

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MAA119171833**

Date In: 31/12/19-13:54	Job description	Date & Time Completed	Done by
Ref No: HA/INC1902296874	SAS e-filing		
Veh No: 5J520826	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 31/12/19-15:20	i-Motor Claim Form	MA/637952-001	31/12/19 14:04
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: JKN7335J	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

HA2000161	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Dat 1:	6) TR: Re-inspection \$75		
Dat 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpl 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 13:54
Date Of Accident	30/12/2019 15:20
Exact Location Of Accident	NORTH BRIDGE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS2082G
Insured/Policyholder	
Name Of Registered Owner	TZR KARX RENTAL
Co Reg No	5XXXX279X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102405135-01
Cover Note Number	

Driver

Name of Driver	TAY TOK TONG (ZHENG ZHUODONG)
NRIC No	SXXXX592A
Date Of Birth	10/09/1979
Occupation	OUTDOOR
Date Of Driving Pass	24/01/2017
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98760361
Fax Number	
Contact Number	OFFICE-98760361
Email Address	NOEMAIL

Address	BLK 334A ANCHORVALE CRESCENT #13-116
Postcode	541334
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)	2
Passenger 1	NAME: : - GENDER: : MALE

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

REFER TO 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKN7335J
Vehicle Make/Model/Colour	CITREON
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

4

DETAILS OF INJURED PERSON 1

Name

TAY TOK TONG (ZHENG ZHUODONG)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJS2082G

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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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

NORTH BRIDGE ROAD



A → SJS 2082 G

B → SKN 7335 J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated time and date, I was travelling on my vehicle bearing carplate number (SJS 2082 G), on north bridge road. As I was about to move off, suddenly I felt a huge impact from the rear. I alighted from my vehicle and realised that vehicle B bearing (SKN 7335 J) had collided on to the rear 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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 30 / 12 / 19 (DD/MM/YYYY), TIME: 15 : 20 (HH:MM)

LOCATION: North Bridge Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJS 2082 G
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5102405135-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota A115
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: TZR KARX RENTAL (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 53376279X CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger
 (including driver)
(2)

2 male

DRIVER

- a) NAME: Tay Tok Tong (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7927592 A CONTACT: 9876 0361
 c) ADDRESS: Blk 334 Anchorvale Cres #13-116 S(541334)

*d) DATE OF BIRTH: 10 / 09 / 1979 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 2

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (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: _____

8. THIRD PARTY VEHICLE

* No of passenger
 (including driver)
(4)

- a) VEHICLE NUMBER: SKN 7335 J MODEL: CITREON
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

* No of passenger
 (including driver)
()

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

email =

fax =

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102405135-01		TZR KARX RENTAL	53376279X	GPC	drive CLASSIC	SJS2082G	SJS2082G	03/08/2019	02/08/2020

 Policy Information

Policy No.	5102405135-01	Policyholder Name	TZR KARX RENTAL	Policyholder NRIC	53376279X
Certificate No.					
Address	15 KAKI BUKIT ROAD 4 #03-18 BARTLEY BIZ CENTRE SINGAPORE 417808				
Product Name	PRIVATE CAR INSURANCE	Plan	Group Policy Flag N		
Policy Issue Date	02/08/2019	Effective Date	03/08/2019 00:00	Expiry Date	02/08/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	B.A.S. INSURANCE AGENCY	Agent Tel.	67492112	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	13 KAKI BUKIT ROAD 4	Address 2	#03-18 BARTLEY BIZ CENTRE	Address 3	SINGAPORE 417807
Address 4		Address Type	Singapore address	Post Code	417807
Unit No.	03-18	Related Policy Number	5114637245		

 Insured Object: SJS2082G

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	02/09/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 02 Sep 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: DICKSON CAPITAL PTE LTD CHASSIS NUMBER: MR053ZEE106151244 ENGINE NUMBER: 3Z24918361 VEHICLE REGISTRATION NUMBER: SJS2082G ORIGINAL REGISTRATION DATE: 03 Aug 2009</p> <p>Thank you for giving us the opportunity to serve you. We confirm that from 02 Sep 2019, the following amendment(s) is/are made to this policy: 1. The cover is amended from Third Party to drive CLASSIC 2. The Endorsement M1 stated in the Policy is not applicable 3. Section 1 of this Policy is subject to an excess of S\$2,000.00. In view of this amendment, an additional premium of \$574.75(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.</p>
2	02/09/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	

Continue

Cancel

Claim Handling

Accident MT/1077952

Policy No.	5102405135-01	Vehicle No.	SJS2082G	GST Registration No.	
Certificate No.					
Policyholder Name	TZR KARX RENTAL	Cover Type	drive CLASSIC	Policyholder NRIC	53376279X
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	Yes

Accident Details

Report Date	31/12/2019 14:03	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	30/12/2019	Time of Accident Innum	15:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NORTH BRIDGE RD				

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	
Additional Excess	0		
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	31/12/2019 14:04:08 System changed GST Status verified from No to Yes		

Policyholder Mailing Address

Address 1	13 KAKI BUKIT ROAD 4	Address 2	#03-18 BARTLEY BIZ CENTRE	Address 3	SINGAPORE 417807
Address 4		Address Type	Singapore address	Post Code	417807
Unit No.	03-18	Related Policy Number	5114637245		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	10/09/1979
Unnamed driver Name	TAY TOK TONG (ZHENG ZHUO)	Driver NRIC	SXXXX592A	Driving Experience	2
Register Date of Driver License	24/01/2017	Driver Age	40	Contact No.(Home)	0
Contact No.(Mobile)	98760361	Contact No.(Office)	0	Address 3	ANCHORVALE COVE
Address 1	BLK 334A	Address 2	ANCHORVALE CRESCENT	Post Code	541334
Address 4	SINGAPORE 541334	Address Type	Singapore address		
Unit No.	13-116				
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	TZR KARX RENTAL	Insured NRIC	53376279X
Contact No.(Mobile)	82006663	Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address		OT Vehicle Number	SJS2082G	TP Vehicle Number	SKN73352
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJS2082G / SKN73352 ON 30 Dec 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	31/12/2019 14:04	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/1077952	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	31/12/2019 14:05

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ Send Message

Attachment List						
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 31 Dec 2019 14:05	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 31 Dec 2019 14:05	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 31 Dec 2019 14:05	SAS		Normal	SAS 2019-12-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 31 Dec 2019 14:05	Photos		Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 31 Dec 2019 14:05	Photos		Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 31 Dec 2019 14:05	Photos		Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 31 Dec 2019 14:05	Photos		Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 31 Dec 2019 14:05	Photos		Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 31 Dec 2019 14:04	Photos		Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 31 Dec 2019 14:04	Photos		Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 31 Dec 2019 14:04	Photos		Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 31 Dec 2019 14:04	Photos		Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 31 Dec 2019 14:04	Photos		Normal	Photos 2019-12-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 31 Dec 2019 14:04	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>				