

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MA 1194554**

Date In: 5/11/19-14:53	Job description	Date & Time Completed	Done by
Ref No: NA 1194554	SAS e-filing		
Veh No: 2X88218	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 4/11/19-13:25	i-Motor Claim Form	17/10/2005-20	5/11/19 15:14
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: 6B291424	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

NA 1928331	Invoice Preparation Checklist		Ant (\$) Est Bill	Ant (\$) 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)			
	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*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 (Non INC) against INC \$20			
	9) N12: Idac Mobile \$0			
	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	05/11/2019 14:53
Date Of Accident	04/11/2019 13:25
Exact Location Of Accident	TANAH MERAH COAST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX8821B
Insured/Policyholder	
Name Of Registered Owner	ONG CHOON HONG (WANG JUNFENG)
NRIC No	S8425279D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96268890
Alternative Phone No	OFFICE-96268890

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 CVT
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112075783
Cover Note Number	

Driver

Name of Driver	TAN KIM SOON (CHEN JINSHUN)
NRIC No	S7332046A
Date Of Birth	03/09/1973
Occupation	OUTDOOR
Date Of Driving Pass	07/01/2008
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85117288
Fax Number	
Contact Number	OFFICE-85117288
EMail Address	NOEMAIL

Address	BLK 346 KANG CHING ROAD #09-117
Postcode	610346
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO: 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191105/2022.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD9142U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	AHMAD NAMBRI BIN TAIB
NRIC/Passport Number	


Contact Number	83605011
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

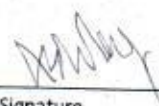
DETAILS OF INJURED PERSON 1

Name	TAN KIM SOON (CHEN JINSHUN)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLX8821B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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: 5/11/19 1455hrs


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 5/11/19 1455hrs

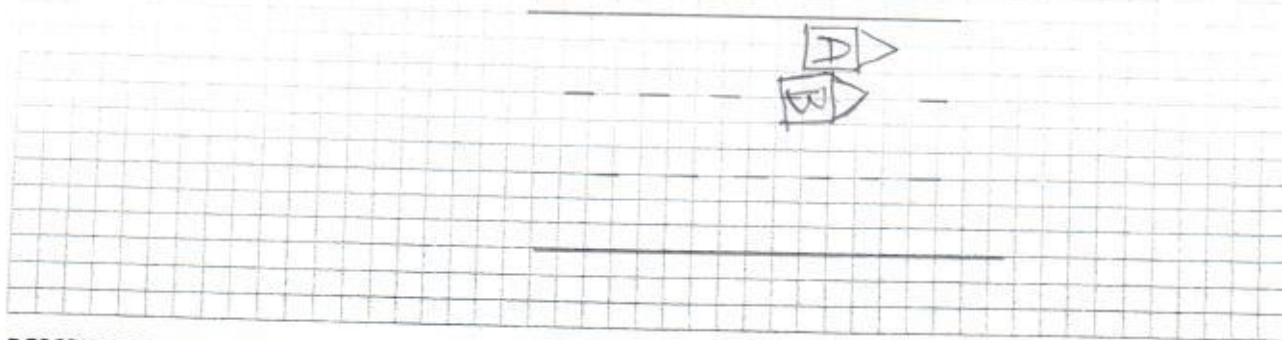

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

SKETCH PLAN

TANAH MERAH COAST RD - TANAH MERAH FERRY TERMINAL

VEH A = SLX 8812 B

VEH B = GBD 9142 U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/10/19 1155/2000

DECLARATION

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

Policyholder's Signature

Date & Time: 5/11/19 1455 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time: 5/11/19 1455 hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20191105/2022

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3

Report No. T/20191105/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/11/2019 10:07		Vide Report No.:		Station Diary No.: 123	
Informant's Particulars					
Name of Informant: TAN KIM SOON			Address: APT BLK 346 KANG CHING ROAD #09-117 SINGAPORE 610346		
ID Type / ID No.: NRIC NO / S7332046A			Contact No.: Home/Office: Mobile: 85117288		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 03/09/1973	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/11/2019 13:25	Type of Location: Straight Road
Location: Along Road 1 TANAH MERAH COAST ROAD Tanah Merah Coast Road towards Tanah Merah Ferry Terminal				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBD9142U	Lorry					0
SLX8821B	Car	MITSUBISHI		White	Slightly Damaged	1

Details of Person Involved

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



Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20191105/2022

CONTINUATION OF REPORT

Driver				
Name	AHMAD NAMBRI BIN TAIB		ID No.	S1114286E
Related Vehicle	GBD9142U (Lorry)		Contact No.	83605011
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	TAN KIM SOON		ID No.	S7332046A
Related Vehicle	SLX8821B (Car)		Contact No.	85117288
Hospital/Clinic	PROHEALTH MEDICAL GROUP @ TAMAN JURONG PTE LTD		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/11/2019		Date Discharge	NIL
No. of Days granted Medical Leave	05		Degree of Injury	Slight

Brief Details.

On 04/11/2019 at around 1320hrs, I was driving my car bearing registration plate no SLX8821B along Tanah Merah Coast Road heading towards Tanah Merah Ferry Terminal to drop off my passenger as I was driving GRAB hitch. As I was driving on my lane, a lorry bearing registration plate no GBD9142U hit onto my front right side before speeding off. I then chased the vehicle for several distance before the vehicle came to a stop.

We then alighted from the vehicle and the driver was unhappy. We then exchanged particulars. All the events was witnessed by my passenger. I wish to state that overtaking is not allowed along the road and there were chevron markings in the middle of the road which the driver has crossed the chevron markings. He also did signal of his intention to cut into my lane.

Due to the accident, I sustained pain on my neck and was given 5 days of MC given by Prohealth Medical Group @ Taman Jurong. My passenger did not sustain any injury. My vehicle sustained scratches and dents on the front right side.

That is all.



**SINGAPORE
POLICE FORCE**



T/20191105/2022

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3


Report No. T/20191105/2022

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: 
J /
Staff Sgt RAHMAT HIDAYAT BIN NASIRUDIN

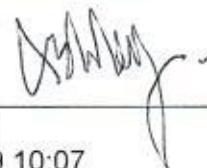
Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING STEPHANIE
Contact No. 65476414

Authentication Stamp
NP168


SIGNATURE

Signature Of Informant:



Date/Time:
05/11/2019 10:07

Classification Of Case:

eBaoTech

General Claim

Hello, NAC_PAYA_UB1_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="04/11/2019 13:25"/>							
Vehicle No. (For Motor)	<input type="text" value="SLX8821B"/>	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"/>	5112075783		ONG CHOON HONG (WANG JUNFENG)	S8425279D	GPC	driva CLASSIC	SLX8821B	SLX8821B	22/08/2019	21/08/2020
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5112075783	Policyholder Name	ONG CHOON HONG (WANG JUN	Policyholder NRIC	S8425279D
Certificate No.					
Address	BLK 9B #05-515 BOON TIONG ROAD TIONG BAHRU VIEW SINGAPORE 163009				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	22/08/2019	Effective Date	22/08/2019 00:00	Expiry Date	21/08/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 9B #05-515	Address 2	BOON TIONG ROAD	Address 3	TIONG BAHRU VIEW
Address 4	SINGAPORE 163009	Address Type	Singapore address	Post Code	163009
Unit No.		Related Policy Number	5113278162		

▶ Insured Object: SLX8821B

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1070065

Policy No.	5112075783	Vehicle No.	SLX8821B	GST Registration No.	
Certificate No.					
Policyholder Name	ONG CHOON HONG (WANG JUNFENG)	Cover Type	drive CLASSIC	Policyholder NRIC	S8425279D
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	96268890	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	05/11/2019 15:10	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	04/11/2019	Time of Accident hh:mm	13:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TANAH MERAH COAST RD				
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		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	1100.00	Total TP Excess Applicable			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 98 #05-515	Address 2	BOON TIONG ROAD	Address 3	TIONG BAHRU VIEW
Address 4	SINGAPORE 163009	Address Type	Singapore address	Post Code	163009
Unit No.		Related Policy Number	5113278162		
OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	01/09/1973
Unnamed driver Name	TAN KIM SOON (CHEN JINSHUA)	Driver NRIC	S7332046A	Driving Experience	11
Register Date of Driver License	07/01/2008	Driver Age	46	Contact No.(Home)	0
Contact No.(Mobile)	85117288	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 346	Address 2	KANG CHING ROAD	Address 3	SINGAPORE 610346
Address 4	SINGAPORE 163009	Address Type	Singapore address	Post Code	610346
Unit No.	09-117				
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		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	ONG CHOON HONG (WANG JUN	Insured NRIC	S8425279D
Contact No.(Mobile)	94870166	Contact No.(Home)	68926728	Contact No.(Office)	
Email Address		OT Vehicle Number	SLX8821B	TP Vehicle Number	G8D9142U
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLX8821B / G8D9142U ON 4 Nov 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	05/11/2019 15:14	Claim Close Date		Date Received	05/11/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					















Save Submit

Attachment

Accident No.	MT/1070065	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/11/2019 15:15		
Path *		Category *	Confidential	Urgency *	Description *
	Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
	Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
	Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
	Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
	Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
	Browse... Clear	Please Select	<input type="checkbox"/>	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 05 Nov 2019 15:15	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-11-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 05 Nov 2019 15:15	SAS	Normal	SAS 2019-11-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 05 Nov 2019 15:14	Photos	Normal	Photos 2019-11-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 05 Nov 2019 15:14	Photos	Normal	Photos 2019-11-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 05 Nov 2019 15:14	Photos	Normal	Photos 2019-11-5	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 05 Nov 2019 15:14	Photos	Normal	Photos 2019-11-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 05 Nov 2019 15:14	Photos	Normal	Photos 2019-11-5	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 05 Nov 2019 15:14	Photos	Normal	Photos 2019-11-5	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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Display in New Window

Scan and uploading