

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

NA119 K446

Date In: 26/11/19-14:46	Job description	Date & Time Completed	Done by
Ref No: NA119 K446	SAS e-filing		
Veh No: 5 E462A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 26/11/19-14:20	i-Motor Claim Form	27/11/2015-00	26/11/19 14:58
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: SMER174	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

NA119 K446	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) 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) 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:-		
	Q1)*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
Dat. 1:	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Dat. 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	26/11/2019 14:46
Date Of Accident	25/11/2019 14:20
Exact Location Of Accident	BKE TWDS WOODLANDS BEFORE ECO-LINK @BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE4062A
Insured/Policyholder	
Name Of Registered Owner	PRESTIGE KARZ LEASING PTE LTD
Co Reg No	201917085E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO 1.5L 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5112788221
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ASYRAAF BIN PHAWASI
NRIC No	S9707567J
Date Of Birth	27/02/1997
Occupation	OUTDOOR
Date Of Driving Pass	10/03/2016
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98557843
Fax Number	
Contact Number	OFFICE-98557843
Email Address	NOEMAIL

Address	BLK 30 MARSILING DRIVE #03-313
Postcode	730030
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	CHAIN COLLISION
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	3
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: : NURUL LYDIA MOHAMMAD JAILANI 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	SME3117Y
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) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GT6542A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

SKETCH PLAN

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3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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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 lodging 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.

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:

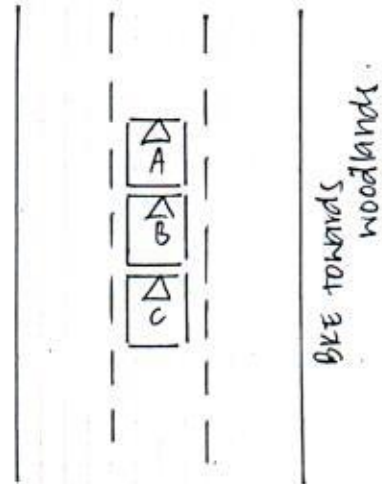
Reporting Centre Personnel Signature
Name:
NRIC/TPN No.:

SKETCH PLAN

Vehicle A: SJE 4062A.

Vehicle B: SME 3117Y

Vehicle C: GT 6542A.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle A, SJE 4062A, was travelling straight along the stated venue. Due to front vehicle stopped, I stopped as well. About 3-4 seconds later, I felt an impact on my vehicle's rear portion. I then realised that I was involved in a chain collision of 3 vehicles.

my passenger: Nurul Lydia Mohammad Jailani
S97047602

DECLARATION
I/We declare that the above 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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 25 / 11 / 2019 (DD/MM/YYYY), TIME: 14 : 20 (HH:MM)

LOCATION: BKE towards Woodlands, before ECO-Link @ BKE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJE 4062A
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Nissan Latio
f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Muhammad Asyraf Bin Phawasi (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 99707567J CONTACT: 98557843
c) ADDRESS: Blk 30 Marsiling Drive #03-313 S(730030)

No of passengers
(including driver)
(01)

female passenger

- d) DATE OF BIRTH: 27 / 02 / 1997 (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: hirer

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SME 3117Y MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
(including driver)
(01) male

THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: GT6542A MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
(including driver)
(01) male

email =

fax =

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: 5112788221-000006

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : **SJE4062A**
Chassis Number : JN1BAAC11Z0007202
2. Name of Policyholder : PRESTIGE KARZ LEASING PTE. LTD.
3. Effective Date of Insurance : 01 Nov 2019
4. Expiry Date of Insurance : 31 Oct 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TAI THONG LEE TRADING (PRIVATE) LIMITED
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 : ASSURE (SINGAPORE) PTE. LTD. (00000615327)
Date of Issue : 20 Sep 2019 16:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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
☐	5112788221	5112788221-000006	PRESTIGE KARZ LEASING PTE. LTD.	201917085E	GFM	Third Party, Fire & Theft	SJE4062A	SJE4062A	01/11/2019	08/07/2020

Continue

Policy Information

Policy No.	5112788221	Policyholder Name	PRESTIGE KARZ LEASING PTE. I	Policyholder NRIC	201917085E
Certificate No.	5112788221-000006				
Address	18 #02-11 UBI ROAD 4 SINGAPORE 408616				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	20/09/2019	Effective Date	20/09/2019 00:00	Expiry Date	08/07/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	ASSURE (SINGAPORE) PTE. LTD	Agent Tel.	68038751	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	18 #02-11 UBI ROAD 4	Address 2	SINGAPORE 408616	Address 3	
Address 4		Address Type	Singapore address	Post Code	408616
Unit No.	01-44	Related Policy Number	5113047587		

Insured Object: 5112788221-000006

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
Certificate Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

Continue

Cancel

Claim Handling

Accident MT/1073075

Policy No.	5112768221	Vehicle No.	SJE4062A	GST Registration No.	
Certificate No.	5112768221-000006				
Policyholder Name	PRESTIGE KARZ LEASING PTE. LTD.			Policyholder NRIC	201917065E
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	26/11/2019 14:56	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	25/11/2019	Time of Accident (hh:mm)	14:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BKE TWDS WOODLANDS BEFORE ECO-LINK @BKE				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	18 #02-11 UBE ROAD 4	Address 2	SINGAPORE 408616	Address 3	
Address 4		Address Type	Singapore address	Post Code	408616
Unit No.	01-44	Related Policy Number	5113047587		
Q1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUHAMMAD ASYRAAF BIN PHAI	Driver NRIC	S97075671	Driver DOB	27/02/1997
Register Date of Driver License	10/03/2016	Driver Age	22	Driving Experience	3
Contact No.(Mobile)	98557843	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 30	Address 2	MAKILING DRIVE	Address 3	SINGAPORE 730030
Address 4		Address Type	Singapore address	Post Code	730030
Unit No.	03-313				
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 **New**

Claim Type *	CD-MX	Insured Name	PRESTIGE KARZ LEASING PTE. I	Insured NRIC	201917065E
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address		Q1 Vehicle Number	SJE4062A	TP Vehicle Number	SME3117Y
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJE4062A / SME3117Y ON 25 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	26/11/2019 14:58	Claim Close Date		Date Received	26/11/2019 00:00
Report Taken By	Jackson				
☒ Print AK letter					

Save Submit

Attachment

Accident No. MT/1073075 Claim No. 001

Last Doc. Received ☒ Yes ☐ No Upload Date 26/11/2019 14:58

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	

Attachments (13)

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 26 Nov 2019 14:58	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 26 Nov 2019 14:58	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 26 Nov 2019 14:58	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 26 Nov 2019 14:58	SAS		Normal	SAS 2019-11-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 26 Nov 2019 14:58	Photos		Normal	Photos 2019-11-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 26 Nov 2019 14:58	Photos		Normal	Photos 2019-11-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 26 Nov 2019 14:58	Photos		Normal	Photos 2019-11-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 26 Nov 2019 14:58	Photos		Normal	Photos 2019-11-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 26 Nov 2019 14:58	Photos		Normal	Photos 2019-11-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 26 Nov 2019 14:58	Photos		Normal	Photos 2019-11-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 26 Nov 2019 14:58	Photos		Normal	Photos 2019-11-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 26 Nov 2019 14:58	Photos		Normal	Photos 2019-11-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 26 Nov 2019 14:58	Photos		Normal	Photos 2019-11-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 26 Nov 2019 14:58	Photos		Normal	Photos 2019-11-26	
Video List						
Uploaded By/Date	Folder Date	File Name	?	Source	Action	
Display in New Window Scan and uploading						