

Date In: 11/2/19 16:52	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MWA( INC19002152144	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SKN 8419U	I-Motor Claim Form	MT/1030542 <sup>001</sup>	11/2/19 17:09.
D.O.A: 311119 18:30.	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> Reporting Only	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: Veh No: WC7966D. 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 repaler.

( ) 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

Client's Particulars	Invoice Description	Amount (\$)	Remarks (\$)
	1) AR: Accident Reporting (\$30);	30.00	
	2) DA: Damage Assessment (\$100); INC (\$80)		
	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (ver 10 Jan 2005)		
	6) TR: Re-Inspection \$75		
	7) NI: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt 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: Idau 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	01/02/2019 16:52
Date Of Accident	31/01/2019 18:30
Exact Location Of Accident	TOA PAYOH EAST TWDS TOA PAYOH LOR 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN8419U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIN VUI SIONG
NRIC No	S7171728C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94758967
Alternative Phone No	OFFICE-94758967

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	THIRD PARTY
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	5072876295-03
Cover Note Number	-

### Driver

Name of Driver	CHIN VUI SIONG
NRIC No	S7171728C
Date Of Birth	14/01/1971
Occupation	INDOOR
Date Of Driving Pass	12/02/1999
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94758967
Fax Number	
Contact Number	OFFICE-94758967
EMail Address	NOEMAIL

Address 736 BEDOK RESERVOIR RD #06-28  
 Postcode 479264  
 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 - MAJOR/MINOR RD  
 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) 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**

PLEASE REFER TO 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 WC7966D  
 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)

## 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:

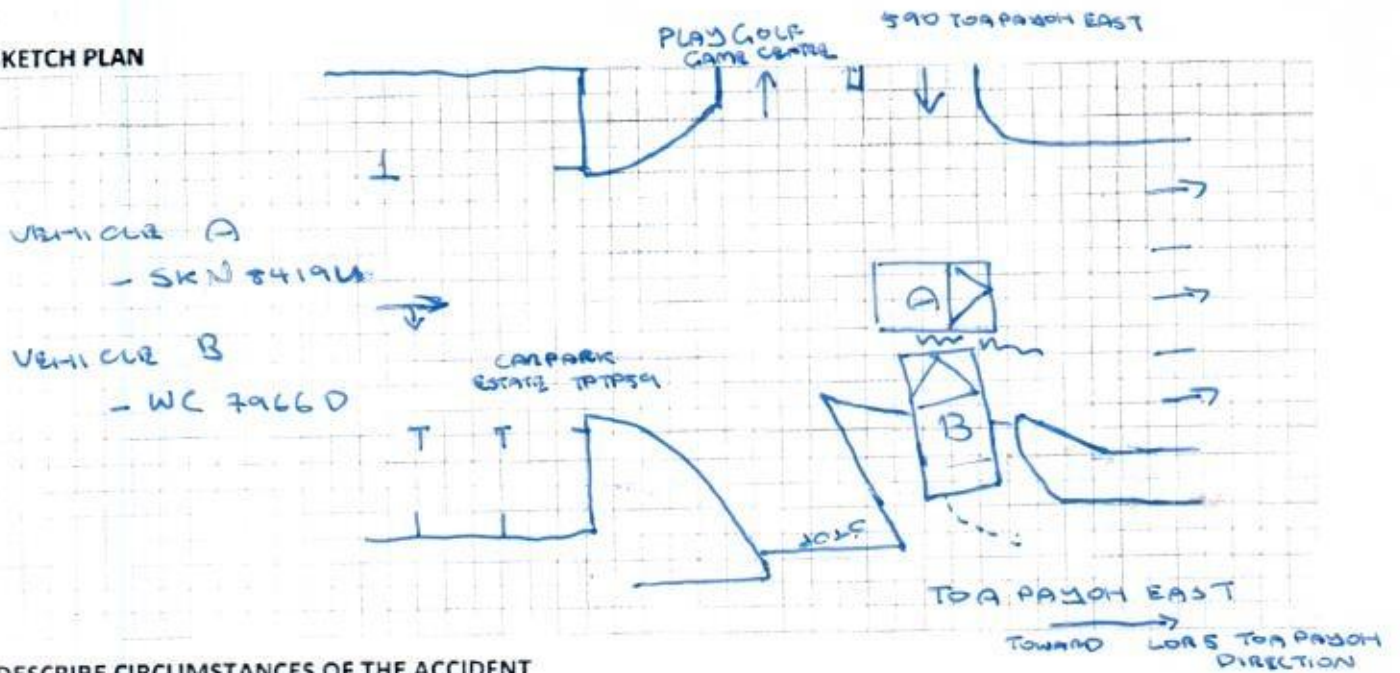
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I WAS TRAVELLING STRAIGHT AFTER EXITING FROM CARPARK TPTP59, GOING TOWARD LOL5 TOA PAYOH DIRECTION.

WHILE TRAVELLING STRAIGHT AHEAD WHILE PASSING THE ENTRANCE OF 590 TOA PAYOH EAST, SUDDENLY A VEHICLE MAKING A RIGHT TURN FROM THE OPPOSITE DIRECTION, WITHOUT STOPPING AT THE STOP LINE, THE VEHICLE HIT STRAIGHT TO THE RIGHT SIDE OF MY VEHICLE.

ALIGHTED AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE NUMBER (WC 7966D) THAT COLLIDED TO THE RIGHT SIDE OF MY VEHICLE. WHICH HE FAILED TO STOP HIS VEHICLE AT THE STOP LINE TO GIVE WAY TO ON-GOING VEHICLE.

VEHICLE A - SKN 8419U  
 VEHICLE B - WC 7966D

**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.:

<b>Vehicle No.</b>	SKN 8419 U	Model / Make	TOYOTA ACTIS
<b>Date of Accident</b>	31/01/2019		
<b>Time of Accident</b>	1830	HRS	
<b>Location of Accident</b>	TOA PAYOH EAST TOWARD TOA PAYOH LOR 5		
<b>Exact purpose use during accident</b>	PRIVATE USE		
<b>Name of Owner</b>	CHIN WUI SIONG		
<b>Telephone No.</b>	H/P : 9475 8967	Home :	Office :
<b>NRIC</b>	S 7171728C		
<b>Address</b>	736 BEDOK RESERVOIR ROAD #06-29 S(479264)		
<b>Claim type</b>	OD	THIRD PARTY REPORTING ONLY	
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5072876295-03		
<b>Name of Driver</b>	As Above If No,		
<b>NRIC</b>	Any Passengers : NIL		
<b>Date of birth</b>	14/01/1971		
<b>Occupation</b>	Outdoor	/ Indoor	
<b>Driving License Pass Date</b>	12 FEB 1999		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P :	Home :	Office :
<b>Address</b>			
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state OWNER	
<b>Weather condition</b>	Clear	Raining	Other
<b>Road Surface</b>	Dry	Wet	Other
<b>Any Injuries</b>	No,	If Yes, Who?	
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No,	If Yes, Where?	
<b>Vehicle B No.</b>	WC 7966 D	Any Passengers :	
<b>Name of Driver</b>	Contact No. :		
<b>Vehicle C No.</b>	Any Passengers :		
<b>Vehicle D No.</b>	Any Passengers :		
<b>Vehicle E no.</b>	Any Passengers :		
<b>Vehicle F No.</b>	Any Passengers :		
<b>Vehicle G No.</b>	Any Passengers :		
<b>Witness Name</b>	Witness Contact :		
<b>Accident Portion</b>	RIGHT SIDE OF VEHICLE		
<b>Camera Recorder</b>	Yes / (No)		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	TWINCAR AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP Email ADDRESS</b>	Sales@n5i.com.sg		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7171728C



Name  
**CHIN VUI SIONG**  
陳偉祥  
Race  
CHINESE  
Date of birth  
14-01-1971  
Sex  
M  
Country of birth  
MALAYSIA

S7171728C



4702071



NRIC No. S7171728C

Date of issue  
14-10-2011

736 BEDOK RESERVOIR ROAD #06-28  
SINGAPORE 479284  
NRIC No. S7171728C Date: 20/12/2018

REPUBLIC OF SINGAPORE DRIVING LICENCE



NRIC No. S7171728C  
Name  
**CHIN VUI SIONG**  
Sex Date: 14 Jan 1971  
Issue Date: 19 Jun 2003

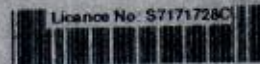


000583708C

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 12 Feb 1999



Licence No: S7171728C

NP 428A



## 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)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5072876295-03

- |   |                              |
|---|------------------------------|
|   | <b>Cover :</b> drivo CLASSIC |
| 1. Index mark and Registration Number of Vehicle  | : SKN8419U                   |
| Chassis Number  | : MR053REH104512830          |
| 2. Name of Policyholder   | : CHIN VUI SIONG             |
| 3. Effective Date of Insurance  | : 23 Jul 2018                |
| 4. Expiry Date of Insurance   | : 22 Jul 2019                |
| 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)	: S\$600
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	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHIN VUI SIONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: OCBC BANK LTD
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 : ABWIN PTE LTD (00000614234)  
 Date of Issue : 20 Jul 2018 09:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



2/1/2019

**Claim Handling**

Accident MT/1030542

Policy No.	5072876295-03	Vehicle No.	SKN8419U	GST Registration No.	
Certificate No.				Policyholder NRIC	S7171
Policyholder Name	CHIN VUI SIONG	Cover Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	94758967	Special Remark		eCode	No
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	Private Hire	No
NCD Protection	Yes				

**Accident Details**

Report Date	01/02/2019 17:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	31/01/2019	Time of Accident hh:mm	18:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	TOA PAYOH EAST TWDS TOA PAYOH LOR 5				

**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		

**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 842B #10-32	Address 2	TAMPINES STREET 82	Address 3	SINGA
Address 4	*	Address Type	Singapore address	Post Code	52284
Unit No.	10-32	Related Policy Number	5072876295-03		

**01 Driver Info**

Driver Name	CHIN VUI SIONG	Driver Type	Main Driver	Driver DOB	14/01/
Unnamed driver Name		Driver NRIC	S7171728C	Driving Experience	19
Register Date of Driver License	12/02/1999	Driver Age	48	Contact No.(Home)	
Contact No.(Mobile)	94758967	Contact No.(Office)		Address 3	SINGA
Address 1	BLK 842B #10-32	Address 2	TAMPINES STREET 82	Post Code	52284
Address 4	*	Address Type	Singapore address		
Unit No.	10-32			Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.			

**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	CHIN VUI SIONG
Contact No.(Mobile)	94758967	Contact No. (Home)	67445746
Email Address		O1 Vehicle Number	SKN8419U
Claim Description	SKN8419U / WC7966D ON 31 Jan 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	01/02/2019 17:08
			LIEW SHAN HUI

Print AK letter

Save Submit

**Attachment**

Accident No. MT/1030542 Claim No. 001

Last Doc. Received

Yes  No

Upload Date

01/02/2019 17:09

Path \*

Category \*

Confidential

Urgency \*

- No file chosen
- No file chosen
- No file chosen
- No file chosen
- No file chosen
- No file chosen
- 

<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 17:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 17:09	SAS	Normal	SAS 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 17:09	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 17:09	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 17:09	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 17:09	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 17:09	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 17:08	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 17:08	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 17:08	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 17:08	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 17:08	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 17:08	Photos	Normal	Photos 2019-2-1

Video List

Uploaded By/Date	Folder Date	File Name	Source
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