

NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MAIA 20006273

Date In: 14/1/20 15:28	Job description	Date & Time Completed	Done by
Ref No: NA/14C-20000874/24	SAS e-filing		
Veh No: JM63233D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 10/1/20 20:50	i-Motor Claim Form	17/1/20 08:05 T-02	14/1/20 15:40
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: FE818bm

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/2000527	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against JNC 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		
Lat 1:	Invoice dated	Fee Charged	
Lat 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	14/01/2020 15:28
Date Of Accident	10/01/2020 20:50
Exact Location Of Accident	JALAN BESAR TWDS ROCHOR CANAL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG3233J
Insured/Policyholder	
Name Of Registered Owner	CHUN DENIS CAROL
NRIC No	SXXXX774D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85184659
Alternative Phone No	OFFICE-85184659

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	TOWN BEE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5107938817-01
Cover Note Number	

Driver

Name of Driver	CHUN DENIS CAROL
NRIC No	SXXXX774D
Date Of Birth	27/07/1990
Occupation	INDOOR
Date Of Driving Pass	21/02/2019
Driving Experience	0 YEAR AND 10 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-85184659
Fax Number	
Contact Number	OFFICE-85184659
Email Address	NOEMAIL

Address	BLK 2 LORONG 7 TOA PAYOH #04-05
Postcode	310002
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	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)	1

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/20200111/7022.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FE8180M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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:

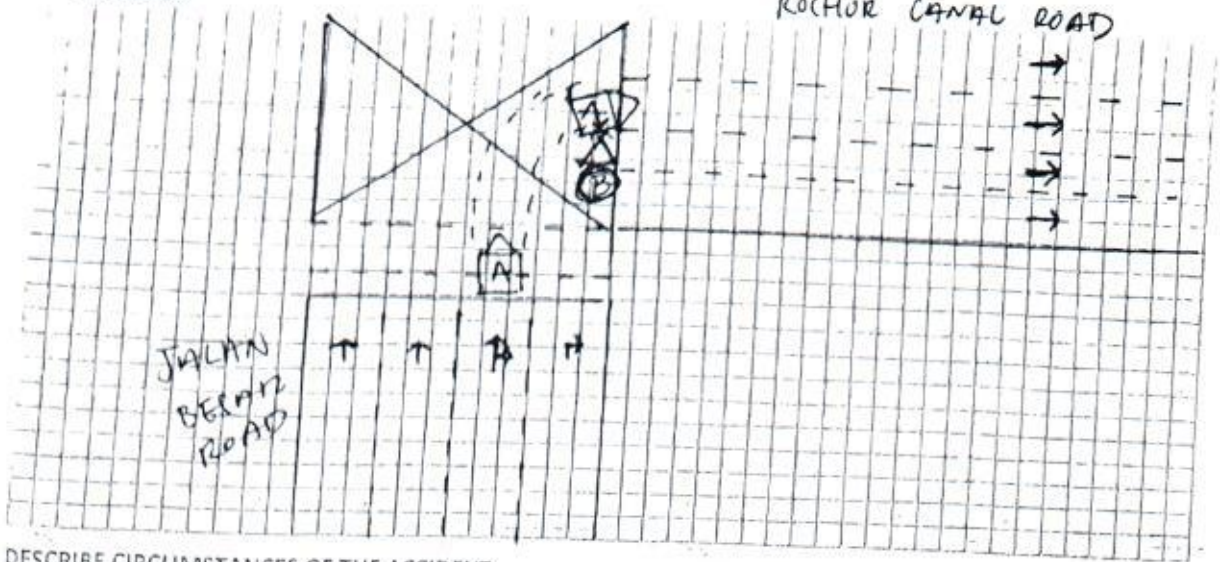
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

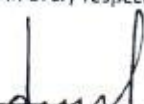
Refer to Police Report

DECLARATION

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



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.:

Date of Accident : 10/1/2020 Accident Time: 2050 (24-HR-Format)
Accident Place : Jalan Besar Road before Puchong (Car) Road
Vehicle Reg. No. (Car Plate No.) : SMG 3233 J
Vehicle Make/Model : Mitsubishi - Town Bee
Insurance Company : NTUC Policy No. _____
Owner or Company Name / IC No. : Chun Dennis Carol 590267741
Owner or Company Contact No. : 8518 4654 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Chun Dennis Carol 590267741
DRIVER'S Date Of Birth : _____ DRIVER'S License Pass Date _____
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
DRIVER'S Address : Blk 2 Loring 7 Toa Payoh #04-05 310002
DRIVER'S Contact No. / Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Admin @ my car. 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): 01 No injury
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: <u>FE8180M</u>	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____



**SINGAPORE
POLICE FORCE**



T/20200111/7022

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

1 of 3

Report No. T/20200111/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/01/2020 19:38		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHUN DENIS CAROL			Address: APT BLK 2 LORONG 7 TOA PAYOH #04-05 SINGAPORE 310002		
ID Type / ID No.: NRIC NO / S9026774D			Contact No.: Home/Office:		Mobile: 85184659
Nationality: SINGAPORE CITIZEN			Email: deniscarolc@gmail.com		
Sex: Female	Age: 29	Date of Birth: 27/07/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			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 20:50	Type of Location: X-Junction
Location: JALAN BESAR				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FE8180M	Motorcycle				Slightly Damaged	0
SMG3233J	Car	MITSUBISHI	TOWN BEE	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG3233J	NTUC Income Insurance Co-Operative Limited	5107938817-01	24/12/2019	23/12/2020



**SINGAPORE
POLICE FORCE**



T/20200111/7022

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

2 of 3

Report No. T/20200111/7022

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AZIM	ID No.	NIL
Related Vehicle	FE8180M (Motorcycle)	Contact No.	83337454
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	CHUN DENIS CAROL	ID No.	S9026774D
Related Vehicle	SMG3233J (Car)	Contact No.	85184659
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.

I was travelling along Jalan Besar Road turning right into rochor canal road in my vehicle SMG3233J. It was green light throughout the time i was driving straight then making a turn to rochor canal road. I was on the 2nd lane which can either go straight or turn right, but when i make the right turn i felt a impact on my right door and realise that a motorbike bearing FE8180M has collided onto my car. The motorbike is on a turn right only lane but i think he is actually trying to go straight. We shifted our vehicles to the side of the road as not to block the traffic and i check if he is injured. I ask if he needs an ambulance but the rider told me that he is fine and not injured, and he does not have a dash camera. I mention that i do have a in car camera and we exchange contacts and left. When i was driving back he text me and claims that he fracture his arms and he only mention that he felt giddy at 2300 after he went to the hospital for medical examination. I am lodging this report as the rider told me that he is given 3days and above MC by the doctor.



**SINGAPORE
POLICE FORCE**



T/20200111/7022

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

3 of 3

Report No. T/20200111/7022

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 /
ONG YONG HOCK
Contact No.: 65476436

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:
11/01/2020 19:38

Classification Of Case:

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor): 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"/>	5107938817-01		CHUN DENIS CAROL	S9026774D	GPC	Third Party	SMG3233J	SMG3233J	24/12/2019	23/12/2020

Policy Information

Policy No.	5107938817-01	Policyholder Name	CHUN DENIS CAROL	Policyholder NRIC	S9026774D
Certificate No.					
Address	BLK 2 #04-05 LORONG 7 TOA PAYOH KIM KEAT COURT SINGAPORE 310002				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	24/12/2019	Effective Date	24/12/2019 00:00	Expiry Date	23/12/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0		
Agent	JG MOTOR AGENCY	Agent Tel.	63440727	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Young/Inexperience Driver Excess

Policyholder Mailing Address

Address 1	BLK 2 #04-05	Address 2	LORONG 7 TOA PAYOH	Address 3	KIM KEAT COURT
Address 4	SINGAPORE 310002	Address Type	Singapore address	Post Code	310002
Unit No.	04-05	Related Policy Number	5107938817-01		

Insured Object: SMG3233J

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1080055

Policy No.	5107938817-01	Vehicle No.	SMG32333	GST Registration No.	
Certificate No.					
Policyholder Name	CHUN DENIS CAROL				
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Policyholder NRIC	S9026774D
Contact No. (Mobile)	85184659	Contact No. (Office)	0	Loading	0
Email Address		Special Remark		Contact No. (Home)	0
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
NCD Protection	No	NCD Entitlement(%)	10	eCode Reason	
Accident Details				Private Hire	No
Report Date	14/01/2020 15:38	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	10/01/2020	Time of Accident h:mm	20:50	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	JALAN BESAR TWOS ROCHER CANAL RD.				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 2 #04-05	Address 2	LORONG 7 TOA PAYOH	Address 3	KIM KEAT COURT
Address 4	SINGAPORE 310002	Address Type	Singapore address	Post Code	310002
Unit No.	04-05	Related Policy Number	5107938817-01		

OI Driver Info

Driver Name	CHUN DENIS CAROL	Driver Type	Main Driver	Driver DOB	27/07/1990
Unnamed driver Name		Driver NRIC	S9026774D	Driving Experience	0
Register Date of Driver License	21/02/2019	Driver Age	29	Contact No. (Home)	0
Contact No. (Mobile)	85184659	Contact No. (Office)	0	Address 3	KIM KEAT COURT
Address 1	BLK 2	Address 2	LORONG 7 TOA PAYOH	Post Code	310002
Address 4	SINGAPORE 310002	Address Type	Singapore address		
Unit No.	04-05				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **new**

Claim Type *	OD-MX	Insured Name	CHUN DENIS CAROL	Insured NRIC	S9026774D
Contact No. (Mobile)	85184659	Contact No. (Home)	85636671	Contact No. (Office)	
Email Address	DENISCAROLC@GMAIL.COM	DI Vehicle Number	SMG32333	TP Vehicle Number	FEB18DM
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMG32333 / FEB18DM ON 10 Jan 2020				
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	14/01/2020 15:40	Claim Close Date		Date Received	14/01/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print Ack letter					

Save Submit

Attachment

Accident No.	MT/1080055	Claim No.	001
Last Doc Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/01/2020 15:40
Path *		Category *	
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select
	Browse...	Clear	Please Select

Attachments

Attachment List

☐ Send Message

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CD)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2020 15:40	NRIC/ Driving License	Y	NRIC/ Driving License 2020-1-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2020 15:40	SAS	Normal	SAS 2020-1-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2020 15:40	Photos	Normal	Photos 2020-1-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2020 15:40	Photos	Normal	Photos 2020-1-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2020 15:40	Photos	Normal	Photos 2020-1-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2020 15:40	Photos	Normal	Photos 2020-1-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2020 15:40	Photos	Normal	Photos 2020-1-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2020 15:40	Photos	Normal	Photos 2020-1-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2020 15:40	Photos	Normal	Photos 2020-1-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 14 Jan 2020 15:40	Photos	Normal	Photos 2020-1-14	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	