

NATIONAL Assessment Centre Services

Date In: 05/02/20	Job description	Date & Time Completed	Done by
Ref No: NAINC20002005/13	SAS e-filing		
Veh No: PC37024	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 04/02/20 1800	i-Motor Claim Form	MT/1083211-001	
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: (	N-51	Tel:	Fax:
TP Particulars:	Veh No: 5H6751J	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

NA2001152		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
				Est Bill	Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);				
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)				
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 claiming against INC Only (wef 10 Jan 2005)				
	6) TR: Re-Inspection \$75				
	7) NI: Idao DA + SMRT Survey \$160				
	8) NTUC Additional Services:-				
	ON:				
	*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: Idne Mobile \$0				
	Invoice dated	Fee Charged			
	Invoice dated	Fee Charged			

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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	05/02/2020 14:18
Date Of Accident	04/02/2020 18:00
Exact Location Of Accident	TELOK BLANGAH RD TWDS WEST COAST RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC3702H
Insured/Policyholder	
Name Of Registered Owner	JESRAY COACH TRANSPORT
Co Reg No	5XXXX593L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83883279
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5072299967-04
Cover Note Number	
Driver	
Name of Driver	WILLIAMS RAYMOND
NRIC No	SXXXX442E
Date Of Birth	04/09/1972
Occupation	OUTDOOR
Date Of Driving Pass	09/12/1992
Driving Experience	27 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83883279
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 722 JURONG WEST AVE 5 #06-124
Postcode	640722
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - CO-OWNER
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?	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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN 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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH6751J
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)

DETAILS OF INJURED PERSON 1

Name	WILLIAMS RAYMOND
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	PC3702H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.

2

Policyholder's Signature
Date & Time:

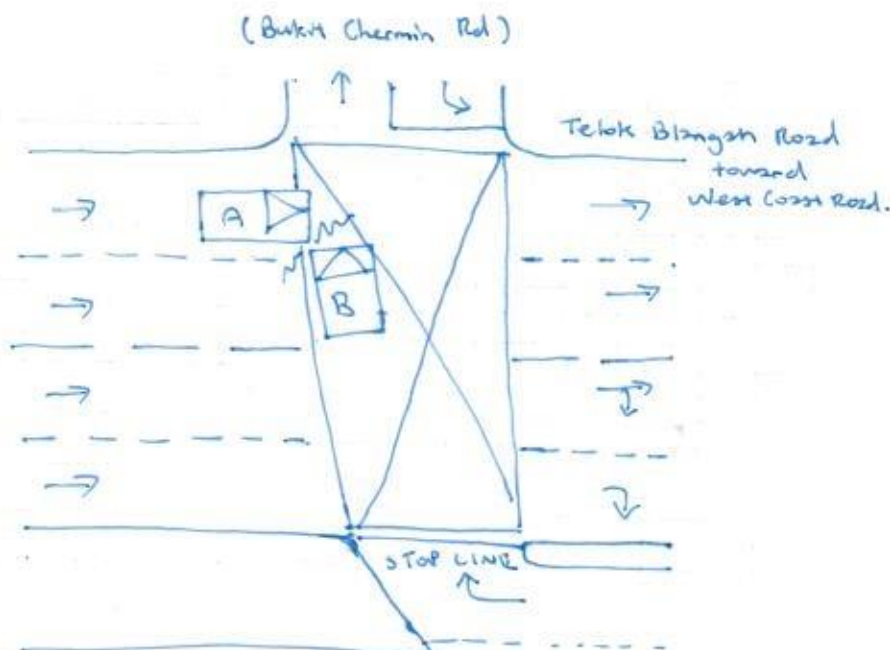


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

Vehicle A
- PC 3702 H
Vehicle B
- SH 6751 J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along Telok Blangah Road towards West Coast Road direction. I was on the extreme left line.

While driving straight ahead, while approaching the intersection of (Telok Blangah Road / Bukit Chermin Road) as my way of path was cleared I proceed onward, suddenly a vehicle made a right turn from opposite direction going into Bukit Chermin Road without checking on the on-going vehicle on my side, which then causing the collision onto the front right portion of my vehicle.

Alighted from my vehicle and realized it was a vehicle with licence plate (SH 6751 J) which collided onto my vehicle.

The whole accident footage was captured by my in-car camera.

Vehicle A - PC 3702 H

Vehicle B - SH 6751 J,

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.:



dyw 05/02/20

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7231442E



WILLIAMS RAYMOND

Race
INDIAN

Date of Birth
04-09-1972

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7231442E

Name: WILLIAMS RAYMOND

Birth Date: 04 Sep 1972

Issue Date: 29 Sep 2003

For N-51 Automotive Pte
For Twincar Automotive Pte
Accident Use Only

2770667



SPIC No. S7231442E



Blood Group: A+ Date of issue: 29-12-1995

APT BLK 722 JURONG WEST AVENUE 5 #08-124
SINGAPORE 640722

SPIC No: Date:

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	09 Dec 1992

NP 428A

Licence No: S7231442E



For N-51 Automotive Pte Ltd
For Twincar Automotive Pte Ltd
Accident Use Only

Vehicle No.	PC 3702 H	Model / Make	TOYOTA HIACE
Date of Accident	04/02/20		
Time of Accident	1800	HRS	
Location of Accident	TELUK BLANJAH ROAD TOWARD WEST COAST ROAD		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	JESRAY COACH TRANSPORT		
Telephone No.	H/P : 8388 3279	Home :	Office :
NRIC	5318 7593 L		
Address	BLK 722 JURONG WEST AVE 5 #06-124 S(640722)		
Claim type	OD	<u>THIRD PARTY</u>	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
Policy No.	5092299967-04		
Name of Driver	As Above If No, WILLIAMS RAYMOND		
NRIC	57231442 E	Any Passengers :	2 (2 FEMALE)
Date of birth	04 SEP 1992		
Occupation	<u>Outdoor</u> / Indoor		
Driving License Pass Date	09 DEC 1992		
Gender	<u>Male</u> / Female		
Contact No.	H/P : 8388 3279	Home :	Office :
Address	BLK 722 JURONG WEST AVE 5 #06-124 S(640722)		
Driver have any own vehicle	<u>No</u> , If yes, Reg No.		
Relationship	Employee,	If no, state	CO. OWNER
Weather condition	<u>Clear</u>	Raining	Other
Road Surface	<u>Dry</u>	Wet	Other
Any Injuries	<u>No</u> , If <u>Yes</u> , Who? (MONITORING)		
Name And Contact No.	WILLIAMS RAYMOND, 8388 3279		
Name And Contact No.			
Police Report	<u>No</u> , If Yes, Where?		
Vehicle B No.	SH 6751 J	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	FRONT RIGHT PORTION		
Camera Recorder	<u>Yes</u> / No		
Email Address			
PARTICULAR WORKSHOP	N-51 AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	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 : 5072299967-04

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: PC3702H

Chassis Number

: KDH2230023443

2. Name of Policyholder

: JESRAY COACH TRANSPORT

3. Effective Date of Insurance

: 17 Jun 2019

4. Expiry Date of Insurance

: 16 Jun 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 the carriage of passengers in connection with the Policyholder's business.

(b) Limited to carry 14 passengers

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

* 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.

GEOGRAPHICAL LIMIT

: WITHIN THE REPUBLIC OF SINGAPORE ONLY

EXCESS (SECTION I)

: S\$2,000

EXCESS (SECTION II)

: S\$3,000

WINDSCREEN EXCESS

: S\$500

INSURE WITH COE

: YES

HIRE PURCHASE COMPANY

: THINK ONE 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'PORE SCH&PTE HIRE BUS OWNS ASS (00000601247)

Date of Issue

: 10 Jun 2019 12:38 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Enquire Vehicle Registration Details**Owner Particulars**

NRIC/Passport /Company Cert No.:	53187593L
Owner ID Type:	Business
Owner Name:	JESRAY COACH TRANSPORT
Registered Address:	APT BLK 722 JURONG WEST AVENUE 5 #06-124 SINGAPORE 640722
Mailing Address:	-
Birth Date:	-

Vehicle Particulars

Vehicle No.:	PC3702H
Previous Vehicle No.:	-
Effective Date of Ownership:	17 Jun 2015
Original Regn Date:	17 Jun 2015
Registration Date:	17 Jun 2015
Year of Manufacture:	2015
Vehicle Type:	Private Hire (Chauffeur) Bus/Coach/Minibus
Vehicle Scheme:	Public Service Vehicle (Others)
Vehicle Attachment 1:	Air-Conditioned
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE COMMUTER 3.0 GL AT 2WD 4DR LWB
Primary Colour:	Silver
Secondary Colour:	-
Passenger Capacity:	13
Chassis No.:	KDH2230023443
Engine No.:	1KD2500862
Engine Capacity /Power Rating:	2982 cc / -
Maximum Power Output:	-
Propellant:	Diesel

Max Unladen Weight:	2140 kg
Maximum Laden Weight:	2990 kg
Open Market Value:	\$38,859.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
Minimum PARF Benefit:	-
No. of Transfers:	0
IU Label No.:	1550278080
COE No.:	2015070105000332E
COE Expiry Date:	16 Jun 2025
COE Category:	C - Goods Vehicle & Bus
COE Registration Category:	C - Goods Vehicle & Bus
Quota Premium (QP) / Prevailing Quota Premium:	\$50,900.00 / -
Actual QP Paid:	\$50,900.00
QP (Regn Cat):	\$50,900.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$50,900.00
Additional Registration Fee Rate:	5.00 %
Actual ARF Paid:	\$1,943.00
Vehicle Lifespan Expiry Date:	16 Jun 2035
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Message:	This is a public service vehicle.

Claim Handling

Accident MT/1083211

Policy No.	407299401-00	Vehicle No.	PC3702H	GST Registra
Certificate No.				
Policyholder Name	JESRAY COACH TRANSPORT			Policyholder I
Product Code	TPUS INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	83881454	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reaso
NCD Protection	0%	NCD Entitlement(%)	20	Private Hire

Accident Details

Report Date	06/02/2020 14:37	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	04/02/2020	Time of Accident hh:mm	18:00	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	TELUK BLANGAH RUFFORDS WEST COAST RD			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	500.00	
OD Standard Excess	2,000.00	TP Standard Excess	3,000.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Conv
Additional Excess				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	3,000.00	

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History	06/03/2020 12:40:38 System auto update file time-out		

Policyholder Mailing Address

Address 1	BLK 722 KPN-1234	Address 2	JURONG WEST AVENUE 5	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-294	Related Policy Number	5072299967-04	

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	WILLIAMS RAYMOND	Driver NRIC	SXXXX442E	Driver DOB
Register Date of Driver License	06/12/1992	Driver Age	42	Driving Experi
Contact No.(Mobile)	83881454	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 722	Address 2	JURONG WEST AVENUE 5	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-124			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insure

Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No	

Modification History

Claim 001 OD-MX New

Claim Type	OD-MX	Insured Name	J
Contact No.(Mobile)	83881454	Contact No.(Home)	
Email Address	jesray_tpt@yahoo.com.sg	O1 Vehicle Number	P
Claim Description	PC3702H / SH6751J ON 4 Feb 2020		
Preferred Workshop		Insured Liability	Not at Fault
Preferred No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			
Print AK letter			
		06/02/2020 12:42	Claim Close Date
		ROSLINDA	Workshop Repairer

Save Submit

Attachment

Accident No.
Last Doc. Received

WTJ1083211
* Yes No

Claim No.
Upload Date

001
06/02/2020 00:00

Path	Category *	Confid.
Choose File No file chosen	<div>Clear</div> <div>Please Select ▼</div>	NO
Choose File No file chosen	<div>Clear</div> <div>Please Select ▼</div>	NO
Choose File No file chosen	<div>Clear</div> <div>Please Select ▼</div>	NO
Choose File No file chosen	<div>Clear</div> <div>Please Select ▼</div>	NO
Choose File No file chosen	<div>Clear</div> <div>Please Select ▼</div>	NO
Choose File No file chosen	<div>Clear</div> <div>Please Select ▼</div>	NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 12:42	NRIC/ Driving License	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 12:42	SAS	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 12:42	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 12:42	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 12:41	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 12:41	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 12:41	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 12:41	Photos	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Feb 2020 12:41	Photos	Normal

Video List

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