OFFICE-88386693

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5106953481
Cover Note Number	

Driver

Name of Driver	FAN KAH CHUN
NRIC No	S7732163B
Date Of Birth	31/10/1977
Occupation	OUTDOOR
Date Of Driving Pass	24/10/2013
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88386693
Fax Number	
Contact Number	OTHERS-88386693
EMail Address	JOKERM8090@GMAIL.COM

Address	BLK 408 YISHUN AVENUE 6 #02-1254
Postcode	760408
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190711/2154

Attachment(s)

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

Details of Witness 1

Name	MICKAEL
Phone Number	98245142
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBP665Z
Vehicle Make/Model/Colour	YAMAHA F150
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.



Policyholder's Signature
Date & Time:



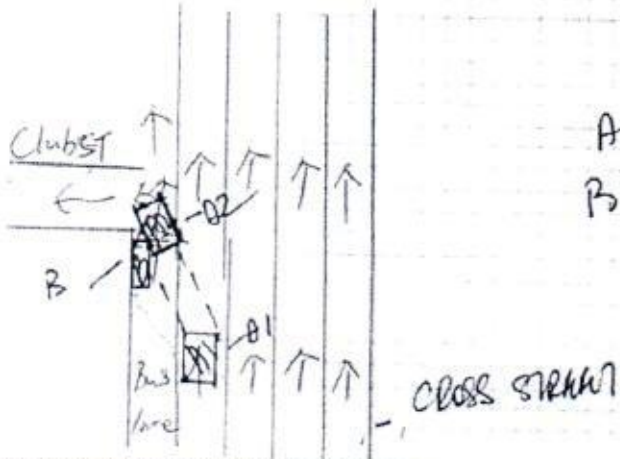
Driver's Signature
(If driver is not the policyholder)
Date & Time:

13/7/2019



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

SKETCH PLAN



A) GBP 998m

B) fBP 665Z

Cross section

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS REFER to Police Report
7/20/90711/2137

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: 11/07/2019 (DD/MM/YYYY), TIME: 17:30 (HH:MM)

LOCATION: Cross Street (turning left to Club Street)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF 9918 M
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA Hiace
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: delivery
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Fan Kah Chun (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7732162B CONTACT: 88386677
c) ADDRESS: Blk 408 Yishun Ave 6 # 02-1254

* d) DATE OF BIRTH: 31/10/1977 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 24/10/2013

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) dry clear

b) ROAD SURFACE: (DRY / WET / OTHERS) dry

6. WAS ANYBODY INJURED (YES / NO) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: Yishun NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBP 6652 MODEL: YAMAHA F150
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: _____

Info of EUROPCAR.COM.SG email = Joker Mrm 8090 @ Gmail.com
VIDEO = T.P. Taken

Info @ ~~Easy~~
Eurocar.com.sg



**SINGAPORE
POLICE FORCE**



T/20190711/2154

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No: T/20190711/2154

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/07/2019 23:33		Vide Report No.: A/20190711/0096		Station Diary No.: 151	
Informant's Particulars					
Name of Informant: FAN KAH CHUN			Address: APT BLK 408 YISHUN AVENUE 6 #02-1254 SINGAPORE 760408		
ID Type / ID No.: NRIC NO / S7732163B			Contact No.: Home/Office: Mobile: 88386693		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 31/10/1977	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/07/2019 17:30	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 CROSS STREET CLUB STREET Cross Street left turn towards Club street.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP665Z	Motorcycle				Slightly Damaged	0
GBF9918M	Van				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190711/2154

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

2 of 3

Report No. T/20190711/2154

CONTINUATION OF REPORT

Brief Details.

On 11/07/2019 at about 1730hrs, I was driving my vehicle (GBF9918M) along Cross Street towards Club Street.

I was driving at the 2nd lane along Cross street, I slowly keep left after the bus lane and was about to turn left, at the left turn point towards Club Street before the zebra crossing, a motorcycle (FBP665Z) suddenly collided into my vehicle from the left and fell onto the ground.

There was no injury on me. I got down my vehicle and render assistance for the motorcyclist, he was conscious and able to walk. Traffic police and ambulance at scene. The motorcyclist was conveyed by the ambulance. My SD card was handed over to the Traffic police.

There was a pedestrian "Mickael, HP: 98245142" state that he witnessed the situation.



SINGAPORE
POLICE FORCE



T/20190711/2154

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20190711/2154

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 1 LOE YU HAO

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
11/07/2019 23:33

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR HIDAYU BINTE ABDUL
SAMAD

Contact No.: 65476423

Authentication Stamp
NP 168

Classification Of Case:

SN 085



Signature:

Singapore Police Force

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7732163B



Name

FAN KAH CHUN

Race

CHINESE

Date of birth

31-10-1977

Country of birth

SINGAPORE

Sex

M

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No. S7732163B

Name FAN KAH CHUN

NR Date 31 Oct 1977

Valid Date 24 Oct 2013



4298104

NRIC No. S7732163B

Date of issue

22-10-2008

APT BLK 408 YISHUN AVENUE 6 #02-1254
SINGAPORE 700400

S7732163B

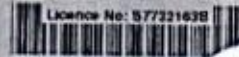
27/06/2013

For LKK/NAC Use Only

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

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive 24 Oct 2013
of the driver, and other motor vehicles < 2500kg



Licence No: S7732163B

NP 428A

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="11/07/2019 12:10"/>
Vehicle No. (For Motor)	<input type="text" value="GBF9918M"/>	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"/>	5106953481		BESTLINK VEHICLE PTE. LTD.	200603093W	GCV	Comprehensive	GBF9918M	GBF9918M	24/01/2019	23/01/2020



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: A/2019 07 11/96

1. Sgt B Tioooy Vheni
(Recipient's Name, NRIC or Passport No. / Rank and No.)

of TP HQ
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 One 'eye clip' 16 lbs Mung CD (and)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from Sgt Fan Koh Chun S7732163B
(Name, NRIC or Passport No. / Rank and No.)

of B/L003 Yishun Ave 6 H2-1254 S(760407)
(Address / Police Station / NPC / NPP)

on 11/7/19 at 1830
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

[Signature]
(Signature)

Fan Koh Chun S7732163B
(Name, NRIC or Passport No. / Rank and No.)

Received by:

[Signature]
(Signature)

Sgt B Tioooy Vheni
(Name, NRIC or Passport No. / Rank and No.)

Other Remarks: _____

Claim Handling

Accident MT/1053466

Policy No.	5106953481	Vehicle No.	GBF9918M	GST Registration No.
Certificate No.				
Policyholder Name	BESTLINK VEHICLE PTE. LTD.			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURAF	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	88386693	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input 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	15/07/2019 16:40	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	11/07/2019	Time of Accident hh:mm	17:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CROSS STREET TURNING LEFT TO CLUB STREET			

▼ Excess

Own damage Excess	600.00	Additional Excess	Windscreen Excess
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	01/04/2006
GST Registration No.	200603095W	GST Status Verified	Yes
Modification History	15/07/2019 16:42:01 System changed GST Registered from No to Yes 15/07/2019 16:42:01 System changed GST Registration No. from null to 200603095W 15/07/2019 16:42:01 System changed GST Registration Date from null to 01/04/2006		

▼ Policyholder Mailing Address

Address 1	56 LOYANG WAY	Address 2	#03-05 LOYANG ENTERPRISE B1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5110788483	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	FAN KAH CHUN	Driver NRIC	S7732163B	Driver DOB
Register Date of Driver License	24/10/2013	Driver Age	41	Driving Experience
Contact No.(Mobile)	88386693	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 408 #02-1254	Address 2	YISHUN AVENUE 6	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-1254			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Comp

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
-------------------------------------	------	-------------	---

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	BESTLINK
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	GBF9918M
Claim Description	GBF9918M / FBP66SZ ON 11 Jul 2019		
Preferred Workshop	0	Insured Liability	Partially at Fault
Contact No. Finalisation	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered		Received	
Report Taken By	LIEW SHAN HUI		
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1053466	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/07/2019 16:49
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select NO
Choose File	No file chosen	Clear	Please Select NO
Choose File	No file chosen	Clear	Please Select NO
Choose File	No file chosen	Clear	Please Select NO
Choose File	No file chosen	Clear	Please Select NO
Choose File	No file chosen	Clear	Please Select NO
Message Read		Clear	Please Select NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2019 16:49	NRIC/ Driving License	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2019 16:49	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2019 16:49	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2019 16:49	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2019 16:49	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2019 16:49	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2019 16:44	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2019 16:44	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2019 16:44	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2019 16:44	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2019 16:43	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2019 16:43	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2019 16:43	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2019 16:43	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jul 2019 16:43	Photos	Normal	Photos 2



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
15 Jul 2019 16:43

Photos

Normal

Photos 2

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading