

# NATIONAL Assessment Centre Services

[Ref: JAN05]

Date In: 09/01/20	Job description	Date & Time Completed	Done by
Ref No: NM/INC20000610/13	SAS e-filing		
Veh No: FBQ16547	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 13/12/19 1515	i-Motor Claim Form	MT/1079342-001	
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: (	KIM KEAT (BBOL	Tel:	Fax:
TP Particulars:	Veh No: SELF-FALL	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

NA2000415	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tp 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 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	09/01/2020 15:08
Date Of Accident	13/12/2019 15:15
Exact Location Of Accident	MINI CIRCUIT BBDC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBQ1654T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Co Reg No	1XXXXX155R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65943515
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	0073451220-15
Cover Note Number	
<b>Driver</b>	
Name of Driver	WANG JIE
NRIC No	SXXXX475E
Date Of Birth	21/08/1963
Occupation	INDOOR
Date Of Driving Pass	13/12/2019
Driving Experience	0 YEAR AND 0 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98559078
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	46A TOH TUCK ROAD #02-01
Postcode	596738
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	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?	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	WANG JIE
Approximate Age	
Injuries Sustain	TOE SWOLLEN
Injured person in which vehicle?	FBQ1654T
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 renew/reject 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.

RAJON DRIVING CENTRE LTD  
100, ROBINSON AVENUE #5  
SINGAPORE 068977  
TEL: 6507 1200 FAX: 6507 0777

Policyholder's Signature  
Date & Time: 6/1/2020

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 6/1/2020

Reporting Centre Person's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/12/19 @ 1530hrs, I attended subject 1.01. At about 1545hrs while practising moving off, I lost my balance ~~at~~ and fell off the bike on the left. I felt pain on my left feet but continued with the lesson.

## DECLARATION

HUNT MOTOR RACING CENTRE LTD  
 675 HUNTER ROAD, WEST AVON, BRISTOL  
 TEL: 01275 1234 FAX: 01275 1234

Policyholder's Signature

Date & Time: 6/1/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time: 6/1/2020

Reporting Centre Personnel's Signature

Name:

NRIC/ID No:



☐ Owner  
☐ Driver

# ACCIDENT STATEMENT

Date of Accident

13/12/2019

Time

15:15hrs

Location of Accident

Mhi Circuit

## INSURED/POLICY/HOLDER (VEHICLE A)

Vehicle Registration Number

4FBR 1654 T

Name of Policyholder

NRIC/ FIN/ Passport/ ROC (If Policyholder is company)

Address

Contact Number

Tel: 65945353

Hp:

Occupation

## VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

Honda CBF190H

Type of Vehicle

Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others:

Exact Purpose for which vehicle was being used at the time of accident.

Training

Are you claiming under your own insurance policy?

☐ Yes

☐ No

Remarks:

Vehicle category

☐ Private

☐ Commercial

☒ Motorcycle

## INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

NTUC

Type of Policy

☒ Comprehensive

☐ TP Fire & Theft

☐ Third party

Fleet Policy

☒ Yes

☐ No

Policy Number

00734151220

## DRIVER

Name of Driver

WANG JIE

NRIC/ FIN/ Passport

S26864756

Date of Birth

21 Aug 1963

Occupation

Retiree

Driving Pass Date

Gender

☐ Male

☒ Female

Contact Number

Tel:

Hp:

46A Joh Rick Road #02-01 S (696735)

Email Address

WJ1901@163.com

Was driver an employee of the Insured's Company?

☐ Yes

☒ No

If No, relationship of Driver with the Insured.

Trainer

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-fall

Weather Conditions

☒ Clear

☐ Raining

☐ Others:

Road Surface

☐ Wet

☒ Dry

☐ Others:

Damage Area

No damage

Approximate Speed

0km/h

## OTHER INFORMATION

Was there any foreign vehicle(s) involved?

☒ No

☐ Yes

Was anybody injured in the accident? (Including Witness)

☐ No

☒ Yes

Was any other vehicle(s) or property damaged?

☒ No

☐ Yes

Was there any camera video footage (in car)?

☒ No

☐ Yes

## DETAILS OF POLICE ACTION

Was the accident reported to the Police?

☒ No

☐ Yes

If Yes, please state which police station & Report No.

Was notice of intended Prosecution given?

☒ No

☐ Yes

If Yes, against whom?



OWN VEHICLE REGISTRATION NUMBER

FBQ 1654T

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?

Declaration

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

BUKIT BATOK DRIVING CENTRE LTD

315 BUKIT BATOK WEST AVENUE 5

SINGAPORE 659005

TELEPHONE 65924515/65910777

(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time  
(If Driver is not the Policy Holder)

Date & Time

## 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 : FBQ1654T  
Chassis Number : LWBMC4690L1600334
  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.:	FBQ1654T		
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.:	LWBMC4690L1600334	Engine No.:	MC46E5092151
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
PARE Eligibility:	No	Minimum PARE 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: 2019060106000822M / 06 Aug 2029  
COE Bid Category: D - Motorcycle  
QP Paid: \$3,352.00

#### Transaction Details

Business Transaction Ref. No.: 20190807114710002242  
Business Transaction Date: 07 Aug 2019  
Business Transaction Time: 11:47:10

#### 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/1079342

Policy No.	8073451229-15	Vehicle No.	FBQ1654T	GST Registrat
Certificate No.				
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD			Policyholder I
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	0	Contact No.(Office)	65943515	Contact No.(I
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	09/01/2020 16:43	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/12/2019	Time of Accident hh:mm	13:15	Country of Ar
Reporting Centre		Orange Force		ICM No.
Accident Location	MINI 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		Q1,
GST Registration No.	M200805324	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	WANG JIE	Driver NRIC	SXXXXX/5E	Driver DOB
Register Date of Driver License	13/12/2019	Driver Age	56	Driving Expe
Contact No.(Mobile)	98559078	Contact No.(Office)	0	Contact No.(I
Address 1	46A TOH TUCK ROAD	Address 2	SIGNATURE PARK	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#02-01			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insur
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	

Modification History

Claim 001 OD-MX New

Claim Type	OD-MX	Insured Name	
Contact No.(Mobile)		Contact No. (Home)	
Email Address	RACHEL@BBDC.SG	OI Vehicle Number	F
Claim Description	FBQ1654T ON 13 Dec 2019		
Preferred Workshop		Insured Liability	Fully at Fault
Preferred Repair Option	Yes	Preferred Workshop (refer below)	
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	09/01/2020 16:48
		Workshop Repairer	ROSINDA

Print AK letter

Save Submit

Attachment

https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do



Accident No.:

MT/1029342

Claim No.:

001

Last Doc. Received:

\* Yes No

Upload Date:

09/01/2020 00:00

Path \*

Category \*

Confid:

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

Choose File No file chosen

Choose File No file chosen

Clear

Please Select ▼

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NO

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NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2020 16:48	NRIC/ Driving License	Y	Normal	NRIC/ D
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2020 16:48	NRIC/ Driving License	Y	Normal	NRIC/ D
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2020 16:47	SAS		Normal	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2020 16:47	Photos		Normal	I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2020 16:47	Photos		Normal	I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2020 16:47	Photos		Normal	I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2020 16:47	Photos		Normal	I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2020 16:47	Photos		Normal	I

Video List

Uploaded By/Date	Folder Date	File Name	?
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