

NATIONAL Assessment Centre Services

Form No: NA-1001 Rev: 01/03/05

Date In: 20/02/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20002952/13	SAS e-filing		
Veh No: 5647514	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/02/20 0840	I-Motor Claim Form	MT/1085145-001	
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: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SMK 8282M	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: 67886616)	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

NA200419	Invoice Preparation Checklist	Amnt (\$)	Amnt (\$)
Clientant's Particulars:	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: 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)		
Cal. 1:	6) TR: Re-inspection \$75		
Cal. 2/3:	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tp 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: Idao Mobile \$0		
	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	20/02/2020 15:00
Date Of Accident	19/02/2020 08:40
Exact Location Of Accident	GRANGE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU751Y
Insured/Policyholder	
Name Of Registered Owner	WLL ASSOCIATES
Co Reg No	5XXXX235E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5088259942-02
Cover Note Number	

Driver

Name of Driver	WONG LIANG LOCK
NRIC No	SXXXX855G
Date Of Birth	10/02/1957
Occupation	INDOOR
Date Of Driving Pass	15/06/1978
Driving Experience	41 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94550366
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 532 SERANGOON NORTH AVE 4 #07-237
Postcode	550532
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 - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : REIKO KANSAI 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?	NO
Was there any audio recorded?	NO

Details of Witness 1

Name	REIKO KANSAI
Phone Number	98276803
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMK8282M
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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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.

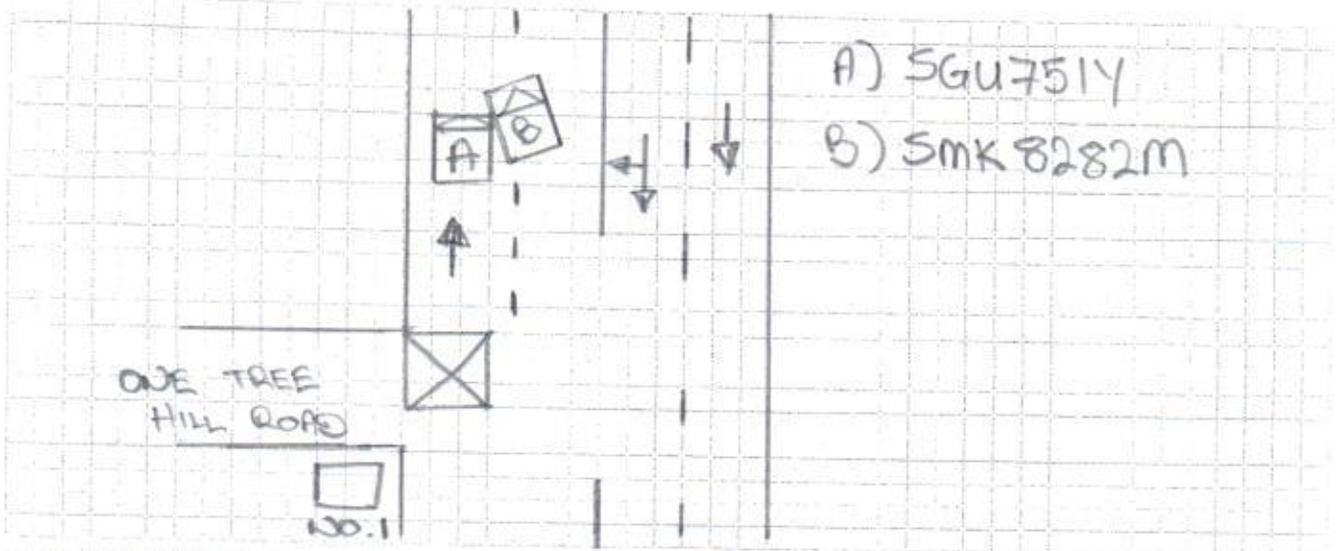
Policyholder's Signature
Date & Time:

WLL ASSOCIATES
Co Reg No: 53357235E

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

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

SKETCH PLAN

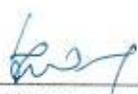


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 19 FEB 2020 AT ABOUT 8:40AM, I PICKED A PASSENGER MS REIKO KANSAI AT THE CHILDCARE CENTRE OF NO. 1 ONE TREE HILL ROAD AND SHE WAS GOING TO 51 NEIL ROAD. I STOPPED AT THE T-JUNCTION OF ONE TREE HILL ROAD WAITING TO TURN INTO GRANGE ROAD BECAUSE THE TRAFFIC WAS HEAVY. GRANGE ROAD IS A TWO LANE ONE WAY ROAD. WHEN IT WAS CLEAR FOR ME TO TURN, I TURNED INTO THE LEFT LANE AND PROCEEDED STRAIGHT ALONG GRANGE ROAD. I HAD TRAVELLED ABOUT 70 METRES AT A SPEED OF ABOUT 40KMPH WHEN MOTOR CAR S MK 8282M TRAVELING ON THE RIGHT LANE OF GRANGE ROAD AT A HIGH SPEED AND OVERTOOK MY CAR TOO CLOSELY, CUT INTO MY LANE SUDDENLY AND COLLIDED INTO THE FRONT RIGHT CORNER OF MY CAR. MY HEADLIGHT, SPOTLIGHT, BUMPER AND FRONT RIGHT SIDE OF MY CAR WAS DAMAGED THE LEFT SIDE OF HIS CAR FROM FRONT TO BACK WAS DAMAGED BECAUSE HE MOVED ON AFTER COLLIDED INTO MY CAR. AFTER WHICH HE STOPPED HIS CAR ON THE LEFT LANE AND EXCHANGED PARTICULARS. THE DRIVER WAS MR LEE YUWYONG, NRIC S820465E1, ADDRESS, 63 MT SINAI DRIVE #04-03 S(277116). MY PASSENGER MS. REIKO KANSAI, HP NO. 98276803 IS WILLING TO BE MY WITNESS. A TRAFFIC POLICE CAME LATER, STOPPED AND ASKED IF THERE IS ANY INJURY. SINCE NOONE WAS INJURED, HE TOLD US TO MAKE OUR OWN REPORT.

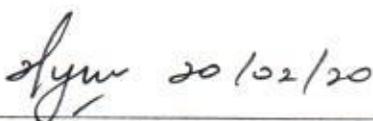
DECLARATION

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


 Policyholder's Signature
 Date & Time:

WLL ASSOCIATES
 Co Reg No: 53357235E

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


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



HS AUTOMOTIVES PTE LTD

BIK 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: SGU7514 MAKE/MODEL: TOYOTA ALTIS

DATE OF ACCIDENT 19/02/2020 TIME 08 HR 40 MIN (AM) PM

LOCATION OF ACCIDENT GRANGE ROAD

EXACT PURPOSE USE DURING ACCIDENT WORK

CAR OWNER

NAME OF CAR OWNER WLL ASSOCIATES

CONTACT NO _____

NRIC 53357235E

CLAIM TYPE OD THIRD PARTY REPORTING ONLY

INSURANCE COMPANY NTUC

TYPE OF COVERAGE COMPREHENSIVE THIRD PARTY THIRD PARTY FIRE & THEFT

POLICY NO 5088259942-02

ACCIDENT DRIVER

AS ABOVE IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER WONG LIAUG LOCK

NRIC S1250855G NO OF PASSENGER/S 1 FEMALE

DATE OF BIRTH 10.02.1957

OCCUPATION SELF-EMPLOYED OUTDOOR INDOOR

DATE OF DRIVING PASS 15/06/1978

GENDER MALE FEMALE

CONTACT NO 94550366

ADDRESS BLK 532 SERAOGOOD NORTH AVENUE #07-237 S(550532)

DRIVER OWN ANY VEHICL NO/ IF YES- REGISTRATION NO _____

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT:

WEATHER CONDITION CLEAR RAINING OTHER: _____
ROAD SURFACE DRY WET OTHER: _____

ANY INJURIES NO/ IF YES- NAME: _____

CONTACT NO _____

POLICE REPORT NO/ IF YES- LOCATION: _____

VIDEO FOOTAGE NO/ YES

3RD PARTY INFO

VEHICLE B NO SMK8282M NO OF PASSENGER/S (UNKNOWN)

NAME LEE YU YONG

CONTACT NO _____

VEHICLE C NO _____ NO OF PASSENGER/S

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)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5088259942-02	Cover : Third Party
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1. Index mark and Registration Number of Vehicle : **SGU751Y**
Chassis Number : MR053ZEC107143300
2. Name of Policyholder : WLL ASSOCIATES
3. Effective Date of Insurance : 30 Apr 2019
4. Expiry Date of Insurance : 29 Apr 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.
 - (b) Use for the carriage of passengers or goods 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 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)	: S\$2,000
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	: AON SINGAPORE PTE LTD (00000691150)
Date of Issue	: 23 Apr 2019 17:02 hrs
Reprint	: 23 Apr 2019 17:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1085145

Policy No.	5088259942-02	Vehicle No.	SGU751Y	GST Registration No.	
Certificate No.					
Policyholder Name	WLL ASSOCIATES			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Third Party	Loading	
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<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	
▼ Accident Details					
Report Date	20/02/2020 17:00	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	19/02/2020	Time of Accident hh:mm	08:40	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	GRANGE ROAD				

▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	2,000.00		
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	20/02/2020 17:05:43 System changed GST Status Verified from No to Yes				

▼ Policyholder Mailing Address					
Address 1	BLK 532 #07-237	Address 2	SERANGOON NORTH AVENUE 4	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	07-237	Related Policy Number	5088259942-02		

▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	WONG LIANG LOCK	Driver NRIC	SXXX855G	Driving Experience	
Register Date of Driver License	15/06/1978	Driver Age	63	Contact No.(Home)	
Contact No.(Mobile)	94550366	Contact No.(Office)	0	Address 3	
Address 1	BLK 532	Address 2	SERANGOON NORTH AVENUE 4	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	#07-237				
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 OD-MX New

Claim Type *	OD-MX	Insured Name	WLL ASSOCIATES	Insured NRIC	
Contact No.(Mobile)	94550366	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SGU751Y	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SGU751Y / SMK8282M ON 19 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	
Date Registered	20/02/2020 17:09	Claim Close Date		Date Received	
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No. MT/1085145 Claim No. 001
 Last Doc. Received Yes No Upload Date 20/02/2020 00:00

Path *	Category *	Confidential	Urgency
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select <input type="button" value="v"/>	NO <input type="button" value="v"/>	Normal
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select <input type="button" value="v"/>	NO <input type="button" value="v"/>	Normal
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select <input type="button" value="v"/>	NO <input type="button" value="v"/>	Normal
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select <input type="button" value="v"/>	NO <input type="button" value="v"/>	Normal
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select <input type="button" value="v"/>	NO <input type="button" value="v"/>	Normal
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select <input type="button" value="v"/>	NO <input type="button" value="v"/>	Normal

Message Board

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2020 17:08		NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-2-
 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2020 17:08		SAS	Normal	SAS 2020-2-20
 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2020 17:08		Photos	Normal	Photos 2020-2-20
 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2020 17:08		Photos	Normal	Photos 2020-2-20
 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2020 17:08		Photos	Normal	Photos 2020-2-20
 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2020 17:08		Photos	Normal	Photos 2020-2-20
 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2020 17:08		Photos	Normal	Photos 2020-2-20
 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2020 17:08		Photos	Normal	Photos 2020-2-20
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 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2020 17:08		Photos	Normal	Photos 2020-2-20
 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2020 17:08		Photos	Normal	Photos 2020-2-20
 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2020 17:08		Photos	Normal	Photos 2020-2-20
 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Feb 2020 17:08		Photos	Normal	Photos 2020-2-20

Video List

Uploaded By/Date	Folder Date	File Name	Source
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>			