

# NATIONAL Assessment Centre Services

[ver 1 Jan 05]

MMA 119163704

Date In: 12/12/19 15:31	Job description	Date & Time Completed	Done by
Ref No: MA1 INC 19021934164	SAS e-filing		
Ych No: STP 68646	E-mail (within 3hrs, AIC 2hrs)		
DOA: 26/10/19 16:25	I-Motor Claim Form	MT/1075495 <sup>001</sup>	12/12/19 16:57
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 / OW: ( ) Tot: ( ) Fax: ( )

TP Particulars:	Ych No: FBM 1597X	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%; P: 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 repater.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC to quote: 6789 6616)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	

Injury: \_\_\_\_\_

Date/Time	Actions

MA 1909251

Client's Particulars:	Invoice/Repairation Checklist	Amo (\$)	Amo (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$10)		
Damaged Portion:	3) TP: 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		
Ref 1:	For claiming against INC Only (ver 10 Jan 2005)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao 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	12/12/2019 15:31
Date Of Accident	26/10/2019 16:25
Exact Location Of Accident	KALLANG BAHRU TURNING INTO KALLANG BAHRU VILLE
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP6864G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CCK ALLIANCE PTE LTD
Co Reg No	201911512W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90787871

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	REPORTING ONLY
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	5110793064
Cover Note Number	

#### Driver

Name of Driver	TEO MIAO TIAN (ZHANG MIAOTIAN)
NRIC No	S8306301G
Date Of Birth	18/02/1983
Occupation	OUTDOOR
Date Of Driving Pass	05/12/2005
Driving Experience	13 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98738713
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 64 KALLANG BAHRU #06-391
Postcode	330064
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 - MAJOR/MINOR RD
Weather Conditions	RAINING
Road Surface	WET

#### 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	KOLAM AYER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 72 GEYLANG BAHRU #01-3038 , POSTCODE: 330072 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2969999 - FAX NO: 62937659
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20191029/2113

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBM1597X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	RIDER
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBM1597X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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:

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

SKETCH PLAN

A = SJP 6864G  
B = FBM 1597X

Kallang Bahru  
ville

Kallang Bahru

Rd construction

B = FBM 1597X

Kallang Bahru  
ville

Kallang Bahru

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/2019/029/2113

## 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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: ( 26 / 10 / 19 ) (DD/MM/YYYY), TIME: ( 16 : 25 ) (HH:MM)

LOCATION: Kallang Bahru turning into Kallang Bahru  
ville

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJP 6864 G.  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
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: CCK Alliance pte Ltd. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 90787871  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Teo Miao Tian (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 98738713  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (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: Kolam Ayer MPP

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBM 1597X MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

Rider conveyed.

Email = sales@mfc-alliance.com

fax =

Video = Memory card with TP.



# SINGAPORE POLICE FORCE



T/20191029/2113

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

1 of 3

Report No. T/20191029/2113

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/10/2019 16:53		Vide Report No.: A/20191026/0090	Station Diary No.: 44
<b>Informant's Particulars</b>			
Name of Informant: TEO MIAO TIAN		Address: APT BLK 64 KALLANG BAHRU #06-391 SINGAPORE 330064	
ID Type / ID No.: NRIC NO / S8306301G		Contact No.: Home/Office: Mobile: 98738713	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 36	Date of Birth: 18/02/1983	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: PROPERTY AGENT		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/10/2019 16:25	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 KALLANG BAHRU LAVENDER STREET Junction of Kallang Bahru and the entrance of Blk 65A Kallang Bahru.				
Weather: MODERATE RAIN		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
FBM1597X	Motorcycle	YAMAHA	FZN150	Red	Seriously Damaged	0
SJP6864G	Car	TOYOTA	WISH	Silver	Seriously Damaged	0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20191029/2113

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

2 of 3

Report No. T/20191029/2113

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	TEO MIAO TIAN		ID No.	S8306301G
Related Vehicle	SJP6864G (Car)		Contact No.	98738713
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 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 26/10/2019 at around 1625hrs, I was travelling along Kallang Bahru towards Lavender Street, in my vehicle, a Toyota Wish bearing registration number, SJP6864G. I was travelling on the second lane, as the most right lane was having some construction works. I wanted to turn into the entrance of Blk 65A Kallang Bahru however I could only turn into the entrance via the second lane as the right most lane had been covered up.

As it was a junction, I slowed down to make a check on the oncoming traffic however there were also construction works in my line of sight. I managed to see through the empty space of an excavator and assessed that it was clear. Subsequently, I turned into the carpark however, a red in colour motorcycle, bearing registration FBM1597X collided into my left front side.

The rider was then on the road and I called for the Police and Ambulance. The rider was then being conveyed to the hospital by the ambulance.



**SINGAPORE  
POLICE FORCE**



T/20191029/2113

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

3 of 3

Report No. T/20191029/2113

**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:

A /

Sgt 2 MOHAMAD SYAFIQ BIN SUKEMI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMED FEROZ BIN HUSSIEH  
Contact No.: 65476206

Signature Of Informant:

Date/Time:

29/10/2019 16:53

Classification Of Case:

Authentication Stamp

NP168



Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="26/10/2019 15:12"/>
Vehicle No.(For Motor)	<input type="text" value="SJP6864G"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5110793064		CCK ALLIANCE PTE LTD	201911512W	GPC	drivo CLASSIC	SJP6864G	SJP6864G	14/07/2019	13/04/2020

## Claim Handling

Accident MT/1075495

Policy No.	5110793064	Vehicle No.	SJP6864G	GST Registration No.	
Certificate No.					
Policyholder Name	COCK ALLIANCE PTE LTD	Cover Type	drive CLASSIC	Policyholder NRIC	201911512W
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	90787871	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No
KFK	+ No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
<b>Accident Details</b>					
Report Date	12/12/2019 16:51	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	26/10/2019	Time of Accident h:mm	16:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KALLANG BAHRU TURNING INTO KALLANG BAHRU VILLE				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	1500	Total TP Excess Applicable	1,500.00		
Total OD Excess Applicable	3500.00				

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	12/12/2019 16:34:24 System changed GST Status Verified from No to Yes		

## Policyholder Mailing Address

Address 1	194 PANDAN LOOP	Address 2	#05-22 PANTECH BUSINESS HU	Address 3	SINGAPORE 128383
Address 4		Address Type	Singapore address	Post Code	128383
Unit No.	08-124	Related Policy Number	5114866157		

## D1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	18/02/1983
Unnamed driver Name	TEO MIAO TIAN (ZHANG MIAOT)	Driver NRIC	S8306301G	Driving Experience	13
Register Date of Driver License	05/12/2005	Driver Age	36	Contact No.(Home)	
Contact No.(Mobile)	98738713	Contact No.(Office)		Address 3	KALLANG BAHRU VILLE
Address 1	BLK 64 #06-391	Address 2	KALLANG BAHRU	Post Code	330064
Address 4	SINGAPORE 330064	Address Type	Singapore address		
Unit No.	06-391	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	Yes + No				

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes + No
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## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	COCK ALLIANCE PTE LTD	Insured NRIC	201911512W
Contact No.(Mobile)	98898228	Contact No. (Home)		Contact No. (Office)	
Email Address		Vehicle Number	SJP6864G	TP Vehicle Number	FBM15
Claim Description	SJP6864G / FBM1597K ON 26 Oct 2019				
Preferred Workshop		Insured Liability	Fully at Fault	Name of Preferred Workshop	
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		
Date Registered		GIA report	Received	Claim Close Date	12/12/2019 16:55
Report Taken By				Date Received	12/12/
					LIEW SHAN HUI
Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1075495	Claim No.	001
Last Doc. Received	Yes No	Upload Date	12/12/2019 16:57
Path *			
Choose File	No file chosen	Category *	Please Select
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
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			
Attachment List			



Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2019 16:57	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2019 16:57	SAS	Normal	SAS 2019-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2019 16:57	Photos	Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2019 16:57	Photos	Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2019 16:57	Photos	Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2019 16:57	Photos	Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2019 16:57	Photos	Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2019 16:56	Photos	Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2019 16:56	Photos	Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2019 16:56	Photos	Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2019 16:56	Photos	Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2019 16:56	Photos	Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2019 16:56	Photos	Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2019 16:55	Photos	Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2019 16:55	Photos	Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2019 16:55	Photos	Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2019 16:55	Photos	Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2019 16:55	Photos	Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2019 16:55	Photos	Normal	Photos 2019-12-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Dec 2019 16:55	Photos	Normal	Photos 2019-12-12
Video List				
Uploaded By/Date	Folder Date	File Name	Source	
<div>Display in New Window</div> <div>Scan and uploading</div>				