

**NATIONAL Assessment Centre Services** [wef 1 Jan'05] **MHA 119135033**

|                           |  |                       |                |
|---------------------------|--|-----------------------|----------------|
| Date In: 11/10/19-15:33   | Job description                          | Date & Time Completed | Done by        |
| Ref No: 1A/A1619017969/24 | SAS e-filing                             |                       |                |
| Veh No: JM219892          | E-mail (within 3hrs, AIC 2hrs)           |                       |                |
| D.O.A: 11/10/19-17:35     | i-Motor Claim Form                       | M/1066471-001         | 11/10/19 15:33 |
| OD: TP Reporting 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: **F3K66834** 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 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |

|   | Invoice Preparation Checklist                   | Amf (\$)<br>Est Bill | Amf (\$)<br>Add Bill |
|---|---|----------------------|----------------------|
| <b>Claimant's Particulars:-</b>           | 1) AR : Accident Reporting (\$30);              |                      |                      |
|   | 2) DA : Damage Assessment (\$100); INC (\$80)   |                      |                      |
|   | 3) TF : Towing Fee \$40/\$45                    |                      |                      |
|   | 4) FT : Follow-Through Survey \$120             |                      |                      |
|   | 5) FT : Follow-Through Survey (Resurvey) \$30   |                      |                      |
|   | For claiming against INC Only (wef 10 Jan 2005) |                      |                      |
|   | 6) TR : Re-inspection \$75                      |                      |                      |
|   | 7) N1 : Idac DA + SMRT Survey \$160             |                      |                      |
|   | 8) NTUC Additional Services:-                   |                      |                      |
|   | OD*   |                      |                      |
|   | *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 \$0                   |   |                      |                      |
| <b>QC Checked by (Engr-In-Charge):</b>    |   |                      |                      |
| <b>Auditors' Comments:-</b>               |   |                      |                      |
| <b>Cat. 1:</b>                            |   |                      |                      |
| <b>Cat. 2 / 3:</b>                        | 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             | 11/10/2019 15:33          |
| Date Of Accident           | 11/10/2019 12:55          |
| Exact Location Of Accident | PIE (TUAS) AFTER KPE EXIT |
| Country/State of Loss      | SINGAPORE                 |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMJ1989J             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | ANG SI SAM           |
| NRIC No                     | S8906309D            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-97411171 |
| Alternative Phone No        | OFFICE-97411171      |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | BMW         |
| Model  | X3 XDRIVE   |
| 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             | 5107830343                             |
| Cover Note Number         |  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | ANG SI SAM            |
| NRIC No              | S8906309D             |
| Date Of Birth        | 17/02/1989            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 25/06/2008            |
| Driving Experience   | 11 YEARS AND 3 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-97411171  |
| Fax Number           |                       |
| Contact Number       | OFFICE-97411171       |
| EEmail Address       | NOEMAIL               |

|   |  |
|---|--|
| Address   | BLK 634 BEDOK RESERVOIR ROAD<br>#16-11 |
| Postcode  | 410634                                 |
| 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 | -<br>-<br>-                            |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                            |

#### General Information of the Accident

|                    |                          |
|--------------------|--------------------------|
| Type Of Accident   | COLLISION - HEAD TO REAR |
| 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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. FRONT VEHICLE BRAKE, I BRAKE MY VEHICLE AS WELL. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                  |
|-----------------------------|------------------|
| Vehicle Registration Number | FBK6683H         |
| Vehicle Make/Model/Colour   |                  |
| Details Of Properties       |                  |
| Vehicle Category            | MOTORCYCLE       |
| Name of Driver              | MOHAMMAD SIHYADI |
| NRIC/Passport Number        | T0074150C        |
| Contact Number              |                  |
| Address                     |                  |
| Postcode                    |                  |
| Insurance Company Name      |                  |
| Nature Of Damage            |                  |

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

## 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.



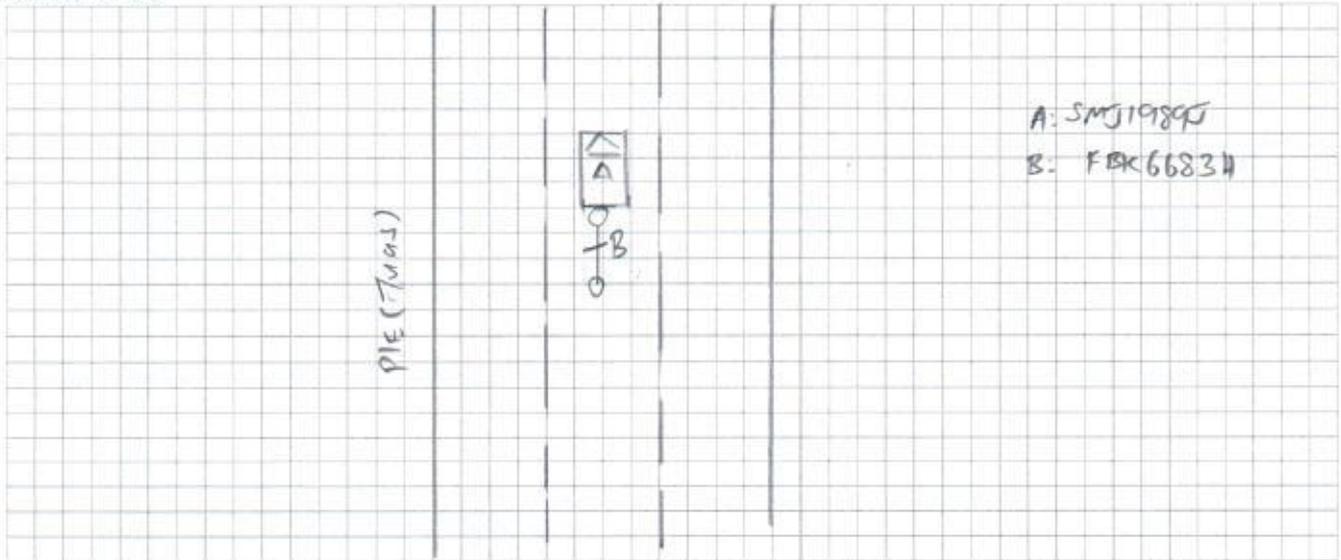
Policyholder's Signature  
Date & Time:

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



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

**SKETCH PLAN**



**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.:

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

Search

| Select                | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type    | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5107830343 |                    | ANG SI SAM        | S8906309D         | GPC     | drive PREMIUM | SMJ1989J    | SMJ1989J       | 01/03/2019    | 29/02/2020  |

Continue

Policy Information

|                             |   |                             |                  |                                  |                  |
|-----------------------------|---|-----------------------------|------------------|----------------------------------|------------------|
| Policy No.                  | 5107830343  | Policyholder Name           | ANG SI SAM       | Policyholder NRIC                | S8906309D        |
| Certificate No.             |   |                             |                  |                                  |                  |
| Address                     | BLK 634 #16-11 BEDOK RESERVOIR ROAD EUNOS TENAGA VILLE SINGAPORE 410634 |                             |                  |                                  |                  |
| Product Name                | PRIVATE CAR INSURANCE   | Plan                        |                  | Group Policy Flag                | N                |
| Policy Issue Date           | 28/02/2019  | Effective Date              | 01/03/2019 00:00 | Expiry Date                      | 29/02/2020 23:59 |
| Excess Type                 | Per Accident  | All Claims Excess           |                  |                                  |                  |
| Third Party Excess          | 0   | Own damage Excess           | 600              | Windscreen Excess                | 100              |
| Additional Excess           | 0   | OS Premium                  | 0                |                                  |                  |
| Outside Singapore OD Excess | 600   | Outside Singapore TP Excess | 0                | Young/Inexperience Driver Excess |                  |
| Agent                       | THIS MARKETING INSURANCE #  | Agent Tel.                  | 63444479         | GST Flag                         | Y                |
| Co-insurance Flag           | No  |                             |                  |                                  |                  |
| Open Policy Info            |   |                             |                  |                                  |                  |
| Certificate Info            |   |                             |                  |                                  |                  |

Policyholder Mailing Address

|           |                  |                       |                      |           |                    |
|-----------|------------------|-----------------------|----------------------|-----------|--------------------|
| Address 1 | BLK 634 #16-11   | Address 2             | BEDOK RESERVOIR ROAD | Address 3 | EUNOS TENAGA VILLE |
| Address 4 | SINGAPORE 410634 | Address Type          | Singapore address    | Post Code | 410634             |
| Unit No.  |                  | Related Policy Number | 5110700792           |           |                    |

Insured Object: SMJ1989J

Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|------------------|--------------------|---------------------|
|----------|---------------------|------------------|--------------------|---------------------|

Continue Cancel

**Claim Handling**

Accident MT/1066471

|                     |   |                     |   |                      |           |
|---------------------|---|---------------------|---|----------------------|-----------|
| Policy No.          | S107830343  | Vehicle No.         | SMJ1989J  | GST Registration No. |           |
| Certificate No.     |   |                     |   |                      |           |
| Policyholder Name   | ANG SI SAM  |                     |   | Policyholder NRIC    | S8906309D |
| Product Code        | PRIVATE CAR INSURANCE   | Cover Type          | drive PREMIUM   | Loading              | 0         |
| Contact No.(Mobile) | 97411171  | Contact No.(Office) | 0   | Contact No.(Home)    | 0         |
| Email Address       |   | Special Remark      |   | eCode                | 5         |
| 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(%)  | 10  | Private Hire         | No        |

**Accident Details**

|                   |                           |                               |       |                     |                          |
|-------------------|---------------------------|-------------------------------|-------|---------------------|--------------------------|
| Report Date       | 11/10/2019 15:50          | Accident Report Within 24 hrs | Yes   | Accident Type       | Collision - Head to Rear |
| Date of Accident  | 11/10/2019                | Time of Accident h:mm         | 12:55 | Country of Accident | Singapore                |
| Reporting Centre  |                           | Orange Force                  |       | ICM No.             |                          |
| Accident Location | PIE (TUAS) AFTER KPE EXIT |                               |       |                     |                          |

**Total Excess Applicable**

|                            |              |                            |        |                    |         |
|----------------------------|--------------|----------------------------|--------|--------------------|---------|
| Excess Type                | Per Accident | Windscreen Excess          | 100.00 |                    |         |
| OD Standard Excess         | 600.00       | TP Standard Excess         | 0.00   | Driver is Covered? | Covered |
| YIED OD Excess             | 0.00         | YIED TP Excess             | 0.00   |                    |         |
| Additional Excess          | 0            | Total TP Excess Applicable | 0.00   |                    |         |
| Total OD Excess Applicable | 600.00       |                            |        |                    |         |

**GST Registered Information**

|                      |    |                       |     |
|----------------------|----|-----------------------|-----|
| GST Registered       | No | GST Registration Date |     |
| GST Registration No. |    | GST Status Verified   | Yes |
| Modification History |    |                       |     |

**Policyholder Mailing Address**

|           |                  |                       |                      |           |                    |
|-----------|------------------|-----------------------|----------------------|-----------|--------------------|
| Address 1 | BLK 634 #16-11   | Address 2             | BEDOK RESERVOIR ROAD | Address 3 | EUNOS TENAGA VILLE |
| Address 4 | SINGAPORE 410634 | Address Type          | Singapore address    | Post Code | 410634             |
| Unit No.  |                  | Related Policy Number | S110700792           |           |                    |

**OJ Driver Info**

|   |   |                     |                      |                        |                    |
|---|---|---------------------|----------------------|------------------------|--------------------|
| Driver Name                             | ANG SI SAM  | Driver Type         | Main Driver          |                        |                    |
| Unnamed driver Name                     |   | Driver NRIC         | S8906309D            | Driver DOB             | 17/02/1989         |
| Register Date of Driver License         | 25/06/2008  | Driver Age          | 30                   | Driving Experience     | 11                 |
| Contact No.(Mobile)                     | 97411171  | Contact No.(Office) | 0                    | Contact No.(Home)      | 0                  |
| Address 1                               | BLK 634   | Address 2           | BEDOK RESERVOIR ROAD | Address 3              | EUNOS TENAGA VILLE |
| Address 4                               | SINGAPORE 410634  | Address Type        | Singapore address    | Post Code              | 410634             |
| Unit No.                                | 16-11   |                     |                      |                        |                    |
| 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="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001 **New**

|                                |                                    |                         |                                  |                     |                            |  |
|--------------------------------|------------------------------------|-------------------------|----------------------------------|---------------------|----------------------------|--|
| Claim Type *                   | OD-MX                              | Insured Name            | ANG SI SAM                       | Insured NRIC        | S8906309D                  |  |
| Contact No.(Mobile)            | 97411171                           | Contact No.(Home)       |                                  | Contact No.(Office) |                            |  |
| Email Address                  |                                    | OJ Vehicle Number       | SMJ1989J                         | TP Vehicle Number   | FBK5683H                   |  |
| Claimant Type Claimant Type *  | Please Select                      | Type of Benefit *       | Please Select                    |                     |                            |  |
| Claimant Name *                |                                    | Claimant NRIC *         |                                  |                     |                            |  |
| Claimant Address               |                                    |                         |                                  |                     |                            |  |
| Claim Description              | SMJ1989J / FBK5683H ON 11 Oct 2019 |                         |                                  |                     | Name of Preferred Workshop |  |
| Preferred Workshop Contact No. |                                    | Insured Liability *     | Not at Fault                     | GSA report          | Received                   |  |
| Require Finalisation           | Yes                                | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received       | 11/10/2019 00:00           |  |
| Date Registered                | 11/10/2019 15:52                   | Claim Close Date        |                                  |                     |                            |  |
| Report Taken By                | Jackson                            |                         |                                  |                     |                            |  |

Print AK letter

**Save Submit**

**Attachment**

|                    |   |             |                  |
|--------------------|---|-------------|------------------|
| Accident No.       | MT/1066471  | Claim No.   | 001              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 11/10/2019 15:53 |

| Path *                    | Category *                          | Confidential                | Urgency * | Description * |
|---------------------------|-------------------------------------|-----------------------------|-----------|---------------|
| <a href="#">Browse...</a> | <a href="#">Clear</a> Please Select | <input type="checkbox"/> NO | Normal    |               |
| <a href="#">Browse...</a> | <a href="#">Clear</a> Please Select | <input type="checkbox"/> NO | Normal    |               |
| <a href="#">Browse...</a> | <a href="#">Clear</a> Please Select | <input type="checkbox"/> NO | Normal    |               |
| <a href="#">Browse...</a> | <a href="#">Clear</a> Please Select | <input type="checkbox"/> NO | Normal    |               |
| <a href="#">Browse...</a> | <a href="#">Clear</a> Please Select | <input type="checkbox"/> NO | Normal    |               |
| <a href="#">Browse...</a> | <a href="#">Clear</a> Please Select | <input type="checkbox"/> NO | Normal    |               |

Send Message

Attachment List

| Attachment | Uploaded By/Date  | Category              | Urgency  | Description                      | Msg Sent? (CO) |
|------------|---|-----------------------|----------|----------------------------------|----------------|
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Oct 2019 15:52 | NRIC/ Driving License | Y Normal | NRIC/ Driving License 2019-10-11 |                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Oct 2019 15:52 | SAS                   | Normal   | SAS 2019-10-11                   |                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Oct 2019 15:52 | Photos                | Normal   | Photos 2019-10-11                |                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Oct 2019 15:52 | Photos                | Normal   | Photos 2019-10-11                |                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Oct 2019 15:52 | Photos                | Normal   | Photos 2019-10-11                |                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Oct 2019 15:52 | Photos                | Normal   | Photos 2019-10-11                |                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Oct 2019 15:52 | Photos                | Normal   | Photos 2019-10-11                |                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Oct 2019 15:52 | Photos                | Normal   | Photos 2019-10-11                |                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Oct 2019 15:52 | Photos                | Normal   | Photos 2019-10-11                |                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Oct 2019 15:52 | Photos                | Normal   | Photos 2019-10-11                |                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Oct 2019 15:52 | Photos                | Normal   | Photos 2019-10-11                |                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Oct 2019 15:52 | Photos                | Normal   | Photos 2019-10-11                |                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Oct 2019 15:52 | Photos                | Normal   | Photos 2019-10-11                |                |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Oct 2019 15:52 | Photos                | Normal   | Photos 2019-10-11                |                |

Video List

| Uploaded By/Date | Folder Date | File Name | Source | Action |
|------------------|-------------|-----------|--------|--------|
|------------------|-------------|-----------|--------|--------|

Display in New Window    Scan and uploading