

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	17/04/2019 10:57
Date Of Accident	14/04/2019 14:10
Exact Location Of Accident	CARPARK ENTRANCE NEAR TO BLK 4 MARSILING ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBB6376S
Insured/Policyholder	
Name Of Registered Owner	RENT-A-BIKE PTE. LTD.
Co Reg No	201907523C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98983441
Vehicle Particulars	
Manufacturer	YAMAHA
Model	SPARK-135CC
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5108631899
Cover Note Number	-
Driver	
Name of Driver	MUHAMMAD NAZRI BIN HADRI
NRIC No	T0005798Z
Date Of Birth	27/02/2000
Occupation	OUTDOOR
Date Of Driving Pass	14/02/2019
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87498312
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 577 WOODLANDS DRIVE 16 #12-566
Postcode	730577
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SJS2450C
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMK457D
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)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD NAZRI BIN HADRI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FBB6376S
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

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.

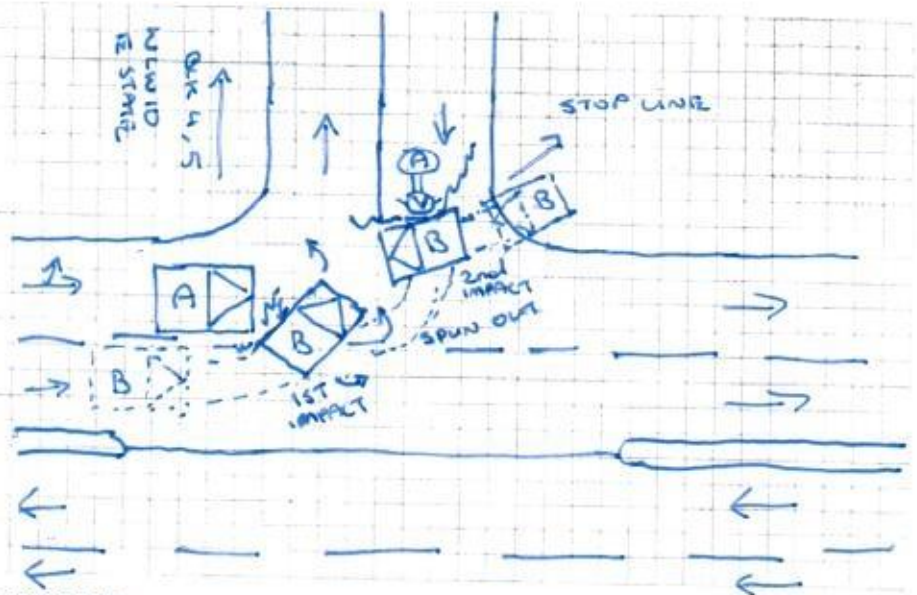


Policyholder's Signature
Date & Time:

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

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

VEHICLE C
- SMK 457D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PBR POLICE REPORT.

REPORT NUMBER
T/20190415/2001

VEHICLE A
- FBB63765

VEHICLE B
- SJS 2450C

VEHICLE C
- SMK 457D

OIC:
SR STAFF SGT NGR FAIZAL
BIN YAMMA

CONTACT NO: 65476202.

DECLARATION

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

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

Vehicle No.	F83 G376S	Model / Make	YAMAHA SPARK
Date of Accident	14/04/2019		
Time of Accident	1410	HRS	
Location of Accident	ENTRANCE OF WLWD BSTATE.		
Exact purpose use during accident	WORKING HOUR		
Name of Owner	RENT-A-BIKE PTB LTD		
Telephone No.	H/P: 98983441	Home :	Office :
NRIC	20907523C		
Address	BLK 737 TAMANAS ST 72 #07-36 S(520737)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5108631899 - 000003		
Name of Driver	As Above If <u>No</u> , MUHAMMAD NAZRI BIN HADRI		
NRIC	T00057982	Any Passengers :	NIL
Date of birth	27/02/2000		
Occupation	Outdoor / Indoor		
Driving License Pass Date			
Gender	Male / Female		
Contact No.	H/P: 97498312	Home :	Office :
Address	BLK 577 WOODLANDS DR 16 #12-566 S(730577)		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state RENTAL		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.	MUHAMMAD NAZRI BIN HADRI, 97498312		
Name And Contact No.			
Police Report	No, If Yes, Where? ANKMO KIO NORTH NPC		
Vehicle B No.	SSS 2450C	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.	SMK 457 D	Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E No.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	FRONT, FALL ON THE LEFT		
Camera Recorder	Yes / <u>No</u>		
Email Address			
PARTICULAR WORKSHOP	MOTOSI PTB LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n5i.com.sg		



SINGAPORE POLICE FORCE



T/20190415/2001

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

1 of 4

Report No. T/20190415/2001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/04/2019 00:51	Vide Report No.:	Station Diary No.: 10
--	------------------	--------------------------

Informant's Particulars

Name of Informant: MUHAMMAD NAZRI BIN HADRI			Address: APT BLK 577 WOODLANDS DRIVE 16 #12-566 SINGAPORE 730577		
ID Type / ID No.: NRIC NO / T0005798Z			Contact No.: Home/Office: Mobile: 87498312		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 19	Date of Birth: 27/02/2000	Type of Informant: Rider		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: DELIVERY RIDER			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/04/2019 14:10	Type of Location: Car Park
Location: Along Road 1 MARSILING ROAD				
Carpark Entrance near to Blk 4 Marsiling Road				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB6376S	Motorcycle					0
SJS2450C	Car					0
SMK457D	Car					0



Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD NAZRI BIN HADRI	ID No.	T0005798Z
Related Vehicle	FBB6376S (Motorcycle)	Contact No.	87498312
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	14/04/2019	Date Discharge	14/04/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	MOHAMED DUAD BIN MOHAMED JAMIL	ID No.	S1054143C
Related Vehicle	SJS2450C (Car)	Contact No.	92205584
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 14/04/2019 at around 1410hrs, I am riding my rental motorcycle FBB6376S for delivery. At that point of time, I just finish my delivery at Blk 5 Marsiling Drive and was leaving the carpark. As I exit the carpark going to the main road of Marsiling Road. My motorcycle was stationary at the stop line as there were on coming car on the main road.

I noticed that there was this Toyota salon car, SJS2450C traveling on the first lane of the two lanes traffic and one Mercedes car, SMK457D which was traveling on the second lane of the two lanes traffic. The said Toyota car was trying to overtake the Mercedes and wanted to turn into the carpark. Suddenly, the Mercedes and Toyota car collided with each other and the impact of the Toyota car had hit onto me. I fall to the ground and injured my left hand. I am unsure what are the damages to the motorcycle I am riding.

Subsequently, I was conveyed to Khoo Teck Puat Hospital by the ambulance. After seeing the doctor, I was given 7days MC. I was advised by one traffic police investigation officer to lodge a traffic accident report.



**SINGAPORE
POLICE FORCE**



T/20190415/2001

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

3 of 4

Report No. T/20190415/2001

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190415/2001

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

4 of 4




Report No. T/20190415/2001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Staff Sgt TAN CHENG HEONG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/04/2019 00:51
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR FAIZAL BIN YAHYA  Contact No.: 65476202	Classification Of Case:

Authentication Stamp
NP168

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. T0005798Z



Name

MUHAMMAD NAZRI BIN HADRI

Race

BOYANESE

Date of birth

27-02-2000

Country/Place of birth

SINGAPORE

Sex

M

T0005798Z

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: T0005798Z

Name:

MUHAMMAD NAZRI BIN HADRI

Birth Date: 27 Feb 2000

Issue Date: 14 Feb 2019



002901833C

5536687



NRIC No. T0005798Z



Date of issue

01-12-2015

Address

APT BLK 577 WOODLANDS DRIVE 16
#12-566
SINGAPORE 730577

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

EFFECTIVE DATE

14 Feb 2019

Class 2B Motorcycles =< 200 cc



Licence No: T0005798Z

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 : 5108631899-000003

Cover : Third Party

- | | |
|---|-------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBB63765 |
| Chassis Number | : SYP207024 |
| 2. Name of Policyholder | : RENT-A-BIKE PTE. LTD. |
| 3. Effective Date of Insurance | : 03 Apr 2019 |
| 4. Expiry Date of Insurance | : 02 Apr 2020 |
| 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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : SININS AGENCY PTE. LTD. (00000615123)
 Date of Issue : 03 Apr 2019 12:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

The premium on this policy has not been collected.

Accident MT/1040614

Policy No.	5108631899	Vehicle No.	FB86376S	GST Registration No.	
Certificate No.	5108631899-000003				
Policyholder Name	RENT-A-BIKE PTE. LTD.			Policyholder NRIC	201901
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	96983441	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" 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	No

▼ Accident Details

Report Date	17/04/2019 15:16	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	14/04/2019	Time of Accident hh:mm	14:10	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	CARPARK ENTRANCE NEAR TO BLK 4 MARSILING ROAD				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	17/04/2019 15:18:54 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 737 #07-36	Address 2	TAMPINES STREET 72	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	520731
Unit No.	07-36	Related Policy Number	5108631899		

▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUHAMMAD NAZRI BIN HADRI	Driver NRIC	T0005798Z	Driver DOB	27/02/
Register Date of Driver License	14/02/2019	Driver Age	19	Driving Experience	0
Contact No.(Mobile)	87498312	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 577 #12-566	Address 2	WOODLANDS DRIVE 16	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	730571
Unit No.	12-566				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
-------------------------------------	------	-------------	---

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	RENT-A-BIKE PTE. LTD.
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	FB86376S
Claim Description	FB86376S / SJS2450C ON 14 Apr 2019		
Preferred Workshop	<input type="radio"/> Yes <input checked="" type="radio"/> No	Insured Liability	Not at Fault
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	17/04/2019 15:20	Claim Close Date	
Report Taken By	LIEW SHAN HUI		

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1040614	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	17/04/2019 15:20
Path *		Category *	Confidential
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Apr 2019 15:20	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Apr 2019 15:20	SAS	Normal	SAS 2019-4-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Apr 2019 15:20	Photos	Normal	Photos 2019-4-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Apr 2019 15:20	Photos	Normal	Photos 2019-4-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Apr 2019 15:20	Photos	Normal	Photos 2019-4-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Apr 2019 15:20	Photos	Normal	Photos 2019-4-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Apr 2019 15:20	Photos	Normal	Photos 2019-4-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Apr 2019 15:20	Photos	Normal	Photos 2019-4-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Apr 2019 15:20	Photos	Normal	Photos 2019-4-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Apr 2019 15:20	Photos	Normal	Photos 2019-4-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Apr 2019 15:20	Photos	Normal	Photos 2019-4-17
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Apr 2019 15:20	Photos	Normal	Photos 2019-4-17

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>