

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MVA 0038391**

Date In: 21/12-11:15	Job description	Date & Time Completed	Done by
Ref No: NA/INC 20047024	SAS e-filing		
Veh No: SLR 7048E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/12-21:00	i-Motor Claim Form	27/12/2006-001	31/12/20 11:28
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: SLR 718Y	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

Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			Est. Bill	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:-				
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: Idac 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	31/03/2020 11:15
Date Of Accident	29/03/2020 21:00
Exact Location Of Accident	287A CHOA CHU KANG AVE 2 CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLR7048E
Insured/Policyholder	
Name Of Registered Owner	BENEFIT AUTO
Co Reg No	5XXXX670E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5110923222
Cover Note Number	
Driver	
Name of Driver	CAO ZHIYI
NRIC No	SXXXX740I
Date Of Birth	24/03/1995
Occupation	OUTDOOR
Date Of Driving Pass	20/01/2015
Driving Experience	5 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-86122060
Fax Number	
Contact Number	OFFICE-86122060
EEmail Address	NOEMAIL

Address	48 TOH TUCK ROAD #04-03
Postcode	596739
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	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?	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)	4
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : MALE

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU718Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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:

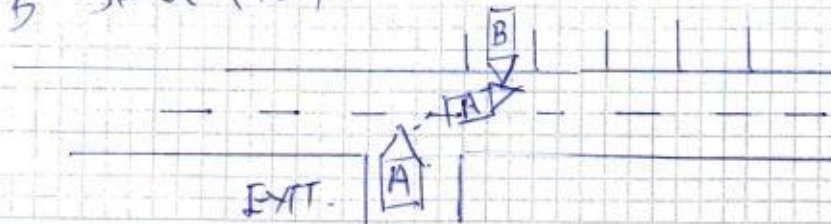
Reporting Centre Person's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A SLR 7048E

B SKU 718Y

CAR
PARK
LOT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While exiting and turning right of the multistorey carpark, and to avoid an oncoming car about to enter the carpark, I turned the corner a bit too late and brushed against car B, which was parked slightly out of its lot on its right. I have left a note on Car B's car window but have ~~to~~ yet to be contacted as of now, which is also ~~the~~ the reason for delayed reporting.

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)

Reporting Centre Personnel's Signature
Name:

VEHICLE NO: SLR 7048 E

MAKE & MODEL :

DATE OF ACCIDENT	29 / 03 / 2020
TIME OF ACCIDENT	9.00 AM (PM)
LOCATION OF ACCIDENT	287A CHOA CHU KANG Ave 2 1st level
Exact Purpose use during accident	
NAME OF OWNER	BENEFIT AUTO
TELP NO	
NRIC	
CLAIM TYPE	OD / THIRD PARTY / <u>Reporting Only</u>
PRIVATE HIRE	<u>YES</u> / NO ?
INSURANCE CO.	NTUC
TYPE OF CAVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	5110923222-000024
NAME OF DRIVER	As above / If No: CAO ZHIYI 2 female, 1 male
NRIC	S95727401 Any passengers: THREE
DATE OF BIRTH	24 / 03 / 1995
OCCUPATION	<u>Outdoor</u> / Indoor
DATE OF DRIVING PASS	20 / 06 / 2016
GENDER	Male / <u>Female</u>
CONTACT NO.	86122060 Office: Home:
ADDRESS	48 TOH TUCK Rd. (596739)
DRIVER HAVE ANY OWN Vehicle	<u>NO</u> / If yes: Reg No:
RELATIONSHIP	Employee / If No: HIRE
WEATHER CONDITION	<u>Clear</u> / Raining / Other:
ROAD SURFACE	<u>Dry</u> / Wet / Other:
ANY INJURIES	<u>No</u> / If yes: Who?
CONTACT NO.	
POLICE REPORT	<u>No</u> If yes: Where?
VEHICLE B NO.	SKU 7184 Any Passenger: No.
NAME	
CONTACT NO.	
VEHICLE C NO.	Any Passenger:
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
ANY WITNESS	
WITNESS CONTACT NO.	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO
PARTICULAR WORKSHOP	Sme Motor Pte Ltd
TELP NO	1 Kaki bukit ave 6 #02-15
CONTACT PERSON	Autobay @ kaki bukit
FAX NO	Singapore 417883

6 Speed Autowerkz Pte Ltd

68 Kaki Bukit Avenue 6

#02-05 ARK @ KB, Singapore 417896

Tel: 6384 7037 Fax: 6384 7039

Email: 6speedautowerkz@gmail.com

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: 5110923222-000024

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SLR7048E
Chassis Number : RU31252252
2. Name of Policyholder : BENEFIT AUTO
3. Effective Date of Insurance : 14 Jul 2019
4. Expiry Date of Insurance : 13 Jul 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
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 : BENEFIT AUTO INSURANCE AGENCY (00000573333)
Date of Issue : 04 Jul 2019 14:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



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" value="5110923222"/>	Date of Accident	<input type="text" value="29/03/2020 21:00"/>							
Vehicle No.(For Motor)	<input type="text" value="SLR7048E"/>	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"/>	5110923222	5110923222-000024	BENEFIT AUTO	53121670E	GFM	drive CLASSIC	SLR7048E	SLR7048E	14/07/2019	13/07/2020
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5110923222	Policyholder Name	BENEFIT AUTO	Policyholder NRIC	53121670E
Certificate No.	5110923222-000024				
Address	2 SIMS CLOSE #01-08 GEMINI @ SIMS SINGAPORE 387298				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	04/07/2019	Effective Date	14/07/2019 00:00	Expiry Date	13/07/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	BENEFIT AUTO INSURANCE AG	Agent Tel.	64445313	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	2 SIMS CLOSE	Address 2	#01-08 GEMINI @ SIMS	Address 3	SINGAPORE 387298
Address 4		Address Type	Singapore address	Post Code	387298
Unit No.		Related Policy Number	5095864980-02		

▶ Insured Object: 5110923222-000024

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
▼ Certificate Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

Continue

Cancel

Claim Handling

Accident MT/1090160

Policy No.	5110923222	Vehicle No.	SLR7048E	GST Registration No.	
Certificate No.	5110923222-000024				
Policyholder Name	BENEFIT AUTO			Policyholder NRIC	53121670E
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
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

Accident Details

Report Date	31/03/2020 11:25	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	29/03/2020	Time of Accident hh:mm	21:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	287A CHOA CHU KANG AVE 2 CARPARK				

Total Excess Applicable

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		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	2 SIMS CLOSE	Address 2	#01-08 GEMINI @ SIMS	Address 3	SINGAPORE 387298
Address 4		Address Type	Singapore address	Post Code	387298
Unit No.		Related Policy Number	S095864980-02		

Of Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	24/03/1995
Unnamed driver Name	CAO ZHENYI	Driver NRIC	SXXXX740I	Driving Experience	5
Register Date of Driver License	20/01/2015	Driver Age	25	Contact No.(Home)	0
Contact No.(Mobile)	86122060	Contact No.(Office)	0	Address 3	SINGAPORE 596739
Address 1	48 TOH TUCK ROAD	Address 2	SIGNATURE PARK	Post Code	596739
Address 4		Address Type	Singapore address		
Unit No.	04-03				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	BENEFIT AUTO	Insured NRIC	53121670E
Contact No.(Mobile)	94247885	Contact No.(Home)		Contact No.(Office)	84445913
Email Address	JOBENEFITAUTO@GMAIL.COM	Of Vehicle Number	SLR7048E	TP Vehicle Number	SKU718Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLR7048E / SKU718Y ON 29 Mar 2020				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	31/03/2020 11:28	Claim Close Date		Date Received	31/03/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1090160	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	31/03/2020 11:31

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2020 11:31	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2020 11:31	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2020 11:31	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2020 11:31	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2020 11:30	SAS	Normal	SAS 2020-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2020 11:30	Photos	Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2020 11:29	Photos	Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2020 11:29	Photos	Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2020 11:29	Photos	Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2020 11:29	Photos	Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2020 11:29	Photos	Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2020 11:29	Photos	Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2020 11:29	Photos	Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2020 11:29	Photos	Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2020 11:29	Photos	Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2020 11:28	Photos	Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2020 11:28	Photos	Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2020 11:28	Photos	Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2020 11:28	Photos	Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2020 11:28	Photos	Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2020 11:28	Photos	Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 31 Mar 2020 11:28	Photos	Normal	Photos 2020-3-31	

Video List

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