

NATIONAL Assessment Centre Services

Part 1 Jan 03

MMA 120027774

Date Inc	313120 13:46	Job description	Date & Time Completed	Done by
Ref No	MA/INC 20003480/h4	SAS e-filing		
Veh No	SJH 9384 Y	E-mail (within 3hrs, AIC 3hrs)		
ICIA	2412120 11:00	I-Motor Claim Form	M7/1086680 ⁰⁰¹	3/3/20 14:36.
OT	IP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
IP Insurer		I-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
IP Particulars:	Veh No:	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: YBS () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:
() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repolter.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:	INC () / Non-INC ()	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	Action

MA 2001766	Invoice Itemization Checklist	Am't (\$)	Adj'd (\$)
Claimants Particulars	1) AK: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (waif 10 Jan 2003)		
Ref. 1:	6) TR: Re-Inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	QJ:		
	*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: 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	03/03/2020 13:46
Date Of Accident	24/02/2020 11:00
Exact Location Of Accident	BLK 123 LOR 1 TOA PAYOH OSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH9384Y
Insured/Policyholder	
Name Of Registered Owner	HO WUI MING (HE WEIMING)
NRIC No	SXXXX135Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98375580
Alternative Phone No	OFFICE-98375580

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5104528293-01
Cover Note Number	

Driver

Name of Driver	HO WUI MING (HE WEIMING)
NRIC No	SXXXX135Z
Date Of Birth	25/01/1990
Occupation	INDOOR
Date Of Driving Pass	07/09/2018
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98375580
Fax Number	
Contact Number	OFFICE-98375580
Email Address	NOEMAIL

Address	BLK 123 LOR 1 TOA PAYOH #03-503
Postcode	310123
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200229/2118

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB5235B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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.

X

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 : SJH9384Y
Veh B : SHB 5235B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report NO: T/20200229/2118

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.	SJH9384Y		Model / Make	Honda Civic	
Date of Accident	24/2/2020				
Time of Accident	1100		HRS		
Location of Accident	Along BLK 123 Loring 1 Toa Payoh DSCP				
Exact purpose use during accident	Private use				
Name of Owner	Ho Wai Ming				
Telephone No.	H/P : 98375580		Home :	Office :	
NRIC	S9003135Z				
Address	BLK 123 Loring 1 Toa Payoh #03-503 S(31023)				
Claim type	OD		THIRD PARTY		REPORTING ONLY
Insurance Company	NTUC				
Type of Coverage	Comprehensive		Third Party		Third Party / Fire / Theft
Policy No.	5104528293-01				
Name of Driver	As Above If No,				
NRIC	Any Passengers : -				
Date of birth	25/1/1990				
Occupation	Outdoor / Indoor				
Driving License Pass Date	7/9/2018				
Gender	Male / Female				
Contact No.	H/P :		Home :	Office :	
Address					
Driver have any own vehicle	No, If yes, Reg No.				
Relationship	Employee, If no, state Owner				
Weather condition	Clear Raining Other				
Road Surface	Dry Wet Other				
Any Injuries	No, If Yes, Who?				
Name And Contact No.					
Name And Contact No.					
Police Report	No,		If Yes, Where?		Traffic Police
Vehicle B No.	SHB5235B		Any Passengers :		
Name of Driver			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	Front right portion				
Camera Recorder	Yes / No				
Email Address	HowaiMing@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				



SINGAPORE POLICE FORCE



T/20200229/2118

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200229/2118

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/02/2020 20:45	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars			
Name of Informant: HO WUI MING		Address: APT BLK 123 LORONG 1 TOA PAYOH #03-503 SINGAPORE 310123	
ID Type / ID No.: NRIC NO / S9003135Z		Contact No.: Home/Office: Mobile: 98375580	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 30	Date of Birth: 25/01/1990	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name: NUS
Occupation: Student		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 24/02/2020 11:00	Type of Location: Car Park
Location: Along Road 1 LORONG 1 TOA PAYOH BLK 123 CARPARK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB5235B	Car		PRIUS HYBRID 1.8 CVT			0
SJH9384Y	Car	HONDA	CIVIC 1.6L VTI AUTO	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20200229/2118

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20200229/2118

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJH9384Y	NTUC Income Insurance Co-Operative Limited	5104528293-01	11/10/2019	27/08/2020

Brief Details.

At the above mentioned date and location

When I was on my way out, I go to the carpark where I parked my car. I saw a few scratches on my car and then I went to check my in car cam. I found that there was a car which had collided into my parked car and just drive off. There was no note left behind.



**SINGAPORE
POLICE FORCE**



T/20200229/2118

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200229/2118

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
TP /
SM NAYKIB SYAWAL BIN NAZMUL HASSAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/02/2020 20:45

Officer In Charge Of Case:
TP / HRT /
SI KALESWARI PALANI
Contact No.: 65476902

Classification Of Case:

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**

Signature: _____

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: 5104528293-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJH9384Y**
Chassis Number : JHMFD46208S202310
2. Name of Policyholder : HO WUI MING
3. Effective Date of Insurance : 11 Oct 2019
4. Expiry Date of Insurance : 27 Aug 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	: HO WUI MING (HE WEIMING)
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: EFIZZIG 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 : MAGNI INSURANCE AGENCY (00000572198)
Date of Issue : 27 Aug 2019 16:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1086680

Policy No.	5104528293-01	Vehicle No.	SJH9384Y	GST Registration No.	
Certificate No.					
Policyholder Name	HO WUI MING (HE WEIMING)			Policyholder NRIC	S9003135Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98375580	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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	No
▼ Accident Details					
Report Date	03/03/2020 14:33	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	24/02/2020	Time of Accident hh:mm	11:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 123 LOR 1 TOA PAYOH OSCP				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YTD OD Excess	0.00	YTD TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	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 123 #03-503	Address 2	LORONG 1 TOA PAYOH	Address 3	SINGAPORE 310123
Address 4		Address Type	Singapore address	Post Code	310123
Unit No.		Related Policy Number	5104528293-01		
▼ OI Driver Info					
Driver Name	HO WUI MING (HE WEIMING)	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9003135Z	Driver DOB	25/01/1990
Register Date of Driver License	07/09/2018	Driver Age	30	Driving Experience	1
Contact No.(Mobile)	98375580	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 123 #03-503	Address 2	LORONG 1 TOA PAYOH	Address 3	SINGAPORE 310123
Address 4		Address Type	Singapore address	Post Code	310123
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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	HO WUI MING (HE WEIMING)	Insured NRIC	S9003
Contact No.(Mobile)	98375580	Contact No.(Home)		Contact No.(Office)	
Email Address	howuming@gmail.com	Vehicle Number	SJH9384Y	TP	SHB52
Claim Description	SJH9384Y / SHB5235B ON 24 Feb 2020				
Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received
Repair Option	Preferred Workshop, Name unknown				
Date Registered	03/03/2020 14:36	Claim Close Date		Date Received	03/03/2020
Report Taken By	JIEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1086680	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/03/2020 14:36
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			
▼ Attachment List			

Category *	Confidential	Urgency *	Desc
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	

Attachment	Uploaded By/Date	Category		Urgency	Description	M
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 14:36	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 14:36	SAS		Normal	SAS 2020-3-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 14:36	Photos		Normal	Photos 2020-3-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 14:36	Photos		Normal	Photos 2020-3-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 14:36	Photos		Normal	Photos 2020-3-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 14:36	Photos		Normal	Photos 2020-3-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 14:36	Photos		Normal	Photos 2020-3-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 14:36	Photos		Normal	Photos 2020-3-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 14:36	Photos		Normal	Photos 2020-3-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 14:36	Photos		Normal	Photos 2020-3-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 14:36	Photos		Normal	Photos 2020-3-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 14:36	Photos		Normal	Photos 2020-3-3	
▼ Video List						
Uploaded By/Date	Folder Date	File Name		Source		
		Display in New Window	Scan and uploading			