

# NATIONAL Assessment Centre Services

Part 1 Jan 2003

MNA119103775

Date In: 07/08/2019 15.30

Ref No: NA/INC19013867/h4

Veh No: FBL5592M

Time: 01/08/2019 18.05

(1P) Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAS e-illing

E-mail (within 2hrs, AIC 2hrs)

I-Motor Claim Form

I-Motor W/O (Within: OD 2hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Whse

Tel:

Fax:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No:

SJJ 2020H

INC ( ) / Non-INC ( )

Tel:

Owner / Driver: (

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: YBS ( ) / NO ( )

Excess: (\$

Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks:

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repolter.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Comments:

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury:

Date/Time

Actions:

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Sign-In-Charge):

Auditor's Comments:

Tab 1:

MNA1905865

Invoice/Ref No	Amount	Remarks
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) FT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (wef 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) NI: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
*NS: Courtesy Car / Tpl Allowance	\$5	
*N6: Repair Coordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$5	
TP (Nil): 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	07/08/2019 15:30
Date Of Accident	01/08/2019 18:05
Exact Location Of Accident	T JUNC OF OLD TAMPINES RD & JLN MARIAM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL5592M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG SAI HOOI
NRIC No	S7482183I
Email Address	GOSH2LO@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-92962382
Alternative Phone No	OFFICE-92962382

### Vehicle Particulars

Manufacturer	KYMCO
Model	XCITING 400I ABS
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5086702851-02
Cover Note Number	

### Driver

Name of Driver	ONG SAI HOOI
NRIC No	S7482183I
Date Of Birth	08/07/1974
Occupation	INDOOR
Date Of Driving Pass	28/11/2016
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92962382
Fax Number	
Contact Number	OFFICE-92962382
Email Address	GOSH2LO@YAHOO.COM.SG

Address APT BLK 331 ANG MO KIO AVENUE 1 #07-1847  
 Postcode 560331  
 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? 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 POLICE DIVISIONAL HQ (F DIVISION)  
 Police Station Address ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-2180000 - FAX NO: 64814246  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT F/20190802/7042

#### 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 SJJ2020H  
 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	ONG SAI HOOI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBL5592M
Were seat belts worn?	NO
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.:

# SKETCH PLAN

Jln Mariam



A = FBL 5592 M

B = 533 2020 H

Old Tampines Rd

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report  
F / 20190802 / 7042

### 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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: ( 1 / 8 / 19 ) (DD/MM/YYYY), TIME: ( 18 : 05 ) (HH:MM)

LOCATION: T Junc of old Tampines Rd & Jln Mariam

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL S592M  
b) INSURANCE COMPANY: IMC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Ong Sai Hooi (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 92962382  
c) ADDRESS: \_\_\_\_\_

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

## 3. DRIVER

- a) NAME: As Above (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) conveyed

7. a) REPORTED TO POLICE (YES / NO)  
IF YES, PLEASE STATE WHICH POLICE STATION: AMK Division

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJJ 2020H MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

waiting bike

email

gosh210@yahoo.com.sg

video

No.



**SINGAPORE  
POLICE FORCE**



F/20190802/7042

1 of 2

**POLICE REPORT (NP299)**

Report No. F/20190802/7042

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 02/08/2019 21:00	Vide Report No.	Station Diary No.	
Name Of Informant ONG SAI HOOI	Address APT BLK 331 ANG MO KIO AVENUE 1 #07-1847 SINGAPORE 560331		
ID Type / ID No. NRIC NO / S7482183I	Contact No. Home/Office:	Mobile: 92962382	
Nationality SINGAPORE CITIZEN	Email Address gosh2lo@yahoo.com.sg		
Occupation Prison officer	Sex Male	Age 45	Date of Birth 08/07/1974
Institution/School Name	Race Chinese		
Date/Time Of Incident 01/08/2019 18:05 - 01/08/2019 18:10	Language English		
	Location Of Incident APT BLK 331 ANG MO KIO AVENUE 1 #07-1847 SINGAPORE 560331		

**Brief details.**

Road accident along Old Tampines Road t-junction Jalan Mariam. Car (driver Mr Yew SJJ2020H) hit motorcycle (me, FBL5592M) while turning out. Witness: Ms Dion 97399606 and Mr Awi 91440417.

Report No.: G/20190801/0184

Date & Time: 1/8/2019 about 6.10pm

Accident Location: along Old Tampines Road t-junction Jalan Mariam.

Signature Of Officer Recording The Report:  Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/08/2019 21:00
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



F/20190802/7042

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190802/7042

Vehicles involved: SJJ2020H and FBL5592M  
IO in-charge: Mr Zickie at 65476356

Subjects Involved			
Victim			
Person Name	ONG SAI HOOI	ID No	S7482183I
ID Type	NRIC NO	Age	45
Gender	Male	Language	English
Race	Chinese	Address Type	
Occupation	Prison officer	Mobile No	92962382
Address	APT BLK 331 ANG MO KIO AVENUE 1 #07-1847 SINGAPORE 560331		
Is Informant A Victim?	Yes		
Person Name	ONG SAI HOOI (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:  
The identity of the person making this  
report has been authenticated by  
SingPass. No signature is required.

Date/Time:  
02/08/2019 21:00

Classification Of Case:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7482183I



Name  
ONG SAI HOOI

王 使 輝

Race  
CHINESE

Date of birth  
08-07-1974

Sex  
M

Country of birth  
MALAYSIA




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S7482183I

Name  
ONG SAI HOOI

Birth Date 08 Jul 1974

Issue Date 24 Apr 2003





4589573



NRIC No. S7482183I

Date of issue  
17-06-2010

APT BLK 331 ANG MO KIO AVENUE 1 #07-1847  
SINGAPORE 560331

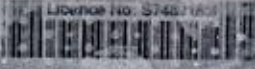
NRIC No: S7482183I Date: 19/10/2011 No: 6986117

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class 2B	Motorcycles <= 200 CC	04 Jan 2008
Class 2A	Motorcycles between 201 CC and 400 CC	28 Nov 2016
Class 3	Motor cars <= 3800 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	24 Apr 2003

S / No. 9000237386

S7482183I





eBaoTech

[Change Language](#)[Change Password](#)[Log Out](#)

Hello, NAC\_PAYA\_UBI\_800601

[My Desktop](#)  
[Notice of Loss](#)

## Policy Query

Policy No.

Date of Accident

01/08/2019 11:52

Vehicle No.(For Motor)

FBL5592M

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5086702851-02		ONG SAI HOOI	S74821831	GMC	Third Party, Fire & Theft	FBL5592M	FBL5592M	05/12/2018	04/12/2019

8/7/2019

## Claim Handling

Accident MT/1056901

Policy No.	5086702851-02	Vehicle No.	FBL5592M	GST Registration No.
Certificate No.				Policyholder NRIC
Policyholder Name	ONG SAI HOOI	Cover Type	Third Party, Fire & Theft	Loading
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Contact No.(Home)
Contact No.(Mobile)	92962382	Special Remark		eCode
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	Private Hire
NCD Protection	No			

## Accident Details

Report Date	07/08/2019 16:05	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	01/08/2019	Time of Accident hh:mm	18:05	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	T JUNC OF OLD TAMPINES RD & JLN MARIAM			

## Excess

Own damage Excess	0.00	Additional Excess	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD 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 331 #07-1847	Address 2	ANG MO KIO AVENUE 1	Address 3
Address 4	SINGAPORE 560331	Address Type	Singapore address	Post Code
Unit No.	07-1847	Related Policy Number	5086702851-02	

## 01 Driver Info

Driver Name	ONG SAI HOOI	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S74821831	Driving Experience
Register Date of Driver License	04/01/2008	Driver Age	45	Contact No.(Home)
Contact No.(Mobile)	92962382	Contact No.(Office)		Address 3
Address 1	BLK 331 #07-1847	Address 2	ANG MO KIO AVENUE 1	Post Code
Address 4	SINGAPORE 560331	Address Type	Singapore address	
Unit No.	07-1847	Driver Vehicle No.		Driver Insurer Comp.
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No			

## Declaration

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

Claim 001

New

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop Finalisation Date Registered

Insured Liability Not at Fault

Preferred Repair Option Preferred Workshop, Name unknown

GIA report

Received

OD-MX

Insured Name ONG SAI

92962382

Contact No. (Home) NIL

ONG\_Sai\_Hooi@pris.gov.sg

01 Vehicle Number FBL5592M

FBL5592M / SJJ2020H ON 1 Aug 2019

07/08/2019 16:13

Claim Close Date

LIEW SHAN HUI

Report Taken By

☒ Print AK letter



8/7/2019

Save Submit

## Attachment

Accident No.  
Last Doc. Received

MT/1056901  
☒ Yes ☐ No

Claim No.  
Upload Date

001  
07/08/2019 16:16

Path \*

Choose File No file chosen  
Choose File No file chosen  
Choose File No file chosen  
Choose File No file chosen  
Choose File No file chosen  
Choose File No file chosen  
Message Read

Category *	Confidential
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2019 16:16	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2019 16:16	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2019 16:16	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2019 16:16	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2019 16:16	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2019 16:16	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2019 16:14	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2019 16:14	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2019 16:14	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2019 16:14	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2019 16:14	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2019 16:14	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2019 16:13	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2019 16:13	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2019 16:13	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2019 16:13	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2019 16:13	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2019 16:13	Photos	Normal	Photos 2

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading