

Date In: 13/11/19 17:06	Job description: SAS e-filing	Date & Time Completed: 13/11/19 17:43	Done by: M711071256-001
Ref No: MA1 IMC19020180/h4	E-mail (within 24hrs, AIC 24hrs)		
Veh No: SJM 7886 C	I-Motor Claim Form		
13/11/19 11:15	I-Motor W/O (Within: OD Thru TP 4hrs)		
0 Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WK32		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: GBD 8400 G.	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 No: 1908475)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	

Injury: ( )

Date/Time / Location: ( )

MA1908475	Invoice Preparation Checklist	30.00
1) AR: Accident Reporting (\$30)	INC (\$30)	
2) DA: Damage Assessment (\$100)	\$40/145	
3) TP: Towing Fee	\$120	
4) FT: Follow-Through Survey	\$20	
5) PT: Follow-Through Survey (Resurvey)	\$75	
6) TR: Re-inspection	\$160	
7) NI: New DA + SMRT Survey		
8) NTUC Additional Services:		
ON:		
*NS: Courtesy Car / Tpt Allowance	\$5	
*NG: Repair Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$25	
TP (Nil): TP (Non INC) against INC	\$20	
9) NI2: Idan Mobile	\$0	
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	13/11/2019 17:06
Date Of Accident	13/11/2019 11:15
Exact Location Of Accident	YISHUN AVE 9
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM7886C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEISURE LEASING PTE LTD
Co Reg No	201511206K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91037373
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	PICNIC AUTO W/O ROOF RACK
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5085977185-02
Cover Note Number	

### Driver

Name of Driver	ROZAINI BIN JUMAHAT
NRIC No	S6840304I
Date Of Birth	05/12/1968
Occupation	OUTDOOR
Date Of Driving Pass	26/04/1993
Driving Experience	26 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98583678
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 57 GEYLANG BAHRU #10-3479
Postcode	330057
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 - CHANGE/CROSS LANE
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20191113/2130

#### 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	GBD8400G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	ROZAINI BIN JUMAHAT
Approximate Age	
Injuries Sustain	BACK PAIN
Injured person in which vehicle?	SJM7886C
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.

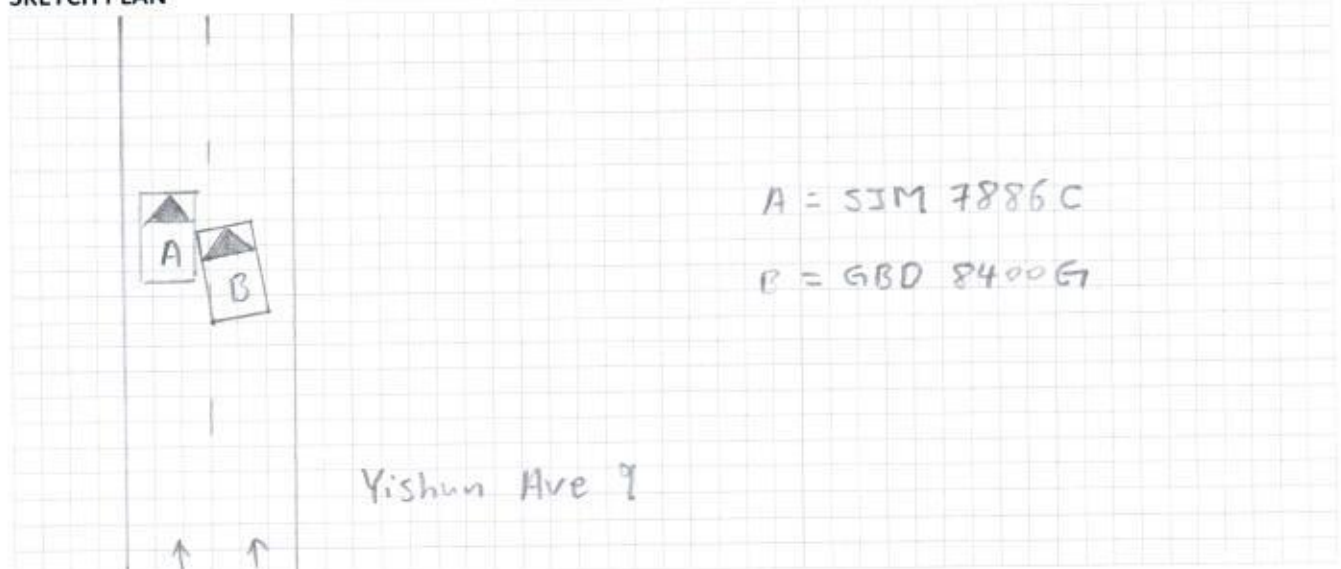


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20191113 12130

### DECLARATION

I/We declare that 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.:





# SINGAPORE POLICE FORCE



T/20191113/2130

1 of 3

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

Report No. T/20191113/2130

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/11/2019 16:23	Vide Report No.:	Station Diary No.: 130
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**Informant's Particulars**

Name of Informant: ROZAINI BIN JUMAHAT			Address: APT BLK 57 GEYLANG BAHRU #10-3479 SINGAPORE 330057		
ID Type / ID No.: NRIC NO / S6840304I			Contact No.: Home/Office: Mobile: 98583678		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 05/12/1968	Type of Informant: Driver		
Race: Malay			Language: English	Institution / School Name:	
Occupation: DRIVER			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/11/2019 11:15	Type of Location: Straight Road
Location: Along Road 1 YISHUN AVENUE 9				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD8400G	Van	NISSAN	NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5	Silver	Slightly Damaged	0
SJM7886C	Car	TOYOTA	PICNIC AUTO W/O ROOF RACK	Red	Slightly Damaged	0



Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/2019113/2130

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	ROZAINI BIN JUMAHAT	ID No.	S6840304I
Related Vehicle	SJM7886C (Car)	Contact No.	98583678
Hospital/Clinic	FINEST HEALTH	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	13/11/2019	Date Discharge	13/11/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 13/11/2019, at about 1115hrs, I was travelling along the extreme left lane of Yishun Avenue 9. There was a vehicle on my right who made an abrupt filter into my lane, which resulted in a collision between him and the driver's side of my vehicle.

We alighted from our respective vehicle and made a check on each other. No one required any immediate medical attention thus we exchanged particulars and carried on our journey. I felt pain on my back area thus proceeded to FINEST Health medical centre and was given 3 days outpatient medical leave.

My vehicle suffered some dented and scratches on the right portion of the vehicle. The right bumper was damaged too. I am lodging this report for insurance claim purposes.





**SINGAPORE  
POLICE FORCE**



T/20191113/2130

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

3 of 3

Report No. T/20191113/2130

**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:

E /

Sgt 2 DOUGLAS GOH JIALE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED  
MOHD SAID

Contact No.: 65476172

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

13/11/2019 16:23

Classification Of Case:

## 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 AND COMPENSATION) ACT (CHAPTER 189)

**Certificate Number:** 5085977185-02 **Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJM7886C**  
Chassis Number : JTEGH23B000026321

2. Name of Policyholder : **LEISURE LEASING PTE LTD**

3. Effective Date of Insurance : **21 Jan 2019**

4. Expiry Date of Insurance : **20 Jan 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\$1,500
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	: N/A
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 : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)  
Date of Issue : 09 Nov 2018 14:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## Claim Handling

The premium on this policy has not been collected.

## Accident MT/1071256

Policy No.	5085977185-02	Vehicle No.	SJM7886C	GST Registration No.	
Certificate No.					
Policyholder Name	LEISURE LEASING PTE LTD			Policyholder NRIC	201511206K
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91037373	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
<b>Accident Details</b>					
Report Date	13/11/2019 17:38	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	13/11/2019	Time of Accident h:mm	11:15	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	YISHUN AVE 9				
<b>Excess</b>					
Own damage Excess	1,500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	1,500.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	210 TURF CLUB ROAD	Address 2	#01-B71	Address 3	SINGAPORE 287995
Address 4		Address Type	Singapore address	Post Code	287995
Unit No.	01-B71	Related Policy Number	S108754771		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	05/12/1968
Unnamed driver Name	ROZAINI BIN JUMAHAT	Driver NRIC	S6840304E	Driving Experience	26
Register Date of Driver License	26/04/1993	Driver Age	50	Contact No.(Home)	
Contact No.(Mobile)	98583678	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 57 #10-3479	Address 2	GEYLANG BAHRU	Address 3	SINGAPORE 330057
Address 4		Address Type	Singapore address	Post Code	330057
Unit No.	10-3479				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	= Yes No		

## Modification History

Claim 001

New

Claim Type *	DD-MX	Insured Name	LEISURE LEASING PTE LTD	Insured NRIC	201511206K
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SJM7886C	TP Vehicle Number	GBD84
Claim Description	SJM7886C / GBD8400G ON 13 Nov 2019			Name of Preferred Workshop	0
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault	GIA report	Received
Date Registered	13/11/2019 17:42	Preferred Workshop, Name unknown		Claim Close Date	13/11/2019
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1071256	Claim No.	001		
Last Doc. Received	* Yes No	Upload Date	13/11/2019 17:43		
Path *		Category *	Confidential	Urgency *	Description
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Message Read		Clear	Please Select	NO	Normal
<b>Attachment List</b>					
Attachment	Uploaded By/Date	Category	Urgency	Description	
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) a		NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-13

13 Nov 2019 17:43



NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Nov 2019 17:43	SAS	Normal	SAS 2019-11-13
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NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Nov 2019 17:42	Photos	Normal	Photos 2019-11-13

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading