

# NATIONAL Assessment Centre Services

Date In: 18/09/19	Job description	Date & Time Completed	Done by
Ref No NA/INC19016492/13	SAS e-filing		
Veh No SM9946P	E-mail (within 8hrs. AIC 2hrs)		
D.O.A 17/09/19 1700	i-Motor Claim Form	MS/1062982-001	
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: ( N-51 Tel: Fax: )

TP Particulars: Veh No: 51220472 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

NA1907075	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
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:-		
	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: 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	18/09/2019 15:15
Date Of Accident	17/09/2019 17:00
Exact Location Of Accident	ALONG UBI CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMM9946P
Insured/Policyholder	
Name Of Registered Owner	PRAVINDREN DAYALAN
NRIC No	S9343053J
Email Address	PRAVINNMANUTD@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94242818
Alternative Phone No	OTHERS-94242818

Vehicle Particulars	
Manufacturer	HONDA
Model	FIT
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	5111137926
Cover Note Number	

Driver	
Name of Driver	PRAVINDREN DAYALAN
NRIC No	S9343053J
Date Of Birth	10/11/1993
Occupation	INDOOR
Date Of Driving Pass	12/02/2015
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94242818
Fax Number	
Contact Number	OTHERS-94242818
EEmail Address	PRAVINNMANUTD@GMAIL.COM

Address	BLK 921 HOUGANG STREET 91 #09-19
Postcode	530921
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?	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)	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

PLS REFER TO THE ATTACHED STATEMENT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ2047Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TING CHANG KOK
NRIC/Passport Number	
Contact Number	96938188
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	PRAVINDREN DAYALAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SMM9946P
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:

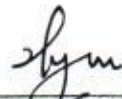
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:



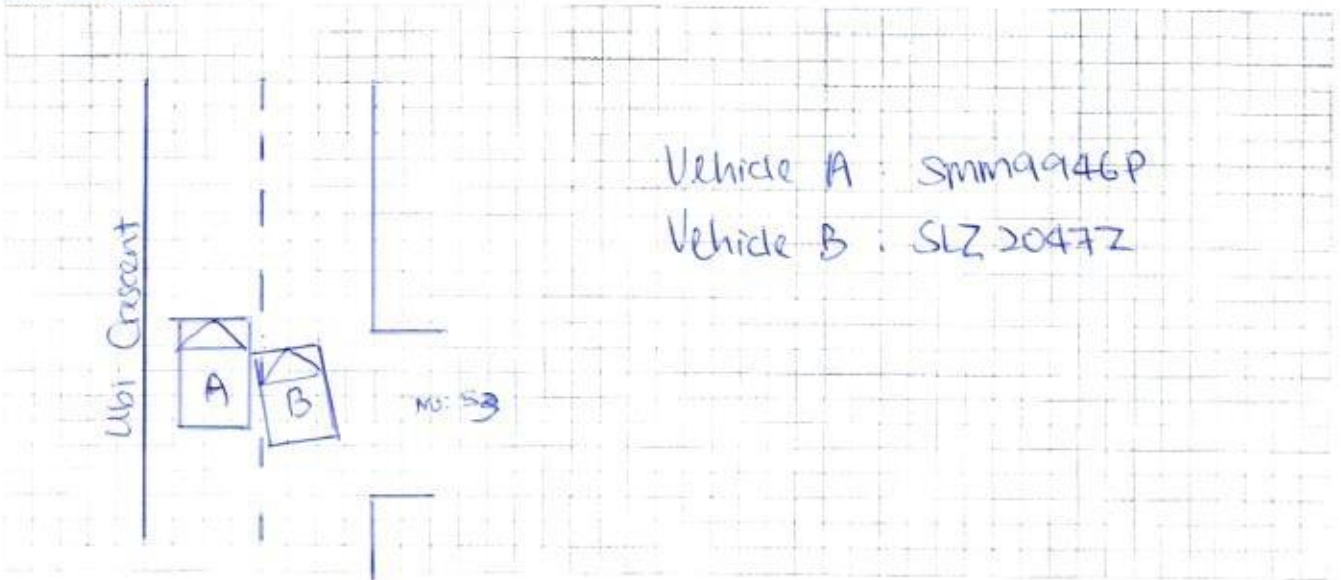
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



18/09/19

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above said date & time, I was driving my vehicle (SMM9946P) traveling along Ubi Crescent. I was on left lane. There ~~are~~<sup>was</sup> another vehicle B (SLZ2047Z) stationary on ~~the~~ my right front. When I about cross by his vehicle suddenly ~~he~~ he moved the vehicle and collided onto my vehicle right portion causing my vehicle right portion badly damaged.

## DECLARATION

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

[Signature]  
Policyholder's Signature  
Date & Time: 18/9/19 @ 12:17pm

[Signature]  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 18/9/19 @ 12:17pm

[Signature] 18/09/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



<b>Vehicle No.</b>	SMM9946P	<b>Model / Make</b>	Honda Fit
<b>Date of Accident</b>	17/09/2019		
<b>Time of Accident</b>	1700	<b>HRS</b>	
<b>Location of Accident</b>	Along Ubi Crescent		
<b>Exact purpose use during accident</b>			
<b>Name of Owner</b>	Pravindren Dayalan		
<b>Telephone No.</b>	H/P : 94242818	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	89343053J		
<b>Address</b>	BLK 921 Hougang Street 91 #09-19 S(530921)		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5111137926		
<b>Name of Driver</b>	As Above If No, Pravindren Dayalan		
<b>NRIC</b>	S9343053J	<b>Any Passengers :</b>	-
<b>Date of birth</b>	10/11/1993		
<b>Occupation</b>	Outdoor / Indoor		
<b>Driving License Pass Date</b>	12/02/2015		
<b>Gender</b>	<input checked="" type="radio"/> Male / <input type="radio"/> Female		
<b>Contact No.</b>	H/P :	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	BLK 921 Hougang Street 91 #09-19 S(530921)		
<b>Driver have any own vehicle</b>	<input checked="" type="radio"/> No, <input type="radio"/> If yes, Reg No.		
<b>Relationship</b>	Employee, <input type="radio"/> If no, state Owner		
<b>Weather condition</b>	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Other		
<b>Road Surface</b>	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Other		
<b>Any Injuries</b>	<input checked="" type="radio"/> No, <input type="radio"/> If Yes, Who? Pravindren Dayalan		
<b>Name And Contact No.</b>	94242818		
<b>Name And Contact No.</b>			
<b>Police Report</b>	<input checked="" type="radio"/> No, <input type="radio"/> If Yes, Where?		
<b>Vehicle B No.</b>	SLZ 2047Z	<b>Any Passengers :</b>	-
<b>Name of Driver</b>	Ting Chang Kok	<b>Contact No. :</b>	9693 8188
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	Right Portion		
<b>Camera Recorder</b>	<input checked="" type="radio"/> Yes / <input type="radio"/> No		
<b>Email Address</b>	pravindrenutd@gmail.com		
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive Pte Ltd		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Zi Ting		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	Sales @ n51.com.sg		



## 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: 5111137926

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : To Be Advised *SHM9946P*  
Chassis Number : GK31351126
2. Name of Policyholder : PRAVINDREN DAYALAN
3. Effective Date of Insurance : 23 Jul 2019
4. Expiry Date of Insurance : 22 Jul 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 business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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\$600
EXCESS (SECTION 2)	: N/A
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	: PRAVINDREN DAYALAN
NAMED DRIVER (1)	: DAYALAN S/O ANNAMALAY
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: OCBC BANK LTD
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 : VINCAR PTE LTD (00000614250)

Date of Issue : 22 Jul 2019 11:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## Register New Vehicle (Acknowledgement)

### Vehicle Particulars

Vehicle No.:	SMM9946P		
Vehicle Type:	P10 - Passenger Motor Car	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	HONDA	Vehicle Model:	FIT 1.3GF CVT
Chassis No.:	GK31351126	Engine No.:	L13B1461135
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	4
Engine Capacity:	1317 cc	Power Rating:	-
Maximum Power Output:	73.0 kW ( 97 bhp )		
Unladen Weight:	1030 kg	Maximum Laden Weight:	1305 kg
Primary Colour:	Grey	Secondary Colour:	-
First Registration Date:	23 Jul 2019	Original Registration Date:	23 Jul 2019
Manufacturing Year:	2019	Open Market Value:	\$15,659.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$2,829.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$15,659.00 (100%)
Actual ARF Paid:	\$5,659.00		

### Owner Particulars

Owner Name:	PRAVINDREN DAYALAN
Owner ID Type:	Singapore NRIC
Owner ID:	S9343053J
Registered Address Type:	HDB / HUDC
Registered Block /House No.:	921
Registered Street Name:	HOUGANG STREET 91
Registered Unit No.:	#09 - 19
Registered Building Name:	-
Registered Postal	

Code: 530921  
COE No. / Expiry Date: 2019080101000918C / 22 Jul 2029  
COE Bid Category: A - Car up to 1600cc & 97kW (130bhp)  
QP Paid: \$28,589.00

#### Transaction Details

Business  
Transaction Ref. No.: 20190723091605658013  
Business  
Transaction Date: 23 Jul 2019  
Business  
Transaction Time: 09:16:05

#### Message

The above vehicle has been successfully registered.

Please note that \$24,757.00 will be deducted from your GIRO account.

The notification delivery date will be subject to validation of address with source agency.



Claim Handling

Accident MT/1062982

Policy No.	5111137926	Vehicle No.	SMM9946P	GST Registrat
Certificate No.				
Policyholder Name	PRAVINDREN DAYALAN			Policyholder f
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	94242818	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(%)	0	Private Hire

▼ Accident Details

Report Date	18/09/2019 15:39	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	17/09/2019	Time of Accident hh:mm	17:00	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG UBI CRESCENT			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess		TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess	0.00	Driver is Covi
Additional Excess				
Total OD Excess Applicable		Total TP Excess Applicable	0.00	

▼ 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 921 #09-19	Address 2	HOUGANG STREET 91	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	09-19	Related Policy Number	5111137926	

▼ OI Driver Info

Driver Name	PRAVINDREN DAYALAN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9343053J	Driver DOB
Register Date of Driver License	01/01/2015	Driver Age	25	Driving Exper
Contact No.(Mobile)	94242818	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 921	Address 2	HOUGANG STREET 91	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#09-19			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insure

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 OD-MX

New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)	94242818	Contact No. (Home)	
Email Address	PRAVINMANUTD@GMAIL.COM	O1 Vehicle Number	
Claim Description	SMM9946P / SLZ2047Z ON 17 Sept 2019		
Preferred Workshop		Insured Liability	Not at Fault
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	18/09/2019 15:44
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	ROSLINDA

Save

Submit

Attachment

Accident No. MT/1062982

Claim No. 001

Last Doc. Received 

Yes

No

Upload Date 18/09/2019 00:00

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

Clear

Category \*

Confid

Please Select

NO

Clear

Please Select

NO

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NO

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NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Sep 2019 15:44	NRIC/ Driving License	Y	Normal	NRIC/ Di
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Sep 2019 15:42	SAS		Normal	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Sep 2019 15:42	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Sep 2019 15:42	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Sep 2019 15:42	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Sep 2019 15:42	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Sep 2019 15:42	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Sep 2019 15:42	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Sep 2019 15:42	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Sep 2019 15:42	Photos		Normal	P

Video List

Uploaded By/Date	Folder Date	File Name	

Display in New Window

Scan and uploading