

NATIONAL Assessment Centre Services.

(wef 1 Jan 2005) MHA119/14957

Date In: 21/12/19 14:22	Job description	Date & Time Completed	Done by
Ref No: 149/INC/106888/24	SAS e-filing		
Veh No: 5JH 354X	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 19/12/19 - 22.20	i-Motor Claim Form	M7/106888-001	21/12/19 14:57
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: Vch No: 5JH 354X 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		Am't (\$) Est Bill	Am't (\$) 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 \$0			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Dat. 1:

Dat. 2 / 3:

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	21/10/2019 14:22
Date Of Accident	19/10/2019 23:20
Exact Location Of Accident	CLEMENTI AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN3540X
Insured/Policyholder	
Name Of Registered Owner	LEVIN RENTAL PTE LTD
Co Reg No	201935555D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88121318
Alternative Phone No	OFFICE-88121318

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5107039355
Cover Note Number	

Driver

Name of Driver	MOHAMMAD FAIZAL BIN HASSAN
NRIC No	S7837255I
Date Of Birth	22/12/1978
Occupation	OUTDOOR
Date Of Driving Pass	05/07/2002
Driving Experience	17 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90223565
Fax Number	
Contact Number	OFFICE-90223565
Email Address	NOEMAIL

Address	BLK 122D RIVERVALE DRIVE #16-450
Postcode	544122
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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: : - GENDER: : MALE

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 STRAIGHT ALONG THE STATED VENUE. VEHICLE B WAS ON 1ST LANE SUDDENLY CUT ONTO MY LANE AND HIT ONTO MY VEHICLE RIGHT PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ5131P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	97323633
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

4

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

Passenger 3

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name MOHAMMAD FAIZAL BIN HASSAN

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SJN3540X

Were seat belts worn?

YES

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.

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

Refer to attached 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:

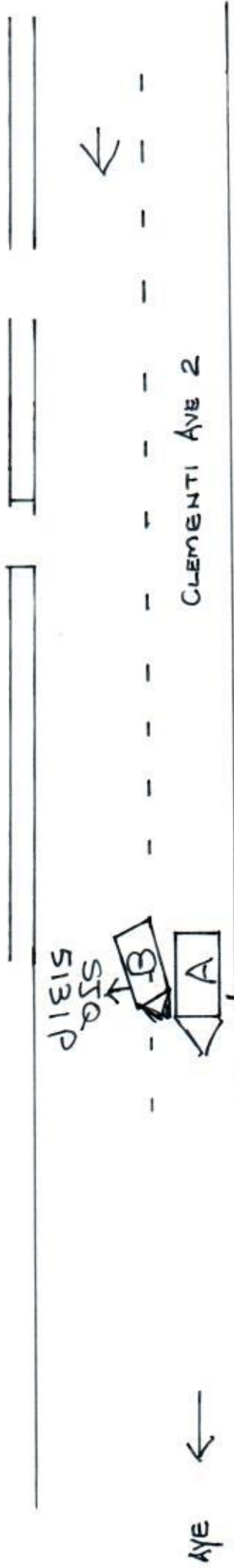
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

租车公司 HP88121318

司机 HP90223565

19/10/2019
23:20 PM
SJN
3540 X

CALTEX



INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Company) of LEVIN RENTAL PTE. LTD. (201935555D)

Date: 24/07/2019

The Following Are The Brief Particulars of :

Registration No.	:	201935555D
Company Name.	:	LEVIN RENTAL PTE. LTD.
Former Name if any	:	
Incorporation Date.	:	03/01/2019
Company Type	:	EXEMPT PRIVATE COMPANY LIMITED BY SHARES
Status	:	Live Company
Status Date	:	03/01/2019

Principal Activities

Activities (I)	:	PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (49219)
Description	:	
Activities (II)	:	RENTING AND LEASING OF PRIVATE CARS WITHOUT OPERATOR (77101)
Description	:	

Capital

Issued Share Capital	Number of Shares *	Currency	Share Type
(AMOUNT)			
10000	1	SINGAPORE, DOLLARS	ORDINARY

* Number of Shares includes number of Treasury Shares

Paid-Up Capital	Number of Shares	Currency	Share Type
(AMOUNT)			
10000		SINGAPORE, DOLLARS	ORDINARY

COMPANY HAS THE FOLLOWING ORDINARY SHARES HELD AS TREASURY SHARES

Number Of Shares	Currency
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Business Profile (Company) of LEVIN RENTAL PTE. LTD. (201935555D)

Date: 24/07/2019

Registered Office Address

18 KAKI BUKIT ROAD 3
#03-15
ENTREPRENEUR BUSINESS
CENTRE
SINGAPORE (415978)

Date of Address

03/01/2019

Date of Last AGM

Date of Last AR

FYE As At Date of Last AR

Audit Firms

NAME

Charges

Charge No.	Date Registered	Currency	Amount Secured	Chargee(s)
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Officers/Authorised Representative(s)

Name	ID	Nationality	Source of Address	Date of Appointment
Address		Position Held		
WONG QI KAI	S8335012A	SINGAPORE CITIZEN	ACRA	03/01/2019
533 JURONG WEST STREET 52 #11-443 SINGAPORE (640533)		Director		

Shareholder(s)

Name	ID	Nationality/Place of Incorporation/Origin	Source of Address	Address Changed
Address				
1 WONG QI KAI	S8335012A	SINGAPORE CITIZEN	ACRA	
533 JURONG WEST STREET 52 #11-443 SINGAPORE (640533)				
Ordinary(Number)	Currency			
1	SINGAPORE, DOLLARS			

INFORMATION RESOURCES

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Business Profile (Company) of LEVIN RENTAL PTE. LTD. (201935555D)

Date: 24/07/2019

Abbreviation

UL - Local Entity not registered with ACRA

UF - Foreign Entity not registered with ACRA

AR - Annual Return

AGM - Annual General Meeting

FS - Financial Statements

FYE - Financial Year End

OSCARS - One Stop Change of Address Reporting Service by Immigration & Checkpoint Authority.

Note :

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit www.acra.gov.sg.

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO. : ACRA190724136170

DATE : 24/07/2019

This is computer generated. Hence no signature required.



Authentication No. : T19530357P

eBaoTech

GeneralClaim

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="19/10/2019 23:20"/>							
Vehicle No. (For Motor)	<input type="text" value="SJN3540X"/>	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"/>	S107039355		LEVIN RENTAL PTE. LTD.	201935555D	GFT	Third Party, Fire & Theft	SJN3540X	SJN3540X	16/01/2019	
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5107039355	Policyholder Name	LEVIN RENTAL PTE. LTD.	Policyholder NRIC	201935555D
Certificate No.					
Address	18 KAKI BUKIT ROAD 3 #03-15 ENTREPRENEUR BUSINESS CENTRE SINGAPORE 415978				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	15/01/2019	Effective Date	14/01/2019 00:00	Expiry Date	10/01/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	855.82		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	VV INSURANCE AGENCY PTE. L1 Agent Tel.	67913808		GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	18 KAKI BUKIT ROAD 3	Address 2	#03-15 ENTREPRENEUR BUSINI	Address 3	SINGAPORE 415978
Address 4		Address Type	Singapore address	Post Code	415978
Unit No.	03-15	Related Policy Number	5107386886		

Insured Object: SJN3540X

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	16/01/2019 00:00	Basic Information Endorsement	000001286989663	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJN3540X 16-01-2019 \$1,772.97 In view of this amendment, an additional premium of \$1,772.97 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJJ92675 21-01-2019 \$1,748.35 In view of this amendment, an additional premium of \$1,748.35 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p> <p>Thank you for giving us the</p>
2	21/01/2019 00:00	Basic Information Endorsement	000001286991905	Endorsement Take Effective	

Claim Handling

The premium on this policy has not been collected.

Accident MT/1067878

Policy No.	5107039355	Vehicle No.	SIN3540X	GST Registration No.	
Certificate No.					
Policyholder Name	LEVIN RENTAL PTE. LTD.	Policyholder NRIC	2019355550		
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	88121318	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	1: v
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	21/10/2019 19:58	Accident Report within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	19/10/2019	Time of Accident hh:mm	23:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CLEMENTI AVE 2				

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	18 KANG BUKIT ROAD 3	Address 2	#03-15 ENTREPRENEUR BUSIN	Address 3	SINGAPORE 415978
Address 4		Address Type	Singapore address	Post Code	415978
Unit No.	03-15	Related Policy Number	5107386886		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMMAD FAIZAL BIN HASSA	Driver NRIC	S78372551	Driver DOB	22/12/1978
Register Date of Driver License	05/07/2002	Driver Age	40	Driving Experience	17
Contact No.(Mobile)	90223565	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 1220	Address 2	RIVERVALE DRIVE	Address 3	RIVERVALE BANK
Address 4	SINGAPORE 544122	Address Type	Singapore address	Post Code	544122
Unit No.	16-450				
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	LEVIN RENTAL PTE. LTD.	Insured NRIC	2019355550
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	N/A
Email Address		OT Vehicle Number	SIN3540X	TP Vehicle Number	SJQS131P
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SIN3540X / SJQS131P ON 19 OCT 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered	21/10/2019 19:57	Claim Close Date		Date Received	21/10/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1067878	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/10/2019 19:59

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Oct 2019 19:59	NRIC/ Driving License	Y	NRIC/ Driving License 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Oct 2019 19:58	SAS	Normal	SAS 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Oct 2019 19:58	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Oct 2019 19:58	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Oct 2019 19:58	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Oct 2019 19:58	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Oct 2019 19:58	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Oct 2019 19:58	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Oct 2019 19:58	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Oct 2019 19:58	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Oct 2019 19:58	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Oct 2019 19:58	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Oct 2019 19:58	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Oct 2019 19:58	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Oct 2019 19:58	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Oct 2019 19:58	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Oct 2019 19:58	Photos	Normal	Photos 2019-10-21	
Video List					
Uploaded By/Date	Folder Date	File Name		Source	Action
<div>Display in New Window</div> <div>Scan and uploading</div>					