

NATIONAL Assessment Centre Services. [wef 1 Jan 05] MHA118088604

Date In: 9/7/18 - 20:05	Job description	Date & Time Completed	Done by
Ref No: NA/INCR012481/24	SAS e-filing		
Veh No: 5JT6659L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 9/7/18-08:20	i-Motor Claim Form	MT/100260-09	9/7/18 20:21
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: Vch No: 6W4419X 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 (\$) Est. Bill	Am't (\$) Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
Cat. 1:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
Cat. 2 / 3:	9) N12: Idac Mobile \$30		

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 ability.
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	09/07/2018 20:05
Date Of Accident	09/07/2018 08:20
Exact Location Of Accident	PUNGGOL WEST FLYOVER TWDS PUNGGOL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT6659L
Insured/Policyholder	
Name Of Registered Owner	HO CHI CHIA, BRENDA (HE QIJIA, BRENDA)
NRIC No	S7912519I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96880011
Alternative Phone No	OFFICE-96880011

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY 2.4L AT SR
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	5094909631
Cover Note Number	

Driver

Name of Driver	HO CHI CHIA, BRENDA (HE QIJIA, BRENDA)
NRIC No	S7912519I
Date Of Birth	25/04/1979
Occupation	INDOOR
Date Of Driving Pass	16/11/1999
Driving Experience	18 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96880011
Fax Number	
Contact Number	OFFICE-96880011
EMail Address	NOEMAIL

Address	62 PUNGGOL WALK #16-27
Postcode	828781
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO 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	GW4419X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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**.
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5. **Any false reporting may be referred to the Police for investigation**.
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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:

8/7/2018 3:22 pm.



Driver's Signature
(If driver is not the policyholder)

Date & Time:
8/7/2018 3:22 pm

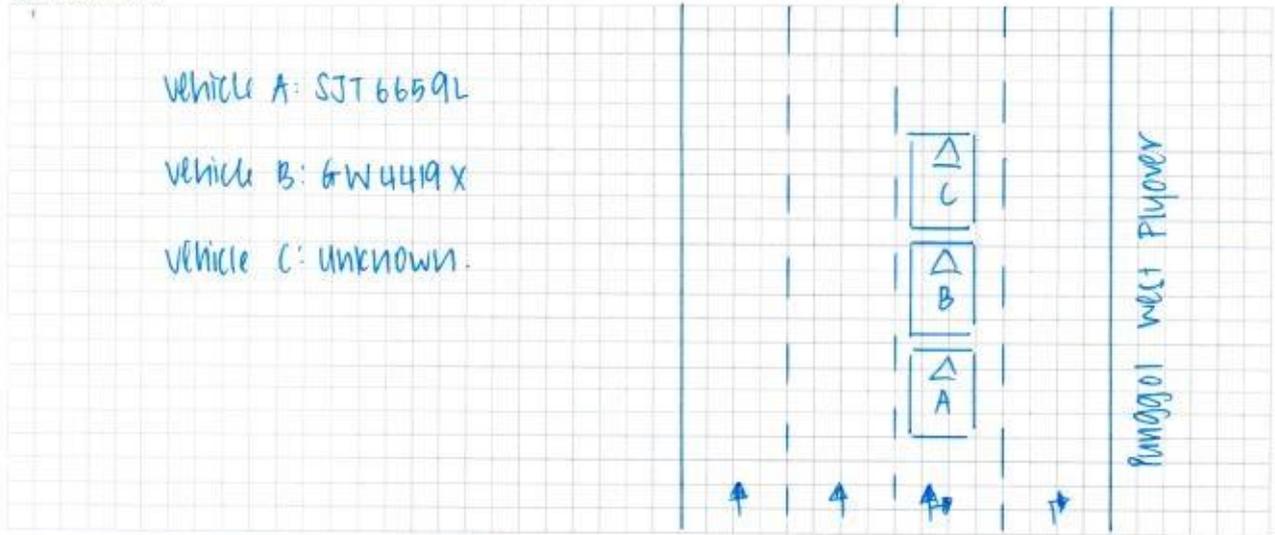


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

vehicle 'B', GW449X, made a sudden brake and I couldn't stop in time and collided into its rear.

DECLARATION

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

Policyholder's Signature

Date & Time:

8/7/2018 3:22 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

8/7/2018 3:22 pm.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (09 / 07 / 2018) (DD/MM/YYYY), TIME: (08 : 20) (HH:MM)

LOCATION: Punggol West Flyover towards Punggol

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJT6659L
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5094909631
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda Odyssey
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private
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: HO CHI CHIA, Brenda (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S791251A7 CONTACT: 9689 0011
c) ADDRESS: 62 Punggol Walk #16-27A Treasure Trove
s(828781)

* 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: (25 / 04 / 1979) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 19 year

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GW4419X MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: UNKNOWN MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
(01)

* No of passenger
(including driver)
(01)

* No of passenger
(including driver)
(01)

Email =

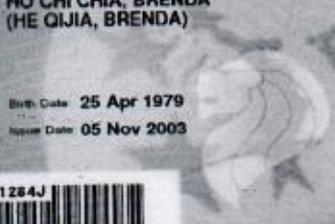
fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S79125191**

Name:
**HO CHI CHIA, BRENDA
(HE QIJIA, BRENDA)**

Birth Date: **25 Apr 1979**
Issue Date: **05 Nov 2003**



000381284J



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	16 Nov 1999

NP 428A

Licence No: S79125191



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7912519I



Name

HO CHI CHIA, BRENDA
(HE QIJIA)

何其佳

Race

CHINESE

Date of birth

25-04-1979

Sex

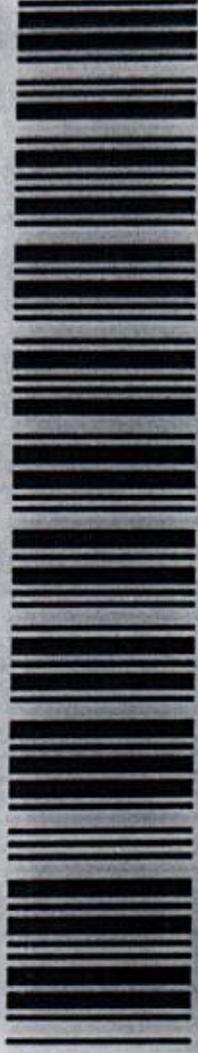
F

Country of birth

SINGAPORE



4859432



NRIC No. **S7912519I**



Date of Issue

11-04-2012

**62 PUNGGOL WALK #16-27
SINGAPORE 828781**

NRIC No:

S7912519I

Date:

11/01/2016

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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094909631	HO CHI CHIA, BRENDA (HE QIJIA, BRENDA)	579125191	GPC	drivo CLASSIC	SJT6659L	SJT6659L	26/10/2017	25/10/2018

Continue

▼ Policy Information

Policy No.	5094909631	Policyholder Name	HO CHI CHIA, BRENDA (HE QIJ)	Policyholder NRIC	S7912519I
Address	62 PUNGGOL WALK #16-27 A TREASURE TROVE SINGAPORE 828781				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	16/10/2017	Effective Date	26/10/2017 00:00	Expiry Date	25/10/2018 23:59
Excess Type		All Claim Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	CAR INNS INSURANCE AGENCY	Agent Tel.	64587787	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	62 PUNGGOL WALK	Address 2	#16-27 A TREASURE TROVE	Address 3	SINGAPORE 828781
Address 4		Address Type	Singapore address	Post Code	828781
Unit No.	16-27	Related Policy Number	5094909631		

▶ Insured Object: SJT6659L

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

Exit

Accident MT/1002260

Policy No.	SD94909631	Vehicle No.	SJT6659L	GST Registration No.	
Policyholder Name	HO CHI CHIA, BRENDA (HE Q13A, BRENDA)	Cover Type	drive CLASSIC	Policyholder NRIC	S7912519I
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	96880011	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes	Private Hire	No	Accident Type	Chain Collision
Accident Details		Accident Report Within 24 hrs	Yes	Country of Accident	Singapore
Report Date	09/07/2018 20:19	Time of Accident hh:mm	08:20	ICM No.	
Date of Accident	09/07/2018	Orange Force			
Reporting Centre					
Accident Location	PUNGGOL WEST FLYOVER TWDD PUNGGOL				
Benefits					
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address

Address 1	62 PUNGGOL WALK	Address 2	# 16-27 A TREASURE TROVE	Address 3	SINGAPORE 828781
Address 4		Address Type	Singapore address	Post Code	828781
Unit No.	16-27	Related Policy Number	S094909631		

DI Driver Info

Driver Name	HO CHI CHIA BRENDA	Driver Type	Main Driver	Driver DOB	25/04/1979
Unnamed driver Name		Driver NRIC	S7912519I	Driving Experience	18
Register Date of Driver License	15/11/1999	Driver Age	39	Contact No. (Home)	0
Contact No. (Mobile)	96880011	Contact No. (Office)	0	Address 3	SINGAPORE 828781
Address 1	62 PUNGGOL WALK	Address 2	A TREASURE TROVE	Post Code	820781
Address 4		Address Type	Singapore address		
Unit No.	16-27				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	HO CHI CHIA, BRENDA (HE Q13)	Insured NRIC	S7912519I
Contact No. (Mobile)	96880011	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		OI Vehicle Number	SJT6659L	TP Vehicle Number	GW4419X
Claim Description	SJT6659L / GW4419X ON 9 Jul 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Requires Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	09/07/2018 20:21	Claim Close Date		Date Received	09/07/2018 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No. MT/1002260 Claim No. 001

Last Doc. Received Yes No Upload Date 09/07/2018 20:23

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:23	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:23	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:23	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:23	SAS	Normal	SAS 2018-7-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:22	Photos	Normal	Photos 2018-7-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:22	Photos	Normal	Photos 2018-7-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:22	Photos	Normal	Photos 2018-7-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:22	Photos	Normal	Photos 2018-7-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:22	Photos	Normal	Photos 2018-7-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:22	Photos	Normal	Photos 2018-7-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:22	Photos	Normal	Photos 2018-7-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:22	Photos	Normal	Photos 2018-7-9		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:21	Photos	Normal	Photos 2018-7-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:21	Photos	Normal	Photos 2018-7-9		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	