

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MHA1191297

Date In: 21/12/19-13:07	Job description	Date & Time Completed	Done by
Ref No: NA/14C19022967/24	SAS e-filing		
Veh No: 5732465	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 28/12/19-21:15	i-Motor Claim Form	M7/1577945-001	21/12/19-13:46
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: (Tel:	Fax:
TP Particulars:	Veh No:	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 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

NA2000121	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	31/12/2019 13:07
Date Of Accident	28/12/2019 21:15
Exact Location Of Accident	OPHIR RD BESIDE RAFFLES HOSPITAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ3246S
Insured/Policyholder	
Name Of Registered Owner	TOH HWEE YONG, TENNY (DU WEIXIONG, TENNY)
NRIC No	SXXXX322Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90238284
Alternative Phone No	OFFICE-90238284

Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G A
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084290198-03
Cover Note Number	

Driver

Name of Driver	LIM KIAU ENG HELEN
NRIC No	SXXXX376B
Date Of Birth	01/02/1941
Occupation	INDOOR
Date Of Driving Pass	06/11/1965
Driving Experience	54 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97718767
Fax Number	
Contact Number	OFFICE-97718767
Email Address	NOEMAIL

Address	5000K MARINE PARADE ROAD #07-47
Postcode	449292
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	NO COLLISION
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
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	MARINE PARADE NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 74 MARINE DRIVE #01-35 , POSTCODE: 440074 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4409999 - FAX NO: 64474182
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191229/2049.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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

No sketch plan provide.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2019M4/244.

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.:



SINGAPORE POLICE FORCE



T/20191229/2049

1 of 4

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20191229/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/12/2019 16:03	Vide Report No.:	Station Diary No.: 64
--------------------------------------------	------------------	--------------------------

Informant's Particulars

Name of Informant: LIM KIAU ENG HELEN			Address: 5000K MARINE PARADE ROAD #07-47 SINGAPORE 449292		
ID Type / ID No.: NRIC NO / S0175376B			Contact No.: Home/Office: Mobile: 97718767		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 78	Date of Birth: 01/02/1941	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SCHOOL COUNSELLOR			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 28/12/2019 21:15	Type of Location: X-Junction
Location: Along Road 1 OPHIR ROAD				
Ophir road junction beside Raffles hospital				
Weather:		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ7521D	Motorcycle				No Damage	0
SJJ3246S	Car				No Damage	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191229/2049

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Report No. T/20191229/2049

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

CONTINUATION OF REPORT

Rider			
Name	Zuffri	ID No.	NIL
Related Vehicle	FBQ7521D (Motorcycle)	Contact No.	83836321
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIM KIAU ENG HELEN	ID No.	S0175376B
Related Vehicle	SJJ3246S (Car)	Contact No.	97718767
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 28/12/2019 at about 2115hrs, I was travelling with my vehicle(bearing registration plate number: SJJ3246S) along Ophir road junction beside Raffles hospital. When the traffic light turns green, I press on my accelerate pedal to move forward. Suddenly, the motorbike(bearing registration plate number: FBQ7521D) in front of me braked hence I braked and jerked. The rider afterwards continue to move forwards signal me to stop and I stopped and alighted from the car. The rider then informed me that I hit onto his bike and caused his bike reflector to drop off. However I told him that I did braked and jerked however my car did not hit onto him.

The rider also informed that his motorbike is a rented motorbike and he gave me the contact number of the rental company of the motorbike.

I also wish to state that no one was injured and I do not have a in car camera.

Details of the rider:

Zuffri
83836321

Details of the Rental motorbike company:

Pyros Leasing Pte Ltd
contact number: 87386755



**SINGAPORE
POLICE FORCE**



T/20191229/2049

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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Report No. T/20191229/2049

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20191229/2049

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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Report No. T/20191229/2049

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 CHO JIA LI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

29/12/2019 16:03

Classification Of Case:

Authentication Stamp

NP168

eBaoTech

GeneralClaim

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="28/12/2019 21:15"/>							
Vehicle No.(For Motor)	<input type="text" value="SJ32465"/>	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"/>	5084290198-03		TOH HWEE YONG, TENNY (DU WEIXIONG, TENNY)	S82033222	GPC	drive CLASSIC	SJ32465	SJ32465	19/09/2019	18/09/2020
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5084290198-03	Policyholder Name	TOH HWEE YONG, TENNY (DU V	Policyholder NRIC	S8203322Z
Certificate No.					
Address	5000K MARINE PARADE ROAD #07-47 LAGOON VIEW SINGAPORE 449292				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	06/09/2019	Effective Date	19/09/2019 00:00	Expiry Date	18/09/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	LEE CHIU MEI KATHERINE	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	5000K MARINE PARADE ROAD	Address 2	#07-47 LAGOON VIEW	Address 3	SINGAPORE 449292
Address 4		Address Type	Singapore address	Post Code	449292
Unit No.		Related Policy Number	5084290198-03		

Insured Object: SJJ3246S

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	19/09/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 19 Sep 2019, the following amendment(s) is/are made to this policy: NAMED DRIVER 1: LIM KIAU ENG HELEN NAMED DRIVER 2: Tay Zhao Xi In view of this amendment, an additional premium of \$10.06 (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 make payment at any of our branches by cash, credit card or NETS.

Continue Cancel

Claim Handling

Accident MT/1077945

Policy No.	5084290198-03	Vehicle No.	S232465	GST Registration No.	
Certificate No.					
Policyholder Name	TCH HWEE YONG, TENNY (DU WEIXIONG, TENNY)			Policyholder NRIC	582033222
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90238284	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	31/12/2019 13:43	Accident Report Within 24 hrs	Yes	Accident Type	No collision
Date of Accident	28/12/2019	Time of Accident hh:mm	21:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	OPHR RD BESIDE RAFFLES HOSPITAL				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	500.00	TP Standard Excess	0.00		
VED OD Excess	0.00	VED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	500.00	Total TP Excess Applicable	0.00		
Benefits					
Coverage		Sum Insured	2000		
Accessory					
GST Registered Information					
GST Registered	No	GST Registration Data			
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	5000K MARINE PARADE ROAD	Address 2	#07-47 LAGOON VIEW	Address 3	SINGAPORE 449292
Address 4		Address Type	Singapore address	Post Code	449292
Unit No.		Related Policy Number	5084290198-03		
01 Driver Info					
Driver Name	LIM KIAU ENG HELEN	Driver Type	Named Driver		
Unnamed Driver Name		Driver NRIC	S01753768	Driver DOB	01/02/1941
Register Date of Driver License	08/11/1965	Driver Age	78	Driving Experience	54
Contact No.(Mobile)	97718767	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	5000K MARINE PARADE ROAD	Address 2	LAGOON VIEW	Address 3	SINGAPORE 449292
Address 4		Address Type	Singapore address	Post Code	449292
Unit No.	07-47				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001 **New**

Claim Type *	OD-MK	Insured Name	TCH HWEE YONG, TENNY (DU #	Insured NRIC	582033222
Contact No.(Mobile)	90238284	Contact No.(Home)	6455335	Contact No.(Office)	
Email Address	reenie7c@hotmail.com	01 Vehicle Number	S232465	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	S232465 ON 28 Dec 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	31/12/2019 13:46	Claim Close Date		Date Received	31/12/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1077945	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	31/12/2019 13:48		
Path *					
	Browse	Clear	Please Select	Confidential	Urgency *
	Browse	Clear	Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal
	Browse	Clear	Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal
	Browse	Clear	Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal

Browse...

Clear

Please Select

Browse...

Clear

Please Select

Normal

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Dec 2019 13:48	NRIC/ Driving License	Y	NRIC/ Driving License 2019-12-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Dec 2019 13:48	SAS	Normal	SAS 2019-12-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Dec 2019 13:48	Photos	Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Dec 2019 13:48	Photos	Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Dec 2019 13:48	Photos	Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Dec 2019 13:47	Photos	Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Dec 2019 13:47	Photos	Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Dec 2019 13:47	Photos	Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Dec 2019 13:47	Photos	Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Dec 2019 13:47	Photos	Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Dec 2019 13:46	Photos	Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Dec 2019 13:46	Photos	Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Dec 2019 13:46	Photos	Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Dec 2019 13:46	Photos	Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Dec 2019 13:46	Photos	Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Dec 2019 13:46	Photos	Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Dec 2019 13:46	Photos	Normal	Photos 2019-12-31	

Video List

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