NATIONAL Assessment Centre Services

Date In: 21/09/19	Job description	Date & Time Completed	Done by
Ref No: NMINC19018985/12	SAS e-filing		
Veh No: FBQ1587D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 18/10/19 1230	i-Motor Claim Form	MT/1067835-001	
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: (KIM KEAT (3B3C) Tel: Fax:)

TP Particulars: Veh No: INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by : (*Date:* *Time:*)

Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: ($) Loading : $1,000 ( ) / $2,000 ( )

General Remarks:-

( ) **Walk-In Customer** : Customer's information strictly Confidential & Strictly NO refer of repairer.

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

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

Remarks:- (INC hotline: 6788 6616)	Date&Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury :

Date/Time	Actions

NA1908033

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
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 / 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*		
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 witholding 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	21/10/2019 09:32
Date Of Accident	18/10/2019 12:30
Exact Location Of Accident	U-TURN @ BUKIT BATOK RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBQ1587D
Insured/Policyholder	
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Co Reg No	198801155R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65943515
Vehicle Particulars	
Manufacturer	HONDA
Model	CBF190WH
Exact Purpose for which vehicle was being used at time of accident	LEARNER
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	0073451220-15
Cover Note Number	
Driver	
Name of Driver	MOHAMED ABRYSYAM DANY BIN HAMDAN
NRIC No	T0120339D
Date Of Birth	03/07/2001
Occupation	INDOOR
Date Of Driving Pass	18/10/2019
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 234 PASIR RIS DR 4 #04-476
Postcode	510234
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - STUDENT
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	RAINING
Road Surface	WET

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?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF INJURED PERSON 1

Name	MOHAMED ABRYSYAM DANY BIN HAMDAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBQ1587D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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:

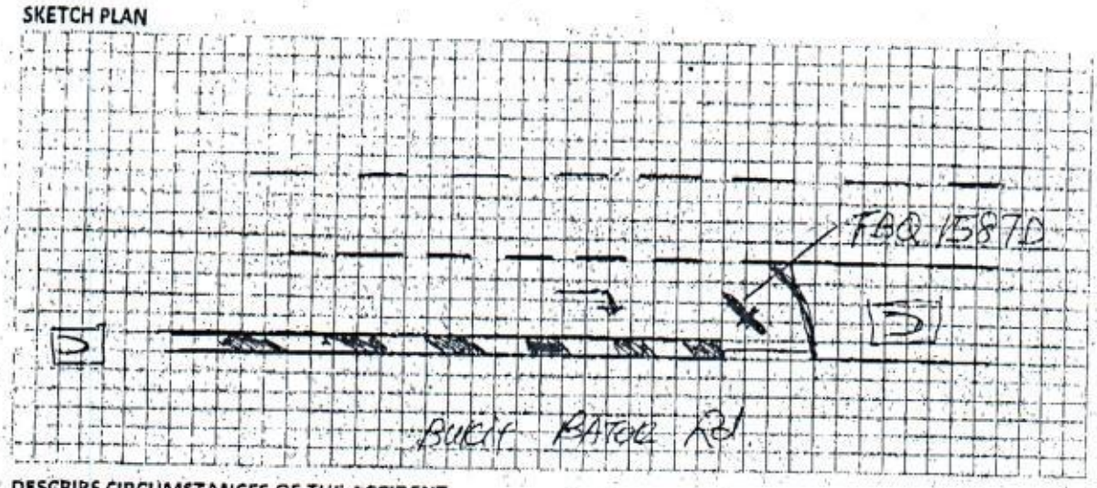
(i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

BUKIT BATOK DRIVING CENTRE LTD
BLK 215 BUKIT BATOK WEST AVENUE 6
SINGAPORE 659085
TEL: 6561 1233 FAX: 6569 0777

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	21/10/19 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/10/19 at about 1230 pm. It was raining heavily, road surface was wet. Learner rider (T0120339D) having his practical lesson 8.01. When he was at the u-turn to moving off, engine suddenly stall and cause his right leg drop off on the ground, as the road surface was wet, his foot was slip and the bike drop on his foot.

DECLARATION

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

BUKIT BATOK DRIVING CENTRE
815 BUKIT BATOK WEST AVENUE 5
SINGAPORE 659
TEL: 6563 1733 FAX: 6563 0711

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.:

report. only.

○ Owner
○ Driver

ACCIDENT STATEMENT

Date of Accident: 18/10/19 Time: 1230 hrs. Location of Accident: U-turn at Bukit Batok Rd.

INSURED/ POLICY HOLDER (VEHICLE A)	
Vehicle Registration Number	FBQ1587D
Name of Policyholder	
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	
Address	
Contact Number	Tel: 65942615 Hp:
Occupation	
VEHICLE PARTICULARS (VEHICLE A)	
Vehicle Make / Model	
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others:
Exact Purpose for which vehicle was being used at the time of accident:	
Are you claiming under your own insurance policy?	○ Yes ○ No Remarks:
Vehicle category	○ Private ○ Commercial ○ Motorcycle
INSURANCE COMPANY (VEHICLE A)	
Name of Insurance Company	NTUC
Type of Policy	☑ Comprehensive ○ TP Fire & Theft ○ Third party
Fleet Policy	☑ Yes ○ No
Policy Number	0073415220
DRIVER	
Name of Driver	MUHAMED ABRYSYAH DANY BIN HAMDAN
NRIC/ FIN/ Passport	S T0120339D
Date of Birth	3/7/2001
Occupation	
Driving Pass Date	
Gender	☑ Male ○ Female
Contact Number	Tel: Hp:
Address	BLK 234 PASIR RIS DRIVE 1 #04-476 S(510234)
Email Address	
Was driver an employee of the Insured's Company?	○ Yes ☑ No
If No, relationship of Driver with the Insured.	Learner rider
Vehicle Number of Driver's Own Vehicle (if applicable)	
Insurance of Driver's Own Vehicle (if applicable)	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (E.g. Chain Collision/ Head-On, etc)	
Weather Conditions	○ Clear ☑ Raining ○ Others:
Road Surface	☑ Wet ○ Dry ○ Others:
Damage Area	
Approximate Speed	
OTHER INFORMATION	
Was there any foreign vehicle(s) involved?	☑ No ○ Yes
Was anybody injured in the accident? (Including Witness)	○ No ○ Yes
Was any other vehicle(s) or property damaged?	○ No ○ Yes
Was there any camera video footage (in car)?	☑ No ○ Yes
DETAILS OF POLICE ACTION	
Was the accident reported to the Police?	☑ No ○ Yes
If Yes, please state which police station & Report No.	
Was notice of intended Prosecution given?	☑ No ○ Yes
If Yes, against whom?	

OWN VEHICLE REGISTRATION NUMBER

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)	
Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties (If Other Party is not a Vehicle)	
Damage Area	
Name of Driver	
NRIC/ FIN/ Passport	
Contact Number / Email Address	
Address	
Name of Insurance Company	
Other Vehicle or Property 2	
Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties (If Other Party is not a Vehicle)	
Damage Area	
Name of Driver	
NRIC/ FIN/ Passport	
Contact Number / Email Address	
Address	
Name of Insurance Company	

DETAILS OF WITNESS

Name	
Phone / Email Address	
Address	
NRIC/ FIN/ Passport	

DETAILS OF INJURED PERSON 1

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

DETAILS OF INJURED PERSON 2

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

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.

BUKIT BATOK CENTRE LTD
615 BUKIT BATOK ... #05-05
SINGAPORE ... 0777

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

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

Date & Time

income
made different

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 0073451220-15 **Cover** : Comprehensive

1. Index mark and Registration Number of Vehicle : **FBQ1587D**
   Chassis Number : LWBMC469XL1600373
2. Name of Policyholder : BUKIT BATOK DRIVING CENTRE LTD
3. Effective Date of Insurance : 07 Aug 2019
4. Expiry Date of Insurance : 06 Aug 2020
5. Persons or Classes of Persons entitled to drive#
   (a) The Policyholder.
   (b) Any other person who is driving on the Policyholder's order or with his/her permission.
   Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
   (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover
   (a) Use for hire or reward.
   (b) Use for racing, pace-making, reliability trial or speed-testing.
   (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
   (d) Use for any purpose in connection with the Motor Trade.

\# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	:	N/A
EXCESS (SECTION 2)	:	N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	:	PLEASE REFER OVERLEAF
INSURE WITH COE	:	YES
NAMED DRIVER (1)	:	N/A
NAMED DRIVER (2)	:	N/A
HIRE PURCHASE COMPANY	:	N/A
SUM INSURED	:	MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : BUKIT BATOK DRIVING CENTRE (00000662435)
Date of Issue : 02 Jan 2019 10:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Land Transport Authority

18

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	FBQ1587D		
Vehicle Type:	P00 - Passenger Motorcycle /Autocycle/Moped	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	HONDA	Vehicle Model:	CBF190WH
Chassis No.:	LWBMC469XL1600373	Engine No.:	MC46E5092396
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	1
Engine Capacity:	184 cc	Power Rating:	-
Maximum Power Output:	-		
Unladen Weight:	140 kg	Maximum Laden Weight:	310 kg
Primary Colour:	Red	Secondary Colour:	-
First Registration Date:	07 Aug 2019	Original Registration Date:	07 Aug 2019
Manufacturing Year:	2019	Open Market Value:	$2,241.00
PARF Eligibility:	No	Minimum PARF Benefit:	$0.00
No. of Transfers:	0	Additional Registration Fee Rate:	First $2,241.00 (15%)
Actual ARF Paid:	$337.00		

Owner Particulars

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

Registered Building Name:	BUKIT BATOK DRIVING CENTRE
Registered Postal Code:	659085
COE No. / Expiry Date:	2019060106000828N / 06 Aug 2029
COE Bid Category:	D - Motorcycle
QP Paid:	$3,352.00

Transaction Details

Business Transaction Ref. No.:	20190807171608152324
Business Transaction Date:	07 Aug 2019
Business Transaction Time:	17:16:08

Message

The above vehicle has been successfully registered.

Please note that $3,741.00 will be deducted from your GIRO account.

Claim Handling

Accident MT/1067835

Policy No.	0073451220-15	Vehicle No.	FBQ1587D	GST Registra
Certificate No.				
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD			Policyholder I
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	0	Contact No.(Office)	65943515	Contact No.(I
Email Address		Special Remark		eCode
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	21/10/2019 17:43	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	18/10/2019	Time of Accident hh:mm	12:30	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	U-TURN @ BUKIT BATOK RD			

Excess

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

Benefits

GST Registered Information

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

Policyholder Mailing Address

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

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	MOHAMED ABRYSYAM DANY BIN	Driver NRIC	T0120339D	Driver DOB
Register Date of Driver License	18/10/2019	Driver Age	18	Driving Exper
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 234	Address 2	PASIR RIS DRIVE 4	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#04-476			
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.		Driver Insure

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	◉ Yes ○ No

Modification History

Claim 001 OD-MX **New**

Claim Type *		OD-MX	Insured Name
Contact No.(Mobile)			Contact No. (Home)
Email Address		RACHEL@BBDC.SG	OI Vehicle Number
Claim Description		FBQ1587D ON 18 Oct 2019	
Preferred Workshop Contact No.		Insured Liability: Fully at Fault	
Finalisation	Yes	Preferred Repair Option: Preferred Workshop (refer below)	GIA report: Received
Date Registered		21/10/2019 17:50	Claim Close Date
Report Taken By		ROSLINDA	Workshop Repairer

☑ Print AK letter

Save Submit

Attachment

Accident No. MT/1067835 Claim No. 001

Last Doc. Received (•) Yes ( ) No Upload Date 21/10/2019 00:00

Path *		Category *	Confid
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Oct 2019 17:50	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Oct 2019 17:50	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Oct 2019 17:49	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Oct 2019 17:49	Photos		Normal	Pl
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Oct 2019 17:49	Photos		Normal	Pl
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Oct 2019 17:49	Photos		Normal	Pl
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Oct 2019 17:49	Photos		Normal	Pl
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Oct 2019 17:49	Photos		Normal	Pl

Video List

Uploaded By/Date	Folder Date	File Name

Display in New Window Scan and uploading