

NATIONAL Assessment Centre Services [wef 1 Jan'05] **MA20008326**

Date In: 18/1/20-11:42	Job description	Date & Time Completed	Done by
Ref No: NA/INC/2000/11/3/24	SAS e-filing		
Veh No: SUB4284	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 17/1/20-17:40	i-Motor Claim Form	17/1/20 18:00	18/1/20 11:51
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: **SKF1680T** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

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

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

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	
	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TF: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection \$75	
Cat. 1:	7) N1: Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
Cat. 2 / 3:	9) Q1:	
	*N5: Courtesy Car / Tpl 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	
	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	18/01/2020 11:42
Date Of Accident	17/01/2020 17:40
Exact Location Of Accident	WOODLANDS CUSTOM TWDS JB
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB428Y
Insured/Policyholder	
Name Of Registered Owner	ABDUL RASHID BIN SALLEH
NRIC No	SXXXX697B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96566956
Alternative Phone No	OFFICE-96566956

Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE NB 1.6D 6AT
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096647554-01
Cover Note Number	

Driver

Name of Driver	ABDUL RASHID BIN SALLEH
NRIC No	SXXXX697B
Date Of Birth	14/03/1956
Occupation	INDOOR
Date Of Driving Pass	05/11/1984
Driving Experience	35 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96566956
Fax Number	
Contact Number	OFFICE-96566956
EEmail Address	NOEMAIL

Address	BLK 299 PUNGGOL CENTRAL #02-457
Postcode	820299
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 - 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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

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	SKF1680T
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:

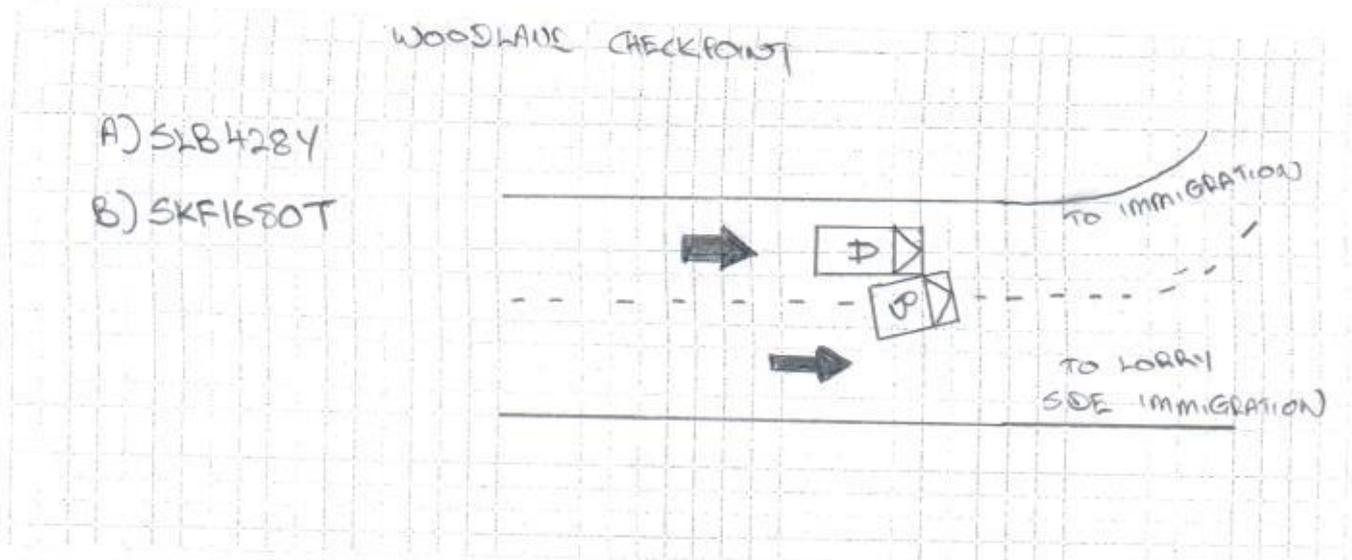


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEH WAS HEADING TOWARDS IMMIGRATION COUNTER, SUDDENLY VEH B CUT INTO MY LANE AND HIT ONTO THE FRONT RIGHT PORTION OF MY VEH.

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.:



HS AUTOMOTIVES PTE LTD

Bik 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotivespl@gmail.com

VEHICLE NO: SLB428Y MAKE/MODEL: CHEVROLET CRUZE

DATE OF ACCIDENT: 17/01/2020 TIME: 17 HR 40 MIN AM/PM: (PM)

LOCATION OF ACCIDENT: WOODLAND CUSTOM TOWARDS JB

EXACT PURPOSE USE DURING ACCIDENT: GOING JB

CAR OWNER

NAME OF CAR OWNER: ABDUL RASHID BIN SALLEH

CONTACT NO: 96566956

NRIC: S12016978

CLAIM TYPE: OD THIRD PARTY REPORTING ONLY

INSURANCE COMPANY: NTUC

TYPE OF COVERAGE: COMPREHENSIVE THIRD PARTY THIRD PARTY FIRE & THEFT

POLICY NO: 5096647554-01

ACCIDENT DRIVER: AS ABOVE IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER: _____

NRIC: _____ NO OF PASSENGER/S: 1 FEMALE

DATE OF BIRTH: 14.03.1956

OCCUPATION: TEACHER OUTDOOR INDOOR

DATE OF DRIVING PASS: 05/11/1984

GENDER: MALE FEMALE

CONTACT NO: _____

ADDRESS: BLK 299 PUNGGOL CENTRAL #02-457 S(820299)

DRIVER OWN ANY VEHICLE: NO/ IF YES- REGISTRATION NO: _____

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT: _____

WEATHER CONDITION: CLEAR RAINING OTHER: _____
ROAD SURFACE: DRY WET OTHER: _____

ANY INJURIES: NO/ IF YES- NAME: _____

CONTACT NO: _____

POLICE REPORT: NO/ IF YES- LOCATION: _____

VIDEO FOOTAGE: YES

3RD PARTY INFO

VEHICLE B NO: SKF1680T NO OF PASSENGER/S: UNKNOWN

NAME: UNKNOWN

CONTACT NO: _____

VEHICLE C NO: _____ NO OF PASSENGER/S:

VEHICLE D NO: _____ NO OF PASSENGER/S:

VEHICLE E NO: _____ NO OF PASSENGER/S:

VEHICLE F NO: _____ NO OF PASSENGER/S:

ANY WITNESS: _____

WITNESS CONTACT NO: _____

car Insurance



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: 5096647554-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLB428Y**
Chassis Number : KL1JA69E9GK337493
2. Name of Policyholder : ABDUL RASHID BIN SALLEH
3. Effective Date of Insurance : 24 Mar 2019
4. Expiry Date of Insurance : 23 Mar 2020
5. Persons or Classes of Persons entitled to drive#
 - (a) The Policyholder.
 - (b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
 - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
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	: ABDUL RASHID BIN SALLEH
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK 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 : CHAN SOON CHIN PAUL (00000531618)
Date of Issue : 19 Mar 2019 11:44 hrs
Reprint : 19 Mar 2019 11:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

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"/>	5096647554-01		ABDUL RASHID BIN SALLEH	S12016978	GPC	drive CLASSIC	SLB428Y	SLB428Y	24/03/2019	23/03/2020

Policy Information

Policy No.	5096647554-01	Policyholder Name	ABDUL RASHID BIN SALLEH	Policyholder NRIC	S1201697B
Certificate No.					
Address	BLK 299 #02-457 PUNGGOL CENTRAL SINGAPORE 820299				
Product Name	PRIVATE CAR INSURANCE	Plan			
Policy issue Date	19/03/2019	Effective Date	24/03/2019 00:00	Group Policy Flag	N
Excess Type	All Claims Excess				
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	CHAN SOON CHIN PAUL	Agent Tel.	68411700	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 299 #02-457	Address 2	PUNGGOL CENTRAL	Address 3	SINGAPORE 820299
Address 4	Address Type		Singapore address	Post Code	820299
Unit No.	Related Policy Number		5096647554-01		
Insured Object: SLB428Y					

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	24/03/2019 00:00	Basic Information Endorsement	Entry Rejected	<p>Thank you for giving us the opportunity to serve you. We confirm that from 24 Mar 2019, the following amendment(s) is/are made to this policy: NAMED DRIVER 1: M In view of this amendment, a cheque refund of \$24.52 (inclusive of GST) will be mailed to you separately.</p>
2	24/03/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 24 Mar 2019, the following amendment(s) is/are made to this policy: 1. MUHAMMAD IMRAN BIN ABDUL RASHID 2. The Policy is extended to include NCD Protection and is subject to Endorsement M4 attached. In view of this amendment, an additional premium of \$69.35 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p>

Continue Cancel

Claim Handling

Accident MT/1080718

Policy No.	6096647554-01	Vehicle No.	SLB428Y	GST Registration No.	
Certificate No.					
Policyholder Name	ABDUL RASHID BIN SALLEH			Policyholder NRIC	S1201697B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96566956	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text" value="V"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	18/01/2020 11:49	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	17/01/2020	Time of Accident hh:mm	17:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOOLANDS CUSTOM TWDS JB				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore GD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 299 #02-457	Address 2	PUNGGOL CENTRAL	Address 3	SINGAPORE 820299
Address 4		Address Type	Singapore address	Post Code	820299
Unit No.		Related Policy Number	5096647554-01		

Of Driver Info

Driver Name	ABDUL RASHID BIN SALLEH	Driver Type	Main Driver	Driver DOB	14/03/1986
Unnamed driver Name		Driver NRIC	S1201697B	Driving Experience	35
Register Date of Driver License	05/11/1984	Driver Age	33	Contact No.(Home)	0
Contact No.(Mobile)	96566956	Contact No.(Office)	0	Address 3	SINGAPORE 820299
Address 1	BLK 299	Address 2	PUNGGOL CENTRAL	Post Code	820299
Address 4		Address Type	Singapore address		
Unit No.	02-457	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

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

Modification History

Claim 001 **New**

Claim Type *	GD-MX	Insured Name	ABDUL RASHID BIN SALLEH	Insured NRIC	S1201697B
Contact No.(Mobile)	96566956	Contact No.(Home)	63434363	Contact No.(Office)	
Email Address		Ol Vehicle Number	SLB428Y	TP Vehicle Number	SKF1680T
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	<input type="text" value=""/>	Claimant NRIC *	<input type="text" value=""/>		
Claimant Address	<input type="text" value=""/>				
Claim Description	SLB428Y / SKF1680T ON 17 Jan 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	<input type="text" value=""/>
Requires Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered	18/01/2020 11:51	Claim Close Date	<input type="text" value=""/>	Date Received	18/01/2020 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1080718	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	18/01/2020 11:52

Path *	Category *	Confidential	Urgency *	Description *
<input type="text" value=""/>				
<input type="text" value=""/>				
<input type="text" value=""/>				
<input type="text" value=""/>				
<input type="text" value=""/>				

Send Message

Attachment List

Msg Sent?

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 18 Jan 2020 11:52	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-1-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 18 Jan 2020 11:51	SAS	Normal	SAS 2020-1-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 18 Jan 2020 11:51	Photos	Normal	Photos 2020-1-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 18 Jan 2020 11:51	Photos	Normal	Photos 2020-1-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 18 Jan 2020 11:51	Photos	Normal	Photos 2020-1-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 18 Jan 2020 11:51	Photos	Normal	Photos 2020-1-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 18 Jan 2020 11:51	Photos	Normal	Photos 2020-1-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 18 Jan 2020 11:51	Photos	Normal	Photos 2020-1-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 18 Jan 2020 11:51	Photos	Normal	Photos 2020-1-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 18 Jan 2020 11:51	Photos	Normal	Photos 2020-1-18

Video List

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