

NATIONAL Assessment Centre Services. [ver 1 Jan 03] MMA 119115857

Date In: 21/9/19 14:26	Job description	Date & Time Completed	Done by
Ref No: MA/INC 19015471 164	SAS e-filing		
Veh No: SLG 4105 B	E-mail (within 3hrs, AIC 2hrs)		
TPA: 1/9/19 14:30	I-Motor Claim Form	MT/1060668-001	21/9/19 19:55
QD: TP / Repairing 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: FA 4984 Z	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 10/11/18 6708 6616)	Date: ()	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	Action

NA1906519	Invoice No: ()	Amount (\$): 30.00
Channel's Particulars:	1) AR: Accident Reporting (\$30);	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Wkr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idau DA + SMRT Survey \$160	
	8) NTUG Additional Services:	
	ON:	
	*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: Idau 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	02/09/2019 14:26
Date Of Accident	01/09/2019 14:30
Exact Location Of Accident	OPPO CENTURY SQUARE MAIN RD INTO SHOPOING MALL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG4105B
Insured/Policyholder	
Name Of Registered Owner	PRESTIGE LEASING PTE. LTD
Co Reg No	201723326H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91449265

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 3
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	PRIVATE HIRE

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	5094838100-01
Cover Note Number	-

Driver

Name of Driver	CHOO JIA HUI
NRIC No	S8622182I
Date Of Birth	01/07/1986
Occupation	OUTDOOR
Date Of Driving Pass	08/03/2010
Driving Experience	9 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82881229
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 323 UBI AVE 1 #10-567
Postcode	400323
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20190901/2076

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	FQ4984Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.:

Tampines Central 1

A = SLG 4195
B = FQ 4984

entrance

Refer to Police Report T/20190901/2076

are the foregoing

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



**SINGAPORE
POLICE FORCE**



T/20190901/2076

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190901/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/09/2019 16:49	Vide Report No.: G/20190901/0136	Station Diary No.:
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Informant's Particulars

Name of Informant: CHOO JIA HUI			Address: 323 UBI AVENUE 1 #10-567 KAMPUNG UBI ESTATE SINGAPORE 400323		
ID Type / ID No.: NRIC NO / S8622182I			Contact No.: Home/Office: Mobile: 82881229		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 33	Date of Birth: 01/07/1986	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Other assistant engineers			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/09/2019 15:10	Type of Location: Straight Road
Location: TAMPINES CENTRAL 1 Opposite Century Square main road into shopping centre pick-up point				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FQ4984Z	Motorcycle	HONDA	CB 400 F2VJ	Black		0
SLG4105B	Car	MAZDA	MAZDA3 4- DOOR SEDAN 1.5L SP.6EAT	Blue	Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20190901/2076

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190901/2076

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHOO JIA HUI	ID No.	S8622182I
Related Vehicle	NIL	Contact No.	82881229
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE STATED DATE, TIME AND LOCATION,

I WAS TRAVELLING ALONG SAID LOCATION WHEN I WAS WAITING BEHIND THE YELLOW BOX TO TURN INTO CENTURY SQUARE DROP-OFF POINT. WHEN IT WAS RED LIGHT ON THE ROAD OPPOSITE OF THE DIRECTION I WAS TRAVELLING IN, ALL THE OTHER CARS STOPPED BEFORE AND AFTER THE YELLOW BOX. JUST AS I WAS ABOUT TO TURN IN TO THE DROP-OFF POINT, A MOTORBIKE SUDDENLY APPEARED INSIDE THE YELLOW BOX. I JAMMED BREAK BUT I STILL ACCIDENTALLY HIT HIM. I WENT DOWN TO CHECK ON HIM AND THE PASSENGER ON MY CAR HELPED HIM TO THE SIDE. HE TOLD ME THAT HE ONLY SUFFERED PAIN IN THE LEG. I CALLED THE AMBULANCE AND HE WAS CONVEYED TO THE HOSPITAL.



**SINGAPORE
POLICE FORCE**



T/20190901/2076

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190901/2076

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:
TP /
LIM CHIN KIAT

Lim

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MOHAMMED FEROUZ BIN HUSSEIN
Contact No.: 65476206

Signature Of Informant:

Lim

Date/Time:
01/09/2019 16:49

Classification Of Case:

SINGAPORE
POLICE FORCE

Authentication Stamp
NP168

Signature: *Lim*

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094838100-01		PRESTIGE LEASING PTE. LTD	201723326H	GFT	Third Party, Fire & Theft	SLG4105B	SLG4105B	05/10/2018	

Policy Information

Policy No.	5094838100-01	Policyholder Name	PRESTIGE LEASING PTE. LTD	Policyholder NRIC	201723326H				
Certificate No.									
Address	53 UBI AVENUE 1 #05-44 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934								
Product Name	FLEET INSURANCE	Plan	Group Policy Flag		N				
Policy issue Date	05/10/2018	Effective Date	05/10/2018 00:00	Expiry Date	04/10/2019 23:59				
Third Party Excess	1500.00	Own damage Excess	0.00	Windscreen Excess	0.00				
Additional Excess	0	OS Premium	0						
Outside Singapore OD Excess	0.00	Outside Singapore TP Excess	1500.00						
Agent	ANIKA INS BROKERS & CONSUL	Agent Tel.	66729988	GST Flag	Y				
Co-insurance Flag	No								
Open Policy Info									
Certificate Info									

Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#05-44 PAYA UBI INDUSTRIAL F	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	01-62	Related Policy Number	5094838100-01		

Insured Object: SLG4105B

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	05/10/2018 00:00	Basic Information Endorsement	000001286917206	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows:</p> <p>VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SFT970Z 05-10-2018 \$2,061.02 In view of this amendment, an additional premium of \$2,061.02 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>
2	14/12/2018 00:00	Basic Information Endorsement	000001286963759	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy:</p> <p>VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SFT970Z 10-12-2018 \$1,688.34 In view of this amendment, a refund of \$1,688.34 (inclusive of GST) will be adjusted against the outstanding premium.</p>
3	14/12/2018 00:00	Basic Information Endorsement	null	Underwriting Rejected	<p>Thank you for giving us the opportunity to serve you. We confirm that from 14 Dec 2018, the following amendment(s) is/are made to this policy:</p>
4	20/04/2019 00:00	Basic Information Endorsement	000001287052544	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy:</p> <p>VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJQ7680H 18-04-2019 \$948.63 In view of this amendment, a refund of \$948.63 (inclusive of GST) will be adjusted against the outstanding premium.</p>
5	26/04/2019 00:00	Basic Information Endorsement	000001287058710	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy:</p> <p>VEHICLE NUMBER CANCELLATION</p>

Claim Handling

Accident MT/1060668

Policy No.	5094838100-01	Vehicle No.	SLG41058	GST Registration No.	
Certificate No.					
Policyholder Name	PRESTIGE LEASING PTE. LTD			Policyholder NRIC	201723326H
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	91449265	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	02/09/2019 19:51	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	01/09/2019	Time of Accident hh:mm	14:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	OPPO CENTURY SQUARE MAIN RD INTO SHOPPING MALL				
Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	53 UBI AVENUE 1	Address 2	#05-44 PAYA UBI INDUSTRIAL I	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	01-62	Related Policy Number	5094838100-01		
OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	01/07/1986
Unnamed driver Name	CHOO JIA HUI	Driver NRIC	S8622182I	Driving Experience	9
Register Date of Driver License	06/03/2010	Driver Age	33	Contact No.(Home)	
Contact No.(Mobile)	82881229	Contact No.(Office)		Address 3	KAMPUNG UBI ESTATE
Address 1	BLK 323 #10-567	Address 2	UBI AVENUE 1	Post Code	400323
Address 4	SINGAPORE 400323	Address Type	Singapore address		
Unit No.	10-567				
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 *	OO-MX	Insured Name	PRESTIGE LEASING PTE. LTD	Insured NRIC	201723326H	
Contact No.(Mobile)	91449265	Contact No. (Home)		Contact No. (Office)	NIL	
Email Address		OT Vehicle Number	SLG41058	TP Vehicle Number	PQ49B4Z	
Claim Description	SLG41058 / PQ49B4Z ON 1 Sept 2019				Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Partially at Fault	GIA report	Received	
Preferred Workshop Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown			
Date Registered	02/09/2019 19:54	Claim Close Date		Date Received	02/09/2019 04	
Report Taken By	JIEW SHAN HUI					
<input type="checkbox"/> Print AK letter						

Save Submit













Attachment

Accident No.	MT/1060668	Claim No.	001
Last Doc. Received	Yes No	Upload Date	02/09/2019 19:55
Path *			
Choose File	No file chosen	Category *	Please Select
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description	
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

Send M

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CD)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Sep 2019 19:55	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-9-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Sep 2019 19:55	SAS	Normal	SAS 2019-9-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Sep 2019 19:54	Photos	Normal	Photos 2019-9-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Sep 2019 19:54	Photos	Normal	Photos 2019-9-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Sep 2019 19:54	Photos	Normal	Photos 2019-9-2	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Sep 2019 19:54	Photos	Normal	Photos 2019-9-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Sep 2019 19:54	Photos	Normal	Photos 2019-9-2	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Sep 2019 19:54	Photos	Normal	Photos 2019-9-2	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Sep 2019 19:54	Photos	Normal	Photos 2019-9-2	

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading