

NATIONAL Assessment Centre Services (wef 1 Jan 2005) **NA190526-01**

Date In: 11/19-12-44	Job description	Date & Time Completed	Done by
Ref No: NA1401901243124	SAS e-filing		
Veh No: FBH636A	E-mail (within 3hrs, AIG 2hrs)		
D.O.A: 11/2/19-14-45	i-Motor Claim Form	11/10/19-001	15/11/19 15:02
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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

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

TP Particulars:	Veh No: 1M42281X	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

NA1905264	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant'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 For claiming against INC Only (wef 10 Jan 2005)		
Auditors' Comments :-	6) TR: Re-inspection \$75		
Dat. 1:	7) N1: Idao DA + SMRT Survey \$160		
Dat. 2 / 3:	8) NTUC Additional Services:- Q1* *N5: Courtesy Car / Tpl 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 \$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	15/07/2019 12:49
Date Of Accident	14/07/2019 14:45
Exact Location Of Accident	BALESTIER RD TWDS LAVENDER ST
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBH636A
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD HAMDAN BIN DUL JALIL
NRIC No	S9106328Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91159643
Alternative Phone No	OFFICE-91159643
Vehicle Particulars	
Manufacturer	PIAGGIO
Model	GILERA RUNNER ST 200
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5086035319-02
Cover Note Number	
Driver	
Name of Driver	ABDUL MUTAKIM BIN PATHAM
NRIC No	S9701008J
Date Of Birth	02/01/1997
Occupation	OUTDOOR
Date Of Driving Pass	09/07/2015
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87422842
Fax Number	
Contact Number	OFFICE-87422842
EEmail Address	NOEMAIL

Address	BLK 43 BENDEMEER ROAD #06-1014
Postcode	330043
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	YES
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	KOLAM AYER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 72 GEYLANG BAHRU #01-3038 , POSTCODE: 330072 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2969999 - FAX NO: 62937659
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE AS A BUS ABOUT TO INCH FORWARD TO LANE 2. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

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	SMH2281X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN JUN WEI (CHEN JUNWEI)
NRIC/Passport Number	S8710595D
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name ABDUL MUHTAKIM BIN PATHAM

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FBH636A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

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:

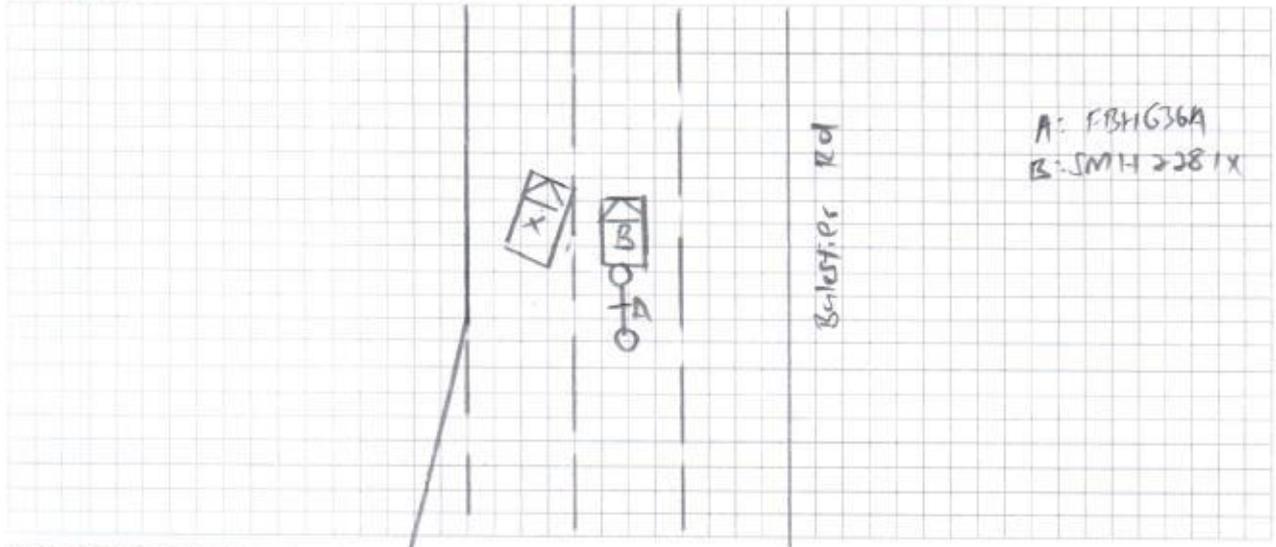


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to statement.

(A large blue diagonal scribble is present across the middle of the text area.)

DECLARATION

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

Policyholder's Signature
Date & Time:

marki

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

[Signature]

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



**SINGAPORE
POLICE FORCE**



T/20190715/2111

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

2 of 3

Report No. T/20190715/2111

CONTINUATION OF REPORT

Rider			
Name	ABDUL MUHTAKIM BIN PATHAM	ID No.	S9701008J
Related Vehicle	FBH636A (Motorcycle)	Contact No.	87422842
Hospital/Clinic	PARIQUA CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	15/07/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 14/07/2019 at about 1445hrs, I was riding my motorcycle along Balestier Road towards Lavender Street when I saw that a bus filtered out which caused the car (SMH2281X) in front of me to jam break. As such, it caused me to collide into the rear of his car. We then agreed on a private settlement. I then went to the clinic on 15/07/2019 as I felt a slight pain on my wrist and thumb and was given a 3 days MC. After visiting the clinic, I then went to IDAC and was informed that I had to lodge a traffic accident report as my MC was 3 days. I am lodging this report for record purposes. That is all.



**SINGAPORE
POLICE FORCE**



T/20190715/2111

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

3 of 3

Report No. T/20190715/2111

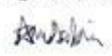
CONTINUATION OF REPORT

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: A / Sgt 2 GOH JUN XIAN SHERMAN 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204

Signature Of Informant: 
Date/Time: 15/07/2019 15:38
Classification Of Case:

Authentication Stamp

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119092076 Vehicle Registration No: FBH636A
Name (as shown in NRIC) : ABDUL MUDTAKIM BIN PATHAM NRIC/FIN/Passport No : S9701008J
(*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate
Address : BLK 43 BENDEMEER ROAD #06-1014 Singapore(330043)
Contact (Tel) : _____ Mobile No. : 87422842
Email Address : _____
Date of Accident : 14/07/2019 Time of Accident : 14:45
Place of Accident : BALESTIER RD TWDS LAVENDER ST
Insurance Company: NTUC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Add in police report -T/20190715/2111


Policyholder / Driver's Signature
Date:


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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait: 

Licence Number: **S9701008J**

Name: **ABDUL MUHTAKIM BIN PATHAM**

Birth Date: **02 Jan 1997**

Issue Date: **09 Jul 2015**

Barcode: **002449276E**

SG 50

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9701008J**

Portrait: 

Name: **ABDUL MUHTAKIM BIN PATHAM**

Race: **MALAY**

Date of birth: **02-01-1997**

Sex: **M**

Country of birth: **SINGAPORE**

SG 50

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	EFFECTIVE DATE
Class 2B	Motorcycles <= 200 CC	09 Jul 2015
Class 2A	Motorcycles between 201 CC and 400 CC	24 Aug 2016
Class 2	Motorcycles > 400 CC	06 Dec 2017
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	11 Feb 2016

S / No.9000311645

Barcode: Licence No: S9701008J

NP 428A

For LKK/NAC Use Only

4868126

Barcode: 

NRIC No. **S9701008J**

Portrait: 

Fingerprint: 

Date of issue: **01-08-2012**

Address: **APT BLK 43 BENEDEMER ROAD #06-1014 SINGAPORE 330043**

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5086035319-02		MUHAMMAD HAMDAN BIN DUL JALIL	S9106328Z	GMC	Third Party	FBH636A	FBH636A	26/03/2019	17/03/2020

Continue

▼ Policy Information

Policy No.	5086035319-02	Policyholder Name	MUHAMMAD HAMDAN BIN DUL	Policyholder NRIC	S9106328Z
Certificate No.					
Address	BLK 862 #04-406 TAMPINES STREET 83 SINGAPORE 520862				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	26/03/2019	Effective Date	26/03/2019 00:00	Expiry Date	17/03/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	WTT INSURANCE AGENCIES PTI	Agent Tel.	62965445	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 862 #04-406	Address 2	TAMPINES STREET 83	Address 3	SINGAPORE 520862
Address 4		Address Type	Singapore address	Post Code	520862
Unit No.		Related Policy Number	5086035319-02		

▶ Insured Object: FBH636A

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	30/06/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 30 Jun 2019, the following amendment(s) is/are made to this policy: NAMED DRIVER 1: ABDUL MUDTAKIM BIN PATHAM In view of this amendment, a cheque refund of \$122.90 (inclusive of GST) will be mailed to you separately.

Continue Cancel

Claim Handling

Exit

Accident MT/1053405

Policy No.	5086035319-02	Vehicle No.	FBH636A	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD HAMDAN BIN DUL 3ALIL	Cover Type	Third Party	Policyholder NRIC	99108328Z
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	91159643	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	15/07/2019 15:01	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	14/07/2019	Time of Accident hh:mm	14:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BALESTIER RD TRIDS LAVENDER ST				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore CO Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

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 862 #04-406	Address 2	TAMPINES STREET 83	Address 3	SINGAPORE 520862
Address 4		Address Type	Singapore address	Post Code	520862
Unit No.		Related Policy Number	5086035319-02		

DI Driver Info

Driver Name	ABDUL MUTAKIM BIN PATHAM	Driver Type	Named Driver	Driver DOB	02/01/1997
Unnamed driver Name		Driver NRIC	S9701008J	Driving Experience	4
Register Date of Driver License	09/07/2015	Driver Age	22	Contact No. (Home)	0
Contact No. (Mobile)	87422842	Contact No. (Office)	0	Address 1	SINGAPORE 330043
Address 1	BLK 43	Address 2	BENDEMER ROAD	Address 3	SINGAPORE 330043
Address 4		Address Type	Singapore address	Post Code	330043
Unit No.	05-1014	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

Breathalyzer 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 *	CO-MX	Insured Name	MUHAMMAD HAMDAN BIN DUL	Insured NRIC	99108328Z	
Contact No. (Mobile)	91159643	Contact No. (Home)		Contact No. (Office)		
Email Address	DANNHAMDANI@HOTMAIL.CO	OI Vehicle Number	FBH636A	TP Vehicle Number	SMH2281X	
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	FBH636A / SMH2281X ON 14 Jul 2019				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	15/07/2019 15:02	Claim Close Date		Date Received	15/07/2019 00:00	
Report Taken By	Jackson					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1053405	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/07/2019 15:03

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/> Browse... Clear	Please Select	NO	Normal	
<input type="text"/> Browse... Clear	Please Select	NO	Normal	
<input type="text"/> Browse... Clear	Please Select	NO	Normal	
<input type="text"/> Clear	Please Select	NO	Normal	

Please Select

 Please Select

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Jul 2019 15:03	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Jul 2019 15:03	SAS	Normal	SAS 2019-7-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Jul 2019 15:03	Photos	Normal	Photos 2019-7-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Jul 2019 15:03	Photos	Normal	Photos 2019-7-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Jul 2019 15:03	Photos	Normal	Photos 2019-7-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Jul 2019 15:03	Photos	Normal	Photos 2019-7-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Jul 2019 15:03	Photos	Normal	Photos 2019-7-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Jul 2019 15:02	Photos	Normal	Photos 2019-7-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Jul 2019 15:02	Photos	Normal	Photos 2019-7-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Jul 2019 15:02	Photos	Normal	Photos 2019-7-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Jul 2019 15:02	Photos	Normal	Photos 2019-7-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Jul 2019 15:02	Photos	Normal	Photos 2019-7-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Jul 2019 15:02	Photos	Normal	Photos 2019-7-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 15 Jul 2019 15:02	Photos	Normal	Photos 2019-7-15		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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