

NATIONAL Assessment Centre Services: [part 1 Jan09] MMA 120008132

Date In: 17/1/20 16:50	Job description	Date & Time Completed	Done by
Ref No: MAI ^{INC} 17/1/200081105/h4	SAS e-filing		
Veh No: SKS 3378K	E-mail (within 3hrs, AIC 2hrs)		
DDA: 17/1/20 10:10	I-Motor Claim Form	MT/1080652 ⁰⁰¹	17/1/20 17:20
AD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SHA 1828 Y.	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: 6730 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

<p>MA 2000671</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Sub 1:</p> <p>Sub 2:</p>	<p>Invoice Preparation Checklist</p> <table border="1"> <tr> <td>1) AR: Accident Reporting (\$30)</td> <td>INC (\$10)</td> <td>30.00</td> </tr> <tr> <td>2) DA: Damage Assessment (\$100)</td> <td></td> <td></td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$40/\$43</td> <td></td> </tr> <tr> <td>4) PT: Follow-Through Survey</td> <td>\$120</td> <td></td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> <td></td> </tr> <tr> <td colspan="3">For claiming against INC Only (wef 10 Jan 2009)</td> </tr> <tr> <td>6) TR: Re-Inspection</td> <td>\$73</td> <td></td> </tr> <tr> <td>7) NI: Idao DA + SMRT Survey</td> <td>\$160</td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> <td></td> </tr> <tr> <td> Q1:</td> <td></td> <td></td> </tr> <tr> <td> • N5: Courtesy Car / Tpt Allowance</td> <td>\$5</td> <td></td> </tr> <tr> <td> • N6: Repair Coordination</td> <td>\$10</td> <td></td> </tr> <tr> <td> • N7: Post Repair Inspection</td> <td>\$23</td> <td></td> </tr> <tr> <td> • N8: DV / Collect Excess Coordination</td> <td>\$3</td> <td></td> </tr> <tr> <td>TP (N11): TP (N1a INC) against INC</td> <td>\$20</td> <td></td> </tr> <tr> <td>9) N12: Idao Mobile</td> <td>\$0</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> </tr> </table>	1) AR: Accident Reporting (\$30)	INC (\$10)	30.00	2) DA: Damage Assessment (\$100)			3) TP: Towing Fee	\$40/\$43		4) PT: Follow-Through Survey	\$120		5) PT: Follow-Through Survey (Resurvey)	\$30		For claiming against INC Only (wef 10 Jan 2009)			6) TR: Re-Inspection	\$73		7) NI: Idao DA + SMRT Survey	\$160		8) NTUC Additional Services:			Q1:			• N5: Courtesy Car / Tpt Allowance	\$5		• N6: Repair Coordination	\$10		• N7: Post Repair Inspection	\$23		• N8: DV / Collect Excess Coordination	\$3		TP (N11): TP (N1a INC) against INC	\$20		9) N12: Idao Mobile	\$0		Invoice dated	Fee Charged		Invoice dated	Fee Charged	
1) AR: Accident Reporting (\$30)	INC (\$10)	30.00																																																					
2) DA: Damage Assessment (\$100)																																																							
3) TP: Towing Fee	\$40/\$43																																																						
4) PT: Follow-Through Survey	\$120																																																						
5) PT: Follow-Through Survey (Resurvey)	\$30																																																						
For claiming against INC Only (wef 10 Jan 2009)																																																							
6) TR: Re-Inspection	\$73																																																						
7) NI: Idao DA + SMRT Survey	\$160																																																						
8) NTUC Additional Services:																																																							
Q1:																																																							
• N5: Courtesy Car / Tpt Allowance	\$5																																																						
• N6: Repair Coordination	\$10																																																						
• N7: Post Repair Inspection	\$23																																																						
• N8: DV / Collect Excess Coordination	\$3																																																						
TP (N11): TP (N1a INC) against INC	\$20																																																						
9) N12: Idao 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 16:50
Date Of Accident	17/01/2020 10:10
Exact Location Of Accident	BLK 413 PASIR RIS DR 6 SERVICE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS3378K
Insured/Policyholder	
Name Of Registered Owner	LEVIN AUTO
Co Reg No	5XXXX455L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88121318

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
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	5111271585
Cover Note Number	

Driver

Name of Driver	MOHAMAD IMRAN BIN MOHAMAD
NRIC No	SXXXX559E
Date Of Birth	11/09/1975
Occupation	OUTDOOR
Date Of Driving Pass	17/05/2003
Driving Experience	16 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87162713
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 417 PASIR RIS DR 6 #09-323
Postcode	510417
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	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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA1828Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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

Refer

to

Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

DECLARATION

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


Policyholder's Signature

Date & Time:




Driver's Signature

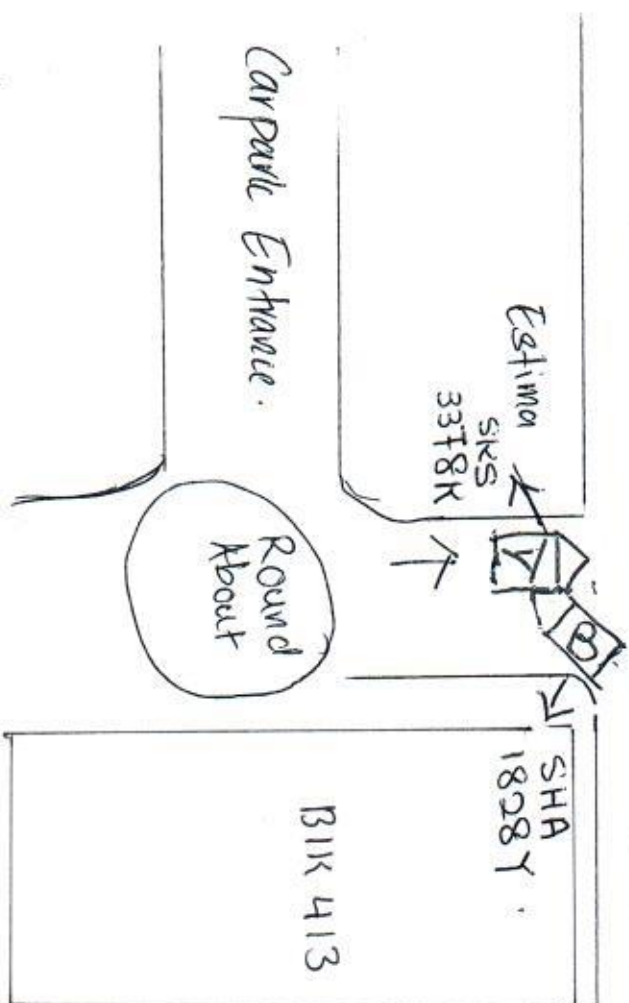
(if driver is not the policyholder)
Date & Time:



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

Blk 417 Pass Rts Dr6

Car park lot



17/1/2020
10-10 AM

SKS
33F8K

可机 HP 87162713

租车公司 HP 88121318

I WAS DRIVING INSIDE THE BLK 413 PASIR RIS DR 6 SERVICES RD, I STOP AT THE INTERSECTION TO CHECK FOR THE ON COMING TRAFFIC, SUDDENLY THE TAXI COMING FROM THE BLK 417 SERVICES RD TURNING LEFT INTO THE SERVICES ROAD I WAS, AS THE RESULT, THE TAXI HIT ONTO MY VEH RIGHT HAND SIDE.

ACCIDENT STATEMENT

ACCIDENT DATE: (17 / 1 / 20) (DD/MM/YYYY), TIME: (10 : 10) (HH:MM)

LOCATION: BIK 413 Pasir Ris Dr 6 Services Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKS 3378K
b) INSURANCE COMPANY: IMC.
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Estima.
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Commercial
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: Levin Auto. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 8812 1318.
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Mohamad Imran Bin mohamad. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 871 62 713
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: Hire.

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHA 1828 Y. 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: _____

7777 9058

* Sketch with chop Email = Asian motor Sport.
by email. fax =
VIDEO = No.

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: 5111271585.000017

Cover : drive CLASSIC

- | | |
|---|-----------------|
| 1. Index mark and Registration Number of Vehicle | SKS3378K |
| Chassis Number | ACR500080578 |
| 2. Name of Policyholder | LE VIN AUTO |
| 3. Effective Date of Insurance | 17 Jul 2019 |
| 4. Expiry Date of Insurance | 16 Jul 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	N/A
NAMED DRIVER (1)	N/A
NAMED DRIVER (2)	N/A
HIRE PURCHASE COMPANY	TECK WEI CREDIT PTE LTD
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: S & M ALLIANCE PTE LTD (00000614373)
Date of Issue: 18 Jul 2019 15:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1080652

Policy No.	5111271585	Vehicle No.	SKS3378K	GST Registration No.	
Certificate No.	5111271585-000017				
Policyholder Name	LEVIN AUTO			Policyholder NRIC	53380455L
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98121318	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

Report Date

17/01/2020 17:04

Date of Accident

17/01/2020

Reporting Centre

Accident Location

BLK 433 PASIR RIS DR 6 SERVICE RD

Accident Report Within 24 hrs

Yes

Time of Accident hh:mm

10:10

Accident Type

Side Swipe

Country of Accident

Singapore

Orange Force

ICM No.

Total Excess Applicable

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	18 KAKI BUKET ROAD 3	Address 2	#03-15 ENTREPRENEUR BUSINE	Address 3	SINGAPORE 415978
Address 4		Address Type	Singapore address	Post Code	415978
Unit No.	03-15	Related Policy Number	5111490062		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMAD INRAN BIN MOHAMA	Driver NRIC	SXXXX559E	Driver DOB	11/09/1975
Register Date of Driver License	17/05/2003	Driver Age	44	Driving Experience	16
Contact No.(Mobile)	87162713	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 417 #09-323	Address 2	PASIR RIS DRIVE 6	Address 3	SINGAPORE 510417
Address 4		Address Type	Singapore address	Post Code	510417
Unit No.	09-323				
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	LEVIN AUTO	Insured NRIC	53380455L		
Contact No.(Mobile)	91033355	Contact No. (Home)		Contact No. (Office)			
Email Address		Vehicle Number	SKS3378K	TP	SHA18		
Claim Description	SKS3378K / SHA182BY ON 17 Jan 2020				Name of Preferred Workshop	is	
Preferred Workshop	0	Insured Liability	Not at Fault ▼				
SAHARU No.	Yes ▼	Repair Option	Preferred Workshop, Name unknown ▼	GIA report	Received ▼		
Date Registered				Claim Close Date	17/01/2020 17:14	Date Received	17/01/2020
Report Taken By	LEW SHAN HUI						

Print AK letter

Save Submit

Attachment

Accident No.	MT/1080652	Claim No.	001
Last Doc. Received	Yes No	Upload Date	17/01/2020 17:20

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen















Choose File No file chosen

Choose File No file chosen

Message Read

Attachment List

Category *	Confidential	Urgency *	Desci
Please Select ▼	NO ▼	Normal ▼	
Please Select ▼	NO ▼	Normal ▼	
Please Select ▼	NO ▼	Normal ▼	
Please Select ▼	NO ▼	Normal ▼	
Please Select ▼	NO ▼	Normal ▼	
Please Select ▼	NO ▼	Normal ▼	
Please Select ▼	NO ▼	Normal ▼	

Attachment	Uploaded By/Date	Category		Urgency	Description	Id
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jan 2020 17:20	NRJC/ Driving License	Y	Normal	NRJC/ Driving License 2020-1-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jan 2020 17:20	SAS		Normal	SAS 2020-1-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jan 2020 17:20	Photos		Normal	Photos 2020-1-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jan 2020 17:20	Photos		Normal	Photos 2020-1-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jan 2020 17:20	Photos		Normal	Photos 2020-1-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jan 2020 17:20	Photos		Normal	Photos 2020-1-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jan 2020 17:14	Photos		Normal	Photos 2020-1-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jan 2020 17:14	Photos		Normal	Photos 2020-1-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jan 2020 17:14	Photos		Normal	Photos 2020-1-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jan 2020 17:14	Photos		Normal	Photos 2020-1-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jan 2020 17:14	Photos		Normal	Photos 2020-1-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Jan 2020 17:14	Photos		Normal	Photos 2020-1-17	
	Video List					
Uploaded By/Date	Folder Date	File Name		Source		
		Display in New Window	Scan and uploading			