

NATIONAL Assessment Centre Services

Date In: 24/08/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19014927/13	SAS e-filing		
Veh No: 5LD67064	E-mail (within 8hrs, AIC 2hrs)		
DOA: 23/08/19 1940	i-Motor Claim Form	MT/1059293-001	
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: SJE3136C	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

NA1906410	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : 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		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 (N-on 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	24/08/2019 16:43
Date Of Accident	23/08/2019 19:40
Exact Location Of Accident	BUKIT PANJANG RING RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLD6706U
Insured/Policyholder	
Name Of Registered Owner	J MOVEMENT ENTERPRISE
Co Reg No	53351608X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91197527
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	OTW TO PICK PASSENGER
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098454280-01
Cover Note Number	
Driver	
Name of Driver	GOH WEI GIE(WU WEIJIE)
NRIC No	S8232117I
Date Of Birth	07/10/1982
Occupation	OUTDOOR
Date Of Driving Pass	13/09/2011
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91197527
Fax Number	
Contact Number	
Email Address	JERRY_GOH82@HOTMAIL.COM

Address	BLK 5 TECK WHYE AVENUE #07-142
Postcode	680005
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	SIDE SWIPE
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)	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

I WAS TRAVELLING STRAIGHT ALONG BUKIT PANJANG RING RD ON THE 2ND LANE OF A3-LANES RD. AHEAD THERE WAS A MERGING LANE ON LANE 2 & LANE 3. SUDDENLY VEH B FROM THE 3RD LANE MERGED INTO MY LANE AND HIT ONTO MY REAR LEFT SIDE PORTION OF MY VEH.

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	SJE3136C
Vehicle Make/Model/Colour	HONDA FIT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HAMID
NRIC/Passport Number	
Contact Number	98393850
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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: 24/08/2019
12.35pm

Driver's Signature

(If driver is not the policyholder)
Date & Time:

W

24/08/2019 12.35pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

24/08/19

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

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

*

Policyholder's Signature

Date & Time: 24/08/2019
12.35pm



Driver's Signature

(If driver is not the policyholder)

Date & Time:

Wah 24/08/2019 12.35pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

24/08/19

ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 08 / 2019) (DD/MM/YYYY), TIME: (19 : 42) (HH:MM)

LOCATION: Bukit Panjang Ring Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SD6106U
b) INSURANCE COMPANY: Niue Income
c) POLICY NUMBER: 5098454280-01
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA Vios
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: On the way to Pick Passenger
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: J Movement Enterprise (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 91197527
c) ADDRESS: 5 Teck Whay Avenue #07-142 S680005

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Goh Wei Gze (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8232171 CONTACT: 91197527
c) ADDRESS: 5 Teck Whay Avenue #07-142 S680005

*d) DATE OF BIRTH: (07 / 10 / 1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 7 year

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)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJE 3136C MODEL: Honda Fit
b) DRIVER'S NAME: Hamid
c) NRIC/FIN/PASSPORT: _____ CONTACT: 98393856

9. THIRD PARTY VEHICLE

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

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

24/08/19
waiting for
company
stamp

Email = jerry.goh82@hotmail.com
fax =
video =

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of Goh Wei Gie

Licence Number **S82321171**

Name
**GOH WEI GIE
(WU WEIJIE)**

For LKK/NAC Use Only

Birth Date **07 Oct 1982**

Issue Date **13 Sep 2011**

Barcode: 001999986F

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S82321171**

Portrait of Goh Wei Gie

Name
**GOH WEI GIE
(WU WEIJIE)**

Race **CHINESE**

Date of Birth **07-10-1982**

Country of Birth
SINGAPORE

For LKK/NAC Use Only

1931359

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

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

EFFECTIVE DATE **13 Sep 2011**

For LKK/NAC Use Only

NP 428A

Barcode: Licence No: S82321171

Barcode: 1931359

SPIC No. **S82321171**

For LKK/NAC Use Only

Blood Group **A+**

Date of issue **22-04-1994**

Address
**APT BLK 5 TECK WHYE AVENUE
#07-142
SINGAPORE 2368**



VOCATIONAL LICENCE

Licence No : S82321171

Name : GOH WEI GIE

For LKK/NAC Use Only

Please visit www.lta.gov.sg to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	26/09/2018

For LKK/NAC Use Only



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: 5098454280-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLD6706U**
 Chassis Number : MR053HY9305103616
2. Name of Policyholder : J MOVEMENT ENTERPRISE
3. Effective Date of Insurance : 10 Mar 2019
4. Expiry Date of Insurance : 09 Mar 2020
5. Persons or Classes of Persons entitled to drive#
 (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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

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\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
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 : RAY ALLIANCE FINANCIAL ADVISERS PTE LTD (00000581200)
 Date of Issue : 08 Mar 2019 13:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1059293

Policy No.	5098454280-01	Vehicle No.	SLD6706U	GST Registrat
Certificate No.				
Policyholder Name	J MOVEMENT ENTERPRISE			Policyholder I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	91197527	Contact No.(Office)	0	Contact No.(i
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 Reaso
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	26/08/2019 09:11	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/08/2019	Time of Accident hh:mm	19:40	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	BUKIT PANJANG RING RD			

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen E
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	26/08/2019 09:14:04 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 5 #07-142	Address 2	TECK WHYE AVENUE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	07-142	Related Policy Number	5098454280-01	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	GOH WEI GIE(WU WEIJIE)	Driver NRIC	S82321171	Driver DOB
Register Date of Driver License	13/09/2011	Driver Age	36	Driving Exper
Contact No.(Mobile)	91197527	Contact No.(Office)	0	Contact No.(i
Address 1	BLK 5	Address 2	TECK WHYE AVENUE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#07-142			
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insure

Declaration

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

Claim 001 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	<input type="text"/>	Insured Liability	Not at Fault	
Contact No. Finalisation	Yes <input type="radio"/> No <input type="radio"/>	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered				Received
Report Taken By				26/08/2019 09:18
				Claim Close Date
				Workshop Repairer

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1059293	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/08/2019 00:00
Path *		Category *	
Choose File	No file chosen	Clear	Please Select <input type="button" value="v"/> NO
Choose File	No file chosen	Clear	Please Select <input type="button" value="v"/> NO
Choose File	No file chosen	Clear	Please Select <input type="button" value="v"/> NO
Choose File	No file chosen	Clear	Please Select <input type="button" value="v"/> NO
Choose File	No file chosen	Clear	Please Select <input type="button" value="v"/> NO
Choose File	No file chosen	Clear	Please Select <input type="button" value="v"/> NO
Message Read		Clear	Please Select <input type="button" value="v"/> NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 09:17	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 09:17	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 09:17	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 09:17	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 09:16	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 09:16	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 09:16	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 09:16	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 09:16	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 09:16	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 09:16	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 09:16	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 09:16	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 09:16	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Aug 2019 09:16	Photos		Normal	P

Video List

Uploaded By/Date	Folder Date	File Name	
<div>Display in New Window</div> <div>Scan and uploading</div>			