

NATIONAL Assessment Centre Services

Date In: 06/01/20	Job description	Date & Time Completed	Done by
Ref No: NM/INC20000238/13	SAS e-filing		
Veh No: FBQ16295	E-mail (within 2hrs. A/C 2hrs)		
D.O.A: 18/12/19 2045	i-Motor Claim Form	MT/1078593-001	
OD TP: Reporting Only	i-Motor W/O (Within 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: (Kim Keat (SBOC))	Tel:	Fax:
TP Particulars:	Veh No: SK150ED	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%; F: 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

NA2000338

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : 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 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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		
Cat 1:	Invoice dated	Fee Charged	
Cat 2 / 3:	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	06/01/2020 09:54
Date Of Accident	18/12/2019 20:45
Exact Location Of Accident	MAIN CIRCUIT (BBDC)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBQ1629S
Insured/Policyholder	
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Co Reg No	1XXXXX155R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64833167
Vehicle Particulars	
Manufacturer	HONDA
Model	CBF190WH
Exact Purpose for which vehicle was being used at time of accident	TRAINING
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	0073451220-15
Cover Note Number	
Driver	
Name of Driver	TIRTAWATI WIJAYA
NRIC No	SXXXXX131I
Date Of Birth	28/04/1978
Occupation	INDOOR
Date Of Driving Pass	18/12/2019
Driving Experience	0 YEAR AND 0 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98752234
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 275 BANGKIT ROAD #12-96
Postcode	670275
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TRAINEE
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	WET

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?	YES
Was any injured conveyed to hospital by ambulance?	NO
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?	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 INJURED PERSON 1

Name	TIRTAWATI WIJAYA
Approximate Age	
Injuries Sustain	PAIN ON SHOULDER & ARM(LEFT)
Injured person in which vehicle?	FBQ1629S
Were seat belts worn?	
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 re-evaluate 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.

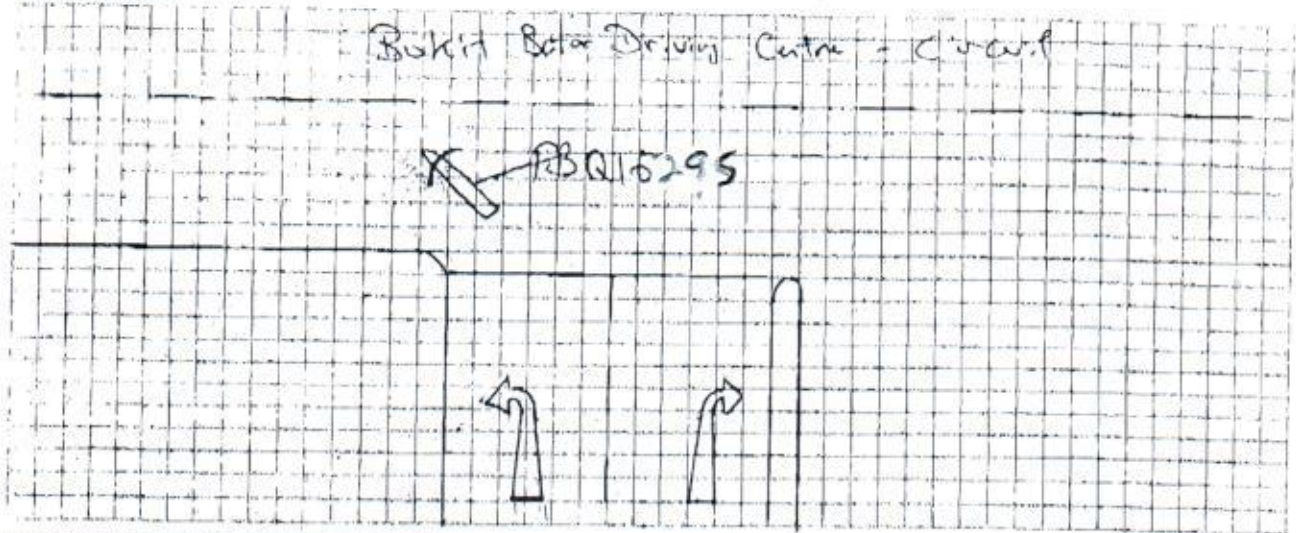
BUKIT BATOK DRIVING CENTRE LTD
615 BUKIT BATOK WEST AVENUE 6
SINGAPORE 659085
TEL: 6565 0777 FAX: 6565 0777

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I making left turn at stop line, as my bike moves, I release clutch at fast speed which caused my bike to skid and I fell to ground.

DECLARATION

BUKIT BATOK DRIVING CENTRE LTD
 315 BUKIT BATOK WEST AVENUE 5
 SINGAPORE 659085
 TEL: 656 0222 FAX: 6569 0777

Policyholder's Signature
 Date & Time:

Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

Reporting Centre Personnel's Signature
 Name:
 NRIC/IN-NO:

Sign 06/01/20

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident
18/12/19

Time
2045h

Location of Accident
Main Circuit RP

INSURED/POLICY HOLDER (VEHICLE A)	
Vehicle Registration Number	FBQ16293
Name of Policyholder	
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	
Address	
Contact Number	Tel: 65943515 Hp:
Occupation	
VEHICLE PARTICULARS (VEHICLE A)	
Vehicle Make / Model	Honda CB190H
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus (V/cycle) Others:
Exact Purpose for which vehicle was being used at the time of accident.	Training
Are you claiming under your own Insurance policy?	<input type="radio"/> Yes <input checked="" type="radio"/> No Remarks:
Vehicle category	<input type="radio"/> Private <input type="radio"/> Commercial <input checked="" type="radio"/> Motorcycle
INSURANCE COMPANY (VEHICLE A)	
Name of Insurance Company	NTUC
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> TP Fire & Theft <input type="radio"/> Third party
Fleet Policy	<input checked="" type="radio"/> Yes <input type="radio"/> No
Policy Number	00734151220
DRIVER	
Name of Driver	Intanah Wijaya
NRIC/ FIN/ Passport	378891312
Date of Birth	28/4/98
Occupation	
Driving Pass Date	
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female
Contact Number	Tel: Hp: 98452534
Address	Blk 275 Baylet Road #12-96
Email Address	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If No, relationship of Driver with the Insured.	Training
Vehicle Number of Driver's Own Vehicle (if applicable)	
Insurance of Driver's Own Vehicle (if applicable)	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (E.g. Chain Collision/ Head-On, etc)	Self-started
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others:
Road Surface	<input checked="" type="radio"/> Wet <input type="radio"/> Dry <input type="radio"/> Others:
Damage Area	Both side mirror broke
Approximate Speed	
OTHER INFORMATION	
Was there any foreign vehicle(s) involved?	<input checked="" type="radio"/> No <input type="radio"/> Yes
Was anybody injured in the accident? (including Witness)	<input type="radio"/> No <input checked="" type="radio"/> Yes
Was any other vehicle(s) or property damaged?	<input checked="" type="radio"/> No <input type="radio"/> Yes
Was there any camera video footage (in car)?	<input checked="" type="radio"/> No <input type="radio"/> Yes
DETAILS OF POLICE ACTION	
Was the accident reported to the Police?	<input checked="" type="radio"/> No <input type="radio"/> Yes
If Yes, please state which police station & Report No.	
Was notice of Intended Prosecution given?	<input checked="" type="radio"/> No <input type="radio"/> Yes
If Yes, against whom?	

OWN VEHICLE REGISTRATION NUMBER

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

Was Injured conveyed to hospital by ambulance?

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

Was Injured conveyed to Hospital by Ambulance?

As Driver

41
Pain on shoulder and arm (left)

☐ Yes

☒ No

☐ Yes

☒ No

☐ Yes

☐ No

☐ Yes

☐ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.

BUKIT BATOK DRIVING CENTRE LTD

615 BUKIT BATOK WEST AVENUE 5

SINGAPORE 659085

TEL: 6561 1233 FAX: 6562 0777

(Company Chop if applicable)

Date & Time

Date & Time

Signature of Driver / Date & Time

(If Driver is not the Policy Holder)

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 : 0073451220-15

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: FBQ1629S

Chassis Number

: LWBMC4694L1600322

2. Name of Policyholder

: BUKIT BATOK DRIVING CENTRE LTD

3. Effective Date of Insurance

: 07 Aug 2019

4. Expiry Date of Insurance

: 06 Aug 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 business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) 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)

: N/A

EXCESS (SECTION 2)

: N/A

EXCESS (THEFT OUTSIDE SINGAPORE)

: PLEASE REFER OVERLEAF

INSURE WITH COE

: YES

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: N/A

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 : BUKIT BATOK DRIVING CENTRE (00000662435)

Date of Issue : 02 Jan 2019 10.30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	FBQ16295		
Vehicle Type:	P00 - Passenger Motorcycle /Autocycle/Moped	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	HONDA	Vehicle Model:	CBF190WH
Chassis No.:	LWBMC4694L1600322	Engine No.:	MC46E5092170
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	1
Engine Capacity:	184 cc	Power Rating:	-
Maximum Power Output:	-		
Unladen Weight:	140 kg	Maximum Laden Weight:	310 kg
Primary Colour:	Red	Secondary Colour:	-
First Registration Date:	07 Aug 2019	Original Registration Date:	07 Aug 2019
Manufacturing Year:	2019	Open Market Value:	\$2,241.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$2,241.00 (15%)
Actual ARF Paid:	\$337.00		

Owner Particulars

Owner Name:	BUKIT BATOK DRIVING CENTRE LTD
Owner ID Type:	Company
Owner ID:	198801155R
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block /House No.:	815
Registered Street Name:	BUKIT BATOK WEST AVENUE 5
Registered Unit No.:	-

Registered Building Name: BUKIT BATOK DRIVING CENTRE
Registered Postal Code: 659085
COE No. / Expiry Date: 2019060106000802C / 06 Aug 2029
COE Bid Category: D - Motorcycle
QP Paid: \$3,352.00

Transaction Details

Business Transaction Ref. No.: 20190807110250943199
Business Transaction Date: 07 Aug 2019
Business Transaction Time: 11:02:50

Message

The above vehicle has been successfully registered.
Please note that \$3,741.00 will be deducted from your GIRO account.

Claim Handling

Accident MT/1078593

Policy No.	0073451229-15	Vehicle No.	FBQ16295	GST Registr
Certificate No.				
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD			Policyholder f
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	0	Contact No.(Office)	64831167	Contact No.(
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	06/01/2020 11:26	Accident Report Within 24 hrs	Yes	Accident Typ
Date of Accident	18/12/2019	Time of Accident hh:mm	20:45	Country of Ar
Reporting Centre		Orange Force		ICM No.
Accident Location	MAIN CIRCUIT (BBDC)			

Excess

Own damage Excess	0.00	Additional Excess		Windscreen E
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01
GST Registration No.	M2D9805321	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	815 BUKIT BATOK WEST AVENUE	Address 2	BUKIT BATOK DRIVING CENTRE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5114136654	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TIRTAWATI WIJAYA	Driver NRIC	SXXXX1111	Driver DOB
Register Date of Driver License	18/12/2019	Driver Age	41	Driving Exper
Contact No.(Mobile)	98751234	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 275	Address 2	BANGKIT ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#12-96			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insure

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	No Yes
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Modification History

Claim 001 OD-MX New

Claim Type	OD-MX	Insured Name	E
Contact No.(Mobile)		Contact No. (Home)	
Email Address	RACHEL@BBDC.SG	OI Vehicle Number	F
Claim Description	FBQ16295 ON 18 Dec 2019		
Preferred Workshop		Insured Liability	Fully at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered		GIA report	Received
Report Taken By	ROSLINDA	Claim Close Date	06/01/2020 11:30
		Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No.
Last Doc. Received

MT/1079593
* Yes No

Claim No.
Upload Date

001
06/01/2020 00:00

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

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Clear

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Category +

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Confid

NO

NO

NO

NO

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2020 11:30	NRIC/ Driving License	Y	Normal	NRIC/ D
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2020 11:30	NRIC/ Driving License	Y	Normal	NRIC/ D
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2020 11:29	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2020 11:29	Photos		Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2020 11:29	Photos		Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2020 11:29	Photos		Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2020 11:29	Photos		Normal	I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2020 11:29	Photos		Normal	I

Video List

Uploaded By/Date	Folder Date	File Name	?
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Display in New Window

Scan and uploading