

NATIONAL Assessment Centre Services. [part 1 Jan 05] MMA 120059982

Date In: 16/7/20 12:55	Job description	Date & Time Completed	Done by
Ref No: MAL INC 2000 7251164	SAS e-mailing		
Veh No: SKR 4833L	E-mail (within 3hrs, AIC 2hrs)		
ICCA: 15/7/20 17:15	I-Motor Clinin Form	MT11097007 ⁰⁰¹	16/7/20 14:20
OD - TP / Repairing Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wkgn		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SFV 1588G	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: 30-100%]	
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 repolar.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	INC () / Non-INC ()	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

MA 2003708		Invoice Preparation Checklist	Am (50)	Adm (50)
Client Particulars:	Driver/Owner:	1) AIR: Accident Reporting (\$30);	30.00	
Contact No:	Damaged Portion:	2) DA: Damage Assessment (\$100); INC (\$30)		
QC Checked by (Engr-In-Charge):		3) TP: Towing Fee \$40/\$45		
Auditors Comments:		4) FT: Follow-Through Survey \$120		
		5) PT: Follow-Through Survey (Resurvey) \$30		
		For claiming against INC Only (wef 10 Jan 2005)		
		6) TR: Re-Inspection \$75		
		7) NI: Idas DA + SMRT Survey \$160		
		8) NTUC Additional Services:		
		ON:		
		*N3: Courtesy Car / Tpt Allowance \$5		
		*N6: Repair Coordination \$10		
		*N7: Post Repair Inspection \$25		
		*N8: DV / Collect Excess Coordination \$5		
		TP (Nil): TP (Non INC) against INC \$20		
		9) N12: Idas 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	16/07/2020 13:55
Date Of Accident	15/07/2020 17:15
Exact Location Of Accident	TAMPINES AVE 7 TWDS TAMPINES ST 34
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR4833L
Insured/Policyholder	
Name Of Registered Owner	TEO BOON KIAT
NRIC No	SXXXX683D
Email Address	JOETEO783@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94559886
Alternative Phone No	OFFICE-94559886

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115582221
Cover Note Number	

Driver

Name of Driver	TEO BOON KIAT
NRIC No	SXXXX683D
Date Of Birth	01/10/1953
Occupation	INDOOR
Date Of Driving Pass	19/06/1978
Driving Experience	42 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94559886
Fax Number	
Contact Number	OFFICE-94559886
EMail Address	JOETEO783@HOTMAIL.COM

Address	BLK 196 PASIR RIS ST 12 #10-94
Postcode	510196
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 - 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: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200715/2003D

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	SFV1588C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG JUN JIE JACK
NRIC/Passport Number	
Contact Number	96601778
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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

Tampines Ave 7 twds Tampines St 34

A = SKR 4833 L
B = SPV 1588 C.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200715 / 2003D

(The remaining lines of the section are crossed out with a diagonal line.)

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.:



SINGAPORE POLICE FORCE



T/20200715/2003D

1 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20200715/2003D

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/07/2020 21:41	Vide Report No.: G/20200715/0140	Station Diary No.: 5008
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Informant's Particulars

Name of Informant: TEO BOON KIAT			Address: APT BLK 196 PASIR RIS STREET 12 #10-94 SINGAPORE 510196	
ID Type / ID No.: NRIC NO / S0142683D			Contact No.: Home/Office:	Mobile: 94559886
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 66	Date of Birth: 01/10/1953	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: NURSE MANAGER			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/07/2020 17:15	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 TAMPINES AVENUE 7 TAMPINES STREET 34				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy		
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
SFV1588C	Car	HONDA	HRV		Slightly Damaged	0
SKR4833L	Car	MITSUBISHI	OUTLANDE R 2.4 CVT ABS D/AIRBAG AWD S/R	Red	No Damage	1



**SINGAPORE
POLICE FORCE**



T/20200715/2003D

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Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20200715/2003D

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKR4833L	NTUC Income Insurance Co-Operative Limited	5115582221	11/02/2020	10/02/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ONG JUN JIE JACK		ID No.	NIL
Related Vehicle	SFV1588C (Car)		Contact No.	96601778
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
Driver				
Name	TEO BOON KIAT		ID No.	S0142683D
Related Vehicle	SKR4833L (Car)		Contact No.	94559886
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL

Brief Details.

On 15/07/2020 at about 5:15pm, I was driving my vehicle (SKR4833L) along Tampines Ave 7 heading towards Tampines St 34. I was ferrying my colleague to Tampines East MRT Station.

While along Tampines Ave 7, the traffic light in front was red and the traffic was on a stand still. I was safely stopped behind the vehicle in front of mine (SFV1588C). The light turned green and the vehicles started moving forward. I started moving forward as well as I assumed that the vehicle in front of mine would start moving as well. However, the vehicle in front of mine did not move forward and caused my vehicle to collide into the rear of it.

I immediately stopped my vehicle the moment I knocked into the front vehicle. The knock was light in nature and my passenger and I did not sustain any injuries. I then alighted from my vehicle and proceeded to make a check on the other driver. While I was checking on the other driving, a traffic police officer came by to assist us. I believe he was around the area as none of us called for police.



**SINGAPORE
POLICE FORCE**



T/20200715/2003D

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Report No. T/20200715/2003D

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457

Tel No: 1800-5852999

CONTINUATION OF REPORT

I checked with the other driver and he informed me that he was experiencing some discomfort in his right leg. He told me that it was an old injury but it had relapsed due to the accident. He then informed that he required medical services and the police officer call for ambulance. The ambulance shortly came and the other driver was conveyed by it. I only managed to get the name and contact number of the other driver.

I managed to take some photos of the damages to the vehicles. My vehicle did not sustain any damages but the other vehicle received some dents on the right portion above the rear bumper. The traffic police gave me a case card and told me to lodge an accident report. My vehicle does not have any on board camera.



**SINGAPORE
POLICE FORCE**



T/20200715/2003D

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Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20200715/2003D

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 /

Sgt 2 LECK WEN HAO, DANIEL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/07/2020 21:41

Officer In Charge Of Case:

TP / GIT /

Staff Sgt YAN MINGSHENG DANIEL

Contact No.: 65476252

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: 15 / 7 / 20 (DD/MM/YYYY), TIME: 17 : 15 (HH:MM)

LOCATION: Tampines Ave 7 - Tampines St 34

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKR 4833L
b) INSURANCE COMPANY: _____
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: Teo Boon Kiat (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 94559886
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (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: Paser R.S M.P.C.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SFV 1588 C. 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: _____

Email = Joeteo783@Hotmail.com

fax =

video = No.

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"/>	5115582221		TEO BOON KIAT	S0142683D	GPC	drivo CLASSIC	SKR4833L	SKR4833L	11/02/2020	10/02/2021

Claim Handling

Accident MT/1097007

Policy No.	5115582221	Vehicle No.	SKR4833L	GST Registrati
Certificate No.				
Policyholder Name	TEO BOON KIAT			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	94559886	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	16/07/2020 14:15	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/07/2020	Time of Accident hh:mm	17:15	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	TAMPINES AVE 7 TWDS TAMPINES ST 34			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver Is Cover
Additional Excess	0			
Total OD Excess Applicable	600.00	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 196 #10-94	Address 2	PASIR RIS STREET 12	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5115582221	

▼ OI Driver Info

Driver Name	Teo Boon Kiat	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S0142683D	Driver DOB
Register Date of Driver License	19/06/1978	Driver Age	66	Driving Experi
Contact No.(Mobile)	94559886	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 196 #10-94	Address 2	PASIR RIS STREET 12	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

Declaration

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

Claim 001

New

Claim Type *	OD-MX	Insured Name	TEO
Contact No.(Mobile)	94559886	Contact No. (Home)	65
Email Address	joeteo783@hotmail.com	OI Vehicle Number	SK
Claim Description	SKR4833L / SPV1588C ON 15 Jul 2020		
Preferred Workshop	Insured Liability	Fully at Fault	
Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	16/07/2020 14:18	Claim Close Date	
Report Taken By	LIEW SHAN HUI		

☐ Print AK letter

Save Submit

Attachment

Accident No. MT/1097007 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 16/07/2020 14:20

Path *

Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen

Message Read

Clear

Category *

Confider

Please Select NO
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 Please Select NO
 Please Select NO
 Please Select NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2020 14:20	SAS	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2020 14:20	NRIC/ Driving License	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2020 14:20	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2020 14:20	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2020 14:19	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2020 14:19	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2020 14:19	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2020 14:19	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2020 14:19	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2020 14:19	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2020 14:19	Photos	Normal

Video List

Uploaded By/Date	Folder Date	File Name

Display in New Window

Scan and uploading