

# NATIONAL Assessment Centre Services

(ver 1 Jan 03)

MMA 119151459

Date/Time	16/11/19 10:05	Job description	Date & Time Completed	Done by
Ref No	MAI INC 19020330/64	SAS e-filing		
Make/Mod	SMN 3772H	E-mail (within 3hrs, A/C 2hrs)		
Date/Time	15/11/19 19:35	I-Motor Claim Form	MT/10716FC <sup>001</sup>	16/11/19 16:55
OT	Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
TP Insurer		I-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Whsp		

Pinformed Wksp / INC Assign Wksp / QW: (	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 ( ) / Non-INC ( )	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

WA 1908598	Invoice Generation Checklist	Am (2) / PAIR (1)
Client's Particulars:	1) AR: Accident Reporting (\$30)	10.00
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$40)	
Contact No:	3) TP: 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	
Am/Iters Comments:	For claimant at least INC Only (wef 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) N1: Mac DA + SMRT Survey \$160	
	8) NIUC Additional Services:	
	OD:	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (Non INC) against INC \$20	
	9) N12: Idan 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	16/11/2019 10:05
Date Of Accident	15/11/2019 19:35
Exact Location Of Accident	MBS DROP OFF POINT (BAYFRONT AVE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN3772H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CARHUB LEASING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92729299

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5108657811
Cover Note Number	

### Driver

Name of Driver	THIAN CHONG YIN
NRIC No	S1586480Z
Date Of Birth	01/03/1963
Occupation	OUTDOOR
Date Of Driving Pass	26/04/1985
Driving Experience	34 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81066878
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 827A TAMPINES ST 81 #11-362
Postcode	521827
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?	NO
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20191115/2202

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ9581Z
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)



## 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.

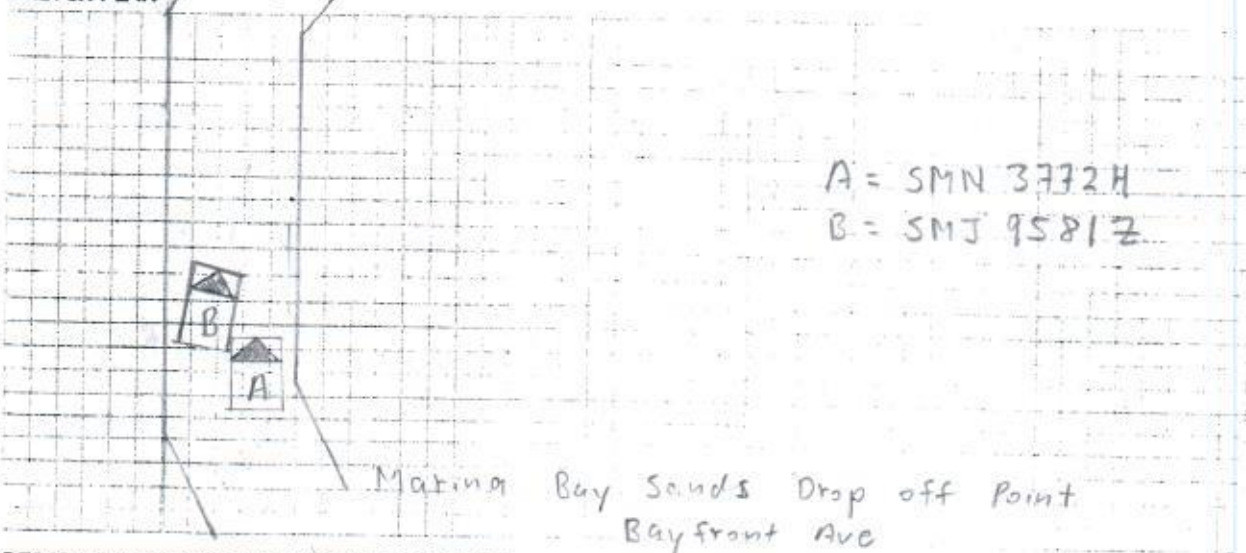


Policyholder's Signature  
Date & Time:

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 T/20191115/2202.

DECLARATION

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



Policyholder's Signature  
Date & Time:

*Chin Guan*

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

*[Signature]*

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





**SINGAPORE  
POLICE FORCE**



T/20191115/2202

1 of 3

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20191115/2202

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/11/2019 20:50		Vide Report No.:	Station Diary No.: 130
<b>Informant's Particulars</b>			
Name of Informant: THIAN CHONG YIN		Address: APT BLK 827A TAMPINES STREET 81 #11-362 SINGAPORE 521827	
ID Type / ID No.: NRIC NO / S1586480Z		Contact No.: Home/Office: Mobile: 81066878	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 56	Date of Birth: 01/03/1963	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: PRIVATE HIRE DRIVER		Driving Licence Information: Class: 2B,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/11/2019 19:35	Type of Location: Straight Road
Location: Along Road 1 BAYFRONT AVENUE Marina Bay Sands Drop Off Point				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SMJ9581Z	Car	TOYOTA	NOAH	Black	Seriously Damaged	0
SMN3772H	Car	HYUNDAI	AVANTE	Grey	Slightly Damaged	0

**Details of Person Involved**

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





Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20191115/2202

**CONTINUATION OF REPORT**

Driver			
Name	THIAN CHONG YIN	ID No.	S1586480Z
Related Vehicle	SMN3772H (Car)	Contact No.	81066878
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 15/11/2019 at about 1935hrs, I was driving my car Reg No: SSMN3772H Hyundai Dark Grey in colour at the drop off lane of Marina Bay Sands. The drop off lane area was heavily congested with cars. I was on the right lane waiting for the car in front of me to move off. When the car in front of me move forward leavening a space to move forward, suddenly a black in colour car Reg No: SMJ9581Z Toyota black in colour who was on the left lane enter the space in front of me and hit the front left side of my car. After the collision I horned at the car, the lady driver refuse to stop and continue to forcefully drive her car forward to enter my lane. I continue to feel the contact as her right side of my car brush along my car. I can see her car had a long scratch on the right side from the front till the right rear portion of her car. I continue to horn at her trying to signaled her to stop as we were moving forward. The security officers then came to me and I told them that the other car had hit my car. I also went down from my car and together with the security signaled her to stop however upon seeing us she refused to stop as vehicles in front of her continue to move. The securities had even stand in front of her car but she continue moving causing the security officers to step aside to avoid getting hit by her car. At the exit of the drop off lane, she make a dash dangerously across the four lanes of Bayfront Avenue and entered the road that leads to ECP. Fortunately no one was injured in the incident.

I wish to state that I have an in-car camera installed at the front of my car. I also believe that the drop off area of Marina Bay Sands had CCTV cameras. I did not take down the name of the security officers that tried to help me. As the lane was getting more congested due to my car was blocking the right lane, I had to moved off.

My car front bumper left side was dented and had scratches. I had reported the accident to my rental company and was told to handover the SD card to them to retrieve the video of the incident.





**SINGAPORE  
POLICE FORCE**



T/20191115/2202

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

3 of 3

Report No. T/20191115/2202

**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:

G /

Sr Staff Sgt MUHAMAD FAISAL BIN MOHD  
SALEH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt TAN JEOK LENG

Contact No.: 65476144

Signature Of Informant:

Date/Time:

15/11/2019 20:50

Classification Of Case:

Authentication Stamp

NP168

## 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:** 5108657811-000012

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SMN3772H**  
Chassis Number : KMHD841CMKU917471
2. Name of Policyholder : CARHUB LEASING PTE LTD
3. Effective Date of Insurance : 05 Aug 2019
4. Expiry Date of Insurance : 04 Aug 2020
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 or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
  - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (c) 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TECK WEI CREDIT PTE LTD
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 : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)  
Date of Issue : 03 Apr 2019 17:32 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive



## Claim Handling

Accident MT/1071686

Policy No.	5108657811	Vehicle No.	SMN3772H	GST Registration No.	
Certificate No.	5108657811-000012				
Policyholder Name	CARHUB LEASING PTE LTD			Policyholder NRIC	201842930G
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92729299	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
<b>Accident Details</b>					
Report Date	16/11/2019 16:51	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	15/11/2019	Time of Accident hh:mm	19:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MBS DROP OFF POINT (BAYFRONT AVE)				
<b>Total Excess Applicable</b>					
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					
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	170 UPPER BUKIT TIMAH ROAD	Address 2	#03-19 BUKIT TIMAH SHOPPING	Address 3	SINGAPORE 588179
Address 4		Address Type	Singapore address	Post Code	588179
Unit No.	03-19	Related Policy Number	S114063088		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	01/03/1963
Unnamed driver Name	THIAN CHONG YIN	Driver NRIC	S1586480Z	Driving Experience	34
Register Date of Driver License	26/04/1985	Driver Age	56	Contact No.(Home)	
Contact No.(Mobile)	81066878	Contact No.(Office)		Address 3	GOLDEN PINES
Address 1	BLK 827A #11-362	Address 2	TAMPINES STREET 81	Post Code	521827
Address 4	SINGAPORE 521827	Address Type	Singapore address		
Unit No.	11-362				
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CARHUB LEASING PTE LTD	Insured NRIC	201842930G
Contact No.(Mobile)	N/L	Contact No. (Home)		Contact No. (Office)	
Email Address		GI Vehicle Number	SMN3772H	TP Vehicle Number	SMJ9581Z
Claim Description	SMN3772H / SMJ9581Z ON 15 Nov 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at fault		
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered			16/11/2019 16:53	Claim Close Date	
Report Taken By			LIEW SHAN HUI	Date Received	16/11/2019

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1071686	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	16/11/2019 16:55
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			
Attachment List			

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Nov 2019 16:53	SAS		Normal	SAS 2019-11-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Nov 2019 16:54	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Nov 2019 16:54	Photos		Normal	Photos 2019-11-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Nov 2019 16:54	Photos		Normal	Photos 2019-11-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Nov 2019 16:54	Photos		Normal	Photos 2019-11-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Nov 2019 16:54	Photos		Normal	Photos 2019-11-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Nov 2019 16:54	Photos		Normal	Photos 2019-11-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Nov 2019 16:53	Photos		Normal	Photos 2019-11-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Nov 2019 16:53	Photos		Normal	Photos 2019-11-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Nov 2019 16:53	Photos		Normal	Photos 2019-11-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Nov 2019 16:53	Photos		Normal	Photos 2019-11-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Nov 2019 16:53	Photos		Normal	Photos 2019-11-16
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Nov 2019 16:53	Photos		Normal	Photos 2019-11-16

Video List

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