

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 25/09/19	Job description	Date & Time Completed	Done by
Ref No: NM/INC19016931/12	SAS e-filing		
Veh No: FBQ/656M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/09/19 1445	i-Motor Claim Form	MT/1064027 + 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:	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

NA1907340	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
Contact No:	4) FT : Follow-Through Survey \$120		
Damaged Portion:	5) FT : Follow-Through Survey (Resurvey) \$30		
QC Checked by (Engr-In-Charge):	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
Auditors' Comments :-	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
Cat. 1:	OD*		
Cat. 2 / 3:	*N5: Courtesy Car / Tpl 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	25/09/2019 17:31
Date Of Accident	13/09/2019 14:45
Exact Location Of Accident	MAIN CIRCUIT @BBDC
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ1656M
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#### Insured/Policyholder

Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Co Reg No	198801155R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64833167

#### Vehicle Particulars

Manufacturer	HONDA
Model	CBF190WH
Exact Purpose for which vehicle was being used at time of accident	TRAINING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	0073451220-15
Cover Note Number	

#### Driver

Name of Driver	PETER LOH JUN XIN
NRIC No	T0039906F
Date Of Birth	09/11/2000
Occupation	INDOOR
Date Of Driving Pass	13/09/2019
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91719561
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 134 GANGSA RD #19-84
Postcode	670134
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TRAINEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	NO COLLISION
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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?	NO
Was there any audio recorded?	NO



## 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;

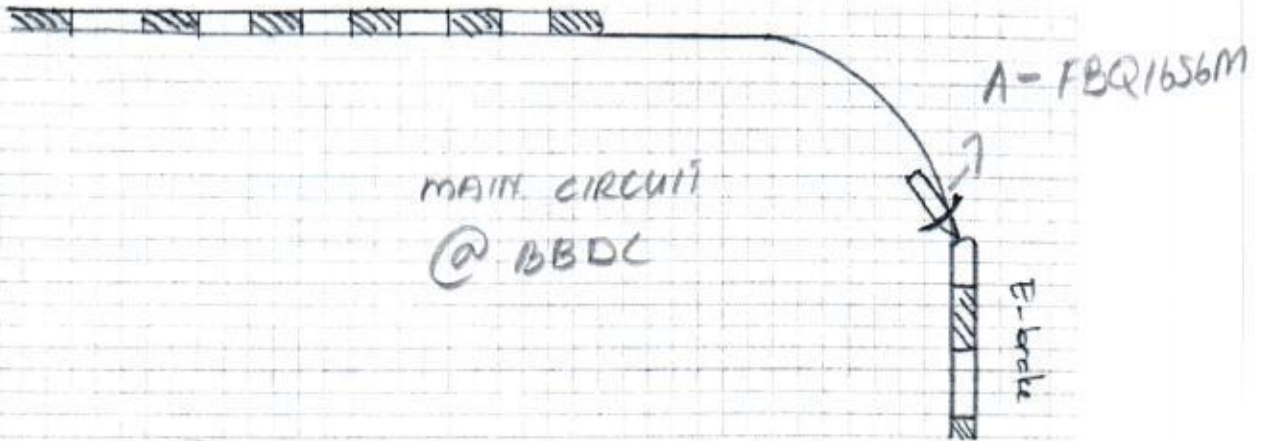
General Insurance Association of Singapore (GIA) CENTRE  
100 ROBINSON ROAD, #05-01, SINGAPORE 068906  
ST AVENUE 5  
SINGAPORE 659085  
6561 1233 FAX: 6569

Policyholder's Signature  
Date & Time

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

Report to Centre Person's Signature  
Name:   
Date/Time: 25/09/19

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13-9-2019, I was attending 2B 1.02 practical lesson. At the last 30 minutes, Instructor brought me out to the main circuit for riding. While going through a bend, I rode too fast and hit the kerb on the left. As a result the bike and I fell on the floor.

DECLARATION

BANKI BATON DRIVING CENTRE LTD  
815 BUKIT BATOK WEST AVENUE 5  
SINGAPORE 659085  
TEL: 6561 1233 FAX: 6569 1233

Policyholder's Signature  
Date & Time

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

Reporting Person's Signature  
Name  
NPIC/PIR No.

*25/09/19*



☐ Owner  
☐ Driver

### ACCIDENT STATEMENT

Date of Accident

13/9/19

Time

1445 hrs

Location of Accident

Man Circuit

#### INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

FBQ 1656M

Name of Policyholder

NRIC/ FIN/ Passport/ ROC (if Policyholder is company)

Address

Contact Number

Tel:

Hp:

Occupation

#### VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

Honda CBR1000W

Type of Vehicle

Saloon, MPV, CRV, Van, Lorry, Bus, Motorcycle, Others: \_\_\_\_\_

Exact Purpose for which vehicle was being used at the time of accident.

Training

Are you claiming under your own insurance policy?

☒ Yes

☐ No

Remarks:

Vehicle category

☐ Private

☐ Commercial

☒ Motorcycle

#### INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

NTUC

Type of Policy

☒ Comprehensive

☐ TP Fire & Theft

☐ Third party

Fleet Policy

☐ Yes

☐ No

Policy Number

#### DRIVER

Name of Driver

Peter Loh Jun Xin

NRIC/ FIN/ Passport

T0039106F

Date of Birth

09/11/2000

Occupation

student

Driving Pass Date

Gender

☒ Male

☐ Female

Contact Number

Tel: 91719561

Hp:

Address

Gangsa road B1K 154 #1A-84

Email Address

PeterLX@gmail.com

Was driver an employee of the Insured's Company?

☐ Yes

☒ No

If No, relationship of Driver with the Insured.

Trainee

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc)

Self fall

Weather Conditions

☒ Clear

☐ Raining

☐ Others:

Road Surface

☐ Wet

☒ Dry

☐ Others:

Damage Area

Right and left side mirror broke, Right crashbar bent, Right-side fairing scratch, Engine block damage, Exhaust cover broke,

Approximate Speed

30km/h

#### OTHER INFORMATION

Was there any foreign vehicle(s) involved?

☒ No

☐ Yes

Was anybody injured in the accident? (Including Witness)

☒ No

☐ Yes

Was any other vehicle(s) or property damaged?

☒ No

☐ Yes

Was there any camera video footage (in car)?

☒ No

☐ Yes

#### DETAILS OF POLICE ACTION

Was the accident reported to the Police?

☒ No

☐ Yes

If Yes, please state which police station & Report No.

Was notice of intended Prosecution given?

☒ No

☐ Yes

If Yes, against whom?

OWN VEHICLE REGISTRATION NUMBER \_\_\_\_\_

**DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED**

**Other Vehicle or Property 1 (VEHICLE B)**

Vehicle Registration Number \_\_\_\_\_  
Vehicle Make/ Model/ Colour \_\_\_\_\_  
Details of Properties (If Other Party is not a Vehicle) \_\_\_\_\_  
Damage Area \_\_\_\_\_  
Name of Driver \_\_\_\_\_  
NRIC/ FIN/ Passport \_\_\_\_\_  
Contact Number / Email Address \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Insurance Company \_\_\_\_\_

**Other Vehicle or Property 2**

Vehicle Registration Number \_\_\_\_\_  
Vehicle Make/ Model/ Colour \_\_\_\_\_  
Details of Properties (If Other Party is not a Vehicle) \_\_\_\_\_  
Damage Area \_\_\_\_\_  
Name of Driver \_\_\_\_\_  
NRIC/ FIN/ Passport \_\_\_\_\_  
Contact Number / Email Address \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Insurance Company \_\_\_\_\_

**DETAILS OF WITNESS**

Name \_\_\_\_\_  
Phone / Email Address \_\_\_\_\_  
Address \_\_\_\_\_  
NRIC/ FIN/ Passport \_\_\_\_\_

**DETAILS OF INJURED PERSON 1**

Name \_\_\_\_\_  
NRIC/ FIN/ Passport \_\_\_\_\_  
Address \_\_\_\_\_  
Approximate Age \_\_\_\_\_  
Injuries Sustained \_\_\_\_\_  
If Vehicle Occupants, state in which vehicle? \_\_\_\_\_  
Were Seat Belts Worn? ☐ Yes ☐ No  
Was Injured conveyed to hospital by ambulance? ☐ Yes ☐ No

**DETAILS OF INJURED PERSON 2**

Name \_\_\_\_\_  
NRIC/ FIN/ Passport \_\_\_\_\_  
Address \_\_\_\_\_  
Approximate Age \_\_\_\_\_  
Injuries Sustained \_\_\_\_\_  
If Vehicle Occupants, state in which vehicle? \_\_\_\_\_  
Were Seat Belts Worn? ☐ Yes ☐ No  
Was Injured conveyed to Hospital by Ambulance? ☐ Yes ☐ No

**Declaration**

I, **JOHN JOHNSON CENTRE LTD**  
**115 ROBINSON ROAD, #01-01, SINGAPORE 068966**  
do hereby declare that the above particulars & information provided above are true in every aspect.

**SINGAPORE 659085**  
**6561 1233 FAX: 6569**

Signature of Policy Holder  
(Company Chop if applicable)

*[Signature]*

Date & Time \_\_\_\_\_

Signature of Driver / Date & Time  
(If Driver is not the Policy Holder)

Date & Time \_\_\_\_\_



**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** : 0073451220-15

**Cover** : Comprehensive

1. Index mark and Registration Number of Vehicle : FBQ1656M  
Chassis Number : LWBMC4697L1600329
2. Name of Policyholder : BUKIT BATOK DRIVING CENTRE LTD
3. Effective Date of Insurance : 07 Aug 2019
4. Expiry Date of Insurance : 06 Aug 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)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
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 : BUKIT BATOK DRIVING CENTRE (00000662435)  
Date of Issue : 02 Jan 2019 10:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## Register New Vehicle (Acknowledgement)

## Vehicle Particulars

Vehicle No.:	FBQ1656M		
Vehicle Type:	P00 - Passenger Motorcycle /Autocycle/Moped	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	HONDA	Vehicle Model:	CBF190WH
Chassis No.:	LWBMC4697L1600329	Engine No.:	MC46E5092209
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	1
Engine Capacity:	184 cc	Power Rating:	-
Maximum Power Output:	-		
Unladen Weight:	140 kg	Maximum Laden Weight:	310 kg
Primary Colour:	Red	Secondary Colour:	-
First Registration Date:	07 Aug 2019	Original Registration Date:	07 Aug 2019
Manufacturing Year:	2019	Open Market Value:	\$2,241.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$2,241.00 (15%)
Actual ARF Paid:	\$337.00		

## Owner Particulars

Owner Name:	BUKIT BATOK DRIVING CENTRE LTD
Owner ID Type:	Company
Owner ID:	198801155R
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block /House No.:	815
Registered Street Name:	BUKIT BATOK WEST AVENUE 5
Registered Unit No.:	-

Claim Handling

Accident MT/1064037

Policy No.	0073451220-15	Vehicle No.	FBQ1656M	GST Registrat
Certificate No.				
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD			Policyholder f
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	0	Contact No.(Office)	64833167	Contact No.(f
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	25/09/2019 17:54	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/09/2019	Time of Accident hh:mm	14:45	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	MAIN CIRCUIT @BBDC			

▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen E
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/
GST Registration No.	M200805321	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	815 BUKIT BATOK WEST AVENU	Address 2	BUKIT BATOK DRIVING CENTRE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5112584367	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	PETER LOH JUN XIN	Driver NRIC	T0039906F	Driver DOB
Register Date of Driver License	13/09/2019	Driver Age	18	Driving Exper
Contact No.(Mobile)	91719561	Contact No.(Office)	0	Contact No.(f
Address 1	BLK 134	Address 2	PETIR ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#19-84			
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MD

New

Claim Type *	OD-MD	Insured Name	B
Contact No.(Mobile)		Contact No. (Home)	
Email Address	RACHEL@BBDC.SG	OI Vehicle Number	F
Claim Description	FBQ1656M ON 13 Sept 2019		
Preferred Workshop		Insured Liability	Fully at Fault
Preferred No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	25/09/2019 18:00
		Workshop Repairer	ROSLINDA
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do



Accident No.  
Last Doc. Received

MT/1064037  
☒ Yes ☐ No

Claim No.  
Upload Date

001  
25/09/2019 00:00

Path \*

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

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No file chosen

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No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

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

Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Sep 2019 18:00		NRIC/ Driving License	Y	Normal	NRIC/ Dr
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Sep 2019 17:59		SAS		Normal	
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Sep 2019 17:59		Photos		Normal	P
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Sep 2019 17:59		Photos		Normal	P
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Sep 2019 17:59		Photos		Normal	P
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Sep 2019 17:59		Photos		Normal	P
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Sep 2019 17:59		Photos		Normal	P

Video List

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

Scan and uploading