

NATIONAL Assessment Centre Services

(ver 1 Jan 05)

MNA 12000 8103

Date In	171120 16:29	Job description	Date & Time Completed	Done by
Ref No	NA11MC20001099164	SAS e-filing		
Veh No	SJR 6657 C	E-mail (within 3hrs, AIC 2hrs)		
IP Ins	161120 18:10	I-Motor Claim Form	MT11080636 <sup>001</sup>	171120 16:43
ODI - TP Rep (Only)		I-Motor W/O (within: OD 2hrs, TP 4hrs)		
IP Insurer:		I-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / GW: ( ) Tel: ( ) Fax: ( )

IP Particulars: Veh No: SMC 7209A. 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 repoler.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:	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

MA 2000 672

Client's Particulars	Invoice Preparation Checklist	Am't (\$)	Adit (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$10)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Bgr-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming status: INC Only (ver 10 Jan 2005)		
	6) TR: Re-inspection \$73		
	7) NI: Idax DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	QI:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Coordination \$10		
	*NF: Post Repair Inspection \$23		
	*NI: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idax Mobile \$0		
	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	17/01/2020 16:29
Date Of Accident	16/01/2020 18:10
Exact Location Of Accident	CANTONMENT RD B4 CROSS JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR6657C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHL MOTOR PTE. LTD.
Co Reg No	2XXXXX814M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62826184

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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	REPORTING ONLY
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	5109792828
Cover Note Number	

### Driver

Name of Driver	GREGORY CHAN SU-PIN
NRIC No	SXXXX125E
Date Of Birth	04/07/1974
Occupation	OUTDOOR
Date Of Driving Pass	06/03/2006
Driving Experience	13 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81127383
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 316 SHUNFU RD #07-66
Postcode	570316
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	COLLISION - CHANGE/CROSS LANE
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?	
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	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 20 BISHAN STREET 23 , <b>POSTCODE:</b> 579757 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5529999 - <b>FAX NO:</b> 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200117/2034

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVENT RETRIEVE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC7209A
Vehicle Make/Model/Colour	
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)

## 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.

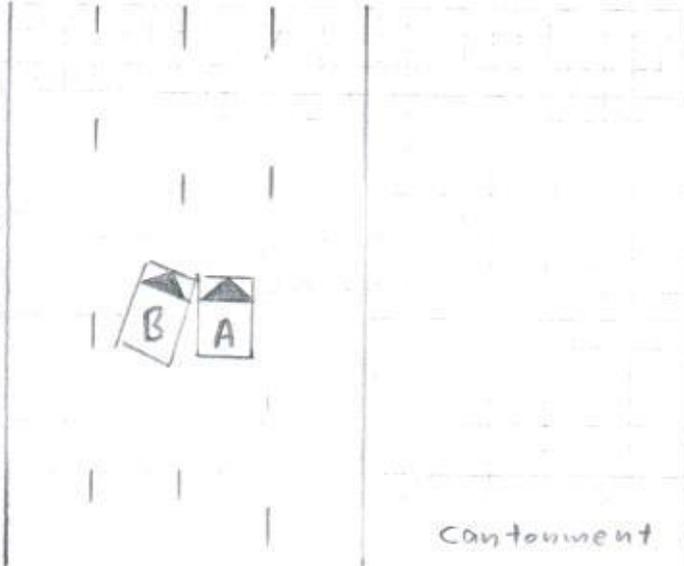


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



A = SJR 6657C  
B = SMC 7209A.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

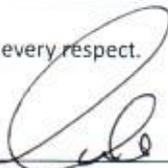
Refer to Police Report T/20200117/2034.

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.:

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 16 / 1 / 20 ) (DD/MM/YYYY), TIME: ( 18 : 10 ) (HH:MM)

LOCATION: Can tonment Rd B4 cross Junction.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJR 6657 C  
b) INSURANCE COMPANY: INC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Hyundai Avante  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: SHL motor Pte Ltd (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 62826184  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Gregory chan Su Pin (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 81127383  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: ( \_\_\_ / \_\_\_ / \_\_\_ ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)  
IF YES, PLEASE STATE WHICH POLICE STATION: Bishan NPC.

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMC 7209 A. MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passengers  
(including driver)  
(1)

\* No of passengers  
(including driver)  
( )

\* No of passengers  
(including driver)  
( )

\* IC.

Email =

fax =

VIDEO = Yes.





**SINGAPORE  
POLICE FORCE**



T/20200117/2034

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20200117/2034

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	GREGORY CHAN SU-PIN	ID No.	S7424125E
Related Vehicle	SJR6657C (Car)	Contact No.	81127383
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	NIL
<b>Driver</b>			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SMC7209A (Car)	Contact No.	NIL
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 16/1/2020 at about 1810hrs, I was driving my vehicle (SJR6657C) along the extreme right lane of Cantonment Road.

Later, I then made the left lane change to the 2nd extreme right lane after checking that my blind spot is clear, as I wanted to turn left into Kampong Bahru road later on. In the midst of doing the left lane change, a vehicle (SMC7209A) collided onto the front left side of my vehicle. The other vehicle then signalled me to stop at another side. As I was in a rush to pick up a colleague, I did not stop to exchange particulars with the other driver. I wish to inform that I have an in-car CCTV that may record the accident however, I am not sure if it is working. I wish to state that I am not injured at the point of time. Due to the collision, my side mirror was broken, my front left side of my vehicle sustained scratches and dents.

I am lodging this report for insurance claims.



**SINGAPORE  
POLICE FORCE**



T/20200117/2034

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Report No. T/20200117/2034

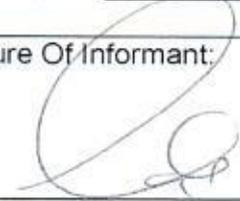
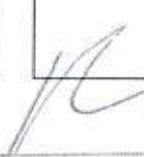
Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

**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: E / Sgt 3 PANG XIU KANG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/01/2020 11:05
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	Classification Of Case: 
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:** 5109792828-000018 **Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SJR6657C**  
Chassis Number : KMHDU41BR9U800785
2. Name of Policyholder : SHL MOTOR PTE. LTD.
3. Effective Date of Insurance : 23 May 2019
4. Expiry Date of Insurance : 22 May 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : ONE STOP INSURANCE AGENCY (00000571115)

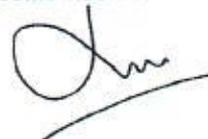
Date of Issue : 22 May 2019 16:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

**Claim Handling**

**Accident MT/1080636**

Policy No.	5109792828	Vehicle No.	SJR6657C	GST Registration No.	
Certificate No.	5109792828-000018				
Policyholder Name	SHL MOTOR PTE. LTD.			Policyholder NRIC	201611814M
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	62826184	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	No
<b>Accident Details</b>					
Report Date	17/01/2020 16:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Charge / Cross L
Date of Accident	16/01/2020	Time of Accident hh:mm	18:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CANTONMENT RD B4 CROSS JUNCTION				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess		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	0.00	Total TP Excess Applicable	1,500.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	51 UBI AVENUE 1	Address 2	#01-09 PAYA UBI INDUSTRIAL F	Address 3	SINGAPORE 408933
Address 4		Address Type	Singapore address	Post Code	408933
Unit No.	01-09	Related Policy Number	5105872558-01		
<b>O1 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	GREGORY CHAN SU-PIN	Driver NRIC	SXXXX125E	Driver DOB	04/07/1974
Register Date of Driver License	06/03/2006	Driver Age	45	Driving Experience	13
Contact No.(Mobile)	81127383	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 316 #07-66	Address 2	SHUNFU ROAD	Address 3	SINGAPORE 570316
Address 4		Address Type	Singapore address	Post Code	570316
Unit No.	07-66				
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		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	SHL MOTOR PTE. LTD.	Insured NRIC	201611	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	+	
Email Address		O1 Vehicle Number	SJR6657C	TP Vehicle Number	SMC72	
Claim Description	SJR6657C / SMC72094 ON 16 Jan 2020				Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Partially at Fault	GIA report	Received	
Preferred Repair Option	Yes	Preferred Workshop, Name unknown		Claim Close Date	17/01/2020 16:43	
Date Registered				Date Received	17/01/	
Report Taken By	JIEW SHAN HUI					

Print AK letter

Save Submit

**Attachment**

Accident No.	MT/1080636	Claim No.	001
Last Doc. Received	Yes No	Upload Date	17/01/2020 16:43
Path *		Category *	
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
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		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jan 2020 16:43	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jan 2020 16:43	SAS		Normal	SAS 2020-1-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jan 2020 16:43	Photos		Normal	Photos 2020-1-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jan 2020 16:43	Photos		Normal	Photos 2020-1-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jan 2020 16:43	Photos		Normal	Photos 2020-1-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jan 2020 16:43	Photos		Normal	Photos 2020-1-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jan 2020 16:43	Photos		Normal	Photos 2020-1-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jan 2020 16:43	Photos		Normal	Photos 2020-1-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jan 2020 16:43	Photos		Normal	Photos 2020-1-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jan 2020 16:43	Photos		Normal	Photos 2020-1-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jan 2020 16:43	Photos		Normal	Photos 2020-1-17
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jan 2020 16:43	Photos		Normal	Photos 2020-1-17

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"/>				