

# NATIONAL Assessment Centre Services. [wef 1 Jan'05] MHA005397

Date In: 3/2/12-19:17	Job description	Date & Time Completed	Done by
Ref No: HA/INC20081424	SAS e-filing		
Veh No: JHC506	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 3/2/12-10:30	i-Motor Claim Form	M7/108221-021	3/2/12 14:27
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: 57429560	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

HA000987	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) 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		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Dat 1:	9) N12: Idac Mobile 30		
Dat 2 / 3:	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	03/02/2020 19:17
Date Of Accident	02/02/2020 10:30
Exact Location Of Accident	YIO CHU KANG RD TWDS YIO CHU KANG LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGC50G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOW MENG HUAT
NRIC No	SXXXX166F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98805599
Alternative Phone No	OFFICE-98805599

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X HYBRID AT ABS D/AIRBAG 2WD
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	5099600384-01
Cover Note Number	

### Driver

Name of Driver	SOW MENG HUAT
NRIC No	SXXXX166F
Date Of Birth	17/10/1965
Occupation	OUTDOOR
Date Of Driving Pass	11/07/1984
Driving Experience	35 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98805599
Fax Number	
Contact Number	OFFICE-98805599
Email Address	NOEMAIL

Address	BLK 467B FERNVALE LINK #07-525
Postcode	792467
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 - MAJOR/MINOR RD
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY2956D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	91086282
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1




## SKETCH PLAN


### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

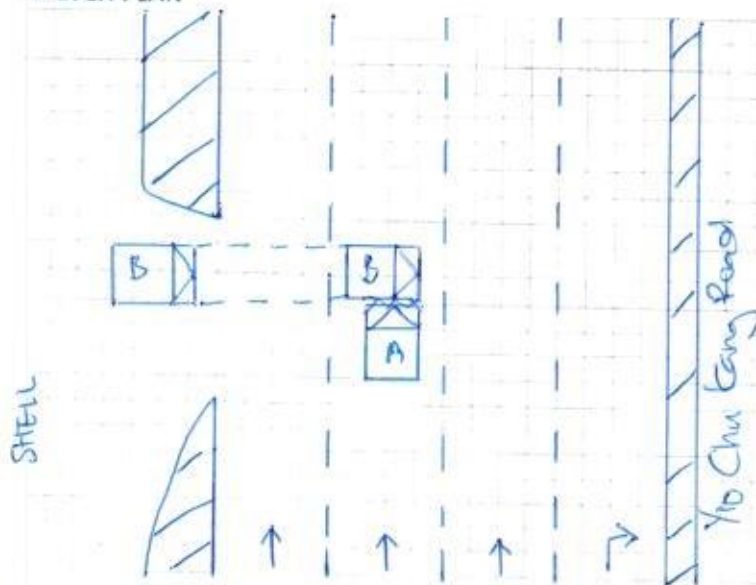
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

X   
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



Veh A: SGC509  
Veh B: SJY29560

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SGC509) traveling along Yio Chu Kang Road towards Yio Chu Kang Link on third lane of a 4-lane road. Somewhere at the Shell petrol station entrance, vehicle B (SJY29560) drove out suddenly from the entrance. As a result, the front portion of my vehicle collided onto the right portion of vehicle B.

## 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.:



<b>Vehicle No.</b>	SGC505	<b>Model / Make</b>	Honda Vezel
<b>Date of Accident</b>	2/2/2020		
<b>Time of Accident</b>	1030	<b>HRS</b>	
<b>Location of Accident</b>	Along Yio Chu Kang Road towards Yio Chu Kang Link		
<b>Exact purpose use during accident</b>	Private use		
<b>Name of Owner</b>	Saw Meng Huan		
<b>Telephone No.</b>	H/P: 9880 5599	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S1728166 F		
<b>Address</b>	BLK 457B Fernvale Link #07-525 S(792487)		
<b>Claim type</b>	OD	THIRD PARTY	REPORTING ONLY
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5099600384		
<b>Name of Driver</b>	As Above If No,		
<b>NRIC</b>		<b>Any Passengers :</b>	2 t
<b>Date of birth</b>	17/10/1965		1(M) 1(F)
<b>Occupation</b>	Outdoor	/	Indoor
<b>Driving License Pass Date</b>	11/7/1984		
<b>Gender</b>	Male	/	Female
<b>Contact No.</b>	H/P :	<b>Home :</b>	<b>Office :</b>
<b>Address</b>			
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state Owner	
<b>Weather condition</b>	Clear	Raining	Other
<b>Road Surface</b>	Dry	Wet	Other
<b>Any Injuries</b>	No,	If Yes, Who?	
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No,	If Yes, Where?	
<b>Vehicle B No.</b>	SJY 2956D	<b>Any Passengers :</b>	-
<b>Name of Driver</b>		<b>Contact No. :</b>	91086282
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	Front portion		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive Pte Ltd		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Zi Ting		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP Email ADDRESS</b>	sales@n51.com.sg		



## 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:** 5099600384

**Cover :** drive PREMIUM

1. Index mark and Registration Number of Vehicle

: SGC50G

Chassis Number

: RU31263900

2. Name of Policyholder

: SOW MENG HUAT

3. Effective Date of Insurance

: 29 Mar 2018

4. Expiry Date of Insurance

: 28 Mar 2019

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)

: N/A

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

: YES

INSURE WITH COE

: YES

NCD PROTECTION

: YES

TRANSPORT ALLOWANCE

: YES

EXCESS WAIVER

: YES

PRIMARY DRIVER

: SOW MENG HUAT

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: N/A

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 : LOMEN INSURANCE AGENCY (00000591412)

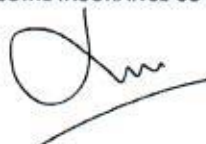
Date of Issue : 06 Apr 2018 15:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



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"/>	5099600384-01		SOW MENG HUAT	S1728166F	GPC	driva PREMIUM	SGC50G	SGC50G	29/03/2019	28/03/2020

## Policy Information

Policy No.	5099600384-01	Policyholder Name	SOW MENG HUAT	Policyholder NRIC	S1728166F
Certificate No.					
Address	BLK 467B #07-525 FERNVALE LINK FERNVALE LEA SINGAPORE 792467				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	17/03/2019	Effective Date	29/03/2019 00:00	Expiry Date	28/03/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0.0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	LOMEN INSURANCE AGENCY	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 467B #07-525	Address 2	FERNVALE LINK	Address 3	FERNVALE LEA
Address 4	SINGAPORE 792467	Address Type	Singapore address	Post Code	792467
Unit No.	07-525	Related Policy Number	5099600384-01		

## Insured Object: SGC50G

## Endorsements

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



## Claim Handling

Accident MT/1082721

Policy No.	5099600384-01	Vehicle No.	SGC50G	GST Registration No.	
Certificate No.					
Policyholder Name	SOW MENG HUAT	Cover Type	drive PREMIUM	Policyholder NRIC	S1728166F
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	98805599	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

**Accident Details**

Report Date	03/02/2020 19:26	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	02/02/2020	Time of Accident (h:mm)	10:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	YIO CHU KANG RD TWOS YIO CHU KANG LINK				

**Excess**

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

**Benefits**

Coverage	Sum Insured
Excess Waiver	99999999.99
Transport Allowance	99999999.99

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	BLK 467B #07-525	Address 2	FERNVALE LINK	Address 3	FERNVALE LEA
Address 4	SINGAPORE 792467	Address Type	Singapore address	Post Code	792467
Unit No.	07-525	Related Policy Number	5099600384-01		

**OI Driver Info**

Driver Name	SOW MENG HUAT	Driver Type	Main Driver	Driver DOB	17/10/1965
Unnamed driver Name		Driver NRIC	S1728166F	Driving Experience	35
Register Date of Driver License	11/07/1984	Driver Age	34	Contact No.(Home)	0
Contact No.(Mobile)	98805599	Contact No.(Office)	0	Address 3	FERNVALE LEA
Address 1	BLK 467B	Address 2	FERNVALE LINK	Post Code	792467
Address 4	SINGAPORE 792467	Address Type	Singapore address		
Unit No.	07-525				
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	SOW MENG HUAT	Insured NRIC	S1728166F
Contact No.(Mobile)	98805599	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SGC50G	TP Vehicle Number	S1Y2956D
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SGC50G / S1Y2956D ON 2 Feb 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	03/02/2020 19:27	Claim Close Date		Date Received	03/02/2020 00:00
Report Taken By	JACKSON				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1082721	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/02/2020 19:28

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 03 Feb 2020 19:28	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-2-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 03 Feb 2020 19:28	SAS	Normal	SAS 2020-2-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 03 Feb 2020 19:28	Photos	Normal	Photos 2020-2-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 03 Feb 2020 19:28	Photos	Normal	Photos 2020-2-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 03 Feb 2020 19:28	Photos	Normal	Photos 2020-2-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 03 Feb 2020 19:27	Photos	Normal	Photos 2020-2-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 03 Feb 2020 19:27	Photos	Normal	Photos 2020-2-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 03 Feb 2020 19:27	Photos	Normal	Photos 2020-2-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 03 Feb 2020 19:27	Photos	Normal	Photos 2020-2-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 03 Feb 2020 19:27	Photos	Normal	Photos 2020-2-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 03 Feb 2020 19:27	Photos	Normal	Photos 2020-2-3	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div> <div>Display In New Window</div> <div>Scan and uploading</div> </div>				