

NATIONAL Assessment Centre Services

Date In 26/11/19	Job description	Date & Time Completed	Done by
Ref No NA/INC19020932/13	SAS e-filing		
Veh No SJV49740	E-mail (w/over 3hrs - AD, 2hrs)		
D.O.A 25/11/19 0855	i-Motor Claim Form MT/1073157-001		
OD (IP) 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (**N-51**) Tel: Fax:)

TP Particulars: Veh No: **SJM5751X** 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

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) iFT: Follow-Through Survey (Resurvey) \$30		
Cat 1:	<i>For claiming against INC Only (wef 10 Jan 2005)</i>		
Cat 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 (N:n 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 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 16:41
Date Of Accident	25/11/2019 08:55
Exact Location Of Accident	ALONG AYE TWDS CITY AFT CLEMENTI AVE 6 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV4974D
Insured/Policyholder	
Name Of Registered Owner	SG CAR RENTAL & SALES PTE. LTD.
Co Reg No	201509693D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-85228855
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	YES
Policy Number	5109395196
Cover Note Number	
Driver	
Name of Driver	EDMUND LIM SENG LEONG(EDMUND LIN XINLONG)
NRIC No	S7507447F
Date Of Birth	03/03/1975
Occupation	OUTDOOR
Date Of Driving Pass	21/08/2017
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86662189
Fax Number	
Contact Number	
EEmail Address	EDLIMSL@GMAIL.COM

Address	BLK 38 TANGLIN HALT ROAD #05-113
Postcode	140038
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : SHU ZHEN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	POLICE STATION OF ORIGIN-QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSTOWN N.P.C , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO. - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20191125/2240

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	SJM5751X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHEN GUAN SHI,VINCENT
NRIC/Passport Number	
Contact Number	98375336

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YN3820K
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)

DETAILS OF INJURED PERSON 1

Name EDMUND LIM SENG LEONG(EDMUND LIN XINLONG)
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SJV4974D
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.

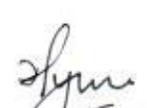

Policyholder's Signature

Date & Time:



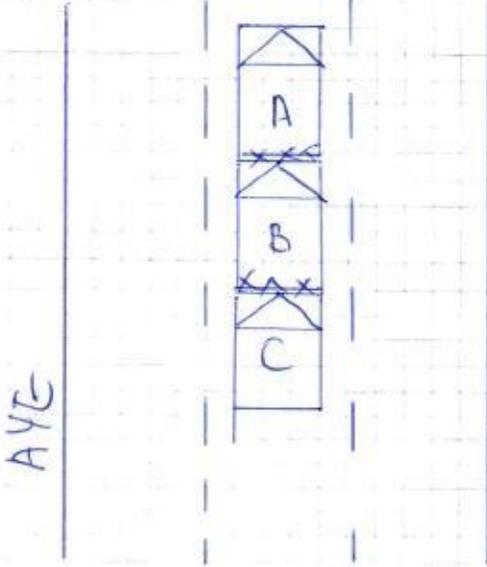

Driver's Signature
(If driver is not the policyholder)

Date & Time:

 26/11/19
Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN



Vehicle A - SJV4974D

Vehicle B - SJM5751X

Vehicle C - YN3820K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report NO: T/2019/1125/2240

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:

 26/4/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/11/2019 23:36	Vide Report No.:	Station Diary No.: 114
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Informant's Particulars

Name of Informant: EDMUND LIM SENG LEONG		Address: APT BLK 38 TANGLIN HALT ROAD #05-113 SINGAPORE 140038	
ID Type / ID No.: NRIC NO / S7507447F		Contact No.: Home/Office: Mobile: 86662189	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 44	Date of Birth: 03/03/1975	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3A	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/11/2019 08:55	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 AYER RAJAH EXPRESSWAY SOUTH BUONA VISTA ROAD Along AYE towards City, after Clementi Avenue 6 exit				
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 - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM5751X	Car	TOYOTA	WISH 1.8 AUTO	Grey	Slightly Damaged	0
SJV4974D	Car	KIA	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR	Red	Slightly Damaged	1
YN3820K	Lorry	ISUZU	NNR85UH4 A	White	Slightly Damaged	5



Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SHEN GUANSHI, VINCENT	ID No.	S8821590G
Related Vehicle	SJM5751X (Car)	Contact No.	98375336
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	EDMUND LIM SENG LEONG	ID No.	S7507447F
Related Vehicle	SJV4974D (Car)	Contact No.	86662189
Hospital/Clinic	MOUNT ELIZABETH HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	25/11/2019	Date Discharge	25/11/2019
No. of Days granted Medical Leave	04	Degree of Injury	NIL

Brief Details.

On 25/11/2019, at about 0855hrs, I was driving my Grab car, one Black Kia Cerato, bearing vehicle registration number: SJV4974D, with one passenger picked up via Grab app, booking reference number: ADR2327782-8-271). While travelling along AYE towards City, near to Clementi Avenue 6 lane 3, as there was heavy traffic and I was moving slowly forward, I suddenly felt an impact from the rear which caused my hands to suffer tenderness due to the impact on the steering wheel. I checked my rear view mirror and noticed that a Silver Toyota Wish, bearing vehicle registration number: SJM5751X, had collided into me.

I then came down from my vehicle and went to talk to the driver and he informed me that he was also hit from the rear by a lorry bearing vehicle registration number: YN3820K, causing his car to surge forward and hit my vehicle. I then exchange particulars with him but did not exchange particulars with the lorry driver as traffic was piling up and I left as I had a passenger in my vehicle. I also checked on my passenger and he informed that he was fine. Subsequently, I went to Mount Elizabeth Hospital and sought medical treatment and was given 4 days of medical leave (MEH2019118598001). I am lodging this report for insurance claims purposes as I am injured due to the accident. My vehicle has front facing in-car camera. The Toyota Wish also has an in-vehicle camera. The damage to my vehicle is a long crack damage to the rear bumper.



**SINGAPORE
POLICE FORCE**



T/20191125/2240

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 4

Report No. T/20191125/2240

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20191125/2240

4 of 4

Report No. T/20191125/2240

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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: D / Sgt 3 YIP XUANYU 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 25/11/2019 23:36
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case: SN 49
Authentication Stamp NP168 	

Vehicle No.	SJV 4974D	Model / Make	KIA Cerato Forte
Date of Accident	25/11/2019		
Time of Accident	0855	HRS	
Location of Accident	Along AYE towards City after Clementi Avenue 6 Exit		
Exact purpose use during accident	Work		
Name of Owner	SG Car Rental & Sales Pte Ltd		
Telephone No.	H/P: 8522 8855	Home:	Office:
NRIC	201509693D		
Address	66 Tannery Lane #01-05J, S (347805)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5109395196-000007		
Name of Driver	As Above If No, Edmund Lim Seng Leong		
NRIC	S7507447F	Any Passengers: 1	
Date of birth	3/3/1975	Shu Zhen (F)	
Occupation	Outdoor	/ Indoor	
Driving License Pass Date	21/8/2017		
Gender	Male	/ Female	
Contact No.	H/P: 8666 2189	Home:	Office:
Address	Blk 38 Tanglin Halt Road #05-113 S (140038)		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state <i>Hirer</i>	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	Edmund Lim Seng Leong 8666 2189		
Name And Contact No.			
Police Report	No,	If Yes, Where? <i>Queenstown N.P.C</i>	
Vehicle B No.	SJMS 751X	Any Passengers: -	
Name of Driver	Shen Guan Shi, Vincent	Contact No.: 98375336	
Vehicle C No.	YN3820K	Any Passengers: 5	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	Rear portion		
Camera Recorder	Yes / No		
Email Address	edlimsl@gmail.com		
PARTICULAR WORKSHOP	NSI Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Ting		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@nsi.com.sg		

Claim Handling

Accident MT/1073157

Policy No.	5109395196	Vehicle No.	SJV4974D	GST Registra
Certificate No.	5109395196-000007			
Policyholder Name	SG CAR RENTAL & SALES PTE. LTD.			Policyholder 1
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	85228855	Contact No.(Office)	0	Contact No.(
Email Address		Special Remark		eCode
KFK	- No Yes	TCA	- No Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	26/11/2019 18:06	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	25/11/2019	Time of Accident hh:mm	08:55	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG AVE TWDS CITY ART (LEMENT) AVE 6 EXIT			

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 Cov
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	66 TANNERY LANE	Address 2	#01-03E SINGO INDUSTRIAL BLDG	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-03E	Related Policy Number	5109395196	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	EDMUND LIM SENG LEONG(FOM)	Driver NRIC	S7507447F	Driving Expe
Register Date of Driver License	21/08/2017	Driver Age	44	Contact No.(
Contact No.(Mobile)	86662189	Contact No.(Office)	0	Address 3
Address 1	BLK 38	Address 2	TANGLIN HALL ROAD	Post Code
Address 4	SINGAPORE 140038	Address Type	Singapore address	
Unit No.	#05-113			
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	S
Contact No.(Mobile)		Contact No. (Home)	A
Email Address		OI Vehicle Number	S
Claim Description	SJV4974D / SJM5751X ON 25 Nov 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	26/11/2019 18:13	GIA report	Received
Report Taken By	ROSLINDA	Claim Close Date	
		Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No. MT/1073157 Claim No. 001
 Last Doc. Received * Yes No Upload Date 26/11/2019 00:00

- Choose File No file chosen

Clear	Category	Confid
Clear	Please Select ▼	NO
Clear	Please Select ▼	NO
Clear	Please Select ▼	NO
Clear	Please Select ▼	NO
Clear	Please Select ▼	NO
Clear	Please Select ▼	NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Nov 2019 18:13		NRIC/ Driving License	Normal	NRIC/ Dr
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Nov 2019 18:13		SAS	Normal	
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Nov 2019 18:13		Photos	Normal	PI
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Nov 2019 18:13		Photos	Normal	PI
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Nov 2019 18:13		Photos	Normal	PI
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Nov 2019 18:13		Photos	Normal	PI
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Nov 2019 18:12		Photos	Normal	PI
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Nov 2019 18:12		Photos	Normal	PI
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 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Nov 2019 18:12		Photos	Normal	PI
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Nov 2019 18:12		Photos	Normal	PI

Video List

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