

NATIONAL Assessment Centre Services (wef 1 Jan'05) **MLA 19 14920**

Date In: 1/1/19-17:11	Job description	Date & Time Completed	Done by
Ref No: NA114C1906357724	SAS e-filing		
Veh No: 261818P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 31/01/19-19:20	i-Motor Claim Form	27/12/2018-201	1/1/19 17:24
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: JHA566A	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% P: 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

Claimant's Particulars:-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			Est 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) FT: Follow-Through Survey (Resurvey) \$30			
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Dat. 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 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	01/11/2019 17:11
Date Of Accident	31/10/2019 19:20
Exact Location Of Accident	ECP NEAR EXIT 10B
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL4848P
Insured/Policyholder	
Name Of Registered Owner	SUN VISTA TRANSPORT
Co Reg No	53311347D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	KIA
Model	CARENS 1.7(A) DIESEL SUNROOF
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	5102076741-01
Cover Note Number	

Driver

Name of Driver	CHIN SOO KIM (ZENG ZHUJUN)
NRIC No	S8407672D
Date Of Birth	28/03/1984
Occupation	INDOOR
Date Of Driving Pass	03/07/2007
Driving Experience	12 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97920446
Fax Number	
Contact Number	OFFICE-97920446
Email Address	NOEMAIL

Address	BLK 70B TELOK BLANGAH HEIGHTS #07-527
Postcode	102070
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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: : CHELSEA PANG KAI XIN GENDER: : FEMALE

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGA5606G
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ELLIOT SIMON CHAN WEI LIANG
NRIC/Passport Number	S9532627G
Contact Number	90252976
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHIN SOO KIM (ZENG ZHUJUN)
Approximate Age	
Injuries Sustain	LEFT LOWER BACK & KNEE
Injured person in which vehicle?	SLL4848P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	CHELSEA PANG KAI XIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLL4848P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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:

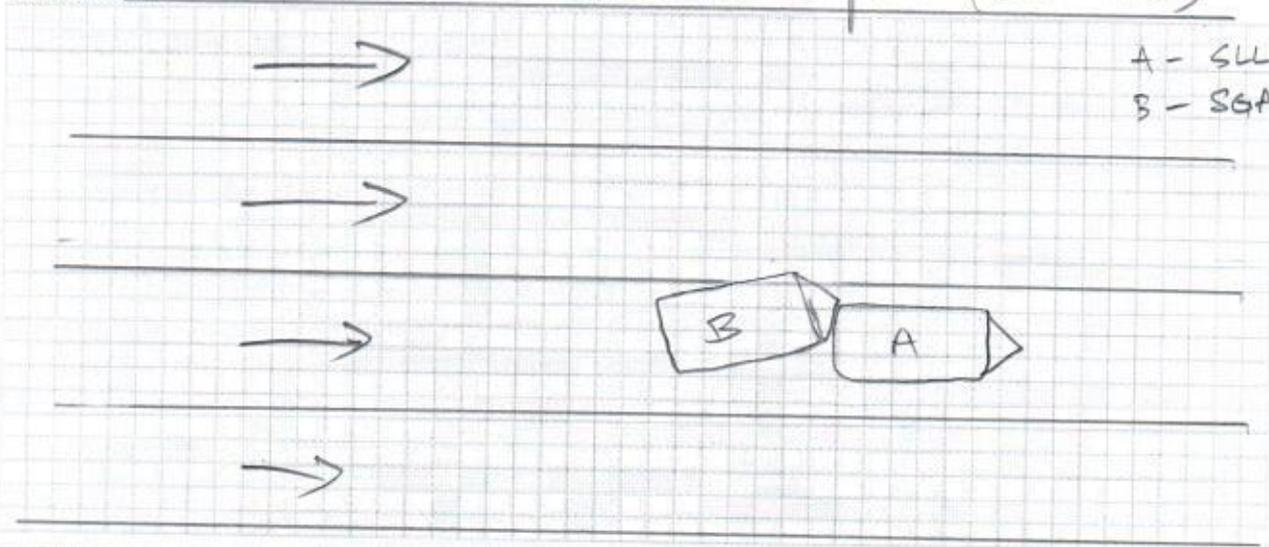
Driver's Signature
(if driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:



SKETCH PLAN

ECP towards Airport (Exit 10B)



A - SLL4848P
 B - SGA56069

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along ECP towards Airport near Exit 10B
 it was slow traffic and I was travelling slow,
 suddenly vehicle B hit onto my rear

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: 1/11/19



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

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * 31 OCT 2019 Time 1922 Hrs
 Exact Location Of Accident * ECP Near Exit 10B 3rd Lane

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * SLL 4848 P

Insured / Policy / Holder
 Name of Registered Owner * SUN VISTA TRANSPORT
 NRIC/FIN/Passport Number * 53311347D

Vehicle Particulars
 Manufacturer Kia
 Model Caren
 Exact Purpose for which vehicle was being used at time of accident * Private use Commercial use Hire & reward Others - please specify _____
 Are you claiming under your own insurance policy for repair to your vehicle? * Yes No Others _____
 If No, please state action to be taken * Third Party Claim Reporting Only
 Vehicle Category * Private Commercial Motorcycle

Insurance / Claim / Policy
 Name of Insurance Company NTUC * INCOME
 Type of Coverage * COMPREHENSIVE
 Fleet Policy Yes No
 Policy Number * 5102076741-01
 Cover Note Number _____

Driver
 Name of Driver * Chin Soo Kim
 NRIC/FIN/Passport Number * SS401672D
 Date of Birth * 26 MAR 1984
 Occupation * Financial consultant
 Date of Driving Pass * 03 JUL 2007
 Gender * Male Female
 Mobile Number 97920446
 Address 70B Telok Blangah Hts #01-527 S(10070)
 Email Address seira0328@gmail.com
 Was driver an employee of the Insured's Company? * Yes No *video: yes*
 If no, Relationship of the Driver with the Insured * SPOUSE

SAS 1

1 driver + 1 female passenger

Passenger 1 female toddler 2 years old.

Injury 2 person

Vehicle Registration Number of Driver's Own Vehicle (if applicable)
Insurance Company of Driver's Own Vehicle (if applicable)

General Information of the Accident

Type of Accident *
Weather Conditions * Clear Raining Others
Road Surface * Dry Wet Others

Other Information

Was any body injured in the Accident? Yes No
Was any other material or property damaged? Yes No

Details of Injured Persons

Name *
Address
Approximate Age *
Injuries Sustained *
If vehicle Occupants, state in which vehicle?
Were seat belts worn? * Yes No
Was injured conveyed to hospital by ambulance? * Yes No

Details of Police Action

Was the Accident reported to the Police? * Yes No
If Yes, please state which Police Station
Was notice of intended Prosecution given? * Yes No
If Yes, against whom?

DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)

Vehicle Registration Number *
Vehicle Make / Model / Colour
Detail Of Properties
Name of Driver *
NRIC/Passport Number
Contact Number *
Email Address
Address
Insurance Company Name
Nature of Damage

Details of Witness

Name
Phone Number
Email Address

SAS 2

CHELSEA PANH KAI XEN.

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: 5102076741-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLL4848P**
Chassis Number : KNAHU815VG7164573
2. Name of Policyholder : SUN VISTA TRANSPORT
3. Effective Date of Insurance : 28 Aug 2019
4. Expiry Date of Insurance : 27 Aug 2020
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: GOLDBELL FINANCIAL SERVICES PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : AUTOSHIELD PTE. LTD. (00000573469)
Date of Issue : 14 Aug 2019 12:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102076741-01		SUN VISTA TRANSPORT	53311347D	GPC	drive CLASSIC	SLL4848P	SLL4848P	28/08/2019	27/08/2020

Continue

Policy Information

Policy No.	5102076741-01	Policyholder Name	SUN VISTA TRANSPORT	Policyholder NRIC	53311347D
Certificate No.					
Address	BLK 70B #07-527 TELOK BLANGAH HEIGHTS TELOK BLANGAH RIDGEVIEW SINGAPORE 102070				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	14/08/2019	Effective Date	28/08/2019 00:00	Expiry Date	27/08/2020 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	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

Policyholder Mailing Address

Address 1	BLK 70B #07-527	Address 2	TELOK BLANGAH HEIGHTS	Address 3	TELOK BLANGAH RIDGEVIEW
Address 4	SINGAPORE 102070	Address Type	Singapore address	Post Code	102070
Unit No.	07-527	Related Policy Number	5102076741-01		

Insured Object: SLL4848P

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

Accident MT/1069567

Policy No.	S102076741-01	Vehicle No.	SLL4848P	GST Registration No.	
Certificate No.					
Policyholder Name	SUN VISTA TRANSPORT	Cover Type	drive CLASSIC	Policyholder NRIC	53311347D
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	0	Special Remark		Contact No. (Home)	0
Email Address		TGA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No	Accident Report Within 24 hrs	Yes	Private Hire	Yes
Accident Details					
Report Date	01/11/2019 17:27	Time of Accident hh:mm	19:20	Accident Type	Collision - Head to Rear
Date of Accident	31/10/2019	Orange Force		Country of Accident	Singapore
Reporting Centre				ICM No.	
Accident Location	ECP NEAR EXIT 10B				
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	500.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0	Total TP Excess Applicable			
Total OD Excess Applicable	2500.00				

Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address					
Address 1	BLK 70B #07-527	Address 2	TELOK BLANGAH HEIGHTS	Address 3	TELOK BLANGAH RIDGEVIEW
Address 4	SINGAPORE 102070	Address Type	Singapore address	Post Code	102070
Unit No.	07-527	Related Policy Number	S102076741-01		

O1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	28/03/1984
Unnamed driver Name	CHIN SOO KIM (ZENG ZHUJUN)	Driver NRIC	S8407672D	Driving Experience	12
Register Date of Driver License	03/07/2007	Driver Age	35	Contact No. (Home)	0
Contact No. (Mobile)	97920446	Contact No. (Office)	0	Address 3	TELOK BLANGAH RIDGEVIEW
Address 1	BLK 70B	Address 2	TELOK BLANGAH HEIGHTS	Post Code	102070
Address 4	SINGAPORE 102070	Address Type	Singapore address		
Unit No.	07-527	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	OD-Mix	Insured Name	SUN VISTA TRANSPORT	Insured NRIC	53311347D
Contact No. (Mobile)		Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		O1 Vehicle Number	SLL4848P	TP Vehicle Number	SGA5606G
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLL4848P / SGA5606G ON 31 Oct 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	01/11/2019 17:29	Claim Close Date		Date Received	01/11/2019 00:00
Report Taken By	Jackson				

Print AK letter

Save **Submit**

Attachment

Accident No.	MT/1069567	Claim No.	001	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/11/2019 17:31	
Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Serv? (CD)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 17:31	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-11-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 17:30	SAS	Normal	SAS 2019-11-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 17:30	Photos	Normal	Photos 2019-11-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 17:30	Photos	Normal	Photos 2019-11-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 17:30	Photos	Normal	Photos 2019-11-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 17:30	Photos	Normal	Photos 2019-11-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 17:30	Photos	Normal	Photos 2019-11-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 17:30	Photos	Normal	Photos 2019-11-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 17:30	Photos	Normal	Photos 2019-11-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 17:30	Photos	Normal	Photos 2019-11-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 17:29	Photos	Normal	Photos 2019-11-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 17:29	Photos	Normal	Photos 2019-11-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 17:29	Photos	Normal	Photos 2019-11-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 17:29	Photos	Normal	Photos 2019-11-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 17:29	Photos	Normal	Photos 2019-11-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Nov 2019 17:29	Photos	Normal	Photos 2019-11-1	

Video List

Uploaded By/Date	Folder	Date	File Name	Source	Action
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