

NATIONAL Assessment Centre Services. (wef 1 Jan 2005) MNA119105981-01

Date In: 14/8/19-09:46	Job description	Date & Time Completed	Done by
Ref No: NA119105981-01	SAS e-filing		
Veh No: 6JW2194X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 17/8/19-08:40	i-Motor Claim Form	17/1057553-001	14/8/19 10:49
OD <input checked="" type="checkbox"/> TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: XD80333 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:	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

Claimant's Particulars :-	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			for Bill	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		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey)	\$30		
	For claiming against INC Only (wef 10 Jan 2005)			
Dat. 1:	6) TR: Re-inspection	\$75		
	7) N1: Idac DA + SMRT Survey	\$160		
Dat. 2 / 3:	8) NTUC Additional Services:-			
	Q11:			
	*N5: Courtesy Car / Tpt Allowance	\$5		
	*N6: Repair Co-ordination	\$10		
	*N7: Post Repair Inspection	\$25		
	*N8: DV / Collect Excess Coordination	\$5		
	TP (N11): TP (Non INC) against INC	\$20		
	9) N12: Idac 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	14/08/2019 09:46
Date Of Accident	13/08/2019 08:40
Exact Location Of Accident	BKE TWDS KJE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW2194X
Insured/Policyholder	
Name Of Registered Owner	LIM JIA HUI BARRY
NRIC No	S9112105J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98217662
Alternative Phone No	OFFICE-98217662

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ 1.5L AT ABS D/AB HID 2WD 5DR
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097552929-01
Cover Note Number	

Driver

Name of Driver	LIM JIA HUI, BARRY
NRIC No	S9112105J
Date Of Birth	06/04/1991
Occupation	INDOOR
Date Of Driving Pass	28/01/2015
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	+65-98217662
Fax Number	
Contact Number	OFFICE-98217662
E-Mail Address	NOEMAIL

Address	BLK 351D CANBERRA ROAD #14-279
Postcode	754351
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

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

REFER TO STATEMENT.

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	XD8035S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KUPPUSAMY RAMANATHAN
NRIC/Passport Number	032706614
Contact Number	90387292
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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: 130819 1020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

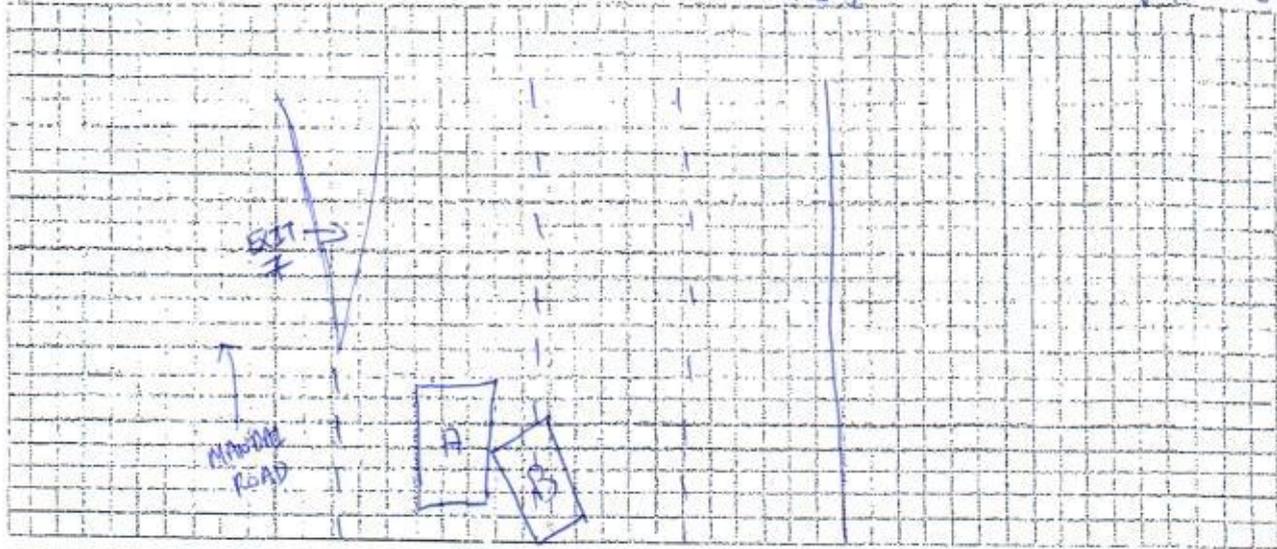
Name:

NRIC/FIN No.:

VEH A: SJW219TX
 VEH B: 8XD8035S
 VEH C: SJH8857G

SKETCH PLAN

BKE TOWARDS KJE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CAR A WAS DRIVING ALONG BKE TOWARDS KJE. ALL OF A SUDDEN VEH B FROM SECOND LANE TRIED TO CHANGE LANE TO THIRD LANE AND IT KNOCKED INTO VEH A. VEH B FAILED TO NOTICE VEH A AND HE WAS DRIVING AT A HIGH SPEED, ~~IT~~ IT HAD CAUSED ~~THE~~ VEHICLE ~~TO~~ A TO SWING A SHORT DISTANCE, ~~THE~~ DAMAGING ~~THE~~ THE WHOLE RIGHT PANEL OF VEH A. A POLICE OFFICER STOPPED BY AND ASSISTED US, HE HAD WITNESSED THE INCIDENT.

ANOTHER VEH C CAME UP TO ME (VEH A) & SAID THAT I HAD ~~SCRAPED~~ CAUSED SCRATCHES TO HIS CAR. I AM NOT AWARE OF IT BECAUSE THE VEH B IS BLOCKING MY VIEW AND I DO NOT FEEL ANY IMPACT.

DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature
 Date & Time: 130819

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

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

Date of Accident : 13/08/19 Accident Time: 0838 (24-HR-Format)
 Accident Place : ~~Anson~~ Mandai exit 7 BLK 70VARS RTE
 Vehicle Reg. No. (Car Plate No.) : SJW 2194X
 Vehicle Make/Model : HONDA JAZZ
 Insurance Company : NTUC Policy No. _____
 Owner or Company Name /IC No. : BARRY LIM JIA HUI
 Owner or Company Contact No. : _____ Owner's Hp 98217662 Company Tel _____
 DRIVER'S Name / IC No. : BARRY LIM JIA HUI S9112155
 DRIVER'S Date Of Birth : 06 APR 1991 DRIVER'S License Pass Date 28 JAN 2015
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: NIL
 DRIVER'S Address : BLK 351D CANBERRA ROAD #14-279 S'PORE 754351
 DRIVER'S Contact No./ Alt No. : 1) 98217662 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : fieryignition@hotmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 1

Was there any video Captured by car camera: YES (NO)
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SJH8857G (C)
 Vehicle Make/Model: _____
 Name Driver: TAN ANN KHENG
 IC No. Driver: S1703945H
 Driver's Contact & Add: 98363313

Vehicle Reg. No: XD80355 (B)
 Vehicle Make/Model: _____
 Name Driver: KUPPUSAMY RAMANATHAN
 IC No. Driver: 032706614
 Driver's Contact & Add: 90387292

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 : MNA119105981 Vehicle Registration No: SJW2194X
Name (as shown in NRIC) : LIM JIA HUI, BARRY NRIC/FIN/Passport No : S9112105J
(*~~Vehicle Driver~~ / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 351D CANBERRA ROAD #14-279 Singapore(754351)
Contact (Tel) : _____ Mobile No. : 98217662
Email Address : _____
Date of Accident : 13/08/2019 Time of Accident : 08:40
Place of Accident : BKE TWDS KJE
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:

Should be claiming against of vehicle XD 8035S

Policyholder / Driver's Signature
Date:



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



SINGAPORE ARMED FORCES IDENTITY CARD

Name

LIM JIA HUI, BARRY

For LKK/NAC Use Only

NRIC No

S9112105J



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

GENERAL POSGPV1048582A0212

99999999197246

NRIC No / Colour

S9112105J/ PINK

Race

CHINESE

Date Of Birth

06/04/1991

Blood Group

B (+)

Sex

M

Country Of Birth

SINGAPORE

For LKK/NAC Use Only

Service Status

REGULAR

Address

Bik 351D CANBERRA ROAD

#14-279 SINGAPORE 754351





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9112105J

Name: LIM JIA HUI, BARRY (LIN JIAHUI)

For LKK/NAC Use Only

Birth Date: 06 Apr 1991

Issue Date: 28 Jan 2015

0023909658





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

Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg

EFFECTIVE DATE 28 Jan 2015

För LKK7NAC Use Only

NP 428A



eBaoTech

GeneralClaim

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"/>	5097552929-01		LIM JIA HUI BARRY	S9112105J	GPC	drive CLASSIC	SJW2194X	SJW2194X	11/03/2019	10/03/2020

Continue

Policy Information

Policy No.	5097552929-01	Policyholder Name	LIM JIA HUI BARRY	Policyholder NRIC	S9112105J
Certificate No.					
Address	BLK 351D #14-279 CANBERRA ROAD SINGAPORE 754351				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	23/02/2019	Effective Date	11/03/2019 00:00	Expiry Date	10/03/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 351D #14-279	Address 2	CANBERRA ROAD	Address 3	SINGAPORE 754351
Address 4		Address Type	Singapore address	Post Code	754351
Unit No.		Related Policy Number	5097552929-01		

Insured Object: SJW2194X

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

[Exit](#)

Accident HT/1057533

Policy No.	5097552929-01	Vehicle No.	SIW2194X	GST Registration No.	
Certificate No.					
Policyholder Name	LIM JIA HUI BARRY	Cover Type	drive CLASSIC	Policyholder NRIC	S9112105J
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	98217662	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value=""/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	14/08/2019 10:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	13/08/2019	Time of Accident hh:mm	08:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BKE TWOS KJE				
Excess					
Dwn damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BLK 351D #14-279	Address 2	CANBERRA ROAD	Address 3	SINGAPORE 754351
Address 4		Address Type	Singapore address	Post Code	754351
Unit No.		Related Policy Number	5097552929-01		

O1 Driver Info

Driver Name	LIM JIA HUI, BARRY	Driver Type	Main Driver	Driver DOB	06/04/1991
Unnamed driver Name		Driver NRIC	S9112105J	Driving Experience	4
Register Date of Driver License	28/01/2015	Driver Age	28	Contact No. (Home)	0
Contact No. (Mobile)	98217662	Contact No. (Office)	0	Contact No. (Home)	0
Address 1	BLK 351D	Address 2	CANBERRA ROAD	Address 3	SINGAPORE 754351
Address 4		Address Type	Singapore address	Post Code	754351
Unit No.	14-279				
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
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Modification History

Claim 001 **New**

Claim Type *	OO-MX	Insured Name	LIM JIA HUI BARRY	Insured NRIC	S9112105J	
Contact No. (Mobile)	98217662	Contact No. (Home)	NIL	Contact No. (Office)		
Email Address	FIERYIGNITION@HOTMAIL.COM	O1 Vehicle Number	SIW2194X	TP Vehicle Number	SIH8857G	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SIW2194X / SIH8857G ON 13 Aug 2019				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	14/08/2019 10:49	Claim Close Date		Date Received	14/08/2019 00:00	
Report Taken By	Jackson					
<input checked="" type="checkbox"/> Print AK letter						

[Save](#) [Submit](#)

Attachment

Accident No.	HT/1057533	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/08/2019 10:51
Path *		Category *	
	Browse... Clear	<input type="text" value="Please Select"/>	Confidential <input type="text" value="No"/> Urgency <input type="text" value="Normal"/>
	Browse... Clear	<input type="text" value="Please Select"/>	Confidential <input type="text" value="No"/> Urgency <input type="text" value="Normal"/>
	Browse... Clear	<input type="text" value="Please Select"/>	Confidential <input type="text" value="No"/> Urgency <input type="text" value="Normal"/>
	Clear	<input type="text" value="Please Select"/>	Confidential <input type="text" value="No"/> Urgency <input type="text" value="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 14 Aug 2019 10:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Aug 2019 10:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Aug 2019 10:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Aug 2019 10:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Aug 2019 10:49	SAS	Normal	SAS 2019-8-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Aug 2019 10:49	Photos	Normal	Photos 2019-8-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Aug 2019 10:49	Photos	Normal	Photos 2019-8-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Aug 2019 10:49	Photos	Normal	Photos 2019-8-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Aug 2019 10:49	Photos	Normal	Photos 2019-8-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Aug 2019 10:49	Photos	Normal	Photos 2019-8-14		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Aug 2019 10:49	Photos	Normal	Photos 2019-8-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Aug 2019 10:49	Photos	Normal	Photos 2019-8-14		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 14 Aug 2019 10:49	Photos	Normal	Photos 2019-8-14		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action