

Date In	4/2/20 11:12	Job description	Date & Time Completed	Done by
Ref No	MA/INC2000 1873/64	SAS e-filing		
Veh No	FBD 5424H	E-mail (within 3hrs, AIC 2hrs)		
TP No	71120 22:15	I-Motor Claim Form	MT11079204 <sup>002</sup>	4/2/20 11:40
OD - TP? Re-insure? Only		I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:		I-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Whom		

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

TP Particulars: Vch No: **Unknown** 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:	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	Action

Client's Particulars	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
MA 2001023	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	6) TR: Re-inspection \$75		
	7) NI: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Via INC) against INC \$20		
	9) N12: Idno Mobile \$0		
	Invoice dated _____ Fax Charged _____		
	Invoice dated _____ Fax 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	04/02/2020 11:12
Date Of Accident	07/01/2020 22:15
Exact Location Of Accident	PIE TWDS TUAS B4 CLEMENTI AVE 6 EXIT
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD5424H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMED NOOR BIN MOHAMED
NRIC No	SXXXX499G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90215040
Alternative Phone No	OFFICE-90215040

#### Vehicle Particulars

Manufacturer	SUZUKI
Model	GSX1300RK9
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	MOTORCYCLE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5087709121-02
Cover Note Number	

#### Driver

Name of Driver	MOHAMED NOOR BIN MOHAMED
NRIC No	SXXXX499G
Date Of Birth	06/05/1993
Occupation	INDOOR
Date Of Driving Pass	28/09/2016
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90215040
Fax Number	
Contact Number	OFFICE-90215040
Email Address	NOEMAIL

Address	BLK 30 MARSILING DR #09-303
Postcode	730030
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 - 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?	YES
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	BUKIT PANJANG NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 27 MARSILING DRIVE , <b>POSTCODE:</b> 730027 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-3689999 - <b>FAX NO:</b> 63682383
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200116/2169

#### 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	UNKNOWN
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)

**DETAILS OF INJURED PERSON 1**

Name	MOHAMED NOOR BIN MOHAMED
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBD5424H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: ( 7 / 1 / 20 ) (DD/MM/YYYY), TIME: ( 22 : 15 ) (HH:MM)

LOCATION: PIE twos Tuas b4 Clementi Ave 6 Exit

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBD 5424H  
b) INSURANCE COMPANY: IMC  
c) POLICY NUMBER: \_\_\_\_\_  
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: 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: Mohamed Noor bin unshamed (MALE / FEMALE)  
B) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 90215040  
C) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: As Above. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
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: owner.

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: Bukit Panjang North MPP.

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Unknown. MODEL: Private car.  
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 passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

\* like photo:

email = mohdnoormohd1@gmail.com

fax =

video = No.





Police Station Of Origin:  
Bukit Panjang North NPP  
27 Marsiling Drive #01-237 SINGAPORE  
730027  
Tel No: 1800-3689999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MOHAMED NOOR BIN MOHAMED	ID No.	S9316499G
Related Vehicle	FBD5424H (Motorcycle)	Contact No.	90215040
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 07/01/2020 at about 2215hrs I was riding along PIE toward TUAS just before Clementi Avenue 6 exit at the most right lane, while I was riding along I lost control of my bike and tried to regain control of my bike by slowing down however as I was slowing down I swerved to the left, as there was a car beside me and I was very close to it hence I collided with it while slowing down and fall down.

I was conveyed to hospital from the scene and do not have any particulars of the car driver I collided with or any police attended.



**SINGAPORE  
POLICE FORCE**



T/20200116/2169

3 of 3

Report No. T/20200116/2169

Police Station Of Origin:  
Bukit Panjang North NPP  
27 Marsiling Drive #01-237 SINGAPORE  
730027  
Tel No: 1800-3689999

**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:

L /  
Sgt 2 TAN KIAN LEONG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt NOR HIDAYU BINTE ABDUL  
SAMAD  
Contact No.: 65476423

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
16/01/2020 21:15

Classification Of Case:

## 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** : 5087709121-02

**Cover** : Third Party

- |   |                            |
|---|----------------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>FBD5424H</b>          |
| Chassis Number  | : JS1CK111100106354        |
| 2. Name of Policyholder   | : MOHAMED NOOR BIN MOHAMED |
| 3. Effective Date of Insurance  | : 26 Jan 2019              |
| 4. Expiry Date of Insurance   | : 25 Jan 2020              |
| 5. Persons or Classes of Persons entitled to drive#   |                            |
| (a) Named Driver(s) Only.   |                            |
| 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
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: MOHAMED NOOR BIN MOHAMED
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: YEW HENG CREDIT ENTERPRISE PTE LTD
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 : YEW HENG CREDIT ENTERPRISE PTE LTD (00000613617)

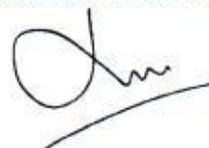
Date of Issue : 22 Jan 2019 20:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive

**Claim Handling**

**Accident MT/1079204**

Policy No.	5087709121-02	Vehicle No.	FBD5424H	GST Registration No.	
Certificate No.					
Policyholder Name	MOHAMED NOOR BIN MOHAMED			Policyholder NRIC	S9316499G
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	nil	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(%)	15	Private Hire	No

**Accident Details**

Report Date	08/01/2020 16:59	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	07/01/2020	Time of Accident hh:mm	22:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS TUAS AFTER BKE BEFORE CLEMENTI AVE 6				

**Excess**

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

**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 30 #09-303	Address 2	MARSILING DRIVE	Address 3	SINGAPORE 730030
Address 4		Address Type	Singapore address	Post Code	730030
Unit No.	09-303	Related Policy Number	5097736827-02		

**OI Driver Info**

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.		Driver Insurer Company	

Modification History

**Claim 002** New

Claim Type *	OD-MX	Insured Name	MOHAMED NOOR BIN MOHAMED	Insured NRIC	S9316499G	
Contact No.(Mobile)	90213040	Contact No.(Home)		Contact No.(Office)		
Email Address	MOHDNOORMOHID1@GMAIL.CO	OI Vehicle Number	FBD5424H	TP Vehicle Number	UNKN	
Claim Description	FBD5424H / UNKNOWN ON 7 Jan 2020				Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Fully at Fault	GIA report	Received	
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Claim Close Date	04/02/2020 11:38	
Date Registered				Date Received	04/02/2020	
Report Taken By	LIEW SHAN HUI					

Print AK letter

**Attachment**

Accident No.	MT/1079204	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/02/2020 11:40

Attachment	Uploaded By/Date	Category	Urgency	Description
 Choose File	No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal
 Choose File	No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal
 Choose File	No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal
 Choose File	No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal
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**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 04 Feb 2020 11:40		NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-2-4
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 04 Feb 2020 11:40		SAS	Normal	SAS 2020-2-4



NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Feb 2020 11:40	Photos	Normal	Photos 2020-2-4
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Feb 2020 11:40	Photos	Normal	Photos 2020-2-4
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Feb 2020 11:40	Photos	Normal	Photos 2020-2-4
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NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Feb 2020 11:39	Photos	Normal	Photos 2020-2-4
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Feb 2020 11:39	Photos	Normal	Photos 2020-2-4
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NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Feb 2020 11:38	Photos	Normal	Photos 2020-2-4
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NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Feb 2020 11:38	Photos	Normal	Photos 2020-2-4
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Feb 2020 11:38	Photos	Normal	Photos 2020-2-4
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Feb 2020 11:38	Photos	Normal	Photos 2020-2-4

Video List

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