

Date: 13/11/19 18:34	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC19020187/h4	E-mail (with a Buss, AIG Direct):		
Veh No: FX 4326L	i-Motor Claim Form: MT/1071270 <sup>001</sup>	13/11/19 18:49	
TPA: 20/10/19 03:00	i-Motor W/O (Within: 60 Days, 7P *hrs)		
Off: <input checked="" type="radio"/> Reporting Only	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: SHC8011E 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: 07084610)

Remarks	Done by	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

MA1908474

Claimant's Particulars:	Invoice Description	Amount	Amount Paid
Driver/Owner:	1) AR: Accident Reporting (\$300)	300.00	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$20		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	QR*		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NF: Post Repair Inspection \$25		
	*NB: DV / Collect Excess Coordination \$5		
	*IP (N11): TP (Via INC) against INC \$20		
	9) N12: Idao 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 18:34
Date Of Accident	20/10/2019 03:00
Exact Location Of Accident	LAVENDER ST TWDS PICO BUILDING
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX4326L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SITI NAZURAH BINTE MUHAMAD GHAZALI
NRIC No	S9632656D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86617302
Alternative Phone No	OFFICE-86617302

#### 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	5081441497-03
Cover Note Number	

#### Driver

Name of Driver	SITI NAZURAH BINTE MUHAMAD GHAZALI
NRIC No	S9632656D
Date Of Birth	13/09/1996
Occupation	INDOOR
Date Of Driving Pass	09/05/2016
Driving Experience	3 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-86617302
Fax Number	
Contact Number	OFFICE-86617302
Email Address	NOEMAIL

Address	BLK 189 BOON LAY DR #08-254
Postcode	640189
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	COLLISION - CROSS JUNCTION
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?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	<b>ROAD:</b> 20 CHOA CHU KANG ST 52 #01-02 , <b>POSTCODE:</b> 689286 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20191023/2195

#### 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	SHC8011E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	SITI NAZURAH BINTE MUHAMAD GHAZALI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FX4326L
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.



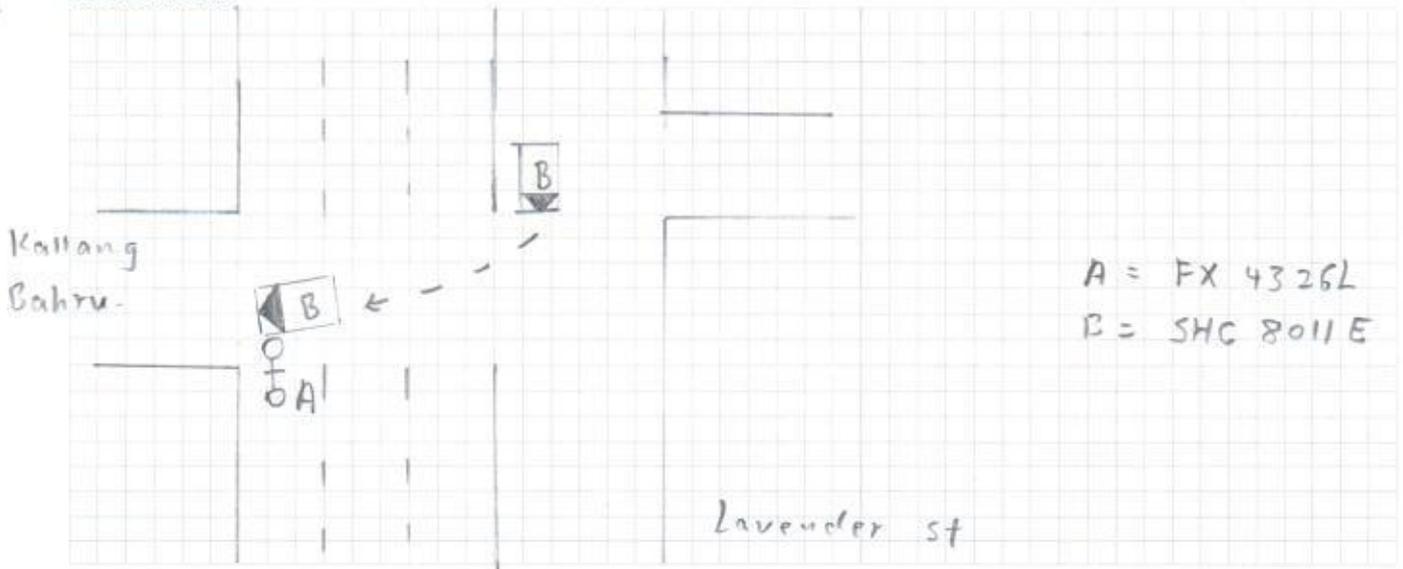
Policyholder's Signature  
Date & Time:

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



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

SKETCH PLAN



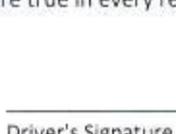
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report 7/20191023/2195

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.:

# ACCIDENT STATEMENT

ACCIDENT DATE: (20/10/19) (DD/MM/YYYY), TIME: (03:00) (HH:MM)

LOCATION: Laurender st twds Pico Building

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FX 4326 L.  
b) INSURANCE COMPANY: IMC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use.  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Siti Mazurah Binte muhammad <sup>Ghazali</sup> (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 86617302.  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: As Above. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_

b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: CCK NPC.

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SHC 8011 E MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

\* bike photo.

Email = nazurahghazali96@gmail.com

fax =

VIDEO = NO.



Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20191023/2195

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/10/2019 21:56	Vide Report No.:	Station Diary No.: 172
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**Informant's Particulars**

Name of Informant: SITI NAZURAH BINTE MUHAMAD GHAZALI			Address: APT BLK 189 BOON LAY DRIVE #08-254 SINGAPORE 640189		
ID Type / ID No.: NRIC NO / S9632656D			Contact No.:		Mobile: 86617302
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 23	Date of Birth: 13/09/1996	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: HOTEL RECEPTIONIST			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: 20/10/2019 03:00	Type of Location: T-Junction
Location: Along Road 1 LAVENDER STREET Towards Pico Building				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX4326L	Motorcycle	YAMAHA	RXZ	Red	Seriously Damaged	0
SHC8011E	Car	MERCEDES BENZ		White	Seriously Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX4326L	NTUC Income Insurance Co-Operative Limited	5081441497-03	18/06/2019	17/06/2020



Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SITI NAZURAH BINTE MUHAMAD GHAZALI	ID No.	S9632656D
Related Vehicle	FX4326L (Motorcycle)	Contact No.	86617302
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	20/10/2019	Date Discharge	23/10/2019
No. of Days granted Medical Leave	15	Degree of Injury	Serious

**Brief Details.**

On 20/10/2019 about 0300hrs, I was riding along Lavender Road towards Pico Building. At the T-junction of Lavender Road and Kallang Bahru Road, I remembered that the Traffic Light was still green as I continued to ride forward. Out of a sudden, I realised a taxi turning into Kallang Bahru Road at the T-junction. Both of our vehicles then collided; my motorcycle hit onto the front left of the taxi.

The next thing I could remember is that I was lying down on the road. Afterwards, I believed that I blanked out as the next thing I remembered was that I was in an ambulance. Subsequently I blanked out again and the next thing I remembered was that I was in the A&E.

I was discharged on 23/10/2019 and I was given 15days of Hospitalization Leave. I was informed that I suffered from superficial abrasion over chin, right chest and bilateral hand dorsums.



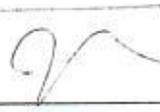
Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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: J/ Sgt 2 GOH JUN KWAN	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / Insp TAN CHIN YONG Contact No.: 65476178	SIGNATURE ✓

Signature Of Informant:	
Date/Time: 23/10/2019 21:56	
Classification Of Case:	

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5081441497-03		SITI NAZURAH BINTE MUHAMAD GHAZALI	S9632656D	GMC	Third Party	FX4326L	FX4326L	18/06/2019	17/06/2020

**Claim Handling**

**Accident MT/1071270**

Policy No.	5081441497-03	Vehicle No.	FX4326L	GST Registration No.	
Certificate No.					
Policyholder Name	SITI NAZURAH BINTE MUHAMAD GHAZALI	Cover Type	Third Party	Policyholder NRIC	59632656D
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	86617302	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No - Yes	eCode	No
KFK	+ No - Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

**Accident Details**

Report Date	13/11/2019 18:46	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	20/10/2019	Time of Accident hh:mm	03:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LAVENDER ST TWDS PICO BUILDING				

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess		Driver is Covered?	Not Covered
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

**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 189 #08-254	Address 2	BOON LAY DRIVE	Address 3	SINGAPORE 640189
Address 4		Address Type	Singapore address	Post Code	640189
Unit No.		Related Policy Number	5081441497-03		

**O1 Driver Info**

Driver Name	SITI NAZURAH BINTE MUHAMAD GHAZALI	Driver Type	Main Driver	Driver DOB	13/09/1996
Unnamd driver Name		Driver NRIC	59632656D	Driving Experience	1
Register Date of Driver License	09/05/2016	Driver Age	23	Contact No.(Home)	
Contact No.(Mobile)	86617302	Contact No.(Office)		Address 3	SINGAPORE 640189
Address 1	BLK 189 #08-254	Address 2	BOON LAY DRIVE	Post Code	640189
Address 4		Address Type	Singapore address		
Unit No.					
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
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**Modification History**

Claim 001 **New**

Claim Type *	OD-Mix	Insured Name	SITI NAZURAH BINTE MUHAMAD	Insured NRIC	59632656D	
Contact No.(Mobile)	86617302	Contact No.(Home)		Contact No.(Office)		
Email Address	melovevans@gmail.com	Vehicle Number	FX4326L	TP Vehicle Number	SHC80	
Claim Description	FX4326L / SHC8011E ON 20 Oct 2019				Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault			
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	13/11/2019 18:47	Claim Close Date		Date Received	13/11/2019	
Report Taken By	LEW SHAN HUI					

Print AK letter

Save Submit

**Attachment**

Accident No.	MT/1071270	Claim No.	001
Last Doc. Received	* Yes - No	Upload Date	13/11/2019 18:49
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	NO
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Choose File	No file chosen	Clear	Normal
Message Read		Clear	Normal

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Nov 2019 18:49	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-11-13
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Nov 2019 18:49	SAS	Normal	SAS 2019-11-13
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Nov 2019 18:49	Photos	Normal	Photos 2019-11-13
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Nov 2019 18:49	Photos	Normal	Photos 2019-11-13
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Nov 2019 18:49	Photos	Normal	Photos 2019-11-13
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Nov 2019 18:49	Photos	Normal	Photos 2019-11-13
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Nov 2019 18:49	Photos	Normal	Photos 2019-11-13
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Nov 2019 18:48	Photos	Normal	Photos 2019-11-13
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Nov 2019 18:48	Photos	Normal	Photos 2019-11-13
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Nov 2019 18:48	Photos	Normal	Photos 2019-11-13
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Nov 2019 18:48	Photos	Normal	Photos 2019-11-13
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Nov 2019 18:48	Photos	Normal	Photos 2019-11-13
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Nov 2019 18:48	Photos	Normal	Photos 2019-11-13
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Nov 2019 18:48	Photos	Normal	Photos 2019-11-13
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Nov 2019 18:48	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