NATIONAL Assessment Centre Services. (wef 1 Jan'05) MNA/19/09832

Date In: 21/8/19 - 12:03	Job description	Date & Time Completed	Done by
Ref No: NA/14C/19014727/24	SAS e-filing		
Veh No: JM4336	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 20/8/19 09:35	i-Motor Claim Form	MM/10588493-001	21/8/19 23:01
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: GBE460E 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

NA 1606357

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100); INC ($80)			
3) TF : 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 2005)			
6) TR : Re-inspection	$75		
7) N1 : Idac DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
QI:*			
*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	30		
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	21/08/2019 12:03
Date Of Accident	20/08/2019 09:35
Exact Location Of Accident	PIE (TUAS) AFTER STEVEN RD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMN33C
Insured/Policyholder	
Name Of Registered Owner	UNICAR PTE LTD
Co Reg No	201705255W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86855535
Alternative Phone No	OFFICE-86855535
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VELLFIRE 2.4Z GOLDEN EYES II CVT
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	5106818861
Cover Note Number	
Driver	
Name of Driver	ANG POH WAN, GARY (HONG BAOHUAN, GARY)
NRIC No	S8307150H
Date Of Birth	25/02/1983
Occupation	OUTDOOR
Date Of Driving Pass	29/11/2010
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85877875
Fax Number	
Contact Number	OFFICE-85877875
EMail Address	NOEMAIL

Address	BLK 435A BUKIT BATOK WEST AVENUE 5 #09-1020
Postcode	651435
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	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)	3
Passenger 1	NAME: : ETI SEPTIYANI GENDER: : FEMALE
Passenger 2	NAME: : TAN SIEW TOW GENDER: : FEMALE

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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE460E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MANICKAM GANAPATHY
NRIC/Passport Number	G8236821W
Contact Number	
Address	

Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1	
Name	ANG POH WAN, GARY (HONG BAOHUAN, GARY)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKQ817R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2	
Name	ETI SEPTIYANI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKQ817R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3	
Name	TAN SIEW TOW
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKQ817R
Were seat belts worn?	YES
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.

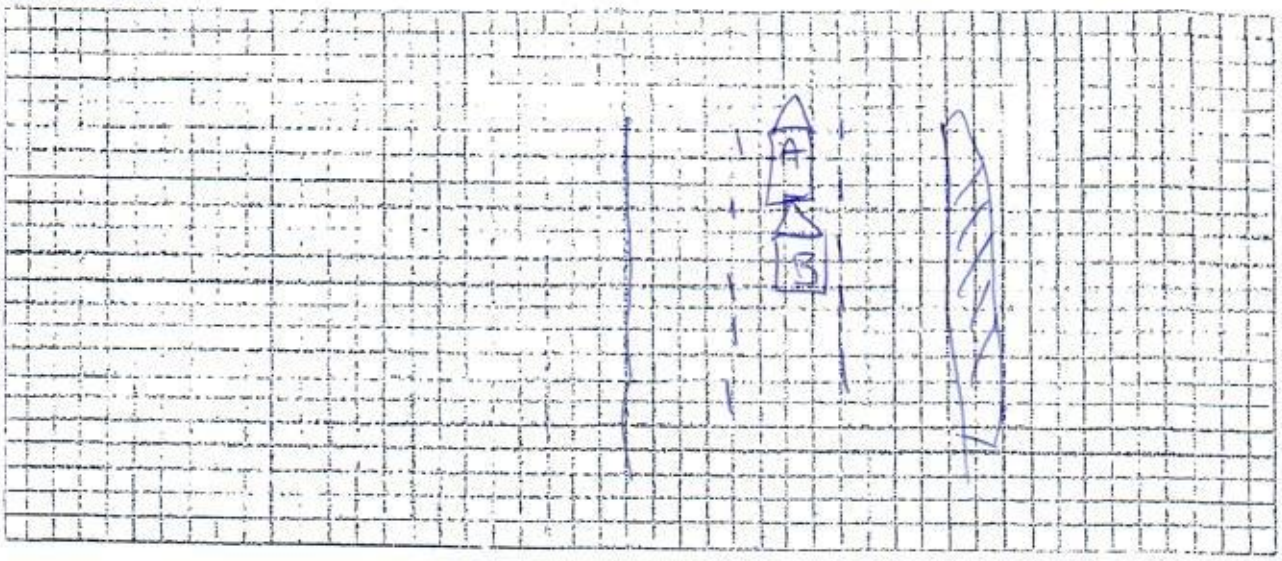
Policyholder's Signature
Date & Time:

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

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

Veh A - SMN 33C
Veh B - ~~GBE~~ GBE 460E

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and timne, I was travelling along PIE toward tuas after Steven Rodd Exit The vehicle infront suddenly brake and stop so I follow suit. ~~Veh B~~ Then Veh B collided into the rear of my veh.

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.:

3 injuries

Date of Accident : 20/8/19 Accident Time: 0935 (24-HR-Format)

Accident Place : PIE Toward Tuas after Stevens Rd Exit

Vehicle Reg. No. (Car Plate No.) : SMN 33C

Vehicle Make/Model : Toyota Vellfire

Insurance Company : NTUC Policy No.

Owner or Company Name /IC No. : UNICAR PTE Ltd 201705255W

Owner or Company Contact No. : 86855535 Owner's Hp Company Tel

DRIVER'S Name / IC No. : ANG. POH WAN, GARY

DRIVER'S Date Of Birth : 25/2/1983 DRIVER'S License Pass Date 29 NOV 2010

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:

DRIVER'S Address : 435A Bukit Batok West Ave 5 #09-1020

DRIVER'S Contact No./ Alt No. :1) 8587 7875 2)

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address :

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): 03. (1 driver male) (2 female)

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: GBF 460E

Vehicle Make\Model:

Name Driver: Manickam Ganapathy

IC No. Driver: G8236821W

Driver's Contact & Add:

Vehicle Reg. No:

Vehicle Make\Model:

Name Driver:

IC No. Driver:

Driver's Contact & Add:

Land Transport Authority

Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 26 Jun 2019 / 23:30:50
Receipt Date/Time : 26 Jun 2019 / 23:30:49

Tax Invoice/Receipt

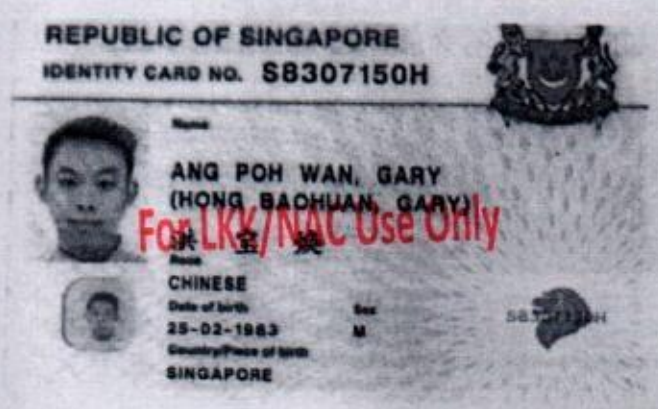
Receipt No. : ITNET-00000-190626-004276

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.		Amount Before GST (S$)	GST Amount (S$)	Amount After GST (S$)
Replaced Vehicle No. SKQ817R					
1	Replacement of Veh Reg No. - SMN33C Replacement Fee 20190626232938135388		300.00	21.00	321.00
		Sub-Total	**300.00**	**21.00**	**321.00**
		Total Before Rounding	300.00	21.00	321.00
		Rounding Difference			0.00
		Total Amount Payable			321.00
		Paid By			
		xxxxxxxxxxx9804	Credit Card: Visa /MasterCard		321.00
		Total			321.00
		Cash Change			0.00
		Tendered Amount			321.00
		Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8307150H

ANG POH WAN, GARY

(HONG BAOHUAN, GARY)

洪宝焕

CHINESE

Date of birth

25-02-1983

Sex

M

Country/Place of birth

SINGAPORE

< 16 30 |

3168424

NRIC No: S8307150H

APT BLK 435A BUKIT BATOK WEST AVENUE 5 #09-1020
SINGAPORE 651435

NRIC No: S8307150H

Date: 06/07/2018

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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	29 Nov 2018

PDVL/TDVL
278929

For LKK/NAC Use Only

Licence No:S8307150H

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: 20/08/2019 09:35

Vehicle No.(For Motor): SKQ817R | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5106818861		UNICAR PTE. LTD.	201705255W	GPC	drivo CLASSIC	SKQ817R	SKQ817R	09/01/2019	08/01/2020

Continue

Policy Information

Policy No.	5106818861	Policyholder Name	UNICAR PTE. LTD.	Policyholder NRIC	201705255W
Certificate No.					
Address	2 YISHUN INDUSTRIAL STREET 1 #08-22 NORTH POINT BIZHUB SINGAPORE 768159				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	08/01/2019	Effective Date	09/01/2019 00:00	Expiry Date	08/01/2020 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	2 YISHUN INDUSTRIAL STREET	Address 2	#08-22 NORTH POINT BIZHUB	Address 3	SINGAPORE 768159
Address 4		Address Type	Singapore address	Post Code	768159
Unit No.	10-374	Related Policy Number	5088536275-02		

Insured Object: SKQ817R

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Exit

Accident MT/1058843

Policy No.	S106818861	Vehicle No.	SKQ817R	GST Registration No.	
Certificate No.					
Policyholder Name	UNICAR PTE. LTD.			Policyholder NRIC	201705255W
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	86855535	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	(•) No ( ) Yes	TCA	(•) No ( ) Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	21/08/2019 20:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	20/08/2019	Time of Accident hh:mm	09:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (TUAS) AFTER STEVEN RD EXIT				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		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 Registration No.		GST Status Verified	Yes
Modification History	21/08/2019 20:01:11 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	2 YISHUN INDUSTRIAL STREET	Address 2	#08-22 NORTH POINT BIZHUB	Address 3	SINGAPORE 768159
Address 4		Address Type	Singapore address	Post Code	768159
Unit No.	10-374	Related Policy Number	5088536275-02		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ANG POH WAN, GARY (HONG B.	Driver NRIC	S8307150H	Driver DOB	25/02/1983
Register Date of Driver License	29/11/2010	Driver Age	36	Driving Experience	8
Contact No.(Mobile)	85877875	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 435A	Address 2	BUKIT BATOK WEST AVENUE 5	Address 3	SINGAPORE 651435
Address 4		Address Type	Singapore address	Post Code	651435
Unit No.	09-1020				
Does he own a Singapore Registered car?	( ) Yes (•) No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	(•) Yes ( ) No		

Modification History

Claim 001 | New

Claim Type *	OD-MX	Insured Name	UNICAR PTE. LTD.	Insured NRIC	201705255W
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SKQ817R	TP Vehicle Number	GBE460E
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	SKQ817R / GBE460E ON 20 Aug 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	21/08/2019 20:01	Claim Close Date		Date Received	21/08/2019 00:00
Report Taken By	Jackson				

[x] Print AK letter

Save | Submit

Attachment

Accident No.	MT/1058843	Claim No.	001
Last Doc. Received	(•) Yes ( ) No	Upload Date	21/08/2019 20:02

Path *			Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
		Clear	Please Select	NO	Normal	

Browse...

Browse... Clear Please Select NO Normal

Browse... Clear Please Select NO Normal

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2019 20:02	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2019 20:02	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2019 20:02	SAS	Normal	SAS 2019-8-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2019 20:02	Photos	Normal	Photos 2019-8-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2019 20:02	Photos	Normal	Photos 2019-8-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2019 20:02	Photos	Normal	Photos 2019-8-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2019 20:02	Photos	Normal	Photos 2019-8-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2019 20:02	Photos	Normal	Photos 2019-8-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2019 20:02	Photos	Normal	Photos 2019-8-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2019 20:02	Photos	Normal	Photos 2019-8-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2019 20:02	Photos	Normal	Photos 2019-8-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2019 20:02	Photos	Normal	Photos 2019-8-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2019 20:02	Photos	Normal	Photos 2019-8-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2019 20:02	Photos	Normal	Photos 2019-8-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2019 20:02	Photos	Normal	Photos 2019-8-21		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action

Display in New Window | Scan and uploading