

NATIONAL Assessment Centre Services.

Ref: JAN051 MHA1914208

Date In: 26/12/19 - 10:07	Job description	Date & Time Completed	Done by
Ref No: HA/INC42 (G-1624	SAS e-filing		
Veh No: 046573P	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 24/12/19 - 14:15	I-Motor Claim Form	27/10/6857-02	26/12/19 10:21
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: SLT16ME	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

NA1908123	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) 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)		
Ref 1:	6) TR: Re-inspection \$75		
Ref 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJN*		
	*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 (N-on 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 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	26/10/2019 10:07
Date Of Accident	24/10/2019 14:15
Exact Location Of Accident	JB TWDS WOODLANDS
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA6577P
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD AZALIN BIN ABDUL RAHIM
NRIC No	S7245045J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90186542
Alternative Phone No	OFFICE-90186542

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8 RSZ A
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5105083686
Cover Note Number	

Driver

Name of Driver	MOHD FADZILLAN BIN MOHAMED HUSSEIN
NRIC No	S7504636G
Date Of Birth	19/02/1975
Occupation	INDOOR
Date Of Driving Pass	15/11/1996
Driving Experience	22 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98432537
Fax Number	
Contact Number	OFFICE-98432537
Email Address	NOEMAIL

Address	BLK 213A PUNGGOL WALK #10-757
Postcode	821213
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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?	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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

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

REFER TO 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT1612E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM TONG PENG
NRIC/Passport Number	
Contact Number	96409027
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.
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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:



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

SKETCH PLAN

Johore Bahru towards Woodlands before Malaysia Immigration

(A) SJA 6577 P.
(B) SLT 1612 E.

On 24/10/19 at @ 1415 hrs, I was travelling in my vehicle (SJA 65THP) from Johore Bahru towards Woodlands before Malaysia Immigration checkpoint on the centre lane of 3 lanes. I was moving slowly within my lane as the traffic was very heavy. Suddenly, a car (SLT 1612E) on my right, trying to switch into my lane and collided onto the right rear side of my vehicle.

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

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

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

Vehicle No.	SJA 6577 P	Model / Make	HONDA STREAM
Date of Accident	24/10/19		
Time of Accident	1415 HRS		
Location of Accident	Johore Bahru towards Singapore before Malaysia Immigration		
Exact purpose use during accident	Private Used		
Name of Owner	Muhamad Azalin Bin Abdul Rahim		
Telephone No.	H/P : 90186542	Home :	Office :
NRIC	S7245045J		
Address	BLK 493A Tampines Ave 9 #04-468 (S) 520493		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	NTHC		
Type of Coverage	Comprehensive <u>Third Party</u> Third Party / Fire / Theft		
Policy No.	5105083686		
Name of Driver	As Above If No, Mohd Fadzillan Bin Mohamed Hussein		
NRIC	S7504636G	Any Passengers :	01 (F)
Date of birth	19/02/1975		
Occupation	Outdoor / <u>Indoor</u>		
Driving License Pass Date	15/11/1996		
Gender	<u>Male</u> / Female		
Contact No.	H/P : 9848 2537	Home :	Office :
Address	BLK 213A Angkor Walk #10-757 (S) 821213		
Driver have any own vehicle	<u>No</u> , If yes, Reg No.		
Relationship	Employee, If no, state Brother in law		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	<u>No</u> , If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	<u>No</u> , If Yes, Where?		
Vehicle B No.	SLT 1612E	Any Passengers :	01 (F)
Name of Driver	Lm Tong Peng	Contact No. :	9640 9027
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name	N.A.	Witness Contact :	N.A.
Accident Portion	Right rear side		
Camera Recorder	Yes / <u>No</u>		
Email Address	mohdfadzillan@gmail.com		
PARTICULAR WORKSHOP	Twincar		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Tong		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n5i.com.sg		



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: S105003666	Cover : Third Party
1. Indentmark and Registration Number of Vehicle	S1A6577P
Chassis Number	RH61060300
2. Name of Policyholder	MUHAMAD AZALIN BIN ABDUL RAHIM
3. Effective Date of Insurance	29 Oct 2018
4. Expiry Date of Insurance	16 Dec 2019
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 9 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
ADDITIONAL EXCESS	N/A
UNNAMED DRIVER EXCESS	N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	NO
INSURE WITH COE	N/A
NCD PROTECTION	YES (FREE)
PRIMARY DRIVER	MUHAMAD AZALIN BIN ABDUL RAHIM
NAMED DRIVER (1)	N/A
NAMED DRIVER (2)	N/A
HIRE PURCHASE COMPANY	N/A
SUM INSURED	N/A

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 : CITY INSURANCE AGENCY PTE. LTD. (06000573566)
 Date of Issue : 29 Oct 2018 12:50 hrs

eBaoTech

GeneralClaim

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"/>	5105083686		MOHAMAD AZALIN BIN ABDUL RAHIM	S7245045J	GPC	Third Party, Fire & Theft	SJA6577P	SJA6577P	29/10/2018	16/12/2019

Continue

Policy Information					
Policy No.	5105083686	Policyholder Name	MOHAMAD AZALIN BIN ABDUL F	Policyholder NRIC	S7245045J
Certificate No.					
Address	NIL				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	29/10/2018	Effective Date	29/10/2018 00:00	Expiry Date	16/12/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	CITY INSURANCE AGENCY PTE.	Agent Tel.	64598677	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyholder Mailing Address					
Address 1	NIL	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	999999
Unit No.		Related Policy Number	5105083686		
Insured Object: SJA6577P					
Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content	
1	29/10/2018 00:00	POI Extension/Shorten	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 29 Oct 2018 TO 16 Dec 2019 In view of this amendment, an additional premium of \$93.69 (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, credit card or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that from 01 Dec 2018, the following amendment(s) is/are made to this policy: 1. The cover is amended from Third Party to Third Party Fire and Theft 2. The Endorsement M1 stated in the Policy is not applicable 3. The Policy is subject to Endorsement M2 attached. In view of this amendment, an additional premium of \$211.18 (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</p>	
2	01/12/2018 00:00	Basic Information Endorsement	Endorsement Take Effective		

Claim Handling

Accident MT/1068657

Policy No.	S105083686	Vehicle No.	SJA6577P	GST Registration No.	
Certificate No.					
Policyholder Name	MOHAMAD AZALIN BIN ABDUL RAHIM	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S7245045J
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	90186542	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
Accident Details					
Report Date	26/10/2019 10:19	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	24/10/2019	Time of Accident hh:mm	14:15	Country of Accident	Outside Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JB TWOS WOOLANDS				
Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	NIL	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	999999
Unit No.		Related Policy Number	S105083686		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	19/02/1975
Unnamed driver Name	MOHD FADZILLAN BIN MOHAME	Driver NRIC	S7504636G	Driving Experience	22
Register Date of Driver License	15/11/1996	Driver Age	44	Contact No. (Home)	0
Contact No. (Mobile)	S7504636G	Contact No. (Office)	0	Address 3	PUNGGOL WAVES
Address 3	BLK 213A	Address 2	PUNGGOL WALK	Post Code	821213
Address 4	SINGAPORE 821213	Address Type	Singapore address		
Unit No.	10-757				
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="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	MOHAMAD AZALIN BIN ABDUL RAHIM	Insured NRIC	S7245045J
Contact No. (Mobile)	90186542	Contact No. (Home)	63887701	Contact No. (Office)	64450000
Email Address		OT Vehicle Number	SJA6577P	TP Vehicle Number	SLT1612E
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJA6577P / SLT1612E ON 24 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	GIA report	Received
Date Registered	26/10/2019 10:21	Claim Close Date		Date Received	26/10/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					













Save Submit

Attachment

Accident No.	MT/1068657	Claim No.	001			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/10/2019 10:22			
Path *		Category *		Confidential	Urgency *	Description *
Browse...	Clear	Please Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Browse...	Clear	Please Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Browse...	Clear	Please Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Browse...	Clear	Please Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Browse...	Clear	Please Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Browse...	Clear	Please Select	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="button" value="Send Message"/>						

Attachment List

Msg Sent?

Attachment	Uploaded By/Date	Category	Urgency	Description	(CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Oct 2019 10:22	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Oct 2019 10:22	SAS	Normal	SAS 2019-10-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Oct 2019 10:22	Photos	Normal	Photos 2019-10-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Oct 2019 10:22	Photos	Normal	Photos 2019-10-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Oct 2019 10:21	Photos	Normal	Photos 2019-10-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Oct 2019 10:21	Photos	Normal	Photos 2019-10-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Oct 2019 10:21	Photos	Normal	Photos 2019-10-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Oct 2019 10:21	Photos	Normal	Photos 2019-10-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Oct 2019 10:21	Photos	Normal	Photos 2019-10-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Oct 2019 10:21	Photos	Normal	Photos 2019-10-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Oct 2019 10:21	Photos	Normal	Photos 2019-10-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Oct 2019 10:21	Photos	Normal	Photos 2019-10-26	
Video List					
Uploaded By/Date	Folder Date	File Name	Source	Action	
		Display in New Window	Scan and uploading		