

# NATIONAL Assessment Centre Services

part 1 Jan 2021

MMA 12 0000 225

Date In: 2/1/20 11:53	Job description	Date & Time Completed	Done by
Ref No: NA/IMCT 2000026164	SAS e-filing		
Web No: SJR 3575A	E-mail (within 3hrs, AIC 2hrs)		
IP: 1/1/20 04:00	I-Motor Claim Form	MT/1078136-01	2/1/20 14:10
IP: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
IP Insurer:	Ass't Report by Fax / Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SHA 6513Y

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 rep/aler.

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

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

Remarks: (INC Hotline: 6748 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:

MA 2000100

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Bgr-In-Charge):

Auditors Comments:

Ref:

## Invoice Preparation Checklist

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$50)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2021)

6) TR: Re-inspection \$75

7) NI: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:

Q11:

\*NS: 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: Idao Mobile \$0

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Am (1)

Am (1)

Am (1)

Am (1)

Am (1)

Am (1)

Am (1)

Am (1)

Am (1)

Am (1)

Am (1)

Am (1)

Am (1)

Am (1)

Am (1)

Am (1)

Am (1)

Am (1)

Am (1)

Am (1)

Am (1)

Am (1)

Am (1)



## 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	02/01/2020 11:53
Date Of Accident	01/01/2020 04:00
Exact Location Of Accident	CARPARK ENTRANCE BLK 93 BEDOK NORTH AVE 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR3575A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AUTODRIFT PTE LTD
Co Reg No	2XXXXX326K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96313775

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5108560082
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD IRWAN BIN SNIN
NRIC No	SXXXX121B
Date Of Birth	16/04/1969
Occupation	OUTDOOR
Date Of Driving Pass	30/01/2007
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91518472
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 744 BEDOK RESERVOIR RD #04-3021
Postcode	470744
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	SIDE SWIPE
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?	NO
Was any injured conveyed to hospital by ambulance?	
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: : UNKNOWN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200101/2084.

#### 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	SHA6513Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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.:

Blk 96

Reversed

Bedok North Ave 4

A = SJR 3575A

B = SHA 6513Y

Refer to Police Report T/20200101/2084

I/We declare the foregoing particulars are true in every respect.



in every respect.



Signature

*John*





**SINGAPORE  
POLICE FORCE**



T/20200101/2084

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

1 of 3

Report No. T/20200101/2084

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/01/2020 18:28	Vide Report No.:	Station Diary No.: 17
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: MOHAMMAD IRWAN BIN SNIN	Address: APT BLK 744 BEDOK RESERVOIR ROAD #04-3021 SINGAPORE 470744
ID Type / ID No.: NRIC NO / S6913121B	Contact No.: Home/Office: Mobile: 91518472
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 50 Date of Birth: 16/04/1969	Type of Informant: Driver
Race: Boyanese	Language: English Institution / School Name:
Occupation: SENIOR TECHNICIAN	Driving Licence Information: Class: 3 Date of Expiry:

**General Information of the Accident**

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/01/2020 04:00	Type of Location: T-Junction
Location: Along Road 1 BEDOK NORTH AVENUE 4  towards Changi Fire Station, junction carpark entrance to B/93 Bedok North Avenue 4 (cpark BDB25)			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against- Stopped Vehicle			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA6513Y	TAXI			Blue		0
SJR3575A	Car	TOYOTA	Vios	Red	Slightly Damaged	1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20200101/2084

2 of 3

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

Report No. T/20200101/2084

**CONTINUATION OF REPORT**

Driver			
Name	MOHAMMAD IRWAN BIN SNIN	ID No.	S6913121B
Related Vehicle	SJR3575A (Car)	Contact No.	91518472
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 01/01/2020 @ 0400hrs, I was driving my car, SJR3575A, on lane 1 of Bedok North Avenue 4 towards Changi Fire Station. I wanted to send my 1 male passenger to his destination at Blk 93 Bedok North Avenue 4. As I wanted to turn right into carpark BDB25, there was a taxi, SHA6513Y, in front of me, also wanting to turn right. As the said taxi proceeded to turn right, I drove forward however the said taxi stopped midway through the turn. I jammed brake to stop as well. All of a sudden, the said taxi begin to reverse. I honked at the said taxi to warn the driver however the said taxi continued to reverse fast and collided with the front right portion of my car. I did not go down from my car however I signaled the driver to wait for me in the carpark. The taxi driver drove into the carpark however the driver made a left turn n drove on. I tried chasing the said taxi however upon reaching the other gantry, I alighted from my car to signal to the taxi driver. The driver looked at me and when the gantry barrier lifted up, the taxi driver drove out of the carpark. I then proceed to send my passenger to his destination. I have an in-car camera however the said camera is faulty. That's all.





**SINGAPORE  
POLICE FORCE**



T/20200101/2084

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

3 of 3

Report No. T/20200101/2084

**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 /

Sr Staff Sgt MOHAMMAD FADZLI BIN  
JAMALUDIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/01/2020 18:28

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476145

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" value="S108560082"/>	Date of Accident	<input type="text" value="01/01/2020 11:40"/>
Vehicle No.(For Motor)	<input type="text" value="SJR3575A"/>	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"/>	5108560082	5108560082-000003	AUTODRIFT PTE LTD	201021326K	GFM	Third Party	SJR3575A	SJR3575A	29/03/2019	28/03/2020



## Claim Handling

## Accident MT/1078136

Policy No.	5108560082	Vehicle No.	SJR3575A	GST Registration No.	
Certificate No.	5108560082-000003				
Policyholder Name	AUTODRIFT PTE LTD			Policyholder NRIC	201021326K
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	96313775	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

## ▼ Accident Details

Report Date	02/01/2020 14:07	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	01/01/2020	Time of Accident hh:mm	04:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CARPARK ENTRANCE BLK 93 BEDOK NORTH AVE 4				

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	0.00	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	28 SIN MING LANE	Address 2	#08-137 MIDVIEW CITY	Address 3	SINGAPORE 573972
Address 4		Address Type	Singapore address	Post Code	573972
Unit No.		Related Policy Number	5108560082		

## ▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMMAD (RWAN BIN) SNIN	Driver NRIC	SXXXX121B	Driver DOB	16/04/1969
Register Date of Driver License	30/01/2007	Driver Age	50	Driving Experience	12
Contact No.(Mobile)	91518472	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 744 #04-3021	Address 2	BEDOK RESERVOIR ROAD	Address 3	SINGAPORE 470744
Address 4		Address Type	Singapore address	Post Code	470744
Unit No.	04-3021				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No
-------------------------------------	------	-------------	----------

## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	AUTODRIFT PTE LTD	Insured NRIC	201021326K
Contact No.(Mobile)	90657776	Contact No. (Home)		Contact No. (Office)	
Email Address		O1 Vehicle Number	SJR3575A	TP Vehicle Number	SHA65
Claim Description	SJR3575A / SHA6513Y ON 1 Jan 2020			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault		
Spoliet No.	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered		Claim Close Date	02/01/2020 14:09	Date Received	02/01/
Report Taken By	LIEW SHAN HUI				

✓ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1078136	Claim No.	001
Last Doc. Received	Yes No	Upload Date	02/01/2020 14:10
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			

## ▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	M
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) e 02 Jan 2020 14:10	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) e 02 Jan 2020 14:10	SAS		Normal	SAS 2020-1-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) e 02 Jan 2020 14:10	Photos		Normal	Photos 2020-1-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) e 02 Jan 2020 14:10	Photos		Normal	Photos 2020-1-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) e 02 Jan 2020 14:10	Photos		Normal	Photos 2020-1-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) e 02 Jan 2020 14:10	Photos		Normal	Photos 2020-1-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) e 02 Jan 2020 14:10	Photos		Normal	Photos 2020-1-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) e 02 Jan 2020 14:10	Photos		Normal	Photos 2020-1-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) e 02 Jan 2020 14:10	Photos		Normal	Photos 2020-1-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) e 02 Jan 2020 14:10	Photos		Normal	Photos 2020-1-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) e 02 Jan 2020 14:10	Photos		Normal	Photos 2020-1-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) e 02 Jan 2020 14:10	Photos		Normal	Photos 2020-1-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) e 02 Jan 2020 14:10	Photos		Normal	Photos 2020-1-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) e 02 Jan 2020 14:10	Photos		Normal	Photos 2020-1-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) e 02 Jan 2020 14:10	Photos		Normal	Photos 2020-1-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) e 02 Jan 2020 14:10	Photos		Normal	Photos 2020-1-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) e 02 Jan 2020 14:10	Photos		Normal	Photos 2020-1-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) e 02 Jan 2020 14:10	Photos		Normal	Photos 2020-1-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) e 02 Jan 2020 14:10	Photos		Normal	Photos 2020-1-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) e 02 Jan 2020 14:10	Photos		Normal	Photos 2020-1-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) e 02 Jan 2020 14:10	Photos		Normal	Photos 2020-1-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) e 02 Jan 2020 14:10	Photos		Normal	Photos 2020-1-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) e 02 Jan 2020 14:10	Photos		Normal	Photos 2020-1-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) e 02 Jan 2020 14:10	Photos		Normal	Photos 2020-1-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) e 02 Jan 2020 14:10	Photos		Normal	Photos 2020-1-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) e 02 Jan 2020 14:10	Photos		Normal	Photos 2020-1-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) e 02 Jan 2020 14:10	Photos		Normal	Photos 2020-1-2	

Video List

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