

NATIONAL Assessment Centre Services

(wef 1 Jan 05) **NA 2000745**

Date In: 2/1/05-09:34	Job description	Date & Time Completed	Done by
Ref No: NA/200000135/24	SAS e-filing		
Veh No: 862210E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 30/1/19.14:50	i-Motor Claim Form	NA/1077923-00V	3/1/05 12:47
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: 862210E	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

NA 2000745	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	in 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:-		
	Q1:		
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		
Auditors' Comments:-	TP (N11): TP (N-in INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 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	03/01/2020 09:34
Date Of Accident	30/12/2019 14:50
Exact Location Of Accident	CTE TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP2210E
Insured/Policyholder	
Name Of Registered Owner	DR CAR LEASING
Co Reg No	5XXXX108W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS 1.5E A
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	5109176477
Cover Note Number	

Driver

Name of Driver	HAMID BIN LAYMAN
NRIC No	SXXXX059C
Date Of Birth	30/11/1966
Occupation	OUTDOOR
Date Of Driving Pass	17/01/2008
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82187788
Fax Number	
Contact Number	OFFICE-82187788
Email Address	NOEMAIL

Address	BLK 117A CANBERRA CRESCENT #08-386
Postcode	751117
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	CHAIN 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	4
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: : FEMALE

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 - SINGAPORE CITY
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

REFER TO POLICE REPORT - T/20191230/7028.

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	GBA2058S
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKA6580S
Vehicle Make/Model/Colour HONDA FIT
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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SFE3101A
Vehicle Make/Model/Colour HONDA CIVIC
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)

DETAILS OF INJURED PERSON 1

Name HAMID BIN LAYMAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SGP2210E
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.:

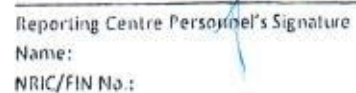
SKETCH PLAN

Vehicle A: SGP2210E
Vehicle B: GBA2038S
Vehicle C: SEA6580S
Vehicle D: SFE3101A

Vehicle D: SFE3101A

Refer to police report

(We declare the foregoing particulars are true in every respect.)



Date of Accident : 30/12/2019 Accident Time: 1450Hrs (24-HR-Format)
 Accident Place : CTE towards PIE
 Vehicle Reg. No. (Car Plate No.) : 8GP2210E
 Vehicle Make/Model : Toyota WOS
 Insurance Company : NTUC Policy No. : _____
 Owner or Company Name / IC No. : DR car leading 33397108W
 Owner or Company Contact No. : _____ Owner's Hp : _____ Company Tel : _____
 DRIVER'S Name / IC No. : Hamid Bin. Layman 51733059C
 DRIVER'S Date Of Birth : 30/11/1966 DRIVER'S License Pass Date : 17/01/2008
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
 DRIVER'S Address : Blk 117A Canberra Cres #08-388 S751117
 DRIVER'S Contact No./ Alt No. : 1) 8218 7788 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : Admin@mycar.sg
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 02 - female passenger (Driver MC 5 days)
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: GBA20S8S
 Vehicle Make/Model: Toyota Dyna
 Name Driver: _____
 IC No. Driver: _____
 Driver's Contact & Add: _____

Vehicle Reg. No: SCA6580S
 Vehicle Make/Model: Honda Fit
 Name Driver: _____
 IC No. Driver: _____
 Driver's Contact & Add: _____

SFE3101A

Honda Civic



**SINGAPORE
POLICE FORCE**



T/20191230/7028

1 of 3

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

Report No. T/20191230/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2019 20:01		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: HAMID BIN LAYMAN			Address: APT BLK 117A CANBERRA CRESCENT #08-386 SINGAPORE 751117		
ID Type / ID No.: NRIC NO / S1753059C			Contact No.: Home/Office:		Mobile: 82187788
Nationality: SINGAPORE CITIZEN			Email: aminko_san@hotmail.com		
Sex: Male	Age: 53	Date of Birth: 30/11/1966	Type of Informant: Driver		
Race: Malay		Language: English		Institution / School Name:	
Occupation: PHV DRIVER		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/12/2019 14:50	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
GBA2058S	Lorry	TOYOTA	DYNA	Silver	Slightly Damaged	0
SFE3101A	Car	HONDA	CIVIC	Red	Slightly Damaged	1
SGP2210E	Car	TOYOTA	VIOS	Black	Seriously Damaged	1
SKA6580S	Car	HONDA	FIT	Red	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20191230/7028

2 of 3

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

Report No. T/20191230/7028

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HAMID BIN LAYMAN	ID No.	S1753059C
Related Vehicle	SGP2210E (Car)	Contact No.	82187788
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/12/2019	Date Discharge	30/12/2019
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

ON THE STATED TIME AND DATE,
I WAS TRAVELLING ON MY VEHICLE BEARING CARPLATE NUMBER SGP2210E ON CTE
TOWARDS PIE. AS I STOPPED TO WAIT FOR THE QUEUE TO ENTER PIE TO MOVE, SUDDENLY I
FELT A GREAT IMPACT FROM THE REAR. THE IMPACT WAS SO HUGE THAT IT CAUSED ME TO
PROPEL FORWARD AND HIT ANOTHER CAR INFRONT OF ME DESPITE HAVING MY FEET ON
BRAKES. I ALIGHTED FROM MY VEHICLE AND CAME TO REALISE THAT I WAS INVOLVED IN A 4-
CAR CHAIN COLLISION. INVOLVED VEHICLES AND THE SEQUENCE ARE AS FOLLOWED:
1ST VEHICLE - SFE3101A
2ND VEHICLE - SGP2210E
3RD VEHICLE - GBA2058S
4TH VEHICLE - SKA6580S

I FELT MUCH PAIN ON MY LOWER BACK, WHICH I THEN CONSULTED A DOCTOR AFTERWARDS.
I WAS AWARDED A 5-DAYS MC FROM THE DOCTOR.



**SINGAPORE
POLICE FORCE**



T/20191230/7028

3 of 3

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

Report No. T/20191230/7028

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 / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

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:
30/12/2019 20:01

Classification Of Case:

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

30/12/2019 14:50

Vehicle No. (For Motor)

SGP2210E

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"/>	5109176477		DR CAR LEASING	53397108W	GPC	drivo CLASSIC	SGP2210E	SGP2210E	30/04/2019	10/06/2020

Claim Handling

Accident MT/1077923

Policy No.	S109176477	Vehicle No.	SGP2210E	GST Registration No.	
Certificate No.					
Policyholder Name	DR CAR LEASING	Cover Type	drive CLASSIC	Policyholder NRIC	53397108W
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	NIL	Special Remark		Contact No. (Home)	
Email Address		TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Not available
Accident Details					
Report Date	31/12/2019 12:00	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	30/12/2019	Time of Accident hh:mm	14:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWARDS AYE(BEFORE BRADELL 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		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess	0.00				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	31/12/2019 12:02:02 System changed GST Status Verified from No to Yes				

Policyholder Mailing Address

Address 1	10 BUKIT BATOK CRESCENT	Address 2	#14-04 THE SPIRE	Address 3	SINGAPORE 658079
Address 4		Address Type	Singapore address	Post Code	658079
Unit No.	#14-04	Related Policy Number	S109176477		

Q2 Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed Driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX **New**

Claim Type *	OD-MX	Insured Name	DR CAR LEASING	Insured NRIC	53397108W
Contact No. (Mobile)	81592224	Contact No. (Home)		Contact No. (Office)	
Email Address		OT Vehicle Number	SGP2210E	TP Vehicle Number	G8A20585
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SGP2210E / G8A20585 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	03/01/2020 10:47	Claim Close Date		Date Received	03/01/2020 10:47
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1077923	Claim No.	002		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/01/2020 11:37		
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"/>
<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="button" value="Send Message"/>					
Attachment List					
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent?

(CO)

		File Name		Source		Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jan 2020 11:37	NRSC/ Driving License	Y	Normal	NKIC/ Driving License 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jan 2020 11:37	SAS		Normal	SAS 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jan 2020 11:36	Photos		Normal	Photos 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jan 2020 11:36	Photos		Normal	Photos 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jan 2020 11:36	Photos		Normal	Photos 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jan 2020 11:36	Photos		Normal	Photos 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jan 2020 11:36	Photos		Normal	Photos 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jan 2020 11:36	Photos		Normal	Photos 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jan 2020 11:36	Photos		Normal	Photos 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jan 2020 10:47	Photos		Normal	Photos 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jan 2020 10:47	Photos		Normal	Photos 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jan 2020 10:47	Photos		Normal	Photos 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jan 2020 10:47	Photos		Normal	Photos 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jan 2020 10:47	Photos		Normal	Photos 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Jan 2020 10:47	Photos		Normal	Photos 2020-1-3	
Video List						
Uploaded By/Date		Folder Date		File Name		Action
				Display in New Window		Scan and uploading