

NATIONAL Assessment Centre Services

(Part 1 Jan 2025)

MMA 1200 36959

Date In: 26/3/20 15:27	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA / MC 2000 4547144	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SKL 8337H	I-Motor Claim Form	MT/1089683 ⁰⁰¹	26/3/20 16:11
D.O.A: 25/3/20 00:20	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD - TP Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WRSP		

Preferred Wkup / INC Assign Wkup / GW: (Tel: () / Fax: ()
TP Particulars: Vch No: Pedestrian	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 repolar.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC 2000 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

Claimant's Particulars: NA 2002299	Invoice/Repairation Checklist	Amount (\$)	By: (S) / Date: (S)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Author's Comment:	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2025)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	QD:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NF: Post Repair Inspection \$25		
	*NB: DV / Collect Excess Coordination \$5		
	TE (N11): TP (NS-in 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	26/03/2020 15:27
Date Of Accident	25/03/2020 00:20
Exact Location Of Accident	ALONG MACPHERSON RD & PAYA LEBAR RD JUNC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL8337H
Insured/Policyholder	
Name Of Registered Owner	TAN MENG HAI
NRIC No	SXXXX088D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96627825
Alternative Phone No	OFFICE-96627825

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113918376
Cover Note Number	

Driver

Name of Driver	TAN SOON HOW
NRIC No	SXXXX944A
Date Of Birth	12/01/1992
Occupation	INDOOR
Date Of Driving Pass	29/09/2015
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97369592
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 37 CHAI CHEE AVE #08-293
Postcode	461037
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	COLLIDED INTO PEDESTRIAN
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	1
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200325/2005

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	
Vehicle Make/Model/Colour	PEDESTRIAN
Details Of Properties	
Vehicle Category	NA/UNKNOWN
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

Upper Paya Lebar Rd

Airport Rd

Paya Lebar Rd

Veh A: SKL8337H
Pedestrian B: unknown

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report No: T/20200325/2005

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.	SKL 8537H	Model / Make	Toyota Wish
Date of Accident	25/3/2020		
Time of Accident	0020	HRS	
Location of Accident	Along Macpherson Road / Paya Lebar Road		
Exact purpose use during accident	Private use		
Name of Owner	Tan Meng Hai		
Telephone No.	H/P: 96627825	Home:	Office:
NRIC	S1162088D		
Address	BLK 37 Chai Chee Avenue #08-293 S(461037)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5113.918376		
Name of Driver	As Above If No, Tan Soon How		
NRIC	S92029441A		
Date of birth	12/1/1992		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	29/9/2015		
Gender	Male / Female		
Contact No.	H/P: 97369592	Home:	Office:
Address	BLK 37 Chai Chee Avenue #08-293 S(461037)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state Father & son	
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?	Bedok North N.P.C
Vehicle B No.	Pedestrian	Any Passengers:	
Name of Driver	Unknown	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 portion		
Camera Recorder	Yes / No		
Email Address	Alya.queen@gmail.com		

PARTICULAR WORKSHOP	N51 Automotive Pte Ltd
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Brandon
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg



SINGAPORE POLICE FORCE



T/20200325/2005

1 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20200325/2005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/03/2020 01:30	Vide Report No.: G/20200325/0011	Station Diary No.: 15
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Informant's Particulars

Name of Informant: TAN SOON HOW			Address: APT BLK 37 CHAI CHEE AVENUE #08-293 SINGAPORE 461037	
ID Type / ID No.: NRIC NO / S9202944A			Contact No.: Home/Office: Mobile: 97369592	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 28	Date of Birth: 12/01/1992	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: ELECTRICAL SUPERVISOR			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 25/03/2020 00:20	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 LORONG BENGKOK PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKL8337H		TOYOTA	WISH 2.0 AUTO	Grey	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Used



**SINGAPORE
POLICE FORCE**



T/20200325/2005

2 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20200325/2005

CONTINUATION OF REPORT

Driver			
Name	TAN SOON HOW	ID No.	S9202944A
Related Vehicle	SKL8337H	Contact No.	97369592
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 the above mentioned date and time, I was driving my car on the left of 2 lanes of Lorong Bengkok to turn right on to Paya Lebar Road. The traffic light was showing green and the road was clear. I did not see anyone crossing the road as I was turning right. Suddenly a lady carrying a grey and black colour handbag on her left shoulder appeared in front of my vehicle. I wish to state that the traffic light was green for some time and I only slowed down while turning. I wish to add that I jammed my brakes as soon as I saw the lady.

After the accident, I came out from my car and check on the pedestrian. As I was checking on her, a Traffic Police car came and my in-car camera memory card was handed over to them.



**SINGAPORE
POLICE FORCE**



T/20200325/2005

3 of 3

Report No. T/20200325/2005

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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:

G /

Sgt 3 RADIN SALIHUL 'IMRAN BIN RADIN
FADLI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Signature Of Informant:

Date/Time:

25/03/2020 01:30

Classification Of Case:

Authentication Stamp

NP168

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)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5113918376

Cover : drivo CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SKL8337H |
| Chassis Number | : JTDGJ20W705001399 |
| 2. Name of Policyholder | : TAN MENG HAI |
| 3. Effective Date of Insurance | : 11 Nov 2019 |
| 4. Expiry Date of Insurance | : 10 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	: TAN MENG HAI
NAMED DRIVER (1)	: TAN SOON HOW
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 : 11 Nov 2019 15:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MT/1089683

Policy No.	5113918376	Vehicle No.	SKL8337H	GST Registration No.	
Certificate No.				Policyholder NRIC	S11620880
Policyholder Name	TAN MENG HAI	Cover Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	96627825	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KPK	No Yes	NCD Entitlement(%)	0	Private Hire	No
NCD Protection	No				

Accident Details

Report Date	26/03/2020 16:08	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Pedestrian
Date of Accident	25/03/2020	Time of Accident hh:mm	00:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG MACPHERSON RD & PAYA LEBAR RD JUNC				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OO Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OO Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OO 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 37 #08-293	Address 2	CHAI CHEE AVENUE	Address 3	SINGAPORE 461037
Address 4		Address Type	Singapore address	Post Code	461037
Unit No.		Related Policy Number	5113918376		

OI Driver Info

Driver Name	TAN SOON HOW	Driver Type	Named Driver	Driver DOB	12/01/1992
Unnamed driver Name		Driver NRIC	S9202944A	Driving Experience	4
Register Date of Driver License	29/09/2015	Driver Age	28	Contact No.(Home)	
Contact No.(Mobile)	97369592	Contact No.(Office)		Address 3	ANSAR GARDEN
Address 1	BLK 37 #08-293	Address 2	CHAI CHEE AVENUE	Post Code	461037
Address 4	SINGAPORE 461037	Address Type	Singapore address		
Unit No.	08-293			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 New




Claim Type *	GD-MX	Insured Name	TAN MENG HAI	Insured NRIC	S11620		
Contact No.(Mobile)	96627825	Contact No. (Home)	64486705	Contact No. (Office)			
Email Address		Vehicle Number	SKL8337H	TP Vehicle Number	PEDES		
Claim Description	SKL8337H / PEDESTRIAN ON 25 Mar 2020				Name of Preferred Workshop	0	
Preferred Workshop	0	Insured Liability	Partially at Fault	GIA report	Received		
Report No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Claim Close Date	26/03/2020 16:11	Date Received	26/03/
Date Registered		Report Taken By	LIEW SHAN HUI				
Print AK letter							

Save Submit

Attachment

Accident No.	MT/1089683	Claim No.	001
Last Doc. Received	Yes No	Upload Date	26/03/2020 16:11
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 26 Mar 2020 16:11	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-3-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 26 Mar 2020 16:11	SAS	Normal	SAS 2020-3-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 26 Mar 2020 16:11	Photos	Normal	Photos 2020-3-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 26 Mar 2020 16:11	Photos	Normal	Photos 2020-3-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 26 Mar 2020 16:11	Photos	Normal	Photos 2020-3-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 26 Mar 2020 16:11	Photos	Normal	Photos 2020-3-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 26 Mar 2020 16:11	Photos	Normal	Photos 2020-3-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 26 Mar 2020 16:11	Photos	Normal	Photos 2020-3-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 26 Mar 2020 16:11	Photos	Normal	Photos 2020-3-26	
Video List					
Uploaded By/Date	Folder Date	File Name	Urgency	Source	
		Display in New Window	Scan and uploading		