





## 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 14:48
Date Of Accident	02/03/2020 18:20
Exact Location Of Accident	GEYLANG RD BEF PAYA LEBAR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP463J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GLIDERS AUTO TRADING
Co Reg No	5XXXX166K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90604906

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113891950
Cover Note Number	

### Driver

Name of Driver	HIRWAN BIN KAMAL
NRIC No	SXXXX238C
Date Of Birth	14/01/1982
Occupation	OUTDOOR
Date Of Driving Pass	29/06/2011
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84088857
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 467A FERNVALE LINK #10-503
Postcode	791467
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200302/7033

#### 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	SHC212U
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)

**DETAILS OF INJURED PERSON 1**

Name HIRWAN BIN KAMAL

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMP463J

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.



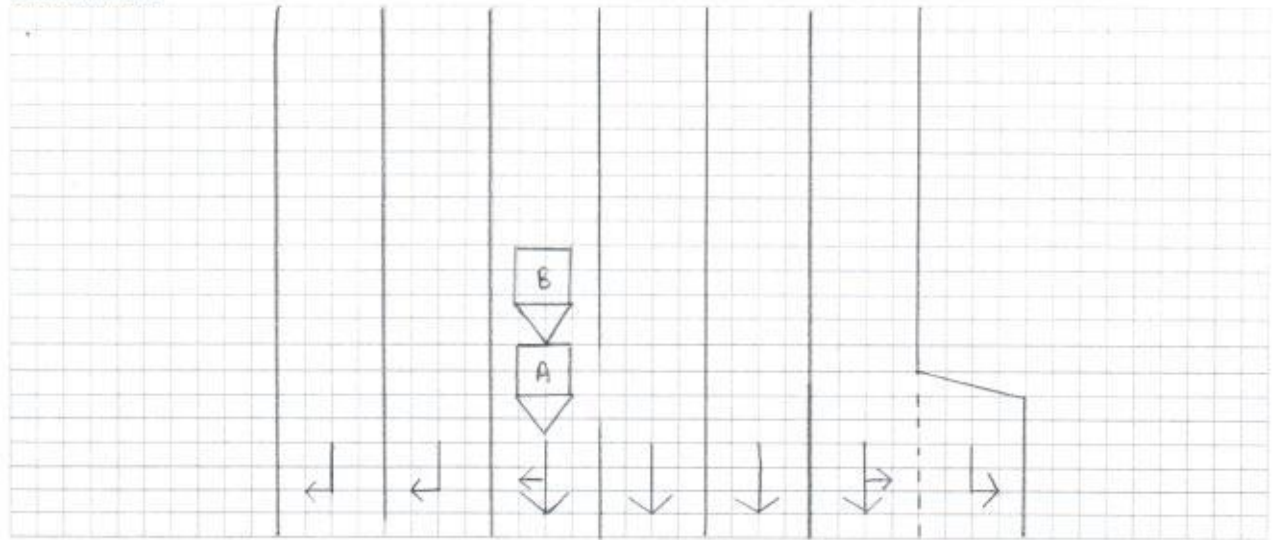
Policyholder's Signature  
Date & Time:

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

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

A = SMP463J  
B = SHC212U

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle A was stationary on the stated venue. Suddenly I felt an huge impact from the rear portion of my stationary vehicle. After I alight I then realise that is vehicle B that collided on to 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.:



Date of Accident : 02/03/2020 Accident Time: 1820HRS (24-HR-Format)  
Accident Place : GEYLANG RD BEF PAYA LEBAR RD  
Vehicle No. (Car Plate No.) : SMP463J Make/Model: HONDA SHUTTLE  
Insurance Company : NTUC Policy No: 5096979944-01  
Owner or Company Name / IC No. : GLIDERS AUTO TRADING (53375166K)  
Owner or Company Contact No. : 90604906 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : HIRWAN BIN KAMAL (58200238C)  
DRIVER'S Date Of Birth : 14-01-1982 DRIVER'S License Pass Date 29-06-2011  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: RENTEE  
DRIVER'S Address : 467A FERNVALE LINK #10-503 (S) 791467  
DRIVER'S Contact No / Alt No. : 1) 8408 8857 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR (OUTDOOR (e.g. working inside or outside office))  
Email Address : HIRWAN.KAMAL@YAHOO.COM.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  
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  
Any Injury (If YES, Pls state): DRIVER

**Other Party Driver's Particular (if any)**

Vehicle No: <u>SHL212U</u>	Vehicle No: _____
Vehicle Make/Model: <u>TOYOTA PRIUS</u>	Vehicle Make/Model: _____
Name Driver: <u>CHRISTOPHER THOMAS</u>	Name Driver: _____
IC No. Driver/Contact: <u>51836233C</u>	IC No. Driver/Contact: _____

**\* NEW - Passenger's name & gender:**



# SINGAPORE POLICE FORCE



T/20200302/7033

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

1 of 3

Report No. T/20200302/7033

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/03/2020 23:02	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

**Informant's Particulars**

Name of Informant: HIRWAN BIN KAMAL			Address: APT BLK 467A FERNVALE LINK #10-503 SINGAPORE 791467		
ID Type / ID No.: NRIC NO / S8200238C			Contact No.: Home/Office: Mobile: 84088857		
Nationality: SINGAPORE CITIZEN			Email: HIRWANKAMAL@YAHOO.COM.SG		
Sex: Male	Age: 38	Date of Birth: 14/01/1982	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: GOJEK DRIVER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/03/2020 18:20	Type of Location: Straight Road
Location:  GEYLANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC212U	Car	TOYOTA	PRIUS	Yellow	Slightly Damaged	0
SMP463J	Car	HONDA	SHUTTLE	Grey	Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20200302/7033

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

2 of 3

Report No. T/20200302/7033

**CONTINUATION OF REPORT**

Driver			
Name	HIRWAN BIN KAMAL	ID No.	S8200238C
Related Vehicle	SMP463J (Car)	Contact No.	84088857
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	02/03/2020	Date Discharge	02/03/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING CAR PLATE SMP463J WAS STATIONARY AT THE TRAFFIC LIGHT JUNCTION. SUDDENLY, I FELT A STRONG IMPACT FROM THE REAR OF MY VEHICLE. I WENT DOWN AND REALIZED VEHICLE B, BEARING CAR PLATE SHC212U HAD COLLIDED ONTO THE REAR OF MY VEHICLE.

I LIKE TO STATE THAT AFTER THE ACCIDENT, I FELT PAIN ON MY NECK AND BACK. SO I WENT TO OUR FAMILY PHYSICIAN CLINIC & SURGERY TO CONSULT A DOCTOR AND RECEIVED 3 DAYS OF MC.



**SINGAPORE  
POLICE FORCE**



T/20200302/7033

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

3 of 3

Report No. T/20200302/7033

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
ONG YONG HOCK  
Contact No.: 65476436

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
02/03/2020 23:02

Classification Of Case:



Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text" value="5113891950"/>	Date of Accident	<input type="text" value="02/03/2020 15:22"/>
Vehicle No.(For Motor)	<input type="text" value="SMP463J"/>	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 checked="" type="radio"/>	5113891950	5113891950-000012	GLIDERS AUTO TRADING	53375166K	GFM	drivo CLASSIC	SMP463J	SMP463J	27/12/2019	26/12/2020


# GLIDERS AUTO TRADING


261 NEO TIEW CRESCENT SINGAPORE 718900  
ROC: 53375166K HP: 90604906 TEL: 67901370


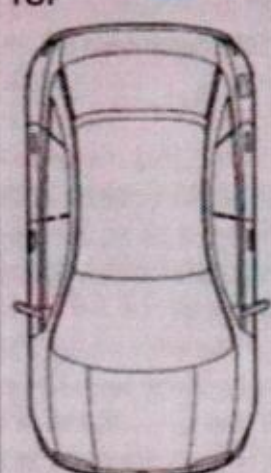
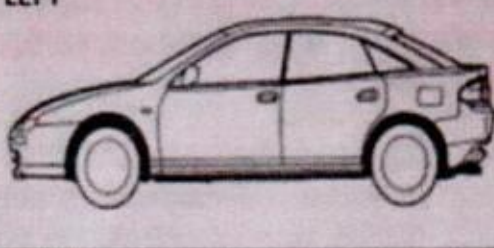

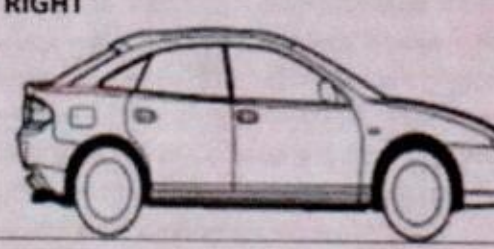
## RENTAL AGREEMENT

RA: \_\_\_\_\_

HIRER'S NAME: <u>HIRWAN BIN KAMAL</u>	
NRIC NO: <u>S8200238C</u>	CONTACT NO: <u>84088857</u>
ADDRESS: <u>BLK 467A FERVALE LINK #10-S03 Spore 791467</u>	
VEHICLE REG. NO: <u>SMP 4633</u>	MAKE & MODEL: <u>HONDA SHUTTLE</u>
COMMENCING START DATE: <u>10/9/19</u>	COMMENCING END DATE: <u>10/9/20</u>
RENTAL PER DAY: <u>\$75 WITH C&amp;W</u>	DEPOSIT: <u>\$500 BOOKING / \$500 COLLECTION</u>
VEHICLE MILEGE: <u>TOTAL \$1000</u>	

FUEL:  NEW



<b>REAR</b> 	<b>TOP</b> 	<b>LEFT</b> 
<b>FRONT</b> 		<b>RIGHT</b> 

D = DENT	S = SCRATCHES	C = CHIPS	R = RUST	M = MISSING
----------	---------------	-----------	----------	-------------

### Remarks:

- If vehicle return within 12 months from the commencing start date, deposit of \$ 1000 will not be refund.
- After 11 months from the commencing start date, hirer can terminate by giving 1 month advance notice. If fail to do so, deposit of \$ 1000 will not be refund.
- 1st party excess per claim \$ 500 CDW
- 3rd party excess per claim \$ 500 CDW
- Malaysia excess double

[Signature]  
Signature of Hirer/ Date

\*The Hirer shall not use the Vehicle for any other commercial activity other than solely for the purposes of providing transportation service requested by GrabCar user via the Grab app. Falling which we reserve the absolute right and option to





## Claim Handling

Accident MT/1086699

Policy No.	5113891950	Vehicle No.	SMP463J	GST Registration No.	
Certificate No.	5113891950-000012				
Policyholder Name	GLIDERS AUTO TRADING			Policyholder NRIC	53375166K
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90604906	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	Yes
<b>▼ Accident Details</b>					
Report Date	03/03/2020 15:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	02/03/2020	Time of Accident hh:mm	18:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	GEYLANG RD BEF PAYA LEBAR RD				
<b>▼ Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		
<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	261 NEO TIEW CRESCENT	Address 2	SINGAPORE 718900	Address 3	
Address 4		Address Type	Singapore address	Post Code	718900
Unit No.		Related Policy Number	5113891950		
<b>▼ OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	14/01/1982
Unnamed driver Name	HIRWAN BIN KAMAL	Driver NRIC	SXXXX238C	Driving Experience	8
Register Date of Driver License	29/06/2011	Driver Age	38	Contact No.(Home)	
Contact No.(Mobile)	84088857	Contact No.(Office)		Address 3	FERNVALE LEA
Address 1	BLK 467A #10-503	Address 2	FERNVALE LINK	Post Code	791467
Address 4	SINGAPORE 791467	Address Type	Singapore address		
Unit No.	10-503				
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 checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	GLIDERS AUTO TRADING	Insured NRIC	533751		
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL		
Email Address		OI Vehicle Number	SMP463J	TP Vehicle Number	SHC21		
Claim Description	SMP463J / SHC212U ON 2 Mar 2020				Name of Preferred Workshop	0	
Preferred Workshop	0	Insured Liability	Not at Fault				
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered				Claim Close Date	03/03/2020 15:44	Date Received	03/03/2020
Report Taken By	LIEW SHAN HUI						

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1086699	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/03/2020 15:45
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

Attachment	Uploaded By/Date	Category		Urgency	Description	M
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 15:45	NRJC/ Driving License	Y	Normal	NRJC/ Driving License 2020-3-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 15:45	NRJC/ Driving License	Y	Normal	NRJC/ Driving License 2020-3-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 15:45	NRJC/ Driving License	Y	Normal	NRJC/ Driving License 2020-3-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 15:45	NRJC/ Driving License	Y	Normal	NRJC/ Driving License 2020-3-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 15:45	NRJC/ Driving License	Y	Normal	NRJC/ Driving License 2020-3-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 15:45	NRJC/ Driving License	Y	Normal	NRJC/ Driving License 2020-3-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 15:45	SAS		Normal	SAS 2020-3-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 15:45	Photos		Normal	Photos 2020-3-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 15:45	Photos		Normal	Photos 2020-3-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 15:45	Photos		Normal	Photos 2020-3-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 15:44	Photos		Normal	Photos 2020-3-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 15:44	Photos		Normal	Photos 2020-3-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 15:44	Photos		Normal	Photos 2020-3-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 15:44	Photos		Normal	Photos 2020-3-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 15:44	Photos		Normal	Photos 2020-3-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 15:44	Photos		Normal	Photos 2020-3-3	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Mar 2020 15:44	Photos		Normal	Photos 2020-3-3	

Video List

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