

NATIONAL Assessment Centre Services

[Part 1 Jan'09]

MNA 120004894

Date In: 11/11/20 14:35	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAI/INC 2000 697/hy			
Veh No: SJP 585 B	E-mail (within 3hrs, A/C 2hrs)		
TPA: 10/11/20 11:35	I-Motor Claim Form	MT/1079634 ⁰⁰¹	11/11/20 17:16
OT: <input checked="" type="radio"/> 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:

FBE 959 8H

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:

MNA 2000481

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref:

Date:

Invoice Preparation Checklist

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

2000

2) DA: Damage Assessment (\$100): INC (\$30)

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

4) FT: Follow-Through Survey \$120

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

For claimants against INC Only (w/c 10 Jan 2009)

6) TR: Re-inspection \$75

7) N1: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:

Q1:

*N3: 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

2000

2000

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	11/01/2020 14:35
Date Of Accident	10/01/2020 11:35
Exact Location Of Accident	PAYA LEBAR RD JUNC WITH SIMS AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP585B
Insured/Policyholder	
Name Of Registered Owner	TAN SIO FOON
NRIC No	SXXXX653D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90199553
Alternative Phone No	OFFICE-90199553

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108768739
Cover Note Number	

Driver

Name of Driver	LIM TONG WEE (LIN ZHONGWEI)
NRIC No	SXXXX850I
Date Of Birth	21/02/1976
Occupation	OUTDOOR
Date Of Driving Pass	08/12/1997
Driving Experience	22 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90199553
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 216A COMPASSVALE DR #16-536
Postcode	541216
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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: : UNKNOWN GENDER: : FEMALE

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/20200111/2057

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	FBE9598H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD ARHAM BIN MOHAMED SAHLAN
NRIC/Passport Number	SXXXX735I
Contact Number	91254049
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIM TONG WEE (LIN ZHONGWEI)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJP585B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

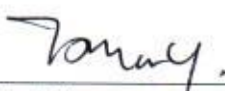
IMPORTANT NOTICE

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.:

s Ave

PLQ

A

B

A = SJP 585 B

B = FBE 9598 H.

Paya Lebar Rd

B = FBE 9598 H.

Refer to Police Report T/20200111/2057

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

Driver's Signature





SINGAPORE POLICE FORCE



T/20200111/2057

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

1 of 4

Report No. T/20200111/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/01/2020 13:35	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars

Name of Informant: LIM TONG WEE			Address: APT BLK 216A COMPASSVALE DRIVE #16-536 SINGAPORE 541216		
ID Type / ID No.: NRIC NO / S76048501			Contact No.: Home/Office: Mobile: 90199553		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 21/02/1976	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: GOJEK 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: 10/01/2020 11:35	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 SIMS AVENUE PAYA LEBAR ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 60 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE9598H	Motorcycle				No Damage	0
SJP585B	Car				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/20200111/2057

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Report No. T/20200111/2057

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

CONTINUATION OF REPORT

Driver			
Name	LIM TONG WEE	ID No.	S7604850I
Related Vehicle	SJP585B (Car)	Contact No.	90199553
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/01/2020	Date Discharge	11/01/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Rider			
Name	MUHAMMAD ARHAM BIN MOHAMED SAHLAN	ID No.	S9417735I
Related Vehicle	NIL	Contact No.	91254049
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 10/1/2020 at about 1140hrs, I was working as a Gojek driver, driving my vehicle bearing plate number SJP585B along Guillemard road towards Paya Lebar road. I approached a cross junction of Paya Lebar and Sims avenue. I was at lane 2 of a 4-lane road having the intention of turning right towards Sims Avenue. As the traffic light was red for turning right, I waited at the stop light. I was the first vehicle. When the arrow turn green, I move forward. When my car had almost passed the stop line, a motorcycle bearing plate number FBE9598H had cut in and side swiped my car. The motorcycle had collided on my left front bumper. He lost balanced and fell down on the road.

I exited my vehicle and make a check on the rider. He informed me he does not require ambulance service. I checked on my passenger and they informed me that they are fine as well and does not require medical attention. My car sustained scratches on the front left bumper. My fog light was damaged as well. We managed to exchange particulars.

The morning of 11/1/2020. I felt aches on my back and have stiff necks, I decided to see the doctor. I was given medication and 3 days MC.

Initially we agreed to settle privately however in the morning of 11/1/2020 at about 1046hrs, the rider informed me he wishes to settle via insurance and wants to lodge a traffic accident report. Thus, I am lodging a traffic accident report as well. I wish to state that it was not raining and the road was dry. No other parties was involved in the accident and no government properties damaged. I have a in car camera as well.



**SINGAPORE
POLICE FORCE**



T/20200111/2057

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Report No. T/20200111/2057

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

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200111/2057

4 of 4

Report No. T/20200111/2057

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

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 /
Sgt 3 MUHAMMAD FIKRI BIN MOHD FADIL

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Signature Of Informant:

Jimmy

Date/Time:
11/01/2020 13:35

Classification Of Case:

[Signature]

Authentication Stamp
NP168

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: 5108768739

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJP585B**
Chassis Number : MR053ZEE106141480
2. Name of Policyholder : TAN SIO FOON
3. Effective Date of Insurance : 17 Apr 2019
4. Expiry Date of Insurance : 16 Apr 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LIM TONG WEE
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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of Issue : 16 Apr 2019 14:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1079634

Policy No.	S108768739	Vehicle No.	SJP585B	GST Registration No.	
Certificate No.					
Policyholder Name	TAN SIO POON			Policyholder NRIC	S7472653D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90199553	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	11/01/2020 17:13	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	10/01/2020	Time of Accident hh:mm	11:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PAYA LEBAR RD JUNC WITH SIMS AVE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	2000.00	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	BLK 216A #16-536	Address 2	COMPASSVALE DRIVE	Address 3	COMPASSVALE MAST
Address 4	SINGAPORE 541216	Address Type	Singapore address	Post Code	541216
Unit No.		Related Policy Number	S108768739		

01 Driver Info

Driver Name	LIM TONG WEE	Driver Type	Main Driver	Driver DOB	21/02/1976
Unnamed driver Name		Driver NRIC	S76048501	Driving Experience	22
Register Date of Driver License	08/12/1997	Driver Age	43	Contact No.(Home)	
Contact No.(Mobile)	90199553	Contact No.(Office)		Contact No.3	COMPASSVALE MAST
Address 1	BLK 216A #16-536	Address 2	COMPASSVALE DRIVE	Post Code	541216
Address 4	SINGAPORE 541216	Address Type	Singapore address		
Unit No.	16-536				
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
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	TAN SIO POON	Insured NRIC	S7472653D
Contact No.(Mobile)	92992805	Contact No.(Home)		Contact No.(Office)	
Email Address	agnestiff@yahoo.com	TP Vehicle Number	SJP585B	Vehicle Number	F8E951
Claim Description	SJP585B / F8E951H ON 10 Jan 2020				
Preferred Workshop	0	Insured Liability	Not at Fault	Name of Preferred Workshop	0
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	11/01/2020 17:15	Claim Close Date		Date Received	11/01/2020
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save Submit

Attachment

Accident No.		MT/1079634		Claim No.		001					
Last Doc. Received		<input checked="" type="radio"/> Yes <input type="radio"/> No		Upload Date		11/01/2020 17:16					
Path *				Category *		Confidential		Urgency *		Desc	
Choose File	No file chosen			Clear	Please Select	NO	Normal				
Choose File	No file chosen			Clear	Please Select	NO	Normal				
Choose File	No file chosen			Clear	Please Select	NO	Normal				
Choose File	No file chosen			Clear	Please Select	NO	Normal				
Choose File	No file chosen			Clear	Please Select	NO	Normal				
Choose File	No file chosen			Clear	Please Select	NO	Normal				
Choose File	No file chosen			Clear	Please Select	NO	Normal				
Message Read											

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jan 2020 17:16	NRIC/ Driving License	Y	NRIC/ Driving License 2020-1-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jan 2020 17:16	SAS	Normal	SAS 2020-1-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jan 2020 17:16	Photos	Normal	Photos 2020-1-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jan 2020 17:16	Photos	Normal	Photos 2020-1-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jan 2020 17:16	Photos	Normal	Photos 2020-1-11
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jan 2020 17:16	Photos	Normal	Photos 2020-1-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jan 2020 17:15	Photos	Normal	Photos 2020-1-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jan 2020 17:15	Photos	Normal	Photos 2020-1-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jan 2020 17:15	Photos	Normal	Photos 2020-1-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jan 2020 17:15	Photos	Normal	Photos 2020-1-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jan 2020 17:15	Photos	Normal	Photos 2020-1-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jan 2020 17:15	Photos	Normal	Photos 2020-1-11

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	