

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 15/10/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19018123/13	SAS e-filing		
Veh No: SKW8188M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/10/19 1435	i-Motor Claim Form	MT/1067048-001	
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: SJL82829 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

NA1907882	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated Fee Charged		

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	15/10/2019 11:28
Date Of Accident	14/10/2019 14:35
Exact Location Of Accident	WOODLANDS AVE 2 TWDS SLE(X-JUNC)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKW8188M
Insured/Policyholder	
Name Of Registered Owner	CHANINTERIORS PTE. LTD.
Co Reg No	201406155H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87771112
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	GRAB HITCH
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	5092308065-02
Cover Note Number	
Driver	
Name of Driver	CHAN KEEN TARNG
NRIC No	S8856997J
Date Of Birth	06/12/1988
Occupation	OUTDOOR
Date Of Driving Pass	28/02/2012
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87771112
Fax Number	
Contact Number	
EMail Address	CADMUS@CHAININTERIORS.COM

Address	BLK 866 TAMPINES ST 83 #09-225
Postcode	520866
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	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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191014/2145

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS8282G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAM YEN GI, GIDEON
NRIC/Passport Number	S7806938D
Contact Number	96336707

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Name CHAN KEEN TARNG

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle?	SKW8188M
----------------------------------	----------

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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: 15 Oct 2019

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

A-SKW 8188M

B-SJS 8282G

WOODLANDS

WOODLANDS AVE 2

P/s refer to the police report: T/20191014/2145

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



[Signature]

15/10/19



1 of 3

Report No. T/20191014/2145

Date/Time Report Made: 14/10/2019 17:09			Vide Report No.:		Station Diary No.: 102
Informant's Particulars					
Name of Informant: CHAN KEEN TARNG			Address: APT BLK 866 TAMPINES STREET 83 #09-225 SINGAPORE 520866		
ID Type / ID No.: NRIC NO / S8856997J			Contact No.: Home/Office: Mobile: 87771112		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 30	Date of Birth: 06/12/1988	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Interior designer			Driving Licence Information: Class: 2B,3 Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/10/2019 14:35	Type of Location: X-Junction
Location: Along Road 1 WOODLANDS AVENUE 2 TOWARDS SLE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJS8282G	Car					0
SKW8188M	Car				Slightly Damaged	1

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



Police Station Of Origin: .
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20191014/2145

CONTINUATION OF REPORT

Driver			
Name	LAM YEN GI, GIDEON	ID No.	S7806938D
Related Vehicle	SJS8282G (Car)	Contact No.	96336707
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
Driver			
Name	CHAN KEEN TARNG	ID No.	S8856997J
Related Vehicle	SKW8188M (Car)	Contact No.	87771112
Hospital/Clinic	HEALTHWAY TAMPINES CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	14/10/2019	Date Discharge	14/10/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 14/10/2019 at about 1435hrs, I was driving my company vehicle (bearing registration number SKW8188M) along Woodlands Avenue 2 (3-lane road) towards SLE and I was on lane number 2. I was at a junction of a traffic light, which was working at that point of time and my vehicle was stationary.

Suddenly, I heard a bang and felt an impact from the rear portion of my vehicle. I noticed that a vehicle has collided into the rear portion of my vehicle. I immediately alighted from my vehicle. The driver of the other vehicle (bearing registration plate: SJS8282G) also alighted and spoke to me. We then took photos of the damages and exchanged particulars. We agreed to settle the matter by insurance. Subsequently, both of us moved off from the location. My car damage sustained crack at the rear bumper, along with scratches and dents.

I then head to Healthway Medical as I felt right leg area and was given 3 days of MC. I wish to state that my vehicle has a camera facing the front and back of the vehicle and was operational at that point of time. No police or ambulance were called in. I wish to state that I have one passenger, who informed that he was not injured due to the accident.



**SINGAPORE
POLICE FORCE**



T/20191014/2145

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20191014/2145

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:

G /

Sgt 2 MUHAMMAD SYARAFUDDIN BIN
SHARIFF

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404



Signature Of Informant:

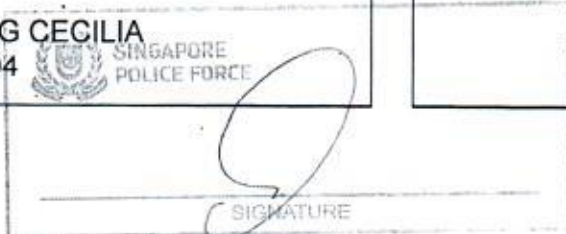
Date/Time:

14/10/2019 17:09

Classification Of Case:

Authentication Stamp

NP168



ACCIDENT STATEMENT

ACCIDENT DATE: 14 / 10 / 2019 (DD/MM/YYYY), TIME: 14 : 35 (HH:MM)

LOCATION: Woodlands Avenue 2 towards SLE (X-Junction)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLW 8188M
b) INSURANCE COMPANY: N74C
c) POLICY NUMBER: 5092308065-02
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: Toyota Wish
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Grab Hitch
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Charinteriors Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 201406155H CONTACT: 8777 1112
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chan Kean Tarn (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8856997J CONTACT: 8777 1112
c) ADDRESS: 866 Tampines St 83 #09-225

*d) DATE OF BIRTH: 06 / 12 / 1988 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) (INDOOR)

f) YEARS OF DRIVING EXPERIENCE: 7 yrs

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)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJS 8282G MODEL: Mercedes
b) DRIVER'S NAME: Lam Jan Gi
c) NRIC/FIN/PASSPORT: 57806938D CONTACT: 9633 6707

9. THIRD PARTY VEHICLE

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

* No of passenger
(Including driver)
(2) male

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

15/10/19
waiting for
company stamp
& amended
police report.

Email = cadmus@charinteriors.com

fax =

video =

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident

14/10/2019 14:35

Vehicle No.(For Motor)

SKW8188M

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"/>	5092308065-02		CHANINTERIORS PTE. LTD.	201406155H	GPC	drivo CLASSIC	SKW8188M	SKW8188M	27/08/2019	26/08/2020

Continue

Claim Handling

Accident MT/1067048

Policy No.	5092308065-02	Vehicle No.	SKWB188M	GST Registrat
Certificate No.				
Policyholder Name	CHANINTERIORS PTE. LTD.			Policyholder 1
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	87771112	Contact No.(Office)	0	Contact No.(t
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	15/10/2019 18:07	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	14/10/2019	Time of Accident hh:mm	14:35	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	WOODLANDS AVE 2 TWDS SLE(X-JUNC)			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Cov
Additional Excess	0.00			
Total OD Excess Applicable	1,100.00	Total TP Excess Applicable	0.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	15/10/2019 18:10:34 System changed GST Registered from Yes to No 15/10/2019 18:10:34 System changed GST Registration No, from NA to null 15/10/2019 18:10:34 System changed GST Registration Date from 01/01/2015 to null		

▼ Policyholder Mailing Address

Address 1	2 JALAN LOKAM	Address 2	#01-01 KENSINGTON SQUARE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5092308065-02	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	CHAN KEEN TARNG	Driver NRIC	S6856997J	Driver DOB
Register Date of Driver License	28/02/2012	Driver Age	30	Driving Exper
Contact No.(Mobile)	87771112	Contact No.(Office)	0	Contact No.(t
Address 1	BLK 866	Address 2	TAMPINES STREET 83	Address 3
Address 4	SINGAPORE 520866	Address Type	Singapore address	Post Code
Unit No.	#09-225			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insure

Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)	97570009	Contact No. (Home)	
Email Address	NICOLECHEN@R3VAMP.COM	OI Vehicle Number	
Claim Description	SKWB188M / SJS8282G ON 14 Oct 2019		
Preferred Workshop		Insured Liability	Not at Fault
Subsist No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	15/10/2019 18:14
		Workshop Repairer	ROSLINDA
<input checked="" type="checkbox"/> Print AK letter			

Save

Submit

Attachment

Accident No.

MT/1067048

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

15/10/2019 00:00

Path *

Category *

Confid

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 18:14		NRIC/ Driving License	Y	Normal	NRIC/ Dri
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 18:14		SAS		Normal	
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 18:14		Photos		Normal	PI
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 18:14		Photos		Normal	PI
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 18:14		Photos		Normal	PI
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 18:12		Photos		Normal	PI
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 18:12		Photos		Normal	PI
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 18:12		Photos		Normal	PI
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 18:12		Photos		Normal	PI
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 18:12		Photos		Normal	PI
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2019 18:12		Photos		Normal	PI

Video List

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