

NATIONAL Assessment Centre Services

Date In: 04/12/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19021426/13	SAS e-filing		
Veh No: FBND70P	E-mail (within 8hrs. A/C 2hrs)		
D.O.A: 27/11/19 1805	i-Motor Claim Form	MT/1074374-001	
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: (MoTo 5T	Tel:	Fax:
TP Particulars:	Veh No: SKM5986Z	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

NA1909185	Invoice Preparation Checklist	Amt (\$) 1st 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 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 04/12/2019 14:31
Date Of Accident 27/11/2019 18:05
Exact Location Of Accident ALONG UBI AVE 1
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBN270P
Insured/Policyholder
Name Of Registered Owner ZABIR SHAH BIN JAFFAR ALISA
NRIC No S8827700G
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-88929885
Alternative Phone No OTHERS-88929885

Vehicle Particulars

Manufacturer HONDA
Model PCX150
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 MOTORCYCLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
Fleet Policy NO
Policy Number 5111306225
Cover Note Number

Driver

Name of Driver ZABIR SHAH BIN JAFFAR ALISA
NRIC No S8827700G
Date Of Birth 01/08/1988
Occupation OUTDOOR
Date Of Driving Pass 06/05/2010
Driving Experience 9 YEARS AND 6 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-88929885
Fax Number
Contact Number OTHERS-88929885
Email Address NOEMAIL

Address	BLK 323 UBI AVE 1 #02-567
Postcode	400323
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	SIDE SWIPE
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NPP
Police Station Address	ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , 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/20191129/2135

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	SKM5986Z
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	ZABIR SHAH BIN JAFFAR ALISA
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FBN270P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	


SKETCH PLAN


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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.

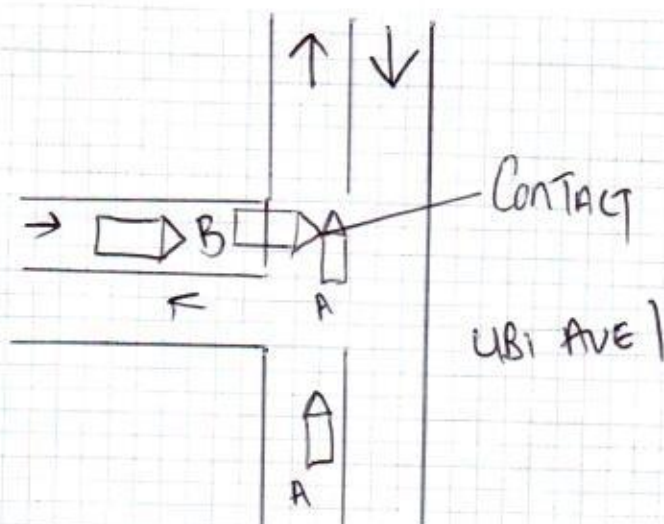
X 
Policyholder's Signature
Date & Time:

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

 04/12/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A-FBN270P
B-SKM59862



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS Police Report

REPORT NO : T/20191129/2135

DECLARATION

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

X [Signature]
Policyholder's Signature
Date & Time:

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

[Signature] 04/12/19
Reporting Centre Personnel's Signature
Name:



**SINGAPORE
POLICE FORCE**



T/20191129/2135

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 3

Report No. T/20191129/2135

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/11/2019 16:55		Vide Report No.:		Station Diary No.: 35	
Informant's Particulars					
Name of Informant: ZABIR SHAH BIN JAFFAR ALISA			Address: APT BLK 323 UBI AVENUE 1 #02-567 SINGAPORE 400323		
ID Type / ID No.: NRIC NO / S8827700G			Contact No.: Home/Office: Mobile: 88929885		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 01/08/1988	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: Private security officer			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/11/2019 18:05	Type of Location: X-Junction
Location: Along Road 1 UBI AVENUE 1 Ubi Avenue 1 towards Ubi Crescent				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN270P	Motorcycle	HONDA	WW150 (PCX150)	Red		0
SKM5986Z	Car	TOYOTA		White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN270P	NTUC Income Insurance Co-Operative Limited	5111306225	19/07/2019	18/07/2020



**SINGAPORE
POLICE FORCE**



T/20191129/2135

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

2 of 3

Report No. T/20191129/2135

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ZABIR SHAH BIN JAFFAR ALISA	ID No.	S8927700G
Related Vehicle	FBN270P (Motorcycle)	Contact No.	88929885
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	27/11/2019	Date Discharge	27/11/2019
No. of Days granted Medical Leave	14	Degree of Injury	Serious

Brief Details.

On 27/11/2019 at about 6.05pm, I was driving a motorcycle bearing registration plate number FBN270P along Ubi Avenue 1 towards Ubi Crescent. While travelling along Ubi Ave 1, near to Paya-Ubi Industrial side, suddenly a white vehicle bearing registration plate number SKM5986Z came out of the industrial carpark Gantry and drive out to the main road without checking for me. I tried to jam brake to avoid collision however it was too late and I collide into him. I wished to state that I noticed the driver of SKM5986Z came out of the carpark and wanting to turn right into Ubi Avenue 1 towards Ubi Road 3.

I felt pain after the collision. Ambulance arrived shortly and I was conveyed to Changi General Hospital. I contacted my cousin to pick up my motorcycle and push to the nearest carpark. I was informed that my motorcycle was not able to startup and there was damage on the right side of the motorcycle. I went to Changi General Hospital A&E department and was given 14 days of MC from 27/11/2019 to 10/12/2019 (MC serial no: EMD2019235035).

I was advice by the traffic police investigation officer, Joshua(Contact:65476131) to lodge a accident police report reference to G/20191127/0141. I am lodging this report to claim insurance against the said driver of SKM5986Z.



**SINGAPORE
POLICE FORCE**



T/20191129/2135

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

3 of 3

Report No. T/20191129/2135

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 /

Sgt 3 GOH JIAN WEI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/11/2019 16:55

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NG BEIFENG

Contact No.: 65476415

Classification Of Case:

Authentication Stamp

NP168

Vehicle No.	FBN270P	Model / Make	HONDA PCX150
Date of Accident	27 Nov 2019		
Time of Accident	1805	HRS	
Location of Accident	ALONG UBI AVE 1		
Exact purpose use during accident			
Name of Owner	ZAKIR SHAH BIN JAFFAR ALISA		
Telephone No.	H/P: 88929885	Home :	Office :
NRIC	S88277006		
Address	323 UBI AVE 1 #02-267 S(4W323)		
Claim type	<input checked="" type="radio"/> THIRD PARTY	<input type="radio"/> REPORTING ONLY	
Insurance Company	NTUC		
Type of Coverage	<input checked="" type="checkbox"/> Comprehensive	<input checked="" type="checkbox"/> Third Party	<input type="checkbox"/> Third Party / Fire / Theft
Policy No.	511306225		
Name of Driver	As Above If No,		
NRIC	AS ABOVE	Any Passengers :	
Date of birth	01-08-1988		
Occupation	Outdoor / Indoor		
Driving License Pass Date			
Gender	Male / Female		
Contact No.	H/P: AS ABOVE	Home :	Office :
Address	AS ABOVE		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state		
Weather condition	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Raining	<input type="checkbox"/> Other
Road Surface	<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Wet	<input type="checkbox"/> Other
Any Injuries	No, If Yes, Who?		
Name And Contact No.	AS ABOVE		
Name And Contact No.			
Police Report	No, If Yes, Where?	GUMUS NPP	
Vehicle B No.	SKM5986Z	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
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			
Camera Recorder	Yes / No		
Email Address	SHARIL.INS @ HOTMAIL.COM		
PARTICULAR WORKSHOP			
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON			
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	Sales @ nfi.com.sg		

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 : 5111306225

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: **FBN270P**

Chassis Number

: RLHKF18A2JY210094

2. Name of Policyholder

: ZABIR SHAH BIN JAFFAR ALISA

3. Effective Date of Insurance

: 19 Jul 2019

4. Expiry Date of Insurance

: 18 Jul 2020

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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)

: ZABIR SHAH BIN JAFFAR ALISA

NAMED DRIVER (2)

: ZAHEER BIN JAFFAR ALISA

HIRE PURCHASE COMPANY

: DE XING MOTOR 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

: WTT INSURANCE AGENCIES PTE LTD (00000614933)

Date of Issue

: 19 Jul 2019 18:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/1074374

Policy No.	5111306225	Vehicle No.	FBN270P	GST Registra
Certificate No.				
Policyholder Name	ZABIR SHAH BIN JAFFAR ALISA			Policyholder f
Product Code	MOTOCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	88929885	Contact No.(Office)	0	Contact No.(
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

Accident Details

Report Date	04/12/2019 17:19	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	27/11/2019	Time of Accident hh:mm	18:05	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG UBI AVE 1			

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
Additional Excess			Driver is Cov
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00

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 323 #02-567	Address 2	UBI AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-567	Related Policy Number	5111306225	

OI Driver Info

Driver Name	ZABIR SHAH BIN JAFFAR ALISA	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8827700G	Driver DOB
Register Date of Driver License	06/05/2010	Driver Age	31	Driving Exper
Contact No.(Mobile)	88929885	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 323	Address 2	UBI AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#02-567			
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	Z
Contact No.(Mobile)	82311557	Contact No. (Home)	A
Email Address		Of Vehicle Number	F
Claim Description	FBN270P / SKM5986Z ON 27 Nov 2019		
Preferred Workshop		Insured Liability	Not at Fault
Contract No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By	ROSLINDA	Claim Close Date	04/12/2019 17:24
Print AK letter		Workshop Repairer	

Save

Submit

Attachment

Accident No. MT/1074334

Claim No. 001

Last Doc. Received * Yes No

Upload Date 04/12/2019 00:00

Path +

Category +

Confid.

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

NO

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NO

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Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 17:23	NRIC/ Driving License	Y	Normal	NRIC/ Di
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 17:23	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 17:23	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 17:23	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 17:23	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 17:23	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 17:23	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 17:23	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 17:23	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 17:23	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 17:23	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 17:23	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 17:23	Photos		Normal	P

Video List

Uploaded By/Date	Folder Date	File Name	?
<div>Display in New Window</div> <div>Scan and uploading</div>			