

# NATIONAL Assessment Centre Services.

(ver 1 Jan 03)

MNA 119155306

Date In: 25/11/19 14:04	Job description	Date & Time Completed	Done by
Ref No: MA/INC19020805164	SAS e-filing		
Veh No: SLA 8171P	E-mail (within 2hrs, AIG 2hrs)		
DDA: 23/11/19 16:45	I-Motor Claim Form	MT/1072819-001	25/11/19 15:48
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whom		

Preferred Wksp / INC Assgn Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SMP 5617A	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 Not Inc 30/11/03)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date/Time	Assigned	Completed

<p>NA1908833</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engn-In-Charge):</p> <p>Auditors' Comments:</p> <p>Sat. R:</p>	<p>Invoice Details:</p> <p>1) AIT: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100) INC (\$50)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) PT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (ver 10 Jan 2003)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idao DA + SMART Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>Q1:</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idao Mobile \$0</p> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p>
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## 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	25/11/2019 14:04
Date Of Accident	23/11/2019 16:45
Exact Location Of Accident	JUNC OF JURONG EAST CENTRAL & JURONG EAST AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA8171P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PEH HOCK LEE
NRIC No	S0195967J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91188490
Alternative Phone No	OFFICE-91188490

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	5104512848
Cover Note Number	

### Driver

Name of Driver	LEE YUE HOCK
NRIC No	S1260134D
Date Of Birth	07/02/1957
Occupation	OUTDOOR
Date Of Driving Pass	21/03/1980
Driving Experience	39 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96279971
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 764 PASIR RIS ST 71 #08-252
Postcode	510764
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	RAINING
Road Surface	WET

#### 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: : YON JIWEN DESMOND GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20191125/2071

#### 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	SMP5617A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HONG KIM LEONG
NRIC/Passport Number	S7826656B
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name LEE YUE HOCK

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLA8171P

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.:

Jurong East Ave 1

Toh Guan Rd.

Jurong East Central

A = SLA 8171

B = SMP 5617

B = SMP 5617A

Through East Ave 1

Tok Gueon Rd.

Jurong East Central

Refer to Police Report T/20191125/2071

I/We declare the foregoing particulars are true in every respect.

Date &amp; Time:









# SINGAPORE POLICE FORCE



T/20191125/2071

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

1 of 3

Report No. T/20191125/2071

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/11/2019 13:00	Vide Report No.:	Station Diary No.: 39
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**Informant's Particulars**

Name of Informant: LEE YUE HOCK			Address: APT BLK 764 PASIR RIS STREET 71 #08-252 SINGAPORE 510764	
ID Type / ID No.: NRIC NO / S1260134D			Contact No.: Home/Office: Mobile: 96279971	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 62	Date of Birth: 07/02/1957	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class: 3,4,5 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/11/2019 16:45	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 JURONG EAST CENTRAL JURONG EAST AVENUE 1 towards Bukit Batok Avenue 1				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLA8171P	Car	HONDA	VEZEL	Black	Slightly Damaged	1
SMP5617A	Car	HONDA	FIT	Black	Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20191125/2071

2 of 3

Police Station Of Origin:

Bedok North N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

Report No. T/20191125/2071

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LEE YUE HOCK	ID No.	S1260134D
Related Vehicle	SLA8171P (Car)	Contact No.	96279971
Hospital/Clinic	DAYSRING MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	25/11/2019	Date Discharge	25/11/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Driver</b>			
Name	Hong Kim Leong	ID No.	S7826656B
Related Vehicle	SMP5617A (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 23/11/2019 at 4.45pm, my car, a black coloured Honda Vezel bearing the registration plate number SLA8171P was stationary on the centre lane of the 3-lane road along Jurong East central at the traffic light junction of Jurong East Central towards Bukit Batok Ave 1, and Jurong East Ave 1. The traffic light was red and the road was wet as it was raining. While I was waiting for the traffic lights to turn green, I felt an impact from the rear of my car. A black coloured Honda car bearing registration plate number SMP5617A had collided into the rear of my car. The collision caused a huge dent on the boot of my car. There was no visible injury on both parties and do not require immediate medical attention. No government property damage. We exchange particulars and left to avoid further traffic obstruction. On the 25/11/2019, I went to Dayspring Medical Clinic and was given a four day of medical certificate.





**SINGAPORE  
POLICE FORCE**



T/20191125/2071

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

3 of 3

Report No. T/20191125/2071

**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:

G /

Sr Staff Sgt ANWAR BIN ZAINAL

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Signature Of Informant:

Date/Time:

25/11/2019 13:00

Classification Of Case:

Authentication Stamp

NP168

## 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:** 5104512848

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLA8171P**  
Chassis Number : RU11109542
2. Name of Policyholder : PEH HOCK LEE
3. Effective Date of Insurance : 15 Oct 2018
4. Expiry Date of Insurance : 16 Mar 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	: PEH HOCK LEE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: STANDARD CHARTERED BANK (SINGAPORE) LIMITED
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 : NLE INSURANCE AGENCIES PTE LTD (00000614580)  
Date of Issue : 09 Oct 2018 17:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## Claim Handling

Accident MT/1072819

Policy No.	5104512848	Vehicle No.	SLA8171P	GST Registration No.	
Certificate No.					
Policyholder Name	PEH HOCK LEE			Policyholder NRIC	S0195967J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91188490	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

## Accident Details

Report Date	25/11/2019 15:44	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	23/11/2019	Time of Accident hh:mm	16:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF JURONG EAST CENTRAL & JURONG EAST AVE 1				

## Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

## 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 141 #09-364	Address 2	TAMPINES STREET 12	Address 3	TAMPINES PARK
Address 4	SINGAPORE 521141	Address Type	Singapore address	Post Code	521141
Unit No.	09-364	Related Policy Number	5114264199		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LEE YUE HOCK	Driver NRIC	S1260134D	Driver DOB	07/02/1997
Register Date of Driver License	21/03/1980	Driver Age	62	Driving Experience	39
Contact No.(Mobile)	96279971	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 764 #08-252	Address 2	PASIR RIS STREET 71	Address 3	SINGAPORE 510764
Address 4		Address Type	Singapore address	Post Code	510764
Unit No.	08-252				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	PEH HOCK LEE	Insured NRIC	S0195967J
Contact No.(Mobile)	96668182	Contact No.(Home)	67824836	Contact No.(Office)	
Email Address		OI Vehicle Number	SLA8171P	TP Vehicle Number	SMP56
Claim Description	SLA8171P / SMP5617A ON 23 Nov 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault		
Workshop No. Finalisation	Yes	Preferred Workshop, Name unknown		GSA report	Received
Date Registered			25/11/2019 15:47	Claim Close Date	
Report Taken By	LIEW SHAN HUI				

☒ Print AK letterSave Submit

## Attachment

Accident No.	MT/1072819	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	25/11/2019 15:48
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M
NAC_PAYA_USL_B00603( NATIONAL ASSESSMENT CENTRE SERVICES) &	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-25	
	25 Nov 2019 15:48				



NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 25 Nov 2019 15:48	SAS	Normal	SAS 2019-11-25
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 25 Nov 2019 15:48	Photos	Normal	Photos 2019-11-25
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 25 Nov 2019 15:48	Photos	Normal	Photos 2019-11-25
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 25 Nov 2019 15:48	Photos	Normal	Photos 2019-11-25
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 25 Nov 2019 15:47	Photos	Normal	Photos 2019-11-25
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 25 Nov 2019 15:47	Photos	Normal	Photos 2019-11-25
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 25 Nov 2019 15:47	Photos	Normal	Photos 2019-11-25
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Folder Date

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