

NATIONAL Assessment Centre Services. [ver 1 Jan 2003] MMA 119135053.

Date In: 11/10/19 15:51	Job description	Date & Time Completed	Done by
Ref ID: MA11MC19017981164	SAS e-filing		
Veh ID: GBC 99B	E-mail (within 3hrs, AIC 2hrs)		
IP: 10/10/19 12:00	I-Motor Claim Form	MT/1066501 ⁰⁰¹	11/10/19 16:46
IP: IP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wagon		

Preferred Wksp / HIC Assign Wksp / QW: (Tel:	Fax:
IP Particulars:	Veh No: PMO CE Scooter). 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 repolier.

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

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

Remarks: (INC hotline: 6798 6616)

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

Date/Time	Action

<p>MA1907677</p> <p>Client's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Tel: _____</p>	<p>Invoice/Repairation Charge:</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$40)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) PT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For obtaining against INC Only (wef 19 Jan 2003)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idan DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>OR:</p> <p>*N3: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TE (Nil) : TP (Non INC) against INC \$20</p> <p>9) N12: Idan Mobile \$0</p> <p>Invoice dated _____ Fee Charged</p> <p>Invoice dated _____ Fee Charged</p>	<p>Am (S)</p> <p>30.00</p>	<p>Am (L)</p> <p>30.00</p>
---	--	----------------------------	----------------------------

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 15:51
Date Of Accident	10/10/2019 13:00
Exact Location Of Accident	178A RIVERVALE CRES CARPARK EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC99B
-----------------------------	--------

Insured/Policyholder

Name Of Registered Owner	FENG PLUMBING PTE LTD
Co Reg No	200100962K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67445363

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107533303
Cover Note Number	

Driver

Name of Driver	LIM BAN HENG DENNIS
NRIC No	S8025454G
Date Of Birth	27/08/1980
Occupation	OUTDOOR
Date Of Driving Pass	18/10/1999
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84988999
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 1 PINE CLOSE #07-175
Postcode	390001
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709 , POSTCODE: 550108 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2849999 - FAX NO: 63431742
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191010/2147

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	
Vehicle Make/Model/Colour	PMD(E SCOOTER)
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

SIVAKUMAR S/O VADIVALOO

Approximate Age

Injuries Sustain

SLIGHTLY(PMD E-SCOOTER)

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

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:

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

SKETCH PLAN

Rivervale Crescent

A = GBC 99B

E-scooter

A

178A Rivervale Crescent

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

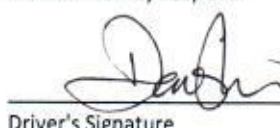
Refer to Police Report T120191010/2147

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.:



SINGAPORE POLICE FORCE



T/20191010/2147

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

1 of 1
Report No. T/20191010/2147

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/10/2019 18:55		Vide Report No.: F/20191010/0100		Station Diary No.: 15	
Informant's Particulars					
Name of Informant: LIM EAN HENG, DENNIS			Address: APT BLK 1 PINE CLOSE #07-175 SINGAPORE 390071		
ID Type / ID No.: NRIC NO / S8025454G			Contact No.: Home/Office: Mobile: 84988999		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 27/08/1980	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: CONTRACTOR			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/10/2019 13:00	Type of Location: Straight Road
Location: Along Road 1 RIVERVALE CRESCENT 178A Rivervale Crescent				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: between lorry and pmd			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC99B	Lorry	TOYOTA	dyna	Silver	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20191010/2147

2 of 3

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

Report No. T/20191010/2147

CONTINUATION OF REPORT

Driver				
Name	LIM BAN HENG, DENNIS		ID No.	S8025454G
Related Vehicle	GBC99B (Lorry)		Contact No.	84988999
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
PMD RIDER				
Name	SIVAKUMAR S/O VADIVALOO		ID No.	S7345946Z
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 10/10/2019 at around 1300hrs, I was driving along the service road and stopped my vehicle before the stop line to check the traffic before I turn left to enter the main road.

After I checked my traffic at the right, I started to move my vehicle and suddenly a indian pmd rider hit into the left side of my vehicle. Hence, he fell down immediately. I went to check on him and called for police assistance.

Subsequently, the indian pmd rider was conveyed to the hospital by the ambulance.

My vehicle suffered damages at the left door of my vehicle. I did not suffered any injuries from the accident.

I like to state that there is in-car camera in my vehicle and traffic police already took the SD card of the in-car camera from me.

As such, I am lodging this report as requested by TP IO Ivan HP: 65476170 vide F/20191010/0100.



**SINGAPORE
POLICE FORCE**



T/20191010/2147

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

3 of 3

Report No. T/20191010/2147

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 NEO CHANG WEI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GiT /

Contact No.:

Authentication Stamp

NP13E

Signature Of Informant:

Date/Time:

10/10/2019 18:55

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 10 / 19) (DD/MM/YYYY), TIME: (13 00) (HH:MM)

LOCATION: 178 A Rivervale Crescent Carpark Ex. 4

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GDC 998
b) INSURANCE COMPANY: Inc
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL:
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Work.
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Feng Plumbing pte Ltd. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 6744 5363.
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lim Ban Heng Dennis (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 8498 8999
c) ADDRESS:

*d) DATE OF BIRTH: () (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) E-scooter rider.

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Serangoon North NPP.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: E-scooter MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

* chop & car.

email = dennislim@fengplumbing.sg

fax =

VIDEO = MO

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="11/10/2019 13:27"/>
Vehicle No.(For Motor)	<input type="text" value="GBC99B"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107533303		FENG PLUMBING PTE LTD	200100962K	GCV	Comprehensive	GBC99B	GBC99B	03/03/2019	02/03/2020

Claim Handling

Accident MT/1066501

Policy No.	5107533303	Vehicle No.	GBC99B	GST Registration No.	200100962K
Certificate No.					
Policyholder Name	FENG PLUMBING PTE LTD			Policyholder NRIC	200100962K
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	67445363	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(%)	10	Private Hire	No

▼ Accident Details

Report Date	11/10/2019 16:42	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	10/10/2019	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	178A RIVERVALE CRES CARPARK EXIT				

▼ Total Excess Applicable

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

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/03/2001
GST Registration No.	200100962K	GST Status Verified	Yes
Modification History	11/10/2019 16:44:21 System changed GST Registration Date from 01/01/2015 to 01/03/2001 11/10/2019 16:44:21 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	37 JALAN PEMIMPIN	Address 2	#04-07 MAPEX	Address 3	SINGAPORE 577177
Address 4		Address Type	Singapore address	Post Code	577177
Unit No.	04-07	Related Policy Number	5100281486-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM BAN HENG DENNIS	Driver NRIC	S8025454G	Driver DOB	27/08/1980
Register Date of Driver License	18/10/1999	Driver Age	39	Driving Experience	19
Contact No.(Mobile)	84988999	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 1 #07-175	Address 2	PINE CLOSE	Address 3	SINGAPORE 390001
Address 4		Address Type	Singapore address	Post Code	390001
Unit No.	07-175				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	FENG PLUMBING PTE LTD	Insured NRIC	200100962K
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	67445363
Email Address		CI	GBC99B	TP	PMO(E)
Claim Description	GBC99B / PMO(E) SCOOTER		ON 10 Oct 2019	Name of Preferred Workshop	2
Preferred Workshop	0	Insured Liability	Partially at Fault		
Repair Option	Yes	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered		Claim Close Date	11/10/2019 16:45	Date Received	11/10/2019
Report Taken By	LEW SHAN HUI				

☒ Print AK letter

Save Submit


Attachment

Accident No.	MT/1066501	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/10/2019 16:46
Path *		Category *	Confidential
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Message Read			

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	M:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 16:46	NRIC/ Driving License	.Y	Normal	NRIC/ Driving License 2019-10-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 16:46	SAS		Normal	SAS 2019-10-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 16:46	Photos		Normal	Photos 2019-10-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 16:46	Photos		Normal	Photos 2019-10-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 16:46	Photos		Normal	Photos 2019-10-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 16:46	Photos		Normal	Photos 2019-10-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 16:45	Photos		Normal	Photos 2019-10-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 16:45	Photos		Normal	Photos 2019-10-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 16:45	Photos		Normal	Photos 2019-10-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 16:45	Photos		Normal	Photos 2019-10-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 16:45	Photos		Normal	Photos 2019-10-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 16:45	Photos		Normal	Photos 2019-10-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Oct 2019 16:45	Photos		Normal	Photos 2019-10-11	

Video List

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