

**NATIONAL Assessment Centre Services** [wef 1 Jan'05] **MHA20008768**

Date In: <b>20/1/20-11:03</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC20008768</b>	SAS e-filing		
Veh No: <b>5UE77486</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>19/1/20-12:00</b>	i-Motor Claim Form	<b>20/1/20 08:52:00</b>	<b>20/1/20 11:21</b>
OD: <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

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

TP Particulars: Veh No: **5B89764** 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:-	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

	Invoice Preparation Checklist	Amt (\$) Est 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		
Auditors' Comments:-	For clearing against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services-		
	9) N12: Idac Mobile \$30		
	TP (N11): TP (Non INC) against INC \$20		
	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	20/01/2020 11:03
Date Of Accident	18/01/2020 12:00
Exact Location Of Accident	JUNC BISHAN ST 22 & MARRYMOUNT RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE7748L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMED AFIQ BIN MOHAMED ADAM
NRIC No	SXXXX547B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87936237
Alternative Phone No	OFFICE-87936237

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLS 4A/T
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5108675211
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD FADHIL HAZIQ BIN HASHIM
NRIC No	SXXXX883A
Date Of Birth	09/11/1990
Occupation	OUTDOOR
Date Of Driving Pass	03/10/2014
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81555315
Fax Number	
Contact Number	OFFICE-81555315
Email Address	NOEMAIL

Address	BLK 535 CHOA CHU KANG STREET 51 #08-1169
Postcode	680535
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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)	1

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANGLIN POLICE DIVISIONAL HQ ( 'E' DIVISION )
Police Station Address	<b>ROAD:</b> 21 KAMPONG JAVA ROAD , <b>POSTCODE:</b> 228892 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-3910000 - <b>FAX NO:</b> 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

REFER TO POLICE REPORT - E/20200120/7004.

### 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	SBS8976H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	LIU YI
NRIC/Passport Number	GXXXX585Q
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	MUHAMMAD FADHIL HAZIQ BIN HASHIM
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLE7748L
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:

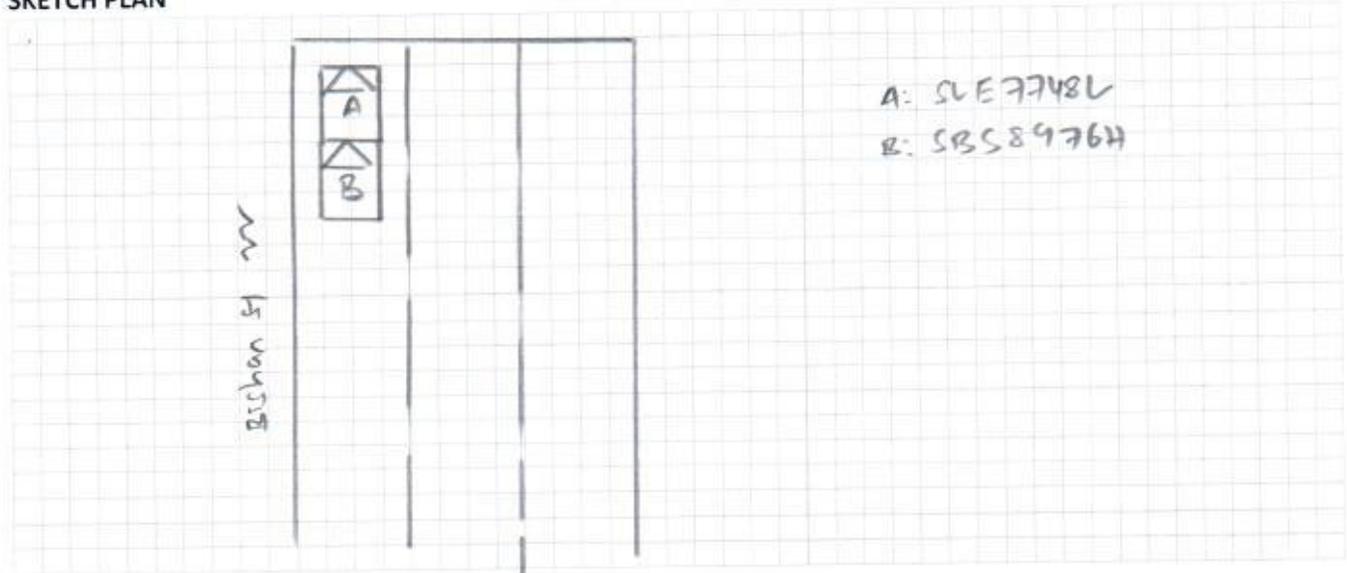
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to police report E/20200120/7004.

**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: (18 / 1 / 20) (DD/MM/YYYY), TIME: (12 : 00) (HH:MM)

LOCATION: Jln Bishan 1 22 & Murray Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLE 7748L  
b) INSURANCE COMPANY: N70C  
c) POLICY NUMBER: 5108675211  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Working  
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: Mohamed Arif Bin Mohamed Adam (MALE / FEMALE)  
B) NRIC/FIN/PASSPORT: S9309542B CONTACT: 87936257  
C) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: Muhammad Fadhil Huziq Bin Hashim (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9041883A CONTACT: 81555315  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (9 / 11 / 1992) (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: friends

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: 5B58976H MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: bin Y  
c) NRIC/FIN/PASSPORT: G8863585Q CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

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

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

Email =

fax =

video =





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200120/7004

Victim			
Person Name	MUHAMMAD FADHIL HAZIQ BIN HASHIM		
ID Type	NRIC NO	ID No	S9041883A
Gender	Male	Age	29
Race	Boyanese	Language	English
Occupation	DRIVER	Address Type	
Address	APT BLK 535 CHOA CHU KANG STREET 51 #08-116 SINGAPORE 680535	Mobile No	81555315
Is Informant A Victim?	Yes		
Person Name	MUHAMMAD FADHIL HAZIQ BIN HASHIM (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

20/01/2020 09:43

Classification Of Case:

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108675211		MOHAMED AFIQ BIN MOHAMED ADAM	S9309547B	GPC	drive CLASSIC	SLE7748L	SLE7748L	12/04/2019	11/04/2020

Continue

Policy Information

Policy No.	5108675211	Policyholder Name	MOHAMED AFIQ BIN MOHAMED	Policyholder NRIC	S9309547B
Certificate No.					
Address	BLK 433 #03-537 CHOA CHU KANG AVENUE 4 SINGAPORE 680433				
Product Name	PRIVATE CAR INSURANCE	Plan			
Policy Issue Date	12/04/2019	Effective Date	12/04/2019 00:00	Group Policy Flag	N
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020 null	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 433 #03-537	Address 2	CHOA CHU KANG AVENUE 4	Address 3	SINGAPORE 680433
Address 4		Address Type	Singapore address	Post Code	680433
Unit No.	02-436	Related Policy Number	5108675211		

Insured Object: SLE7748L

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	16/05/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 16 May 2019, the following amendment(s) is/are made to this policy: 1. The Policy is extended to cover use for hire or reward. 2. An excess of S\$2,000.00 is imposed under Section 1 of this policy. 3. An excess of S\$1,500.00 is imposed under Section 2 of this policy 4. The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience. In view of this amendment, an additional premium of \$391.29 (inclusive of GST) is payable under your policy.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that from 16 May 2019, the following amendment(s) is/are made to this policy: In view of this amendment, an additional premium of \$390.11(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> <p>Thank you for giving us the opportunity to serve you. We confirm that from 12 Jul 2019, the following amendment(s) is/are made to this policy: NAMED DRIVER 1: MUHAMMAD FADHIL HAZIQ BIN HASHIM In view of this amendment, you will receive a refund of \$66.34 (inclusive of</p>
2	17/05/2019 00:00	Basic Information Endorsement	Entry Rejected	

**Claim Handling**

Accident **HT/1060852**

Policy No:	S108675211	Vehicle No:	SLE7748L	GST Registration No.	
Certificate No.					
Policyholder Name:	MOHAMED AFIQ BIN MOHAMED ADAM	Cover Type:	drive CLASSIC	Policyholder NRIC:	S9309547B
Product Code:	PRIVATE CAR INSURANCE	Contact No.(Office):	0	Loading:	0
Contact No.(Mobile):	87936237	Special Remark:		Contact No.(Home):	0
Email Address:		TCA:	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode:	<input type="text"/>
KFK:	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%):	0	eCode Reason:	
NCD Protection:	No			Private Hire:	Yes
<b>Accident Details</b>					
Report Date:	20/01/2020 11:19	Accident Report Within 24 hrs:	Yes	Accident Type:	Collision - Head to Rear
Date of Accident:	18/01/2020	Time of Accident hh:mm:	12:00	Country of Accident:	Singapore
Reporting Centre:		Orange Force:		ICM No.:	
Accident Location:	JUNC BISHAN ST 22 & MARRYMOUNT RD				
<b>Total Excess Applicable</b>					
Excess Type:	Per Accident	Windscreen Excess:	100.00	Driver is Covered?	Covered
DD Standard Excess:	2,000.00	TP Standard Excess:	1,500.00		
YIED DD Excess:	0.00	YIED TP Excess:	0.00		
Additional Excess:	0	Total TP Excess Applicable:	1,500.00		
Total DD Excess Applicable:	2000.00				

**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 433 #03-537	Address 2:	CHOA CHU KANG AVENUE 4	Address 3:	SINGAPORE 680433
Address 4:		Address Type:	Singapore address	Post Code:	680433
Unit No.:	02-436	Related Policy Number:	S108675211		

**OI Driver Info**

Driver Name:	MUHAMMAD FADHEL HAZIQ BIN HASHIM	Driver Type:	Named Driver	Driver DOB:	09/11/1990
Unnamed driver Name:		Driver NRIC:	S9041883A	Driving Experience:	5
Register Date of Driver License:	03/10/2014	Driver Age:	29	Contact No.(Home):	0
Contact No.(Mobile):	81555315	Contact No.(Office):	0	Address 3:	LIMBANG MEADOWS
Address 1:	BLK 535	Address 2:	CHOA CHU KANG STREET 51	Post Code:	680535
Address 4:	SINGAPORE 680535	Address Type:	Singapore address		
Unit No.:	08-1169			Driver Insurer Company:	
Does he own a Singapore Registered car?:	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.:			

**Declaration**

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

Claim 001 **New**

Claim Type *	DD-MX	Insured Name	MOHAMED AFIQ BIN MOHAMED	Insured NRIC	S9309547B
Contact No.(Mobile)	87936237	Contact No.(Home)		Contact No.(Office)	65210072
Email Address	ITSAFIQADAM@GMAIL.COM	OI Vehicle Number	SLE7748L	TP Vehicle Number	S858976H
Claimant Type	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					Name of Preferred Workshop
Claim Description	SLE7748L / S858976H ON 18 Jan 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GJA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	20/01/2020 00:00
Date Registered	20/01/2020 11:21	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

**Save Submit**

**Attachment**

Accident No.:	HT/1060852	Claim No.:	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/01/2020 11:22

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

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description	Msg Sent? (C)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 11:22	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 11:21	SAS		Normal	SAS 2020-1-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 11:21	Photos		Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 11:21	Photos		Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 11:21	Photos		Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 11:21	Photos		Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 11:21	Photos		Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 11:21	Photos		Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 11:21	Photos		Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 11:21	Photos		Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 11:21	Photos		Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 11:21	Photos		Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 11:21	Photos		Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 11:21	Photos		Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 11:21	Photos		Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 11:21	Photos		Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 11:21	Photos		Normal	Photos 2020-1-20	

Video List

Uploaded By/Date	Folder Date	File Name	?	Source	Action
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Display in New Window

Scan and uploading