

NATIONAL Assessment Centre Services

(ver 1 Jan'02)

MMA 119132286

Date In: 7/10/19 11:19	Job description	Date & Time Completed	Done by
Ref No: NA11MC19017570144	SAS e-filing		
Veh No: SMM 7435K	E-mail (within 2hrs, AIC 2hrs)		
ETA: 5/10/19 09:00	I-Motor Claim Form	MT/1065604 201	7/10/19 11:52
OT: <input checked="" type="radio"/> 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:

XB 9368K

INC () / Non-INC ()

Tel:

Cover Type: (

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 rep/aler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:

(INC do not use 67886616)

Date & Time Completed

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time

Actions

MA 1907466

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref 1:

Invoice/Repairation Charges	AMT (\$)	PAID (\$)	Balance (\$)
1) AR: Accident Reporting (\$30)	30.00		
2) DA: Damage Assessment (\$100)	INC (\$50)		
3) TP: Towing Fee	\$40/\$45		
4) PT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (wef 10 Jan 2003)			
6) TR: Re-Inspection	\$75		
7) NI: Idao 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		
TE (N11): TP (Non INC) against INC	\$20		
9) N12: Idao 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	07/10/2019 11:19
Date Of Accident	05/10/2019 09:00
Exact Location Of Accident	BLK 376 BUKIT BATOK ST 31 CARPARK DRIVE WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM7435K
Insured/Policyholder	
Name Of Registered Owner	AUTO ALLIANCE LEASING PTE. LTD.
Co Reg No	201903807W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83396986

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5110688602
Cover Note Number	

Driver

Name of Driver	ROMY JUANDY BIN JUMMAAT
NRIC No	S7907777A
Date Of Birth	23/03/1979
Occupation	OUTDOOR
Date Of Driving Pass	15/08/2006
Driving Experience	13 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88178987
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 113 TECK WHYE LANE #10-670
Postcode	680113
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	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?	
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 AT THE BLK 376 BUKIT BATOK ST 31 CARPARK DRIVE WAY, SUDDENLY VEH B COME FROM THE OPPOSITE DIRECTION OVERTAKE THE PARKED VEH AND WENT INTO MY LANE, AS THE RESULT, VEH B HIT ONTO MY VEH LEFT REAR PORTION.

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	XB9368K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.:

SKETCH PLAN

Refer to Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

DECLARATION

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

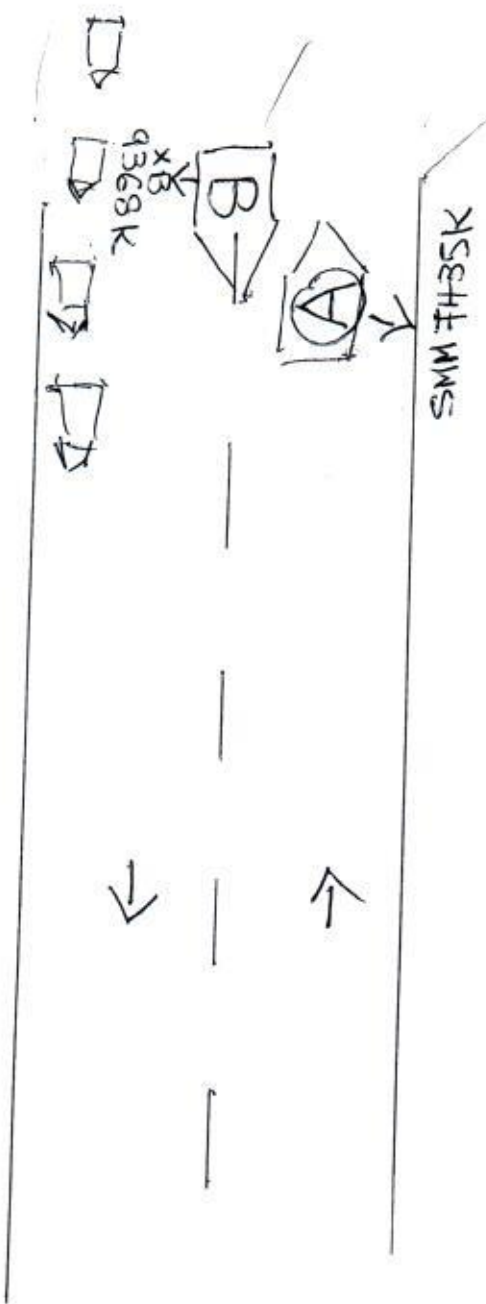
Policyholder's Signature
Date & Time:

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

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

5/10/2017
SMH 7435K
09-00 AM

83396986
88178987



Bukit Batok Street 31
81K 376, (650376)

BIZ CHECK

COMPANY NAME: AUTO ALLIANCE LEASING PTE. LTD.
REGISTRATION NO.: 201903807W

SINGAPORE
COMMERCIAL
CREDIT BUREAU

REQUEST DATE	REQUEST NO	CLIENT'S A/C REF	REMARKS
26/09/2019 10:44:33	ONL190439411		

ACCOUNTING AND CORPORATE REGULATORY
AUTHORITY BUSINESS PROFILE INFORMATION

ACRA
ACCOUNTING AND CORPORATE
REGULATORY AUTHORITY

REGISTRY

REGISTRATION DATE	31/01/2019
NAME EFFECTIVE DATE	31/01/2019
COUNTRY OF INCORPORATION	SINGAPORE
COMPANY TYPE	EXEMPT PRIVATE COMPANY LIMITED BY SHARES
REGISTERED ADDRESS	210 TURF CLUB ROAD, LOT - c5 THE GRANDSTAND 287995 SINGAPORE
CHANGE ADDRESS DATE	31/01/2019
COMPANY STATUS	LIVE COMPANY
STATUS EFFECTIVE DATE	31/01/2019
REGISTERED ACTIVITIES	1. 49219 - PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (RENTING AND LEASING OF PRIVATE CARS WITH & WITHOUT OPERATOR) 2. 64929 - OTHER CREDIT AGENCIES N.E.C. (EG MOTOR FINANCE) (RETAIL, FINANCE AND IMPORT & EXPORT OF MOTOR VEHICLES)
AUDITOR	-
AUDITOR APPOINTMENT DATE	-
ACCOUNT DATE	-
DATE OF LAST AR	-
DATE OF LAST AGM	-

CHANGE OF COMPANY NAME

PREVIOUS NAME	EFFECTIVE DATE
Nil	

CAPITAL

CAPITAL CATEGORY	CURRENCY	CAPITAL AMOUNT	NO. OF SHARES
ISSUED ,ORDINARY	SINGAPORE, DOLLARS	10,000.00	10,000
PAID-UP ,ORDINARY	SINGAPORE, DOLLARS	10,000.00	NA

OFFICER(S)/ OWNER(S)

OFFICER NAME/ ADDRESS/ CHANGE ADDRESS DATE	IDENTITY NO. / PA REG. NO.	POSITION	APPOINTMENT DATE / DISQUALIFIED DATE	NATIONALITY
CHUA MENG HOE 2D HONG SAN WALK 16 - 04 , PALM GARDENS 689050, SINGAPORE 18/06/2003	S1631423D	SECRETARY	31/01/2019 -	SINGAPORE CITIZEN
CHUA QI JIN 55 YUK TONG AVENUE 55 - - , AIRVIEW PARK 596356, SINGAPORE -	S9331843I	DIRECTOR	31/01/2019 -	SINGAPORE CITIZEN

* Disqualified from acting as a director. However, he/she has obtained the Leave of the Court/Approval from the Official Assignee to act as a director.

SHAREHOLDERS

SHAREHOLDER NAME / ADDRESS/ CHANGE ADDRESS DATE	COMPANY/ IDENTITY NO.	COUNTRY OF INCORPORATION	SHARE TYPE	CURRENCY	NOS. OF SHARES	SHARE GROUP
CHUA QI JIN 55 YUK TONG AVENUE, 55 - AIRVIEW PARK 596356 SINGAPORE -	S9331843I	SINGAPORE CITIZEN	Ordinary	SINGAPORE, DOLLARS	10,000	Individual

SHARE INTERESTS IN COMPANIES

COMPANY NAME	SHARES QWNED (%) / POSITION	STATUS
Nil		

REGISTERED CHARGES

CHARGE NO	CHARGE DATE	CHARGE(S) COMPANY	CURRENCY	AMOUNT SECURED	STATUS OF SATISFACTION
Nil					

LIQUIDATOR(S) / RECEIVER(S) / JUDICIAL MANAGERS(S)

NAME / ID NUMBER	POSITION	COMPANY	ADDRESS	APPOINTMENT DATE
Nil				

SEARCH BY FINANCIAL SECTORS

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	0	0	0	1	1	1	2	1	1	0	0	0

SEARCH BY NON-FINANCIAL SECTORS

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	0	0	0	0	0	0	0	0	0	0	0	0
2018	0	0	0	0	0	0	0	0	0	0	0	0
2017	0	0	0	0	0	0	0	0	0	0	0	0

DISCLAIMER THIS REPORT MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM OR MANNER WHATSOEVER.

This report is forwarded to the Subscriber in strict confidence for use by the Subscriber as one factor in connection with credit and other business decisions. The report contains information compiled from sources which D&B Singapore does not control and which has not been verified. D&B Singapore therefore cannot accept responsibility for the accuracy, completeness or timeliness of the contents of the report. D&B Singapore disclaims all liability for any loss or damage arising out of or in anyway related to the contents of this report.

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: S110688602-000009

Cover : Third Party

1. Index mark and Registration Number of Vehicle: **SMW7435K**
Chassis Number: **MROS3ZE106174718**
2. Name of Policyholder: **AUTO ALLIANCE LEASING PTE. LTD.**
3. Effective Date of Insurance: **18 Jul 2019**
4. Expiry Date of Insurance: **17 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)	N/A
EXCESS (SECTION 2)	S\$1,500
ADDITIONAL EXCESS	N/A
UNNAMED DRIVER EXCESS	N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	NO
INSURE WITH COE	N/A
NCD PROTECTION	NO
PRIMARY DRIVER	N/A
NAMED DRIVER (1)	N/A
NAMED DRIVER (2)	N/A
HIRE PURCHASE COMPANY	N/A
SUM INSURED	N/A

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: **COWELL INSURANCE (AGENCY) PTE LTD (00000610380)**
Date of Issue: **25 Jun 2019 08:42 hrs**

For **NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**

Countersigned By:

Authorised Officer

Chief Executive

Enquiries on claims, vehicle breakdown and towing services in Singapore.
Call our hotline at 6788 6616.

Referral services for Road and Medical assistance in West Malaysia.
Call our 24-hour hotline at +603 7965 3865.

In the event of an accident

You must report the accident to us within 24 hours or by the next working day at any of our appointed Accident Reporting Centre. You must make your vehicle available for inspection at the Accident Reporting Centre, whether or not your vehicle has suffered any visible damage and whether or not you plan to claim under your policy or claim against any other person.

Location of accident reporting centre

Please refer to our website at www.income.com.sg/claims/motor/reportingCentres.asp or call our hotline 6788 6616 for the nearest location convenient to you.

Unnamed driver excess

If the vehicle is driven by an unnamed driver, the following excess will apply.

Claim Handling

The premium on this policy has not been collected.

Accident MT/1065604

Policy No.	5110688602	Vehicle No.	SMH7435K	GST Registration No.	
Certificate No.	5110688602-000009				
Policyholder Name	AUTO ALLIANCE LEASING PTE. LTD.			Policyholder NRIC	201903807W
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	83396986	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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	No

▼ Accident Details

Report Date	07/10/2019 11:48	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	05/10/2019	Time of Accident hh:mm	09:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 376 BUKIT BATOK ST 31 CARPARK DRIVE WAY				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver Is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		

▼ Benefits

▼ GST Registered Information	
GST Registered	No
GST Registration No.	
Modification History	07/10/2019 11:50:33 System changed GST Status Verified from No to Yes
GST Registration Date	
GST Status Verified	Yes

▼ Policyholder Mailing Address

Address 1	55 YUK TONG AVENUE	Address 2	AIRVIEW PARK	Address 3	SINGAPORE 596356
Address 4		Address Type	Singapore address	Post Code	596356
Unit No.		Related Policy Number	5110688602		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ROMY JUANDY BEN JUMMAAT	Driver NRIC	S7907777A	Driver DOB	23/03/1979
Register Date of Driver License	15/08/2006	Driver Age	40	Driving Experience	13
Contact No.(Mobile)	88178987	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 113 #10-670	Address 2	TECK WHYE LANE	Address 3	SINGAPORE 680113
Address 4		Address Type	Singapore address	Post Code	680113
Unit No.	10-670				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	AUTO ALLIANCE LEASING PTE. LTD.	Insured NRIC	201903807W	
Contact No.(Mobile)	97552383	Contact No. (Home)		Contact No. (Office)		
Email Address		OI Vehicle Number	SMH7435K	TP Vehicle Number	XB9361	
Claim Description	SMH7435K / XB9361K ON 5 Oct 2019				Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received	
Preferred Repair Option	Preferred Workshop, Name unknown					
Date Registered	07/10/2019 11:51	Claim Close Date		Date Received	07/10/2019	
Report Taken By	LIEW SHAN HUI					

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1065604	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/10/2019 11:52		
Path *		Category *	Confidential	Urgency *	Desc
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Message Read		Clear	Please Select	NO	Normal

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Oct 2019 11:52	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Oct 2019 11:52	SAS		Normal	SAS 2019-10-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Oct 2019 11:52	Photos		Normal	Photos 2019-10-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Oct 2019 11:52	Photos		Normal	Photos 2019-10-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Oct 2019 11:52	Photos		Normal	Photos 2019-10-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Oct 2019 11:52	Photos		Normal	Photos 2019-10-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Oct 2019 11:51	Photos		Normal	Photos 2019-10-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Oct 2019 11:51	Photos		Normal	Photos 2019-10-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Oct 2019 11:51	Photos		Normal	Photos 2019-10-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Oct 2019 11:51	Photos		Normal	Photos 2019-10-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Oct 2019 11:51	Photos		Normal	Photos 2019-10-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Oct 2019 11:51	Photos		Normal	Photos 2019-10-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Oct 2019 11:51	Photos		Normal	Photos 2019-10-7	

Video List

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

Scan and uploading