

NATIONAL Assessment Centre Services. [ver 1 Jan 2003]

Date In: 26/11/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC1802/137/13	SAS e-filing		
Veh No: SKU30383	E-mail (within 3hrs, AIC 2hrs)		
DOA: 28/06/18 1300	I-Motor Claim Form	MT/1017821-	002
OD - TP (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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: H1A1484 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:	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

NA1807890	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Customer's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wof 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$23		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao 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 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	26/11/2018 16:26
Date Of Accident	28/06/2018 13:00
Exact Location Of Accident	JALAN COKMAR
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU3038G
Insured/Policyholder	
Name Of Registered Owner	VENUEFEST SERVICE
Co Reg No	53358071D
Email Address	LEDYS.ENGRG@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-93688797

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD
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	5100739978
Cover Note Number	

Driver

Name of Driver	LEE KAR POH,LOUIS(LI JIABAO,LOUIS)
NRIC No	S7939697D
Date Of Birth	16/12/1979
Occupation	OUTDOOR
Date Of Driving Pass	07/06/1999
Driving Experience	19 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93688797
Fax Number	
Contact Number	
EEmail Address	LEDYS.ENGRG@GMAIL.COM

Address	BLK 607 WOODLANDS ST 81 #09-205
Postcode	730607
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	JOHOR BAHRU SELATAN
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 28/06/2018 AT ABT 1300 HRS I WAS DRIVING MY VEH BEARING REG NO SKU3038G FROM SINGAPORE TWDS TAMAN PELANGI. WHEN I REACHED AT JALAN COKMAR, I ON MY SIGNAL INDICATOR TO TURN LEFT TO ENTER INTO THE CAR WASH KIOSK SUDDENLY VEH(B) BEARING REG NO HJA1484 CAME FROM MY LEFT AND HIY ONTO MY FRT LEFT SIDE PORTION OF MY VEH. NO ONE WAS INJURED.

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	HJA1484
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.
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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**.
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

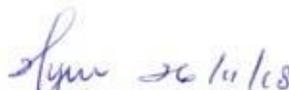
Date & Time:



Driver's Signature

(If driver is not the policyholder)

Date & Time:

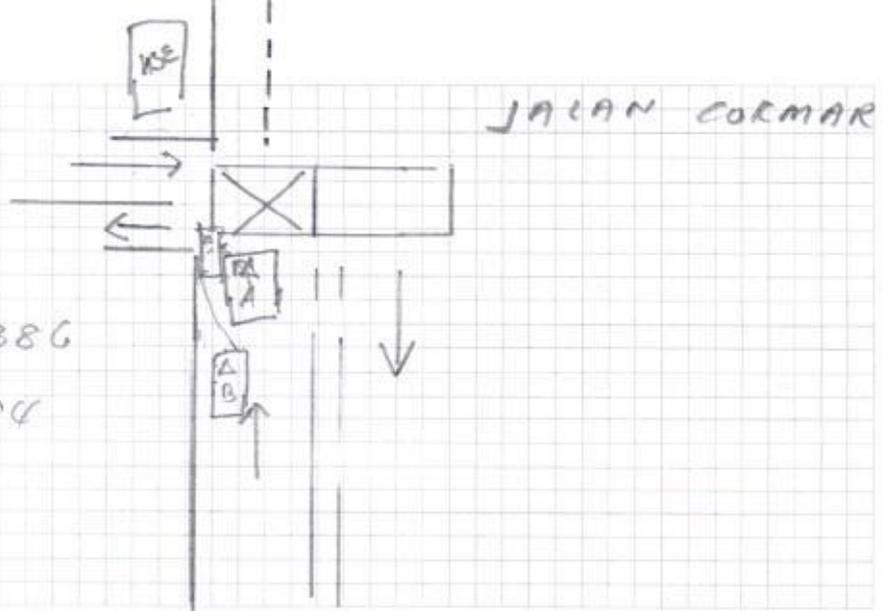


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



A - SKU30386

B - HJA1484

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

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

[Signature]



Policyholder's Signature
Date & Time:

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

[Signature] 26/11/18

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TRAFIK JOHOR BAHRU(S)
Daerah : J/BAHRU SELATAN
Kontinjen : JOHOR
No Repot : TRAFIK JOHOR BAHRU(S)/015326/18
Tarikh : 28/06/2018
Waktu : 1355 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R130080
No Repot Bersangkut : TRAFIK JOHOR BAHRU
(S)/015324/18

Butir-butir Penerima Repot

Nama : MOHAMMAD HARRIS BIN HARNAIN

No Personel : R193183

Pangkat : KONST

Butir-butir Jurubahasa (Jika Ada)

Nama : ---

No K/P (Baru) : ---

No Polis/Tentera : ---

No Pasport : ---

Bahasa Asal : ---

Alamat : ---

Butir-butir Pengadu

Nama : LEE KAR POH, LOUIS (LI JIABAO, LOUIS)

No K/P (Baru) : ---

No Polis/Tentera : ---

No Pasport : K0357283A

No Sijil Beranak : ---

Jantina : Lelaki

Tarikh Lahir : 16/12/1979

Umur : 38 tahun 6 bulan

Keturunan : Cina

Warganegara : Singapore

Pekerjaan : SWASTA

Alamat Tempat Tinggal : APT BLK 766 WOODLANDS CIRCLE #12-354 SINGAPORE, 730766

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : ---

No Tel (Pejabat) : ---

No Tel (HP) : 93688797

Pengadu Menyatakan:-

PADA 28/6/2018 JAM LEBIH KURANG 1300HRS SAYA MEMANDU M/KAR NO SKU3038G DARI SINGAPORE HENDAK KE TAMAN PELANGI. APABILA SAMPAI DI JALAN COKMAR, BERI ISYARAT BELOK KE KIRI UNTUK MASUK KE CAR WASH, DAN JALA NTERUS. TIBA-TIBA ADA SEBUAH M/TEKSI NO HJA1484 DATANG DARI BELAKANG KIRI TELAH MELANGGAR M/KAR SAYA TEPI KIRI. SAYA TIDAK CEDERA. KEROSAKAN M/KAR SAYA DI BAHAGIAN DEPAN KIRI, BUMPER, MUDGUARD, LAMPU DAN LAIN-LAIN KEROSAKAN YANG BELUM PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada) :

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R4188663 | 28/06/2018 02:48:32 PM

PEJ. SALINAN REPOT
TRAFIK JOHOR BAHRU (S)
SALINAN YANG DISAHKAN BENAR
(HANYA UNTUK TUNTUTAN SIVIL)

.....
KETUA TRAFIK DAERAH JOHOR BAHRU (S) JOHOR
FIGRAK BOLEH DIGUNAKAN UNTUK TUJUAN PERBICARAAN



POLIS DIRAJA MALAYSIA
CAWANGAN TRAFIK
IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN,
JALAN TEBRAU, 80250 JOHOR BAHRU
07-2237977

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : LEE KAR POH, LOUIS (LI JIABAO, LOUIS)
 No Kad Pengenalan / Pasport : K0357283A
 No Repot Polis : TRAFIK JOHOR BAHRU(S)/015326/18
 Tarikh @ Masa Repot Polis : 28/06/2018 @ 13:55
 Pengesahan Penerimaan Repot :

.....
 Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R130080) SJN MOHD FADLI BIN ALI
 Tempat Tugas : JOHOR , J/BAHRU SELATAN
 No Telefon Pejabat : No Telefon Bimbit : 019-4614595
 Tarikh @ masa Perjumpaan :
 Pengesahan Penerimaan Repot :

.....
 (MOHD FADLI BIN ALI)
 SARJAN 130080
 Cawangan Trafik
 IPD Johor Bahru Selatan
 Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : No Badan : Pangkat :

Tarikh @ Masa Gambar Diambil :
 Pengesahan Gambar Diambil :

.....
 Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen :

Waktu Pejabat :

Isnin - Khamis :
 08:00 Pagi - 01:00 Tengah Hari
 02:00 Petang - 04:30 Petang
 Jumaat :
 08:00 Pagi - 12:30 Tengah Hari
 02:45 Petang - 04:30 Petang
 Cuti Umum / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

1. Salinan Repot Polis
2. Gambar Kenderaan
3. Rajah Kasar Kemalangan
4. Keputusan Siasatan
5. Lain-lain Dokumen

Tarikh @ Masa Dokumen Diserah :

Pengesahan Kaunter Pembekalan Dokumen :

.....
 Tandatangan Pegawai Kaunter Pembekalan Dokumen

Waktu Pejabat :

Ahad - Rabu:
 08.00 Pagi - 01.00 Tengah Hari
 02.00 Petang - 04.30 Petang
 Khamis:
 08.00 Pagi - 01.00 Tengah Hari
 02.00 Petang - 03.00 Petang
 Jumaat, Sabtu - Tutup
 Cuti Umum / Khas - Tutup



POLIS DIRAJA
MALAYSIA

RESIT RASMI

Nombor Resit Induk : 0201002018P0008751
Kaedah Bayaran : Tunai
Nombor Siri : -
Jumlah : RM4.00
Tarikh Bayaran : 28/06/2018
Pengeluar Resit : JOHOR BAHRU
Nama : LEE KAR POH, LOUIS
(LI JIABAO, LOUIS)
Nombor K/P :
Bilangan : 1 muka surat 1/1
1 0201002018L017897 REPOT KEMALANGAN 4
015326/18



SILA SIMPAN RESIT UNTUK REKOD ANDA
TERIMA KASIH
350585R4818118P0140086872851630206010004
KK/BPKS/10/600-2/1/2 (2)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7939697D



Name
LEE KAR POH, LOUIS
(LI JIABAO, LOUIS)
李家葆

Race
CHINESE

Date of Birth
16-12-1979

Sex
M

Country of Birth
SINGAPORE

1/2/3



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7939697D

Name
LEE KAR POH, LOUIS
(LI JIABAO, LOUIS)

Birth Date: 16 Dec 1979

Issue Date: 01 Jul 2014

002320584E




2962296



NRIC No. S7939697D



Group Date of issue
O+ 02-06-1997

Address
APT BLK 607 WOODLANDS STREET 61 #09-205
SINGAPORE 730607

NRIC No: S7939697D Date: 23-09-1999 No: 2567714

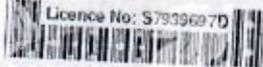
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

EFFECTIVE DATE

Class 3: Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 07 Jun 1999

NP 426A

Licence No: S7939697D



Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="28/06/2018 13:00"/>
Vehicle No.(For Motor)	<input type="text" value="SKU3038G"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5100739978		VENUEFEST SERVICE	53358071D	GPC	drivo CLASSIC	SKU3038G	SKU3038G	15/05/2018	04/08/2019

Continue

Claim Handling

Accident MT/1017821

Policy No.	S100739978	Vehicle No.	SKU3038G	GST Registration No.
Certificate No.				
Policyholder Name	VENUEFEST SERVICE			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	30/10/2018 17:01	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	28/06/2018	Time of Accident hh:mm	13:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	TAMAN PELANGI			

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		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	31/10/2018 13:39:43 Deborah Mui changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 766 #12-354	Address 2	WOODLANDS CIRCLE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	S103137270	

O1 Driver Info

Driver Name		Driver Type	
Unnamed driver Name		Driver NRIC	Driver DOB
Register Date of Driver License		Driver Age	Driving Experience
Contact No.(Mobile)		Contact No.(Office)	Contact No.(Home)
Address 1		Address 2	Address 3
Address 4		Address Type	Foreign address
Post Code			
Unit No.			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	Driver Insurer Com

Modification History:

Claim 002 OD-MX **New**

Claim Type *	OD-MX	Insured Name	VENUEFEST
Contact No.(Mobile)		Contact No.(Home)	NIL
Email Address		O1 Vehicle Number	SKU3038G
Claim Description	SKU3038G / HJA1484 ON 28 Jun 2018		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	26/11/2018 19:04	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	

[Print AK letter](#)

Save Submit

Attachment

Accident No. MT/1017821 Claim No. 002
 Last Doc. Received Yes No Upload Date 26/11/2018 00:00

Path *	Category *	Confidential
Choose File No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Nov 2018 19:03	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Nov 2018 19:03	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Nov 2018 19:03	Photos	Normal	Photos ↓
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Nov 2018 19:03	Photos	Normal	Photos ↓
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Nov 2018 19:03	Photos	Normal	Photos ↓
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Nov 2018 19:03	Photos	Normal	Photos ↓
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Nov 2018 19:03	Photos	Normal	Photos ↓
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Nov 2018 19:02	Photos	Normal	Photos ↓
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Nov 2018 19:02	Photos	Normal	Photos ↓
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Nov 2018 19:02	Photos	Normal	Photos ↓
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Nov 2018 19:02	Photos	Normal	Photos ↓
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Nov 2018 19:02	Photos	Normal	Photos ↓
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Nov 2018 19:02	Photos	Normal	Photos ↓
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Nov 2018 19:02	Photos	Normal	Photos ↓

Video List

Uploaded By/Date	Folder Date	File Name
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