

NATIONAL Assessment Centre Services. [ref: Jan'05] MHA/20070833

Date In:	Job description	Date & Time Completed	Done by
Ref No:	SAS e-filing		
Veh No:	E-mail (within 5hrs, AIC 2hrs)		
D.O.A :	i-Motor Claim Form	07/1084497-001	07/10 16:11
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: <u>SLP65514</u>	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 : _____

[illegible]

Invoice Preparation Checklist		Amf (\$)	Amf (\$)
		In Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
Contact No:	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$3		
	TP (N11) : TP (N11 INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
	Invoice dated Fee Charged		
Cat. 2 / 3:	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	15/02/2020 16:00
Date Of Accident	13/02/2020 20:10
Exact Location Of Accident	UPP SERANGOON RD TWDS SERANGOON AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ5696P
Insured/Policyholder	
Name Of Registered Owner	JACKSON GENERAL CONTRACTOR
Co Reg No	2XXXX100C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92390783
Alternative Phone No	OFFICE-92390783

Vehicle Particulars

Manufacturer	mitsubishi
Model	L300 HR M
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	THIRD PARTY
Fleet Policy	NO
Policy Number	5047842941-09
Cover Note Number	

Driver

Name of Driver	LOW NGHEE HENG
NRIC No	SXXXX612J
Date Of Birth	20/06/1949
Occupation	OUTDOOR
Date Of Driving Pass	19/03/1976
Driving Experience	43 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92390783
Fax Number	
Contact Number	OFFICE-92390783
Email Address	NOEMAIL

Address	BLK 323 SERANGOON AVENUE 3 #01-252
Postcode	550323
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	CHAIN COLLISION
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	3
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)	1

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	SKP6551Y
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKH2299U
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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

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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.

日昇綜合工程
JACKSON GENERAL CONTRACTOR

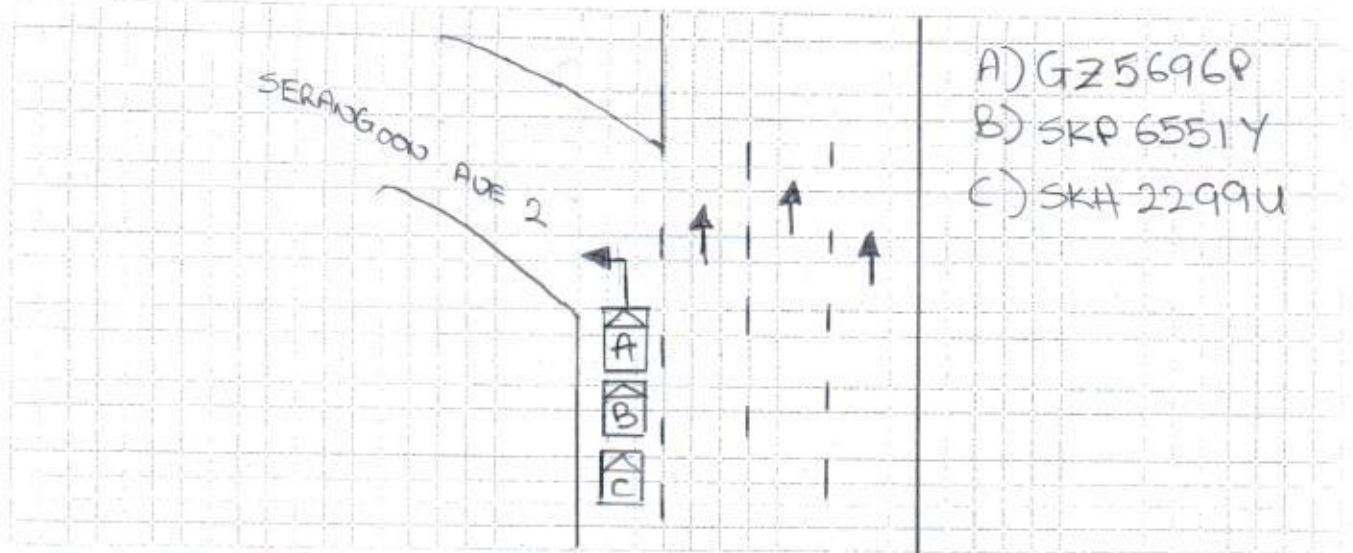
Policyholder's Signature
Date & Time:

Authorised Signature

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

I WAS TRAVELLING ALONG UPPER SERANGOOD ROAD GOING TO
TURN INTO SERANGOOD AVE 2. SUDDENLY I FELT AN IMPACT
ON MY REAR PORTION OF MY VEH. I CAME DOWN AND REALISE
IT WAS A CHAN COLLISION.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

日昇綜合工程
JACKSON GENERAL CONTRACTOR

Policyholder's Signature

Date & Time: (If driver is not the policyholder)

Driver's Signature

Authorised Signature Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



HS AUTOMOTIVES PTE LTD

Blk 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: <u>G25696P</u>		MAKE/MODEL: <u>MTSUBISHI L300</u>	
DATE OF ACCIDENT	<u>13/02/2020</u> <small>DAY/MONTH/YEAR</small>	TIME	<u>20</u> HR <u>10</u> MIN <u>AM</u> (PM)
LOCATION OF ACCIDENT		<u>UPPER SERANGOON ROAD TURNING TO SERANGOON AVE 2</u>	
EXACT PURPOSE USE DURING ACCIDENT		<u>HEADING HOME</u>	
CAR OWNER			
NAME OF CAR OWNER		<u>JACKSON GENERAL CONTRACTOR</u>	
CONTACT NO			
NRIC			
CLAIM TYPE	<input type="checkbox"/> OD	<input checked="" type="checkbox"/> THIRD PARTY	<input type="checkbox"/> REPORTING ONLY
INSURANCE COMPANY	<u>NTUC</u>		
TYPE OF COVERAGE	<input type="checkbox"/> COMPREHENSIVE	<input checked="" type="checkbox"/> THIRD PARTY	<input type="checkbox"/> THIRD PARTY FIRE & THEFT
POLICY NO	<u>5047842941-09</u>		
ACCIDENT DRIVER		<input type="checkbox"/> AS ABOVE <input type="checkbox"/> IF NOT- KINDLY FILL IN BELOW	
NAME OF DRIVER		<u>LOW NGHEE HENG</u>	
NRIC	<u>S03166123</u>	NO OF PASSENGER/S	<u>0</u>
DATE OF BIRTH	<u>20-06-1949</u>		
OCCUPATION	<u>DRIVER</u>	<input checked="" type="checkbox"/> OUTDOOR	<input type="checkbox"/> INDOOR
DATE OF DRIVING PASS	<u>19/03/1976</u>	<input checked="" type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
GENDER			
CONTACT NO	<u>9239 0783</u>		
ADDRESS	<u>BLK 323 SERANGOON AVENUE 3 #01-252 S(550323)</u>		
DRIVER OWN ANY VEHICLE	NO/ IF YES- REGISTRATION NO		
RELATIONSHIP	EMPLOYEE/SPOUSE	IF NOT: <u>OWNER</u>	
WEATHER CONDITION	<input checked="" type="checkbox"/> CLEAR	<input type="checkbox"/> RAINING	OTHER: _____
ROAD SURFACE	<input checked="" type="checkbox"/> DRY	<input type="checkbox"/> WET	OTHER: _____
ANY INJURIES	<input checked="" type="checkbox"/> NO/ IF YES- NAME: _____		
CONTACT NO	_____		
POLICE REPORT	<input checked="" type="checkbox"/> NO/ IF YES- LOCATION: _____		
VIDEO FOOTAGE	<input checked="" type="checkbox"/> NO/ YES		
3RD PARTY INFO			
VEHICLE B NO	<u>SKP65514</u>	NO OF PASSENGER/S	<u>Unknown</u>
NAME	<u>Unknown</u>		
CONTACT NO	<u>Unknown</u>		
VEHICLE C NO	<u>SKH2299U</u>	NO OF PASSENGER/S	<u>Unknown</u>
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	_____		

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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5047842941-09

Cover : Third Party

- | | |
|---|------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GZ5696P |
| Chassis Number | : JMAJNP15V6A001282 |
| 2. Name of Policyholder | : JACKSON GENERAL CONTRACTOR |
| 3. Effective Date of Insurance | : 23 Dec 2019 |
| 4. Expiry Date of Insurance | : 22 Dec 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. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing 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.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : ONG HUI SENG LIFE & GENERAL INS AGENCY (00000571953)
Date of Issue : 17 Dec 2019 11:46 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"/>	5047842941-09		JACKSON GENERAL CONTRACTOR	24015100C	GCV	Third Party	GZ5696P	GZ5696P	23/12/2019	22/12/2020

Policy Information

Policy No.	5047842941-09	Policyholder Name	JACKSON GENERAL CONTRACT	Policyholder NRIC	24015100C
Certificate No.					
Address	NIL				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	17/12/2019	Effective Date	23/12/2019 00:00	Expiry Date	22/12/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	ONG HUI SENG LIFE & GENERAL	Agent Tel.	68410900	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	NIL	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	999999
Unit No.		Related Policy Number	5047842941-09		

Insured Object: GZ5696P

Endorsements

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

Claim Handling

Accident MT/1084497

Policy No.	5047842941-09	Vehicle No.	GZ5696P	GST Registration No.	
Certificate No.					
Policyholder Name	JACKSON GENERAL CONTRACTOR			Policyholder NRIC	24015100C
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	92390783	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	NI
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
▼ Accident Details					
Report Date	15/02/2020 16:09	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	13/02/2020	Time of Accident hh:mm	20:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	URP SERANGOON RD TWDS SERANGOON AVE 2				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable			

▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	15/02/2020 16:10: 27 System changed GST Status Verified from No to Yes				

▼ Policyholder Mailing Address					
Address 1	NIL	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	999999
Unit No.		Related Policy Number	5047842941-09		

▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	20/06/1949
Unnamed driver Name	LOW NGHEE HENG	Driver NRIC	SXXXX6123	Driving Experience	43
Register Date of Driver License	19/03/1976	Driver Age	70	Contact No.(Home)	0
Contact No.(Mobile)	92390783	Contact No.(Office)	0	Address 3	SINGAPORE 550323
Address 1	BLK 323	Address 2	SERANGOON AVENUE 3	Post Code	550323
Address 4		Address Type	Singapore address		
Unit No.	01-252				
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		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	JACKSON GENERAL CONTRACTOR	Insured NRIC	24015100C
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	92390783
Email Address		OI Vehicle Number	GZ5696P	TP Vehicle Number	SKP6551Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GZ5696P / SKP6551Y ON 13 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	15/02/2020 16:11	Claim Close Date		Date Received	15/02/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					














Save Submit

Attachment

Accident No.	MT/1084497	Claim No.	001						
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/02/2020 16:12						
Path *		Category *		Confidential		Urgency *		Description *	
	Browse...	Clear	Please Select	NO	Normal				
	Browse...	Clear	Please Select	NO	Normal				
	Browse...	Clear	Please Select	NO	Normal				
	Browse...	Clear	Please Select	NO	Normal				
	Browse...	Clear	Please Select	NO	Normal				
	Browse...	Clear	Please Select	NO	Normal				

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Feb 2020 16:12	NRIC/ Driving License	Y	NRIC/ Driving License 2020-2-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Feb 2020 16:11	SAS		SAS 2020-2-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Feb 2020 16:11	Photos		Photos 2020-2-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Feb 2020 16:11	Photos		Photos 2020-2-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Feb 2020 16:11	Photos		Photos 2020-2-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Feb 2020 16:11	Photos		Photos 2020-2-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Feb 2020 16:11	Photos		Photos 2020-2-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Feb 2020 16:11	Photos		Photos 2020-2-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Feb 2020 16:11	Photos		Photos 2020-2-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Feb 2020 16:11	Photos		Photos 2020-2-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Feb 2020 16:11	Photos		Photos 2020-2-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Feb 2020 16:11	Photos		Photos 2020-2-15	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 15 Feb 2020 16:11	Photos		Photos 2020-2-15	

Video List

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