

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 10/05/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC/19008331/13	SAS e-filing		
Veh No: GBA1605L	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 09/05/19 1440	i-Motor Claim Form	MT/1043908-001	
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:	Veh No: YN8736M	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

NA1903521

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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		
	4) FT : Follow-Through Survey \$120		
	5) iT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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	10/05/2019 15:01
Date Of Accident	09/05/2019 14:40
Exact Location Of Accident	BLK 1002 TAI SENG AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA1625L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TANAH MERAH COUNTRY CLUB
Co Reg No	197902891Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65920324

### Vehicle Particulars

Manufacturer	RENAULT
Model	KANGOO
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108523436
Cover Note Number	

### Driver

Name of Driver	IMRAN BIN AHMAD
NRIC No	S1643925H
Date Of Birth	29/08/1964
Occupation	OUTDOOR
Date Of Driving Pass	26/11/1985
Driving Experience	33 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90124063
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 747 PASIR RIS STREET 71 #04-50
Postcode	510747
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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?	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)	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

I PARKED MY VEH OUTSIDE THE CHEE CHONG FUN SHOP AT BLK 1002 TAI SENG AVE TO COLLECT CHEE CHONG FUN. SUDDENLY SOMEONE APPROACHED AND INFORMED ME THAT HIS VEH REVERSED AND HIT ONTO MY VEH. I WENT OUT TO TAKE A LOOK AND THERE WAS DAMAGED ON MY VEH. I ASKED HIM HOW TO SETTLE BUT THE DRIVER TOLD ME TO PROCEED WITH INSURANCE CLAIMS.

#### 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	YN8736M
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.
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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.
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.

\*

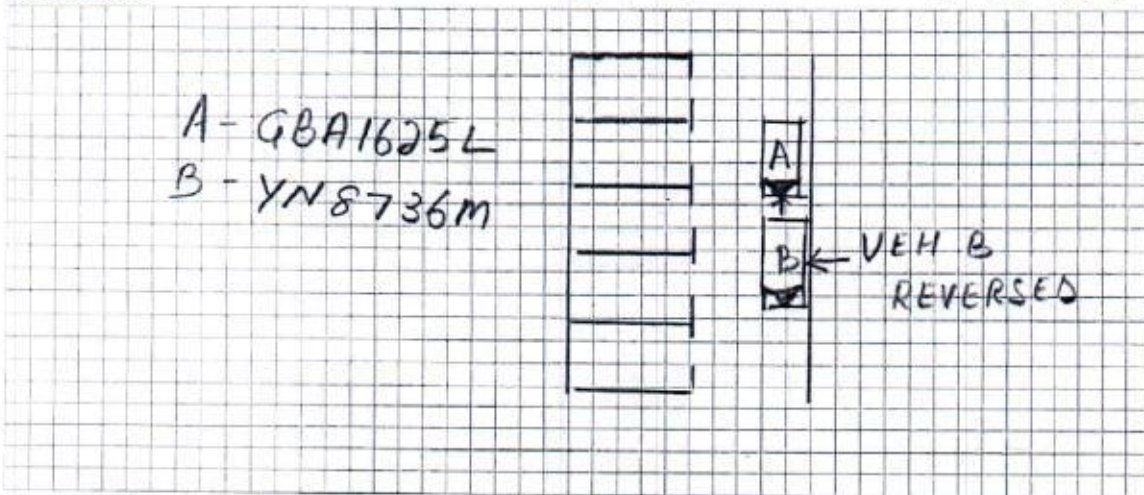
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

BLK 1002 TAI SENG AVE

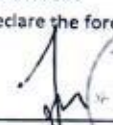



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pls refer to the statement*

DECLARATION

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

\*   
Policyholder's Signature  
Date & Time:

 10/5/19  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 10/05/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



## ACCIDENT STATEMENT

ACCIDENT DATE: 09/05/2019 (DD/MM/YYYY), TIME: 14:40 (HH:MM)

LOCATION: BK: 1002 Tai Seng Ave

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G7BA 1625L  
b) INSURANCE COMPANY: INCOME  
c) POLICY NUMBER: 5108577436  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Renault Kangoo  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Working  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) (REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: Tanah Merah Country Club (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 90124067  
c) ADDRESS: 1 Tanah Merah Coast Rd

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Muran bin Ahmad (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S164792517 CONTACT: 90124067  
c) ADDRESS: 747 #04-50 Pasir Ris St. 71

\*d) DATE OF BIRTH: 29/08/1964 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 30 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: staple

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: YN 8736 M MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: Lim Jia Da G8096720P  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97750946

### 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(Including driver)  
(2)

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

10/05/19  
waiting company  
stamp by  
mail ✓

Email =

fax =

VIDEO =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1643925H



IMRAN BIN AHMAD

عمران بن أحمد


RACE  
MALAY

Date of Birth 29-08-1964 Sex M

Country of Birth  
SINGAPORE



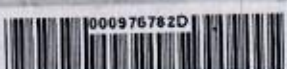
DRIVING LICENCE  
S1643925H



IMRAN BIN AHMAD

Birth Date 29 Aug 1964  
Issue Date 04 Nov 2003

0009767820



Barcode

NRIC No S1643925H



Group Code Date of Issue  
O+ 21-11-1993


APT BLK 747 PASIR RIS STREET 71 #04-50  
SINGAPORE 510747  
NIC No: S1643925H Date: 06-12-2005 No: 5270728

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	26 Mar 1986
Class 2A	Motorcycles between 201 cc and 400 cc	26 Mar 1986
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	26 Nov 1986

NP 428A

Licence No: S1643925H





## 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 : 5108523436

- |                                                                                                                                                                                                                                                                                                               |                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| 1. Index mark and Registration Number of Vehicle                                                                                                                                                                                                                                                              | Cover : Comprehensive      |
| Chassis Number                                                                                                                                                                                                                                                                                                | : GBA1625L                 |
| 2. Name of Policyholder                                                                                                                                                                                                                                                                                       | : VF1FC0SAA37243105        |
| 3. Effective Date of Insurance                                                                                                                                                                                                                                                                                | : TANAH MERAH COUNTRY CLUB |
| 4. Expiry Date of Insurance                                                                                                                                                                                                                                                                                   | : 29 Mar 2019              |
| 5. Persons or Classes of Persons entitled to drive#                                                                                                                                                                                                                                                           | : 28 Mar 2020              |
| (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.                                                                                                                                                                                           |                            |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.                                                                                                                                                                                                               |                            |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# 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
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
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 : WILLY INSURANCE BROKERS PTE LTD (00000690737)  
Date of Issue : 29 Mar 2019 13:15 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/1043908

Policy No.	5108523436	Vehicle No.	GBA1625L	GST Registration No.
Certificate No.				
Policyholder Name	TANAH MERAH COUNTRY CLUB			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	0	Contact No.(Office)	65920324	Contact No.(Home)
Email Address		Special Remark		eCode
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

Accident Details

Report Date	10/05/2019 15:25	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	09/05/2019	Time of Accident hh:mm	14:40	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BLK 1002 TAI SENG AVE			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	600.00	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	10/05/2019 15:28:02 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	1 TANAH MERAH COAST ROAD	Address 2	SINGAPORE 498722	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5108523436	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	IMRAN BIN AHMAD	Driver NRIC	S1643925H	Driver DOB
Register Date of Driver License	26/11/1985	Driver Age	54	Driving Experience
Contact No.(Mobile)	90124063	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 747	Address 2	PASIR RIS STREET 71	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#04-50			
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 OD-MX

New

Claim Type *	OD-MX	Insured Name	TANAH
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI Vehicle Number	GBA1625L
Claim Description	GBA1625L / YN8736M ON 9 May 2019		
Preferred Workshop		Insured Liability	Not at Fault
Repair Option	Preferred	Preferred Workshop, Name unknown	
Date Reported	10/05/2019 15:30	GIA report	Received
		Claim Close Date	

Report Taken By

ROSLINDA

Workshop  
Repairer☒ Print AK letter

Save

Submit

## Attachment

Accident No.	MT/1043908	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/05/2019 00:00
Path * <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Choose File</div> <div>No file chosen</div> </div> <div> <div>Message Read</div> </div>		Category * <div> <div>Clear</div> <div>Please Select</div> <div>NO</div> </div> <div> <div>Clear</div> <div>Please Select</div> <div>NO</div> </div> <div> <div>Clear</div> <div>Please Select</div> <div>NO</div> </div> <div> <div>Clear</div> <div>Please Select</div> <div>NO</div> </div> <div> <div>Clear</div> <div>Please Select</div> <div>NO</div> </div> <div> <div>Clear</div> <div>Please Select</div> <div>NO</div> </div> <div> <div>Clear</div> <div>Please Select</div> <div>NO</div> </div>	

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 May 2019 15:30	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 May 2019 15:30	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 May 2019 15:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 May 2019 15:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 May 2019 15:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 May 2019 15:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 May 2019 15:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 May 2019 15:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 May 2019 15:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 May 2019 15:30	Photos	Normal	Photos

## Video List

Uploaded By/Date	Folder Date	File Name

Display in New Window

Scan and uploading