

NATIONAL Assessment Centre Services

Date In: 04/12/19	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC19021466/13	E-mail (within 8hrs. A/C 2hrs):		
Veh No: X05446J	i-Motor Claim Form: MT/1074390-001		
DDA: 03/12/19 0940	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
OD: (IP) Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **SLJ5940J** 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

NA1909188

Claimant's Particulars :-	Invoice Preparation Checklist	
	Amnt (\$) 1st Bill	Amnt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TF: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wef 10 Jan 2005)	
Cat 1:	6) TR: Re-inspection \$75	
Cat 2/3:	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-on 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 17:37
Date Of Accident	03/12/2019 09:40
Exact Location Of Accident	ALONG THOMSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD5446J
Insured/Policyholder	
Name Of Registered Owner	HOCK CHUAN HONG WASTE MANAGEMENT PTE LTD
Co Reg No	199305775C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63667000

Vehicle Particulars

Manufacturer	SCANIA
Model	-
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

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	5106621699
Cover Note Number	

Driver

Name of Driver	R SARAVANAN RAMALINGAM
Passport No/FIN	F7426710Q
Date Of Birth	14/07/1968
Occupation	OUTDOOR
Date Of Driving Pass	09/06/1998
Driving Experience	21 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91039256
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	18 PASIR RIS AVE
Postcode	519685
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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	SLJ5940J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AMAN SINGH KLER
NRIC/Passport Number	S8916893G
Contact Number	96291575
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

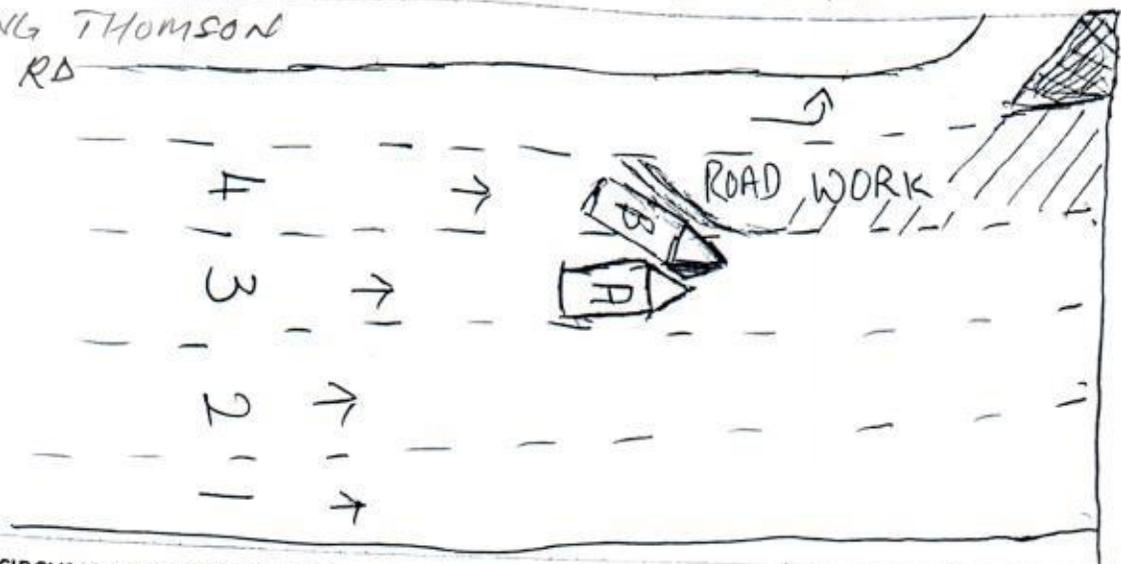
Chen 14.10
03/12/19

[Signature] 04/12/19

SKETCH PLAN

A-XD5446J 1B-SLJ5940J

ALONG THOMSON RD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle 'B' Change into my Lane & hit onto the LHS & Front portion of my vehicle.

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Chen 14.10

03/12/19

lym 04/12/19

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA11916032 Vehicle Registration No: XD5446J
 Name(as shown in NRIC) : RSARAVANAN RAMALINGAM NRIC/FIN/Passport No : F7426710Q
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate 519685AE
 Address : 18 PASIR RIS AVE Singapore()
 Contact (Tel) : _____ Mobile No. : 91039256
 Email Address : _____
 Date of Accident : 03/12/19 Time of Accident : 09:40
 Place of Accident : ALONG THOMSON ROAD
 Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND POSTAL CODE

 Policyholder / Driver's Signature
 Date:

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

ACCIDENT STATEMENT FOR INPUT

DATE OF ACCIDENT	03/12/2019
TIME OF ACCIDENT	0940 HRS
PLACE OF ACCIDENT	ALONG THOMSON ROAD
VEHICLE NUMBER	XD 5446J
	NO. OF PAX (INCLUDE DRIVER) : 1 PAX

INFORMATION OF INSURED

NAME OF REGISTERED OWNER	HOCK CHUAN HONG WASTE MANAGEMENT P/L	
COMPANY REGISTRATION / NRIC OF OWNER	199305775C	OFFICE NO. : 6366 7000
VEHICLE MODEL / MAKE	SCNIA / P310DB4X2HNZ	
INSURANCE COMPANY	NTUC INCOME	
TYPE OF COVERAGE	COMPREHENSIVE THIRD PARTY FIRE & THEFT / THIRD PARTY	
POLICY NUMBER	5106621699	FLEET POLICY : YES <input checked="" type="checkbox"/> NO
ARE YOU CLAIMING?	OWN POLICY <input checked="" type="checkbox"/> THIRD PARTY / RECORD PURPOSE ()	

INFORMATION OF DRIVER

NAME OF DRIVER	R SARAAVANAN RAMALINGAM	
NRIC OF DRIVER	F7426710Q	
DATE OF BIRTH	14/07/1968	
OCCUPATION	INDOOR <input checked="" type="checkbox"/> OUTDOOR)	
DATE OF DRIVING PASS	06/04/2000	
GENDER	<input checked="" type="checkbox"/> MALE / FEMALE	
MOBILE NUMBER	9103 9256	
OFFICE NUMBER		
ADDRESS		
EMAIL ADDRESS		
RELATIONSHIP OF DRIVER WITH INSURED	EMPLOYEE	
DO YOU OWN OTHER VEHICLE?	YES <input checked="" type="checkbox"/> NO VEHICLE NO.: INSURANCE CO.:-	

INFORMATION OF ACCIDENT

WEATHER CONDITIONS	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAINING / OTHERS:
ROAD SURFACE	WET <input checked="" type="checkbox"/> DRY / OTHERS:

OTHER INFORMATION

ANY INJURY	YES <input checked="" type="checkbox"/> NO
ANY FOREIGN VEHICLE INVOLVED?	YES <input checked="" type="checkbox"/> NO (FOREIGN VEHICLE NUMBER:)
IS ACCIDENT CAPTURED BY VIDEO	<input checked="" type="checkbox"/> YES / NO
ACCIDENT REPORT AT POLICE STN WHICH POLICE STATION?	NO
WAS NOTICE OF INTENDED PROSECUTION GIVEN?	NO

DETAILS OF THIRD PARTY (1)

VEHICLE NUMBER	SLJ 5940J	NO. OF PAX (INCLUDE DRIVER) : 1 PAX
NAME OF DRIVER	AMAN SINGH KLER	
NRIC OF DRIVER	S8916893G	
ADDRESS OF DRIVER		
CONTACT NUMBER	9629 1575	
OTHER INFO		

DETAILS OF THIRD PARTY (2)

VEHICLE NUMBER		NO. OF PAX (INCLUDE DRIVER) :
NAME OF DRIVER		
NRIC OF DRIVER		
ADDRESS OF DRIVER		
CONTACT NUMBER		
OTHER INFO		

20 Prange crescent

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 : 5106621699

Cover : Third Party, Fire & Theft

- | | |
|--|--|
| 1. Index mark and Registration Number of Vehicle | : XD5446J |
| Chassis Number | : XLEP4X20005278119 |
| 2. Name of Policyholder | : HOCK CHUAN HONG WASTE MANAGEMENT PTE LTD |
| 3. Effective Date of Insurance | : 01 Aug 2019 |
| 4. Expiry Date of Insurance | : 31 Jul 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 business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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
INSURE WITH COE	: YES
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 : TIMES INS BROKERS (MOTOR BUSINESS) (00000690643)
Date of Issue : 26 Dec 2018 09:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident 03/12/2019 09:40
 Vehicle No.(For Motor) XD5446J Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5106621699		HOCK CHUAN HONG WASTE MANAGEMENT PTE LTD	199305775C	GFT	Third Party, Fire & Theft	XD5446J	XD5446J	01/08/2019	

Continue

➤ **Policy Information**

Policy No.	5106621699	Policyholder Name	HOCK CHUAN HONG WASTE MA	Policyholder NRIC	199305775C
Certificate No.					
Address	18 PASIR RIS AVENUE SINGAPORE 519685				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	26/12/2018	Effective Date	30/12/2018 00:00	Expiry Date	29/12/2019 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	9157.85		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	TIMES INS BROKERS (MOTOR B	Agent Tel.	62528888	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

➤ **Policyholder Mailing Address**

Address 1	18 PASIR RIS AVENUE	Address 2	SINGAPORE 519685	Address 3	
Address 4		Address Type	Singapore address	Post Code	519685
Unit No.		Related Policy Number	5114061090		

▶ **Insured Object: XD5446J**

➤ **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	30/12/2018 00:00	Basic Information Endorsement	000001286970089	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 30 Dec 2018, the following vehicles are subject to Endorsement M42(B) -THIRD-PARTY WORKING RISKS: VEHICLE NUMBER XE223M
2	07/01/2019 00:00	Basic Information Endorsement	000001286982208	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. XD2119Z 12-01-2019 \$2,332.07 In view of this amendment, an additional premium of \$2,332.07 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also

Claim Handling

The premium on this policy has not been collected

Accident MT/1074390

Policy No.	5106621699	Vehicle No.	XD5446J	GST Registra
Certificate No.				
Policyholder Name	HOCK CHUAN HONG WASTE MANAGEMENT PTE LTD			Policyholder t
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	0	Contact No.(Office)	63667000	Contact No.(f
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	04/12/2019 18:03	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/12/2019	Time of Accident hh:mm	09:40	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG THOMSON ROAD			

Excess

Own damage Excess	0.00	Additional Excess	Windscreen E
Unnamed Driver Excess		Outside Singapore OD Excess	
Third Party Excess	0.00	Outside Singapore TP Excess	

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	28
GST Registration No.	199305775C	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	18 PASIR RIS AVENUE	Address 2	SINGAPORE 519685	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5114061090	

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver
Unnamed driver Name	R SARAVANAN RAMALINGAM	Driver NRIC	F7426710Q
Register Date of Driver License	09/06/1990	Driver Age	51
Contact No.(Mobile)	91030296	Contact No.(Office)	0
Address 1	18 PASIR RIS AVENUE	Address 2	PASIR RIS BEACH PARK
Address 4		Address Type	Singapore address
Unit No.			
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	
Contact No.(Mobile)	97326396	Contact No. (Home)	
Email Address		O1 Vehicle Number	
Claim Description	XD5446J / SLJ5940J ON 3 Dec 2019		
Preferred Workshop		Insured Liability	Not at Fault
Repair Option	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	04/12/2019 18:08	Received	
Report Taken By	ROSLINDA	Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1074390	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	04/12/2019 00:00

Path

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
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 04 Dec 2019 18:08	NRIC/ Driving License	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 18:08	SAS	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 18:08	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 18:08	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 18:08	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 18:08	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 18:05	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 18:05	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 18:05	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 18:05	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 18:05	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2019 18:05	Photos	Normal

Video List

Uploaded By/Date	Folder Date	File Name
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>		