

# NATIONAL Assessment Centre Services.

(wef 1 Jan'05)

MHA1002827

Date In: 18/12-12:00	Job description	Date & Time Completed	Done by
Ref No: NA1010200272/1/1	SAS e-filing		
Veh No: 528877K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 14/12-06:55	i-Motor Claim Form	17/10/08 1487-001	18/12/10 M113
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: Vch No: 528877K	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	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-on INC) against INC \$20		
	9) N12: Idao Mobile 30		
	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	18/02/2020 12:08
Date Of Accident	14/02/2020 06:55
Exact Location Of Accident	HOUGANG AVE 3 TWDS TAMPINES RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP8457K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	90'S CAR LEASING PRIVATE LIMITED
Co Reg No	2XXXXX754R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5109690650
Cover Note Number	

### Driver

Name of Driver	TAN ZHI WEI, CHANNON (CHEN ZHIWEI)
NRIC No	SXXXX313I
Date Of Birth	12/02/1987
Occupation	INDOOR
Date Of Driving Pass	05/11/2005
Driving Experience	14 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81230164
Fax Number	
Contact Number	OFFICE-81230164
Email Address	NOEMAIL

Address	BLK 234B SUMANG LANE #16-293
Postcode	822234
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	NO
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?	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	SLW5495J
Vehicle Make/Model/Colour	MAZDA 3
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

### 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.:





Vehicle A SJP8457K

Vehicle B SLW5495J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date,

I was travelling on my vehicle bearing carplate number  
SJP8457K on Hougang Ave 3 towards Tampines Rd on the slip  
road while my vehicle was stationary as there was a cyclist  
at the zebra crossing, suddenly I felt a great impact ~~at~~  
from the rear.

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.:

Date of Accident : 14/02/2020 Accident Time: 0656AM (24-HR-Format)  
Accident Place : Hougang Ave 3 towards tampines Rd  
Vehicle Reg. No. (Car Plate No.) : SJP8457E  
Vehicle Make/Model : Toyota Altis  
Insurance Company : NTUC Policy No. \_\_\_\_\_  
Owner or Company Name / IC No. : 90's car leasing Pte Ltd  
Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Tan Zhi Wei, Channon 887033131  
DRIVER'S Date Of Birth : 12/02/1987 DRIVER'S License Pass Date 05/11/2005  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer  
DRIVER'S Address : B1K 234B Sumang lane # 16-293 8822234.  
DRIVER'S Contact No. / Alt No. : 1) 81230164 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : Admin@mycar.sg  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 01 & No injuries  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SLW5495J  
Vehicle Make/Model: mazda 3  
Name Driver: \_\_\_\_\_  
IC No. Driver: \_\_\_\_\_  
Driver's Contact & Add: \_\_\_\_\_

Vehicle Reg. No: \_\_\_\_\_  
Vehicle Make/Model: \_\_\_\_\_  
Name Driver: \_\_\_\_\_  
IC No. Driver: \_\_\_\_\_  
Driver's Contact & Add: \_\_\_\_\_



## 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:** 5109690650-000008

**Cover :** Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : **SJP8457K**  
 Chassis Number : **MR053ZEE106142370**
2. Name of Policyholder : **90'S CAR LEASING PRIVATE LIMITED**
3. Effective Date of Insurance : **02 Jul 2019**
4. Expiry Date of Insurance : **01 Jul 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 or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TAN WEI 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 : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)

Date of Issue : 17 May 2019 17:08 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.	<input type="text" value="5109690650"/>	Date of Accident	<input type="text" value="14/02/2020 06:55"/>							
Vehicle No.(For Motor)	<input type="text" value="SJP8457K"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5109690650	5109690650-000008	90'S CAR LEASING PRIVATE LIMITED	201811754R	GFM	Third Party, Fire & Theft	SJP8457K	SJP8457K	02/07/2019	16/05/2020
<input type="button" value="Continue"/>										



### Policy Information

Policy No.	5109690650	Policyholder Name	90'S CAR LEASING PRIVATE LIM	Policyholder NRIC	201811754R
Certificate No.	5109690650-000008				
Address	BLK 940 #14-19 HOUGANG STREET 92 SINGAPORE 530940				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	17/05/2019	Effective Date	17/05/2019 00:00	Expiry Date	16/05/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess		Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

### Policyholder Mailing Address

Address 1	BLK 940 #14-19	Address 2	HOUGANG STREET 92	Address 3	SINGAPORE 530940
Address 4		Address Type	Singapore address	Post Code	530940
Unit No.	14-19	Related Policy Number	5109690650		

Insured Object: 5109690650-000008

### Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
<b>Certificate Endorsements</b>					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

[Continue](#)
[Cancel](#)

## Claim Handling

Accident MT/1084787

Policy No.	S109690650	Vehicle No.	SIPB457K	GST Registration No.	
Certificate No.	S109690650-000008				
Policyholder Name	90'S CAR LEASING PRIVATE LIMITED			Policyholder NRIC	201811754R
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
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(%)	0	Private Hire	Yes
<b>Accident Details</b>					
Report Date	18/02/2020 12:15	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	14/02/2020	Time of Accident h:mm	06:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HOUGANG AVE 3 TWDS TAMPINES RD				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess		TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 940 #14-19	Address 2	HOUGANG STREET 92	Address 3	SINGAPORE 530940
Address 4		Address Type	Singapore address	Post Code	530940
Unit No.	14-19	Related Policy Number	S109690650		
<b>OT Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN ZHE WEI, CHANNON (CHEN)	Driver NRIC	SXXXX3131	Driver DOB	12/02/1987
Register Date of Driver License	05/11/2005	Driver Age	33	Driving Experience	14
Contact No.(Mobile)	81230164	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 234B	Address 2	SUMANG LANE	Address 3	MATILDA COURT
Address 4	SINGAPORE 822234	Address Type	Singapore address	Post Code	822234
Unit No.	16-293				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
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	90'S CAR LEASING PRIVATE LIM	Insured NRIC	201811754R
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OT Vehicle Number	SIPB457K	TP Vehicle Number	SLW5495J
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SIPB457K / SLW5495J ON 14 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	18/02/2020 12:17	Claim Close Date		Date Received	18/02/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1084787	Claim No.	001																																			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/02/2020 12:18																																			
<table border="1"> <thead> <tr> <th>Path *</th> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> </thead> <tbody> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> </tbody> </table>				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	
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☐ Send Message

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2020 12:18	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2020 12:18	SAS		Normal	SAS 2020-2-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2020 12:18	Photos		Normal	Photos 2020-2-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2020 12:18	Photos		Normal	Photos 2020-2-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2020 12:18	Photos		Normal	Photos 2020-2-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2020 12:18	Photos		Normal	Photos 2020-2-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2020 12:17	Photos		Normal	Photos 2020-2-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2020 12:17	Photos		Normal	Photos 2020-2-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2020 12:17	Photos		Normal	Photos 2020-2-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2020 12:17	Photos		Normal	Photos 2020-2-18
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2020 12:17	Photos		Normal	Photos 2020-2-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2020 12:17	Photos		Normal	Photos 2020-2-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2020 12:17	Photos		Normal	Photos 2020-2-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2020 12:17	Photos		Normal	Photos 2020-2-18

☐ Video List

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