

NATIONAL Assessment Centre Services

[wef 1 Jan 2005] **NA19107819**

Date In: 17/8/19 - 11:45	Job description	Date & Time Completed	Done by
Ref No: NA/INC19014334/24	SAS e-filing		
Veh No: JMY453M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 16/8/19 - 20:35	i-Motor Claim Form	M71058094-001	17/8/19 12:31
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: () Tel: () Fax: ()

TP Particulars: Veh No: **HC8471K** 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

NA 190683	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*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	17/08/2019 11:45
Date Of Accident	16/08/2019 20:35
Exact Location Of Accident	PAN PACIFIC LOBBY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN457M
Insured/Policyholder	
Name Of Registered Owner	SHIN AUTOMOBILE & TRADING PTE LTD
Co Reg No	201332279W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5 HYBRID AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111304641
Cover Note Number	

Driver

Name of Driver	QUEK TECK HOE, JASON (GUO LIHE, JASON)
NRIC No	S7902707C
Date Of Birth	26/01/1979
Occupation	OUTDOOR
Date Of Driving Pass	10/01/2002
Driving Experience	17 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84446361
Fax Number	
Contact Number	OFFICE-84446361
Email Address	NOEMAIL

Address	BLK 301B PUNGGOL CENTRAL #05-764
Postcode	822301
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	COLLISION - HEAD TO REAR
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?	
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: : - GENDER: : MALE

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS FRONT VEHICLE WAS STATIONARY STOPPED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

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	SHC8471K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TOH BOK KUAN
NRIC/Passport Number	S7204640D
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

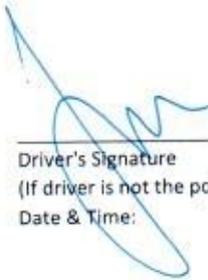
IMPORTANT NOTICE

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:



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

SKETCH PLAN

Refer to attached sketch plan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to 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:

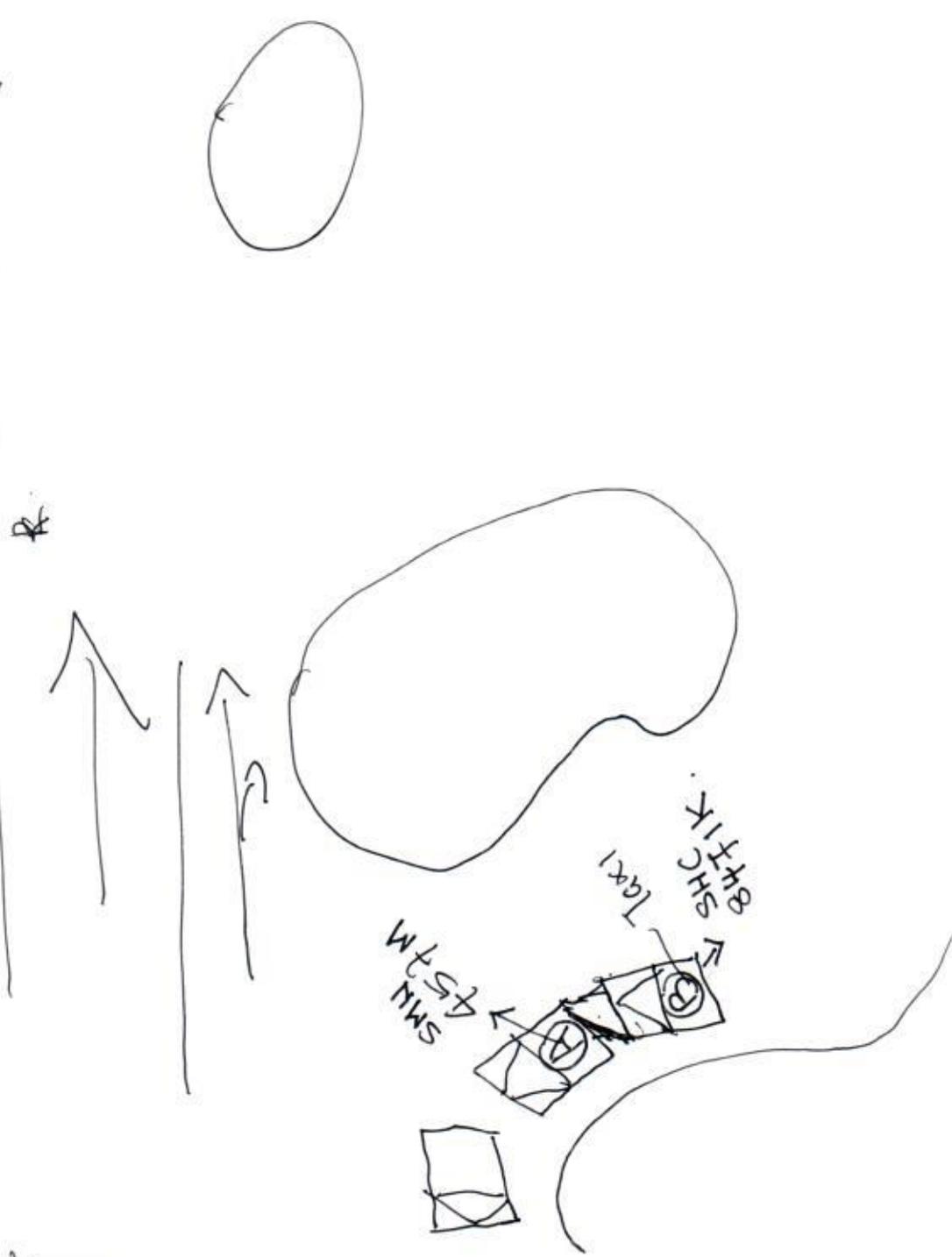
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

84446361

16/8/2019
20-35PM
3M45FM

~~Main Road Raffles Boulevard~~

Lobby
Pan Pacific (Singapore)



INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

**Business Profile (Company) of SHIN AUTOMOBILE & TRADING PTE. LTD.
(201332279W)**

Date: 31/10/2018

The Following Are The Brief Particulars of :

Registration No.	201332279W
Company Name.	SHIN AUTOMOBILE & TRADING PTE. LTD.
Former Name if any	
Incorporation Date.	01/12/2013
Company Type	EXEMPT PRIVATE COMPANY LIMITED BY SHARES
Status	Live Company
Status Date	01/12/2013

Principal Activities

Activities (I)	RETAIL SALE OF MOTOR VEHICLES EXCEPT MOTORCYCLES AND SCOOTERS (47311)
Description	RETAIL SALE OF NEW & USED MOTOR VEHICLES & PROVIDE RELATED MOTORING SERVICES
Activities (II)	PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (49219)
Description	CAR RENTAL & LEASING. UBER & GRAB CAR SERVICE

Capital

Issued Share Capital (AMOUNT)	Number of Shares *	Currency	Share Type
500000	500000	SINGAPORE, DOLLARS	ORDINARY

* Number of Shares includes number of Treasury Shares

Paid-Up Capital (AMOUNT)	Number of Shares	Currency	Share Type
500000		SINGAPORE, DOLLARS	ORDINARY

COMPANY HAS THE FOLLOWING ORDINARY SHARES HELD AS TREASURY SHARES

Number Of Shares	Currency
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Authentication No. : O18779325T

INFORMATION RESOURCES

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**Business Profile (Company) of SHIN AUTOMOBILE & TRADING PTE. LTD.
(201332279W)**

Date: 31/10/2018

Registered Office Address : 15 KAKI BUKIT ROAD 4
#01-46
BARTLEY BIZ CENTRE
SINGAPORE (417808)

Date of Address : 29/10/2015

Date of Last AGM : 31/05/2018

Date of Last AR : 05/06/2018

FYE As At Date of Last AR : 30/11/2017

Audit Firms**NAME**

T&C PARTNERS

Charges

Charge No.	Date Registered	Currency	Amount Secured	Charge(s)
C201808246	26/07/2018		All Monies	SING INVESTMENTS & FINANCE LIMITED

Officers/Authorised Representative(s)

Name	ID	Nationality	Source of Address	Date of Appointment
Address		Position Held		
CHAN ZI KAI (ZENG ZIKAI)	S8410161C	SINGAPORE CITIZEN	OSCARS	01/12/2013
10A BENDEMEER ROAD #08-109 BENDEMEER LIGHT SINGAPORE (331010)		Director		
TAN PENG SONG	S1522719B	SINGAPORE CITIZEN	OSCARS	01/12/2013
8 HILLSIDE TERRACE SINGAPORE (548903)		Director		
KEN WONG LIANG WEE (HUANG LIANGWEI)	S7207586B	SINGAPORE CITIZEN	ACRA	01/12/2013
331 TAMPINES STREET 32 #06-462 SINGAPORE (520331)		Director		
KEN WONG LIANG WEE (HUANG LIANGWEI)	S7207586B	SINGAPORE CITIZEN	ACRA	20/10/2017

Authentication No. : O18779325T

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. 57902707C



For LKK/NAC Use Only

QUEK TECK HOE, JASON
(GUO LIFE, JASON)



郭力何

Race:

CHINESE

Date of birth:

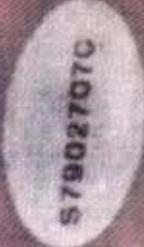
28-01-1979

Sex:

M

Country of birth:

SINGAPORE

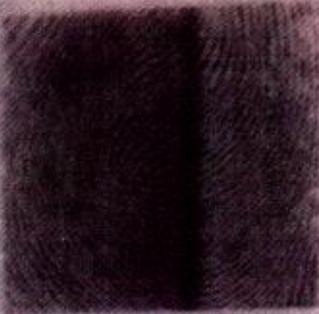


4341952



IBSIC No. S7902707C

For IKK/NAC Use Only



Date of issue

05-01-2009

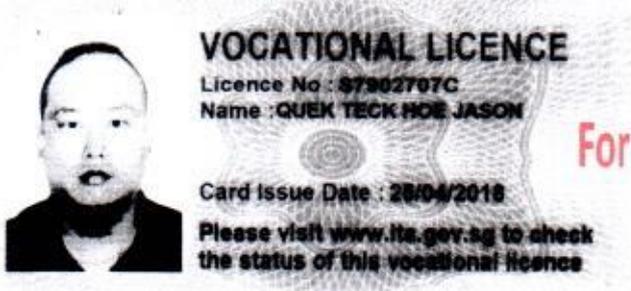
APT BLK 301B PUNGGOL CENTRAL #05-784

SINGAPORE 822301

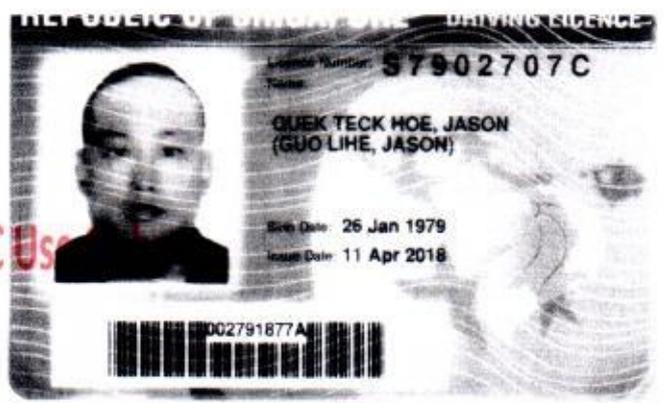
IBSIC No. S7902707C

Date 18/03/2010

No. 651047



For LKK/NAC Use



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.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIFICATION

Type	Description	Issue Date
12	TAXI VL	03/05/2012

For LKK/NAC Use Only

Class	Description	EFFECTIVE DATE
Class 3	Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver, and other motor vehicles with unladen weight ≤ 2500kg	10 Jan 2002

PDVL/TDVL
33 888 8888
280866



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="16/08/2019 20:35"/>
Vehicle No.(For Motor)	<input type="text" value="SMN457M"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5111304641		SHIN AUTOMOBILE & TRADING PTE LTD.	201332279W	GPC	drivo CLASSIC	SMN457M	SMN457M	23/07/2019	22/07/2020

Policy Information

Policy No.	5111304641	Policyholder Name	SHIN AUTOMOBILE & TRADING	Policyholder NRIC	201332279W
Certificate No.					
Address	15 KAKI BUKIT ROAD 4 #01-46 BARTLEY BIZ CENTRE SINGAPORE 417808				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	23/07/2019	Effective Date	23/07/2019 00:00	Expiry Date	22/07/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	15 KAKI BUKIT ROAD 4	Address 2	#01-46 BARTLEY BIZ CENTRE	Address 3	SINGAPORE 417808
Address 4		Address Type	Singapore address	Post Code	417808
Unit No.	01-46	Related Policy Number	5111990245		

Insured Object: SMN457M

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1.	23/07/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 23 Jul 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: SINGAPURA FINANCE LTD CHASSIS NUMBER: GP72005211 ENGINE NUMBER: LEB7106705 VEHICLE REGISTRATION NUMBER: SMN457M ORIGINAL REGISTRATION DATE: 23 Jul 2019

Claim Handling

Exit

Accident MT/1058094

Policy No.	S111304641	Vehicle No.	SMN457M	GST Registration No.	
Certificate No.					
Policyholder Name	SHIN AUTOMOBILE & TRADING PTE LTD			Policyholder NRIC	201332279W
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPK	<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	Yes
Accident Details					
Report Date	17/08/2019 12:29	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	16/08/2019	Time of Accident (h:mm)	20:35	Country of Accident	Singapore
Reporting Centre		Orange Force		JCM No.	
Accident Location	RAN PACIFIC LOBBY				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable			

GST Registered Information					
GST Registered	Yes	GST Registration Date	12/12/2014		
GST Registration No.	201332279W	GST Status Verified	Yes		
Modification History	17/08/2019 12:30:58 System changed GST Registered from No to Yes 17/08/2019 12:30:58 System changed GST Registration No. from null to 201332279W 17/08/2019 12:30:58 System changed GST Registration Date from null to 12/12/2014				

Policyholder Mailing Address					
Address 1	15 KAKI BUKIT ROAD 4	Address 2	#01-46 BARTLEY BIZ CENTRE	Address 3	SINGAPORE 417808
Address 4		Address Type	Singapore address	Post Code	417808
Unit No.	01-46	Related Policy Number	S111990245		

OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	QUEK TEOCK HOE, JASON (GUD)	Driver NRIC	S7902707C	Driver DOB	26/01/1979
Register Date of Driver License	10/01/2002	Driver Age	40	Driving Experience	17
Contact No.(Mobile)	84446361	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 301B	Address 2	PUNGGOL CENTRAL	Address 3	CDRALINUS
Address 4	SINGAPORE 822301	Address Type	Singapore address	Post Code	822301
Unit No.	05-764				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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	SHIN AUTOMOBILE & TRADING	Insured NRIC	201332279W
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	84431338
Email Address		OI Vehicle Number	SMN457M	TP Vehicle Number	SHCB471K
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMN457M / SHCB471K ON 16 Aug 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	17/08/2019 12:31	Claim Close Date		Date Received	17/08/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

Attachment					
Accident No.	MT/1058094	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/08/2019 12:32		
Path *		Category *	Please Select	Confidential	Urgency *
	<input type="button" value="Browse..."/>		<input type="button" value="Clear"/>	<input type="button" value="Normal"/>	<input type="button" value="Description *"/>

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Ser# (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2019 12:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2019 12:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2019 12:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2019 12:32	SAS	Normal	SAS 2019-8-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2019 12:32	Photos	Normal	Photos 2019-8-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2019 12:32	Photos	Normal	Photos 2019-8-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2019 12:32	Photos	Normal	Photos 2019-8-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2019 12:32	Photos	Normal	Photos 2019-8-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2019 12:32	Photos	Normal	Photos 2019-8-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2019 12:31	Photos	Normal	Photos 2019-8-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2019 12:31	Photos	Normal	Photos 2019-8-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2019 12:31	Photos	Normal	Photos 2019-8-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2019 12:31	Photos	Normal	Photos 2019-8-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2019 12:31	Photos	Normal	Photos 2019-8-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2019 12:31	Photos	Normal	Photos 2019-8-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2019 12:31	Photos	Normal	Photos 2019-8-17		Edit

Video List

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