

# NATIONAL Assessment Centre Services

Date In: 23/09/19	Job description	Date & Time Completed	Done by:
Ref No: NA/INC19016734/13	SAS e-filing		
Veh No: SMM6080G	E-mail (w,thin 8hrs, AIC 2hrs)		
D.O.A 21/09/19 1025	i-Motor Claim Form	MT/1063824-001	
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: ( NSI Tel: Fax: )

TP Particulars:	Veh No: SJR6096X	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

NA1907251	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT : Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat 1:</b>	6) TR : Re-inspection \$75		
<b>Cat 2 / 3:</b>	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	23/09/2019 14:50
Date Of Accident	21/09/2019 10:25
Exact Location Of Accident	ALONG BENDEMEER RD TWDS OPHIR RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMM6080G
Insured/Policyholder	
Name Of Registered Owner	LOKE SAU HING
NRIC No	S7830543F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96936482
Alternative Phone No	OTHERS-96936482
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5110583817
Cover Note Number	
Driver	
Name of Driver	WEE HOCK BOON,STEVE
NRIC No	S7913453H
Date Of Birth	07/05/1979
Occupation	OUTDOOR
Date Of Driving Pass	15/03/2002
Driving Experience	17 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94894898
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 111 BUKIT PURMEI ROAD #08-188
Postcode	090111
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

#### 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	SJR6096X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PALAZZI ETTORE
NRIC/Passport Number	
Contact Number	90625478
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	WEE HOCK BOON,STEVE
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SMM6080G
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)**

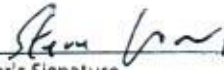
I understand, acknowledge, agree and consent that:

- (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:

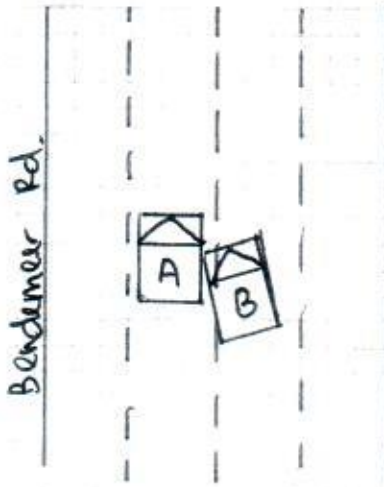
 23/09/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



Vehicle A : SMM6080G  
Vehicle B : SJR6096X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above said date & time, I was driving my vehicle A (SMM6080G) traveling along Bendemeer Road towards Ophir Road. I was on lane 3. I was driving straight suddenly vehicle B (SJR6096X) from lane 2 filter out 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.

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.:



<b>Vehicle No.</b>	SMM 60806	Model / Make	Honda Freed
<b>Date of Accident</b>	21/09/2019		
<b>Time of Accident</b>	1025	HRS	
<b>Location of Accident</b>	Along Bendemeer Road twds Ophir Road		
<b>Exact purpose use during accident</b>	Work		
<b>Name of Owner</b>	Loke Sau Hing		
<b>Telephone No.</b>	H/P: 96936482	Home:	Office:
<b>NRIC</b>	S7830543F		
<b>Address</b>	BLK 110 Bukit Purmei Road #11-166 S (090110)		
<b>Claim type</b>	OD	THIRD PARTY	REPORTING ONLY
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5110 583817		
<b>Name of Driver</b>	As Above If No, Wee Hock Boon, Steve		
<b>NRIC</b>	37913453H	Any Passengers: 1 (Male)	
<b>Date of birth</b>	07/05/1979	Unknown	
<b>Occupation</b>	Outdoor / Indoor		
<b>Driving License Pass Date</b>	15/03/2002		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P: 94894898	Home:	Office:
<b>Address</b>	BLK 111 Bukit Purmei Road #08-188 S (090111)		
<b>Driver have any own vehicle</b>	No, If yes, Reg No.		
<b>Relationship</b>	Employee, If no, state H/R		
<b>Weather condition</b>	Clear	Raining	Other
<b>Road Surface</b>	Dry	Wet	Other
<b>Any Injuries</b>	No, If Yes, Who?		
<b>Name And Contact No.</b>	Wee Hock Boon, Steve		
<b>Name And Contact No.</b>	94894898		
<b>Police Report</b>	No, If Yes, Where?		
<b>Vehicle B No.</b>	SJR 6096X	Any Passengers: 2	
<b>Name of Driver</b>	Palazzi Ettore	Contact No.: 90625478	
<b>Vehicle C No.</b>		Any Passengers:	
<b>Vehicle D No.</b>		Any Passengers:	
<b>Vehicle E no.</b>		Any Passengers:	
<b>Vehicle F No.</b>		Any Passengers:	
<b>Vehicle G No.</b>		Any Passengers:	
<b>Witness Name</b>		Witness Contact:	
<b>Accident Portion</b>	Right portion		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>	tommytrading@yahoo.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:** 5110583817

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **To Be Advised**  
Chassis Number : GB71083674
2. Name of Policyholder : LOKE SAU HING
3. Effective Date of Insurance : 05 Jul 2019
4. Expiry Date of Insurance : 04 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 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.

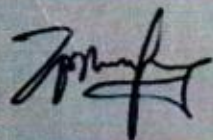
EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LOKE SAU HING (LU SHOUXING)
NAMED DRIVER (1)	: WEE HOCK BOON, STEVE
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: JCWC CREDIT (S) PTE 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)

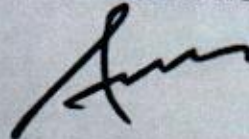
Agency : JCWC AUTOMOBILE PTE. LTD. (00000573827)  
Date of Issue : 04 Jul 2019 19:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive



## Register New Vehicle (Acknowledgement)

### Vehicle Particulars

Vehicle No.:	SMM6080G		
Vehicle Type:	Z11 - Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	HONDA	Vehicle Model:	FREED 1.5G HYBRID SENSING AUTO
Chassis No.:	GB71083674	Engine No.:	LEB5620835
Motor No.:	H14101146	Trailer Chassis No.:	-
Propellant:	Petrol-Electric	Passenger Capacity:	6
Engine Capacity:	1496 cc	Power Rating:	22.0 kW
Maximum Power Output:	101.0 kW ( 135 bhp )		
Unladen Weight:	1430 kg	Maximum Laden Weight:	1815 kg
Primary Colour:	Grey	Secondary Colour:	-
First Registration Date:	05 Jul 2019	Original Registration Date:	05 Jul 2019
Manufacturing Year:	2018	Open Market Value:	\$27,177.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$10,024.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$7,177.00 (140%)
Actual ARF Paid:	\$20,048.00		

### Owner Particulars

Owner Name:	LOKE SAU HING (LU SHOUXING)
Owner ID Type:	Singapore NRIC
Owner ID:	S7830543F
Registered Address Type:	HDB / HUDC
Registered Block/House No.:	110
Registered Street Name:	BUKIT PURMEI ROAD
Registered Unit No.:	# 11 - 166
Registered Building Name:	-
Registered Postal Code:	090110
COE No. / Expiry Date:	2019080103000020C / 04 Jul 2029
COE Bid Category:	B - Car above 1600cc or 97kW (130bhp)
QP Paid:	\$34,000.00

### Transaction Details

Business Transaction Ref. No.:	20190705143514113230
Business Transaction Date:	05 Jul 2019
Business Transaction Time:	14:35:14

### Message

The above vehicle has been successfully registered.

Please note that \$44,609.00 will be deducted from your GIRO account.

Please note that the name you have entered is different from LTA's record and will be subject to LTA's verification.

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

OK

Save as PDF



Claim Handling

Accident MT/1063824

Policy No.	5110583817	Vehicle No.	SMM6080G	GST Registrat
Certificate No.				
Policyholder Name	LOKE SAU HING			Policyholder I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	96936482	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 Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	24/09/2019 16:52	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	21/09/2019	Time of Accident hh:mm	10:25	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG BENDEMEER RD TWDS OPHIR RD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cow
Additional Excess	0.00			
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00	

▼ 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 110 #11-166	Address 2	BT PURMEI RD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5110583817	

▼ OI Driver Info

Driver Name	WEE HOCK BOON, STEVE	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S7913453H	Driver DOB
Register Date of Driver License	15/03/2002	Driver Age	40	Driving Exper
Contact No.(Mobile)	94894898	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 111	Address 2	BUKIT PURMEI ROAD	Address 3
Address 4	SINGAPORE 090111	Address Type	Singapore address	Post Code
Unit No.	#08-188			
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
-------------------------------------	------	-------------	---

Modification History

--

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	
Claim Description	SMM6080G / SJR6096X ON 21 Sept 2019		
Preferred Workshop		Insured Liability	Not at Fault
Repair Option	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered		Received	
Report Taken By		Claim Close Date	24/09/2019 17:02
		Workshop Repairer	ROSLINDA
<input checked="" type="checkbox"/> Print AK letter			



Save

Submit

Attachment



Accident No. MT/1063824

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 24/09/2019 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

Clear

Clear

Clear

Clear

Clear

Category \*

Confid

Please Select

NO

Please Select

NO

Please Select

NO

Please Select

NO

Please Select

NO

Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Sep 2019 17:02	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Sep 2019 17:02	SAS		Normal	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Sep 2019 17:00	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Sep 2019 17:00	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Sep 2019 17:00	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Sep 2019 17:00	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Sep 2019 17:00	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Sep 2019 17:00	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Sep 2019 16:59	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Sep 2019 16:59	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Sep 2019 16:59	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Sep 2019 16:59	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Sep 2019 16:59	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Sep 2019 16:59	Photos		Normal	P

Video List

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