

NATIONAL Assessment Centre Services

Date In: 24/12/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19022618/13	SAS e-filing		
Veh No: GBA9116L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/12/19 1800	i-Motor Claim Form	MT/1077334-001	
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: (N-51 Tel: Fax:)

TP Particulars: Veh No: FBP9214H 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

NA1909626 Invoice Preparation Checklist

Claimant's Particulars :- 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80)

Driver/Owner: 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120

Contact No: 5) FT: Follow-Through Survey (Resurvey) \$30

Damaged Portion: 6) TR: Re-inspection \$75 7) N1: Idac DA + SMRT Survey \$160

QC Checked by (Engr-In-Charge): 8) NTUC Additional Services:-

Auditors' Comments :- 9) N12: Idac Mobile

Cat. 1: TP (N11): TP (Non INC) against INC \$20

Cat. 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	24/12/2019 19:30
Date Of Accident	23/12/2019 18:00
Exact Location Of Accident	ALONG PIE SLIP RD TO KPE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBA9116L
Insured/Policyholder	
Name Of Registered Owner	YU FISH PTE LTD
Co Reg No	2XXXXX899G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98774740
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	VITO
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	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	5110487696
Cover Note Number	
Driver	
Name of Driver	ONG WEE SIONG
NRIC No	SXXXX410J
Date Of Birth	12/12/1981
Occupation	OUTDOOR
Date Of Driving Pass	18/01/2006
Driving Experience	13 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88768250
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 752 PASIR RIS ST 71 #11-92
Postcode	510752
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 - HEAD TO REAR
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191223/7032

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	FBP9214H
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)

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:

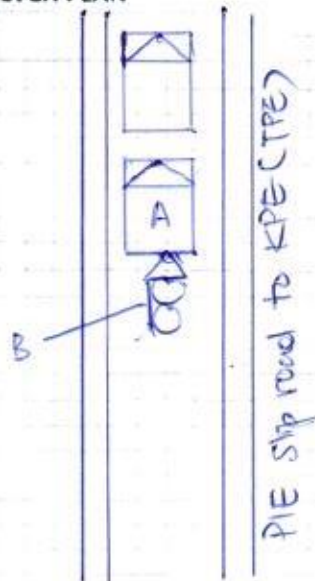
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



Veh A: GBA9116L
Veh B: FBP9214H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report No: T/2019/223/7032

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.:

sfym 24/12/19



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/12/2019 22:41		Vide Report No.: G/20191223/0150		Station Diary No.:	
Informant's Particulars					
Name of Informant: ONG WEE SIONG			Address: 752 PASIR RIS STREET 71 #11-92 SINGAPORE 510752		
ID Type / ID No.: NRIC NO / S8140410J			Contact No.: Home/Office: Mobile: 88768250		
Nationality: SINGAPORE CITIZEN			Email: williamongws@gmail.com		
Sex: Male	Age: 38	Date of Birth: 12/12/1981	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Sales and related associate professional nec			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/12/2019 18:02	Type of Location: Bend
Location: PIE (AP) SLIP RD KPE(TPE)				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP9214H	Motorcycle			Red	Seriously Damaged	2
GBA9116L	Van	MERCEDES BENZ	VITO	Grey	Slightly Damaged	0

Details of Person Involved

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



SINGAPORE POLICE FORCE



T/20191223/7032

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20191223/7032

CONTINUATION OF REPORT

Rider				
Name	Unknown Rider		ID No.	NIL
Related Vehicle	FBP9214H (Motorcycle)		Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/12/2019		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight
Driver				
Name	ONG WEE SIONG		ID No.	S8140410J
Related Vehicle	GBA9116L (Van)		Contact No.	88768250
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
Passenger				
Name	Unknown Passenger		ID No.	NIL
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/12/2019		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight

Brief Details.

IT IS A HEAVY TRAFFIC AND THE FLOOR IS WET. I AM GOING DOWN A TUNNEL TO KPE TOWARDS PUNGGOL FROM PIE AT KALLANG AND THE BEND DOWN TO THE LEFT CAME TO A STAND STILL.

I SLOW GBA9116 TO A STOP BECAUSE INFRONT OF ME IS A JAM.

AFTER STOPPING FOR AT LEAST 5SECONDS,

I HEARD A SCREECHING SOUND, SAW AN IMAGE IN MY REAR MIRROR AND HEARD A LOUD BANG AND A JERK FROM MY VAN.

I STOP MY ENGINE AND GO DOWN TO FIND A MOTORBIKE FBP 9214H CRASHED WITH 2 PASSENGERS.

I ASK THEN TO SIT DOWN AND REST.

I CALLED THE POLICE.

I CHECK IF PASSENGER ARE OK

I CALLED HIS FATHER ON HIS REQUEST.



**SINGAPORE
POLICE FORCE**



T/20191223/7032

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20191223/7032

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20191223/7032

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20191223/7032

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
PHUA TIAK YEE
Contact No.: 65472077

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
23/12/2019 22:41

Classification Of Case:

Vehicle No.	GBA9116L		Model / Make	Mercedes Benz Vito
Date of Accident	23/12/2019			
Time of Accident	1800	HRS	Waiting for IC	
Location of Accident	Along PIE slip road to KPE			
Exact purpose use during accident	Work			
Name of Owner	Yu Fish Pte Ltd			
Telephone No.	H/P : 98774740	Home :	Office :	
NRIC	2006068999			
Address	9 Fishery Port Road #02-01 S(619730)			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	NTUC			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5110487696			
Name of Driver	As Above If No, Ong Wee Siong			
NRIC	S81404103	Any Passengers : —		
Date of birth	12/12/1981			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	18/1/2006			
Gender	Male / Female			
Contact No.	H/P : 88768230	Home :	Office :	
Address	BLK 752 Pasir Ris Street 71 #11-92 S(510752)			
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No,	If Yes, Who?		
Name And Contact No.				
Name And Contact No.				
Police Report	No,	If Yes, Where?	Traffic Police Ub.	
Vehicle B No.	FDP9214H	Any Passengers : 1		
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	Rear portion			
Camera Recorder	Yes / No			
Email Address	williamonglus@gmail.com			
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Zi Ting			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.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: 5110487696

Cover: Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : **GBA9116L**
Chassis Number : WDF63960323287692
2. Name of Policyholder : YU FISH PTE LTD
3. Effective Date of Insurance : 09 Jul 2019
4. Expiry Date of Insurance : 08 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 : PRO-LINK INSURANCE AGENCY (00000571869)
Date of Issue : 28 Jun 2019 10:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1077334

Policy No.	5110487696	Vehicle No.	GBA9116L	GST Registrati
Certificate No.				
Policyholder Name	YU FISH PTE LTD			Policyholder NI
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	98774740	Contact No.(Office)	0	Contact No.(H
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
▼ Accident Details				
Report Date	26/12/2019 19:08	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/12/2019	Time of Accident hh:mm	18:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG PIE SLIP RD TO KPE			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess		Driver is Cover
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable		
▼ Benefits				
▼ GST Registered Information				
GST Registered	Yes	GST Registration Date	22/05/2006	
GST Registration No.	200606899G	GST Status Verified	Yes	
Modification History	26/12/2019 19:11:03 System changed GST Registered from No to Yes 26/12/2019 19:11:03 System changed GST Registration No. from null to 200606899G 26/12/2019 19:11:03 System changed GST Registration Date from null to 22/05/2006			
▼ Policyholder Mailing Address				
Address 1	9 #02-01 FISHERY PORT ROAD	Address 2	SINGAPORE 619730	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-01	Related Policy Number	5110487696	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	ONG WEE SIONG	Driver NRIC	SXXXX4101	Driver DOB
Register Date of Driver License	18/01/2006	Driver Age	38	Driving Experi
Contact No.(Mobile)	88768250	Contact No.(Office)	0	Contact No.(H
Address 1	BLK 752	Address 2	PASIR RIS STREET 71	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#11-92			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No	
Modification History				
Claim 001 New				
Claim Type *				
Contact No.(Mobile)		Insured Name	OD-MX	YU
Email Address		Contact No. (Home)		
Claim Description		DI Vehicle Number		GB
Preferred Workshop		Insured Liability	Not at Fault	
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	
Date Registered		GIA report	Received	
Report Taken By				Claim Close Date
				ROSLINDA
<input type="checkbox"/> Print AK letter				

Save

Submit

Attachment

Accident No.

MT/1077334

Claim No.

001

Last Doc. Received

* Yes No

Upload Date

26/12/2019 19:16

Path

Category

Confider

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

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Please Select

NO

Choose File

No file chosen

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Please Select

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 19:16	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 19:16	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 19:16	SAS		Normal	Sr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 19:16	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 19:16	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 19:15	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 19:15	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 19:15	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 19:15	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Dec 2019 19:15	Photos		Normal	Phc

Video List

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