NATIONAL Assessment Centre	Services ve	r i Janoej		,		
Date In: 32/03/21	Jeb description		Date &Time Complete	ed	Done b	i.
Res No. NA/INC21003677/13	SAS e-filing					
Veh No. Sm K9379L	E-mail (within 8hr	s. AIC 2hrs;			compa Bassaca	
D.O.A: 20/03/21 1140	i-Motor Claim	Form 23/03	MT/105442-	001		
	i-Motor W/O (V					
OD / (TP) Reporting Only	i-Photo Upload	ed		-		
TP Insurer:	Assessment/Surv	ey Report				
ir insurer.	Ass't Report by I	Fax / Hand t	o Owner/Wksp		di successione di come un secondo	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No:	BL7587R	. INC ()/Non-INC()			
Owner / Driver: (Tel:)	
Policy No: () Perio	od: ()	Cover Type: ()	to a transcription of the same () second
Confirmed by : (Control of the Contro	Date:	Time:)	
Insured/Driver Liability: (%) [N			0%; P: 21-79%. F: 5	30-100%		
Year of Registration: () W	'arranty: YES ()/NO()			
Excess: (\$) Loading: \$1,00	0 () / \$2,000 (
General Remarks:-						
() Walk-In Customer: Customer's inform		dential & St	rictly NO rafer of repai	rer.		
() Total Loss Case : to e-mail Insurer	URGENTLY.					
Drive-In ()/ Towed-In (); Invoice:	YES () / NO)();7	Towing Co. ()
Remarks:- (INC horline: 6788 6616)			Date&Time Complete	d	Done	by
	ourtesy Car ()					
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()					
Injury:						
Date/Time Actions						
	t- 600					
25.5			. Charles		Anit (\$)	Amt (\$)
NA2102269			eparation Checklist		1st Bill	Add Bill
Claimant's Particulars :-		1) AR : Accide	nt Reporting (\$30); e Assessment (\$100);	NC (\$80)	30	
Driver/Owner:		3) TF : Towing	Fee	\$40/\$45 \$120		
		5) FT : Follow-	Through Survey Through Survey (Resurvey)	\$30		
Contact No:		For claiming 6) TR : Re-insp	against INC Only (wef 10 Ja	n 2005) \$75		
Damaged Portion:		7) N1 : Idac D	A + SMRT Survey	\$160		
	-	8) NTUC Addi	tional Services:-			
QC Checked by (Engr-In-Charge):		*N5: Courte	sy Car / Tpt Allowance	\$5 \$10		
	979) W W S W S W W S W S W		Co-ordination epair Inspection	\$25		
Auditors' Comments :-		*N8: DV / C	Collect Excess Coordination	\$5		
Cat. 1:		TP (N11): 7	TP (Non INC) against INC lobile	\$20 30		
Cat. 2 / 3;		Invoice dated	Fee Ch		S - 2 1 4 5 2	No.
		Invoice dated	Fee Ch	arged	公开 的经	

SN09213M000D / National Assessment Centre Services [408933] ENTRY DATE & TIME: 22/03/2021 16:23 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (22/03/2021 16:23 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

100 DEV	TETATEMENT
ACCIDEN	T STATEMENT
Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	22/03/2021 16:23 (SGT) 20/03/2021 11:40 (SGT) CTE, Singapore TWDS CITY NEAR AMK AVE 1 FLYOVER Singapore
DETAILS OF	F OWN VEHICLE
/ehicle Registration Number	SMK9379L
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes AP AUTOMOTIVE SERVICES PTE LTD 2XXXXX890H VINCENT.AW40@YAHOO.COM (Phone) +65-67844465 (Office) +65-67844465
VEHICLE PARTICULARS	
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC	Honda FIT - Private hire No - Claiming third party Private hire Auto 1500
INSURANCE COMPANY	
Name of Insurance Company Type of Coverage	NTUC Income Insurance Co-operative Ltd Comprehensive Yes

Fleet Policy Yes 5119272968 Policy Number Cover Note Number

DRIVER

AW LAI THIAM Name of Driver SXXXX392I



Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	21/07/1966 Outdoor 24/09/1985 35 YEARS AND 6 MONTHS Male (Phone) +65-97540276 - VINCENT.AW40@YAHOO.COM B LK 336C YISHUN ST 31 #09-33 763336 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1	No 2 No - Yes 4 No
Name Gender	UNKNOWN Male
PASSENGER 2 Name Gender	UNKNOWN Female
PASSENGER 3 Name Gender	UNKNOWN Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
PLS REFER TO THE ATTACHED STATEMENT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBL7587R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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, acknow ledge, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A-8mk93792 B-FBL7587R

Describe Circumstances of the Accident	
On 20.03.2021 at about 11:40hrs I was travelling al	ong CTE
towards City near Ang Wo Kis Are I flyover. All of a sudg	en I
felt an impact on my rear of my vehicle A. I realised.	
vehicle B had collided onto my rear of my vehicle A	
, , , , , , , , , , , , , , , , , , , ,	

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

Date of Accident	Accident Time: 11:40 hrs (24-HR-Format)
Accident Place	: CTE Powards City Near Amk Ave I flyover
Vehicle. No. (Car Plate No.)	: SMK9379L Make/Model: Honda Rt Hybrid 1.5 Auto
Insurace Company	: NTUC Policy No: 5119272968 - 000084
Owner or Company Name /IC No.	: AP Automotive Services Pte Ltd (202022890H)
Owner or Company Contact No.	: <u>6784 4465</u> Owner's HpCompany Tel
DRIVER'S Name / IC No.	. Aw Lai Thiam (S1763392I)
DRIVER'S Date Of Birth	: 21.07.1966 DRIVER'S License Pass Date 24.09.1985
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:)
DRIVER'S Address	BIK 336C Yishun Street 31 #69-33 S (763336)
DRIVER'S Contact No./ Alt No.	:1) 97540276 2)
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	: vincent. aw40 @ yahoo.com
Weather & Road Surface	:CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including D	priver): 4
Was there any video Captured by ca Exact purpose for which vehicle wa Any Injury (If YES, Pls state):	is being used at the time of accident: Private use Work purpose
Other]	Party Driver's Particular (if any)
Vehicle. No: FBL7587R	Vehicle. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:
* NEW - Passenger's name &	
T T	



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: 5119272968-000084

: SMK9379L

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: GP51340971

Chassis Number

2. Name of Policyholder

: AP AUTOMOTIVE SERVICES PTE LTD

3. Effective Date of Insurance

: 22 Dec 2020

4. Expiry Date of Insurance

: 21 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 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.

: S\$2,000 **EXCESS (SECTION 1)** : S\$1.500 **EXCESS (SECTION 2)** : S\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS

: PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO : YES INSURF WITH COF : NO NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : N/A PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2)

: INDEX CREDIT PTE LTD HIRE PURCHASE COMPANY

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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)

: INDEX AGENCY PTE LTD (00000572017) Agency

: 01 Oct 2020 09:09 hrs Date of Issue

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 890H

Vehicle Details

Vehicle No.: SMK9379L

Vehicle to be Exported:

Intended Deregistration Date: 30 Apr 2021

Vehicle Make: HONDA

Vehicle Model: FIT HYBRID 1.5 AUTO

Primary Colour: Red

Manufacturing Year: 2018

Engine No.: LEB1449764
Chassis No.: GP51340971

Maximum Power Output: 101.0 kW (135 bhp)

Open Market Value: \$18,972.00
Original Registration Date: 29 Apr 2019

First Registration Date: 29 Apr 2019

Transfer Count: 1

Actual ARF Paid: \$8,972.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 28 Apr 2029
PARF Rebate Amount: \$6,729.00

Intended COE Rebate Details

COE Expiry Date: 28 Apr 2029

COE Category: B - Car above 1600cc or 97kW (130bhp)

COE Period(Years): 10

QP Paid: \$48,000.00 COE Rebate Amount: \$38,373.00

Total Rebate Amount: \$45,102.00

The information contained herein is correct as at 22 Mar 2021



HIRER PARTICULARS

Name /

: AW LAI THIAM

Company

Address

: BLK 336C YISHUN ST 31

#09-33 S76336

HP Number

: 97540276

SINGAPORE 528840 TEL: 6784 4465 FAX: 6787 4886

Rental Agreement

AP AUTOMOTIVE SERVICES PTE LTD ROC / GST REG NO: 202022890H

TAMPINES STREET 93 #01-202

Agreement Date

: 30/12/2020

BLOCK 9006

Rental Term

: WEEKLY

Rental Rate

: \$392.52

Agreed Period

: 44195

Estimated End Date Excess For Section 1 : 8/6/2021

Excess For Section 2

\$ \$2,000 \$ \$1,500

Uob Account No.

PayNow UEN No.

3663227600

: 202022890H

RENTAL VEHICLES/ACCESSORIES

REG ITEM ID	Reg. No. SMK9379L		Make Model HONDA FIT HYBRID 1.5A		Model	Capacity	
					HYBRID 1.5A	1496	
DRIVER PARTICUL	ARS (IF NOT STATED)					
NAME	NRIC No./Fin No.	D.O.B.	Nationality	Contact No.	Address	Lic. Pass Date	
AW LAI THIAM	S1763392I	21/7/1966	SINGAPORE	97540276	BLK 336C YISHUN ST 31 #09-33 S76336	24/9/1985	

DELIVERY OF VEHICLE

Checked Out By

		TIMI			M	ILEAC	SE OUT		
30/12/2020		000	OHRS						
Petrol Out	:	EMPTY	1/8	1/4	3/8	1/2	5/8	3/4	FULL
Estimated Date (Of	Return							
	5		0						
	_							= 1 1	
Checked Out By									
Checked Out By Date in			Time	In			Mi	leage I	n
Checked Out By Date in Petrol Out	:	EMPTY		1/4	3/8	1/2	Mi 5/8		n FULL
Date in	: :	EMPTY			3/8	1/2	-		
Date in	: :	EMPTY			3/8	1/2	-		

NO REFUND OF DEPOSIT ON - PUBLIC HOLIDAYS - SUNDAY AND AFTER 5p.m. DAILY PAYMENTS FOR DEPOSIT WILL BE

Mode Of Payment	
Internet Banking	
Cheque	

Rental Due	:	\$392.52
Delivery Charge	:	
Excess Buy Down	:	\$32.71
GST	:	\$29.77
Total Due	:	\$455.00
Total Paid	:	\$1,455,00

Damage Recovery	:	
Others	:	
Deposit	:	\$1,000
Amount Refund	:	

Remarks:		
-		
Signature / Date	:	

PURPOSE OF RENTAL

THE ABOVE-MENTIONED NAME/COMPANY HEREBY AGREES & ACCEPTS AP AUTOMOTIVE SERVICES' TERMS AND CONDITION OF RENTAL

DRIVER SIGNATURE

Computation Check By

REFUNDED BY CHEQUE AFTER 7 DAYS.

SIGNATURE & CO'S STAMP

Claim Handling Accident MT/1125442 202022890H GST Registration No. Vehicle No. SMK9379L 5119272968 Policy No. Certificate No. 5119272968-000084 Policyholder NRIC 202022890H AP AUTOMOTIVE SERVICES PTE LTD Policyholder Name Loading drivo CLASSIC Cover Type FLEET MASTER INSURANCE Product Code Contact No.(Home) Contact No.(Office) 67844465 Contact No.(Mobile) eCode No 🕶 Special Remark Email Address eCode Reason No Yes TCA KFK No Yes Private Hire NCD Entitlement(%) 0 NCD Protection No Accident Details Collision - Head to Rear Accident Type Accident Report Within 24 hrs 23/03/2021 18:39 Report Date Singapore Country of Accident Time of Accident hh:mm Date of Accident 20/03/2021 ICM No. Reporting Centre CTE TWDS CITY NEAR AMK AVE 1 FLYOVER Accident Location ▼ Total Excess Applicable 100.00 Windscreen Excess Per Accident Excess Type 1,500.00 2,000.00 TP Standard Excess OD Standard Excess Covered Driver is Covered? YIED TP Excess 0.00 YIED OD Excess 0.00 Additional Excess 1,500.00 Total TP Excess Applicable Total OD Excess Applicable 2.000.00 **▽** Benefits GST Registered Information GST Registration Date 01/10/2020 **GST** Registered GST Status Verified GST Registration No. 202022890H Modification History Policyholder Mailing Address TAMPINES INDUSTRIAL PARK A Address 3 Address 2 TAMPINES STREET 93 BLK 9006 #01-202 Address 1 528840 Singapore address Post Code SINGAPORE 528840 Address Type Address 4 Related Policy Number 5120364771 01-202 Unit No. OI Driver Info Unnamed Driver Driver Type Unnamed Driver 21/07/1966 Driver NRIC S1763392I Unnamed driver Name AW LAI THIAM Driving Experience 35 Driver Age Register Date of Driver License 24/09/1985 Contact No.(Home) Contact No.(Office) 97540276 Contact No.(Mobile) Address 3 YISHUN RIVERWALK YISHUN STREET 31 Address 2 BLK 336C 763336 Singapore address Post Code Address Type Address 4 SINGAPORE 763336 #09-33 Unit No. Driver Insurer Company Does he own a Singapore Registered car? Driver Vehicle No. Yes No Breathalyser or Blood Test Reading? Any injury? Yes (No 0 mg Modification History Claim 001 OD-MX New Insured NRIC 202022890H Insured Name AP AUTOMOTIVE SERVICES PTE Claim Type * OD-MX Contact No.(Office) Contact No.(Home) Contact No.(Mobile) 96169466 FBL7587R TP Vehicle Number OI Vehicle Number SMK9379 Email Address Name of Preferred Workshop SMK9379L / FBL7587R ON 20 Mar 2021 Claim Description ~ Preferred Workshop Contact Insured Liability * Not at Fault GIA report Received Preferered Repair Option Preferred Workshop, Name unknown Require Finalisation Yes 23/03/2021 00:00 Date Received Claim Close Date Date Registered 23/03/2021 18:46 Total Loss but Repaired Workshop Repairer ROSLINDA Report Taken By Print AK letter Save Submit Attachment Claim No. MT/1125442 Accident No. Upload Date 23/03/2021 00:00 ● Yes ○ No Last Doc. Received Confidential Urgency * Description Path * V NO ∨ Normal Clear Please Select Choose File No file chosen ~ ∨ Normal ₩ NO Clear Please Select Choose File No file chosen ~ ✓ Normal NO Clear Please Select Choose File No file chosen v ~ NO ∨ Normal Choose File No file chosen Clear Please Select ₩ NO ∨ Normal ~ Please Select Choose File No file chosen Clear ₩ NO ∨ Normal Choose File No file chosen Clear Please Select Send Mes

Attachment List

23/2021	Claim Handling(accident reporting Claim Task 001 OD-MA)					
Attachment	Uploaded By/Date	Category	8	Urgency	Description	Msg Sent? (CO)
2.57	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Mar 2021 18:46	NRIC/ Driving License	Υ	Normal	NRIC/ Driving License 2021-3-23	
POR	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Mar 2021 18:46	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Mar 2021 18:46	NRIC/ Driving License	Υ	Normal	NRIC/ Driving License 2021-3-23	
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120	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Mar 2021 18:46	Photos		Normal	Photos 2021-3-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Mar 2021 18:46	Photos		Normal	Photos 2021-3-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Mar 2021 18:43	Photos		Normal	Photos 2021-3-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Mar 2021 18:43	Photos		Normal	Photos 2021-3-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Mar 2021 18:43	Photos		Normal	Photos 2021-3-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Mar 2021 18:43	Photos		Normal	Photos 2021-3-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Mar 2021 18:43	Photos		Normal	Photos 2021-3-23	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 23 Mar 2021 18:43	Photos		Normal	Photos 2021-3-23	
▼ Video List		(1)				
	Uploaded By/Date Folder Date File Name				Source	

Display in New Window Scan and uploading