

NATIONAL Assessment Centre Services

[wef 1 Jan 05] MINAR003504

Date In: 14/3/20-14:42	Job description	Date & Time Completed	Done by
Ref No: HA/14C200-4009/24	SAS e-filing		
Veh No: F862241C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 13/3/20-16:20	i-Motor Claim Form	17/12/88243-001	14/3/20 15:06
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: 54C833L

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

Am't (\$)

Inc Bill

Am't (\$)

Add Bill

1) AR : Accident Reporting (\$30);

2) DA : Damage Assessment (\$100); INC (\$80)

3) TF : 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:-

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

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat 1:

Pat 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	14/03/2020 14:42
Date Of Accident	13/03/2020 16:00
Exact Location Of Accident	JUNC ALEXANDRA RD & MALAN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG224K
Insured/Policyholder	
Name Of Registered Owner	OWAIN GOH RUI KAI
NRIC No	TXXXX908B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81279279
Alternative Phone No	OFFICE-81279279

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ 16
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5116512349
Cover Note Number	

Driver

Name of Driver	OWAIN GOH RUI KAI
NRIC No	TXXXX908B
Date Of Birth	08/10/2001
Occupation	INDOOR
Date Of Driving Pass	17/02/2020
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81279279
Fax Number	
Contact Number	OFFICE-81279279
Email Address	NOEMAIL

Address	BLK 116 CLEMENTI STREET 13 #02-84
Postcode	120116
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : RIZWAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	DOVER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 3 DOVER ROAD , POSTCODE: 130003 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7788999 - FAX NO: 67762859
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T20200314/2069.

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	SGC8833L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KIM CHAN HO
NRIC/Passport Number	
Contact Number	96793924

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name OWAIN GOH RUI KAI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBG224K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name RIZWAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBG224K

Were seat belts worn?

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.



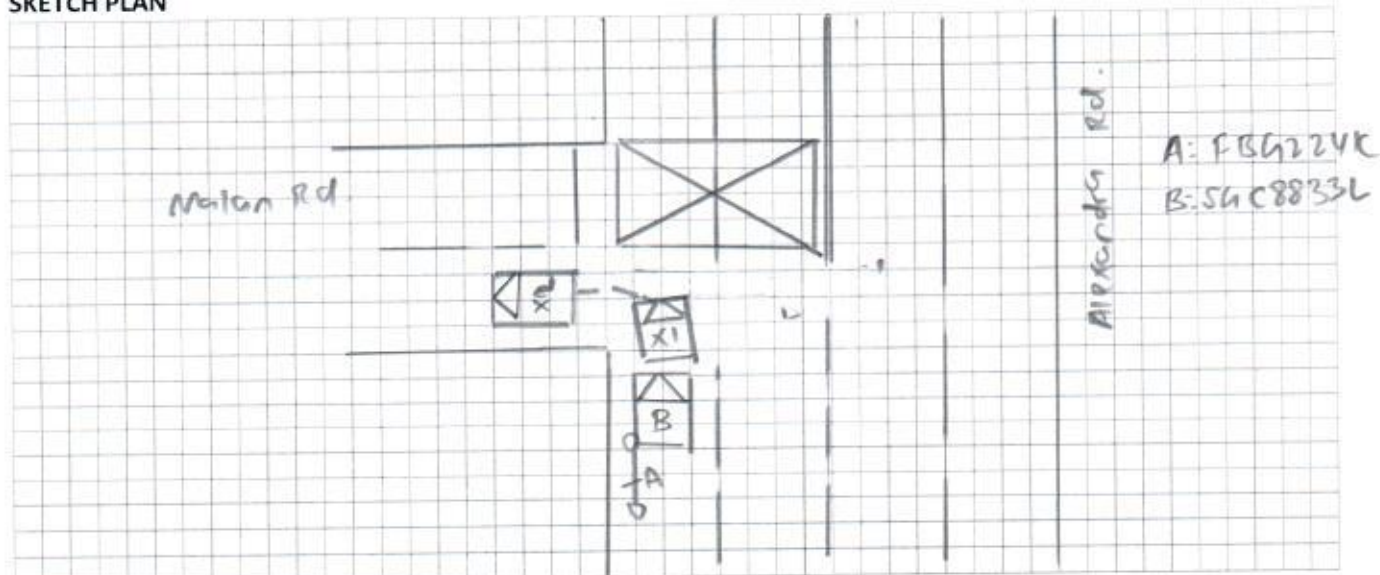
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20200314/2069.

DECLARATION

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

Chin
Policyholder's Signature
Date & Time:

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

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



SINGAPORE POLICE FORCE



T/20200314/2069

1 of 3

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

Report No. T/20200314/2069

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/03/2020 13:50	Vide Report No.:	Station Diary No.: 14
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Informant's Particulars

Name of Informant: OWAIN GOH RUI KAI			Address: APT BLK 116 CLEMENTI STREET 13 #02-84 SINGAPORE 120116	
ID Type / ID No.: NRIC NO / T0131908B			Contact No.: Home/Office: 67079459	Mobile: 81279279
Nationality: SINGAPORE CITIZEN			Email: owain.goh@gmail.com	
Sex: Male	Age: 18	Date of Birth: 08/10/2001	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/03/2020 16:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 ALEXANDRA ROAD PASIR PANJANG ROAD Beside Malan Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG224K	Motorcycle	YAMAHA	FZ 16	Red	Slightly Damaged	1
SGC8833L	Car	TOYOTA	Camry	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG224K	NTUC Income Insurance Co-Operative Limited	5116512349	02/03/2020	01/03/2021



**SINGAPORE
POLICE FORCE**



T/20200314/2069

2 of 3

Police Station Of Origin:

Dover NPP

3 Dover Road #01-368 SINGAPORE 130003

Tel No: 1800-7788999

Report No. T/20200314/2069

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	OWAIN GOH RUI KAI	ID No.	T0131908B
Related Vehicle	FBG224K (Motorcycle)	Contact No.	67079459
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	13/03/2020	Date Discharge	13/03/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Kim Chan Ho	ID No.	NIL
Related Vehicle	NIL	Contact No.	96793924
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 13/03/2020 at about 1600hrs, I was riding FBG224K along Alexandra Road towards Pasir Panjang Road near to Malan Road. At that time, I was riding behind this car SGC8833L, the traffic was moderate. I was on the extreme left lane. The front car made a e-brake as he claimed that there was a van made a sudden left turn thus he has to make a e-brake. I also then applied e brake and as a result I skidded. I then hit on the left side of the car. The driver came out of the car and helped me up. Traffic police and paramedics came and attend. The Paramedics dress my wound which I sustained abrasions on right hand, left arm and left knee. The traffic police informed that since there is no camera and advised me to exchange particulars and contact my insurance for my insurance claim. After that, my father then fetch me to NUH A&E to have a full body check up A&E and I was given 3 days of MC. This report is to facilitate IDAC records and my record purpose.



**SINGAPORE
POLICE FORCE**



T/20200314/2069

3 of 3

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

Report No. T/20200314/2069

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:
D /
Staff Sgt TAN LAI HENG, KELVIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
14/03/2020 13:50

Classification Of Case:

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"/>	5116512349		OWAIN GOH RUT KAI	T0131908B	GMC	Third Party	FBG224K	FBG224K	02/03/2020	01/03/2021

Policy Information

Policy No.	5116512349	Policyholder Name	OWAIN GOH RUI KAI	Policyholder NRIC	T0131908B
Certificate No.					
Address	BLK 116 #02-84 CLEMENTI STREET 13 SUNSET WAY RESIDENCE SINGAPORE 120116				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	02/03/2020	Effective Date	02/03/2020 00:00	Expiry Date	01/03/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	772.63		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	WTT INSURANCE AGENCIES PTE	Agent Tel.	62965445	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 116 #02-84	Address 2	CLEMENTI STREET 13	Address 3	SUNSET WAY RESIDENCE
Address 4	SINGAPORE 120116	Address Type	Singapore address	Post Code	120116
Unit No.	#02-84	Related Policy Number	5116512349		

Insured Object: FBG224K

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div style="text-align: center;"> <div>Continue</div> <div>Cancel</div> </div>				

Claim Handling

The premium on this policy has not been collected.

Accident MT/1088243

Policy No.	5116512349	Vehicle No.	FBG224K	GST Registration No.	
Certificate No.					
Policyholder Name	OWAIN GDH RUI KAI	Policyholder NRIC	T01319088		
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	81279279	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
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(%)	0	Private Hire	No

▼ Accident Details

Report Date	14/03/2020 15:04	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	13/03/2020	Time of Accident hh:mm	16:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC ALEXANDRA RD & MALAN RD				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	0.00	TP Standard Excess	0.00
YIED OD Excess	0.00	YIED TP Excess	0.00
Additional Excess		Driver is Covered?	Not Covered
Total OD Excess Applicable	0.00	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 116 #02-84	Address 2	CLEMENTI STREET 13	Address 3	SUNSET WAY RESIDENCE
Address 4	SINGAPORE 120116	Address Type	Singapore address	Post Code	120116
Unit No.	#02-84	Related Policy Number	5116512349		

▼ OI Driver Info

Driver Name	OWAIN GDH RUI KAI	Driver Type	Main Driver	Driver DOB	08/10/2001
Unnamed driver Name		Driver NRIC	T01319088	Driving Experience	0
Register Date of Driver License	17/02/2020	Driver Age	18	Contact No.(Home)	0
Contact No.(Mobile)	81279279	Contact No.(Office)	0	Address 3	SUNSET WAY RESIDENCE
Address 1	BLK 116	Address 2	CLEMENTI STREET 13	Post Code	120116
Address 4	SINGAPORE 120116	Address Type	Singapore address		
Unit No.	#02-84				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer 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	OWAIN GDH RUI KAI	Insured NRIC	T01319088
Contact No.(Mobile)	81279279	Contact No.(Home)		Contact No.(Office)	
Email Address	owain.goh@gmail.com	OI Vehicle Number	FBG224K	TP Vehicle Number	SGC8833L
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	FBG224K / SGC8833L ON 13 Mar 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	14/03/2020 15:06	Claim Close Date		Date Received	14/03/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1088243	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/03/2020 15:15
Path *		Category *	
	Browse... Clear	Please Select	Confidential
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal

Browse...
Clear
Please Select
N/A
Normal

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 14 Mar 2020 15:15	NRIC/ Driving License	Y	NRIC/ Driving License 2020-3-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 14 Mar 2020 15:12	SAS		SAS 2020-3-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 14 Mar 2020 15:11	Photos		Photos 2020-3-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 14 Mar 2020 15:11	Photos		Photos 2020-3-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 14 Mar 2020 15:11	Photos		Photos 2020-3-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 14 Mar 2020 15:11	Photos		Photos 2020-3-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 14 Mar 2020 15:06	Photos		Photos 2020-3-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 14 Mar 2020 15:06	Photos		Photos 2020-3-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 14 Mar 2020 15:06	Photos		Photos 2020-3-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 14 Mar 2020 15:06	Photos		Photos 2020-3-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 14 Mar 2020 15:06	Photos		Photos 2020-3-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 14 Mar 2020 15:06	Photos		Photos 2020-3-14	

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>				