

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA 10026301

Date In: 28/1/10 - 15:10	Job description	Date & Time Completed	Done by
Ref No: NA/INC2003355/24	SAS e-filing		
Veh No: GBC 23164	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/1/10 - 12:12	i-Motor Claim Form	27/1/08 6218-001	28/1/10 15:30
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: FBC8950R 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

Invoice Preparation Checklist		Amt (\$) Inc Bill	Amt (\$) 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) FT: 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:-			
ON:			
*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 \$0			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

NA201219

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Sat. 1:

Sat. 2 / 3:

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 15:10
Date Of Accident	28/02/2020 12:20
Exact Location Of Accident	BUKIT TIMAH RD TWDS UPP BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK2316U
Insured/Policyholder	
Name Of Registered Owner	SUPERB CLEANING PTE LTD
Co Reg No	2XXXXX083R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96838397
Alternative Phone No	OFFICE-96838397

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE LWB 2.8 GL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5116310149
Cover Note Number	

Driver

Name of Driver	CHEN ZHIHAO SAMUEI
NRIC No	SXXXX150H
Date Of Birth	22/12/1994
Occupation	OUTDOOR
Date Of Driving Pass	06/05/2014
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82011864
Fax Number	
Contact Number	OFFICE-82011864
Email Address	NOEMAIL

Address	BLK 288D BUKIT BATOK STREET 25 #11-38
Postcode	653288
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBC8950R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	LIM MENG CHAI
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	CHEN ZHIHAO SAMUEI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBK2316U
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.
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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:

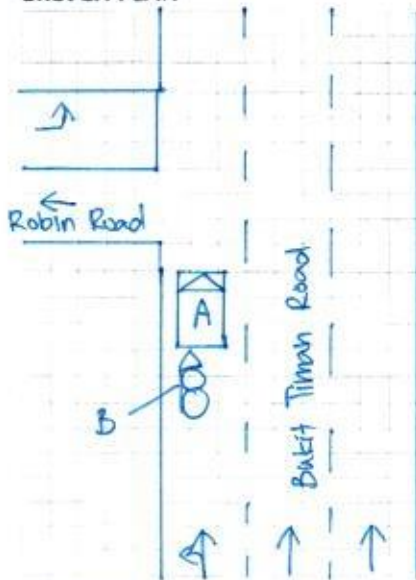
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

Veh A: GBK2316U
 Veh B: FBC 8950R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (GBK2316U) traveling along Bukit Timah Road towards Upper Bukit Timah Road on third lane of a 3-lanes, road. Somewhere before Robin Road, vehicle ahead slowed down and stopped due to the heavy traffic flow. As such, I applied brake and stopped behind vehicle ahead. Out of sudden, vehicle B (FBC 8950R) came from and collided directly onto the rear portion of my vehicle.

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.:

Vehicle No.	GBK23164		Model / Make	Toyota Hiace LWB
Date of Accident	28/2/2020			
Time of Accident	1220	HRS		
Location of Accident	Along Bukit Timah Road towards Upper Bukit Timah Road			
Exact purpose use during accident	Work			
Name of Owner	Superb Cleaning Pte Ltd			
Telephone No.	H/P : 9683 8397		Home :	Office :
NRIC	201231083R			
Address	61 Bukit Batok Crescent #05-03 S(658078)			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	NTUC			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5116310149			
Name of Driver	As Above If No, Chen Zhittao Samuel			
NRIC	S9447150H		Any Passengers : -	
Date of birth	22/12/1994			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	6/5/2014			
Gender	Male / Female			
Contact No.	H/P : 8201 1864		Home :	Office :
Address	BLK 250 Choa Chu Kang Avenue 2 #11-450 S(680250)			
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No,	If Yes, Who?		
Name And Contact No.	Chen Zhittao Samuel 8201 1864			
Name And Contact No.				
Police Report	No,	If Yes, Where?		
Vehicle B No.	FBC 8950 R		Any Passengers : -	
Name of Driver	Lim Meng Chai		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	Rear left portion			
Camera Recorder	Yes / No			
Email Address	Samuel.Superb@gmail.com			
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Zi Ting			
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)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

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

Certificate Number : 5116310149

Cover : Preferred Workshop Plan

1. Index mark and Registration Number of Vehicle : **GBK2316U**
Chassis Number : JTFRA3APX08008097
2. Name of Policyholder : SUPERB CLEANING PTE LTD
3. Effective Date of Insurance : 27 Feb 2020
4. Expiry Date of Insurance : 26 Feb 2021
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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: HL BANK
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 : SGML PTE. LTD. (00000573854)

Date of Issue : 27 Feb 2020 09:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



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"/>	Date of Accident	<input type="text" value="28/02/2020 12:20"/>							
Vehicle No. (For Motor)	<input type="text" value="GBK2316U"/>	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"/>	5116310149		SUPERB CLEANING PTE LTD	201231083R	GCV	Preferred Workshop Plan	GBK2316U	GBK2316U	27/02/2020	26/02/2021
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5116310149	Policyholder Name	SUPERB CLEANING PTE LTD	Policyholder NRIC	201231083R
Certificate No.					
Address	61 BUKIT BATOK CRESCENT #05-03 HENG LOONG BUILDING SINGAPORE 658078				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	27/02/2020	Effective Date	27/02/2020 00:00	Expiry Date	26/02/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	1708.16		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	SGML PTE. LTD.	Agent Tel.	86682223	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	61 BUKIT BATOK CRESCENT	Address 2	#05-03 HENG LOONG BUILDING	Address 3	SINGAPORE 658078
Address 4		Address Type	Singapore address	Post Code	658078
Unit No.	05-03	Related Policy Number	5116310149		

Insured Object: GBK2316U

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	27/02/2020 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 27 Feb 2020, the following policy details are amended as follows: HIRE PURCHASE COMPANY: HL BANK CHASSIS NUMBER: JTFRA3APX08008097 ENGINE NUMBER: 1GD8484785 VEHICLE REGISTRATION NUMBER: GBK2316U ORIGINAL REGISTRATION DATE: 27 Feb 2020

Continue

Cancel

Claim Handling

The premium on this policy has not been collected.

Accident MT/1086218

Policy No.	5116310149	Vehicle No.	GBK2316U	GST Registration No.	
Certificate No.					
Policyholder Name	SUPERB CLEANING PTE LTD	Cover Type	Preferred Workshop Plan	Policyholder NRIC	201231083R
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	96838397	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="N/A"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	28/02/2020 15:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	28/02/2020	Time of Accident hh:mm	12:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT TIMAH RD TWDS UPB BUKIT TIMAH RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	1000.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	1600.00	Total TP Excess Applicable			

Benefits

GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	28/02/2020 15:29:26 System changed GST Status Verified from No to Yes				

Policyholder Mailing Address

Address 1	51 BUKIT BATOK CRESCENT	Address 2	#05-03 HENG LOONG BUILDING	Address 3	SINGAPORE 658078
Address 4		Address Type	Singapore address	Post Code	658078
Unit No.	05-03	Related Policy Number	5116310149		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHEN ZHIHAO SAMUEL	Driver NRIC	SXXXX150H	Driver DOB	22/12/1994
Register Date of Driver License	06/05/2014	Driver Age	25	Driving Experience	5
Contact No.(Mobile)	82011864	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 288D	Address 2	BUKIT BATOK STREET 25	Address 3	NATURE VIEW
Address 4	SINGAPORE 653288	Address Type	Singapore address	Post Code	653288
Unit No.	11-3B				
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
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	SUPERB CLEANING PTE LTD	Insured NRIC	201231083R
Contact No.(Mobile)	92203404	Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	GBK2316U	TP Vehicle Number	FBC8950R
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBK2316U / FBC8950R ON 28 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 15:30	Claim Close Date		Date Received	28/02/2020 00:00
Report Taken By	Jackson				














☒ Print AK letterSave Submit

Attachment

Accident No.	MT/1086218	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/02/2020 15:31		
Path *		Category *		Confidential	Urgency *
	Browse... Clear	Please Select	<input type="text" value="N/A"/>	<input type="text" value="Normal"/>	
	Browse... Clear	Please Select	<input type="text" value="N/A"/>	<input type="text" value="Normal"/>	
	Browse... Clear	Please Select	<input type="text" value="N/A"/>	<input type="text" value="Normal"/>	
	Browse... Clear	Please Select	<input type="text" value="N/A"/>	<input type="text" value="Normal"/>	
	Browse... Clear	Please Select	<input type="text" value="N/A"/>	<input type="text" value="Normal"/>	

Browse...
Clear
Please Select
NO
Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent ¹ (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Feb 2020 15:31	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Feb 2020 15:31	SAS	Normal	SAS 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Feb 2020 15:31	Photos	Normal	Photos 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Feb 2020 15:31	Photos	Normal	Photos 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Feb 2020 15:31	Photos	Normal	Photos 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Feb 2020 15:31	Photos	Normal	Photos 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Feb 2020 15:31	Photos	Normal	Photos 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Feb 2020 15:31	Photos	Normal	Photos 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Feb 2020 15:31	Photos	Normal	Photos 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Feb 2020 15:30	Photos	Normal	Photos 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Feb 2020 15:30	Photos	Normal	Photos 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Feb 2020 15:30	Photos	Normal	Photos 2020-2-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Feb 2020 15:30	Photos	Normal	Photos 2020-2-28	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div style="display: flex; justify-content: space-around; margin-top: 10px;"> Display in New Window Scan and uploading </div>				