

# NATIONAL Assessment Centre Services

(Ref: 1 Jan 2015)

Date In: 28/12/19	Job description	Date & Time Completed	Done by
Ref No NA/INC19000817/13	SAS e-filing		
Veh No SLG1041X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 27/12/19 1430	i-Motor Claim Form	MT/1077575-001	
OD <input checked="" type="radio"/> 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-57	Tel:	Fax:
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TP Particulars:	Veh No: SLV 6868A	INC ( ) / Non-INC ( )
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Owner / Driver: (	Tel:
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Policy No: (	Period: (	Cover Type: (
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Confirmed by: (	Date:	Time:
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Insured/Driver Liability: ( %)	[Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]
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Year of Registration: (	Warranty: YES ( ) / NO ( )
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Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )
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General Remarks:-
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( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.
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( ) Total Loss Case: to e-mail Insurer URGENTLY.
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Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. ( )
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Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
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1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
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2) QC Check / Post Repair Inspection ( )		
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3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		
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Injury: _____
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Date/Time	Actions
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NA20000260	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
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Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
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Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
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Contact No:	3) TF: Towing Fee \$40/\$45		
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Damaged Portion:	4) FT: Follow-Through Survey \$120		
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QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
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	For claiming against INC Only (wef 10 Jan 2005)		
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	6) TR: Re-inspection \$75		
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	7) N1: Idac DA + SMRT Survey \$160		
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	8) NTUC Additional Services:-		
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	OP*		
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	*N5: Courtesy Car / Tpt Allowance \$5		
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	*N6: Repair Co-ordination \$10		
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	*N7: Post Repair Inspection \$25		
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	*N8: DV / Collect Excess Coordination \$5		
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	TP (N11): TP (Non INC) against INC \$20		
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	9) N12: Idac Mobile 30		
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	Invoice dated	Fee Charged	
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	Invoice dated	Fee Charged	
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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	28/12/2019 15:45
Date Of Accident	27/12/2019 14:30
Exact Location Of Accident	ALONG PIE TWDS CHANGI AFT PAYA LEBAR RD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLG1041X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HAMSTER CAR RENTAL PTE LTD
Co Reg No	2XXXXX175G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86089649
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	VEZEL
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5110749922
Cover Note Number	
<b>Driver</b>	
Name of Driver	DAVID ROBERT FABRICE LACLEMENCE
NRIC No	SXXXX807I
Date Of Birth	28/04/1969
Occupation	OUTDOOR
Date Of Driving Pass	31/01/2008
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82784772
Fax Number	
Contact Number	
Email Address	DAVIDATWORK2013@GMAIL.COM

Address	BLK 373 CLEMENTI AVE 4 #11-208
Postcode	120373
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 - HEAD TO REAR
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?	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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE

**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?	NO
Was there any audio recorded?	NO

**Details of Witness 1**

Name	SUSAN
Phone Number	96338016
Email Address	

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SGV6868A
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	MR LEE
NRIC/Passport Number	
Contact Number	92456666
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	DAVID ROBERT FABRICE LACLEMENCE
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLG1041X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## SKETCH PLAN

### IMPORTANT NOTICE

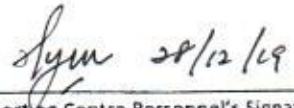
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

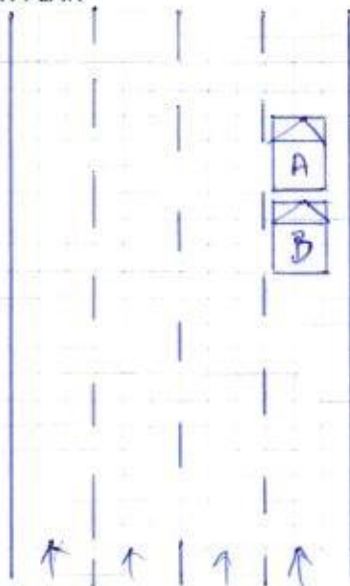
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

# SKETCH PLAN



Veh A : SLG 1041X

Veh B : SGV 6868A

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving vehicle A (SLG 1041X) traveling along PTE towards Changi on first lane of a 4-lanes, expressway. Somewhere after paya Ubar Road Exit, vehicle ahead slowed down and stopped. As such, I applied brake and stopped completely behind vehicle ahead. Out of sudden, vehicle B (SGV 6868A) came from rear and collided directly onto the rear 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.:



<b>Vehicle No.</b>	SLG 1041X	Model / Make	Honda Vezel Hybrid
Date of Accident	27/12/2017		
Time of Accident	1430	HRS	
Location of Accident	Along PIE towards Changi After Paya Lebar Road Exit		
Exact purpose use during accident	Work		
<b>Name of Owner</b>	Hamster Car Rental Pte Ltd		
Telephone No.	H/P : 8608 9641	Home :	Office :
NRIC	2019171756		
Address	BLK 8 Burn Road #15-13 S(369977)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5110749922-000056		
<b>Name of Driver</b>	As Above If No, David Robert Fabrice Laclemece		
NRIC	869628071	Any Passengers :	3 (F)
Date of birth	28/4/1969		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	31/1/2008		
Gender	Male / Female		
Contact No.	H/P : 82784772	Home :	Office :
Address	BLK 373 Clementi Avenue 4 #11-208 S(120373)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state <i>Driver</i>	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	David Robert Fabrice Laclemece 8278 4772		
Name And Contact No.			
Police Report	No,	If Yes, Where?	
<b>Vehicle B No.</b>	SGV 6868A	Any Passengers :	-
Name of Driver	Mr. Lee	Contact No. :	9245 6666
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
Witness Name	Susan	Witness Contact :	9633 8016
Accident Portion	Rear portion		
Camera Recorder	Yes / No		
Email Address	DAVIDATWORK2013@GMAIL.COM		
<b>PARTICULAR WORKSHOP</b>	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:** 5110749922-000056

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLG1041X**  
Chassis Number : RU31208866
2. Name of Policyholder : **HAMSTER CAR RENTAL PTE LTD**
3. Effective Date of Insurance : **05 Nov 2019**
4. Expiry Date of Insurance : **04 Nov 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 or Hirer's business.

**This Policy does not cover:**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
  - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (c) 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HAMILTON CAPITAL 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 : HAMILTON AUTOHUB PTE. LTD. (00000573281)  
Date of Issue : 27 Jun 2019 11:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



## Enquire Vehicle Registration Details

### Owner Particulars

NRIC/Passport /Company Cert No.: 201917175G

Owner ID Type: Company

Owner Name: HAMSTER CAR RENTAL PTE. LTD.

Registered Address: APT BLK 8 BURN ROAD #15-13 TRIVEX SINGAPORE 369977

Mailing Address: -

Birth Date: -

### Vehicle Particulars

Vehicle No.: SLG1041X

Previous Vehicle No.: -

Effective Date of Ownership: 05 Nov 2019

Original Regn Date: 21 Sep 2016

Registration Date: 21 Sep 2016

Year of Manufacture: 2016

Vehicle Type: Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover

Vehicle Scheme: -

Vehicle Attachment 1: No Attachment

Vehicle Attachment 2: -

Vehicle Attachment 3: -

Vehicle Make: HONDA

Vehicle Model: VEZEL 1.5X HYBRID CVT ABS D/AIRBAG 2WD

Primary Colour: Brown

Secondary Colour: -

Passenger Capacity: 4

Chassis No.: RU31208866

Engine No.: LEB5908876

Motor No.: H12311216

Engine Capacity /Power Rating: 1496 cc / 22.0 kW

Maximum Power Output: 112.0 kW (150 bhp)



Claim Handling

Accident MT/1077575

Policy No.	5110749922	Vehicle No.	SLG1041X	GST Registrati
Certificate No.	5110749922-000056			
Policyholder Name	HAMSTER CAR RENTAL PTE LTD			Policyholder Ni
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	950899649	Contact No.(Office)	0	Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<div>NoYes</div>	TCA	<div>NoYes</div>	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
➤ Accident Details				
Report Date	28/12/2019 16:35	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	27/12/2019	Time of Accident hh:mm	14:30	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG PIE TWDS CHANGE AFT PAYA LEBAR RD 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 Cover
Additional Excess	0			
Total OD Excess Applicable	2000.00	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	8 BURN ROAD	Address 2	#15-13 TRIVEX	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	15-13	Related Policy Number	5110749922	
➤ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	DAVID ROBERT FABRICE LACLET	Driver NRIC	SKXXX807I	Driver DOB
Register Date of Driver License	31/01/2008	Driver Age	50	Driving Exper
Contact No.(Mobile)	82784772	Contact No.(Office)	0	Contact No.(Hi
Address 1	BLK 373	Address 2	CLEMENTI AVENUE 4	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#11-208			
Does he own a Singapore Registered car?	<div>YesNo</div>	Driver Vehicle No.		Driver Insurer
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<div>NoYes</div>	
Modification History				
Claim 001 <div>New</div>				
Claim Type *				
Contact No.(Mobile)				Insured Name HA
Email Address				Contact No. (Home)
Claim Description	SLG1041X / SGV6868A ON 27 Dec 2019			OT Vehicle Number SLG
Preferred Workshop		Insured Liability	Not at Fault	
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report Received
Date Registered	28/12/2019 16:40			Claim Close Date
Report Taken By	ROSLINDA			
<div>Print AK letter</div>				



Save Submit

Attachment

Accident No. MT/1072575

Claim No. 001

Last Doc. Received \* Yes No

Upload Date 28/12/2019 16:41

Path \*

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

Clear

Category \* Please Select

Confidential NO

Clear

Category \* Please Select

Confidential NO

Clear

Category \* Please Select

Confidential NO

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Category \* Please Select

Confidential NO

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Category \* Please Select

Confidential NO

Clear

Category \* Please Select

Confidential NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 16:41	NRIC/ Driving License	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 16:41	SAS	Normal	S-
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 16:40	Photos	Normal	Phc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 16:40	Photos	Normal	Phc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 16:40	Photos	Normal	Phc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 16:40	Photos	Normal	Phc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 16:40	Photos	Normal	Phc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 16:40	Photos	Normal	Phc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 16:40	Photos	Normal	Phc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 16:40	Photos	Normal	Phc
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 16:40	Photos	Normal	Phc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 16:40	Photos	Normal	Phc
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 16:40	Photos	Normal	Phc

Video List

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