

# NATIONAL Assessment Centre Services

Date In: 23/07/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19012973/13	SAS e-filing		
Veh No: 54W21215	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 22/07/19 1020	i-Motor Claim Form	MT/1054705-001	
OD: TP <u>Reporting Only</u>	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: (HUP motor)	Tel:	Fax:
TP Particulars:	Veh No: 54V1291L	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

NA1905037

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) iT : Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR : Re-inspection \$75		
	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 \$0		
	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	23/07/2019 14:57
Date Of Accident	22/07/2019 10:20
Exact Location Of Accident	ORCHARD TURN INFRT OF WISMA CARPARK ENTRANCE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGW2121S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KARKOOL LIMOUSINE
Co Reg No	53359768D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-999999999
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	PRIVATE HIRE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5110340116
Cover Note Number	
<b>Driver</b>	
Name of Driver	MOHAMED FADLI BIN MOHAMED
NRIC No	S8618131B
Date Of Birth	26/05/1986
Occupation	OUTDOOR
Date Of Driving Pass	15/04/2009
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87676198
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 574B WOODLANDS DRIVE 16 #07-750
Postcode	732574
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SLV1291L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MASJUNI B KHUSAINI
NRIC/Passport Number	S7320014H
Contact Number	96701370
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	






**SKETCH PLAN****IMPORTANT NOTICE**


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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.

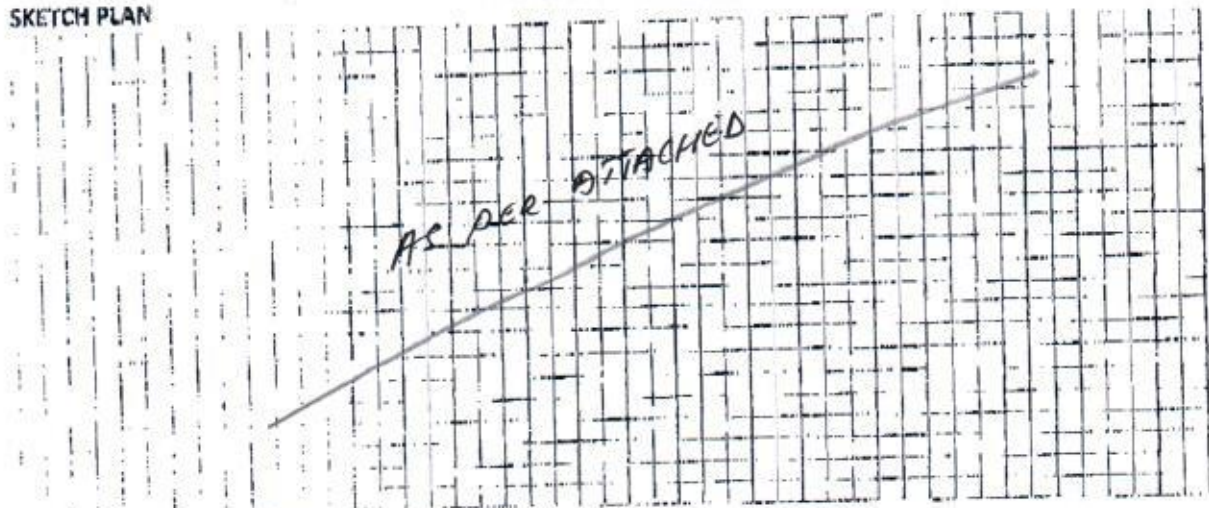
\*    
 Policyholder's Signature  
 Date & Time:

 23/07/2019  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

 23/07/19  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the attached statement.

## 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:

23/07/2019

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

Slyn 23/07/19

7

## Google Maps Orchard Turn

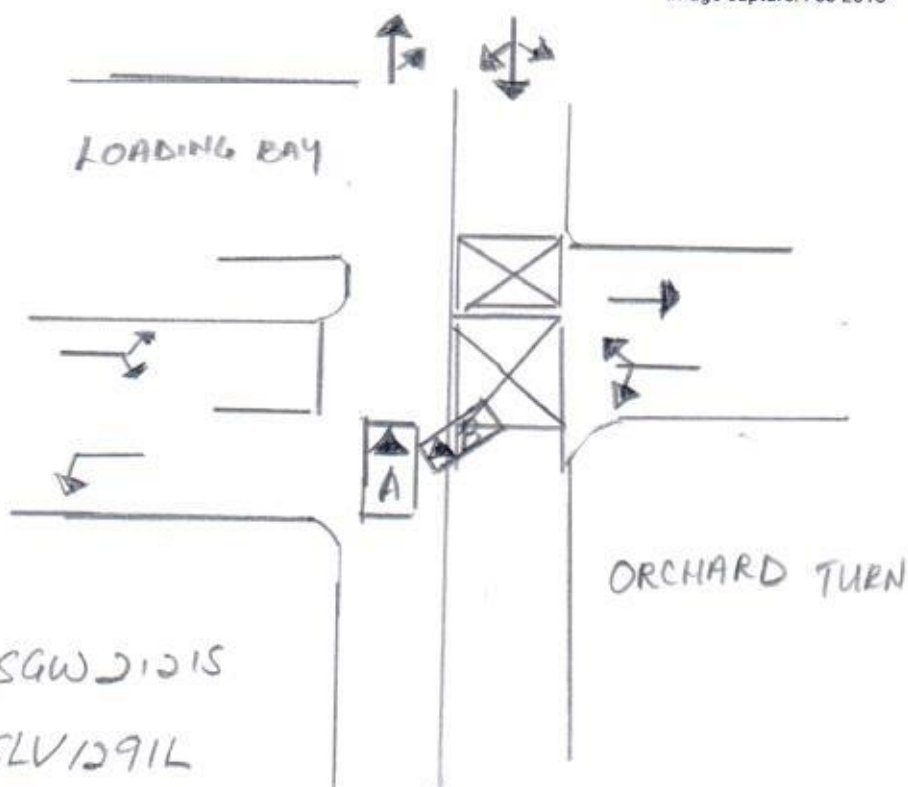


Image capture: Feb 2018 © 2019 Google

Singapore

Google

Street View - Feb 2018



I WAS TRAVELLING STRAIGHT ALONG ORCHARD TURN TWDS NGEE ANN.SUDDENLY VEH(B)BEARING  
REG NO SLV1291L CAME FROM THE OTHER DIRECTION MAKE A RIGHT TURN WITHOUT LOOKING  
FOR ONCOMING VEH AND HIT ONTO MY FRT RIGHT SIDE PORTION OF MY VEH.



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MNA119096327 Vehicle Registration No: SGWJ1215  
Name (as shown in NRIC) : MOHAMED FADU NRIC/FIN/Passport No : 586181313  
(\*Vehicle Driver / Vehicle Owner) (\* Please delete as appropriate  
Address : BLK 574B WOODLANDS DR 16 #07-750 Singapore( 732574 )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 87676198  
Email Address : \_\_\_\_\_  
Date of Accident : 23/07/19 Time of Accident : 10:20  
Place of Accident : ORCHARD TURN INFR. OF WISMA CARPARK  
Insurance Company : ENTRANCE

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND POLICY NO 1 TYPE OF COVERAGE

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

23/07/19  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:



## ACCIDENT STATEMENT

ACCIDENT DATE: 22/07/2019 (DD/MM/YYYY), TIME: 10:30 (HH:MM)

LOCATION: ORCHARD TURN IN FRONT OF WISMA CARPARK ENTRANCE

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGW 21213  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HONDA STREAM  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE GRAB  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) 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: MOHAMMED FADLI BIN MOHAMMED (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8618131B CONTACT: 87676198  
c) ADDRESS: BLK 574B WOODLANDS DR 16 #07-754 S(720514)

\* d) DATE OF BIRTH: 26/05/1986 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 10

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIEER

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: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLV 1291L MODEL: HONDA VEZEL  
b) DRIVER'S NAME: MASTUNI S KHUSAINI  
c) NRIC/FIN/PASSPORT: S7320014H CONTACT: 9670 1370

### 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(Including driver)  
(01)

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

23/07/19  
waiting for ci

Email = automobilehub enterprise  
fax =  
VIDE.O =

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8618131B

Name: MOHAMED FADLI BIN MOHAMED

For LKK/NAC Use Only

Birth Date: 26 May 1986

Issue Date: 15 Apr 2009

001731790H

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8618131B

Name: MOHAMED FADLI BIN MOHAMED

For LKK/NAC Use Only

Race: BOYANESE

Date of birth: 26-05-1986

Sex: M

Country/Place of birth: SINGAPORE

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

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

PASS DATE: 15 Apr 2009

For LKK/NAC Use Only

NP 428A

07223

License No: S8618131B

5627672

NRIC No. S8618131B

For LKK/NAC Use Only

Date of issue: 26-07-2016

APT BLK 574B WOODLANDS DRIVE 16 #07-750

SINGAPORE 732574

NRIC No: S8618131B

Date: 20/01/2018



Land Transport Authority



**VOCATIONAL LICENCE**  
Licence No : S8618131B  
Name : MOHAMED FADLI BIN  
MOHAMED  
**For LKK/NAC Use Only**  
Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check  
the status of this vocational licence

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	10/09/2018

**For LKK/NAC Use Only**



Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.

Date of Accident

Vehicle No. (For Motor)

SGW2121S

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5110340116	5110340116-000002	KARKOOL LIMOUSINE	53359768D	GFM	Third Party, Fire & Theft	SGW2121S	SGW2121S	28/06/2019	10/06/2020



## Claim Handling

Accident MT/1054705

Policy No.	5110340116	Vehicle No.	SGW2121S	GST Registration No.
Certificate No.	5110340116-000002			
Policyholder Name	KARKOOL LIMOUSINE			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	0	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	23/07/2019 18:03	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	22/07/2019	Time of Accident hh:mm	10:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ORCHARD TURN INFRT OF WISMA CARPARK ENTRANCE			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess		TP Standard Excess	1,500.00	
YIED OD Excess		YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable		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	23/07/2019 18:06:28 System changed GST Status Verified from No to Yes		

## ▼ Policyholder Mailing Address

Address 1	BLK 154 #04-392	Address 2	SERANGOON NORTH AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-392	Related Policy Number	5111102432	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	MOHAMED FADLI BIN MOHAMED	Driver NRIC	S8618131B	Driver DOB
Register Date of Driver License	15/04/2009	Driver Age	33	Driving Experience
Contact No.(Mobile)	87676198	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 574B	Address 2	WOODLANDS DRIVE 16	Address 3
Address 4	SINGAPORE 732574	Address Type	Singapore address	Post Code
Unit No.	#07-750			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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 *	OD-MX	Insured Name	KARKOOL
Contact No.(Mobile)		Contact No. (Home)	NIL
Email Address		OJ Vehicle Number	SGW21
Claim Description	SGW2121S / SLV1291L ON 22 Jul 2019		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
		Claim Close Date	23/07/2019 18:09

Report Taken By

ROSLINDA

Workshop  
Repairer

Print AK letter

Save

Submit

## Attachment







Accident No.	MT/1054705	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/07/2019 00:00

Path *		Category *		Confidential
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select	NO
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select	NO
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select	NO
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select	NO
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select	NO
Choose File	No file chosen	<input type="button" value="Clear"/>	Please Select	NO
Message Read		<input type="button" value="Clear"/>	Please Select	NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2019 18:09	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2019 18:09	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2019 18:09	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2019 18:09	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2019 18:08	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2019 18:08	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2019 18:08	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2019 18:08	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2019 18:08	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2019 18:08	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2019 18:08	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2019 18:08	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2019 18:08	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2019 18:08	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2019 18:08	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2019 18:08	Photos	Normal	Photos

## Video List

Uploaded By/Date

Folder Date

File Name





Display in New Window

Scan and uploading