

NATIONAL Assessment Centre Services

Date In: 15/11/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19020299/13	SAS e-filing		
Veh No: FBL59564	E-mail (w/then 8hrs, A/C 2hrs)		
D.O.A: 11/11/19 1200	i-Motor Claim Form	MT/1071595-001	
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 (BASOC) 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

NA1908610	Invoice Preparation Checklist	Am't (\$) 1st 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		
	5) RT : 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:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile \$0		
Cat. 2 / 3:	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 15/11/2019 12:31
Date Of Accident 11/11/2019 12:00
Exact Location Of Accident BBDC CIRCUIT
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBL5956Y
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 NC750L
Exact Purpose for which vehicle was being used at time of accident TRAINING
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 YUAN ZHONG
NRIC No S6869083H
Date Of Birth 01/09/1968
Occupation INDOOR
Date Of Driving Pass 11/11/2019
Driving Experience 0 YEAR AND 0 MONTH
Gender MALE
Mobile Number (LOCAL) +65-94870807
Fax Number
Contact Number
Email Address NOEMAIL

Address	9 LEEDON HEIGHTS #24-21
Postcode	267954
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TRAINEE
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	CLEAR
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

I WAS DOING EMERGENCY BRAKE AND I APPLIED THE FRONT BRAKE TOO HARD,LOST CONTROL OF THE BIKE AND FELL.

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	YUAN ZHONG
Approximate Age	
Injuries Sustain	HAND & LEG
Injured person in which vehicle?	FBL5956Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorized 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.

POINT TOX DRIVING CENTRE LTD
115 NORTH BAYVIEW AVENUE S
SINGAPORE 089085
6581 1233 FAX: 6569 0777

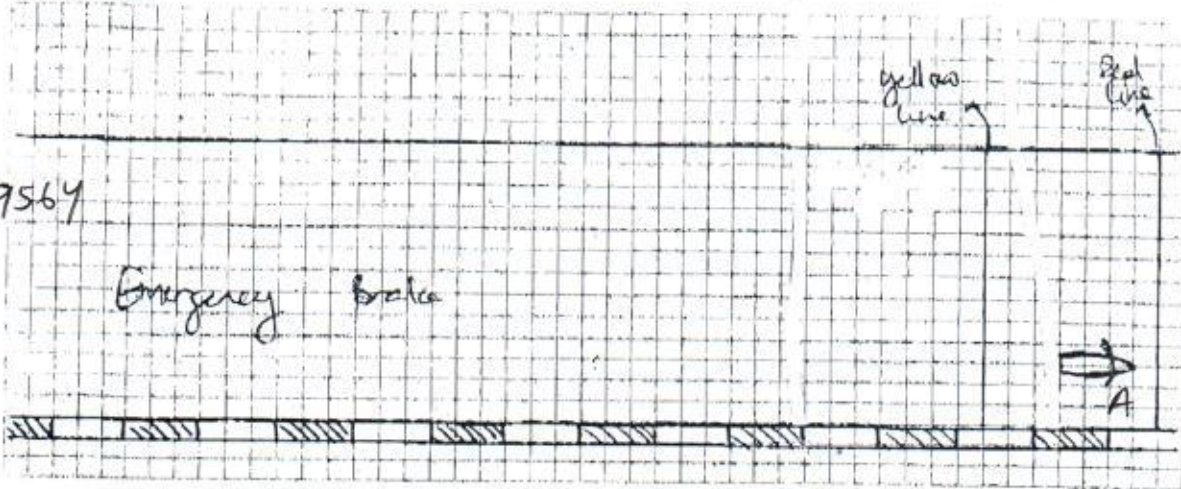
Policyholder's Signature
Date & Time:

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

Reporting Centre Person(s) Signature(s):
Name:
NRIC/FIN No.:

SKETCH PLAN

B30C circuit



A- FBL59564

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~I was driving up for assessment. Applied front brake too hard skidded and fell.~~

I was doing emergency brake and I applied the front brake too hard, lost control of the bike and fell.

DECLARATION

We declare the foregoing contents are true in every respect.

315 CURTIS STREET, WEST AVENUE 5

SINGAPORE 659085

6661 1233 FAX: 6669

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

Ref/Fin No:

15/11/19

ACCIDENT STATEMENT

☐ Owner
☐ Driver

Date of Accident

Time

Location of Accident

11/11/19

12:00 pm

BADC circuit.

INSURED/POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

FBL5956 V

Name of Policyholder

NRIC/ FIN/ Passport/ ROC (if Policyholder is company)

Address

Contact Number

Tel: 65943913

Hp:

Occupation

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

HONDA NC750 LH

Type of Vehicle

Saloon, MPV, CRV, Van, Lorry, Bus/Motorcycle Others:

Exact Purpose for which vehicle was being used at the time of accident.

Training

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

00734181220

DRIVER

Name of Driver

YUAN ZHONG

NRIC/ FIN/ Passport

S6869083H

Date of Birth

11/11/1968

Occupation

Driving Pass Date

Gender

☒ Male☐ Female

Contact Number

Tel:

Hp: 94470807

Address

4 Leedon Heights #24-21 8267954

Email Address

Was driver an employee of the Insured's Company?

☐ Yes☒ No

If No, relationship of Driver with the Insured.

Trainee

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)

Self-inflicted

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

FBL5TSGY

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?

Was Injured conveyed to hospital by ambulance?

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?

Was Injured conveyed to Hospital by Ambulance?

As Driver

Injuries on hand and leg area

☐ Yes
☐ Yes

☐ No
☐ No

☐ Yes
☐ Yes

☐ No
☐ No

Declaration/IK DRIVING CENTRE LTD

We declare that the above information provided above are true in every aspect.
 SINGAPORE 659085
 6561 1233 FAX: 6569

Signature of Policy Holder
 (Company Chop if applicable)

Date & Time

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

Date & Time



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

FBL5956Y

Chassis Number

RC671100017

2. Name of Policyholder

BUKIT BATOK DRIVING CENTRE LTD

3. Effective Date of Insurance

01 Jan 2019

4. Expiry Date of Insurance

31 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 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:

Authorized Officer

Chief Executive

Transaction ref 20161223122458950011

The owner and vehicle particulars for Vehicle No. FBL5956Y as at 23 Dec 2016 are as follows:

1.	Name	: BUKIT BATOK DRIVING CENTRE LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 198801155R
4.	Place Of Passport Issue	: -
5.	Registered Address	: 815 BUKIT BATOK WEST AVENUE 5 SINGAPORE 659085
6.	Mailing Address	: -
7.	Vehicle No.	: FBL5956Y
8.	Effective Date of Ownership	: 23 Dec 2016
9.	Original Registration Date	: 23 Dec 2016
10.	First Registration Date	: 23 Dec 2016
11.	Vehicle Type	: P00 - Passenger Motorcycle/Autocycle/Moped
12.	Vehicle Scheme	: Normal
13.	Attachment 1	: No Attachment
14.	Attachment 2	: -
15.	Attachment 3	: -
16.	Vehicle Make	: HONDA
17.	Vehicle Model	: NC750L
18.	Year of Manufacture	: 2016
19.	Primary Colour	: White
20.	Secondary Colour	: -
21.	Passenger Capacity	: 1
22.	Chassis/Trailer Chassis No.	: RC671100017 / -
23.	Propellant/Emission Standard	: Petrol / Euro III
24.	Engine No./Motor No.	: RC67E1100039 / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 745 / -
26.	Maximum Power Output(kW/bhp)	: - / -
27.	Unladen Weight(kg)	: 217
28.	Maximum Laden Weight(kg)	: 367
29.	Open Market Value	: \$8,545.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	: -
32.	Minimum PARF Benefit	: \$0.00
33.	IU Label No.	: -
34.	COE No.	: 2016080106000624E
35.	COE Expiry Date	: 22 Dec 2026
36.	COE Category	: D - Motorcycle
37.	Quota Premium/Prevailing Quota Premium	: \$6,302.00
38.	Actual Quota Premium/PQP Paid	: \$6,302.00
39.	Actual ARF Paid	: \$1,282.00
40.	CO2 Emission(g/km)	: -
41.	Actual CEVS Rebate Utilised	: -
42.	CEVS Surcharge Paid	: -
43.	Actual Green Vehicle Rebate Utilised	: -
44.	Vehicle Lifespan Expiry Date	: -
45.	Road Tax Amount	: \$192.00
46.	Road Tax Start Date	: 23 Dec 2016
47.	Road Tax End Date	: 22 Dec 2017
48.	Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category D.

Claim Handling

Accident MT/1071595

Policy No.	0073451220-15	Vehicle No.	FBL5956Y	GST Registrat
Certificate No.				
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD			Policyholder f
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 Reasoi
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	15/11/2019 17:33	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	11/11/2019	Time of Accident hh:mm	12:00	Country of Ar
Reporting Centre		Orange Force		ICM No.
Accident Location	BBDC CIRCUIT			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covi
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/
GST Registration No.	H300805321	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	K15 BUKIT BATOK WEST AVENUE	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	YUAN ZHONG	Driver NRIC	S6669083H	Driver DOB
Register Date of Driver License	11/11/2019	Driver Age	51	Driving Experi
Contact No.(Mobile)	94870807	Contact No.(Office)	0	Contact No.(I
Address 1	9 LEEDON HEIGHTS	Address 2	O'LEEDON	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#24-21			
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
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Modification History

Claim 001 OD-MX

New

Claim Type *

OD-MX

Insured Name

E

Contact No.(Mobile)

Contact No. (Home)

Email Address

RACHEL@BBDC.SG

OI Vehicle Number

F

Claim Description

FBL5956Y ON 11 Nov 2019

Preferred Workshop

Insured Liability

Fully at Fault

Preferred Repair Option

Preferred Workshop (refer below)

GIA report

Received

Date Registered

15/11/2019 17:38

Claim Close Date

Report Taken By

ROSLINDA

Workshop Repairer

Print AK letter

Save

Submit

Attachment

Accident No.

MT/1071595

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

15/11/2019 00:00

Path

Choose File

No file chosen

Clear

Category *

Please Select

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 15 Nov 2019 17:38	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Nov 2019 17:38	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Nov 2019 17:38	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Nov 2019 17:38	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Nov 2019 17:38	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Nov 2019 17:38	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Nov 2019 17:38	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Nov 2019 17:38	Photos		Normal	PI

Video List

Uploaded By/Date	Folder Date	File Name	
			Display in New Window Scan and uploading