

NATIONAL Assessment Centre Services

Date In: 13/08/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19014029/13	SAS e-filing		
Veh No: SME38472	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/08/19 1055	i-Motor Claim Form	MT/1057451 - 001	
OD <input checked="" type="checkbox"/> 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: SGA91194 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

NA1906064 Invoice Preparation Checklist Amt (\$) Amt (\$)

Claimant's Particulars :- 1) AR : Accident Reporting (\$30); 1st 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) RT : Follow-Through Survey (Resurvey) \$30

Auditors' Comments :- 6) TR : Re-inspection \$75

Cat 1: 7) N1 : Idac DA + SMRT Survey \$160

Cat 2 / 3: 8) NTUC Additional Services:-

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	13/08/2019 17:05
Date Of Accident	13/08/2019 10:55
Exact Location Of Accident	AIRPORT RD B4 JUNCTION OF JLN EUNOS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SME3847Z
Insured/Policyholder	
Name Of Registered Owner	ONG CHYE KOON (WANG CAIKUN)
NRIC No	S7815075J
Email Address	MAXCKONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83215652
Alternative Phone No	OTHERS-83215652
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALTIS
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105342868
Cover Note Number	
Driver	
Name of Driver	ONG CHYE KOON (WANG CAIKUN)
NRIC No	S7815075J
Date Of Birth	09/06/1978
Occupation	OUTDOOR
Date Of Driving Pass	15/09/1997
Driving Experience	21 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83215652
Fax Number	
Contact Number	OTHERS-83215652
EMail Address	MAXCKONG@GMAIL.COM

Address	BLK 112 BUKIT BATOK WEST AVE 6 #08-140
Postcode	650112
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190813/2104

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVEN'T RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGA9119U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHONG KIM YOONG
NRIC/Passport Number	S1617403C

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJX5617T
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver LEONG YAN SANG
NRIC/Passport Number S1805741G
Contact Number 91081596
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ONG CHYE KOON (WANG CAIKUN)
Approximate Age
Injuries Sustain NECK & FOREHEAD
Injured person in which vehicle? SME3847Z
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

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:

13/08/19

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

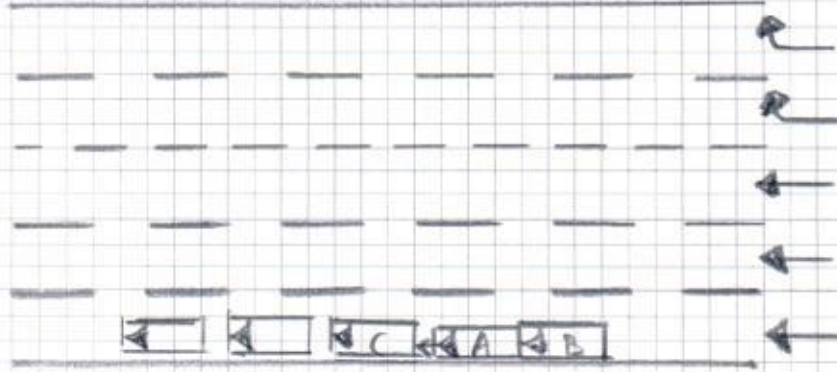
SKETCH PLAN

AIRPORT RD BY JUNE OF JLN EUNOS

A - SME3847Z

B - SGA9119U

C - SJX5617T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20190813/2104

DECLARATION

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

Chapman

Policyholder's Signature
Date & Time:

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

2/ym 13/08/19

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



SINGAPORE POLICE FORCE



T/20190813/2104

1 of 4

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20190813/2104

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/08/2019 15:48	Vide Report No.:	Station Diary No.: 11
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Informant's Particulars			
Name of Informant: ONG CHYE KOON		Address: APT BLK 112 BUKIT BATOK WEST AVENUE 6 #08-140 SINGAPORE 650112	
ID Type / ID No.: NRIC NO / S7815075J		Contact No.: Home/Office: Mobile: 83215652	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 41	Date of Birth: 09/06/1978	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: PRIVATE HIRED DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/08/2019 10:55	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 AIRPORT ROAD JALAN EUNOS Airport Road before junction of Jalan Eunos				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGA9119U	Car				Slightly Damaged	0
SJX5617T					Slightly Damaged	0
SME3847Z	Car	TOYOTA	TOYOTA COROLLA ALTIS 1.6L CVT	White	Slightly Damaged	0



SINGAPORE POLICE FORCE



T/20190813/2104

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Report No. T/20190813/2104

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SME3847Z	NTUC Income Insurance Co-Operative Limited	5105342868	12/11/2018	11/11/2019

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHONG KIM YOONG	ID No.	S1617403C
Related Vehicle	SGA9119U (Car)	Contact No.	NIL
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
Driver			
Name	LEONG YAN SANG	ID No.	S1805741G
Related Vehicle	SJX5617T	Contact No.	91081596
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
Driver			
Name	ONG CHYE KOON	ID No.	S7815075J
Related Vehicle	SME3847Z (Car)	Contact No.	83215652
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/08/2019	Date Discharge	13/08/2019
No. of Days granted Medical Leave	05	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20190813/2104

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20190813/2104

CONTINUATION OF REPORT

Brief Details.

On 13/08/2019 at about 1055hrs I was driving in my car, Toyota Altis (SME3847Z) along Airport Road towards Jalan Eunos junction on the extreme left lane. I had stopped behind one Toyota ISIS (SJX5617T) while waiting for the traffic to move. I then felt an impact coming from the rear of my car which caused my car to move forward and hit on to the Toyota ISIS (SJX5617T). My head had also hit on to the steering wheel due to the impact. I left my car and discovered that one white Mazda 6 (SGA9119U) had hit on to the rear of my car. The rear and front part of my car is damaged by the impact. There are dents and cracks on both the front and rear bumper, lights as well as the body kit. My rear boot door is also damaged and unable to open. I had gone to Alvernia Hospital as I felt pain on my neck and forehead. I was given 5 days of medical leave.



**SINGAPORE
POLICE FORCE**



T/20190813/2104

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

4 of 4

Report No. T/20190813/2104

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 /

Staff Sgt AHMAD SALLEH BIN RAHMAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151



Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

13/08/2019 15:48

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7815075J



Name
ONG CHYE KOON
(WANG CAIKUN)

Race
CHINESE

Date of birth
09-06-1978

Sex
M

Country of birth
SINGAPORE

For LKK/NAC Use Only

42501



NRIC No. S7815075J



For LKK/NAC Use Only

Date of issue
17-07-2008

Address
APT BLK 112 BUKIT BATOK WEST AVENUE 6
#08-140
SINGAPORE 650112

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7815075J

Name
ONG CHYE KOON
(WANG CAIKUN)

For LKK/NAC Use Only

Birth Date: 09 Jun 1978

Issue Date: 30 Sep 2010



001897256H

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 15 Sep 1997


For LKK/NAC Use Only

Licence No: S7815075J



NP 428A

Land Transport Authority



VOCATIONAL LICENCE

Licence No: S7815075J

Name: ONG CHYE KOON (WANG CAIKUN)

For LKK/NAC Use Only

Please visit 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	24/05/2018

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) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5105342868		ONG CHYE KOON (WANG CAIKUN)	578150753	GPC	drive CLASSIC	SME3847Z	SME3847Z	12/11/2018	11/11/2019

Claim Handling

Accident MT/1057451

Policy No.	5105342868	Vehicle No.	SME3847Z	GST Registration No.
Certificate No.				
Policyholder Name	ONG CHYE KOON (WANG CAIKUN)			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	83215652	Contact No.(Office)	0	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	13/08/2019 19:27	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/08/2019	Time of Accident hh:mm	10:55	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	AIRPORT RD B4 JUNCTION OF JLN EUNOS			
▼ Excess				
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	
▼ Benefits				
▼ GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
▼ Policyholder Mailing Address				
Address 1	BLK 112 #08-140	Address 2	BUKIT BATOK WEST AVENUE 6	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	08-140	Related Policy Number	5105342868	
▼ O1 Driver Info				
Driver Name	ONG CHYE KOON (WANG CAIKUN)	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7815075J	Driver DOB
Register Date of Driver License	15/09/1997	Driver Age	41	Driving Experience
Contact No.(Mobile)	83215652	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 112	Address 2	BUKIT BATOK WEST AVENUE 6	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#08-140			
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 checked="" type="radio"/> Yes <input type="radio"/> No	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	ONG CHYE KOON
Contact No.(Mobile)		Contact No. (Home)	NIL
Email Address		O1 Vehicle Number	SME3847Z
Claim Description	SME3847Z / SGA9119U ON 13 Aug 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Contract No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	13/08/2019 19:37	GIA report	Received
Report Taken By	ROSLINDA	Claim Close Date	
Print AK letter		Workshop Repairer	

Last Doc. Received

MT/1057451

☒ Yes ☐ No

Claim No.

001

Upload Date

13/08/2019 00:00

Path •

Category: •

Confidential

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Message Read

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:37	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:37	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:37	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:37	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:37	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:32	Photos	Normal	Photos



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:32	Photos	Normal	Photos
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:32	Photos	Normal	Photos
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:31	Photos	Normal	Photos
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:31	Photos	Normal	Photos
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:31	Photos	Normal	Photos
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:31	Photos	Normal	Photos
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Aug 2019 19:31	Photos	Normal	Photos

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading