

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA2002665

Date In: 28/12-09:46	Job description	Date & Time Completed	Done by
Ref No: 46/INC2002306/24	SAS e-filing		
Veh No: 5JK426M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 29/12-15:25	i-Motor Claim Form	M71086127-001	28/12-09:37
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: YL2946P

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 :

Date/Time	Actions

<p>NA201730</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>At 1:</p> <p>At 2 / 3:</p>	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			Inc Bill	Add Bill
	1) AR : Accident Reporting (\$30);			
	2) DA : Damage Assessment (\$100); INC (\$80)			
	3) TP : Towing Fee \$40/\$45			
	4) FT : Follow-Through Survey \$120			
	5) RT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
8) NTUC Additional Services:-				
QD*				
* 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 (Non INC) against INC \$20				
9) N12: Idac 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	28/02/2020 09:46
Date Of Accident	27/02/2020 15:25
Exact Location Of Accident	JUNC GAMBAS AVE & WOODLANDS AVE 7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK4226M
Insured/Policyholder	
Name Of Registered Owner	HASHIM BIN GIMAN
NRIC No	SXXXX895G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97880694
Alternative Phone No	OFFICE-97880694

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.6L 5AT
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105740551-01
Cover Note Number	

Driver

Name of Driver	MUHAMAD HARIS BIN HASHIM
NRIC No	SXXXX074B
Date Of Birth	14/02/1999
Occupation	INDOOR
Date Of Driving Pass	27/02/2018
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92302540
Fax Number	
Contact Number	OFFICE-92302540
EEmail Address	NOEMAIL

Address	BLK 254 YISHUN RING ROAD #10-1085
Postcode	760254
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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)	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	YL2940P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBA4942B
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

MUHAMAD HARIS BIN HASHIM

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJK4226M

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

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:

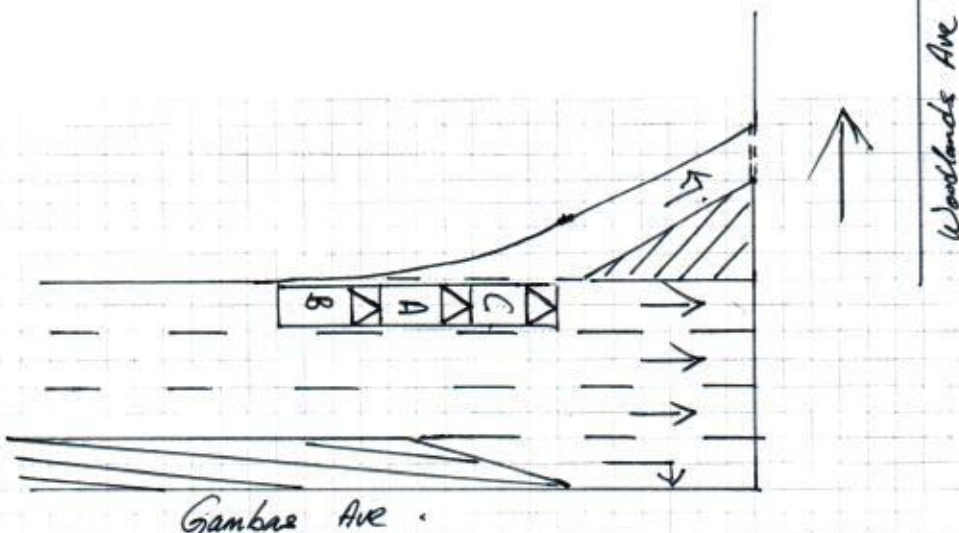

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

(A) SJK 4226M.

(B) YL 2940P.

(C) GBA 4942B.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/02/2020 at @1525 hrs, I stopped my vehicle (SJK 4226M) along Gambas Ave junction Woodlands Ave T on the extreme left lane due to red light. After stopping for about 1 min, suddenly, a lorry (YL 2940P) from behind collided onto the rear portion of my vehicle. The impact was so strong that pushed my vehicle forward and caused my vehicle to collide onto the van (GBA 4942B) ahead of me.

DECLARATION

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

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.:

Vehicle No.	SJK 4226 M Model / Make Honda Civic.		
Date of Accident	27/02/2020.		
Time of Accident	1525 HRS		
Location of Accident	Gambas Ave junction Woodlands Ave 7.		
Exact purpose use during accident	Private Used.		
Name of Owner	Hashim Bin Giman.		
Telephone No.	H/P: 9788 0694 . Home :	Office :	
NRIC	S 2175895 G.		
Address	BLK 254 Yishun Ring Road #10-1085 (E) 760254.		
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.	5105740551-01.		
Name of Driver	As Above If No, Muhamad Hariz Bin Hashim.		
NRIC	S 9904074 B. Any Passengers: N.A.		
Date of birth	14/02/1999.		
Occupation	Outdoor / <u>Indoor</u>		
Driving License Pass Date	27/02/2018.		
Gender	<u>Male</u> / Female		
Contact No.	H/P: 9230 2540 Home :	Office :	
Address	BLK 254 Yishun Ring Road #10-1085 (E) 760254		
Driver have any own vehicle	<u>No</u> , If yes, Reg No.		
Relationship	Employee, If no, state Son.		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	No, <u>If Yes, Who?</u>		
Name And Contact No.	Muhamad Hariz Bin Hashim (H/P: 9230 2540)		
Name And Contact No.			
Police Report	<u>No</u> , If Yes, Where?		
Vehicle B No.	YL 2940 P.	Any Passengers: N.A.	
Name of Driver	Contact No.:		
Vehicle C No.	GBA 4942 B.	Any Passengers: N.A.	
Vehicle D No.	Any Passengers:		
Vehicle E no.	Any Passengers:		
Vehicle F No.	Any Passengers:		
Vehicle G No.	Any Passengers:		
Witness Name	N.A.	Witness Contact: N.A.	
Accident Portion	Front and Rear portion.		
Camera Recorder	Yes <u>No</u>		
Email Address	hrehem.26@gmail.com.		
PARTICULAR WORKSHOP	Twinnor		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Ting		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n5i.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)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5105740551-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJK4226M**
 Chassis Number : JHMF46209S200127
2. Name of Policyholder : HASHIM BIN GIMAN
3. Effective Date of Insurance : 27 Nov 2019
4. Expiry Date of Insurance : 26 Nov 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.

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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: HASHIM BIN GIMAN
NAMED DRIVER (1)	: MUHAMAD HARIS BIN HASHIM
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: ABWIN 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 : ABWIN PTE LTD (00000614234)

Date of Issue : 22 Oct 2019 16:29 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"/>	5105740551-01		HASHIM BIN GIMAN	S2175895G	GPC	drive CLASSIC	SJK4226M	SJK4226M	27/11/2019	26/11/2020

Policy Information

Policy No.	5105740551-01	Policyholder Name	HASHIM BIN GIMAN	Policyholder NRIC	S2175895G
Certificate No.					
Address	BLK 254 #10-1085 YISHUN RING ROAD YISHUN SUNSHINE SINGAPORE 760254				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	22/10/2019	Effective Date	27/11/2019 00:00	Expiry Date	26/11/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 254 #10-1085	Address 2	YISHUN RING ROAD	Address 3	YISHUN SUNSHINE
Address 4	SINGAPORE 760254	Address Type	Singapore address	Post Code	760254
Unit No.		Related Policy Number	5105740551-01		

Insured Object: SJK4226M

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	20/12/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 20 Dec 2019, the following amendment(s) is/are made to this policy; 1. This Policy does not cover usage of vehicle for hire or reward. 2. The Excess (Section 1) is revised to \$600.00 3. The Excess (Section 2) of \$1,500.00 is not applicable. 4. NAMED DRIVER : MUHAMAD HARIS BIN HASHIM In view of this amendment, a refund of \$623.78 (inclusive of GST) will be credited to your credit card account within seven business days. Please note that you need to continue servicing the balance instalment (if any) with your bank.</p>

Continue Cancel

Claim Handling

Accident MT/1086127

Policy No.	S105740551-01	Vehicle No.	SJK4226M	GST Registration No.	
Certificate No.					
Policyholder Name	HASHIM BIN GIMAN			Policyholder NRIC	S2175895G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Mobile)	97880694	Contact No. (Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	11
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(%)	10	Private Hire	No
Accident Details					
Report Date	28/02/2020 09:56	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	27/02/2020	Time of Accident hh:mm	15:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNG GAMBAS AVE & WOODLANDS AVE 7				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OG Standard Excess	500.00	TP Standard Excess	0.00		
YIED OG Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OG Excess Applicable	500.00	Total TP Excess Applicable	0.00		
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 254 #10-1085	Address 2	YISHUN RING ROAD	Address 3	YISHUN SUNSHINE
Address 4	SINGAPORE 760254	Address Type	Singapore address	Post Code	760254
Unit No.		Related Policy Number	S105740551-01		
OT Driver Info					
Driver Name	MUHAMAD HAKIS BIN HASHIM	Driver Type	Named Driver	Driver DOB	14/02/1999
Unnamed driver Name		Driver NRIC	S9904074B	Driving Experience	2
Register Date of Driver License	27/02/2018	Driver Age	21	Contact No. (Home)	0
Contact No. (Mobile)	92302540	Contact No. (Office)	0	Address 3	YISHUN SUNSHINE
Address 1	BLK 254	Address 2	YISHUN RING ROAD	Post Code	760254
Address 4	SINGAPORE 760254	Address Type	Singapore address		
Unit No.	10-1085				
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 checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MK	Insured Name	HASHIM BIN GIMAN	Insured NRIC	S2175895G
Contact No. (Mobile)	97880694	Contact No. (Home)	67581964	Contact No. (Office)	
Email Address	hashimgiman@gmail.com	OT Vehicle Number	SJK4226M	TP Vehicle Number	YL2940P
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJK4226M / YL2940P ON 27 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	28/02/2020 09:57	Claim Close Date		Date Received	28/02/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					













Save Submit

Attachment

Accident No.	MT/1086127	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/02/2020 09:59		
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

[Attachments](#)
[Attachment List](#)

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 28 Feb 2020 09:59	NRIC/ Driving License	Y	NRIC/ Driving License 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 28 Feb 2020 09:58	SAS		SAS 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 28 Feb 2020 09:58	Photos		Photos 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 28 Feb 2020 09:58	Photos		Photos 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 28 Feb 2020 09:58	Photos		Photos 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 28 Feb 2020 09:58	Photos		Photos 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 28 Feb 2020 09:58	Photos		Photos 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 28 Feb 2020 09:58	Photos		Photos 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 28 Feb 2020 09:58	Photos		Photos 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 28 Feb 2020 09:58	Photos		Photos 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 28 Feb 2020 09:58	Photos		Photos 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 28 Feb 2020 09:58	Photos		Photos 2020-2-28	

[Video List](#)

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