

NATIONAL Assessment Centre Services.

[ver 1 Jan 09]

MA119030379

Date In: 6/13/19 11:43	Job description	Date & Time Completed	Done by
Ref No: NA11NC19004090164	SAS e-filing		
Veh No: SLZ 1013C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 513/19 19:50	I-Motor Claim Form	MT11034868-001	6/13/19 16:03
OD: <input checked="" type="checkbox"/> 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:

Veh No:

G8F 9339J

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:

(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

MA1901730

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

At 1:

At 2/3:

Invoice/Repairation Checklist

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) PT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (ver 10 Jan 2009)

6) TR: Re-Inspection \$75

7) N1: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON*

*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: Idao Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Amount (\$)

Amount (\$)

Add Bill

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	06/03/2019 11:43
Date Of Accident	05/03/2019 19:50
Exact Location Of Accident	SGH BLK 4 HANDICAP PARKING LOT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ1013C
Insured/Policyholder	
Name Of Registered Owner	QUEK HWEE CHENG CHRISTINA
NRIC No	S1361019C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92363737
Alternative Phone No	OFFICE-92363737

Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G F PACKAGE
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5100027446
Cover Note Number	-

Driver

Name of Driver	QUEK HWEE CHENG CHRISTINA
NRIC No	S1361019C
Date Of Birth	22/06/1959
Occupation	INDOOR
Date Of Driving Pass	14/11/2014
Driving Experience	4 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92363737
Fax Number	
Contact Number	OFFICE-92363737
Email Address	NOEMAIL

Address	81 TAMPINES AVE 1 #13-20
Postcode	528685
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF9339J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ANDY EA WENWEI
NRIC/Passport Number	
Contact Number	97333411
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:



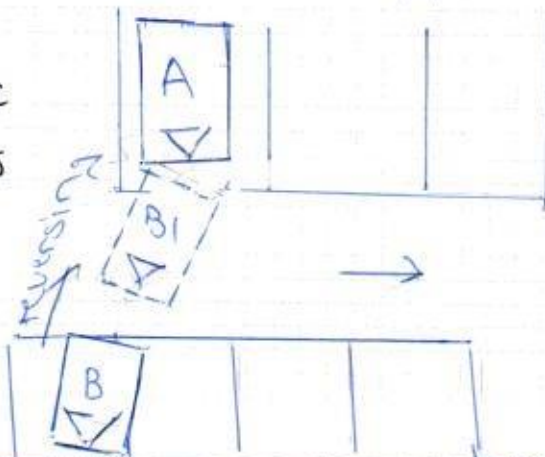
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A = SLZ 1013C

B = GBF 9339J

Handi capp lot



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I had sent our mother-in-law to hospital (SGH) around 8 pm
 & my car was parked in the lot since 10.00 am
 when we left to pick up the car, at 1 found a note on the front windscreen of my car.
 The driver of Veh (B) had admitted that he knocked onto my car while reversing. I check my in-car camera & the footage of the incident was captured.

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.:

VEHICLE NO : SLZ1013C		MAKE/MODEL : Honda Fit	
Date of Accident	5.3.19	Time: 19.50 hrs	Foreign Veh Involved YES / NO
Location of Accident	SGH Blk 4 Handicap		Foreign Veh No
Country of Loss	parking lot (SGH)		
Vehicle Damaged			No. of Veh Involved :
Claim Type	OD / TP / REPORTING		Was There Any Witness YES / NO
INSURANCE CO	NTUC Income Ins		Name of Witness :
Coverage	Comprehensive/TPFT/Third Party Only		Contact No :
Policy No	5100027446		
Fleet Policy	YES / NO		
		OTHER VEHICLES	
OWNER / CO. NAME	Quek Hwee Cheng		VEHICLE B GBF 9339 J
NRIC / Co's Reg No.	S1361019C Christina		Category :
Address	81 Tampines Ave 1		Driver's Name : Andy Ea Wen Wei
	#13-20 (578685)		NRIC No :
Contact / Mobile No	92363737		Contact No : 97333411
Email Address			No. of Passenger :
Date of Birth	22.6.1959		
Gender	M / F		VEHICLE C
DRIVER'S NAME	as above		Category :
NRIC No			Driver's Name :
Address			NRIC No :
			Contact No :
Contact / Mobile No			No. of Passenger :
Email Address			
Date of Birth			VEHICLE D
Gender	M / F		Category :
LICENSE PASSED DATE	14.11.2014		Driver's Name :
			NRIC No :
Occupation	Indoor / Outdoor		Contact No :
Relation with Owner			No. of Passenger :
Does Driver Own Any Other Veh ? YES / NO			
Vehicle Reg No			
Insurance Co			
Weather Condition	Clear / Raining / Others		Video Captured : Yes / No
Road Surface	Dry / Wet / Others		
INJURED	: YES / NO		
Name of Injured	:		Police Report : YES/NO
Convey To Hospital by Ambulance	: YES / NO		If YES, Where :
NO. OF PASSENGERS : Nil			
Name of Passenger	:	M / F	INJURED? YES/NO
Name of Passenger	:	M / F	INJURED? YES/NO
Name of Passenger	:	M / F	INJURED? YES/NO
Name of Passenger	:	M / F	INJURED? YES/NO
REMARKS :			
Name of Workshop	:	Contact No	:
Address	:	SUCCESS UNITED PTE LTD	Email :
2 Kaki Bukit AutoHub			
Kaki Bukit Ave 2, #01-33/#02-29			
Singapore 417921			
Tel: 6746 1515 Fax: 6748 5015			

please call me

at 97333411

I knocked your
vehicle

while reversing

Andy

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S1361019C**
Name: **QUEK HWEE CHENG, CHRISTINA**

Birth Date: **22 Jun 1959**
Issue Date: **14 Nov 2014**



 002366130B

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1361019C**

Name: **QUEK HWEE CHENG, CHRISTINA**
郭惠真

Place: **CHINESE**

Date of Birth: **22-06-1959** Sex: **F**

Country of Birth: **SINGAPORE**







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

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

EFFECTIVE DATE: **14 Nov 2014**

NP 428A



 0 0 8

NRIC No. **S1361019C**



Blood Group: **O+** Date of issue: **11-09-1991**

81 TAMPINES AVENUE 1 #13-20
SINGAPORE 528685

NRIC No: **S1361019C** Date: **07/04/2014**

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: 5100027446

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLZ1013C**
 Chassis Number : **GK31316440**
2. Name of Policyholder : **QUEK HWEE CHENG CHRISTINA**
3. Effective Date of Insurance : **23 Apr 2018**
4. Expiry Date of Insurance : **22 Apr 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
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: QUEK HWEE CHENG CHRISTINA
NAMED DRIVER (1)	: ONG CHUAN SENG
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: STANDARD CHARTERED BANK (SINGAPORE) 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 : VV INSURANCE AGENCY PTE. LTD. (00000614878)
 Date of Issue : 19 Apr 2018 14:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1034868

Policy No.	S100027446	Vehicle No.	SLZ1013C	GST Registration No.	
Certificate No.					
Policyholder Name	QUEK HWEE CHENG CHRISTINA			Policyholder NRIC	S13611
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92363737	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	06/03/2019 15:59	Accident Report Within 24 hrs	Yes	Accident Type	Damag
Date of Accident	05/03/2019	Time of Accident hh:mm	19:50	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	SGH BLK 4 HANDICAP PARKING LOT				
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	81 TAMPINES AVENUE 1	Address 2	#13-20 WATERVIEW	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	52868
Unit No.	13-20	Related Policy Number	S100027446		
O1 Driver Info					
Driver Name	QUEK HWEE CHENG CHRISTINA	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1361019C	Driver DOB	22/06/
Register Date of Driver License	14/11/2014	Driver Age	59	Driving Experience	4
Contact No.(Mobile)	92363737	Contact No.(Office)		Contact No.(Home)	
Address 1	81 TAMPINES AVENUE 1	Address 2	#13-20 WATERVIEW	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	52868
Unit No.	13-20				
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		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	QUEK HWEE CHENG CHRISTINA
Contact No.(Mobile)	92363737	Contact No. (Home)	
Email Address	Ongcse@yahoo.com	O1 Vehicle Number	SLZ1013C
Claim Description	SLZ1013C / GBP9339J ON 5 Mar 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair Option	Preferred	Preferred Workshop, Name unknown	
Finalisation	Yes	GIA report	Received
Date Registered			06/03/2019 16:02
Report Taken By			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1034868	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

06/03/2019 16:03

Path •

Choose File No file chosen

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Message Read

Clear

Category *

Confidential

Urgency *

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NO ▼

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Mar 2019 16:03	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Mar 2019 16:03	SAS	Normal	SAS 2019-3-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Mar 2019 16:03	Photos	Normal	Photos 2019-3-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Mar 2019 16:03	Photos	Normal	Photos 2019-3-6
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Mar 2019 16:02	Photos	Normal	Photos 2019-3-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Mar 2019 16:02	Photos	Normal	Photos 2019-3-6

7 Video List

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

Scan and uploading