

NATIONAL Assessment Centre Services

Date In: 16/08/19	Job description	Date & Time Completed	Done by:
Ref No: NA/INC19014326/13	SAS e-filing		
Veh No: FQ17610	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 01/08/19 0020	i-Motor Claim Form	MT/1058023-001	
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: (MOTO 51 Tel: Fax:)

TP Particulars:	Veh No: QX12161C	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

NA1906103	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
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 :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OP:		
	*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	16/08/2019 17:21
Date Of Accident	01/08/2019 00:20
Exact Location Of Accident	WOODLANDS CENTRE RD CARPARK ENTRANCE OF BLK 162
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FQ1761U
Insured/Policyholder	
Name Of Registered Owner	KHAIRUL HAFEEZ BIN NOOR HISHAM
NRIC No	S9435469B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90298462
Alternative Phone No	OTHERS-90298462
Vehicle Particulars	
Manufacturer	YAMAHA
Model	RXZ
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5084419068-02
Cover Note Number	
Driver	
Name of Driver	KHAIRUL HAFEEZ BIN NOOR HISHAM
NRIC No	S9435469B
Date Of Birth	01/10/1994
Occupation	OUTDOOR
Date Of Driving Pass	17/06/2016
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90298462
Fax Number	
Contact Number	OTHERS-90298462
EMail Address	NOEMAIL

Address	BLK 856 WOODLANDS ST 83 #02-12
Postcode	730856
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	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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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 POLICE REPORT: T/20190807/2026

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	QX1216K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
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	KHAIRUL HAFEEZ BIN NOOR HISHAM
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Approximate Age

Injuries Sustain

SERIOUS

Injured person in which vehicle?

FQ1761U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN


IMPORTANT NOTICE

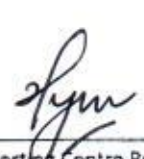
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

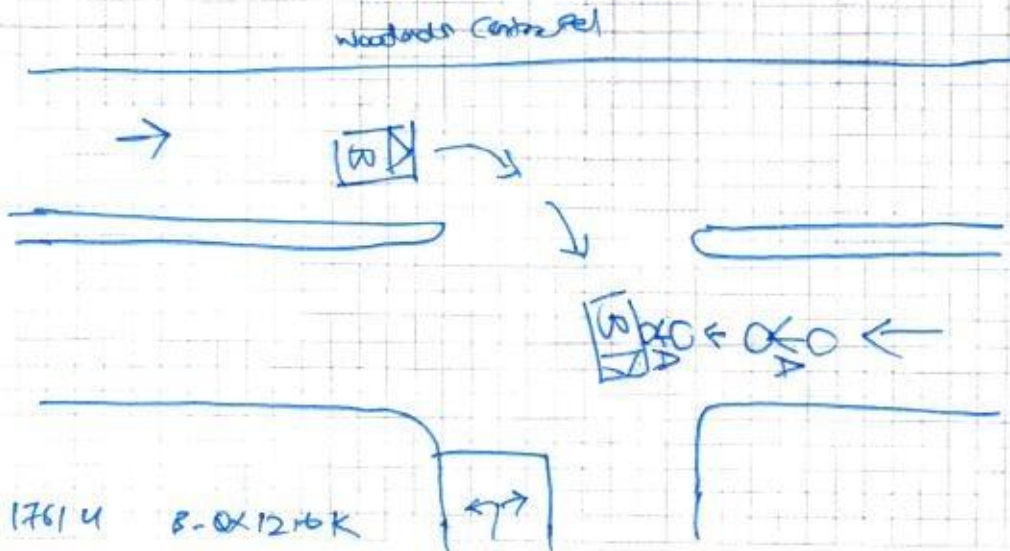
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

 16/08/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CORPAX
Entrance of R16 162

As per Police report No. T/20190807/2026

A - FD 1761 U

B - QX 1216 K

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:

 16/08/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190807/2026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190807/2026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/08/2019 10:34	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KHAIRUL HAFEEZ BIN NOOR HISHAM			Address: 856 WOODLANDS STREET 83 #02-12 SINGAPORE 730856		
ID Type / ID No.: NRIC NO / S9435469B			Contact No.: Home/Office: Mobile: 90298462		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 01/10/1994	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Despatch worker			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/08/2019 00:20	Type of Location:
Location: WOODLANDS CENTRE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FQ1761U	Motorcycle	YAMAHA	RXZ	Blue		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FQ1761U	NTUC Income Insurance Co-Operative Limited	5084419068-02	19/11/2018	18/11/2019



**SINGAPORE
POLICE FORCE**



T/20190807/2026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190807/2026

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KHAIRUL HAFEEZ BIN NOOR HISHAM	ID No.	S9435469B
Related Vehicle	FQ1761U (Motorcycle)	Contact No.	90298462
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION,

I WAS TRAVELLING ON WOODLANDS CENTRE ROAD TOWARDS WOODLANDS AVE 1. I WAS TRAVELLING ABOUT 50KM/HR. I WAS ON THE LEFT LANE OUT OF 2 LANES. I WAS APPROACHING AN UNCONTROLLED JUNCTION WHERE I SAW A POLICE CAR ON THE OPPOSITE TRAFFIC MAKING A RIGHT TURN. UPON SEEING THE POLICE CAR MAKING THE RIGHT TURN, I JAMMED BRAKED MY MOTORCYCLE BUT I COULD NOT STOP IN TIME AND I COLLIDED INTO THE FRONT LEFT DOOR OF THE POLICE CAR. AFTER THAT THE POLICE OFFICER CALLED FOR TP, AND AMBULANCE, THEN I WAS CONVEYED TO KTPH AND WAS ISSUED 14DAYS MC.

VIDE REPORT NO. L/20190801/0004

*Spoke to S/O SUFIYAN on AUG 20 15 at 1347PM
regarding the Medical Leave.*



**SINGAPORE
POLICE FORCE**



T/20190807/2026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190807/2026

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:

TP /
NG RUI TONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/08/2019 10:34

Officer In Charge Of Case:

TP / GIT /
Staff Sgt SUFIYAN BIN KHAIRI
Contact No.: 65476390

Classification Of Case:

Authentication Stamp

NP168



**SINGAPORE
POLICE FORCE**

Signature: _____

Vehicle No.	FD 1761 U	Model / Make	Yamaha R1Z
Date of Accident	01/11/19		
Time of Accident	0220hrs	HRS	
Location of Accident	Woods Centre Rd x Car park Entrance of RUC 162		
Exact purpose use during accident	P2 use		
Name of Owner	Khairul Hafeez Bin Nour Hisham		
Telephone No.	H/P : 90298462	Home :	Office : 93981585 (Mother)
NRIC	59435469 B		
Address	Bk 856, Woods St 83, #02-12, (730856)		
Claim type	OD (THIRD PARTY) REPORTING ONLY		
Insurance Company	NTUC		
Type of Coverage	Comprehensive (Third Party) Third Party / Fire / Theft		
Policy No.			
Name of Driver	As Above If No,		
NRIC	Any Passengers : Nil		
Date of birth	01/10/1994		
Occupation	Outdoor / Indoor		
Driving License Pass Date			
Gender	Male / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.	Khairul Hafeez Bin Nour Hisham		
Name And Contact No.			
Police Report	No, If Yes, Where? TP		
Vehicle B No.	GX 1216 K	Any Passengers :	02 (male)
Name of Driver	Contact No. :		
Vehicle C No.	Any Passengers :		
Vehicle D No.	Any Passengers :		
Vehicle E No.	Any Passengers :		
Vehicle F No.	Any Passengers :		
Vehicle G No.	Any Passengers :		
Witness Name	Witness Contact :		
Accident Portion	Front Bottom & Right Bottom		
Camera Recorder	Yes / No		
Email Address	Gigant109@gmail.com		
PARTICULAR WORKSHOP	Moto S. P/L		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Mr Zing		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

Owner / Driver

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9435469B**

Name: **KHAIRUL HAFEEZ BIN NOOR HISHAM**

Birth Date: **01 Oct 1994**

Issue Date: **17 Jun 2016**

For LKK/NAC Use Only

002579369B

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9435469B**

Name: **KHAIRUL HAFEEZ BIN NOOR HISHAM**

Race: **MALAY**

Date of birth: **01-10-1994**

Sex: **M**

Country of birth: **SINGAPORE**

For LKK/NAC Use Only

59435469B

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

Class 2B Motorcycles =< 200 cc

EFFECTIVE DATE: **17 Jun 2016**

For LKK/NAC Use Only

NP 428A

Licence No: **S9435469B**

4370664

NRIC No. **S9435469B**

For LKK/NAC Use Only

Date of issue: **13-03-2009**

Address: **APT BLK 856 WOODLANDS STREET 83 #02-12 SINGAPORE 730856**

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="01/08/2019 00:20"/>							
Vehicle No.(For Motor)	<input type="text" value="FQ1761U"/>	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"/>	5084419068-02		KHAIRUL HAFEEZ BIN NOOR HISHAM	S9435469B	GMC	Third Party	FQ1761U	FQ1761U	19/11/2018	18/11/2019
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1058023

Policy No.	5084419068-02	Vehicle No.	FQ1761U	GST Registration No.
Certificate No.				
Policyholder Name	KHAIRUL HAFEEZ BIN NOOR HISHAM			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	90298462	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(%)	15	Private Hire

▼ Accident Details

Report Date	16/08/2019 17:53	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	01/08/2019	Time of Accident hh:mm	00:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	WOODLANDS CENTRE RD CARPARK ENTRANCE OF BLK 162			

▼ 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 856 #02-12	Address 2	WOODLANDS STREET 83	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-12	Related Policy Number	5084419068-02	

▼ OI Driver Info

Driver Name	KHAIRUL HAFEEZ BIN NOOR HISHAM	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9435469B	Driver DOB
Register Date of Driver License	17/06/2016	Driver Age	24	Driving Experience
Contact No.(Mobile)	90298462	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 856	Address 2	WOODLANDS STREET 83	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#02-12			
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
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	KHAIRUL
Contact No.(Mobile)	90298462	Contact No.(Home)	
Email Address	khair_109@hotmail.com	Vehicle Number	FQ1761
Claim Description	FQ1761U / QX1216K ON 1 Aug 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Contact No. Finalisation	Preferred Repair Option	Preferred Workshop (refer below)	GIA report
Date Registered	Received		
Report Taken By	16/08/2019 17:57	Claim Close Date	
	ROSLINDA	Workshop Repairer	

☒ Print AK letter

Attachment

Accident No. MT/1058023 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 16/08/2019 00:00

Path *

Category *

Confidential

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2019 17:57	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2019 17:57	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2019 17:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2019 17:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2019 17:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2019 17:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2019 17:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2019 17:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2019 17:57	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2019 17:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2019 17:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2019 17:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2019 17:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2019 17:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2019 17:56	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Aug 2019 17:56	Photos	Normal	Photos

Video List

Uploaded By/Date

Folder Date

File Name



