

NATIONAL Assessment Centre Services

[Ref: J3-102]

Date In: 08/01/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC21000366/13	SAS e-filing		
Veh No: SKQ7767E	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 08/01/21 0650	i-Motor Claim Form	11/01 MT/111678E -001	
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SGN4227E	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: 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		Am't (\$)	Am't (\$)
			In Bill	Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100);	INC (\$80)		
	3) TF: Towing Fee	\$40/\$45		
	4) FT: Follow-Through Survey	\$120		
	5) FT: Follow-Through Survey (Resurvey)	\$30		
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection	\$75		
	7) N1: Idno DA + SMRT Survey	\$160		
Driver/Owner:	8) NTUC Additional Services:-			
	OD:			
	*N5: Courtesy Car / Tp 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: Idno Mobile	\$0		
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		
QC Checked by (Engr-In-Charge):				
Auditors' Comments:				
Cal 1:				
Cal 2 / 3:				

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 Submission	08/01/2021 14:56 (SGT)
Date of Accident	08/01/2021 06:50 (SGT)
Exact Location of Accident	Sengkang W Rd, Singapore
Additional Location Information	SLIP RD TO TPE(SLE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ7767E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN CHIN KEONG IVAN
NRIC No	SXXXX388E
Email Address	ivantck@gmail.com
Mobile Phone No	(Phone) +65-81258019
Alternative Phone No	+65-81258019

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5106427431-02
Cover Note Number	-

DRIVER

Name of Driver	TAN CHIN KEONG IVAN
NRIC No	SXXXX388E
Date Of Birth	07/01/1971
Occupation	Indoor

Date Of Driving Pass	19/06/1989
Driving experience	31 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81258019
Alt. Phone Number	+65-81258019
Email Address	ivantck@gmail.com
Address	27 FERNVALE ROAD
Address complement	#23-26
Postcode	797415
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SHAWN RYAN TAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

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	SGN4227E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TANG LIANG WAH
Contact Number	(Phone) +65-82232658

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHB2191M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN CHIN KEONG IVAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SKQ7767E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SHAWN RYAN TAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SKQ7767E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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.

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.

[Handwritten signatures and dates for Policyholder and Driver]

Policyholder's Signature / Date & Time

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

[Handwritten signature and date: 08/01/21]
Witnessed by Reporting Centre Personnel

Sketch Plan

[Handwritten sketch plan on grid paper showing vehicle positions and road layout. The sketch includes a vertical road labeled 'Selat W Road Slip Road to T1E' and three vehicles labeled A, B, and C. Vehicle A is at the top, B is in the middle, and C is at the bottom. Arrows indicate movement or direction. To the right of the sketch, the following vehicle details are written:

Veh A: SKQ 7767E
Veh B: SGN 227E
Veh C: SHB 2191M

Describe Circumstances of the Accident

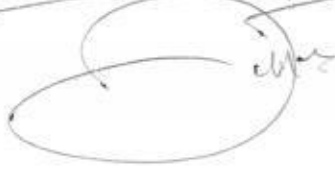
On above date & time, I was driving my vehicle A (SKQ7767E) traveling along Sengkang West Road Slip road to TPE (SLE) on first lane of a 2-lanes road. Somewhere before TPE, vehicle ahead slowed down and stopped due to heavy traffic flow. As such, I applied brake and stopped behind vehicle ahead. Out of sudden, vehicle B (SEN4227E) came from rear and collided onto the rear portion of my vehicle. After accident, I alighted and realised I was involved in a 3 car chain accident. Vehicle C (SHB2191M).

Declaration

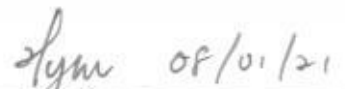
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

VEHICLE NO:	SQQ7767E		MAKE & MODEL:	Mazda 6		AUTO / MANUAL
DATE OF ACCIDENT:	8 / 1 / 2021		CC:	2.0		
TIME OF ACCIDENT:	0650 HRS					
LOCATION OF ACCIDENT:	Along Serangoon West Road Slip road to TPE (SLE)					
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE					
NAME OF OWNER:	Tan Chin Keong Ivan					
TEL NO:	H/P: 81258019		OFFICE:	HOME:		
NRIC:	S7102388E					
ADDRESS:	27 Fernvale Road #23-26 S(197415)					
EMAIL:	Ivanck@gmail.com					
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY					
FLEET POLICY:	YES / NO?					
INSURANCE COMPANY:	NTUC					
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft					
POLICY NO:	5106427431-02					
NAME OF DRIVER:	AS ABOVE / IF NO:					
NRIC:			ANY PASSENGER:	1 (m)		
DATE OF BIRTH:	7 / 1 / 1971		LICENCE PASSED DATE:	19 / 6 / 1989		
OCCUPATION:	OUTDOOR / INDOOR					
GENDER:	MALE / FEMALE					
CONTACT NO:	H/P:		OFFICE:	HOME:		
ADDRESS:						
EMAIL:						
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:			
RELATIONSHIP:	Owner					
WEATHER CONDITION:	CLEAR / RAINING / OTHERS: Drizzling					
ROAD SURFACE:	DRY / WET / OTHER:					
ANY INJURIES:	NO / IF YES, WHO?					
NAME & CONTACT:	Tan Chin Keong Ivan 81258019					
NAME & CONTACT:	Shawn Ryan Tan 81258019					
POLICE REPORT:	NO / IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?					
VEHICLE B REG NO:	SGN4227E		ANY PASSENGERS: 1			
NAME OF DRIVER:	Tang Liang Hui		CONTACT NO: 82232658			
VEHICLE C REG NO:	SHB2191M		ANY PASSENGERS: 2			
VEHICLE D REG NO:	ANY PASSENGERS:					
VEHICLE E REG NO:	ANY PASSENGERS:					
VEHICLE F REG NO:	ANY PASSENGERS:					
VEHICLE G REG NO:	ANY PASSENGERS:					
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:					
WAS THERE ANY VIDEO CAPTURE?	YES / NO					
WAS THERE ANY AUDIO RECORDED?	YES / NO					
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO					
ACCIDENT PORTION:	Rear portion					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?				YES / NO?		
WORKSHOP PARTICULAR:	Twin car Automotive Pte Ltd					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	Brandon					
FAX NO:	67410510					
WORKSHOP EMAIL:	sales@n51.com.sg					

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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5106427431-02

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SKQ7767E**
Chassis Number : JM6GJ1071F0146698
2. Name of Policyholder : TAN CHIN KEONG IVAN
3. Effective Date of Insurance : 26 Dec 2020
4. Expiry Date of Insurance : 25 Dec 2021
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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
(b) Use for racing, pace-making, reliability trial or speed-testing.
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.
(d) 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)	: N/A
EXCESS (SECTION 2)	: N/A
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	: YES (FREE)
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: YES
PRIMARY DRIVER	: TAN CHIN KEONG IVAN
NAMED DRIVER (1)	: HENDRAWATY SUSANDY
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE 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 : LIAN HONG PTE LTD (00000611606)
Date of Issue : 24 Nov 2020 09:50 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MT/1116788

Policy No.	5106427431-02	Vehicle No.	SKQ7767E	GST Registration No.	
Certificate No.					
Policyholder Name	TAN CHIN KEONG IVAN			Policyholder NRIC	S7102388E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81258019	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
▼ Accident Details					
Report Date	11/01/2021 12:01	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	08/01/2021	Time of Accident hh:mm	06:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SENGKANG W RD SLIP RD TO TPE(SLE)				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0.00				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
▼ Benefits					
Coverage		Sum Insured			
Excess Waiver		99999999.99			
Transport Allowance		99999999.99			
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 642D #11-383	Address 2	PUNGGOL DRIVE	Address 3	SINGAPORE 8246
Address 4		Address Type	Singapore address	Post Code	824642
Unit No.		Related Policy Number	5106427431-02		
▼ OI Driver Info					
Driver Name	TAN CHIN KEONG IVAN	Driver Type	Main Driver	Driver DOB	07/01/1971
Unnamed driver Name		Driver NRIC	S7102388E	Driving Experience	31
Register Date of Driver License	19/06/1989	Driver Age	50	Contact No.(Home)	0
Contact No.(Mobile)	81258019	Contact No.(Office)	0	Address 3	SINGAPORE 8246
Address 1	BLK 642D	Address 2	PUNGGOL DRIVE	Post Code	824642
Address 4		Address Type	Singapore address		
Unit No.	#11-383				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	TAN CHIN KEONG IVAN	Insured NRIC		
Contact No.(Mobile)	81258019	Contact No. (Home)	63150955	Contact No. (Office)		
Email Address		OI Vehicle Number	SKQ7767E	TP Vehicle Number		
Claim Description	SKQ7767E / SGN4227E ON 8 Jan 2021				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault			
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered				Claim Close Date	11/01/2021 12:06	
Report Taken By				Workshop Repairer	ROSILINDA	
					Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

Accident No.
Last Doc. Received

MT/1116788
☒ Yes ☐ No

Claim No.
Upload Date

001
11/01/2021 00:00

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

Category *

Confidential

Urgency *

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 12:06	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2021-1-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 12:06	SAS	Normal	SAS 2021-1-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 12:06	Photos	Normal	Photos 2021-1-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 12:06	Photos	Normal	Photos 2021-1-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 12:06	Photos	Normal	Photos 2021-1-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 12:06	Photos	Normal	Photos 2021-1-11
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 12:06	Photos	Normal	Photos 2021-1-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jan 2021 12:06	Photos	Normal	Photos 2021-1-11

Video List

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

Scan and uploading