NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA119142915

Date In: 8/11/19 - 11:57	Job description	Date & Time Completed	Done by
Ref No: NA/INC19 0198332/4	SAS e-filing		
Veh No: SLA 7014Z.	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 7/11/19 - 15:4	i-Motor Claim Form	MM/137058-001	8/11/19 11:05
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: SLA3174Y 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

HA1908386

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:-			
QP*			
*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	08/11/2019 11:52
Date Of Accident	07/11/2019 15:15
Exact Location Of Accident	TELOK BLANGAH RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLA7019D
Insured/Policyholder	
Name Of Registered Owner	MOHAMED NAZIR BIN HAJI JAMALUDIN
NRIC No	S1251152C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90064606
Alternative Phone No	OFFICE-90064606
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108447306
Cover Note Number	
Driver	
Name of Driver	MOHAMED NAZIR BIN HAJI JAMALUDIN
NRIC No	S1251152C
Date Of Birth	14/06/1957
Occupation	OUTDOOR
Date Of Driving Pass	05/11/1975
Driving Experience	44 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90064606
Fax Number	
Contact Number	OFFICE-90064606
EMail Address	NOEMAIL

Address	BLK 307B ANCHORVALE ROAD #02-50
Postcode	542307
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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: : BILL GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	**ROAD**: 10 UBI AVENUE 3 , **POSTCODE:** 408865 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 65470000 - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191107/7023.

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	SLU3174J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

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

DETAILS OF INJURED PERSON 1

Name	MOHAMED NAZIR BIN HAJI JAMALUDIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLA7019D
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.

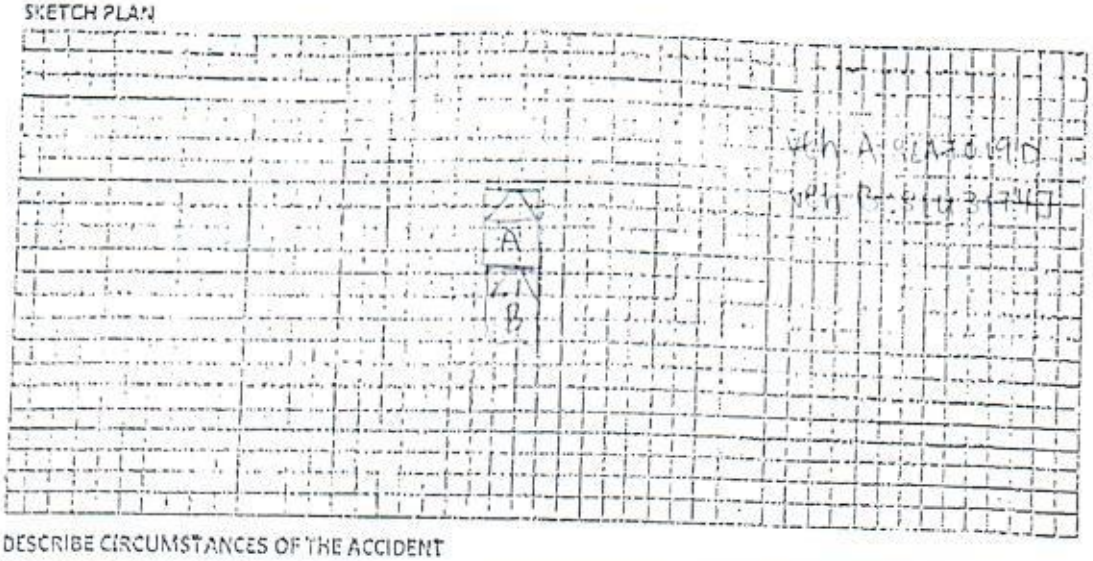
   (e) the information so collected under (d) above may be shared / disclosed:

   (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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to police Report -

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.:

Date of Accident : 7/NOV2019 Accident Time: 315 pm (24-HR-Format)

Accident Place : Tebk Blangah Rd

Vehicle Reg. No. (Car Plate No.) : SJA7019D

Vehicle Make/Model : Honda Vezel

Insurance Company : NTUC Policy No.

Owner or Company Name /IC No. : Mohamed Nazir Bin Haji Jamaludin S1251152C

Owner or Company Contact No. : 90064606 Owner's Hp Company Tel

DRIVER'S Name / IC No. : Mohamed Nazir Bin Haji Jamaludin S1251152C

DRIVER'S Date Of Birth : 14 Jun 1957 DRIVER'S License Pass Date 5 NOV 1975

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Owner

DRIVER'S Address : 307B Anchorvale Road #02-50 (S)542307

DRIVER'S Contact No./ Alt No. :1) 90064606 2)

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : Admin@Mycar.sg

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 2 Guy Bill 91148001

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SLU3174J

Vehicle Make\Model:

Name Driver:

IC No. Driver:

Driver's Contact & Add:

Vehicle Reg. No:

Vehicle Make\Model:

Name Driver:

IC No. Driver:

Driver's Contact & Add:

SINGAPORE POLICE FORCE

T/20191107/7023

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
07/11/2019 21:22		

Informant's Particulars

Name of Informant: MOHAMED NAZIR BIN HAJI JAMALUDIN			Address: APT BLK 307B ANCHORVALE ROAD #02-50 SINGAPORE 542307	
ID Type / ID No.: NRIC NO / S1251152C			Contact No.: Home/Office: Mobile: 90064606	
Nationality: SINGAPORE CITIZEN			Email: mohamednazir1957@gmail.com	
Sex: Male	Age: 62	Date of Birth: 14/06/1957	Type of Informant: Driver	
Race: Indian			Language: English	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: 07/11/2019 15:15	Type of Location: Straight Road
Location: TELOK BLANGAH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLA7019D	Car	HONDA	VEZEL 1.5X CVT	White	Seriously Damaged	1
SLU3174J	Car	BMW		Blue	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLA7019D	NTUC Income Insurance Co-Operative Limited	5108447306	27/03/2019	26/03/2020

SINGAPORE POLICE FORCE

T/20191107/7023

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	MOHAMED NAZIR BIN HAJI JAMALUDIN		ID No.	S1251152C
Related Vehicle	SLA7019D (Car)		Contact No.	90064606
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/11/2019	Date Discharge	07/11/2019	
No. of Days granted Medical Leave	05	Degree of Injury	Serious	

Brief Details.

ON THE STATED DATE AND TIME I WAS TRAVELLING ON TELOK BLANGAH ROAD BEFORE SENTOSA GATEWAY . SUDDENLY VEHICLE NUMBER SLU3174J BMW HIT THE REAR OF MY CAR.SHE DO NOT WANT TO EXCHANGE PARTICULARS WITH ME . I TOOK THE PHOTO SOME PHOTOS OF THE ACCIDENT SCENE AND LEFT. I FEEL PAIN ON M Y BACK AND SHOULDER AND WENT TO SEE A DOCTOR.WHICH I WAS AWARDED A 5 DAYS MC

SINGAPORE
POLICE FORCE

T/20191107/7023

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/11/2019 21:22
Officer In Charge Of Case: TP / TPHQ / SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:

Authentication Stamp

NP168

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language · Change Password · Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SLA7019D

Date of Accident 07/11/2019 15:15

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5108447306		MOHAMED NAZIR BIN HAJI JAMALUDIN	S1251152C	GPC	drivo CLASSIC	SLA7019D	SLA7019D	27/03/2019	26/03/2020

Continue

Policy Information

Policy No.	5108447306	Policyholder Name	MOHAMED NAZIR BIN HAJI JAM	Policyholder NRIC	S1251152C
Certificate No.					
Address	BLK 307B #02-50 ANCHORVALE ROAD ANCHORVALE PLACE SINGAPORE 542307				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	27/03/2019	Effective Date	27/03/2019 00:00	Expiry Date	26/03/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	HUA YANG CREDIT PTE LTD	Agent Tel.	64585111	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 307B #02-50	Address 2	ANCHORVALE ROAD	Address 3	ANCHORVALE PLACE
Address 4	SINGAPORE 542307	Address Type	Singapore address	Post Code	542307
Unit No.	02-50	Related Policy Number	5108447306		

Insured Object: SLA7019D

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Accident MT/1070508

Policy No.	5108447306	Vehicle No.	SLA7019D	GST Registration No.	
Certificate No.					
Policyholder Name	MOHAMED NAZIR BIN HAJI JAMALUDIN				
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Policyholder NRIC	S1251152C
Contact No.(Mobile)	90064606	Contact No.(Office)	0	Loading	0
Email Address		Special Remark		Contact No.(Home)	0
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode	
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason	
				Private Hire	Yes

Accident Details

Report Date	08/11/2019 12:02	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	07/11/2019	Time of Accident hh:mm	15:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TELOK BLANGAH RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	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	BLK 307B #02-50	Address 2	ANCHORVALE ROAD	Address 3	ANCHORVALE PLACE
Address 4	SINGAPORE 542307	Address Type	Singapore address	Post Code	542307
Unit No.	02-50	Related Policy Number	5108447306		

OI Driver Info

Driver Name	MOHAMED NAZIR BIN HAJI JAMALUDIN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1251152C	Driver DOB	14/06/1957
Register Date of Driver License	05/11/1975	Driver Age	62	Driving Experience	44
Contact No.(Mobile)	90064606	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 307B	Address 2	ANCHORVALE ROAD	Address 3	ANCHORVALE PLACE
Address 4	SINGAPORE 542307	Address Type	Singapore address	Post Code	542307
Unit No.	02-50				
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.		Driver Insurer Company	

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	MOHAMED NAZIR BIN HAJI JAM	Insured NRIC	S1251152C
Contact No.(Mobile)	90064606	Contact No.(Home)	65871976	Contact No.(Office)	65428333
Email Address	MOHAMEDNAZIR@GMAIL.COM	OI Vehicle Number	SLA7019D	TP Vehicle Number	SLU3174J
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	SLA7019D / SLU3174J ON 7 Nov 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	08/11/2019 12:05	Claim Close Date		Date Received	08/11/2019 12:06
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
☑ Print AK letter					

Save Submit

Attachment

Accident No.	MT/1070508	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	08/11/2019 12:06

Path *			Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select		Normal	
	Browse...	Clear	Please Select		Normal	
	Browse...	Clear	Please Select		Normal	
	Browse...	Clear	Please Select		Normal	
	Browse...	Clear	Please Select		Normal	
	Browse...	Clear	Please Select		Normal	

Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2019 12:06	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2019 12:06	SAS		Normal	SAS 2019-11-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2019 12:05	Photos		Normal	Photos 2019-11-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2019 12:05	Photos		Normal	Photos 2019-11-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2019 12:05	Photos		Normal	Photos 2019-11-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2019 12:05	Photos		Normal	Photos 2019-11-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2019 12:05	Photos		Normal	Photos 2019-11-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2019 12:05	Photos		Normal	Photos 2019-11-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2019 12:05	Photos		Normal	Photos 2019-11-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2019 12:05	Photos		Normal	Photos 2019-11-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2019 12:05	Photos		Normal	Photos 2019-11-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2019 12:05	Photos		Normal	Photos 2019-11-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Nov 2019 12:05	Photos		Normal	Photos 2019-11-8	

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading