

NATIONAL Assessment Centre Services

Date In: 15/08/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19014187/13	SAS e-filing		
Veh No: FBC26095	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/08/19 1325	i-Motor Claim Form	MT/1057890-001	
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: (HUP 500N Tel: Fax:)

TP Particulars:	Veh No: SJW18494	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

NA1906081	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
Contact No:	4) FT : Follow-Through Survey \$120		
Damaged Portion:	5) RT : Follow-Through Survey (Resurvey) \$30		
QC Checked by (Engr-In-Charge):	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
Auditors' Comments :-	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
Cat. 1:	OD*		
Cat. 2 / 3:	*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	15/08/2019 12:39
Date Of Accident	14/08/2019 13:25
Exact Location Of Accident	PIE EXIT PAYA LEBAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC2609S
Insured/Policyholder	
Name Of Registered Owner	ESTATE OF CHOI FOCK AON
NRIC No	S2766180G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91014742
Alternative Phone No	OTHERS-67472755

Vehicle Particulars

Manufacturer	KAWASAKI
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5077150250-03
Cover Note Number	

Driver

Name of Driver	LEE SUN LONG
NRIC No	S7664462D
Date Of Birth	08/11/1976
Occupation	OUTDOOR
Date Of Driving Pass	26/05/2003
Driving Experience	16 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91014742
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 302 ANG MO KIO AVE 3 #08-1844
Postcode	560302
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - COLLEAGUE
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	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)	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	SJW1849Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE CHUAN MENG
NRIC/Passport Number	S8731212G
Contact Number	96659473
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FW2986A
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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)

DETAILS OF INJURED PERSON 1

Name

LEE SUN LONG

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

FBC2609S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN


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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:

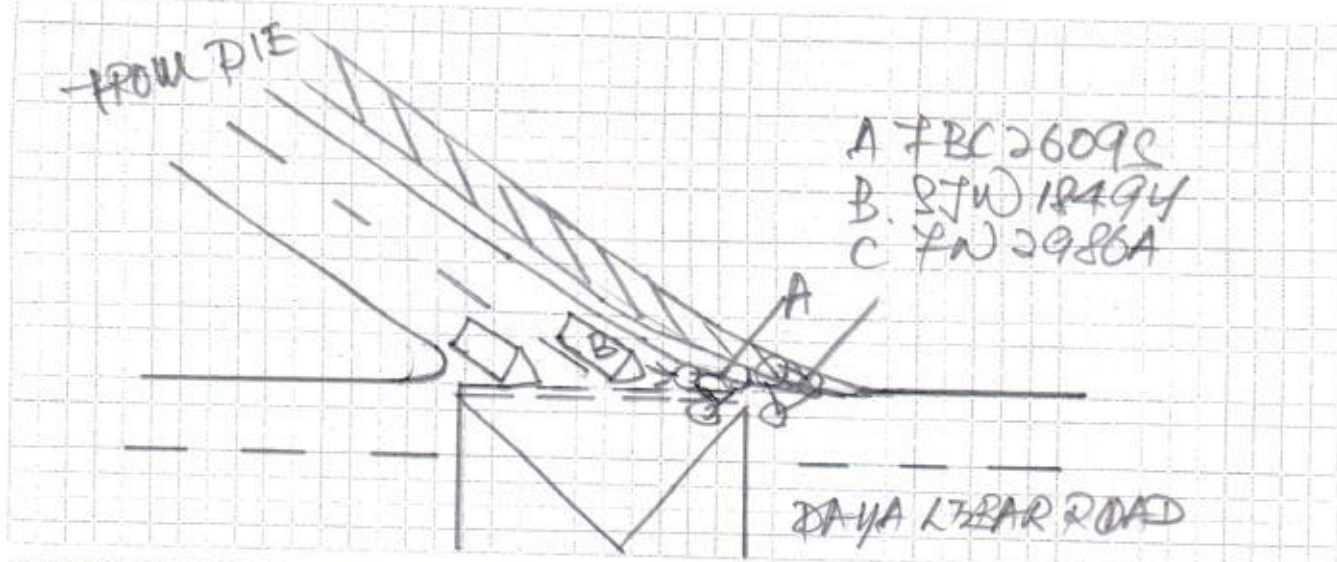


Driver's Signature
(If driver is not the policyholder)
Date & Time:

 15/08/19

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 12-08-2019 AT ABOUT 1320PM HOURS I WAS RIDING MOTOR CYCLE NO FBC2609S ALONG THE LEFT SIDE OF THE SERVICE ROAD FROM TAN-18 CANAL EXPRESSWAY LEADING TO DAYA LABAR ROAD. UPON REACHING THE Y-JUNCTION OF THE AFORESAID SERVICE ROAD WITH DAYA LABAR ROAD, I FOLLOWED MOTORCYCLE NO. FW2986A WHICH WAS TRAVELLING IN FRONT OF ME TO SLOW DOWN AND PREPARED TO STOP TO GIVE WAY TO TRAFFIC ALONG DAYA LABAR ROAD. AT THIS JUNCTURE MOTOR CAR NO 8TW18494 WHICH WAS TRAVELLING ON MY RIGHT HAD FAILED TO KEEP A PROPER LOOKOUT AND MAINTAIN A MARGIN OF SAFETY FROM MY MOTORCYCLE WHEN NEGOTIATING A LEFT TURN TO DAYA LABAR ROAD. AS A RESULT THE SAID MOTOR CAR COLLIDED INTO MY MOTORCYCLE AND CAUSED MY MOTORCYCLE TO COLLIDE INTO MOTOR CYCLE NO FW2986A BOTH OF US FELL FROM OUR RESPECTIVE MOTORCYCLES AND I WAS DRAGGED BY THE SAID MOTOR CAR FOR ABOUT 2 TO 3 METERS BEFORE IT CAME TO A STOP.

I WAS INJURED AND MY MOTORCYCLE WAS DAMAGED DUE TO THE AFORESAID ACCIDENT.

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.:



HUP SOON BATTERIES AND AUTO SERVICES

BLK 2 KAKI BUKIT AUTOHUB, KAKI BUKIT AVE 2 #01-15 SINGAPORE 417921

TEL: 6747 2755 FAX: 6746 5922 EMAIL: hupsoon238@yahoo.com

ROC 53043448B

VEHICLE NO: YBC 2009S MAKE/MODEL: KAWASAKI
DATE OF ACCIDENT: 11/8/2019 TIME: 13 HR 23 MIN AM / PM
LOCATION OF ACCIDENT: 21E EXIT PAYA LEBAR ROAD
EXACT PURPOSE USE DURING ACCIDENT: WORKING

CAR OWNER

NAME OF CAR OWNER: CHOI Fook Aon (THE ESTATE)
CONTACT NO: 87472755
NRIC: S27661206
CLAIM TYPE: ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY
INSURANCE COMPANY: NTUC
TYPE OF COVERAGE: ☐ COMPREHENSIVE ☐ THIRD PARTY ☒ THIRD PARTY FIRE & THEFT
POLICY NO: _____

ACCIDENT DRIVER

☐ AS ABOVE ☐ IF NOT- KINDLY FILL IN BELOW
NAME OF DRIVER: LEE SAN LONG
NRIC: 87667462D NO OF PASSENGER/S: 0
DATE OF BIRTH: 08-11-1976
OCCUPATION: _____ ☒ OUTDOOR ☐ INDOOR
DATE OF DRIVING PASS: 28 May 2003
GENDER: ☒ MALE ☐ FEMALE
CONTACT NO: 91014742
ADDRESS: KAKI BUKIT AVE 2 AUTOHUB #01-15 (S) 417921

DRIVER OWN ANY VEHICLE: NO/ IF YES- REGISTRATION NO _____

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT: COLLEAGUE

WEATHER CONDITION: ☒ CLEAR ☐ RAINING OTHER: _____
ROAD SURFACE: ☒ DRY ☐ WET OTHER: _____

ANY INJURIES: NO/ IF YES- NAME: LEE SAN LONG

CONTACT NO: _____

POLICE REPORT: NO/ IF YES- LOCATION: _____

VIDEO FOOTAGE: NO/ YES _____

3RD PARTY INFO

VEHICLE B NO: 87W18494 NO OF PASSENGER/S: 1
NAME: LEE CHUAN MENG. S87312126
CONTACT NO: 96659473
VEHICLE C NO: YW2986A NO OF PASSENGER/S: _____
VEHICLE D NO: _____ NO OF PASSENGER/S: _____
VEHICLE E NO: _____ NO OF PASSENGER/S: _____
VEHICLE F NO: _____ NO OF PASSENGER/S: _____
ANY WITNESS: _____
WITNESS CONTACT NO: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7664462D



Name

LEE SUN LONG

李 順 龍

Race

CHINESE

Date of birth

08-11-1976

Sex

M

Country of birth

MALAYSIA

For LKK/NAC Use Only

S7664462D

4858015



NRIC No. S7664462D



For LKK/NAC Use Only

Date of issue

25-04-2012

Address

APT BLK 302 ANG MO KIO AVENUE 3
#08-1844
SINGAPORE 560302

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S7664462D**
 Name: **LEE SUN LONG**
 Birth Date: **08 Nov 1976**
 Issue Date: **26 Feb 2007**

For LKK/NAC Use Only

001480797C

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

	PASS DATE
Class 2B Motorcycles ≤ 200 cc	26 May 2003
Class 3 Motor Cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500 kg	26 May 2003

For LKK/NAC Use Only

NP 428A



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 : 5077150250-03

Cover : Third Party

1. Index mark and Registration Number of Vehicle
Chassis Number

: FBC2609S
: KR150KA70513

2. Name of Policyholder

: CHOI FOCK AON

3. Effective Date of Insurance

: 18 Jan 2019

4. Expiry Date of Insurance

: 17 Jan 2020

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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 business or profession.

This Policy does not cover

(a) Use for hire or reward.

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

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

(d) 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)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: CHOI FOCK AON
NAMED DRIVER (2)	: LEE SUN LONG
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 : ONG HUI SENG LIFE & GENERAL INS AGENCY (00000571953)

Date of Issue : 07 Jan 2019 11:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1057890

Policy No.	5077150250-03	Vehicle No.	FBC26095	GST Registration No.
Certificate No.				
Policyholder Name	ESTATE OF CHOI FOCK AON			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	0	Contact No.(Office)	67472755	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(%)	20	Private Hire

▼ Accident Details

Report Date	15/08/2019 18:11	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	14/08/2019	Time of Accident hh:mm	13:25	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE EXIT PAYA LEBAR RD			

▼ Excess

Own damage Excess	0.00	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	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 302 #08-1844	Address 2	ANG MO KIO AVENUE 3	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-15	Related Policy Number	5077150250-03	

▼ OI Driver Info

Driver Name	LEE SUN LONG	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S7664462D	Driver DOB
Register Date of Driver License	10/01/2008	Driver Age	42	Driving Experience
Contact No.(Mobile)	91014742	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 302	Address 2	ANG MO KIO AVENUE 3	Address 3
Address 4	SINGAPORE 560302	Address Type	Singapore address	Post Code
Unit No.	#08-1844			
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	ESTATE
Contact No.(Mobile)	NIL	Contact No. (Home)	
Email Address		OI Vehicle Number	FBC260
Claim Description	FBC2609S / SJW1849Y ON 14 Aug 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Finalisation	Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	15/08/2019 18:14	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	

Print AK letter












Attachment



Accident No.	MT/1057890	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/08/2019 00:00

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Aug 2019 18:14	NRIC/ Driving License	Normal	NRIC/ Driving i
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Aug 2019 18:14	NRIC/ Driving License	Normal	NRIC/ Driving i
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Aug 2019 18:14	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Aug 2019 18:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Aug 2019 18:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Aug 2019 18:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Aug 2019 18:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Aug 2019 18:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Aug 2019 18:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Aug 2019 18:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Aug 2019 18:14	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	
			